



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.

**The Misericordia Hospital
85 Years of Service in Edmonton**

by

John Gilpin

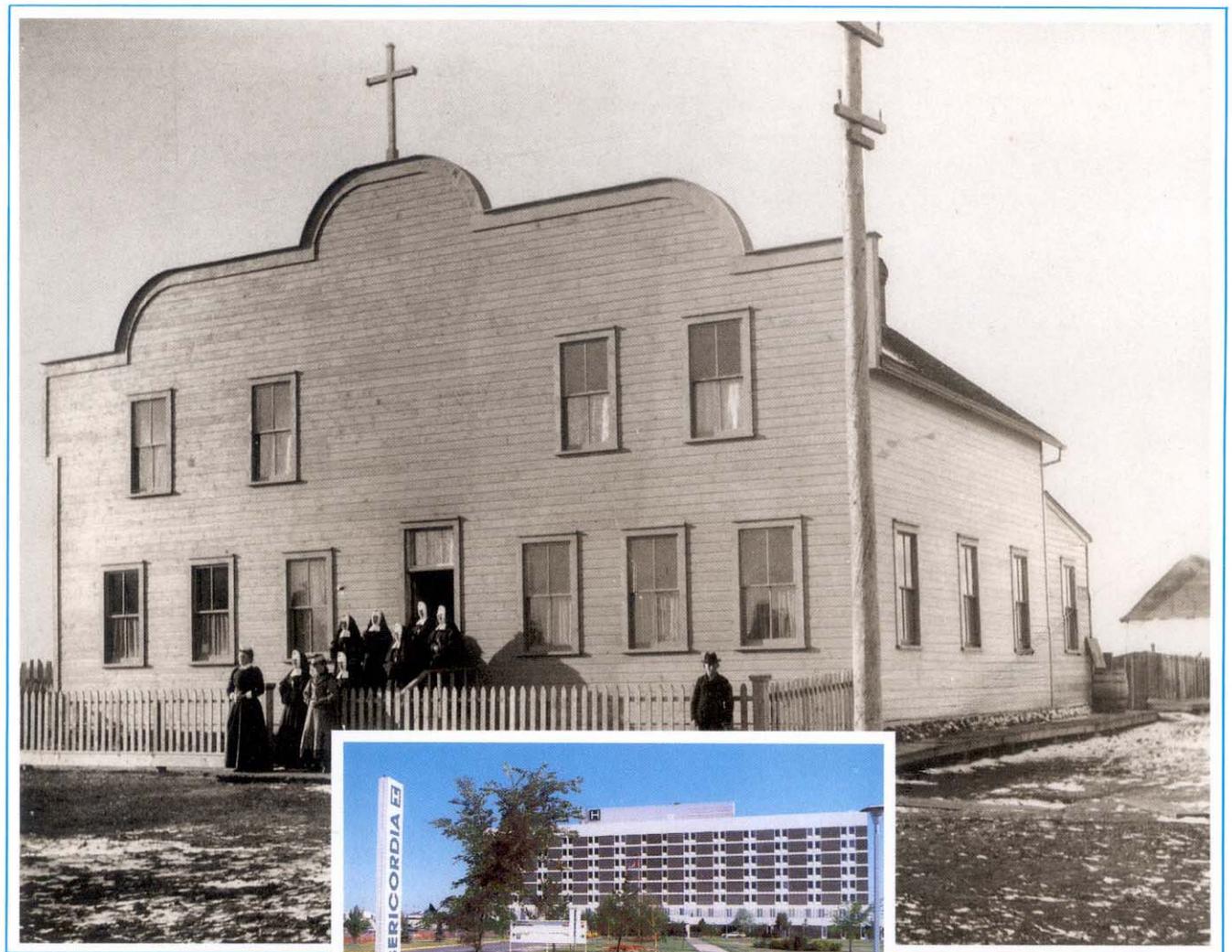
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THE MISERICORDIA HOSPITAL

85 YEARS OF SERVICE
IN EDMONTON



John Gilpin

THE
MISERICORDIA
HOSPITAL

85 YEARS OF SERVICE
IN EDMONTON

John Gilpin

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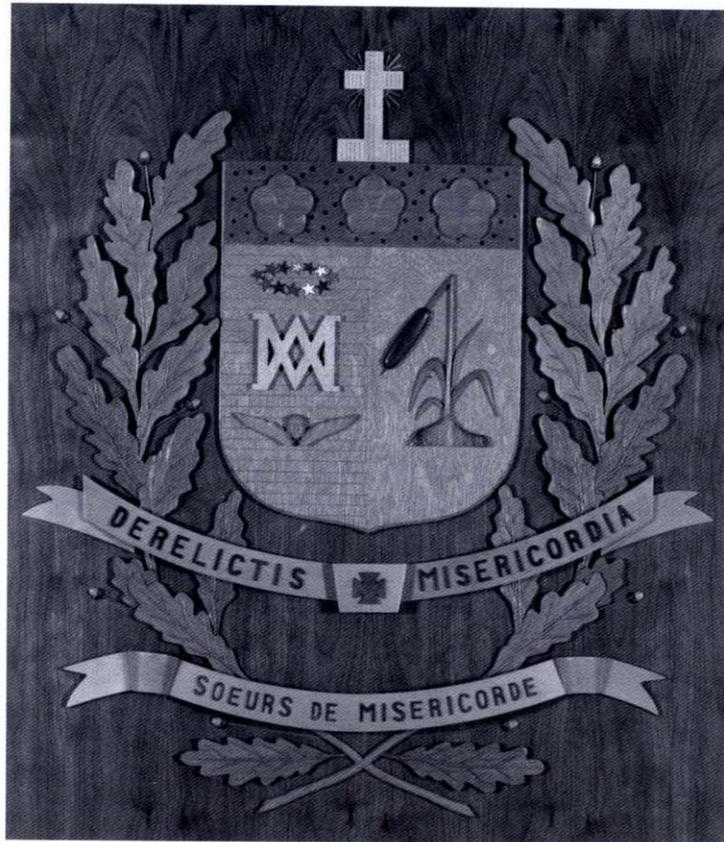
DEDICATION

*To all past and present staff members
of the Misericordia Hospital and to
the Misericordia Sisters who made it
all possible.*

THE PHILOSOPHY OF THE MISERICORDIA SISTERS

*The Misericordia Sister, fully aware of the love
of Jesus Christ for all men, and united to a
community of believers, collaborates in the
liberation of humanity — particularly of women —
with the hope of striving with them for more
love and more life.*

CREST OF THE MISERICORDIA SISTERS



The Crest of the Misericordia Sisters bears both Latin and French Titles. The Latin, *Derelictis Misericordia*, means “Mercy to the lonesome and the sick.” The French, *Soeurs de Miséricorde* stands for “Misericordia Sisters.” *Miséricorde* connotes not misery as is often thought, but Mercy, a blessed attitude. In Latin, *Misericordia* comes from the word Heart: cor, cordis (latin), kardia (greek), coeur (french) and represents compassion for needy people.

The letter **M** stands for Mary and maternal protection as well as being the first letter in the word *Miséricorde*. The oak branches represent courage and strength of the Christian soul. The broken reed on the right side represents a chaste environment wherein those of broken spirit may regain their innocence and find therapeutic assistance.

It is interesting to note that earlier editions of the Crest were painted. On the left side of the Crest an azure colour was used to represent nobility. A silver colour was used on the broken reed on the right side. The letter **M** was formerly embossed in gold.

ACKNOWLEDGEMENTS

The preparation of this history has involved the talents, assistance and encouragement of many people.

The Mother House of the Misericordia Sisters in Montréal warmly welcomed various hospital representatives who went there in search of information. These visits not only provided an opportunity to study the valuable documents provided by archivist Sister Liliane Thériault s.m. but they also led to many conversations with the Sisters which provided insights into their history.

The staff of the Glenbow Archives in Calgary, the Archives of the Edmonton Archdiocese, the City of Edmonton Archives, the Provincial Archives of Alberta, and The University of Alberta Archives were also very helpful in making documents available.

Hospital staff, past and present, and former patients were interviewed for information about life at the Misericordia Hospital. Other staff and board members contributed their editorial talents and technical expertise to ensure success. The overall co-ordination of the history book project was the responsibility of Joan Pappes whose enthusiasm and organizational skills were invaluable.

Thank you.

David Renwick

Chairman

85th Anniversary Celebration Committee

PREFACE

This history of the Misericordia Hospital in Edmonton has been written with a view to placing its growth within the context of the country, province and city in which it has developed. A second concern has been its place in the overall work of the Misericordia Sisters whose activities have not only taken them throughout Canada but to the United States and Africa as well. It begins therefore with the life of the foundress of the Misericordia Sisters and the women who provided care for unmarried pregnant women. Several years later, this goal expanded to include care for illegitimate children and for abandoned children in general. From our modern perspective we may see them as tough, pious, rigid, and self-sacrificing to a fault, but under the circumstances of the 1800s and 1900s, these traits helped them through situations which would have discouraged and disillusioned most of us today.

Although it was Bishop Grandin who officially requested the formation of a mission in Edmonton, our research indicated that it was the Sisters' enthusiasm for their chosen work which overcame all obstacles. Even though the Sisters were anxious to travel to Edmonton, the community was careful to negotiate a beneficial contract. The first building in Edmonton was called a Maternity Hospital but in fact, in addition to providing health care for all segments of the population, it served as a residence for the Sisters, the nurses, the unwed mothers-to-be, the boarders and was also an orphanage. That's diversification!

The Misericordia Sisters were never content with their achievements. Their sense of purpose and their faith in God enabled them to persevere with the years of construction on the building and to continue to provide better health care. The modern day Misericordia Hospital is a legacy to Edmontonians of the faith, courage and pioneering spirit of the Misericordia Sisters.

CHAPTER
1

1794
to
1900

A Dream Fulfilled

From the concern that Marie-Rosalie Jetté felt for unwed pregnant women grew the Misericordia Sisters in Montréal. With the support of the St. Albert Diocese, Sisters from that community travel to Edmonton to found a mission.



Mère de la Nativité (Marie-Rosalie Jetté). The foundress of the Misericordia Sisters was born in Lavaltrie Parish, east of Montréal, on January 27, 1794. Her role in founding a religious community dedicated to the needs of unwed pregnant women began when she had already raised a large family and had been active as a private citizen in social work in Montréal. This picture was drawn shortly before her death on April 5, 1864.

1794^{to} 1900

CHAPTER 1

The history of the Edmonton Misericordia Hospital began in 1900 with the arrival in Edmonton of four members of the Montréal-based Misericordia Sisters, and a nurse from the Community's House in Ottawa. On August 29, they opened a small maternity hospital in a converted warehouse in the Oliver district. This grew into one of Edmonton's major medical institutions serving a wide variety of community needs while at the same time retaining a strong commitment to the original purpose which brought the Sisters to Edmonton. The development of the Misericordia Hospital has been guided throughout its history by the faith, self-sacrifice, determination, foresight, and caring of the Misericordia Sisters.

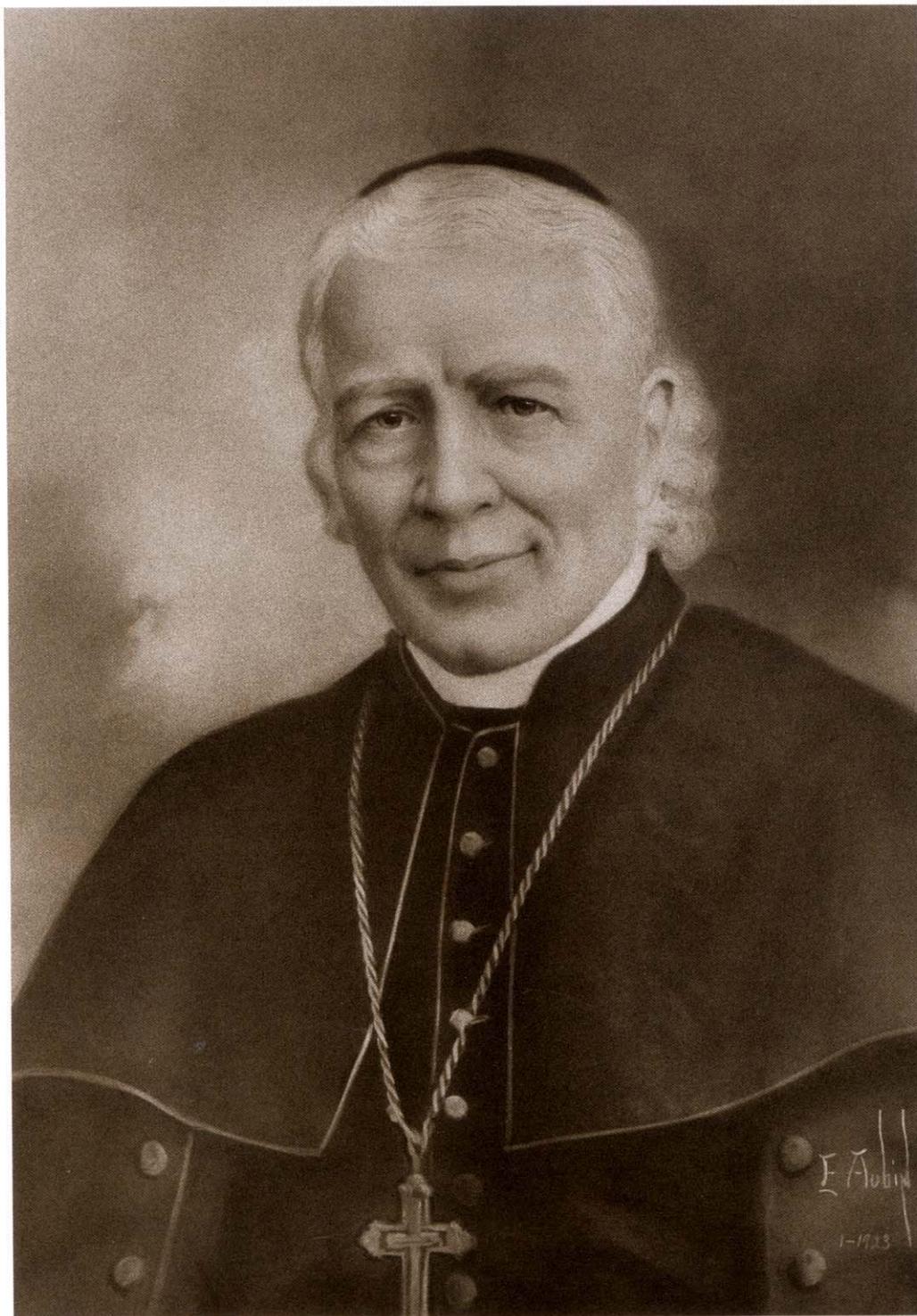
The tradition of community service established at the Misericordia Hospital began with the foundress of the Misericordia Sisters, Mère de la Nativité. She was born Marie-Rosalie Cadron on January 27, 1794, in the Lavaltrie Parish, east of Montréal. As a child she was known for her special concern for members of her family and the community. This was shown by the care she provided for her younger sister Sophie and in her visits to the poor during difficult times. On October 7, 1811, she married Jean-Marie Jetté, and they settled on her parents' farm. In 1819 Rosalie, by then the mother of four children, took an abandoned child into her own home. This foreshadowed the work she would do on a much wider scale in later years. The family, now with six children, moved to a new farm in 1825 but unforeseen debts forced their relocation to Montréal two years later.

The Jetté family joined the large group of people swelling Montréal's population in search of work. Overcrowded tenement suburbs, cholera epidemics, and unemployment were some of the problems which the family had to face upon its arrival. No established system of social services either private or public existed at this time to deal adequately with these problems.

The family's problems in Montréal were compounded by the presence in the household of Rosalie's sister, Sophie and her children, and of her mother who required constant care. On one occasion the family provided shelter to a young woman who was being chased by two sailors. With the young woman safely hidden in the cellar, the axe-carrying pursuers were confronted. They were persuaded that the young woman was not there and that they should repair the damage they had caused to the front door.

By this time, four of Rosalie's ten children had died, one at birth. Tragedy struck the family again with the death of her husband, Jean-Marie, during a cholera epidemic in 1832. Despite these circumstances and personal tragedies, Rosalie retained her faith, composure, and concern for others.

Although from 1825 to 1843 Rosalie's life was concerned primarily with her many family responsibilities, she managed to carry on with her charitable works



Ignace Bourget. As Bishop of Montréal from 1840 to 1876, Ignace Bourget began the process which would lead to the creation of the Misericordia Sisters when he requested Marie-Rosalie Jetté to establish a shelter for unwed pregnant young women in 1845.

which included visiting the sick and the dying and placing children orphaned by various epidemics into suitable foster homes. She also visited construction sites to look for work for the unemployed. This situation changed with the marriages of her surviving children and the death of her mother. She took advantage of her new freedom to devote more time to volunteer social work in Montréal.

Her involvement led her to become increasingly concerned about the welfare of unwed pregnant young women. She located homes where they could stay during their pregnancy and made sure that each new-born baby was cared for. Her concern was shared by Ignace Bourget, Bishop of Montréal, who asked her in the spring of 1845 to implement his plans for a religious community, structured upon her piety and zeal, which would concentrate on meeting the needs of this particular group of people.

Bishop Ignace Bourget

Ignace Bourget served as the Bishop of Montréal from 1840 to 1876. He was successful in persuading a number of French religious orders to come to Canada. Included amongst these were the Oblates of Mary Immaculate (o.m.i.) who would establish a reputation as missionaries in western Canada in addition to serving as chaplains to the Misericordia Sisters. He promoted the expansion of the church into many aspects of Québec society including education and health care.

Rosalie agreed to the Bishop's request and, at age fifty, she commenced a second career which would affect not only Montréal but also the social development of a number of other North American cities, including Edmonton. The new mission, named the St. Pélagie Hospice by Bishop Bourget, began on the second floor of a dilapidated two-storey wooden house in Montréal. The space was provided by her son Pierre who, along with his family, occupied the main floor. This arrangement afforded Pierre an opportunity to monitor his mother's charitable activities which were now taking her increasingly beyond the immediate confines of the family. The second floor hospice, which provided living space for three or four people, could only be reached by climbing a ladder and was more of an attic than an apartment. The building was drafty and offered minimal protection against the weather. The furnishings consisted of a few beds and chairs, a table, a stove, and a few utensils. All were provided by public charity. The institution was referred to as both a hospice and a hospital in the historical sources used for this project. The operation of the institution would continue to depend on public charity for some time before any direct financial assistance from either the church or the government was provided. The term hospice was probably adopted at this time because it emphasized its role as a place of shelter for unwed mothers-to-be during the latter stages of their pregnancy.



The Mother House of the Misericordia Sisters on Dorchester Street in Montréal, circa 1900. In this building in April 1900, Father Leduc and Sister Marie de la Miséricorde, the Superior General, completed the negotiations which resulted in the establishment of the Edmonton Mission. It was also the departure point for the four Sisters who left for Edmonton in May 1900.

When Rosalie moved into these makeshift quarters on May 11, 1845, she was accompanied by a woman with a newborn infant. Despite the lack of adequate facilities, the new hospice immediately began to receive young women in need of assistance. By late fall, three to five (and sometimes as many as eight) were being accommodated on a regular basis. Rosalie was soon joined by other charitable women who volunteered their assistance.

According to the 1898 history titled *Origin of the Community of the Sisters of Miséricorde*, “the kind of charity practiced by Madame Jetté was well adapted to invite criticism on the part of worldlings.” She was accused of being a “nuisance to society” and “dishonoring herself by supporting low degraded creatures.” Rosalie was unconcerned by the criticism and continued with her care for unwed mothers-to-be and “the body and soul of the new born children. ...” To those who criticized, she replied, “One day, this community will do great good, and perhaps you yourself will gladly make use of its services.” According to the 1985 translation of *Grandmother Rosalie*, a biography of the foundress, she was proven correct on more than one occasion. Each baby was taken to the Church of Notre-Dame for baptism and then to the nursery operated by the Grey Nuns.

Despite the disapproval voiced by Rosalie’s family and by society in general, the St. Pélagie Hospice was a success. This was indicated by the ever-increasing number of young women who sought the assistance of the institution, and by the evolution towards a religious life for Rosalie and her associates. Their religious community was constituted as the Soeurs de Miséricorde (Misericordia Sisters) on January 16, 1848, in a ceremony conducted by Bishop Bourget. After its formation, Rosalie Jetté adopted the religious name of Mère de la Nativité. At her own request she was not elected as the first Mother Superior, preferring to carry on with her work without the administrative duties this position involved. This honour went to Sister St. Jeanne de Chantal. The position would eventually evolve into that of Superior General as the Sisters expanded to other cities in Canada and the United States. Each new institution was under the control of either a provincial or local Superior (referred to as Mother Superior or Sister Superior). She was responsible for both the community of Sisters and the administration of the hospital. The Superior General directed the affairs of the entire organization from the Mother House in Montréal.

Between 1845 and 1851 Rosalie and her associates moved to larger quarters located first on Wolfe Street and then on St. Catherine Street. In 1851 land was purchased on Dorchester Street for the purpose of providing a permanent home for the community. To serve their immediate needs, the Sisters renovated the two buildings already located on the site.

From 1848 to 1889 the work of the Sisters was focused on the needs of the unwed mother-to-be rather than on the long-term care of children, who continued to be transferred to the Grey Nuns’ orphanage. The St. Pélagie Hospice thus became a maternity hospital almost immediately after it opened. Its development as a maternity care institution was assisted by Dr. Eugène-Hercule Trudel, who was a pioneer in his own right in the development of obstetrics in Canada.



Misericordia Hospital, Montréal.

Dr. Eugène-Hercule Trudel

Dr. Trudel was born in Québec and studied at Nicolet College. After leaving the college he began his training as a medical doctor. In 1844 he graduated from McGill University with a doctorate in medicine. In 1849 he became professor of obstetrics at the Montréal School of Medicine and Surgery. He was the first teacher to introduce the clinical approach to this subject.

Dr. Trudel began visiting patients at the hospice soon after it opened in 1845. In addition to treating the patients, he also instructed the staff in how to assist with the birth of a child. On July 12, 1849, Mère de la Nativité herself received a certificate to indicate that she was a qualified midwife. After receiving this training, the Sisters also attended sick women in their own homes. This practice, according to the 1898 history, continued until 1862 when it was stopped at the request of Bishop Bourget “when certain medical men... raised objections.” The role of the hospice as a teaching institution was expanded in 1850 when, at Dr. Trudel’s request, the Sister Superior opened the maternity room to medical students to enable them to gain first-hand experience in their profession.

Rosalie Jetté, Mère de la Nativité, died on April 5, 1864, having fully achieved the goal of creating an institution to administer to the spiritual and material needs of unwed pregnant young women.

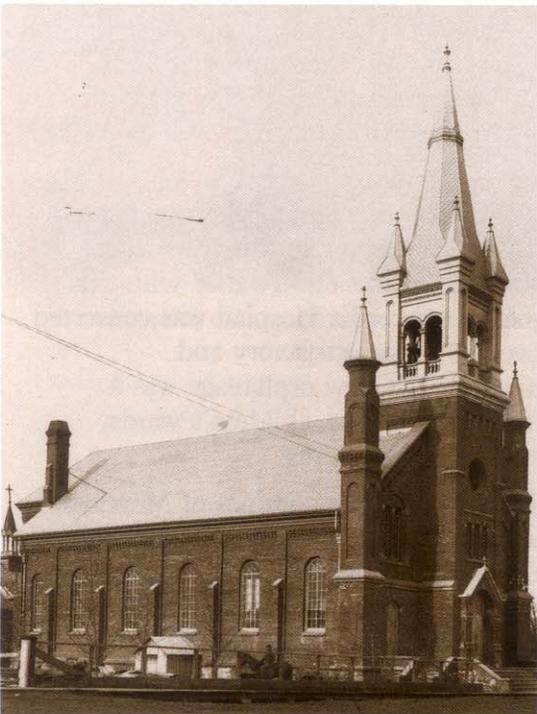
The Sisters opened their first hospital building specifically dedicated to maternity care in Montréal on April 20, 1887. It was part of a series of buildings, including the original 1851 convent, which formed a square around their garden. It was a four-storey structure with the distinctive elements of the second empire style of architecture, namely a mansard roof, dormer windows, iron cresting and a projecting pavilion on one end. The main floor housed a private hospital which operated for three years and was then converted into apartments occupied by women boarders. The remaining space provided dormitories and medical wards for the unwed pregnant women as well as the nurses’ residence.

The long-term care of children by the Misericordia Sisters began in 1889 when the Grey Nuns were no longer able, because of overcrowding, to accept children from the Misericordia Sisters into their institution. To deal with this situation, the third floor of the two-year-old Misericordia Hospital was converted into an orphanage. This arrangement proved to be unsatisfactory and necessitated the construction of a new building. The new orphanage was a multi-purpose structure containing a laundry, workshops, children’s wards, infirmaries, nurses’ rooms, bathrooms, and operating rooms.

The expansion of the Misericordia Sisters beyond the confines of Montréal began in 1878 when, at the request of the Bishop of Ottawa, the first mission was established in his city. This was followed by the creation of missions in New York and Winnipeg in 1887 and 1898 respectively. The fourth such mission to be established was in Edmonton, North-West (later spelled Northwest) Territories, in 1900.



Ft. Edmonton, circa 1902. An important economic relationship developed between Edmonton and Montréal during the fur trade period. In addition to serving as the headquarters of the Hudson's Bay Company, Ft. Edmonton also housed a Roman Catholic mission established by Father Thibeault in the 1840s.



St. Joachim's Church. Constructed in 1899, the church was one of a number of buildings which helped to establish the French Canadian character of the Oliver District in Edmonton. The Sisters attended mass at this church as part of their activities in the community. The Parish priests took a strong interest in the welfare of the Sisters.

Future Expansion

The Edmonton mission was established at the beginning of an era “of expansion.” Following Edmonton, missions were created in Green Bay in 1900; Hartsdale, New York in 1901; Saint Norbert in 1904; Oak Park, Chicago in 1907; Milwaukee in 1908; Pana in Illinois, 1913; Toronto in 1914; Haileybury, Ontario in 1929; Trois-Rivières in 1943; Los Angeles in 1948; Chatham in 1953; Cameroon, Africa in 1957; Sherbrooke in 1967; Fouban, Africa in 1970; and Gatineau, Hull in 1980.

Edmonton had a number of important associations with Montréal even before the arrival of the Misericordia Sisters. These originated from its years as a Hudson’s Bay Company fur trading post and Roman Catholic mission. The first Hudson’s Bay Company trading post was established in the Edmonton area in 1795, one year after the birth of the foundress of the Community, Marie-Rosalie Jetté. John Rowand, who served as the Chief Factor of Ft. Edmonton from 1826 to 1854, was the son of a surgeon at the Montréal General Hospital. Edmonton’s development as a Roman Catholic mission began in 1842 with the arrival of Father Jean Baptiste Thibeault, o.m.i.. Father Thibeault was a member of the Oblates of Mary Immaculate which had been established in France in 1815. The Oblates came to Canada in 1841 at the request of Bishop Ignace Bourget of Montréal.

