The Great Canadian Catholic Hospital History Project

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

Projet de la Grande Histoire des hôpitaux catholiques au Canada

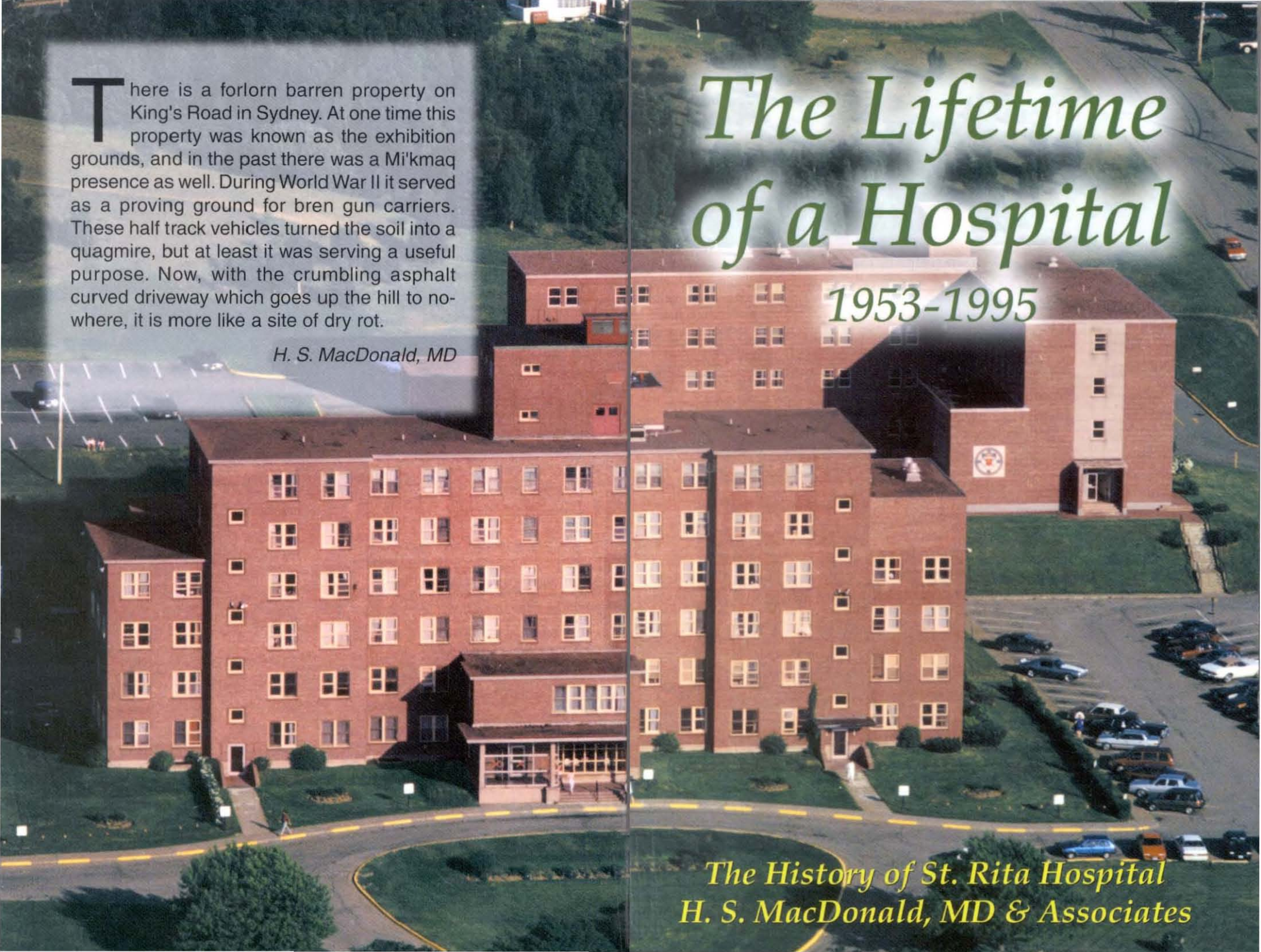
Retracer l'héritage et la contribution des congrégations de religieuses au Canada, leur mission en matière de soins de santéainsi que la fondation et l'exploitation des hôpitaux catholiques.

The Lifetime of a Hospital, 1953-1995
The History of St. Rita's Hospital

by
H.S. MacDonald, MD & Associates

Source: Courtesy of the Archives of the Sisters of St. Martha of Antigonish

Digitized: May 2015



There is a forlorn barren property on King's Road in Sydney. At one time this property was known as the exhibition grounds, and in the past there was a Mi'kmaq presence as well. During World War II it served as a proving ground for bren gun carriers. These half track vehicles turned the soil into a quagmire, but at least it was serving a useful purpose. Now, with the crumbling asphalt curved driveway which goes up the hill to nowhere, it is more like a site of dry rot.

H. S. MacDonald, MD

The Lifetime of a Hospital

1953-1995

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The Lifetime of a Hospital

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Prologue

One day after I retired, Dr. Naqvi asked me if I would do a book on the history of St. Rita's Hospital. I thought for a minute and wondered why I should and said sure. I then discovered that there were already two histories of St. Rita's Hospital; these were handwritten on fools-cap, one at the Beaton Institute and the other in the U.C.C.B. library. They appeared to be the result of students' assignments and were a little sparse though accurate. I thought that the history of the hospital could be augmented but also the accent should be on the people who spent years and even entire careers there. I set out to talk to a lot of these people to write an article on their experiences at St. Rita's, keeping in mind that what they write, in the main, should be something that they think people would want to read. Also, that one should bear in mind that a little humor can go a long way, and there is room for a bit of pathos as well. It appears to me that the anecdotes that I have written about have a combination of each.

A number of important manuscripts that were expected did not materialize leaving large gaps unfilled. I hope these will not be as evident to the casual reader as they are to me.

I returned to Sydney in mid 1955, having completed a four year surgical residency in Michigan. My wife and young son moved into a house near the hospital. I soon noticed that three other surgeons arrived at the same time to set up private practices. One of them, Dr. D.H. MacKenzie, took the summer off to go fishing. He was the smart one. I spent the summer reading on the social page of the local paper that so and so has returned to Sydney, having undergone a gall bladder operation. This situation continued for some time, but things gradually improved.

On entering the hospital, one could not help but notice how clean and shiny everything was. This was particularly obvious when winter set in. All staff members, as well as visitors, took their overshoes off at the front door. This was illustrated when our dearly beloved comedy team of Hughie and Allen were having a conversation. Hughie said, "I see you have a new pair of overshoes. I suppose you got them at the Bishop's Shoe Store?" Allan, "No, I got them at the St. Reeta Hostipal." I lost a number of overshoes there. But this problem was solved when my wife put ribbons on them. The ribbons were pink so I wouldn't have minded if someone stole that pair.

Thank you

Dr. Robert Morgan

Blair Oake and Staff at City Printers

Jim and Roma Kehoe

Sisters of St. Martha

Gerry Langille (cover photo)

This book is dedicated to my wife Margaret.

Chapter One

History of St. Rita Hospital

At the end of World War One, in 1918, the congregation of St. Martha purchased from commander H.J.K. Ross his fine residence on Kings Road, which had been used as a convalescent hospital for soldiers. At this point in history, Sydney had only 50 hospital beds. The City Hospital opened in 1915. In the flu epidemic in 1918, many lives were lost because

Altered building, Saint Rita Hospital, Sydney - 1950. Partially destroyed by fire February 4, 1951

Original building

Hospital facilities were not available. The need for a Catholic hospital was evident, yet its establishment did not receive the whole-hearted support of the public--not even the whole Catholic population. However, the Ross property was acquired by the sisters, and on May 1, 1920, the sisters opened its doors for patients, a maternity unit under the name of Ross Memorial Hospital. In 1921 it became a women's general hospital with accommodation for 25 patients. The original staff included four sisters and three graduate nurses. Sister M. Jovita MacArthur was the first superior of the hospital, and with her were Sister Aloysius and Sister M. Andrew. The graduate nurses on the staff during the first year included Mary C. MacIsaac, Eileen Cook, now Sister M. Imelda and Sister M. Ursula, respectively, both members of the congregation. Sister M. of the Sacred Heart succeeded Sister M. Jovita in 1922; it was but a short time when the increased demand for patient accommodation

caused the sisters to acquire from Mr. Ross the six room cottage adjacent to the hospital to serve as a nurse's home. This released beds in the main Hospital for patients and also permitted the establishment of a school of nursing in 1924, with Sister Mary Daniel as superintendent of nurses. The first graduation exercises were held in 1927. Sister M. Chrysostom (Bates) completed her training here and was a member of the first graduating class. In 1927 a big barn - - a frame structure to the left of the hospital was acquired, completely renovated, extended, and thus converted into a training school and nurse's residence. The cottage previously used for this purpose was given over for accommodation for Sisters and domestic staff. By 1929, demands again outgrew the space. Expansion had

At the Cornerdtone Ceremonies, June 22, 1952

Left to riqht: Sister M. Clarissa, Rt. Rev. R.C. MacGillivray, Ernest Brown, President Kiwanis Club, Sydney; Bishop J. R. MacDonald, Mr. H. B. Hadley, Manager, Royal Bank, Sydney, and Treasurer of St. Rita Hospital Campaign Fund; Rev. Mother M. Ignatius, Superior General, Sisters of St. Martha.

to be undertaken. A large new wing had to be added and the old building had to be remodelled. This brought the capacity of the hospital to 40 adult beds and three pediatric cribs. Sister Marie Carmel was Superintendent at this time. Premier E.N. Rhodes was in attendance at the opening of the Wing on September 11, 1929. Reverend J.H. MacDonald was also in attendance, later to become Archbishop of Edmont, Edmonton, and who acted as chairman. The name of the institution was changed at this time to St. Rita Hospital. In 1933, the nursing school was discontinued due to local and economic conditions. A graduate nursing service provided at St. Rita was the first one in Nova Scotia to introduce the eight hour day for graduate nurses. In 1937, this work shift became effective for the nursing staff of St. Rita's hospital. Training in x-ray technician work was undertaken in 1944. Florence MacLellan (now Sr. Florence Annette) MacLellan was the first student to graduate and obtain

Bishop John R. MacDonald at the laying of the cornerstone of the new St.-Rita Hospital. He is assisted by Msgr. R.C. MacGillivray, with Bishop George Landry directly behind him. Others shown in this picture are: A.F. Powers, Lunenberg, N.S., Plumbing and heating contractor for the new hospital; Ernest Brown, President Kiwanis Club of Sydney; Rev. A. J. MacIsaac, President, St. Joseph's Hospital Board of Directors, Glace Bay.

her R.T. (Radiation Technology) from St. Rita Hospital. A total of fourteen have since graduated. It might be mentioned also that this first student to graduate in x-ray technology was also the one and only graduate to enter the congregation to date. In 1943, again to relieve existing congestion, the adjoining property of W.N. MacDonald was purchased and the large residence was remodelled to serve as a maternity unit. This was accomplished under the direction of Mother Mary Ignatius, who served as superintendent from 1941 to 1943. This was but a temporary measure of relief, as it was evident that more hospital accommodation had to be provided to meet the needs of the ever growing urban and rural population.

In 1949, a campaign for funds was launched for the construction of a 162 bed hospital on a new site, best known locally as the Old Exhibition Grounds overlooking Sydney Harbour. During World War Two, it served as a proving ground for bren gun carriers. This use turned it into a quagmire as opposed to a scene of the remaining curved driveway, which is

all broken up and goes nowhere. In this campaign, there were some Catholics who did not favour the project and argued against it. But this did not hinder the plans. In reviewing the "paid-up" pledges, it was noted that it was the money of the middle class and the poor, with their 25 cents a week or $1.00 a month, which made up the greater portion of the money collected.

General Council 1977-1981 - Front, L-R: Sister Joan Fultz, Sister Mary MacIntosh, supervisor general; Sister Theresa Parker. Back, L-R: Sister Rosemary Rogers, Sister Ann MacKenzie, Sister Marion Sheridan, and Sister Josephine Keyzer.

On January 22nd, 1951 the contract was signed for the erection of the new hospital. The project was given further impetus, when on February 4th, 1951, the main hospital building was destroyed by fire caused by faulty wiring. I was an intern in Ottawa at the time and was concerned mainly by the fact my sister was a patient at the time, having undergone an appendectomy. All patients were safely evacuated, and most of the moveable equipment and furnishings were salvaged. The assistance offered the Sisters in their loss, from all quarters, was astounding and heartwarming.

The fire-gutted building, however, had to be abandoned for hospital use. Bishop John R. MacDonald generously gave the use of the diocese-owned Mercy Hospital across the street as a

emporary St. Rita maternity unit, while the former maternity unit ecame the main building of St. Rita Hospital because an elevator ervice was available here. The hospital operated for two years under these makeshift and difficult circumstances while construction progressed on the new hospital.

On June 22nd, 1952, the cornerstone of the new hospital was laid and blessed by the late Bishop John R. MacDonald, and on April 29th, 1953, his excellency officially opened and dedicated the complete structure. The construction cost was $1,800,000.00, and was carried out under the leadership of administrator Sister M. Clarissa, with the help and guidance of Sister Mary of Mercy, treasurer general of the congregation.

The transfer of the patients from the old building to the new hospital was effected on May 11th, 1953. Mercy Hospital, later to be know as Nazareth House, reverted to the Diocese, while the W.N. MacDonald building was renovated and used for staff accommodation. Nazareth House went on to serve many purposes until it was removed in favour of

Sister Mary MacIntosh, superior general 1973-1977 (right front) and her general councillors: L-R Sister Genevieve McArthur, Sister Marie Barbara Muldoon, Sister Thérèse LeBlanc, Sister Theresa Parker, Sister Marion Sheridan (centre), Sister Catherine MacFarlane.

a condo development which is scheduled to be constructed in the near future. In 1955, under the directorship of Sister Mary Barbara, the school of nursing was re-established, and on February 15th, the first group of students, ten in number, were enrolled. Sister Marie (MacLean) who had just made profession in the congregation, became a member of the first class.

The opening of the school of nursing necessitated the evacuation of the W.N. MacDonald residence by the staff to provide accommodation for the new students. Temporary classrooms and teaching areas were arranged on the ground floor of the Hospital until a new school of nursing and residence building would be constructed. Hindsight showed that the inauguration of the school of nursing was ill-timed. Permanent teaching facilities and adequate accommodation were impossible of attainment. Some of the Sisters were housed in cramped quarters at the hospital. Some were accommodated at the old premises, and others had sleeping quarters rented at the Little Flower Institute, an orphanage behind the St. Anthony Daniel Church residence. Accommodation on the hospital premises became the greatest need.

Those who have served as administrators of St. Rita Hospital are as follows: Sister M. Jovita MacArthur, 1920-1922; Sister Mary of Sacred Heart MacKinnon, 1922-1925; Sister M. Carmel MacKinnon, 1922-1925; Sister M. Carmel MacKinnon, 1925-1931; Sister Mary of Sacred Heart MacKinnon, 1931-1933; Sister Marie James Campbell, 1933-1934; Sister M. Carmel MacKinnon 1934-1940; Sister Mary Jovita MacArthur, 1940-1941; Sister M. Ignatius Floyd, 1941-1943; Sister Mary Joseph MacGillivary, 1943-1946; Sister Baptista Marie MacDonald, 1946-1948; Sister M. Kennedy, 1948-1950; Sister M. Clarissa Chisolm, 1950-1956. In 1956, the office of administrator and superior was divided: Sister M. Germaine Brossard, Superior, 1956-1958; Sister M. Clarissa Chisolm, Administrator; Sister

Joseph Leanord Morrison, Superior, 1958-; Sister M. Clarissa Chisolm, administrator; Sister MacEachern Aneas, 1958-1964; Sister Joan Flutz 1964-1974; Brian Beaton, 1974-1994.

In 1958 the offices of administrator and superior were divided: Sister M. Aneas - administrator and Sister Marie Germaine - Superior 1958-1964. Sister Joan Fultz 1964-1968. Brian Beaton for twenty years until closure of the hospital. Brian Beaton was Director of Finance or controller for ten years prior to becoming administrator.

In 1975, an addition was made to the hospital to accommodate a five bed Intensive Care unit. Extensive renovations were carried out on the third floor to accommodate a Neo-Natal Intensive Care Unit, with fifteen incubators and ten bassinets. Renovations to the regular nursery provided a new capacity of 25 bassinets. At that time, accommodations at the hospital were one hundred seventy-eight adult and children beds and twenty-five bassinets.

1975 saw the replacement of the coal fired boilers with oil fired boilers. The electrical system was upgraded, the hospital and Ignatius Hall were placed on 100% emergency power, and the Outpatient/Emergency Department were relocated and expanded.

The latter changes necessitated the use of Ignatius Hall for purposes other than the nursing school. Administration, Business Offices, Purchasing, and Health Records all made the move to Ignatius Hall in 1976. From that time on, Ignatius Hall was being taken over by more and more administrative and clinical functions, and its use as a residence was discontinued.

The sisters transferred ownership of the hospital to the province of Nova Scotia and it then became known as the Sydney Community Health Center.

In November 1989, the Sydney Community Health Center, Sydney City Hospital, and the Cape Breton Hospital were amalgamated to form the Cape Breton Regional Hospital. Today, all hospitals in Cape Breton Island are part of the C.B. Regional Hospital under one management.

In 1990, renovations were carried out in the case room area to provide for five birthing rooms and one labour room, and in the pediatric unit, converting ward areas into single and double occupancy rooms. The bed setup in pediatrics was reduced to fourteen.

Saint Rita

Widow

1457

In 1381, in a humble peasant home at Rocca Porena, central Italy, there was born a little girl who was to attain a reputation for great holiness on account of her mystical transports, her austerities, and her long-suffering patience in meeting affliction. Rita, the child of her parents' old age, in youth demonstrated a strong religious sense. When the time came for marriage, her parents forced her to marry an unsuitable person, in spite of her desire to enter a convent. Rita submitted sorrowfully, and the marriage proved to be one long torment. Rita's husband was brutal, dissolute, and uncontrolled; for eighteen years she bore his insults and infidelities. With anguish, she watched the two sons of this union grow up in the likeness of their father. She wept and prayed for them all three without ceasing. At last her husband came to a realization of his sinful life and begged Rita to forgive him for what he had made her suffer. Soon after this, he was killed in a brawl and the sons vowed to avenge their father's death. Rita prayed that they might die rather than

commit murder. Then they both fell ill and their mother nursed them and brought them to a more forgiving state before they too died.

Left alone, Rita now began to practice unusual austerities. She finally gained admission to the Augustinian convent of Cascia, persuading the prioress to overlook the rule that allowed her to accept only virgins. In 1413, Rita received the habit of the order. She became quite pitiless in her self-mortifications, scourging herself three times daily. Her charity found an outlet in caring tenderly for other nuns in times of illness. The contemplation of Christ's sufferings would send her into ecstatic transports. A suppurating wound on her forehead seemed to be connected with her intense response to a sermon on the Crown of Thorns, an emblem which had especial significance for her. During her later years, Rita suffered from a wasting disease, which was the cause of her death, on May 22, 1457. The first life of this saint was written in 1600. She was canonized in 1900. Rita is joint patroness of a sodality which exists to venerate the crown of thorns.

The old tradition that associates roses and figs with Rita has the following origin. Shortly before her death, she asked a friend to bring her a rose from her garden at home. It was not the season for roses to bloom, but to gratify the whim of a

woman who was desperately ill, the friend went there and was amazed to find a rose bush in full bloom. Picking a rose and taking it back to the convent, she asked Rita if she could get her something else. "Yes," was the answer; "bring me back two figs from the garden." The friend hastened away to the garden once more and discovered two ripe figs on a leafless fig tree. Rita is sometimes represented in art as holding these emblems. St. Rita of Cascia is especially venerated in Spain, and there and elsewhere, she has been called "the saint of the impossible." In all countries, persons who have especially heavy burdens to bear have been comforted and helped by meditating on the example of this saint, and praying to her.

Chapter Two

St. Rita School of Nursing

The St. Rita School of Nursing was established in 1924 with Sister Mary Daniel MacLellan as supervisor of nurses. The first public graduation exercises were held on September 30th, 1927. In 1933, the school was discontinued. To be re-established in 1955 in the new modern 162 bed General Hospital built on a picturesque site over looking Sydney Harbour. In 1963, a new nurse's residence, Ignatius Hall, opened. This spacious building, one of the most up-to-date in Eastern Canada, contained classroom and laboratory facilities. Attractively painted in a multiplicity of pastel shades, the bedrooms, the large lounge, the reception rooms, and kitchenettes were so designed and tastefully furnished as to create a home away from home.

During the first year of the three year nursing program, students carried basic courses in English, Sociology, Religion, Anatomy and Physiology, Nutrition, Fundamentals of Nursing 1 and 2, Psychology, and Growth and Development. Because several of these subjects were taken at Xavier College in Sydney, students had the privilege of obtaining some credits toward a degree. Approximately 10 to 12 weeks were spent in the clinical area, learning and practising the elementary nursing skills involved in the care of the non-critically ill adult patient.

The first eight months of the second year were spent studying the nursing care of patients with medical and surgical

RECEIVES SCHOLARSHIP *– Miss Elizabeth Matthews of Eskasoni, a third year student at St. Rita Hospital school of nursing, was presented Wednesday with a nursing scholarship valued at $250. Miss Matthews is one of three Maritime students to receive scholarships this year from the Indian affairs branch of the Canadian department of citizenship and immigration. A daughter of Mrs. Agnes Matthews of Eskasoni, she left school to become a nurse's aid and later decided to return and complete grade XI in order that she might train for a career as a registered nurse. Joan Johnson, also of the Eskasoni band, has been awarded a $1,050 home economics scholarship at Mount St. Bernard College in Antigonish. A total of 18 students from Indian reserves at Eskasoni, Nyanza and Whycocomagh, are currently attending Mabou high school. From the left are: Miss Marie Swarychewski, nursing instructor; J. D. MacPherson, superintendent of Indian affairs at Eskasoni; Miss Matthews, Robert Muir, MP, and Miss Yvonne Gouthreau, nursing instructor. Presentation took place at St. Rita Hospital. (Abbass photo)*

conditions. Pharmacology, Diet Therapy, and Medical Ethics were correlated courses, and two days of clinical experience were provided each week.

The remaining sixteen months were divided between theory and clinical experience in maternal and child nursing, Psychiatric nursing, tuberculosis, and operating room and emergency nursing. Students also had a senior experience in medical and surgical nursing, which included evening and night duty and experience in team nursing. Long time members of the nursing faculty after the school was re-established in the 1950s were Sr. M. Donald R.N., Bsc, who came aboard in 1957 and who was a

Martha Jane, Marg Campbell

science instructor; Miss M. Swarychewski, R.N., clinical instructor in medical and surgical nursing who joined the staff in 1956 after a year of study at Dalhousie University; Miss Mary Fagan, R.N., who joined the staff as nursing arts Instructor in 1956, and Mrs. Charence Bennet, R.N., who was instructor in pediatric nursing. Mrs. Bennett had a diploma in teaching and supervision from Dalhousie.

Many of the medical staff devoted a generous portion of their time to lecturing the students in the classroom, while all the doctors contributed greatly to the education and technical development of the students in their experience on the wards. The students also enjoyed the benefits of lectures in Sociology from Father J.G. Webb, M.S.W.; Religion, as taught by Father E. Chaisson, Hospital Chaplain; and Father R. J. Laffin, P.P, St. Anthony Daniel Church.

In June 1956, the school began to enjoy the privilege of affiliation with the Point Edward Hospital for nursing of tuberculosis patients. In 1957, another great advantage was secured when the students were accepted for affiliation which consisted of short observation periods by both the Department of Health and the Victorian Order of Nurses.

Back Row: Pat McGraw, Ms MacNeil, ?, T. MacCormack, Reyonalda MacDonald, Kay Burton, Ms. Garland.

After twenty-five years, St. Rita Hospital School of Nursing was once again holding Commencement Exercises for their graduates.

Sunday, May 18, 1956 saw the first graduation of the re-established School of Nursing, when eighteen received diplomas in Nursing and two received diplomas in X-Ray Technology.

The last class had graduated from St. Rita Hospital in 1933. The members of this class were, for the most part, residents of Sydney. They were Mrs. Joseph Gillis (Roach), Howe St.; Mrs. Roald Buckley, King's Road; Mrs. Sam McQuinn, South Bar; Mrs Florence McLaughlen, Victoria Road; Mrs. M. MacLennan, Cloverville, Antigonish Co.; and Ellen Gallagher.

Christmas Party OR; L-R: Martha Brown, Kaye Burton, Eileen Garland.

St. Rita Hospital School of Nursing was officially re-established February 15, 1955. On that date, ten students were admitted. The instructresses were Miss Mary MacKinnon, R.N. (later Mrs. Elmer McMeekin, Owen Sound, Ont.), and Miss Gertrude Fraser, R.N. (later Mrs. Charles Jones of Halifax). Sister Marie Barbara, R.N., Bsc. was the Director of the school.

In September 1955, nine more students were admitted, one of whom, Charles Aucoin of Sydney, resigned in July 1956 to enter the novitiate of the Friars of the Atonement, Valley Falls, R.I. He is now known as Brother Rock.

The history of St. Rita Hospital dates back to 1920 when

L-R: Bev (Libbey) Devereaux, late Georgie (Dingwall) McCabe, Raylene (Small) Power, Maureen (Chuppa) MacDonald, Pat (MacMullin) MacDougall.

the Ross Hospital was acquired by the Sister of St. Martha, Antigonish, and under their direction, became a general hospital in 1923 to serve the citizens of Sydney and nearby areas -- along with the Sydney City Hospital. The School of Nursing was opened in 1923 and the first class privately graduated in 1926. These graduates were Miss D. MacKillop of Coxheath; Miss V. Lewis of Edwardsville; Miss M. MacLellan of Margaree; and Sister M. Chrysostom, C.S.M.

A new wing was added to the original hospital and considerable remodelling done to the older portion in 1929. The name was then changed to St. Rita Hospital. This expansion of the hospital facilities was greatly needed and new and improved services were offered the public when the Hospital was re-opened under the new name in 1929. The official opening of the new hospital and the Graduation Exercises were held conjointly and the news release of that date lists the graduates as Mary E. Burns, Margaree, N.S.; Mary H. Kehoe, Glace Bay, N.S.; Emma

M. Timmons, Sydney, N.S.; Pauline P. Pendergast, Sydney, N.S.; Cecilia Hildegard Cogswell, Port Hawkesbury, N.S.

The School of Nursing was discontinued in 1933 -- after the class of that year was graduated. Undergraduate students who were still in the School were sent either to St. Joseph's Hospital, Glace Bay or St. Martha's, Antigonish, to complete their training.

