



The *Great* Canadian
Catholic Hospital History Project

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



Projet de la *Grande* Histoire
des hôpitaux catholiques au Canada

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

St. Paul's Hospital, Saskatoon
90th Anniversary, 1907-1997
A Tradition of Caring, A Future of Hope

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*90th
Anniversary
1907 - 1997*

A TRADITION OF CARING



A FUTURE OF HOPE

90th
Anniversary
1907-1997

A TRADITION OF CARING
A FUTURE OF HOPE

DEDICATION

To all the Grey Nuns who were/are
committed to
a life of service
for God and the community
at St. Paul's Hospital

Front: Sacred Heart Statue at Main Entrance
Back: Center - 1907 hospital
Upper Left - 1924 hospital
Upper Right - 1989 hospital
Lower Left - 1931 nurses' residence
Lower Right - 1963 hospital

Cover by Pepper Designs

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St. Paul's Hospital Gift Shop
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ACKNOWLEDGEMENT

This 90th anniversary book has been an activity that gave us considerable satisfaction. We thank the many contributors who have labored to record the growth of their respective groups.

Sister Bernadette Bezaire, MaryBelle Pshebylo, David Loveridge and Mary Stang must be singled out for special recognition for the countless volunteer hours spent in compiling information, editing and proofreading the text.

The typists have been of perservering assistance in typing and retyping the manuscript.

We thank the administration for their whole-hearted assistance, understanding and support of this project.

We are grateful and thank Dr. S. Afridi for his generous donation towards the printing of this book.

A special thank you to Dr. Harold Estey who encouraged this history book and worked tirelessly to bring it to completion.

The editorial board hopes that this publication will ignite pleasant memories of times past for all those who are and who have been associated with St. Paul's Hospital.

To the friends of St. Paul's, we trust you will find this chronicle enlightening reading.

The Editorial Board
December 1996

GREETINGS FROM THE DIOCESE OF SASKATOON

DIOCESE OF SASKATOON ROMAN CATHOLIC CHANCERY

100 - 5th Avenue North
Saskatoon, Saskatchewan
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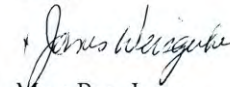
Fax: (306) 244-6010

It is with great pleasure that, on behalf of the Diocese of Saskatoon, I congratulate the Grey Nun Sisters on the ninetieth anniversary of the founding of St. Paul's Hospital in Saskatoon. For ninety years, in this city and province, the name of the Grey Nuns is synonymous with competent caring and compassionate health care. Their genius has lain not only in their personal capability and dedication, but in their ability to inspire and recruit wonderful teams of people to work with them in this labor of love.

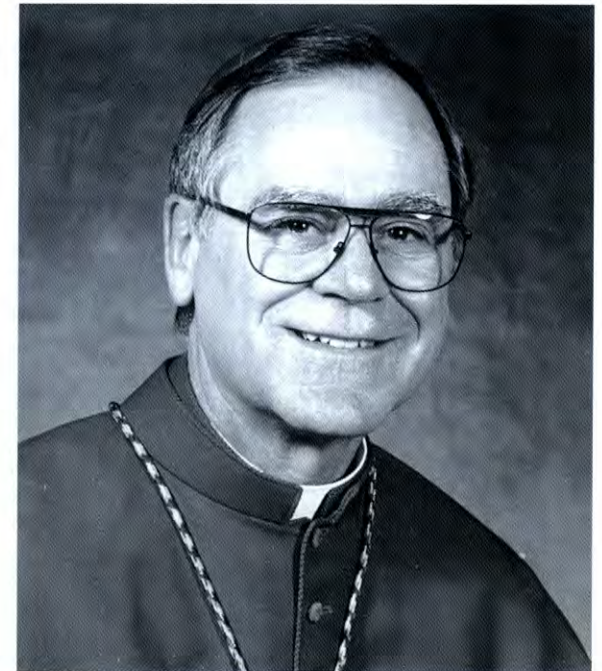
We pray that St. Paul's Hospital will continue this sacred tradition long into the future.

With sincere prayer for
God's continued blessing
on St. Paul's, I am

Sincerely yours in Our
Lord,



Most Rev. James
Weisgerber
Bishop of Saskatoon



Most Rev. James Weisgerber

GREETINGS FROM THE UKRAINIAN EPARCHY OF SASKATOON

My Dear Friends,

Congratulations and blessings on your glorious 90th anniversary! I am pleased to unite with you in giving thanks to God for the immeasurable blessings of body and soul received by the people of Saskatchewan through the kind and dedicated service provided by St. Paul's Hospital from 1907 to this day.

As we celebrate this significant milestone of the Church's ministry to the sick, we give prayerful recognition to the Grey Nuns and the many wonderful doctors, nurses, administrators and staff people for their tender loving care to the infirm. May you find consolation and encouragement in knowing that in serving God's people you served the Lord Himself who said, "I was sick and you took care of me." The Lord accepts your ministrations to the sick as done to Himself and promises you the joy and happiness of His Kingdom.

I am particularly happy to extend greetings on behalf of the Ukrainian Catholic Eparchy of Saskatoon, and all our clergy and faithful, so many of whom have benefited, and continue to benefit, from the caring healing ministry of St. Paul's Hospital.

The good people of St. Paul's live and serve according to the inspiring words of their patron saint comforting "those who are in any affliction, with the comfort with which we ourselves are comforted by God" (II Cor. 1:4).

God bless!
Fraternally in Christ,

+Cornelius J. Pasichny, O.S.B.M.

+Cornelius J. Pasichny,
O.S.B.M.
Eparch of Saskatoon



Most Rev. Cornelius J. Pasichny, OSBM

DEAR ST. PAUL'S HOSPITAL COMMUNITY

In reading the moving account of both individual and group trials and successes in face of often overwhelming odds in the life of St. Paul's Hospital, I am reminded of a passage of Genesis.

*As long as the earth remains, there will be springtime and harvest,
cold and heat, winter and summer, day and night. (Gen. 8:22)*

As we review this ninety-year heritage of service on which our present and future are based, we indeed witness the seasonal cycles replayed many times. We, the Grey Nun Community, have indeed been fortunate to inherit this impressive tradition of caring and future of promise.

In appreciation for the hundreds of people who have kept this "spirit of St. Paul's" alive and bright, let us together proudly move into the 21st Century thus building on this precious legacy.

I offer this message in sincere humility as the newly-elected Superior General of the Grey Nuns of Montreal.

With sincere gratitude,

Aurore Larkin, s.g.m.
Aurore Larkin, s.g.m.
Superior General



Sister Aurore Larkin, S.G.M.



GREETINGS FROM THE BOARD OF MANAGEMENT

Nine decades of Christian service and charity...nine decades of concern for the health and well-being of the whole person...nine decades of outreach to the community at large. That is the legacy of hope offered to us by the Grey Nuns and their lay collaborators in 1997 as together we mark the 90th anniversary of St. Paul's Hospital's beginning.

We have come a long way from the humble little cottage hospital that once adorned the peak of Pleasant Hill. While St. Paul's Hospital has grown in size substantially since 1907, we are proud to say the same spirit of caring demonstrated in those early days by the Grey Nuns still prevails.

As St. Paul's Hospital continues to grow and evolve, particularly in our partnerships with Saskatoon District Health, with St. Joseph's Hospital in Ile-a-la-Crosse and with St. Martin's Hospital in La Loche, we are afforded an opportunity to share our unique legacy with others. Our presence as a health care provider "adds value" to the system as a whole.

We congratulate and thank those whose commitment over the past 90 years is being celebrated this year, and confirm the Board of Management's commitment to continue the mission of St. Paul's Hospital as we progress into the next millennium.

Sincerely,

Urban Donlevy, Chair
St. Paul's Hospital Board of
Management



Urban Donlevy



GREETINGS FROM THE PRESIDENT AND CHIEF EXECUTIVE OFFICER

"May we dare to empower one another
to carry the mission into the future..."

- St. Paul's Hospital Rededication Prayer

St. Paul's Hospital...a legacy of hope. As I reflect upon our 90th Anniversary logo, I am struck by the profoundness and the beauty of this simple statement.

Ninety years ago, in 1907, two Grey Nuns brought hope to the citizens of Saskatoon as they battled a raging typhoid epidemic. Today, in 1997, the Sisters, the staff, the physicians and volunteers of St. Paul's Hospital continue to bring that same message of hope to the community through their mission of caring and compassion.

The book you are about to read chronicles the 'life and times' of St. Paul's Hospital over the last nine decades. A fascinating collection of stories and anecdotes, it paints a vivid picture of the people and events that shaped the hospital's growth.

So many have contributed their time and talents to the composition of this book. A heartfelt thank you to all those who submitted departmental histories and very special thanks to Dr. Harold Estey, Sr. Bernadette Bezaire and Mrs. MaryBelle Pshebylo for the countless hours spent coordinating and editing materials for this book.

I sincerely hope you will enjoy this book, and will take the opportunity to join with us in celebrating our 90th Anniversary Year.

Mary Pat Skene
President and CEO
St. Paul's Hospital



Mary Pat Skene



FROM THE GREY NUN COMMUNITY IN SASKATOON

The beautiful story revealed in this document has been built on the involvement and tireless commitment of numerous unsung heroes ... many of whom are no longer in this world. Can one ever sufficiently fathom how many lives were and are intertwined in giving life and spirit to the ongoing creation of St. Paul's Hospital!

We read in Matthew 6:20, "... lay up for yourselves treasures in heaven, where neither moth nor rust can corrupt, and where thieves do not break through nor steal". We cannot help but be both amazed and grateful as we realize that many employees, physicians, collaborators, Grey Nuns, volunteers and friends of St. Paul's who have and who are still today laying up "treasures in heaven" through this health ministry.

As we review our history in preparation for this anniversary, we are reminded that the initiative for this great enterprise came from the Oblates of Mary Immaculate priests who first opened St. Paul's rectory to receive victims of the typhoid epidemic. It was they who first called out to the Grey Nuns to undertake the ministry which became St. Paul's Hospital. We remember them with gratitude.

As we move forward in bringing St. Paul's into the 21st century, may we be courageous in building upon this spirit-filled legacy of hope and compassion which is ours.

Faye Wylie, s.g.m.

Sister Faye Wylie, s.g.m.
Superior



Sister Faye Wylie, s.g.m.

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THE SPIRIT OF ST. PAUL'S

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THE SPIRIT OF ST. PAUL'S

Song by: Nancy Gjiesdal-Guebert
(Tune: Original)

*There's a spirit that we share
It's a message that we care
For the Grey Nuns' saw His plan
and St. Paul's now proudly stands
Giving care in special ways.*

*For the lives that enter here
There is strength for those who come
There is care for everyone
Sharing life and hope and tears.*

*His love shines through the lives touched by this care
A flame that warms the hearts of all mankind
And it will glow forever in this place
This is, my friend, the spirit of St. Paul's*

*In our mission we believe
Commitment, compassion and charity
As we strive, we will achieve
By standing firm in unity
Healing to this community.*

*There's a spirit that we share
It's a message that we care
As we grow in faith and love
We will thank the Lord above
For His power makes us strong.*

A SPIRIT IS BORN
(Origin of the Congregation of the Grey Nuns)

Wisdom delivered her servants from their ordeal.
The virtuous one was led by her along the straight paths.
Book of Wisdom 10:9-10

Life is a journey. Each person chooses to make it a journey of love, of hatred or of indifference. This is a summary about such a journey which began in 18th century Canada.

IN THE BEGINNING:

An infant named Marie Marguerite was born on October 15, 1701 at Varennes, Quebec, and baptized the next day at St. Anne's parish church. She was the first of six children born to Christopher Dufrost de Lajemmerais and Marie Gaultier de Varennes. At eighteen, Marguerite was very popular in the social life of the town.

Among her ancestors was her grandfather, Pierre Boucher, one of the most illustrious colonists of New France (as Canada was then known) and who had a great influence on this young relative. One of her mother's brothers was an explorer who joined his uncle, Pierre de la Verendrye and his company as they journeyed through forests and streams to discover the wealth of western Canada; they lost their lives in the wilderness while shaping the history of our land.

After her family had moved to Montreal, Marguerite met Francois d'Youville whom she married on August 12, 1722 in the then primitive Notre Dame Church which has now become a beautiful basilica and a landmark in that great city. The couple moved in with Francois's mother, an avaricious and domineering woman who made life miserable for Marguerite.

It soon became evident to the young bride that Francois was insensitive and selfish and was engaged in illicit trading of liquor for furs from the Indians. Yet she remained faithful and committed. After having lost three of their children and now pregnant with their sixth child (who later died in infancy), her husband became seriously ill. The faithful spouse cared for Francois until his death after only eight years of marriage. By the age of 29, she had suffered the loss of her father, husband and four of her six children.

She was left with enormous debts contracted by her husband; she worked zealously to pay these off while trying nevertheless to help people around her whom she deemed in greater need than herself. To accomplish this goal along with caring for her two young sons, she opened a store on the first floor of her home where she sold her own handiwork and various household items.

Each sorrow deepened her spirit of trust,
born of love for
God the Father.
She reached out
to Christ

suffering in the sick,
lingering in the lonely,

hungry in the homeless,
forgotten in the poor.

Her spiritual guide, Father Gabriel Dulescoat, a Sulpician priest, had told her in the earlier years of her distress: "God has destined you for a great work... You will rebuild a house in ruins". She visited the poor at the hospital and mended their clothes. She begged for funds to bury criminals who had been hanged in the market-place. Anybody in need of food, clothing, shelter or love, struck a responsive chord in her generous heart. She welcomed a blind woman into her home on November 21, 1737. Her love was limitless: its power was healing, challenging, fulfilling, and life-giving.

Seeing Marguerite selflessly engaged in caring for the poor inspired three women who felt called to share her mission. On December 21, 1737, they joined her, consecrating themselves to God, to serve the poor. This decisive moment would one day be considered the founding date of the Congregation of the Sisters of Charity of Montreal 'Grey Nuns'.

But at the time, many did not look favourably upon this small group of women, as if they were threatened by their charitable works. Class consciousness was strong in the culture of that day and Marguerite had started something that just was not done by persons of her standing. They were falsely accused of selling liquor to the Indians - and even becoming intoxicated themselves. 'Les Soeurs Grises' which, in French means 'the tipsy nuns' was the taunt hurled at them.

The Sisters of Charity
did not judge
their detractors.
They continued their rounds
among the needy
with humility,
they cherished the old name
"Les Soeurs Grises" - "the Grey Nuns",
so strong was their trust.
In time, respect and affection
replaced
malice and mockery.
Integrity, rooted in God
had conquered.

As the need grew, Madame d'Youville and her companions moved several times. After a serious fire, Father Louis Normant, Superior of the Sulpicians, and now Marguerite's spiritual director, urged these women to take over the General Hospital. This hospice-like institution for men had been founded in 1693 by the Charon Brothers, who were now aged and ill and no longer able to operate it. The building was in a deplorable

condition and actually falling into ruins. After the resolution of much opposition from local government and Church authorities, this project was effected, and the move took place on October 7, 1747.

In 1753 Louis XV of France signed the “Letters Patent” which sanctioned the appointment of Madame d’Youville as Directress of the General Hospital of Montreal. More important, the document also established the new Institute of the Sisters of Charity, “Grey Nuns.” Canonical approval from the local Bishop followed two years later.

That same year (1755), on August 25th the Sisters made their first appearance in a uniform dress expressive of their dedication to simplicity and poverty. Seventeen years after they had first been called ‘Les Soeurs Grises’, Marguerite chose a grey material for the habit perpetuating the original name in a new meaning.

In 1756, war was officially declared between France and England. During this period, Marguerite and her sisters served at the bedside of the wounded, French and English alike. She established a foundling asylum during this time. To her, all human life was sacred. After seven years of conflict, Montreal surrendered to its English conquerors. Many of the citizens, among whom were members of Marguerite’s family, returned to France. But for Marguerite, there was no question of leaving. She saw the broader vision and trusted that new life would emerge from this era of national disaster.

The years ahead were marked with many disasters: floods, fires (one leaving 118 persons homeless), opposition, devaluation of currency, famine and a prolonged illness of the foundress. In the ruins of a fire which destroyed the General Hospital she found, undamaged, a painting of the Eternal Father which the young widow had requisitioned from France some years previously; also preserved, was the statue of Our Lady of Providence before which she and her associates had made their consecration. Providence, indeed! The work would be restored. Among the helpers were the Indians who recalled Mother d’Youville’s care for them during the small-pox epidemic of 1755; they sold their treasured possessions - silver trinkets, cloth, knives, blankets and gave her a substantial amount of money.

Resolute in her mission
despite adversities,
loss by fire
of all she possessed
in common with the poor,
Marguerite began over and over again
with fierce determination,
renewed enthusiasm,
a new thrust,
healing, reconciling,
overcoming pain and alienation,
intolerance,
political corruption,
hatred and scepticism

through the universality of her
Christian charity.

She was, (indeed), a revolutionary!

About three years before her death, with very little income, she and her 17 sisters were managing a house for 170 dependents. Providing for food and other needs was a problem. One day when nothing was left in the house, a sister came upon several barrels of flour. No one ever discovered where they came from. Marguerite firmly believed that God had provided the flour that would enable them to “multiply the loaves”. Several other instances of heavenly protection are also recorded in the archives of the General Hospital, known as the Mother-House.

One may ask: What enabled Marguerite to walk with such unfaltering steps in fulfillment of the mission God had given her as a gift to humanity? It was her faith and trust in His Providence, her sincere love of the poor and her communion with God in prayer.

During 1771, Marguerite d’Youville’s health declined rapidly and, in early December she suffered a severe stroke; she died on December 23 at the age of 70. Marguerite’s life-story is undeniable evidence that every trial in life can be a point of departure for a new beginning.

On May 3, 1959, Mother d’Youville was declared Blessed by Pope John XXIII who called her “Mother of Universal Charity”. Then, on December 9, 1990 her name was entered in the catalogue of saints by Pope John Paul II.

The tiny seed she planted on December 31, 1737, has grown into a large tree with many branches which have spread over almost every continent. After almost 260 years, the mission of this great and faith-filled woman is continued today by the Congregation she founded - The Sisters of Charity of Montreal, Grey Nuns - and their five sister-communities, along with associate members and collaborators.

Today, the Grey Nuns are still involved in hospital administration, parish and pastoral care ministry, catechetical work, nursing homes, homes for the aged, half-way houses for women and centres for the physically and mentally disabled. They are engaged in health and social services, family and newborn services. They also work with disturbed youngsters, battered women and children, persons with AIDS and those with problems of alcohol and drug addiction... all facets of being, in the service of God, ‘hands to the needy’.

Footnotes: * The above information was summarized mainly from two Grey Nun publications: LOVE AT WORK (a poem by Marie Cecilia Lefebvre, s.g.m. and Barbara F. Applegate) and the booklet entitled JOURNEY OF LOVE produced by Sisters M. Cecilia Lefebvre and Rose-Alma Lemire, s.g.m. (Used with permission)

Suggested reading: HANDS TO THE NEEDY by Sr. Pauline Fitts and LOVE SPANS THE CENTURIES (4 vol.)

Sr. Bernadette Bezaire, s.g.m.



Portrait of the Eternal Father

A painting representing God as the Eternal Father which Mother d'Youville had commissioned from France and which was found intact in the ruins of the 1765 fire. It hangs on the wall of the first floor of the Mother-House on Guy Street.



Our Lady of Providence

Statuette of Our Lady of Providence before which Mother d'Youville and her first companions made their consecration. It was found intact in the ruins of the fire of May 18, 1765. It is kept in the office of the superior general.



Saint Marguerite d'Youville

Photo of a painting of Mother d'Youville made at the time of her beatification in May 1959

THE SPIRIT LIVES ON
at
ST. PAUL'S HOSPITAL

Father, source of all power,
make us ready to undertake all things
for your glory. (Prayer of M. d'Youville)

The story of the birth of a spirit which began in 1701 is ongoing.

The inspiration of Marguerite d'Youville's life, empowered by her faith in the Fatherhood of God and her respect for all human life, resulted in an expansion of other works such as those she had undertaken.

It also resulted in the wonder that the call of God like that which she received, was heard over the years by a great number of other women who embraced Marguerite's way of life.

Their special gift was to recognize the Providence of God in challenges offered to them as they became 'hands to the needy'. This has become 'the spirit of St. Paul's'.

One such challenge resulted in a new creation that came to be known as ST. PAUL'S HOSPITAL in Saskatoon, whose origin may well recall the creation story:

IN THE BEGINNING

was a vast area of Canadian land
known as the Northwest Territories.
By 1905, the land south of the 60th parallel
was divided into three areas.
At its center was the
PROVINCE OF SASKATCHEWAN.
The Canadian Government looked
upon this land
and saw that it was good.
The leaders brought in vast numbers
of immigrants to populate
and develop
this chosen land.
From Great Britain and Central Europe
they came and they came.
The flood of prospective settlers
created health and sanitation problems,
beyond the scope of the
sparse existing facilities.
The huddling together

of thousands of settlers
in make-shift immigration shelters,
and
the arrival of large numbers
of railway and construction workers
occasioned an alarming incidence of
the dreaded typhoid fever.
Alas! the beautiful province
became a burial ground for many!
Government officials saw this;
and agreed that this was not good!

In 1883, John Lake led a survey party and a few settlers to a spot on the south bank of the South Saskatchewan River; these were members of the Temperance Colonization Society. This land was the forerunner of the City of Saskatoon.

In 1906, Saskatoon had achieved city status, with a population of 2,000 which rapidly grew to 3,000. There, too, problems of sanitation: lack of pure water, inadequate sewage disposal increased and affected large gangs who came to build railway lines and bridges across the South Saskatchewan River. The epidemic spread to alarming proportions.

God looked upon the city
and the outpouring
of His infinite compassion
occasioned
a set of circumstances
to remedy this sorrowful destruction,
and He resolved
to make it good!

And it came to pass that,
on Saturday, September 30, 1906
came two Grey Nuns;
arriving from North Battleford
on a fund-raising mission
for their charitable enterprises
in St. Boniface,
they knocked on the door
of the St. Paul Parish rectory.

With this knock,
the Providence of God
changed their purpose.
Aye, it changed the future
of nursing and hospital care
in Saskatoon.

There, they found
Oblate Missionary priests
attempting to cope
with the care
of eight typhoid patients
whom they had lodged
in hallways and a downstairs room.

The priests saw, in this arrival,
a response to their prayers
and to their requests addressed
to the Grey Nuns of Montreal.

Indeed, God's plans
would make it good!

And so the new creation story unfolded. Sisters Phaneuf and Guay, the two valiant sisters who had stopped at the rectory on that fateful day, remained to provide care while awaiting instructions from their major superior. By December 24, they had cared for 34 typhoid patients, four of whom died. This was viewed by the people of Saskatoon as an excellent record.

Encouraged by this nursing success, the local community decided to ask the Order of the Grey Nuns to establish and operate a permanent hospital in Saskatoon. However, the report to the Mother-House which followed an evaluation visit by the superiors from St. Boniface was not encouraging. But those who had come to value the services of the two sisters would not accept this as final; on January 10, 1907, four prominent citizens with Father Vachon, pastor of the St. Paul Parish, traveled by train to Montreal to renew their request with all the eloquence at their command. The permission was granted, alleluia!

Immediately, plans were set in motion to bring this project to an early realization: Sister Phaneuf and Sister Guay began to solicit funds to meet the costs of finding a suitable site and building. Meanwhile, Mother Mathilde Hamel, the Superior General, wasted no time in the execution of her promise: on January 21, 1907, Sister St. Dosithee, Sister Mailloux and Sister Blakely left Montreal by train for the Canadian West.

The journey as far as St. Boniface was fairly uneventful, but from there to Saskatoon it took five and half days rather than the usual eighteen hours, due to freezing engines, snowdrifts on the tracks and the wreckage of a freight train collision. Imagine the relief of the three sisters at finally arriving at their destination - and the joy of learning that the two 'forerunners' described earlier had made an excellent start by collecting all of \$5,000 needed to start the work on the proposed hospital. Bravo to the citizens of Saskatoon who could well merit the title of "co-founders" of Saskatoon's first hospital, in the face of many difficulties, obstacles and transitions it was to experience over the years.

Arrangements had been made with Dr. J.H.C. Willoughby, a doctor and real estate dealer, to purchase a part of his homestead on Pleasant Hill, (one mile west of the city limits in 1907) with its comfortably large frame house (two-storey and attic). Sr. St. Dosithee who had been named the first Sister Superior and Administrator, arranged for the transformation of the house into a suitable hospital. The new foundation was named St. Paul's Hospital to honour Saskatoon's first Catholic parish.

On March 10, 1907, St. Paul's Hospital with seventeen beds was declared open and ready to welcome patients. The first two admissions were both fracture cases transferred from the rectory which had served as a temporary hospital. Father J. Paille, O.M.I. became the first Chaplain.

Not until 1910 were the facilities of electricity, central heating, sewer lines and water all installed in the hospital. Doctors who, in winter reached the hospital by sleigh and team over snow-blocked trails, assisted with the chores, shoveling buckets of snow for the sisters to thaw in large boilers for washing clothes and bedding. When the sisters had no funds to pay for the delivery of water (at \$1.00 a barrel), the doctors would pay for the water supply.

At this point, it is important to acquaint our readers with the quality of medical men who served St. Paul's Hospital in the early years. We quote from OUR STORY OF 75 YEARS OF CARING by Sally Clubb (pp. 7 & 8):

"The pioneering physician of Saskatoon was Dr. J.H.C. Willoughby, who arrived in the Temperance Colony settlement in 1883, and, in the early years before the railway came, visited patients from as far north as Prince Albert and as far south as Regina. After an absence of a few years, Dr. Willoughby returned to Saskatoon in 1900 to build the large residence on Pleasant Hill which the Grey Nuns purchased for \$5,000 and converted into the first permanent hospital in Saskatoon. At that time, Dr. Willoughby, who had contracted tuberculosis and had retired from medical practice, owned large tracts of property in Riversdale, and devoted his time to the real estate business."

Dr. Peter Donald Stewart, a graduate of the Manitoba Medical College, arrived in Saskatoon in June, 1902, and became Saskatoon's first full-time medical practitioner. Soon to follow, and begin practice in the growing city in those early years were Doctors S. Dickey, J.T. McKay, G.R. Peterson, J.A. Valens, H. D. Weaver, Andrew Croll, H.A. Stewart, G.A. Wright, J.P. DesRosiers, J.S. Brown, T.W. Walker, G.E. Holmes, C.W. Doran, J.S. Bromley, A.B. MacKenzie, D.G. Cameron, F. S. Eaton, as well as Dr. A. MacGillivray Young who became a Member of Parliament, and Dr. H. E. Munroe who was later a Lieutenant-Governor of Saskatchewan.

A telephone was installed on April 13, 1907. Dr. Andrew Croll wrote: "I believe I did the first surgical case in the converted home of Dr. Willoughby. That was a gastroenterostomy for a perforated ulcer. I also did an appendectomy. Both patients did well".

With the constant increase in patient load, came the urgent need for expansion. On June 22, 1907, St. Paul's opened a large frame addition to the south of the original dwelling to accommodate 26 to 28 more patients, making a total of 45 patient beds. In August the dread typhoid fever once more spread over the province due to the constant construction of railways and bridges. Many of the sufferers were admitted to the hospital, needing much nursing care. Two of the sisters became ill from the disease, thus increasing the workload of the remaining sisters. Often, the sisters had to accept only a promise for payment even if they knew they would never be paid; such was the compassion of the sisters who refused no one.

Besides caring for all the sisters and other patients, there was the hospital horse "Billy" (a gift of Dr. P. D. Stewart) and two precious cows to tend.

During the first year of operation, 345 patients were cared for (including those at the St. Paul Rectory). During the second year, the sisters learned that the Mother-House in Montreal was considering closing the hospital! However, the sisters were able to have the decision reversed by staunchly supporting the importance of the hospital in the rapidly growing community of Saskatoon and its environs. They also obtained an agreement from the City to pay \$200 for all patients treated in 1907 and \$300 for those the following year.

With a supply of coal and wood, garden vegetables stored or preserved, meat and flour and other essentials on hand, the Grey Nuns saw the approach of another winter with less apprehension.

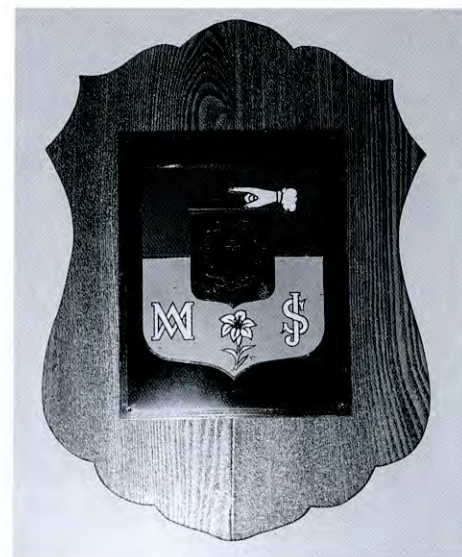
COAT OF ARMS OF THE SISTERS OF CHARITY, 'GREY NUNS OF MONTREAL'

COLORS:

- *Sinople or Aquagreen* symbolizes the active life of the Grey Nuns by which they continue the work of Christ in the Church.
- *Azure or sky-blue* signifies the interior life of the Grey Nuns, the foundation and support of their active life. In contemplation, the very prayer of Jesus, their response to God's love becomes an active and loving presence to those in need.
- *Gules or fire-red (gold)* represents the ardent charity which should animate the Grey Nuns in their apostolic community life. Mother d'Youville was ever solicitous for the unity in charity of her religious family. This spirit of mutual love reaches out to welcome the needy of every description in whom the sisters see Jesus-Christ.

SYMBOLS:

- *The Triangle*, emblem of the Blessed Trinity, calls to mind Mother d'Youville's Special devotion to the Fatherhood of God, which remains a distinctive characteristic of Grey Nun spirituality, that the poor and the sisters have one and the same Father who is the primary source of all love.
- *The Hand* represents Marguerite d'Youville's great confidence in Divine Providence. It points to the triangle, the source of her steadfast confidence.
- *The Cross* is the source where the Grey Nuns find strength to endure the



sufferings inevitable in their daily life of prayer and labour for love of the Father, the poor and the lowly.

- *The Heart of Jesus* is the Grey Nuns' most powerful Advocate before God the Father, in whom the sisters are united in mutual love and charity as they reach out to all in need.

- *The Crown of Thorns* represents the difficulties found in the mission entrusted to the Institute by the Father. Fidelity to this mission demands of the Grey Nuns, a daring creativity in the discovery of new ways to response to new needs, sustained by their sincere relationship with God, in unity and charity by generous asceticism.

MOTTO:

"*In Hoc Signo Vinces*" -(By this sign you shall conquer). Marguerite d'Youville chose a motto reminiscent of the Cross of Christ as the ultimate triumph of love over all human suffering.

MONOGRAMS:

- *The monogram of Mary*: Mother d'Youville wanted her sisters to honor Mary as the beloved daughter of the Father and invoke her under the title of 'Our Lady of Providence', their mother and the mother of the poor. This is also the distinctive monogram of the Sulpician fathers, chosen in gratitude for their loyal devotedness toward the Institute.

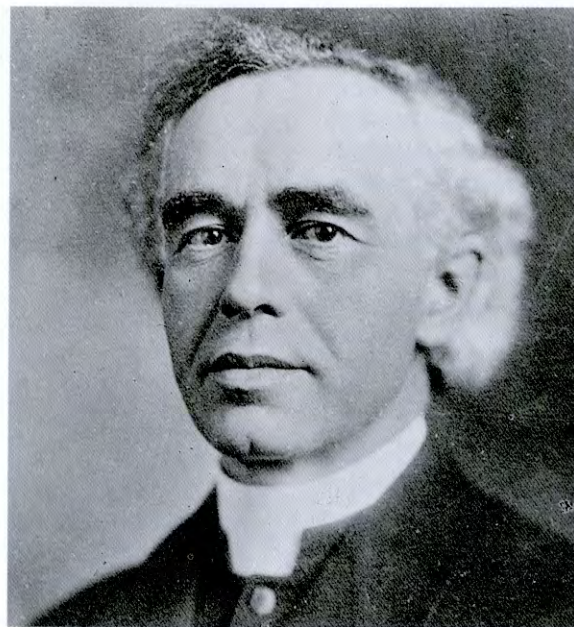
- *The monogram of St. Joseph*, the faithful guardian, expresses the devotion of the Grey Nuns to whom Mother d'Youville entrusted the General Hospital from the very beginning.

EMBLEM:

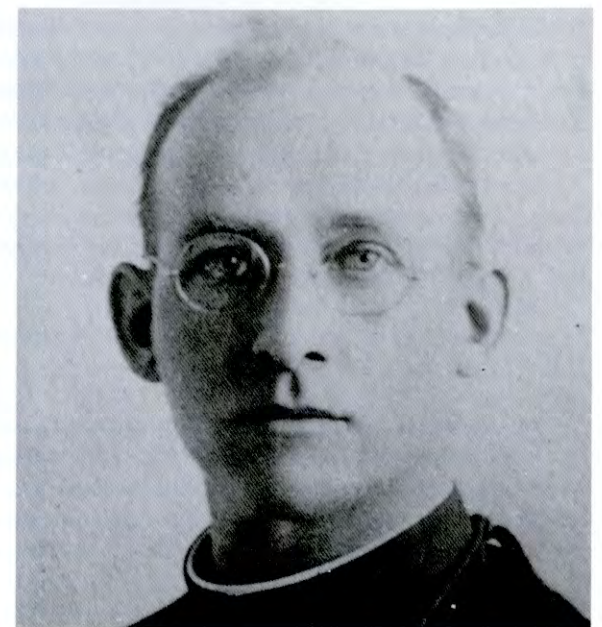
- *The Lily* signifies purity which opens the heart to joy and universal charity. It is also the fragrant flower which represents the virgin land of Ville-Marie, the birthplace of our religious family.



St. Paul's Parish Rectory.



Father J. Vachon, o.m.i.



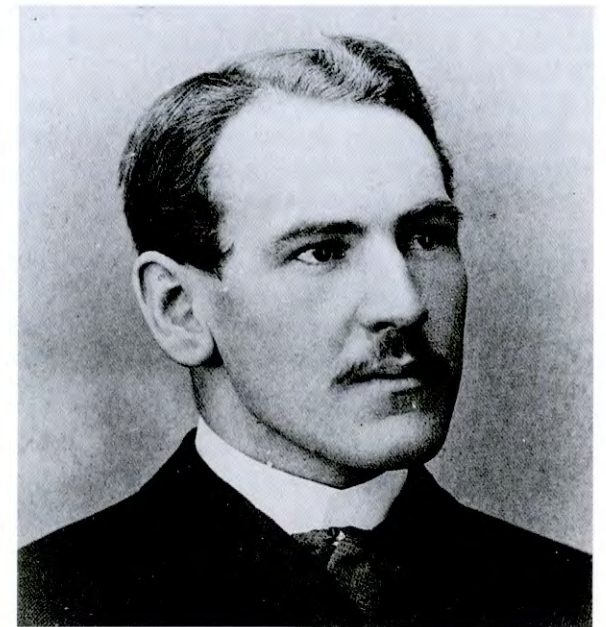
Father H. Paillé, o.m.i.



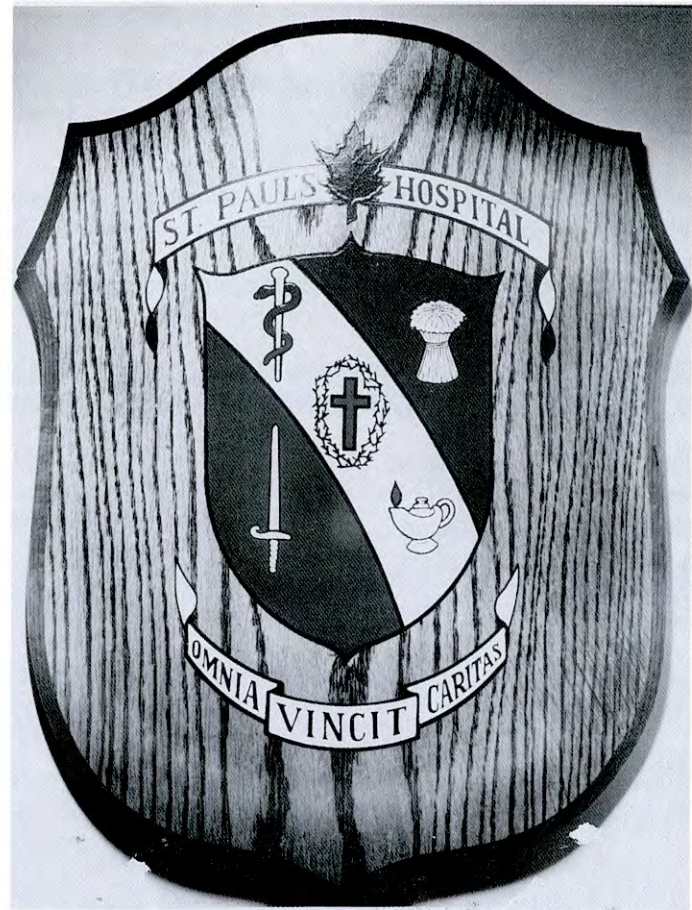
Sister Phaneuf.



Sister Guay.



Dr. J.H.C. Willoughby



INTERPRETATION OF THE HOSPITAL CREST

The gold diagonal band indicates dedication in charity to the alleviation of suffering in Christ's members. The three symbols illustrate the fact that the Sisters of Charity, Grey Nuns (centre) collaborate closely with the medical (left) and nursing (right) professions.

The green background represents the hopefulness and the constant progress of their mission. The sheaf, insignia of Saskatchewan, the field of their labour evokes also the harvest of souls which they envision is placed in the upper background to emphasize that their goal is primarily a spiritual one. St. Paul under whose patronage they labour, is represented at the lower background by the sword with point turned upward to the sign of victory. This assurance sustains their militant faith despite the arduousness of their endeavour. The motto means: OMNIA VINCIT CARITAS,

'Charity conquers all'.

MEETING THE CHALLENGES OF GROWTH:

Schools and churches were built in several districts within the City. On April 17, 1909, the City of Saskatoon opened the first municipally-owned hospital in the Province (55-bed capacity);

The Grey Nuns added another addition to their hospital; they also erected other service buildings on the grounds;

In August of 1910, the City of Saskatoon agreed to construct sewer and water lines to serve St. Paul's Hospital.

IN ORDER TO BE CONCISE IN TELLING "THE ST. PAUL'S STORY", WE HAVE CHOSEN TO SELECT IMPORTANT DATES TO DESCRIBE:

- a) Episodes of Growth & Transitions
- b) Memorable Events
- c) Examples of Community Support
- d) A Struggle for Survival
- e) Another Struggle
- f) Cornerstones

(More detailed information may be found in the booklet entitled: OUR STORY OF 75 YEARS OF CARING by Sally Clubb.)

a) EPISODES OF GROWTH & TRANSITIONS

Wisdom is an initiate in the mysteries of God's knowledge,
making the choice of the works he is to do.
What is more wealthy than Wisdom whose work is everywhere?
Book of Wisdom 8:4

1907 March 10: Is recorded as the opening date when the original St. Paul's Hospital (17 beds), was ready to receive its first patients. The first admissions were two fracture cases transferred from the temporary hospital located at the rectory of St. Paul's Parish.