In order to avoid the many battles and skirmishes being fought by the Cree and the Blackfoot at Ft. Edmonton, Father Thibeault chose Lac Ste. Anne for the location of his mission. He made periodic trips from Lac Ste. Anne to Ft. Edmonton where he stayed and held services in a room provided by the Company. In 1859 a chapel and a small residence were built inside the Fort for the use of the mission which had been named St. Joachim’s in 1854 by Bishop Taché and Father Lacombe.

Bishop Taché had served as a missionary before becoming Bishop of the St. Boniface Diocese. This diocese included the Edmonton area at that time. Father Lacombe was another missionary who came to the Edmonton area in 1852 to continue the work of Father Thibeault. Together they were responsible for the establishment of the Roman Catholic Mission at St. Albert. This became the official residence of Bishop Vital-Justin Grandin in 1868 and, over thirty years later, sponsored the establishment of the Misericordia Sisters in Edmonton.

St. Joachim’s Parish remained part of Ft. Edmonton until July 20, 1876, when Chief Commissioner Graham of the Hudson’s Bay Company requested that Bishop Grandin move the chapel outside the Fort and beyond the limits of the Hudson’s Bay Company Reserve. In October of that year it was dismantled and reassembled two miles west on a parcel of land donated by Malcolm Groat. The first permanent pastor, the Reverend Henri Grandin, came to St. Joachim’s on October 1, 1883. His arrival coincided with the purchase by the church of a large block of land in the Hudson’s Bay Company Reserve. This block of land was located in what would eventually become the Oliver District of Edmonton and the future home of the Misericordia Hospital. A new church was constructed on this property in 1886 beginning what would be a series of



*R. P. a
Lacombe*

Father Albert Lacombe. During his years of training to be a priest and later on as an Oblate, Father Lacombe actively promoted the growth of the Catholic Church in western Canada. He was closely associated with the history of the Misericordia Sisters. During his career as a missionary in the west, he corresponded with the Sisters and visited them on his return trips to Montréal.

Catholic institutions in this area. On October 11, 1888 the first religious institute of women, the Sisters, Faithful Companions of Jesus, arrived to establish Edmonton's first separate school. Under the direction of Reverend Hippolyte Leduc, who succeeded Father Lacombe as pastor in 1897, a third St. Joachim's church was constructed. The French Catholic character of the Oliver District was further strengthened with the construction of St. Joseph's Seminary in 1894 and Edmonton's first hospital, the Edmonton General Hospital, by the Grey Nuns in 1895.

The establishment of the Edmonton mission had special significance because of the role of Father Albert Lacombe, o.m.i., who had been present in Montréal when the Misericordia Sisters was established. During his years as a missionary in western Canada, he had maintained his association with the Misericordia Sisters. At the time of his visit to the Mother House in April 1899 he told the Sisters that he "dreamt that the Misericordia Sisters were being sent either to Calgary or Edmonton."

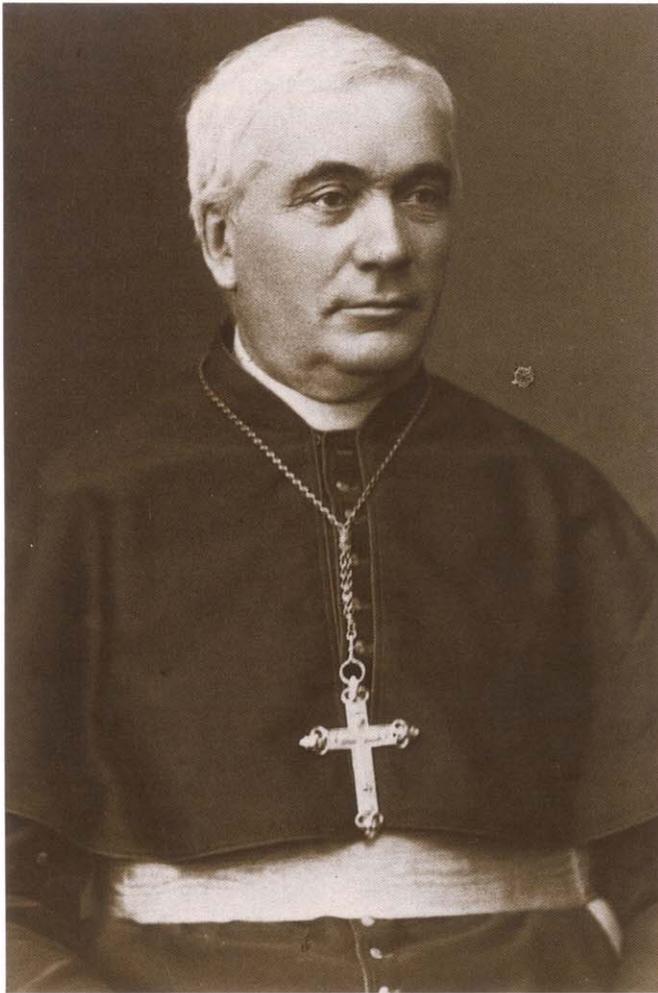
The sequence of events which would make Father Lacombe's dream a reality began in November of 1899 when Monseigneur Legal, Auxiliary Bishop of the St. Albert Diocese, discussed with the Superior General the concerns he had about the soul of a certain Métis girl in the diocese. The Superior General referred the matter to the Mother Superior of the Misericordia Sisters in Winnipeg who in turn contacted Bishop Grandin. In her letter to him, dated November 13, 1899, she stated that:

We are willing to admit her, Mgr., but on the condition that she will follow our rules in our house. We won't permit going out, we don't offer salaries, but we provide all that is necessary. She will have to help in chores, we will see if she has any aptitude for sewing or for the vocation of nursing. In one word, she will have to submit herself to our sisters. If she accepts these conditions we will take care of her as if she was one of ours.

Bishop Grandin responded to this letter on December 10, 1899, by providing further information concerning the situation of the Métis girl. He also added a postscript to the letter in which he stated:

If moral misery were sufficient to draw you to us, I would make initiatives to this direction for we certainly have need of your help, but we are not sufficiently advanced yet for that. If, however, your society could establish a mission without our help, I beg you in grace to come to our assistance.

Subsequent to Grandin's letter, two Sisters visited Edmonton to view the situation. Preliminary negotiations took place in Winnipeg between Father Leduc and members of the religious community concerning the establishment of a mission in Edmonton. Out of these informal negotiations came the tentative decision by the General Council to send four Sisters to Edmonton with the condition that the mission would have to be totally self-sufficient because the Mother House was not in a position to provide financial assistance.



Vital-Justin Grandin, Bishop of the St. Albert Diocese from 1871 to 1902. His official request to the Misericordia Sisters resulted in the establishment of a mission in his diocese.



Father Hippolyte Leduc. Following the successful completion of the negotiations in Montréal, Father Leduc accompanied the founding sisters on their journey to Edmonton.

This decision was communicated to Grandin in late March of 1900. Grandin was overjoyed to find out that they were prepared to send four Sisters despite the stipulation that the diocese would have to provide them with room and board if they could not find it themselves. Grandin immediately promised that the diocese would provide suitable rental accommodation either in Edmonton or Strathcona. He further indicated in the same letter that, "If they cannot pay their rent, I hope I will be able to find the needed amount," and that he intended "to give them two cows, maybe three if needed and if they are in need, that with God helping, we will be able to prevent them suffering from hunger." Grandin concluded his letter with an expression of both concern and hope for the future:

I am quite certain that these good girls will encounter lots of difficulties and some that they don't count on. As you know, this is the seal of the work of God. But why fear, He will be on our side when we will look for his Glory.

In March 1900 Reverend Father Lacombe acting for Bishop Grandin officially asked for the establishment in Edmonton of a hospital administered by the Misericordia Sisters. In April, Father Leduc went to Montréal to complete the negotiations with the Superior General and her Councillors. Even before Father Leduc arrived, the Superior General indicated in a letter that they were very excited by the prospect of extending their work in western Canada. In her letter to Bishop Grandin, dated April 10, 1900, she wrote, we have "started special prayers for God to inspire us in our choice of the new missions. All our Sisters, old and young are anxious to devote themselves but since there should be only a small number of them, it is important to choose them well."

In the agreement, signed on April 27, 1900, the Misericordia Sisters agreed to supply four Sisters "with their trousseau and a few small gifts that they will receive from charitable souls for their Edmonton Mission" and one nurse. In return the St. Albert Diocese agreed to see to the housing and maintenance of the Sisters until they were self-sufficient. This stipulation in the contract meant that the diocese agreed to pay in whole or in part the rent on the interim accommodation to be used by the Sisters pending the completion of the hospital. The St. Albert Diocese also agreed to give them a complete block, surrounded by four streets, in Strathcona. This land was to be provided only if the two parties, after a certain unspecified trial period, decided that the mission was to be permanent. Under the contract, the St. Albert Diocese was to be responsible for the loans which the Community would have to arrange in order to construct the new hospital on the site provided by the diocese.

Following the successful completion of these negotiations, Sister St. Francois d'Assise, Sister St. Laurent, Sister Ste. Rose de Lima, and Sister St. Frederic were selected to be the founders of the Edmonton Mission along with Miss Mary Jane Kennedy, a nurse from their Ottawa House. The Mother Superior, Sister St. Francois D'Assise, was at forty-two the oldest member of this group. Before coming to Edmonton she had served in the New York and Ottawa missions. The youngest was Sister St. Frederic who at twenty-five was

Founders of the Edmonton Mission



*Sister St. Francois d'Assise,
Mother Superior, 1900 - 1906.*



Sister St. Laurent



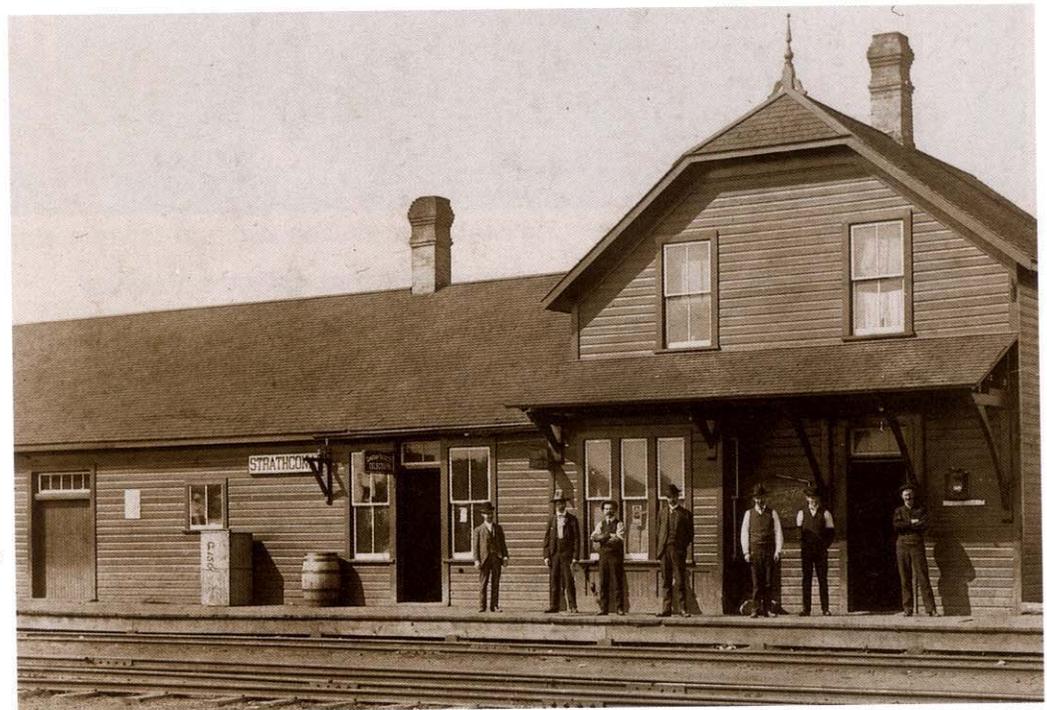
Sister Ste. Rose de Lima



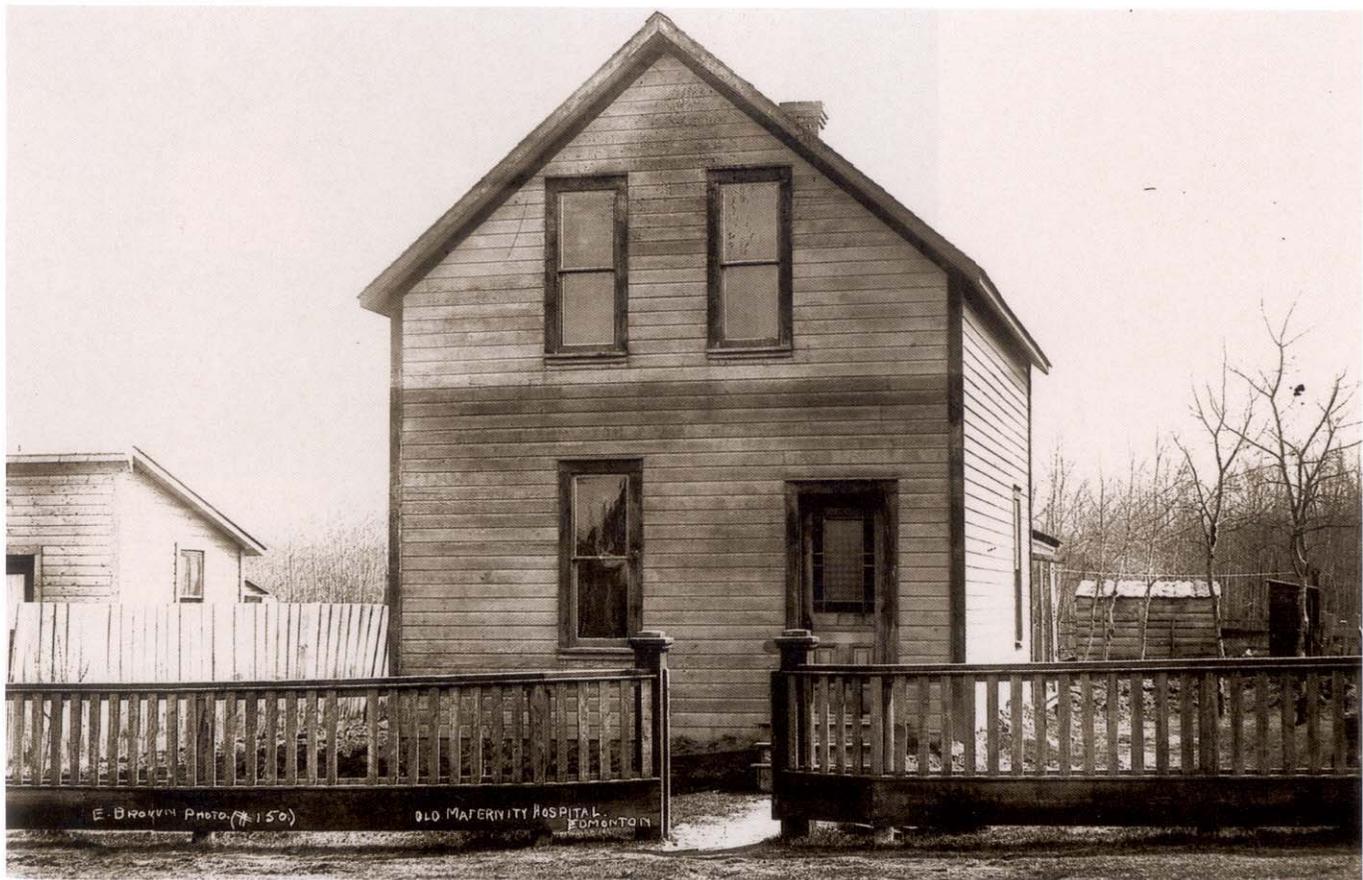
Sister St. Frederic



Nurse M. J. Kennedy. Prior to coming to Edmonton, with the Sisters in May 1900, she had nursed in the Ottawa Mission of the Misericordia Sisters.



The Strathcona Station of the Calgary and Edmonton Railway, 1900. Sister St. Francois d'Assise, Sister St. Laurent, Sister Ste. Rose de Lima and Sister St. Frederic accompanied by nurse Kennedy and Father Leduc, arrived at this station on the evening of Tuesday May 29, 1900 to establish the Edmonton Mission.



This residence was occupied by the Misericordia Sisters from June 1 to August 28, 1900. The building was located at 9937 - 110 Street, across from St. Joachim's church.

beginning her works of charity. Later the same year, this group was joined by Sister St. Francois de Sales.

The five women were accompanied by Father Leduc as they travelled from Montréal on the Canadian Pacific Railway to Calgary and then to Edmonton on the Calgary and Edmonton Railway. Their trip west was paid for by the St. Albert Diocese. They arrived at the Strathcona station at approximately eight o'clock on the evening of Tuesday, May 29, 1900. From the station they crossed the North Saskatchewan River to the General Hospital where they were accommodated for the next three days by the Grey Nuns. Because the building acquired by Bishop Grandin for the future Maternity Hospital required renovations, the Sisters and the nurse moved into a house, located at 9937 - 110 Street, across from the present day location of St. Joachim's Church. This house had been provided for their use by Roderick McRae, the community's first public benefactor in Edmonton. It was a two-storey building; the first floor consisted of four rooms while the second was a kind of loft. McRae gave them use of the stove and the kitchen utensils. The heating system consisted of a stove pipe which extended through the two floors. Despite these surroundings, the women responded to the challenge with enthusiasm as indicated in a letter to the Superior General, dated May 31, 1900:

*Dear Mother, the house we will be living in is not a castle, rest assured, we would not have wanted it if it would have been. We'd rather start in a manger ... We cannot say anything about the city, as of yet. We will visit it on Tuesday with Father Leduc. Mother we like it very much, we always want to like it and we will like it always ... Let's wish, Good Mother, that all is well, Providence looks after us. The Solest has Tolled, I have to go.
Good night, Good Mother
Your daughters, The Sisters of Edmonton*

The conditions which confronted the Misericordia Sisters of Edmonton were similar to those faced by Marie Rosalie Jetté when she opened the St. Pélagie Hospice in Montréal fifty-five years earlier.

Despite the unsatisfactory nature of their small temporary residence, the Misericordia Sisters began their service to the Edmonton community by taking in a number of pensionnaires or boarders.

Pensionnaires (Boarders)

This was the name given to the boarders who would rent rooms at the hospital as if it were a hostel. This provided a source of income for the Sisters and a safe place for women to stay in a town where years later a YWCA would provide a similar service.

The first boarder was a girl from Leduc who spoke neither French nor English. For a short time, they also cared for a baby whose mother was temporarily unable to take care of him.



(304) R.C. CONVENT EDMONTON

PHOTO BY C.W. MATHERS, EDMONTON, ALTA.

The convent of the Sisters, Faithful Companions of Jesus. This community of Sisters, located south of St. Joachim's church, provided assistance to the Misericordia Sisters during their early years in Edmonton.



The Edmonton General Hospital shortly after its construction in 1895. The Misericordia Sisters upon their arrival spent three days here with the Grey Nuns.

This first residence was a temporary measure pending the completion of the necessary renovations to their future hospital, at the southwest corner of III Street and 98 Avenue (9746 - III Street), which Bishop Grandin chose to purchase rather than rent as was specified in the negotiations. This was intended for use during the experimental phase of the Edmonton Mission.

This property was adjacent to the road (trail) which connected Ft. Edmonton and St. Albert and in close proximity to the existing Catholic Community. These were no doubt contributing factors when a location was chosen. It would be noted that "the city," referred to in the first letter to the Superior General, was approximately ten blocks of bush away. Information on the renovations to this new building along with future possibilities was provided in the August 27, 1900 issue of the *Edmonton Bulletin* which also made use of the English translation of Miséricorde.

The new provisional maternity hospital is now being fitted up by the Sisters of Mercy. The property is in the west end of town, opposite Norris & Carey's old store. The lots and buildings were purchased from J. Norris at a cost of \$600, and the buildings are being refitted at a cost of \$1500. It is possible that the Sisters may establish permanently in Strathcona but for the present no expense will be spared in fitting up the building now occupied.

The period from June 1 to August 29 was one of adjustment to their new surroundings and preparation for the work ahead. The transition from Montréal to Edmonton was made somewhat easier by the warm reception they received, particularly by Bishop Grandin who said, upon seeing them on June 5, 1900, "I may die in peace since I have the good Sisters of Miséricorde in my diocese."

Their lives included participation in the various religious functions of the community both in St. Joachim's Parish and occasionally in St. Albert. These activities included attendance at mass at either the convent of the Sisters, Faithful Companions of Jesus or in St. Joachim's Parish church itself. The proximity of the three communities of Sisters and the parish priests presented opportunities for socializing. On July 9 they were invited to the Grey Nuns for dinner to celebrate the birthday of one of the Sisters. The meal, which consisted of roast beef, fried potatoes, cucumber salad, puff pastry, and ice cream, was described in the chronicles as delicious.

The Chronicles

The chronicles were monthly reports sent by each mission to the Mother House. They recorded the events and activities of the Sisters. The information from the various locations was then compiled into another document which was sent from the Mother House to each mission. This provided a means by which individual missions were informed about the overall work and progress of the entire community.

Visitors to the mission of the Misericordia Sisters included Fathers Leduc, Bouchard, Lestanc and Légal. In addition to providing social contacts, members of the other religious communities, and Father Leduc in particular, provided material items generally in the form of food to the new arrivals. On June 11 when the Grey Nuns visited the Misericordia Sisters, they brought a sack of oranges. Material assistance was also provided by members of the church from locations outside the town. Father Dorais, who was the parish priest at the Lamoureux Settlement across from Ft. Saskatchewan, provided 100 pounds of flour and four and one half pounds of butter. His special interest in the welfare of the Misericordia Sisters originated from the fact that his cousin, Sister St. Joseph, was a member and because he had said his first mass at the Mother House in Montréal. Donations from the Catholic clergy also included a lamb from Bishop Grandin and a cat from Father Lestanc. The lamb was "scrubbed down to his toes" and carried in the arms of Father Leduc in the St. Jean Baptiste procession on June 25. As well as the support from the Catholic organizations, the Misericordia Sisters also received help from the community at large. The first such gift arrived on June 4 when Mr. Careau, a butcher, sent them five pounds of pork. On June 19, they also received, from a Ft. Saskatchewan man, thirty chickens to add to their collection.

The Misericordia Sisters were not, however, content to simply await the arrival of donations. Throughout the period they were constantly travelling through the country asking for donations. One of the first areas to be canvassed was Ft. Saskatchewan. This was done at the invitation of Father Dorais. Sister St. Laurent and Sister Ste. Rose de Lima made the first canvass in this area on June 12. This trip was followed by trips to Strathcona in a horse and wagon loaned to them by the Mother Superior of the Faithful Companions of Jesus. On July 10, Sister St. Francois d'Assise and Sister St. Laurent returned with the wagon full of groceries and kitchen utensils.

The roots and associations established by the Sisters during their first three months in Edmonton assisted them to achieve the goals set for the Edmonton mission by the Mother House.

CHAPTER
2

1900
to
1906

The Mission Years

The Maternity Hospital opens and evolves into a general treatment facility. The Sisters purchase land and plan for the construction of a new, modern hospital.



The Maternity Hospital of the Misericordia Sisters, 1900. This building was originally a warehouse used by the Edmonton firm of Norris and Carey who operated a general store in the area. It was purchased and remodelled by the St. Albert Diocese for use by the Sisters. The utility pole carried the telephone line between St. Albert and Edmonton.



Edmonton in 1903 showing Ft. Edmonton and buildings in the Oliver district which were part of the Roman Catholic Mission. At this time, this district was on the western outskirts of the Town of Edmonton. The buildings on the horizon include the General Hospital, the Convent of the Sisters, Faithful Companions of Jesus and St. Joachim's church.

1900 to 1906

CHAPTER 2

“At last, we are starting to move,” was the entry in the chronicles for August 27. This expressed the Sisters’ relief at their relocation to the new Maternity Hospital on the southwest corner of 98 Avenue and 111 Street. On that day their neighbour, Mr. Joseph Lachambre, transported their chests and suitcases by wagon while the Sisters gathered all they could carry and walked the two and one half blocks to their new residence. They spent their first night in the new hospital on August 29, 1900. The relocation was completed two days later when the chickens were moved. “It was a little funny,” noted the chronicles, “to see us walking along the road with each of us carrying four chickens in our hands.” The Sisters and nurse Kennedy, along with their chickens, moved before the renovations to their new quarters had been fully completed. On September 5 the painter arrived forcing the hospital staff to move their belongings from one room to another to keep out of his way. “If this keeps up,” noted the chronicles, “we are going to be experts in moving.” Despite the inconveniences associated with the move, it brightened the spirits of the women who were now able to settle in on a permanent basis and more actively pursue their objectives in the Edmonton area. For the next five and one half years, this building would be the focus for the lives of the Edmonton Sisters because it served as their residence as well as a hospital, boarding house, and orphanage. The chronicles do not provide a description of the building. The Sisters were apparently as unconcerned with their surroundings as they were concerned with the spiritual and physical health of their patients and boarders.

The joy of the Edmonton Sisters upon moving into their new residence was shared by the entire organization. The Mother House Chronicles for December 1900 noted that, “Our Edmonton Sisters are moving up in the world; in the beginning they only had a small lamb, now they have a complete farmyard [with a] cow, a team of horses, ducks, turkeys, roosters, hens, and a piano [is] expected.”

The new Maternity Hospital was located at what was then the western outskirts of Edmonton, a community of approximately 3000 people. In 1900 the town was in transition from a period of slow growth to one of rapid economic development. Prior to 1900 it was relatively isolated because the Calgary and Edmonton Railway had in 1891 terminated its line on the south side of the river rather than crossing it and continuing further north. The railway had also created a new town-site which would eventually become the town of Strathcona and a rival with Edmonton for government offices, commerce, and industrial development. Edmonton, rather than being patronized by the railway company, suddenly found itself in a fight for survival.

The anticipated flood of agricultural settlers into Northern Alberta, following the completion of the Calgary and Edmonton Railway, failed to



At the turn of the century, Edmonton was a relatively isolated community with the majority of its buildings located east of 101st Street. The Sisters' Maternity Hospital was located ten blocks to the west of this concentration of buildings.



The store of pioneer Richard Secord located at 101st Street and Jasper Avenue was the centre of the fur trade in Edmonton in the 1890s. Secord was one of the private citizens who helped the Sisters during their early years in Edmonton.

materialize. After an initial upsurge between 1891 and 1894, homestead entries between 1895 and 1898 declined significantly. This situation, according to the local Dominion lands agent, was the result of high freight rates which discouraged the export of agricultural goods from the region and a North America-wide depression which discouraged immigration from the United States.

During the 1890s, Edmonton had continued to rely on its traditional role as a base of supply for the Athabasca, Peace, and Mackenzie River districts. Staples like fur continued to be important because of Edmonton's role as a primary fur marketing centre and as a base of operations for various companies active in the North. The Edmonton firm of McDougall and Secord played a major role in the fur trade at this time. Coal mining, and the manufacture of lumber and other forest products and serving the needs of area farmers were aspects of Edmonton's economy which were increasing in importance at this time.

McDougall and Secord Ltd.