The W.N. MacDonald property adjoining the Hospital was purchased and opened in 1943 as a Maternity Unit.

In 1951, fire damaged St. Rita Hospital to such an extent that services had to be discontinued. Temporary measures took care of the situation for a time, but prior to the fire, a campaign had been launched to build a new and larger hospital to meet the greatly expanding community needs which was to be erected on a new site. The fire expedited matters! Ground was broken for the new hospital months before the scheduled day and after a great effort, the new hospital was formally opened

L-R: bernadette (Johnson) MacLean, Carmel Gillis, Peggy Sampson, Maureen (Chuppa) MacDonald.

OR Staff - 1962: Rose Steele, M. Cash, Ruth MacDonald, K. Burton, S. Costello, A. Mombourquette, Q. Curry, F. Fedora.

April 29, 1953 - - patients from the old building were transferred to the new hospital on May 11, 1953.

Because of a promise made at the time of the financial campaign for the new hospital, a school of nursing was re-established again at St. Rita Hospital and thus it was, that on February 15, 1955, the promise was realized when registration of ten students took place.

May 18 of that year witnessed the first Graduation Exercises of the School - - when publicly and officially the first students received diplomas testifying to the successful completion of their three year nursing course.

The members of the faculty then included: Sister M. Donald, R.N., BSc, who joined the staff in 1957 as Science Instructor; Miss M. Swarychewski, R.N., Clinical Instructor in Medical and Surgical Nursing, who joined the staff in September 1956 after

a year's study at Dalhousie University, Halifax; Miss Mary Fagan, R.N., who joined the staff as Nursing Arts Instructor in 1956; and Mrs. Clarence Bennett, R.N., who was Instructor in Pediatric Nursing. Mrs. Bennett held a diploma in Teaching and Supervision from Dalhousie University.

OR Nursing Staff: Eileen Garland, Helen MacNeil, Kay Burton, Reynalda MacDonald, Freda Fedora, Andrea Mombourquette.

Many of the Medical Staff devoted a generous portion of their time to lecturing to the students in the classroom, while all the doctors contributed greatly to the education and technical development of the students in their experiences on the wards.

The students also enjoyed the benefits of lectures in Sociology from Father J.G. Webb, M.S.W., Director of Social for Antigonish Diocese. Religion was capably taught by Father E. Chaisson, Hospital Chaplain and Father R.J. Laffin, P.P., St. Anthony Daniel Parish.

Since June 1956, the School enjoyed the privilege of affiliating with Point Edward Hospital for Tuberculosis Nursing. In January 1957, another great advantage was secured when the students were accepted for affiliation which consists of short observation periods, by both the Department of Health and the Victorian Order of Nurses.

St. Rita School of Nursing Alumnae Prayer

God our Father, bless this Alumnae of St. Rita Hospital. Bless all who have come and gone before us. Bless those who are preparing to join our ranks, their teachers, and the staff of our hospital. Bless us gathered here in your name, bless our efforts as the Alumnae of this health care institution. Open our hearts, inspire our thoughts, and strengthen our resolve to work towards "science, service and sanctity," this we ask through our Lord Jesus Christ.

St. Rita: Pray for us.

School Of Nursing Department Manual

The Cape Breton Regional Hospital School of Nursing came into existence on April 1, 1991 as a result of the amalgamation of the Sydney City Hospital and Sydney Community Health Centre Schools of Nursing.

The School of Nursing is located at Ignatius Hall with access to clinical facilities at the Sydney Community Health Centre, the Sydney City Hospital, and the Cape Breton Hospital -- three sites comprising the Cape Breton Regional Hospital.

In September of 1991, the School of Nursing adopted a new logo combining the previous logos of the Sydney City Hospital and Sydney Community Health Centre Symbols of Nursing.

School Colors: Blue, Gold, and Red.

On September 28, 1988, the Sisters of St. Martha's transferred ownership of the St. Rita Hospital to the Province of Nova Scotia and it became known as Sydney Community Health Centre. Thus, the name change in the School of Nursing.

The Gallery House - Christmas: Mouly, Irene, Marelyn MacE., Anne K., Anne L.

Alice & Marg

Carolyn Beath & Joan

Reynalda giving report in RR. Michelle looking on.

Alice Thorne & Reynalda MacDonald

Annette, Mary, Karen, Julie & Freda

Marilyn Cody, Anne Lewis, Mary B., Alice Thorne, JoAnne, Carolyn, Debbie Kennedy, Anne MacGibbon, Helen Rutherford.

Andrea Mombourquette, Gertie Musgrave, Dr. ?, Reynalda MacD., Dr. Prassin, Dr. ?.

Judy & Marilyn

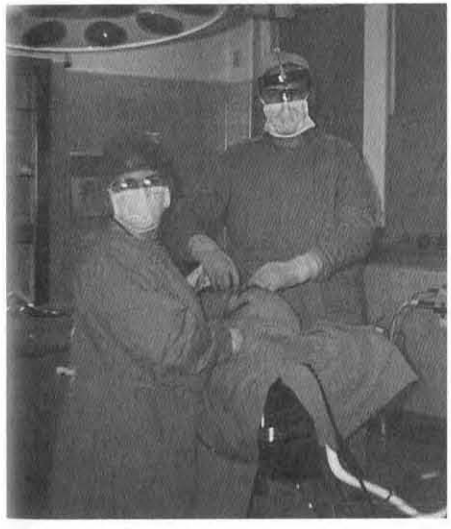
Anne MacGibbon & Carolyn Blythe.

L-R: Cathy Bradbury, Sheila Lukeman, Beth Boudreau, Arlene McCarron, Yvonne Pertus, Jean Day (Burchell).

Judy, Carolyn, Anne MacG., Marilyn.

Bev Burton & Sue Currie

Mary C., Reynalda, Alice, Anne K.



Dr. P. Curry & Judy

Michelle T. & Michelle G.

Michelle Taylor

Francis & Marilyn setting up.

Judy, Karen & Julie

Annette, Carolyn & Joan

JoAnne Chisholm

Fr. Angus Beaton long time chaplain and everyones friend and Sister Mary MacIntosh.

Chapter Three

"Reflections"

Reflections on my years at St. Rita Hospital

Sr. Joan Fultz

It is difficult to express in words the thoughts and feelings which emerge as I reflect on my 15 years at St. Rita.

I came to St. Rita as Assistant Administrator with Sr. M. Clarissa, Administrator, in September, 1959, having just completed a postgraduate Diploma in Hospital Administration at the University of Toronto. I was young and inexperienced, to say the least, but I learned from two wonderful teachers, Sr. M. Clarissa and Sr. M. Aneas, who followed her as Administrator. I succeeded them in September, 1964.

The words "great spirit" come to mind when I think of the atmosphere and environment which permeated the institution. It was the result of the dedicated people, who were members of the Sisters' Community, Hospital Staff, Boards of Directors, Faculties of School of Nursing, Department Heads, Medical Staff, Clergy, and Ladies Auxiliaries, to name just the major groups who worked together at St. Rita to provide quality care to everyone who came, without discrimination. Many who had leadership roles in these groups worked tirelessly for the good of the hospital and its service to the community.

And the "times they were a-changing" during those years. The introduction of Hospital Insurance (1959) ushered in a new

way of providing hospital care -- a way which involved government more closely in the operation of hospitals, particularly in budgeting and the provision of services. Health and medical education developed rapidly, diagnoses of illnesses improved, new skills and procedures, new medical specialists, new drugs, new equipment, improved standards of care, and increased technology, - all of these trends and developments moved into the St. Rita "space."

It was a challenging and difficult time, because of the speed of change and the pressures placed on the St. Rita family; but it was a time which was blessed by the presence of many people with joyful and compassionate hearts.

When I came to St. Rita, the sisters who worked there lived in various places - Little Flower Institute, the old nurse's residence on King's Road, and some empty beds on the Obstetrical Unit of the hospital! We were hardy souls who arrived for prayer and meditation in the hospital Chapel around 5:30 a.m. each day. Snow banks, icy roads, storms, etc., hardly slowed us down. A few minor accidents added to the pressure, e.g., scraping the paint off the Chaplain's car as we drove into the parking lot!

We welcomed the opening of Ignatius Hall in 1964, which provided not only a modern School of Nursing and Residence for students, but also a residence for sisters. In the mid 60s, we worked with the Director and Faculty of the School to institute a 2 year program for nursing in association with Xavier Junior College. Although the Independent School at the Community College never became a reality, the students at St. Rita enrolled in College courses as part of their three year and two year program. By March 1969, a move was made to one integrated School of Nursing in Cape Breton.

By 1965, the services of the hospital which had opened in

1951 were being taxed to the limit and requests to the Board of Directors for more space were heard from several departments of the hospital and from the medical staff. However, financing for renovations and expansion was not readily available. All projects requiring capital expenditures required approval by government in order to receive grants to cover a portion of the costs. As it was, the Sisters of St. Martha were loaning money to the hospital to cover past and current deficits in the operations. The hospital, however, continued to reach out and provide new services to the community, e.g., physiotherapy department, diabetic day clinic, respiratory technology, to name a few. The Board spent many meetings examining ways to live within the budget approved by the Hospital Insurance Commission and of reducing the deficit. Negotiations with the Department of Health continued each year towards this goal. We made many trips to Halifax and received sympathetic hearings; sometimes we returned with little more than hope in our hearts and at other times we received financial support to carry us for another little while.

In 1966, an initial move was made by the medical staff to discuss having a Central Hospital in Cape Breton. And in 1968, a Report was prepared under the auspices of the Department of Health recommending sharing services between the City Hospital and St. Rita. The first of many meetings began to discuss this possibility and continued for many years thereafter. Coordination of services between the two institutions was not easy to come by.

Around the same time, the Sisters of St. Martha began to consider their role in the ownership of hospitals, in view of the many demands on their facilities for expanded facilities, the shortage of Sister personnel, and the financial resources needed for the size of the ventures being considered. They

also did not wish to stand in the way of improvements and expansions in medical and hospital services.

Towards the end of the 60s, collective bargaining with the general workers of the hospital union moved quite naturally towards centralization among all the hospitals of Cape Breton Region. This resulted in similar contracts and wage scales in the region.

By May of 1969, representatives of both hospitals and the government were looking at one hospital complex, but it would take many years before that would become a reality. Meanwhile, studies and reports continued to be published over the years with similar recommendations.

In June, 1971, I was given a six month leave of absence to assist a congregation of missionary sisters who were working with a community of people to develop a hospital in a remote area of the Philippines. It was a wonderful experience and I received much more than I gave. It was a far cry from the schedules, deadlines, negotiations, and meetings which I left in the capable hands of Brian Beaton, Acting Administrator.

In June, 1972, St. Rita was surprised by its first nurses' strike which lasted for 5 weeks. This presented great difficulties for us, for patients, for the remaining staff, and for the nurses themselves. We did weather the storm with lots of support. Gradually, the inevitable wounds healed and life returned to normal.

In April, 1973, the Board presented another Brief to the government setting out once again the difficult financial situation in which we found ourselves and suggesting the province take it over, as they had the City Hospital. In October, we received agreement for 100% financing of the previously approved construction of an Intensive Care Unit and a Neonatal Intensive Care Unit.

In January, 1974, the Integration Committee acting for both hospitals recommended again a completely new hospital for Sydney. In July of that year, my years at St. Rita ended and I was transferred to pursue further studies in another field by the congregation. Brian Beaton, who had recently received his Masters in Health Administration, succeeded me.

I believe that my years at St. Rita were rich, happy, frustrating, fulfilling, and challenging. The death and resurrection which characterizes the life of every Christian, and indeed which is present in all of life, was evident throughout the life we shared together as the St. Rita Hospital Community. I have very fond memories of the people who were part of that process with me, and I pray that they will always be blessed with the new life, hope, and love I witnessed among them.

Sr. Joan Fultz

October 31, 2002

Chapter Four

"Reflections"

Brian Beaton, Controller and Director Finance
Administrator 1974

My years at St. Rita Hospital were good ones, I was Controller and or Director of Finance for ten years and then Administrator for 20 years. They are full of fond memories and good times - not to mention a few downers along the way.

When I first started at the Hospital, one of my responsibilities was to oversee payroll preparation and to pass out the cheques. Everyone had to come to the business office to pick up their cheque. What a great way to get to know the staff and also to get an earful if they thought there was a mistake. "You gypped me" were the words you heard. Of course, there were the usual Mary MacDonald, so you had to know either their middle initial or their nickname. And then there was the revelation when you found out that the name on the cheque didn't relate to their name at all - such as Nellie was really Ellen - and you had to scramble to find the real person.

You could only pick up your cheque in person or else give us a note releasing it to someone. Thus we also got to know the family members when "the Wife" was on back shift or couldn't get in to pick up her cheque.

I remember one day getting a list from Nursing Office of thermometers that were broken and by whom broken. "What

do I do with this?" I asked. After some questioning, I discovered that whenever staff broke certain objects such as thermometers, the cost of the replacement was charged to the individual. Talk about budget restraints. Thankfully this practice was stopped.

In the early days, Sister M. Aneas (MacEachern) was Administrator, and Sister Ann Martin (Sister Joan Fultz) was Assistant Administrator and in charge of personnel. One day while working with Sister Ann Martin, I picked up an eraser she was using and noticed the name SAM written on it. I asked who Sam was and was informed that it stood for herself, Sister Ann Martin. From that day on she was always Sam to me - never to her face though.

I believe Sister Joan was one of the first Sisters to change her habit after Vatican II. All of a sudden the strawberry blond hair peeked out from a much smaller head piece and the skirts became shorter. This was just a prelude to the day when most of the Sisters chucked the formal habit for everyday street clothing.

In 1974 - after a two year sabbatical at the University of Ottawa - I was appointed Administrator replacing Sister Joan who had replaced Sister Aneas. It was also around this time that the Sisters started reducing their numbers in the Hospital. When I first went there in 1962, there were 33 Sisters on Payroll. Prior to this, most Department Heads and head nurses were Sisters so it gave us an opportunity to put lay staff in Administrative positions. This was quite a challenge and took some getting used to. Could one say that things became more democratic? The new management people took on the challenge, became more involved, took management courses, and became good managers.

One of the favorite spots for department heads to meet was in Edle Morrison's office. At coffee breaks, you could always

find someone there to share a story with or to enjoy a good laugh. It helped to build up morale among the department heads and was a good place to share ideas and opinions.

One of the things I did try to do was to make rounds of the hospital every week. To me, this was one way to intermingle with the staff and to see and hear what their problems were. You were able to meet them in their own environment and also to share ideas with them. In this way I also met the medical staff and gave individuals access to Administration.

As Administrator, I found the medical staff very cooperative and always willing to assist me when asked - whether it be a medical moral question or just how to deal with a particular problem. A phone call to their office always got a response or you could always find them, at certain hours of the day, in the Doctor's Room in the O.R. This was always a great meeting place for an exchange of ideas and was also a social meeting place for medical staff.

I worked very closely with the Board of Directors and they took their responsibilities very seriously. They were mostly lay people with a few Sisters. The Board became more involved with the Hospital as the Sisters gradually withdrew from an active role in Health Care and encouraged them in their tasks. The Board represented the community at large and brought a great deal of expertise to the Hospital. We had Sisters, clergy, accountants, Social Workers, steelworkers, educators, housewives, Doctors, and Engineers. They were always willing to assist and offer their time and expertise. One of the highlights of the Board was the Annual Meeting. As these people gave their time without remuneration, the annual meeting, which occurred in June, was always followed up with a lobster supper. Some of these were held at Frank Sampson's house while others took place in the hospital. Department Heads were also

invited as they gave their annual reports to the Board and allowed for an intermingling between Staff and Board.

One of the areas where I was really involved was in Labor Relations and Negotiations. We had what was known as the Cape Breton Regional Group of the Nova Scotia Association of Health Organizations. We were the first group to carry on joint negotiations with the Unions, of which there were several. In fact, we negotiated jointly even before the Association became involved in Labor Relations. Freeman Jenkins, formerly of the UMW and later as President of the Glace Bay General Hospital, was our Chief Negotiator. We had many a late night at the old Isle Royal Hotel. I remember during one set of negotiations, it may have been during the FLQ crisis, when in the early hours of the morning Sister Aneas made the comment, "My heavens, your beards have grown." Sometimes I believe we became prematurely gray as well.

One image that sticks in my mind was in 1972 when we were in Ignatius Hall negotiating with the CNAs. I needed to go over to the hospital to my office to pick up a document. On the way back, I met Sr. Joan Fultz at the elevator in Ignatius Hall. She was holding a telegram from the Nurses Union advising her that the nurses were going on strike at 11:30 p.m. This was 11:00 p.m. This was the first strike by nurses in Canada. It was the look of disbelief and disappointment on her face that I will always remember. Needless to say, Sister Joan handled the strike with her usual efficiency and diplomacy.

During my tenure at St. Rita's, we experienced five strikes. I believe that we were the pawns in the game between the Government and the Unions and that these were not directed primarily against the Hospital. In the majority of cases, things went along fairly well and we operated on a reduced scale.

When a strike was over, I like to think that there was very little animosity between union and non-union personnel and that we all worked together to bring things back to normal.

There was a lot of talk, and studies were carried out, concerning regionalization of health care in our Cape Breton Region. I believe that the political will to carry it out was not there. I like to believe that at St. Rita Hospital we carved out a niche for ourselves in developing out-reach and out-patient services that had not been available to the public. We developed an expertise in Obstetrics and Pediatrics and Neonatology. We worked with the community in assisting with Hospice and Palliative Care, the Ostomy Society in getting an Enterostomal Therapist for the region, and we were able to start providing Cancer follow-up for Gynaecological patients and started a chemotherapy program for Cancer patients. We also provided space for the N.S. Hearing and Speech Clinic and we were able to provide funding for the training and staffing of a Crisis Intervention Social Worker and also an Orthoptic Technologist.

As I said, these were good years and I enjoyed working at the Hospital and trust that in some small way I was able to enhance the level of Health Care in our area.

St. Rita's

Mary (Gillis) MacIsaac

My association with St. Rita Hospital began long before I actually worked there as a staff member. My Mother, Sadie Gillis (Roach), was a graduate nurse from St. Rita School of Nursing and throughout my growing up years, she was very active in the Hospital activities through the Ladies Aid and Auxiliary groups. It seemed that there was always baking going

on for Hospital Tea and Sales and Graduation Teas and Activities.

In September, 1965, after graduating as a nurse, I began my career as a staff nurse on 2nd Floor, post surgical, Musgrave's floor. Gert Musgrave was of course the head nurse on 2nd and as such, ran a terrific service. My vision of her is striding down the corridor doing rounds with physicians and standing at the desk ringing her bell; that little teacher's bell as I called it, really served a purpose and certainly met her objectives at the time. When I think back to those two years on 2nd, the memories are of an enjoyable time where I learned much and where I met and worked with an excellent group of staff who were smart, dedicated, hard working, helpful to one another, and fun to work with.

In September 1967, I left St. Rita's to attend University with the plan to return to teach in The School of Nursing. After graduating, I met with Sister Mary MacIntosh, Director of the School at the time and discussed the needs in the School and felt encouraged that I would secure a position. A few weeks later, Sister called me to meet with her. At this time she asked me if I would consider going to teach at Sydney City School of Nursing. Both Schools at that time were being required to have degree people on staff. This request and my later decision to accept a teaching position at Sydney City, was pivotal in directing the Course and direction of my future career.

My next direct association with St. Rita or Sydney Community Health Center as it was called in 1994, was as Executive Director of the Cape Breton Healthcare Complex, comprising the three Sydney Healthcare Sites, Sydney Community, Sydney City, and the Cape Breton Hospital.

As Executive Director for the next year and final year of St. Rita's operation, I witnessed and was part of the tremendous

upheaval that major change creates in the lives of those affected.

St. Rita was a significant constant in the lives of many who had worked most of their careers within its walls. It was a family of its own, providing security, well being, togetherness, and life for many. The final year saw this family greatly saddened and experiencing the very major effects of family breakup.

The move to the new Cape Breton Regional Hospital took place on February 25th, 1995, the last day for St. Rita's, a remarkable Healthcare facility, having played a very significant role throughout many years in Healthcare within Sydney and throughout Cape Breton Island.

Chapter Five

"Reflections"

Fr. Lloyd Dwyer

In August of 1975, I returned to Sydney as Chaplain at St. Rita Hospital. I had just received my Masters Degree from St. Paul University Ottawa, in Pastoral Studies, with a Major in Hospital Chaplaincy. This course consisted of a year's academic study with a three-month practicum in Hospital Chaplaincy at Riverside Hospital. With my appointment as Chaplain at St. Rita, I was also to be Chaplain to the City Hospital. Little did I think at this moment that I would see the amalgamation of these two hospitals with the Cape Breton Hospital, the demolition of all three and the building of Cape Breton Regional Hospital. During all these changes, I remained as Catholic Chaplain moving to the Regional Hospital and remaining there until my retirement in June 1997.

With my arrival at St. Rita I became part of a wonderful tradition. It would be my privilege during the ensuing years to be part of people's lives: at the moment of birth, to be present at all the moments in between, and to be present at the moment of death. I would see people at their best, at their worst, their funniest, their crankiest, and their moments of joy. I would be with them to listen, to encourage, to dissuade, to support, to comfort, and to offer them the support of Christ through the Sacraments of the Church.

As Chaplain I was called upon to administer the Sacrament of the Sick to many people each year, and to be present at many deaths both on the floors and in OPD. The Sacrament of Baptism was administered many times under emergency conditions in Neo Natal. I also recall being witness to the marriage of one patient, who was very ill on the second floor.

My ministry was supported and made easier with the wonderful support of the Sisters of St. Martha with whom I had the privilege of working: Sr. Magdelena Kurtz, Sr. Mildred Campbell, Sr. Mary of Nazareth, Sr. Josephine MacIntyre, and Sr. Florence MacLellan who also faithfully shared ministry with me at the City, Cape Breton and finally the Regional Hospital.

As Chaplain I had Mass in the Chapel each Saturday evening and again Sunday morning. Each morning mass was offered at nine-thirty. These services were attended by patients, staff and often by family members. Special Masses were offered from time to tome, especially during Lent when two Masses were held in the chapel. Each spring a special Mass was held for the Women's Auxiliary, which was such a vital part of the family of St. Rita. We had two chapels, the original chapel on the first floor, which later became Physio, and later the smaller chapel, off the sunroom on second.

I was part of 39 graduations between the City Hospital and St. Rita's School of Nursing and later the Community Health Center School of Nursing. This was always made special by the graduation Mass, which included the blessing of the roses, which were then pinned on the graduates.

For many years while I was residential chaplain, I lived and worked from the chaplain suite on the first floor of the hospital. With few social workers, and no crisis intervention workers, at that time, especially on hand in the evening and early morning hours, I was often called upon to offer support to a patient, or a

family in a crisis situation. With no call system in place at that time for chaplaincy, I was on call literally 24 hours, and was usually only a few steps or a phone call away from where I was needed.

St. Rita's was truly a family unit. As chaplain I was truly a welcome visitor in each and every department. Christmas was a special time in the hospital with staff dinner and party. Mass was offered on Christmas Eve in the hospital chapel or auditorium in the residence. A dinner was held for my family in the small dining room. Mass was celebrated in the auditorium of the residence followed by lunch and musical entertainment. A glorious June evening was had by all.

A special part of my ministry was coming to know our Mi'kmaq people. I was with them during many joyous and also many tragic events. Through sharing with them at these moments I came to know their family values and their attitudes towards sickness and death.

St. Rita's Hospital was a wonderful place in which to work. The entire staff was patient oriented, and patient's concerns came first. I have many stories in my memory both sad and funny of patients and events which took place within the hospital. I feel that these should stay with me as part of patient and staff privacy.

It was sad to see St. Rita's as a structure demolished. I fell that it was a blessed building. The structure was removed but the spirit remains with all who were part of this institution and is part of them wherever they are working today.

Humour and Pathos
Part One

H. S. MacDonald

A good friend of mine and a patient as well landed in hospital one day with an ailment which required incarceration. On making rounds on a Sunday morning, I found him to be upset. On questioning him, he said, "Someone stole my egg yolk." Sure enough, there was no sign of it. I told him I would check with the head nurse. On doing so, she told me that he didn't get the egg white either. What he got was artificial. He didn't get the egg yolk because of his elevated cholesterol and it would be the waste of a yolk to give him the real egg white. When I went back to see him I managed to change the subject.

A lady arrived at the hospital one evening with a problem. She was from Richmond County and she said she sat down on the couch to think about where she put her crochet needle. As she sat down she found out. She became skewered in her backside by the missing weapon. So she rode side saddle to the hospital where it was determined that she would have to go to the O.R. Once asleep, all it took was a 45 degree turn to line the barb up with the direction of her gluteus muscle fibers. The thing then slipped out very easily.

One Saturday afternoon, two men arrived in emergency for a checkup. One was soaking wet and the other was dry. Both were rather incoherent and it was difficult to determine what

happened to them. Shortly after, two more men arrived, and yes, one was soaking wet and the other was dry. As it turned out, two cars left a party to make a purchase and on coming toward town, one of them landed in a lake. No one wanted to be blamed for the mishap so they thought they would confound the doctors in the temple by making the switch and they did confound. About this time there was a commotion in the hall by a woman in an obvious state of advanced labor. She was rushed upstairs, had her baby, and bolted back downstairs. Saying she had to get back to the party. At this point, Sister Florence MacLellan was heard to say - There's a fiddler on the roof in Cape Breton today!

Chapter Six

"Reflections"

Early Training Program

Sr. Florence MacLellan

I trained as an x-ray technician in the late forties. Students had two or three hours of class daily and about two hours of practise work. Students were taught how to do E.K.Gs., short wave therapy, and ultraviolet treatments and learning to type in their spare time. These were the days before coffee breaks!!!

The x-ray table was a plain flat table with an under the table flouroscopic tube with non-insulted cables. Above the table were the overhead tube and high tension wires which were on pulleys. By means of a wooden measuring stick, the wires were brought down and inserted in the appropriate slot in the x-ray tube. Let no one ever tell you that guardian angels do not exist!!! One had to be in very good physical condition to cope with the demands of the cramped quarters, outdated equipment, and frayed nerves.

The Dark Room was another full-blown headache in most cases and on most days. If you left the cold or hot water running, solutions got too cold or too hot. The mixing of the new solutions was a time-consuming and back breaking job. Also a messy job.

