



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.

Penetanguishene General Hospital 50 Years of Service 1911-1961

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Penetanguishene General Hospital

PENETANGUISHENE, ONTARIO

50 Years of Service

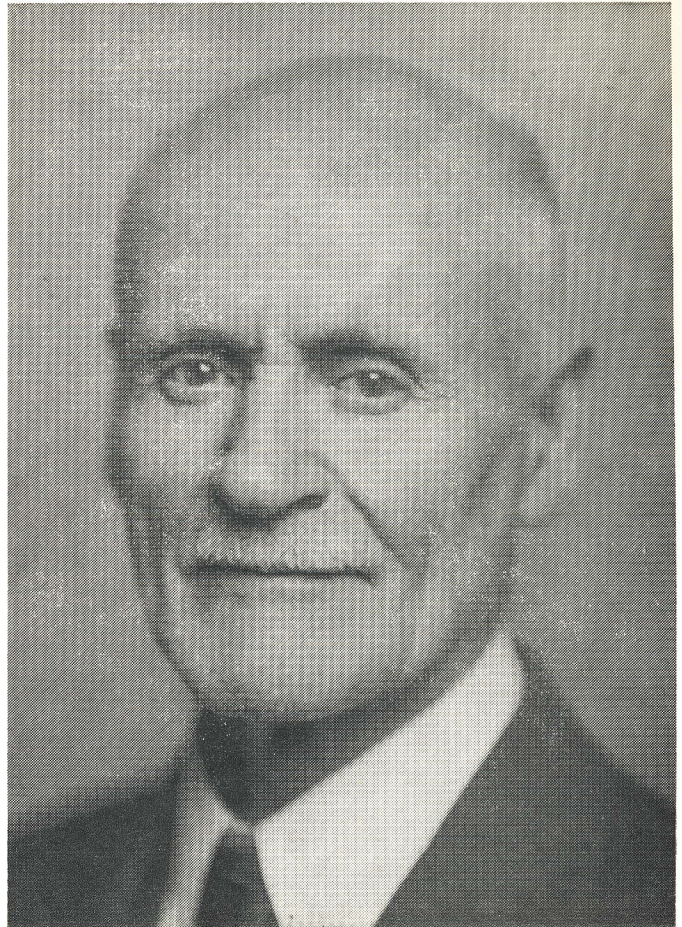
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Price 75c

MR. LOUIS GIGNAC

—a merchant in Penetang, and father of our present Mayor J. J. Gignac, the name of Louis Gignac is one of those appearing on the application for incorporation of Penetanguishene General Hospital in April, 1911. His name also appears on the Charter of Incorporation issued April 19, 1911.



MR. J. D. RODERICK

—at that time CNR Agent in Penetang, John D. Roderick was one of the original names appearing on the Charter of Incorporation of Penetanguishene General Hospital.

He is the only surviving member of the Board of that time, and in 1961 was made an honorary member of the present board.

Penetanguishene General Hospital

Celebrates 50th Birthday

1911

-

1961



MAIN ENTRANCE, PENETANGUISHENE GENERAL HOSPITAL

Hospital Board Members - 1961

Mr. J. J. Gignac, President
 Monsignor J. M. Castex
 Reverend John Barclay
 Reverend A. J. Desaulniers
 Mr. E. J. Moreau
 Mr. Alfred Cage
 Mr. Montcalm Maurice
 Mrs. Carl Williams
 Mrs. Alfred DeVillers
 Mr. Ralph White
 Mr. Douglas Rogers
 Mrs. Kenneth Tannahill
 Mrs. W. M. Lethbridge
 Mrs. C. S. Wice
 Dr. W. E. Binkley, president of Medical Staff
 F. J. Turcotte, Secretary
 J. D. Roderick, Honorary Member
 Sister Rose Marie, superintendent of the hospital.

Former Board Members

*Mr. Ted Gendron	Mr. Leo LeMay
*Father P. Brunelle	Rev. Dr. Whittaker
*Mrs. John Ulrichsen	Rev. R. T. C. Dwelley
*Mr. A. V. Martin	Rev. M. W. Heslip
*Mr. John McGuire	Mr. Walter Gendron
*Dr. Lionel E. Limoges	Mr. W. H. Morrison
*Mr. J. B. Jennings	Rev. Taylor-Munro
*Mrs. Matt. Fahey	Mr. W. R. Benson
*Mrs. Abe Moses	Mr. Wm. West
*Mrs. Julia Oulette	*Mrs. H. Osborne
*Mr. J. J. McIntagart	*Mrs. C. A. Thompson
Mr. J. D. Roderick	Mrs. A. L. Fitzgerald
Mr. Alric Robitaille	Rev. B. Brightling

*Deceased members who deserve honorable mention.

Penetanguishene General Hospital

Fifty Years of Service to the Community

It is not the intention of the 50th Anniversary Committee to compile a lengthy and detailed history of events in the brief time at its disposal. Neither is it the intention to publish all the names of all the good people who served the hospital in various capacities during those fifty years. A more detailed account must be left to a later chronicler.

The Committee is grateful to all present and former staff members who sent in information about past events and also for sending pictures which many will enjoy seeing again.

The story of any building is the story of the men, women and children who are connected with it. You point to a house and say, "I live there". A carpenter looks and says, "I built that house". The plumber, the electrician, the architect all have pride in their part too. But it is the people who live in the house — their joys and tears — that makes the house a home. It is people that matter — not wood, bricks, and metal.

The same story is true of factory or mill. Especially is it true of a hospital. More living is done in a hospital in one day than in any other building made by man. Here man first takes a gulp of air and utters his first cry; here he hurries in times of physical stress, in emergencies, accidents; here the young mother comes to give birth to her children; here the old is carried to receive help to live even longer. No one arriving at a hospital as a patient is indifferent or luke warm about it. His life is at stake. The equipment, the doctors, the nurses — these are a must. Without them man suffers more, dies sooner.

Mark Twain, in his old age, did not want to look at his bed. "So many die in them," he said. There are still a few humans who think that way about hospitals. The number keeps getting less because they usually die sooner than anybody.

It would be foolish to ask you to fondle that word "hospital" like a child hugs her doll. Hospital means sickness, pain, worry, waiting. These are not pleasant words, are they? But "safe harbour", "peace", "protection", "help", are words we do like and these are truly applicable to any hospital. It is a "safe harbour" in times of storm, a place of "peace".

THE OLD GENERAL HOSPITAL

The beginning of the old hospital goes back to the fall of 1910. The deed is dated November 30, 1910. The structure was a house built for use as a private dwelling and owned by Mr. and Mrs. William Firstbrook who later moved to Toronto.

According to the deed, the house and land were sold to the Penetanguishene General Hospital for Four Thousand Dollars. Some say it was sold for only One Dollar. The deed was witnessed by A. H. Vanburgh and sworn before A. J. Thompson, Commissioner, etc., both of Toronto. It was registered February 21, 1912.

Previous to establishment of the Old Penetanguishene General Hospital, the Marine Hospital, located at Sunnyside, near Midland, served both towns. It is reported to have burned down in 1912. According to stories told by some who are able to recall happenings from those early years, there was a certain amount of feuding between the two towns. This is thought to have been one of the reasons for local citizens wanting their own hospital.

Looking through some old cemetery records, we find that in the years shortly after the turn of the century the town was stricken with a diphtheria epidemic. This brought a consciousness to the people of the need of adequate hospital service and accommodation nearer home.

Another factor was the arrival on the scene about that time of Dr. Howard Spohn, a young graduate from medical school. He, along with his father, Dr. Peter Spohn were influential in assisting toward establishment of a hospital in Penetang.

When the Firstbrook home was offered for sale to a group of local businessmen to be used as a club, a meeting was held to determine means of purchasing the property. It is related that a dentist, Dr. Leatherdale, asked those present, "What do you want a club for, have you no homes to go to?"

Conjecture suggests this might well have been the turning point toward establishment of the hospital in this building. Evidently, discussion turned to hospitals, at any rate, and the group determined this to be a greater need than a club. The house was sold to the town, and at that point the real history of a hospital begins.

Actually the old building was nearly 100 years old when it was recently demolished to make way for additions to Georgian Manor. It had been built for H. H. Thompson, an uncle of W. H. Hewson, now a barrister in Penetang. The building was later sold to the Firstbrook family, who in turn sold it to the municipality.

Incorporation of Penetanguishene General Hospital

Following are some paragraphs taken from the original document of incorporation:

"Whereas it has been made to appear that the said persons have complied with the conditions precedent to the grant of the desired Letters Patent and the said undertaking is within the scope of the said Act,

"NOW THEREFORE KNOW YE that I William John Hanna, Provincial Secretary, under the authority of the hereinbefore in part recited Statute,

"DO BY THESE LETTERS PATENT HEREBY CREATE AND CONSTITUTE the persons hereinafter named, that is to say: Charles Beck, Lumberman; Peter Payette, Manufacturer; Louis Gignac, Merchant; Philip Howard Spohn, Physician; and John Daniel Roderick, Station Agent, all of the Town of Penetanguishene, in the County of Simcoe and the Province of Ontario and any others who have or may hereafter become subscribers to the memorandum of agreement of the Corporation and their Successors respectively a Corporation without share capital for the purposes and objects following that is to say: (a) To erect and equip and maintain hospitals, sanitariums and other buildings for the treatment of the sick and injured (b) to establish and maintain a dispensary, and (c) to conduct a training school for nurses.