McDougall and Secord Ltd. was founded in 1879 by John A. McDougall who engaged in general merchandising and fur trading. In 1892 Richard Secord was hired as fur buyer and in 1897 he became a partner. The company operated as general merchants, buyers and exporters of raw furs and outfitters for survey parties, traders, trappers, miners and others headed for the North throughout the period up to 1907.

Edmonton's civic administration consisted, throughout the 1890s, of the Mayor and Council and approximately three paid employees. Much of the day-to-day work of running the town government was handled by standing committees of Council. Municipal public workers were limited to clearing road allowances, constructing sidewalks, and ditching. These municipal improvements were generally made in the more settled areas of the town east of 101 Street. Water, sewage, and electric light utility systems were either non-existent or were ineffectively operated by private companies. Edmonton, however, was better off in terms of telephone communications as a result of the efforts of Alex Taylor. By 1900 the Edmonton District Telephone Company, which he had established, served over 100 subscribers. The development of this system dated back to the fall of 1884 when a telephone line was constructed between Edmonton and St. Albert via the old trail between these two communities. Despite the fact that the first hospital established by the Misericordia Sisters was located immediately adjacent to this line, no documents have been located to indicate that it was connected to the system at this time. The Maternity Hospital began without the benefit of a telephone and the other utility services of an urban community.

Like all prairie communities, Edmonton had great expectations. As the 1900 *Henderson's Directory* for Edmonton noted, "It has unique natural advantages which ensure for it a permanent and from now on rapid growth." These expectations were shared by Father Lacombe who had anticipated that a rapidly growing city would need the services provided by the Misericordia Sisters. By



(252) Donald Ross driving the last Rivet Apr. 4/00

The Low Level Bridge, completed in April 1900, was one of a number of developments at the turn of the century which heralded the economic boom which occurred in Edmonton prior to World War I.



BROWN
1915

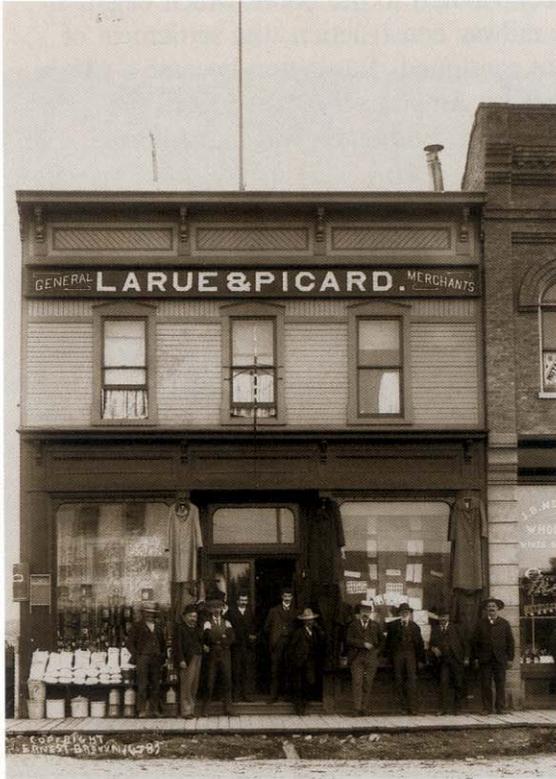
The Immigration Hall, constructed in 1908 by the Federal Government, provided temporary accommodation for persons immigrating to the Edmonton area.

the turn of the century, indications were apparent that increased economic growth would take place. Two of the reasons for this change were the Klondike gold rush through Edmonton and the actual commencement of the construction of the long awaited Low Level Bridge. The successful completion of the Edmonton Yukon and Pacific Railway in the fall of 1902, followed by negotiations between the town of Edmonton and Canada's three major railway companies in the spring of 1903, also contributed to the boom which began at the turn of the century. In addition to railway construction, the settlement of the agricultural land adjacent to the city continued. Edmonton became a city in 1904 and the following year, the Province of Alberta was created from the western portion of the North-West Territories. Edmonton was named its permanent capital in 1906.

This increased pace of economic activity led to increased immigration into both Edmonton and Strathcona. Edmonton's population, which doubled between 1891 and 1901, would quadruple between 1900 and 1906. This rapid increase, while of economic benefit to the city, created its own unique medical problems. The population served to further establish Edmonton as an English Protestant city since French Canadian immigration had not kept pace. French Canadians would, however, continue to be a significant influence not only through the activities of the Catholic Church but also because of their involvement in the professions and the economic development of Edmonton. Many of the individuals in the French community would play important roles in the history of the hospital. The Misericordia Sisters, rather than being overwhelmed by these changes, made the necessary adjustments and thus ensured that their hospital would grow along with Edmonton.

Despite their distance from Montréal and the emphasis on self-reliance in the operation of their mission, the Edmonton Misericordia Sisters continued to be subject to the authority of the General Council. This Council, headed by the Superior General, served as the supreme administrative body for the expanding operations of the Community of Sisters. Its function, vis-a-vis the day-to-day operations of the Edmonton mission, was to approve any financial expenditures exceeding a certain value. At various times it also made certain administrative decisions such as the type of patients to be admitted. It was a system which was necessary given the fact that the Mother House was ultimately responsible for any of the actions of members of the Edmonton mission. The fact that few requests from the Edmonton Sisters were ever refused demonstrates the ability of this administrative system to serve both the General Council's obligation to monitor the activities of the various missions and the need for it to be responsive to the requirements of the Sisters at the locations.

The Maternity Hospital of the Misericordia Sisters was a specialized institution designed to meet the needs of unwed mothers-to-be and their babies. In this role it served to complement Edmonton's first hospital, the Edmonton General, built five years earlier. Shortly after the Maternity Hospital was opened, Edmonton's third hospital went into operation. On December 12, 1900, the *Edmonton Bulletin* announced the official opening of the Edmonton Public Hospital, located at 9644 - 103A Avenue. (This hospital became the Astor Hotel when the Royal Alexandra Hospital opened in 1910.) This institution had been started because of a disagreement between the doctors of Edmonton and the Grey Nuns over the administration of the General Hospital. Amongst other



Joseph-Henri Picard and Stanislos Larue, who were prominent members of the French Canadian community, played an important role in the social, economic, and political life of Edmonton.



The Edmonton Public Hospital, despite the fact that it was non-sectarian, was viewed by the Sisters as a Protestant institution.

things, the doctors objected to the admittance of “pauper patients” who were admitted without the doctors’ medical permission. The opening ceremony, organized by the Women’s Hospital Aid Society, included a reception attended by 300 people. An impromptu musical program and a speech by Frank Oliver, Edmonton Member of Parliament as well as owner and editor of the *Edmonton Bulletin*, declared the building officially open. The hospital was located on Boyle Street which placed it closer to the built up area of the town.

Under the 1898 “Ordinance to regulate Public Aid to Hospitals,” hospitals received “ten cents per day for each day’s actual treatment and stay of every patient,” and an “additional forty cents ... for every partially free patient ...” from the Territorial government. The new Public Hospital received the generous support of a number of Protestant organizations in the town. Since hospitals in general received only a small amount of government funding, Edmonton’s newest hospital, like the Maternity Hospital, had to launch and sustain a fund-raising campaign. The effort to obtain funds by the Public Hospital also extended to communities beyond Edmonton.

In addition to hospitals, Edmonton’s municipal government played a limited role, through its Medical Health Officer and the Health and Relief Committee of the Town Council, in ensuring the health of and providing social services to the community. The duties of the Medical Health Officer were related primarily to the protection of the public against various health hazards such as epidemics. The Health and Relief Committee had the responsibility of overseeing the work of the Medical Health Officer, the collection and disposal of garbage, and the distribution of a limited amount of public funds for relief purposes. Municipal relief expenditures varied from a low of \$25.05 in 1901 to a high of \$599.27 in 1906. The Town depended to a large extent on private organizations such as the Misericordia Sisters to bring medical care and social services to the citizens of Edmonton. This fact would be used by the Sisters during their subsequent negotiations with the municipal government for a rebate of their taxes.

At this time, Edmonton had a limited number of medical personnel in private practice. Of the five doctors listed in the 1900 *Henderson’s Directory*, Dr. Philippe Roy was the one who made the most use of the new Maternity Hospital.

Dr. Philippe Roy

Dr. Roy was born in 1868 in Québec and obtained his doctorate in medicine from Laval University. At the age of thirty, he came to Edmonton with the intention of continuing on to the Klondike but decided to set up a medical practice instead. In addition to his role as a doctor, he also played an active role in politics which would eventually result in his appointment to the Senate in 1906 and later as Canadian Ambassador to France.

The Edmonton Maternity Hospital began operation in a very informal way and without fanfare. The chronicles for September 1, 1900 simply record the arrival of a young English girl accompanied by her husband who wanted to have his meals with his wife during her stay in the hospital. Although the renovations were still underway and the Sisters had not yet completely

unpacked, they welcomed their first patient into the hospital because she was quite willing to accept what little the Sisters could offer. A second patient, who arrived on September 6, presented a special problem because of her concern that hospitals were only places where people went to die. In order to make her feel more comfortable, a bed was provided for the one-year-old child she brought with her. The Sisters also tried to persuade her to come into one of the new rooms of the hospital in order to dispel her concern that it was a "hospital of eternity."

Over the next five years approximately 200 patients would be admitted and treated at the hospital. Contrary to expectations, however, the majority of these patients were not unwed pregnant young women for whom the hospital had originally been created. The patients included married women and some men. The Maternity Hospital became a hospital offering general medical care soon after it opened. This trend was formally recognized on March 21, 1904, when the General Council of the Misericordia Sisters in response to what it described as "the needs of the country" authorized the Sisters of Edmonton to "welcome all kinds of patients in their hospital."

The medical care provided by the Maternity Hospital staff was only one aspect of their duties. Other responsibilities included caring for the hospital boarders and taking care of the garden and the livestock located in the lot south of the hospital. This lot (78) was purchased in 1902 for \$50.00.

Between 1900 and 1906, the medical and social services provided by the hospital were handled with only minor variations by the same number of staff members that had originally established the mission in 1900. The number of Sisters varied between five and six while the number of nurses varied generally between one and three.

Private citizens and individual members of the Catholic church played an important role in the day-to-day operation of the hospital through the donation of food. On September 7, 1900, Mrs. Lachambre, their former neighbour whose husband had assisted in their move, brought the Sisters a butter cake which was distributed amongst the hospital boarders. Mrs. Lachambre, who operated a confectionery store in town, made a further donation of a fruit cake and biscuits on September 12. This donation not only provided food for the boarders but enough was left over for a snack for the Sisters whose first priority was always the care of their patients and boarders. The cakes and biscuits, which were provided on a regular basis for some time, were supplemented with the vegetables provided by Father Dorais from Ft. Saskatchewan.

In addition to soliciting support from the community at large, the Sisters also appealed to the municipal government. A request for the remission of their taxes was sent to the Mayor and the Town Council on November 26, 1903. In their letter, the Sisters noted that they had "undertaken to supply a much needed institution of charity, namely, — A Refuge for the Unfortunate, Maternity Hospital, Orphans-Home, and ... without any adequate help on the part of the patients we receive, or from any one else depending entirely on public charity." The Town Council was partially sympathetic to their situation and agreed to remit the \$31.50 in taxes owed on the lots south of 98th Avenue. The Council, however, felt that it was "just and reasonable" that the Sisters pay the taxes on the unoccupied block of land north of the hospital which they had purchased for eventual use as a site for their new hospital. Since the taxes on

this latter property were overdue, the Town Secretary-Treasurer requested the Sisters to "kindly settle this at once."

The following year on November 5, 1904, the Sisters renewed their request for a tax rebate. The Secretary-Treasurer advised them that the Council was willing to allow a remission of taxes on the same basis as in 1903:

provided that they furnished a full report of the year's business, giving an account of Revenue and Expenditure of the institution; the nature of the cases and the number of patients treated and children cared for.

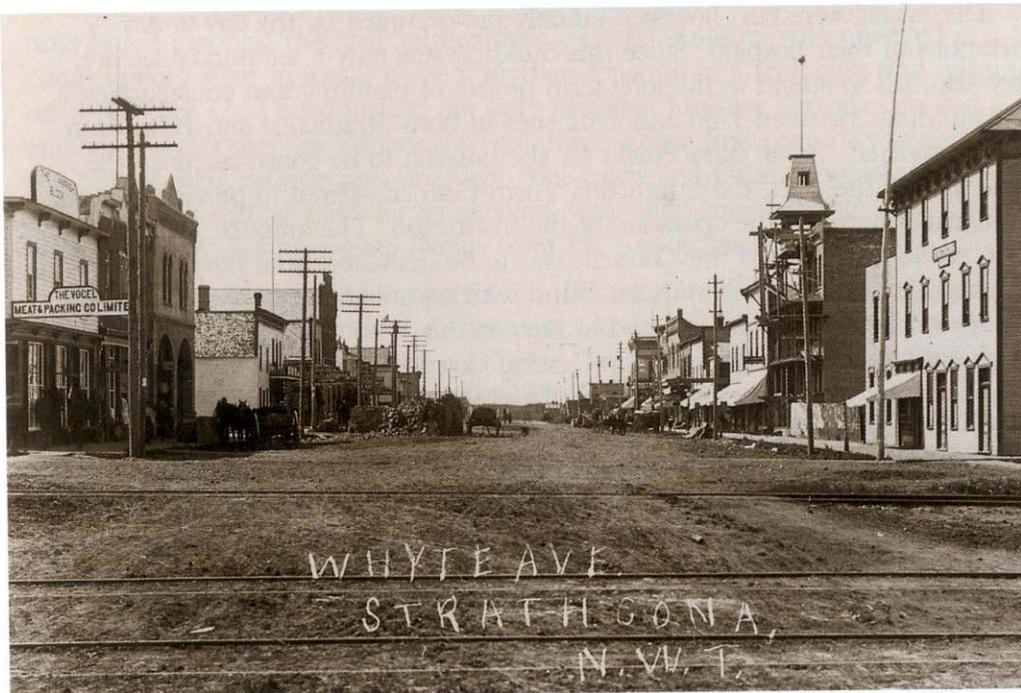
The Council required the information to justify the granting of the request. The report, as requested, stated that for the year ending October 31, 1904, forty-two adult patients and forty-eight children were registered in the institution. Total income from these individuals was \$585.00 which covered approximately half the total expenditure for the same period which was \$1,199.70. As the Sisters noted in the report, the balance was "made up by voluntary contributions for the benefit of our institution partly in cash but mostly in merchandise of various kinds received from residents of Edmonton and the surrounding district." The report provided the necessary information to allow for a remission of taxes for 1904 on the lots occupied by the hospital.

The Maternity Hospital was thus a multi-purpose institution which served a variety of functions ranging from providing medical care to serving as an adoption agency and residence. This arrangement reflected a balance between the Order's social service and medical roles in the community. This diversity of functions and the relatively small size of their quarters contributed, amongst other things, to the operation of the hospital in an informal manner. This atmosphere was further enhanced by the frequent visits to the hospital by members of the clergy and Sisters from other religious communities.

The Sisters were not, however, entirely pre-occupied by the day-to-day operations of their hospital. Since this building was only a temporary facility, they also had to attend to the long-term project of planning and constructing a new building. Between 1900 and 1902 sites in both Strathcona and Edmonton were considered. As an inducement for the hospital to be constructed on the south side of the river, the Strathcona Town Council offered to provide a grant from year to year for the operation of the institution. The amount, which was to be at the discretion of the Council, was to be deducted from hospital taxes. Although no documents have been found which would indicate that Edmonton was approached or had volunteered to provide this type of concession, Edmonton was chosen. In 1902 the General Council of the Misericordia Sisters authorized the purchase of a site in St. Joachim's Parish located immediately north of the first hospital. In November of 1902, sixteen lots were purchased and an additional four lots were purchased the following year. According to the terms of the original agreement, the Sisters were to be reimbursed the purchase price of this site by the St. Albert Diocese. They were not reimbursed by the diocese until 1906. The planning of their new hospital began in March 1904 when its construction was authorized by the General Council. St. Boniface, Manitoba architect J.A. Senecal was chosen to design the building. Prior to



The Maternity Hospital, 1905. Note the addition of a veranda to the front of the building.



Whyte Ave., Strathcona, North-West Territories, circa 1900. Strathcona was initially considered during the negotiations as a possible location for the maternity hospital. The town council was approached by Father Leduc about possible financial assistance. The decision to locate on the north side was probably influenced by the existence of St. Joachim's Parish and the strength of the French Canadian influence in the Oliver district of Edmonton.

receiving this commission he had designed the St. Boniface Hospital, St. Mary's Academy in Winnipeg, La Salle Church south of Winnipeg, and the Edmonton General Hospital.

The construction of the building was carried out in association with the Mother House and the St. Albert Diocese. The Misericordia Sisters had to arrange the building construction loans and the St. Albert Diocese agreed to underwrite these loans. By March 1905, the plans had been completed by Architect Senecal and referred to the Superior General, Sister Ste. Lucie, for review. In a letter dated March 31, 1905, to Bishop Legal, who succeeded Bishop Grandin in 1902, she indicated that the plans incorporating changes suggested by the Sisters in Edmonton called for the construction of a building which was too fancy. The Superior General, while being concerned that the Sisters have a sound and comfortable house, was very concerned about the appearance of the building. As she pointed out, the building must be:

simple enough for a religious house built by a congregation that survives on alms. We believe that to stay within the spirit of poverty and in the interest of our institute we don't want to get criticism from anybody on the way we built the convent.

She also felt that the "nice entries, the turrets and the iron ornaments, etc." would only be an added expense which would not bring any real advantage to the works of the house. Another cost saving measure she suggested in addition to the elimination of the ornamentation was the use of regular rather than pressed bricks.

The Superior General's concern for the cost of the building was compounded by the difficulties encountered when attempting to borrow the money for its construction. As she explained to Bishop Legal:

Despite all our investigations, we still haven't found the money to borrow. This week we have started negotiations with a Company, but to this day we don't know the result. I know our Sisters are finding that time is dragging along and with reason, but it has been impossible for us to succeed. It seems that society these days mistrusts religious communities and that makes getting loans difficult. We do hope Providence will come to our help.

A final point raised by the Superior General was that the building be designed to make its construction as easy as possible and "at the same time spare [the] workers' health so fragile these days."

Legalities had to be clarified before the construction of the new building could begin. The issue was resolved on October 8, 1904, when Royal assent was given to Bill No. 20, "An Ordinance to incorporate the Sisters of Mercy of the North-West Territories." The bill was sponsored in the Territorial Assembly by



Winter of 1906. The new hospital is almost ready for occupancy. The construction fence was later replaced by a series of different fences and hedges.

the member from Edmonton, Richard Secord. The incorporation ordinance established the Sisters as a corporate entity which had the right to acquire, develop and sell real estate as well as sue or be sued in all courts of justice. In addition to using an English translation of Misericordia the preamble to the ordinance also ignored the fact that the Edmonton Sisters were members of a religious community from Montréal. The preamble simply stated that, “Whereas there has existed for some time in the Territories an association of religious ladies under the name of ‘The Sisters of Mercy of the North-West Territories.’” The purpose of the said corporation as defined by section two of the ordinance was to “keep and maintain one or more hospitals for maternity cases and refugees, homes for orphans, aged and indigent persons suffering from incurable diseases and other like purposes.”

The passage of the incorporation ordinance combined with the resolution of the design concerns facilitated the construction of the new hospital. On May 2, 1905, a building permit was issued to Spencer and Cannell Construction Company for the construction of the new hospital, with an estimated cost of \$55,000.00. The Misericordia Sisters had now established themselves as part of the community. Their move to the building, which was designed and constructed specifically for their needs, inaugurated a new and distinctive phase in the evolution of the Misericordia Hospital.

CHAPTER
3

1906
to
1923

Building an Institution

Edmonton's Misericordia Hospital opens and the Sisters create a school for nurses. Operating the hospital becomes more of a business and separate buildings for a crèche and a power house are added to the complex.



The Misericordia Hospital after the completion of construction with the addition of the iron cresting on the roof and some landscaping.

1906 to 1923

CHAPTER 3

On March 19, 1906, the Sisters moved to the new hospital located on the west side of 111th Street between 98th and 99th Avenues. This move represented the fulfillment of six years of planning and effort by the St. Albert Diocese, the General Council of the Misericordia Sisters in Montréal, and, above all else, the small group of women who came to Edmonton in 1900.

For the Sisters in Edmonton, however, the joy at achieving this goal was muted by the sadness they felt when Sister St. François d'Assise was recalled to the Mother House in Montréal. She had served as the Mother Superior during the establishment and growth of the Edmonton mission. (Following her return to Montréal she held a number of senior administrative positions at the Mother House as well as at St. Norbert and Green Bay.) In stark contrast to the elation of August 1900, the chronicles of May 1906 recorded a sense of loss and depression which was in no way compensated for by the new building. The small tightly knit group which had pioneered the establishment of the Misericordia Sisters in Edmonton was now giving way to a larger institution. The chronicle entry for May 1, 1906, noted that even with magnificent springtime weather, very suitable for tending the gardens and the flower beds, the Sisters were only gradually adjusting to their new surroundings. "It is necessary," admitted the chronicles, "to note that there is little interest in work or recreation. One is able to observe a certain melancholy as a result of thinking about her departure from here yesterday." The legacy of her work was an inspiration to those who were left behind. "We follow in spirit," noted the chronicles, "this dear Sister Superior who founded this mission at the price of so great a sacrifice."

The Sisters had little time to dwell upon her departure. By mid-May 1906 they were making preparations for the arrival in Edmonton of the Superior General, Sister Ste. Lucie and the general secretary Sister Ste. Beatrice who were to participate in the opening ceremony scheduled to take place on June 1, 1906. The Superior General was accompanied by Sister St. Charles and by the new Mother Superior for Edmonton, Sister Marie des Sept Douleurs.

The anticipated arrival of their guests created a new set of anxieties caused by lack of information as to the exact date of arrival and the onset of a period of rainy weather. "Imagine for yourself," exclaimed the chronicles, "the state of the roads and of all Edmonton, for eight days it has rained nearly continually." After dinner on May 17, the Sisters finally received word, in the form of a Canadian Northern Railway telegram, from Sister Ste. Beatrice that the group would be arriving that evening. A covered carriage was immediately ordered and the Sisters left in the rain to meet the train. At 10:30 p.m. it arrived at the recently completed Canadian Northern Railway station located at 101st Street and 104th Avenue. Their trip west had proved to be an ordeal which prompted Sister St. Charles to declare that "she preferred to die in Edmonton rather than



Whyte Avenue, Strathcona, approximately 1900. The muddy streets were a constant concern for the Sisters.

undertaking the same trip again.” Consistent with their concern that they not spend any extra money on themselves, they had probably spent several days and nights in a day coach. The rain continued to fall making the roads impassable. This led a chronicles writer to speculate that, “Their first impressions of Edmonton are not going to be very favourable.”

With the safe arrival of the Superior General and the new Mother Superior, the Sisters continued their preparations for the dedication of the new building. On May 28 invitations to attend the benediction were sent to members of the clergy, the other religious communities, and various citizens of Edmonton and district. The nursing staff, which at this point in time consisted of nurses Rioux, Harrison and Baird, were also provided with special uniforms for the occasion. The opening passed with little comment by the local media.

With the return of good weather towards the end of the month the Superior General was able to travel to various locations in the area. The chronicles for May 29 recorded her visit to Strathcona with Sister St. Francois de Sales not only to “see the beauty of this town” but also to collect donations in support of the hospital. This trip also provided her with an opportunity to ride a ferry for the first time and to “leisurely contemplate the limpid waters of our magnificent Saskatchewan [River].” Much to the relief of the Edmonton Sisters the good weather continued to the end of this very eventful month. The monthly chronicles expressed relief by noting that, “The health of our dear Mother is much better, we hope that it will continue now that we are again able to say that we are in our ‘Sunny Alberta.’ ”

The new Misericordia Hospital was a magnificent example of second empire architecture. Despite previous concern that it not be too fancy, it had a mansard roof, a corner turret, and iron cresting along the top of the roof. The asymmetrical appearance of the building, the unadorned north facade, and its positioning on the block of land seems to indicate that the Sisters were anticipating future additions.

The pride of the Sisters in this new building was also shared by the community at large which saw it as another step in Edmonton’s rise to the status of a large city. On April 27, 1907, the *Edmonton Bulletin* carried a feature article which showed that the writer was impressed with the elegance of the exterior as well as the attractive but functional interior of the building. The writer introduced his description of the hospital by contrasting the activity of Edmonton as it hurried “along its whirl of 1907’s real estate transfers, building construction, and the everyday round of works and pleasure” with the day-to-day activities of the hospital where “the hours are quite as surely filled with a round of duties essential to Edmonton’s well-being.” The important feature of the main floor was the office and reception area which contained “the massive entry-volume for noting details of cases received.” This book had been especially designed for the Misericordia Hospital and presented to the Sisters by Mayor R.W. Mackenzie. This document, which has survived as part of the hospital’s records, lists not only the patients received after 1906 but also many of those who were admitted to their previous establishments between 1900 and 1906. The second and third floors were occupied by the obstetrical department and wards for male patients respectively. The importance of the obstetrical department was indicated by the fact that its wards, diet kitchen, and operating room were for the exclusive use of that department.



The Misericordia Hospital circa 1907. Initial efforts at landscaping are evident though the hospital is still largely surrounded by undeveloped land and dirt roads.



Misericordia Hospital, circa 1915. Note the 1914 addition which provided space for sun rooms.

Over the next 16 years, the Sisters' new hospital would remain largely unchanged with the exception of one addition to the south facade. This small addition, which was intended to provide sun rooms on each floor, was designed by the Edmonton architectural firm of Barnes and Gibbs. In order to achieve its objective, the addition was designed with a flat rather than a mansard roof. The need for additional space was partially satisfied through the construction of a new power plant built in 1914 and designed by J.A. Senecal, who had also designed the hospital.

In this same year the Strathcona Hospital (later named The University of Alberta Hospital) was opened.

The need for additional space, particularly for the increasing number of nurses, was also satisfied by renting a house in the neighbourhood. In 1918 the Sisters actually purchased a house located at 9916 - 112 Street from Madame M.J. Kennedy, who may have been the nurse who came west when the hospital first opened in 1900. The purchase of this property had a number of advantages which were discussed by the General Council in Montréal in August of that year. The first advantage was that it was large enough to accommodate twenty-six nurses and two sisters. It had a recreation room, one small sewing room, two bathrooms, and a good basement with a concrete floor. The property also had a smaller house which the General Council suggested could be relocated to the actual hospital site for use as a Sisters' residence. A second advantage of the purchase was that it saved the thirty-five dollars per month which was now being spent to rent a smaller house and the four dollars per day which it was costing the hospital to provide accommodation for the head nurse who lived at the hospital.

With the opening of the new hospital, the Sisters took immediate steps to amend their original Act of Incorporation, passed in 1904, to make the adjustment from the end of the Territorial period to the creation of the Province of Alberta. As early as May 27, 1906, meetings were being held with their lawyer, Lucien Dubuc. The petition requesting these changes was sent to the Legislature in February 1907. Despite the fact that the regulations requiring public notice of the proposed changes had not been met, it was presented to the Legislature for action on the basis of the laudable charitable acts of the Sisters over the previous six years. The amendments to their original Act of Incorporation were passed and assented on March 15, 1907. The significant amendment changed their corporate name from the Sisters of Mercy of the North-West Territories to the Sisters of Miséricorde of Alberta. The amendments also distinguished between their medical and social service activities. Section two of the amending Act empowered the Sisters to:

keep and maintain within the Province of Alberta one or more general hospitals, schools for trained nurses and such nurses shall be entitled, upon completing such course of training and passing such examination as may be required by the medical council of the Province of Alberta, to receive a diploma issued by such corporation.