June 22: A new pavilion built south of the original building was opened, adding space for 26 to 28 patients, making a total of 45.

1908 Another frame building was added as well as several out-buildings.

1912 June 20: The cornerstone was laid for the construction of a masonry building completed the following year at a cost of \$100,000 and bringing the accommodation to 145 beds. (See section re: Cornerstones).

1913 November 1: Opening of the new hospital following the formal blessing by Bishop Mathieu of Regina. (The final payment of the mortgage was made on December 1, 1927).

1922 A frame building was added for isolation cases.

1924 A north wing was added to the masonry building, and completed the next year, bringing the capacity to 245 beds.

1931 November 21: Blessing of a modern four storey Nurses' Residence by Bishop Joseph Prud'homme of Prince Albert. (Note: The diocese of Saskatoon was established only in April, 1934 with Bishop Gerald Murray, C.Ss.R. as its first bishop).

1950 March 25: Bishop Philip Pocock of Saskatoon blessed an extension built to the west wing (36 beds), and a new laboratory erected over the north wing.

1957 December: Opening of the completed 4th Floor of the Nurses' Residence.

1963 September 21: Dedication of a new St. Paul's Hospital blessed by Bishop Francis Klein of Saskatoon. It was opened to the public in November and the old buildings were demolished.

1985 August: Sod-turning for expansion of St. Paul's Hospital, adding 100 beds (Project IV). The Government of Saskatchewan funded 100% of the construction costs. The Grey Nuns were responsible for furnishings and for renovations to the existing hospital (1963).

A parkade with walkway from the hospital was built on the northwest corner of Avenue R and 21st Street; also a walkway from the hospital to the former Nurses' Residence now being used for Administration, Day Care Centre, for the Kelsey Diploma Nursing Program, and for rental to a variety of service agencies.

1989 September 14: Official Opening date of the A wing (Project IV). The hospital mission continued to provide health care with a difference, caring for the whole person; emphasizing spiritual care, as well as physical, emotional and psychological care. A Palliative Care Unit was included in the new wing offering a further example of the commitment of the sisters to total patient care. (See (b) Memorable Events).

1993 January 11: Issue of Prairie Messenger Newspaper contained an article assuring readers that St. Paul's Hospital would continue to provide full services. (See Another Struggle).

March 11: A news release by the hospital appeared in the StarPhoenix confirming that St. Paul's Hospital will continue to offer a broad range of medical, surgical, emergency and community services as an active treatment hospital.

- 1994 May 24: Transfer of pediatric patients from St. Paul's Hospital to Royal University Hospital.
- 1995 June 21: Transfer of obstetrical patients to Royal University Hospital and gynecology patients to Saskatoon City Hospital.
- 1996 July 25: Saskatoon District Health Board announced the urgent need to save \$20M over a three-year period and is considering the closure of either St. Paul's or Saskatoon City Hospital and transforming one into a Community Health Centre. The Royal University Hospital would be the only hospital providing full service.

September 26: Important information from the Saskatoon District Health Board, brought the welcome news that extra funds have been made available, so there will be no further closure plans for St. Paul's Hospital and Saskatoon City Hospital.

b) MEMORABLE EVENTS

We are called to trust in the Father's love
and in a spirit of simplicity,
to reveal that love in a life of service.
(Refrain from a hymn to M. d'Youville, by T. Hucul, scic)

- 1906 September 30: Arrival in Saskatoon of two Grey Nuns, Sister Phaneuf and Sister Guay, on their way back to their home in St. Boniface after a tour to collect alms in the North Battleford area. At the St. Paul's rectory, they found that the priests had opened their dwelling to care for patients because of an epidemic of typhoid fever. The sisters were immediately pressed into service.
- 1907 March 10: Opening date of first St. Paul's Hospital.
- 1909 November 21: Opening of the School of Nursing Program with 3 girls and 2 sisters enrolled. (In 1927, graduation was held for 27 nurses).
- April 17: Opening of first municipally-owned hospital in the west (capacity - 55 beds) took place in Saskatoon (City Hospital).
- 1911 September 21: Graduation of first nurses: (See School of Nursing Report).
- 1914 February: The Provincial Government passed an Order-in-Council requiring all hospitals to complete records of patients re: admission, discharge, diagnosis, treatment, etc.

Opening of the mental hospital in North Battleford relieved St. Paul's Hospital who previously had to care for psychiatric patients. (Also, Weyburn Hospital opened in 1921).

- 1914 to 1918, years of World War I.
- 1915 January 22: Provincial Medical Association formed with St. Paul's Hospital as a founding member.
- 1917 The Saskatchewan Registered Nurses' Association was established by an Act of the Legislature.
- April: The Government required that hospitals give priority to caring for soldiers returning from the battlefield.
- The opening of the Sanitorium in Fort Qu'Appelle and then one in Saskatoon (1925), and Prince Albert (1929) brought relief to the patient-load at St. Paul's Hospital.
- 1918 October: During the Spanish influenza, 455 patients were cared for at St. Paul's Hospital. (2 nurses and 2 sisters died during this epidemic).
- 1924 November 26: A beautiful bronze statue of the Sacred Heart of Montmartre (8 ft. high, weighing 1,000 lbs. and imported from France) was erected on the roof of the new St. Paul's Hospital.
- This year marked the graduation of Francis Boughton, first male nurse from SPH School of Nursing. [Felix Lafferty (1942) was the first male to become an R.N.].
- 1926 December 1: St. Paul's Hospital received a Hospital Standardization Certificate from the American College of Physicians & Surgeons following a favourable report of a survey. The first medical interns were recruited as the hospital officially became a teaching hospital.
- 1927 Doctor O.C. Gruner from Montreal became the first full-time head of the Department of Pathology at St. Paul's Hospital. A full-time staff dietitian was also appointed that year.
- On the occasion of the hospital's 20th anniversary, the newspaper reported that St. Paul's had grown to a 250 - bed capacity, and that it now had 42 physicians, 100 nursing students, and 20 sisters.
- 1931 November 21: Opening of an attractive new building for the School of Nursing.
- 1934 February: Founding of the Lay Advisory Board which served 'ad hoc' until it was reorganized in 1941.

February: Founding meeting of St. Paul's Hospital Ladies Auxiliary (enrollment soon rose to 85 members).

- 1936 An inter-communication system was installed throughout the hospital.
- 1938 The Grey Nuns celebrated their 200th anniversary of history by offering three days of free hospitalization to all their patients.
- 1939 to 1945 were the memorable years of World War II.
- 1943 Provincial Poliomyelitis Clinic established at St. Paul's Hospital, using Elizabeth Kenney method of treatment.
- 1944 Election victory for CCF party (now NDP) which promised the establishment of a prepaid hospitalization program.

A first meeting was held to discuss the subject of a Union for the hospital lay employees.

1947 January 1: Initiation of a Provincial Hospital Services Plan providing prepaid medical insurance to all residents of Saskatchewan.

1950 May: Opening of the Medical Building at the University of Saskatchewan.

1952 Marked the 70th anniversary of the first Settlement on the banks of the South Saskatchewan River: (SPH Story).

- a) To illustrate the role of St. Paul's Hospital in the development of Saskatoon, the sisters obtained space in the T. Eaton Department Store showcases to display models of the hospital with placards explaining its history and that of the School of Nursing;
- b) July: During Exhibition week, the Ladies' Auxiliary entered a handsome float in the annual parade, depicting in miniature, the hospital complex. (This project started a tradition that lasted several years, and which won prizes for the hospital entries).

1953 Discovery of Salk Vaccine helped to eradicate the hazards of Poliomyelitis. (It came into general use two years later).

1955 Saskatchewan sponsored several ceremonies and celebrations to observe the Province's Golden Jubilee.

- a) St. Paul's Hospital employees entered a float which won FIRST PRIZE in the Pionera Parade;
- b) The Hudson Bay Co. Store provided space for displays of the hospital together with plans for proposed additions.

May 3: A day of great joy for the Grey Nuns and their friends! In Rome, His Holiness, Pope John XXIII proclaimed the heroicity of the virtues of Marguerite d'Youville by declaring her "Blessed", and calling her "Mother of Universal Charity". Only one step remained before her name would be enrolled in a catalogue of saints of the Roman Catholic Church.

1957 May 5 - 12: The 50th Anniversary of the hospital was observed with due ceremonies which included the launching of a crest (designed by Sister Antonette Bezaire) for the hospital with its motto: IN OMNIBUS CARITAS (In All Things Charity).



The Honorable Louis St. Laurent, Prime Minister (1956).

1960 May: The first Renal Dialysis Treatment was performed at St. Paul's Hospital, using a machine flown in from Calgary.

1962 July 1: Beginning of a Medicare Crisis which lasted 23 days, but which eventually resulted in medical coverage for the citizens of Saskatchewan.

A historic change in nursing education began with an experimental two-year program at the Grey Nuns' Hospital in Regina under the direction of Sister Therese Castonguay.

1963 September 21: Official dedication of a brand new St. Paul's Hospital building; (now B wing).

1964 The old St. Paul's Hospital was demolished; sentimental objects were retained for posterity.



Sr. Y. Prevost & the Honorable John Diefenbaker, Prime Minister (1958).

The first kidney transplant in Saskatoon was performed at the University Hospital, the patient having been medically prepared by the staff at St. Paul's Hospital.

Report of the Royal Commission on Health Services (begun in 1961) called the Hall Commission Report concerning National Health Insurance, was tabled in the House of Commons. (Justice Emmett Hall and our Dr. David Baltzan were prominent members of the commission).

1965 December: Doctor H.D. Hart, a respected member of SPH medical staff presented a beautiful home-built pipe organ for the hospital chapel.

1967 The hospital celebrated its 60th Anniversary.

July: As Canada celebrated its Centennial, St. Paul's held an Employee Appreciation Day by honoring those with long term service, a celebration which has become an annual event.

With the transfer of Sister Superior Anne Ell to another post, Dr. Morley Smith-Windsor, a senior member of the medical staff and formerly assistant

administrator, became the Chief Executive Officer at St. Paul's Hospital and the first lay person to occupy this position.



Blessing of the new hospital by Bishop Francis Klein (1963).

September: Opening of a 2-year diploma nursing program established at the Kelsey Institute of Applied Arts & Sciences under the Department of Education with a Grey Nun, Sister Therese Castonguay, as its first Superintendent.

1968 June: At the request of its directors, the Western Development Museum received an original Grey Nuns' costume from the sisters with an accompanying write-up prepared by Sister Superior Florence Keegan.

October 16: The final Commencement Exercises for 89 St. Paul's School of Nursing graduates was held at the Centennial Auditorium.

1969 September 29: A modern Intensive Care Unit located on third floor in the area near the chapel and formerly occupied by the sisters was formally opened and blessed by Bishop James Mahoney.

November 26: The Spiritual Care Department became formally recognized as a hospital department. Father Frank Malone, CSsR, was chaplain at the time.

1970 February 1: The south wing of the former Nurses' Residence was opened as a Centre of the Alcoholism Commission of Saskatchewan under contract with St. Paul's authorities. A member of SPH's medical staff was in charge.

Doctor Stephen Worobetz, an SPH doctor, was invested with the Office of Lieutenant Governor of Saskatchewan.

- 1971 Mr. Sidney Buckwold, a member of SPH Lay Advisory Board and former mayor of Saskatoon was appointed to the Senate in Ottawa.
- 1977 September: Sister Cecile Gauthier, s.g.m. was named Assistant Executive Director - Patient Care Services.
- 1979 Planning for Project IV (large new area for St. Paul's Hospital) was approved by the provincial minister of health with the government to pay 100% of the cost of the building. St. Paul's Hospital would be responsible for 40% (furnishings). Bed capacity to be increased from 339 to 436.
- 1980 September: First intra-ocular lens implant performed at SPH.
November: First shoulder prosthesis inserted at SPH.
Designation of St. Paul's Hospital as Provincial Home Care Dialysis Centre.
- 1981 Dr. J.E. Leddy was appointed Chief of Staff Emeritus at SPH.
- 1982 January: Appointment of first Board of Management for St. Paul's Hospital.
December 29: St. Paul's Hospital Foundation was created and registered as a charitable public foundation within the terms of the Income Tax Act.
St. Paul's Hospital celebrated its 75th Anniversary. At this time it published a comprehensive booklet entitled OUR STORY OF 75 YEARS OF CARING, written by Sally Clubb of Saskatoon.
- 1983 Toni Davidson was the first Director of Development and Public Relations.
- 1984 Development of an in-house computerized personnel payroll system.
- 1986 Installation of a computerized axial tomography scanner (CAT).
It was decided that St. Paul's Hospital Ladies' Auxiliary would best serve the needs of the hospital by augmenting the Department of Volunteers.
- 1989 September 7: Completion of Project IV (A Wing) with grandiose opening celebrations.
- 1992 Establishment of a program for Clinical Pastoral Education (CPE).
- 1993 A Kidney Peer Support Program was established.

c) EXAMPLES OF COMMUNITY SUPPORT

(Remembered with gratitude)

I will praise your name forever,
my king and my God. (Ps.145)

(The daily rate for general ward patients was only \$1.00 but no one was refused care if they were unable to pay. To compensate for this, the hospital had to find other means of revenue. Here are a few examples of how this was achieved.)

- 1906 A door-to-door campaign was held to raise funds for the purchase of a suitable building for the proposed hospital.
- 1907 August 10: A friend gave the sisters a large supply of provisions along with \$300; another person added \$20.
October 9: Management of the Kevin Theatre put on a benefit performance for St. Paul's Hospital; the Saskatoon Band provided the music.
- 1909 Mr. Frank Cahill wrote to the Capital newspaper, enclosing a cheque for \$50 and challenging other businesses to likewise support the cause of SPH.
- 1914 The sisters again made rounds of the community for funds, but, after 24 days, they had raised only \$240.
- 1915 August: A "Flag Day" was held and brought in \$1,200.
- 1916 September 21: The nursing students with the help of other ladies held a "Soiree Musicale", charging only a 25¢ admission fee, and raising \$275.
A "Tag Day" held shortly after raised \$1,250.
- 1917 July: The Sister Superior St. Ligouri bravely took on the project of raffling an automobile which raised \$4,851.
A "Rose Day" brought in \$1,010.
- 1922 Many miscellaneous gifts received at Christmas. (Refer to LIFELINE SPH Staff Newsletter) Vol. 5, No. 4.
- 1935 (& yearly for some time) the Catholic Women's League held a bazaar, raising \$700 the first year and \$1,500 in 1939.
- 1953 In the 1950s, in addition to practical gifts from the Ladies' Auxiliary and the St. Paul's Hospital Nurses' Alumni Association, St. Paul's Hospital received much evidence of public support such as: an oxygen tent paid for by Mr. Victor Colleaux, an automobile donated by Mr. Tremel, a religious painting received from Mr. Cecil Richardson (a former patient), \$6,800 from a Mr.

Meyer, funds were received from the Kinettes, the Cosmopolitans and other service clubs for special equipment (mostly for the polio clinic).

- 1959 Public support during the Struggle for Survival was tremendous!
- 1963 A fund-raising drive was held on behalf of the new St. Paul's Hospital to help pay for the furnishings. The public responded generously.

1981-82

Donations received from service clubs include:

\$8,389 from the Saskatoon Kinettes (for the Renal Unit)

\$1,200 from the Saskatoon Kinettes (for an apnea monitor)

\$1,500 from the Soroptomist Club (for a pediatric infant scale)

\$13,000 from the Kinsmen Club (a fetal monitor)

During the 75th Anniversary Year, more than \$65,000 was received from the public.

- 1982 The Foundation has become a route for continual giving in support of SPH commitment to caring.



Apnea Monitor donated to Pediatrics by the Kinettes. **l.to r.:** Sister C. Gauthier, Dr. J.E. Leddy, Joanne Stewart R.N., Dr. J.W.A. Mackenzie

d) A STRUGGLE FOR SURVIVAL

Never fear, for God is our Father and He will provide.
(M. Youville)

The story that follows needs to be told at greater length. It is a telling story about an institution that, humanly speaking, was about to breathe its last. Inspired by a firm faith in God's provident care, and supported to the utmost by a community of caring people, the institution experienced a re-birth. The dates reported are incomplete, but sufficient to give the reader an idea of the perseverance exerted to achieve the desired result. The re-telling is a tribute to the many people who brought to fruition this touching "miracle of faith and solidarity".

Even though the 1950 construction alleviated some of the pressure for beds, the management and Medical Staff of St. Paul's looked upon this as only a 'very temporary measure'. As early as May of that year, the combined Medical and Lay Advisory Boards reviewed the need to enlarge and rebuild St. Paul's without delay.

At that meeting, all present gave support to the need to enlarge the hospital. A committee composed of Judge Stewart McKercher, Dr. David M. Baltzan, and Mr. Emmett Hall was chosen to present this request to the government. This was only the first of scores of such presentations during the following decade.

In **May 1950**, Premier T.C. Douglas accepted an invitation from the Sister Superior Bernadette Bezaire, to have lunch with Mr. Emmett Hall, legal advisor and Chairman of the Lay Advisory Board, and then to take a guided tour of all departments and annexes of St. Paul's Hospital so that he might understand the proposal for a new hospital.

By **November 1951**, the Medical Council had decided that an addition would definitely not be adequate. Nothing less than a new hospital would suffice.

In **1952-53**, the serious Poliomyelitis epidemic created urgent and multiple needs for space, equipment and staff. (In 1955 the Salk vaccine came into common use).

1954: One more presentation to government on behalf of the proposed new hospital for St. Paul's was led by Dr. D.M. Baltzan.

1956: Numerous exchanges between the hospital authorities and government officials took place from time to time. In fact, records reveal that fifteen such exchanges occurred between April and September of that year.

1957: At the banquet celebrating SPH's 50 years of service, the toastmaster for the evening, Dr. Francis Leddy, Dean of Arts & Sciences at the University of Saskatchewan, made these comments on the place of St. Paul's in the life of Saskatoon:

“Who could imagine, or who could want, Saskatoon without St. Paul’s? It is not merely another community asset, nor a factory, nor a utility, but an institution woven into the lives of countless individuals. There are few Saskatoon families with whom it has not been associated with deep feelings - joys, sorrows, great anxieties”.

In spite of the darkening clouds hovering over the hospital situation, he concluded his inspiring remarks by stating:

“The hospital will continue to grow. But whatever changes the century may bring, St. Paul’s will remain in all essentials as it is today - a light with the gracious spirit of the Sisters. It will be of good repute for the conscientious skill of its doctors and the care of its nurses, and it will still receive and deserve the trust and goodwill of this grateful community”.

Also during the week of the Jubilee celebrations, the leadership dared to hold a symbolic turning of the sod for a new wing. A gesture of faith, indeed! Administration had expressed satisfaction at the promise of government funding for “renovations” to the original 1913 hospital and the erection of a large new wing to add to the existing hospital.

November 1957: Marked the arrival of a new Superior in the person of Sister Yvonne Prevost. Two months later came a devastating report casting doubt about the government support earlier agreed to. This information engaged all the fervent faith and indomitable spirit of Sister Superior Prevost and the Grey Nuns, as well as arousing anew the untiring efforts of the Medical and Lay Advisory Boards. With confidence, the future of St. Paul’s was placed squarely in the hands of a Provident God who was ‘kept informed’ every step of the way. Those involved were experiencing the fact that the darkest hour had yet to come before dawn could make its appearance. Sister Prevost sent an offering to the Director of the Sanctuary of Our Lady of the Sacred Heart asking for continuous prayers for the intention so dear to her heart.

1959: October newspaper clippings indicate that there was a surge of publicity about the critical situation of SPH. On the **19th** both CFQC and CKOM radio stations carried news releases during the noon hour reporting the concern of the President of the Saskatoon Board of Trade and of the President of the Medical Society should this establishment be doomed to oblivion. At the convention of the Saskatchewan Hospital Association held on **October 14th**, Mr. Sid Buckwold, on behalf of City Council, stated emphatically that the City would not tolerate closure of St. Paul’s Hospital. Bishop Klein who had previously addressed some strongly worded letters to Premier T.C. Douglas and the Honorable Walter Erb (Minister of Public Health), when affairs remained at a stalemate, wrote on **July 2nd**: “We have hoped for over four years that changes in the Saskatchewan Hospitalization Plan would be made to enable St. Paul’s Hospital to be re-constructed. Now we have come to the point where there seems to be no hope left, and we feel it is our responsibility to inform the

sisters that the risks of a fire and catastrophe are too great to continue operating the hospital as it is now”. He closed his remarks by regretting that “the only alternative seems to be the closing of the hospital”. On **October 17th** the Bishop announced at a Catholic Hospital gathering the high probability that SPH could close within a very short time. The following day, the StarPhoenix carried an editorial to the same effect. When Mr. Erb stated on CKOM the following day that the situation was not as serious as some people made it out to be, he got ample rebuttal from the local radio stations especially when on **October 29th**, the Minister suggested that the hospital might hold a lottery to obtain funds.

Even the Sunday Visitor, an American newspaper, published a lengthy article entitled: “The Death Agony of a Hospital” in its **November 15th** issue, stating “The abandoned edifice will be a monument to the indifference or hostility of Provincial and Federal authorities who have been unwilling to help in providing a **new home** for the **spirit** that has lived so generously in St. Paul’s Hospital for a half-century!”

On the **23rd**, CFQC reminded the public that if the hospital closed, so would the renowned School of Nursing. That station reported on **December 18th** that the Medical Advisory Board had completed another survey without finding any ray of hope. Dr. D.M. Baltzan had written a few days earlier to the Chairman of the Board of Trade, an outline of an earlier verbal discussion concerning the SPH situation and the fact that the inertia of the government would cause a paralysis in medical care and medical progress. On the **16th** he had addressed an important letter to Premier Douglas regarding the impact of the present publicity on the recruitment of medical interns.

After such stirring news, the public became aroused and actively involved. The CFQC radio/TV station began to express views in releases on **December 23rd and 30th**, in view of rallying support for the proposed project. On **December 31st**, the StarPhoenix published an article in which the President of the Saskatoon Board of Trade, made an appeal to government to come to the aid of St. Paul’s Hospital. The Premier offered to double the grant from \$100,000 limit to \$200,000 per bed if Ottawa would match the grant.

1960: Meetings were scheduled in Ottawa and in Regina. On **January 12th**, Sister Superior Prevost announced to the hospital staff that a novena of prayers would be held in the chapel at two periods during the day shifts, and that Holy Mass would also be celebrated for that important intention. **Continuous prayer became henceforth the very soul of every effort for St. Paul’s.**

January 7th: Mr. Harry Jones, the local federal PC representative, using the proposal of the CCF government to install medical insurance throughout the province, maintained publicly that the government, indeed, **could** find funds to help St. Paul’s. This statement was emphasized the following day by CFQC and the StarPhoenix. On **January 20th**, CKOM continued the publicity in this vein.

January 26th: Miss Evelyn Richlark, President of St. Paul's Student Nurses' Association, addressed a letter to the Honorable J.G. Diefenbaker, pleading with the Prime Minister on behalf of the hospital, and requesting a meeting with him. On **January 28 - 29th**, Sister Prevost asked that prayers be intensified.

February: On the **11th**, the StarPhoenix reported that the federal government wanted to wait for more explanation about the operation of a National Health Plan. Two days later, CFQC publicized this information. On the **17th**, Miss Richlark who had also written to Honorable Premier Douglas received an encouraging letter in response. On the **22nd**, the local Labour Council addressed a letter to the Honorable Mr. Diefenbaker on behalf of private hospitals.

February 29th: At a joint meeting of the Medical/Lay Advisory Boards held on Monday, Dr. Baltzan declared that all avenues had been explored saying "We are at the end of the road". It was time to organize a disaster plan and to commence the closure of the hospital. Naturally, this declaration would cause consternation when announced publicly.

March 1st: The hour was dark, indeed! Again Sister Prevost turned to prayer by writing to the Director of St. Joseph's Oratory in Montreal asking for a novena of Masses. Bishop F. Klein, a profoundly zealous spiritual leader, asked his priests to recite a Prayer to St. Joseph after each Mass and Benediction Service.

In the hospital chapel, a novena and perpetual rosary were instituted and well-supported by the staff.

Dr. Baltzan announced, through the StarPhoenix, CFQC and CKOM that a 22-bed unit of the hospital would be closed by **April 1st**, and that another 30 beds would be closed gradually. The following day, March 2, CKOM carried the news that Mr. Erb, Provincial Minister of Health was surprised at the announcement. On the **3rd**, that same station held an 'open line' allowing the public to voice its opinion. On the **8th**, three Liberal candidates also took a stand in favour of St. Paul's survival, followed on the **11th**, by three PC candidates decrying an unsavoury comment by Art Stone. On the **13th**, CFQC reinforced its plea on behalf of the 'dying hospital'.

On **March 13th**, a joint delegation of citizens met with Premier Douglas who responded with a statement which marked the first positive move by the CCF government. CFQC, on the following day, quoted the statement: "We will find some way to keep St. Paul's Hospital open and to begin construction of a new hospital building as quickly as we can. Negotiations will carry on to effect the necessary financial arrangements. Final arrangements for starting the re-building of St. Paul's will not await the results of discussions with the Federal Government". CKOM repeated the encouraging news. The StarPhoenix reinforced the issue in its publication on **March 16 - 17 - 19 and 24th**.

March 21st: Dr. Baltzan wrote to Premier Douglas and to his Minister of Health asking for a tangible evidence of their stated good intentions.

March 29th: Tenders were called for from Architects and Consulting Engineers Green, Blankstein, Russell and Associates.

June: The StarPhoenix reported that the Hospital Formula was **almost** decided. In fact, it was passed by cabinet on **August 11th**.

July 18th: A large section of plaster fell from the ceiling in Ward 100C as though emphasizing the urgency of the need for a new hospital. This topic was discussed over and over again on **August 4 - 11 - 26 - 27 - 29 and 30th**.

September 5th: The StarPhoenix reported that construction of the new SPH would be ready to begin in the spring.

January 1961: The StarPhoenix reported that there seemed to be a slowing down of the process re: SPH. On **February 14th**, an editorial appeared to this effect; but in mid-April, it was announced that the tenders would be opened on **June 1st**. **Daily prayers in the hospital chapel continued with perseverance and hope!**

June 14th: The tenders had been opened on **June 1st** as promised, and on **June 14th**, the contract was signed. **DIG-DAY took place on July 7, 1961.**

***The hospital chronicles record that, on September 30, 1914, three sisters and some girls went to dig potatoes planted on a rented lot at four miles distance from the hospital.

***During the Spanish Influenza in 1917, two sisters and a lay nurse succumbed to the disease. Because of the hazard of contagion, the remains of Sister St. Leonce could not be transported to the burial plot in St. Albert, so Doctor Desrosiers offered space in his family plot in the Woodlawn Cemetery.



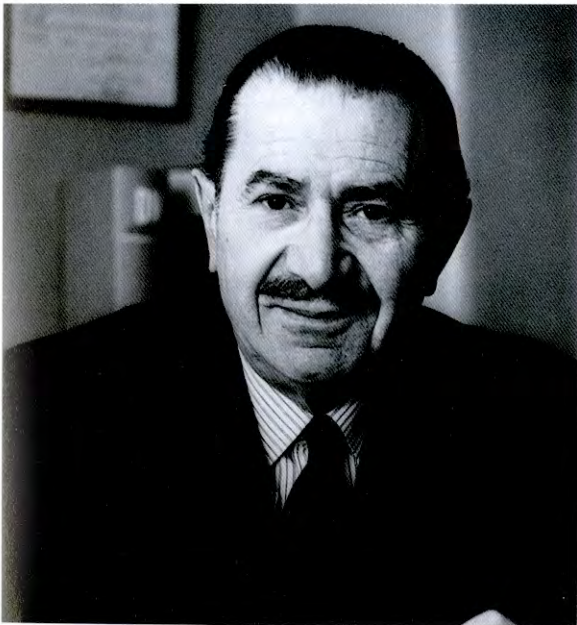
Mr. Justice Emmett Hall.
(Wisdom incarnate)



Sister Yvonne Prevost.
(Valiant woman)



Bishop Francis Klein.
(Faith-filled mediator)



Dr. David M. Baltzan.
(Zealous diplomat)

LEADERS IN THE STRUGGLE

St. Paul's Hospital is forever indebted to these people whose faith, leadership, tenacity and hope assured success in the struggle for survival; to them we offer this

TRIBUTE OF GRATITUDE

e) ANOTHER STRUGGLE

Faith is the bird that sings to the dawn
while it is still dark. (Roma de Robertis, scic)

(The following information was extracted from a report by Mr. David Hart, the then CEO of St. Paul's Hospital and published in the Sept.-Oct. 1981 Catholic Health Association of Canada Review, and completed from archival material).

In the spring of 1980, the Honorable Herman Rolfes, Saskatchewan Minister of Health had appointed a five-member team to study the present and future role of the University Hospital. On January 8, 1981, the findings of the team were released in a document entitled 'Report of the University Hospital Study Team'.

The report indicated that the structure and ownership of the three Saskatoon hospitals were basic underlying causes of the problems. It recommended a massive restructuring of the three hospitals with the establishment of a 'super-board' and a North Saskatchewan Hospital Centre which would own and operate the facilities. An alternative would be to have a 10-year management contract agreement wherein the Hospital Centre would be established to operate, but not own, the three facilities.

The solutions offered were totally unacceptable to the Grey Nuns and to St. Paul's Hospital. Neither were prepared to relinquish to others the right to operate the hospital under the philosophy of an institution owned by sisters. A decision was made to develop a strategy to convince the Department of Health to reject certain aspects of the report, and in particular, the recommendation affecting the potential transfer of ownership of St. Paul's Hospital to the North Saskatchewan Hospital Centre.

Initially, an appointment was made for the Board of Governors composed of five sisters from the Corporation (residing in the Province of Alberta), plus the Administration of the hospital to meet with the Minister of Health. Meanwhile, a campaign was organized to inform the hospital staff, the Church, and the community-at-large of the government proposal, and to seek support for the position taken by the Grey Nuns and the hospital.

Briefs were prepared by hospital personnel and sent to the Minister approximately two weeks prior to the meeting. These flatly rejected the recommendation of sale of the hospital and/or management contract alternative. A meeting of the Medical Staff was held, following which the Medical Advisory Board, the Medical Staff, the Department of General Practice and individual physicians forwarded to the Minister of Health and the Premier of the Province, written submissions opposing change of ownership.

At the same time the Senate of Priests of the Diocese of Saskatoon, went on record expressing their continued support for SPH. The pastors indicated that they were

prepared to assist the hospital in every way possible and that the Bishops of Saskatchewan would be encouraged to support the position being taken by St. Paul's.

It must be borne in mind that in the spring of 1980 the Catholic Health Services Conference of Saskatchewan had submitted a brief to the Minister of Health regarding the need for re-examination of the methods by which Catholic hospitals were financed, most specifically for capital expenditures, major expansion programs, and the acquisition of equipment. It was thus a matter of record that the Catholic Bishops of Saskatchewan supported the place of Catholic hospitals in the province and the need for more equitable funding.

The ownership felt that it was important that they have a reading of the views of the community served by the hospital. It was agreed that the Chairman of the Board, Sister Germaine Hetu, should issue a press release which would publicly state the hospital's position. This was done approximately two weeks before the meeting scheduled with the Minister in order to allow time for the public to react. The news release said, in part:

"... our initial reaction is somewhat mixed as we agree with some of the observations and recommendations contained in the report and disagree with others... It is not our intention now, nor is it in the future, to sell St. Paul's Hospital". Sister Hetu then went on to say that the Board felt that religious orders such as the Grey Nuns, still have a role to play in the provision of health care... "We feel that we are very much a part of the community and that the community is very much a part of us. Many citizens have indicated to us that the philosophies embraced by the Grey Nuns are still needed and desired in the operation of a health care facility such as St. Paul's".

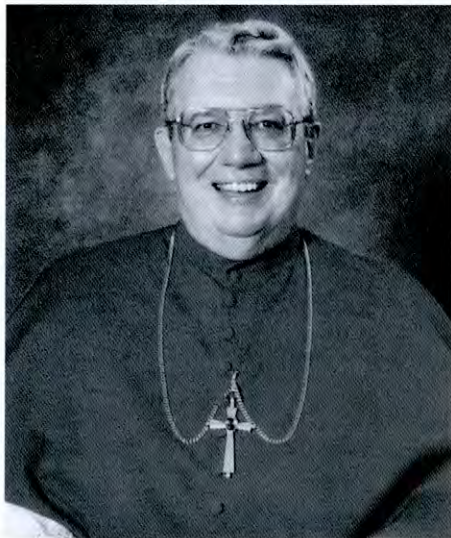
She suggested that anyone who wished to express views on the report should write to the sisters at St. Paul's Hospital.

As a result of that press release, the sisters and the Minister received hundreds of letters from all across Western Canada, thousands of signatures and numerous telephone calls in support of St. Paul's. Both newspapers in Saskatoon wrote editorials indicating that the Grey Nuns should remain owners of the hospital. The television and radio stations also expressed support for the hospital. The result of planning a strategy and marshalling these forces paid dividends.

The Catholic community made it known in no uncertain terms that it was imperative to them and their religious beliefs that a Catholic hospital, which abides by Catholic medical ethical principles be retained in Saskatoon. Many pro-life groups, both Catholic and non-Catholic, were extremely supportive of the position held by the Grey Nuns.

The meeting with the Minister and his officials was held on February 11, 1981, with members of the Board and Administration of the Hospital present. He was given substantial documented evidence which showed that forced mergers and forced changes of ownership, such as those proposed in the 'University Hospital Role Study Report' could not be tolerated.

During the course of the meeting, the Minister assured the sisters that it was **not** his intention to force the Grey Nuns to sell the hospital or take part in a management contract unless it was their desire to do so. He said that he and his government appreciated the 'uniqueness' which the Grey Nuns brought to the health care system in Saskatchewan through their ownership of St. Paul's Hospital and that this 'uniqueness' was well worth preserving. He indicated that his government wished the sisters to stay actively involved in the active treatment hospital field. He was asked to make a public announcement to that effect so that all interested parties and everyone associated with the hospital would have no doubt in their minds as to the position of the government on the issue of the ownership of St. Paul's Hospital



Bishop James Mahoney.

(Words of the late Bishop James Mahoney at the official opening of the A wing in 1989):

"Unless we have built on Jesus Christ, we have not built a Catholic hospital. St. Paul's Hospital is a hospital that lives on prayer, a hospital where leadership locks to the words of Jesus Christ, a hospital that has cherished the virtues of Jesus Christ, and has tried to bring them forth in every person who has worked there."

f) ST. PAUL'S HOSPITAL CORNERSTONES

CONTENTS OF THE CORNERSTONE (1) - June 29, 1912

A scroll with the following names:

Pope Pius X
 King George V
 Monsignor Stragna, Apostolic Delegate
 Bishop Pascal of Prince Albert/Saskatoon Diocese
 Duke of Connaught, Governor General of Canada
 Sir Robert Borden, Prime Minister of Canada
 Walter Scott, Premier of Saskatchewan
 Mother Anna Piche, Superior General of the Grey Nuns
 Father Henricus Lacoste, O.M.I. of St. Paul's Parish
 Mayor James Clinkskill, Mayor of Saskatoon
 Sister St. Ligouri, Superior of St. Paul's Hospital

Also included, were:

1 StarPhoenix dated June 29, 1912
 1 Saskatoon Daily Star dated June 28, 1912
 1 Saskatoon Daily Star dated June 29, 1912
 1 Report of reminiscences by a visitor
 1 Report of St. Paul's Hospital - year 1910
 1 Relic
 3 pennies dated 1912
 Assorted old coins

CONTENTS OF THE CORNERSTONE (2) IN THE 1963 BUILDING:

This cornerstone now serves as the base for the Statue of the Sacred Heart located at the main entrance of the hospital.

Statue of Mother Marguerite d'Youville, Foundress of the Grey Nuns
 Coat-of-Arms of St. Paul's Hospital
 A medal of St. Paul
 Statue of the Virgin Mary under the title of Our Lady of the Sacred Heart
 Novena Prayers to Our Lady of the Sacred Heart
 Statue of St. Joseph, Patron of Workers
 Assorted medals
 Monies of 1963: \$1.00 - \$.50 - \$.25 - \$.10 - \$.05 - \$.01

Names of members of:

Grey Nuns' General Council
 Grey Nuns' Provincial Council

Sisters currently at St. Paul's Hospital
 Sisters on Administrative Council
 Lay Advisory Board
 Medical Advisory Board
 Executive of the Medical Staff
 Architects and contractors
 All previous local superiors of St. Paul's Hospital.

(Words of Mr. Les Dubé, Chair of the Board of Management, September 1989):

For those of us associated with St. Paul's Hospital, the spirit of this hospital is like a torch sparked to life by the Grey Nuns whose burning light offers help and assurance to the weak and helpless, whose flame instills courage and hope to the struggling, whose warmth radiates comfort to the frightened.

(From a report of the ceremonial opening of the A wing on September 14, 1989):

Sr. Marguerite Letourneau, Superior General of the Grey Nuns, lighting a candle from the pascal candle, passed on the light to all assembled. This gesture expressed our passing of the spirit of St. Paul's while a chorus sang " Pass it on

It only takes a spark to get a fire going.
 That is how it is with God's love.
 Once you've experienced it,
 you spread His love to everyone;
 you want to pass it on".



1912 Cornerstones: **l. to r.:** Sr. Germaine Beliveau, Mike Nelson, Dir. of Bldgs & Grds
 John E. MacDonald, Sr. Yvonne Prevost, Sup/Admin., Geo Terfloth, Maintenance
 foreman, M. N. presenting to Dr. S. W. a, newspaper and coins, removed from the
 1912 A.D. Cornerstone.

(from St. Paul's Hospital Grey Nuns' Chronicles)
 Sr. B. Bezaire, s.g.m.

IN-HOSPITAL SERVICES

Administration
Business Office
Energy Centre
Food and Nutrition Services
Health Records
Housekeeping and Linen Services
Human Resources (Personnel)
Information Systems
Materials Management
Nursing Administration
Occupational Health and Safety Services
Pastoral Ministry
Pharmaceutical Services
Planning
Security
Social Work
St. Paul's Hospital Foundation
Switchboard and Information
Volunteer Services

ADMINISTRATION

1906 - 1996

There is only one way which leads upwards;
the one which, through greater organization,
leads to greater synthesis and unity. (T. DeChardin)

The term 'administration' presumably evolved when organizations with similar purposes united in solidarity as a better means to achieve their goals. It was doubtless a word seldom heard in the walls of St. Paul's Hospital during its first two decades. The Grey Nuns have always looked upon the management process, in any of their institutions as an engagement in ministry: serving the Lord in education, care of abandoned infants, social agencies, care of the elderly, and health care. Dr. Robert Hutchins, formerly president of the University of Chicago, stated it well when he wrote "Ministry means 'ministering unto'; it is ordaining the means to an end".

