



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

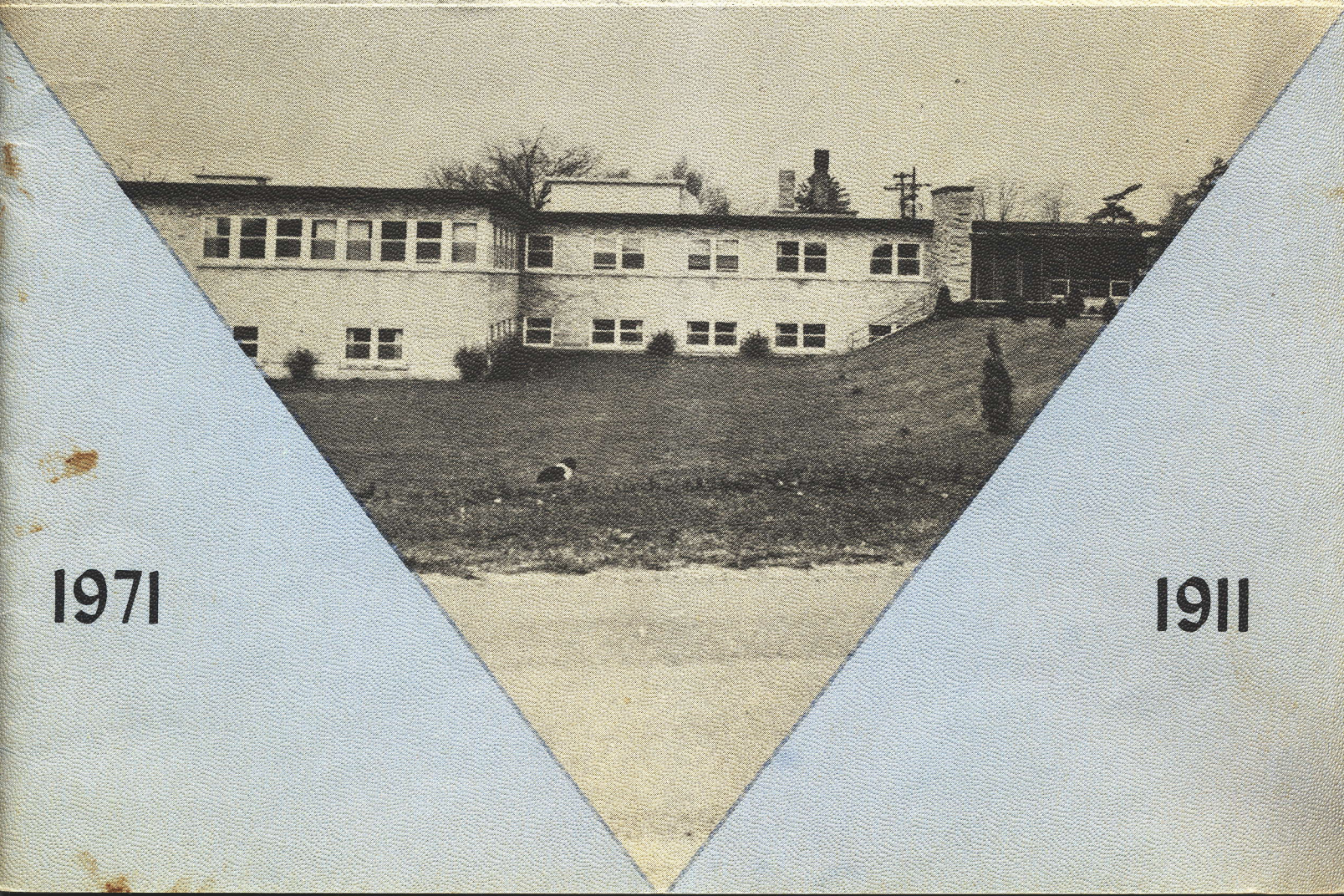