Sister in sun room.



Sisters and nursing staff with babies.

The social welfare aspects of their work was similarly outlined in section three:

The said corporation shall have also the power to receive, keep and maintain for or without remuneration or compensation therefore, sick, aged, incurable and indigent persons, to maintain, board, lodge, clothe and educate for and without any remuneration or compensation any orphans or other children in a suitable manner until they shall respectively attain the age of twenty-one years or marry under that age as if the said corporation were an individual person and to make such agreement or agreements for adoption in the same manner and with the like powers and with the same effect as if the said corporation was an individual person.

The opening of the new facility brought a number of changes in the administration of the hospital. This process began on May 20, 1906, when Sister Marie des Sept Douleurs assumed the office of Mother Superior of the Edmonton mission. In her capacity as Chief Executive Officer of the hospital, she was assisted by eight Sisters who had specific areas of responsibility which included the admittance and discharge of patients, the crèche, unwed mothers, and the laundry and kitchen. With their move to the new building, the Sisters left behind their chickens and other farm animals in order to devote themselves to the administration of the hospital. The Sisters did, however, continue to maintain a garden which was a source of revenue until the 1920s.

The opening of the new building dramatically increased the pace of activity in the hospital. This promoted the chronicles for July 4, 1906, to observe:

Today there is a lot of activity in the hospital; one is barely able to deal with all the strangers and visitors. . . . We are beginning to truly feel the effects of becoming a general hospital.

The medical needs of the rapidly increasing number of patients was only one of the many concerns dealt with by the Sisters after 1906. Other concerns included building maintenance and improvements and the purchase of new equipment as well as medical and non-medical supplies such as food and coal. Financial matters which involved frequent correspondence with the Mother House included the raising of funds to cover the cost of new construction. Managing unpaid patient accounts also consumed a certain amount of time on a day-to-day basis. Processing patient accounts in some cases involved dealing with trust companies and lawyers who were responsible for handling the estates of individuals who had died in the hospital. The majority of these cases were handled by the Standard Trusts Company and the National Trust Company. In the case of patients who left without paying, the Sisters would refer their accounts to a lawyer who would act in the capacity of a collection agency. The action taken by the firm of Robertson Dickson and Macdonald in regards to one such account was reported to the Sisters in a letter dated January 30, 1912. The letter indicated that they had "written the proprietor of the Strathcona Hotel



Operation, circa 1916.

regarding him and will make every endeavor to locate this delinquent and make him pay up." The Sisters had to be as persistent as possible since they had not only their own creditors to deal with, but also had an annual deficit in the operations of the hospital. A number of charity patients were admitted by the Sisters without any expectation of being paid.

In some cases patients would leave various securities to cover their accounts with the hospital which the Sisters then referred to their lawyer for evaluation. In a letter dated February 2, 1916, C.C. McCaul reported on the value of a property in Edmonton and shares in mining companies located in Ontario. To determine its value McCaul consulted the Canadian Investment Co. Ltd. which was a local real estate and loan company and the previous owner of this particular property. The response from this company reflected the rapid drop in value of Edmonton real estate which began in 1913. In a letter to C.C. McCaul dated January 26, 1916, the company indicated that the property had:

a value of about \$50 at the present time. Of course it was sold for much more than that, but there is no sale at all for such property just now. I believe it would be good business to get title to the lot and sometime when conditions are a little brighter you will be able to sell it to some party who has other lots in that locality at a fair price.

An opinion on the shares in the mining companies was obtained from the legal firm of Boyce and Hayward of Sault Ste. Marie, Ontario who indicated that in their opinion, "The shares referred to are of little, if any value, representing certificates in small mining ventures in properties adjoining Sault Ste. Marie which were floated some years ago, and which quickly dropped out of existence." Boyce and Hayward further pointed out that the individual concerned had no "right to pledge these shares, as a short time before leaving here he made an assignment for the benefit of his creditors."

Based on this information, C.C. McCaul recommended that the Sisters obtain a transfer concerning the property "which you can hold in the meantime and not register until things begin to pick up." In regards to the other documents, he advised the Sisters:

to tie them up and put them in the safe, so that if at any future time any of the parties who deposited should call for them, you will be able to hand them over upon payment of the balance against them.

Handling patient accounts also involved dealing with a number of companies, which had made arrangements to provide medical care to their employees, and government agencies who assumed responsibility for the treatment of various people in the institution. One company which sent the majority of their cases to the hospital under the terms of some kind of general agreement was the Cardiff Coal Company.

The purchase of medical supplies was handled by the Sisters through a number of companies. A major purchase of medical supplies for the new

hospital was made in August 1907 from the J.F. Hartz Co. Limited of Toronto, Importers and Manufacturers of Surgical Instruments and Physicians' Supplies. The first order, which consisted largely of surgical instruments and a storage cabinet, included clamps, forceps and one chloroform inhaler with mask, bottle, and dropper. In subsequent years supplies were ordered from Chandler and Fisher Limited of Winnipeg, importers and dealers in surgical instruments, medical books, pharmaceuticals, dressings, hospital supplies and druggists' sundries; Stevens and Son Limited of Winnipeg, manufacturers and importers of surgical and veterinary instruments, druggists' sundries, laboratory and electro therapeutic apparatus; and the Deane Plaster Co. of Yonkers, N.Y., manufacturing chemists.

The purchase of liquor for medicinal purposes in the hospital was handled through the Western Commercial Co. Ltd. and the Hiram Walker and Sons Limited of Walkerville, Ontario. The purchase of liquor from this company in 1916 and 1917 was one of the rare examples when a purchase was not handled directly by the Sisters but rather by their lawyer, C.C. McCaul. The effect of the prohibition movement on the operation of the hospital was evident during the negotiations relating to the 1917 order. In a letter dated April 26, 1917, the company noted that:

In other days it was our pleasure to donate alcohol to such institutions as the one you represent, but of late the persistent, and often unjust, attacks made on our business by Legislatures in nearly every Province of the Dominion, have made it impossible for us to any longer practice that open-handed liberality towards charitable institutions which was our want. We trust that the return of happier days may enable us to resume our former custom.

The purchase of non-medical goods and services covered a number of items ranging from butter, coal, coffee, tea, brooms, dusters, and ice. In the interests of saving money, the Sisters endeavoured to purchase some items through wholesale companies. They were, however, unsuccessful since the wholesale companies felt that this would upset the retail merchants. The Edmonton Retail Merchants' Protective Association was also concerned about the Sisters' purchasing practices and in June 1911 wrote to the Rev. Mother Superior to inform her that

. . . it was decided to call to your attention the fact, that, inasmuch, as your Hospital derives, practically all its support in this City; we, the Merchants of Edmonton, believe it is only fair and right that your Hospital supplies be purchased hereinafter in this City.

Their former Maternity Hospital, which was still the property of the St. Albert Diocese, was remodelled yet again as a residence for the Grey Nuns from the General Hospital. The garden which occupied Lot 78 was put up for sale in June 1906. The Sisters were unable to dispose of this property until 1923. In

1908, Father Leduc received a polite letter of concern from their neighbour to the south on Lot 79 who indicated that the barn at the rear of the property extended over the property line and as a result interfered with the delivery of coal to his residence. In a second letter written in 1911 this time to the Rev. Sister Superior, he repeated his request citing the danger to his property from shingles blowing through his windows and, in his opinion, the near collapse of the barn. He offered to contribute financially and offered several alternatives, all in a "purely neighborly spirit." Records do not indicate the disposition of either the request or the barn!

The Sisters did not leave all the manual work to hired help even after they had moved into the new building. They continued their agricultural pursuits through the planting and tending of a large garden of potatoes which at one time occupied the front lawn of the hospital. They also tended the flower beds and planted some decorative trees after waiting a year for their delivery. The chronicles for July 2, 1906, recorded that the Sisters arose at three in the morning in order to do the laundry so that their regular laundry staff would not have as much to do. The laundry was a particularly onerous chore since the hospital did not purchase a mechanical dryer until 1919.

An integral part of the expansion of the Misericordia Hospital as an active treatment hospital was the creation of a School of Nursing which was permitted by the 1907 amendments to its Act of Incorporation. This was one of the first nursing schools to be established in Alberta. The students enrolled in this school would provide most of the labour for the operation of the hospital for the next fifty years.

The organization of the school began in 1907 and the first director was Sister Ste. Catherine de Sienne. The chronicles for February 1908 recorded that the medical lectures had been organized to the satisfaction of the doctors and students alike. These lectures were delivered by Dr. D.G. Revell, Provincial Bacteriologist and professor of bacteriology and pathology; Dr. R.B. Wells, a specialist in eyes and ears; Dr. McGibbon on surgery and anatomy; Dr. A. Gillespie on gynecology; Dr. McDonell on obstetrics and diseases of children; and Dr. W.C. Redmond on physiology, chemistry and pharmacology. These lecturers were already closely associated with the hospital. The same chronicle entry which described the medical lectures noted that:

the protestant hospital also has a nursing school and the Grey Nuns also want to open one. . . . It is not that there is a competition. However, we hope it goes well for us because the other day a very important and influential individual assured us that our hospital has the best teaching staff in the Province.

The medical lectures were part of a long twelve-hour day during which the student nurses spent most of their time working on the wards. These shifts would have been the same length as those of graduate nurses.

In February of 1907 the Misericordia Hospital drafted a series of rules outlining the *Duties of a Nurse*. These rules would probably have applied to both the graduate nurses and the student nurses who also worked in the wards.



Misericordia Hospital, approximately 1911. Note that the front lawn was planted with potatoes, which indicates that the Sisters had not totally abandoned their gardening pursuits.

These regulations governing the conduct of a nurse concerned a nurse's duty to herself, fellow nurses, officers of the Nursing School, doctors, and patients. In terms of appearance, the rules stressed cleanliness of person and dress which included teeth since bad breath could result from improper cleaning. Deep breathing in the open air for the purpose of "keeping your lungs in good condition" as well as the practice of taking at least a cup of coffee before attending to the patients were also suggested. In terms of manners, the nurse was to be dignified, self-disciplined, seen but not heard and attentive to the instruction of the head nurse and the doctors. A nurse was also expected to be obedient and respectful to the officers of the hospital and to doctors. When dealing with the patients the nurse was to be quietly efficient and gratify every legitimate desire. If a patient fell out of bed the nurse was to report the fact and state where she was at the time. The rules also contained special instructions for dealing with patients who were "cross." In these circumstances the nurse was to be gentle and patient and was not under any circumstances to speak roughly or to threaten not to nurse him any more. The rules also included special instructions for dealing with dying patients which stressed the need to make them as comfortable as possible. The rules concluded with a summary of the qualities of a nurse who "should be lady-like in her standards of thought and deportment, [and] in firmness, integrity, and discretion while gentle and sympathetic in manner."

The first nurse enrolled in the program was Miss M. Mills who graduated on September 6, 1909 in a ceremony attended by a number of church and civic leaders including Alexander Cameron Rutherford, the Premier of Alberta. Between 1909 and 1922 an additional forty-three nurses would graduate from this program. Sister Ste. Christine was included in this group. She came to Edmonton in February 1910 and graduated from the nursing school in 1914.

Sister Ste. Christine

Sister Ste. Christine remained at the Misericordia after graduation to serve as supervisor of nurses, operating room nurse and Mother Superior. Her long association with the hospital was interrupted by an eight month post-graduate nursing course in Chicago, and two periods of a year and a half nursing at sister hospitals in Winnipeg and Ottawa. In 1917 she toured various hospitals in the United States. She served the hospital until 1955 and is remembered for her expertise and her demand for total commitment from all students and staff.

Activity in the hospital was reflected in the number of admissions which climbed from 401 in 1906 to 819 in 1910 and 1575 in 1919. This increase was the result of both the growth in the city's population and the spread of communicable diseases such as smallpox, scarlet fever, diphtheria, measles, chickenpox, typhoid fever, and influenza. Of particular concern for the medical authorities during the period from 1907 to 1914 was typhoid fever. The Provincial Health Officer's annual report for 1907 noted that incidents of this disease were on the increase and that this trend would continue given the increase in the immigration into the province. Subsequent reports suggested other reasons why this disease was prevalent in Edmonton during this period of

DUTIES OF A NURSE TO HERSELF

APPEARANCE—A Nurse's greatest charm is cleanliness of person and dress. Keep the teeth clean for it often leads to disordered digestion and consequently a bad breath. Avoid perfumes. Wear rubber heels in order to move about with as little noise as possible. The dress should also be noiseless. It is better to be neat than picturesque.

MANNERS—Are the key to success in the profession of a Nurse. Be dignified. Show that you understand your work and it will be unnecessary to announce the fact. Be quick and thorough, keep your eyes open, your brain clear but guard your lips. Listen attentively, speak very little, and in a very low voice, avoid knocking the furniture and move quietly. Never sit or lean on a patient's bed. Hospital etiquette must never be left aside. Keep your lungs in good condition by long deep breathing in the open air. Take your meals regularly. In the morning never attend to your patients before taking at least a cup of coffee. Night Nurses should be careful on this point; something hot should be taken about midnight, and coffee and milk in the early morning. If your work is always well done you will find more and more responsibility on your shoulders, and this is the greatest honour that you can receive.

TO THE DOCTOR

It is your duty to obey all his directions, to report carefully in writing every symptom and the exact history of the day. In making rounds with a doctor carry his prescription book and stay with him until he is through; stand on the opposite side of the bed, hand him the patient's chart opened. Answer questions briefly, accurately and respectfully. Do not guess at anything. If you cannot answer, say so, but remember that you are responsible for what you should know.

TO THE PATIENT

When a new patient enters the ward, go to him at once. Remember that almost every one has a dread of a Hospital; try to make the first impressions pleasant since they are so lasting. It is your duty to meet all the needs of your patients and to gratify every legitimate desire. So many little things can be done for a patient. Do not give patients any discouraging information about themselves nor allow them or any visitors to read their charts. Do not show by word or look that there is cause for anxiety. Never show partiality whatever your private feelings may be. Carefully watch the very sick when friends call and allow no home worries to bother them; should the patient be tired, shorten the friend's visit. Under no possible circumstances may a nurse speak roughly to a patient and threaten not to nurse him any more.

DYING PATIENTS

When it is clear that your patient is dying, your quiet self possession and unobtrusive sympathy will be of the first importance. Do all in your power for your charge; even if [he is] unconscious there are numberless things to do for the dying person. Moisten the lips frequently, wipe away the sweat gathering on face and hands. Keep the feet as warm as possible. Fan the forehead. Allow the friends of the patient to do anything that can add to his comfort. The doctor must be notified immediately when death occurs.

SPECIAL SUGGESTIONS TO NURSES

Never "tell tales out of school." Always find something better to talk about than your own exploits in nursing, or personal items of Doctors, or other persons in the Hospital. A Nurse should be ladylike in her standards of thought and deportment, in firmness, integrity, and discretion while gentle and sympathetic in manner. These are special obligations which rest upon you in your profession. Be generous and faithful in doing your work, very often the Hospital's reputation depends on the Nurses. The Sisters in charge cannot do all themselves. Prove yourself worthy of the confidence they place in you. Protect the Hospital in every way. One more important point: Nurses should be extremely careful in the friendships they make. Never associate with unworthy persons, or with those whom the slightest suspicion attaches, whether their acquaintance has been made in the hospital or outside of it.

Misericordia Hospital.
Edmonton. February, 1907.



The Graduating Class of 1914. Sister Ste. Christine, who was a member of this class, is seated in the second row.



Jasper Avenue 1912. Edmonton underwent many changes during the decade of rapid development before World War I. Wood frame buildings and dirt roads were replaced with brick buildings, paved roads, and a street railway system.



The Oliver district. The view was taken from the Legislature in 1912. It shows the first Maternity Hospital as well as the new hospital which was constructed in 1906. By 1912, the Misericordia Hospital was located in a more urban setting due to additional construction in the Oliver district.

its history. One of the reasons suggested was the inability of Edmonton to construct water and sewage systems fast enough to keep pace with the rate at which its population was increasing. The 1910 report indicated that the unsanitary conditions of railway construction camps such as those west of Edmonton were conducive to the spread of this disease. The functioning of the Misericordia as a regional hospital was apparent from admissions which included construction workers and many non-city residents who lacked adequate treatment facilities in their own area. A final suggestion was that the rain, which the Sisters had complained about for other reasons, produced favourable conditions for the breeding of the flies which contributed to the spread of the disease.

The incidence of typhoid fever at the Misericordia was first noted by the chronicles on July 9, 1906, when it was noted that special precautions which had to be taken with patients with this disease. The impact of the disease on the routine operations of the hospital began to occur by October of 1908. The entry in the chronicles for October 2, 1908, indicated that:

Our good Sister Ste. Victoria saw the doctor who indicated that she had typhoid fever — now two sisters and four nurses have this disease — Sister Ste. Ursule is very sick but the doctor found that it is only the ordinary strain of this disease — it was brought into the hospital by patients — the Sister Superior has hired two extra graduate nurses to help out during the crisis.

Despite the ever-increasing work load, the Sisters retained an interest in the emotional well-being of their patients. In one case, however, their efforts to deal with the problems of a patient had some unexpected results. In August 1907 a patient was approached by one of the Sisters who was concerned about his attitude. He immediately became very agitated and ran up to the top floor and out on to the ledge of the mansard roof. While out on the ledge he cried, "Mother come and save me ... come and relieve me. ..." His actions immediately attracted a crowd which congregated around the bottom of the building. Shortly after the patient had gone out on the ledge, the police as well as his doctor arrived at the request of the Sisters. Student nurse Miss Mills was, however, successful in talking him back into the building through various promises, pleasant conversation, and a bottle of liquor. Upon entering the room he was subdued and taken away by the police.

The increased scope of the operations of the Misericordia Hospital was also reflected in the number of doctors using the facilities. By 1919 the hospital register indicated that thirty-one doctors were using the facilities on a regular basis. Included in this number were Dr. John James McDonell, Dr. D. McGibbon, Dr. E. Boissonneault, Dr. C.C. Tatham, and Dr. P.A. McDonald.

Given its role as a general hospital, the Misericordia had to deal with a variety of medical circumstances beyond those of childbirth and emergency surgery. On July 4, 1906, the chronicles recorded the arrival of Dr. McDonell

Rules and Regulations

— FOR —

The Misericordia Hospital

First. Patients are not allowed access to the laundry, kitchen, or to any other ward, room or corridor, but must remain in the room assigned to them.

Second. Loud conversation, unseemly noise, all conduct violating the ordinary rules of propriety, also the use of tobacco will not be allowed in the hospital. Patients are requested not to lie on top of bed spreads, but under coverings.

Third. Patients must at all times follow the directions of the attending physician and the sister in charge in every particular, and none will be allowed to leave the premises without permission.

Fourth. Patients will be permitted to receive visitors every day between 2 and 4 p. m. and between 7 and 9 p. m. for those unable to come earlier; a bell in the hall will announce the end of visiting hours. Visitors will be expected to comply strictly with this rule, leaving the hospital quietly when the bell rings.

Fifth. No laundry work will be allowed in rooms, wards, or bath rooms, neither will the institution take charge of same, except in special cases and by special arrangement.

Sixth. Prices for board, nursing and general hospital care range from \$1.00 to \$3.00 per day, according to location and accommodations. For all patients requiring the use of the operating room an extra fee of \$5.00 will be charged. The professional fee of the attending physician or surgeon must be arranged for separately. If a

special nurse is required to devote her entire time to a case, an extra charge from \$1.00 to \$2.00 per day will be made.

Seventh. All bills must be paid weekly in advance. All medicine charged extra. In daily treatment of severe wounds, and also in other special cases, a reasonable price will be charged for surgical dressings and special treatment.

Eighth. Fruit, food of any kind, liquors, etc., must not in any case be given to the patients by their visiting friends. Such articles may be left with the sister in charge or head nurse, and if approved by the attending physician will be given to the patient. Liquors, such as wine, beer, etc., are not furnished by the hospital.

Ninth. No meals or lunches will be served to patients outside the regular meal hours, except as may be ordered as a special diet by the attending physician. Hours of meals: breakfast, 7 to 7.30; dinner, 12 to 12.30; supper, 5 to 5.30.

Tenth. The lights throughout the building will be turned down at 9.15 p. m., after which patients are requested to desist from all conversation.

Eleventh. Nurses are strictly forbidden to give patients any information regarding the nature of the illness of others.

Twelfth. The institution will not be responsible for any clothing, valuables, or money belonging to the patients, nor for any article left by them at their departure from the hospital.

The above rules have been formulated by the management of the Misericordia Hospital and will be strictly enforced. Those not wishing to conform to them are respectfully requested to withdraw before beginning treatment or undergoing an operation.

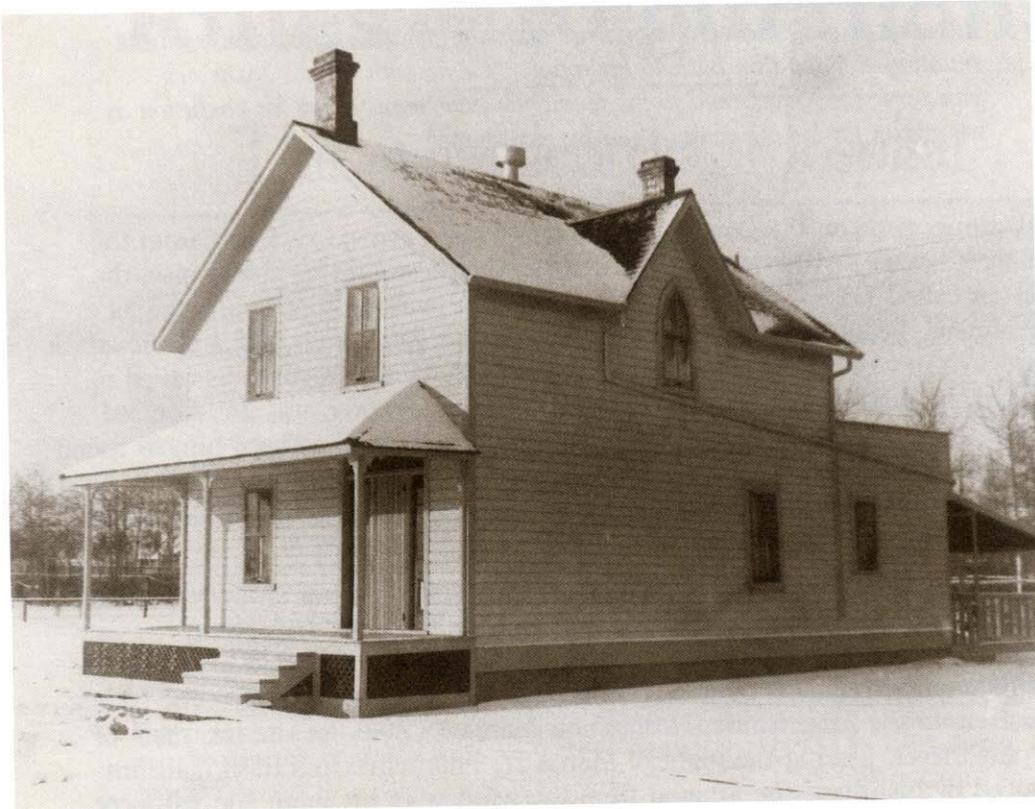
who was accompanied by one of our good friends from the town who had over indulged during a party and who was in need of a rest. At first he was content to remain in his room. When he got thirsty however he tried to sneak out. A nurse who saw him leaving caught him but he was able to escape her grasp and go down the stairs. The nurse caught up to him in the stairwell, grabbed him by the collar, and sat him on the stairs. Sister Superior hearing the uproar and not knowing what to say to deal with the situation escorted him back to his room. "Come with me . . . you sick . . . you very sick." Returned to his room, the poor man, using his confusion as an excuse for his behaviour, read his newspaper.

At dinner time on the same day, a second patient arrived suffering from the same "disease." After assuring themselves that he would be able to pay, the Sisters called Dr. McDonell to return to the hospital in order to arrange for treatment. Before McDonell could arrive, this second patient had a severe attack of delirium tremens. Mr. Simon, who was probably an orderly, was called to spend the night with him. The special attention, however, was not required since the treatment eventually provided by Dr. McDonell allowed him to spend the night "in pleasant dreams." These types of incidents prompted their architect to suggest that a special room be set aside for patients with delirium tremens so as to reduce the disruption.

Another incident which showed that the hospital did not always operate as smoothly as the Sisters may have hoped occurred in 1910. This event, documented through the private papers (available at the Glenbow archives) of Edmonton lawyer, J.C.F. Bowen, concerned the death of a patient. The patient was sent to the Misericordia Hospital on March 15, 1910, for the treatment of typhoid fever. During the night of March 21, 1910, while in a fit of delirium caused by his illness, he jumped from the window in his room and fell forty feet to the ground. He died a couple of hours later from the injuries he sustained in the fall. He had been left unattended for only a short time while the "male nurse" (orderly) attending him left to phone the doctor for further instructions. The patient's widow subsequently sued the hospital for negligence. Lack of records to indicate that a trial actually took place would suggest that an out-of-court settlement was reached. This incident has fortunately left behind a number of documents which illuminate the hospital's operations at that time. These documents include the Rules and Regulations for the Misericordia Hospital, a copy of which has been reproduced on page 58. These rules concerned patient and visitor conduct as well as fees for the services provided.

The new hospital, the nursing school, and the rules and regulations to cover their administration reflected a trend to a more formally administered institution which emphasized the medical aspects of its role in the community. The role of the Misericordia as a social service agency committed to the welfare of unwed mothers-to-be and abandoned children continued to be an integral, if less obvious, aspect of its operations.

From 1906 to 1910 the Sisters had been preoccupied with the operation of their new hospital and with the organization of their School of Nursing. A renewal of their interest in child welfare work was first evident in January 1911 when the General Council authorized them to undertake work with abandoned



Children's Home (crèche) circa 1911.



Misericordia Hospital, circa 1911. The Children's Home is located to the west.

children. The first building specifically provided to serve as a children's home or crèche was a house donated by an anonymous benefactor in August 1911. It was moved to the site and suitably renovated, also at the expense of the benefactor. In 1912 the Sisters began a subscription list of potential donors designed to raise money for the construction of a more adequate building.

During this same period, the Sisters attempted to negotiate a grant of \$240,000.00 to "complete their hospital building, enlarging it to a capacity of 200 beds. ..." They were so anxious to expand that they were willing "to accept City representation and supervisory control on their board of management" but only if their conditions were met. Apparently no agreement was reached as this addition was not started until 1922.