On the other hand, in our institutions, leadership needed a distinctive title, and so the term 'Sister Superior' was used. This identified the person assigned as responsible and bearing authority, and not necessarily as having the highest level of competence among her sisters.

The term of office for a local superior was limited to six years, but could be of shorter duration. Sister Yvonne Prevost (1957-1964) is the only Superior/Administrator to ever have exceeded that time; this exception was necessary in order to enable her to discharge special responsibilities associated with the completion of the 1963 hospital project (now the B wing).

With the dual responsibility as superior/administrator, the sisters in this leadership position acknowledged the need for assistance from knowledgeable lay persons either as business managers, legal counsel or as advisors (See Section V: Lay Advisory Board). By 1943, regular meetings were held until, in 1982, the Board of Management was established and given broader powers. (See Section II Board of Management).

Over the years, St. Paul's has had 19 Sister Superiors, responsible for both the religious community and for administration of the hospital. Since the institution of lay CEOs, there have been nine local superiors responsible for the Grey Nun community. They also serve as a liaison between the sisters and the lay persons appointed by the Provincial Council of the Grey Nuns from their head-office in Edmonton.

Progress in the erection of the 1963 hospital (Struggle for Survival), to which were added the delicate problems emanating from the Medicare Crisis of 1962, brought to a head the reality that effective management at St. Paul's required a broader base of expertise.

That summer, Dr. Morley Smith-Windsor, a long-standing and respected member of St. Paul's Hospital Medical Staff, was appointed Assistant to Sister Yvonne Prevost, a position which he held for another three years when Sister Ann Ell succeeded her (1964-1967). During this time, the medical staff was re-organized more formally into Departments and sub-specialties, an organization that continued over the years.

In the summer of 1967, Dr. M. Smith-Windsor was appointed as Chief Executive Officer for St. Paul's Hospital, a position which he exercised for the next 10 years. He was capably supported by Sister Superior Florence Keegan, a woman of vast administrative experience who had recently retired from a teaching career at Marguerite d'Youville College of Nursing (affiliated with the University of Montreal). Sister Keegan was also the local superior for the Grey Nun community.



Dr. Morley H. Smith-Windsor, first lay C.E.O.

In March 1978, Dr. M. Smith-Windsor was succeeded by David Hart who served for four years. It was during that time that the Grey Nun community moved from the Fourth Floor of the Nurses' Residence to a residence at 201 Ave O South. At that time also, a **Board of Management** was established by the Grey Nun authorities located in Edmonton in order to give broader administrative jurisdiction to the lay group selected to support the administrator; the Grey Nuns have appropriate representation on the Board.

In the 1981-82 Annual Report, St. Paul's indicated that a change made in the Hospital Legislation governing the operation of hospitals in Saskatchewan permitted the Grey Nuns to delegate their powers to a Local Board. The creation of the **Board of Management** indicated the interest of the Grey Nuns to facilitate a greater involvement of the community in the operation of the hospital. It was also their intention to assure that Catholic and Christian ethics would continue to be fostered and reflected in the quality of care provided to patients.

The original members of St. Paul's Hospital **Board of Management** were: Sister Germaine Hetu (shortly replaced by Mr. G. Fleck), Mr. W. Podiluk, Mr. R.S. Rowand, Sister Desanges Gionet, Therese Castonguay & Cecile Gauthier, Dr. J.G. Monks, Dr. H. Estey, Father R. Kleiter, Messrs. D. Carriere, M.G. Fraser, I. Buckwold and J.A. King.

To date the following persons have served as Chair since 1982: Messrs. Gerald Fleck 1982-87, Ian Buckwold 1987-89, Les Dubé 1989-94 and Urban Donlevy 1994-.

The Grey Nuns are deeply grateful to all these people whose loyalty, wisdom and generous gift of time have been invaluable in helping St. Paul's Hospital to live out its essential commitment to its mission of Christian caring.

The two CEO's who served between 1982-1991 oversaw a major expansion to the hospital which brought the bed capacity to 436 and doubled the physical space. Due to the high cost of advanced technologies and changing health care needs, the delivery of health care was moving into an intense time of restructuring and reform. In 1989 many Saskatchewan health facilities, including St. Paul's, participated in the Premier's Health Commission under Progressive Conservative Premier Grant Devine.

When Premier Roy Romanow and the New Democratic Party came into office in October 1991, they divided the province into 30 health districts. One year after the appointment of Walter Podiluk as CEO of St. Paul's Hospital, in 1991, an Affiliation Agreement was signed between the Saskatoon District Health Board (SDH) and the hospital. In contrast with the situation for other hospitals, this allowed St. Paul's to maintain its own Board of Management, its CEO and staff.

In 1995 a new CEO arrived at St. Paul's Hospital in the person of Mary Pat Skene and the Affiliation Agreement was renewed for ten years. Within a year, the delivery of health care was to change once again, as St. Paul's had embarked on a joint-service management partnership with SDH within a new client care group structure. This involved 12 client care groups and seven vice-presidents across the district. Services are now provided with much more of a community focus, thus resulting in less of a need for our traditional in-hospital services and beds. In keeping with this enhanced community involvement, St. Paul's is liaising with the various schools on the west

side of the city and has some 17 different community agencies located in our former Nurses' Residence along with the various SPH administrative offices.

Mission Statement:

Providing compassionate care to anyone in need of health services has always been a major concern at St. Paul's Hospital. Although through the years, the Grey Nuns and staff did provide excellent care and organize various activities in keeping with their philosophy, values and mission, it was decided in 1983 to formulate an official Mission Statement for St. Paul's Hospital. This document was revised in 1990, in 1992 and now, in 1996 our clearly articulated Core Values and Vision Statement have been added to the 1992 formula.

For St. Paul's, the provision of holistic health care which necessarily involves spiritual care continues to be one of our most relevant reasons for being. There is a Department of Spiritual Care with a coordinator and five full-time staff positions as well as 24-hour coverage by the Roman Catholic clergy and some 70 visiting inter-faith ministers. In 1992 a Clinical Pastoral Education (CPE) Program was established so that more people may have the opportunity to develop skills and knowledge to better meet the spiritual needs of the community. We were also able to obtain on a part-time basis in 1992, the services of Father Mark Miller, CSsR, an ethicist, and now have a very active Ethics Committee and several sub-committees dealing with various ethical issues.

In addition to our many on-site activities, we are actively involved in numerous spiritual care initiatives both in the Saskatoon district and in the province. We cherish this role as a most precious endeavor to promote our conviction about the value of spiritual care in the ministry of healing in the tradition of our foundress.

Srs. Faye Wylie & B. Bezaire, s.g.m.

BUSINESS OFFICE

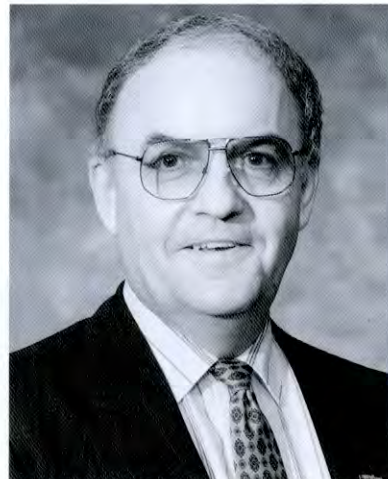
God is not an idea or a definition
that we have committed to memory,
he is a **presence**
which we experience in our hearts.
(Louis Evely)



Administrative Counsel (1966). l. to. r.: Sr. A. Ste-Croix, R. Steinke, Sr. F. Dussault, R. B. Bailey, Sr. F. Lanfest, Sr. A. Ell, Supl Admin., Dr. M.H. Smith-Windsor, Asst./Admin., Willa Tosh, J. Coble, L. Strobbe, H. Kerr, B. Planchot, W. A. Conway, H. Mytroen.



Ian Buckwold son of the late Dr. Alvin Buckwold and Board Chair (1987-89). C.E.O.



Les Dubé (1989-94) Board Chair at opening of 1989 hospital.

Some of us can recall over 60 years ago when this department was very unsophisticated. Admitting and discharge were handled by the same people; there was the switchboard, accounts payable (including payroll) and accounts receivable functioned together, and there was a sister in charge. The business manager was an overall coordinator and public relations person. During the depression years, staff were paid twice monthly in cash (probably because there was seldom enough money ahead to open a bank account!) One former hospital employee remembers that her salary was \$13.00 per month in 1934.

Employees in the office were expected to relieve one another in their respective duties, except in the accounting area. Thus, the cashier (= admitting and discharge) had to sometimes work at the switchboard.

When the Saskatchewan Hospitalization Services Plan (SHSP) came into effect on January 1, 1947, work in the office was altered. Admitting and discharge duties were divided as there were more forms to be completed, more registers to keep up-to-date (all by hand). Sister Cecile Deshaies, the accountant and office manager recalls that more staff was required, and they had to attend seminars. Only payroll and accounts receivable were done on the noisy bookkeeping machine. (One day the auditor left because of the noise, but the staff learned to live with it).

Through the budget, the government controlled and approved the employee list. They also readily accepted depreciation on equipment so a separate fund was established to make depreciation more than just a column in the account register. A second bookkeeping machine was purchased to reduce personnel and to ensure proper reporting on depreciation. "We were motivated to mechanize," said Sister Cecile Deshaies. Later an addressograph and graphotype were purchased for use in payroll. We tried to have all the benefits possible with the equipment. The name and address of each employee were correctly printed on their cheque so any change of address was reported immediately. To better control his budget, the personnel director was glad to have a new list after each payday.

When planning for the new hospital (1963 building) we projected into the future, but one large question remained: Could we transfer our wonderful family spirit to the new place? Elsie Hannon who loved her old wooden desk said she would never accept a grey metal one. Sister Germaine Beliveau from medical records tried to comfort her by saying that the wooden desk would be used in her new hospital department, and that Elsie could come in each day to pat her old friend!

The new hospital provided more spacious offices: the switchboard and admitting office were set up away from the accounting area. Each machine had its special space. Sister Deshaies who had served from 1950 to 1964 finished her reminiscing by adding, "I am impressed with the computers of today, but I was born too soon!"

(The above prelude was obtained through contact with Vicky Parrot, living in Vancouver, who worked here in the '30s and again for a longer period after 1950, with Elsie Hannon (1946 to 1975), and with Sister Cecile Deshaies (1950 to 1964), from Montreal where she now resides.)

From 1957 to 1979, accounts payable, accounts receivable, patient accounts and payroll were done on two NCR bookkeeping machines. The first machines were slow and noisy. All payroll earnings and deductions were manually calculated and posted. Pay cheques, which were carboned at the back, were printed on these machines with amounts transposed onto a large earnings card and payroll ledger, one card for each employee. These cards showed hours worked, amount paid, deductions taken and year-to-date totals. Cards were stored in a movable steel cabinet which was kept locked when not in use.

Each employee had a steel name plate kept in metal trays. Prior to making cheques, these trays were loaded into an addressograph machine and the names of employees who were to be paid were stamped on a blank cheque. Each cheque and earnings card was then inserted into the NCR machine and amounts printed. The cheques were later loaded into a cheque signing machine and management signatures stamped on. Prior to obtaining this machine, authorized signing authorities did the work by hand!

All patients had their own ledger card as they still do and all charges and receipts were hand-posted. Patients who had Workers' Compensation Board charges each had separate little ledger cards and receipts were posted on the NCR machine. These machines were later upgraded to faster models which did Income Tax and Canada Pension calculations automatically.

In 1962, staff included a business office manager, an accountant, an accounts payable clerk, a payroll supervisor, a payroll clerk, an accounts receivable clerk and three cashiers. These staff and four machines were crowded into three little rooms shared with a switchboard operator who sometimes had a hard time hearing incoming calls. Over the years, office staff increased but is now back to 1962-63 numbers.

In 1980, payroll was sent out to be done on computer, while accounts payable, etc. remained here. In 1983, St. Paul's Hospital purchased its own computer and since then we do our own payroll and process accounts. There are now four individual personal computers, as well as six monitors in the business office tied into the main computer. The cashiers office presently has a separate monitor connected to a main patient registry at Royal University Hospital. In 1984, the main computer and disc drives took up a whole room. Now the computer, etc. is a small box in a large room.

In July 1996, as a cost saving to the Saskatoon District Health, all laboratory staff at RUH and SCH are paid through the SPH payroll (285 staff) with no increase in SPH payroll staff.

Since the A Wing of the hospital was completed in 1989, the cashiers have had a separate office. Since 1984, pay cheques are no longer issued - only an earnings slip. Deposits to cover net pay are delivered to the bank of the employees' choice. Since 1994, their net pay is directly deposited electronically into their bank accounts. On the average, there are 950 staff paid every two weeks.

Orest Arsenie



Cashiers' & Business Office Staff Cashiers' Office (Behind glass)
 Marg. Duensing, Harold Mytroom, Vicky Parrot, Elsie Hannon.
 Business Office 1964. Olga Bealy, Vera Sherwin, Connie Onishenko, Orest Arsenie, Gerry Ringuette.



Orest Arsenie, Payroll & Bernie Planchot, Public Relations (1970).

ENERGY CENTRE
(formerly BOILER ROOM/POWERHOUSE)

Enthusiasm is that certain something that makes us great.
It is that something that pulls us out of the
mediocre and commonplace.
It builds into us power;
it glows and shines;
it lights up our faces.

When the 1913 hospital was built, the boiler room was located to the west (later identified as 'between the hospital and the nurses' residence). See photo below:



Air-view of hospital grounds (1948) with two locations of boiler room.

x indicates location of powerhouse till 1963

* indicates location of new building

The boiler room, built in 1913 and expanded in the 1924 extension, consisted of two levels (side by side). The upper level contained the electrical service, the water softeners, the maintenance shop and an office. The lower level consisted of two rooms. The first had two boilers (later removed and replaced in 1950 by a new Babcock and Wilcox boiler). This boiler consumed either natural gas or bunker oil (heavy oil which had to be heated) and was controlled by a Bailey control panel, which could be set at AUTO and would adjust the firing rate to maintain a set pressure. Up-to-date at that period, this boiler is still in use at the Energy Centre, having been refitted with a new burner and controls.

In the second room were two horizontal water tube boilers that were coal-fired with a coal hopper and stoker feed firing. The hopper had to be kept full of coal which was wheeled from the coal storage room to the boiler in a large cart and then shovelled into the hopper. The ashes and clinkers had to be removed by shovel. One boiler was later converted to burn natural gas in an 'on-off' mode.

All maintenance was carried out by the chief engineer with a staff of about ten men, who assured 24 hour coverage with one person from 4:00 p.m. to 8:00 a.m., answerable to one of the sisters, as in all the other departments. Sister Germaine Roussel served in this capacity for several years in the '50s.

The Provincial regulations at the time required that we have a First Class stationary steam engineer and Second Class shift engineers. Around the years 1968 to 1970, requirements were reduced so heating plants of this size required only a Second Class person as Chief Engineer and Third Class persons as shift engineers for a high pressure steam plant.

After the nurses' residence opened in 1931, it was connected to the boiler room by a small tunnel used mainly for heating and water-pipes, but could be used by the student nurses in bad weather. Another tunnel similarly equipped led to the hospital so that linen could be collected and transported to and from the laundry.

By 1950 and onward, the hospital and other buildings were old and the piping was in poor condition. Many leaking pipes were patched, to carry on until a move to the 1963 building. There were continual problems with plugged sewers, overloaded electrical circuits, and water leaks behind walls as the building was over-taxed and aged.

There were problems like bats appearing in the operating theatre and being put to sleep with ether spray before being removed by the maintenance staff. On one occasion the plaster from the ceiling fell down on a patient's bed, due to a water leak in the wall above.

There was a small emergency power generator for standby electricity. During the polio epidemic in the late '40s, CFQC radio generously loaned us another generator to handle the overload caused by so many iron lungs (Emerson Respirators).

During construction of the 1963 building (now B wing), heat was supplied from the old boiler room during the winter of 1962.

The new 'Powerhouse' which opened in the summer of 1963 was located on the north west corner of the property belonging to St. Paul's Hospital (north of the nurses' residence). This installation required a lot of new equipment: a boiler, a large Cat Diesel Emergency Power Generator, an air conditioner (chiller) which was something new for St. Paul's, and a large number of fans and pumps. The boilers produced 660 horse power.

With the move to the new building, came a division of duties and a Building Maintenance Department emerged. This included mechanics, plumbers, electricians, carpenters and painters. Hugh MacDonald retired in 1963 after lengthy service and Mike Nelson became the department head. The staff was quite stable but there have been replacements. The present department head is Clark Brotzell.

Eventually, this new building became crowded and inadequate for the expanding services called into being. Administration hired Brent Skinner to begin a study of services and to plan for the future. This report was presented to the Government (NDP & PC) and approved for a 50 million dollar expansion which was realized as PROJECT IV in September 1989.

Planning included an expansion of the Energy Centre. This included one large new boiler to increase the high pressure steam plant to a capacity of 970 horse power. Two new high capacity water softeners, a new deaerator and a number of pumps were added along with piping to inter-connect with the old system.

As we had progressed to the computer age, a number of controlled systems were put into operation:

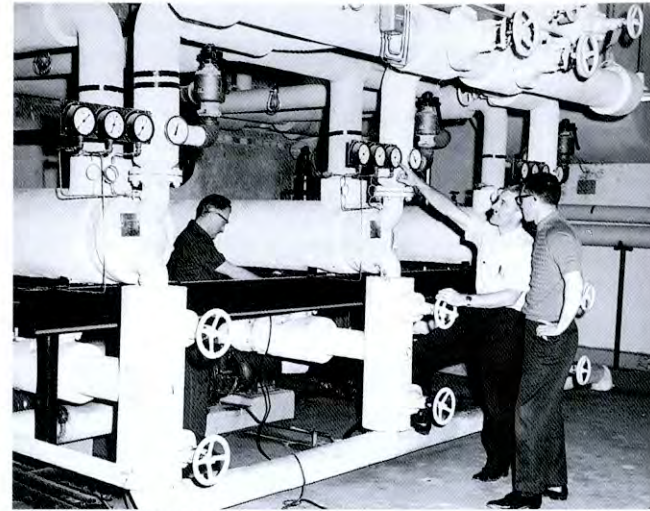
1. Energy Centre: boiler firing and pressure was programmed into, controlled and operated by a computer.
2. A new fire alarm system was installed.
3. Heating, ventilation and air conditioning (HVAC) systems with direct digital control for room environment monitoring were established.

The new addition was designed for modern air-handling capabilities with three 500 ton chillers for air conditioning. It has three 700 horse power emergency power generators and a large amount of related equipment.

Staff for the Energy Centre is now at two people per shift over every 24-hour period.

The Maintenance Department which for so many years was closely allied with the boiler room people now has its own team - and its own space within the hospital building. It is located in the former dietary area of the B wing.

David Loveridge (ret.)



Boiler Room (1963). John Crook, Chief Electrician, John Neudeck, Maintenance Foreman, Garry Stevenson, Chief Steam Engineer.



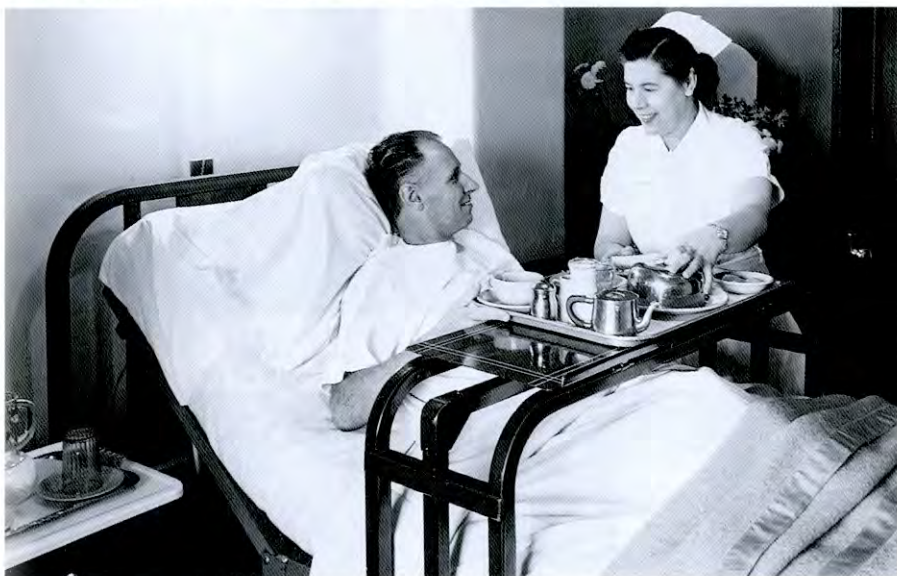
Staff in Engineering Services (1989). **Back:** L-r L. Hilkeiwich, B. Constance, T. Hilkeiwich, C. Smith, Art Klassen, D. Burnett, M. Elder, N. Novakowski, **Middle:** G. Funk, J. Leach, J. Heath, G. Bergen, B. Berzolla, S. Walkin, S. Hanson, D. Loveridge, S. Prystupa. **Front:** G. Grimstiet, Kernst, D. Walters, G. Fandrich, R. Boldt, V. Starosta, G. Stevenson.

FOOD AND NUTRITION SERVICES

Gifts are little bits of God in us.

In the masonry hospital which opened in 1913, refrigeration in the food services department was provided by the use of the ammonia coils system for each section. It was not until many years later that it was changed to an electrical system.

In the lower level of the hospital, there were several small dining rooms divided into student nurses' area, general hospital staff, internes and medical staff. In the late 40s, the walls in the south wing (beneath the main entrance), were taken down and the space became a cafeteria for everyone. There was also one medium size dining room for meetings and for special guests. Regular users could obtain a meal card for \$7.00 and enjoy a meal for \$.35, while student nurses, laboratory and radiology students and medical interns were admitted without charge.



May Kinnear, dietitian (circa 1950).

Isobel Clezy was employed in 1955 to serve on nights in the cafeteria. Her first paycheque was \$17.50 for a two-week period. She thought she had a gold mine! The dietary staff worked from 6:30 a.m. to 7:00 p.m. so were on duty for all three meals. Sister Eva Plante was supervisor in the dietary department and the cafeteria. There was lovely Royal Blue chinaware for special events such as graduation banquets and doctors' meetings.

One staff member did the dishwashing by hand. (The last person to be served in the old cafeteria before we moved to the new hospital in 1963 was Dr. David Munday, now deceased). In the spacious and bright new cafeteria, there was a tray belt and

the dishes went through a dishwasher. On the very first day, some special incidents occurred: (i) Our fancy new milk dispenser did not work. The electrician was called and discovered an empty electrical box! The dispenser worked only after the wires were connected to the box. (ii) Then at lunch-time, the new steam table blew up because it had not been wired correctly.

Rickey Fiesel came to SPH in 1969 when the starting salary was about \$169 per month. At that time, meals were still served during the same hours for the day staff. Night service extended from 9:00 p.m. to 4:30 a.m. Food choices included two hot entrees, soup, salads and sandwiches. The prices were: soup - \$.10, coffee/tea - \$.10, pie - \$.25, doughnuts & buns - \$.05 & \$.10, sandwiches - \$.25. A complete meal cost less than \$2.00. Approximately 200 people were served at lunch. The hospital catered to long-service award banquets, and at Christmas-time, to banquets for the doctors, interns and sisters. Prenatal classes given at the hospital were provided with snacks.

For patients on the Units, trays were prepared on a 20-foot tray line with menus color-coded so it was easy for the staff to understand the various diets. Up to 340 trays were served at each meal. They were brought to the Units on carts.

We will long remember our department head, Harry Kerr, famous for the wonderful food presentations he could prepare and for the beautiful ice-sculptures he made for special occasions. He left in 1973 and was succeeded by Elinore Gillies and then by Rosanne Maluk. Honorable mention must be given to Thelma Woiden, the supervisor who attended to time-sheets, payroll and to replacing when people were sick. A master of all trades, she also checked out the tray line. When we were short-staffed, Thelma knew every job as though she had done it for years. She retired in 1991.



Harry Kerr, Chef, with one of his famous carvings. (1970)

On January 27, 1979, a patient started a fire in the main kitchen. All the staff were called in at 4:30 a.m. to help clean up the mess. All the patients' menus had burned and most important of all, the paper products were lost. Silverware and their containers were destroyed. The refrigerators were all opened up and everything had to be thrown out. The staff had a busy time ahead to clean up and prepare breakfast for the patients! Mr. David Hart, CEO wrote a letter to all the patients to explain the inconvenience, and asking for their indulgence.

The dietary department was responsible for the formula room staffed by three graduate nurses and an aide. The formulae for the nursery and pediatrics as well as fluids for tube-feeding were prepared under sanitary conditions. Formulae were made for a 24-hour period and delivered to the units. In 1972, this service was discontinued and ready-prepared formulae were used.



Dietary Department group (1971).

NOTE: In 1982, our department put an envelope in the Century Saskatoon Time Capsule located in the downtown area at the time of Saskatoon's 100th anniversary and it will be opened in the year 2032. Rosanne Maluk and Rickey Fiesel prepared the envelope containing pictures, a departmental write-up and a report on special events.

With the completion of Project IV, the A wing, the cafeteria moved over to the new area. This space has more and larger meeting rooms, a wrap-around food selection area and a beautiful patio for our enjoyment. On October 22, 1990 the name was changed to Food and Nutrition Services and functioned under a catering service. In June of 1995, responsibility for this area was returned to SPH.

With the new cooking methods, the freezers and pre-heating methods, a lot of food can be prepared three days ahead of time. No really adverse situations come to mind except that the dishwasher once broke down at noon on Christmas Day; with the help of Rosanne Maluk and all our staff, we had to wash the dishes by hand.

With the extensive down-sizing of services in 1994, the number of employees in this department has diminished; five of them were able to have early retirement benefits.

Throughout the years, our staff was well indoctrinated with the hospital philosophy that, in every situation, PATIENTS ALWAYS COME FIRST!

Prepared from notes by Isobel Clezy & Rickey Fiesel



Roseanne Maluk, dietitian (1974)



Dietary Department group (circa 1990) l. to r.: Tony Ferre, Gladys Deverinchuk, Julie Van der Auwera, Georgina Dennis, Colleen Semenov, Sunny Chan



Patient tray service (1963); John Kwass at left.

HEALTH RECORDS (Previously Medical Records)

The wonders of the earth displayed
your mighty deeds in all you've made.
(Jack Kirk)

Prior to 1950, the office for patient records was stationed in one small room in the south wing of the first floor, which required storage in a variety of places, as recorded on page one and two of this history. Sister Germaine Beliveau and Mrs. Yvonne Saucier were in charge.

In 1951, a large public ward located at the corner across from the nurses' station on the first floor was set up with an open window to the hallway. This allowed the staff to see the doctors passing by and facilitated contacts when charts needed to be completed.

The fall of 1963 was an exciting time at St. Paul's Hospital; the new building was about to be opened. A qualified supervisor, Helene Pelletier, had been hired and there was much reorganization underway. It was at this time that Margaret McNab and I were employed to share the evening shift and to help prepare the old records for the transfer.

Many of the records were stored in the sisters' residence (Willoughby house) in the hallways, along the walls, on the floors, etc. One of our jobs was to place the charts in order on a huge table on the third floor of the old residence. We survived the first days and then were told to be careful walking around up there as the floor was not stable. From then on we tried to keep to the outer edges of the room - as if that would have saved us had the floor collapsed!

When the time came to move to the new hospital, volunteer students from St. Mary's and St. Paul's schools, as well as from Mount Royal Collegiate were invited to assist. The first helpers from the elementary school were busy at the job with Helene supervising their departure from the old hospital and someone else waiting at the other end to put the records in the new chart room located in the basement. After a few trips, she asked if they had any trouble and the reply was "No, we just opened the door and Whoosh! down the incinerator." Luckily, they were only ECGs and the mistake had arisen because Radiology were seen burning some obsolete films, also with the help of students, which somehow confused our young people so that they just followed the leader.

The Medical Records Office was the first to occupy the new hospital and was the only occupant for several weeks. There were no curtains on the windows and so it was a courageous adventure to work there alone at night; it was even more of an adventure to go to the chart room in the dark, using a flashlight to find the way as there was yet no electricity in the stairwell or in the large windowless chart room. There was an

elderly night watchman who came around regularly to check on us but I must admit he didn't instill much confidence in me.

One of the 'innovations' in the new hospital was the conveyor system used to transport supplies from one area to another. It seemed to cause more problems than it solved. Although the idea was fine, there were many times when we waited in vain for charts to appear; we finally decided it was easier to go for what we needed and not risk losing records in the 'black hole'. The system was in use for several years until an unfortunate accident caused injury to a maintenance man while he was repairing the conveyors.

To begin with, coding and abstracting were done according to the Standard Nomenclature of Diseases and Operations, followed by the International Classification of Diseases when charts were computerized at Ann Arbor, Michigan. The hospital employed several health record administrators and eventually realized they should sponsor the training of medical record technicians for the department.

Margaret McNab, Hilda Soron and I were three of those who benefited from that course; we were already all long-time employees of SPH.

Something that stands out in my mind from my first days here was the index cards for July 1962. I wondered why these were all typed in red (yes, there were bi-coloured typewriter ribbons in those dark ages) and all had Dr. David Baltzan's name as attending physician. I was told that during the Medicare crisis all patients admitted as emergencies were under the name of the Chief of Staff and names were typed in red to differentiate them from the regular admissions.

A major change over the years was the difference in equipment. We started with manual typewriters, later progressed to electric and now, of course, word processors. The first dictaphones in the department were the cause of a lot of frustration for both the physicians and the typists, especially when one or the other accidentally erased a tape. Some of the words used in those conditions were not the kind I would care to repeat! The centralized dictaphone installation brought the transcription of operative reports to Medical Records whereas they had previously been done in the Surgical Suite. Microfilming of older records was a great way of freeing space for expansion, in both information and quantity of patient documentation.

After the seven years that Helene Pelletier-Gurski served, there were several directors of Medical Records over the years, few stayed more than a year or two.

Loretta (Klemp) Fischer, is now in charge. For the most part, St. Paul's has been well served by those who contributed to the hospital in so many ways and who embodied the "spirit of St. Paul's".

With the completion of the new addition to the hospital in 1989, health records were moved from their location on the main floor to what was previously the employees cafeteria on the lower level. This gave us much more space, making it possible for

the doctors to have their own private areas for dictation and chart reviews. The health record staff could also be assigned to special rooms, one for the coders, one for dictation, one for the Health Record manager and a central area for the clerks and receptionist.

During the year 1986 computers were finally brought into the department for the coders. This made it possible to procure information much more quickly. The computer system was updated on several occasions so that now all three hospitals are centralized, making information much more accessible.

It is interesting to note that in 1989, after years of request by the evening and night nursing supervisors, the Health Record Department remained open 24 hours a day. Thus giving doctors and other staff greater opportunity to access information and to complete their records.

Another important step taken in the Health Record Department was changing the filing system from numerical to terminal digit. This was a long and tedious task, but now certainly saves the staff time in retrieving and filing charts.

In 1994 the master patient index was put on computer. This did away with the manual index card system. Procedures used to maintain the master patient index were changed again in 1995/96 when the Admitting Department began registering patients on the computer.

Pat Munroe
assisted by: H. Pelletier-Gurski & Hilda Soron



Health Records staff (1965) **Back:** Janice Harland, Frances Semkew. Helene Pelletier, Yvonne Saucier. **Centre:** Hilda Soron, Lynn Wilson, **Front:** Marg. McNab, Carol Byshko, Louise Lepinski.



Loretta (Klemp) Fischer, Dir. Health Records with Pat Munroe (ret.)
Health Records steno (1987).

**** Story provided by Elsie Hannon:**

* Mr. Jim Saunders, a mild and very considerate person, was the credit manager who handled unpaid accounts, or made arrangements with those who could not make their payments. One day, a lady being discharged came to the business office saying that she could not pay her bill, so we took her to Mr. Saunder's office, introduced her, and left. In a minute or two, Mr. S. came rushing into our office saying " Help! I need help! The lady just took one look at me and fainted!" We rushed to assist him and sure enough, the lady had fainted. Mr. S. never lived that one down! (Elsie H.)

HOUSEKEEPING AND LINEN SERVICES

Our mission statements must be rooted in an understanding of the past, a recognition of the present and contain a vision for the future. (CHAC)

As for most stories, we could say 'In the beginning' housekeeping duties were carried out in each area by staff responsible to the supervisor. Although this activity was closely attended, it was obvious that some locations got a minimum of scrubbing, polishing and dusting.

The credit for organizing a centralized housekeeping department belongs to Sister Carmen Marquis. With advice from Sister Aline Bohemier, she worked out the mechanics of centralization: storage of supplies, job descriptions, policies, departmental relationships, and selection of cleaning products. She had only a nook in the annex for storage. This was begun in 1957 - six years before the opening of the 1963 building.

In June 1967, (Mrs.) Hazel Nelson was appointed Executive Housekeeper and remained with St. Paul's Hospital for the next twenty-three and one half years, overseeing the work of 66 employees made up of four supervisors, 49 aides and 13 utility men. Responsibilities included: washing beds and bedside utensils upon patients' discharge, taking the smaller items to Central Supply Department for sterilization, daily cleaning of all areas except the surgical suite, delivery of flowers, garbage removal, major seasonal cleaning of walls, floors, windows, drapes, cleaning filters, and setting up for special events.

In 1968, a training program was set up for the staff with a supervisor responsible for two to four aides and giving 1 - 2 classes daily for an entire week, until all had received instructions and demonstrations. Then courses were given as in-service.

In 1969, the 3rd floor surgical ward patients were reversed with the 5th floor medical ward to place the latter in proximity with the ICU and Dialysis Unit which had been opened in space near the chapel. This major undertaking was accomplished smoothly, thanks to the involvement of the housekeeping department personnel.

In 1970, the School of Nursing which had graduated its last students in February of the previous year, leased part of the premises to the Alcohol Commission of Saskatchewan (Calder Centre, now Addiction Services), and allowed another part to serve as a hostel. Cleaning of these areas was performed by SPH housekeeping personnel.

We recall the extra cleaning chore required when 65 new beds and units were received to replace ones from the old hospital in 1971. That year, housekeeping became responsible for cleaning the main kitchen and weekly scrubbing of the autopsy room.

Each year recorded an extension of areas for which Housekeeping was responsible. Government cutbacks began to be experienced in 1973 when we had a reduction of employees (without comparable reduction of duties, of course). By 1977-81 increasing duties resulted from renovations in Emergency, Laboratory, Labour and Delivery, ICU, 2nd Floor to accommodate Day Surgery, installation of Century Baths, establishment of an Ultrasound Room, and then, a fire started in the kitchen by a patient! To these were added terminal cleaning in the Surgical Suite and many other transfers too numerous to list here.

In summary, no move in the hospital (and there were many not mentioned here) left housekeeping unaffected.

In 1981, the Executive Housekeeper also became responsible for laundry operations.

In 1984 administrative offices were moved to the reception room at the former nurses' residence. The next year the parkade and walkway were opened, with housekeeping responsible for maintenance of the stairway and elevator. Also a house on Avenue Q and 21st Street was taken over by the contractors for Project IV (A Wing).

In 1988 a Workplace Hazardous Materials Information Systems (WHMIS) was implemented, a requirement of Occupational Health, and all staff had to be educated and updated about chemical products used by the department.

The position of Director of Housekeeping and Linen Services was abolished in 1991, and another format was set up. This ended the career of Hazel Nelson. Jerre Taman assumed the position of manager of housekeeping the following year. Laundry service was discontinued in favour of Central Laundry for the hospitals and other institutions of the city. The Pediatric Department and Obstetrics were moved to the Royal University Hospital. Then housekeeping staff were decentralized and placed under nursing.

Over the past 25 years, the number of staff in housekeeping declined from 67 to 53.

Hazel Nelson & Jerre Taman



Laundry Staff (1982)

HUMAN RESOURCES (PERSONNEL)

We are, indeed, in God's hands
we ourselves and our words,
with all our understanding, too.
and technical knowledge. (Book of Wisdom 7:16)

In the early part of St. Paul's Hospital history, all hiring of employees was carried out by the Sister Superior. Understandably, very little is known of the functions of this as a Department.

In the 30's, Sister Eva Dulude who was in charge of the Purchasing Office, also attended to the hiring and terminating of personnel until her departure in 1940. Then, Sister Marie-Ange Burque, employed as a patient-visitor, accepted responsibility for staffing.

She was succeeded in 1956 by Sister Antoinette Bezaire assisted by Mrs. Ellen Perrins; they were located in the annex near the sisters' dining room. Sister established individual personnel records, clarified personnel policies, and served as the liaison with the Employees' Union. Sister and Mrs. Perrins were succeeded by Mr. Harry Richardson and a secretary. In 1960, the Employees' Health Services (EHS) shared their already cramped space!

St. Paul's Hospital, an affiliate of Saskatoon District Health continues to provide services to its employees in conjunction with Saskatoon District Health. Human Resources responsibilities include:

- Recruitment and retention of staff in conjunction with Employment Services at Saskatoon District Health.
- Labour relations, dealing largely with union contracts.
- Benefit administration - e.g. Group Life Insurance, Disability Income Plan, Dental Plan, and the Pension Plan.
- Wage and salary administration.
- Parking for staff in the parkade.
- Educational Services such as general orientation, CPR recertification.
- Performance appraisals: keeping track and notifying unit when due.
- Employee counseling, re: job postings, applications and transfers etc.
- Manpower planning.
- Policy formulation and administration.

It must be stated that the administration of Union Agreements requires constant supervision and adaptation, this is very time-consuming.

The department's staff complement has fluctuated in recent years. At the time of expansion of the new A wing, staff were doubling up in offices in Human Resources. At that time the staff complement included a Director, a Manager of Labour Relations, an Employment Officer and several secretaries in addition to the Education Services staff.

Today the department consists of a Manager and two secretaries. The department of Educational Services has been eliminated but most of the previous services continue to be provided by the existing staff in Human Resources.

Human Resources is responsible for:

- a) Management Development Seminars for department heads;
- b) Assisting with the annual United Appeal Campaign and with social events sponsored by the Personnel Association;
- c) Calculating the length of service of all hospital employees and organizing the celebration known as the Long Services Awards event. This gala celebration was initiated in 1967 the year of SPH's 60th anniversary and is held yearly.

Awards are given after ten years of services and every five years thereafter. The 25 year recipients receive an inscribed watch or ring. Those of 30, 35 and 40 years receive \$300, or \$350 or \$400 in the applicable year to use as they please. The event was held in the hospital cafeteria and auditorium for almost twenty years, but now takes place in an outside facility.

Because this department deals with such a broad group of hospital staff, it necessarily affects the 'spirit' that pervades, and it helps to promote the sense of unity which characterizes the hospital family. This mission is probably its most important function.

Compiled by Faye Horvath & Sr. B. Bezaire, s.g.m.
from information submitted by Jeanne Couture-Manson



20-year Service Award Recipients (1970) **Back:** l. to r. Dr. A. Becker, J. Crook, P. Remenda. **Front:** l. to r. A. Haid, Sr. B. Bezaire (presenting), J. Couture, Mrs. A. Rollheiser.

Orientation?