One bright light in our midst here in Cape Breton was having the good fortune to have Dr. H.R. Corbett as Radiologist. He

had a great interest in every one of his technicians. Besides his Radiological interest, Dr. Corbett of happy memory also had a great distaste for winter and detested snow. The calender in his office said it all -- Monday snow, Tuesday more snow, Wednesday snow again, Thursday snow use.! One day one of the x-ray machines broke down and Dr. Corbett became very excited. He started calling out, "Sr. Florence, Sr. Florence, call Halifax and get them to send someone down by plane to fix this thing." I called Halifax and told them of our problem. In the meantime I called the boiler room and Bill Rykers came over. He discovered a blown out fuse. Again Dr. Corbett got all excited and came up the corridor with his head down and his white coat flying. "Sr. Florence, Sr. Florence, call Halifax and tell them to hurry up and stop coming."

A young student was in for a G.I. series. This student was from the Coast Guard and his name was Mr. Bench. When he was introduced, Dr. Corbett said to the technician, "Pass Mr. Bench a stool."

A heavy-set woman was having a barium enema and Dr. Corbett called to the technician at the controls -- "Hit her hard. She's pretty thick through."

A lady, well groomed and attractive, was having a G.I. series. She was introduced to Dr. Corbett as a Mrs. Peach. He looked at her and mumbled, "Mrs. Peach, and is she ever well preserved." If a barium swallow was ordered, Dr. Corbett usually drew a little bird (a swallow) on the corner of his history information sheet.

Dr. Corbett said that at the end of the world, the Angel Gabriel would blow his trumpet in all the x-ray departments in the universe because that is where he would find everyone.

When Dr. Corbet would hear the barium miner on his way to his office he would break into song with a rendition of barium not

(Bury Me Not) on the Lone Prairie and we were daily reminded of the Gall Bladders and Skulls sitting out on the benches.

My years at St. Rita's were great days and I would like to take this opportunity to express my appreciation and a debt of gratitude to all the great people that I met and all my co-workers who helped us along the way. They were great and happy years. It was a privilege for me to have known so many of you. I will always treasure my association with you all and wish you all luck and joy in the days ahead.

Department of Radiology:

Mary Ferguson Moore

Dr. Corbett would be remembered as the godfather of the department on a personal basis with all his staff. Every year at the beginning of the winter, he would drag his coat from one end of the corridor to the other complaining about the snow and how he hated the cold but would never leave to go south. He hosted the department's Christmas party every year in his own home and cared for everyone of the staff as if they were his own. Dr. Corbett would sing while doing a GI study the famous tune "Barium on the Lone Prairie." Dr. Art Sutherland would come in daily to read the newspaper in Dr. Corbett's office like it was "his" office.

Our dear Irene Morrison also cherished the staff as if they were her own little chickens. She was the Queen of Christmas mistletoe, hiding it in her pockets, purse or any file cupboard she could find. Nobody was spared the Christmas wish passing through the X-Ray Department from December 10 - December 25th and then the Holiday celebrations extended from department to department with all the goodies moving around on the stretchers and using the enema cans as ice coolers for the "Spirits."

Happy day when we got rid of hanging, washing, and rinsing the X-Ray films and moving into the new technology of an automatic processor, life was easier and, I guess it was comparable to giving up your ringer washer for the automatic.

Sister Florence Annette was the pillar of kindness and caring for all her technologists. She was the spiritual soul for all our family problems as well as Director of Diagnostic Imaging. Patsy Joseph capably took up the reins and remained Director through the very tasking duty of amalgamation of the Cape Breton, Sydney City, and Sydney Community Hospitals, which in February 1995 became the Cape Breton Regional Hospital.

Celeste Gillis worked at St. Rita X-Ray Department and she ended up assisting Dr. F.B. MacDonald deliver a baby on the X-Ray table. Another incident saw Mary Moore at six (6) months pregnant being chased down the hall by a patient with a fire extinguisher.

Two new technologies came to St. Rita's, Mammography using blue powdery toner on Zerox paper which we thought was such a breakthrough. Then came in November 1979 the new Ultrasound technology. Our technologist Marie Skinner was pregnant at the time so she was the demo patient to show off her new baby, but low and behold to her surprise there were two (2) babies - twins. The sales representative from Quebec, all the staff of X-Ray, Housekeeping, administration even the administrator Mr. Brian Beaton were there to bear witness. It is also ironic that Marie's mother had the first twins born at the same hospital in 1953. A new Ultrasound machine was purchased in April 1980 and that's when Ann Frances Gillis returned home from Winnipeg to set up our first Ultrasound Department under the direction of Dr. Tony Hardy.

Then there was the time Dr. John Chadwick and his hunting friend bagged a deer with one front leg shorter than the other.

They brought the legs of the deer in to be X-Rayed just to be sure it was an old fracture and not diseased. It was an old fracture, so the beast was okay to eat. We quickly brought the films of this beast to Dr. Kevin Orrell's Clinic to see if he could help diagnose the syndrome of this patients's problems. Of course, we didn't tell him it was a deer. Poor Dr. Orrell was quite shocked to see the film and tried to get a handle on this orthopedic case.

Chapter Seven

"Reflections"

Sr. Mary Eileen

In April 1953, I was missioned to St. Rita Hospital, Sydney, having just completed two years preparation to be a Sister of Saint Martha. I was a registered nurse prior to entering the Novitiate and following my profession of vows, was assigned as supervisor on a surgical floor. I also took my turn with two other Sisters as evening and night supervisor. In those days the supervisor's shift was from 7 a.m. to 7 p.m. (days) and 7 p.m. to 7 a.m. (evenings and nights). I graduated as a nurse in May 1949 from St. Martha's School of Nursing in Antigonish so had a couple of years experience, but none with Maternity Nursing since student days. As you would expect, I was quite fearful of being the supervisor on nights for maternity. I confided this to two older nurses on maternity, Mrs. Fields and Mrs. Gillis. I can't recall their first names as in those days one was addressed by Miss, Mr., or Mrs. They very kindly took me under their wing and said, "Don't worry Sister Mary Eileen, we will teach and help you" and they did. In that first month, there were around ninety babies born and over half of them on nights!

I recall once on nights when we thought there was an unwanted guest somewhere in the hospital so two nurses and myself armed with broom handles went looking in all closets and empty rooms. We didn't find anyone. Maybe he knew there were three wild women after him so he took off.

There was a wonderful spirit at St. Rita among the doctors, staffs of all departments, and Sisters. In 1955, St. Rita Hospital School of Nursing was opened and the student nurses, being young and full of energy, added new life to the hospital. Mrs. Musgrave was the head nurse on the surgical unit and the patients came first. She taught the students well and I am sure they appreciated her expertise and learned a great deal from her.

The people of Sydney and surrounding areas were loveable and friendly. I remember them with much fondness, especially the Mi'kmaq patients who came to St. Rita's. At night when the doorbell rang (in those days we didn't have security staff, so the doors were locked), I had no fear of being alone when I opened the door because I knew they would never hurt me.

I am pleased to say the ten years I spent at St. Rita's were probably the happiest days of my life. Without a doubt, they helped to mold my character to face the ups and downs that come to all of us. St. Rita's is no longer there, but throughout Canada and the U.S.A. there are good people who are making a positive influence in these places because of the experience and training they received at St. Rita's as X-ray Technicians, Laboratory Technologists and Nurses.

Sr. Marie Raymond MacDonald

I was admitting officer at St. Rita Hospital from September 1968 to September 1972. I was aware that for many people entering hospital was a stressful experience. I felt my role was to be a welcoming, kind, and compassionate presence to them. I tried to perform my tasks efficiently and quickly, and when patients were seriously ill, they went at once to their assigned rooms -- the "paper work" was left until later.

One of my duties was to answer the bell at the ambulance entrance and direct the personnel (ambulance) where to take the patient(s). Frequently, there were three young lads from the next street (ages 9-11?) who hightailed it over to the entrance, situated themselves a little distance from the action, and gazed wide-eyed as the patient was being brought into the hospital. I always admired their quick response and apparent interest or curiosity. Occasionally I had a chance to chat with them. I have often wondered if any of them followed a career in medicine.

The greatest challenge was to find an available bed, especially for an emergency case. On more than one occasion I checked with doctors as to the possibility of anyone being discharged that day. One day, without my asking, one surgeon came to tell me he was sending someone home as he knew there was a patient waiting in the emergency department. My response was: "You Angel," to which he replied: "No one has ever called me that before."

I loved admitting children and endeavoured to put them at ease. One was admitting a three year old boy who had sustained a fractured arm. I said: "Did you see stars when you fell?" His answer was: "No, it was morning-time when I fell." (I learned something that day.)

I have fond memories of my days at St. Rita Hospital and the cooperation and support of the medical and hospital staffs.

"It was the best of times, it was the worst of times"

Charles Dickens, A Tale of Two Cities

Sr. Veronica Matthews

I have some good memories from St. Rita Hospital and some that are not so good. Some of the best memories include the rapport between the Sisters and the medical staff (physicians). There was mutual respect, love, and a special bond. Besides God, they were our other support system.

Some unsettling memories were brought on the very first nurses' strike. The nurses walked off the job at 11:p.m., leaving 30 children unattended. We felt helpless and abandoned. Again, the physicians came to our rescue. They arrived early next morning, discharging the children who were well enough to go home to recuperate. All that day the physicians kept a close eye on us and the children to make sure that everything was taken care of and we were all okay.

Sometimes, because of labour disputes, strikes need to happen to bring about justice. However, we sacrificed something during that difficult time: respect, dedication, or commitment. At any rate, we lost something very valuable. And somehow, our lives were never the same. On a happier note, one of the best times was serving breakfast to patients who came fasting for x-rays and procedures. The look of gratitude on their faces as they enjoyed a hot breakfast was indescribable. One of the services I enjoyed most was acting as an interpreter between the Mi'kmaq elderly patients and the physicians. Of all the services I provided at St. Rita Hospital, this is the one I cherished most. These magic moments were our luxury and they will always be deeply etched in my memory.

Chapter Eight

"Reflections"

Cancer Care In Cape Breton - The Early Years

Jean M. MacPhee, RN., BscN., C.O.N.(c)

I was graciously invited by Dr. H.S. MacDonald to contribute to his book, which chronicles the history of the former Saint Rita Hospital. For many years, this institution was integral to the provision of health care services to the people of Cape Breton. It was also an important part of my personal life providing me with over 30 years of employment and a rewarding nursing career, primarily spent in cancer care. I will endeavour to capture on paper some of the events and changes that occurred at Saint Rita Hospital, which led to the establishment of cancer care services in Cape Breton.

After graduating from the Halifax Infirmary in 1965, I began working as a Certified Nursing Assistant (CNA) at St. Rita Hospital. I worked on the 4th floor, Medical Unit that was supervised by Mrs. Sally MacIntosh R.N. Sally exemplified all of the important qualities essential to be a good leader. She's a woman of great integrity and unwavering principles that expected nothing less than quality care for the patients. She served as a mentor to me for several years and under her tutelage, I honed my nursing skills and learned the importance of being competent at what you do. Most importantly, she taught me that the very essence of nursing was to have the privilege

to reach out and to help people in a meaningful way and that this privilege should never be taken for granted.

During these early years, I also worked in the operating room where my knowledge of Anatomy and Physiology improved significantly. Although I enjoyed the work, I realized that I missed the direct patient contact and returned to the medical unit. In 1972, I decided that I had worked long enough as a C.N.A., and entered St. Rita School of Nursing, graduating in 1975. Exactly ten years after beginning work at St. Rita's, I started my career as an R.N.

As a registered nurse, I went back to work on a medical unit but soon transferred to the Emergency/Outpatients Department of the hospital. I enjoyed the variety and challenges offered in this area. As an emergency room nurse, you soon develop experience in several other areas of nursing practice such as: pediatrics, obstetrics, surgical and acute care nursing; just to name a few. However, one area that particularly peaked my interest was the administration of chemotherapy to local cancer patients.

By the early 1980s, chemotherapy was being administered in both a limited and sporadic manner in the local Emergency Departments of St. Rita and the City of Sydney Hospitals. In those days, the surgeon who diagnosed the cancer would refer the patient to the Nova Scotia Cancer Center in Halifax for consultation with a Medical or Radiation Oncologist. A few patients would return to Sydney where their surgeon or family physician would administer their chemotherapy but radiation therapy was offered only in Halifax.

Although the chemotherapy patient numbers were initially small, it became obvious that emergency room nurses did not have experience to care for cancer patients. Their primary focus was dealing with emergencies and staffing outpatient clinics in

a fast paced environment. Without a doubt, attempting to provide cancer care under these circumstances presented challenges to both the staff and the patients.

As previously stated, it was necessary for many patients to travel to Halifax for chemotherapy and radiotherapy. This lengthy travel often imposed physical, emotional, and economic burdens for patients and their families. For those patients who did receive treatment locally, there was little support for the emotional aspects of dealing with cancer and its treatments. It was recognized that these patients required a dedicated space to receive treatment and someone to coordinate their care and to advocate on their behalf. I knew that this was the type of nursing I wanted to pursue.

In 1983, I requested the help of Dr. Rex Dunn, a local surgeon, and Mrs. Helen Rutherford, then Head Nurse in the Emergency Department, to lobby for a space within the hospital where the cancer patients could be cared for. This space would be specifically designated for chemotherapy patients, away from the hustle and bustle of the Emergency Department. We then approached Mr. Brian Beaton, Saint Rita Hospital Administrator, requesting this space on behalf of the patients. Fortunately, at the time, the hospital physiotherapy services were moving to a larger space on the main level and Mr. Beaton graciously agreed to reassign this area as a chemotherapy unit.

In 1983, Mr. Beaton also made application to the Cancer Treatment and Research Foundation of Nova Scotia (later to be known as the Nova Scotia Cancer Centre) for St. Rita Hospital to be designated for participation in a free parenteral chemotherapy outpatient program. This program was passed through an Order-in-Council by the government of the time and Saint Rita Hospital received notice of acceptance by the late Dr. Dougal Thompson, CEO of the Cancer Foundation.

Acquiring the space in early 1984 was really just the beginning. Dr. Dunn played a pivotal role in establishing cancer services in the area. He made several telephone calls, attended many meetings, and exchanged numerous correspondences with Dr. David White, Chief of Medical Oncology, Nova Scotia Cancer Centre (NSCC) Halifax, in an effort to organize the chemotherapy program. It was crucial that we had the support of the Halifax Medical Oncology group, as these physicians would be assessing the patients and determining their chemotherapy protocols.

When the chemotherapy room began operation in late 1984, our patient volume was so small that we operated only two one half days per week. I was the first nurse to work in the clinic, originally on a part time basis. At this time the physicians were still administering the chemotherapy treatments. But within one year I had completed a practicum at the Nova Scotia Cancer Center and was certified to administer chemotherapy. By 1985, patient volumes increased and Ann Beaton R.N. also began working part-time in the chemotherapy clinic. By this time, we had also formed a very enthusiastic Oncology Committee that was committed to making the chemotherapy clinic a success.

By 1986, the administrators of both Sydney Hospitals, as well as the local surgeons, agreed to centralize all chemotherapy administration at the St. Rita Hospital site. The original co-directors of the clinic were Dr. Rex Dunn and Dr. Rick Bedard. There were several recommendations for clinic operation that were approved by the Medical Advisory group and the clinic operated under the umbrella of the outpatient department. Mrs. Marie Romeo, who was the Head Nurse of the department, was extremely helpful in providing additional nursing staff to the chemotherapy clinic. By this time, I was the full time Oncology nurse responsible for all clinic activities and the development of policies and procedures for the chemotherapy unit.

During the next few years, the patient numbers increased so that it was necessary to operate the clinic five days per week. Alma MacDonald R.N. and Mary Lou MacKinnon R.N. also became part of the Oncology nursing group. Throughout the development of the original chemotherapy unit and the Cancer Center, I strived to ensure that the nursing staff were educated and certified in cancer nursing as cancer patients required a unique set of nursing skills. It was important for the clinic nurses to be knowledgeable in the latest trends and to be clinically competent.

Over time, we soon outgrew our space and moved to larger accommodations at Ignatius Hall, the former nurse's residence. Excellent medical support was provided in the clinic and at the committee level by local specialists Drs. Dunn, Elwood MacMullin, Peter Jackson, A. Gardner, Rick Bedard, and the late Dr. N.K. MacLennan.

In 1987, the chemotherapy space and staff were utilized to operate other cancer care services. Drs. Dunn and MacMullin had started surgical follow-up clinics for their cancer patients. Dr. N.K. MacLennan had lobbied with the Halifax Gynecology Oncology group to follow their Cape Breton patients in the clinic, thus limiting the burden of travel to Halifax for these individuals. This outreach service that began in 1987 still continues today. For several years, Drs. A. Gardner and N.K. MacLennan also held Colposcopy clinics in the treatment clinic.

With the increase in the number of cancer patients requiring chemotherapy, it became evident to the Saint Rita Oncology Committee that a regional Oncology clinic should be established in Sydney. Again, Dr. Rex Dunn, along with Dr. Rick Bedard, joined forces to lobby with the Nova Scotia Cancer Centre Medical and Radiation Oncology groups requesting that these specialists have a presence in the Saint Rita Hospital Clinic.

Dr. Dunn formalized this in a letter to the chairman of the board in 1988 in which he stated that a medical oncologist should be recruited to our area. He stated: I think Saint Rita's should take an active role in recruiting such a physician and in meeting whatever requirements they have...the bare bones of the set up already in Ignatius Hall, Saint Rita Hospital, should be a good basis on which to build.

In 1989 visiting assessment, consultation and follow-up clinics from the Nova Scotia Cancer Centre were established in the disciplines of Medical, Radiation, and Gynecology Oncology. The establishment of the visiting clinics was well received by the local physicians and patients and quickly earned an excellent reputation. The "chemotherapy unit" soon became named a "satellite" or peripheral clinic by the Nova Scotia Cancer Centre.

Dr. Ron MacCormick, then Head of Medical Oncology in Halifax, along with Dr. Oscar Wong, head of Radiation Oncology, provided the first cancer specialty services to the area. These visits occurred on a monthly basis over a period of several years. The number of chemotherapy patients increased dramatically during this period and we were able to efficiently provide their treatments locally. However, the radiation therapy patients still had to travel to Halifax for treatments after their initial consultation and planning in the Sydney clinic.

Dr. Ron MacCormick left Halifax in 1991 to practice in Saudi Arabia. During this period, other Halifax medical oncologists continued to maintain the monthly service to Cape Breton patients. Dr. Oscar Wong was a staunch proponent for the establishment of a Radiation Therapy Program in Sydney and he continued his visiting clinics for many years. With the increased demand for the various services, the nursing staffing complement increased. Dawn Pushie RN., joined the oncology

nursing staff and Theresa McCarthy RN., worked at the time as a relief nurse in the clinic.

The Oncology Committee still met on a regular basis and by the early 1990s had joined with the Nova Cancer Centre group to form a liaison committee to discuss issues around radiotherapy service in the area. At this time, Dr. Alan Freeman was Medical Director for the new Cape Breton Regional Hospital now in the early construction phase. He, along with Drs. Dunn and Bedard, set out to recruit a medical oncologist to the area. As well, they were also negotiating for "a proper oncology clinic space within the Regional Hospital" that would include specifications for a radiotherapy unit.

Although government support was minimal for this idea, Cape Bretoners were insisting that the new hospital would have a Cancer Center. Many had travelled to Halifax over the years for treatment and now felt it was time to have the service locally. In 1991, the Cape Breton Regional Hospital Foundation started a campaign to raise funds for the proposed Centre. The people of Cape Breton demonstrated their support for improved cancer treatment services through fundraising directed at the expansion of the Oncology clinic and the development of an onsite radiation therapy program.

The late Mr. Sandy Reeves, a well-known Sydney businessman, served as campaign chairman for this event. He had a keen interest in seeing that radiation therapy services would be offered in the proposed center. In just one year, under his leadership and drive, Cape Bretoners donated (6) six million dollars. The government agreed to purchase a cobalt unit but it was estimated by experts that a Linear Accelerator would better meet the needs of the cancer population. The final result was the purchase of (2) two accelerators. One should never underestimate the will and generosity of Cape Bretoners!

In tandem with the radiation unit proposal, Dr. Rex Dunn continued to vigorously recruit Dr. Ron MacCormick back from Saudi Arabia to become Cape Breton's first medical oncologist in the area. Ron was back in Sydney on a holiday visit when I ran into him at MacDonald's restaurant in 1993. I vividly remember the conversation. I told him the new regional Hospital was opening in late 1994 or early 1995 and would he please think about coming for even (2) two years just to get the cancer program organized. He agreed to think about it but gave no commitment.

In early 1994, Dr. MacCormick did agree to come to Cape Breton to care for our cancer patients with a commitment of at least (2) two years service. Needless to say, we were elated with his decision. Dr. Dunn was responsible for this masterstroke. Dr. MacCormick arrived in August 1994 and began practice at the former Saint Rita Hospital site. The clinic had once again moved to the former Emergency/Outpatients space. The summer Ron arrived, one of his greatest pleasures (or so he tells me) was to see the harbour and cruise ships from his office window. A view one could only truly appreciate from the Saint Rita Hospital site. Fortunately, Dr. MacCormick still remains at the Cancer Centre where he continues to provide excellent care to the patients.

The area's cancer services relocated from the Saint Rita Hospital site to the new Regional Hospital in February 1995. After this, Saint Rita's no longer existed physically; however, the steadfast philosophy of providing excellent patient care continued at the new site.

The vision of providing full cancer services locally that started at Saint Rita in the very early 1980s became a reality when the Cape Breton Cancer Centre opened in 1998. This regional treatment center currently provides a comprehensive

range of cancer services, including radiation therapy. This is the result of a few dedicated individuals who recognized the need for the provision of local cancer services and relentlessly pursued this goal to realization. Cape Bretoners are now able to receive cancer care in their home community.

The road was long and winding with several bumps along the way. Many things changed over the years but the good things stayed the same. The nurses caring for the cancer patients have remained the one constant throughout this long journey that began in 1984. Many of these individuals who transferred as a group from Saint Rita Hospital still work in the Cancer Centre. Each one has a deep and abiding passion for cancer nursing which is reflected in the care they provide.

In September 2002, I retired as Director of the Cape Breton Cancer Centre. I enjoyed a rewarding nursing career and consider myself lucky to have worked with many remarkable people along the way. From the very beginning it has always been my belief that people of Cape Breton deserved to have the same quality of care as the rest of Canada and I made this my ultimate goal in cancer nursing. It was my privilege to champion a cause that I believed in with all my heart.

Jean neglected to mention that she was the 1999 recipient of the Administration Award of Excellence from the national CANO group concerned with oncology.

H.S. MacDonald

Cano Awards

Jean MacPhee

The 1999 recipient of the Administration Award of Excellence is Jean MacPhee from the Cape Breton Healthcare Complex.

Throughout her 20-year career in oncology nursing, Jean promoted the belief that the people of Cape Breton deserved to have the same quality of cancer care as the rest of Canada, making this her ultimate goal in cancer nursing. She was instrumental in bringing full cancer services to Cape Breton. She developed and maintained a functioning chemotherapy unit and, through her persistent endeavours, was successful in establishment of a regional treatment centre. This dedication culminated in the opening of the Cape Breton Cancer Centre in September 1998. This centre includes a state-of-the-art radiotherapy department, the integration of which required this nurse's capable leadership and effective interpersonal skills. She brought together two separate modalities of treatment, thereby fulfilling her goal of Society volunteers, with physiotherapy and occupational therapy services available as needed. Her staff has identified her most exemplary service to be in the areas of education and interpersonal relations. Formal and informal education have always been a priority for this nurse leader; not only for herself, but also for her staff members. With continual networking with CTRF, the provincial and national oncology nurses' associations, as well as RNANS and CNA, she keeps abreast of current treatment modalities and health care trends. New staff members benefit from an indepth orientation and education program with Jean being always available to attend to individual needs and concerns. Staff members are afforded time and support to attend conferences, workshops, and teleconferences, and are urged to share their knowledge and expertise.

This nurse leader is highly regarded in her setting and is identified by staff as the one constant and driving force behind their success in the excellent care provided to cancer patients. On behalf of the CANO Recognition of Excellence Committee, I want to congratulate Jean MacPhee for demonstrating excellence in oncology nursing administration.

Chapter Nine

"Reflections"

Frances (Doucette) MacIntyre, RN

Let me introduce myself. My name is Frances (Doucette) MacIntyre. I was born in Sydney and raised on the Membertou Reserve there.

As a young girl, I always wanted to help people. So I decided after high school to go into some health career. I decided to go into nursing and entered St. Elizabeth School of Nursing in North Sydney. It was a three year program. I was away from home but not too far so I could go home very easily. Generally speaking, we didn't leave the Reserve very much apart from going to school and to attend to some other activities. So when I entered nursing, I was away from home and living with strangers.

After graduation in 1960, I was hired to work on the surgical floor at St. Rita Hospital in Sydney.

Being a Native (Aboriginal), I was very nervous as I knew I would be the only Aboriginal working there. It worked out alright as I am light-skinned and with a last name Doucette, everyone presumed that I was French and many times I did not correct this impression.

I worked very well with all the staff, especially with the nurses

and doctors. We were like one big family. I worked as a staff nurse and then as an assistant head nurse on the surgical floor. I was aware that I had a lot of responsibilities. I also assisted the School of Nursing with the students' clinical work experiences along with their instructress.

The most amusing work-related experience was with a native child in Pediatrics. He was asking something in Mi'kmaq on a continuing basis and staff couldn't figure out what he wanted. The nurses were unable to contact the parents at the time so I was called to see if I could help. As it was my day off, I came in to see the frightened child and spoke to him in Mi'kmaq, asking him what he wanted. All he wanted was his boots so he could go home. Speaking to him in his language seemed to calm him down and he wanted me to visit him again. We made a special bond that day. Language barrier is difficult for some and also the scariest because one cannot communicate with others.

The scariest, and there were some, was when the nurses went on strike in 1972. At the time I was transferring to the Out-patient Department to work with another nurse on a split schedule. We also had to cover the emergencies and on nights, I was assigned to cover intensive care during the strike. On one occasion, the air conditioner broke down and was off all night. The patients were then sweating off their monitor leads and the whole unit was buzzing. We thought everyone or someone was in cardiac arrest. We ran around most of the night and I think that night aged me about ten years. I don't think I was cut out to be an Intensive Care Nurse. While working in the Out-patient Department, I met a lot of native patients and most of them didn't know who I was. I could hear them talking about the staff or the hospital in Mi'kmaq and many times I would answer them in Mi'kmaq. I could see a shocked expression in their faces and they always asked how I knew the language. On one hot day in

July, I called out a name (Mary Christmas), the patient's real name. In a corner and in a whisper I could hear happy new year. Everyone in the lobby had a great laugh that day. They say laughter is good medicine and we need it sometimes.

Another incident occurred when a native man came to the Out-patient Department. He was a known alcoholic and in all his visits he had only a scrape or nothing at all. He only wanted me to treat him and not the other nurses. He would see his Doctor (Dr. Virick) occasionally, but sometimes he only wanted to talk to someone and then leave only to return in a few days. He was never abusive and was greatly appreciative of the treatment he would receive.