"The Corporate name of the hospital to be: "The Penetanguishene General Hospital".

"The undertaking of the Corporation to be carried on at the said Town of Penetanguishene and the Provisional Directors of the Corporation to be: Charles Beck, Peter Payette and John Daniel Roderick, hereinbefore mentioned.

"Given under my Hand and Seal of Office at the City of Toronto in the said Province of Ontario, this nineteenth day of April in the year of Our Lord one thousand nine hundred and eleven.

W. J. HANNA, Provincial Secretary."



Miss McLeish and Miss Christina Gilbert

Interior of The First Hospital

Most of you will remember the old hospital very well. We have pictures of the exterior, but none of the interior. We will, therefore, try to present you with a word picture of the interior of this building.

Entering the front door, you found yourself in a hall which divided the lower floor almost evenly. To the left was a large room used as a men's ward. Immediately past the door into that room were the stairs leading to the second floor. To the right were X-ray and operating rooms. Further along the hall three doors opened onto the women's ward, the kitchen and the office. A small private room was located behind the office.

Reaching the top of the stairs one found themselves in another large hall, containing four doors. Facing the front of the building first door on the left opened onto a two-bed ward; the one on the right was the mothers' ward and next to that a two-bed room. At the front was a bay window section converted into a small office for records. Off the record room a private ward was located.

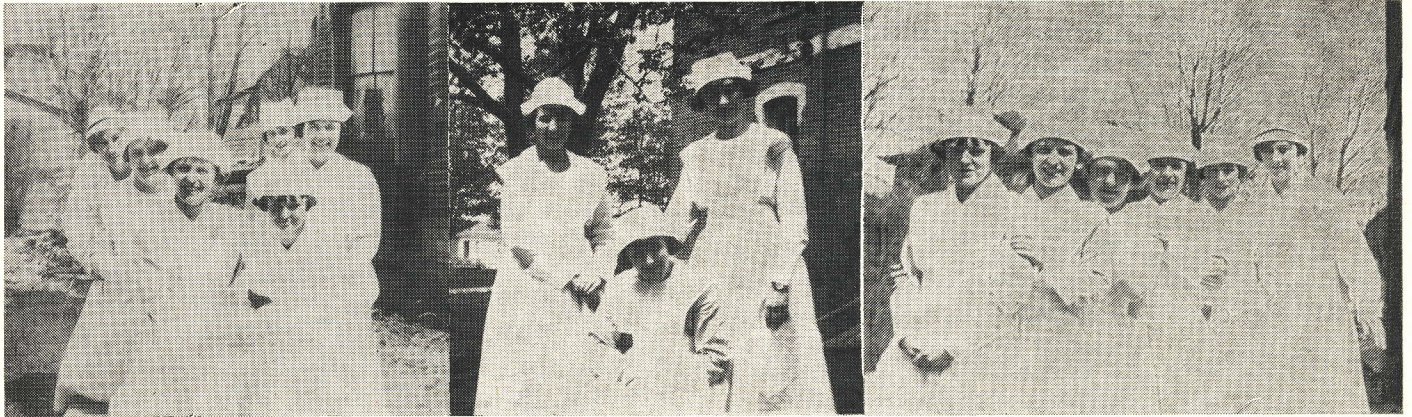
Returning along the hall to the rear of the building, as you passed the main stairs, a set of narrow stairs came into view. These led up from the kitchen. To the left was the delivery room, and to the right the nursery.

The history of Penetanguishene General Hospital can be split into four sections. The first extends from the beginning to 1932 when the nursing school closed. The second period runs from then to 1942. In 1942 the Grey Sisters arrived from Pembroke commencing a new era. The final period for purposes of this publication covers the new hospital opened in 1954.



Marie Gignac, now Mrs. Chapman, Graduated in 1931.

Former Members of the Hospital Staff



Mae Gallagher, Miss Emily Baxter, Jean Osborne, Dorina Renaud, Marie Brunelle, Isobel Gallagher, Miss Berthelotte, Evelyn Evans.

Isobel Gallagher, H. Corriveau, Emma Baxter, Miss Berthelotte, Eveyln Evans, Mae Gallagher.



Miss Meggs, Dr. D. A. Blackwell and a couple of nurses.

Eva Brissette, Mae Gallagher, Miss Hewson, Reg. N., Dorina Renaud.

Miss Alice Desroches, 1921



Alice Desroches, A. Marchildon, C. Martin

Dr. Howard Spohn is now in Vancouver

Miss C. Martin, A. Desroches, Miss Wallace, Helen Corriveau

The Period of 1911 to 1942

On page two of the Charter the hospital was authorized to conduct a training school for nurses. While the school was in operation many fine classes graduated. Even today, in some parts of Canada and the United States, some of those nurses are still practicing their profession. One of the 1926 graduates is on the present hospital staff.

The first class to graduate was in 1915 when Miss Kelly was Superintendent. Miss McFadyen, who had preceded her had been responsible for the greater part of their training. Following is a list of those who graduated in the various years with their married name following, where known:

- 1915 — Elsie Hudson
Miss Pulford
Miss Columbus — Mrs. A. J. Kipper
Miss A. Gilbert — Mrs. C. Davis
- 1916 — Miss Helen Gervais — Mrs. Helen Nolan
- 1917 — Miss Varney — Mrs. Fred Williams
Miss Jamieson — Mrs. Olive King
Miss Queen Stone — Mrs. Wilfred Burton
Miss Ethel Leich — died June 1, 1960
- 1918 — Miss O'Meara
Miss T. Martin — Mrs. T. LaPierre
Miss H. Corriveau — Mrs. St. Charles
Miss Ada Payette — Mrs. W. Gendron
Miss A. Desroches — Mrs. F. Laurin
- 1924 — Miss Mae Gallagher — Mrs. Mae Donnelly
Miss Eva Brissette
Miss Jean Osborne — Mrs. G. Mulligan
Miss Doreena Renaud — Mrs. Ed. Dupuis
- 1925 — Miss Rose Marie Brunelle —
Mrs. Louis Brunelle
Miss Helen Berthelot — Mrs. Chas. Martin
Miss Evelyn Evans
- 1926 — Miss Emily Baxter — Mrs. Emily Lusk
Miss I. Gallagher — Mrs. F. L. Richelieu
Miss Myrtle Durnford — Mrs. K. McQuarry
- 1927 — Miss L. Lavigne — Sister Denise Margaret
Miss Mary Thompson — Mrs. M. Hamilton
Miss Anne Elliott — Mrs. W. H. Morrison
- 1928 — Miss G. St. Amant — Mrs. E. Baxter
Miss Louise Tessier
Miss V. Marchildon — Mrs. A. MacKenzie
Miss Helen Brodeur — Mrs. Frank Hurd
Miss Marie Gignac — Mrs. Bert Chapman
- 1929 — Miss E. Keeswater — Mrs. E. McConnell
Miss Ruby Scott — Mrs. Curtis Cattrell
Miss Margaret Berriault — Mrs. B. Hodges
Miss Anita Brunelle — Mrs. Tannahill
(left training after 2 years)

During the period 1911 to 1954 there were four matrons who were not graduate nurses. Those charged with responsibility of administering affairs of the old hospital were:

Miss Trainer	Miss Jeffrey
Miss Kelly	Miss Amy Sewell
Miss McFadyen	Miss B. Columbus
Miss Alberta Meggs	(VON Nurse)
Miss Eleanor R. Seely	Miss Lois Martin
Miss McDowell	Miss Graham
Mrs. T. Laprairie	Miss Hubbel
Miss Edna Hewson	Miss Dorothy Bowden
Miss Mae Gallagher	Sister Mary Camillus
Miss Anne Elliott	Sister Mary Dolores
Miss Hilda McDonald	

At the time of writing no one has come forward with the minutes of meetings for the years following incorporation of the hospital. If anyone should have a record of these meetings, we would very much appreciate having that valuable document.

While no documented records are available from 1911 to about 1927, nevertheless, we do know that many fine people were associated with the hospital in various capacities in those earlier years. While there are many, a few names keep cropping up in various records, such as Mrs. A. B. Thompson, John McGuire, W. R. Benson, Mrs. E. O. Clement, Mrs. H. Osborne.

W. R. Benson recalls that on a number of occasions the financial position of the hospital was very shaky. There were times when he personally went from door to door collecting funds to help pay some of the hospital accounts. The picture was not always a rosy one.

Some interesting notes have been turned in by persons who were in some way connected with the hospital during the early years. A few selections follow:

Miss A. Gilbert was one of the first to graduate from Penetanguishene General Hospital and she was in attendance at the birth of A. B. Thompson, now a barrister in our town. Miss Gilbert was VON nurse for the Metropolitan Life Insurance Co. She vividly recalls walking to work on many occasions in knee-deep snow.

It is a tribute and a fine compliment to the instructors and matrons of that period, when graduates are able to say: "They were kindly and pleasant to get along with, and we had a first class training".

Statistical report for the month of April, 1928 shows the following:

Patients admitted, 7 males, 10 females
 Births, 1 male
 Patients discharged, 9 females, 5 males
 Number patient days, 127
 Per diem rates: Ward \$1.75
 Semi-Private 2.50
 Private 3.00
 Private 3.50

First baby born in the old hospital was Constance Gendron, daughter of Mr. and Mrs. Arthur Gendron. Dr. Howard Spohn was the attending physician.