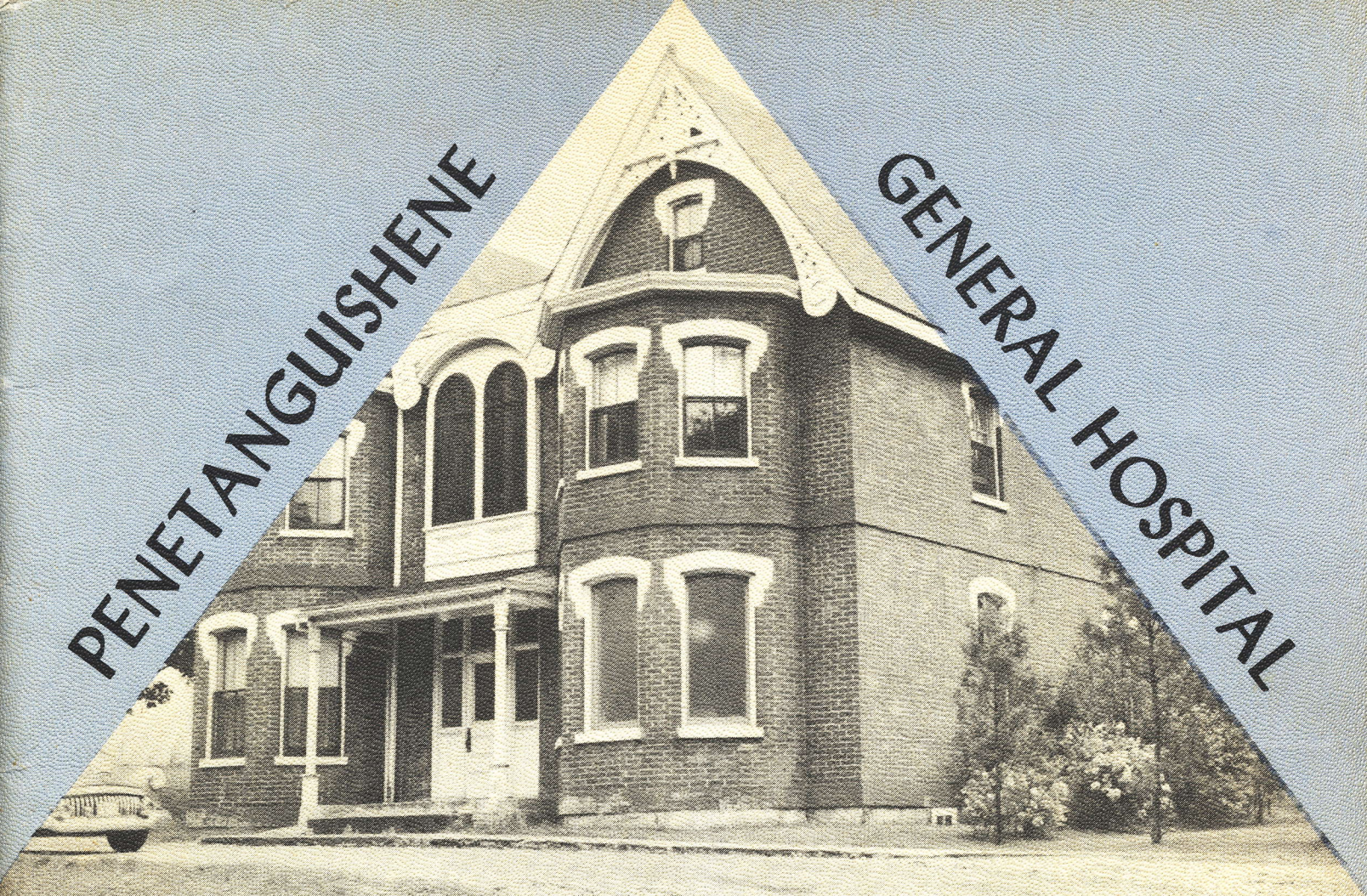
Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