Above as well I would like to thank all the Doctors who worked at St. Rita's while I was employed there. I would like to thank the Sisters, especially Sister Mary Eileen (Sr. Theresa Perro). She taught me a lot when I first started to work there. I would also like to acknowledge Mrs. Gertrude Musgrave who was Head Nurse on the surgical floor. She may have been strict about everything but she taught us a lot. Subsequently more natives entered the nursing profession, graduated, and worked at St. Rita Hospital. Finally I was not the only native working there. I encountered many more challenging experiences working at St. Rita Hospital.

In closing, I relish the friendships, experience, wisdom that I have acquired from working in different departments at the hospital. I take great pride in being a staff member there.

In 1982 I decided to leave the hospital and was hired by Health Canada. I went back to school to get my Community Health Certificate. I was then assigned to work in four native communities in Cape Breton. I always wanted to work and help my own people, the Mi'kmaq. This kind of nursing experience has been very rewarding and provided personal satisfaction in

teaching the Native people to be responsible for their own health. After working sixteen years with Health Canada in a clinic setting, I retired in 1999. Now I enjoy doing my crafts (quilting) and going to my exercise classes with the girls.

Do You Remember?

Theresa Campbell (Head Nurse Surgical Floor).

When the nurses said a prayer together after report for guidance and strength throughout our shift.

When a doctor arrived we stood up. I think I did that until I retired. Such respect.

When Gertie Musgrave, R.N., Head Nurse Surgical floor always preserved a chair at the side of the desk for Dr. F. Kelley, a surgeon, when he arrived for rounds. If you were there, you moved swiftly.

Do you remember Gertie Musgrave's sterile technique? It was top of the line and you followed instructions as directed or you heard about it until you had it perfected. Dr. Sodero who wanted Gertie when he made his rounds and definitely only her for dressings.

I remember having our unit (Surgical) filled to capacity. We could have had an empty bed but this lady would not go home. Our unit manager schemed up a plan. With a scarf on her head and a sheet pulled up to her chin Mary MacSween, R.N., Staff Nurse, was on a stretcher. Moaning and groaning, crying, we pushed Mary down the corridor and into the discharged lady's room. We explained to the discharged patient that this lady was an emergency and the bed was needed. Our discharged patient, needless to say, went home.

Remember when the patient was washed before communion in the morning. The room had to be tidied and everything out of the way for Father Chaisson's arrival --- or else!

Remember when we locked Mary MacSween in the linen closet with Dr. D'Intino? The light went off when the door closed. Let me tell you, shy Mary was hollering and screaming.

Remember when linen was allotted out for the day -- top sheet to bottom and linen changed twice weekly.

Do you remember Dr. H.S. MacDonald -- always pro nurse in any situation, dedicated at all times and such perfect suture lines, and what plastic surgery -- remember those "Boobs"?

Marg Campbell, RN

Working in the Operating Room in the early '60s and again in the early '70s was a pleasant experience.

There were a number of changes occurred over the period of years at that time. In the early '60s the O.R. was staffed with a complement of RNs and student nurses. The day shift was covered by the RNs and students and the evening shift (3-11) was covered by an RN and a student and an RN from the day shift would be on call. These people also took call for the entire night until the following morning. A bed was available for the student on call in the nurses' dressing room - also the lunch room.

Nursing Students were in a 3 (three) month rotation during their training days. They learned theory in the classroom and practical experience under the tutelage of the O.R. nurse to which theatre they were assigned.

Rm A & B was for Major Surgery and Rm C was for Minor surgery. Each student had to participate in 25 major scrubs as they were called and 40 minor scrubs to complete her O.R. training.

PAR (Post Anaesthetic Recovery) was an extension of the OR and came under the staffing from the OR Roster. A permanent RN Supervisor was in the PAR along with students. Later, a 9-5 shift was established and an RN covered this shift. No staff was employed for the Evening Shift. Only Emergency surgery was done in the evening and the patient was recovered prior to transfer to the surgical floor. The duties of the nurse in the evening was preparing for the next day cases and insuring all supplies, etc. were in proper quality and order.

Housekeeping staff worked from 8-4 and did all the cleaning between OR cases. In the evening, this was done by the nursing staff on duty. This practice has changed over the years.

Scheduling of cases was one of the many duties done by the OR supervisor. In later years, a Ward Clerk was hired to do all the book work.

A big change in OR was how anesthesiologists were administered during this time period - the use of open ether was completely phased out - more full-time anaesthesiologists came to the area. Pentothal and Intubation became the form of anaesthesia.

General surgery, Gyn, Orthopedics, Urology, some ENT, and some Paediatric and Plastic surgeries were being performed. ENT comprised mostly of Nose and Throat surgery at that time. With the influx of a number of surgeons doing certain specialities, the surgery load increased greatly. The training of students was changing and OR Technicians were acquired at this time and were a welcome addition to the staff.

After a hiatus of a few years from the OR, an ORT and myself were doing the evening shift and were called by the family doctor to prepare the OR for a MVA case. He had informed us we would have to prepare for Vascular work and Orthopaedic surgery. While getting ready, the OR doors opened and two gentlemen came into the OR suite and we promptly informed them that this was the Operating Room and that if they were looking to visit a patient they would have to return to the wards. To our surprise, these two learned gentlemen were the surgeons who were coming to do the surgery along with the family doctor assisting. They took it in good part and forgave us for our oversight and graciously thanked us when the case was finished.

During the late '60s the early '70s, to facilitate the smooth flow of work in the OR, a 2-10 p.m. shift was added. Usually this shift was covered with an OR Tech and RN alternating shifts. Working in the OR we had a good rapport with the staff in all departments. The kitchen staff were very good to us as frequently the scrub nurse's duties would run through regular meal hours and dinner or supper, whichever the case may be, which would be set aside by the kitchen staff.

Although times could be stressful with cases when you knew the prognosis wasn't good, especially in younger children, these types of illnesses weighed heavily on everyone involved. But we also saw the lighter side. "All In The Family" was the big TV comedy show then and Dr. N.K. MacLennan was the Gynecologist and Dr. Abe Gaum was the General surgeon. Dr. Abe came in one morning and was at the scrub sink with Dr. MacLennan and was commenting on the previous episode of Archie Bunker who had called the Gyn Doctor the Groinocologist. Forever after, that is what Dr. N.K. was called.

An incident we had where an elderly lady had fractured her hip and this was her first experience ever with illness. Her

spoken language was Gaelic. Coming to the OR is a frightening experience at the best of times but not being understood only added to her dilemma. Fortunately, we had a nursing student who was fluent in the Gaelic language and she assured her we would take good care of her. It indeed made her feel much more secure.

Another incident was when a young lad swallowed the time piece of a Timex watch. it was successfully removed surgically and if I remember correctly, it was still ticking. Due to our Code of Ethics, we could not talk of these stories.

Working at St. Rita's OR was an enjoyable working experience. Being in a smaller setting, we were able to follow the progress of the patient with our contact with the surgical nurses on the floors. Without the services of a Porter, the RN and student or OR Tech would transfer the patient back to their respective rooms and very frequently we would meet up with a patient who had been operated on the day before and it was nice to see how well he or she was doing. Most of them wouldn't recognize us and were more than happy they wouldn't be having anything more to do with us.

Although times and many changes have occurred lasting friendships, were made and continue to this day. A number of nursing staff and medical staff have gone to their eternal reward. The St. Rita OR is no longer but the quality of nursing learned by all continues on in the Cape Breton Regional Hospital.

Humour and Pathos Part Two

H. S. MacDonald

Dr. F. J. Kelley at St. Rita

An elderly gentleman arrived at emergency one morning for inverness county with suspected fractured ribs. This was the third time I saw him for the same reason—being in a collision with another car as he swung onto the Transcanada Highway. This time, his daughter asked me to tell him he should stop driving. I was anxious to tell him so but his answer was "Och. It issin't me; it's the car. She a whoore to drive."

One day, Dr. Fran Kelley, a fellow surgeon, and I, both admitted patients with hemorrhoids. Prior to surgery, I went to the floor to do the history and physical. Dr. Kelley had already done his but he put it on my patients' chart. I then noted that they were both female and about the same size and weight. So I became a prankster and signed my name on the bottom of the

Dr. H. S. MacDonald & Theresa Murphy

document. With that my patient was sent to the O.R. When I left the operating room, Dr. Kelley and Supervisor, Theresa Murphy, were engaged in an animated conversation. Dr. Kelley said, "Yes I did." Theresa said, "No you didn't." "Yes I did." 'No you didn't." Yes I did." "Well then. You're gonna did it again!" I was going to tell Fran about my perfidy at a suitable time. However, he died following major surgery which was done in Montreal. Dr. Kelley was a good man and we will all miss him.

Chapter Ten

"Reflections"

Memories of St. Rita Hospital

By Elaine MacLellan.

Since my childhood days, I always knew I wanted to be a nurse. When I was seven years old, I remember going to St. Rita's with my father, hoping to visit my mother and new baby sister. I was a little disappointed when on arrival my dad was told children under the age 10 were not permitted to visit that ward. I was happy to just get inside the hospital. The ladies in the admitting office were very nice to me. They showed me the switchboard and the chapel and let me look around the lobby while I waited for my dad. I was so impressed by their kindness and the cleanliness of the place and it all reinforced my dream of becoming a nurse and working at St. Rita's.

In 1960 I started training at St. Rita Hospital School of Nursing. In spite of all the strict rules and regulations, not to mention working hard at class and on the wards, we had a lot of fun and made friends that have lasted a lifetime.

It didn't take long for us to learn we must respect our seniors. An unwritten rule was that you never stepped on the elevator before a senior student, R.N., or Doctor. Once we reached our senior year, we enjoyed the same treatment we got from our junior students and we even had fun with it. I recall an incident when another senior student (Teasie MacMillan) and myself

were doing our final term in pediatrics. Two of the first year students were just starting out, learning to take temperatures. Teasie and I were about to go to class so we asked the younger students to phone CSR and have them send up a set of Fallopian Tubes right away. We didn't have time to do it because we had to go to class. Being obedient to their seniors, they graciously agreed to do it and so we went off to class. A while later the Head Nurse came to the Utility Room where our class was being held and said "CSR are calling. They can't find the fallopian tubes someone called for. Would anyone here know anything about that?" Response was silence. We did get a passing mark in Peds.

At that time, in 1960-63, the student residence was in the old St. Rita Hospital on King's Road near the railroad tracks. We were up at 5:30 a.m. and walked up to the hospital. Sometimes we got a drive with the milkman if we were lucky. We had to pass inspection when we walked into Mass at 6:30 a.m. or prayers at 7:10 a.m. We had to make sure our uniform was complete with clean starched collar, cuffs, bib, and apron. The cap had to be straight on our heads, shoes polished, and with clean shoe laces. If our hair came down over our collar, Sister Barbara would offer to give us a free haircut.

I remember the late Sister Barbara with great respect. She gave credit where credit was due and certainly enjoyed a bit of fun herself. Our school motto was science, service, and sanctity. We were constantly reminded that the science and service were meaningless without the sanctity. We were often told that prayer and our faith in God would give us the firm foundation to live and work according to our school motto.

As students, we seemed to have time for other activities. In May we participated in the "Living Rosary" along with the KOC members in front of the hospital. We also had a wonderful Chorale directed by one of our talented teachers, Yvonne

Gouthreau. We sang at various events both at the School of Nursing and at the hospital. The highlight for me was when we sang the Hallelujah Chorus at graduation ceremonies at the Vogue Theatre. I'll never forget the standing ovation following our performance.

Graduation was a very special event in 1963, with a graduation tea. The prom, parties, and of course the graduation exercise itself at the Vogue Theatre. It was always interesting to hear the dear late Ann Terry's broadcast on radio the next day. She made it sound like a major royal event.

In 2003, my class will celebrate 40 years since we graduated. We have had a reunion every five years for the past twenty-five years. We are all living and we are all friends. Each of our reunions in the past have had eighty or ninety percent of our graduates attend. We are hoping for 100% attendance in 2003, coming from California, B.C., and all across Canada.

I feel like I grew up at St. Rita Hospital. I started my training there at age seventeen and worked there for a couple of years after graduation before moving away. Working on second floor with Sister Eileen and Gertie Musgrave was some great learning experience. Second floor was then a busy surgical unit. But everyone worked well together to give the patient the very best of care. Sister Eileen was always up to some kind of a joke. Whether it was wearing a funny kind of nose, or ear, or putting a rubber emesis in front of the chart holders just to get a grunt or smile from Dr. Cormier. Later I worked for a couple of years in the operating room. That is where I got all the sex education and marriage

Dr. Harold Devereau & Dr. P. J. Gouthro

preparation I ever needed. Dr. H.J. Devereaux and Dr. P.J. Gouthro never missed an opportunity to give some advice as it was during those years I was planning to get married. There was always time for some jokes and laughter in those days. It sure kept our spirits alive and made work more enjoyable. Early in the 1970s I went to the Out Patient Department (also the Emergency Department). We had the two rooms across from x-ray and on the first floor and a fracture room at the end of the hall. On 3:30-11:30 shift we had only one nurse on duty. When things got busy with a car accident we would get help from other areas. One evening when I was working this shift alone, a young man with a foreign accent walked down the hall just as I was going to supper. He told me he had a friend in Africa who was a Doctor. This Doctor wanted him to bring back some cocaine. I quickly responded by telling him that all drugs were locked up in another part of the hospital. But if he would come with me I would get the Supervisor to help him. I continued walking toward the switchboard but he changed his mind and kept going down the stairs and out the front door. I will never know if he was for real. The thought never entered my mind at that time but I could have been in danger as illegal drugs were hardly heard of on the streets here in Sydney. Only later did we have to deal with them in the O.P.D. In the late 1970s the Emergency Department moved to the other end of the corridor on first floor. The Medical Records Department, Personnel, and Administration Offices moved to Ignatius Hall. We had much more room to work and a bit more staff. Changes came along quickly. We were doing E.N.T. Clinics, Orthopedic Clinics, a Day Surgery Unit. This was all in the midst of increasing numbers of emergency cases. We also gave the Chemotherapy. Prepared and took care of the patients for the G.I. Unit. During those years the work load increased so quickly along with all the changes. It was not easy to give everyone the care we would like to give. In the early 1980s an Oncology Room was set up downstairs.

Alice Throne, RN

To the best of my knowledge, these are some of my recollections of working at St. Rita Hospital.

I graduated from Hamilton Memorial Hospital, North Sydney in 1949. It was owned and operated by the Sisters of Charity. I worked in the Operating Room for two years with Sister Rose Angela and taught the students there in OR technique until 1952 when I met the love of my life. Dave Thorne and I were married and moved to Sydney that same year where I wished to continue my nursing career and to raise a family of five children.

Demolition Ignatius Hall behind St. Rita Hospital 1998.

Fortunately I was hired by the Sisters of St. Martha to work on the second floor, medical and surgical unit of the private residence of Mr. Whent MacDonald, purchased by the Sisters of St. Martha as a temporary location until their hospital, St. Rita, was erected in 1953. The Obstetrical Unit was a temporary location at Nazareth House across the street and has since been levelled for a condominium development.

I worked on the 5th floor of the new hospital until there was an opening in the O.R., which was within a month. The O.R.

Supervisor at that time was Sister Ann Estelle and the Head Nurse was Martha Brown from New Victoria who had worked in the O.R. at the temporary location on Kings Road, which later became the Wandlyn Inn Motel.

Martha was a great nurse, full of fun and had lots of jokes to tell. After Sister Ann Estelle, came Sister Etheldreda (Brean), and then Freda Fedora whom I admired for her gentle, warm, caring concern for the patients and her fairness to her staff. I assisted her in the orientation of new staff and students.

The O.R. consisted of three rooms: A, B, and C. A and B for general surgery and C for ENT, etc. A four bed recovery, nurse's room, Doctor's room, broom closet, utility room, and a work room. At the outset, Doctors and Anaesthetists were scheduled to work in both City and St. Rita operating rooms, resulting in a lot of back and forth travelling. Doctors who performed surgeries were Drs. Abe and Dave Gaum, Dr. W. Sodero, Dr. J. Cormier (ENT), Dr. Clem Young, Dr. H.J. Devereaux, Dr. Art Sutherland, Dr. Carmen D'Intino, Dr. Harvey Sutherland (ENT), Dr. Philip MacDonald, Dr. Art Ormiston, Dr. F.B. MacDonald, Dr. Philip MacDonald. Most also gave anaesthetics in the form of ether, chloroform, Pentothal, and nitrous oxide and Co2. Dr. Clem Young gave low and high spinal anaesthetics on occasion. Dr. Sandy MacPhail also gave anaesthetics. Vinethane came into being when chloroform was abolished.

Post surgery patients were transferred to the four bed Recovery Room with nurse Helen MacNeil, who worked with one pressure apparatus for adults and young children and if help was needed she rang the buzzer for an OR nurse. Soon Andre (Mombourquette) Prossin was hired to work in Recovery. Patients, when fully recovered, were transferred by one nurse from recovery and another from the OR.

In the meantime, more nurses were being hired. Some I

recall; Edna (Jabalee) MacGillvray, Carmel Bray, Elsa Piva, Shirley Marsden, Julie MacGillvray.

In the O.R., glass syringes were used, sutures came in glass vials which had to be opened in a separate towel and threaded on different types of needles. Instruments were washed by hand and then put in the washer sterilizer. Sponges were soaked to remove bloodstains before being sent to the laundry. When linens came back from the laundry, Laparotomy and GYN bundles and single items were made up and sent to CSR for sterilization. Scrub nurses counted instruments, needles, etc. prior, during, and following surgery. If a count was incorrect, the surgeon was immediately told and X-Ray department notified before closure of incision. Surgical gloves were washed, tested for perforations, patched, and sent to CSR. For contaminated cases, different procedures were followed.

When the nurse's residence was built (Ignatius Hall), the nurses who came to the OR and were on call had to sleep in a single bed erected in the nurse's room. Rose Steele was appointed to teach these students in OR.

As time when on, things for the better were happening. Specialists were coming in:

Drs.: H.S. MacDonald, D.H. MacKenzie, Lloyd Allen, Fran Kelly, Pat Gouthro, M. Naqvi, Rex Dunn, Elwood MacMullin, Philip Smith.

Orthopedics - Dr.s R. Greenlaw, Raj, K. Orrell, I. Holmes.

Obstetrics - Drs. K. MacLennan, C. Brennan, A. Gardner, Bob Andrews.

Urology - Dr. L. Schneiderman

Anaesthesia - Drs. G. Simpson, ? Langdon, Bob Ellerker, Dr. Issacs, Dr. Rehman, R. Singh, Anne and Harry Pollett, C. Gatchalian, S. Orrell, D. Rushton.

Ophthamology - Dr. J. Gupta, Dr. W.Snow.

E.N.T. - Drs. S. Marsh, G. Boyd, R. Chokshi, P. Curry.

In the early days, nurses were required to work 7:30 to 3:30 days and 3:30 11:30 evenings. And then take calls from eleven thirty p.m. to seven thirty a.m. You did the recovery of the patient in the OR while you carbolized the OR and mopped the floor and washed the instruments. There was no payment for overtime or call back which was a condition of work. When you worked days, you had to remain until your work was completed so you could be there till five or seven p.m. Over the years, nurses who worked diligently in the O.R. were as follows:

Marg (Cash) Campbell, Reynalda MacDonald, R. Steele, Ruth MacDonald, Helen Rutherford, Theresa Murphy, Shirley Muldoon, Mary Cash, Annette Pino, Judy Macmillan, Sr. Anne Proctor, Sr. Catherine of Sienna, Donna LeBlanc, Anne Mombourquette, Anne Lewis, Irene Obracy, Debbie Kennedy, Francis Gillis.

OR Technicians - Karen Martel, Brenda Devoe, Mary Burke, Barry Brewer.

Recovery room - Germaine MacDonald, Joan Mouland.

Supervisor and head of nurse's union - Theresa Murphy.

All in all, I must admit, I really enjoyed at St. Rita with the rest of the dedicated people. We worked as a team, had many laughs, good Christmas parties, etc., with memories to cherish. I retired in August 1992.

Respectfully submitted,

Alice Thorne

Peggy Sampson, RN

Upon receiving a phone call from Dr. H.S. MacDonald and relative to a history of St. Rita Hospital which he was presently doing, he requested that I relate my experiences while having worked at the institution for thirty-five years. As a 1962 graduate of the three year diploma program, the one thing that stands out was our sense of family and community. We were guided every step of the way by our instructors, most of whom were from the congregation of the Sisters of St. Martha, our medical staff, laboratory, R.N.s, Doctors, C.N.A., dietary, laundry and every aspect of what would direct us to becoming nurses.

There was a work ethic and all shared the highs and lows. As students we could always find someone to help, teach, and share our fears and joys, which have been lasting to this day. We certainly did not have the sophisticated technology of today, but we did have the "hands-on" approach to health care.

Following graduation, I had the privilege of working as staff nurse on Surgical floor with St. Mary Eileen as head nurse. As new RNs on the job, we were always encouraged to challenge ourselves, and always with a keen eye on the more experienced staff who always assisted us to grow and develop.

Over the years, working with so many wonderful people from all departments whom we knew on a first name basis was most uplifting experience in itself. St. Rita Hospital staff have always been known for their caring and professional approach to nursing. The friendships which I have made as a staff nurse will remain with me forever.

As a note, I truly cannot see the reason for demolishing the institution which I have known as St. Rita Hospital, the place where I trained, worked, and gave birth to our three children.

There is a history in St. Rita's for me which shall always be in my heart's memories.

Peggy Sampson, R.N.

Enterostomal Therapist

Geraldeen Collins, R.N.

I started as a General Duty Nurse at St. Rita's early in 1977 as a prerequisite to going to Cleveland Clinic in Ohio for my Enterostomal Therapy Training. The Clinic only accepts R.N.s presently working in a Hospital. As I was working in Industry, St. Rita's Hospital hired me with the understanding that I would be available to all the hospitals as required. I was introduced to 4th Floor under the capable hands of Mrs. Sally MacIntosh R.N., Head Nurse. She and her staff warmly welcomed me. I was assigned an office in Ignatius Hall and continued to work from there. I worked on 4th until I left the end of May for my E.T. training, except for two weeks in March when I was sent to the Halifax Infirmary to work with Lynn Tremblet who was the only E.T. in Nova Scotia, to be sure that I was ready to undertake the necessary training. It was a great preparation for my formal training.

The next 2 months were very intensive - studying, observing surgeries, on hand experience, as well as exams, on a 50 bed unit covering Colostomies, Ileostomies, and Urostomies. On returning home I had to prove to everyone that the knowledge I obtained was time saving, cost effective, and patient friendly.

I was now not just an R. N. but also an Enterostomal Therapist (E.T.). One of the most frequently asked questions was what's an E.T. and what do you do? When I explained that I help people adjust to the change in their body image, had a

new method of eliminating their waste (the stoma) and how to apply, drain and rinse a pouch. The comment was usually UGH, that's a terrible smelly thing to do. Coming from a Clinic where there were about a dozen companies displaying their products, most of which were used in the Clinic, to just two. United - clear plastic about 8 by 12 inches to accommodate the thick plastic rod and loop of rubber tubing. The other one by Hollister which was narrower but 12 to 18 inches long and had a one to three inch opening. We all came back to our respective hospital settings with plastic bridges and a variety of pouches which hopefully would make the life of an ostomate more comfortable. Some of the surgeons were skeptical that the Bridge would work, which it did, but we still had occasion where we had to use the plastic rod.

With the cooperation of the Company Reps, new pouches were purchased to compliment the existing stock. Many Inservices were presented to all staff so that everyone would be doing the same procedures, as with everything some staff were reluctant to do ostomy care. One of the greatest challenges was to convince patients and staff that the odor when draining and rinsing or removing the pouch was no different than when a person had a rectal bowel movement, the only difference was that the stoma was right under their nose as opposed to behind their back. Because all pouches can be drained and rinsed or unsnapped and washed, it was up to them to help the patients keep their pouches clean and thus reduce the odor. We also have a liquid - Banish - which was put in the pouch and it did work. We would have everything working quite well when we would have someone admitted who had a stoma for many years, who was wearing a closed end pouch and it had to be removed every time the stoma functioned. Because her personal care wasn't as great as it could be and she refused to change into a drainable - it was quite a challenge - But I must

say the Staff and I were able to improve her hygiene and personal care.

One morning as I was making rounds on second floor, a nurse said come quickly we have a man going to x-ray and you have to do something right away. The man had a sardine can, with a whole cut in each end and an elastic band around his back to hold it on. He refused to let us take it off until I promised that I wouldn't throw it away. We took it off and he had it stuffed with cotton batting. Even though we put him in a short drainable pouch while in hospital, he went home in his sardine can. There were some areas in the United States that were so poor that was all they used but they held them on with old panty hose.

We were taught the importance of pre stoma marking. While In Halifax I was sent to see a patient's stoma - he was lying in his bed with a transparent pouch on; the stoma was about an inch and one half in diameter, protruding about an inch, no hills or valleys, pouch seemed to be a perfect fit. When he stood up his stoma disappeared under a fat fold which resulted in another surgery. Stoma marking is very important so that patients can see their stomas in order to look after themselves. I realize this wasn't always possible, but to my knowledge no stomas had to be revised before their initial discharge.

Seeing the patient before surgery was two fold not only to mark the stoma location but also to explain in detail what a stoma was, to answer questions, and hopefully eliminate some of their fear re body image, acceptance, work, cost, etc. I had a board with different size rubber stomas on it for them to see.

One unforgettable experience was when I said to a patient his stoma would probably be three inches and it ended up being about six inches across and four inches deep, supported by the rod and tubing.

Fortunately, his stoma was extensively cauterized and he went home a very happy man.

There was only one patient who originally refused to see me. Fortunately, before her surgery I was able to mark her stoma sight and we became good friends even today.

It took me a very long time to convince some staff that it was easier to drain and rinse a pouch than it was to change the pouch and the patient's soiled bed.

My time at St. Rita's was the most rewarding part of my extensive nursing career, thanks to being accepted unconditionally by all the staff and all the doctors, with whom I had a great working relation.

Cheryl MacSween, R.N.
Raylene Power, R.N.

The twenty years spent working on the surgical floor at St. Rita's Hospital have given us a lifetime of memories. So many memorable patients, staff, and situations allow us to remember and recollect for hours on end. Truly, we grew up at St. Rita's, both professionally and personally.

The sense of family among the staff members of our surgical floor was profound; the strength of our cohesiveness and genuine care for one another is something we will always cherish. No matter how busy the surgical wings were or how hectic our personal lives, we always had time to gather to celebrate our accomplishments and milestones. No marriages could take place without a bridal shower; a baby shower preceded every baby's birth - we even welcomed two sets of twins.