The birth of triplets in the hospital, January 6, 1930, was one extraordinary event. Born to Mrs. Lorne Noble, they were: John, 6 lbs. 10 ozs.; Clarke, 5 lbs 4 oz.; Mae, 6 lbs. 8 oz.; born in that order. Mrs. Lorne Noble says that she can never repay the people of Penetanguishene for the kindness shown on that occasion. A great deal of baby clothes was given to her. The Kiwanis Club supplied hired help for a month and milk for three months.

Members of the Protestant Clergy who attended the sick in hospital included:

Rev. N. A. F. Bourne	Rev. Statesleury
Rev. Whittaker	Rev. Wm. Harvie
Rev. R. T. C. Dwelley	Rev. A. J. Lewis
Rev. R. L. McLaren	Rev. Dr. Gilmore
Rev. D. H. M. Crane	Rev. Dr. C. McDonald
Rev. Beverley Brightling	Rev. N. W. Heaslip
Rev. John Barclay	Rev. A. Preston
Rev. Carscadden	Rev. G. Taylor-Munro
Rev. Bailey	Rev. Dr. A. T. Barr
Rev. E. F. Smith	Rev. A. Ross
Rev. A. R. Cooper	



THE NOBLE TRIPLETS

Clarke, Mae and John

The Fraser Room — This room was donated by a Mrs. Fraser, and she evidently intended to live there for the balance of her life. However, smallpox was reported at the hospital, and evidently this changed her mind for she moved back to her former home which had been purchased by Mrs. Celestin Brunelle. She was cared for by Mrs. Brunelle there until her death.

Laboureau Room — As a memorial to Father Theophilus F. Laboureau who had died in June 1908, the Catholic Ladies of Penetanguishene, headed by Mrs. Abe Moses, gathered together and decorated this room. They furnished the room completely, supplying every necessary detail.

One old timer recalls that Fred DesRoches, Jack Charlebois and Peter Lalonde, Sr., were given the contract to paint the hospital at a rate of 15 cents per hour.

In 1913 the room rate was \$1 per day as compared to more than \$18 now.

Mrs. Peter Lalonde was hired to do the cooking at \$14 monthly.

Priests of Penetang Parish who attended the sick from 1911 to the present time are:

Father J. R. Grant	Father J. J. Kelly
Father J. T. Kidd	Father C. R. Gagne
Father Henri Brunet	Father G. Brien
Father W. E. Norbert	Father L. J. Wall
Father P. J. Brunelle	Father J. J. Walsh
Father C. McKinnon	Father J. J. Lee
Father R. Morrison	Father T. J. Manley
Father P. Bouvier	Father Athol Murray
Father F. J. Flannigan	Father M. A. Beriault
Rt. Rev. J. M. Castex	Father Leo Ramsperger
Father J. H. McGoey	Father V. J. Amadeo
Father F. Sullivan	Father J. Marchand
Father A. J. Desaulniers	Father L. J. Dignard
Father L. McCough	Father A. L. Bourque
Father F. Paradis	Father L. P. O'Malley

"Other pets have their day."



The Period of 1942 to 1954

The New Hospital

Earlier in this manuscript it is recorded that the picture was not always rosy. Shortly after the commencement of World War II this reference could be made particularly to the hospital's financial position.

Twenty years ago insurance coverage for hospitalization was not as prevalent as it is today. Many people required hospital care who had not the means to pay for it, or insurance to cover the cost. The hospital found itself doing more charity work than its finances could carry, and the picture became something very much less than bright.

The Board found it impossible to collect many back debts to improve the financial position and enable them to pay their own bills. Indeed, it became hopeless to attempt to carry on operation of the institution, much less consider expansion, general maintenance or keeping pace with the times.

Having reached what may be termed an impasse, the Board was faced with making a major decision. In their wisdom these people considered the possibility of securing the services of a religious order.

Once the decision was reached accomplishment was not far behind. Before too great a time had elapsed the Grey Sisters of the Immaculate Conception of Pembroke, Ont., had been engaged.

Agreement was reached between the two parties and papers signed August 6, 1942. In less than two weeks, August 15, to be exact, the Sisters commenced their onerous task.

From that time progress was made. The hospital's outstanding obligations were paid. Improvements were made gradually, until at the time the new hospital construction started, the old one was much easier to work in, and contained considerably better equipment than it had a decade previously.

The contribution that has, and is still being made by the Sisters is far beyond estimate.

Looking at the facilities available today, it is hard to imagine conditions that existed when the Grey Sisters took over operation of the hospital. The following, written by one of them who remains anonymous, is delightfully interesting as well as laughable in parts, and provides an excellent description of what this group faced on their arrival.



1915 nurses, standing Miss Jamieson, Miss Lacroix; kneeling, Miss Columbus, Miss Helen Gervais, Miss Kelly, second superintendent of the hospital.



MISS MOLLY ROBITAILLE
Graduation Day, 1923

Sweet Memories of Happy Daze

Detained from K & P (familiar term at that time for the CNR train and being short for "Kick and Push") at Penetang, August 15, 1942. Met by Dr. Limoges and brought to Holy Cross Convent where we were guests for three memorable days.

Later Monsignor Castex blessed *One* room 7 x 12 feet, at the hospital. This was furnished with a day bed, and two arm chairs. Into it went six trunks, a sewing machine and bolts of cotton for bed linen.

Here it was that we prayed, recreated, sewed and took counsel as to whether or not we would "see it through".

There were few patients, and fewer supplies. Stocks of supplies had not been kept up in any department. When patients started arriving the number grew steadily, the work increased and the workers decreased.

Sisters did complete nursing care, and it was a common occurrence, on completion of bathing a patient to have to leave him, go upstairs to the aforementioned room, wade through six trunks, the arm chair and day couch to the sewing machine and cotton bolts. Here the cloth was measured, cut into sheet lengths and hemmed at both ends. Then wade back through the furniture and trunks again, back to the bedside to make up the bed with this rough, unsightly, unbleached and uncomfortable "linen". The patients were most co-operative and seemed happy to accept our earnest efforts.

Since there was no excess of money the food bill was an item for considerable concern. However, with careful planning and preparation we managed to procure food to nourish our patients adequately. All too frequently, just as food supplies would be petering out kind benefactors came to our rescue just in the nick of time. The generous hand of Dr. B. A. Blackwell was outstretched many times when he would arrive at mealtime with a roast, or a desert for the Sisters.

Never to be forgotten are the numerous occasions when Joseph Oulette presented us with a turkey. Mrs. Martin Howe donated her precious culinary skill and time, regularly one day a week for an indefinite period. Ladies of the town managed to collect provisions, fruit, vegetables and eggs annually. It was kindnesses of this type that kept the wolf from the door for many long periods.

Food conveyors were a luxury we couldn't afford. At mealtime all staff would report to the kitchen to help carry trays to the patients. To serve second-floor patients there was the additional "chore" of having to climb the stairs, and return for another trip. There was incentive not to dally on the way to the kitchen for this duty. First arrivals were privileged to carry the downstairs trays.

Fortunately this condition lasted only a year or two before a dumb waiter was installed between the two floors.

Our sleeping? quarters were in the attic; slant roofs, unfinished walls, poorly ventilated, one small window and one small electric light hanging from the ceiling. There were no sanitary facilities on this floor. We shared the washroom on the second floor with 10 patients. For a total of four months we "shared the wealth" here.

The nursing day started at 7.30 a.m. and was supposed to end, and did if all went well, at 7 p.m. When things hadn't gone according to schedule we stayed and helped where we were most needed. There were no full days off — only half days commencing at 1 p.m. The day nurse was on call at night, and frequently her slumber was disturbed.

When our services were not required caring for the ill, we were always welcome, at any time, to come to the kitchen. Here we helped prepare fruit and vegetables for canning to tide us over the winter months.

The nursing night started at 7 p.m. and ran through to 7.30 a.m., or even later. One nurse was in complete charge of the hospital throughout the night hours. She was instructed to call, and often did call the day staff to assist for anything from one to three hours. With all this, the day nurse still was expected to report for duty the following morning as though her sleep had been undisturbed.

Medicine and nursing equipment was kept on the first floor, necessitating many extra steps for the busy nurse. A patient called: she walked up stairs, came down again to prepare a hypodermic or pour medicine, carried it back up to the patient, and then back down to her headquarters at the desk.

All patients' charts were kept downstairs. If the nurse happened to be on the second level and a patient required sedative, she would still have to go down to consult the chart, prepare the medicine and return with it to the patient.

In addition to many other tasks, the night nurse was expected to check on the furnace at times, and not infrequently to throw on the odd shovel of coal.

Having come on duty five hours previously, the midnight supertime was an anticipated interlude during which strength was renewed to go at it again. Too, it was a time of quiet when the nurse was alone with her thoughts. If she had a reserve of energy she would have a supper in the real sense of the word.

Invariably the phone would ring, just as nurse was finishing the last touches of supper, bringing announcement of a coming maternity case. Or the front door would burst open with a number of people carrying in an accident victim, obviously

unaware of the tense atmosphere they were creating around him. At times it was difficult to determine who was the more jittery, those with the patient or the frightened nurse.

There were times when the disturbance came just prior to the midnight lunch. Hunger and fatigue were quickly forgotten and she was soon stimulated into action in caring for the case at hand. For one dedicated to God's Holy Service, it would mean just an added sacrifice in preparation for the reception of Holy Communion at the 6.30 Mass. It simply meant a prolonged fast from the evening meal at 5.30 until 7 a.m., or even later if the chaplain happened to sleep in.