Before the days of 'orientation programs' for new employees, they came to the department for which they were employed, and knew very little about the rest of the hospital. It happened that one day in 1934, I came to wait for a friend who worked in the Food Services Department and who had not finished her duties. She prepared the night lunch for patients on the maternity ward and, placing the food on the 'dumb-waiter', she rang the buzzer to inform the nurse. I was astonished to hear her call out: "Lunch for eternity!" (B.B.)

* We remember the little old man who would wash his socks and his large blue and red handkerchiefs and hang them all around on the curtain rods in the ward on First Floor. And the one who hid his money under the mattress and who was hard to convince that he should allow us to put it in the office safe. (Incidents like that brightened our day!) (E.H.)

INFORMATION SYSTEMS (COMPUTER SERVICES)

The person of character knows that his greatest significance must consist in one's contribution to the lives of others.
(Royal Bank Newsletter)

St. Paul's Hospital began to consider computer systems in the late 1970's when the bookkeeping machine used for payroll was nearing the end of its life. Computer systems were considered for applications such as accounts payable, general ledger and payroll.

When the first computer arrived it almost filled up the room. We obtained software (written in French) for the accounts payable and general ledger application and implemented them in late 1982. This was no easy task as modifications had to be made to the software. We are still using these applications today.

The hospital converted the payroll system to the Hospital Systems Study Group Payroll October 1, 1979. HSSG was a service bureau used by many Saskatchewan hospitals for payroll processing.

Work was being done to implement our own 'Payroll - Personnel' system. We prepared the specifications and expected our vendor to provide the software based on our requirements. The vendor obtained a payroll package used in a hospital in Wheeling, West Virginia. We got little or no documentation and the programs met only 70% of our needs. After much discussion and negotiation we severed our relationship with the vendor and continued on our own. We implemented the St. Paul's Hospital Payroll - Personnel systems at the first payroll of 1984. I am very happy to report that the system is still being used today. The computer was changed in 1990 to a then up-to-date model that stands two feet high and is about eight inches wide. It no longer takes up the whole room.

We moved slowly in obtaining other major systems after our first experience. We began to purchase stand-alone personal computers using word-processing and spreadsheet applications and wrote software applications such as: Wait List system for persons waiting for surgery, Food and Nutrition: patient menu and statistics. The BDM Pharmacy system has been in use for many years.

In 1992 St. Paul's had about 75 personal computer systems installed as well as many printers. Today we have about 150 personal computers installed and 35 dumb work stations. We use the term "dumb" because the work station can only be used for the application being processed by the computer. During the late 1980s planning was done to implement a Hospital Information System, which did not occur for various reasons.

In recent years we have worked very closely with the staff from the Information Systems departments of Royal University Hospital (RUH) and Saskatoon City Hospital (SCH), and formed a partnership with RUH.

Mr. Walter Podiluk, CEO, was instrumental in obtaining Board approval in October 1993 to implement Phase 1 of our Hospital Information System. During March 1995, using the RUH AS/400 computer system and software from HBO & Co. (also used by RUH) we implemented the Central Patient Index - a record of all patients seen in the hospital and the date of each visit, (patient accounts receivable, and health records module). We have since installed the Admission/Discharge/Transfer (A/D/T) module.

During 1994 we installed fiber optic cable connecting to the other acute sites. This takes advantage of technology and allows a computer to be situated at any site and be accessed by users at other sites connected to the network. Fiber optic cable forms the back bone of our internal network infrastructure. Users now have access to electronic mail (E - mail) and Internet (where required).

In July of 1996 the Information Systems of St. Paul's Hospital was amalgamated with Saskatoon District Health Information Systems . We are now one department serving the district.

A number of software applications are installed using one computer for two or three sites. Some applications include:

- BDM Pharmacy system (3 sites)
- HBO & Co. Surgical Booking system (3 sites)
- Laboratory Information system (3 sites)
- Materials Management - Finance system (soon to include SPH)
- HBO & Co. Hospital Information system (RUH & SPH)

During 1996 the Renal Dialysis Unit at St. Paul's installed a computer system as well as dialysis equipment. Also in the past year we included the hospital in the District wide Information System Support service. Users call one number to report hardware problems and to request software support.

Our plan is to implement the following applications in the near future:

- installing personal computers and implementing the A/D/T module on the nursing units
- implementing the Order Entry module (which includes all requisitions for Laboratory, Therapies, Maintenance, diet change orders etc.
- implementing a Diagnostic Imaging system

The installation of computer systems requires planning (network, equipment, and software acquisition), staff education, and providing ongoing hardware and software

support to the users. We will continue to implement applications to automate existing manual processes and work towards having common applications so we can provide the best level of service to our users and to our patients.

Ed Beitel

HOPE

by: Henri J. M. Nouwen

Hope means to keep living
amid desperation
and to keep humming
in the darkness.

Hoping is knowing that there is love,
it is trust in tomorrow
it is falling asleep
and waking again
when the sun rises.

In the midst of a gale at sea,
it is to discover land.

In the eyes of another
it is to see that he understands you.

As long as there is still hope
there will also be prayer.

And God will be holding you
in His hands.

MATERIALS MANAGEMENT
formerly
A. PURCHASING and
B. SUPPLY, PROCESSING & DISTRIBUTION

Lead me, Lord, in your justice,
make clear your way before me. (Ps. 5)

(Because of their importance, these two areas will be described separately until the time of their merger.)

A. PURCHASING DEPARTMENT

We are told that in the years to 1940, the Purchasing Office also served as Personnel Office. After working with Sister Marie Fortin for sometime, John Coble was given the responsibility of overseeing and maintaining this most important hospital department in August 1955. This task was made difficult by the limited facility available at that time to serve as a stores department in the basement of the Willoughby house.

All of the supplies were unloaded by hand through a side door located at the bottom of a sloping walkway (connecting the first floor of the hospital to the Willoughby house and beyond).

The Purchasing Department was located at the upper end of the ramp just before the entrance to the sisters' quarters. All supplies were carried to the storeroom down a narrow wooden staircase which led to the entrance to the stores. There was also a wooden chute available for carton goods and forty-five gallon drums. This was carried out by my very diligent and hard working store keeper, Nick Pozniak.

The Willoughby house was a model of ancient history preserved by the Grey Nuns who used the main and upper floors for their residence. The foundation of this wooden house was stone and mortar.

The storeroom was covered with whitewash which flaked and fell on the floor because of traffic from above (in the sisters' residence). This was an example of the history of that period which reflected the simple way the sisters lived and maintained their vows and responsibility for the operation of the hospital.

My responsibility as purchasing agent was to ensure that all necessary supplies were available for service to all departments and nursing units as well as the Dietary Department. It included receiving information about new products.

This appointment carried with it the distinction of being the first lay department head in the non-medical area of St. Paul's Hospital. My prefect, Sister A. Lachance, who with the approval of Mother B. Dorais, the Provincial superior,

opened the door for similar appointments of lay people to department head responsibility.

During the next eight years, we maintained the function of this department in this way. Eventually, the Grey Nuns received authorization to proceed with plans for a new hospital. For us, a new storeroom was on the horizon. This dream was realized in November of 1963 (at the time of the assassination of President John F. Kennedy).

The thought of our department of six small rooms moving out of our 'catacombs' into one large storeroom was a dream come true. This was the culmination of years of planning and day dreaming.

In those early years, the sisters maintained a large garden along 21st street between Avenue Q and R which produced fresh vegetables to be used by the dietary department.

The following years produced other innovations in the area of supplies acquisition. The Saskatchewan Health Care Purchasing Association put forth a resolution that the hospitals enter into a group tendering program which would benefit all participating institutions. This program remained operational for ten years and resulted in astronomical savings.

A close liaison was maintained between Purchasing and Central Supply service. Mrs. Denise Bremner, head nurse of that department evaluated, and recommended the acquisition of any new supplies and equipment for her area.

After moving into the new area in 1963, a large bank of oxygen cylinders as well as nitrous oxide was installed. This served for many years but eventually, these were replaced by giant tanks located outside of the loading dock. The department also acquired a printing press for most of the stationery supplies and hospital forms.

The hospital celebrated its 75th anniversary in 1982. Shortly thereafter, the good news of a further expansion program was announced. This program would include a new Purchasing Department, loading docks (2 receiving doors), a larger storeroom and a new office area.

It came to pass that more developments were inevitable. The process of amalgamating the Departments of Purchasing with Supply, Processing & Distribution was under way. In 1989, Administration gave approval for the two areas to become Materials Management. Allan Lemon assumed the position as Director and Denise Bremner as Associate Director.

I retired in June 1988, prior to the opening of the A wing (Project IV). In January of 1993, the printshop which had served St. Paul's Hospital so well, was transferred to the Royal University Hospital, by decision of the Saskatoon District Health Board who decided that a central printshop would be more economical. Further developments occurred and are noted in the report submitted by Denise Bremner.

John Coble & Peter Olynyk



John Coble, Director of Purchasing with Sr. C. Pedneault (1979)
 "Year of the child".

B. SUPPLY, PROCESSING & DISTRIBUTION

Historically the old hospital was organized to function as four major Nursing Units for patient care within the institution. They were the surgical/obstetrical suites, the emergency and patient care units.

The surgical/obstetrical suites were responsible for:

- folding of surgical drapes and wrapping linens for sterilization;
- cleaning and assembling all instruments and tray set-ups;
- washing, drying, powdering and inspecting surgical gloves;
- carefully washing all glass syringes;
- needles were carefully washed and re-sharpened by hand for multi-use;
- glass thermometers were washed and shaken down by hand (with many accidental breaks)!

Keeping operating costs down was a major challenge for all, however our supervisors 'saw to it'.

Gauze (18" x 18") was folded into various sizes and wrapped in brown craft paper to be sterilized for wound dressings. Very frequently unused gauze or slightly stained gauze was washed, dried on a stretch board and refolded into dressings. Yes, this was recycling to the maximum.

The glass intravenous bottles were recycled. The containers were washed and capped with a latex piece of tubing secured to the bottle and used as receptacles for all drainages and for storing distilled water for wound irrigation and cleaning. The Emergency Department was responsible for providing sterilized items required on the nursing units.

November 1963, St. Paul's Hospital had completed the building of a new hospital - where a special department was designed to centralize the cleaning, disinfecting, packing, sterilization and for quality control functions for instruments, procedure trays, reusable utensils and surgical linen required by the surgical/obstetrical suites. The first supervisor to organize the department had a staff of 15 aides.

The size of the department was approximately (4,000 sq. ft.). It was divided into areas for washing of the various items and for preparation of irrigation/ distilled water. A large room was available for assembling instrument trays and preparation of surgical linens. There was also a clean room for holding sterilized items for distribution. There were likewise two small storage rooms which held traction, suction, oxygen equipment and ice machines.

The department had its first high vacuum sterilizer and two used gravity sterilizers.

There were five large windows which made it a pleasant place to work. There was one small design error. It had only one entrance for all the traffic that was for both staff and clean and dirty supplies. But looking back at the old hospital, this was a major improvement over how things had been.

During this period the first disposables were purchased - some disposable needles and 2 or 5 cc syringes. This was the beginning of the disposable age.

In the spring of 1968, Denise Bremner, R.N., replaced Joan King as nursing director of the department. By this time the staff had increased to 17 employees.

The concept of centralizing the cleaning, assembling and sterilizing was being recommended across the country. Dr. John Perkins, (an American physician interested in centralization in view of infection control), responsible for many studies regarding quality control and establishment of monitoring sterilization, etc. was instrumental in improving and implementing departmental standards.

With approval from nursing administration, the department went forward with first standardizing medical/surgical supplies on the patient units; and delivery of supplies to all units increased, thus relieving nurses of these tasks. An exchange cart system of clean medical/surgical supplies was implemented for specialty departments.

During the '70s many changes came about, duties of the staff increased making it more expensive to reprocess materials; numbers of surgical procedures also kept increasing. Therefore the time had come for the advent of disposable medical supplies.

Better infection control studies were done on the cause of cross infections. These studies alerted medical companies across the nation to rally and develop products. With the technology - in making items with plastic that could be sterilized safely there came a major revolution in the field of medical supplies.

A revolutionary product was the ostomy product by Hollister. It was at the request of St. Paul's that the company made the large size bags for use during surgery. This was a high point for doctors and nurses who used this product in the provision of good patient care.

The next decade, the '80s, continued to be very progressive with the Infection Control Committee well organized and looking at all procedures/products and keeping statistics making staff aware in the provision of safe patient care.

On August 27, 1985 a sod-turning took place for the major hospital expansion (Project IV). SPD had a major role in planning a new department. In close cooperation with John Coble from Purchasing, Agnes Valade - Surgical Suite manager, and the Nurse Managers, the planning progressed to centralize cleaning/sterilization, processing, distribution and inventory control.

After having worked on the planning of the new department the day came for John Coble to retire as Director of Purchasing; he was succeeded by Allan Lemon. It was at the proposal of the two directors to Administration the SPD and the Purchasing Department amalgamated as Materials Management.

In 1990 a computerized database for hazardous materials inventory for all departments was completed. The department implemented a computerized inventory control system.

In January 1990, 23 employees graduated from the first Central Supply Technician Course offered via teleconference at St. Paul's Hospital. This was a great day, a highlight for the department. Well educated and trained staff is the key to providing the highest work standard to ensure safe patient care.

The department attracted dedicated employees who served many years in SPD. Bernadette Schatz is known as a true pioneer, hired in October 1956 as an aide washing thermometers, she later transferred in November 1963 to become one of the first employees in SPD until her retirement in November 1995.

In the interest of reducing the number of senior staff, and after more than 20 years of dedicated and creative service, Denise Bremner terminated employment in February 1991.

Today, competent staff still continue the mission of this department, focused, like all others, on superior quality for all who need care at St. Paul's Hospital.

Denise Bremner, R.N.



Denise Bremner, Official Opening. (1989)l. to r.: Maxine Tomy, Carolle Nelson, Donna Skwark, Theresa Chulak, Irene Sikorski, Elaine Ferguson, Denise Bremner, Bernie Schotz, Evelyn Schapansky, Mary Anne McLean, Genevieve Karolaty.



Hedy Smith & Carol Johnson (1994)

NURSING ADMINISTRATION
(Then and Now)
TO WHAT AM I COMMITTED?

To responding to the Lord
in the reality
that He is calling me to become;
to an answering affirmation
by which I become
what I am really called
to be.

Initially, responsibility for quality care to patients was a shared one: the Director of the School of Nursing hired her newly graduated nurses as needed as well as graduates from other schools; the Sister Superior who was also the Chief Executive Officer for the hospital, in consultation with the Director of the School, responded to concerns arising on the patient units. Staff meetings were usually held regularly.

This continued until 1957. By this time, it became increasingly difficult for either of these two persons to satisfactorily address the progress required to maintain and improve efficiency which had always been a goal.

In April of that year, Sister Bernadette Bezaire arrived to effect the birthing of the Department of Nursing Administration. It was with much prayer and dialogue that this initiative began:

- Recruiting staff became a priority and was solved to a great extent by contacting persons whose previous applications had never been processed.
- Individual files for nursing staff were established, and a salary schedule was adopted with provision for regular increments.
- A simple form for evaluation of staff was initiated, mainly to provide opportunities to dialogue individually with the nurses and to get the feel re: the atmosphere on the floors in order to identify and solve the main problems.
- Accident Reports were examined closely from a preventative point of view.
- Infection Reports were investigated and statistics compiled to focus on the sources of infection. These were discussed with the pathologist and Department Heads. (This exercise proved very effective in diminishing the incidence of post-operative infections.)

The first months necessarily created some turmoil due to: changes in the lines of communication, to certain discoveries re: the sources of post-operative infection, and to the manner of correcting omissions discovered in applying the salary schedule. But, after a few months, it was recognized that the need for a separate department was

amply justified and gradually, its function expanded to include Inservice for the nursing staff.

However, between 1959 and 1967 there was a high turnover of directors for this department so that when the new St. Paul's Hospital opened in 1963, offering opportunity for better organization, the necessary leadership was hardly adequate to ensure the stability required to meet the challenge. Credit must be given to Mrs. Lorraine Strobbe, Acting Director, for managing routine duties during this difficult time. Finally, Sister Bezaire re-appeared on the scene and remained for the next ten years. With the advice and gentle guidance of Sister Superior Florence Keegan, formerly professor of nursing at the University of Montreal, who also came upon the scene at this time, a re-building gradually took place.



Sr. B. Bezaire, Director of Nursing with Loraine Strobbe, Assistant Director (1970)

One of the first significant achievements was the holding of a THINK-IN, a prayerful workshop for supervisors and head nurses which took place at Queen's House of Retreats in early 1968 to examine 'Continuity of Patient Care at St. Paul's'. This exercise served to establish an important bond among the leadership. It was realized that most problems arose from inadequate inter-communications both within the Department of Nursing and with the other departments of the hospital. This resulted in a goal to be attained through mutual respect and openness with nurses and other hospital staff, standing side-by-side and together looking to the patients as the most important people to be served.

THINK-INS within the Department became an annual event. Then, in 1973 it was suggested that, to celebrate the 10th anniversary of the transfer from the old St. Paul's to the new, it would be wise to do some soul-searching to examine whether we had remained faithful to the spirit that animated our founders. The spirit of prayer invoked in the preparation of this event was genuinely felt by the planning committee.

This was an unforgettable day when representatives from all the departments of the hospital (including medical & intern staff, Bishop James Mahoney and interfaith clergy) attended THINK-IN '73 to discuss in groups the significance of 'the spirit of St. Paul's'; they resolved that theirs was a sacred trust to keep that distinctive spirit

strong and that all levels of staff had a role to play in achieving this. This warm interchange bore fruit for many months. (A summary of the report: 'CARING IS' appears throughout this book).



Preparing 'Think-In '73': l. to r. Marion Yaremchuk, Loraine Schultz, Agnes Valade, Sr. B. Bezaire & Cory Kelly.

Other indications of progress affecting patient care included:

- The establishment of nursing clerks to relieve the head nurse of clerical duties;
- The conversion of the supervisory role to that of pastoral visitation to promote spiritual care to patients;
- Annual reports of the Department of Nursing included reports from each patient unit;
- Policy guides for representatives on each Nursing Committee;
- Establishment of a Communications Committee to promote harmonious inter-departmental cooperation;
- St. Paul's Hospital Philosophy & Objectives were re-stated to apply to Nursing Administration and then to each of its units;

- Development of a Nursing Audit process which provided for correction of deficiencies 'while the patient was still in hospital'. (NOTE: This program merited high commendation from Marie Phaneuf of Wayne State University, founder of the first NURSING AUDIT PROGRAM when she came to Regina for a Workshop sponsored by the Saskatchewan Registered Nurses' Association).

Professors from St. Andrew's College and Emmanuel & St. Chad College on the University of Saskatchewan campus had been providing tutorship experience for their ministerial students who spent time visiting patients on designated units at St. Paul's. In view of enhancing the benefits of this experience for their students, Nursing Administration met with the tutors to explore methods for closer communication with the nursing supervisory and head nurse staff, to devise a plan to evaluate their experience, and to learn how mutual relationship could be improved. This arrangement proved very satisfactory and continued for some years. (Since the Clinical Pastoral Education Program (CPE) was established in 1992 with Reverend Don Misener as its director, seminarians from the five seminaries of Saskatoon now enroll in the program in each term).



Orderlies graduating (1961: **Back: l. to r.:** Jimmy Scott, Michael Fix, John Hrenyk, Peter Remenda, Brad Reese, Bill Rawlyk.
Front : Patrick Murphy, Norvel Purcell, John Ferre, George Prebushewski, Nick Deptuck.

It must be recorded here that in 1968 we bade a sad farewell to our School of Nursing Program which held its last graduation for 89 students at the Centennial Auditorium on October 20th. The reason for this demise is explained by the fact that the Provincial Government had ruled that jurisdiction for nursing education be transferred from the Department of Health to the Department of Education. A two-



3rd Floor (Medical) Staff (1990): **Back: l. to r.:** (two unidentified), Brian Janzen, Jeanette Garbe.
Front: Bev Pengracz, Linda Nagy, Bonnie Pederson.



Orthopedics & Urology Staff (1990): **Back: l. to r.:** Crystal Grant, Sharon Chartier, (unidentified), Margaret Wilgenhof.
Front: Tara McGonigal, (unidentified), Collette ?, Shirley Galaschuk.

year program, conceived and originally directed at the Regina Grey Nuns' Hospital by Sister Therese Castonguay, provided that nurses would henceforth receive their education at the Kelsey Institute of Applied Arts and Sciences in Saskatoon. With their own instructors, these students come to St. Paul's Hospital, to Saskatoon City Hospital or to regional hospitals for clinical experience.

Some of the means which the School of Nursing employed to enhance the spiritual aspect of St. Paul's is worthy of mention here: At the opening of each school term, a Re-dedication Service was held in the hospital chapel for all personnel. Also, as the Christmas season opened, another service was held to re-inforce the Christian meaning of this great feast. During this time, the Student Nurses' Glee Club would entertain the doctors at the December Staff Meeting attended by Medical Staff from the three local hospitals.

After the discontinuation of the Nursing Education Program, Nursing Administration assumed the leadership of keeping this particular aspect of the Christian spirit in the foreground by convening the Re-dedication Service each Fall, and involving the various hospital departments. A special theme was selected for each event, such as: 'SPH - a Light to the World' and 'Being a Link in the Belonging Chain'. A chapel service was also held at Christmas time emphasizing Christ as **Gift to the world**. It usually concluded with those attending making an offering in honour of the Christ-Child, a gift then brought to the Friendship Inn on 20th St.

But how to continue the tradition of the Glee Club performance? The graduate nurses were consulted and came up with the idea of preparing hilarious skits about the doctors and happenings on the patient units. This event was welcomed with joy and each year-end, the doctors looked forward to this entertainment which lasted for several years.

Around 1974, team nursing was developed on most patient Units. To assure liaison with Nursing Administration, one Clinical Coordinator sufficed to replace the several supervisors previously required.

By 1979, that position was eliminated in favour of an Assistant Director of Nursing (patient care) and one for staffing and administration. Both of these were responsible to the Assistant Executive Director (patient care).

The Saskatchewan Registered Nurses' Association (SRNA), by this time, had moved to a program of certification for nurses requiring special skills such as cardio-pulmonary resuscitation, starting an intravenous, and deep-throat suctioning.

Several other changes were made by the end of the decade: the clinical education program was expanded to ensure appropriate orientation of new staff and ongoing education to meet the challenges occurring in medical technology and certification. Medicus Classification was entrusted to one instructor. Unit doses, adding

medications to intravenous solutions, the use of infusion pumps, home dialysis, etc. were among the new programs.

It must be stated here that the Saskatchewan Union of Nurses (SUN) which was formed in 1974 occasioned a change of relationship of the nurses with management, making them more assertive. To date, at least three strikes have been held.

Further progress in the Department occurred when, in 1987, head nurses became nurse managers with expanding roles, such as involvement in staff replacement and preparing budgets. With other department heads, they became members of the management team. Meanwhile, pre-assessment of patients was established, and later, assessment of levels of care needs, laproscopic surgery was instituted - and patients walked to the surgical suite!

The move to the new 100-bed extension (A wing) in 1989 brought the use of a Test Centre, ambulatory care, refinement of patient care plans, and elimination of night supervisors in 1992. Team nursing became modified unit nursing, delivery of meal trays to patients became the responsibility of the dietary staff, and housekeeping aides became part of the unit team.

In 1993, with the discontinuation of the medical interne program, relationships between the doctors and nurses became more direct.



*Intensive Care Unit Staff (1990): Back: l. to r.: Lynn Turcotte, Leslie Banman, Shari Watson, Cathy Campbell.
Front: Valerie King, Susan Stuart.*



*5th Floor (Surgery) Staff (1990): Back: l. to r.: Christine Hanna, Janet Snodgrass, Evelyn Hamm, Margaret Bradley, Judy Kazokoff.
Front: Jeannette Humphreys, Marilyn Ratch, Bonnie ?, (unidentified).*



Sr. Bernadette Bezaire, s.g.m., Director of Nursing (1967-77)

OCCUPATIONAL HEALTH AND SAFETY SERVICES

Hope and health, goodwill and comfort,
Counsel, aid, and peace we give,
That your children, Lord, in freedom,
May your mercy know, and live.
(Albert Bayly #7)



Audrey Brayshaw, Head Nurse on Surgery (ret. 1994) and St. Paul's Foundation Board member.

Finally, it is stated with pride that St. Paul's nurses have been very active in the affairs of the Saskatchewan Registered Nurses' Association, and several have served with dignity at all levels of the Provincial Council.

Sr. B. Bezaire, s.g.m & Mrs. Audrey Brayshaw, RN

* One day, Sister Superior Yvonne Prevost, received the visit of a gentleman who asked if her office served as the 'Complaints Department'. When she enquired about the problem, the man said "The sandwiches are not as substantial as they used to be - and the soup is not warm enough!" Sister asked which patient Unit he was on, and was astonished to learn that he was not a patient, but since he had paid his hospitalization, he felt entitled to use the hospital, and had been coming there each day for a meal! (Circa 1965)

* Once a compassionate nursing sister on the afternoon shift attended the death of a man on Level Three. Unfortunately, the family had not arrived on time, so she wanted to be sure that they would react favorably to his appearance. When they arrived, they were pleased that their dear one appeared very peaceful - but they remarked that they had never seen him with dentures before! (Circa 1965)

In 1960 Jeanne Couture, the Health Nurse and Instructor, for the nursing students, was asked to expand her services to gradually include the employees of the hospital until, in 1969, it would become exclusively the Employee Health Services, when the student nursing programs were phased out of hospitals and came under the Department of Education.

The student nurses' health office was located in the basement of the nurses' residence, while the employees' health office was with that of the Personnel Department in the annex of the old hospital. In 1963, when the new hospital opened, the combined office for health services was located with the Personnel offices on the ground floor, and consisted of an office, a bathroom and two examining rooms.

The philosophy of Employee Health Services is that the care given to the patient is directly related, not only to the skills of the staff, but to their physical, mental and spiritual well-being. Its aim is to assess the health status of an individual upon employment and provide health programs and services to enable the employee to function at his/her optimum level of health. Pre-employment medical examinations are done on all prospective new employees and attached to a history and medical form to be completed by his/her own physician. Later, annual medical check-ups were done.

Confidential files are kept of these reports and of every visit made by an employee to the health services department. This is in accordance with the Hospital Standards Act and recommendations of the Saskatchewan Occupational Health and Safety Department.

Immunization and tests were kept up as long as required for: Small Pox, Dick test and Scarlet Fever Toxoid, Schick test and Diphtheria Toxoid and boosters, Tuberculin



Jeanne Couture-Manson, Health Nurse (ret. 1979)

tests were done upon employment and yearly, BCG vaccines, Typhoid, Para-typhoid and booster, Salk Vaccine and then Oral Sabin for protection against polio. Influenza and Rubella vaccines and Gamma Globulin were also available. Detailed immunization records were kept and a copy given to the employee at time of termination of service.

Counselling was a large part of the health nurse's work, and referrals were made as necessary. All accidents were reported to the Workmen's Compensation Board and follow-ups were done. Occasional home visits were made.

Safety procedures, good health and infection control were stressed. Education programs, films, lectures, demonstrations, etc. were given on a regular basis.

The health nurse also had a variety of other tasks: helping personnel staff to stuff pay envelopes, involvement with infection control and sanitation inspections, etc., doing time and motion studies on samplings of employees, replacing staff on strike in the dietary department or in Emergency. She also organized Red Cross blood donor clinics twice yearly, and served on several hospital committees including the long service awards committee and department heads' social committee.

From February 3 to June 12, 1979, the health nurse (Jeanne Couture) became acting personnel director in addition to her duties as a health nurse (she received added help). During this time, she took part in 16 three-hour sessions as chairperson of the SEIU Cooperative Wage Study appeals, and interviewed candidates for the position of personnel director.

- The health nurse was responsible for the organization of Disaster Planning with the assistance of the coordinator of the Emergency Measure Organization (EMO) and wrote up the policies and objectives.
- She received University of Saskatchewan nursing students who came for observation of our employee health services.
- In 1979, a pre-retirement seminar was organized for employees over the age of 60 years who were interested. Classes dealt with pertinent subjects such as health, nutrition, financing, housing, etc.
- After almost 20 years, Jeanne Couture retired. When Mrs. Shirley Larocque replaced her, working hours were reduced by half to accommodate an extra position for Personnel, but about a year later, were restored to full time because of complaints from the staff.
- Weight Watcher Clinics were begun.

- Subsequent health nurses were Judy Metcalfe, Shelley Kool, and again Judy Metcalfe (1992). Health services became Occupational Health and Safety Services and classified at department head level.

- Major programs undertaken included:

- a) The Employee Assistance Program re: referrals, education, record keeping, invoices and committee meetings; and
- b) An early return to work program was set up and approved by the WCB in June 1993;
- c) Due to an increasing number of back injuries and rising workers compensation costs, a group was formed to look into solving these concerns.

In 1991 the Therapies Department shared a physiotherapist with Occupational Health to start teaching injury prevention. Denise Burland started the program. When she left, Michael Vincent was hired in the Occupational Health and Safety Department. Eldeen Pozniak took over from Michael in January of 1994. Eldeen's position includes injury assessment and treatment, ergonomic analysis of work areas and teaching injury prevention.

Other committees were formed to deal with special issues: Quality Assurance, Risk Management, Attendance Management, Department Head Support Groups for layoffs (disbanded in 1994). Computerized records were established for Occupational Health and Safety.

Finally, after a series of transfers, in April 1996, this service was moved back to its original quarters in the 1963 building beside Human Resources (Personnel).

With limited resources, Employee Health Services faces a major challenge in meeting the needs of our employees. Healthy, happy employees provide the best patient care. The tradition of caring, nevertheless, makes its impact felt in the compassionate services it provides to those who join our hospital family.

Jeanne Couture-Manson

PHARMACEUTICAL SERVICES

Five good medicines:
talking, laughing, yelling, singing, crying.
(First Nations' Nechi Institute)

In the early years at SPH, Pharmacy Services, though an integral part of any hospital, operated in a very modest manner. Sister B. Bezaire remembers that one pharmacist, Miss Helen Collins, worked alone with Sister Rose Anne Routhier, R.N., the latter taking all calls other than during regular hours. Sister Routhier came to SPH in 1941 and remained for twenty years, leaving during the construction of the new hospital.

The first pharmacy department was located in a room below ground level in the south wing of the hospital. Sister B. Bezaire recounts that Sister Routhier entered the room one morning to find burned out matches all around and a few scorched areas on the counter. One window had been broken, but no medications were missing. Obviously, the thieves were looking for drugs, but were unsuccessful. The hand of Providence had foreseen this happening. The day before, during a quiet period, Sister Routhier had brought an ironing board down to press her clothes, and had left it leaning against a counter, precisely over the locked storage cupboard! The thieves did not think of looking there, and so they left empty-handed. To prevent another such invasion, the windows were soon secured with iron bars!

Miss Collins retired in 1962 and Mr. Joe Speed, who had joined SPH in 1961 became the pharmacy department head to his retirement in 1978. Over the years, progress

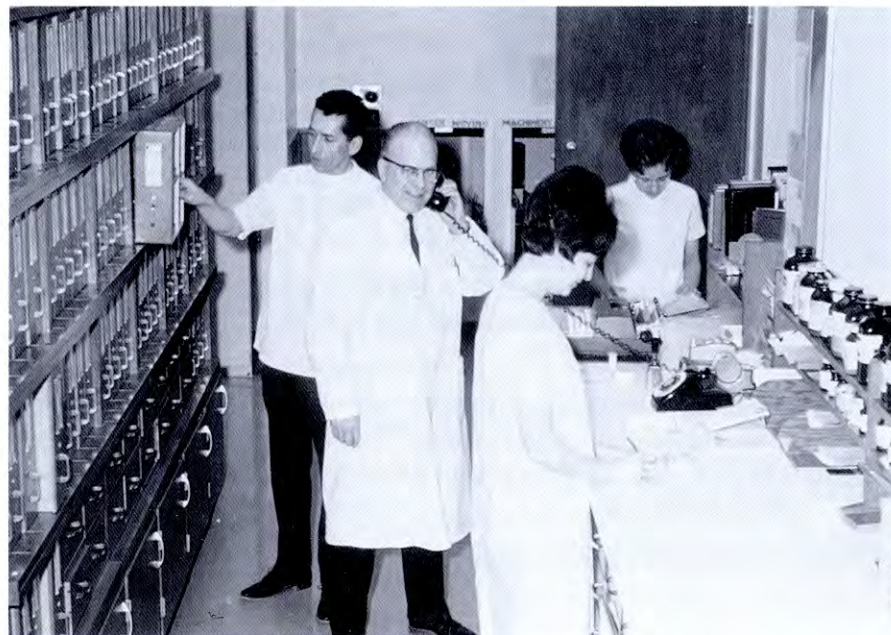


Pharmacy Department (circa 1945): l. to r.: Helen Collins, Pharmacist, Sr. Rosanna Routhier, R.N., and Cherry Brooks at typewriter.

in the pharmacy department followed the trend of the times and staffing gradually increased to include Mr. Frank Antoine, director until 1986, and other coworkers. In the late 1970's, the pharmacy department provided daily services totaling 82 hours per week plus a pharmacist on call. Today, the pharmacy department provides services 98 hours per week plus call duty. Mr. Mike Gaucher assumed the position of director in 1986 and was instrumental in the department's conversion from a centrally-controlled distribution system to a computerized, hospital-wide, unit-dose distribution system in 1990. In order to meet the increasing demands for pharmacy service over this time, the staffing complement has more than doubled, from 8.5 full time employees to 20 full time employees.

In past years a centralized intravenous admixture (CIVA) program was implemented on the surgical ward and involved a few antibiotics only; however, now there is a CIVA program provided to most nursing units in the hospital. This program includes most medications that can be administered via a minibag or intravenous push syringe. Individual patient's minibags/syringes are manufactured, dispensed, and delivered on a 24-hour cycle. Over the years, the pharmacy has seen much more involvement in the preparation of sterile products: nutritional support solutions (total parenteral nutrition), cancer chemotherapy, and analgesic cassettes.

Recently, pharmacy services to the home IV antibiotic program include the preparation of antibiotics, and the assessment, education and monitoring of patients receiving therapy in their own homes. A pilot study, in February 1996, at SPH has



Pharmacy Department (1964): Clockwise: L. Weber, J. Speed, Director, E.F. Antoine, S. Loewen.

extended this service to long term care facilities within the Saskatoon District Health.

Clinical pharmacy services have certainly increased over the years as the role of the pharmacist has changed from that of a dispenser of pills to a clinical expert including pharmacotherapy, TPN, and target antibiotic monitoring; drug information; medication counseling; medication histories; attendance at multi-disciplinary rounds; and adverse drug reaction reporting.

With the advent of the computerized unit-dose system and the increase in clinical services, it was necessary to change the staffing requirements to reflect this. Currently, trained pharmacy technicians are utilized greatly in prepacking areas, TPN preparation, IV admixture program, and unit-dose drug distribution under the supervision of staff pharmacists.

A medication history review service was introduced within the preassessment unit in September 1994. Pharmacists review the medication histories of patients to be admitted for surgery through the preassessment unit and then clarify any noted problems before the patient actually arrives at the hospital. This novel approach to pharmacy service has since been adopted by other hospital pharmacies across Canada.

The pharmacy department is also very active in the education of health care professionals within and outside the hospital. Education is provided to staff pharmacists, pharmacy residents, undergraduate pharmacy students, medical and nursing staff, and other disciplines in the hospital.

The pharmacy employees at SPH have a sense of loyalty which is reflected through good teamwork and communication. Our goal in pharmacy is to provide safe and appropriate drug therapy in order to achieve optimum therapeutic outcomes for the patient.

Mary Ann Parkinson



Betty Mook, Pharmacy (1992)

PASTORAL MINISTRY

God is in his holy dwelling;
he will give a home to the lonely,
he gives power and strength to his people.
Ps.68:35

Pastoral ministry has been integral to patient care since the very beginning of SPH in 1907. There were sisters for each area who attended to the spiritual needs of their patients as well as to their medical care.

Over the years, when the number of sisters declined, several of them were assigned to cover the entire patient population, relying on their background in religious formation rather than on formal training now required by the standards of the Canadian Association for Pastoral Education (CAPE), leaving the management of the wards to lay nurses. There has also always been a priest to serve as chaplain, and clergymen of other denominations were welcomed with respect.

As this need for spiritual care became more widely recognized, Dr. Morley Smith-Windsor, CEO officially established pastoral care as a department of SPH. The announcement was made on December 9, 1969 by Bishop James Mahoney at a joint meeting of the Medical and Lay Advisory Boards.



Hospital Chapel (1950) with Bishop Phillip Pocock celebrant.

On March 4th of the following year, Father Frank Malone, CSsR was appointed head of the new department. In the same year, Archdeacon H.W. Brandrick was appointed to minister to out-of-town Anglican patients and Reverend Ramona

Underwood was installed as United Church chaplain to out-of-town patients. The formation of this new pastoral team opened a wider scope of possibilities for service to our patients.

In October 1971, Father Al Rekowski, CSsR replaced Father Malone as chaplain. Under his leadership, many new initiatives were developed, and the service, known as the Pastoral Care Department came to better reflect the spiritual services offered by its staff members. The core group of sisters worked under the direction of Father Rekowski, but, as the number of available sisters continued to diminish, the need was recognized to find replacement for those who were no longer able to serve.

After ten years as Director of Pastoral Care, Father Rekowski was replaced in this position by Sister Yvonne Bezaire who was no stranger to work in hospitals. Her extensive background in various areas and levels of nursing, and her administrative experience, enhanced by the Clinical Pastoral Education (CPE) received at St. Joseph's Health Centre in Toronto, were an asset in the field in which she was now called to serve.

When she came to SPH in 1982, her task was to continue to build on the initiatives undertaken by her predecessor whose influence was widely felt in many areas of hospital life. To achieve this, staff positions were opened to lay persons interested in this ministry and who met certain qualifications.



Chapel in the present building.

One of the most remarkable achievements of the Second Vatican Council (1961-1965) was its emphasis on the role of the laity in the Church's mission. It was in response to this challenge that, beginning in 1982, a number of lay persons accepted the invitation to share their special gifts and dedication in the Pastoral Care Department. For those who exercise the ministry of spiritual care, there is no doubt that this is an area where Gospel values can be put into action in a very concrete way. Spiritual care-givers are, indeed, aware that, through them, the healing ministry of Jesus truly comes alive as they accompany the sick on their journey through illness.

Although the addition of lay pastoral staff allowed the department to expand its services, it was felt that professional formation would enhance the quality of care provided by those who, until now, received their information mainly through departmental In-Service and individualized instruction.

Efforts were made to obtain the introduction of a Clinical Pastoral Program which would also benefit ministerial students and others; but for years, lack of funds delayed the realization of this dream. It was not until 1991 that funds provided through the St. Paul's Hospital Foundation enabled the establishment of this program. Today, many students from various denominational backgrounds, having trained under the able direction of Reverend Don Misener, head of the CPE Program, (see section (b) Memorable Events) have graduated and have not only become valuable associates in our area, but have gone forth to exercise this ministry elsewhere.