Christmas was always a special time for staff to "dress up and do the town." The staff Christmas party was always carefully planned; restaurant booked, Head Nurse's gift bought, and everyone dressed in their best for the important night. For many years we would pick names and exchange gifts.

Christmas at Petit Jean, a lobster boil in Main a Dieu, and sailing the Sydney Harbour with Dr. Naqvi to view the tall ships port side; all memorable times for the staff of St. Rita's Hospital surgical floor.

Although much of the staff has moved to retirement, different jobs, or even different sites, the friendship and closeness we experienced is something that will stay with us forever.

Submitted by:

Cheryl MacSween R.N.
Raylene Power R.N.

Chapter Eleven

"Reflections"

Jean MacDonald

This is a regular Case Room activity. Jean MacDonald, RN

It was October 1958, after a short interview with Sister Barbara, I found myself working obstetrics at St. Rita's. Now I just finished a year at the VG Hospital on Med surg so I knew case room would be a challenge for me.

I was welcomed to the unit by Pat McGrath, former classmate from St. Joseph's Hospital in 1957. She was one of the most caring dedicated nurses I ever met. Now, we can't forget the Sisters of St. Martha who owned and ran the hospital in a very efficient manner.

The shift began at 7:30 a.m. with nurses from all units, all

faiths, kneeling saying a prayer for those nursing the sick. Crosby Nurse and I approached Sister Basil with what they now call a split schedule but that was not to be considered in those days. Also, there was no maternity leave so you started from the bottom when returning from having a baby which was usually six weeks.

In the early years, an RH negative mother was serious if she developed antibodies. Some babies had to have replacement transfusions. One of our surgeons, Dr. H.S. MacDonald, better known as Dr. Lefty, usually did the transfusions. Later in years, RH Immune Globulin almost eliminated the need for replacement transfusions.

In the late sixties, Interns came on board to get their training on OBS, and that they did. Dr. N.K. MacLennan, Dr. C. Brennan, and Dr. Angus Gardner took them under their wings and taught them all the skills and training they needed. Incidentally, they called the three OBS doctors "The Three Wise Men."

The interns at first had a room next to the desk and on a quiet evening the nurses removed the mattress from the bed. On return around 11 p.m. the intern got off the elevator the nurses rang his room, he ran in, jumped on the bed, reached for the phone with a screech "Who took my mattress?" The girls were peeking around the corner laughing. On a quiet evening in the case room, there was a lot of pranks pulled.

OBS was not Dr. D.H. MacKenzie's favorite floors and Lord help you if he saw you chewing gum or a radio was on in one of the patient's rooms he was visiting.

On Sunday morning you could always depend on Dr. Brennan dropping in for coffee after mass even if he wasn't on call. We would keep him up to date with every delivery and what was going on in every unit.

In the late 70s, the government bought the hospital. The

Sisters of St. Martha were no longer owners. The name St. Rita Hospital was changed to Cape Breton Regional Hospital. Renovations started and a new modern neonatal unit with a neonatologist and highly qualified neonatal nurses in charge. You could always rely on the neonatal unit for help if needed for a premature baby or one with a fetal distress. Then the case room was remodelled and we had five birthing rooms and an assessment room. Things changed and even the charting was duplicated. We charted "water broke" as "ruptured membranes," labor pains were contractions, SS enema to Fleet, full prep to mini prep, rectals to vaginal exams, starting to dilate, half and fully, was described as 1 cm, 5-6 cms, then 10 cms, and pushing. We didn't say I can tell she's ready by the look on her face, we now said she's crowning, or 10 cm and pushing, page or call the doctor.

Our trilene went by the wayside and was substituted by Entonox, then epidurals took over and that's the way to go. The Allis forcep that Dr. Brennan loved was replaced by the amniotic hook forceps to suction; but one thing that didn't change, "Babies came when they were ready."

The five to seven days in hospital changed to 24-48 hours and our trips down with baby in our arms and placed with mother in the car was taken over by the car seat and off you go mum and dad. Good luck and we don't say see you next year because the grand multip is a thing of the past.

Husbands weren't always allowed in a case room in the early days and when we first introduced them to going in for a delivery, this is what happened. Aggie passed the nervous father the cap, johnny shirt and boots - "Here, put these on" as she rushed to call the doctor.

He's at the scrub sinks bending over to put on his boots giving all the nurses a "moony." He had just the shirt on. That's

progress, we couldn't contain ourselves from laughing.

We can't forget the female doctors who did a lot of obstetrics, we met a lot of them when they interned. They were a welcome addition to the hospital and now it's the nineties and we're preparing for the new hospital.

Incidently, Gloria MacGillivary and myself on a quiet day in the case room came up with the idea to form a hospital choir. It's now in its 10th year and we put on a Christmas Concert in the hospital cafeteria every year and entertained the patients along with many other performances under the direction of Shauna Doolan.

Now I would like to say a few words about Dr. F.B. MacDonald who was no stranger to obstetrics. He was a master in breech deliveries and was one of the quietest, dedicated doctors until his passing in December of 1985.

At one time, four of the nurses, all patients of Dr. MacDonald, were due to give birth around the same time and each was trying to get ahead of the other. It was so busy a few nights later after Sue Currie and I delivered that we volunteered to look after the patients while the floor nurse was down the case room. Dr. MacDonald wondered why we were so tired when our five day stay was up and it was discharge time.

What happened to the uniforms?

At one time we dared not go without our white hat, uniforms, white shoes and yes, nylons. First the hat went, then the uniforms. Now it is mostly sweat shirts, pants, and sneakers.

It's nice to be comfortable but did we swing too much the other way?

Now working in the post partum floor we always had our own certified nursing assistants who played an important role

in obstetrics. They were well trained and worked nursery and floor until the 90s in a very capable and efficient manner. They were later transferred to the medical floor and replaced by registered nurses for the new tradition of rooming in with one nurse caring for mother and baby.

The final preparations for transfer were at hand and the interns no longer took their three month training in obstetrics and we're looking at the last days at St. Rita Hospital. As the doors of the hospital closed, I found myself at retirement but not without taking my memories of working obstetrics at St. Rita Hospital with me.

Chapter Twelve

"Reflections"

St. Rita Hospital Laboratory Services

Pauline (Mackley) Campbell, Head Tech

"Am I Gram positive or gram negative?"

The Laboratory Department at St. Rita often held the key to a person's state of health.

Situated on the first floor, south wing next to the chapel, the lab expanded over the years to include all of the south wing including the former Chapel (later Physiotherapy Dept.), Bishop's suite, chaplain's suite.

The Early Years

Before my time in the lab pre-1961, Sister Mary Helen Cathcart and Shirley Brothers were at the helm.

Then along came Dr. Alex Gyorfi, Pathologist; Dr. Eva Osyany, Biochemist; Sister Mary Alexin Cameron, Chief Technologist; and the first laboratory students in 1960.

When Maureen Doyle and I arrived as students in 1961 to complete the practice portion of our training at St. Rita, we found a new "family."

All the staff were very close friends and with Dr. Gyorfi and Sister Alexin plotting our social lives, life was never dull.

First Row R-L: Carol Dichs (Housecleaning), Irene Ouracay, Alice Thorne, Martha Brown, Joan Mouland, Francis Gillis; Second Row R-L: Anne Mombourquette (MacGibbon), Anne Kerr, Judy MacMillan, Debbie Kennedy, Marilyn Coady MacDonald, Reynalda MacDonald, Karen Martell (ORT), Annette Pino, Mary Burke (ORT); Third Row R-T: Michelle Taylor, mary Cash, Anne Lewis, ???, Germaine MacDonald, Noelle Hines.

The staff swam together, attended dances together, and "did the drag" on Charlotte Street together meeting at the Diana Sweets.

Not only did Sister Alexin know who we were all dating but she entertained them when they came to pick us up after work as well as arranging dates with those boys she felt we would like.

We worked hard all day, taking pride in performing quality testing, took call for lab emergency testing at night, and went to every social function we could!

Parties at the nurse's residence, dances at Point Edward Coast Guard when Dr. Gyorfi took us to meet the midshipmen from Annapolis, and hours spent in Sydney forum where we skated three or four times a week filled our "non-lab" time.

Even with our heavy workload, the high degree of camaraderie, the responsibility we all felt for each other, and the love for our profession with the deep compassion we felt for our patients, made us all eager to perform our best.

A routine day saw many of the doctors coming to the lab to discuss their patients' lab tests outcomes. Doctor F.B. Macdonald, H. Devereaux, H.S. MacDonald, F. Kelley, Austin Macdonald, P.J. Gouthro, N.K. MacLennan, C. Brennan, S. Marsh provided our greatest insight to patient care as well as a wonderful wealth of stories.

The elation we felt when a diagnosis was finally made in a difficult case and recovery assured kept us on a high for days. Our hearts were also heavy when a patient could not be saved despite the treatment and care received.

In the early 1960s, there were about one-fifth the number of lab tests done in the 1990s. All tests were performed manually and results were interpreted by the technologists. Today, most of the testing is carried out in automated instrumentation with test tabulations compiled for a diagnosis.

The Laboratory Dept. did hold the key to a persons' state of health.

A person's spine supports the body with offshoots to other parts of the body. The nursing units were the backbone of the hospital and the Lab Dept. was a major offshoot. More and more, a diagnosis could not be made without interpreting lab test results.

In the Laboratory Dept. the backbone of the lab was shared by Dr. A.W. Gyorfi, our Pathologist for over thirty years, and Dr. Evan Osyany, our Biochemist. The Lab manager (known as the Chief Technologist in The Early Years) also helped to mold the thinking of the students and laboratory staff. From 1960-1991, the Chief Technologists were: Sister Alexin Cameron, Sister Mary Florence Mackie, Sister Yvonne MacDougall, Mrs. Lillian Hines, Mrs. Pauline Campbell, Ms. Ann MacArthur, Mrs. Pauline Campbell. (In 1991, we amalgamated with Sydney City Hospital and Cape Breton Hospital with Pauline Campbell as Lab Manager.)

Dr. Gyorfi

A.W. Gyorfi, a man of imposing stature, installed awe in everyone in the lab. His compulsive neatness, demand for high standards, exceptional organizational ability and booming voice affected everyone in the lab as well as other parts of the hospital.

Laboratory staff reaction to him ranged from sheer fear to high respect and gratitude for all that he taught us.

April Fools

As time went on, we realized Dr. Gyorfi had a fun side. Every year he "got" us with an April Fool joke. He even convinced me, one year, I had to transfer to a hospital in Yarmouth due to a technologist shortage. Being naive, I called home to tell my mother before he told me the difference.

One year, for April Fools Day, the lab staff arranged with Dr. A. Prossin to stage an autopsy. Now, Dr. Gyorfi hated to have to come back for autopsies on his scheduled days in New Waterford hospital. One of these days (April 1), we informed him of a pending autopsy at St. Rita. We fabricated a chart, consent forms, set up the autopsy room. When he was on his way to the Autopsy room, I laid on the table with a sheet covering me, my bare feet sticking out at the end, and my head in the support block.

When Dr. Gyorfi came into the room and took the sheet from my face to see the cadaver, I sat up and said, "April fool." He was almost the next patient on the table! He jumped into the air, squealed "yikes" and turned a deathly shade of white! From that year on, he could never top that April fool joke.

Frogs would croaking go.

The lab staff often held the key to a patient's state of health and also whether they were pregnant or not. Contrary to the ease of testing today, during the early years, the method for detection of pregnancy was somewhat more detailed.

The urine of the suspected pregnant patient was injected into a frog and after two hours, the urine of the frog was examined with a microscope to detect the presence of sperm. Each frog could only be used once and after testing were disposed of. In warm weather, they were let loose behind the hospital. In the winter, we euthanized them with chloroform.

One particular day, not enough chloroform was used so when the frogs woke up late at night from their deep sleep, they jumped off the lab counter and went exploring. The next morning during 7 a.m. mass in the Chapel, Sister Alexin heard frogs croaking. There were two frogs making their way up the centre aisle. Needless to say, Fr. Beaton must have received a start when he began mass and instead of the heavenly voices of the Sisters, he heard "croak-croak."

Fr. Beaton was our saving grace on many a night when we were out on call, he always brought us fudge to tide us over. That fudge oftentimes was the only substance we had to eat for hours. No wonder it was so delicious!

Life in the Lab

Life wasn't all fun in the Lab. Because of the daily and almost hourly life and death situations we could create as the result of a lab test, accuracy, always uppermost. This, coupled with the sheer volume of testing each technologist performed and the many all night sessions out on call doing "stat" tests, contributed to an escalated sense of responsibility, alertness, and compassion for the patients we tested.

Because of this heightened sense of repercussions of the test outcomes and volume of testing, fatigue could set in and inevitability humour carried us through. We could always see humour in any situation.

It was the practice to do annual blood testing on all hospital staff. One of the Blood Bank tests was a person's blood group, ie. ABO blood group and RH factor (positive or negative). In Bacteriology, we performed gram stains on patient's specimens to detect gram positive or gram negative bacteria. Now, as one would expect, nursing staff were not familiar with the extensive details of lab testing but had a general idea of some of the lingo.

One morning, I answered the phone in Blood Bank and the staff on the other end asked, "Am I gram positive or gram negative?" She wanted to know her blood types. As gram positive or gram negative was Bacteriology testing we enjoyed the humour of the question.

"Paul Bunnell"

Lab testing was familiar to many outside the lab. Once, the Sisters in charge of admitting called the Lab saying "Paul

Bunnell" was here and could we tell her what lab test he was for. Paul Bunnell was the name of a lab test for mononucleosis. The patient had presented the doctor's request slip for the test and the Sister efficiently proceeded from there.

As the test volumes escalated, the lab staff increased. The foresightedness of the hospital administration allowed the lab department to flourish.

The lab evolved from the staff of five techs, one lab assistant, one Chief Tech, one Biochemist, one work up, two clerical in 1962 to 40 staff in 1990, CBHC to 160 staff with the amalgamation into the Cape Breton Regional Hospital.

During my tenure in the lab January 1961 - November 1998, lab testing came full circle. Originally, all technologists performed tests in all lab disciplines. Departmentalization was not set up until 1980s at St. Rita. Then strict lab disciplines with a Chief Technologist and no staff crossover became the norm. Today the trend is leaning toward generalization with technologists cross trained to work in various disciplines and participate in patient care teams interpreting test results and selecting appropriate tests to be done.

"First in Lab"

Many "firsts" were done in St. Rita Laboratory. St. Rita was the first lab in the area to set up a blood collection department when staff's sole responsibilities was collection of specimens. This thrived under Monica Wambolt's effective leadership.

Dr. E. Osyany pioneered the first micro testing in Chemistry to meet the needs of our neonatal unit. The first 24 hours lab service in Cape Breton, eliminating call back at night at St. Rita did much to reduce fatigue stress on the lab staff.

Laboratory tests were developed on a continuous basis to meet the needs of our hospital services and clients. Dr. N. K.

MacLennan and I pioneered the pre-natal laboratory testing. Dorothy Allen enhanced the Infection Control program in the hospital.

As Chief Technologist, Lillian Hines raised the spirit of the staff and encouraged the staff to "feather" their testing. She was the role model for "true grit."

The first Transfusion test in N.S. was set up by C. Komourdjian to assess the nutritional state of the elderly.

As buzz words changed over the years, patients became clients, quality control became quality assurance, and bench marking became the standard. All the while, we at St. Rita continued to strive to produce high quality test results despite budget restrictions. We were expected to excel and seek more comprehensive ways to serve our clients better.

The spirit of the lab staff, the caring for our patients, and each other, the desire to perform the newest and best diagnostic tests permeated every department in the lab. Our philosophy for research and development in every lab discipline and all technologists encouraged to upgrade with continuing education carried over into the careers of our technologists.

The inspiration, the mentoring, and the wealth of knowledge passed on to the many lab students at St. Rita resulted in our graduates assuming diverse roles as lab practitioners. From laboratory administration, specialists in various lab disciplines, and leaders in lab medicine, our graduates from 1961-1973 worked all across Canada, U.S., Saudi Arabia, Columbia, Bermuda. Many of our staff have assumed leadership roles in the new District 8 Health Authority.

We who were fortunate to be students under Dr. E. Osyany learned to take symptoms, lab results, xray results, and come up with diagnosis in patients. This was a twice weekly

assignment and to this day we find we tend to diagnose the patient on the whole patient presentation, not only lab tests.

Changing Times

Times have changed in the Lab. During the 1960s, '70s, and early '80s, we at St. Rita had a heightened rapport with the medical staff and nursing staff. The physicians were daily visitors to the Lab and many nursing staff came to the Lab to discuss patients. As well, we visited nursing units to discuss best possible outcomes for patients. Because of this, a deep respect among hospital staff was fostered and the St. Rita "family" flourished. Patient care teams were in operation at St. Rita long before they became the standard in hospital settings.

The spirit at St. Rita was never more present than in the hockey games between hospital staff and medical staff. Lab techs, xray techs, OR and other nursing staff skated against such NHL draftees H.S. Macdonald, M. Smith, C.A. D'Intino, Dr. H. Devereaux was the"Hawaiian" Conch of the hospital staff while A.W. Gyorfi was the "vain" referee. Even then we knew laughter was the best medicine.

Our laboratory at St. Rita grew from a three room department performing routine tests to a multi functional lab excelling in the various lab disciplines with a great degree of specialization developed to meet the needs of our clients, physicians, and patients.

The success of our lab was due to the excellent leadership we had, especially in the early formative years. The spirit, the compassion, and the willingness to help patients and the commitment to excellence exhibited by our staff down through the years enabled our lab to excel as diagnostic entity. Each and every staff left his/her mark.

Even today, our St. Rita family still keeps in touch. Maureen

Doyle, Sr. Alexin, and I had our 40 year reunion last year. Lab friendships last a lifetime!

The Laboratory department from St. Rita is now included in the expansion of all of Cape Breton labs into the District 8 Health Authority.

The lab still holds the key to persons' state of health.

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Ph (902)725-2698
Retired: Laboratory Director C.B. Regional Hospital
former Lab manager St. Rita Lab. Dept.

Chapter Thirteen

"Reflections"

Pathology (Histology) Department

Sandra (MacLellan) Stein for Dr. A.W. Gyorfi

I began working at St. Rita Hospital on September 18, 1963. I trained to work in Histology with the pathologist, Dr. A.W. Gyorfi, as my boss. He covered the pathology labs at St. Rita's, New Waterford, St. Joseph's in Glace Bay, and the North Sydney General. At that time, we would meet the afternoon Acadian Lines Bus from North Sydney down on Kings Road in front of the hospital to get the package of specimens from the North Sydney General. Things sure have changed from that time. Dr. Gyorfi could be a bit of a tyrant at times but once you got to know him, he was a kind, caring and compassionate man and always a gentleman. We had our little disagreements but they were soon forgotten.

When I began, the workload was very light, usually about ten to twelve O.R. specimens a day and sometimes less. As the years progressed, so did the workload; up to twenty to thirty specimens a day with many samples from each to process for microscopic study. I made the slides and Dr. Gyorfi's expertise was reading the slides under the microscope and making the patient's diagnosis, sometimes unfortunately with not the best outcome.

There was a shortage of pathologists at that time for the

local area, so when Dr. Gyorfi wanted to go on vacation, he would find replacements from Halifax, England, and Ireland. I'm not going to mention his name, but a pathologist from England was comical. He was a small thin man and full of energy. He wore soft-soled shoes and would come up behind you and yell "Hello" in your ear or yell your name from the doorway and snap your picture. (I think I should have been on Valium.) One evening after work, he went fishing and the next day he came into the department very animated telling me about the monster-looking fish he caught. He said that it terrified him so he cut his line and pushed it back into the water. (It was a catfish).

Automation came to the Pathology Department with some more efficient equipment, but it still remained a hands-on work preparation.

I worked the department alone for many years, but when the workload increased considerably, I got some help in the afternoon from Joan (Gould) Ross who worked with me until I was forced to retire in June 1989, due to illness. Dr. Gyorfi retired in July 1989 to enjoy the Annapolis Valley, but he still comes back to Cape Breton.

The lab staff had many get togethers over the years in the summer and holiday season, usually a dinner and a party. We made many friends over the years. We also always have fond memories of St. Rita Hospital; it was a wonderful place to work.

Chapter Fourteen

"Reflections"

Physiotherapy at St. Rita

Bernadette Chaisson

The story of physiotherapy at St. Rita Hospital physical therapy or physiotherapy is a professional discipline aimed at preventing and/or alleviating movement dysfunction in human beings.

The importance of Physiotherapy was first recognized during W.W.I. Canada realized that medical care and surgery were not enough to restore severely wounded men to their pre-war status. Physiotherapy was seen as an essential component in restoring these men to viable individuals who would be able to resume full responsibility in caring for themselves and their families.

Physiotherapy has revolved from its early roots of being a profession which used traditional healing methods, to the development of a modern, scientifically based profession and health care discipline; so well, the general public recognizes the role physiotherapists play in the overall rehabilitation of individuals with movement disorders.

The physiotherapy department at St. Rita Hospital was founded in 1967. In November of that year, the first physiotherapist was hired, Bernadette Chaisson. As a sole charge therapist, Bernadette was responsible for catapulting

the department into a working force providing physiotherapy services to both inpatients and outpatients at St. Rita Hospital.

The first department was located on the main floor of the building. The small but serviceable department boasted four cubicles, each one containing a standard old-style plinth and a chair. Outpatients were greeted with a small waiting room and one full time chair. Equipment in the department included a small arm/leg whirlpool., a short-wave diathermy machine, ultraviolet light, hydrocollator, wax bath, ultrasound, and various weights and pulleys, as well as a guthrie-smith frame. The department also had a set of parallel bars.

By the early 1980s, this department was too small to service the needs of the outpatient department. Therefore, we moved to a new location. We took over the site of the hospital chapel on the second floor. With its new spacious department, physiotherapists could work in comfort and were able to accommodate a large number of patients. This new department boasted seven cubicles, as well as a large plinth for neurologically impaired patients. A large hubbard tank was eventually purchased and was installed in the space where once the altar stood. Several new pieces of equipment were purchased over these years, especially for use in electrotherapy.

St. Rita Hospital was renamed the Sydney Community Health Center on September 28, 1988 when the Sisters of St. Martha turned the hospital over to the provincial government. In November 1989, the Sydney Community Health Center, The Sydney City Hospital, and the Cape Breton Hospital (Sydney River), Were amalgamated to form the Cape Breton Regional Hospital. In February 1995, the new Cape Breton Regional Hospital opened, marking the final chapter of the physiotherapy departments at both the City and St. Rita Hospitals. Although the new facilities at the new hospital allow us to provide the best care, we will always miss "The Good Old Days at St. Rita."

Many wonderful people walked the halls of St. Rita Hospital. Included among these people are the following members of the Physiotherapy department, and who provided excellent service to their patients.

Physiotherapists

Nov. 1967 - April 1971, Bernadette Chaisson Sole Charge

Oct. 1967 - July 1973, Janice Steele 2nd Director

Nov. 1972 - Dec. 1973, Bernadette Chaisson MacKillop

Fall 1971 - Fall 1973, Elaine Boudreau 3rd Director

1973 - 1977, 1978 - 1992, Marjorie Fogarty

Director 1978 - 1992

Early seventies, Jan MacLean, Eleanor Morrison, Karen Field, Mary Chechetto

Early 60s, Audrey MacDonald

Sept. 74 - Aug. 75, 80-83, Nancy Dingwall

1981 - 1986, Janet Dean

Nov. 1976 - June 1993, Wendy Stevens

1987 - to present, Mabel Jamieson

Fall 87 (Re-entry), Elaine Boudreau

May 1983 - May 1989, Julia Townsend

1990 - Present (Re-entry), Barbara White

April 1990 - April 1991, Angela Gouthro

Physiotherapy Assistants

Jan. 68-69, Leona Boudreau

Spring 69 - April 72, Debbie Denton

April 72 - Present, Bonnie Hillman

Oct. 79 - Present, Bernadette Taylor

Of a special mention, Madeline Reid. A physiotherapist who

worked at St. Rita in the early 70s for approximately three years. She passed away in 1998 as a result of breast cancer.

Signed Julia Townsend

Dr. Paul Murphy

I moved to Sydney, Nova Scotia in 1977 and have been practising there ever since. On the first day, I was taken on a tour of the two hospitals by Dr. G.P. Reardon and Dr. Arthur Zilbert. They had been classmates of mine. GP was heading back to study Orthopedics and had asked me to come to Sydney to take over his practice. We finished the tour in the OR lounge of St. Rita where I was introduced to Dr. D.H. MacKenzie and Dr. Fran Kelly. I came to admire both of these men. I soon met many other physicians including Dr. Abe Gaum, who was a legend even in his own time. Abe taught me how to do circumcisions soon after I set up my practice. I phoned him one day with this request. He instructed me to meet him the next morning in the NICU of St. Rita where he lined up three infants and in as many minutes circumcised them all with the Gomco clamp. While he waited the five minutes for the clamp to do its job, he phoned his secretary with the billing instructions. I was awestruck by the speed with which he did these procedures. Over the next few years I developed a good rapport with the nurses and physicians in Sydney and came to respect them all.

I was called to the ER one day at five a.m. to see an eighteen year old muscular man who, according to the nurse, awoke with a sudden jerk after a fearsome nightmare. He had chest pain. I went to see him and could find nothing to explain the pain and surmised that the violent jerk with which he said he awoke caused anterior chest muscle spasm and subsequent pain. He accepted this with a grin and proceeded to let his girl

friend spoon feed him some corn flakes for breakfast because his arms were too sore to move. I felt that he might have had a seizure (give the patient the benefit of the doubt) and admitted him to St. Rita Hospital, did an LP, got a brain scan, and referred him to the neurologist who would be coming to Sydney on the next visiting clinic. I told him the pain would go away soon. He went home and returned to see me on three or four occasions over the next two weeks complaining that the chest pain had not left. I could find no problem on each examination. Finally on the fifth visit, he said: "Doc, do you think I might have a dislocation? A physiotherapist friend of mine told me this could happen..."I realized with sudden fright that I was about to get another lesson in humility. Once he suggested the diagnosis, I noted that he had a bilateral dislocation of the glenohumeral joints leaving his muscular chest looking deceivingly normal and symmetric but painful! Dr. D.H. MacKenzie came to my rescue and, gentleman that he was, he never made one remark about the blunder that I had made. The dislocations required operative reduction since it was not two weeks old. Post-op, the patient had to be bound up like a mummy for several weeks and undergo prolonged physiotherapy to get a complete (thank God!) recovery. Interestingly ,the neurologist felt he had not had a seizure and to this day there is no explanation as why he would have had a violent enough myoclonic jerk to have dislocated both shoulders. (It has been described in epilepsy.)