Penetanguishene General Hospital 1911-1971

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PENETANGUISHENE

GENERAL HOSPITAL



1971

1911

**This little booklet is humbly dedicated to a great man
Monsignor Jean Marie Castex.**

Monsignor lived to serve God and his fellow men. Because of his great depth of vision and foresight, he motivated the process which eventually made this hospital possible and a reality.

His charity was universal in scope and fulfilment. Monsignor's constant prayer was that we be united; only in this could we hope to survive as a community and as a nation.

**Ce livret est humblement dédié à un grand homme Mon-
seigneur Jean-Marie Castex.**

Monseigneur a passé sa vie au service de Dieu, et au service des hommes.

Sa profonde vision des choses, et son dévouement, ont rendu la construction de cet hôpital possible.

Sa charité, était universelle, et sa prière constante, que nous soyons toujours unis, et que nous formions une communauté, et une nation toujours unie.



Photo By Watson

Penetanguishene 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 accomodation 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.

The date of the incorporation of the Penetanguishene General Hospital was April 19, 1911.

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.

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 recalled 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.

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.

To single out 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. But single out one man we must. That man is Monsignor Jean Marie Castex.

Without his vision, planning, perseverance and courage none can say what would be the hospital situation and condition in Penetanguishene 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 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.

Other names must also be mentioned, Dr. L. Limoges, Felix Turcotte, Jerome Gignac, Wilf How, men who gave unstintingly of their time, men who were devoted to the cause of 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 20th—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. |
| 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. |

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.
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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.
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The next major important step was the building of a residence for the Sisters.

The new hospital was located quite a distance from the Sisters' home, which meant that they had to wade through deep snow in the winter. And stormy or not, if they were called they responded. Unfortunately the Sisters were not proficient at the fine art of skiing or snowshoeing, which could have added some pleasantness to their nocturnal visits.

The Architect and the contractor for the residence were the same two capable men who drew up the plans and built the hospital, Mr. Chester C. Woods (now deceased) and Mr. Wilfred G. How. Total cost of the building was \$122,433, and it was completed in the latter part of 1960.

Every year hospital services have been progressively updated such as buying equipment which would provide the greatest amount of help and comfort to the patients.

It is a fact that \$20,000 or more has been spent annually for new equipment, and the funds came from the hospital itself, especially after its capital debt had been paid off, also that the important right-arm of the hospital the Ladies Auxiliary, the Sisters and many other generous people. How to best serve the patient is constantly under the surveillance of the Administration; this is a trend that shall continue as long as circumstances permit.

Sweet Memories of Happy Daze

The following written by one of the Sisters who remains anonymous is delightfully interesting, as well as laughable, and provides an excellent description of what the sisters faced on their arrival.

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 could not 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.

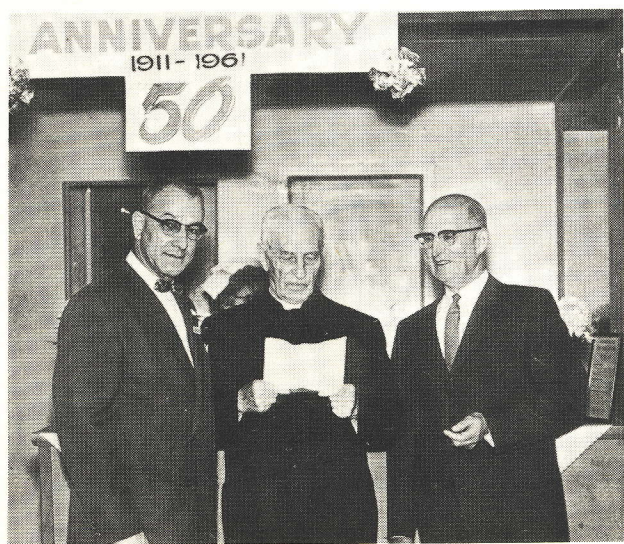
However, the babies survived and we proudly presented parents with the end product, well developed, well nourished, fattened little citizens of tomorrow. Along with these precious little bundles went detailed instructions for the further care of the infants.

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.

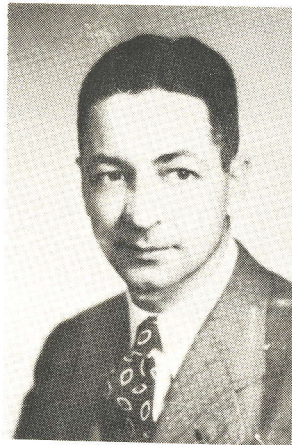
But, come winter and clothes stiffened into all sorts of shapes and still it wouldn't dry. What to do? Dress warmly, go out and peel the resistant articles off the line, bring them in and drape them around the kitchen and bathroom to dry. This created a problem when Sister wanted the kitchen free to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