The Operating Room was fairly well equipped as to instruments. But the lighting was inadequate and meant double sockets and lengths of electrical cord lying around the floor. These cords were necessary to bring lights closer and at the desired angle, and to connect head lights for the doctors. At times this was extremely hazardous and more than once it meant tripping over these during surgery.

Auxiliary lighting was unheard of here. Should an electrical storm develop during an operation and extinguished the lights we waited patiently? until power was restored. Fortunately there never was more than a couple of minutes delay. The Good Lord was always on hand and saw to it that our work didn't suffer as long as we generously accepted His permissive will in our regard.

There was no such luxury as soap dispensers. Green liquid soap was the soap used then. (Now it is considered highly infectious).

Since the second floor had better accommodation these rooms were always in demand. With the O. R. on the first floor this meant that the majority of surgical patients had to be carried to their rooms by the doctors and nurses. This despite the fact they were already exhausted following an hour or two of concentrated effort, sometimes wrestling with death itself; often after succeeding in snatching a patient from the very doors of death.

The older doctors were spared the task of transferring patients by the younger spry ones until they, too, found it too much. It was then that the Sisters came to realize that some means must be found to save our Medical men. Relatives and friends of the patient were asked to come at a certain hour to help with the transportation. Local police and taxi operators were sometimes asked to assist, and they were always most gracious about it.

Police were called at night too when a nurse couldn't get the co-operation of some patient. This gave the nurse a great feeling of security when the whole town seemed asleep and the nurse so alone.

When patients were discharged our only means of sterilizing the used equipment was to soak it in

lysol solution. (A far cry from the automatic autoclave we now have).

The Lab was practically non-existent, with extremely limited equipment: a microscope and the few fluids required to do a blood count. The entire Lab was stored on a shelf in the O.R. cupboard.

X-ray Department consisted of one portable machine stationed downstairs. With the dark room upstairs considerable extra work was entailed. There was great difficulty in taking X-rays of patients who couldn't be moved. The rooms were small and the machine had to be squeezed in somehow. Despite all this the results were gratifying.

One small room was given over to the nursery. Infants were in too close proximity. There was no running water. When the number exceeded seven or eight, capacity of the nursery, we would place the extra infants on the O.R. table until such time as it was possible to transfer them to their proper place. At times it became necessary to relocate the babies in other places when there was surgery.

Premature babies were maintained in improvised incubators. Orange crates were placed one on the other, draped with a sheet and a 40-watt bulb dangled inside for warmth and light. Hot water bottles helped to maintain body temperature. Humidity was the great lack.

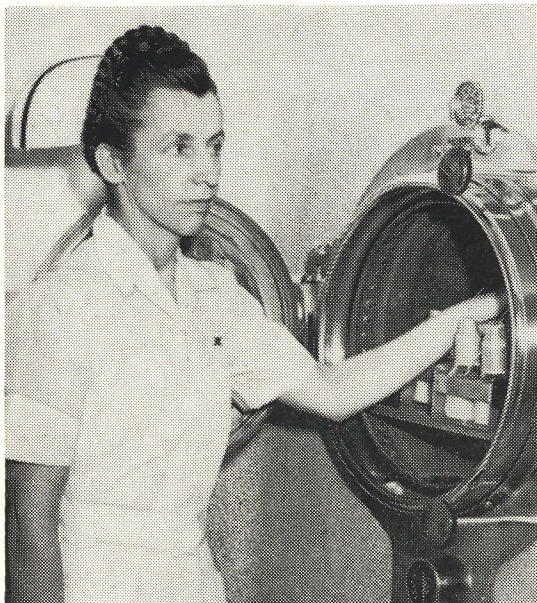
However, the babies survived and we proudly presented parents with the end product, well developed, well nourished, fattened little citizens of tomorrow. Along with these precious little bundles went detailed instructions for the further care of the infants.

With the passing of some 20 years, the writer is daily encountering these same infants now in the role of mother, nurse or other occupation. None appear any the worse for such a humble beginning as was theirs in the Old General Hospital.

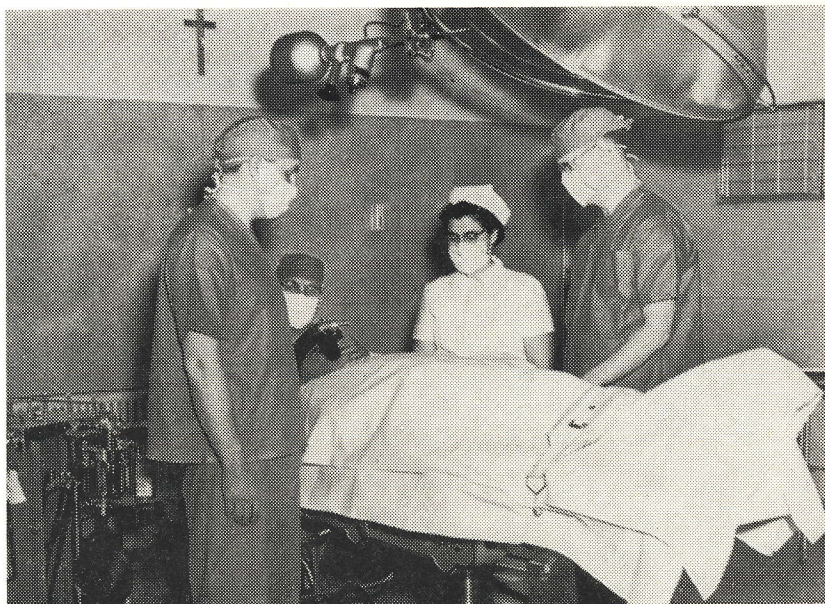
The laundry was something to behold. It consisted of an electric washing machine and a small roller mangle. As the number of patients grew the quantity of laundry grew in proportion. Our problem was lack of help. It fell to the lot of the Sisters to take turns in their spare time to get the laundry done and out on the lines summer and winter. Except for rainy days it was fine in summer.

But, come winter, and clothes stiffened into all sorts of shapes and still it wouldn't dry. What to do? Dress warmly, go out and peel the resistant articles off the line, bring them in and drape them around the kitchen and bathroom to dry. This created a problem when Sister wanted the kitchen free to cook meals.

Although we had little money, we did have kind friends. Mrs. Bert Dubeau came to our assistance and put the local busses at our disposal for the conveyance of our laundry to Wagg's in Midland, twice weekly in perpetua. May God bless her kind heart.



MISS DOROTHY DUNCAN, HEAD NURSE, OBSTETRICAL, STERILIZES BABY FORMULA



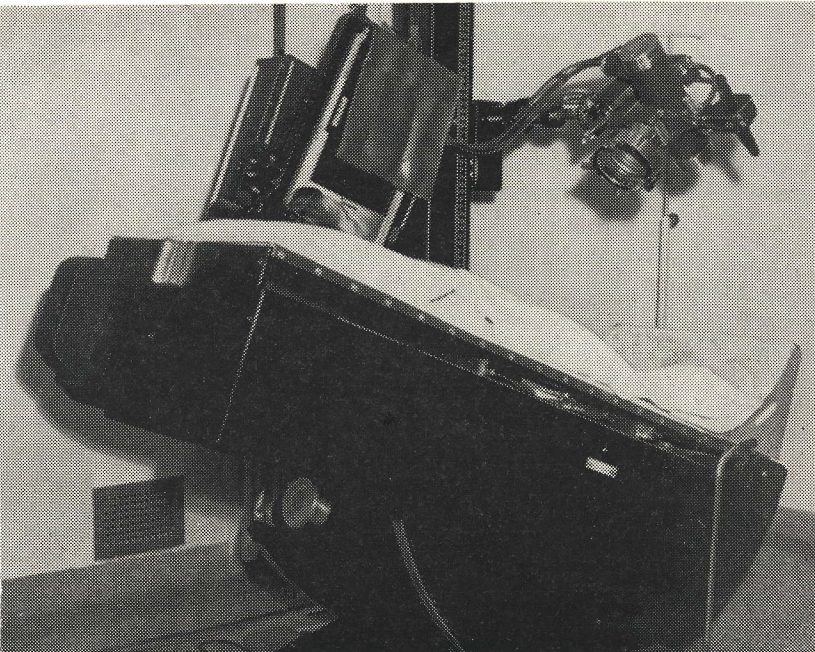
LESS THAN 100 OPERATIONS ANNUALLY IN EARLY YEARS. TOTAL IN 1960 WAS WELL OVER 1,200.



MRS. ROBERT BERRY, TECHNICIAN. LABORATORY SERVICE WAS A LUXURY PROVIDED ONLY IN CITY HOSPITALS. IN 1960, 12,000 PROCEDURES WERE PERFORMED.



MISS HELEN DUBEAU, HEAD NURSE, MEDICAL AND SURGICAL, CHECKS PATIENTS' CHARTS.



IN EARLY YEARS NO X-RAYS. IN 1960 NEARLY 3,500 WERE TAKEN

The New Hospital

HOW I GOT INTO THE ACT

by Felix Turcotte

It was the Fall of 1946 when the late Dr. Lionel Limoges telephoned me and said he would like me to attend a meeting of the Hospital Board being held that week. He said, perhaps jokingly, "You are the man who will build our new hospital". Little did I realize at that time how involved I would become.

