



**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 santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

**St. Vincent de Paul Hospital
Brockville, Ontario**

***The Packet* Newspaper Supplement
Wednesday May 15, 1968**

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Kingston, Ontario**

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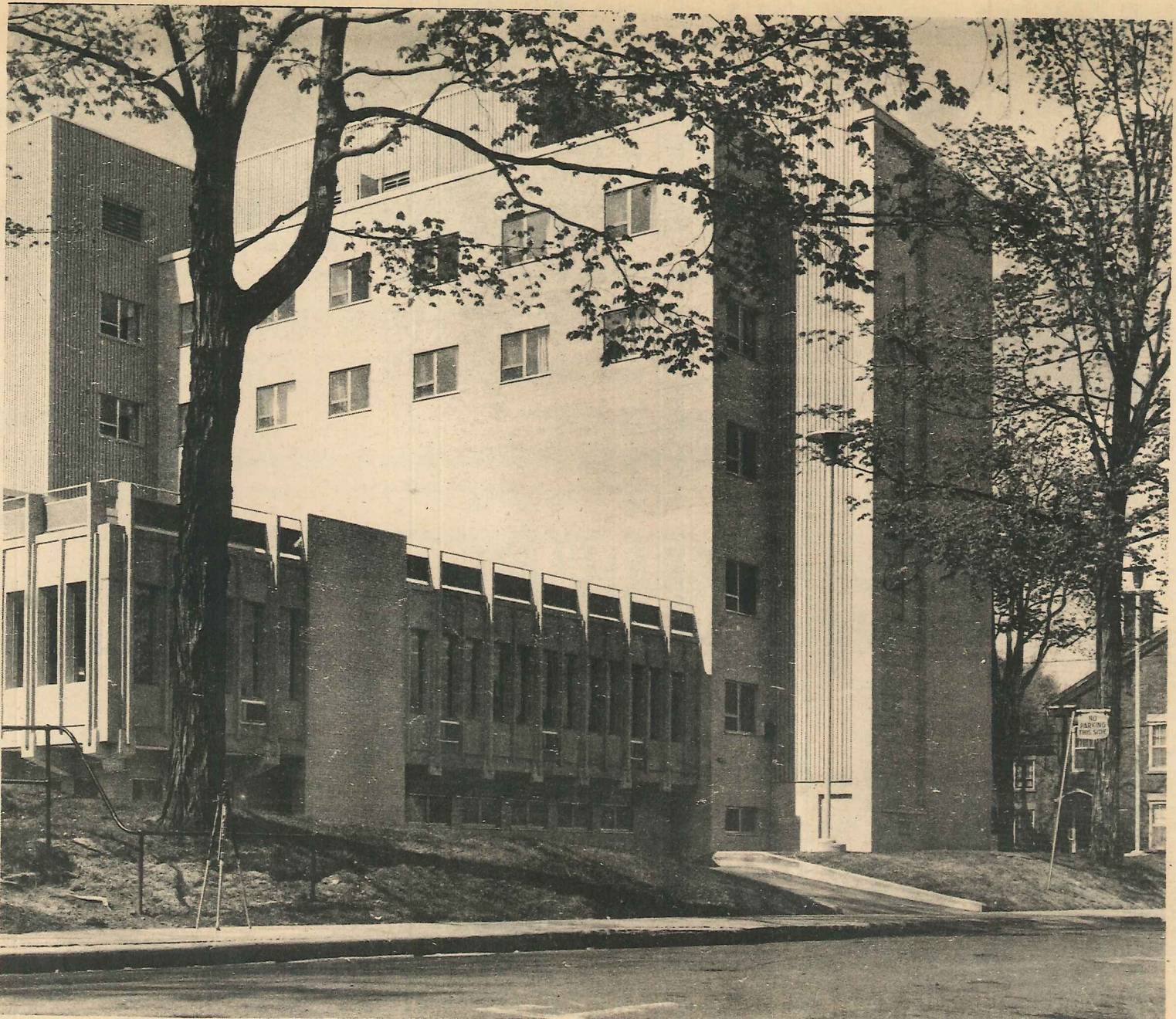
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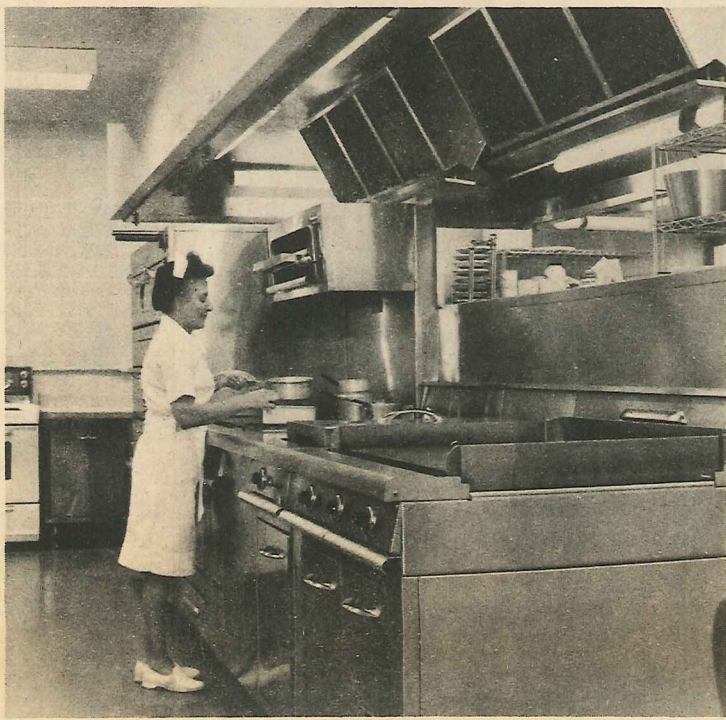
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Below



One of the many extra features of the new hospital is the research library for the medical staff. Medical librarian, Mrs. L. Rooney checks reference book.



The hospital is equipped with an ultra-modern stainless steel kitchen which serves the entire hospital.

The operating room

By
Dr. D. T. Smylie

The operating suite at the St. Vincent de Paul Hospital is situated on the second floor of the new wing.