Meanwhile, under the direction of Sister Yvonne Bezaire, the partnership and contribution of members of the Pastoral Advisory Committee were always greatly appreciated. This Committee, composed of pastors from various denominations, and representatives from other departments readily offered their advice and assistance in many of the programs and events which took place throughout the year. One event which members of the Advisory Committee always anticipated, was the annual dinner with Bishop James Mahoney whose presence not only provided a jovial atmosphere, but served to foster the ecumenical dimension of spiritual care and emphasize its importance.

In addition to direct ministry to patients and families, (which was always given priority) the following are some of the other activities carried out by the Pastoral Care Department:

- Monthly presentations at orientation sessions for new hospital staff and the Kelsey nursing students;
- Yearly orientation of newly registered clergy and interns, and of ministerial students from the Anglican, Lutheran and United Church seminaries;
- Yearly re-dedication services for hospital staff;
- Monthly memorial services for families of deceased patients;

- Weekly interdenominational services for patients;
- Seasonal worship services (Lent and Advent) for patients and staff;
- Pastoral Care Workshops for members of local parishes;
- Missioning of pastoral ministers by the Roman Catholic Bishop;
- Education and team-building retreats for pastoral care staff held at Queen's House;
- Membership on committees of the Saskatchewan Interfaith Pastoral Care Association (SIPCA) and Canadian Association of Pastoral Education (CAPPE).
- Quality Assurance studies and surveys to evaluate the quality of service provided by pastoral care-givers, and to determine how pastoral care is perceived by patients, families, and members of the health team, etc.;
- Planning of special occasion celebrations, such as the dedication of the 1989 A-wing, and the 50th anniversary of religious life of Sister Ursula (an Ursuline Sister from Bruno) who was involved in the Pastoral Care Department for approximately ten years, and who was very much in demand by both patients and staff.

After eight years, Sister was succeeded by Sister Lise Chaloux and then Sister Desanges Gionet, both R.N.s and highly qualified. But, since 1995, the supervisory role is exercised by Sister Faye Wylie of the Spiritual Care Services, and coordinated by Connie Lachapelle who has had many years of experience in pastoral ministry.

Though the past has been a period of continual development in the field of pastoral care at St. Paul's, we trust that this ministry will prevail as an essential part of holistic care offered to our patients in all the days ahead.

Sr. Yvonne Bezaire, s.g.m.



Fr. Al. Rekowski, CSSR Chaplain with Sr. C. Pedneault, Superior (1980)



Sr. Yvonne Bezaire, Director of Pastoral Care (1989) with Father Ralph Kleiter presenting a SIPCA award.

PLANNING DEPARTMENT
REDEVELOPMENT PROJECT IV
1979-1988

You can't expect an empty bag
to stand up straight (Benjamin Franklin)

By the late 1970's, the Board and Administration of St. Paul's Hospital recognized that the Hospital facilities needed to be expanded and upgraded. The Hospital was having to cope with an ever-increasing volume of service with particular regard to very heavy use of its Emergency Department. Also, the existing building, originally constructed in 1963, made very little provision for a growing demand for outpatient services and day surgery. Trying to adapt the existing buildings to accommodate new technology was also proving expensive in such areas as hemodialysis and diagnostic imaging. Finally, there was simply no vacant space to accommodate major new program initiatives such as palliative care.



*Brent Skinner, Director of Planning
(1988).*

Brent Skinner was hired as Director of Strategic Planning in July 1979. Working with members of the Board, medical staff and management, a comprehensive study was made on the hospital's role in the Saskatoon Health System and opportunities for program changes and expansions. A series of reports were produced including a strategic plan, functional program, master site plan and building assessment study. Staff showed tremendous enthusiasm and spent countless hours in various steering committees and user group meetings. It soon became necessary to hire additional planning staff including Sharon Sullivan R.N., Assistant Director of Planning; and Dr. Harold Estey, Medical Planning Coordinator.

Government officials were very supportive of the St. Paul's Hospital Redevelopment project but also wanted some assurance that the hospital's role was being planned in the context of the entire region. As a result, the joint Saskatoon Hospitals Facilities Planning Committee was formed and spent a great deal of time and resources in outlining future program responsibilities and directions for St. Paul's Hospital as well as for Royal University Hospital and Saskatoon City Hospital.

In late, 1982, Government granted approval to proceed with the detailed planning of a major redevelopment of St. Paul's Hospital.

The Hospital Board decided to adopt a project management approach involving a sequential tendering of multiple construction contracts. In this way, St. Paul's Hospital could be assured of excellent budgetary control and full value for monies expended while ensuring good opportunity for involvement by local business. Requests for Proposals were issued to project consultants. After several interviews and much hard work by the hospital Board, the following firms were selected as the consulting team for Project IV:

UMA Spantec Limited, Project Managers
Zeidler Roberts Partnership, Architects
Reid, Crowther and Partners Ltd., Structural Consultants
Yoneda and Associates, Mechanical Consultants
Angus Butler Engineering Ltd., Electrical Consultants

It was soon evident that the new hospital wing would need to be built over the site of the existing east parking lot. As a result, a large 525 stall parkade was constructed northwest of the hospital by Baton Construction Ltd. It was soon joined by an overhead walkway to provide convenient access to the main hospital building from the parking structure.

Construction of the hospital addition started in the fall of 1986. It was carried out in several phases. Upon final completion in 1989, the total cost of project IV was \$52.7 million for a fully equipped, 274,000 square feet new east wing along with an expansion of the hospital energy centre and a major expansion and renovation of laboratory services within the 1963 wing. The project was on schedule and within budget. Indeed, cost savings early in the project enabled the construction of a new kitchen and cafeteria which originally were not included in the project funding plan.

These years were ones of great optimism for St. Paul's Hospital. The community showed tremendous generosity in helping to furnish the new facility and staff spent countless hours in planning and commissioning project IV.

Thinking back on my time with the Planning Department, several memories flash through my mind. I remember many meetings with members of the Board, medical staff, administration and user groups in deciding how the building could be designed to best meet our patients' needs within available resources. I remember the enormous difficulty the foundation contractor had in driving the pre-cast piles into the ground. I remember the enormous excitement of our engineering staff the day that the huge boiler arrived from the Volcano Boiler Company. I remember the official parkade dedication ceremony which featured the antique car club of Saskatoon. But mostly, I remember the tremendous personal satisfaction I had in being present for the official opening of the new east wing which was the culmination of so much hard work and dedication by so many people at St. Paul's Hospital and in the Saskatoon community. For me, this was a very exciting chapter in both my life and that of St. Paul's Hospital of Saskatoon.

While many years have now passed, I carry with me a great and abiding respect for the St. Paul's Hospital organization and the inspirational leadership of the Grey Nuns.

H. Brent Skinner (Edmonton)



St. Paul's Hospital (1989); addition at right

POPULATION OF SASKATOON OVER THE YEARS:

1890	-	113
1903	-	500
1906	-	3,000
1911	-	12,000
1931	-	43,291
1956	-	72,858
1967	-	117,440
1987	-	182,216
1995	-	189,000

SECURITY

All that borrows life from you
is ever in your care,
and everywhere that we can be,
You, God, are present there. (Isaac Watts #10)

Over the years St. Paul's Hospital security has developed into a reliable and responsible department within the hospital. It provides 24-hour service to the hospital, nurses' residence, staff parkade, Grey Nuns' residence, doctors' and visitors' parking lots. Security has handled many minor concerns, such as unlocking doors and walking staff to their cars, also dealing with major crises occurring in the hospital.

It was first established as early as 1952 when a person from the Canadian Corps of Commissionaires was employed for the control of visitors, and to assist the nurses in the Emergency Department in handling unruly clients. After each visiting period, he toured all the wards to ensure that regulations were observed.

When the new hospital opened in 1963, it was found necessary to carry out close surveillance throughout the more expanded building and assignments were made accordingly. In the 1970s, security was ensured by the 'night watchman' (who also attended to maintenance duties) along with the commissionaire.

In 1990 with the new wing of the hospital being built, security cameras and monitors were installed to provide a safer working environment; there was also an alarm system on all the major exit doors to ensure the highest degree of safety for patients and staff members.

In the 1980s, Jeff Lovegrove was the manager of security. From the early 1990s till the present, Tony Elliott who replaced Jeff has been manager of security at St. Paul's Hospital.

Security guards enhance community relations and perform charity work throughout the hospital and surrounding neighborhood:

- i) In 1994 an after school floor hockey league was started with three local schools;
- ii) Also in 1994, a security bike patrol was implemented;
- iii) Charity work included holding several TGIF dances, auctions and the very successful 'Bike to Pike' bike-a-thon, with the funds raised going to different areas in the hospital;
- iv) In 1995 security started the 'Teddies for kids', where children coming to the hospital who were a little scared, shy or worried were given a teddy bear to comfort them.

There have been a lot of stories passed on from guard to guard, but one story that stands out is the following:

A nurse was just leaving the hospital after a long 12-hour shift, when she could not find her car in the parkade. She reported to security that her car had been stolen. Security checked the parkade again and sure enough, her car was not in the parkade. They reported the missing car to the police. The police phoned back 15 minutes later to say they had found her car, one block away from the hospital. Hearing that, the nurse remembered that she had left her parking card at home and had parked her car on the street. (Whoops!!)

Security services are very optimistic about what the future holds for St. Paul's Hospital and we look forward to providing the best quality security service as we have done in the past. That's the spirit!

Brian Gibson & Tony Elliott



L.J. Ferguson, (1977)
(Canadian Corps of Commissionaires).



Shawn Penner (1995)
(Inner-Tech Security)

SOCIAL WORK

This is what Yahweh asks of you, only this:
to act justly, to love tenderly, and
to walk humbly with your God. (Micah 6:8)

The need for someone to investigate problems pertaining to the social needs of patients became increasingly manifest. In the latter part of 1960, Gren Smith-Windsor and Dick Chin, though not trained for that specialty, were of considerable help. Later Bernie McCallion also served in that area until the hospital obtained the services of a qualified social worker in 1973.

Shirley LeClaire accepted the position of Social Services Coordinator on December 17, 1973. This was the first time a qualified social worker was employed in the hospital. The person reported directly to the Executive Director, who at that time was Dr. Morley Smith-Windsor. The office was ideally located on the main floor, directly across from the Switchboard.

The first years were a time of continuous learning, and long days of hard work. Staff did not know what to expect of a social worker, and many viewed the position as a discharge planner. With time, involvement expanded to most wards. The role expanded to include counselling in the areas of child abuse, long-term illness, accident, disability, death, adoptions and suicide. There was a continuing demand for assistance with discharge planning, while addressing the tremendous emotional impact that loss of independence brings.

The developmental years of the social work position were very difficult, and often lonely, years. Through the continual support and respect shown by Dr. Morley Smith-Windsor, and later by Sister Cecile Gauthier, Vice President Patient Care, there was always the necessary environment for creativity and growth. All hospital staff worked hard to promote a sense of family and caring. The atmosphere was indeed special.

Rehabilitation Home Care, originating from the University Hospital, was already present at St. Paul's. Social work and home care staff, consisting of Mary Olson, and later Margaret Inglis, developed a very close relationship, particularly in the areas of assessment and discharge planning. It was always an excellent program with remarkable staff.

Alison Brook, a University of Saskatchewan student, worked with Shirley LeClaire for two summers, otherwise, Shirley was on her own until May 1976 when Lorraine Milne was hired. In November 1978, Doreen Hamon came on staff, and in March 1980, Marylou Dyck joined the Social Work Department. This was a considerable change from the original 'one person show'.

Those early years were very memorable, but most particularly when



Social Work Group (1980): Back: l. to r.: M. Dyck, D. Hughes, L. Milne. Front: Sr. C. Gauthier, Asst. Exec. Director, (Patient Care), Shirley LeClaire, Director of Social Work, Sr. C. Pedneault, Superior.

- Lorraine and Shirley (uninformed) appeared on the front page of the StarPhoenix after a city-wide study on child abuse through the SPH's Emergency Department. Many of the statistics were misquoted!
- Shelda Hamilton and Shirley took home dialysis equipment to the first home dialysis patient in Rock Glen.
- Audrey Brayshaw, Iris Grychowski, both RNs and Shirley LeClaire visited Red Earth Reserve in an effort to understand the social and medical issues that brought their people to St. Paul's.
- Shirley LeClaire also served on the first Medical-Moral Ethics Committee.

The growth of the Social Work Department, as well as the personal growth, were truly remarkable. The life experience and the St. Paul's friendships will always be treasured.

Shirley LeClaire surrendered her post as Director of Social Work in 1980. She was replaced by Jacklin Andrews who, in turn, left St. Paul's Hospital a year later. In 1981, Paul Benson arrived, continuing as Director until system-wide restructuring resulted in him becoming a primary clinician.

During the period from 1981, the department continued to grow until in 1996, finances allowed only 6.3 full-time equivalent positions. Social Work remained a recognized part of the medical team which focused specifically on coordinating resources for discharge from hospital and support for the ongoing issues of adjustment to loss of health.

In addition to providing direct service to patients and family members, social work staff have had a long-standing commitment to making a contribution to many initiatives within the community. This is typified by the list of joint activities that were identified in the 1983-84 annual report:

- Board of the Saskatoon Crisis Intervention Service
- Inter-Health Agency Social Work Consultation Committee
- Kidney Foundation of Canada, Saskatchewan Branch
- Kidney Foundation of Canada, local Chapter meetings
- First kidney patient summer camp in Saskatchewan (1983), Lake Manitou
- Project Parent
- Special Needs Housing Committee & Saskatoon Housing Coalition
- Sudden Infant Death Parent Support Group
- Saskatoon Child Abuse Council (re:physical and sexual abuse and for health services)
- Tri-Hospital Child Abuse Committee
- Saskatoon Society for the Care of Children in Hospital
- Youth Services Project - Community Advisory Committee
- Saskatoon Native Health Liaison Project

Additionally, in that same year, social work staff were involved in the following in-hospital initiatives: Medico-Moral Committee, Performance Appraisal Review, Mission Statement Committee, Pastoral Care Advisory Committee, "Hard-to-Serve" resident apartment proposal, and the Rehabilitation Review Committee.

The staff group in 1996 is comprised of personnel, each in a special area: serving Medicine and Emergency (days); Renal Dialysis program; Orthopedics and Medicine (job-sharing); General Surgery and Intensive Care Unit; Emergency Department (3 evenings per week); Palliative Care Program.

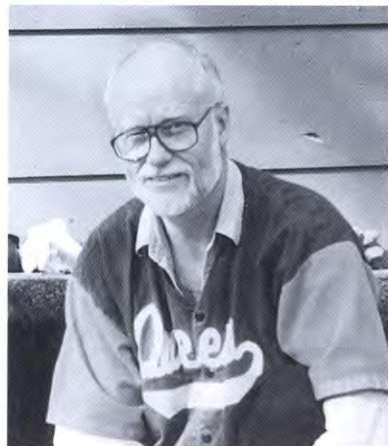
It was with tremendous sadness that we bade farewell to Doreen (Hamon) Hughes, who died of cancer during the summer of 1995. At the time of her departure, Doreen was the most senior social work staff person.

Approximately 30 social work students have completed their practicums at St. Paul's Hospital during the 23 years that the Social Work Department has existed as an entity. We have thus provided training for professionals who have gone on to work in health-related and many other settings.

In more recent years, social work staff have continued their involvement in community and hospital initiatives. Additionally, staff have contributed much time and energy to various committees struck by the Saskatoon District Health Board with respect to restructuring of the health-care system.

Throughout our years of service at St. Paul's Hospital, we have endeavored to make a positive contribution to "people problems" in our complex healthcare system. Recognizing that different situations require different interventions, the primary objective has been to enhance the quality of life, or death, for each particular patient and family that we have served. In light of the anticipated continuing impact of restructuring, staff became poised to accommodate being assigned respectively to the eleven patient clusters that have been identified by senior administrators of Saskatoon District Health.

Shirley LeClaire & Paul Benson



Paul Benson

ST. PAUL'S HOSPITAL FOUNDATION

In the help we give our neighbor,
God's will is done;
In our world-wide task of caring,
God's will is done. (Pat Green #37)

St. Paul's Hospital Foundation is an independent body responsible for all of the fundraising programs and activities at St. Paul's Hospital. The Foundation's goal is to provide support for the hospital, in the spirit of charity and compassion demonstrated by St. Marguerite d'Youville.

The Foundation was formed in 1982 to help raise \$12,500 needed for equipment for the 'new' part of the hospital. The first Foundation board consisted of individuals such as Dr. Marc Baltzan, Dr. Hal Baldwin, Keith Thomson, Ed Sebestyen and Doreen Rouse.

Like the institution it supports, St. Paul's Hospital Foundation is firmly committed to the concept of holistic health care. Drawing on the strength of its many donor relationships, the Foundation helps the hospital fulfill its mandate while addressing the financial challenges of a reformed health care system. Through careful planning, sound fiscal management and innovative fundraising activities, the Foundation works consistently to develop, maintain and improve hospital facilities, technology and programs, all important components of the holistic health care vision.



Keith Thomson (1983) first chairman of St. Paul's Hospital Foundation.

The Foundation has had five chairs guiding it through the first 14 years. First was Keith Thomson, then, Urban Donlevy, Doug Finnie, Sandra Stromberg and the current chair Howard Cooper. All of the chairs remain involved with St. Paul's Hospital through the Foundation Board or the Board of Management of the hospital.

In 1982 the Foundation raised \$132,384. In 1995, the Foundation raised close to two million dollars (\$1,993,042). The Foundation's goal is to raise \$2,000,000 annually

to support the purchase of much needed medical and other equipment, furnishings essential for patient care and education for patients and staff.

The current board, under the leadership of Mr. Howard Cooper, consists of 17 individuals from the hospital and community, each bringing a unique perspective to the Foundation's operation. The board works to determine appropriate and effective methods of raising funds for needs identified by St. Paul's Hospital.



Toni Davidson first Director of Development and Public Relations (1983-88).

The Foundation has undertaken three major campaigns to solicit funds; they were: the 'Growing Promise' which raised \$7.5 million; 'A Mission to Care' with a goal of \$5,000,000; and the 'Spreading our Wings Campaign' which surpassed its goal of raising \$1,000,000 for the Renal Dialysis Unit at St. Paul's Hospital.

There have been three executive directors over the 14 years. Toni Davidson was here in the early 1980's; followed by Joan Black, and the current executive director, Cathy Scott, who began in 1991. In addition, the Foundation has three staff: Brian Shea, Major and Planned Gifts Officer; Janet Zinger, Executive Assistant; and Dianne Hanson, Record System Secretary.

Our office was originally located in the nurses' residence and moved in 1991 to the main lobby of St. Paul's Hospital.

Each year the Foundation carries on a variety of events and programs to generate funds to support the hospital. The annual Dinner and Art Auction enters its 14th year in 1997. The Mistletoe Ball will be in its eighth season and a special 90th anniversary gala will be held. Three years ago we reinstated the annual fashion show that used to be put on by the Ladies' Auxiliary of the Hospital with fashions by Blanche Buchanan and shoes by Town Cobbler. It is proving to be an extremely popular event.

Our Foundation joins forces with Saskatoon City Hospital and Royal University Hospital Foundations to bring the annual Hospital Home Lottery to this city. The lottery is entering its 12th season in 1997.

For many years now the Base Hospital Foundations of Saskatchewan (of which St. Paul's is one) have been receiving a percentage of revenue from Nevada ticket sales in the province. Our share of Nevada revenue to date totals more than \$3,000,000.

The Foundation has a very active annual campaign. We receive many memorial and 'in honour' gifts from those who are grateful for the care that they, their families and their friends and neighbours have received at St. Paul's. Our direct mail program has grown and walk-in donations continue to increase.

We actively support the Spiritual Care Program at SPH, giving \$100,000 annually to this important activity. The emphasis on spiritual care is one of the special characteristics of St. Paul's and donors show their appreciation with generous gifts. Several years ago the Foundation established an Endowment Fund; two years ago we distributed the first of up to \$50,000 annually in scholarships to hospital staff.

St. Paul's Hospital Foundation also has a very active Planned Giving Program and is very proud to have won first place in the 1996 Association for Healthcare Philanthropy of Canada's Showcase Awards for excellence in the area of Planned Giving. The accolades for this six-year-old program were well deserved.

We hold special designated funds for many departments of the hospital



Joan Black, Director of Development and Public Relations (1988-91).



Cathy Scott, Executive Director (1991-) St. Paul's Hospital Foundation.

and help with the operation of the SPH Gift Shop which could not exist without the active involvement of so many volunteers from the St. Paul's Hospital School of Nursing Alumnae and their friends.

As the Foundation looks towards the next century, we know that over many years we have developed the key to success: a broad base of donor support. We will continue to be accountable to those dedicated and generous donors without whom St. Paul's Hospital Foundation could not continue to contribute millions of dollars to support the continuing mission, vision and values of SPH.

It is donors who have provided a base of support to the Foundation and to the hospital over the past 90 years and we believe it is donors who will provide *A Legacy of Hope* for the next 90 years.

Cathy Scott



Tree of Life (circa 1988) – Sr. Faye Wylie, Provincial Superior with Fern Wilchuk, Knight of Columbus.

GIFTS TO ST. PAUL'S

April 13, 1907

Of donations which the hospital has received since the last list was published, these are:

Dr. J. H. C. Willoughby . . .	a horse
Jas. Clinkskill, yearly subscription . . .	\$25.00
Mr. Berry, Buther hotel . . .	\$20.00
Mr. Alcock . . .	\$10.00
Mr. H. C. Hickey . . .	\$ 5.00
Mr. D. Harnett . . .	\$ 5.00
Mr. A. Dulmage . . .	\$ 5.00
Mr. D. Leyden . . .	\$ 5.00
Mr. Chas. Lyons . . .	\$ 5.00
Mr. P. Manahan . . .	\$ 3.00
Mr. Geo. Aldrick . . .	\$ 2.00
Mr. J. L. Byers . . .	\$ 2.00
Mr. W. H. Hunt . . .	\$ 2.00
Mr. G. W. McFarlane . . .	\$ 2.00
Mr. C. B. Bousquet . . .	\$ 1.00

It is interesting to note that at Christmas 1922, they recorded the gifts they received. A sampling follows:

Knights of Columbus . . .	a case of oranges and a turkey
Mrs. Mahoney . . .	1 turkey
E. Massey . . .	1 turkey
E.C. Strickland . . .	3 turkeys
Mrs. Quinn, Regina . . .	apples
Shannon Bros. . . .	1 turkey
Dr. Stewart . . .	2 turkeys
Dr. Malloy . . .	2 turkeys
Dr. Love . . .	3 turkeys
Dr. Cooper . . .	1 turkey
Dr. Reid . . .	box of candy
Dr. Walder . . .	grapes
Dr. McEwen . . .	case of oranges
Dr. Lynch . . .	box of candy
Mr. Lovelock . . .	toys for the children
Drs. Munroe and Dr. Macdonald . . .	\$15.00
Mr. Edwards . . .	\$25.00

When the staff at St. Paul's Hospital held a seminar on OUR PHILOSOPHY OF CARING in observance of the 10th Anniversary of the move to the 1963 SPH, 82 persons from 22 areas within the hospital came up with the following:

CARING IS

Caring is taking time to acquaint the patient with his new environment and to inform him/her about anticipated procedures and progress.

Caring is greeting co-workers of any area with congeniality.

Caring is willingness to offer that 'extra' dimension to our work and to our relationships with others.

Caring is a clean hospital.

Caring is hearing the hidden meaning in a message.

Caring is cleaning up after a procedure or after a spill.

Caring is readiness to do one's very best.

Caring is being pleasant - and saying "Please" and "Thank you".

Caring is congeniality that carries over to the patient.

Caring is taking time to listen to what people are trying to get across.

Caring is the ability to engage in frank discussion.

Caring is accepting individual differences in co-workers.

Caring is the sisters visiting and listening.

Caring is recognizing the various types of patients' need.

Caring is sharing good news and reports of special meetings.

Caring is concern for another person's reputation.

Caring is being honest and attempting to maintain an atmosphere of harmony through responsible confrontation.

Caring is being attuned to the rhythm of the lives of individuals regardless of their status in the hospital.

Caring is trusting in the 'multi-functional' aspect of the institution as a dynamic force and to accept interdepartmental dependence.

Caring is to willingly, verbally acknowledge a job well done.

Caring is to readily accept self-evaluation and self-discipline as tools for improved relationships and efficient performance.

Caring is real when it is prepared to inquire in an effort to better understand.

Caring is making a person feel that she/he is someone special.

Caring is being tactful in expressing criticism.

Caring is taking time to think how we react to people.

Caring is taking 'time' to hear.

Caring is 'being with' a dying patient.

Caring is readiness to defend and validate what we consider an important standard.

Caring is gaining insights into another department's problem.

Caring is helping new employees to develop a feeling of belonging.

Caring is asking for assistance when we need it.

Caring is willingness to become involved.

Caring is interest, respect, concern, empathy even when it involves a degree of anxiety and solicitude on our part.

Caring is hovering attentiveness to one in pain, distress or grief.

Caring is neatness in personal attire.

Caring is devotion to duty.

Caring is a special kind of ministrations in a special kind of situation.

WHY IS LISTENING ESSENTIAL TO CARING?

It is in listening that we learn the wants and needs of people.

Interdepartmental meetings could be a way of finding out how others feel about your department: more 'grass-roots' talks would help.

In listening, we pick up a particular tone of voice.

The sisters' visits are the hospital listening a bit more.

Listening is recognizing that different patients have different needs.

Listening should help us to become more open-minded.

Listening should help us to 'read between the words'.

Listening gives direction.

SWITCHBOARD AND INFORMATION (A Journey)

We must strive for hospitality of the heart.
If you stand there like Christ,
accept the person as is into your heart,
God will reveal what you need to know about that person.

(Catherine de Hueck Doherty)

A better title for this would be: 'From Cord Board to Health Board, The History of Switchboard'.

During the past ninety years this department has seen numerous changes, from one telephone to over eight hundred phones within this building alone. We have seen the St. Paul's Hospital change from a house, where you only had to yell out the doorway for help, to the large institution we are in today where overhead paging is a necessity and pocket pagers allow staff to be located quickly and efficiently.

A now-decrepit type of switchboard existed in the 1913 building and was used until the 1963 hospital was opened. It consisted of plug-in cords (about 50) and a dialing system. Having an intercom installed in 1936 was definitely hailed as a progressive move. One person at the board seemed adequate for each 12-hour period.

Elsie Hannon who was a precious member of the St. Paul's family, has some interesting memories to share. She was employed as a cashier and relieved at the switchboard. She relates that when the laboratory staff left at the end of their day, they would wheel into the office two tanks with tissue specimens soaking in formaldehyde and other solutions which the switchboard operator had to observe and after a set time, lift out - rotate and rinse, etc. She had to be very careful about this because overdue soaking might spoil the specimens and nullify the diagnosis. What a responsibility!! (See Laboratory History re: automation).

Through all these years the one thing that has not changed with this department is the contact we have always had with the public, patients, and staff. Located in the main lobby of the B wing since 1989 the switchboard operator/information clerk is one of the first faces seen when you enter.

In the mid '90s a Saskatoon District Health was formed, involving the three hospitals in the city. A telecommunications network was established so that ready contact can be made between them. There are several thousand telephones on this network. Staffing comes under the Saskatoon District Health, 10 persons are employed at St. Paul's Hospital.

Donna Sikorski



Cashier staff. (1950) – Elsie Hannon & Genevieve Joanis.



Switchboard operator. (1958) Vicky Parrot.

VOLUNTEER SERVICES

Called from worship into service,
Forth in your great name we go,
To the child, the youth, the aged,
Love in living deed to show.
(Albert Bayly #7)

Volunteer services have undergone many changes over the years, growing with the needs of the time. Besides fund-raising, many of the programs initiated by the Ladies' Auxiliary, founded in 1941, are still in operation today, though sometimes in a modified form. The acknowledgement of their contribution appears elsewhere in this publication, so only those pertaining to volunteer services will be dealt with here.

In 1968, Sister Superior Florence Keegan addressed the Auxiliary about the possibility of having young girls of high-school age come to the hospital to assist nurses on the afternoon shift. It was stated that approximately 30 girls from E.D. Feehan, Mount Royal and Bedford Road schools had already expressed interest in such a program. It was proposed that the sponsorship of this program would be a good project for the Ladies' Auxiliary. The ladies agreed; Mrs. H.C. Castle and Mrs. L.M. Brand volunteered to work with the Inservice Coordinator. The organization would supply the uniforms (aprons).

When the program was announced and a meeting called, 90 enthusiastic girls attended the 10-hour orientation program before being assigned to patient units to serve from 3:30 - 6:00 p.m. The duties of the candy-strippers included: visiting with



Tea for Candy-strippers (1976) – Sr. Eva Sautka with Doreen Brand, Ladies' Auxilliary.

the patients, delivering fresh water to the bedside, assisting patients with their meals or with walks in the hall. They also delivered requisitions and picked up supplies. This was intended as an opportunity for the students to preview health-care careers. The uniforms were obtained at a cost of \$57.50 per dozen.

All went well. The ladies decided, in 1970, that, before the end of the school year, a tea would be held to honour the candy-strippers, and to present service stars for a slated minimum of hours worked. This became a tradition.



Sr. L. Noel, Superior and Candy-strippers (1977).

That fall, 125 girls from E.D. Feehan, Walter Murray, Bedford Road, Mount Royal, Nutana, Evan Hardy, Holy Cross and Sion Schools registered for the program. It was decided that caps would be given to the senior candy-strippers to replace the gold stars for those who had worked at least 100 hours.

By this time, the Ladies' Auxiliary considered giving up responsibility for the program, but they did continue financially for several years. In 1977, Mrs. J.D. Chrones, with the backing of the Auxiliary and assisted by eight volunteers began providing services to long-term patients.

This appears to be the beginning of adult volunteer services. That same year, two teachers and five other volunteers began assisting patients on the Pediatric Unit. Our records also credit Mrs. Chrones for organizing in 1978, hospital tours for school children from kindergarten to grade III. Regular tours were booked from March to November and proved very popular.

In 1981, the Auxiliary created a bursary of \$200 to be presented annually to a candy-striper who had given exemplary service, completed Grade XII, and would be enrolled in post-secondary education in health-care. The name candy-striper was changed to Junior Volunteers.

In 1985, Sister Alice Romanchuk, then in charge of the Junior Volunteer Program, made a survey to assess the need for adult volunteers and moved in that direction. Meanwhile, the St. Paul's Hospital Ladies' Auxiliary were on the verge of dissolution, due mainly to the fact that the projects they had been concerned with were taken over by the St. Paul's Hospital Foundation (founded in 1982) which operated on a broader scale.

The Junior Volunteer Program was entrusted to Irene Sikorski as coordinator, responsible to the director of the SPH Foundation but, in 1988, she became head of a separate unit entitled Department of Volunteer Services. This program is ongoing. There are also approximately 50 ladies and men serving as adult volunteers.

The community spirit expressed by the response of local citizens to volunteer services is an encouragement to the staff, as well as a factor in promoting a caring atmosphere within the hospital family.



Sr. Lise Chaloux, Director of Pastoral Care (circa 1992). Jean Shirley, Volunteer, Irene Sikorski, Coordinator of Volunteers, Sr. Lorraine Lafleur from Business Office.

Irene Sikorski



Sr. Catherine Frohlich, Superior, with MaryBelle Pshebylo, (1986) former secretary and presently a volunteer in Archives.

DIAGNOSTIC AND TREATMENT SERVICES

- Diagnostic Imaging
- Laboratory
- Non-Invasive Cardiology
- Palliative Care
- Therapies

DIAGNOSTIC IMAGING
1913-1995

(Formerly X-Ray, then Radiology)

Yesterday is history; tomorrow is mystery.
Today is a gift;
That is why it is called **the present.** (Anonymous)

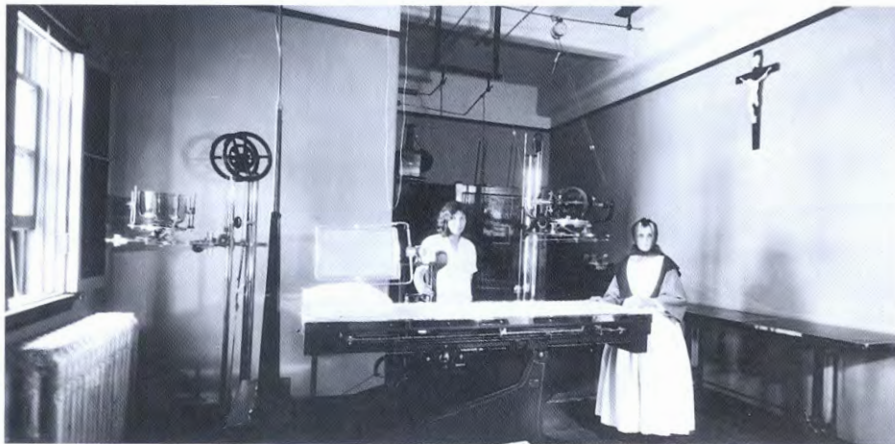
When the first St. Paul's hospital was opened on Pleasant Hill in March 1907, there was no X-ray equipment. It was not until a new building was erected in 1911 and opened in November 1913 that a Department was established with its first machine located in a space to the right of the O.R.

In 1924 a new wing was added to the building and the Radiology Department was expanded and better equipment added. Records show that 2,150 radiological examinations were done in that year.

During those early years, the Department was supervised by Sister Melvina Letarte and the medical staff interpreted their own films. No records of the x-ray findings were made or kept.

Dr. Albert Hazell a long time family physician in Saskatoon supervised the department on a part-time basis in 1929 but could not continue because of the demands of this busy practice. Dr. Earl Shepley a qualified Radiologist and Radiotherapist who came to Saskatoon in 1930 also worked part-time as a radiologist at the hospital for some years.

In March 1935, Dr. Richard Johnson was appointed as the first full time Director of Radiology. There was considerable expansion of the department in both diagnostic



X-ray Department, 3rd Floor (1929), moved to basement of thenorth wing. (1948)

and therapeutic radiology during his term. The department was transferred to the ground area. He retired in 1946 and was replaced by Dr. Earl Spencer who held the position until 1954 when he left to become the first professor and head of the Radiological department at the new University Hospital.

Dr. Spencer was one of the founding members of Associated Radiologists of Saskatoon. Since 1946 all contracts for the provision of radiological services at St. Paul's Hospital have been with that group. The group is presently made up of 14 diagnostic radiologists.

Dr. Anthony Becker who was the first radiologist to take his training at St. Paul's became the new director. He modernized the department, introducing new equipment as well as automatic film processing. He also discontinued Therapeutic Radiology which at that time was being concentrated at the Cancer Clinic due to the fact that its use in benign disease was suspect.



Dr. Anthony Becker and Dr. J. McManus (1970).

He developed plans for an enlarged functional department in the new hospital which was opened in December 1963. He introduced image intensification and rapid film changing to the department in 1967. This was a milestone in the practice of radiology and led to a reduction in radiation levels to patients and to the introduction

of special procedures such as angiography, biliary drainage, bronchography, etc. These special procedures had a significant effect on the practice of radiology as they were invasive and very time consuming. Dr. Becker retired as chief of the department in 1972 and was replaced by Dr. Gerald Monks, who remained until 1983.

In 1979, ultrasound became available in the hospital for the first time. The addition of this technology without the harmful effects of ionizing radiation had a profound effect on the department. Its use in obstetrics and gynecology as well as in the study of the liver and other soft tissue organs was immediate. The name of the department of radiology was changed to the Department of Diagnostic Imaging about this time.

During this period the number of examinations and special procedures increased rapidly and equipment was again updated.

Dr. Robert Kudel was appointed as chief of the department in 1983 and remained as head until 1988. During his tenure the most significant change was the purchase and installation of computerized tomography (CT). This technology led to more detailed depiction of internal anatomy leading to more definitive diagnosis. It opened the way for radiologists to accurately carry out other invasive procedures such as needle biopsies of chest, abdomen, and prostate under CT or ultrasound control. This reduced the need for surgical exploration for diagnostic reasons. It also led to shorter hospital stays.

Dr. R. Kudel was also involved in planning for a much larger Imaging Department in the new addition of the hospital, being built at that time. In 1988, he was succeeded by his brother, Dr. Tim Kudel, who is currently in charge.

In 1989, Dr. Tim Kudel supervised the move into the new enlarged Imaging Department which contained an angiographic suite with state of the art equipment including digital imaging and laser printing.

There has been a significant increase in the number of invasive procedures from approximately 600 to 1,200 between 1989 and 1994. This required specialization by some of the radiologists who now tend to limit most of their practice to these procedures. Ultrasound, however, is still the primary growth area in the department.

Doppler ultrasound was added in 1990 reducing the need from some invasive vascular procedures.

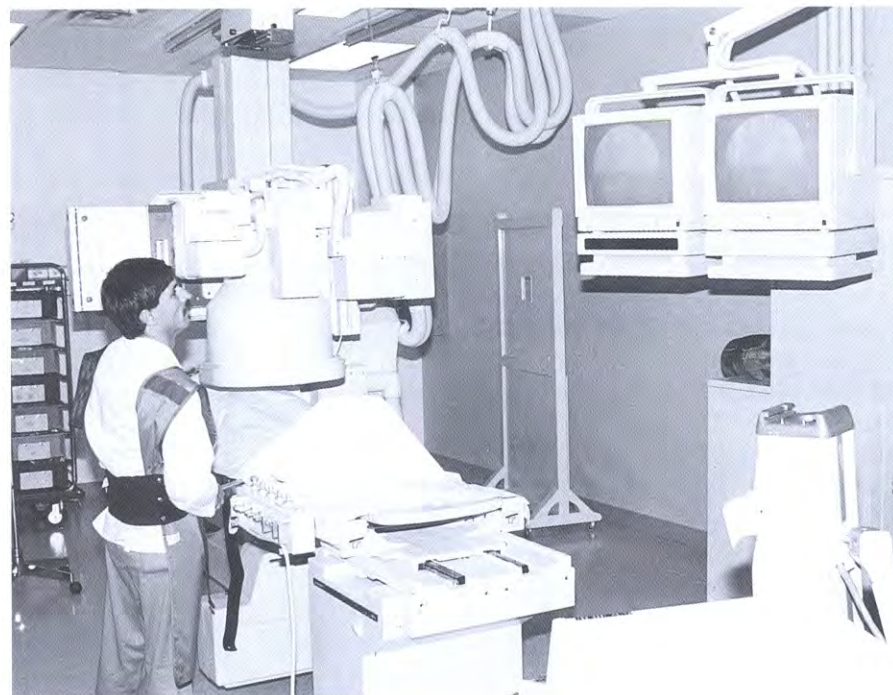
Society, through its government, has increasing difficulty in paying for this complex and expensive technology. This makes it impossible to predict what the future holds.

There has been increasing budgetary pressure in recent years. Since 1989 the full time equivalent positions in the department have been reduced from 34 to the present level of 29. During the same period the numbers of imaging examinations have increased from 46,700 to the present 56,000 level. The complex and time

consuming vascular procedures doubled in numbers as have the numbers of ultrasound examinations.

When Roentgen discovered X-rays in November 1895 he could never have predicted what has been achieved in this century and it is equally difficult for anyone to forecast what will happen in the next.