It was a short time later when the Board held its regular meeting in the Library and A. V. Martin, chairman at that time resigned his post. I was named to succeed him. It goes without saying that Mr. Martin had capably served in that capacity for a number of years: some of them rather difficult years.

At a meeting of the Board, Oct. 27, 1947, a committee called the Fund Raising Committee was set up. Later the name was changed to the Building Committee.

November 4, 1947 a few men met at the Hotel Brule with Msgr. J. M. Castex as host. He had an idea that something should be done about adding an addition to the old hospital or building a new one. It was then that the earlier named committee really became organized and began its long and difficult task.

Those present at that meeting were: Msgr. J. M. Castex, Dr. Lionel Limoges, Alvin Gropp, Tom Morris, George Mead, Herb Scott, A. B. Payette, Rev. R. L. McLaren, Jan Ulrichsen, W. R. Benson and Archie McGibbon.

Others were named to sub-committees set up later. Two very important committees at that time and during the five or six years following were publicity and fund raising. These were headed by A. B. Payette, J. J. McIntaggart and J. J. Gignac. The success of important committees depends on a few individuals, especially where a large sum of money is to be raised. Objective set for the committee was the raising of \$100,000. Eventually much more than that amount was raised, and of course much more than that was needed.

During the years 1947 to about mid 1953 it probably appeared to many that the building of a new hospital was just talk. This is understandable since a committee does not always make known to the public what it is doing. The reason is obvious: there are many times when the committee was treading on rather dubious ground and naturally hesitated to make definite statements when it was not itself certain that something worthwhile had been accomplished.

Where funds are being raised for such an im-

portant project as a hospital, the public has a right to ask, and some did: "What is being done by the committee with the funds they have collected?"

During those uncertain years when there was doubt in the minds of many, a number of briefs were being prepared by the committee and presented to various municipal bodies. In due time these brought results.

Long before the hospital was started Msgr. Castex had purchased the land on which it now stands. Our own municipality agreed to make an annual grant to the hospital. Tiny Township provided an annual grant. Very important to us at that time was the bylaw passed by Simcoe County Council providing for a capital grant of \$100,000 for the hospital. Our representatives on County Council at that time were Reeve Alf Cage and Deputy Reeve Archie Verriere.

In the Fall of 1952 I became very ill and Mr. J. J. Gignac very kindly agreed to carry on for the next six months. Much was accomplished in that time which brought building of the hospital closer to realization.

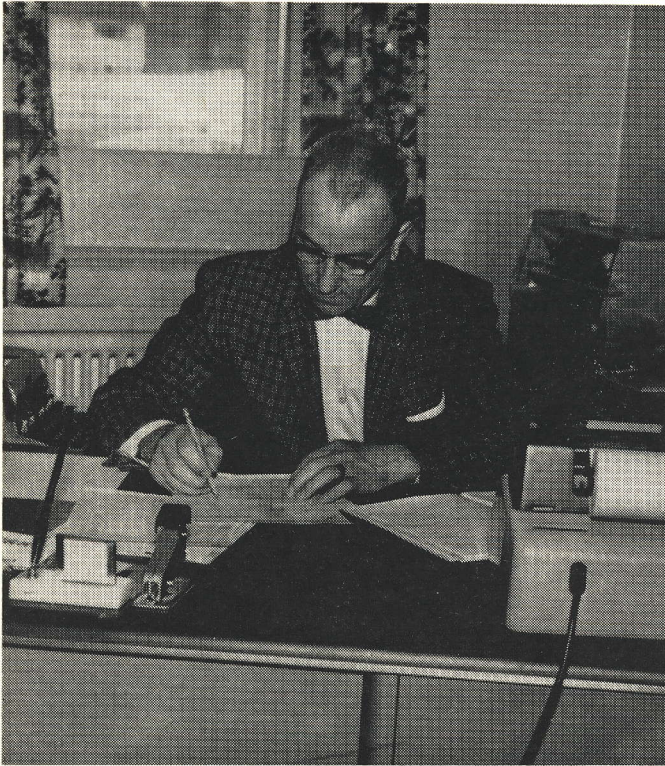
A project of this size entails untold detail. Many hours were spent at meetings. Plans were studied and changed time after time. This meant someone working into the wee hours of the morning preparing briefs, writing letters and arranging meetings.

The crucial decision was made early in June of 1953. Monsignor Castex and I were driving from his house on our way to a meeting, when I told him it was my intention to immediately leave both the committee and the board unless the hospital was started before the yearend. Before we reached the bank corner the decision had been made that construction would get underway in a very short while.

Still the big question was financing. Where would we get the money? Borrowing of \$200,000 would be necessary, but who would risk putting a signature to a note for that amount? Discussion with financial houses indicated it would not be easy, and certainly there were not too many daring souls with that kind of eagerness.

Finally the matter was broached to our contractor, W. G. How. He agreed to back one-half of the loan if the Archdiocese would be signatory on the remaining half. A number of meetings were held with His Eminence the Cardinal, and finally verbal consent was received.

But getting the signature on the note was another matter. Mr. How signed his note for \$100,000, and construction started July 6, 1953. Excavations



Felix Turcotte, business administrator

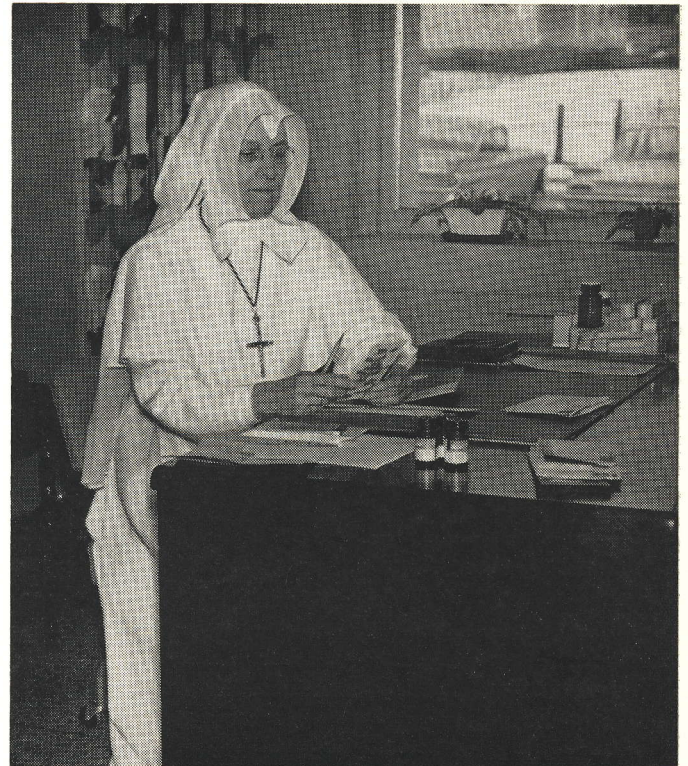
were made for the footings and progress was good. His Eminence was vacationing down East at this particular time, and from there we received a letter requesting stoppage of work immediately.

His Eminence could hardly be blamed for this attitude since no positive assurance could be given that the cost of construction would not go higher than a fixed amount. The Holy See, authority granting permission to sign, would naturally want fairly definite assurance before accepting a responsibility of this nature.

For a time there were a few worried people. We were discouraged at the thought that all our efforts might be for nothing. There was some scurrying about, holding meetings in Toronto and Penetang. And finally the powers that be agreed to take the risk.

Both the contractor and the architect gave further assurance that the structure could be built at a definite set cost, and that everyone would keep this in mind while working toward that goal. It must be appreciated that there was a very definite obligation on the part of the committee to the people signing notes, especially those for \$200,000. There was always the risk that costs might run higher than the proposed figure, or that the load would be too heavy to carry even when completed.

Failure to stop the work on request must not be construed as disrespect for authority. There was a calculated risk to take and it was taken. There was the time factor to consider, the arrangements



Sister Rose Marie, Hospital Superintendent

that had been made and the extra costs that might be involved through expensive delay. (Cost here does not necessarily mean only dollars and cents).

There was, too, another important project which depended entirely on how soon the hospital would be completed. That was the Home for the Aged. Prolonged delay could have been the cause of this home being built in some other town, and this would not have been appreciated by the people of Penetanguishene.

It isn't easy to put this down on paper, but to understand and appreciate what has been done, one must keep in mind that a plan had been worked out which would produce a good hospital for the people of the town and surrounding communities. Following completion of the hospital a home for the aged would be constructed.

The old hospital was subsequently given to the County for that purpose. It was renovated, and an addition built. Today the capacity is being doubled with construction of a new wing. This is filling a real need in the community. Besides providing a fine home for our aged citizens, steady employment is given to a number of citizens.

In addition to providing up-to-date services for the sick, the hospital today employs more than 75 people. There is no cause for lay-offs because the assembly line is kept busy. The hospital's payroll exceeds \$200,000 annually, a real boost to the economy of the community.

A Temporary Appointment

by Jerome Gignac

I was enjoying an evening at home. The phone rang with a sort of urgency that spelled emergency. I picked up the receiver and heard Msgr. J. M. Castex on the other end of the line. "Come at once to the Rectory," he said.

It was October, 1952, and when I arrived and was let in by the Monsignor I found George Mead, Jan Ulrichsen and Edgar Moreau. They told me Felix Turcotte had suffered a heart attack and was not expected to live.