The main operating areas are secluded from the rest of the area. There are two major and one minor operating suites as well as scrub-up areas and sterile storage areas. Floors are of conductive Dextex to nullify the effect of static electricity. Each suite is air conditioned and provided with X-ray viewing boxes.

Lights are mounted on recessed tracks. Each operating room has an anesthetic machine, piped-in oxygen, anesthetic gases, suction, all facilities to monitor heart rate, pulse and cardiac function, and a respirator, and the rooms are well lighted. An operating microscope is available for fine surgery, particularly eye surgery.

The main entry, or unsterile area, consists of locker rooms and lounge for doctors, change rooms for operating room nurses, an office for the Operating Room Supervisor and clean up areas.

The recovery, or post anesthesia room is adjacent to this area. It has five recovery stretchers with piped-in oxygen, suction and blood pressure monitor

at each bed. It has an alarm buzzer connected to the doctors' change room and the operating

room so the anesthetist can be summoned immediately.

This new construction has provided operating and recovery rooms of latest design, and the operating facilities are now comparable to the finest in Canada.

Department of medicine

By
Dr. R. E. Smart

Since the initial organization of the medical staff of the St. Vincent de Paul Hospital the Department of Medicine has been a functioning entity composed of all physicians whose principal interest is in the field of clinical medicine. It is not required that members of this section be certified specialists but it is desirable that they have a real interest in the continuing education of physicians to improve their knowledge of recent developments in the field of clinical and investigative medicine.

In more recent years it has been general policy to have a specialist in one of the branches of medicine as head of this department and during the current year the physician in charge is Dr. R. E. Smart who has recently returned to Brockville after an extremely successful career in Ottawa as ophthalmologist-in-chief at the Ottawa Civic Hospital and the University of Ottawa.

The Department of Medicine supervises the general medical care of patients in the St. Vincent de Paul Hospital and provides for ready consultation when clinical problems are presented. Through the efforts of the members of the Department of Medicine it is often possible to shorten the length of a hospital stay and speed the rate

of recovery from medical illness as opposed to surgical illness.

The Department of Medicine also participates in the regular medical staff meetings and on occasion assumes the responsibility for presenting interesting

clinical cases for discussion. This department also takes a leading role in the study of all hospital deaths, especially those in which an autopsy is performed and this activity is carried out with a view to improving the standard of medical care.

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Mrs. L. Noonan and Miss Sharon Cardinal prepare emergency room for patient. A hotline telephone connects the emergency room in St. Vincent with the one in the General Hospital. In the event of over crowding in either of the emergency rooms patients can be quickly transferred.

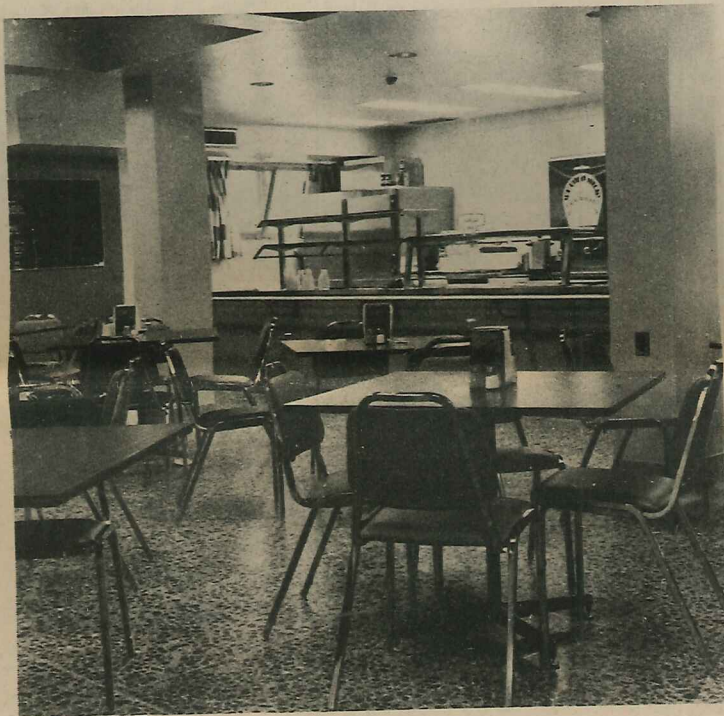
General practice

By
Dr. M. M. Boss

During the past five years the medical staff of the St. Vincent de Paul Hospital have been re-organized and a Department of General Practice has been established for the purpose of administrative organization and the encouragement of continuing education for the general practitioners of this area.

Since this department was organized there have been several meetings held at which all physicians have been invited and presentations have been made by visiting consultants from Canadian teaching centres. At most of these meetings the nursing staff is encouraged to attend in order to further their knowledge with regard to new procedures, techniques and requirements in the field of nursing. It should be noted that on occasion the local specialists have been invited to address the Department of General Practice and these men have participated in very stimulating discussions which have upgraded the quality of general medical care in the St. Vincent de Paul Hospital.

The programme for the future is for increasing frequency of such presentations and it is hoped in 1969 there will be a minimum of four to six clinical evenings organized by the Section of General Practice but with all area physicians invited to attend.



Cafeteria, adjacent to the kitchen, is clean and efficient.

Take it with a grain of salt

Medical advice in some television commercials should be taken with a grain of salt, not a dose of salts.

The Ontario Medical Association today endorsed the action of its pharmacy committee in seeking withdrawal of television

milk of magnesia as a cure for stomach ache in children.

The committee, with the support of consultants at Toronto's Hospital for Sick Children, warned that it is dangerous to give a laxative to a child with stomach ache without a doctor's advice.

The Board of Governors of St. Vincent de Paul General Hospital

expresses

its appreciation and thanks

to members of staff

and

the general public for

making the official opening

of your

hospital such a success.

CONGRATULATIONS

To

The Management and Staff

On The Completion Of Their New Addition

OF

The St. Vincent de Paul General Hospital

MUTTART BUILDERS' SUPPLIES

"Whether The Job Be Large Or Small We Serve You All"

Parkdale Ave.