**Some Glimpses
into the
Past
Near and Far**



THE BOARD OF DIRECTORS

1971

Miss Mary Rogers, Chairman
Reverend Sister Bernice McCoy, Superior General
The Grey Sisters of the Immaculate Conception
Reverend John Barclay
Sister Alice McEvoy
Dr. John W.S. MacKenzie
Mrs. Marjorie Parnell

Sister Mary Cletus, Vice Chairman
Reverend Louis Dignard, P.P.
Sister Joan Whalen, Administrator
Dr. Alexander D. MacKenzie
Mr. Raymond J. L'Esperance
Mrs. Ann Head
Mr. Gerard St. Amant

THE MEDICAL STAFF

Chief of the Medical Staff — Dr. A.D. MacKenzie
President of the Medical Staff — Dr. J.W.S. MacKenzie

CHIEFS OF THE MEDICAL DEPARTMENTS:

General Practice and Out-Patient Service	— Dr. W.E. Binkley
Medicine	— Dr. R. Lauzon
Paediatrics	— Dr. J.W.S. MacKenzie
Obstetrics and Gynecology	— Dr. D.J. Patchell
Surgery and Anaesthesia	— Dr. P.H. Brasher

DOCTORS ON OUR STAFF

Dr. A.D. MacKenzie	Dr. J.W.S. MacKenzie	Dr. W.E. Binkley
Dr. R. Lauzon	Dr. D.J. Patchell	Dr. P.H. Brasher
Dr. G. Gauthier	Dr. J. Small	Dr. E.A. Grise
Dr. G. Gunn	Dr. W.W. Kettle	Dr. D.P. McLoughlin
Dr. M.J. Moore	Dr. J.J. Tremblay	Dr. E. Rusiewicz
Dr. A.G. Scarth	Dr. G.H. Doherty	Dr. H. King
Dr. H. Kiefer	Dr. D.A. Burtch	

SOME INTERESTING COMPARISONS

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

Patients admitted 7 males, 10 females
Births — 1

Patients discharged 9 females, 5 males
Number of patient days, 127

Per diem rates:

Ward	\$1.75
Semi Private	2.50
Private	3.00
Private	3.50

Statistical report for the month of April 1970 shows the following:

Patients admitted 58 males, 85 females
Births — 20
Patients discharged 78 females, 60 males
Number of patient days, 2046

Per diem rates:

Ward	\$34.30
Semi private	39.10
Private	42.10
Nursery	11.00

A Message from The President

As our sixtieth anniversary rolls around, one cannot but help reflect on years gone by, and the blood sweat and tears that flowed during those formative years of our hospitals growth.

It was not an easy task, of that you can be sure, but the multitude of personalities and dedicated souls that worked so diligently to bring our hospital to it's present state of accomplishment are to be congratulated and remembered fondly.

The late Monsignor Jean M. Castex gave much of his talents and financial support to the eventual erection of our new hospital which proudly boasts of some fifteen years operation to the present day.

To go over the events that led up to our sixtieth anniversary would be foolish and superfluous, for the facts speak for themselves.

I can only at this time thank one and all for their tremendous participation in the overall success of our hospital attitude and operation, and pray for many more years in the active treatment complex.

Our hospital has served the community well, which has certainly borne out statistically over many years of dedicated service by all concerned.

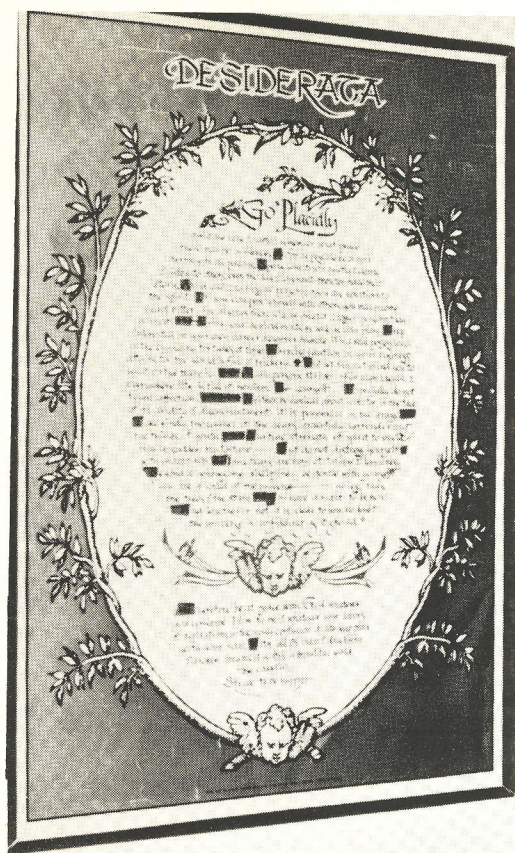
I am proud and most humble in my service to the Penetanguishene General Hospital and wish all future administrations and trusteeships success and spiritual guidance in the future endeavours.