The Sisters, with the co-operation of the doctors and nurses, organized a benefit concert in January 1915 which led to a misunderstanding between Bishop Legal and the Sisters. The nurses, in addition to assisting with the decorations, allowed their piano to be used for the concert. This instrument had been purchased in 1914 by the student nurses on a time payment plan. The concert raised \$200 for the crèche. Following the concert some of the nurses and gentlemen had an informal social. Bishop Legal however understood that a dance had been held to raise money to pay for the piano. Over the objections of the Sisters, the piano was immediately removed from the property and the \$200 raised was given by Bishop Legal to the Royal Alexandra Hospital as a gift.

By 1920 the Sisters had raised sufficient funds on hand to begin construction of a new crèche and on June 28, 1920, the General Council gave its permission. The new crèche did not take the form of a new building but rather as a third floor addition to the original power house and laundry constructed in 1914. This was a one storey addition which ran the full length of the building. It was designed by Edmonton architect, A.M. Calderon. The total cost of the addition was \$13,000, of which \$10,000 was already on hand.

The social and medical aspects of the institution's operations continued to be supported after 1906 in part by public donations which were raised by the Sisters' almost daily canvass of Edmonton and district. This activity was facilitated by passes provided by the Grand Trunk Pacific Railway which permitted them to travel free of charge. Another fund raising measure which continued was the acceptance of boarders who were charged three dollars per day. The presence of boarders and the ever increasing size of the nursing staff and the number of admissions led to an inevitable space problem soon after the new hospital was operational. This was noted by the chronicles of July 9, 1906, which stated that, "If we receive five more patients the hospital will be too small." The Sisters adopted various measures to solve this problem. One solution was to place some patients, who were Catholic, in the chapel. Even the General Secretary during her visit to Edmonton had moved to help deal with the space problem. The chronicles for July 31, 1906, recorded how Sister St. Beatrice was obliged to move her luggage to the third floor but she did so with a happy heart knowing that the room she had vacated could be rented for three dollars a day.

The ultimate solution to the space problem was found in 1922 when the Sisters began the construction of an addition to the north facade of the 1906 structure which would more than double it in size. The Sisters had wanted to



Christmas morning at the Children's Home, Misericordia Hospital, 1912.



Children on front porch of Children's Home.



Misericordia construction. May 29, 1922.

construct this addition as early as 1912 but were prevented from doing so by a lack of funds. Their request to the City of Edmonton in 1912 for a grant had also been refused. The addition, designed by Edmonton architect Edward Underwood, was consistent with the design of the original structure. The extent to which this addition complemented the original 1906 structure would suggest that the Sisters had the construction of a building this size and design in mind as early as 1905.

When Archbishop H.J. O'Leary consecrated the cornerstone for the addition on July 30, 1922, the plans nurtured since 1905 had come to a successful conclusion. This fact was further indicated in the same year by the approval (accreditation) of the hospital by the American College of Surgeons.

Approval/Accreditation

Approval was given under the Hospital Standardization Program which began evaluations in 1918. The object of this program which was documented in the Manual of Hospital Standardization in 1926 was "to promote better hospitalization" and to give patients "the greatest benefits that medical science has to offer." Initial hospital evaluation began in April 1918 with the first approved list appearing in the January 1921 Edmonton Bulletin. The approval function was officially taken over in 1952 by the Joint Commission on Accreditation of Hospitals and the Canadian Council on Hospital Accreditation was formed in 1958.

The accreditation indicated that the Sisters had reached a high level of competence in their administration of the hospital.

CHAPTER
4

1923
to
1939

Consolidation of Achievement

The first major addition more than doubles the size of the hospital and several years later a nurses' residence is built. The School of Nursing takes on increasing importance.



*The Misericordia Hospital
with the addition completed.*

1923 to 1939

CHAPTER 4

On August 1, 1923, the official ceremonies marking the completion of the first major addition to the Misericordia Hospital were held. In contrast to the other milestones in the development of the hospital, this event was marked by an elaborate public ceremony which included speeches by church and civic dignitaries, public tours of the new wing, and a garden party, as well as a dinner for an estimated 500 guests. The importance of this event was also indicated by the coverage it received from the local press in general and in particular by the *Edmonton Journal* which carried an extensive article in its August 2, 1923 issue. The content of the public speeches and the various other activities associated with the opening as reported by the *Edmonton Journal* reveal the extent to which the hospital had established itself in the community during the previous twenty-three years. The events of August 1, 1923, were thus a grand celebration of the accomplishments and years of service to the community by the Misericordia Sisters since their arrival in May 1900.

Speakers for the occasion included His Honour Mayor J.J. Duggan and His Grace Archbishop H.J. O'Leary who noted that, "...a little band of devoted women, angels in black, who left their homes and kindred to give their lives to the service of suffering mankind, arrived in the City of Edmonton and planted the seed, of which we behold the splendid fruit." He went on to contrast the humble beginnings of the Sisters with the new wing of the hospital which was almost twice the size of the 1906 structure. In Archbishop O'Leary's view the new wing and the entire hospital would "stand out as one of triumph and reward" in the history of the Misericordia Sisters.

In addition to pointing out the importance of the institution in the context of the history of the Misericordia Sisters, he also noted that it was part of a Catholic tradition which extended back to the work of Montpellier in France who was responsible, in his view, for the development of the modern day concept of a hospital. The Archbishop was, however, quick to reassure those present that despite the fact that it was a Catholic institution, "There was no distinction of creed, race or politics when it concerned a patient." He concluded his remarks by pointing out that the hospital, which was provided at no cost to the City of Edmonton, was "entirely built through the enterprise of the Sisters and was therefore all the more worthy of the public's whole-hearted support."

Mayor Duggan in his remarks on behalf of the City of Edmonton "earnestly endorsed the Archbishop's plea and declared that knowing how true the latter's statement of the undenominational character of this institution was, he recognized it as his duty as a citizen to be present at this opening ceremony." Mayor Duggan in his turn also took the opportunity to discuss the overall development of hospitals but with specific reference to Edmonton. "In 1913 with a population similar in number to 1923," the Mayor commented, "there were



The grounds of the Misericordia Hospital, circa 1930.



The new Misericordia Hospital, as designed by Edward Underwood, featured an impressive front entrance way.

500 beds for the sick. There are now 1,000. Over two million dollars capital was invested which proves how keen is the people's appreciation of the needs of the sick." The Mayor acknowledged that the crucial role of Catholic institutions had not declined. "The citizens," stated the Mayor, "did not always appreciate fully the financial saving the Misericordia and General Hospitals were to this city and what a relief has been afforded from the frequent financial anxiety from that source."

The traditional speeches by the various church and civic dignitaries were supplemented by a number of other activities which permitted the entire staff of the hospital as well as the community in and around Edmonton to directly participate. The public involvement was organized in part by Madame Dowe who represented an informal group of friends of the hospital, "an army of willing assistants both men and women, boys and girls." These people were amongst the first members of the public who would help to expand the strong tradition of community involvement in the work of the hospital. The community had moved beyond simply giving food to serving as an informal auxiliary. This group included a number of the wives and children of the doctors at the hospital. The appreciation felt by the Sisters for the community interest in the event was conveyed by the *Edmonton Journal* which noted in the August 2 article that:

Many friends both in the town and the country contributed liberally to the feast; and to these, and also to those who so willingly lent their personal services in the preparation," the Mother Superior and Sisters of Misericorde are naturally deeply grateful. Indeed they could not speak in too high terms of unselfish generosity they met in their appeal for the occasion.

The garden party organized jointly by the hospital and the community started in the afternoon, allowing the guests an opportunity to inspect the new wing before giving

themselves over to the many amusements provided in the grounds of the hospital where a huge marquee had been erected. This the nurses and sisters had very beautifully and patriotically decorated with innumerable flags and buntings entwining the post and shamrocks adorning each partition in the wall. Strings of electric lights in many colors heightened the artistic effect in the tent as well as on the grounds generally and outside the different booths.

The shamrocks which were incorporated into the decoration on the marquee were no doubt in honour of the Irish ancestry of Bishop O'Leary. His presence reflected the growing number of English-speaking Catholics in St. Joachim's Parish. In addition to the marquee, a series of elaborately decorated booths and a platform transformed the front lawn of the hospital into a country fair. Of particular interest was a fishing pond "situated somewhere in the mid-air instead of the deep." "It was," observed the *Edmonton Journal*, "in itself a piece of decorative skill which revealed that nursing was not the only accomplishment of the Misericordia inmates." Two graduate nurses, Misses



H. Milton Martin, one of the Sisters' benefactors.



Walter Ramsay's Greenhouse, Victoria Avenue, between 110 and 111 Streets, circa 1914.

Moriety and Ducey, were said to be the artists. Also available were booths where chocolate, ice cream, and candy could be obtained. The tent of Mme. Omand "the palmist, was a great attraction to those belonging to the romantic age."

The program of entertainment included an auction of various fancy goods by Messrs. Julien and D. Chisholm. A limousine donated for the benefit of the hospital was raffled off. The newspaper account of the garden party unfortunately did not indicate who provided the limousine in the first place. Miss Irene McNeil of the hospital drew the ticket for the winner, who was Mrs. George Owen of Wetaskiwin. The musical program presented as part of the entertainment was furnished by Mr. Baron who gave "a fine selection on the saxophone" and the children of H. Milton Martin "who in fancy costumes performed clever dances, played several instruments and sang catchy songs."

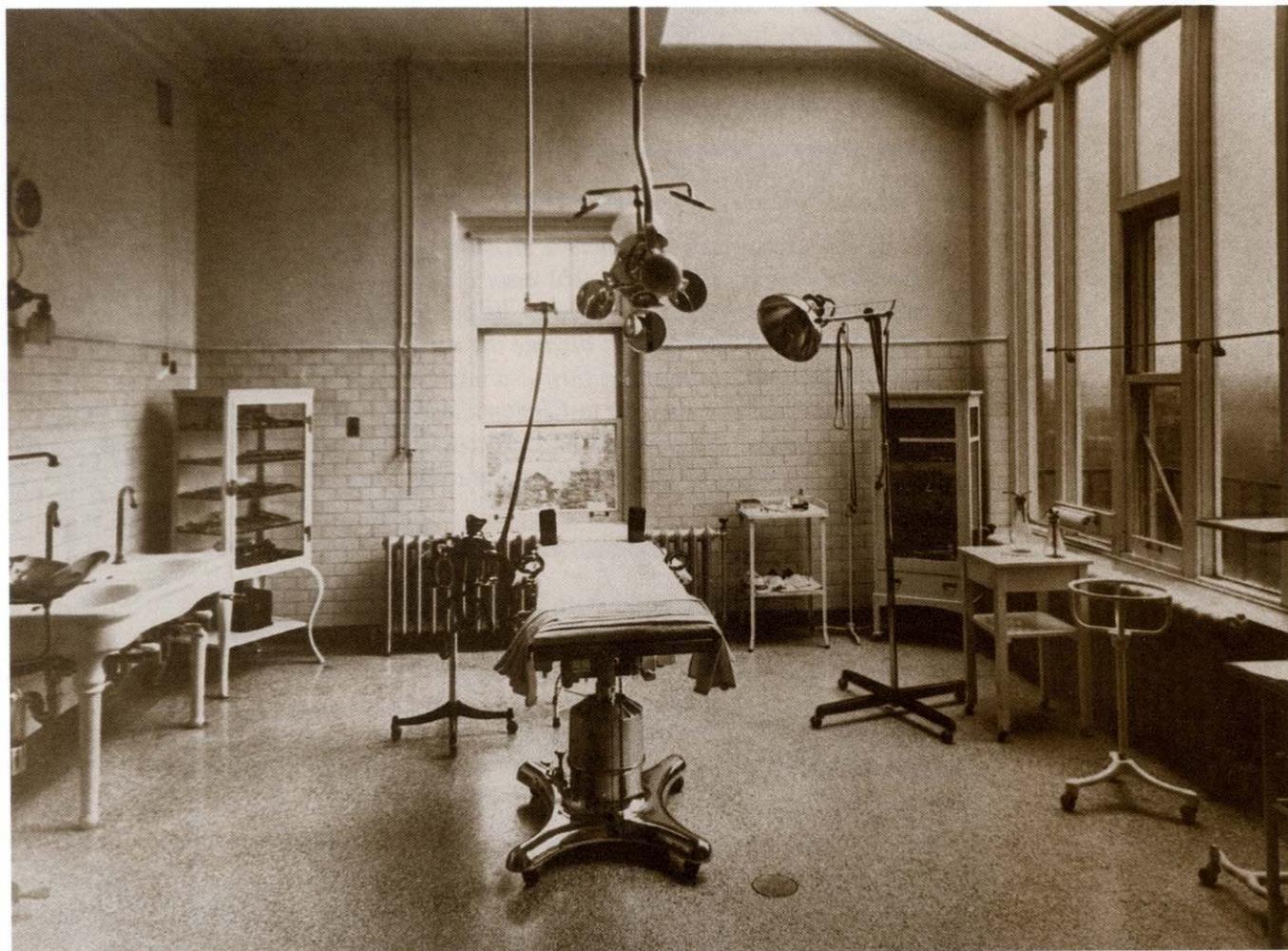
H. Milton Martin

H. Milton Martin was a prominent member of Edmonton's French Canadian business community. His association with the Misericordia Hospital began as early as 1918 when he provided an evaluation of the property on 112th Street which became the nurses' residence. He served as the unofficial business agent in their dealings with the City of Edmonton over grants. Martin was born at Clintonville, New York and educated in Québec. He came to Edmonton in 1906 where he established himself in the real estate business. He served as president of the Edmonton Board of Trade in 1912.

The garden party concluded with a dinner at which about 500 people sat down to what the *Edmonton Bulletin* described as a "sumptuous repast." The guests were seated at twenty-four tables, located presumably on the front lawn of the hospital grounds, decorated with red shaded candles and carnations and roses provided by Walter Ramsay. Throughout the evening the French Band "delightfully enlivened" the proceedings as they had done throughout the afternoon.

The new wing of the hospital fully deserved the celebration which accompanied its official opening both in terms of its architecture and its interior design. Architect Edward Underwood created an elegant new front entrance to the building as well as a second wing which closely duplicated the 1906 portion of the institution. The overall effect of these changes was the creation of a beaux-arts building.

The interior design of the building incorporated a number of improvements which were noted in some detail by the *Edmonton Journal* reporter who was taken on a guided tour during the official opening day. The new wing contained forty private, fifteen semi-private, and five large public wards all of which provided accommodation for 175 patients. As in the 1906 portion, patients were segregated by sex with the third floor devoted to men, the second to women, and the first to various administrative services. Unlike the design of the rooms in the 1906 portion of the hospital, those in the new wing appeared less institutional.



*Operating Room, Misericordia
Hospital, circa 1930.*

As the reporter noted:

The rooms are lofty and airy, six of them having balconies and throughout they are substantially and artistically furnished, giving them a homelike appearance, which makes it hard to picture them as sick rooms. Indeed, as the Sister who acted as guide declared, they were intended to make their occupants well and she confided that sisters and nurses had conspired that no one shall die in them.

The attractiveness of the rooms was the result of donations from various individuals and organizations who “rivalled with one another in the lavishness of their equipment” when furnishing the rooms. Mr. and Mrs. James Ramsey, the Blowey-Henry Company, and the Knights of Columbus were amongst the individuals and groups that had furnished rooms. This approach had been used as early as 1900 by Edmonton’s Public Hospital.

The *Edmonton Journal* reporter was also fascinated by the number and variety of appliances available in the various wards. These appliances included the electric steamers, located in the diet kitchens, “which keep the food prepared in the kitchen on a lower floor in steaming hot condition.” He also noted an electric dumb waiter, a utility room with a sterilizer, and a “wonderful ice box which keeps food at freezing point.” If the reporter was impressed with the application of technology on the wards, he was totally overwhelmed by the kitchen:

Perhaps the most perfect demonstration of applied science is to be seen in the upper basement where are located a diet kitchen with a completely stocked store room of its own and the main kitchen where every possible electrical device is installed and where the cook and kitchen maid if not dispensable could look as ornamental as they are usually beheld on magazine pages.

According to the article, the application of technology and science to medical care was also evident on the fourth floor which included two large white tiled operating rooms with a sterilizing room that had been fitted with a blanket warmer to separate the rooms and a small laundry close by to wash the linen used in operations. This floor also contained an obstetric room, a fracture room, a special dark room, and “a most up to date laboratory and x-ray room.” It should be noted that the reporter may have been carried away by his own enthusiasm as records indicate that the Sisters had only limited funds for equipment. Requests for upgrading equipment were ongoing.

Facilities for the doctors were located on the fourth floor. A “sitting room and dressing rooms fitted with individual lockers and planned to keep them in the best of humours while waiting” were the first rooms specifically incorporated into the hospital for the exclusive use of the doctors. The addition also incorporated expanded living space for the Sisters and nurses. These



Triplets born in 1928.

facilities included dining, sitting, and reception rooms as well as a new chapel. The new wing thus served to expand existing facilities as well as to incorporate new types of services which had not previously been part of the hospital.

Statistics from City of Edmonton grant application forms completed by the Sisters for the years 1922 and 1924 indicate the transition the hospital made due to the 1923 addition.

	No. of Sisters	No. of Beds	No. of Patients	No. of Surgical Cases	No. of Obstetrical Cases
1922	16	60	1,058	573	176
1924	20	175*	1,669	865	246

	Average Cost per Patient Day	Grant Allocated
1922	\$2.13	\$4,500
1924	3.15	7,000

* 175 beds = General ward 109 beds; semi-private 26 beds; private 40 beds

The Sisters kept careful record of the religious affiliation of their patients as well as who paid and who did not. The 1933 application also includes in the statistics the number of city and country patients, indigent patients and also the number of male and female patients. There was an additional note stating that, "40% of our patients do not pay anything."

The City grant application category of "Salaries & Wages" was followed until 1939 by a notation of the number of "Sisters who received nothing." Although their salaries were listed in "Expenses of the financial year whether paid during year or not," the women donated their services and no cheques were issued. In the late 1930s, the Alberta Department of Public Health, Hospitals Branch, requested that the Sisters' "Donated Services" be listed as Revenue. By the mid-40s, all salaries were shown as paid.

The opening of the new wing occurred in an atmosphere which was quite different from the mood of optimism which pervaded Edmonton in 1906: economic activity in the city had stabilized, or, in some sectors of the economy, such as construction, rapidly declined. With the completion of their hospital and the ongoing economic problems of the inter-war years, the Sisters were forced to concentrate on operating their new hospital without being too concerned about long term planning for additions or new buildings. During the next sixteen years the emphasis was on new programs and the resulting enlargement of the nursing staff.

In terms of the overall operation of the hospital, maternity care continued to be emphasized. This was evident during the celebration of National Hospital Day in May 1930. The Misericordia Hospital was the first Edmonton hospital to organize a local celebration of this event. National Hospital Day was dedicated to the memory of Florence Nightingale and was observed in many parts of Canada and the United States. The Misericordia's celebration took the form of a tea during which many mothers whose children had been born in the hospital were the guests of the Sisters and nurses.

While the increased size of the hospital did not change the type of medical services it provided to the community, it did necessitate a significant increase in



*Misericordia Hospital, May,
1930.*

the size of the staff. This was evident primarily in the enrolment in the School of Nursing. After the opening of the new wing, the size of the graduating classes increased from seven in 1924 to sixteen in 1927. The school was structured around a class year but prospective students arrived at various times throughout the term. The school had a "good reputation" and, despite the fact that student salaries were lower than those paid by other hospitals, attracted young women from urban and rural Alberta. The supervision provided by the convent-like atmosphere allowed the parents of student nurses to feel secure about their daughters. In the 1920s, the student nurses continued to work twelve hour shifts from seven to seven with time off for lunch and dinner if they were on days. The program emphasized practical training with time off to attend lectures given by the various instructors in the nursing school. Each student nurse was permitted one half day off per week. This free time, however, could be interrupted if lectures were scheduled. The student nurses were paid at the rate of \$5, \$6, and \$7 per month if they were first, second, or third year students respectively. In addition to the wages, the students received free room and board as well as free medical care. Dr. McDonell generally handled this responsibility. The cost of uniforms as well as any damaged instruments were deducted from the regular payment to the students.

Given the lack of orderlies and a small household staff the student nurses supplied the bulk of the staff which operated the wards. The student nurses would first arrive on the wards to serve a probationary period of three months during which time they were evaluated for their suitability for the duties of a nurse. To distinguish them from the student nurses who had successfully completed this probationary period, they did not wear a cap. Receiving their caps after this period was the first event in the life of the student nurse as she progressed through to graduation in three years. The first duties assigned to the students included washing beds, airing mattresses, and delivering meals. Bathing the patients was also an important duty since the view held by the medical profession at this time was that long hours of bed rest were required for convalescence. As the students' seniority increased so did their status and responsibilities on the ward. Senior students took more courses as part of the training program. Maternity and operating room instruction were provided in the final year. The hours spent in the ward were constantly occupied by things to do. Despite this constant activity, one graduate of the class of '29 recalled that no one ever lost any weight. This was attributed to the high starch content of the hospital food which also included a type of prune whip which was frequently served for desert.

The students coped with the long hours and strict discipline in a variety of ways. One way was to sneak out after 9:30 p.m. and go dancing at a dance hall located on 110 Street. The escape route was through the power plant via the tunnel which connected it to the main building. The return trip was made via the same route in time for morning duty. If the students were caught they would have been immediately dismissed from the school. One student remembers injuring her finger on a similar adventure and having to delay a request for treatment until she was able to fabricate a suitable explanation.

Graduation ceremonies in the 1920s were also less elaborate than in later years. In 1929, for example, the graduation ceremony was held in Sullivan's Hall on 101st Street south of Jasper Avenue. The ceremony was not followed by any



*Misericordia Hospital, circa
1935.*

banquet or graduation dance but rather an informal gathering attended only by the nurses themselves back at the hospital later that day.

The onset of the depression in 1930 had a particularly demoralizing effect on the student nurses who had to assume not only greater responsibilities because of staff reductions but at the same time accept a wage roll-back. This situation led to a strike by the student nurses in 1933. The strike as described by the *Edmonton Journal* occurred on the morning of Monday, April 1, 1933, when sixty student nurses assembled in the lecture room to present a document to the administration outlining their concerns. The students asked for late leave on four nights per month instead of the two nights allowed and that these nights be chosen by the individual student nurse rather than assigned to the set nights of the first and third Wednesdays. They also asked for one hour rest period during the daytime shift of 7:00 a.m. to 7:00 p.m. in addition to the hours in which they left the wards to attend class. The students were also concerned about staff reductions and lower pay. The salaries by April 1933 had dropped to \$4, \$5, and \$6 per month for the first, second, and third year students from \$5, \$6, and \$7 during the previous year. The students were expected to purchase books, uniforms, and medicines for their own use out of this total. These wages were significantly less than the \$10, \$15, and \$20 per month in the first, second, and third year for students at the Royal Alexandra Hospital. The strike lasted from 7:00 a.m. to 8:10 a.m. and came to an end when the hospital threatened to bring in graduate nurses to take over their duties. The following day the *Edmonton Journal* reported that all was normal at the hospital. The strike led to no immediate change in the regulations governing the operation of the school. In addition to the problems encountered by the students during the early 30s, a number of them had difficulties getting jobs upon graduation. This problem was particularly significant for the classes from 1933 to 1936.

Despite these problems, the Misericordia nursing school was able to supervise and maintain the level of enrolment throughout this period. The graduation ceremonies were also moved from Sullivan's Hall to Convocation Hall on the campus of The University of Alberta. One of the first graduations at this location was held in 1932. In May of that year, twenty-one student nurses received their diplomas. The ceremony included the presentation of awards for specific fields named after various doctors who had been associated with the hospital. Miss Margaret Brown won the general proficiency medal awarded by the Misericordia Sisters.

In September 1936, due to the deteriorating condition of the nurses' residence on 112 Street, the Sisters asked permission from the General Council in Montréal to construct a new residence on the south west corner of the hospital property. Their request was for a thirty-two foot by ninety foot two-storey brick building to house forty-two nurses. The building would cost \$16,565 and would be paid for in part by the sale of the old residence located on 112th Street. The construction of this building was supervised by Sister St. Louis de France.



1936 Nurses' Residence.

Sister St. Louis de France

Sister St. Louis de France was born at St. Sebastion, Québec in 1882 where she attended parochial schools for ten years. After taking her vows, she was in charge of the maternity section of Montréal's Misericordia Hospital. She was later appointed bursar and supervisor of construction for a new wing which was being added to that hospital. Prior to this appointment, she had received no formal training as an architect or engineer. The formal training was in sewing which she had studied for six years while at the convent of the Sisters of Jesus and Mary at St. Hilaire, Québec. After completion of the addition to the Montréal Misericordia Hospital she was sent west to Edmonton where she continued to serve as bursar and construction superintendent until 1955.

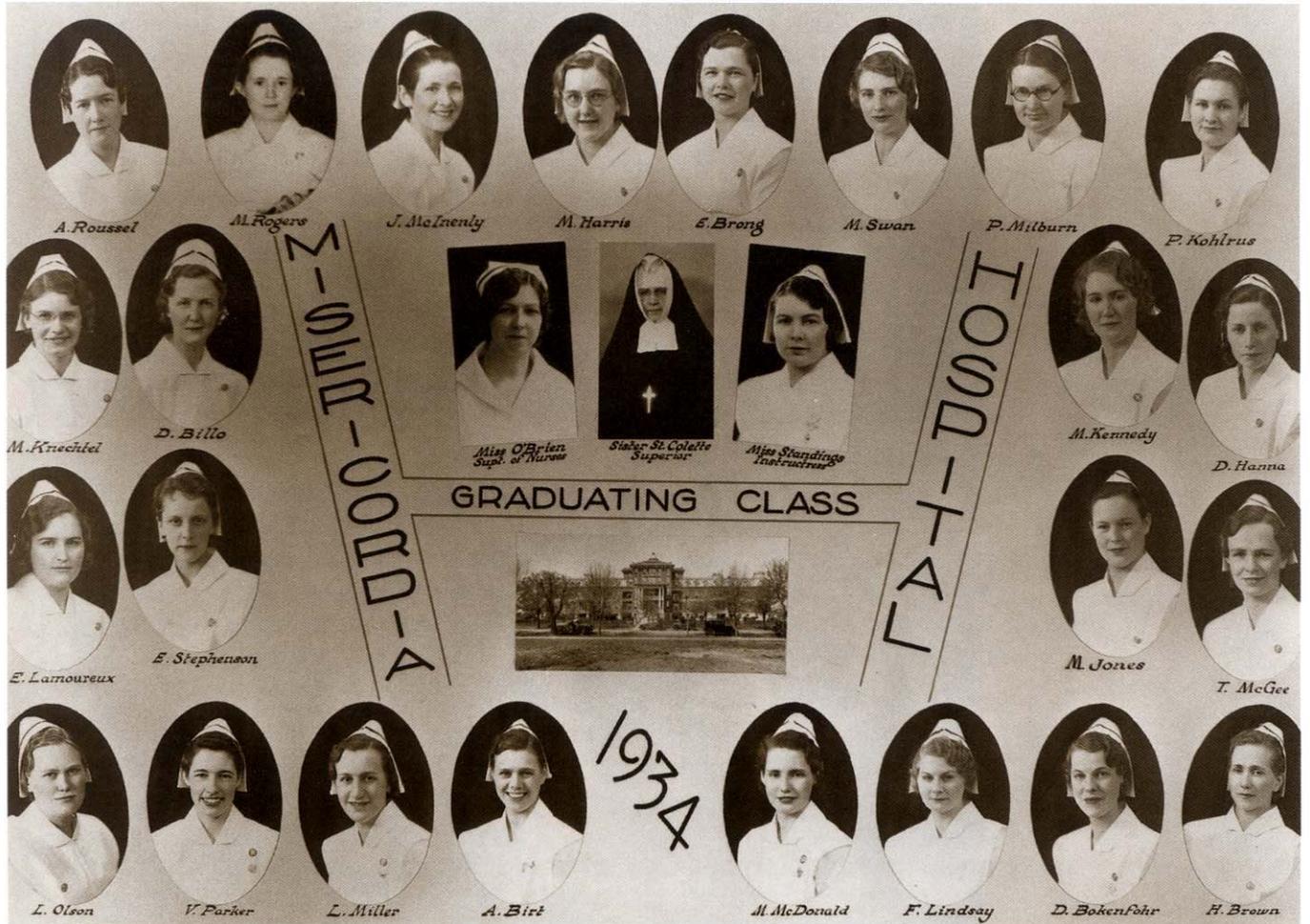
The new residence (called a Nurses' Home by the Sisters) was the only building constructed by the Sisters between 1923 and 1939. Its construction was forced on the Sisters by the rapidly deteriorating condition of the old nurses' residence. The Sisters would have preferred to wait until they had additional funds to construct a larger building with more amenities to house the nursing staff. It would be the late 40s before the Sisters would be able to construct an adequate nurses' residence.