Brockville, Ont.

Best wishes from The Packet staff

An architect's view

A technical look at the new hospital

The cardiac and intensive care unit at St. Vincent de Paul Hospital in Brockville was put into service in April of this year. The unit is a pilot project sponsored by the Ontario Hospital Services Commission for the provision of specialized services within regional general hospitals in Ontario under 150 beds.

The centre combines the services of a cardiac care centre with the facilities of an intensive care unit. As such it is unique in Ontario and one of a few in North America.

The medical profession in the United Counties area serving Brockville and vicinity had long felt the need for improved facilities for the care of cardiac patients.

By mid 1967 the doctors in the region were in agreement that a small cardiac centre was needed in one of the Brockville hospitals.

St. Vincent de Paul Hospital was well advanced in its program of major reconstruction and renovation and was recommended as the site for the first unit in the region. The OHSC concurred in this suggestion and planning considerations began in earnest in August.

Somerville, McMurrich and Oxley, architects for St. Vincent's then being actively engaged in a continuing program of intensive research on Intensive Specialized Care Units, formed the nucleus of the investigatory group working in close conjunction with the OHSC.

The planning team included Mother Angelica Dunn, administrator of the hospital, Sister Mary Sheila, Dr. C. W. Baugh, Dr. W. G. Peters, E. B. Heathcote of McGregor Associates Ltd., and N. K. MacLennan, project architect. These and other members of the committee embarked on an intensive program of investigation that resulted in inspections and visits being made to special care units in Canada and United States.

The resulting proposal called for a combined centre containing all of the requisite services to provide excellent cardiac care service and intensive care nursing.

The Ontario Hospital Services Commission approved the program and planning and construction resumed late in 1967 effecting the necessary regrouping of services. Fortunately construction in the area now occupied by the C.C.U.-I.C.U. had been halted in anticipation of the new project such that dismantling of unsuitable new construction was avoided.

LOCATION

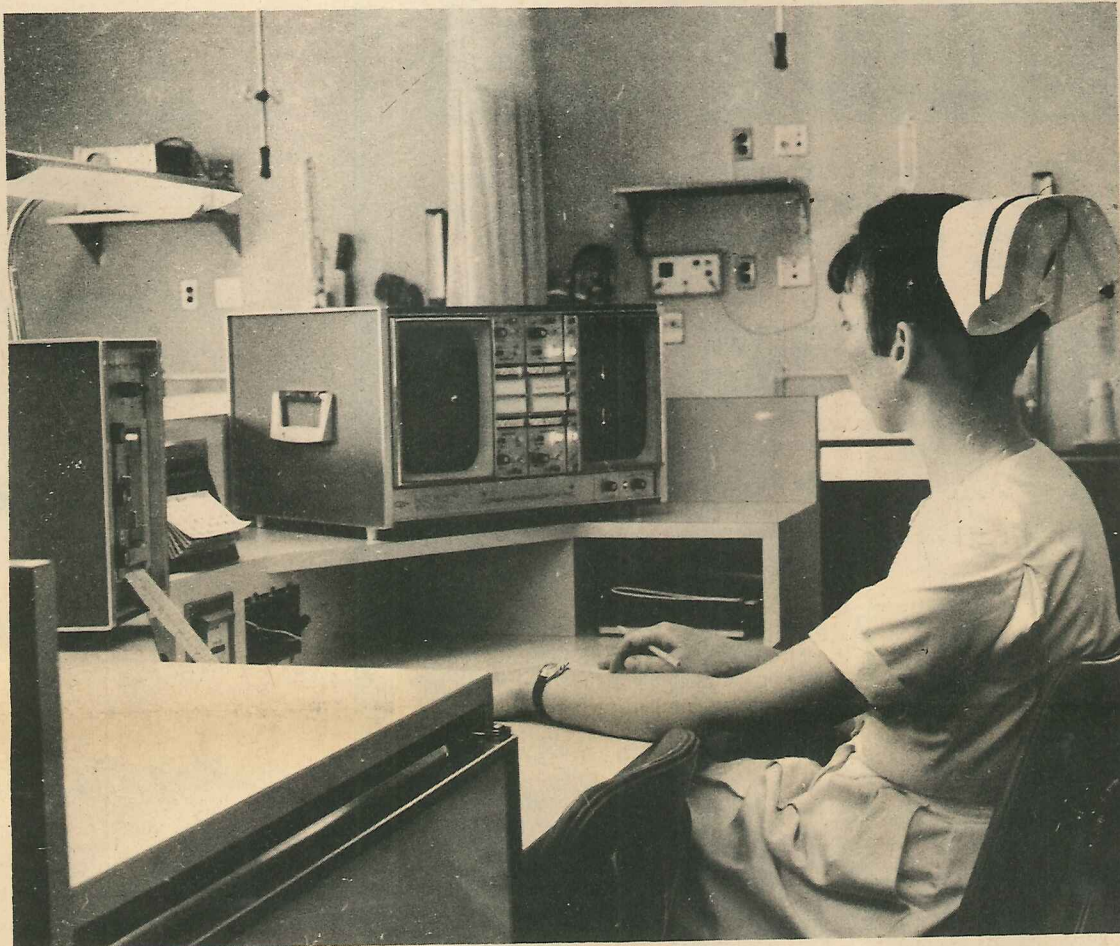
The C.C.U.-I.C.U. is contained in the new construction on the second floor of the new west wing of St. Vincent de Paul Hospital. This in itself is unusual in cardiac and intensive care units in that even in large hospitals these new specialized centres most often have to be inserted into existing and often unsuitable construction.

The unit consists of three intensive care beds placed about an internal control centre and nursing station together with an adjoining and visually (as well as electronically) inter-connected cardiac bed special care room containing one permanent bed, one standby bed area for emergencies and an integral work-life saving station. All five bed locations are fully supplied with cardiac and intensive care bed services and each bed is linked to the central monitor and control desk.