Let us keep our heads high and our prayers flowing with unswerving dedication to our hospital -
The Penetanguishene General Hospital.

Respectfully submitted,

Mary H. Rogers,
President of the Board of Directors
Penetanguishene General Hospital.



We are both privileged and challenged in this era of dynamic change to be among those who make a contribution to the care of God's suffering peoples.

Our hospital is a health agency that gives an enduring, public and formally professed witness to the reality of God, the presence and redemptive work of Christ, and the dignity and worth of man.

Following the ideals of our Foundress, Blessed Margeurite d'Youville, our hospitals were founded to satisfy an urgent need and to provide competent and considerate care for the sick and injured with Christ-like charity.

The spirit which we promote manifests the motivations, values, loyalties, commitments and attitudes of Christs. This spirit is animated by our tradition, of daily recommending to the Eternal Father the spiritual and temporal needs of our patients and benefactors.

The concept of total care of the patient embraces the physical, emotional and spiritual needs of each patient regardless of race, creed or financial status.

This hospital is a community facility and will actively participate in community planning for health and medical care facilities and operate in accordance with the needs of the community it serves.

It is our hope that our work in this noble profession may bring health and happiness to those whom we serve.

Sister Joan Whalen

Sister Joan Whalen
Administrator

Comparative Financial Operating Statements

Revenue	1968	1969	1970
In-patient	693,311	760,119	811,874
Out-patient	33,863	43,847	56,860
Miscellaneous	24,463	21,170	24,820
Total	751,637	825,136	893,554

Expenditures	1968	1969	1970
Salaries	325,140	576,404	653,563
Drugs, Medical & surgical supplies	37,383	40,354	41,822
Other expense including depreciation	196,125	214,659	202,228
Total	760,648	831,417	897,613

Excess of Expense Over Revenue	9,011	6,281	4,059
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Where our 2096 Patients came from in 1970

Penetanguishene	1030
Tiny Township	196
Elmvale	346
Flos Township	73
Medonte Township	79
Midland	143
Tay Township	38
Other Ontario	188
Other Provinces	2
U.S.A.	3

The Medical Staff



If we were going to cast our vote in favour of an individual or a group for a worthwhile achievement, it would unhesitatingly go to the group we love to call "Our Doctors."

Often we read about Awards that are given to men and women, no doubt deserving but it is more likely to be for some single achievement.

The doctor's life is dedicated to saving the lives of people every day, and to easing the pain and suffering of so many; but you do not often hear of the general practitioner or the specialist being decorated, especially in the smaller towns. What more noble cause could a man be engaged in than saving peoples lives?

Medicine has developed it's concern from the purely curative to include the preventive, a positive attitude toward health which can be effective only if it is the aim of the hospital staff working together with the medical profession. It is developments such as this that bring the medical staff into a closer working arrangement with the hospital administration, and make further demands on their precious time.

Aside from their many duties, such as being called out for emergencies both in and out of the hospital, answering calls and keeping appointments, the doctor is frequently called upon to assist in the solving of administrative problems of the hospital; the nature of which often requires the wisdom of a Solomon.

The call for assistance from the Medical Staff, when such problems have arisen has not gone unheeded; members of our medical staff have given unstintingly of their time, wisdom and experience.

So from all of the staff to our doctors, we wish to award an Oscar (on paper only, unfortunately) to the members of the Medical Staff for being such an invaluable part of this hospital. Our Award may lack the glitter and glamour of appreciation of a Hollywood presentation, nevertheless, feelings of appreciation and affection come from our hearts.