Dr. J.G. Monks (ret.)



Robert Britz with CT scan (1990).

References:

All the information on the early years of Radiology at St. Paul's Hospital has been taken from an article by Dr. A. Becker headed "A Sketch of Radiology at St. Paul's Hospital". This was published in the Saskatchewan Medical Quarterly Vol. 34 #3 in September 1970.

LABORATORY HISTORY (A Story of Growth)

Our main business is not to see what lies dimly at a distance,
but to do what lies clearly at hand.
(Thomas Carlyle)

Laboratory tests in the early days at St. Paul's were the responsibility of each physician and so doctors looked down their own microscopes, did their own hemoglobin estimations and their own urinalyses. Postmortem examinations were rare and then, autopsies were performed mainly as part of a police investigation.

The laboratory in the early '20s was operated by one person, a self-trained young man, Robert Atkinson. Dr. W.S. Lindsay, professor of Pathology, and Dr. G. Rae, the professor of Bacteriology, at the University of Saskatchewan were called in to do the few examinations then available. (Incidentally, Dr. W.S. Lindsay became Dean of Medicine at the U of S and was one of the original group to develop the Royal University Hospital).

Dr. O.C. Gruner, a pathologist from Montreal (1927), was the first full time director of the Department for a brief time until Dr. D.F. Moore, arrived and in 1950, a new laboratory was developed on the roof of the hospital. Prior to this the laboratory was found in a collection of rooms and closets in the north wing of first floor of the hospital; hematology, and chemistry in one, microbiology and transfusions in another, and the general office and a pathologists office in another. A storage room was used for histology and urinalysis.



*Dr. D.F. Moore, Head Department of Pathology (1945-57).
Consultant pathologist, Saskatchewan Cancer Commission,
Chief of Staff at St. Paul's Hospital (1949-57)*

The 'first' laboratory was managed by Sister Fernande Michaud who also looked after the call backs on weekends and nights. At that time there were four technologists, Jesse Perry who managed urinalysis and autopsies, four students in St. Paul's two-year training program and four students from the University of Saskatchewan Program.

A typical day might see 10 hemoglobin estimations, 5 blood sugars, 15 urinalyses and 10 bacteriologic cultures. There was a yearly total of 1,500 surgical specimens. It is important to acknowledge that time-consuming and popular clinical tests such as the basal metabolic rate (BMR), gastric analyses, and the skin allergy tests were done in the laboratory. Major (ABO) blood groups and Rh groups were performed on a glass plate! Blood donors were bled in the O.R.; these were either friendly donors (for example policemen and firemen) or donors who were paid \$15 per pint (for example, a destitute medical student). Blood transfusions probably occurred three or four times a week.



Graduates in Medical Laboratory Technology (1956): l. to r.: Dorothy Coleback, Doreen Hollis, Darlene Grimley, Helene Neustadter, Marion Campbell, Dawn Laidlaw, Dr. F. O. Young and Emma Barager.

A major change occurred in 1950 when a new laboratory was constructed on the roof of the old hospital. Dr. D.F. Moore was now the full time pathologist and the hospital was approved by the Royal College of Physicians and Surgeons of Canada to train residents for the specialty of pathology. The trend to specialization was started when a section head was appointed in each of hematology, chemistry, microbiology, transfusions, and histology. There were now eight technologists. Each division had its own room, there were two people in the wash-up area (disposables had not yet arrived) and there were two secretaries. Graduating students were certified by the Canadian Society of Laboratory Technologists in 1953.

Automation was developing in 'the roof lab'. Tissue processing for the microscopic sections was now being done over-night by automatic equipment. It should be noted that prior to this, tissues were processed manually through the various solutions and required assistance from the switchboard operator on the evening shift. (Refer to the Switchboard and Information report). Flame photometry was introduced and



Microbiology Department (1963): **l. to r.:** Janice Shellenberg, Marjorie Perry, Nellie Smishek, Diane Haid, Gisele Cadrain, Sharon Ludwig.

electrophoresis was developed. The Red Cross blood bank opened in 1952 and radically changed the method of delivering blood transfusions. It should be appreciated that automation in the laboratory at this time was just beginning and the time-consuming manual techniques were the standard. Pipetting by hand, counting in chambers, color reactions, colorimeters, and densitometers were the standard equipment.

The opening of a new hospital, (now B wing) in 1963 gave the laboratory a completely new look. Dr. Harry Emson was the director when the “open” type of laboratory was designed, complete with new postmortem facilities. There was also a full time associate pathologist, Dr. Joe Chorney. Autopsies reached a high of 340 per year during this period, many of them medico-legal examinations. A hematopathologist, Dr. S. Padmanabh, joined the laboratory in 1969 and an increasing number of patients were being examined for blood dyscrasias and coagulation disorders. The University of Saskatchewan began developing a program for training medical specialists in 1954. St. Paul’s Pathology department became part of this program and residents in Surgery, Obstetrics, Radiology and Pathology frequently came for a rotation in laboratory medicine. This arrangement continued when Dr. Emson became Professor of Pathology at University of Saskatchewan in 1975.

Because of complexity and volume, the divisions of hematology, chemistry, microbiology and blood transfusions were developing special technologists who became heads of these divisions. Automation developed rapidly in this laboratory. Automatic sequential analysis, first with the auto-analyzer became the standard. Flow-through cell counters were eliminating much of the manual pipetting, and



Dr. J. Chorney and Dr. H. Emson, at Dr. Emson's farewell (1975).

automated coagulation tests were rapidly developing. Manual techniques were still very much a part of blood banking and microbiology.

Our student number increased to a total of 21. Marjorie Perry became the first full-time teaching technologist in 1964 and continued when Kelsey Institute developed a two-year training program together with the Saskatoon hospitals in 1970.

The construction of the new addition (the A wing) which opened in 1989 provided a large addition to the laboratory. Until then the laboratory had been in an enviable location beside the radiology department, near the emergency department, and one floor below the operating rooms. Now the hospital began to spread out as a more complex and divided facility. Dr. Padmanabh was the head of pathology when a large space was developed to house chemistry, hematology, and blood transfusion. This was the first part of an anticipated three-stage renovation of the department. Now automation was nearly complete in the chemistry and hematology departments. It was not unusual to do 100 complete blood counts, 100 electrolyte studies, 50 blood sugars, and 20 cross matches in a day. Only the more esoteric tests required referral to other laboratories. Automation came suddenly to the microbiology section in the form of automated antibiotic sensitivity tests and automated blood culture techniques. Now there could be 50 culture and sensitivity tests per day and up to 10

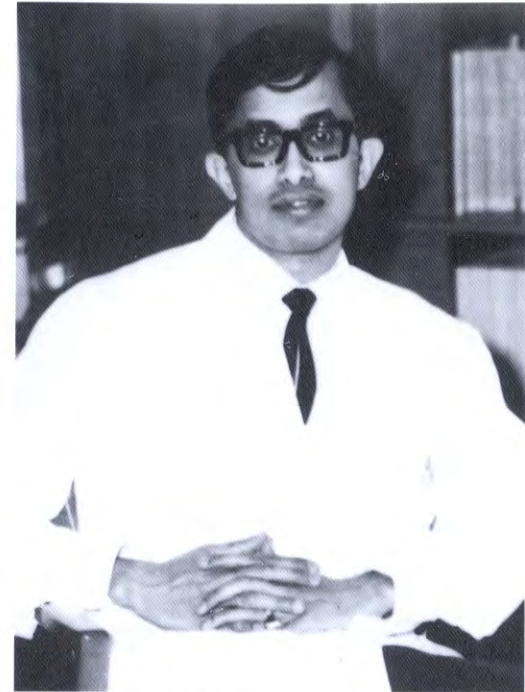
blood cultures. Lately clinical research has been added to the laboratory with the arrival of a full-time microbiologist Dr. Joe Blondeau from Nova Scotia.

We are currently in the midst of another major change. Regional Health Boards have been developed. The Saskatoon District Health Board is moving private laboratory services into the hospital system and they are amalgamating the laboratories of all three hospitals. A big change is anticipated in the appearance, staffing, and function of our labs!

Dr. Jack Adolph (Histology Department)
assisted by: Helen Link, Marjorie & Jesse Perry



Erika May, photographer (1980).



Dr. S. Padmanabh (1990).



Dr. Jack Adolph, pathologist with resident Dr. Allyson Adolph (1992) - his daughter.

NON-INVASIVE CARDIOLOGY LABORATORY
(Formerly ECG and then, Electro-Diagnostic Department)

Our souls are candles of the Lord, lit on the cosmic way,
rather than fireworks produced by the combustion
of nature's explosive compositions,
and every soul is indispensable to God.
(Abraham Joshua Heschel)

In the early years, the electrocardiograms (ECG) were the responsibility of the Laboratory staff. Shortly after the 'roof lab' was opened in the spring of 1950, Dr. D.F. Moore, the pathologist in charge, asked that his staff be relieved of this task which did not really belong with his specialty. For lack of a better place, ECG's one machine was transferred to the Emergency Department located in the basement area of the north wing (1924 addition) with one newly-trained technician handling requests. Equipment consisted of a 'single channel' Sanborn Electro-cardiograph machine, which involved cutting and gluing each of the twelve strips.

It was in this set-up, nevertheless, that history was made when, under the direction of Drs. David and Marc Baltzan, an experiment in distance ECG tracing was made. In February 1963, a patient was brought to a telephone in St. Margaret's Hospital, in Biggar and, connected by long-distance to St. Paul's Hospital. An ECG tracing was made with the message being received on a machine at the other end in the presence of our two doctors for interpretation. It was a success.

Completion of the 1963 'new hospital' took us to a treatment room at the back of the Emergency Department where we remained for one year. We then moved to 'Fernando's' (room across from the main desk) in Emergency. This room (approximately 8' x 6')

housed a desk, typewriter and files. All ECG's were mounted, read and processed there. Around that time pre-pasted requisitions were introduced eliminating the poignant odor of the glue previously used.



Old non-invasive E.C.G. machine (circa 1950).

In order to be close to the Intensive Care and Medical Units, an interns' sleeping room on 3rd floor became our next home in 1969. Hewlett and Packard ECG machines were purchased producing 12 lead ECG's on graph paper. This room expanded to include the head nurse's office in March 1984 to accommodate the Holter Monitoring system (24-hour continuous heart monitoring). The introduction of Echocardiograph (cardiac ultrasound) and Stress Testing in December 1986/87 resulted in relocation to the first floor giving us a three room department.

In June 1989 we moved to our present ten room department offering our patients ECG's, Holter Monitoring, Treadmill Stress Testing 20, M-Mode and Doppler Echocardiograms, Ambulatory Blood Pressure Monitoring and the 'King of Hearts' event recorders.

With the addition of two cardiologists July 1994, volumes have increased significantly. Echocardiogram studies have expanded to include transesophageal procedures utilizing the 'Omni' plane probe (presently the most sophisticated probe available) as well as Pharmacological Stress/Echo procedures.

Along with many others, I am proud of the way ECG/Electrodiagnostic/Non-Invasive Cardiology Laboratory has progressed, from a base in the Lab to a room at the end of an ambulance ramp, to the present rooms (all with a view).

The department is under the Medical Director of Non-Invasive Cardiology - Dr. J. Akhtar and supervised by the Director of Technical Services, L. Dougan. It is staffed by technologists in the specific diagnostic fields with supporting clerical assistance.

To date the Non-Invasive Cardiac Laboratory has approval for 6.95 Full Time Employees.

Technical Director	- 1.00	ECG Techs	- 3.60
Medical Clerk	- 1.35	Echo Tech (ultrasound)	- 1.00

All statistics are compiled yearly to March

Total standard ECG's completed

1976	- 10,204	1986	- 13,302	1996	- 13,972
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The present department is organized to provide the following diagnostic procedures:

1) Standard 12 lead Electrocardiography	1996 total	13,972
2) Ambulatory Electrocardiography (Holter)		1,312
3) Ambulatory Event Recorder (King of Hearts)		26
4) Ambulatory Blood Pressure (ABP)		300
5) Exercise Electrocardiography (Stress Test of ETT)		1,698
6) Echocardiography, Transthoracic and Transesophageal (Echo) and Stress/Echo		1,366 (61)

7) Pacemaker Assessment (New procedure)

March 1995 - March 1996

Total in-patients in 1996 - 8,189

Total out-patients in 1996 - 10,485

Grand Total: 18,674

Laurie Dougan



Laurie Dougan, Director, (1986) Non-Invasive Cardiology Laboratory.



Gail Redekopp. (1988) Echo cardiology (ultrasound)

PALLIATIVE CARE SERVICES

Miss me a little ... but not too long and not with your head bowed low.

Remember the love that once we shared.

Miss me but let me go. (Anonymous)

Miss me but let me go. (Anonymous) In 1985 a Palliative Care Consultation Team, the first of its kind in Saskatchewan, was established at St. Paul's Hospital. Under the direction of Irene McIntyre, an interdisciplinary team consisting of physicians, nurses, a social worker, dietitian, therapists and volunteers served as consultants and sources of support and information to the regular staff providing care for terminally ill patients throughout the hospital.

Further progress in the evolution of services for patients with a terminal illness came with the opening of a 12-bed Regional Palliative Care Unit at St. Paul's Hospital in April 1990. Staff members who were involved with the opening of this Unit were : Nancy Guebert - Nurse Manager, Denise Budz - Clinical Coordinator, Dorraine Bell - Social Worker, and Dr. S. Chary - Medical Director. The Grey Nuns were instrumental in our hospital being chosen as the one to have the Palliative Care Unit; they had shown strong commitment to the palliative care concept by virtue of their work at both the St. Boniface General Hospital and the Edmonton General Hospital.



Albert Rempel (patient) with family.

a deep spiritual experience. This process seems fully in the tradition of the caring that has characterized St. Paul's Hospital over the years.

Denise Budz, R.N.



Marion Reimer with daughter and granddaughter (1991).

The staff and volunteers care for any patient with a terminal illness, irrespective of age or diagnosis who is experiencing distress by uncontrolled symptoms, and who requires intensive medical management. Care is provided to the patient and family by an experienced interdisciplinary team of health care professionals. Each patient on the unit has a spacious, private room with a window offering a splendid view of the city.

Patients are encouraged to bring special belongings to make their room feel more homelike. Each room has an overnight chair/bed so a family member may sleep in the same room as their loved one. Other special features on the Unit include a kitchen, day room, music room, quiet rooms, whirlpool tubs and a bedroom for family if needed.

In November, 1995 it was announced that Saskatoon District Health would begin a process to move towards a more client-centered structure, one that would look at improving the coordination of services and consider improved client access to needed services and care. The proposed framework for the redesign was described as The Client Group Model. St. Paul's Hospital was given the responsibility of managing the Palliative Care Services Client Care Group, which will be responsible for managing Palliative Care throughout the Saskatoon District. This will involve integrating Palliative Care in acute care, the in-patient unit, Home Care and Long Term Care.

Over the past six years since the Palliative Care Unit has offered services to terminally ill patients with all the compassion they evoke, it has definitely proven its worth to patients and families alike. It facilitates the 'letting go' process by allowing family members to reaffirm their caring, to reconcile their differences, and enter into



Susan Grimard with her son Gerard (1996).



Palliative Care staff (1995). Carol-Lynn Zapf, Lauven Monea, Denise Budz, Nurse Manager and Ronna Richards.

THERAPIES

Our God uses broken things;
It takes broken soil to produce a crop;
it takes broken clouds to produce rain;
it takes broken grain to produce bread;
it takes broken bread to produce strength.
(First Nations' Nechi Centre)

As far back as we can determine, physiotherapy exercises were performed by the nurses upon instruction from the physicians. When the Poliomyelitis Clinic was established in 1943, Mrs. O. Cowell, a nurse, who went to the USA to learn the Kenney Method of treatment, was responsible for physiotherapy and had excellent results.

In the early '50s, a married couple from England, Mr. & Mrs. Frank Connolly (a blind man), were referred to us by the newly formed Saskatchewan Council for Crippled Children. Both were employed to serve in the Polio Clinic and throughout the hospital. They went about with their bottle of lotion, halters and stretch straps for a long time before they were able to have a room to even store equipment which they had fabricated or which was purchased by the hospital. Eventually, a real department was formed. Mr. Connolly was to a great extent responsible for arousing interest in establishing a training program for physiotherapy at the University of Saskatchewan. The first graduation there was held in the late 1960s.

The 1963 building provided adequate space for a department with exercise rails, a whirlpool and wax tubs, etc. By then, there were several therapists on staff.

The need for rehabilitative medicine of other kinds also developed: Respiratory Therapy requiring skills to operate hi-tech and life support ventilators, Occupational Therapy, Speech Language Pathology, etc., and eventually, these programs became available.

Changes in patient demographics and care needs, e.g. mean-age of our patients and demands to decrease length of hospital stay and increased quality of outcomes, necessitated cooperation among the multi-disciplinary professionals that now comprise the professional services developed as the Department of Therapies. Respiratory Therapy was amalgamated into this department in 1991. The spacious area on Level 2 was set up in April 1994 where the Surgical Suite had been located prior to the opening of Project IV (the A Wing).

- Physical Therapists are positioning and mobilization specialists covering multiple medical and surgical situations from the acute to the ongoing.
- Occupational Therapists specialize in augmenting functional outcomes and prescribe specialized adaptive equipment.

- Respiratory Therapists participate in management of patients requiring ventilator support and airway management in critical care and ward settings.

This Department has an interesting story of growth; it reflects the dedication of those who seek optimum results for the handicapped for whom they care, along with living out of Spirit of St. Paul's.

Ted Makeechak & Sr. B. Bezaire, s.g.m.



Physiotherapy Department- 1st Floor (1933). l. Sr. Malvina Letarte and r. Sr. Euphemie Boisvert.



Frank Connolly (physiotherapist) with Daniel Perrins (patient) (1957).

MEDICAL STAFF AND DEPARTMENTS

Anesthesiology
General Practice
Medicine
Obstetrics and Gynecology
Ophthalmology
Orthopedics
Otolaryngology
Pediatrics
Surgery
Urology
Internship Program



Medical Advisory Board (1970).

l. to r.: Dr. Smith Windsor, Dr. F.W.Rosher, Dr. R.B. Baltzan, Dr. J.W.A. Mackenzie, Dr. M.B. Krochak, Dr. Z. Zadorny, Dr. H. Emson, Dr.A. Becker, Dr. J. Campbell, Dr. M. A. Baltzan, Dr. W. Hargarten, Dr. D.M. Baltzan.

ANESTHESIOLOGY

1906-1996

Let everything that lives and
that breathes give praise to the Lord. (Ps. 150)

It was a very memorable day on March 10, 1907 when St. Paul's Hospital with 17 patient beds was officially declared open and ready to accept patients. The 90th anniversary year is upon us and we offer our congratulations and gratefulness to the Grey Nuns of Montreal because with their help and guidance, the hospital has been able to care for the health and spiritual needs of the Saskatoon citizens as well as the surrounding districts. St. Paul's Hospital has expanded to its present capacity and now offers a variety of health care services in step with changing times in health care. In 1907 it was the typhoid epidemic, diagnosis of cancer in the 1930's, the polio epidemic in 1943-1956 and in the present day, renal dialysis is the major focus.

During the polio epidemic of the 1950's there were nine Emerson 'iron lungs' plus Huxleys respirators and rocking beds used at St. Paul's Hospital. There were as many as 36 polio patients treated in the isolation wing in 1956. Following the discovery of Salk vaccine for polio prevention, the need for this special equipment has decreased.

Anesthesia services at St. Paul's Hospital were needed ever since respiratory care and surgical operations began to be performed at this institution. The first surgical operation was performed on April 13, 1907 at this little hospital (the converted home

of Dr. Willoughby). The surgery was a gastroenterostomy for a peptic ulcer performed by Dr. A. Croll.

There were a variety of inhalational anesthetic agents and various regional and local anesthetic techniques used during the first 50 to 60 years of the hospital's history. Nurses often played an important role in the administration of anesthetics.

Cautery had become a useful technique in hemostasis during surgical procedures and also the presence of electrically driven monitoring systems and machines. Newer type nonexplosive agents were being constantly researched and developed. To dissipate static electricity, the floors of the operating rooms required a grid when flammable agents were used. Gradually explosive agents such as ether, chloroform and cyclopropane, (which was then regarded as the champagne of anesthesia) were replaced by non-flammable agents i.e. halothane and isoflurane.

Until the 1960's open drop ether by means of a Schimmelbusch mask was used for tonsillectomies and ophthalmology operations. Ether was a safe agent to use but did cause nausea and vomiting post-operatively. The first halothane general anesthetic administered at St. Paul's was in October 1964.

With the introduction of newer monitoring techniques and agents, anesthetic techniques at St. Paul's as well as throughout Canada and the United States became more sophisticated. The scope of anesthetic practice changed. As the life expectancy of the people became longer, the type of surgery and anesthesia became more and more extensive.

Today, instead of monitoring an anesthetized patient with a manual blood pressure cuff and chest stethoscope to listen to the heart beat, monitoring of the anaesthetized patient set new standards. Electrocardiography, respirometry, tidal volume measurement and end-tidal carbon dioxide measurements (capnography), central venous pressures, arterial blood gas determinations can be used now in very ill patients coming to surgery and in post-operative care. A very recent non-invasive monitoring device (pulse oximetry) has become a standard in anesthesia practice, also used in the post-anesthesia recovery rooms and in the intensive care units and other hospital wards. This oximeter measures the oxygen saturation of the blood.

Post-anesthetic recovery rooms at St. Paul's Hospital were established in 1963 with the new hospital. Prior to this the anesthetized patients were recovered on the general wards with graduate and student nurses.

Our first cardiac monitor (ECG) and external defibrillation for the operating room suite was purchased in 1968. Our first Bird Ventilator in 1969. The intensive care unit was established in October 1969 and ventilators (positive pressure and others) and monitoring techniques (arterial pressure monitoring, central venous pressure monitoring and arterial blood gas determinations were obtained).

Endotracheal intubation which was once used in relieving tracheal obstruction from diphtheria has now become common place during surgical procedures.

In recent years, newer advances in post-operative pain control i.e. epidural analgesia and patient controlled analgesia have been instituted at SPH. Epidural analgesia is especially useful post-operatively in chest surgery and extensive abdominal surgery, orthopedics and urology.

The maternity department until its recent transfer (June 1995) to another hospital was a part of SPH since its beginnings. A maternity wing was added in 1925. Since 1978 epidural analgesia was requested more and more during labour for pain control and during Cæsarian sections. Spinal anesthesia with very thin bore intrathecal needles began to be used in an effort to prevent spinal headaches during Cæsarian section in the maternity suite and for other operations in the operating suite. Epidural analgesia replaced paracervical blocks in obstetrics.

After 1925 tuberculosis patients were admitted to the Saskatoon Sanitorium for treatment.

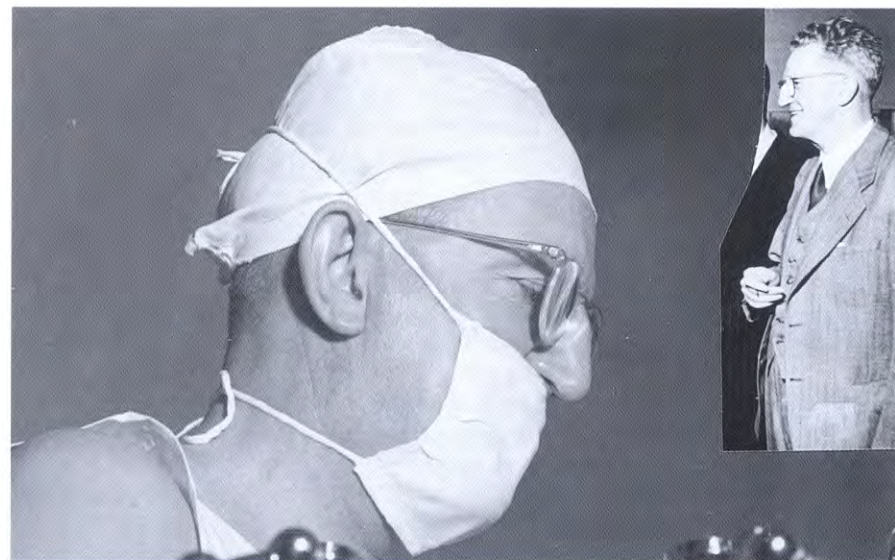
When curare was discovered in 1942 by Dr. Harold Griffith this caused significant changes in anesthetic management of patients. This was a long-acting relaxant which required positive pressure and controlled ventilations. The stage was set for the development of balanced anesthesia, in that the triad of sleep, analgesia and relaxation could be achieved safely without the risks of deep ether, cyclopropane or high spinal anesthesia.

Every month on Tuesday morning a meeting was held of the departments of surgery and anesthesia where difficulties and mutual concerns of the departments were discussed. The head of Surgery usually chaired these meetings. Anesthesia services always worked in close cooperation with the surgical specialties (surgery, urology, ear, nose and throat, obstetrics, gynecology, ophthalmology). The anesthesia department provides 24 hours per day coverage. During the last 25 years, the department has expanded its role in areas outside of the operating room suite, into critical and respiratory care in intensive care units, pain clinics, also pain management post-operatively, obstetrical analgesia, preanesthetic consultations and palliative care. The members of the department continue to serve on the numerous hospital committees including the Medical Advisory Board.

Anesthesia as a specialty, became recognized for post-graduate education after 1950. Prior to this, interest in this specialty was outdone by more dynamic specialties - as surgery and obstetrics.

St. Paul's Hospital was in an enviable position to have a full time qualified anesthesiologist since 1948. Dr. E. Upthegrove was born and educated in Toronto and moved to Saskatoon in 1948. He was chief of the department of anesthesia until his retirement in 1968. He also administered anesthesia for chest surgery at the

Saskatoon Sanitorium. During his many years as head of the department, he encouraged many general practitioners including Dr.H.M. Collins who took charge when Dr. Upthegrove was away.



Dr. W.E. (Ed) Upthegrove, first certified anesthetist (1948).

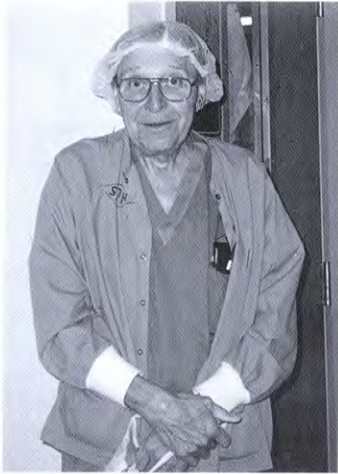
After Dr. Upthegrove retired, Dr. Z. Zadvorny became head of the department from



Dr. Harry Collins.

1967 to 1987. He joined the department in 1964 after receiving his specialty training in Edmonton and Vancouver. Dr. R. Kimler became head of the department in 1987, followed by Dr. R. Weiler (1990), then by Dr. E. Berenbaum (1993) and now Dr. D. Burris in 1996 who is the present head of anesthesia at SPH.

Although most of the anesthetics now are given by specialist anesthesiologists, there are many family physicians who helped the anesthetic department in the years up to 1985, providing



Dr. Z. Zadovny (1964-1997).

good patient care. These include Dr. A. Hindmarsh (1959-1985). Dr. T. Guzik (1969-1985) who also served many years on the Intern Committee representing the department, Dr. Kost, Dr. P. Bobyn, Dr. Dosman, Dr. Hargarten, Dr. L.M. Brand and Dr. Nemaneshen. They were all excellent anesthetists and without them the department could not have managed to provide the service that was required.

Over the years consultants to the department of anesthesia included Dr. Damion, Dr. G. Wyant, Dr. C.Kilduff and Dr. Cornelius Voth, 1982. Dr. D.Zoerb and Dr. Leslie Ann Crone 1980, Dr. Kilduff was very supportive and helped the department in many ways in organization and anesthesia administration even while he was

chairman and head of the department of anesthesia at the Royal University Hospital.

Our specialist anesthesiologists joined the department bringing with them expertise in certain areas. Dr. B. Eustace (1976) epidural analgesia and maternity; Dr. W. Smandych (1980) therapeutics and pharmacology and preoperative assessment of patients; Dr. H. Michaluk (1982) was president of medical staff at SPH 1984; Dr. D. Burris (1988) now head of the department; Dr. E. Gignac (1988); Dr. R. Weiler (1989) head of the department 1990 to 1993, then was head of anesthesia for the citywide Saskatoon District Health; Dr. E. Berenbaum (1989) chief of the department 1993 to 1996, now head of anesthesia for Saskatoon District Health. Dr. N. Cowie who joined the department in 1990 has published papers on heparin and blood coagulation and is involved in the pain clinic; Dr. H. Ha joined the department in 1989 and has special interest in pain clinic; Dr. M. Gerard and Dr. W. Gore-Hickman came to SPH in 1994.

Previous members of the department have been Dr. Glen Davies, Dr. Dennis Morey (intern training), Dr. Victor Debnath, Dr. J. Lamb and also Dr. Joan Sutherland who is now in Melbourne, Australia.

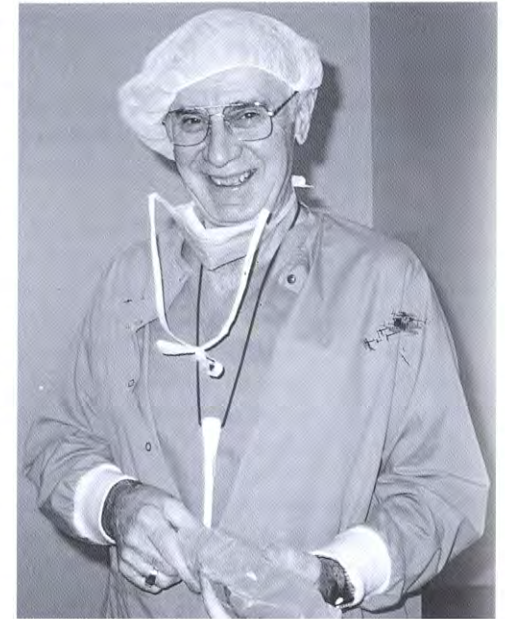
Certain milestones of the department should be mentioned. In 1968 the CEO of St. Paul's Hospital (Dr. Morley Smith-Windsor) asked the department to formulate rules and regulations for the department along with privileges. In 1974 a similar study of health care was undertaken by Saskatchewan Government. In 1980, removal of anesthesia waste gases in operating theatres became important. Occupational exposure to trace amounts of anesthesia gases and vapours was considered a potential health hazard for personnel employed in the operating theatres, therefore scavenging systems were set in place.

When the 1989 addition to St. Paul's was being built, the department went on record asking to have windows facing the O.R. suite to have as much natural lighting as possible in the workplace, a move encouraged by Dr. Ted Guzik. The new O.R. opened on August 26, 1989.

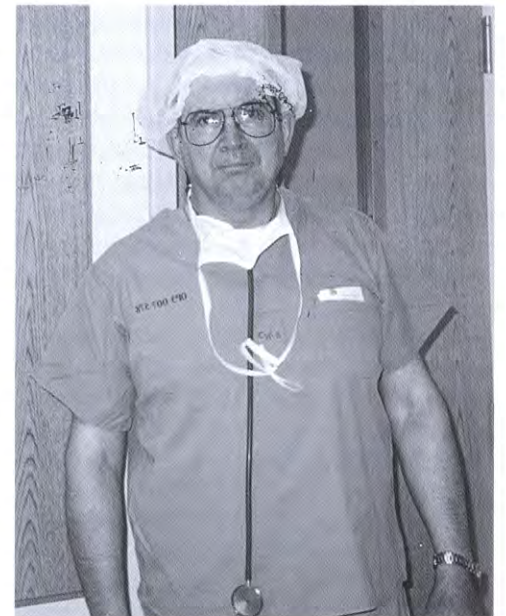
The Saskatoon department of anesthesia to which all anesthetists belong, now circulate, rotate, and give anesthetics at other hospitals in the city.

The medical staff has always been interested in teaching students. The students of St. Paul's School of Nursing which had opened on November 21, 1909 until the last class of nurses graduated in 1969 were among these lectures in anesthesia were given by physicians, nurses, and sisters dealing with anesthetic agents, techniques and recovering anesthetized patients. In 1926 the hospital received Hospital Standards Accreditation and the first medical interns were recruited. Teaching of interns, residents and students has been ongoing ever since the hospital received accreditation.

Interns rotated through the department spending 4 to 12 weeks on the service. Many general practitioners also came to upgrade their skills. At the present time residents, junior undergraduate rotating student interns (JURSI) and medical students rotate through the department. Emergency medical technicians have received resuscitation courses through this department and courses in



Dr. Ron Kimler (1996).



Dr. Wayne Smandych (1996).

Advanced Cardiac Life Support (ACLS) have also been provided to members of nursing and medical staff.

In conclusion, a thank you is owed to St. Paul's Hospital Ladies' Auxiliary - formed on October 14, 1941 - who raised money through a variety of projects. They donated stretchers etc. to the post-anesthesia recovery room, oxygen tents, humidifiers and resuscitators. In 1974 a major project - the total cost of \$74,000 was raised to purchase monitoring equipment for the intensive care unit.

The department of anesthesia wishes to thank the Grey Nuns of Montreal for the confidence shown towards the department over the years and expresses a special thank you for their encouragement, support and kindness. Their service to the public of Saskatoon and surrounding areas for over 90 years is a remarkable achievement.

Dr. Z. Zadvorny

References:

1. In this review article some of the source materials are contained in St. Paul's Hospital (Grey Nuns') of Saskatoon Our Story and Seventy-five Years of Caring.
2. Also thank you to Mrs. Alice Collins for providing a photograph and information on Dr. Harry Collins.
3. Thank you to Dr. Paul Upthegrove of Morcow, Idaho for information and photograph of Dr. E. Upthegrove.
4. Griffith H.R., Johnson G.E. The use of Curare in General Anesthesia. *Anesthesiology* 1925 = 418-420
5. Anesthesia and Intensive Care, Volume VIII # 1 Feb, 1980.

GENERAL PRACTICE OVERVIEW 1907 - 1997

The day is always his who worked in it
with serenity and great aims (Ralph Waldo Emerson)

- 1907 Doctors are Doctors are Doctors.
1997 There are doctors, there are Doctors and there are **DOCTORS**.

When St. Paul's Hospital opened in a house located one mile west of the town limits of Saskatoon, the general medical staff with no distinction by specialty, consisted of twenty-one doctors. (See SPH story)

In 1934 minutes of the medical staff meetings indicated that the staff would be organized into **services**. This occurred in 1938 with the formation of medical and surgical services.

By 1940, medical services included: Medicine, Radiology, Pathology and Pediatrics. Surgical Services included: Surgery, Urology, Anesthesia, Obstetrics and Eye, Ear, Nose and Throat (EENT). The designation was changed from **Services** to **Departments** in 1942.

In 1950, Pathology, Pediatrics, Anesthesiology and Urology became distinct departments. The year 1955 saw further reorganization when all of the above-named became departments, and General Practice was also given recognition as a department.

Members of the Department of General Practice were also required to be attached to one of the major departments. This process became a reality when the department gave recognition to 40 doctors, classified as: 22 active staff members, eight associate staff and ten visiting staff according to privileges granted.

The first meeting of this department held on January 5, 1956 was chaired by Dr. F.W. Rosher, the designated head. This was the first time in Canada that a section of general practice was formally established in a fully accredited hospital in addition to the traditional departments of medicine, surgery, etc. SPH showed leadership in acknowledging this distinction and in implementing it in the medical staff organization.

The year 1962 will always be remembered as the year of the Medicare Crisis, when Saskatchewan Doctors withdrew from their offices to boycott implementation of the Saskatchewan Medicare Act instituted on July 1st. The original Act took away their freedom to practise as they chose, and could oblige them to locate where the government wanted them to go. The disagreement between the doctors and the government was settled after twenty-three days through mediation by Lord Taylor (from England). The contentious clause from the Medicare Act was removed. Meanwhile, the doctors in general practice at St. Paul's worked 16-hour shifts in the

Emergency Department charging no fee to the patients, the hospital or the government and they received no pay or remuneration. They also volunteered their services and time at St. Margaret's Hospital in Biggar, which was operated by the Grey Nuns.

CONTINUING EDUCATION PROGRAMS

Every meeting of the department of general practice had an educational component. General Practice rounds, instituted in October 1962 were held each Saturday morning. Members had an opportunity to prepare a 'precis' of the case in question, outlining the symptoms, diagnosis and treatment. In 1968, under Dr. B.W. Hargarten, department chair and eager Program Committee members, Drs. P.A. Boby, and J.I. O'Hashi, a more ambitious, practical, inspiring and stimulating educational program was devised. It took the form of quarterly conferences on Saturday mornings. This development merited the commendation of Sister Theresa Chaloux, Chair of the Board of Directors in a letter dated January 16, 1969.



Dr. R. Fagnou and Dr. L. Brand (1985). Emergency Department.

Enthusiasm for the quarterly conferences waned. In the mid 1970s, a scientific program was re-established under department chair, Dr. M.B. Krochak who conducted monthly departmental meetings.

The doctors in general practice took an active part in teaching medical students and interns at St. Paul's Hospital. The 1977 annual report of that department to the Board of Directors indicated that thirty-one practitioners on staff at SPH had teaching appointments at the University of Saskatchewan College of Medicine (25 in Family Medicine, two in Surgery, and four in the department of Obstetrics and Gynecology).

In September 1979 the Department of General Practice was established as a fullfledged Clinical Department. Members were not now required to be attached at



Dr. Dave Munday (1982).

any other department. Treatment privileges in the other clinical departments were 'as arranged' with the chiefs of those departments. Members of the Department of General Practice were involved in the treatment of patients in all areas of health, including medicine, palliative care, emergency, obstetrics and gynecology, pediatrics and surgery.

In the 1980s, a **Journal Club** was formed to provide weekly opportunities for members of the department to review and discuss current issues and topics from the most recent medical journals and thus keep up-to-date in the therapies in various medical fields.

Since 1975, there has been considerable ongoing rhetoric about the numbers of medical staff at SPH and the ability of the hospital to accommodate every doctor and his/her patients because of escalating costs and limited hospital beds. To date, the players involved have not reached a conclusion on this issue. The perceived problem relative to the quota of doctors is currently being addressed by the committee of the Saskatoon District Health. Saskatoon District Health also has a 'Manpower Planning Committee'.

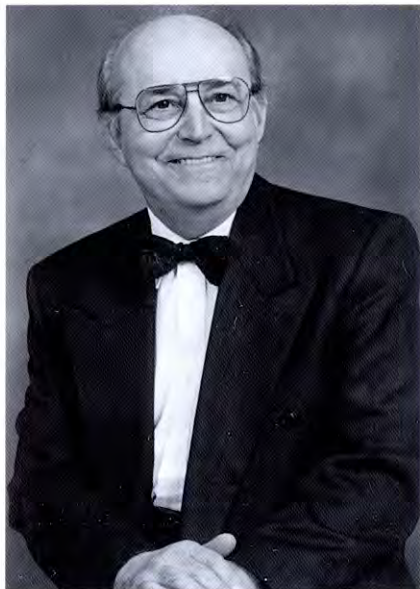
The name change of the department from Department of General Practice to Department of Family Practice first proposed in April 1979 was finally accomplished in 1991.