The suite is adjacent to the elevator bank, the main operating rooms, recovery room, floor servery, subsidiary central nursing and is convenient to all of the principal and emergency entrances to the hospital. When the

By Neil Mc Clennan

Mr. McClennan is a junior partner in the Toronto based firm of Somerville, McMurrich and Oxley. The firm specializes in hospital architecture but does work outside the hospital field. Mr. McClennan did the entire design for the new addition. The total cost of the new addition is approximately two and one quarter million dollars. The latest in design and equipment has been incorporated in the new structure. The outstanding feature is the Cardiac and Intensive Care unit. The hospital is the only one of its size in the area to have such a unit.



A nurse keeps watch at the central control station in the new Intensive Care Unit. Nursing staff can watch each patients heart rate on the monitors on the right. At the left, an electronic device makes a continuous electrocardiograph.

unit is in full operation patient bedrooms surrounding the unit will be utilized in secondary and tertiary phases of patient treatment thus providing a continuing and graduated program of patient care in the hospital extending from the period of acute illness in the patient through to complete rehabilitation.

FUTURE

Eventually it is hoped to provide telemetry monitoring of patients outside the unit in the secondary stage of rehabilitation in regular bed rooms adjoining the centre. In time it will be possible to provide home assistance and care through voluntary agencies within the hospital thus fulfilling all of the functions for a cardiac centre recommended by major centres connected with heart work.

Several of the medical services provided in the C.C.U.-I.C.U. are unique in their arrangement and flexibility. Each bed has been provided with multiple oxygen, electrical and electronic outlets and constant and intermittent vacuum suction outlets.

As a result of the research conducted the arrangement of several of these devices, (blood pressure equipment, compressed air, intravenous systems and cardiac monitoring units included) is unique and has been devised to permit the best possible and latest nursing techniques to be

employed. The beds are equipped with TV and radio and provisions for closed circuit television.

EQUIPMENT

The control and monitoring station to which all beds are linked contains interconnected cardiac modules which include control monitors, elapsed time automatic counters, integral warning signalling, automatic electrocardiograph print-out module, and a memory tape loop recorder that will recall cardiograph prints from any patient bed on instant request covering several elapsed hours.

The main control station and the subsidiary cardiac room station contain all of the special supplies required for intensive and cardiac patient care, including drugs and medicines, equipment, linens and nursing supplies.

The entire unit is self-contained in that the issuing of supplies and return of used materials, food included, is handled by means of controlled "through-the-wall pass throughs" to maintain the sterile conditions within the unit.

ATMOSPHERE

The centre is fully air conditioned by means of its own central system which will supply 100 per cent fresh and sterile air to controlled temperature at all times. The lighting in the unit is both

fluorescent and incandescent controlled by infinite variable rheostats. Bed head service includes nightlights, examining lights, reading lights and indirect wall lighting.

WARMTH

While much of the foregoing may give the impression that the centre, due to the equipment provided, is an awesome place. But the architects have deliberately introduced a general note of warmth and comfort into the interiors. While the acute-phase part of the centre is for the nursing of extremely ill patients, still it is a place of great hope and must be joyful. To this end a warm carpet has been installed throughout the unit. Colorful draperies in the windows and furnishings including the control centre, and beds are in the warm tones of provincial cherry wood.

The unit has been of inestimable value since the start of operation. Many lives have already been saved in it and a mood of cheerfulness is predominate in the staff whose particular concern it is.

CRASH CARTS

The centre is supported by special technical mobile units called "crash carts". These fully equipped and constantly energized and readied vehicles contain resuscitating equipment and all the necessary supplies needed for urgent treatment.

One cart is maintained at grade level in Emergency and the other in the Cardiac room. The cardiac equipment is also augmented by a monitor in the Operating Room Suite.

The entire unit is manned by a specially trained team including a cardiologist, who are on call 24 hours a day within the hospital.

COMMITTEE

The CCU-ICU is managed directly and controlled by a fully qualified and appointed committee. The present chairman of the committee is Dr. W. G. Peters. The special consultants to the chairman are Dr. C. W. Baugh and Dr. J. Page. All members of the nursing team connected with the centre have received specialized training in the fields of Cardiac and Intensive Care nursing and some of the staff recently completed training under Dr. J. Young, director of the Cardiac Centre, Sisters Hospital in Buffalo, one of the foremost units in the world.

MOST MODERN

In summation, it can be said that St. Vincent de Paul Hospital now possesses a most up-to-date special care centre for the treatment of cardiac illnesses and other disorders requiring intensive and specialized nursing. The CCU-ICU contains its own instruction centre and classroom. This facility together with the other teaching rooms in the hospital and school and all of the other services provided in the complex ensure a continuing program of high quality service by this hospital to this community, one which began on this site in 1882.

Bugs ...

Intensive care unit unique

St. Vincent de Paul Hospital in Brockville has swung into the space age with the hippest and most modern Intensive Care Unit in the immediate area. The unit, comparable to hospitals five times as large, is equipped with the latest electronic detection and therapeutic gear.

Located on the second floor of the hospital directly across from the operating and recovery rooms, the ward is sub-divided into two distinct areas, the Acute Intensive Care Unit and the Acute Coronary Unit.

The Acute Intensive Care unit is equipped with three beds and the Acute Coronary Unit has one bed at present with provisions for a second if needed and is isolated from the Intensive Care Unit by sliding glass doors, allowing patients complete quiet and rest.

Constant Attention

Patients admitted to the Intensive Care Unit suffer illnesses of such a nature that constant medical and nursing supervision is necessary. The emergencies

treated range from heart attacks through respiratory insufficiencies, diabetic comas, drug intoxication and shock.

The first few days following a heart attack are the most critical. Patients may look and feel well but abnormalities of cardiac rate and rhythm may occur and, if undetected, may result in death. If the abnormal heart behaviour is detected early by using electronic monitors many of the patients can be returned to active community life.

In the Intensive Care Unit a fixed monitoring system allows continuous electro-cardiograms to be taken of each patient. A tracing of the response is recorded on an electromagnetic tape providing a permanent record for each patient.

Visual

The electromagnetic tape indicates warning signs and provides heart rate tracings which are immediately available to the medical staff. The system shows the heart rate on a dial and oscilloscope both at the patient's bed and at the central nursing station in the Unit.