Up to the mid 1920s, the staff at the Misericordia Hospital consisted of nurses along with the attending physician of the various patients. These physicians were mainly those whose association with the hospital began before World War I. One of the later additions to this fraternity, Dr. J. Belanger, would prep up to five young patients in his office and then transport them to the hospital for surgery.

In the mid 20s, the staff changed with the arrival of the first medical students (interns) from The University of Alberta. These individuals were not interns as that term is understood today since they had not yet graduated with a degree in medicine. These students would room and board at the hospital during their internship. Only a small group of no larger than six students was involved in this program at any one time. The senior member of the group served as the one and only house doctor for the entire institution. Students did two six-month terms in different hospitals before graduating. Dr. J. Donovan Ross, who served as Minister of Health in the provincial government from 1957 to 1969, was one of the medical students who interned at the Misericordia during the 1930s.

The social service side of the hospital's operation was not neglected. Throughout the 1920s and 1930s, the Sisters continued their work with unwed pregnant young women and abandoned children. The operation of the crèche was described in 1925 by the *Western Catholic*:

The prospective mother is usually admitted a few months before confinement, and while waiting works for her board. If possible she will pay her hospital bill while under the doctor's and nurses' care, and if she



1934 graduation picture.

cannot do this, remains afterwards and works until her expenses are paid, in the meantime caring for her child. The Sisters then assume the responsibility of the child unless the mother wishes to keep the baby which is seldom done.

The adoption of many of the children who became the responsibility of the Sisters was handled by Charles B. Hill. He was actually an employee of the Neglected Children's Branch of the Attorney General Department rather than an employee of the Misericordia Hospital but is remembered as being particularly helpful to the Sisters.

Charles B. Hill

Mr. Hill's career as a social worker in Canada began in 1915 when he joined the Provincial Government, first as a welfare inspector, then as a chief clerk for the department. In 1923 he was named Child Placement Officer and Deputy of Child Welfare in 1940. He became Superintendent in 1944 of the Department of Child Welfare. Between 1926 and 1940 he was involved with the placement of over 11,000 children in foster homes. He had a special interest in the work of the Sisters through his activities in the St. Vincent de Paul Society, and because he was a member of the St. Joseph's Cathedral Parish in which the hospital was located. His daughter graduated as a nurse from the Misericordia in 1940. It appears that Hill had the same type of informal business relationship with the hospital as did H. Milton Martin in that he performed various functions related to the children without charging the Sisters for his services.

Throughout the period the Sisters continued to supply the administrative personnel for the overall operation of the institution. They were the individuals who had to meet the challenge of operating the institution with minimal assistance from the civic and provincial governments through the difficult times of the 1920s and 1930s. According to information compiled from the Alberta Catholic Directories by the Archdiocese Archives, during the period from 1939 - 1941, there were twenty-six Misericordia Sisters at the hospital.

As had been the case when the hospital first opened in 1906, the chief executive officer of the institution was the Mother Superior. This position was held by five different Sisters between 1923 and 1939 with Sister Marie de la Presentation holding it on two separate occasions. The Mother Superior was assisted by Sisters who handled the administration office, purchasing, and the kitchen. One Sister was in charge at night and another was responsible for the School of Nursing. Sister St. Louis de France, who was in charge of purchasing as well as construction throughout the 1930s, resorted to bartering between 1935 and 1938 to cope with the economic effects of the depression while Sister St. Oswald earned a reputation during the 1930s for obtaining payment from the patients who utilized the services of the hospital. The financial burden of operating an institution which did not turn anyone away was relieved somewhat by the efforts of H. Milton Martin to obtain funds from the City. In 1926, he

Consolidation of Achievement



Charles B. Hill, surrounded by photos of children.



East facade of the Misericordia Hospital showing the front entrance and the 1923 addition.

obtained a payment of \$2.50 per patient per day for patients in the public wards and an annual operating grant which increased from \$4,500 in 1920 to \$8,600 in 1939.

H. Milton Martin in 1926 also helped the Sisters arrange for liability insurance to cover the costs of malpractice suits against the hospital. The decision to take out this insurance was made after an unfortunate accident in the operating room when an instrument was left in a patient. The chronicles for March 4, 1926, which described this incident and the decision to take out insurance, noted that "a day does not pass that our insurance provides us with some measure of protection."

The financial difficulties of this inter-war period began to show signs of abating by 1937. One of the first indications of this trend in the history of the Misericordia was the request to the General Council at the Mother House for authorization to build a maternity wing in October 1938. The wing would measure 115 feet by 45 feet and consist of three floors and a full basement. The public announcement was made in June of 1939 by the Mother Superior.

This wing would be the first of a series of additions to the site which would radically transform both the appearance and the operation of the hospital during the period from 1939 to the mid 1950s as Edmonton emerged from the depression, aided by World War II and the post-war oil boom.

CHAPTER

5

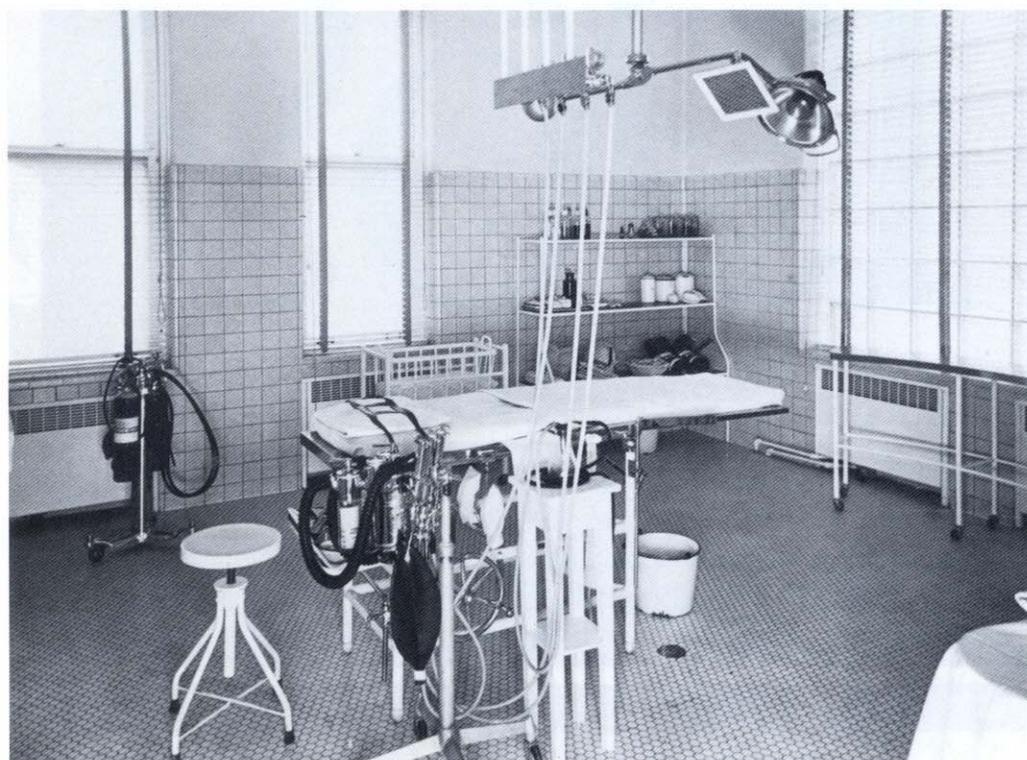
1939
to
1969

Renewed Expansion

The construction of a modern maternity wing reaffirms the Sisters' commitment to obstetrical care. The School of Nursing advances. The Sisters plan for an enlarged hospital complex in a new location and begin to withdraw from hospital administration. Pineview Home opens.



The hospital showing the completed maternity wing, 1940.



Operating room, circa 1940.

1939 to 1969

CHAPTER 5

When the construction of the first major addition to the Misericordia Hospital since 1923 was announced in June of 1939, the events leading to World War II had already begun to unfold. By January 1940 when the maternity wing was completed, Edmonton was once again involved in a war which would dramatically effect its development. Unlike World War I, however, World War II had a number of positive economic benefits for the city which were derived from Edmonton's role as a military training centre and as the base of operations for the Alaska Highway, the Canol Oil Pipeline project, and the Northwest Staging Route. The economic momentum provided by the War was maintained and increased during the post-war period by the discovery of oil at Leduc on February 13, 1947. A measure of the impact of this discovery on the overall development of Edmonton was an increase in its population from 113,116 in 1946 to 281,027 in 1961. The impact of this change on the Misericordia Hospital would be measured in new buildings and a number of changes in the administration of the hospital.

The maternity wing was officially opened on January 20, 1940. The fact that the first wing to be constructed after 1923 was devoted to maternity care reflected the continued priority which this type of medical care had for the Sisters. This \$140,000 addition was located north of the existing building. It was designed by the Edmonton architectural firm of Rule and Wynn and constructed by Poole Construction also of Edmonton. This wing was constructed of reinforced concrete faced with glass brick to match the main structure. While the colour of the brick and its height may have been similar, the overall design of the building was a dramatic departure from the mansard roof and other architectural details of the 1906 and 1923 portions of the institution. Despite this change in design, the *Edmonton Journal* captioned its photograph of the opening of the building on January 20, 1940, "New \$140,000 Maternity Wing Adds to Misericordia Hospital Impressive Exterior." The article went on to point out that "the new wing is modern in every hospital and medical respect. Each patient will not only enjoy pleasant surroundings but will have added facilities such as a separate light, telephone and radio connections." This "modern air conditioned and fireproof" building brought the bed capacity of the overall institution to 250 plus 56 bassinets according to statistics on the 1943 grant application to the City. The first floor

included, as well as several public and semi-public wards, a section set aside to providing living quarters and recreation rooms for house doctors and interns. The second floor was used for private and semi-private rooms while on the third floor the case rooms and doctors' lounges were located.



Semi-private room, circa 1950.

Bed Count

The Department of Public Health, annual reports, hospital archives, and newspaper accounts were the sources consulted for bed capacity records. These documents reflect inconsistencies which created difficulties for the author.

Further construction on the site was curtailed because of the War. Unlike a number of institutions in Edmonton, the hospital continued to serve the needs primarily of Edmonton's civilian population. It did, however, have to cope with a periodic influx of American military personnel when their field hospital was inadequate to meet emergency needs. The war effort in northern Canada indirectly affected the hospital because some staff members left for higher salaries in Ft. McMurray and Whitehorse. A number of physicians and graduate nurses from the classes of 1939 to 1944 also joined the forces.

Sister St. Christine is remembered by almost everyone associated with the hospital prior to 1955. To her, administering the hospital was a twenty-four-hour-a-day job and she expected her staff and students to have similar commitments. On one occasion, she met a doctor in the hall, told him that the Sisters felt he was not making enough money and doubled his salary to \$200 a month. It is reported that she appeared to glide rather than walk through the hospital and staff members and patients speculated that her grace might be attributed to ballet classes when she was growing up. A student misdemeanor seldom escaped her notice.

The response of the Misericordia Hospital to the post-War oil boom began in May 1950 when a new \$500,000 extension to the front entrance was announced. In their statement to the press, the Sisters noted that, "Edmonton's increasing population and an increased demand for the best in patient care had made the move necessary." This east addition was designed by the same firm which designed the maternity addition: Rule Wynn and Rule. Besides adding more beds to the hospital, the addition would, according to a hospital spokesman, "allow for division of the Misericordia Hospital into specialized departments such as orthopedic, surgical, medical, urological, and others in accordance with the latest methods of hospital arrangement." This reorganization did not affect the system of segregating patients according to sex, a tradition which had been the standard practice since 1906. This new addition also provided for admission and discharge offices to be moved to the ground floor. Construction began in July 1950 and the official opening took place on June 8, 1952. Each floor of the four-storey wing was identical with the exception of the lower floor which contained the administrative offices. This was the first part of the hospital to have "automatic elevators." Other new features as described on June 9, 1952 in the *Edmonton Journal* included "the attractively painted walls and the bright linoleum which replaced the dull grays and whites of most hospitals." The private wards all had separate bathrooms while the semi-private wards had one washroom for every two rooms. A kitchenette, nurses' chart room, and utensil room were located on each floor.



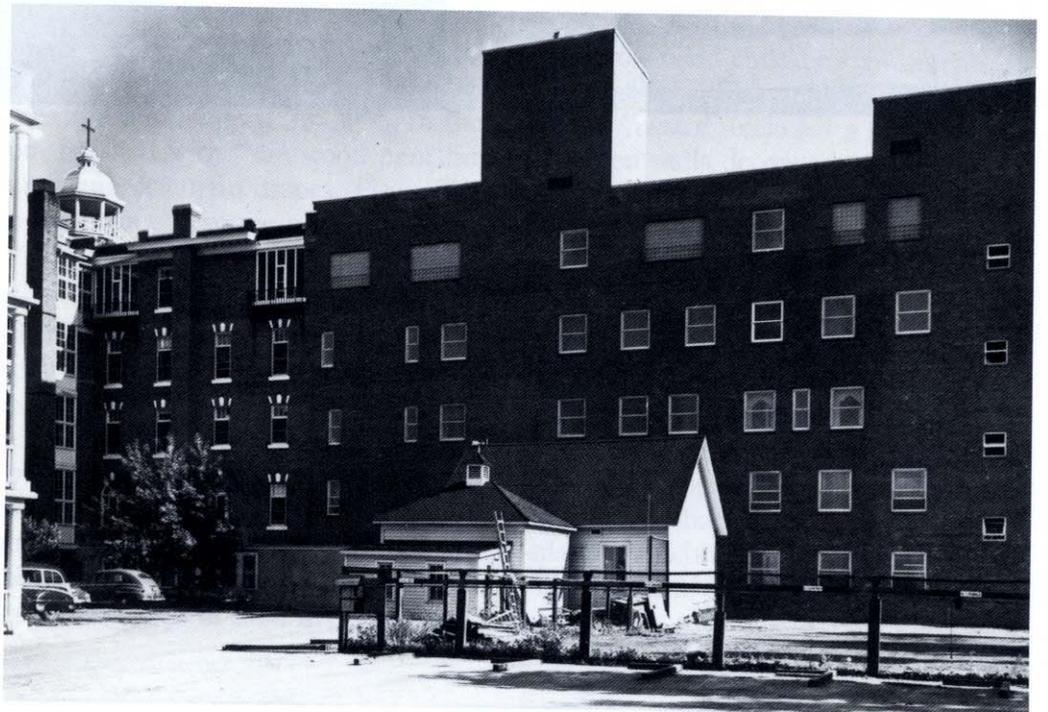
September 9, 1945. The impressive front entrance of the hospital was chosen for this special group photo. His Eminence Cardinal Villeneuve, o.m.i., was in Edmonton to consecrate two oblate bishops.



This admitting office was located on the first floor. March, 1946.



*The completed east addition,
1952.*



The completed west wing.



The emergency entrance was located on the north end of the hospital from 1955 - 1969.

The construction undertaken by the Sisters continued under the direction of Sister St. Louis de France who supervised all construction after 1935. Her position as the project manager gave the Sisters significant control over the work being carried out and helped reduce the cost of construction. During construction of the west wing in 1955 when she was seventy-three years old, her duties, as described by Ted Bower in an article that appeared on August 19, 1955 in the *Edmonton Journal*, dealt with all aspects of the building's construction.

All hospital buildings have been erected under contract. Nevertheless daily decisions are required in ordering supplies, making alterations, and interpreting blueprints. Sister St. Louis is responsible for all this.

All day long, foreman and workmen came to her for direction and advice. She knows where the materials are, when they are expected, how much will be needed, and where they will be needed. If the architect's plans do not work out as they are supposed to Sister St. Louis must have them altered.

In 1955 the Sisters completed another addition which was designed by the same architect and constructed by the same contractor. This west wing, which was built at a cost of \$760,000, plus the two previous additions, brought the total beds for the hospital to 440 from the previous total of 175.

In addition to accommodation for patients, the top floor was equipped with eight operating rooms. Each operating theatre was designed to handle a specific type of surgery. There was an orthopedic surgery room, a plaster-cast room, two for minor surgery, and four for major cases. Two of the operating theatres were designed in such a way as to permit their use for teaching purposes. These theatres were equipped with glass-enclosed observation galleries, for student nurses and interns, as well as a communication system which permitted the surgeon to describe the procedures being followed for the benefit of the students. The remaining portion of the new wing included children's and men's wards located on the second and third floors respectively. The children's ward, as described on August 22, 1955, in the *Edmonton Journal*, included a play room finished with "tan wood panelling, pale green walls decorated with murals and colourful drapes. Play tables, toys, and rockers are provided to take the minds of the young patients off their troubles."

Other innovations in hospital design included large windows that looked into all the wards from the central hallway and the use of glass walls in the pediatrics section to allow constant observation of young patients without an undue increase in staff. The basement provided expanded space for the dietary department, which had not been the case with the previous addition. The new kitchen facilities were specialized into meat, pastry, and vegetable preparation departments. Each of these departments had its own refrigeration, supply, and cooking units. Sister Solange indicated during the tour that the kitchen was equipped "with everything but a doughnut-making machine — and we'll probably be getting one of those someday." The kitchen, as equipped, could prepare 300 trays of food in 30 minutes.



Nurses' Residence, 1949.



The entrance to the Nurses' Residence.

The physical transformation of the hospital during and after World War II was evident in all aspects of the institution. The nursing school was expanded in terms of its size and the facilities which were provided for its operation. These changes made it a more identifiable unit within the overall operation of the hospital. The evolution to recognition of the importance of classroom instruction was aided by the greater utilization of graduate nurses and a larger household staff. This permitted the school to be less of a labour pool for the operation of the hospital. The most important symbol of this change was the new residence facility constructed in 1949.

The new residence was officially opened on April 3, 1949, during a ceremony attended by 3,000 people according to estimates made by the *Edmonton Journal*. The Misericordia Hospital School of Nursing was now consolidated into one separate building for the first time in its history. Prior to the completion of this structure, student nurses had been housed in the residence constructed in 1936 as well as a portion of the ground floor of the main building. All facilities, except a living room, were available in this new building. Amenities included lounges on all four floors, a main sitting room on the ground floor, a chapel and a large recreation room in the basement where classrooms and a science laboratory were located.

Sisters and the Medical Staff

Our research indicates that during this period the Sisters continued to cope in the traditional way with the changing times brought about by the end of the War. They maintained final authority over all aspects of the hospital. As one former doctor reported, the Sisters ran the hospital and everyone knew it. "... they had real presence all over." Despite small power struggles, there seems to have been a mutual respect. It appears that the Sisters sometimes acted as intermediaries between the doctors, the interns, and the nurses.

The size of the medical staff also increased after the war as the Misericordia Hospital found it increasingly easier to attract interns to work in the hospital. One method was to advertise. Two prominent medical staff members were Dr. Morris Weinlos and his brother, Dr. Harry Weinlos. Harry began practising medicine in Edmonton in 1932. After serving with the Canadian Army during World War II he returned to the Misericordia Hospital where he became senior surgeon. In 1960 he was awarded the outstanding citizenship award by the Edmonton Junior Chamber of Commerce. Harry is remembered for his dedication and his unorthodox manner. His brother Morris also returned to the hospital after the War. He was Chief of Surgery and Chief of the Medical Staff until he retired from surgery in 1967. One doctor remembers feeling that, because she was trusted by Dr. Weinlos, the Sisters also trusted her. The Dr. Morris Weinlos Library in the 1969 hospital was named in his honour.

The informal but very strong relationship which had developed between the community and the hospital was formalized during this period with the creation of the Misericordia Hospital Women's Auxiliary in March 1948. Its members were usually wives of doctors on the medical staff or of prominent men in the



Hospital chapel.



The skate train, January 11, 1960.

English and French segments of the St. Joachim's Parish. This was the traditional role which the doctors' wives had played with respect to hospital development in Edmonton as far back as 1895 when a volunteer association was established to generate community support for the General Hospital. With respect to the Misericordia, the tradition is evident as early as 1923 when they assisted with the garden party. This organization held monthly meetings to discuss fund raising projects and the disposition of money raised from the events. Each meeting was attended by a Sister who served in a liaison capacity with the hospital administration. On occasion, representatives from the hospital would attend to discuss programs and the possible participation of the Auxiliary. Events organized included an annual bazaar, tea and home baking sales, and an annual supper dance. The organization remained active until the end of 1963 when the minutes of the December meeting indicate that the Auxiliary "resolved to defer its activities as an organization until reconvened at the call of the Sister Superior."

It was during this same period that the hospital incorporated a health service for employees. This was formally established in 1949.

After the war, the services provided to unwed mothers-to-be and abandoned children were reorganized with the creation of the Misericordia Hospital Welfare Centre. This new centre was under the direction of Sister St. Francis Cabrini who had come to Edmonton in 1955 after having obtained a diploma in social work from The University of Montréal. Of immediate concern to Sister Cabrini was the construction of new facilities to replace the existing crèche (built in 1920) which was on the third floor of the power plant and the laundry. Because of the inadequate nature of this facility, it was closed in November 1959. The decision by the Sisters to close the nursery and concentrate on the welfare of the unwed pregnant young women also reflected the fact that new attitudes favoured the placement of children in foster homes rather than institutions. The placement of these children was being handled by city and provincial child welfare agencies. These children were no longer wards of the hospital but of the City and Province. The closure of the crèche brought an end to sixty years of service to orphans in the city.

The closure of the crèche in 1959 was an indication that the older portions of the Misericordia were becoming not only unsafe but unserviceable. An even more dramatic indication of this situation came in 1964 when the boiler in the powerhouse blew up.

After World War II the Misericordia Hospital became increasingly involved in dealing with all three levels of government, particularly as a result of increased participation by the provincial and federal governments, in the field of health care. This shift in funding was evident in 1955 when the west extension was partially funded through a \$47,500 grant from the Alberta government which was matched by the federal government. The role of these two governments was even more pronounced when the issue of constructing a new hospital emerged. These initiatives did not entirely relieve the City of Edmonton of its role in the ongoing financing of medical care in the city since the hospital continued to rely on the City for some operating funds. The federal and provincial governments were thus shouldering some of the responsibility which the Catholic Church had previously carried. The post-War period also brought a number of changes in the administration of the hospital. The increased size of

Renewed Expansion



The Laboratory in 1960.



*The Lay Advisory Board,
June, 1960.*

the hospital, the increasing role of government in the health care field, the advances in medical procedures, and an increasing public demand for health services had serious implications for the administrative system which had served the Sisters well since 1900. After World War II the Sisters became concerned about the need to hire additional staff at all levels of the hospital's operation. As a result, a number of lay people were appointed to senior positions to share the administrative responsibility. The hospital, which had operated almost entirely with student nurses and which had a total payroll in 1940 of almost \$37,000 (with an additional \$26,600 in "donated services" provided by the Sisters) would by 1969 employ approximately 700 people.

These new employees were organized into departments which assumed duties that previously had been the responsibility of one Sister. The duties of Sister St. Louis de France, for example, were taken over by a purchasing department and an accounting department. The laboratory department developed out of the work of Sister Marie Bernadette.

Sister Marie Bernadette

Sister Marie Bernadette came to the Misericordia Hospital in 1946 after receiving her RN degree and her RT degree in medical technology at the Misericordia Hospital in Winnipeg. She had also worked at the Misericordia Hospital in Winnipeg and Green Bay before coming to Edmonton. She was appointed Sister Superior in 1958.

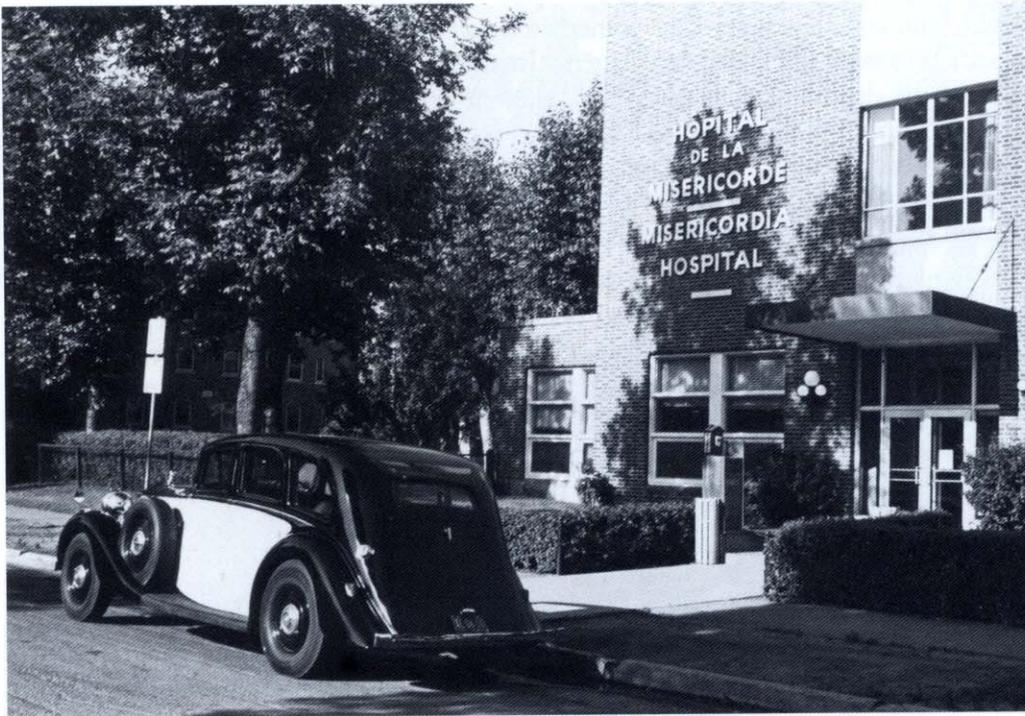
In 1952 the first two laboratory technicians to be hired by the hospital were added to the staff and Dr. G.R. MacDonald was appointed Director of the laboratory medicine department. He remained in that position until October 1958 when he assumed the position of the first Medical Director of the Misericordia Hospital. In 1953, the hospital began training medical laboratory technicians and, ten years later, joined in a centralized training program in conjunction with the Northern Alberta Institute of Technology. In the early years of the department, staff members remember using antiquated equipment. The laboratory, for example, had a 1932 centrifuge which the manufacturer was anxious to acquire for its museum. The company was prepared to give the hospital a new one in exchange. Unfortunately, the company's museum found an even older centrifuge in another location.