The Ladies' Hospital Auxiliary

Ladies Hospital Auxiliaries throughout the country and through the years have been known for their generosity, when it comes to freely giving of their time and talents for their hospital. The Auxiliary of the Penetanguishene General Hospital has always been a leader in this tradition.

One of the best examples of their devotion came during World War II when help was so scarce as to be non-existent. It was then that the ladies of the Auxiliary realized that they themselves could help out in the best possible manner by each donating one day each week, working in the hospital in whatever capacity necessary. This they continued to do until such time that the staff shortage was alleviated.

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 did not stop there, they have continued to work, helping to provide the hospital with the finest equipment, all of which leads to a higher standard of patient care.

Not to be forgotten is the "Sunshine Cart", but more important still are the "Sunshine Faces" that accompany the cart and have been doing so faithfully for many years, cheering the patients as well as providing them with the little necessities and luxuries throughout their hospital stay.



CYSTOSCOPE

One of the many expensive items provided by the auxiliary to ensure better service at the Hospital.

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 inadvertently be missed. Heartfelt thanks goes to each and every lady who is or has been a member of the Auxiliary since its inception.

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
1960-1961	Mrs. C. S. Wice
1962-1964	Mrs. K. Tannahill
1964-1966	Mrs. M. Dubeau
1966-1967	Mrs. J. McKnight
1967-1968	Mrs. B. LeClaire
1968-1970	Mrs. W. Zapletal
1970-1971	Mrs. A. Head



Auxiliary at Centennial Celebrations.