Concern was evident for the ill man's health. It was also evident that they were concerned over who would step into Mr. Turcotte's boots and carry on the work of arranging for construction of the new hospital he and the Monsignor had proposed.

The fingers of those four men pointed straight at me, and they asked me to take on the task. I was a member of Town Council at that time and I needed another job like I needed another hole in my head.

However, like many other people who have met him, I somehow have never learned how to say "No" to Msgr. Castex, and within minutes I had shouldered the load. I made it very clear at the time that I would only carry on until Felix Turcotte was ready and able to return to his post. My job then was to be ended.

At the time I was thrown headlong into this mass of planning, the architect had been selected. A preliminary financial structure had been set up and the contractor had been chosen by virtue of his generosity.

There still remained the task of passing on the plans and final financing. All construction costs could be accounted for with exception of \$100,000. It was hoped at the time that Cardinal McQuigan would back this last amount.

Expectations were that construction would get underway about April 1st, 1953. That date arrived, but there was still no word from the Cardinal. May rolled around and still His Eminence was silent. Then the beginning of June and we could see the nice weather wasting away, but still no green light.

The contractor was becoming restless and threatened to withdraw. At a dinner meeting discussion centred around the possibility of carrying on without that final \$100,000, but there was no way out. We had to have it. The white tablecloth at the Hotel Brule was covered with figures, before decision was reached to once again petition the Cardinal. We arranged to meet in the same place one week later when it would either be go ahead, or cancel.

Attempts to arrange an audience with the Cardinal brought more bad news. He had gone to Rome!

The crucial meeting time arrived and we were no closer to our goal than before. But there were none present who would say "give up". Discussion ranged back and forth, pro and con. There seemed to be some greater force in that room, and just as though a magnet had been dropped into a bucket of nails, pulling them all to the centre, with one voice we gave the order to commence construction immediately.

We knew full well that we faced the almost insurmountable task of raising an additional \$100,000. But, having placed the project under protection of Our Blessed Mother, we felt that we were doing Her work and that She would see us through.

The excavation work had hardly started when the phone rang. The Auxiliary Bishop had ordered Msgr. Castex to halt work until such time as the Cardinal returned and gave his approval. Without delay we took off for Toronto — and when I say "took off" I mean it literally.

At one point in the journey Msgr. Castex turned to Wilf How who was driving and asked just how fast we were travelling. The reply was, "Just over the speed limit". In reality the speedometer needle at that moment was registering 95 m.p.h.

Arriving in Toronto we were told that at the risk of implicating the Cardinal, work was to cease. However, after several hours of discussion with Bishop Webster and Arthur Kelly, the Monsignor spoke up. He granted that he realized permission to continue could not be given. But, the Monsignor pleaded with them not to forbid him to carry on with the started construction.

With this assurance work continued without delay, and when His Eminence returned he had little choice but to give us his backing.

During construction several miracles occurred which brought home to us the tremendous power of prayer. The most striking example came in our race against the elements. If the roof could not be completed several thousand dollars would be added to the cost of pre-heating construction materials.

Never before had the sun continued to shine down as it did that year until Dec. 20. The roof was finished about 4 o'clock on a Sunday afternoon. Within 15 minutes of completion snow started falling and continued to do so for two long weeks.

When Felix Turcotte regained his health and became well enough to resume his duties I took over the role of campaign chairman and furnishing ad-

The New Hospital

To recount in close detail all historical data on the building of the new hospital would in itself be interesting reading. Time and space will not permit that indulgence. Only those important dates, commencing with actual construction to completion of the new hospital are listed below:

1953 — July 6th — Preliminary work started on the site.

July 20 — One of the important events in the life of an institution is turning of the first sod, and this event took place on a pleasant sunny July 20. Members of Parliament who were present to assist in this important task were the Hon. Paul Martin and William A. Robinson. (Mr. Robinson is now deceased).

1953 — November 1 — Laying of a Date Stone or a corner Stone signifies progress in construction, and the date stone was cemented in place Sunday, Nov. 1, at 2.30 p.m. Among those assisting at this important function were: the Hon MacKinnon Philips, M.D.; George Johnston, MPP, (deceased); W. H. Cranston, editor of The Free Press Herald. In the actual laying ceremony Dr. Philips was assisted by Rt. Rev. J. M. Castex. While they were enjoying some pleasant conversation the stone

slipped from its holding rings and fell to the platform. A cameraman, right on his toes, captured a picture of the incident before the stone hit the platform.

1954 — July 25 — The crowning event was the official opening of the hospital, Sunday, July 25, 1954. It was at this time the real Corner Stone was laid. The Hon. Louis O. Breithaupt, (deceased), then Lieutenant Governor of Ontario, performed the ceremony. The Hon. MacKinnon Philips, Mrs. L. O. Breithaupt, and many other dignitaries were present. It was a beautiful summer's day and a large crowd of spectators witnessed the ceremonies.

1954 — September 8 — All patients were moved from the old hospital to the new one on this date. The first patient brought into the new building was Mrs. Daniel O'Connor who arrived carrying her own flowers. To some of the patients this was quite an event. Some were very happy, but there were those who said, "we miss the old hospital". Even though moving to a much better place there is always, with some, the experience of a let-down feeling after leaving an old "home" where one was used to things.

A Temporary Appointment

(continued)

viser. Our budget for purchase of furnishings for the hospital was set at \$100,000.

With Jack McIntaggart as my co-chairman, the campaign was organized. Before its conclusion we had surpassed our objective by some 20 to 30 thousand dollars. Poor John never lived to see the fulfilment of his labour.

With the funds at hand, or promised, there came the task of purchasing equipment and furnishings. Sister Mary Dolores and a few others along with myself spent an average of six hours daily on this job, from February 1954, until the Hospital opened in August. We viewed and reviewed hospital equipment until we were talking nothing else. We dreamed of it in our sleep. We digested it for breakfast, dinner and supper. And we are convinced that finally we were able to furnish our hospital with full value for every dollar spent, we are all proud to have had this part to play in providing this hospital for our town.



THE FALLING DATE STONE



CHILDREN ARE KEPT HAPPY



COMFORTABLE, WELL EQUIPPED ROOMS



GENERAL BOOKKEEPING AND ACCOUNTING



MODERN KITCHEN EQUIPMENT



DISTILLING WATER IN DISPENSARY



RECORDS HELP DOCTORS AND ACCREDITATION

The Ladies' Hospital Auxiliary

Ladies Hospital Auxiliaries throughout the country have been known to be more generous with their talents and their time whenever it comes to assisting the hospital with which they are connected. The Penetang Auxiliary can hold up their heads with any when it comes to generosity and donation of time, money and talents.

A prime example came during World War II when help was so scarce as to be almost non-existent. It was then that Penetang Auxiliary members suggested they should help out in the emergency. As a result these ladies each gave a day per week of their time working in the hospital until the situation improved.

That was a difficult period of time, but it demonstrated that there are always those who are sufficiently imbued with a truly charitable community spirit to come forward with assistance when help is really needed.

The Auxiliary does not stop there. In our hospital today there are many fine pieces of equipment providing a beneficial service to the patient, which have been paid for by the Auxiliary. The work carries on — thanks to the ladies.

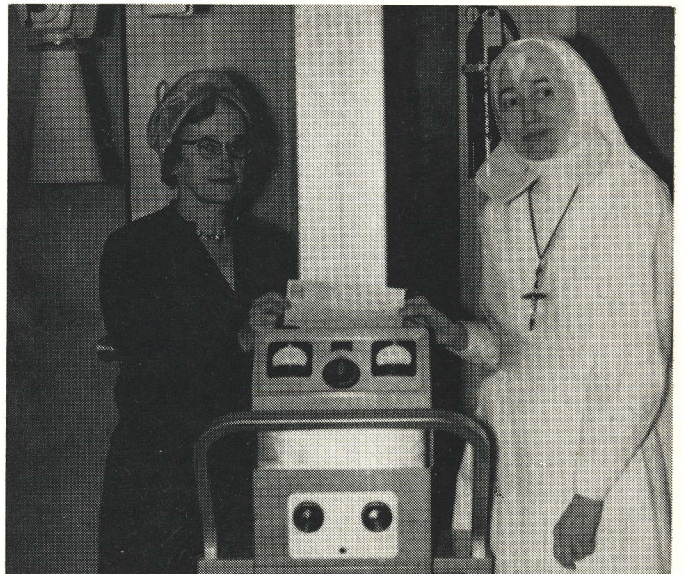
Appreciation is expressed here to all members of the Auxiliary. To list all of their names through the years would require much space, and no doubt some would be inadvertently missed. Suffice it to list the four ladies, each of whom have given 25 years of faithful service. The same heartfelt thanks goes to each lady who is, or has been a member of the Auxiliary since its inception.

Mrs. Grace Blackwell Mrs. Delima Robitaille
Mrs. Bert Dubeau Mrs. A. V. Martin

—have been members for more than one-quarter of a century.

PRESIDENTS OF THE HOSPITAL AUXILIARY

1920 — Mrs. Fahey
1927 — Mrs. Julia Oulette
1938-1941 — Mrs. A. V. Martin
1942 — Mrs. A. B. Payette
1943 — Mrs. W. E. Binkley
1945 — Mrs. Stan McNabb
1946-1949 — Mrs. Theophile Moreau
1950-1951 — Mrs. Robert Grenier
1952 — Mrs. Jean B. Hartt
1953-1954 — Mrs. E. J. Downey
1955-1957 — Mrs. Carl Williams
1958-1959 — Mrs. Charles Sweet
1960-61 — Mrs. C. S. Wice



Many fine pieces of equipment such as this portable X-ray have been given by the Auxiliary.