Changes also occurred in the senior management of the institution. The overall direction of the hospital had been the responsibility of the Sister Superior who had two assistants. In 1955 a Lay Advisory Board was created as the first step in the evolution of an entirely new administrative structure. Stanley H. McCuaig served as its first chairman. One of the first issues dealt with by the Advisory Board was the need to get better facilities for the social service department. While approval was still required from Montréal for major expenditures, this board played a role in assisting the Sisters in dealing with the provincial government.

The funding of the hospitals had by 1958 become a provincially operated system. Known as the Alberta Hospitalization Plan, it was considered a hospital insurance service. It covered "every resident of Alberta without any special



Old hospital parking lot, February, 1969.



This car, belonging to Dr. Stirrat, brought Klondike Kate to tour the hospital.

premium and without any special tax to cover the service.” According to the Hospitals Division “Annual Report” for 1958, “the costs of this program come from the per diem charge against the patient” and contributions from all three levels of government. The program covered extras such as laboratory and x-ray services and provided free hospital care for polio cases and maternity cases plus a free hospital service for pensioner groups.

The Advisory Board made the recommendation that the Sisters hire an executive director to assume the duties of hospital administrator which had up to this time been the responsibility of the Mother Superior. In November 1966 George P. Van was appointed Executive Director of the hospital and Sister St. Guy, who had been Mother Superior since 1961, returned to Montréal. Sister St. Guy was succeeded by Sister Rose-Aimée Roy who was the last person to hold the position of Mother Superior in Edmonton. Sister Roy became the Assistant Executive Director in the new administration but retained her role as head of the community of Sisters. Van’s appointment marked the first time that a layman had held the position of administrator in an institution operated by the Misericordia Sisters. “The appointment of a non-religious administrator marks a policy change,” commented Sister St. Guy in an article which appeared in the *Western Catholic Reporter* on November 24, 1966. Sister St. Guy commented further that this decision was made primarily because of the “increasing complexity of hospitals and hospital construction.” The Sisters were thus anxious to have the best professionally trained and qualified people to run their projects. Mr. Van, who had served as assistant administrator at the hospital since March 1965, represented the type of new hospital administrator which the Sisters were anxious to co-opt in their efforts to meet the challenges of the post-War era. He had served as a hospital consultant before coming to Edmonton. In addition to his duties at the hospital, Mr. Van also lectured in administration at The University of Alberta.

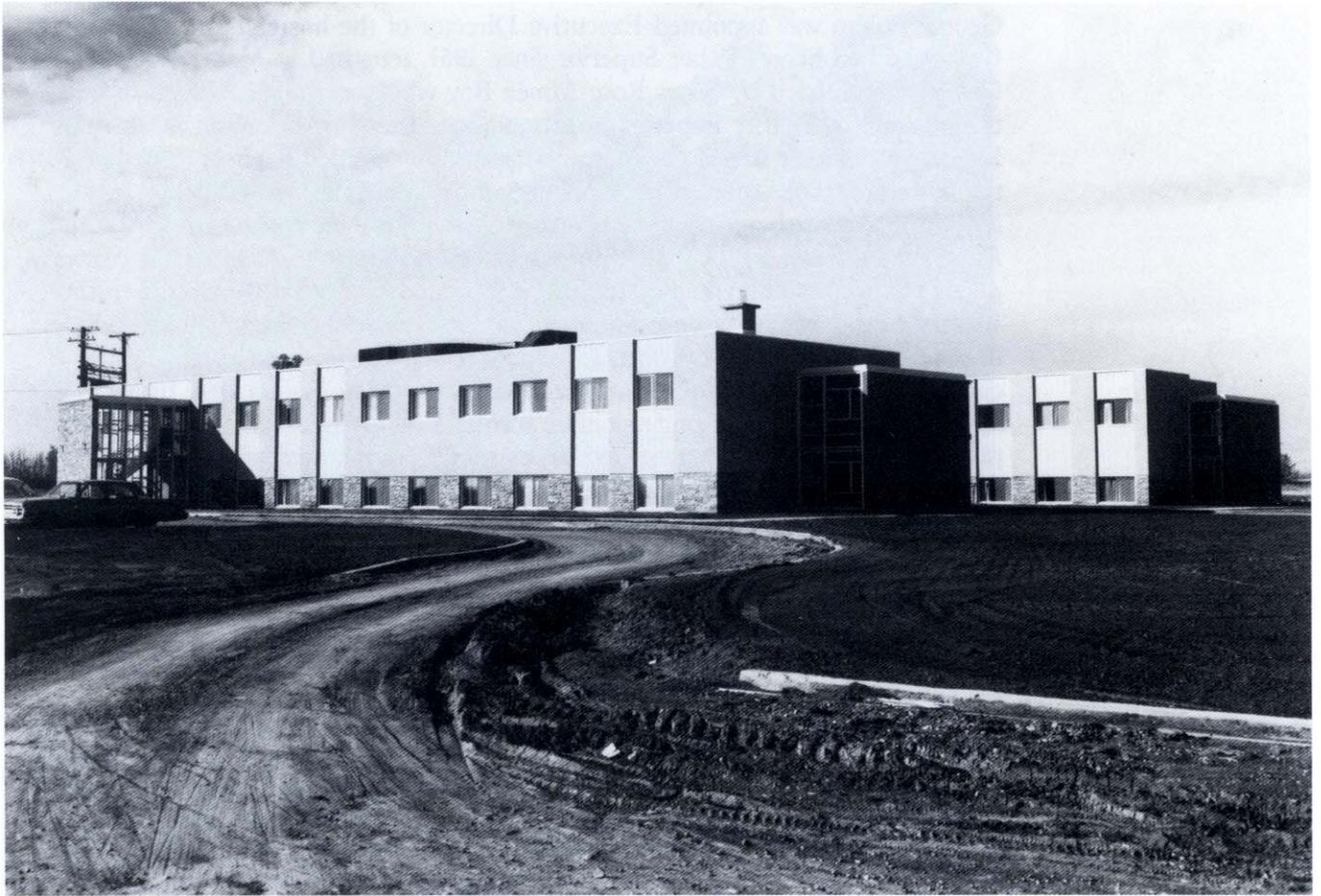
Charles W.B. Gravett succeeded Mr. Van as Executive Director in 1968.

The appointment of an executive director was accompanied by the conversion of the Lay Advisory Board into a Board of Directors in 1971. The membership of the Board of Directors was made up of both Sisters and laymen with a Sister always serving as chairman and a layman serving as vice-chairman. Sister Marie Anna Plamondon and Louis Desrochers served as the first Chairman and Vice-Chairman respectively. The Board of Directors played a greatly expanded role in the day-to-day operation of the hospital compared to the role played by the Advisory Board.

The administrative changes which had occurred since World War II, along with the changing role of the Sisters, were formally recognized with a new Act of Incorporation on April 11, 1967. This legislation reads in part that:

... under provisions of this Act, members of the said Corporation, shall be and are hereby declared to be a body corporate and politic in deed and in name, by the name of “Misericordia Hospital”....

This act incorporated the Misericordia Hospital as a legal entity distinct from the Misericordia Sisters.

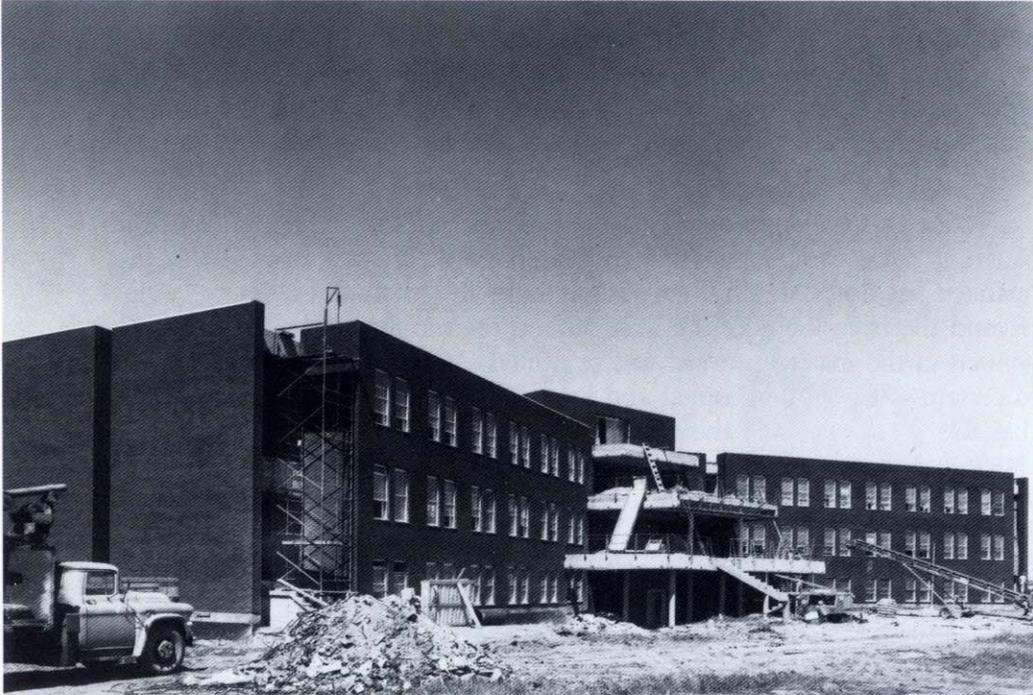


Pineview Home.

The presence of the Sisters within the hospital continued to have a strong impact on patients and staff alike. As one patient recalls, "When the Sisters ran the hospital they were there to say good night and good morning to every patient when they made their rounds." This same patient also recalls that they were also there to deal with a special problem which developed for her when food service in the hospital was disrupted by the strike of the kitchen staff. For one of her evening meals she received a "pile of pickles and a not so fresh grilled cheese sandwich" which was not very suitable for a nursing mother. When one of the Sisters on the maternity ward saw this situation, she arranged to bring a cup of tea and some goodies from the Sisters' residence. This occurred at 11 o'clock every night for the duration of her stay in the hospital. The Catholic character of the hospital was also maintained by the continued presence of a resident priest who was available for counselling and for giving mass.

While this patient remembers the care and attention received from the Sisters, she also remembers that the Sisters were very strict in the way they operated the hospital. Children visitors were absolutely forbidden to come beyond the front lobby of the hospital and the number of relatives visiting women in the maternity ward was restricted. Maternity patients were restricted to certain areas in the hospital and to a number of days in bed. She recalled that the Sisters operated the hospital like a convent. Relaxation of the rules concerning visiting hours, which appear to have been unchanged since 1906 when the hospital first opened, did not occur until 1960. On October 1 the Misericordia Hospital announced that visiting was to be permitted at any time between 10 a.m. and 8 p.m. The Misericordia was the first Edmonton hospital to introduce continuous visiting hours. There were two exceptions to the new hours. The children's ward hours were 11 a.m. to 7 p.m. and visiting hours in the maternity ward continued to be 2 p.m. to 3 p.m. and 7 p.m. to 8 p.m.

The Sisters' interest in wanting to upgrade their facilities and the Alberta government's willingness to assume certain financial responsibilities with respect to the construction of a new building led to the announcement in May 1961 that the Misericordia Sisters were completing the purchase of fifty acres of land in the Town of Jasper Place. In a joint announcement, Dr. J. Donovan Ross, Minister of Health, and Sister Superior Marie Bernadette outlined plans for a major medical and social service complex for the site. It was anticipated that the site would include an active treatment hospital, a nursing school, auxiliary hospital, and a hostel for unwed pregnant young women. The first building planned for the site was the hostel. The Department of Public Works was responsible for the construction of this \$300,000 facility which was to be called Pineview Home. Upon its completion in 1962, it was leased to the Sisters for a five-year period and was administered separately from the hospital. Pineview Home, which contained thirty-eight beds, was under the direction of Sister St. Francis Cabrini who was assisted by two other Sisters. The opening of this institution provided the Sisters with a new opportunity to once again pursue the objectives which had brought them to Edmonton in 1900. The young women lived at the home until the time came for the birth of their child. Then they were taken to the Misericordia or to a hospital of their doctor's choice. The construction of the Pineview Home did not entirely eliminate the presence of unwed mothers-to-be from the old hospital. After the Pineview Home was



Lynnwood Auxiliary Hospital, under construction, mid-1960's.



Ground breaking ceremony.

opened, a special third floor maternity ward continued to be maintained under tight confidentiality for the exclusive use of the unwed mothers.

The second building constructed on the site was the Lynnwood Auxiliary Hospital. It opened in 1966 with a bed capacity of 100. In 1980, it was expanded to 225 beds and its role was diversified to include a nursing home. This facility was not administered by the Misericordia Sisters.

The implementation of plans for the construction of the active treatment hospital and the nursing school, however, did not go as smoothly as those for the hostel and the auxiliary hospital. Following an announcement in October 1961 that the provincial government had given the go ahead on the construction of the new \$13 million Misericordia Hospital and that architectural plans had been started, a number of problems intervened to cause delays in construction. The first problem was the need to enlarge the trunk sewage system in Jasper Place while the second problem was indecision on the part of the provincial government with respect to the future of the old site. In August 1964, Jasper Place was annexed by the City of Edmonton. By February 1966, the difficulties had been dealt with and tenders were opened for the hospital. The lowest bid of \$17 million by Laing Construction and Equipment Limited was accepted. The \$4 million increase from the \$13 million announced in 1961 reflected the rise in the cost of construction materials and labour. The ground breaking ceremony was held on June 15, 1966. Unlike previous construction projects when the Sisters dealt with a single architect, the design of the new hospital involved a design team and a number of consultants who handled various aspects of the building.

With the commencement of construction, history was repeating itself. The first Maternity Hospital opened by the Misericordia Sisters in 1900 had also been on the outskirts of Edmonton. The size of the new Misericordia Hospital in comparison to this first building was a dramatic demonstration of the growth of the institution and the community it served. It also demonstrated the continued ability of the women to meet the challenge of providing quality health care to residents of Edmonton and district.

By July 1969 with construction of the new building complete, advanced parties of hospital staff arrived to make it ready to receive patients. The resident priest was among the staff who transferred to the new hospital on July 16. The communion tables from the wards were moved on the same day. For a period of time the administration was responsible for two hospitals as it made the shift from one site to the other.



The excavation for the new hospital with Lynnwood in the background.



The completed Misericordia Hospital awaiting the arrival of its first patients.

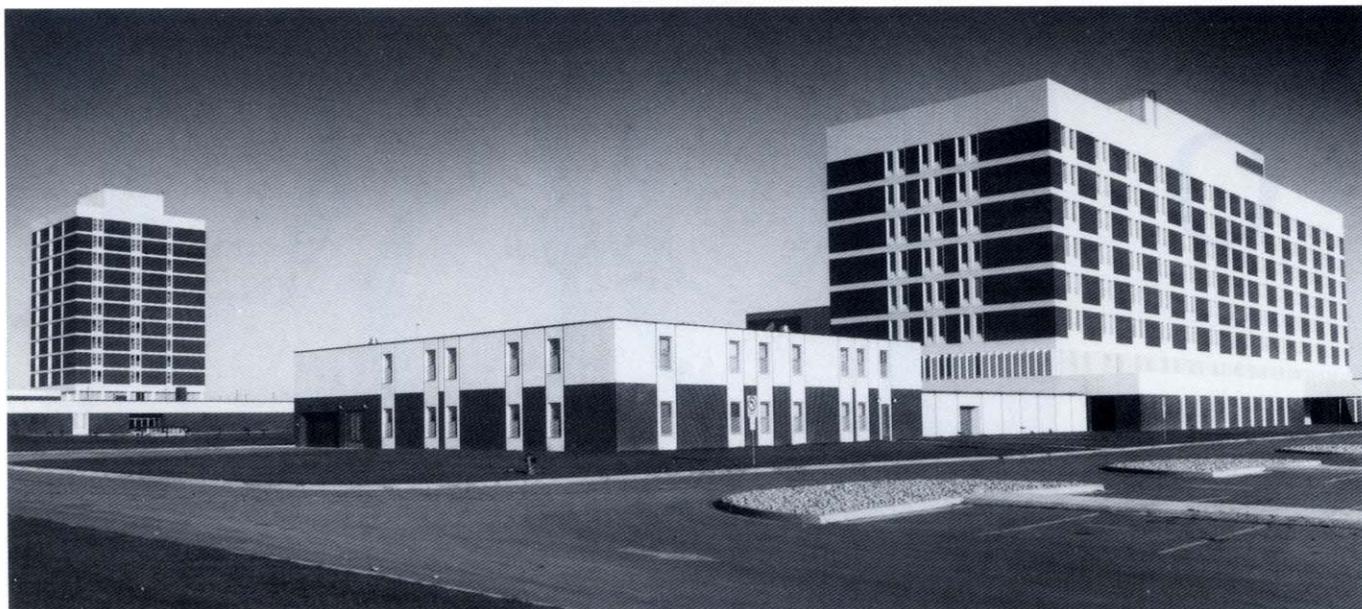
CHAPTER

6

1969
to
1985

A New Beginning

The new Misericordia opens in west Edmonton and the hospital is purchased by the Alberta government. The Misericordia Sisters return to Montréal.



The New Misericordia Hospital, 1969.



Patients along with their flowers are moved to the new hospital, July 18, 1969.

1969 to 1985

CHAPTER 6

The move of the hospital to west Edmonton had been anticipated for close to a decade. It finally took place in July 1969. Months in advance of this date, the necessary planning was underway to ensure that “M” day, as it was referred to by Charles Gravett, would be properly executed with minimal inconvenience and risk to the patients. This event was unprecedented in the history of the Misericordia Hospital. Furthermore, Executive Director Gravett, in an article written by Dona Harvey of the *Edmonton Journal*, suggested that, “We may be the first hospital in Canada to pull up stakes and move to the other side of a city.” The implementation of this plan began on July 4 when the hospital discontinued admitting any new patients except for maternity and emergency cases. Those patients who were well enough to be discharged were sent home while other patients were sent to the Glenrose in order to reduce the number which would have to be transferred to the new complex. Appropriately enough, the last patient to come to the old Misericordia Hospital for treatment was an unwed mother-to-be in labour. She arrived at 4 a.m. on July 18, the day set for the transfer of all remaining patients and was taken to the new Misericordia Hospital for immediate attention. Her child, who was born a couple of hours later, was the first birth at the new hospital. This event was an important reminder of the reason which had brought the Misericordia Sisters to Edmonton in 1900.

By July 18 only sixty-seven patients remained in the old hospital. Their needs were being attended to by a skeleton staff of 100 people who occupied a building devoid of not only most of its patients but also most of its equipment. The scene as described in the Harvey article was one of “empty corridors, boxes of packed equipment, wards with nothing but an empty chair or nightstand. ... In the pediatrics ward, three young children [occupied] lonely rooms once filled with beds and youngsters.” This situation prompted the comment to Harvey that, “Some of the staff say it’s depressing working in such a vacant place.” The removal of much of the equipment was necessitated by the lack of funding to cover the cost of new furnishings.

The move began at 5:45 a.m. on July 18 when the first of twenty-one infants were loaded into the eight ambulances which were to spend the day operating a shuttle service between the two hospitals. The move was expected to take six hours but by 7:35 a.m. the last of the patients had been loaded into the ambulances. A team of doctors at each hospital checked patients as they left the old hospital and arrived at the new complex. As a further precaution, a doctor and nurse rode in each ambulance. During the morning of July 18 the emergency departments of the old and new Misericordia Hospitals were in operation to execute the most critical step in the relocation plan.

In the afternoon, the remaining equipment from operating rooms, x-ray, and other areas of the old building was transferred to the new hospital. By the



A young girl in the pediatrics ward watches the goings-on from her window.

end of the day, the sixty-nine years of association between the Oliver district of Edmonton and the Misericordia Sisters had come to an end. This association with the Oliver district ended in an atmosphere of optimism for the future of the institution which the Sisters had worked so hard to create.

While operations at the old hospital were winding down in preparation for its closure on July 18, 600 employees were busy getting the new hospital ready to receive patients. In some cases this preparation required that staff members actually live at the hospital for the last couple of weeks before the transfer of the patients took place. It was anticipated that twenty to thirty patients would be admitted per day starting on Monday, July 21. By August 4 it was expected that 400 of the 555 beds would be filled. The emergency department of the new hospital was in operation on July 18. During the weekend of July 19 and 20 the employees worked around the clock to put the finishing touches to the new Misericordia Hospital in time for its opening for general admissions on Monday. The scale of the relocation operation inevitably led to some confusion during the weekend as the staff familiarized themselves with the new building. As noted by Dona Harvey in her series of articles on the move:

Parts of the building are already in full, orderly operation. But in other sections — not yet occupied by patients — clutter and confusion keep popping into view.

“Where is the X-ray Department?” asked a doctor standing in the main lobby.

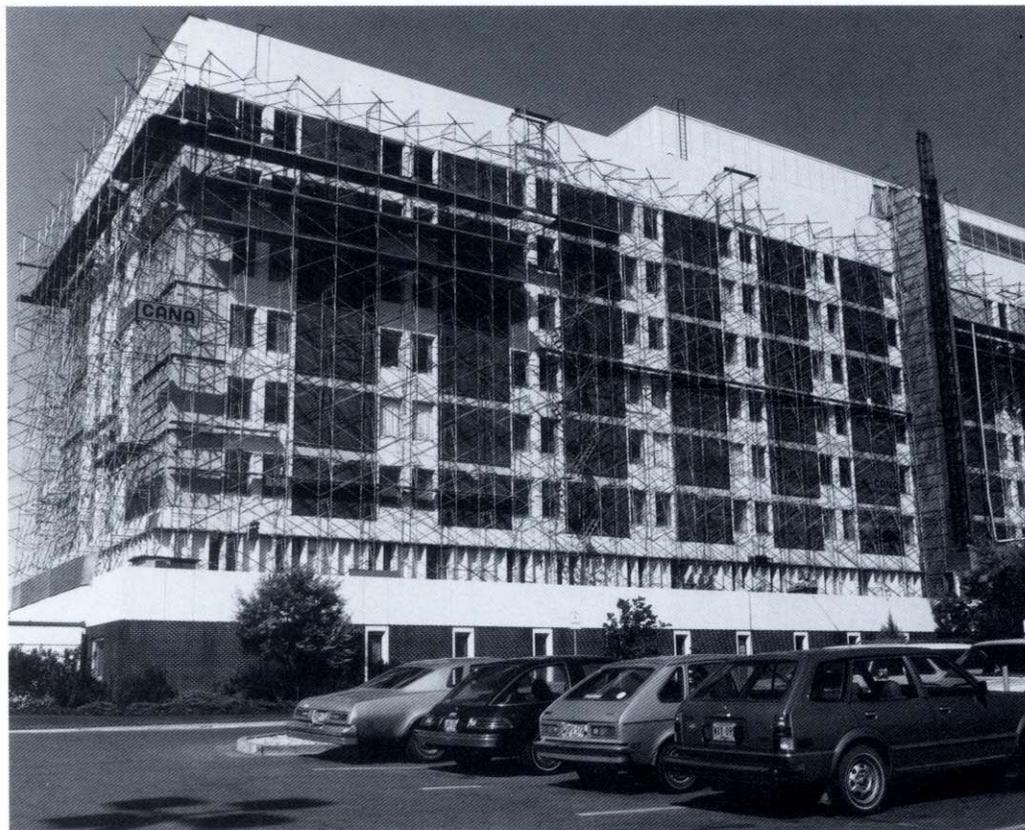
“Is this maternity?” inquired a bewildered nurse on the third floor. “I’m looking for a patient and I can’t find her.”

The events of July 1969 were followed by the hospital’s official opening on Saturday December 6, 1969, in the Auditorium of the Nurses’ Residence. Approximately 400 invited guests attended the ceremonies. The Master of Ceremonies for the event was Louis Desrochers, Vice Chairman of the Board of Directors. The invocation was given by the Most Reverend Anthony Jordan, o.m.i., Archbishop of Edmonton. Greetings were brought from the Province by the Lieutenant Governor, the Honourable Dr. J.W. Grant MacEwan and the Minister of Health, the Honourable James Henderson. His Worship, Mayor Ivor Dent spoke on behalf of the City, and Dr. Walter Mackenzie, Dean of the Faculty of Medicine, brought greetings from The University of Alberta. Sister Therese Bonneville, from the Mother House in Montréal, represented the Misericordia Sisters. Dr. Howard Ramage, President of the Medical Staff, spoke on behalf of the doctors. Coffee was served and conducted tours of the hospital followed.

The new Misericordia was an eight-storey building constructed at a final cost of \$21 million. It opened with a capacity of 555 beds and 100 bassinets compared to 440 beds and 69 bassinets for the old hospital. The new hospital was part of a medical complex which included an eleven-storey tower for the School of Nursing, a utility services building, a twenty-room Sisters’ residence wing, and a chapel. In designing the new hospital, emphasis was placed on saving time and labour. Double corridors were used throughout the patients



The disposition of the old site was finalized in 1972 with the demolition of the original hospital and the 1922 and the 1940 additions. The east and west wings are now utilized as a treatment centre for the mentally handicapped. The 1949 Nurses' Residence is occupied by the provincial government.



Exterior of hospital during reconstruction in 1983.

wings, with nursing stations located no more than ninety feet from the farthest patient. The central corridor system, with the service area as the core and the patient rooms on the outer sides of the building, was designed to increase nursing staff efficiency and allow the nurses more time with patients. The basement housed the central kitchen and supply areas which served the hospital via a conveyor system to the various floors. The operating theatres, on the second floor, were designed with a one-way traffic flow of patients from the preparation areas to the surgical suites and on to the recovery room.

The size of the new Misericordia Hospital and its interior design were only two aspects which distinguished it from the old building. Other differences included the size of the staff, which increased from 653 to 1,032 by 1970. The recruitment of the larger staff which was required to run the new complex had begun in March 1969. On March 29, a full-page advertisement appeared in the *Edmonton Journal*. It advised Edmontonians that "additional enthusiastic and capable people" were required at the new hospital. Career opportunities noted in the advertisement covered all aspects of the hospital's operation from general administration and clerical to nursing and medical technology. The recruitment process has continued, bringing the total number of employees to 1600 in 1985.

The construction and operation of the new hospital has not, however, been entirely without its problems. The increase in the number of staff members, the disorientation of the move, and the new surroundings contributed to a lost sense of the *esprit de corps* for many long-term staff members. The feeling of "family" and belonging was not immediate. For some, it took several months before the new hospital began to feel like "home." The spiritual strength of the Sisters seemed to carry throughout the hospital and to once again bring everyone together. The location of the new hospital was considered inconvenient by some and led to the departure of some staff members and doctors. Time would therefore be required for the new Misericordia staff members to develop a sense of community which reflected the new circumstances. The continuity was provided by the Sisters.