The monitoring equipment at the central station allows one nurse to keep a constant and simultaneous watch on all patients in the unit. The system is equipped with an alarm which is activated if the heart rate drops below or exceeds a predetermined level. The alarm warns the nursing staff of impending dangers and allows them to administer corrective therapy before an attack occurs. When the alarm system is activated the electromagnetic tape shoots out automatically with a tracing of the heart rate, providing the medical staff with vital information instantly.

The Intensive Care Unit is connected by inter-com to second floor surgery so help can be called immediately. In addition to the permanent unit there is a mobile unit which allows the medical staff to treat emergency cases anywhere in the hospital. The "Crash Cart" is rigged with equipment to measure the heart rate and produce electrocardiographs immediately. The Cart

also has electronic gear which measures intra-arterial blood pressure and central venous pressure.

In some emergency cases the patient cannot be moved into the Intensive Care Unit immediately. In such an instance the Crash Cart is rushed to the scene. The cart can reach any part of the hospital within two minutes.

Additional Gear

In addition to electronic detection gear the Crash Cart is supplied with emergency drugs, intubation equipment (to provide a clear breathing passage), defibrillator (provides electric shocks to stimulate heart) and suction equipment to remove mucus and saliva from the mouth to ensure freer breathing.

The Intensive Care Unit is equipped with special beds which can be adjusted in height. Compressed air is piped in to fill inflatable mattresses for severe burn cases. The unit has a Cardi-02 unit which gives automatic heart massage and a lapse time clock which gives the exact time the patient suffered the heart attack. The clock tells the doctor how long he has to administer corrective therapy.

Atmosphere Controlled

The ward is completely covered with carpet to reduce noise. And is equipped with special three-zone lighting which can be varied from dim to very bright.

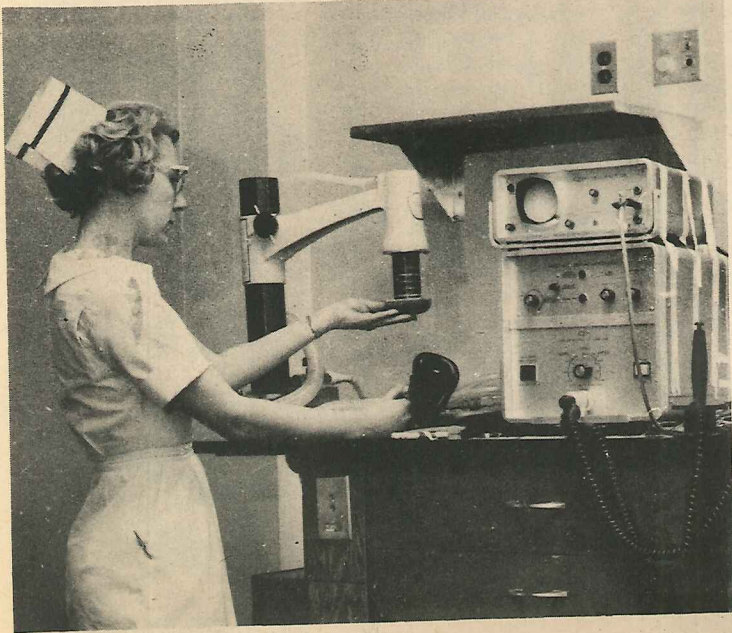
The atmosphere in the ward is specially controlled and supplies must go through a system of double doors to prevent contamination in the ward.

The unit is supervised by specially trained nurses, with a ratio of two nurses per patient over a 24-hour period. A professional nurse is always in charge of the ward and the specially trained nurses are assisted by registered nursing assistants. Mrs. M. Whitely is the head nurse. The staff of the unit hold weekly conferences and review all the patients admitted in that week.

Unit Unique

The Intensive Care Unit was designed after the St. Paul's Hospital in Vancouver. However, the unit is unique to a hospital as small as St. Vincent de Paul. The hospital has 105 beds compared to 593 for Kingston General and 333 for Hotel Dieu in Kingston.

A Medical Intensive Care Committee has been established with Dr. W. G. Peters as chairman. The committee has three other doctors; Dr. R. S. Loughrey, Dr. J. A. Shanks and Dr. D. T. Smylie. In addition to the four doctors, two qualified internists act as consultants. The committee aids in training staff for the unit and they do patient analysis in an attempt to determine "patterns" of certain medical disorders.



Above is shown the "crash cart" which is equipped with electronic gear and special drugs needed to treat emergencies. The mobile unit can serve any part of the hospital. At the left a specially trained nurse points out the automatic heart massager.

Doctor views I.C.U.

By
Dr. W. G. Peters

The Intensive Care Unit is a designated area specifically designed, equipped and staffed for emergencies and special care of the dangerously ill who could not otherwise be adequately treated elsewhere in the hospital.

The purpose of the Unit is to provide optimum treatment for acutely ill patients with all the professional and technical resources that modern medicine can provide for medical emergencies arising within the hospital and the community and with adequate numbers of highly trained medical, nursing and technical personnel to ensure constant and highly qualified supervision of patients at all times.

The Unit is supervised by a committee of four doctors, one of whom is the Chairman of the committee and two internists who act as advisers to the committee. The duties of the committee are (a) to carry out the policies of the Unit, (b) to maintain the standards and quality of medical care within the Unit, (c) establishment and supervision of research and teaching within the Unit.

The nursing aspect of the Unit is under the direction of the Director of Nursing of the hospital who has provided special training and teaching programs away from and at the hospital for nurses working in the Unit. There is at all times a graduate nurse in the Unit; normally two graduate nurses and one registered nursing assistant are in the Unit for each eight hour shift.