After you gain lots of experience, still stick to what you're trained to do!

Over the years I have been trying to ensure that I wind up financially secure in my retirement years. The surgeons, obstetricians, pathologists, internists, pediatricians, and radiologists have taught me a great deal. One thing that I never really mastered, however, was the art of managing money. I was advised by a wise practitioner here in Sydney (yes, Dr.

Abe Gaum) to do what I was trained to do, pay my taxes, and forget fooling with financial investments. Nevertheless I fell prey to the MURB scheme and lost. This was an investment scheme that was popular in the 1980s and that preyed on Doctors. Also, I gave up my cozy office, which was located in a small home in the downtown area, and became a partner in a large modern medical building. I have regretted this decision as it has cost me dearly in financial terms. I should have listened to Abe.

I have greatly enjoyed working with the many colleagues that I met in Sydney. I feel that I have learned a wealth of medicine that I would not have otherwise had I not come here. My wife Jo-Anne and I had three children, two of whom were delivered by Dr. N.K. MacLennan here in Sydney. When I reflect on the last twenty-seven years, I feel that I have gained a lot from my associations with the nurses, doctors, and other hospital staff here in Sydney. However, I am a bit ashamed to admit that I have contributed little.

I expect that there will be a few more lessons to be learned before I call it a career.

Paul F. Murphy MD
June 27, 2003

Chapter Fifteen

"Reflections"

Melvin Jardine

The opening of the Respiratory Therapy Department was the centennial project of St. Rita Hospital, opening in the fall of 1967 under the old name of Inhalation Therapy. Respiratory Therapy was in its infancy in the 1960s in Canada and the School of Respiratory Therapy had just been established and had graduated its first classes. There was a heavy demand for therapists at this time for hospitals across Nova Scotia., New Brunswick, Newfoundland, and Prince Edward Island. They were all attempting to set up departments to meet the new accreditation standards. St. Rita, being very progressive, was eager to establish this service and hired Brian Flemming, a new graduate from Halifax to set up this department. Dr. D.E. MacKenzie, Internal Medicine, was appointed Medical Director and with the support of the Administrator, Sr. Joan Fultz, and the medical staff, this new service became a very important part of the Health Care system.

Mr. Flemming soon hired Stan Cameron as an assistant to help set up, organize, and assist with the treatments and care. In 1970, Melvin Jardine, a new graduate sponsored by St. Rita, joined the workforce and in 1971 Robert (Bobby) MacDonnell, also sponsored by St. Rita, came on staff. Respiratory Therapy was allocated to ground floor in an area that had been used

previously by the school of nursing and was spacious, bright and well suited for patient care. The department quickly grew from a one-man operation for a staffing of four or five as available and budget allowed.

Melvin's retirement party Dr. M. Naqui.

In 1982, Carol Sidney, the first female Respiratory Therapist at St. Rita and later Kathy Simmons joined the workforce. The women were every bit as effective as the men, at times maybe more, as they balanced a full work schedule with home and motherhood responsibilities. Gerry Buffett was the last Respiratory Therapist, no less the least, to be hired before the hospital merger.

Since the implementation of the Respiratory Therapy department, the administrative and medical staff have always been supportive, making every effort to ensure the maximum benefit to health care outcome. Without the medical and administrative support, the department would not have been able to function and expand so effectively. Although it was often difficult to attract new staff to the area, once they came they usually stayed, enjoying the warm, friendly, and supportive atmosphere. The owners, the Sisters of St. Martha, created and developed a family atmosphere of support and caring, striving for the best of patient care. St. Rita had one of the best cafeterias offering appetizing meals daily, and off hours, nursing supervisors and members of the Sisters of St. Martha were always on hand to provide nourishment to staff detained in lengthy procedures unable to get home for regular meals.

Not only did the Respiratory Therapy Department expand its service but like all other departments, constantly changed its service. As the school of Respiratory Therapy developed and improved, more emphasis was placed on Therapeutic care and less time spent on technical concerns, therefore, with the new information and skills there came a much wider range of services. Equipment that had been mainly mechanical have become electronically controlled and computerized offering a much wider range of control and options for effective patient care. Hospitals have become more of a business operation than the more personal operations of the smaller hospitals of the past.

Staff (Respiratory Therapy)

Brian Flemming - arrived 1967 - left 1978.

Stan Cameron - arrived 1967 - Still employed to present day.

Melvin Jardine - 1970 - Still employed to present day.

Robert MacDonnell - 1971 - 1998 (expired).

Carol Sidney - 1982 - Still employed to present day.

Kathy Simmons - 1989 - Still employed to present day.

Gerry Buffett - 1991 - Still employed to present day.

June Kowalski - 1989 - Part time Respiratory Assistant.

Directors

Brian Flemming - 1967-1978.

Melvin Jardine - 1978-1991 (merger).

Chapter Sixteen

"Reflections"

Patricia MacNeil, Clerk

I started work February 1969. That was 33 years ago. And I never looked back since. I remember Sr. Ethel Rita; as she sat at her desk she always stuck her leg out and I must have fallen over it every day for the first week until I caught on to stay away from her leg. When I think back, it is the companionship of my co-workers that has continued to this day even though I haven't worked with the same people for many years. Our friendships were an important part of our past and continue even now. Every department worked together to provide the best health care we could. You knew that workers in other departments...at lunch, dinner...it didn't matter where you worked, you all sat as a family...and you knew you could count on these people if you needed anything. They knew all about your family and you knew all about theirs.

When I started at the hospital, I knew nothing about sickness. I remember a patient arriving at the emergency department and there were doubts that he would survive. I remember feeling so helpless around this young person and not being much older than him, I wondered how a family could deal with this. With medicine and God, this person did survive and is alive today.

When I started, healthcare was simply that, caring for someone's health. Today it is a business, people are bogged

Top left: Geraldine Parent, (student nurse), Florece Annette, Mary MacFarlane, Elizabeth Beaton, Audrey Mullins, Mary Helen Cathcart, Veronica Matthews, Phyllis O'Donnell, Marilyn Curry, Sister M. Gerard, Franklyn Ferguson, Sister Jean Martin, (student nurse).

down with statistics and mountains of paper work and we've lost that "hands on" approach to healthcare and we were very proud we could provide that personal care at St. Rita's.

We were a small institution but we felt that the administration knew you and at Christmas time they always took the time to come to each department and wish each and everyone season's greetings, shaking your hand and addressing you by name.

Chapter Seventeen

"Reflections"

ECG Department

Doreen MacKenzie

In the beginning, ECG tracings were done by one technician who was also responsible for other work-related duties. During this time the tech worked from 8:30 to 4:30 p.m. Monday through Friday. There was callback after work hours and working weekends, were not required at that time.

Since the ECG duties were under the umbrella of the X-ray Department, the Sisters of St. Martha who worked in x-ray and the x-ray techs who worked their scheduled shifts did whatever ECGs were required to be done after hours and on weekends.

The recovery room in the Emergency Department located next to X-ray was used by the ECG tech during the day to record the tracings on outpatients. These were by appointment only. In-house patients were the greater number done during the shift. Ten to twelve patients a day was considered to be a busy day especially if there was a Masters Test (stress test) booked. In this case, the family physician was the doctor present during the test. Although there were three internists on staff, it was not considered part of their responsibility. Their responsibility was to interpret the tracings and stress test during the day and to be called in for consultations as deemed necessary by the family physicians.

ECG machines were single channel which meant that each lead was recorded one at a time. This was very time consuming. Tracings then had to be mounted into slots in folders and cut to fit in twelve-lead slots. There were requisitions to be filled in with all the proper data. Also, a report form was to be attached to the folder for the internist to attach his written report. Lots of paper work and writing had to be done. However, the Sisters were very particular that most of these had to be typewritten if such a machine was available.

As time went on, the workload in the Emergency Department was increasing. As a result, a location was required for the ECGs to be done. Many temporary areas were used which proved to be very inconvenient for the patients and techs. At last, it seemed that a solution to the problem had been found. Two rooms were going to be set aside; one for the patients to have their ECGs done and one for an office. This was greatly applauded by the ECG staff, with having everything in one area.

By this time the ECG staff was increasing as call-back and weekends had become part of the schedule.

Strange but true - this new work area was to be in the Chapel. Glass partitions were put up. This was great for awhile but when one was doing a tracing on a restless crying child while someone was in the Chapel trying to have a few quiet, peaceful moments for themselves this did not make for a good combination.

One morning we were informed that we would be moving again because the ceiling in the Chapel was caving in. We were on the move again and another move again before the ECG Department finally came to rest on the ground floor of the hospital. There were two rooms for our use and we stayed there until the closure of the hospital.

Now staff was increasing again as some staff had left and

the workload was increasing very much at that time. With the start of the Cardiac Clinics for the children four times a year, the opening of the I.C.U. and the Neonatal I.C.U. we were busy. There was one full time technician, three part time, and a couple of techs were hired to help with the call back schedule. New internists were arriving, each with his own sub- specialty, besides doing Cardiology. New stress testing was done at the City Hospital with more modern equipment. There were many sleepless nights with callback and back to work the next day for one's regular shift.

How one dreaded when the pager would beep or one's home phone would ring at 11:50 p.m. when you were supposed to be changing call shifts at midnight. However, the nursing supervisors were very sympathetic to our plight due to late night calls and tried to have coffee, tea, cookies, or a plate of fruit for us to snack on.

Breakfast was a high note when one was called out at 6 a.m. When one had to start a regular shift at 7:30 a.m. The sisters were always very generous with food and refreshments.

Our memories of working at St. Rita Hospital will always be a treasure to us. When the Hospital was being demolished one of the workmen remarked that he thought that every staff member who ever worked there must have come back for a brick from the building. I know I did!

Doreen MacKenzie.

Chapter Eighteen

"Reflections"

Pulmonary Medicine

D.E. MacKenzie

When I first came to Sydney in 1964, I bought some pulmonary function equipment. As demand for therapeutic equipment grew, St. Rita bought a Bird Mark 111-IPPB (Intermittent Positive Pressure Breathing Apparatus), then a Bird Mark Four. Neither was intended for continuous ventilation. When they began to be used for such, better monitoring equipment became necessary. Mrs. (Dr.) Osyany fashioned an astrup from what was at hand or available from the budget. Now we could measure blood gases and ph. Meanwhile Dr. "Bunny" MacNeill and Dr. Leo MacCormick were pushing for a Pulmonary Unit. Later established in Glace Bay. Things changed when Dr. John Dill arrived.

Gastroenterology

St. Rita also bought a gastroscope in 1964-1965. Dr. Abe Gaum bought a Fiberoptic Gastroscope which he kept at the City Hospital. At about the same time, I later bought some more equipment and we had a Mini-G.I. Unit at St. Rita. Initially Endoscopy was performed in the O.R. Then moved to the Urology Room in x-ray. Understandably, Dr. Schneiderman, a Urologist, did not like the idea of Sigmoidoscopy being done in the same room as Cystoscopy. G.I. Endoscopy was then moved

to the O.P.D. (Annette Pino could probably tell you more).

I have been trying to contact her for many months. H.S. MacDonald.

Diabetic Clinic

Bill Nicholas (V.G.H.), a classmate of mine, thought we should have a diabetic day clinic in Sydney. A nurse was selected and rooms acquired. The nurses were: Josephine MacDonald followed by Fran Smith. When Fran Smith, Dr. Murdock's wife, was coming to Sydney, with previous experience in Pediatric Diabetes and teaching, Bill recommended her. However, union rules required that all new nursing positions be advertised first internally and she was not considered. The teaching program was later revamped and changed to a 5-day program with follow-up.

Cardiology

When Cardiac monitoring and use of Lidocaine became the proper thing to do, we asked for a Coronary Care Unit. The Department of Health insisted that there be only one in Cape Breton. The City was chosen and all other hospitals agreed not to request a second unit. However, the I.C.U. at St. Rita quickly became a secondary unit as necessity demanded.

When I was in Kiwanis and head of the Welfare Committee, we decided to sponsor a Pediatric Heart Clinic. Neither Dr. Trask nor I felt confident in this field. Dr. Doug Roy of Halifax, who grew up in North Sydney, agreed to take on this endeavor. The clinic continued to function at the Regional Hospital after St. Rita closed.

Palliative Care

Initially there were two groups involved in establishing Palliative Care. The first unit, 2-bed, was established at St. Rita under the direction of Dr. Ann Pollett. This continued to expand at the Regional.

Meals-On-Wheels

This first worked out of St. Rita as part of the Out Reach Program. Brian Beaton managed the overall program.

You will remember when there was a smell in the O.R. which was believed to be making some of the staff ill. I monitored several of these people who had minor changes in liver function tests. All of these returned to normal in 1 to 2 weeks. Ignatius Hall was closed by the fire chief partly because the heating came from the hospital, through the tunnel, as I understand it.

And the unforgettable Father MacSween (some of his stories were probably true), Sister Florence Annette (MacLellan) who continued on at the Regional, and is still there, and the late Reverend Bean of Bethel Pres. Church, and all the Sisters of St. Martha.

Chapter Nineteen

"Reflections"

Anesthesia

Gordon Simpson

St. Rita Hospital, 1956 to 1997, Dr. Gordon Simpson

My memories of St. Rita Hospital, particularly the Operating Room, began with my arrival in 1956. At that time, the anesthetic man power was rather limited and I was the only physician doing full time Anesthesia. There were a few physicians doing part time anesthesia along with their General Practice.

The Operating Room hours were rather limited (8 a.m. to 1 p.m.) with some emergencies later on in the day and into the evening and night. As time passed and more surgery was being performed, the number of surgeons and anesthetists increased as did the operating hours (8 a.m. to 5 p.m.). The Anesthetic Department had eight full time anesthetists when I retired in 1997.

During this time, there have been many changes in medicine, anesthesia in particular. The method of giving an anesthetic, the monitors, and the drugs used made many positive advances. Pentothal seemed to be the only drug that I used when I started that I still used on occasion some 40 years later. It is difficult to imagine what the next 40 years will bring now that we are in the computer age.

We were still in the ether age in 1956 and this was very

evident on entering the O.R. suite as the odor of ether seemed to be everywhere. At this time, the only way to eliminate the fumes was to open a window. Later, with more sophisticated equipment, the gases were vented outside to mix with the odor of the flowers in the well manicured lawn. This ended the fumes and ether from the O.R. Suite!

The intravenous needles were a real challenge at this time. The needles were cleaned, sharpened, and sterilized after use. Today they are discarded after one use. Some of the needles were very sharp, and while it was easy to enter a vein, it was just as easy to go right through a vein, which could cause a hematoma.

During my early years, the Sisters of St. Martha made sandwiches and sweets daily for the doctor's lounge as it was called then. The food was excellent and it attracted medical staff and workers from other departments of the hospital. This was a great time to tell Cape Breton jokes and talk about the news of the day!

Anesthesia

D. Rushton

My first visit to St. Rita Hospital was in the spring of 1981 when I was invited to visit Sydney by Dr. Harry Pollett. Dr. Harry was a medical school classmate of mine and had heard that I was considering leaving the Halifax area where I had practised anesthesia for 10 years.

During my years at the Halifax Infirmary, I had heard of St. Rita Hospital and some of the names associated with it, names such as Dr. Kennie MacLennan, Drs. Dave and Abe Gaum, and Dr. Naqvi. On occasion Dr. MacLennan would refer

complicated obstetrics or gynecologic cases to Dr. Greg Tompkins at the Halifax Infirmary.

On my initial visit to St. Rita, I was met by Dr. Harry Pollett, Dr. R. Singh, and Theresa Murphy and given a "tour." I spent part of the morning in the O.R. with Dr. Pollett and was impressed with the friendliness of everyone. A couple of nurses were also very observant, when I casually turned off the oxygen flowmeter on the anesthetic machine as I followed Harry from the O.R. Apparently Harry had a habit of leaving the oxygen flow turned on when he left the room. At noon I was chauffered to the Sydney City Hospital by Dr. Singh.

Following my visit to Sydney and further negotiations, I accepted a position in the Department of Anesthesia at St. Rita Hospital and Sydney City Hospital. My first official working day in Sydney was August 31, 1981.

In 1981, there were two separate departments of anesthesia, one at St. Rita and one at Sydney City. Each department had its own Head, though both departments were made up of the same members.

On my arrival, I joined Dr. Gordon Simpson, Dr. Rajinder Singh, Dr. Celso Gatchalian, and Drs. Harry and Anne Pollett. Dr. Simpson was the acknowledged senior anesthetist, quiet and cool regardless of circumstances. Dr. Singh, I soon learned, was the department negotiator, especially when dealing with equipment purchases or contracts; negotiations could even involve items outside the O.R., be it airline tickets, tires, etc. Dr. Gatchalian had his own quiet meticulous way and was respected in particular for his special way with children having surgery. Drs. Harry and Anne Pollett had been working in Sydney for a couple of years before my arrival and therefore were the "juniors." During the 1980s, Dr. Anne Pollett spent much of her time working in the New Waterford Hospital.

The functioning of the anesthetic department was somewhat complicated by the fact that surgery was carried out at the two Hospitals in the city, separated by some distance. On my arrival, Surgery was already organized on a block system with two blocks at St. Rita and three blocks at the City Hospital. All obstetrics, and much of the gynecology, ENT, and dental work was done at St. Rita, while most orthopedics, vascular surgery, and neurosurgery was done at the City. General surgery was done at both hospitals, but both hospitals had functioning "emergency" departments so anything could show up at either site.

As an anesthetist in Sydney, you were scheduled for a block of surgery each week at either St. Rita or the City. A member of the anesthetic department was responsible for preparing a rotation roster. Anesthesia "on-call" was provided 24 hours a day at both hospitals; thus with only one anesthetist in call, a significant degree of co-ordination of emergency cases had to be done. A typical evening on call might involve several trips between the two hospitals. An "on-call" roster was also prepared by a department member.

In 1989, Dr. Sean Orrell joined the department of anesthesia, with Dr. Earl Morrison joining in 1993. Dr. Gatchalian became ill and had major surgery in the spring of 1990. He was able to return to work after several months but unfortunately succumbed to his illness in January 1994.

There are a few highlights that I shall remember;

At a "going away" party in Halifax, I was presented with some very large custom made Tim Hortons donuts; my first day at St. Rita, I was presented with pictures of the donuts! The pictures had been sent to Theresa Murphy by the then Head Nurse at Camp Hill Hospital.

Martha Brown is remembered as the "early bird" as she was almost always the first one in the O.R. every day.

The morning visits to the O.R. by Dr. Gerry McGuire.

The annual Christmas party for the O.R./Recovery Room staff, usually organized by Dr. Singh: well attended, well enjoyed!

The issue of family planning at St. Rita - a rather taboo subject!

Humour and Pathos
Part Three

H. S. MacDonald

Dr. Abie Gaum.

Concerning the Drs. Gaum. Abie and Dave. These two Doctors were doing most of the surgery when the new hospital opened up. They always seemed to have a young general practitioner to help with their workload. At one time they employed a young Hungarian G.P. for this purpose. At one point he disappeared and Abie had to track him down. He found him in the local lockup. He was cited for speeding or running a red light. The Magistrate said that will be ten dollars or ten days. Our Hungarian friend said I work too hard so I will take the ten days. Abie then paid the ten dollars and the disgruntled Doctor became a free man.

I recall collecting for the Papal visit some years ago. I solicited the Gaums who were known to be generous and received a substantial donation. On leaving the hospital, I encountered

another colleague and made the same request. He said that he could not contribute because he was not a Catholic. I thought I should tell him that I just got a nice contribution from the Gaums, and they are not even Christians. In retrospect I am glad that I did not do so. I remember the day that Abie and I were in the O.R. Doctor's lounge by ourselves and he told me his whole repertoire of jokes and they were funny. I told him a couple of mine and it was a real fun time. Early the next morning I was told that he had died! Dave promptly retired but their clinic is still being run by the people they brought in to help out.

One day the pathologist, Dr. Alec Gyorfi had his gall bladder removed. We had to use a utility table at the end of the O.R. table to get all of his 6 foot 7 inch frame in the horizontal position.

The next morning I checked him over. He was propped up in bed doing a pathology report on his own gall bladder! That was a first so far as I know.

Some members of the Medical Staff - 1964: Front Row: J. G. Cormier, H. F. Sutherland, C. L. MacLellan, A. W. Gyorfi, H.R. Corbett. Second Row: J. P. MacDonald, D. H. MacKenzie, C. A. macDonald, L. S. Allen, H. S. MacDonald, F. B. MacDonald. Third Row: J. C. Young, C. A. D'Intino, A. Prossin.

Dr. Ray Ross, a long time ago.

D. H. MacKenzie on his retirement with Theresa Murphy.

Chapter Twenty

St. Rita Hospital 1967-1982

Albert Orrell by Kevin Orrell

As was true of many homes in Canada during the 1960s and 1970s, the pace and activities within the household largely reflected the working schedule of the primary breadwinner. This was certainly the case of 38 Queen Street, North Sydney, the home of Albert and Genevieve Orrell. Their five children, three boys and two girls, were raised with the knowledge that their father, Albert, was one of the rare breed of male nurses in Nova Scotia at the time. Life within the home was accommodated and adjusted according to the working schedule during Albert's employment at St. Rita's Hospital.

Between 1967 and 1982, Albert worked first on the surgical unit and later in the Emergency Department of the hospital.

During these years, nurses were required to work an eight hour shift. This included, day, evening, or back shift, and weekends and holidays were shared by everyone. Our home schedule was commonly adjusted around our father's work day. On day shift, we recall the coming to life of our home at 6:00 a.m. to the wonderful aroma of breakfast cooking in the kitchen. As young children, we came to know that after our Dad finished his work day, supper would begin shortly after his arrival home.

It was not an uncommon event during those years to have supper at 4:30 p.m. to accommodate this work schedule. Adjustments of course were made when he was working evening or the dreaded back shift.

Despite the demands on our mother by five active children, we all recall the enormous amount of time she spent in preparing our father's uniforms for work. He was, by nature, a handsome man, who left for work in an immaculate white uniform pressed and starched for the day. He completed the outfit with the polished white shoes which nurses wore in those days. This very professional appearance marked him as a man commissioned to care for the sick.

As young children, we had many occasions to visit our father at his work place. During those years when we were a "one car" family, we frequently traveled with my mother to pick Dad up at the end of his work day. On those occasions, we frequently visited the surgical ward or the Emergency Department where we met many of his colleagues. The hospital was most impressive in the very sanitized clean smell one noticed immediately at the entrance. The warmth of the staff always made us feel most welcome. Theresa Campbell, the head nurse of the surgical unit, always made us feel as if we were royal visitors. In later years, as we attended university and were accepted into Medical School, it was with pride that our father would introduce us to his many colleagues and friends and doctors who worked at the hospital. We have no doubt that the encouragement and congratulations we received during those visits helped to attract my brother, Sean, an Anesthetist; my brother, Liam, a Family Physician; and myself, an Orthopaedic Surgeon, to return to live and work in Cape Breton. In later years, each one of us had the opportunity to work in "Our Dad's Hospital" prior to its demolition.

Christmas was a very special time to visit at St. Rita's. The large manger set up each holiday season is well remembered as one of the finest ones in Cape Breton. We looked forward to seeing this each holiday season.

During our father's working years, we do recall on two occasions a strike by the nurses of the hospital. The nurses were particularly close and supportive of each other during these difficult times. Mrs. Ollie MacKinnon was actively involved with the Nurse's Union at the hospital. We all recall her enthusiasm and her energy to fight on behalf of all nurses. She was an enormous personality and someone with whom my father enjoyed working. Her efforts have certainly helped to change the lot of many future Registered Nurses and other health care workers in this province.

Our father was associated with many wonderful colleagues during his years at St. Rita's. Ms. Isabel Chisholm, Mrs. Kay MacGuire, and Mrs. Anita Carroci were three of the nurses in supervisory positions whom my father held in high esteem. Our family recalls the many considerations of the very regal Mrs. Crosby Nurse, Director of Nursing Services, at times when my father became ill while still employed at the hospital. Sister Judy Gillis, the head nurse of the Intensive Care Unit, looked after our father when he suffered a myocardial infarction and was a patient himself in this Unit.

St. Rita's was a very friendly and welcoming institution. This was reflected best in the personality of Mrs. Helen MacNeil who worked in Registration and Admissions. She was usually the first person you encountered on a visit to hospital. She always had a warm, compassionate welcome for everyone, staff and visitors alike, and was well loved by all.

Our father was still employed at St. Rita's when he passed away on February 4, 1982 from complications of a myocardial

infarction. Although he has been gone from us for many years, we are always comforted by the many former patients he cared for at St. Rita's. They remind us of his kindness and compassion at times when they or their families were ill. This has provided my brothers and me with a wonderful example to aspire to in our own practices, so that one day we will be as kindly remembered and as dearly missed.

History of Orthopaedics

Dr. Kevin Orrell

The history of Orthopaedics in Sydney and at St. Rita's Hospital is similar to the history of this specialty in North America. Orthopaedics as an independent surgical speciality is a fairly young one. It was following the world wars that Orthopaedic surgeons began to isolate their practices outside the domains of general surgery.

From the mid to late 20th century, Orthopaedics Surgery was a trauma service practiced by general surgeons with an interest in the musculoskeletal system. In Sydney, during the late 1960s and early 1970s, Dr. Raj came from India and practiced in Sydney. He confined himself exclusively to the practice of Orthopaedics before he eventually relocated to Western Canada.

During these years , many of our general surgeons who practiced at St. Rita's Hospital provided the bulk of Orthopaedic care. These surgeons included Doctors H. S. Macdonald, D. H. MacKenzie, Dave Gaum, Lloyd Allen, and Mahmood Naqvi. They were responsible for the treatment of fractures of the hip and other traumatic injuries sustained in industrial and sport related accidents. In New Waterford, where many of these surgeons traveled to work in the operating room of the hospital,

they were associated with Dr. Danny Nathanson, another general surgeon who provided Orthopaedic care for his community.

It was through the encouragement and support of Drs. D. H. MacKenzie and Dave Gaum that the first Orthopaedic technologist was trained in Cape Breton. Mr. Alfred Gale, more commonly known as Jake, became one of the first qualified Orthopaedic technologists in the Atlantic provinces. He later went on to serve as an examiner for the Canadian Association of Orthopaedic Technologists. Jake was primarily located at the City Hospital where he had a well equipped traction room and Orthopaedic clinic. When victims of trauma were admitted to St. Rita Hospital, he would commonly travel from one institution to the other in order to set up traction or assist with other care necessary to treat their injuries.