By 1994, there were 107 doctors in St. Paul's Department of Family Practice. In March of that year, a city-wide Department of Family Medicine came into being with Dr. Eileen Dahl of the Department of Family Medicine (Saskatoon District Health) as chief.

The heads of the Department of General Practice at SPH have been, as follows:

1956 - 1965	Dr. F.W. Rosher
1965 - 1966	Dr. L.M. Brand (Acting Chief)
1966 - 1972	Dr. B.W. Hargarten
1972 - 1981	Dr. M.B. Krochak
1981 - 1983	Dr. K. J. Stakiw
1984 - 1990	Dr. E.C. Kusch
1990 - 1994	Dr. R.W. Kostyniuk

Dr. M.B. Krochak, M.D.



Dr. M.B. Krochak (1996).

DEPARTMENT OF MEDICINE

God remains present to you when you have been sent forth;
 he who goes on a mission has always God before him:
 the truer the fulfillment the stronger and more constant his nearness.
 [Martin Buber]

Medicine became a distinct service at St. Paul's Hospital in 1935 and a department in 1948 when the entire Medical Staff was so divided. However, the practice of internal medicine as a specialty at St. Paul's antedated this restructuring by several decades.

It began when Dr. David M. Baltzan, who had been a general practitioner and assistant to Dr. George Peterson, a surgeon, since 1921, left Saskatoon in 1925 to pursue post-graduate education in internal medicine. He spent a year in Vienna, Austria, at the Krankenhaus, which then led the world in Internal Medicine, and another at John Hopkins which was the foremost medical center in North America. Hopkins had just been enlightened by the revolutionary academic, diagnostic, and therapeutic concepts of Sir William Osler who had only recently departed to become the Regius Professor of Medicine at Oxford, England. On completion of his post-graduate education in 1927, Dr. Baltzan returned to Saskatoon to start a specialty practice in medicine.

He re-joined the medical staff at St. Paul's and created a clinic where he broke ground by equipping it with the latest in modern technology. He developed a chemical and hematological laboratory and brought in a technician from Hopkins to operate it. He also secured an X-ray machine, cardiac fluoroscopy, electrocardiogram, and basal metabolic testing apparatus (to diagnose thyroid disease). The magnitude of these changes was enormous, especially considering the fact that, less than 20 years previously, the College of Physicians and Surgeons of Saskatchewan considered the stethoscope to be such high technology that its use commanded an extra fee of \$5.00, then a huge sum.

Dr. Baltzan's presence at St. Paul's gave the hospital a commanding lead in Internal Medicine. There was no other internist in Saskatchewan, and only one west of Winnipeg, Dr. John Scott who was the professor and sole member of the Department of Medicine in the College of Medicine in Edmonton at the University of Alberta. There were no internists in British Columbia at that time, few in Canada, and they were mainly formed in 1929 to qualify physicians in specialties. Dr. D.M. Baltzan was named one of the twenty charter members in Medicine.

In 1932 Dr. Harold Sugarman joined him and also became a specialist in internal medicine, being recognized by the American College of Physicians as a Fellow. In the 1940s Dr. Irbing Herman, previously a chest physician at the Saskatoon Tuberculosis Sanitorium, entered private practice and joined the St. Paul's department of Medicine. Then beginning in the early 1960s, the departmental staff

began to expand by rapidly moving with the trend toward sub-specialist practice. Today its regular and active members represent the fields of cardiology, nephrology, gastroenterology, hematology, rheumatology, neurology, geriatrics, dermatology, intensive care and general internal medicine. It now numbers fifteen members even though the hospital now has fewer medical beds than it had 35 years ago.

Dr. Baltzan served as head of the Department from the time of its inception until 1969. He was succeeded by his son, Dr. Marc Baltzan, who then served until 1974 when he became professor and chair of the Department of Medicine at the College of Medicine – University of Saskatchewan. He was succeeded by his brother, Dr. Richard Baltzan who headed the department until 1981. He was followed by Dr. George Pylypchuk who served until 1994 at which time he came Chief of Medicine for the Saskatoon District Health Board. Dr. Joanne Kappel then assumed the chair. She was succeeded by Dr. Subharao Padmanabh and then by Dr. Thomas Sylwestrowitz.

Members of the department have been active in the affairs of organized medicine. In Saskatoon, they have been presidents of the District Medical Society. In Saskatchewan, president of the Saskatchewan Medical Association on two occasions - 1938 and 1966, and of the Academy of Internal Medicine, and the College of Physicians and Surgeons. In Canada, presidents of the Canadian Medical Association, the Canadian Association of Specialists in Internal Medicine, the Canadian Association of Professors of Medicine, the Association of licensing bodies, and the Medical Council of Canada. They have also been members of the Council of the Royal College of Physicians and Surgeons of Canada, and Governors of the American College of Physicians. They have also served as honorary treasurer of the Royal College, chair of the Nominating Committee of the American College of Physicians, chair of the Medical Economics Council of the Canadian Medical Association, and member of the National Medical Advisory Committee of the Canadian Heart Foundation. Dr. Baltzan was also a member of the Royal Commission on Health Services chaired by Mr. Justice Emmett Hall. The Commission report of 1965 established Canadian Medicare [Prior to this, in the 1930s both Dr. D. M. Baltzan and Dr. Harold Surgarman were active in organizing the first prepaid medical care (med. services inc.) for citizens in Saskatoon which at that time made them national pioneers].

The department has had a long and close connection with professional education. In the 1930s Dr. Baltzan provided a course in the St. Paul's School of Nursing and published a textbook on medicine for nurses. The hospital began an internship program in 1926 which rapidly expanded in the 1960s with the department being responsible for providing the education for six interns at any one time. The department was also approved for a one-year residency in medicine by the Royal College in 1958 and continued to accept its own residents until 1964 when its program was merged with that of the University of Saskatchewan. Undergraduate medical students began receiving clinical instruction at St. Paul's in the 1940s and

the department became more active in this field when the four-year medical school opened in 1953. It then provided clinical instruction for one-quarter of the clinical courses in internal medicine. More recently the department has accepted residents from the College of Medicine for rotations on its services. Four members of the department have been full clinical professors of medicine at the College of Medicine and one served as the first Associate Dean for Research and Post-graduate Medical Education in 1971-73. Several department members have been examiners in medicine for the Fellowship of the Royal College of Physicians and Surgeons of Canada.

Beginning in the 1930s St. Paul's departmental members were active in continuing medical education. They frequently traveled to rural Saskatchewan to give up-dating lectures to local family practitioners, employing what was then the latest educational technology, the 'lantern slide' machine. This continued and in the 1960s regular refresher courses were given at the hospital for family practitioners. Members served on the continuing medical education committee of the Saskatchewan College of Physicians and Surgeons and at times chaired it.

The department has also been active in clinical research and has a number of publications in peer-reviewed national and international journals. In 1934 Dr. Baltzan authored the first report of an association between cigarette smoking and heart suggesting that while he could not absolutely prove the relationship, further confirmatory work was warranted [work that was not done for nearly half a century]. He also reported a case of 'Hereditary Methemoglobinemic Cyanosis' which was found to be due to the first abnormal hemoglobin isolated. When the biochemist who made the isolation offered him the chance to name the new hemoglobin, he said 'Saskatoon' and is known throughout the medical world as 'Hemoglobin Saskatoon'. Dr. Baltzan also contributed and published original thoughts on the nature of the anginal syndrome and the use of digitalis. In the 1930s and 1940s he averaged one such paper a year published in the Canadian Medical Association Journal despite a full-time commitment to practice. Included in these were reports on brucellosis (being transmitted by cows milk, it was a major problem in an agrarian province such as Saskatchewan), and monilia (as it was called) infection of the lung which is sometimes thought of as a new disease occurring mainly secondarily in ill individuals but, in these instances, was a primary disease. Dr. Baltzan also had a particular interest in cardiology and was a founding member of the Canadian Cardiovascular Society.

In the early 1960s the department became the first in Saskatchewan to institute resuscitation including cardiac massage, a medical intensive care unit, and the use of central venous pressure measurements for the diagnosis and management of shock and heart failure. It also began the use of respirators for the treatment of medical pulmonary emergencies.

Among Dr. Baltzan's ingenious ideas, was a trial he set up for distance electrocardiogram recording. This originated from St. Margaret's Hospital in Biggar



First transmission of E.C.G. tracing by long distance telephone for patient in St. Margaret's Hospital, Biggar for "write-out" and interpretation at St. Paul's Hospital (1961). l. to r. Dr. H. Sugarman, Dr. M.H. Smith-Windsor, Dr. D.M. Baltzan, Dr. M.A. Baltzan, Agnes Boyko.

and was transmitted to St. Paul's Hospital in February 1963. The experiment was successful and opened a new possibility for outreach to rural areas.

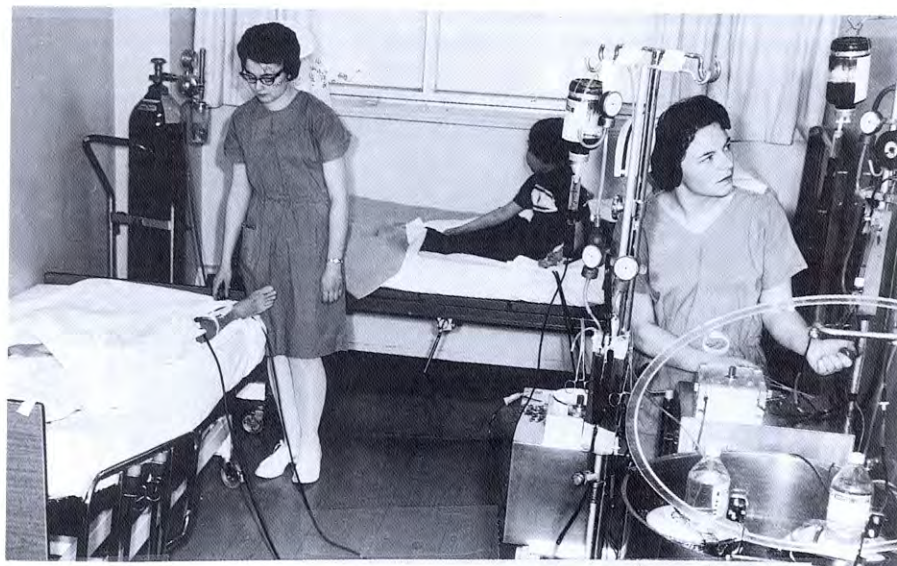
Other publications by department members include an analysis of the change in the function of the hospital emergency department and an analysis of the cost relationship between number of doctors and population, both reported in the Canadian Medical Association Journal in the early 1970s. Nephrological publications include the second report in the world describing chronic rejection of renal grafts, the first description of a hitherto undefined form of rejection, early acute rejection, the demonstration of the absence of chronic rejection in two HLA haplotype identical grafts despite a high incidence of acute rejection, the demonstration that in continuous peritoneal dialysis the serum urea concentration rises and does not fall as would be anticipated, a decline in protein appetite in chronic renal failure, and the role of the kidney as a controller of the protein appetite.

By 1959 dialysis for the treatment of acute renal failure (it was then still considered unethical to use dialysis for the treatment of chronic renal failure because it was felt that it would only give false hope) had been developed in a few centres in the United States, at the Royal Victoria Hospital in Montreal, in Winnipeg and Calgary but nowhere else in Canada. A departmental study indicated that in Saskatchewan about fifteen cases of acute and dialysis-reversible renal failure would occur each year, about half due to trauma and half due to obstetrical events. This projected out to about 50 dialyses a year, far short of the 10,000 now done annually at the hospital.

To handle these emergencies Doctors David Baltzan and James Campbell (from the Urology department) donated a Kolffe hemodialysis machine to the hospital. It

arrived in the spring of 1959, and was immediately put to work treating patients with acute renal failure. The Grey Nuns endorsed and supported the idea without any regard to cost, impact or operating budget.

Then in November of 1963 an 18 year old girl arrived with apparent acute renal failure and was so treated but her kidneys did not recover: She was found to have irreversible kidney disease. In conjunction with St. Paul's urologists and a Royal University Hospital vascular surgeon it was decided to give her a living donor renal transplant from her mother. This was only the second such transplant in Canada, the first having been done at the Royal Victoria Hospital in Montreal four months earlier. The operation was performed at the Royal University Hospital on December 10, 1963. The kidney functioned immediately but then at midnight some twelve hours after implantation it stopped functioning and never recovered. The diagnosis was obscure at the time but several years later it became apparent that the kidney suffered from a hitherto unknown complication of transplantation, 'hyperacute rejection'. It was the first case of such in North America, and only the second in the world, first being at Hospital Necker in Paris under Professor Hamburger.



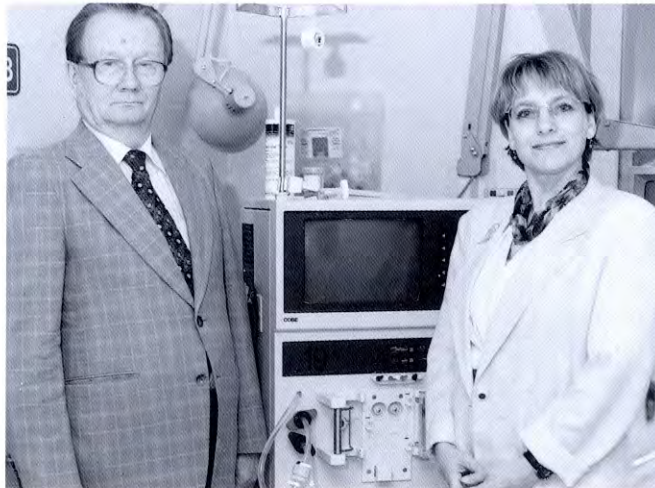
Hemodialysis Department (1963) -Bev Bergen, C.N.A., Sharon McCallion R.N.

By this time chronic dialysis had been developed at the University of Washington in Seattle and there was one similar unit in Edmonton. A home-made device for chronic dialysis was devised and the patient was maintained on same until February 1964 when it was decided to carry out a cadaveric renal graft, the first such graft in the world having been done less than two years earlier. It functioned well and in the next five years the St. Paul's Hospital Medical Department (using the operating room facilities at the Royal University Hospital) performed ten percent of all such

transplants done in the world and recorded by the International Transplant Registry at the University of California in Los Angeles.



*Ribbon cutting ceremony for Intensive Care and Dialysis Unit
l. to r. Bishop J. Mahoney, Mrs. H.D. Hart, Sr. F. Keegan. (Oct. 1969).*



*Irene Seiferling - SPH Foundation Board member receiving
Dialysis machine donated by Carl Urbonoski. (1996).*

With this initial success the department then developed what was likely the world's first combined chronic dialysis and transplant unit, treating patients on medical indication alone. Now of the world-wide cadaveric grafts done in the 1960s, 29 still function - fourteen in the United States, ten in Europe and five in the program initiated and operated from within the St. Paul's Department of Medicine.

In the course of maintaining its chronic dialysis unit in the 1960s the demand for dialysis machines exceeded the money available to buy them. To overcome this difficulty the department in conjunction with biomedical engineers at the University of Saskatchewan designed and built its own machines. They were a considerable improvement on the Kolff apparatus then in use, because such machines required the dialysis to be stopped two-hourly to change the water and chemical bath in the tank surrounding the dialysis coil. The new St. Paul's machines featured a special design that enabled the dialysis fluid to continually flow past the coil and so avoid the bath change. This became employed internationally when it was commercialized by the Travenol Corporation after the company's representative had observed it at St. Paul's. It is still the basic principle in dialysis machines today. St. Paul's also developed a central dialysate distribution system utilizing gravity, when it was found that the commercial central systems were too expensive, and a partially automated dialysate mixing machine utilizing a cleaned-up but redundant whirlpool bath.

The Department of Medicine acknowledges the competence of the Laboratory staff in performing diagnostic procedures and in monitoring the progress of patients under treatment. It likewise commends the high level of skills developed by the nurses working in Cardiology and in the two dialyses programs. Their commitment and stability are essential to the achievement of medical goals for patient care.

Dr. Marc Baltzan, MD, FRCPC



*Dr. M.A. Baltzan, Chairman, Intern Committee
(1963-67).*

OBSTETRICS AND GYNECOLOGY

We are not born all at once, but by bits. The body first,
and the spirit later. . . Our mothers are racked with
the pain of our birth; we ourselves suffer
the longer pains of our spiritual growth. (Mary Antin)

A baby girl to be named Petronelli was born on June 29, 1910 to Mrs. Caroline Chamard (John) of Saskatoon, the first obstetrical patient to be delivered at St. Paul's Hospital under the care of Dr. R. Peterson.

In the depression years of the thirties, there was a temporary decrease in hospital deliveries. City Council agreed to pay physicians \$17.50 for each maternity patient delivered at home, in an effort to cut health costs.

Medical departments at St. Paul's Hospital were organized in 1934. The Gynecological and Obstetrical Department was serviced by the following Chiefs of Service:

Dr. W. S. Holmes - 1938 - 1944

Dr. J. F. O'Keeffe - 1980 - 1983

Dr. W. D. Dalgleish - 1945 - 1946

Dr. E. W. Schmidt - 1984 - 1986

Dr. H. D. Hart - 1947 - 1948

Dr. J. F. O'Keeffe - 1987 - 1990

Dr. B. W. Hargarten - 1949, 1951 - 1955

Dr. V. Malliah - 1990 - 1995

Dr. E. H. McFadyen - 1950

Dr. E. Yeboah - 1995

Dr. R. H. MacPherson - 1955 - 1980

The Department of Obstetrics and Gynecology rapidly became a very active and an integral part of St. Paul's. The greatest number of obstetrical deliveries has always been carried out by family physicians. There was good understanding and cooperation between them and the obstetricians, promoting good care for the patients. Dr. E.H. McFadyen, certified by the Royal College of Physicians and Surgeons of Canada, was the first obstetrician gynecologist at St. Paul's. Other specialists followed and joined the department, influenced by the opening of the Medical College in 1950 and the University Hospital in January, 1955.

After a survey by the American College of Physicians and Surgeons in 1926, St. Paul's was accredited as a 'Teaching Hospital'. The first medical interns were recruited in 1926. This became a very popular institution for intern training.

In 1953, monthly departmental meetings were organized with review of problem cases, assessment of perinatal morbidity, mortality statistics and surgical pathology. These contributed greatly to the teaching program of medical students, interns and resident staff and had a profound influence on the standard of health care delivery at SPH. A significant impact was made as well in the training of family physicians locating in the urban and rural areas of Saskatchewan. In August 1970, accreditation

for one year residency training was given to this department by the Royal College of Physicians and Surgeons of Canada.

The discovery and use of sulfonamides in the 1930s and of penicillin in the early 1940s contributed dramatically to decreased morbidity and mortality in our patient population. In addition, the improved technology in the use of blood and blood products greatly enhanced the care of our patients. Cooperative and coordinated efforts between the staff of St. Paul's, City Hospital and Royal University Hospital in applying advancing scientific knowledge of Rh disease of the newborn, saved many critically ill babies. In the 1950s, perinatal mortality was at a level of 30 per 1000 deliveries. By 1968 this had dropped to 16 per 1000 and by 1990 to 5.1 per 1000. The latest maternal mortality occurred in 1960. These statistics testify that SPH was on the cutting edge of excellence in maternal health care delivery.

A sincere attempt has always been made to remain current with new surgical technology. Some of the recent technological advances include the following:

1. Colposcopy, carried out as an outpatient procedure, with therapy as indicated by cryosurgery or laser treatment. This has resulted in significant reduction in the instance of invasive cancer of the cervix.
2. Endoscopic procedures, including diagnostic and therapeutic pelvic laparoscopies, laparoscopic hysterectomies and endoscopic laser surgery.
3. Hysteroscopy, and hysteroscopic surgery, including hysteroscopic endometrial ablation.

Obstetric health care delivery has undergone major improvement with advances in the science of fetal and maternal medicine. Some significant advances that influenced practise at St. Paul's include the following:

1. Introduction of the vacuum extractor, with corresponding reduction in the use of obstetrical forceps, proved a benefit to both mother and baby.
2. Neonatology as a pediatric subspecialty at Royal University Hospital has made significant contributions to improve outcome of premature and high risk babies. High risk pregnancies and newborn babies at risk were transferred to the Maternity and Neonatal Intensive Care Unit at RUH.
3. In 1979 obstetrical ultrasonography became available at St. Paul's department of radiology. Real time ultrasonography was added two years later. An ultrasonographic unit then became available in the obstetrical unit itself with the cooperation of the radiology department.
4. Electronic fetal heart rate monitoring.

- Improved anesthesiology and 24-hour anesthetic availability, started in 1991, resulted in improved obstetrical care and patient comfort.

Associated with the technological and academic advances, there was a significant shift in the sociologic approach to perinatal and maternal care. Total family-centered care was started in October 1979. Fathers were invited to be present for deliveries. Children were encouraged to come and visit the newly arrived family member. Rooming-in with the mother was promoted.

A friendly and kind atmosphere in our action-packed obstetrical unit was promoted by our well-trained nursing and support staff. The feeling of anticipation and excitement in the delivery suite was felt with the miracle of birth. The professional, tender surveillance in the newborn nursery gave reassuring confidence to our patients of the high quality care at St. Paul's.



L. Litvenenko, M. Parchewsky, Z. Heiser, M. Beavis, M. Butler (1970).

From the rather spontaneous beginning some 90 years ago, SPH has grown with the community it serves. With each new phase of construction, the maternity unit was improved and enlarged.

- Prior to 1963, there were 24 maternity beds with 30 bassinets and 4 incubators. The delivery suite occupied a room along the main corridor of the department.
- 1963 - These facilities now included 5 labor rooms, 3 case rooms, 3 recovery rooms and 40 postpartum beds.
- 1989 - The latest renovations in 1989 resulted in an expanded and updated maternity unit with state-of-the-art methods of birthing in a family atmosphere: 8 labor-delivery-recovery units with fetal heart monitoring equipment in each unit, 2 case rooms or delivery rooms and 1 operating room.
- The post partum beds remained at 40 beds with 54 bassinets.

GYNECOLOGY beds varied from 15 to 23. Our staff helped initiate out-patient surgery and day surgery in the endeavour to combat rising costs of health care delivery and maintain quality patient services.

The St. Paul's obstetrical and gynecological nursing staff has a proud history in the city of Saskatoon. The first gynecological patient was treated on May 14, 1907. Since those early days nursing care has progressed a long way, from staff having to wash and sterilize their own instruments and gloves, doing manual counts of drops from an I.V. bag to regulate induction of labor with syntocinon, to sophisticated electronic monitoring equipment.



Department of Obstetrics (1989). Roxanne Laforge, Nurse Manager, Dr. Fergus O'Keefe, Head of Obstetrics - Gynecology.

Nurse Managers played a vital role in the organization and function of the department. Listed are those who have served over the past three decades:

Post Partum

1963 - 1968 Arlene Inkster
 1968 - 1994 Dolores Huyghebaert
 1994 - 1995 Roxanne Laforge

Labor & Delivery

1958 - 1989 Mary Parchewsky
 1989 - 1995 Roxanne Laforge

Gynecology

1968 - 1979 Alice Risling
 1979 - 1985 Irene McIntyre

1985 - 1988 Barb Kirkland
 1988 - 1994 Diane Dodds

Throughout the history of this department the Grey Nuns' Mission Statement has been fundamental:

- To promote life from conception to its natural end;

2. To deliver the highest quality of care to our patients;
3. To acquire, share and distribute knowledge to further education for the benefit of our patients;
4. To treat patients and co-workers alike with dignity and respect;
5. To encourage research and innovation.

Dr. David M. Baltzan, a well-acclaimed medical pioneer, in his address as Chief of Staff at the Golden Jubilee celebrations in 1957 stated:

“For this period in the history of our city, the role of this first hospital will be a never-forgotten one. It will weave into the tapestry of medicine of the future, as in the past, its shades and shapes of practice and service, the color of its contributors and the illumination of a spiritual order”.

Transition: An era in our medical history ended with the closure of the Department of Obstetrics and Gynecology on June 21, 1995 and the transfer of Obstetrics to Royal University Hospital and Gynecology to Saskatoon City Hospital. Since its early beginning in 1907, SPH has served our Saskatoon community and northern half of the province well. **A TOTAL OF 83,727 BABIES WERE DELIVERED AT ST. PAUL'S MATERNITY UNIT.** From the time of the first confinement in 1910 until closure of the unit, the Saskatoon population increased from 12,000 to 189,745.

Fond memories remain of a staff working together with the best interests of our community in mind. The founding Order of Grey Nuns revealed faith, fortitude, vision and compassion, when in 1907, they established St. Paul's Hospital in Saskatoon, under most difficult circumstances. The compassionate caring throughout its history was based on the practical expression of the Grey Nuns' Statement of Mission:

“The uniqueness that characterizes St. Paul's Hospital and the care that we provide arises out of a true understanding of commitment to compassion and charity; Compassion and charity means that we believe in and are guided by Jesus' words, ‘As long as you did it for one of these my brethren you did it for me’. (Matthew 25:40)”

Dr. E.W. Schmidt, M.D.



l. to r. Maureen Keith, Maureen Roe, Pat Schmidt, Bev Robertson, Julie Brown (1990).



Dr. E. W. Schmidt (ret.) (1994).

OPHTHALMOLOGY

Hope is the anchor of the soul,
and the stimulus to action and achievement

The department of ophthalmology was originally a part of the division of eye, ear, nose and throat in the department of surgery.

Doctor C.K. Langford was one of the early practitioners of eye, ear, nose and throat at St. Paul's Hospital.

Doctor Arthur George "Bill" Genereux became a staff member practicing EENT about 1930. When the division of EENT divided into the division of ophthalmology and otolaryngology Dr. Bill Genereux was the head of each division. He continued in that capacity until 1968. Dr. E.V. Kershaw who had specialized in EENT was associated with Dr. Genereux on the medical staff of the hospital until his death in 1962.

Dr. Edward W. Smith became a staff ophthalmologist at St. Paul's in 1964 and head of the department in 1968, remaining in that position until 1988. He resigned from the medical staff in 1991 due to failing health.

Dr. Thomas E. Blackwell joined the department in 1976 becoming head of the department in 1988. The department was phased out and moved to the City Hospital in 1992. It was a result of the process of rationalization instituted by the Department of Health in Regina.

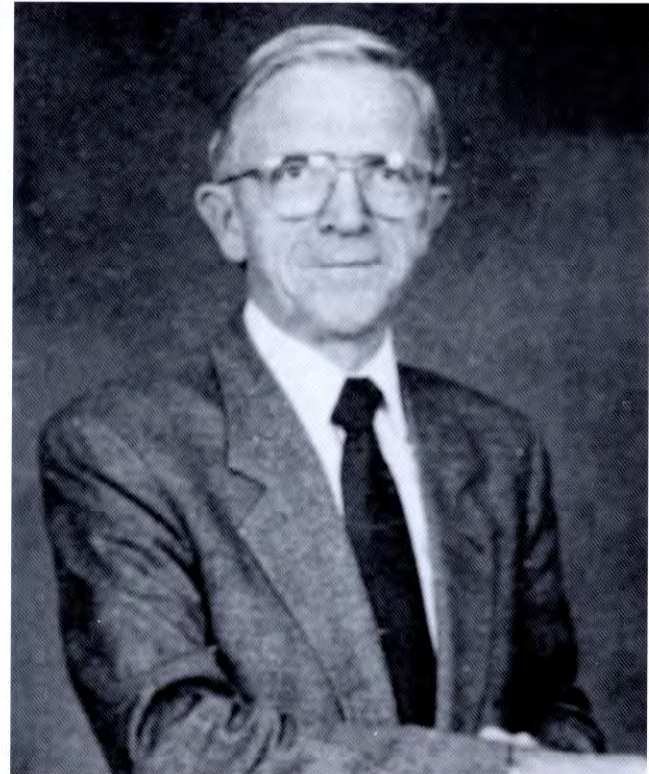
Over the last few decades there have been numerous changes in the hospital-based practice of ophthalmology in keeping with the improved techniques and technology that have affected many of the other hospital-based disciplines.

The following items are indicative of the changes that come to mind. The list is not exhaustive nor is it meant to be in order of importance.

- Early ambulation and shorter hospital stays.
- Halogen hand-held instrumentation.
- More potent and specific antibiotics.
- Improved biomicroscopy (slit lamp) with tonometer.
- Enzymatic zonulysis.
- Improved sutures.
- Improved operating room tables and lighting.
- Cryoapplications.
- Phakoemulsification instrumentation.
- Laser applications.
- Ophthalmic operating microscopes, and ever-improving microsurgical instrumentation opening the benefits of microsurgery.

- The development of minor eye surgery in the emergency department and ambulatory care department.

Thomas E. Hatlelid, M.D., F.R.C.S. (C)



Dr. T. E. Hatlelid (1996).

ORTHOPEDICS

God is hiding in our world,
and our task is to let the divine emerge
from our deeds. (Abraham Herschel)

Orthopedics, the surgery of bone and joints, is a relatively young subspecialty in the history of St. Paul's as it was only in the early '40s that it was recognized as a specific surgical specialty. Prior to that time fractured bones were looked after by the physicians who had a particular aptitude in this, be they family physicians or general surgeons. Cast immobilization or bed-rest with traction was the treatment of choice at that time. It was not until the '60s that fixation of fractures, such as those about the hip, was practised. Originally the service was provided as a part of the general surgery department, and Dr. D.M.Boyd continued to pin fractured hips until the early '70s. There were a number of visiting consultants to the hospital but it was not until the late '50s that Dr. M.C. Kunkel became the first orthopedic surgeon to base his practice at St. Paul's. In 1978 Orthopedics became a separate department and its first chief was Dr. G. McIvor. In succession, to the present day, were Dr. B. McKenna, Dr. R.C. Begg and presently Dr. D. Loback.

The Board of St. Paul's Hospital recognized early the financial commitment that is necessary for an orthopedic subspecialty. It has supported it fully and due to this we were able to keep up with the tremendous changes in reconstructive surgery. The advent of total joint replacement began in the early '70s led by Dr. Kunkel at St. Paul's Hospital. The first joints which worked well were those of total hips followed closely by total knees and recently successes with shoulders and elbows. Arthroscopic surgery was pioneered by a Canadian, Dr. Jackson from Toronto, and we were fortunate when Dr. J. Reilly, who trained with him, joined our staff. Arthroscopic surgery became a major program at St. Paul's Hospital and initiated the day surgery program.

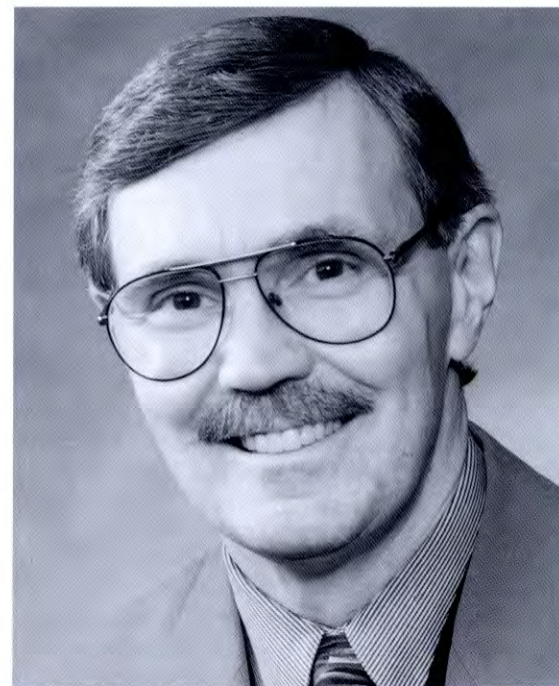
Trauma has always been an important part of orthopedics and with the advent of new techniques for rigid fixation and early rehabilitation, St. Paul's supported this fully. With the new hospital addition a ward was specifically designed for orthopedics with larger rooms and a dedicated observation room with monitors. We were also the first department to have a satellite physiotherapy present on the ward allowing the patient easy access and making the physiotherapist a more integral part of the team. The planning committee was also very forward looking in designing an orthopedic suite in the operating room which to this day is still the largest and the most functional in the province.

We continue to make strides in delivery of quality health care. With the support of the Board we will be able to continue as a premier orthopedic department.

Dr. R. C. Begg, M.D.



Dr. R. C. Begg and Alice Risling at official opening ceremony (Sept. 1989).



Dr. R.C. Begg, Head of Orthopedics (1994).

OTOLARYNGOLOGY

There are different kinds of spiritual gifts,
but the same spirit;
there are different forms of service,
but the same Lord. (1 Cor. 12:4-5)

For years otolaryngology was part of a combined Eye, Ear, Nose and Throat Department, under the chairmanship of Dr. W. Genereux, an ophthalmologist.

In the mid '70s the groups split into the divisions of the Department of Surgery under Dr. J. E. Leddy with the divisional chief of otolaryngology being the late Dr. James Leakos who was a pioneer in otologic surgery in Western Canada. A large number of stapedectomies and mastoidectomies were done by him during the early years of his practice. Saskatoon became a centre in Western Canada for these procedures due to the skills of Dr. J. Leakos.

Under the chairmanship of Dr. D. McFadden, the Department of Surgery was separated into distinct departments; departmental status was achieved by otolaryngology in the early 1980s. Dr. Grant Wright became chief of Ear, Nose and Throat.

The department has evolved into a multidisciplinary department with an enlarging Head and Neck Oncology Service staffed by otolaryngologists, plastic surgeons and general surgeons.

More recently otolaryngology in Saskatoon has been consolidated at one site, namely at St. Paul's Hospital. A viable nursing unit has evolved with nursing skills able to deal with both adult and pediatric ear, nose and throat patients.

The service has now become a very large day surgery service with only a small in-patient component. The total number of beds assigned to this specialty in the city has dropped from 36 to the 12 bed unit at SPH. This is despite a dramatic increase in the volume of surgery that is being carried out.

Dr. W.D. Grant Wright, M.D.



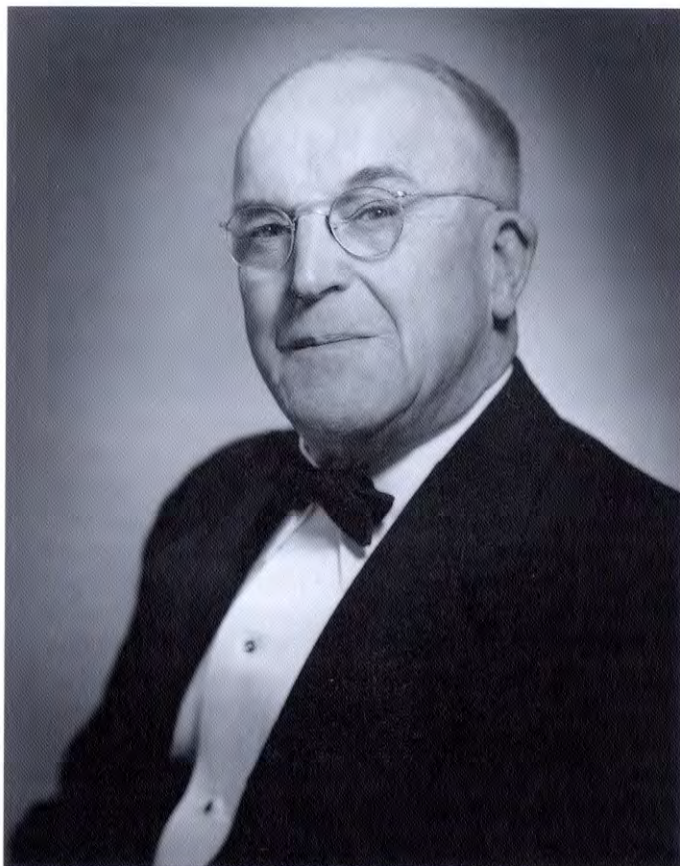
Dr. W.D. Grant Wright

PEDIATRICS

1907-1994

Let the little children come to me;
do not stop them;
for it is to such as these
that the kingdom of heaven belongs. (Mark 10:15)

From 1907 to 1994 many dedicated nurses cared for pediatric patients at St. Paul's Hospital. The first pediatric patient was a nine-year old girl suffering from typhoid fever. At this time there was no area designated for pediatrics, but by 1914 a 6-bed 'children's ward' was in place.

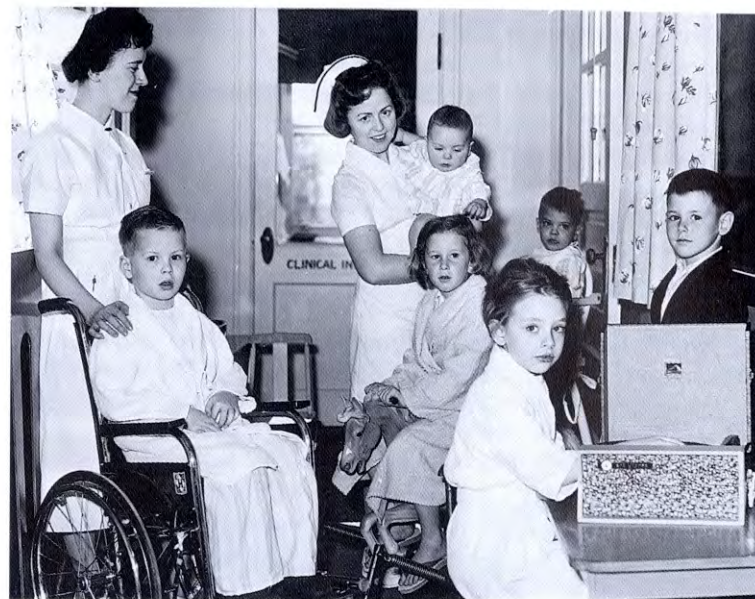


Dr. J. S. Brown (1920) first Head of Pediatrics.

As the hospital facility expanded, so the children's ward expanded and relocated. By 1924 the ward was moved to the annex above the medical ward. The area accommodated 6 cribs on the veranda, 5 bassinets as a nursery, a separating room, and a 19 cubicle ward with both beds and cribs. The cubicles were arranged around the

room. The only bathroom was located in the utility room. In this location, the nursing staff occasionally had the added duty of dealing with a rare rodent who tried to take up residence!

In the late 1950s, children's ward was moved again. No longer needed for polio patients, they transferred to the old isolation ward which had smaller patient rooms, more bathrooms, a playroom, and a direct access to an outdoor lawn area.



Leona Junk, student nurse, Betty Lou Costello, head nurse and pediatric patients (circa 1956).

The final move came in 1963 to the Pediatrics Ward on the 7th floor of a new hospital where there were beds for 32 patients ranging in age from newborn to twelve years.

The new pediatrics ward had such features as a large playroom, an admitting room complete with bathtub, a treatment room, isolation rooms, lounge area for patients, a formula room (part of dietary services), many windows and a bright decor. A post-operative recovery room next to the operating room was a great benefit to the pediatric and operating room staff - (no more marathon dashes down the long corridor leading to the old childrens' ward with an unconscious patient)!