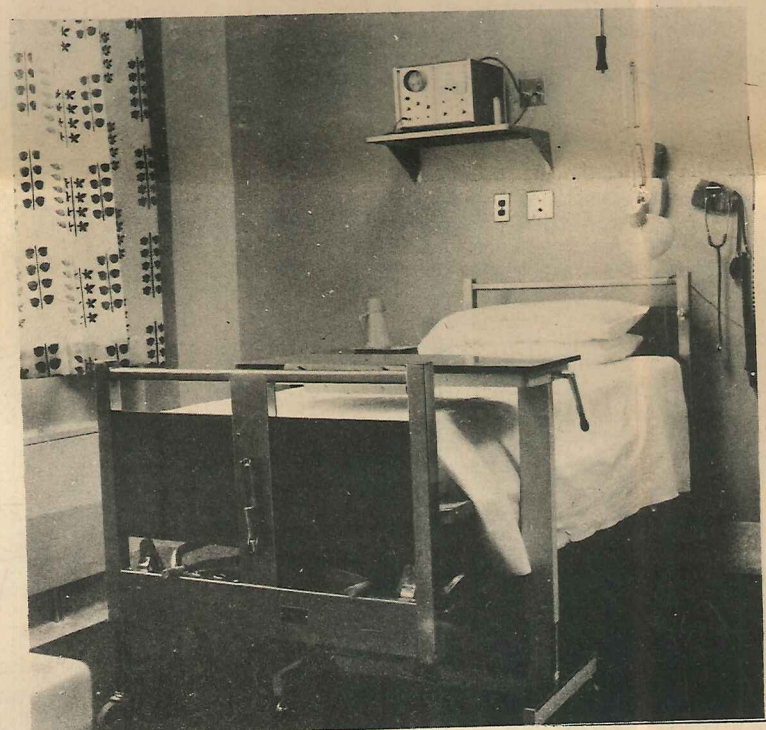
Admissions to the Unit are at the request of the attending physician. All patients admitted may have formal consultation by a member of the active consulting staff of the attending physician's

choice.

The physical facilities of the Unit consist of the main area with a central nursing station and monitoring console, three beds which are used chiefly for non-cardiac cases and a fourth bed which is specifically made for cardiac patients. This portion of the Unit is separated by a glass door partition. Associated with the Unit is a conference room for teaching purposes and for meetings.

The medical equipment consists of fixed monitoring units

(Continued on Page 22)



Above is shown a special adjustable bed used in the Intensive Care Unit. On shelf above the bed is shown an electronic device which measures heart rate. The floors are covered with carpet to reduce the noise level.

CONGRATULATIONS

To The Management And Staff Of The ST. Vincent De Paul

On This New Modern Addition And Fine Facilities

Our Best Wishes Go Out To You

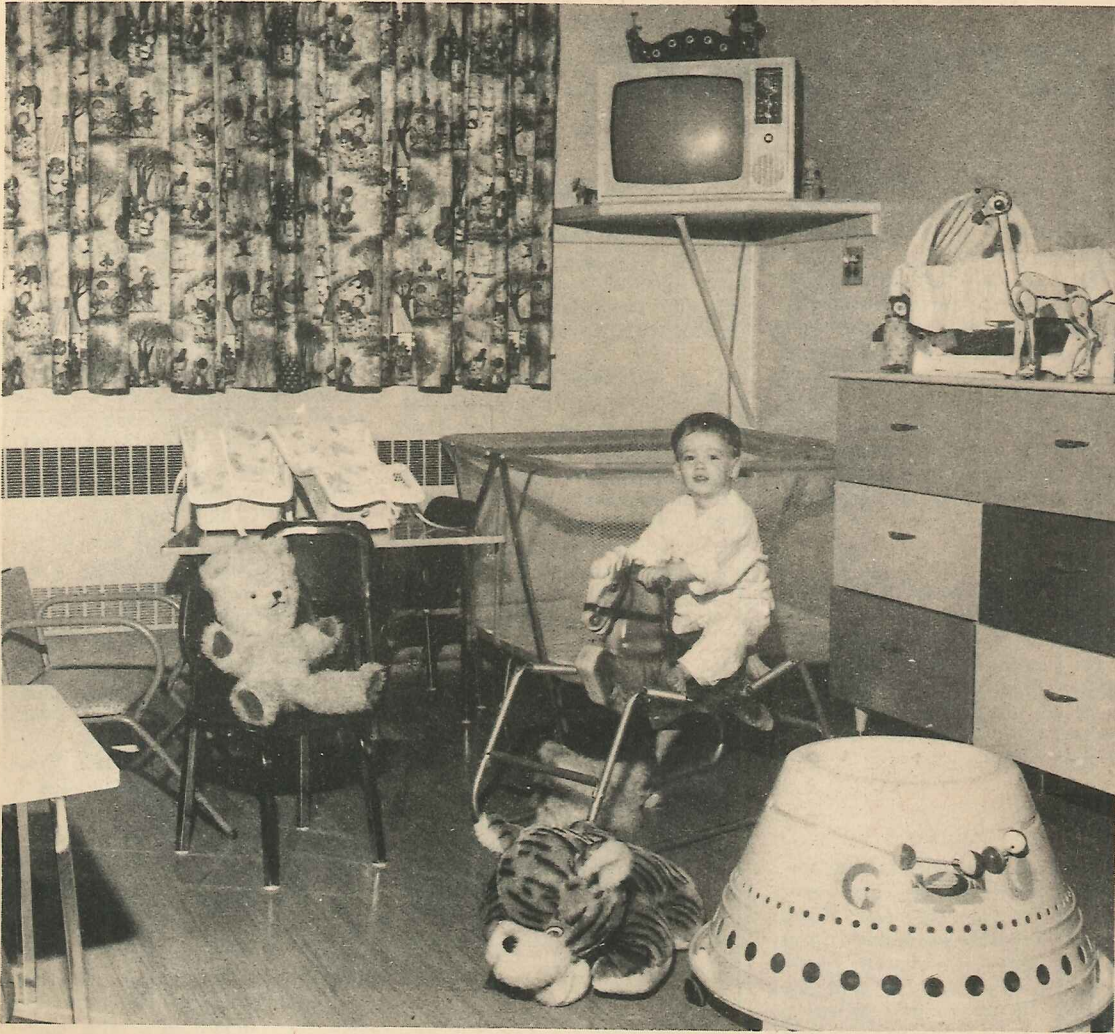
Clarence Babcock

HOME FURNISHINGS

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Obstetrics ward



Robert Barrington finds the hospital can be fun. He discovers the toys in the children's play room are more pleasing than the medicine. The room was equipped by the students of B.C.I.V.S. as a centennial project.