It was in those days that many closed reductions of common fractures were performed. This included most fractures of the upper extremity, femur, and ankles. It was well recognized that hip fractures did much better surgically. The Smith-Peterson Nail was a common procedure performed by those surgeons who have been mentioned above. Eventually, a fracture table was obtained for the City Hospital and St. Rita's. This table assisted in the reduction of the fracture prior to fixation with the Smith-Peterson hardware. There was no image intensifier used in these early days and it was necessary to place x-ray machines in position to obtain plain film x-rays during the procedure. A great deal of time during these cases was taken up waiting for the development of the plain films. Orthopaedic supply companies had many systems available for plates and screws to fix long bone fractures. Both hospitals in Sydney obtained many different systems for open reduction. It was not until the AO Group in Switzerland standardized internal fixation that the City Hospital became the primary Orthopaedic hospital

in Sydney, serving the referral base of Cape Breton and Eastern Nova Scotia. This reduced the expense of duplicating equipment and operating rooms in two institutions. St. Rita's, however, did maintain enough equipment to serve the needs of the hospital. The Neonatal Intensive Care Unit and a very active Pediatric floor was located at St. Rita's Hospital. Children were commonly treated operatively at St. Rita's Hospital for club feet deformity and congenital dislocation of the hip. Many types of pediatric fractures, especially those treated nonoperatively were cared for at St. Rita's on the pediatric ward. When necessary, equipment could be transferred from the City Hospital to St. Rita's as requested by the treating surgeon.

In the mid 1970s, Dr. Greenlaw established an Orthopaedic practice in Sydney. He served as a full-time Orthopaedic surgeon and performed one of the first total hip replacements done in this region. He spent approximately three years and left just prior to the arrival of Dr. Ian Holmes. Dr. Holmes, a Dalhousie resident, brought with him many modern techniques for trauma care and for the treatment of arthritic joints. He was a consistent member of the Orthopaedic team until his retirement in December 2001. Dr. Holmes provided an enormous service to patients in Cape Breton by serving on call every night for nine years. It was not until the arrival of Dr. Greg Clarke, another Dalhousie graduate in 1987 that there was some relief from this very busy call schedule. Dr. Clarke remained in Sydney for approximately a year and a half. He departed Sydney in January, 1989 at a time when I arrived. I had completed my Orthopaedic training at Dalhousie and fellowship training at the University of Toronto. I and Dr. Holmes remained the sole Orthopaedic practitioners in Sydney for the subsequent six years. They were joined briefly by Dr. Doug Legay and later Dr. Raoul Vaidya.

In 1994, Dr. James Collicutt, another Dalhousie graduate, completed his training and became a consistent member of the Orthopaedic team in Sydney since that time. This group of three was the last to work at St. Rita's Hospital prior to its closure and subsequent demolition.

Orthopaedic manpower has been further augmented with the arrive of Dr. Don Brien in 1998, a native of Dartmouth, Nova Scotia. Dr. Brien completed his training at the University of Calgary. During that time, he was a member of the Canadian Olympic team for the sport of paddling. After the retirement of Dr. Holmes in December, 2001, Dr. James Dill, a graduate of the University of Western Ontario arrived to maintain the Orthopaedic manpower at four surgeons. Dr. Dill is a Sydney native and the son of one of our esteemed medical colleagues, Dr. John Dill.

In 1997, the Orthopaedic Surgeons in Sydney, under the direction of Dr. Ian Holmes, a former professor of Anatomy at Dalhousie University, participated in the formation of an Orthopaedic Technology training program in conjunction with the University College of Cape Breton. There have been graduates of this program who have served as Orthopaedic technologists or have used this training to enter other fields of health care. After the retirement of Mr. Jake Gale, Ernie Hewer took over as the Orthopaedic technologist for the Cape Breton Regional Hospital. He is now assisted in the Orthopaedic clinic by Sandy Michalik.

As a young speciality, Orthopaedic Surgery in North America has witnessed many developments and rapid improvements in the techniques of fracture care and surgical treatment of arthritis. Those of us who now practice at the Cape Breton Regional Hospital enjoy the support of the administration and our community in helping to develop a center of Orthopaedic excellence at our hospital.

Chapter Twenty One

The Truth About The "Inner Sanctum"

History Of The NICU at St. Rita Hospital 1973-1995

As fondly remembered by Lydia Urban MD FRCP(C) Medical Director

The year was 1973. The challenge was to establish a Neonatal Intensive Care Unit at St. Rita's Hospital for all of Cape Breton. The Nova Scotia Department of Health had designated St. Rita as the hospital of choice for this venture and I was assigned the job to make it happen. Little did I know how much time and effort that would entail. But being young, fully trained in the art of caring for premature babies, and eager to improve newborn care, I accepted the responsibility for the development, formation, and running of Canada's very first non-university attached Neonatal Intensive Care Unit.

Although I arrived in the summer, my first visit to the Obstetric Department was not until October. I was utterly amazed to find a blue walled room for the "boys" and a pink walled room for the "girls." There was a formula room and a circumcision room, but no room for mothers and fathers to hold and cuddle their sick babies. There were curtains on the windows and the babies were "shown" at specified times. The babies were taken out to the mothers in a metal cart (fondly called the sardine can) around the clock for feedings according

to specific hours, not the babies' own hunger pangs. Breastfeeding was frowned upon and felt to be a "bad and dirty" habit to be discouraged, not only by the nurses, but by the nursing supervisor of Maternal and Newborn care! It was at this time that I realized what a job I had facing me in order to up-date and teach all involved with so-called modern obstetric and newborn care. There was a great need to change attitudes as well as to purchase the correct equipment to give appropriate care to the newborn and support for the parents and extended families of the newborn

I was fortunate to have Drs. N.K. MacLennan, C. Brennan, and A. Gardner as the obstetricians and Dr. L.S. Gursahani as the sole pediatrician practising in Cape Breton. Sister J. Fultz was the administrator at the time and again as luck would have it, I was given almost carte blanche to start making some major changes. I knew I had to tread lightly, but that is not my style, so I spoke out and broke with tradition by mixing the babies up and by removing the curtains. I was telling the mothers to visit with their babies whenever they pleased. It was more difficult to convince the nurses, but in time, they realized that it would be easier for them if the babies stayed with their mothers longer than just the 20 minutes it takes to bottle-feed the baby. The parents approved and that was a good beginning!

Once the day to day routines started, I became aware that there were a number of oddities which would have to change in order to have a functional NICU. At the time of my arrival in 1973, there were 7 hospitals within a radius of 45 kilometers having obstetrical services, and there were another 4 hospitals further away but still within Cape Breton proper. That meant that at any time of day or night, there was a possibility of receiving a very sick baby from 11 hospitals without any forewarning. We could be aware of potential problems at St. Rita if routes of communication were established between the

nursing staff of the Obstetrical Department and the NICU. We had to establish a trusting relationship between the physicians doing the deliveries in all the various hospitals and the NICU staff. In order to provide care to all the babies born on Cape Breton, I would have to set up and provide a safe transport system, as well as formulate several manuals for procedures and nursing practices. We would have to rely on a nurse-only transport via ambulance, where after receiving a call from the referring hospital, basic procedures such as starting IV therapy, providing respiratory support, and carrying out basic lab tests. I knew our nurses, when trained, would be quite capable of providing life sustaining care for the length of the trip to any of the hospitals in Cape Breton

Fortune smiles on me again! I had young, eager, recent nursing graduates who were interested in neonatal care. Some had taken the courses made available through Dalhousie, namely at Grace, IWK, and Infirmary, others were eager to enrol in these advanced nursing courses. These young professionals realized that babies were not little adults and needed specialized care formulated specifically for their developing and growing bodies and physiology. I was unable to find any appropriate manuals for procedures for the delivery rooms or for the newborn. No Problem! My head nurse at that time, Janet Porter (nee Clarke) RN. and I spent many an hour in the comfort of my dining room writing procedures for the nurses and physicians. They came from our combined experiences of dealing with babies, mothers, and fathers. Hers from the cases and teaching she received in Halifax and mine from the training I had in Kingston, Ontario and Ann Arbor, Michigan. After many months of never ending changes and thinking of all possible scenarios, the nursing and procedural manuals were completed. Now they needed to be vetted and printed up. The vetting and discussions involved all the staff of

the NICU and made the job much easier. I always felt and still do that neonatal care involves 3 people, the nurse, the physician, and the parent. All 3 must be committed to work together for the best outcome possible. By involving all in the discussions about procedures and policies, we would end up with workable, functional, and appropriate manuals. It was in the year 1976 that the manuals finally reached the NICU.

When I arrived, I also found it very difficult to get any statistical analysis of the perinatal and neonatal mortality rates. I knew I would have to start collecting my own data. This meant having a logbook of all of our admissions inborn and our transferred babies, known from now on as "outborn." Don't forget that was before the days of the ubiquitous computer in all the hospitals. All was done by hand! Counting the numbers of births resulted with a different number at least 3-4 times! The neonatal mortality for the year 1973 as far as I could ascertain was in the range of 18 to 20/1000 births over 1000 grams, uncorrected for lethal anomalies, for the babies born at St. Rita. This data is approximate only, but still was as high as in the far north native communities. My job was obvious, it had to be decreased!

During this time, teaching sessions for the nursing staff occurred daily at rounds and with each and every baby who was admitted. Consultants, namely Drs. D. Cudmore OBS, and K. Scott, Neonatal, came for a visit once a month. Their visits included in-services and moral support to me and the nursing staff and fellow physicians. These sessions were sanctioned and paid for by the Nova Scotia Medical Society.

Of course, it goes without saying, that while there was a lot of organizing and paper work to do, there were sick babies to look after as well. Initially, I was the sole physician providing on-going care. However, by 1974 Dr. L.S. Gursahani become more involved giving me some respite. We alternated "Call"

every other night and weekend with me being in hospital on the maternity floor all day throughout the week. This was invaluable, as I was able to teach and alter perceptions of baby care. I was notorious! I'd teach anyone who would stop and listen, parents, physicians, nurses, technicians, etc. As I mentioned at the beginning of my story, parents were welcomed in my nurseries. I found this to be very gratifying and a well-rounded approach in starting a friendly comforting NICU. With time, it would increase and we would actually have a room for parents to stay. But, I am getting ahead of myself. During the first years we functioned in the west end of the 3rd floor at St. Rita. Construction was planned to actually have the NICU in the area originally occupied by the separate nurseries. In order to accomplish that, we first enlarged the "normal" nursery, looking after all the babies in the crowded nurseries. Once the "normal" nursery was built, the NICU moved to it with all of our incubators and special equipment such as phototherapy units, heart monitors, and even respirators. All of this took until 1975. New and proper equipment was purchased, nursing in-services continued. We held monthly neonatal service meetings where problems and policies were discussed, altered, and recommendations were made.

It was during the year 1975 that the City Hospital had closed its obstetrical department. All Sydney deliveries were now at St. Rita. Although this was a major change in the Roman Catholic versus Protestant mindset, there really were very few problems encountered. The increase in numbers of inborn babies was almost double. Remember, we still serviced all of Cape Breton via a nurse-oriented transport system for which we set standard data sheets and basic lab work requirement. I do have definitive data for the year 1976. We looked after 471 babies that year. 85 of whom were "outborn." The commonest diagnosis for both the inborn and outborn was obviously

prematurity. At that time, we had a total of 120 babies weighing less than 2500 grams. Remember, this is 1975-1976. There is little known about respiratory distress syndrome, steroid use in prematurity, and attempts at prolonging the pregnancy are also uncertain. We are at the beginning of the field of neonatology as a sub-specialty of either Pediatrics or Obstetrical Care as you know it now. There is no Perinatology as such. The neonatal mortality rates for St. Rita Hospital for the year of 1976 per 1000 births was 13.3. These numbers were an improvement from 1973, but much had to be done before further improvements were to occur.

As I wrote the annual reports, it became obvious to me that transported preemies did not travel well. The mortality data showed that the smaller weight babies were more likely to die or have complications if they did not receive immediate care a birth. This led me to begin more education to the physicians of the outlying hospitals to evaluate the mothers more closely and to transport the baby still in utero prior to birth by transporting the mother herself. This concept was difficult to convey to the physicians providing Obstetrical Care initially. With the great help from the Reproductive Care Programme formed in Halifax, the in-services and education of the physicians continued. Drs. K. Scott, D. Cudmore, and E.P. Rees made monthly visits to hold these sessions. The local Obstetricians took on the care of the mothers who were transported and the NICU provided the newborn care. Both patients were then discharged to be followed by the local Family Physician. There was no "stealing of patients" and with time there was a definite improvement in the ratio of inborn versus outborn patients.

In June of 1978, we started to have rotating interns from Dalhousie. It was part of their Obs/Ped rotation. We had a total of 3 interns rotating for a 3-month period. This I took as a real

opportunity to teach the interns that mothers and babies should be considered as a unit, connected by an umbilical cord so to say, even after birth. What affects one will affect the other. We had rounds in the NICU with all 3 interns present daily. There were regular teaching sessions about both babies and mothers on a weekly basis. I was able to cover many topics over those 3 months. The nurses took part in these teaching sessions as most were held in the NICU proper. If parents were in visiting their babies, they were allowed to stay if they desired. The benefits were obvious--the interns learned, the nurses learned, the parents could understand, and we were one happy family whose only purpose was to have healthy babies being discharged home with knowledgeable parents. The interns appeared to appreciate the teaching and the ability to have hands-on care of babies. It is interesting that a number of present day physicians practising on Cape Breton actually did their internship here and I had a hand in forming some of their ideas about Maternal and Newborn Care. For example, all of the Orrell doctors, Kevin, Shaun and Liam were at one time indoctrinated by me!

1979 saw another big change. In December of that year, Dr. R.A. Bird joined the pediatric department and was soon involved in the NICU. Sadly, in January of 1980, Dr. Gursahani passed away. The unit continued to function with one Neonatologist and one Pediatrician. The highest reason for admission remained prematurity, Respiratory Distress syndrome, and Low Birth weight. Yes, we still did exchange transfusions and saw life-threatening malformations of the heart, GI Tract, infections, metabolic imbalances, etc. As before, we transferred babies in need of surgery to the pediatric surgeons in Halifax. It is interesting to me that throughout my time at NICU, the transfer rate to Halifax was consistently at 2-3% of our total admissions. Neonatal mortality rates had

improved again this time 8 per 1000 live births. Better, but not good enough. We had our first baby who weighed less than 1000 grams survive to discharge. It was quite a feat.

In 1980, I started my annual complaining about the equipment being outdated and needing more respirators. The in-utero transport of babies had caught on and the ratio of outborn to inborn babies was 10% to 90% and quite appropriate as about 5-10% of normal pregnancies will have unexpected complications at or during the actual delivery process. By careful evaluation of the pregnancy itself and maternal medical history using the RCP high- risk evaluation format, all physicians offering obstetrical care should be able to predict potential problems. Don't forget maternal ultra-sound used so frequently now was not in widespread use in 1980. The next 2 years continued much the same way. We had around 500 admissions. Our main focus now was Family Oriented Maternal Care. The introduction of fathers to the delivery room during labor and delivery was a difficult concept. To allow siblings in to see their mothers and newborn babies was also difficult. But the NICU allowed it and I knew it would only be a matter of time before the postpartum floor allowed it also. We continued with the interns, the consultant visits, and the ongoing teaching sessions. Unfortunately, due to budgetary cuts, not only did we not get up-dated equipment, but we also lost one nurse per shift. This was very upsetting and necessitated that we alter our observational admissions for some babies whom we called transitional care.

By 1982, we were fortunate in having Dr. Martin Abenheimer join the roster of Pediatricians involved in staffing the NICU. The neonatal mortality was down to 5.16 per 1000 live births. This mortality is not corrected for lethal anomalies and is for babies 1000 grams or greater. This compares very favorably to

accepted world standards. So I felt we had accomplished at least one of the major challenges that I faced when we started 9 years earlier. Our next challenge was to attempt to be more successful with the smaller weight babies, namely those of less than 1000 grams birth weight. We had a few survivors, but not sufficient numbers to be proud of. One of the major causes of death in these micro preemies is Respiratory Distress Syndrome, Intraventricular hemorrhage, infection, and nutritional complications. Again, remember this is 1982. We still do not have surfactant, nor do we have adequate brain ultrasound evaluation. At one point, actually, that year we had to close the unit as we ran out of functioning incubators and respirators.

Over the next 2 years, I continued to complain about the equipment and insufficient neonatally trained nurses per shift. It all fell on deaf ears and we continued to provide the best care we could. The admission rates kept rising for inborn babies and fewer for outborn. The message about in-utero transport was acknowledged and followed. Thus, although the overall numbers are the same, the outcomes for the babies are gradually improving. We still carry out the occasional exchange transfusion and manage to look after 226 sick newborns.

1985 was a year of great improvements. After complaining about the equipment, we finally did get some new incubators, heart monitors, IV pumps made specifically for newborns, and cutateous PO2 monitors. We still needed respirators, but they were on "order" for the following year. We also were fortunate, indeed, in having another Pediatrician join the staff. Dr. Mark Awuku was welcomed in the NICU. We now had 4 interns. We were beginning to start a new era with hyperalimentation, more ventilation and the neonatal mortality rate was now 7.58 per 1000 live births weighing over 500 grams at birth. This is

definitely better than before as now we are beginning to compare the live born babies weighing over 500 grams. There were no cases of iatrogenic IRDS for the first time. The obstetricians were now doing L/S ratios prior to elective C/S and not just going by maternal dates. Ultrasounds were being done more frequently to determine gestational age and to find any congenital anomalies. Ultrasound was in its infancy, however, and the learning curve was steep at first.

The next 3 years passed as a blur to my memory. By checking my annual reports, I can honestly say we worked hard at providing exceptional care to the newborn patients we had despite the budgetary cutbacks and changes in nursing staff. There were conflicts because of the precarious state of the equipment, which was not involved in a regular maintenance programme. There were changes made by the nursing administration, which made for personality conflicts and low morale, stress, and a decline in the upgrading of nursing education. By 1989, Dr. Awuku decided to leave Cape Breton for Ontario leaving only myself and Drs. Bird and Abenheimer carrying the load. Crisis management and band-aid solutions seemed to be the order of the day. After a hard year, our statistics showed 6.26 per 1000 live births over 500 grams. Despite every possible hindrance from the hospital administration, our results improved due to the dedicated care by the nursing staff and medical staff.

1990 was a year I would rather forget. I became seriously ill in May and was on medical leave for about 8 months. During that trying time, Dr. A. Lynk joined the pediatricians in July. Dr. M. Awuku returned from Ontario to give a respite to the other pediatricians during my medical leave for a weekend in June. The hospital also had to send all babies to the IWK who were in need of respirator care. Until a full time neonatologist became available, the decision was made to send all mothers

threatening delivery at 32 weeks or less to the Grace Maternity department in Halifax. The hospital did hire Dr. S. Thurlbeck in the fall of 1990 to provide daily care and attention to the NICU. Despite these arrangements, there was a forced closure of the unit due to lack of adequate equipment. As I said it was a hell of a year!

The next 4 years were spent caring for babies with antiquated equipment, stressed out nursing staff, and markedly declining morale. The only thing that kept our spirits up was the fact that the New Regional Hospital was in the future. In the summer of 1991, Dr. M. Smith joined the pediatricians and was very welcomed in the NICU. The staff spent endless hours being involved with "user" input to the planners of the Regional. Meeting upon meeting took place. We could see from the very beginning that although we were asked for our in-put, the decisions were going to be made regardless of what we requested and suggested. In 1992, we did acquire some new equipment in anticipation of moving to the Regional. By this year, all the micro-preemies were delivered at the Grace Maternity Hospital, if at all possible. We took these babies back and continued their care until they were ready for discharge. In 1993 we lost the interns due to decisions made at the medical school of Dalhousie. They were sorely missed, by all involved with the ongoing care of mothers and their babies. Dr. M. Smith left Sydney to return to Halifax leaving a spot, which, soon after, was filled by Dr. J. Grant. New teaching sessions occurred. NALS, a basis for providing acute life support for newborns, became a mandatory requirement for all the staff of the Maternity Department and physicians who provide maternal/newborn care. The neonatal mortality continued to improve and for 1993 was 4.8 per 1000 live births for babies weighing more than 500 grams. It was 2.9 per 1000 live births for babies weighing 1000 grams.

1994 was the final year in this history of St. Rita's NICU. There were many changes and much heartache. At the beginning, I had said it was a challenge that I embraced wholeheartedly. There were a number of aspects of baby care and maternal care that I thought needed to be improved. There was a mind-set that had to be altered. The whole concept of Mother-Baby Care had to be taught, accepted and practised by all involved in Maternity. Newer methods of following a pregnant woman more closely, using ultrasound, better attention to gestational diabetes, hypertension, premature rupture of membranes, the judicious use of maternal steroids were exhaulted by the Neonatologist and accepted by the Obstetricians and Family Physicians. New therapies, new medications, and new techniques had to be introduced as Neonatology blossomed into a sub-specialty of its own in Pediatrics. Only time will tell if I accomplished all I set out for myself.

Certainly, the Neonatal Mortality rates improved dramatically to 0.0 per 1000 live births over 500 grams. Certainly, breastfeeding was encouraged and was the major form of nutrition for the vast majority of babies. Certainly, fathers and extended families participated fully in the NICU and the Labour rooms. Fathers were permitted to attend C/S where the mother received epidural anaesthesia. There were no "Blue" rooms for boys and "Pink" rooms for girls! We converted the isolation room to a parent room where mothers and fathers could cuddle their babies in private. Certainly, the concept of in-utero transport was fully accepted and most (90%) of anticipated problem babies were being delivered at St. Rita.

I close the chapter on the history of NICU at St. Rita by telling you it was worthwhile. Although we were often called "The Inner Sanctum" and the staff called "Lydia Girls," we were approachable, caring, and completely dedicated to the concept

of Family Oriented Maternal and Newborn Care. The most important goal of working in the NICU was, from the beginning to the end, the best possible outcome for the baby and the parent. We did see some of our preemies come back and give birth to their own children. Yes, we were in a way, grandmothers! There was a whole generation of Cape Breton babies who were under our care in the NICU at St. Rita's during the 22 years it functioned. A very satisfying part of my job was improving the neonatal mortality to world class rates. However, what was even more satisfying, was seeing the Maternal and Child Health staff's attitudes towards mothers and fathers change and seeing well prepared parents taking their healthy preemies home. I know, in my heart, that we did make a change in the lives of many Cape Bretoners for years to come.

Chapter Twenty Two

Angus Gardner, MD, FRCSC, OB/GYN

I don't travel down King's Road much anymore, not since St. Rita Hospital was demolished. We have a new Regional Hospital now, so travelling along the bypass or up Kenwood Drive is quicker. I worked at St. Rita Hospital from 1979 until the new hospital opened in 1995. Some of my colleagues who have been here that long still reminisce about "the good old days." There were certainly benefits in being small. Everyone knew everyone else, and there was a feeling of family in that old place. We all remembered the delivery that took place on the front step and Theresa in the OR telling Lefty that he could not start his 8 o'clock case until he had done the history and physical (at 8:15).

I joined Kenny MacLennan and Charlie Brennan in the practice of Obstetrics and Gynecology in 1979. You couldn't have picked two more dissimilar consultants, but we managed to see eye to eye on most of the important issues. When there was a difference of opinion, Lydia Urban would usually keep us honest. A native lady one time asked the nurse the name of the doctor who just saw her and when told she replied, "Oh no that must be his son. The Dr. Brennan who delivered my first child had white hair. " There were countless other such stories but at the end of the day, I remember a dedicated staff who worked together as a team to ensure the best outcome.

There have been many technological advances in the past

eight years or so, and even while we were there, we completely renovated the labour rooms so that we didn't have to trundle the patient across the hall for the delivery. I remember Marie being the first patient to try the new Ultrasound Machine, as she was the only tech pregnant at the time. You can imagine our shock when the picture showed twins!! I remember one young fellow attending his wife in the LDR saying, after an eight to ten hour labour, "That wasn't as hard as I thought it would be." There were about six women in the room who could have strangled him, including his wife.

Dr. Charlie Brennan, 3rd floor rounds, St. Rita Hospital.

Last year we were digging through some old boxes in the basement two years after the move to our new home and came across a Christmas tune, penned by the Labour Room Poet, N.K. MacLennan. I have included this as an example of the early morning doodlings NK was known for while waiting for a delivery.

Speaking of Christmas, weren't those great parties. When the LDR staff were on their way out, and the OR staff were on their way in. NK played the piano, and we all sang a rousing version of Good King Wenceslas. I wonder who was on call the next day.

They say that the people make the place, but I can't help wondering whether we lost something when they tore the old St. Rita Hospital down. On the odd occasion when I do drive down King's Road, there is now a large gap where some great memories happened. Three cheers to H.S. Lefty MacDonald for pulling all this together. After all, if you don't keep track of where you came from, how will you know where you are going?

Chapter Twenty Three

Dr. Rod Bird

Dr. H.S. MacDonald called the week before Christmas. The conversation was brief; Lefty is a man of few words. He was compiling a book on the history of St. Rita Community Hospital and would I submit a chapter?

"Keep it short," he said, "about eight pages. Don't leave anyone or anything out. I need it by mid-January!"

"Sure, Lefty," I heard myself say, and then he was gone.

Although retired for many years, the soft-spoken right-handed surgeon still commands great respect. Many a Cape Breton tummy bears the mark of his meticulous work. Saying no to a man like Lefty would not be easy.

But why a book about St. Rita? The old hospital was outdated and a few could argue that it was time for replacement. For years, Sydney businessman, Jack Yazer, had relentlessly campaigned for a new regional hospital to stem the flow of young and old across the causeway heading to Halifax for medical treatment. Today, as Jack dreamed, a new, spacious, and ultramodern hospital proudly stands beside the Sydney by-pass serving, not just the local community, but the entire region.

Still, many of us were sad about the passing of the aged red brick building, even though more advanced and higher tech health care is now possible in our new surroundings.

Comparison of new and old is no contest. Parking by the acre (but it will cost you a toonie!); elevators by the dozen (St. Rita had four); an x-ray department the size of a shopping mall, with two C.T. scanners on loan plus a bone densitometer; and an M.R.I. scanner soon to come. Even the suite of operating rooms is as large as a country hospital.

And yet, there was a real sense of loss for many of the St. Rita staff when we made the transition to the C.B.R.H. (already dubbed the "C.B. Regional Hallway").

It came as a surprise to discover that what we had gained in space and equipment, we lost in intimacy. For above all, St. Rita had a family atmosphere. If you worked there, everyone knew your name.

It is good, therefore, that we pause to remember those times and honor the individuals who gave the old hospital life. It is up to Lefty's book to convey the essence of the antiquated edifice that served the community so well for so long.