Well Stocked Pharmacy

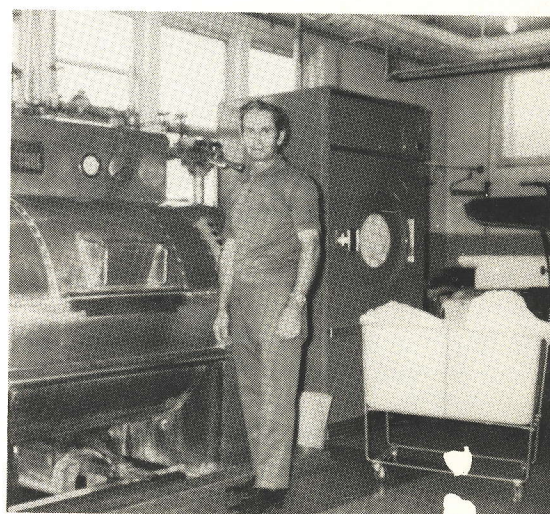


Morning Report

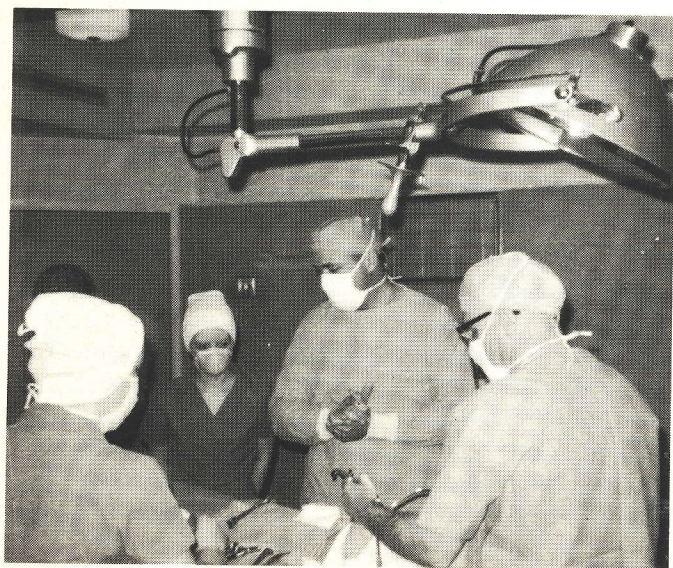


Laboratory

**A
Peek
Into
Our
Daily
Routine**



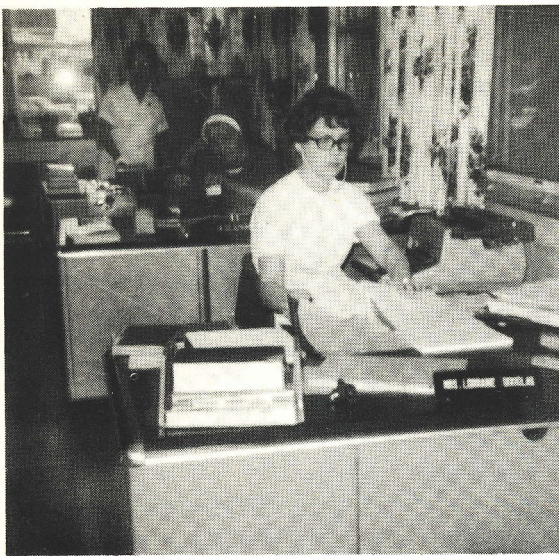
Over 1/4 million pounds of laundry annually



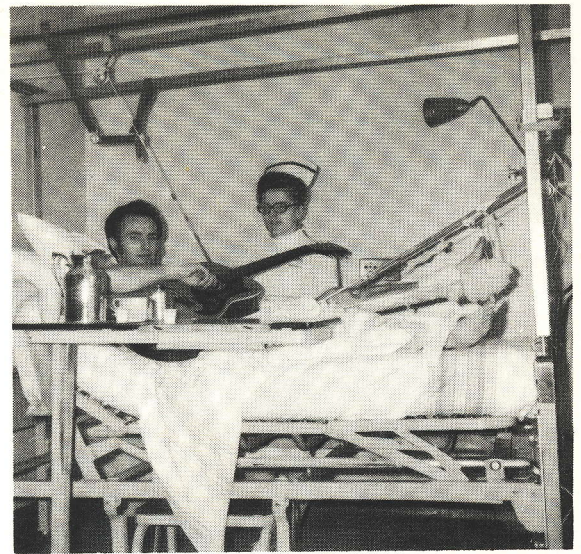
Alert 24 hours a day



Radiology Department



Medical Records



Making the best of a bad situation



Dietary Kitchen

1970	
Patients admitted	2096
Newborn	174
Total patient days	21691
Total newborn days	1328
Average days stay	
per patient	11.3
Bed set up	71
Bassinets	19
Surgical operations	1046
Emergency visits	1132
Laboratory units	292552
X-ray examinations	4744
Physiotherapy treatments	2257
Total meals served	100092



Newborn Nursery



Nurses' Station The Nerve Centre



Central Supply, Shiny New Autoclave



We hope, that in this book, you have seen in the smiling faces and read in the thoughts of those herein, the special influences that have, down through the years, made this hospital the "special place" that it is.

In parting, we would like to share with you, The Desiderata, the magnificent verse that hangs in our front entrance.

Go placidly amid the noise & haste, & remember what peace there may be in silence. As far as possible without surrender be on good terms with all persons. Speak your truth quietly & clearly; and listen to others, even the dull & ignorant; they too have their story. ¶ Avoid loud & aggressive persons, they are vexations to the spirit. If you compare yourself with others, you may become vain & bitter; for always there will be greater & lesser persons than yourself. Enjoy your achievements as well as your plans. ¶ Keep interested in your own career, however humble; it is a real possession in the changing fortunes of time. Exercise caution in your business affairs; for the world is full of trickery. But let this not blind you to what virtue there is; many persons strive for high ideals; and everywhere life is full of heroism. ¶ Be yourself. Especially, do not feign affection. Neither be cynical about love; for in the face of all aridity & disenchantment it is perennial as the grass. ¶ Take kindly the counsel of the years, gracefully surrendering the things of youth. Nurture strength of spirit to shield you in sudden misfortune. But do not distress yourself with imaginings. Many fears are born of fatigue & loneliness. Beyond a wholesome discipline, be gentle with yourself. ¶ You are a child of the universe, no less than the trees & the stars; you have a right to be here. And whether or not it is clear to you, no doubt the universe is unfolding as it should. ¶ Therefore be at peace with God, whatever you conceive Him to be, and whatever your labors & aspirations, in the noisy confusion of life keep peace with your soul. ¶ With all its sham, drudgery & broken dreams, it is still a beautiful world. Be careful. Strive to be happy. ¶ ¶ ¶