Since the new Department of Obstetrics opened in May, 1967, the most up-to-date facilities are provided for the birth of babies in the hospital. In addition to two delivery rooms and three labour beds in modern hygienic surroundings a full range of equipment is provided for assisting delivery, administering anesthesia, and providing resuscitation for the newborn infant. Accommodations are provided for the Doctor who wishes to stay close to his patient in labour.

With the decline in birth over the past 5 years, the beds available for lying-in and for complications occurring during pregnancy are more than adequate for the needs of the hospital. There are 14 beds including two private rooms and two semi-private rooms. The nursery can accommodate 20 infants and there are three incubators. In recent months, however, there has been an increase in the number of births in the hospital and it would appear that the total for the year will be higher than it has been.

Regular review of all cases delivered in the hospital is carried out to insure a high standard of obstetric practice and infant care. Continuing instruction of the competent nursing staff insures that their competence is maintained and improved. Having a baby today is safer than it has ever been before. St. Vincent de Paul (General) Hospital is rightly proud of its obstetric department.

Congratulations

To
**St. Vincent
 De Paul
 Hospital**
 On Completion
 of
New Wing

SMARTS



HARDWARE

BROCKVILLE, ONT.

M.D.'s VIEW

(Continued from Page 21)

for each patient which allow continuous electrocardiograms to be recorded on an oscilloscope at the patient's bedside. Heart rate and respirations are also monitored and read on a dial at the patient's bedside. On a slave or duplicating console unit at the nurses' station the EKG pattern, heart rate and respirations are continuously monitored, thus allowing the nurse to have visual coverage of each patient at a moment's glance. Also, there is a continuous EKG pattern on electromagnetic tape at the nurse's station which warns the nurse if the heart rate of the patient exceeds or drops below a predetermined level; such a system warns of impending danger and corrective therapy can be initiated immediately. Pacemaking devices for the treatment of patients with heart block will also be available in the near future. Each bed is equipped with wall suction, oxygen, blood pressure machine, intercom system and buzzer system with the nursing station.



Pictured above are Administrator Mother Angelica Dunn at right and Sister Superior Elizabeth Cassidy at left. Centre is E. R. O'Kelly, Advisory Board Chairman.

The previously mentioned equipment is fixed. Besides this there is also a mobile monitoring unit associated with an emergency cart which is equipped with all emergency drugs and equipment and can be transported within the Unit or any place in the hospital within a few minutes.

At the present time there is a mobile defibrillator and a cardiopulmonary resuscitator which is synchronized to give the patient mechanical cardiac massage and pulmonary resuscitation thus allowing the doctor or nurse to be free to carry out other emergency procedures on the patient.

The Unit has been in operation since mid-March of this year and to date has been active and running very efficiently. We are very proud to have such a Unit in the city and already it has demonstrated its life-saving value in many instances.

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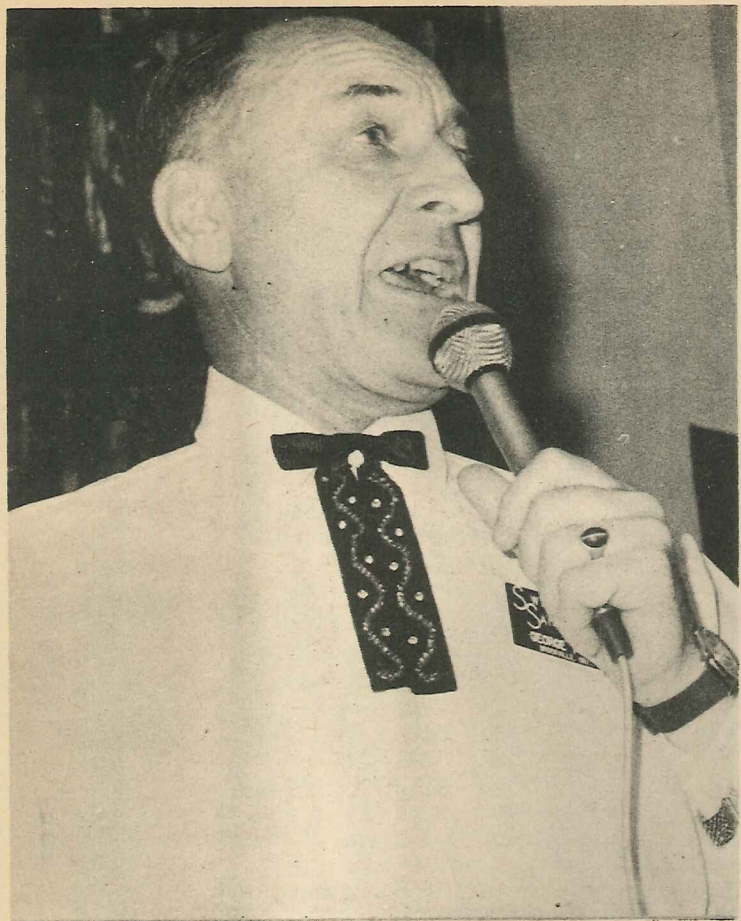
TO THE MANAGEMENT AND STAFF OF THE ST. VINCENT DE PAUL

On This New Modern Addition And Fine Facilities

We Have Been Privileged To Construct

T.A. ANDRE & SONS LIMITED

98 DIVISION ST., KINGSTON, ONT.



Caller George Foot of Ottawa swings into action.



Phyl Logan and Geoff Knight form an arch for a dive through.



Aurelia Reavie and Herb Dewar promenade.

.... **Swingin' Saints**

Close to a merry step

In 1962, inspired by the dancing at the Y.M.-Y.W.C.A. three daring couples decided to defy old man winter each Monday evening from September to April.

Object in mind - learning the art of modern square dancing. Al and Shirley Nichol, Lorne and Marjorie Foan and Glenn and Mavis Smith logged approximately 4,000 miles travelling the dark roads between Ottawa and Brockville.