By 1971, the Sisters had moved from their residence wing to an apartment. The two Misericordia Sisters who continued to work at the hospital remained in Edmonton for a year before they left for the Misericordia Hospital in Winnipeg.

In addition to the personnel problems to be overcome at the new hospital, the new building also had various deficiencies which were dealt with by the administration. In 1975 the hospital filed a \$10 million law suit against the people and firms associated with the hospital's construction. Given the failure of the legal proceedings to resolve the situation, a \$22 million program to deal with the problems identified in the suit and funded by the Province of Alberta was begun in 1980 and finished in 1984. In addition to repairs to the building's structure, various systems including the nurse call and fire alarm systems were improved.

The increased amount of space and the facilities provided in the new building as well as the recruitment of additional staff affected the operation of virtually every department. (By 1985, there would be approximately forty departments.) This point was made by Executive Director Charles Gravett and Assistant Executive Director Donald A. Macgregor in an article in the *Western Catholic Reporter* on July 20, 1969. According to Gravett, maternity facilities were



Birthing Room.



Intensive Care Unit.

“1,000 percent better” than in the old hospital. The new department consisted of ten labour rooms and four delivery suites on the maternity floor as well as the nurseries and accommodation for eighty maternity patients.

These standard facilities were later augmented by the introduction of birthing rooms which combined the function of labour and delivery rooms. Birthing rooms had a number of features designed to create a more home-like atmosphere. These rooms looked like the bedrooms in most homes. A further advancement in obstetrical practice was the midwifery pilot program. In this program 100 women were assisted through their pregnancy by a nurse, who had received special training as a midwife, and an obstetrician. The use of birthing rooms and the midwifery pilot project reflected the Misericordia’s traditional high standards and innovative approach to maternity care.

The new intensive care unit could accommodate thirteen patients while the old hospital could only accommodate four. The operation of the intensive care unit was improved in 1980 when the Misericordia Hospital was one of seven Alberta hospitals designated to receive special funds from the provincial government under the auspices of the Alberta Heritage Savings Trust Fund. The monies provided enabled the Misericordia to organize a program for improved acute care of coronary patients as well as to expand and improve the facilities in the unit with the addition of three beds. The total number of hospital beds was now 558.

The new hospital provided thirty-eight beds for psychiatric patients compared to the fourteen beds available in the old hospital. The emergency department was expanded in size beyond that of the old because of the hospital’s proximity to Highway 16, west of Edmonton. It was anticipated that the victims of car accidents on this highway would be brought to the Misericordia Hospital. This department was provided with two operating rooms, two casting rooms, seven treatment rooms, and six examination rooms.

Another department which benefited from the new facilities was Rehabilitation Medicine which was made up of the physical therapy unit and the occupational therapy unit. As Mr. Macgregor indicated in the July 20, *Western Catholic Reporter* article, the room containing the “physio-remedial” pool could have housed the entire department in the old hospital. The gymnasium was to be used both for diversional therapy for psychiatric patients and pre-natal classes for expectant mothers. Other physical therapy equipment included a huge “whirlpool” tank where patients with severe burns could be immersed for treatment and where arthritics could be treated. Since 1969, the department has continued to expand its activities to include recreation therapy. Rehabilitation Medicine not only deals with the condition, in clinical terms, but also with the feelings of the individual.

The Department of Radiology, which was established in the old Misericordia Hospital in 1922, was split into two sections after the move to the new hospital. Section A provided general radiographic services while section B provided fluoroscopic and specialized examinations. A Division of Nuclear Medicine was established in 1970 while the Division of Ultrasound was established in 1975. A CT scanner for computerized tomography was added in 1982.



*Emergency procedures
helicopter lands to demonstrate
its possible use in the event of
a major disaster, November
23, 1972.*



Cat Scan Equipment.



Family Clinic.

The role of the Misericordia Hospital as a teaching institution also changed after 1969. This was evident in the way existing programs were changed and new programs were added through the hospital's association with The University of Alberta, the Northern Alberta Institute of Technology, and Grant McEwan Community College. After 1969, student nurses spent an increasing amount of time attending classes and became less important in staffing the various wards. The regulations governing the students' conduct were also changed. In April 1982, the funding and responsibility for hospital nursing schools located in Alberta was transferred to the Department of Advanced Education and Manpower from the Department of Hospitals and Medical Care. Nursing education in Alberta was now fully integrated into the provincial university and college systems. After September 1983, the nursing students also paid for the rental of their rooms in the residence. Thus, the residence was operated more like an apartment building than as a traditional nurses' residence.

New programs which have become part of the hospital include the Family Clinic which was officially opened on May 13, 1981. It was established in cooperation with the Faculty of Medicine at The University of Alberta for the purpose of teaching Family Practice Residents and to provide continuing medical care to individuals and families.

The most important change in the operation of the new hospital was the departure of the Misericordia Sisters and the total operation of the institution by a lay board. This process began in December of 1969 when Pineview Home was closed. Since this facility had been opened in 1962 it had provided shelter and counselling to 893 girls. With the departure of Sister St. Francis Cabrini, who had served as the Director of the institution, no Misericordia Sisters were engaged in that type of social work in Alberta. The decision of the Misericordia Sisters to withdraw from this field in Alberta revolved around the problem of admissions to Pineview. This issue was discussed in some detail by Sister Cabrini in an article which appeared in the December 21, 1969 issue of the *Western Catholic Reporter*. For the first five years of Pineview's operation, Sister Cabrini interviewed young women seeking admission. These interviews allowed her to assess the value of the institution to the individual involved. In situations where individuals could not afford to pay for their stay in the home, a provincial social worker came to Pineview to discuss financial arrangements. In keeping with the Sisters' commitment to the welfare of the unwed mother-to-be, none were turned away for the lack of the necessary financial resources. The Sisters were always ready to make the necessary financial arrangements to allow those individuals without funds to take advantage of the services provided by the home. Prior to 1967, therefore, the Sisters had the freedom under the terms of the lease from the provincial government to freely exercise the 114-year commitment to the welfare of unwed pregnant young women. After 1967, the provincial government became increasingly involved in the operation of the home. The problems which developed between the Misericordia Sisters and the Alberta government came to a critical stage in December 1968 when the Sisters were offered a new lease which specified that individuals who were unable to pay their own way at Pineview must first be interviewed by provincial social workers who would decide whether the individual should enter Pineview or the provincially operated Woodside maternity home—or a home where she would have to work for her board and room. Sister Cabrini felt that this approach to dealing with the issue was derived from a desire to lower costs rather than to

deal with the needs of the individuals concerned. The Sisters felt that they could not be part of a system which gave the problems of these young women such a low priority.

The departure of the Sisters from the medical field in Edmonton and Alberta, however, had a more satisfactory ending. The relocation of the hospital to west Edmonton led to an acceleration in the administrative changes in the hospital which had been underway since the 1950s. Because of their declining numbers, the Misericordia Sisters no longer had the staff to carry on the administration of the hospital. This situation was resolved in 1976 when the hospital was taken over by the Province of Alberta. Under the agreement, the government leased the hospital to the Alberta Catholic Hospitals Foundations. The new Board of Directors did not include representatives from the Misericordia Sisters.

Alberta Catholic Hospitals Foundation

The Alberta Catholic Hospitals Foundation was created at the initiative of various Catholic laymen who were anxious that the Misericordia Hospital remain a Catholic institution after the departure of the Sisters. This foundation represented the contemporary dimension of the supportive role which Catholic laymen had always played in the hospital's operation. The manner in which this change from the administration of the hospital by the Sisters to its operation by Catholic laymen provided a model which has been used by other hospitals.

The arrangement was designed to preserve and encourage volunteer participation in the running of the hospital. Other hospitals, when taken over by the provincial government, were operated by boards of directors appointed by the government. The members of the Board of Directors at the Misericordia Hospital were and continue to be, volunteers. In addition, the position of executive director was changed in 1977 to that of president as the hospital implemented a more corporate approach to its organization. Appointed President as a result of this reorganization, Gerard M. Lang continues to hold this position.

In keeping with their tradition of privacy, the withdrawal of the Misericordia Sisters from Edmonton happened gradually and without public notice.

The continued existence of the Misericordia Hospital as a Catholic institution after 1976 indicated that it had made the transition from the Oliver district to the Jasper Place district without having to entirely break with its past. The placement of two crosses on the exterior of the building on the occasion of the hospital's 85th Anniversary is symbolic of this continuity.

A second element of continuity between the old and new hospital was the continued strength of its links with the community. The 1950s and 1960s across North America saw the beginning of the hospital volunteer movement. Interested and concerned members of the community, adults and students came in to offer their services. In order to co-ordinate the activities of this growing



Crosses are placed on the south-west corner of the hospital in 1985.



Volunteers at work!





Volunteers at work!

number of people, departments of volunteer services were formed in many urban hospitals. In 1968 the Misericordia was the first hospital in Edmonton to form such a department. In August of 1970 Charles Gravett asked his wife to devise a plan to operate a coffee shop as a volunteer project in the hospital. Mrs. Gravett, who was a dietician, completed the necessary arrangements and the Beau Geste Coffee Shop opened in December 1970. It operated with a total of seven adult volunteers, student volunteers and some paid staff as well as a loan of \$40.00 from the hospital which made up the float for the first day. The hospital also assisted by providing equipment from the food services department. This experiment was an immediate success. By December 31, 1970, the Beau Geste Coffee Shop showed a profit of \$1,822.88. The Misericordia Hospital Voluntary Association (MHVA) replaced the Women's Auxiliary. The MHVA was started in 1971 at the initiative of the hospital's executive director. It was the first such association to be established at an Alberta hospital and possibly the first one in Canada. An organizational meeting was held on April 22, 1971 at the Misericordia Hospital Nurses' Residence. Following this meeting the Misericordia Hospital Voluntary Association was incorporated under the Societies Act. The MHVA is a distinct and separate organization which operates in close association with the hospital.

The MHVA is administered by a board of directors elected by the general membership of the volunteers. The liaison between the MHVA and the hospital is maintained through the appointment of the president of the hospital as an ex-officio member of the board and by the role of the Director of Volunteer Services as its recording secretary. The board hires a manager who is responsible for the day-to-day operation of the projects. As well, the MHVA businesses currently employ approximately thirty part- and full-time staff who are supplemented by the help of about 225 volunteers each week. Each year on the "Day of Wine and Roses," all profits realized from the operation of these businesses are donated to the hospital for the purchase of equipment. From the time of inception in 1971, until the present time, the MHVA has donated equipment worth \$1.5 million to the hospital.

The Department of Volunteer Services is closely associated with MHVA. As part of the Misericordia Hospital administrative structure, the department is quite distinct from the Voluntary Association. The goal of the department is to recruit and maintain an effective and satisfied group of volunteers who may be assigned to help in any requesting department of the hospital as well as in the MHVA project areas.

On the occasion of its 85th Anniversary, Misericordia Hospital has made the adjustment to the new site and is carrying on the historical tradition of the institution. The legacy of the Misericordia Sisters has played an important role in ensuring this fundamental continuity between the old and new hospitals. The legacy is evident in the innovative attitude towards finding ways to meet the total range of patient needs and in the financial resources made available to the hospital through the Equity Trust Fund. This fund was created by the Sisters out of revenue received when they sold the hospital to the provincial government. It supports, amongst other things, a visiting speakers series, the midwifery program, and will be used to establish a pastoral care training centre at the hospital.



The hospital in 1985. In the foreground is the 85th Anniversary garden.

This innovative approach to meeting patient needs is exemplified by the Department of Patient Counselling Services. This department is the only one in North America which combines social services, pastoral care, and psychological services into one administrative unit. It is based on the hospital's original purpose of providing facilities and related services for unwed mothers-to-be. The department has expanded this holistic approach to include all of the patients who come to the hospital as well as members of the hospital staff.

This book represents the first eighty-five years in the history of the commitment of a group of women, the Misericordia Sisters, who were able to overcome criticism and hardship. Through their faith and trust in God, these women succeeded at a time when society's expectations of women were very different from what they are today. Their concern for unmarried pregnant young women evolved into a major active treatment and teaching institution for Edmonton. Although the Misericordia Sisters have left the hospital, many of their traditions are continuing through the commitment of the administration and the board of directors. The "Mis" has a reputation for innovative and superior obstetrical care. Its patient counselling department provides an expanded version of the spiritual and emotional support which the Sisters pioneered. In the future, the hospital will maintain its commitment to serving the physical, mental, social and spiritual needs of its patients.



The hospital chapel, 1985.



*The Misericordia Hospital,
1985.*

POSTSCRIPT

At the present time the Misericordia Sisters no longer operate the majority of the institutions which their years of service to the community have created in Canada, the United States and Africa. However, they continue to be fully committed to their original purpose. The manner in which this mission is carried out has evolved over the years as a result of changing social attitudes. From being exclusively institutional in the beginning, the Misericordia Sisters now actively work in the community with unwed mothers.

BIBLIOGRAPHICAL NOTE

This history of the Misericordia Hospital has been prepared with reference to a variety of sources. These sources include published and unpublished histories of the Misericordia Sisters and the development of medicine in Alberta, original documents located in archives in Montréal, Calgary and Edmonton as well as interviews with former staff and patients.

The histories consulted include: *Mother de la Nativité and the Origin of the Community of the Sisters of Miséricorde* (Montréal: Printing Office of the Institute for Deaf Mutes, 1898) by F. Fournet; *Sisters of Miséricorde, Historical Data* (Montréal: Misericordia Sisters, 1921) by the Misericordia Sisters; *Histoire des Soeurs de Miséricorde de Montréal, Les Premiers Soixante-Quinze Ans de 1848 à 1923* (Montréal: Des Sourds-Muets, 1928) by L'Abbe Elie-J. Auclair; *Early Medicine in Alberta* (Edmonton: Canadian Medical Association, Alberta Division, 1947) by Herbert C. Jamieson; *Grand-Mother Rosalie* (Montréal: Libraire Beauchemin Limitée, 1985) by Pia Roseau translated by Karin Montin; *In Search of a Crown* (Montréal: Motherhouse of the Misericordia Sisters) by Misericordia Sisters, *ACS Manual of Hospital Standardization, 1926 to 1946*, American College of Surgeons "Bulletins," and "Infanticide, illegitimacy and the origins and evolution of the role of the Misericordia Sisters, Montréal and Edmonton, 1848-1906; a study in child rescue and female reform" (The University of Alberta, Masters thesis, 1982) by Leslie Savage.

These secondary sources were supplemented with original french-language documents made available to us by the Mother House of the Community in Montréal. Their archives provided the "chronicles." In addition, the Glenbow Archives in Calgary, the Archives of the Archdiocese of Edmonton, the City of Edmonton Archives and the Provincial Archives of Alberta were consulted. The richest source of primary source materials, however, were the records of the hospital including the staff bulletin, *The Pacemaker* from which the description of the Crest of the Misericordia Sisters was obtained. Of special note amongst this collection are letters between the Sisters and the suppliers of medical as well as non-medical goods and services, requests to the General Council for permission to spend money and a series of grant applications to the City of Edmonton which document the financial situation of the hospital as it evolved from the 1920s through to the 1940s.

BOARD OF DIRECTORS—DECEMBER 1985

R. J. (Bob) Carney, Ph. D.
Terry A. Cockrall
Lillian Collins
Sheila Edwards
Kay Feehan
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Adrian B. Jones, M.D., Representative of the Dean of Medicine
Methodius Koziak
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Paul Brackstone, Senior Vice President
Paulette Chalifoux, Vice President, Nursing Practice
Charles D. Elton, Vice President, Medical
Alice Hinds, Vice President, Services
David Renwick, Vice President, Finance

CHIEFS OF CLINICAL SERVICES—DECEMBER 1985

Department	Chief
Anaesthesia	Dr. D. Gamez
General Practice	Dr. W. D. Armstrong
Laboratory Medicine	Dr. D. G. Young
Medicine	Dr. M. Nutting
Obstetrics & Gynecology	Dr. F. Morcos
Pediatrics	Dr. P. Taylor
Psychiatry	Dr. A. D. Milliken
Radiology	Dr. J. Mason
Surgery	Dr. A. Backstrom

DEPARTMENT PROFILES

ADMISSIONS/DISCHARGE

All inpatients and outpatients of the hospital are registered by the admitting department. The department manages bed assignments, transfers, and discharges, as well as provides patient location information to visitors. This area plays an important public relations role for the hospital in that it is usually the location of first contact for everyone who visits the hospital.

AUDIO VISUAL SERVICES

A.V. services and products are provided through Audio Visual Services in support of the clinical, educational, and operational activities of the hospital. Services include photographic, graphic arts, A.V. support and consulting services for design and equipment usage.

BUDGETS

The collection and co-ordination of budget projections for Board approval and hospital implementation is the responsibility of the budget department. This area also prepares budget submissions to Alberta Hospitals and Medical Care. Thanks to the budgetary process, this area is able to liaise with many staff members.

FAMILY CLINIC

The Family Practice Teaching Unit, or "Family Clinic," established by The University of Alberta Faculty of Medicine and the Misericordia Hospital in 1981, teaches Family Medicine to residents and students, provides comprehensive preventive health care to individuals and families, and conducts family medicine research. The Clinic provides workshops and seminars for practicing family physicians who are required by the College of Family Physicians of Canada to complete fifty hours of continuing education each year.

DATA PROCESSING

Data processing is responsible for the operation of the hospital's main computer system. The department programs and installs computer packages to assist in patient care and financial management. In addition, they install and maintain computer terminals and printers throughout the hospital and train the operators.

FINANCE

The finance department is responsible for the development, co-ordination, and maintenance of the hospital's financial and statistical systems to ensure provision of information to regulatory agencies, government, and management. As well, they handle patient accounts, payroll and accounts payable. Finance pays the bills!

FOOD SERVICES

The food services department is organized to provide nutritionally adequate, safe, appetite appealing, and satisfying meals to patients, visitors, and staff. All meals are prepared from raw ingredients by experienced cooks. The department places emphasis on the teaching of dietetic interns, dietary technician students,

apprentice cooks, other hospital staff, and the hospital's own department staff so that they will be able to fill the future needs of an ever-changing field.

HOUSEKEEPING

The housekeeping department assists in the care of patients by providing a clean and safe environment. The department also assists Alberta Vocational Schools in providing an on-the-job training program in order to have a fully trained (certified) staff.

LABORATORY MEDICINE

The Department of Laboratory Medicine provides 24-hour, 7 day-a-week coverage for the hospital. The laboratory is equipped with modern instrumentation; much of its work being carried on in an automated manner for patient care. The department is actively involved in training programs for technologists, medical students, interns, residents and hospital staff.

LAUNDRY AND LINEN SERVICES

The laundry and linen department provides all nursing units and other departments with adequate amounts of clean, safe linens necessary for optimum patient care and comfort. They provide uniforms to various departments throughout the hospital and provide operating room greens, linens, and gowns to specialized areas.

LIBRARY

The Weinlos Library serves the staff and students of the hospital. The library collection is made up of books, journals, and audio visual material to fulfil the educational needs of the institution. It is a place to catch up on some reading and occasionally also on some sleep

MEDICAL RECORDS

The medical records department services the interests of the patient, the physician, and the hospital through the processing and maintenance of patients' health records, including extraction and collections of clinical data and protection of confidential information. Information is provided in various forms for use in diagnosis and treatment of patients, quality assurance, education and research, legal purposes, hospital service utilization, management planning, and government reporting.

METABOLIC UNIT

The primary mandates of the metabolic unit are to provide an outpatient facility for the assessment, education, and treatment of individuals with diabetes mellitus through a comprehensive multi-disciplinary teaching program, and to educate other health care professionals in the treatment, advances, and changing technologies in diabetes care.

NURSING

Nursing provides a 24-hour specialized caring presence to patients and their families. Their primary goal is the promotion, maintenance, and restoration of health. They are largely responsible for the co-ordination of care provided by the multi-disciplinary team and for ensuring that the unity of the patient is maintained within the hospital environment.

OPERATIONS AND MAINTENANCE

The operations and maintenance department is housed in the services building and is responsible for the maintenance, utilities distribution and steam generation for the entire complex. We provide emergency power generation, snow removal, and lawn care. This department has developed a computerized maintenance management system.

PATIENT COUNSELLING SERVICES

A variety of counselling services to patients, families, and staff are provided by the Department of Patient Counselling Services. The department is made up of four distinct but related units: Social Services, Pastoral Care Services, Psychological Services, and the Pastoral Care Institute. These four areas offer practicum experience for students being trained in their respective professions. The multi-disciplinary nature of Patient Counselling Services provides for a challenging and stimulating atmosphere.

PERSONNEL SERVICES

The personnel services department provides a variety of service and resource functions in support of sound employment practices. Activities include staff recruitment, employee benefit administration, labour relations, employee relations, wage and salary administration, policy development, occupational health, and general consultative services.

PHARMACY

Pharmaceutical services that complement and support activities of hospital medical staff and other health care professionals are provided by the pharmacy department. Pharmacy is involved with teaching programs for many disciplines including pharmacy, nursing, and medicine.

PURCHASING AND DISTRIBUTION

Purchasing and distribution is responsible for the acquisition of all supplies, equipment and services for the hospital and the distribution of same to all user areas. The department is also responsible for ensuring that enough supplies are on hand for the users in the performance of their function, and that these supplies are acquired at minimal expense to the hospital. As a service department and information centre, there has always been a humorous axiom in this hospital: "If you want to know the where-about of anything, P. & D. can tell you...if not, why not?!!!"

RADIOLOGY

The Department of Radiology and Diagnostic Medical Imaging is comprised of radiology, nuclear medicine, ultrasound and computerized tomography. They provide diagnostic and therapeutic services for in-patients and outpatients on an ongoing basis. Their training programs are affiliated with the School of Medical Radiation Technology and the central Nuclear Medicine and Ultrasound technology programs.

REHABILITATION MEDICINE

Rehabilitation medicine deals with the prevention of disability resulting from disease or injury and the restoration of functional integrity, through the application of physical/occupational/recreation therapy techniques. This is achieved through the provision of comprehensive assessment and treatment of both inpatients and outpatients with a wide variety of diagnosis. This department is actively involved in clinical teaching programs affiliated with The University of Alberta, and also participates in the ongoing program evaluation and development of new clinical programs.

RESPIRATORY

The purpose of the respiratory therapy department is to treat, manage, control, evaluate, and care for patients with impairment of and abnormalities associated with breathing. These services are offered hospital-wide with the greatest focus on the patients of the intensive/coronary care unit. The department is proud to be in association with Northern Alberta Institute of Technology and to have graduated its first class of students in April 1984.

SCHOOL OF NURSING

The purpose of the nursing school is to prepare nurses with the competencies required to provide high standards of patient care in acute and long-term care settings. Each September, ninety students are enrolled in the three-year program.

SECURITY

Security services is responsible for providing a safe and secure environment for patients, visitors and staff. In addition, Security controls keys, parking and conference room bookings.

SWITCHBOARD

The hospital's communication centre consists of a telephone system, walkie-talkie units, public address system, and in-house intercoms. All systems are co-ordinated to provide a smooth, efficient total communication system.

VOLUNTEER SERVICES

The Department of Volunteer Services, which works closely with the Misericordia Hospital Voluntary Association, recruits, establishes, and supports a corps of satisfied and effective volunteers. Volunteers may be assigned to non-professional duties in any requesting department of the hospital and/or project areas of the MHVA. Any interested member of the community, in good health, from thirteen years of age up to and including senior citizens, is eligible to apply as a volunteer.

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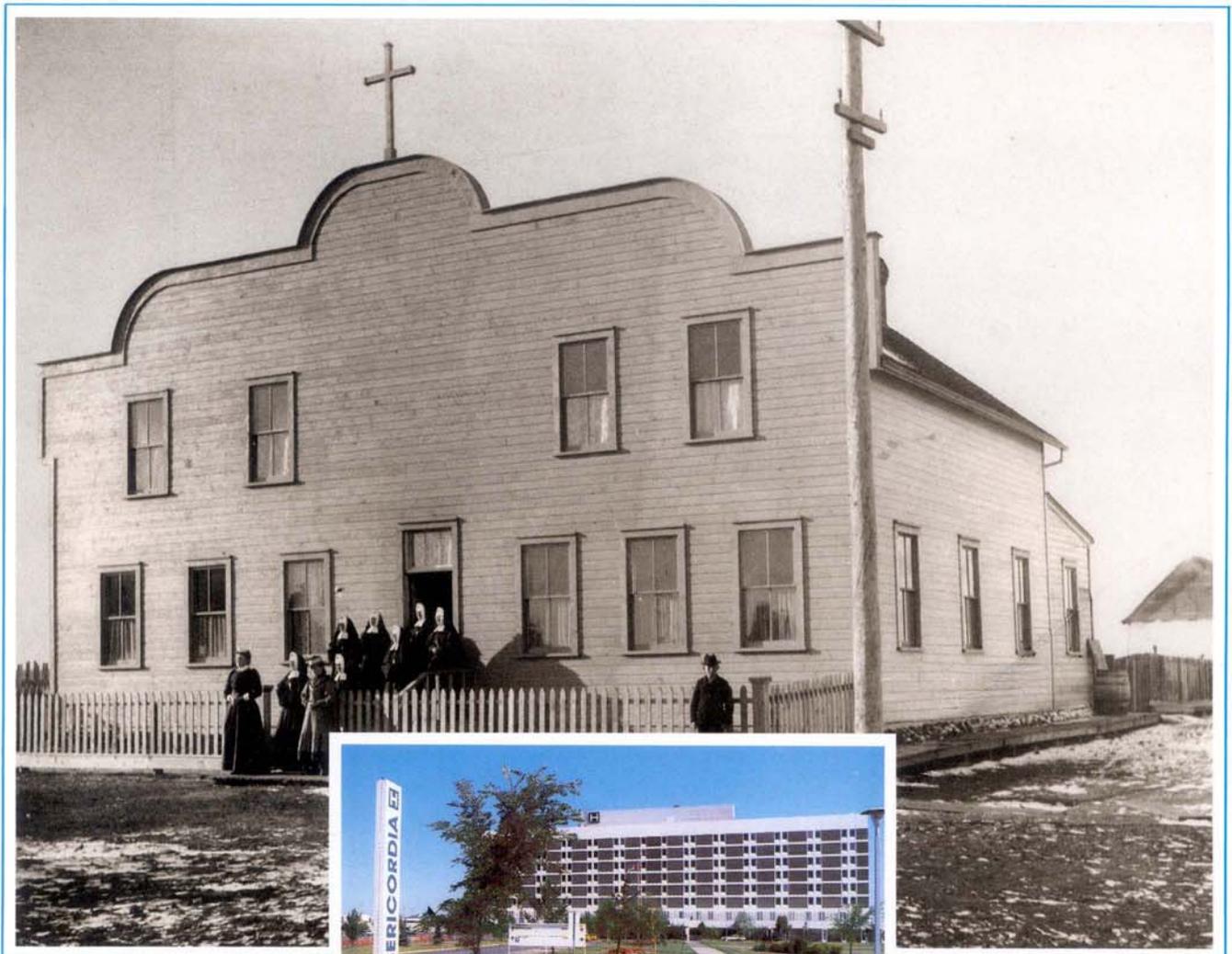
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