Except for the I.W.K. Children's Hospital in Halifax, St. Rita Hospital was the busiest kid place in the province - more than a thousand births a year on the obstetrical unit and 1700 admissions to the pediatric ward annually. To just list the names of all the dedicated health care workers who played such an intimate role in the care of these young lives would not do Lefty's book justice. We need to convey the spirit of St. Rita, and so I will try to reconstruct a typical day in the life of the pediatrician in the early 1980s. There were just two of us then - my partner, Dr. Martin Abenheimer, and me:

Morning rounds begin at 8 a.m.; pediatricians are civilized, unlike their surgical colleagues who go out the door at the crack of dawn.

I approach St. Rita from King's Road, sweeping up the

hospital driveway past green lawns, yellow forsythia, and colorful flower beds which give the hospital a homey air.

Neatly attired in uniform, Harry Chesson, our friendly commissionaire, waves as usual. If it is an emergency, you can toss your keys to Harry and your car is safely tucked away. Magically, the keys will reappear wherever you happen to be.

Behind the building lies the parking lot. The cars there bear testimony who is in house. Predictably, there is no sign of Dr. Abe Gaum; he was here and gone well before 6 a.m. A popsicle-green convertible Volkswagen is evidence that Dr. Estelle Cameron is still here. Usually an early bird, she is late today. A delivery perhaps. Dr. Parminder is here, her Lincoln graces the parking lot like the Queen Mary. A blue Volkswagen camper bus tells me that Dr. Gracie is doing rounds. An old four-wheel drive American Motors station wagon indicates Dr. Carol Critchley has begun her day. The sight of an immaculate BMW proves that Dr. Watson Sodero, the venerable and remarkable surgeon and family practitioner, is still as busy as ever.

Parked, I proceed through the back door and past the morgue (empty today), and no sign of Dr. Gyorfi, our pathologist. A left will take you to Medical Records, but it is to the right I go, heading to the Outpatient Department, my first stop of the day.

The waiting room is crammed. People are elbow-to-elbow, either awaiting admission or an outpatient visit with family doctor.

I collide with Dr. Stuart Marsh, one of Sydney's first E.N.T. specialists. He beams as I bounce off his portly figure and looking up, he exclaims, "Aren't I important!" and off he rushes like the Mad Hatter late for an important date.

Down the narrow corridor I go to a small treatment room, there to be greeted by nurse, Jean MacPhee, gentle and soft-hearted. Our assignment this morning is to give chemotherapy

to a little boy with a rare ocular tumor. Already he has had one eye removed and we are fighting hard to save the other eye and prevent the spread of his disease.

These are the early days of chemotherapy before negative pressure flow hoods and prior to the time that medication was prepared by our pharmacists. Strictly "do it yourself," we mix the Vincristine by hand.

Ready for him now, and dreading the ordeal, I go out to the waiting room to get the little fellow. Already crying, he rubs his prosthetic eye which suddenly pops from its orbit and drops to the floor. It rolls under the crowded waiting room seats. No one but his mother and I are aware of the mini drama about to unfold.

Crawling between the seats, pushing feet and handbags aside, his mother frantically searches for the wayward eye. "I've got it," she yells triumphantly and she holds the orb aloft. People stare in horror. Mom and I are unable to contain our laughter. Eye in hand, and child under arm, she carries him down the corridor when we are waylaid by Dr. Parminder requesting help with a feverish and seizuring one-year-old. I stop the seizure with a few milligrams of intravenous Valium and return to the chemotherapy room. With luck and good management, we find a tiny vein on the top of his foot and slowly inject the medication. If it leaks, it will hurt a lot, for these are the days prior to the portacath (a wonderful gadget implanted in the chest wall, it allows easy, almost painless access to veins anytime. The relief it provides to parent, child, and doctor is priceless).

Treatment successful, a smile returns to our little patient's face and he holds out his arms for a hug. He never holds a grudge.

We schedule his next treatment and then I accompany the mother of the seizuring one-year-old to the Admitting Office

where Jean Buckland, our admissions officer, discreetly fast tracks the paperwork. With minimal delay, mother and child will soon be on the pediatric ward where they will receive TLC from our seasoned staff.

Avoiding crowds, I go up the back stairs to the third floor and the Neonatal Intensive Care Unit. Shift change is in progress and Delores Chase gently chastises me for the interruption. When night crew, Joan Mouland, Joanne Allen, and Julie Rose complete their sign over, Delores and her day shift nursing partners, Cathy Bennett and Janet Clarke, summarize the neonatal events of the last 24 hours, including hospital gossip.

Now fully briefed, I tap on the door of our crusty neonatologist, Dr. Lydia Urban, who is currently in conference with unit manager, Joanne Whitty. Neonatology is still a relatively young subspecialty and Lydia does it well. For more than 20 years, she will quietly ply her trade, saving the lives of hundreds of Cape Breton infants.

"We have eight babies in the unit, three on ventilators. The two Bournes units are in use so I had to dust off the old Bird respirator." (Shoe box in size, this bizarre and even then outdated device was never designed to breathe for anyone smaller than an adult. With bits of green aquarium tubing and baling wire, it could be tricked into breathing for our babies when we ran out of modern gear. At thirty thousand dollars a Bournes respirator, the hospital could afford only two.)

"Should we transfer one baby to Halifax?" I suggest. I am told the baby would not survive the trip. Prior to E.M.H.S. helicopter service, the I.W.K. Neonatal Unit was five hours by road (weather permitting). We would just have to manage.

A quick tour of the Neonatal Unit reveals tiny babies of various sizes and gestation, some as young as 27 weeks. The

smallest and sickest are housed in aquarium-like incubators. The larger infants are snuggled face down in bassinets, some completely hidden beneath their blankets. No research then to suggest that babies are safer on their back. Fortunately, our babies are unaware.

Now back to the stairs and up I go to the fifth floor, and the general pediatric ward. General, not because it catered to the entire spectrum of pediatric problems (which it did), but because of our expert head nurse,"General Beryl Sutherland," who ran the ebb and flow of sick kids with military efficiency. She was always straight to business. Compliantly, I trail behind her as she makes suggestions and expresses concern regarding some of the 24 children that our minuscule ward can harbor when fully occupied.

When Walt Disney songwriters penned the words, "It's A Small World After All," the Pediatric Ward at St. Rita's was surely its inspiration. It contained nine rooms including a closet-sized utility room containing supplies such as diapers (cloth, no less). There was also a treatment room too small to swing a cat in, and a multipurpose dispensary so narrow that I could touch both walls with outstretched arms. Here we did our charting, stored our medications, mixed our drugs, and met to discuss the progress of our little patients. At least there was a window which afforded a great view of the Coxheath hills. At times, storms could be seen approaching from the south. "Rain tonight," predicts Susan MacLeod, one of our nursing staff.

Five of the remaining rooms contained beds and cribs. In a pinch, the play room could be commandeered for the overflow.

Most of the time, up to five children are housed in a single room and isolation is by curtain. Mothers sleep on the floor on mattresses until we raise funds to buy extra cots. The rooms are cramped and privacy is nonexistent.

One room, however, is reserved for children with highly contagious disease or for those situations that demand more privacy. It is to this room that Beryl leads me now. Within is a nine-month-old boy with Hemophilus meningitis. A week into treatment, he is bright and alert, but today his fever has returned. This, we have learned, is often a sign of a subdural effusion (fluid around the brain). Diagnosis is tricky, since Cape Breton is yet to acquire its first C.T. scanner - in the decade from 1980 to 1990, Martin and I treated 66 children with this form of meningitis. By the early 1990s, all children in Nova Scotia are routinely vaccinated and the disease disappears. Convincing evidence of the effectiveness of a vaccine and testimony to the marriage of medicine and research.

Therapeutic decisions made on our meningitis patient, Beryl and I proceed to the other rooms. En route, we pass Martin and pediatric staff nurses, Cathy MacPhee and Debbie Chiasson. Martin's eyes twinkle and a sympathetic grin is barely concealed by his greying beard. He is delighted to have escaped rounds with General Sutherland who rules her domain with an iron fist.

Room to room and crib to crib, Beryl and I continue. An eighteen-month-old with pneumonia next to a six-month-old with viral bronchiolitis. They should be separated, but our only isolation room is occupied and a curtain is all the isolation available. Negative pressure rooms are a thing of the future.

We check on a few of the beautiful Mi'kmaq babies under the care of Dr. Moe Virick, and when rounds are complete, we retreat to the closet-like treatment room for a bone marrow aspiration on a five-year-old girl who presents with unexplained bruising.

We sedate our patient, freeze her skin, and aspirate a sample of bone marrow from her hip bone. She sleeps

throughout. I transfer the specimen to the waiting glass slides and our hematology technician, Joan MacPhee, hurries off with her precious cargo to stain the slides for immediate viewing by Dr. Gyorfi, our pathologist. He will look for telltale cells called megakaryocytes. If there are lots, we can reassure the terrified parents that their daughter has a benign condition and not leukemia. By afternoon we will know, but it will be a long wait.

Duties on the Pediatric Ward complete, I take the elevator to the second floor and ride down with Charlie Brennan and Kenny MacLennan, Sydney's veteran obstetricians. Thousands of Cape Bretoners owe their safe entry into this world to this dedicated and experienced pair who quietly go about their business without fanfare. Their young partner, Dr. Angus Gardner will continue the tradition in a specialty ever more demanding for a patient population ever less forgiving.

Stepping off the elevator, I enter the musty world of microbiology. Technicians, Kevin McVarish and Dave Croxen, have long ago attenuated to the odor. Kevin opens a drawer of the stainless steel incubator which contains multiple petri dishes (saucer-shaped glass jars). He inspects the one that contains the blood from the little boy on the ward with pneumonia. Small colonies of bacteria are growing. Soon we are staring through the microscope at clusters of blue-stained dots. "Gram positive cocci," Kevin announces, "probably Pneumococcus. We will have a positive identification this afternoon and a sensitivity tomorrow."

The information is good enough for me; it fits with the clinical picture - a high white blood cell count, the high temperature, and a right lower lobe pneumonia. We have a Pneumococcal pneumonia and sepsis. I can now stop the Chloramphenicol, a potentially dangerous antibiotic, but cheap and effective nontheless. In this situation, mere Penicillin will suffice, and our little boy will do well. I own the diagnosis to our lab techs.

Across the hall in a single room, is the Department of Hematology. Joan MacPhee already has the results of today's blood counts. She always refers to each patient by their first name.

From there to the biochemistry lab next door (also one room). Technician, Cathy Komourdjian, has just completed the analysis of a sweat sample carefully collected from the surface of the arm of a small child. The test is labor intensive, but the equipment cheap, and the results quite accurate. This procedure will continue to remain the standard on into the 21st century. Her face tells all, the chloride level is greater than 50 milliequivalents. This means our child has cystic fibrosis. As the years go by, children with cystic fibrosis are doing better and better, but the news will be a bitter pill for our child's parents, one they will not easily swallow. Sharing this diagnosis will require all the sensitivity and compassion that a pediatrician can muster. Facing the parents cannot be put off, and the telling of the news cannot be hurried.

Now to the x-ray department, there to be greeted by the overwhelming enthusiasm of two of our four radiologists, Dr. Tony Hardy and his humble, but extremely competent colleague, Dr. Frank Crowe. Radiologists, Drs. John Chadwick and Brian Quinn, are assigned to the x-ray department at the City Hospital.

A stack of large manilla envelopes faces me. We review the chest x-ray of the little boy with pneumonia. There is also an abdominal film of a toddler upstairs with tummy trouble and x-rays on the hips of a 7-year-old boy who is limping. Often our radiologists are familiar with the children's names and their medical background. The department is still small enough to remain intimate, and to the staff, the x-rays are more than black and white shadows or anonymous organs and bones. Our radiologists share in the treatment and decision making through their professional interpretation of these shadows.

I head now through the corridors to Ignatius Hall located behind the main hospital building. There we will find the nursing school, Medical Records, and the administrative offices. Once, Dr. Abenheimer and I put a skeleton from the nursing school in the Medical Record office. We left it at a desk, with pen in hand, slumped over a stack of delinquent charts. I wonder where he is now?

Up the stairs to Mr. Brian Beaton's office. Our friendly administrator has some encouraging news. The pediatric ward is five thousand dollars richer through the efforts of the Cape Breton Chapter of the I.O.D.E. Many raffles, bake sales, and fund raisers were required to raise this sum and we use it to buy a cardiac monitor. The I.O.D.E. is delighted to be of service and their attitude reflects generosity of the Cape Breton community.

Rounds complete, the rest of the day will be spent at my office, and before heading home, I will return to recheck the more critically ill children. Each night one of the pediatricians is on call for the inevitable emergencies. The nights can be long and we get to know our staff well.

On this particular evening, there is a general medical staff meeting to be held in the tiered classroom in Ignatius Hall. Attendance at the meeting tonight is mandatory and so the classroom is full. Sitting in the upper row, as always, are senior medical statesmen, Drs. Arthur Ormiston, Lorway MacLellan, and Clem Young. Like the old codgers from "The Muppet Show," they hurl irreverent yet insightful remarks at their younger, somewhat inexperienced colleagues, who have eagerly accepted responsibility for many of the medical administrative chores. On this occasion, the meeting is ably chaired by Dr. Glen Gracie, Chief of Staff, and details are recorded for posterity by Dr. Jim MacKillop. Each department head will present his or

her report. The shorter the report, the louder the applause. (Pediatrics has not yet reached departmental status because the hospital by-laws require that there must be a minimum of four members. Even if we include our neonatologist, there are only three of us, and so pediatrics falls under the umbrella of Department of Family Practice. Eventually, when Martin and I acquire new partners, we will split from Family Practice and become a department of our own - at least for now we don't have to give a departmental report.)

Meeting concluded, some of us will remain for an educational session sponsored by Nova Scotia's nationally renowned Reproductive Care Program. In attendance are our obstetricians, family practitioners, obstetrical and neonatal nurses, neonatologist, and pediatricians. We will present challenging obstetrical cases and their outcomes to the Professor of Obstetrics from Dalhousie University. This program has radically improved the outcome of pregnancies throughout Nova Scotia, taking the province from third world infant mortality statistics to the very best in the world. Expectant Cape Breton mothers can sleep all the more soundly with the knowledge that such a wonderful source of education and expertise is available to their physicians.

And so the day closes. As for the pediatricians, one of us will go home and the other one will return once again to pediatrics to minister to any late arrivals.

The story line above was intended to give the reader a glimpse of the day-to-day operation of pediatrics at St. Rita Hospital. The individuals mentioned are just a few of the many, many wonderful nurses, physicians, technicians, clerical, and maintenance staff that made working in the old hospital feel like home and family. It is the writer's wish that no one will be offended if his or her name has not appeared, for no one has

been intentionally omitted. Lefty's instructions, "Keep it short, eight pages or less. Don't leave anyone or anything out," make for an impossible assignment.

Since 1979, I have practised pediatrics on this wonderful island. Prior to this, Cape Breton had never been served by any pediatrician for very long with the exception of Dr. Gursahani, who, sadly to say, passed away a few weeks after my arrival. With a population of 180,000 people, 77,000 of whom are children, Dr. Gursahani had served the area alone as best he could for several years. Finding myself walking in his shoes, it became apparent the task was almost impossible. Luckily, within three years, Dr. Martin Abenheimer joined me and we practice together to this day. Three years later, Dr. Mark Awuku made a wonderful addition to our pediatric group and he was sorely missed when finally he moved to Ontario six years later. Within a short time, we are blessed with the addition of Dr. Andrew Lynk, who planned on remaining in the region for only a year or two. So attracted was he to the island and its people that he shelved his plans for academia, and to the great benefit of Cape Breton's children, he continues to partner with us today.

Sydney will see two more pediatricians after Andrew. Dr. Michael Smith, gentle and wise beyond his years, will remain with us for a couple of years until he assumes the role as Director of the Pediatric Outpatient Department at the I.W.K. Following this, Sydney attracts the services of Cape Breton native, Dr. John Grant, rock-solid pediatrician and quintessential family man. After six years as our colleague and partner, John moves to the Kentville area in the spring of the year 2000. The search to find his replacement will go on for three years until finally in the spring of 2003, we are joined by Dr. Assim (pronounced awesome) Salim, who we hope will enjoy the community and its children as much as Martin, Andrew, and me.

Chapter Twenty Four

Memories

Rex Dunn

It's not that I've not been aware of your requests for St. Rita's history...I've just found that on casual reflection it's harder than one would think to come up with things worthy of being recorded.

What follows is just some things which made an impression on me, for whatever reason.

I arrived on the scene late 1979. Both Sydney hospitals were going along well. There was already some rationalization of services...chest and vascular, dialysis only at SCH, ObGyn at St. Rita. There were debates about where tubals should be done.

In the OR, Theresa Murphy set the tone. Supportive for all, patients and docs alike...tough enough to make it run smoothly, heart of gold and a huge soft spot. No patient waiting all day for surgery would be denied if it was at all possible to do the case, even by running over.

In those days, both hospitals did emergency surgery and it was possible to have 2 anethetists working, one in each hospital, if necessary. St. Rita's in its day offered a full range of services. I recall a big pediatric unit, psych unit, active ER, ICU, medical, and surgical services.

Speaking of psychiatry, I recall sitting at lunch in the cafeteria

one day (by the way, the kitchen at St. Rita had the best institutional food I've ever seen anywhere), right next to a window overlooking the harbour. There was a sudden movement, a flash of gray streaking toward the ground and sickening thud. A flurry of activity outside...a patient from the top floor, feeling apparently a bit down in the mouth, had decided to shuffle off these mortal coils, by diving into the ground. Actually, all she accomplished was a visit to the ortho department to fix some fractures. It all made for a memorable lunch, however.

Brian Beaton, administrator through all those early years of mine, could see the trends, and helped guide, with the board, many changes towards rationalization and regionalization. Whether these changes were to result in improved patient care was not the issue. The government was determined to put them in and all that was left was to make changes as painless as possible.

Tom Patterson, (Chef), Sister Chisholm, Mrs. Maloney, Helen Patterson.

I may have done the last major vascular case there in my early days. The chairman of the board (his first name was Angus) ruptured his Abdominal Aortic Aneurysm. When I called to book the case, the OR staff and anethetist had no qualms about going ahead right there. The case went well and the patient walked out of the hospital in good time.

We all watched over those 20 years as more and more services, and especially active patient beds, were stripped away...eventually, ER services, ICU services, all major surgery were moved away.

One major positive development was the growth of oncology services based at St. Rita's...Brian Beaton encouraged this, Jean MacPhee took it on, and this service, with a lot of initial pushing, eventually expanded beyond all expectations... initially a 1/2 FTE position, today some 40 people work in oncology department at the CBRH...the St. Rita Clinic was transferred directly there on building the new CBRH; this was followed a couple years later by the building of a new addition there specifically for oncology. In this sense, St. Rita lives on.

Mostly one remembers the people who worked there...many nurses had basically had their careers there, competent, caring, efficient people. I think of Theresa Campbell, head nurse on the surgical floor. After all those she didn't want to make the move to the "new" CBRH. Marie Romeo, from the medical floor, did give it a shot, but never really thrived on the busier, and let's face it, more impersonal feel to the larger hospital. I see the faces of many others, and it brings a warm feeling of reminiscence...but many names escape me.

You would recall better than any of us the influence of the nuns and the RC church...this was certainly still present when I arrived but far fewer nuns working as nurses, or administrators. Even today there are still some at the CBRH. I remember being

a little surprised to find that actually the government had to buy the institution from the nuns prior to the big move. I think it cost $1.00. In the end, I remember how sad it was to see the abandoned building and grounds on Kings Road, with the shrubs and grass growing wild, windows boarded, asphalt cracking with weeds growing in the fissures. Finally, no use found for the building, watching the buildings levelled, and then that big rusting derrick with its wrecking ball sitting like a triumphant monster for weeks, right up next to the road. It almost seems to be gloating over its destruction of the defenceless structures behind. I will always carry with me the feeling of how it was to work in this hospital. The spacious grounds with the wonderful view of the harbour from all streetside windows, and the former nurse's residence behind all made it easy to sense how vibrant this whole complex would have been, when running at full tilt. Somehow, the sense of stress for patients and for medical staff was kept to a minimum. It's popular these days to talk about the culture of an institution. Well, St. Rita Hospital could have given many a lesson.

Addendum to Dr. Dunn's contribution

Dr. Dunn sent this submission from the other side of the world, namely New Zealand. It made my day so I e-mailed him back. I told him it wasn't just the words he wrote but who wrote them.

H.S. MacDonald

Humour and Pathos Part Four

H. S. MacDonald

One morning I was in the O.R. doing an unusual case. In the room were the scrub nurse, circulating nurse, the anesthetist, and a student nurse. The latter was there to learn so I kept up a running commentary as the operation progressed. At some point in the procedure. I looked up and found that the O.R. was as empty as the Sahara Desert. I had been talking to myself. Momentarily the Anesthetist entered the room, and I asked him Where is Everybody? He said, "Didn't you notice? The student nurse fainted and we had to carry her out!" So much for total concentration.

On another occasion I was sent a child from Baddeck. He was walking down a street there when he found an old Timex watch. At that point he saw the town bully coming along so he put the watch in his mouth. Unfortunately, he swallowed it and arrived at St. Rita Hospital. An x-ray confirmed what had happened and he was admitted to hospital for a period of observation. After several days it became obvious that surgery was indicated before complications could occur. At operation an old Timex watch was found along with a couple of separated corroded hands. These were removed without difficulty and the child did well post-op. I told this eight year old that he should write to Timex and tell them what happened. He should also

tell them that my Doctor said he was hoping that the watch was electric because it would be interesting to see if it was still running after three days in his stomach. In no time at all he received his shiny new watch. He was the happiest kid around and did not care that it was not electric. He would much rather wind it every day.

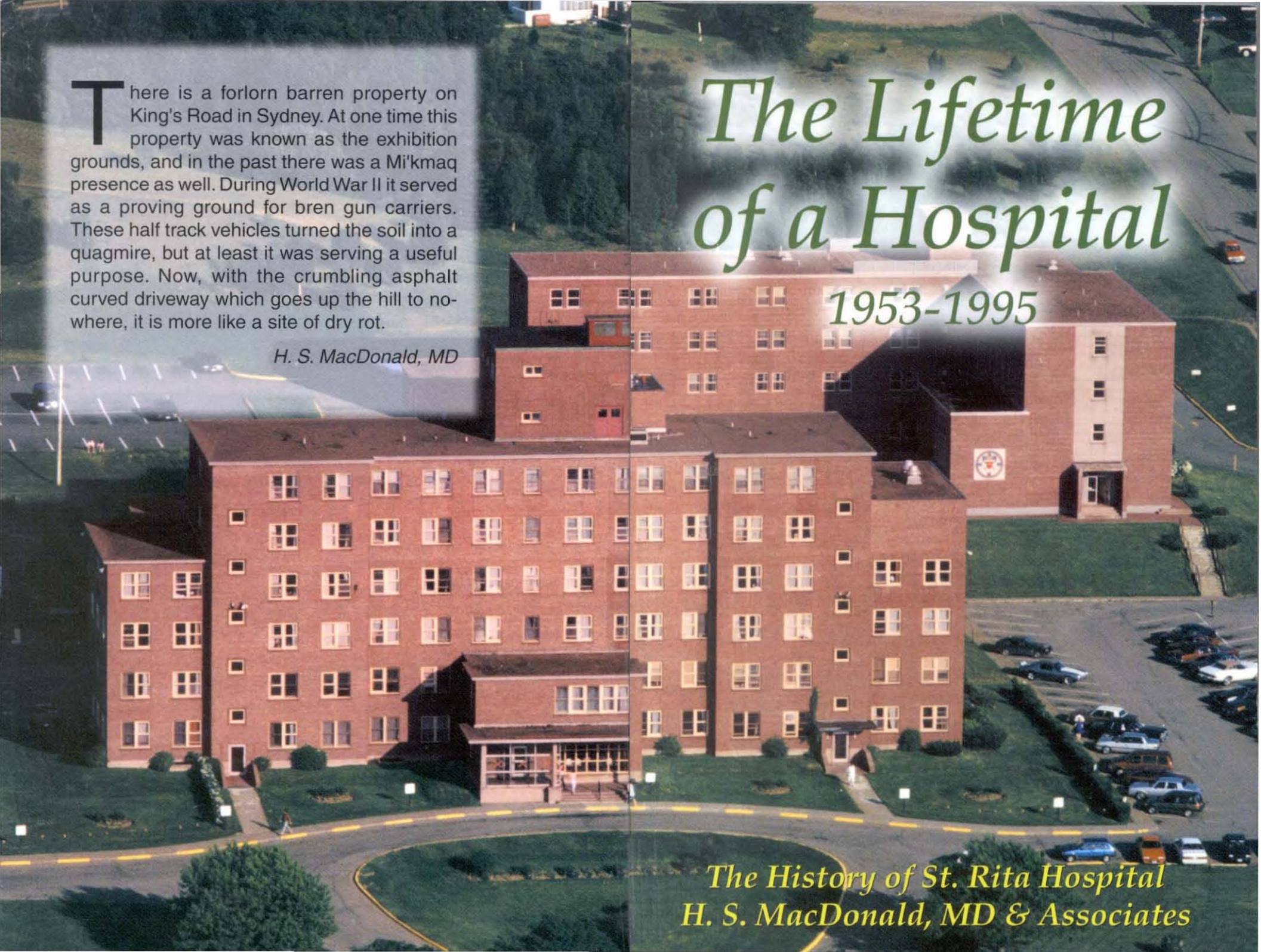
Epilogue

There is a forlorn barren property on King's Road in Sydney. At one time this property was known as the exhibition grounds, and in the past there was a Mi'kmaq presence as well. During World War II it served as a proving ground for bren gun carriers. These half track vehicles turned the soil into a quagmire, but at least it was serving a useful purpose. Now, with the crumbling asphalt curved driveway which goes up the hill to nowhere, it is more like a site of dry rot. Progress cannot and should not be stopped if it is going in the right direction, but there are so many people who were born there, had their babies there, had their operations or treatment for medical conditions there, became nurses and technicians there, whose family members or friends died there, felt a very personal loss when these buildings were taken down. It would have been much less traumatic if some other useful purpose could have been found for them.

I expect there will be some criticism concerning people who are not part of this book. But many who agreed to write an article never got around to it, despite repeated reminders. I think this is typical of people who are very busy and pre-occupied with more immediate concerns. There were other people who just could not be contacted.

During the past two and a half years I have been busy trying to get the job done with this book. As I read the co-writers' contributions, it was as though the Hospital came alive again. They brought back the sights and sounds and echoes, the footsteps down a corridor, the laughter, tears at times, the flurry of activities in emergency situations, the obvious camaraderie when things were going smoothly, the frustration when things were not.

One would wish to preserve the illusion, but it is gone and this book has come to its end... However the memories will carry on.



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The Lifetime of a Hospital

1953-1995

The History of St. Rita Hospital
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