Weather mattered nought as nary an evening was missed except for illness or some other legitimate reason.

In the spring of 1963, following a square dance graduation ceremony in Ottawa, it was suggested that a club be formed in Brockville to bring modern square dancing to this swinging city. It was done. In the fall of 1963 a Square Dance Club was organized under the direction of Al Nichol who aspired to the art of square dance calling.

SWINGIN' SAINTS

The club adopted the name of Swingin' Saints, mainly because the square dance activities were taking place at St. Peters Anglican Parish Hall. Following an arduous season, again from September to April, the first group of modern square dancers in Brockville had their own graduation ceremony and were welcomed into the world of modern square dancing. Following the first full session in Brockville, 14 couples graduated.

Then in the fall of 1963 there was the nucleus of two separate units, one being a new group of beginners and the other, the graduate group, who went on learning more and having much fun and pleasure while the beginners were coming along.

In the fall of 1964, a second club was formed, going by the

name of Brock Squares, again under the leadership of Al and Shirley Nichol.

CALLER

In the meantime a new caller was appointed for the Swingin' Saints in the person of George Foot who was accompanied by his wife Sue and by the way, George was the instructor in Ottawa who taught the original three couples.

At this time a second group of beginners undertook to learn the art of square dancing under the direction of Lorne and Marjorie Foan.

Following Lorne in turn, other instructors have been Stan Williens and taw of Kingston for the 1965-66 season and Garry Young and taw for the 1966-67 season as well as the 1967-68 season.

(Continued on Page 24)



Originators of the club from left to right Marg and Lorne Foan, Sue and George

Foot of Ottawa, and Mavis and Glenn Smith.



Gert Obee and Ernie Kempson swing.

St. Vincent de Paul's history.

A railway accident in 1887 made it clear to the residents of Brockville that adequate emergency facilities were needed. At that time the nearest hospital was in Kingston, 50 miles to the west. The sisters of Providence in Kingston answered the call and established a hospital in Brockville in November of 1887. An old house on the Gillerlain property on Schofield Avenue was converted into a hospital. The hospital had 12 beds, seven doctors and 17 nurses.

The modest start marked the beginning of 81 years of service to Brockville and the surrounding area. In 1895 the hospital became too small to meet the needs of Brockville. The hospital was moved to its present site at Pine and Garden Street.

East wing

The east wing of the hospital was built in the late 1890's increasing the capacity to 60 beds and providing proper surgical and obstetrical facilities.

Further expansion in 1950 and 1953 increased the hospital's capacity to 87 adult beds and 13 bassinets and added first class fireproof surgical and obstetrical units, a new completely shock-proof x-ray installation and new mechanical appliances in the laundry.

St. Vincent de Paul Hospital received a Certificate of Accreditation granted this hospital by the Joint Commission on the Accreditation of Hospitals as a result of a survey made by Dr. Hollis on April 22, 1957.

109 beds

In the year 1956, the services of an architect were acquired and plans were drawn up for the building of a new wing on Garden Street. This new wing was completed in 1958 and it increased the bed capacity to 109 beds. It also provided new laboratory and x-ray facilities, new emergency operating room, a new maternity ward, a new pediatric ward and new laundry. It also provided 20 new surgical beds.

In 1961 approval in principal was obtained from the Ontario Hospital Services Commission for the replacement of obsolete beds in the old East Wing and West Wing. This approval in principal was confirmed again in the early part of 1963.

By 1967 the doctors in Brockville and vicinity were agreed that facilities for the care of cardiac patients was needed in Brockville. The St. Vincent de Paul Hospital was already well advanced on construction to replace the old east and west wings of the hospital when it was decided to include a cardiac unit.

The Ontario Hospital Services Commission approved a suggestion that a cardiac unit be established at St. Vincent as a pilot project sponsored by the O.H.S.C. Planning for the unit began in earnest in August of 1967 and construction of the unit began late in 1967. The new addition was officially opened today.

Swingin' Saints

(Continued from Page 23)

CLUB GROWS

Many have had to stop square dancing locally due to illnesses, moving to new locations or for other reasons but the club has increased membership and attendance gradually so that now following our most recent graduation ceremony the membership should be nine to 10 squares or nearly 80 persons.

For the last three years the dancing activities have been at Westminister Public School and it is indicated that the location will be the same for the coming season in the fall.

Several of the local couples participated in Centennial Year activities by performing demonstration square dancing at several functions including the period when the Centennial Caravan was in Brockville and Prescott.

ACTIVITIES

Many of the highlights of modern square dancing are the visits to other clubs in surrounding cities as well as having other club members as guests, square dance jamborees as held in Toronto, Ottawa, Syracuse; the square dance train to the west coast (attended by two of our members, Reg and Rusty Saunders of Prescott); party nights and weekend dance camps to mention a few.

Modern square dancers having graduated with their basic steps and movements are able to join in the fun of square dancing almost anywhere in the world due to the universal popularity of the type of dancing and the fact that through the co-operation of the association and callers the steps are standardized.

Graduates need only make themselves known in areas where modern square dance clubs are located to be invited to join in this activity for lots of fun. This friendly form of dancing has spread to all parts of the world chiefly through the armed forces personnel following the second World War.

Owing to the persistent work of many of the member couples, it appears that modern square dancing is here in Brockville to stay, as it has done in many cities throughout the country.

Persons who might be interested in learning the art of modern square dancing need only contact one of the members of the Swingin' Saints square dance club for information. There is plenty of time to register for the fall session.

A Brockville girl, Miss Helen Hughes will be representing this area in the Miss Tulip Queen Beauty Contest to be held at the Chateau Laurier in Ottawa this Friday. She will be competing against six other contestants representing other Tourist Councils in eastern Ontario.

Miss Hughes has been successful in a number of recent Beauty Contests, winning the title of Miss Eastern Ontario, and second runner up in the Miss Canada Beauty Contest. She also took part in the

Miss Brockville Centennial Beauty Contest and also the Miss Dominion of Canada Contest.

The winner of the Miss Tulip

Queen competition will receive as her prize a two-week vacation in Holland as a guest of the Netherlands Government.

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