BELOW: A typical Ladies Auxiliary meeting.



ACCREDITATION

An Achievement for Your Hospital

Accreditation is rather a new word to many people. While the word is new, the idea is not, since accreditation is the direct outgrowth of the standardization program of the American College of Surgeons instituted nearly 45 years ago. It is a program that had very beneficial results in improving the standard of hospital care in North America.

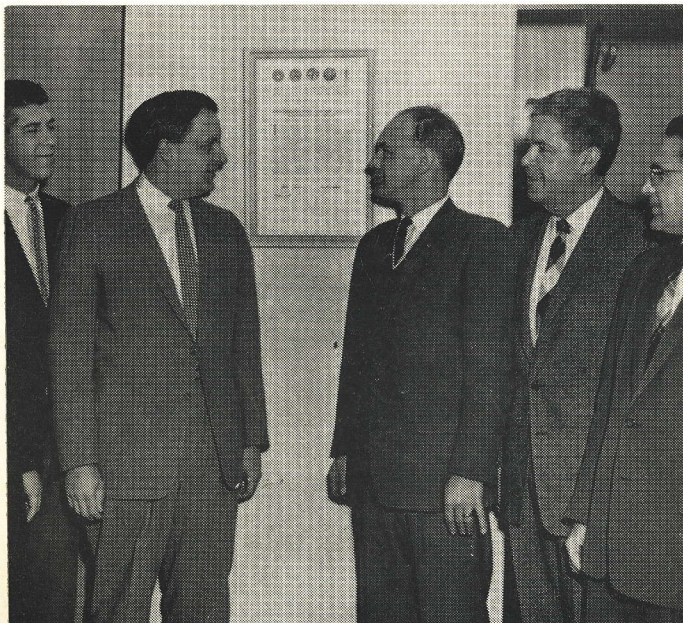
Hospital Standardization was originally defined as a movement to encourage all hospitals to apply certain fundamental principles for the efficient care of the patient as set out in the Minimum Standards: the "credo" of the program.

The purposes of the Joint Commission on Accreditation (now known as the Canadian Council of Accreditation) of hospitals, as set forth in the bylaws, are primarily to conduct an inspection and accreditation program designed to encourage physicians and hospitals to voluntarily apply certain principles of providing for high quality medical and hospital care and to maintain essential diagnostic and therapeutic services.

In brief the Council establishes standards for hospital operation and recognizes compliance with such standards by the issuance of a certificate of accreditation. To qualify, a specified number of points is necessary, and to get these points each department in the hospital must measure up to definite standards.

Two of the important departments are medical staff and medical records.

The Accreditation of your hospital is a "First" in Simcoe County.



Dr. D. J. Patchell, Dr. A. D. MacKenzie, Board President
J. J. Gignac, Dr. W. E. Binkley, Dr. R. Lauzon with
Certificate of Accreditation

IN APPRECIATION

The committee responsible for production of this book is indeed grateful to all former staff members for sending in information about some of the events that took place during the earlier years of the hospital.

Looking back and recalling events and happenings through the years gone by, brought the awareness to some that "tempus fugit", and how the time does fly for all of us! The field was wide open for reminiscing, and some did just that.

One remembered that back in 1918 two patients were hospitalized with Anthrax, an infectious and sometimes fatal disease. Both recovered and were restored to good health.

Another recalled the many difficult tasks which faced the staff in those first years; the many duties they had to perform, and the long hours they had to serve. Following a long night's work there were times when one or more were called back to their duties even though they had only spent an hour or so at home.

Climbing that long stairway, in answer to a patient's call was in itself no mean chore. At times there was only one nurse on duty to look after post-operative and other patients; wash the patients and prepare them for breakfast. Keeping the fire going and an eye on the porridge were only a few of the extra-curricular duties which had to be carried out by the one person.

Although our knowledge of hospital work may be limited, nevertheless, we do appreciate the good work done on behalf of the patients; the faithful performance by many of their duties under strenuous circumstances.

If you were one of those your name may not appear in this booklet, but rest assured of one thing — you are part of it. It is a tribute to the entire staff to hear it said, "They did so well under such adverse conditions".

Our thanks to you, wherever you may be, for the part you played in the development and progress of better service to the patient during the time you were with the hospital in its 50 years of service to the community.

The old "house" (the original hospital) has now faded from the scene: it is no more. In 1954 the old hospital was given to the County. It was converted and renovated as an addition to the new Home for the Aged which was constructed in front of it. Then in 1960 the old place bowed to progress and was torn down.

In its stead is rising a brand new addition to the present Home for the Aged, scheduled for completion this year.

THE MEDICAL STAFF

Dr. D. W. MacKenzie	Dr. W. F. Neale
Dr. Morley Harvie	Dr. H. Kiefer
Dr. R. C. Bourrie	Dr. John MacKenzie
Dr. J. M. Nettleton	Dr. R. H. Brasher
Dr. R. McLellan	Dr. A. M. Crossland
Dr. W. E. Binkley	Dr. C. J. Zerney
Dr. A. D. MacKenzie	Dr. E. J. Beeton
Dr. R. Lauzon	Dr. R. J. Delaney
Dr. D. J. Patchell	Dr. Lewis
Dr. J. Small	Dr. Ormsby
Dr. C. Swan	Dr. R. G. C. Kelly
Dr. I. T. Weldon	Dr. Swales
Dr. A. H. Pinchin	Dr. J. J. Johnston
Dr. E. A. Grise	
Dr. R. Lobb — Radiologist	

In Memoriam

Dr. H. Spohn	Dr. Peter Spohn
Dr. R. Raikes	Dr. P. Corcoran
Dr. G. Bowman	Dr. P. A. MacDonald
Dr. Wm. McCinton, Sr.	Dr. L. E. Limoges
Dr. Wm. McClinton, Jr.	Dr. B. A. Blackwell
Dr. W. A. Woodruff	Dr. T. J. Johnston
Dr. A. E. Tanner	Dr. J. D. McPhee

VISITING DOCTORS

Dr. Callaghan	Dr. Pentocast
Dr. Roscoe Graham	Dr. Oile
Dr. F. N. Starr	Dr. LeMeusier
Dr. Marlow	Dr. Robert

The Autopsy Report

As a group of assistants left the bedside of an acutely ill patient, one turned to the surgeon specialist and remarked, "be sure to get permission for an autopsy so we can study what happened". This reflected the thoughts of others, all of whom had given up hope of saving the patient's life. The surgeon, as a last desperate effort, began a simultaneous administration of cortisone and adrenalin. The results were effective to the point of enabling the patient to regain sufficient strength so that the staff of the hospital's laboratory could then proceed with additional blood tests. Subsequent treatment, based on laboratory reports, was successful in returning a patient, who had seemed destined for immediate death, to almost normal health. The drama occurred three years ago and involved a young Toronto woman. Today, she is still very much alive and living a normal life. The proposed autopsy report is forgotten.

THE NURSING STAFF

In Memoriam

Mrs. A. B. Thompson, Sr. — Matron
Miss Ethel Leich — Died June 1, 1960
Miss Helen Corriveau — Mrs. H. St. Charles
Miss O'Meara
Miss Ada Payette — Mrs. Walter Gendron
Miss Pulford
Miss Florence Lecamp
Mrs. Gertrude Robitaille — Died July 7, 1949
Mrs. Sally Patterson — Died Nov. 8, 1958.

SISTERS WHO CAME TO PENETANG AUGUST 15, 1942

Sister Mary Camillus — Superior	
Sister William Francis	Sister Agnes Cecelia
Sister St. Alexis	Sister St. Frederick

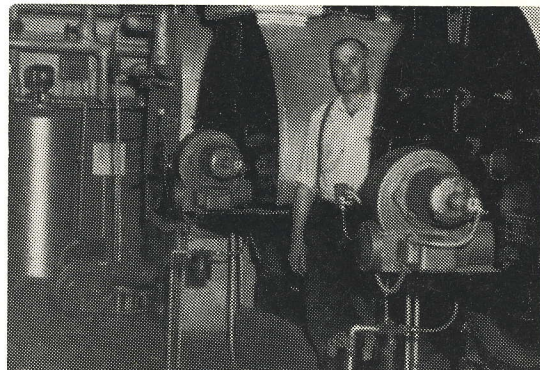
SISTERS ON STAFF AT PRESENT

Sister Rose Marie — Superior	
Sister Mary Agnes	Sister Mary Cletus
Sister Mary Martin	Sister St. Frederick
Sister St. Alexis	Sister Vincent de Paul
Sister St. Alphonsus	Sister Mary Olga

UNSUNG HEROES

<i>Dietary Department</i>	Germaine Leblanc
Mrs. Del Lalonde	Miss Lillian Imlah
Mrs. Fred Arbour	Mrs. Marie Lacroix
Mrs. Mamie Loftus	Mrs. F. Dupuis
Miss Georgina Piette	Mrs. Ed. Paradis
Mrs. Lizzie Edgar	Mrs. Lillian Chartrand
Mrs. Earl Therrien	
Miss Z. DesRoches	<i>Laundry Department</i>
Miss Margaret Boucher	Marjorie Buttineau
Mrs. Nap Hamelin	Audrey Dusome
Mrs. Isadore Roi	Stan Moreau
Miss Dora Bloor	Mrs. Evelyn Clark
Mrs. Bill Piitz	Mrs. B. Corriveau

Thos. Hornsby and many others including policemen and firemen who answered the call to help carry patients upstairs for a good many years. As well as others whose names have been unconsciously forgotten.



CHARLES RUSTON

has been faithfully on the job since 1938.

The New Residence

For nearly two decades the Grey Sisters of the Immaculate Conception lived in a private home which had been remodelled into a convent for their use. There were many small inconveniences added to a few major problems.

Early in 1960 decision was reached to build a new convent immediately adjoining the hospital. Work on the project commenced on the first day of April, and seven months later, Oct. 31, it was completed.

The new residence provides accommodation for twelve sisters. It is sufficiently spacious, to provide a reasonable size chapel, common room and many other amenities. It is a fitting home for the Sisters whose lives are given so generously for love of God and the sick.

From the financial point of view you might be interested to know that the Sisters are paying for it — with exception of \$10,000 from sale of their former convent plus federal and provincial grants totalling \$26,000. Total cost of the structure was \$120,000.

This residence is indeed a worthy addition to our hospital, adding greatly to available facilities.

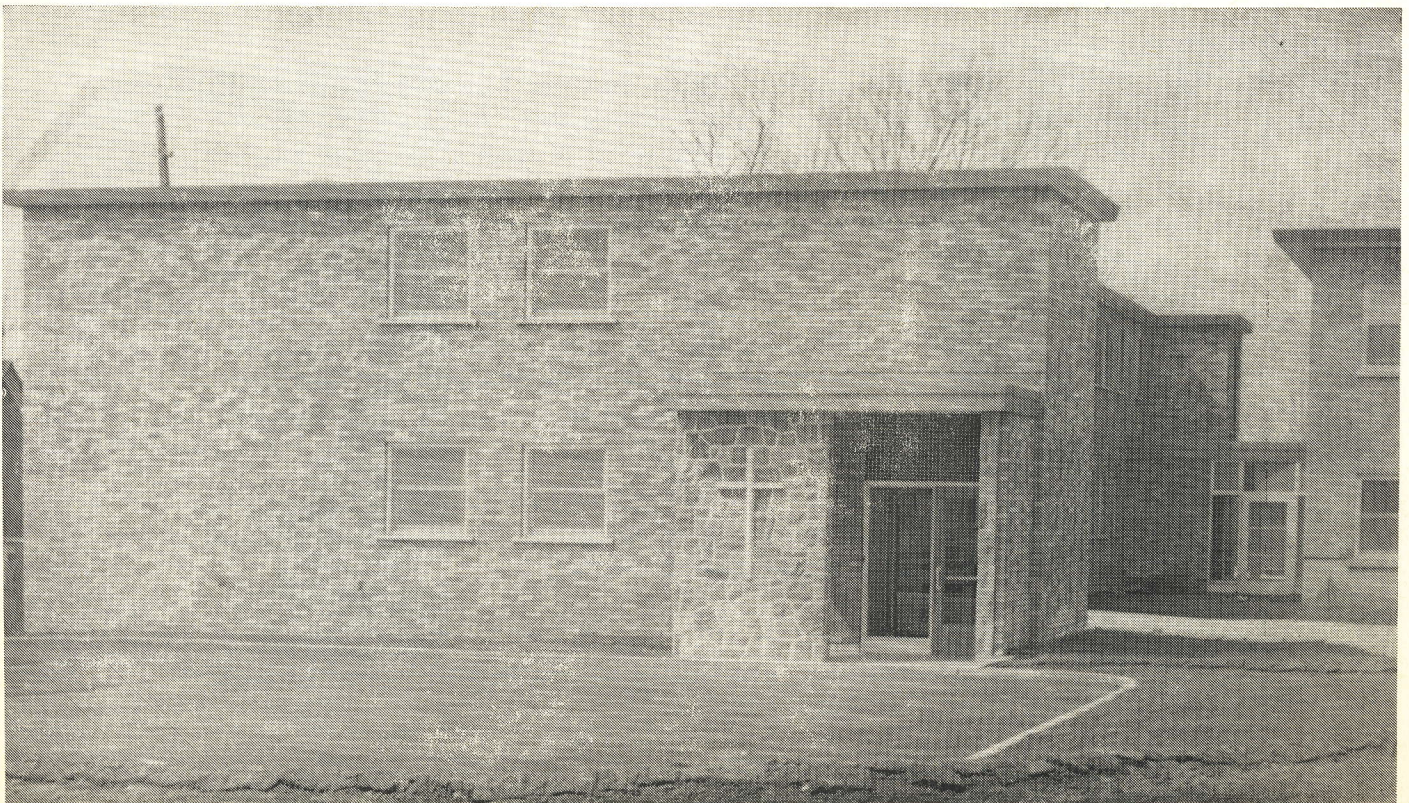
The building which had been used so long by

the Sisters was originally the home of R. D. Keefe, a former High School Principal. It stands adjacent to the present Georgian Manor. With his usual foresight, Msgr. J. M. Castex had purchased the building in 1941 or 1942 — even before the board had reached a decision to have the Sisters run the hospital.

It is quite evident the old house was unsuitable in many respects as a convent. The interior was remodelled as was best possible, but it still left much to be desired. A room to the right of the main entrance used by Mr. Keefe as a den, or small private office, was changed into the sacristy and chapel. The kitchen and dining rooms were converted to other uses, since the Sisters would be taking their meals at the hospital.

The two major problems contained in the old convent were a distinct lack of sufficient room, and the difficulty of wading through deep drifts of snow at six a.m. and many other odd hours. This latter problem became magnified in 1954 by the increase in distance to the new hospital.

The snow, cold, rain and distance are no longer a problem. Today, when called, the Sisters travel a few feet from convent to hospital in almost complete shelter.



EPILOGUE

by Father F. Sullivan

This very brief and, I fear, unreadable account of the history of Penetanguishene General Hospital would be incomplete without a very compressed outline of the part played by our beloved "Pere", the real "hero" of the piece.

To single out this one man in no way takes away from the great assistance rendered by many others: the pioneers of 1911; the medical and nursing staffs of both early and later years; the many board members and their auxiliary counterparts.

Without his vision, planning, perseverance and courage none can say what would be the hospital situation and condition in Penetang today. When, in 1942, the bank despaired of getting their loans returned; when the hospital was not only in the "red", but literally bankrupt; when the services in the hospital were a constant headache and heartache to the doctors and patients alike, this man boldly, and against many opposite opinions, inaugurated a new arrangement . . . the coming of the Sisters.

Then later, in 1946, when all of us were too satisfied with the old hospital and its less than third-rate facilities, this "young" man stepped in again. The hours and months of anxiety, of leading the good people of this community to the doors of a modern, well-equipped hospital can only be estimated by those who lived and worked with him from 1946 to 1954.

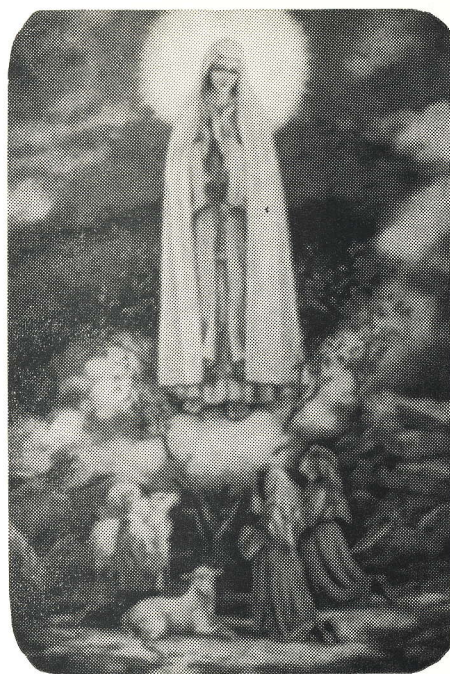
Confident that we will have the approval of all of you who have persevered in this little account of Penetang's Hospital, we feel it is appropriate that this man's name be recorded in bold type on this, the last page.

To him we wish only to say, in all sincerity, "Thank you, and God bless you, MONSIGNOR JEAN MARIE CASTEX."



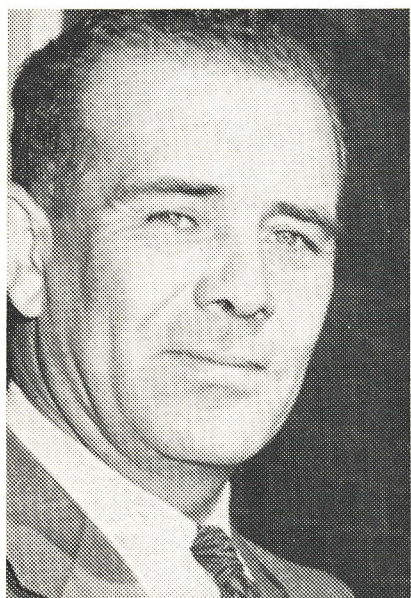
RT. REV. J. M. CASTEX

as he appeared at the turning of the first sod.



THE IMMACULATE CONCEPTION

Above: Pre-eminently "The Architects"



W. G. HOW
General Contractor



CHESTER C. WOODS
Architect

The Community is Indebted to These Men