Along with the structural changes, there were improvements in services, programs, medical and nursing practices, and changes in the psychological care of children. Staffing patterns changed, and new categories of personnel were introduced. The presence of the sisters on the ward was an important part of the care, whether they were doing nursing duties, visiting with parents, or teaching long-term patients. There were head nurses, assistant head nurses, general duty nurses, certified nursing

assistants (CNAs), nursing aides, playroom workers, and Child Life Workers. After 1969, when St. Paul's School of Nursing closed, St. Paul's Hospital pediatrics provided experience for the 2nd year students of the SIAST (formerly Kelsey) Nursing Program.

Uniforms really changed. With advancement in equipment and procedures, the starched uniforms, and distinctive caps of the RNs and CNAs began to disappear. These were replaced with pant-suits, colored uniforms and in some cases, street clothes. There was a feeling of loss as the caps disappeared, not only by staff but also by patients and parents who expressed their feelings that they no longer knew at a glance which staff were nurses. Perhaps the uniform changes were not as dramatic as one young man thought. It was Halloween and some nursing staff were in costume. A minister came to visit a sick toddler and his mother. As the nurse was preparing to leave this room removed a hospital gown covering her costume, the young minister's face lit up. "Oh", he said, " You are in costume. You must be the grandmother." "No", she replied. "I'm his nurse". At this the amazed young man shook his head and said, "Nurses' uniforms sure have changed."

In recent years changes were made in visiting hours. From the rigid hours for parents and guardians only, to extended hours including all family members. Later family members would be requested to stay with their child overnight. Lounge chairs would be provided for their use.

The playroom space was just a start to improve psychological care. Soon volunteers organized by Mrs. Lou Chrones, helped by Mrs. Salmon and others of the Ladies' Auxiliary provided occupational therapy for the little people. Later a Child Life Worker was hired to supervise the playroom and to coordinate the volunteers, in addition to working with the children. Several of the workers over the years were specifically trained for this work. The playroom was deemed a 'Safe Place' where no treatments or examinations were to be carried out. For patients unable to come to the playroom, the volunteers went to them. At one time sweatshirts were sold to raise funds for equipment and supplies. The sweatshirt slogan read "I just need some hug therapy" and pictured a teddy bear with a bandaged head. This summarized the need for caring volunteers who could provide the hugs, cuddle the babies, read stories and play games with older children. Among the many women volunteers was one popular elder gentleman who was fondly known as 'Grandpa'.

The school studies of the patients were not neglected. Space for a small classroom was available after 1963. At first, the teaching of long-stay patients was done by Sister Eva Sauka who filled this role for many years. Later, a part time teacher was provided by the Catholic School Board and she worked closely with the child's home school.

Education extended beyond the pediatric ward. Tours booked by city schools were given to younger elementary children. Areas visited were X-ray department, Emergency, Pediatrics, etc. These were sometimes augmented by 'Hospital Days'



Wayne Pyett, Jean Favreau - (patients) taken to Saskatoon Exhibition (circa 1960).

sponsored by the Ladies' Auxiliary where children came to learn more about hospitals.

Caring for children was not confined to an 8-hour day. Long-stay patients who had no parents nearby, (with their doctor's permission) were allowed to go out with nursing staff. The outing might be a car ride, a visit to the nurse's home where more TLC was given, a visit to the forestry farm, or to be outfitted in some new clothes. These trips were often an education for the nurse as well, seeing things through the children's eyes, such as a fire hydrant, a mannequin in a store window that were taken for granted before. One boy on a forestry farm visit kept remarking on the 'live' deer. This seemed odd coming from someone from Northern Saskatchewan. The boy explained he had never seen a live deer only those killed by the hunters.

Some long term memories and special friendships were made in Children's Ward. Perhaps the longest stay was by a patient from Zenon Park known by many in the hospital. His name was Jean F. nine months old when he was admitted and over four years old at time of discharge. This was in pre-kidney dialysis days, and Jean had three tubes draining kidneys and bladder. When he learned to walk, the husband of

one of the nurses built a 3-wheeled cart to hold the drainage bottles. Jean was a familiar site in the hospital pulling his cart behind him. Another long-stay patient the same age as Jean was Wayne P. of Melfort who was there most of his four years. The nurses took the two boys to the exhibition one afternoon.

This happened in the days before the Childrens' Wish Foundation. An eight year old, Barry B. from Allan spent much time on the ward with a terminal illness. His long held wish was to go to Pionera. Dr. Buckwold arranged with the Council for Crippled Children for a specially equipped van. Barry in his hospital bed, and with an oxygen tank and suction equipment, was placed in the van. Accompanied by a nurse he went to Pionera. His wish was fulfilled.

Susan S. from Prince Albert was another favorite with the staff. When one of her nurses was married, Susan was her flower girl. Jean F. also attended the wedding.

When Jean was dressed in his new blazer, white shirt and tie (purchased by staff), he remarked, "Now I look just like a doctor". Both Susan and Jean kept in touch, long into adulthood with some of the nursing staff.

There were other special times too. At Easter there would be a visit from the Easter bunny with treats for all. At Halloween, some children were dressed in 'make-shift' costumes and (by previous arrangement) taken 'trick-or-treating' to various hospital departments. For those unable to go, treats were provided. Christmas was a sad time to be away from home; although many patients were discharged, there were always a few who had to remain in hospital. Santa always managed to find them. An intern or staff member was pressed into service and into the red suit to hand out toys.

Many generous donations were made to the Pediatrics Ward. Treats and gifts for special occasions, equipment such as portable televisions and playroom supplies came from service clubs and department stores. One friend of the children, a Saskatoon contractor, built an outside playground, complete with slides, swings and sand box. Staff and volunteers took the children out to play - weather and time permitting. Some of the playground maintenance was done by the pediatrics staff. After their shift of duty, work clothes were donned and with paintbrushes in hand, painting and clean up began. Sometimes it seemed as if as much paint appeared on the staff as on the equipment, but it was a fun time and a labor of love.

There was a camaraderie among the staff that went beyond working hours. At Christmas especially, staff parties were held. A pot-luck supper was held at someone's home or, the staff would go out for dinner. Somehow Santa always found the staff that night. Usually the head of Pediatrics performed the duty, or sometimes the husband of a staff member wore the red suit.

Yes, there are many stories and memories (too many to relate) that came out of Pediatrics. A St. Paul's graduate of 1929, Mrs. Anna (Rempel) Willms, was asked to recall her memories of Children's Ward in those early days. She recalled two little

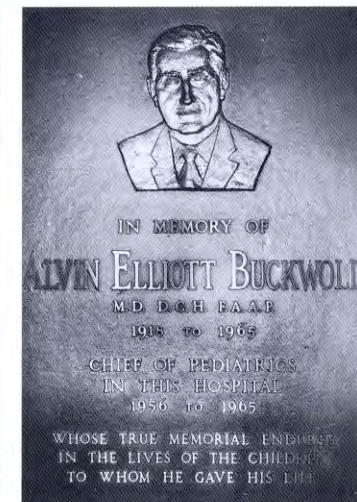
boys, one white, the other black, who had rickets. Daily orange juice was part of their treatment. After 67 years, she can still see the tears running down over the round black cheeks - no sound but it was evident he didn't like the juice. Another nurse, Lillian (Benton) Thiessen '43 recalls an incident before the days of patient-identification bands. It was 7:00 a.m. and the temperatures had been taken when a nurse heard a noise in the big ward. Identical twins were found out of bed. How could they tell them apart to return them to their right cribs? Simple - the twins had their temperatures taken again, presumably the temperatures were not identical and the problem was solved.

No story would be complete without the mention of two long term heads of Pediatrics. The first, Dr. S. Brown, served in this capacity for 26 years, in 1922 to 1948. Dr. Brown also gave lectures to the student nurses and is fondly remembered by the nurses of those days. Dr. Alvin Buckwold took over Dr. Brown's practice and lectures and served as head of Pediatrics for 17 years until his premature death in 1965. A bronze plaque hangs on the wall of 7th floor, a tribute to Dr. Buckwold for his many contributions in the field of Pediatrics. Later, heads of Pediatrics were Dr. J. MacKenzie, Dr. F. Baker, Dr. S. Martel and Dr. Carla Krochak.

Ask any nurse of her memories of those early days and she is sure to recall the 'stool parade'. All soiled diapers had to be saved and labelled. In the morning the nursing staff were required to display them on the utility room counter before the pediatricians made rounds. Dr. Buckwold finally discontinued this practice.



Dr. Alvin Buckwold, head of Pediatrics (1963).



Dr. Alvin Buckwold Memorial (1965).

From earlier days when occasional patients were in hospital for months to years, the current practices are that patients have a short stay, with some surgical procedures having 'same-day discharge'. However throughout these changes, there remained the constant devotion, care and love shown to their patients by all St. Paul's pediatric staff.



Albert Ooming with his cheetah in hospital lobby (circa 1970). W. A. Conway, asst. administrator (business). Irene Milligan, secretary, Dr. M.H. Smith-Windsor C.E.O.

In order to consolidate pediatric patient care in only one facility, the ward was closed on May 24, 1994. All remaining patients and many of the nursing staff transferred to the Royal University Hospital. At that time appreciation certificates were given to staff members in recognition of their years of devoted service to Pediatrics at SPH.

It was an emotional day as a 'Farewell Tea' was held in the playroom and the hospital staff gathered to say good-bye to the end of an era.

Mary (Mclsaac) Lenz & Phyllis (McGill) Kachur



Bishop J. Mahoney and infant Emma Jennifer Marie Cheke (June 1990).

OUT OF THE MOUTHS OF BABES!

A young girl, Myra L. of the Whitecap Indian Reserve in Dundurn had difficulty telling her doctors (Drs. Marc and Richard Baltzan) apart. One Sunday morning, as a Dr. Baltzan was making his rounds, he asked Myra if she knew which one he was. She replied that she knew. He said, "Well, which one am I?". "You are the one who smiles", was her reply. That afternoon, Dr. Richard took Myra for a car ride.



Pediatric staff in hollowe'en costumes (Oct. 1985) Joan Bradford, R.N., Phyllis Kachur, R. N., Anita Langford, child life worker.



Mary McIsaac-Lenz, head nurse Pediatrics (circa 1969).

SURGERY

(A Historical Retrospective - 1907 - 1997)

Each of you has received a special grace so,
like good stewards responsible for all these different graces of God,
put yourselves at the service of others. (Peter 4:10)

After ninety years of existence, St. Paul's Hospital continues to fulfill its mandate to provide good compassionate care to the people of Saskatchewan. The clinical Department of Surgery has played an important part in the delivery of such care. The ability to provide high quality care that is both contemporary and progressive is the hallmark of a good clinical department. A review of the history of surgical practice at St. Paul's shows that the department has consistently fulfilled these criteria. This distinguishes it as a good provider of surgical services.

The Chief of Surgery plays a very important role and is responsible to the Board for the overall care of surgical patients. St. Paul's has had five Chiefs of surgery in the past sixty-five years. All of these individuals have been recognized as outstanding clinicians by their peers. Each in his time has practised a high standard of surgery and has led by example. They have all been forward-looking and have embraced the need for adaptive change. They have recruited wisely and thereby provided the community with a nucleus of well-trained surgeons. This has, in turn, allowed stability and progress within the department.

The Department of Surgery has taken an active part in the surgical education of undergraduates and innumerable numbers of intern staff. It has trained surgical residents since the inception of the residency training program by the University of Saskatchewan. This program has served as a major source of well-trained staff to the hospital. Changing standards enacted by the Royal College of Surgeons of Canada are reflected in departmentalization and subspecialization within the hospital and the Department of Surgery.

The hospital opened on March 10, 1907 and the first two admissions were patients with fractures; the sites were not listed. They were transferred from the St. Paul's Church rectory. This hospital had 17 beds and an operating room. There was no running water, electricity or plumbing and heating was from the kitchen stove and some other small heaters scattered throughout the building. Of the 13 physicians on staff, three had surgical expertise, namely Drs. George R. Peterson, Andrew Croll and Hugh E. Munroe. The first surgical procedure was an appendectomy performed by Dr. Croll and assisted by Dr. Weaver. The anaesthetist has not been identified. The patient was a man of thirty years. His stay in hospital lasted 51 days.

It is recorded that 20 surgical procedures were carried out during the remaining nine months of 1907. There was no lighting in the hospital and surgery was accomplished using natural light only.



Surgery by daylight at the first hospital (1907).

Dr. Andrew Croll, F.R.C.S.(Ed).F.A.C.S. was a graduate from Eastern Canada and registered in Saskatchewan in 1906. He had done post-graduate studies in London, (England), Vienna, Berlin and Budapest. He obtained his Fellowship of the Royal College of Surgeons of Edinburgh and later became a Fellow of the American College of Surgeons. Apart from the first surgical procedure he had performed at St. Paul's, he is reputed to have also performed the first surgical operation in Saskatoon, at a nursing home belonging to Dr. Willoughby. This was for closure of a perforated duodenal ulcer and to this he added a gastroenterostomy. He retired from practice in 1946 and died at age 88. One must appreciate that there was no recognized residency training at the time. Surgeons learned through the apprenticeship system, working with different surgeons to learn their craft. They often visited the major centres, to see the noted surgeons of the day at work, and also attended their lectures.

Dr. George R. Peterson, M.D. F.R.C.S.(E), was a graduate of McGill University, 1903.

After the usual apprentice training he visited surgical clinics in France, Austria and Germany, got his Fellowship of the Royal College of Surgeons in Edinburgh in 1912.

He practiced at St. Paul's Hospital and in later years was influential in establishing the Saskatoon Cancer Clinic, which has been acknowledged as a major force in caring for the people of Saskatchewan.

Dr. Hugh Edwin Munroe, M.D., F.R.C.S.(E) was born in St. Almo, Ontario in 1878. Like Dr. Peterson, he too graduated from McGill University in 1903; he registered in Saskatchewan in 1904. He served in the First World War in France and



Dr. Andrew Croll and Dr. R. Peterson (1957).

was awarded an Order of the British Empire (OBE) for his services. He later obtained his Fellowship of the F.R.C.S.(E) and practised at St. Paul's Hospital until his appointment as Lieutenant Governor of Saskatchewan in 1930. He died in 1947 at the age of 69 years.



Dr. Hugh Edwin Munroe former Lt. Governor

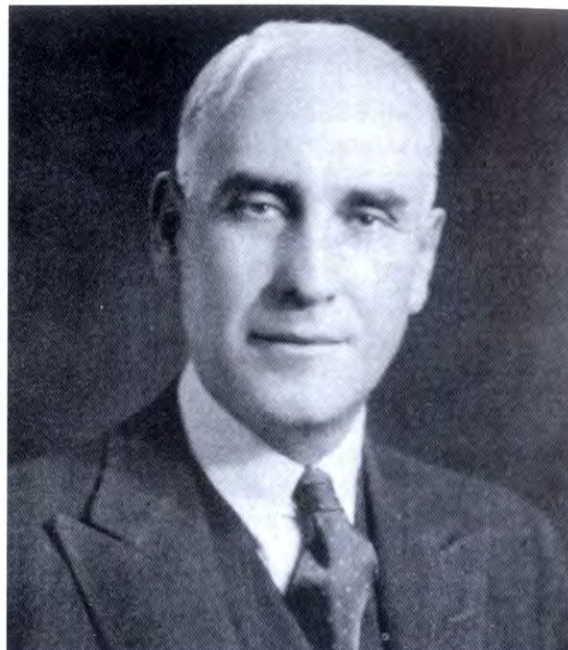
Dr. Arthur Louis Lynch, M.D., F.R.C.S. was a native of Ottawa born in 1888 and registered as M.D., F.R.C.S. in Saskatchewan in 1910 he joined the staff of St. Paul's Hospital in that year. He continued in surgical practice until 1934 when he moved to Vancouver and worked as a physician for the Canadian Pacific Railway (his sister was the wife of D.C. Coleman who had been President of CP Rail). Dr. F.E. Waite who later became head of Surgery at St. Paul's was brought in by Dr. Lynch as his associate and was trained in surgery by him.



Dr. A. L. Lynch

Dr. R.H. MacDonald, M.D., F.R.C.S.(C) F.A.C.S., F.E.C.S. Born in Bedeque, Prince Edward Island in 1885, he graduated from McGill in 1908. He interned in Bellevue Hospital in New York and later served as a resident in surgery. He was recruited to Saskatoon and St. Paul's Hospital in 1913 to join Dr. H.E. Munroe. A year later at the outbreak of World War I he joined the Canadian Medical Core and was awarded the Military Cross (MC) and the Distinguished Service Order (DSO). He was promoted to Colonel in the forces and appointed Assistant Director of Medical Services for the 2nd Canadian Division.

Following his return from World War I he was appointed consultant chest surgeon to the Anti-Tuberculosis League and later surgeon for the Saskatoon Sanatorium. Surgical treatment of Tuberculosis was in its infancy at this time and he was in the fore-front of the surgical management of this disease. The outbreak of Spanish flu which reached pandemic proportions, left in its wake many pleural and pulmonary



Dr. R. H. MacDonald

complications. As a result, the Royal Commission on Empyema was established in the United Kingdom and led to recommendations for the development of Thoracic Surgery. He performed the first thoracoplasty for Tuberculosis at St. Paul's Hospital in 1925, and in November of 1942, did the first pneumonectomy for cancer of the lung. As was the fashion at the time he visited many thoracic surgical pioneers in Europe and he, in turn, received a visitation from the renowned Dr. Norman Bethune, who was then on his way to China.

In 1920 he was elected a Fellow of the American College of Surgeons and in 1931 he became a Charter Fellow of the Royal College of Surgeons of Canada and served on the Council of the College. He was the first thoracic surgeon in Saskatoon and among the few in Western Canada. He was responsible for getting accreditation for St. Paul's Hospital by the American College of Surgeons in 1926; this designated St. Paul's Hospital as a teaching hospital and led to the recruitment of the first interns. Dr. MacDonald was instrumental (among others) in a major organization of the medical staff in 1931 and following this he was appointed the first Chief of Surgery. This organization of the staff led to medical conferences being instituted on a regular basis at the hospitals. Dr. MacDonald continued as Chief of Surgery until his appointment as Chief of Staff in 1946. He established a photographic unit in the department of pathology in 1943. In 1948 he proposed to the Medical Advisory Board that any further appointments to the service of surgery be either Certificants or Fellows of the Royal College of Canada, or will have demonstrated training or ability considered by the Board. This ensured the best possible surgical care to the

people served by St. Paul's Hospital. Dr. MacDonald died suddenly in 1948 while attending a convention in New Orleans.

Dr. F.E. Waite, M.D., C.R.C.S.(C) graduated from McGill in 1923 and came on the staff of St. Paul's Hospital the same year. He joined Dr. A.L. Lynch in practice and did his surgical apprenticeship with Drs. Lynch and R. H. MacDonald and went on to have a large surgical practice at St. Paul's Hospital. In 1943 he took a leave-of-absence for a year to do further post-graduate training and obtained certification by the Royal College of Surgeons of Canada. When Dr. R.H. MacDonald was appointed Chief of Staff in 1946, Dr. Waite succeeded him as Chief of Surgery, a post he held until 1955.

Dr. Waite's tenure included the post-World War years which saw the return of a large number of surgeons who had served overseas. Among these was Dr. Steven Worobetz a 1940 graduate of the University of Manitoba who was awarded the Military Cross (MC) and who served as this Province's Lieutenant Governor in 1970-1976. Having completed their training in surgery, many of these men located in practice in the west, at St. Paul's Hospital, Saskatoon. Dr. Waite helped them on their return and they have all spoken fondly of how helpful he was in obtaining their privileges and in helping them to set up their practice in Saskatoon. He took a great interest in photography and accumulated a large collection of photographs of surgical pathology specimens at St. Paul's. These are in the possession of his son Dr. Richard Waite, of Sydney, British Columbia.

Dr. J.A. Leddy, B.A., M.D., F.R.C.S.(E), F.R.C.S.(C), F.A.C.S., Clinical Professor of Surgery, University of Saskatchewan was born in Ottawa in 1912 and moved with his family to Saskatoon in 1913. He attended the University of Saskatchewan and obtained a Bachelor of Arts in 1931. He then went on to graduate from McGill University in 1937 as M.D. He interned at St. Michael's Hospital in Toronto following which he did a year of surgical residency.

He entered into general practice in Timmins, Ontario and Delisle, Saskatchewan before entering further surgical training at St. Michael's Hospital under Dr. George Wilson. He enlisted in the Canadian Forces at the outbreak of World War II and served in France as a Medical Officer in the tank regiment. While in Normandy he met Professor (later Sir James) Learmonth, who was Professor of Surgery at Edinburgh University, occupying both the Regius Chair of Surgery and the Chair of Experimental Surgery. Professor Learmonth offered him a training position in Edinburgh. Following demobilization from the forces he spent a year with Professor Learmonth at Edinburgh Royal Infirmary, and then a second year in one of the London Hospitals.

He obtained his F.R.C.S. in Edinburgh in 1947 after which he returned to Canada, subsequently obtaining a Fellowship in the Royal College of Surgeons of Canada. He joined Dr. E. C. Janes in Hamilton in 1947 where he gained experience in thoracic surgery. Following the death of Dr. R.H. MacDonald in 1948, Dr. Leddy was



Dr. F. E. Waite



Dr. J. E. Leddy

recruited back to Saskatoon and he returned early in 1949 and joined the surgical staff of St. Paul's. In 1955 Dr. Leddy was appointed Chief of Surgery and was also appointed Chief of Service "B" at the newly opened University Hospital. He was appointed Clinical Professor of Surgery in the Faculty of Medicine at the University of Saskatchewan. During his tenure St. Paul's Hospital moved to its new building which was opened in 1963. Dr. Leddy redefined the limitations of practice of the various surgical disciplines arranging a further reorganization which took place in 1968. St. Paul's Hospital had been approved for residency training in surgery and the other sub-specialties, and he organized teaching rounds for interns, residents and staff.

Major innovations in medical care were occurring at this time. A committee headed by Drs. D. McFadden and Marc Baltzan was charged with the task of organizing an Intensive Care Unit. A proposal was made to the sisters that an Intensive Care Unit be established for the better management of the more complex surgical and medical procedures. They agreed and relinquished their private quarters in the hospital for its location. This was completed as a ten-bed unit in 1968. Its existence markedly reduced mortality and improved the quality of care for the patients at St. Paul's. At the same time an eight-bed step down unit was also set up on the surgery ward. Dr. Leddy continued as head of Surgery until 1974, when he was appointed Chief of Staff, a position he held until 1982. Dr. Leddy died in 1990.

Dr. Danny McFadden, M.B.B.ch., F.R.C.S.(C) F.A.C.S., F.A.C.C.P., Clinical Professor of Surgery, University of Saskatchewan was born in Donegal, Ireland and graduated from University College, Dublin in 1950. He interned at Dublin's Richmond Hospital. From 1951 to 1957 he was in surgical residency training at Warrington General Hospital and Wigan Royal Infirmary (Lancashire), where he trained in both general surgery and urology. In January, 1957 he came to Saskatchewan and was in general practice in southern Saskatchewan. In 1960 he was appointed a Fellow in the Department of Anatomy at the University of Saskatchewan, following which he did a two-year residency in thoracic and cardiovascular surgery with Drs. Eric Nanson and C.L.N. Robinson. He was chief resident in surgery in 1962-63. He obtained his Fellowship in the Royal College of Surgeons of Canada in 1963. After a further year as Lecturer in Anatomy, Dr. McFadden started surgical practice in Saskatoon, in association with Dr. Carmen Weder. He came on staff at St. Paul's Hospital in May 1964, doing general, thoracic and peripheral vascular surgery. He became a Fellow of the American College of Surgeons in 1965 and later served as Admissions Chairman for Saskatchewan for the American College.

Dr. McFadden along with Dr. A. Becker, head of Radiology at St. Paul's organized a Vascular Radiology Unit. A rapid X-Ray changer was purchased; the initial catheters were made at the hospital as they were not then commercially available. Dr. McFadden was an examiner for the Royal College of Surgeons of Canada from 1966 to 1971. He was elected a Fellow of the American College of Chest Physicians and

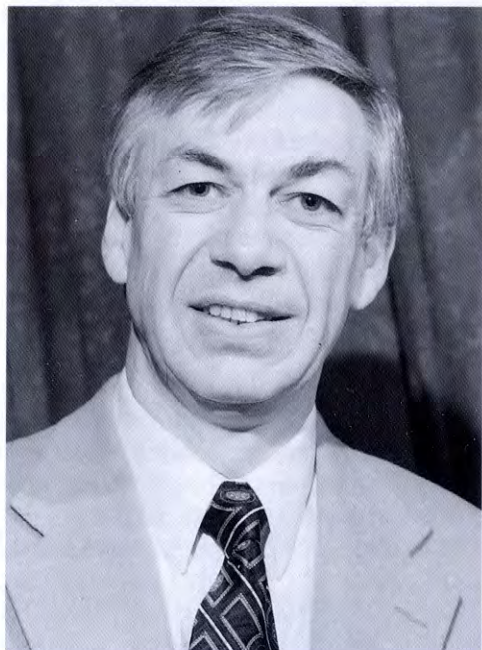
a Fellow of the International College of Angiology. He is also a founding member of the Canadian Vascular Association. Following Dr. Leddy's appointment as Chief of Staff in 1974, Dr. McFadden was appointed Chief of Surgery. During this time further departmentalization of surgical services occurred. He instituted the requirement that only Fellows of the Royal College of Surgeons of Canada could be appointed as members of the Department, thus further strengthening the proposal that Dr. R. H. MacDonald had suggested in 1949. Dr. McFadden proposed to the Board of St. Paul's Hospital, the organization of a Thoracic Surgical and Vascular Unit within the hospital, but this could not be realized because of monetary constraints. A Vascular Laboratory however, was set up under Dr. B. J. Lawlor. Presently all the peripheral vascular surgery in Saskatoon is being done at St. Paul's hospital.

Throughout this period a very active recruitment drive was undertaken from the surgical residency program of the University, and the majority of surgeons practising at St. Paul's are graduates of this program. The era of laparoscopic and thoracoscopic surgery began at this time and was introduced to the hospital in 1991. Dr. McFadden continued as Chief of Surgery until 1992, when he was succeeded by Dr. B. J. Lawlor.



Dr. D. McFadden

Dr. B. J. Lawlor, M.B.B. Ch., F.R.C.S.(C). Clinical Associate Professor of Surgery University of Saskatchewan was born in Antrim, Northern Ireland. He graduated from Queen's University, Belfast in 1968. He interned at the Mater Hospital in Belfast and did a year of residency training prior to coming to



Dr. B. J. Lawlor

Saskatchewan in 1971 to join the surgical residency program. Having completed his training, he obtained the Fellowship of the Royal College of Surgeons of Canada in 1974. He did a further two years of training in Winnipeg in vascular and thoracic surgery with Dr. Allan Downs and with Drs. Whitehead and Graham. Returning to Saskatoon in 1976, he joined Dr. McFadden in practice and was appointed to the surgical staff of St. Paul's Hospital.

Dr. Lawlor developed and ran the Vascular Lab at the hospital. He is a member-at-large on the Canadian Vascular Association Executive. The hospital undertook a lot of changes which were implemented in response to bed closures. Pre-assessment units were instituted for elective cases awaiting surgery, and day surgery and same-day surgery programs were started, in which his involvement was largely responsible for its acceptance and success.

A statistical analysis of the types of surgical procedures carried out in the early days of the hospital existence, is not available. However it is known that 146 operations were done in 1909. By the year 1981 this number had climbed to approximately 9000 cases. Statistics available for the year 1994-95 show that 2295 general surgical procedures were done of which 616 cases (27% approximately) were out-patient day surgery procedures. During the same period 532 vascular cases were done; of which, 92 (17%) were out-patient procedures. St. Paul's hospital has instituted same-day admission for over 90% of its surgical cases.

The Department of Surgery has responded to adaptive changes in the way that health care is delivered. The era of budgetary cutbacks has created impetus for change, the impact of which has fallen to a large extent on the shoulders of procedures specialists. This has taxed the ingenuity of surgeons, who continued to be asked 'to do more with less'. Since the mid 1930s there have been three major relocations of the operating suites. During that time only three women have occupied the position of Nurse Manager of the operating rooms. These are Sister Paulette Fortier, Mary O'Hara and Agnes Valade, who between them have given over sixty years of consecutive service, allowing for a very stable environment.

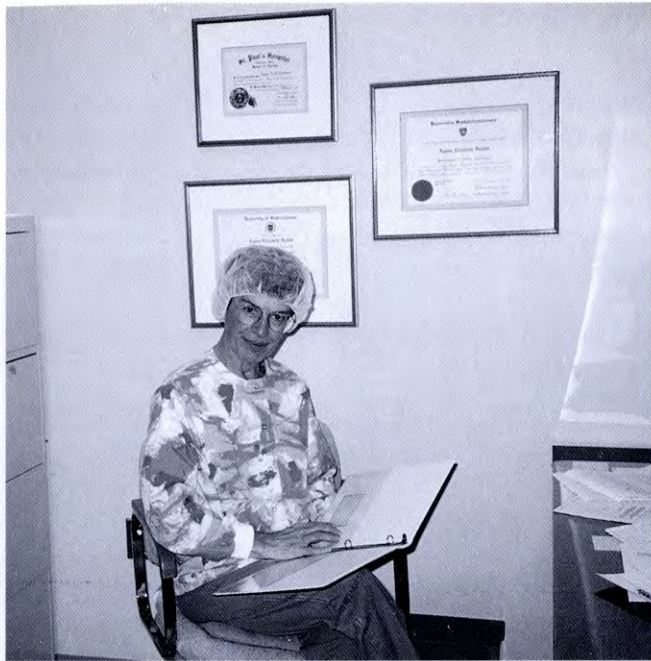


Surgical Suite staff. (circa 1970). Mary O'Hara (supervisor), Vivian Patrick, Theresa Saunders, Sr. Paulette Fortier, guest, Jimmy Scott, Agnes Valade, Theresa Herrick.

Present day surgeons who are carrying on the tradition of excellent services in the hospital are Drs. B. J. Lawlor, B.P.D. Coloquhoun, B.B. Malik, J.J. Pfeifer, F.G. Inglis, G. Groot, B. Ulmer, B. Duval, R. Bigsby and M. Harrington. The past ninety years have seen great changes in the practice of surgery.

The era of asepsis, modern developments in anaesthesia, transfusions, antibiotics, a better understanding of the physiology of surgical trauma, rapid mobilization of trauma cases, transplantation, and most recently minimal access surgery, have all had an impact in how surgery is practised. As they have done in the past ninety years, the surgical staff continue to pursue high moral and ethical standards of practice. They will secure for St. Paul's Hospital its rightful place in the provision of high quality care to the people of the Province of Saskatchewan.

Dr. D. McFadden, FRCS(C), FACS, FACCP (ret.)



Agnes Valade, nurse manager (1996).

UROLOGY

Your ways, O God, are holy,
What God is great as our God?
You are the God who works
Ps. 77

Dr. E.R. Myers, a graduate of the University of Pennsylvania, appears to have been the first head of the Department of Urology at St. Paul's Hospital when it became departmentalized around 1930, the first in Saskatchewan.

He began practice in Saskatoon in 1912 and gradually limited his practice to urology. In 1932 he performed the first transurethral prostatectomy in this province, at St. Paul's Hospital, where he established the first Department of Urology in Saskatchewan.

During his years in Saskatoon, Dr. Myers was a prominent citizen; he was at one time president of the Canadian Club, was a member of the College of Physicians and Surgeons of Saskatchewan and served as its president. He served on the executive of the Dominion Council of the College of Physicians and Surgeons, a Fellow of the American College of Surgeons, a member of the American Urological Association and an honorary member of the British Association of Urological Surgeons. He and his wife were prominent golfers.

Mrs. Myers founded the little theatre in Saskatoon, was a former member of the Women's Canadian Club, served as chair of the library board, and was the first vice-president of the Council of Women.

The department of urology was initially comprised of Dr. Myers, Dr. Eastwood Landa and Dr. R.W. MacDonald. The late Dr. J.M. Campbell who had completed his urology training in Manchester, England, joined Dr. Myers briefly before World War II when he joined the Canadian Army. He returned in 1945 to be again associated with Dr. Myers who moved to Victoria, B.C. the following year, where he died in January, 1955.

Dr. Campbell became head of urology upon Dr. Myer's retirement. He was instrumental in founding the Department of Urology at the City Hospital and later at the University Hospital, becoming the first academic head of urology at the University of Saskatchewan.

In 1953 Dr. Campbell was joined in practice by the late Dr. G.D. Blue and in 1956 by Dr. H.W. Estey. Dr. C.T. Wolan moved to Saskatoon that year and was joined by Dr. M. Ty.

Dr. Campbell was head of urology at all three hospitals for many years, until he relinquished the St. Paul's department to Dr. Estey, the City Hospital department to

Dr. G.D. Blue and the University department to Dr. Wolan. Dr. Campbell retired in 1973 and died in 1982. He was predeceased by Dr. Blue in 1975.

Dr. Peter Barrett joined Dr. Estey in 1975 and became the department head at City Hospital in 1976. Dr. Barrett became chief consultant, representing medical staffs at the establishment of the Saskatoon and District Health Board in 1992. Dr. Fentie succeeded Dr. Barrett as head of the Department of Urology at City Hospital.

In 1976 Dr. L.A. Taranger, formerly of Sunnybrook Hospital in Toronto, came to join Drs. Estey and Barrett. He soon became head of urology at the Royal University Hospital and later became head of urology in the Saskatoon District Health Board comprised of City and Royal University Hospitals.

Dr. John Scarrow came to join Drs. Estey, Barrett and Taranger, soon to be followed by Drs. Saul Gonor, Donald Fentie and Paul Weckworth.

Dr. S. Afridi who was associated with Dr. Wolan succeeded Dr. Scarrow as head of the Department of Urology at St. Paul's Hospital. Dr. Estey was head of the department at St. Paul's from 1973 to 1993.



Dr. S.K. Afridi (1996). Head of Urology.

In recent years computerized axial tomography (CAT) scanning and ultrasound have revolutionized diagnostic medicine and urology has been profoundly affected. Urology in Saskatoon was in the forefront of utilizing laparoscopic techniques for many surgical procedures including nephrectomy which is now a firmly established

practice. The surgeons are recognized for their expertise on a par with the rest of the world.

This report would be deficient if honorable recognition was not given to the many able and supportive technicians associated with the urology department throughout the years. These wonderfully dedicated people made the department run on a daily basis with the help of many expert urological nurses.



Orderly in Surgical Suite: Reginald Cranstone (1957).



Surgical Suite helpers: Yvonne Gobeille, Jackie McGeough. (1996).

These most able folk are herein listed:

Reg Cranston	Mary Kwas	Phil Prout
Maryann Lukian	Jackie McGough	Alice Boire
Ray Ramage	Lloyd Neufeldt	Tony Cutler
Danny Skeete	Yvonne Gobeille	

Finally, I wish to thank Dr. S. Afridi for his generous donation to this book.

Dr. Harold Estey, M.D. (ret.)



Dr. H. W. Estey, (ret.) head of Urology. (1973-84).
Chief of Staff (1981-88).

INTERNSHIP PROGRAM

Wisdom is bright, and does not grow dim.
By those who love her, she is clearly seen,
and found by those who look for her.
Book of Wisdom: 6:12-13

Renowned for providing excellent medical care, St. Paul's Hospital can look back on its tradition of high quality training programs for health care providers.

The **internship** program was established at least as far back as 1926, and although documentation is sketchy, four interns were registered prior to 1926, and probably dated back to 1923. The internship was a post graduate (doctors who had received their M.D. degree) training program. Upon successful completion of the year of internship, doctors were eligible for licensure in most provinces to practice family medicine or enter a specialty training program. St. Paul's, being a community hospital, was ideally suited to the internship program. Doctors rotated through the services of Medicine, Surgery, Obstetrics, Gynecology, Pediatrics and Emergency thus completing very intensive and well-rounded training and equipping them to begin the practice of medicine. The official term 'rotating internship' began around 1969 as a means of distinguishing those trainees who were destined to be family physicians from those who entered a specialist residency program although the first year of training was virtually the same.



Dr. A.W. Hindmarsh, (not identified), Dr. D. Schmidt,
(not identified), Dr. G.J. Junk, Dr. T. Laurendeau. (1957).

The interns not only received training but provided very valuable service to the inpatients of the hospital. They provided 24-hours a day medical coverage and took care of emergent and non-emergent problems of patients in the hospital. In addition, they provided casualty officer coverage in the Emergency Department from midnight to eight a.m. until the last few years of the program.

The number of interns in each year varied considerably from 17 prior to 1967 to 16 beginning in 1973-74. The total number of interns trained at St. Paul's is approximately 500. In addition to the interns, a number of residents spent part of their training at the hospital. The majority of the interns were local graduates, at least after 1957 (the first year that a full medical degree could be obtained in Saskatchewan). Many doctors from other provinces and even other countries interned at St. Paul's, eg. Mexico, Russia, Poland and Hungary offer further testimony to the reputation that St. Paul's Hospital acquired throughout the years.



Dr. B. I. Bauer, Dr. E. Mazzolani, Dr. S. Yip, Dr. A.K. Modak, Dr. I. Jen, Dr. J. B. McSheffrey, Dr. V. Sawchuk, Dr. R.D. Kimler (1960-61).

The success of the program can be attributed to many factors. The teachers, both MDs and non-MDs, eg. nurses, technicians, dietitians, etc. were very committed and worked very hard to ensure that the interns received as much teaching and experience as possible. The incredible working relationships among all the employees of the hospital contributed to a truly friendly work environment and fostered a cooperative atmosphere so essential for a good work ethic. The Grey Nuns were a very special group that will be remembered by every intern. They took the interns under their wings and fed (literally!) and encouraged them to the completion of their year. Who can forget Sister Marie Ange Charlebois, the interns' best friend?

When one reflects on the years, many aspects of the program are remarkable. The outstanding quality of the interns certainly is evident. Many have received local and international recognition for medical achievements. Many have attained successes at political and other non-medical endeavors. Probably the most significant aspect of the program was the number of doctors who remained in Saskatchewan to practise after internship (estimated to still be approximately 50% of all the interns who trained at St. Paul's Hospital).

The winds of change, however, eventually swept through the training programs across Canada and the rotating internship program ended with the completion of the 1992-93 year. St. Paul's still continues to train medical and non-medical health care providers. Saskatchewan will continue to benefit from St. Paul's Hospital's devotion to excellence.



1992/93 Interns
Last Class of Intern Program at SPH

Left to right: Dr. R. Chernoff, Chairman, Medical Education Committee, Dr. Grey Jaroszynski, Dr. Ed Hardy, Dr. Mark Ernst, Dr. Duncan Ross, Dr. Anu Rajpal, Dr. Brian Montgomery, Dr. Jodi Spelay, Dr. Peter Davids, Dr. Susan Eustace-Conlon, Dr. Mike Negraeff, Dr. Dave Unger, Dr. Brett Fitzmaurice, Dr. Shariose Kara, Dr. Ian Dugdale, Dr. Richard Milde.

Dr. Ken Stakiw, M.D. (Intern 1972-73)

NOT CLASSIFIED

School of Nursing
School of Nursing Alumni
Ladies' Auxiliary
Lay Advisory Board
Memorial Windows
The Polio Years
Personnel Association
Service Employees International Union
SPH - Kelsey Diploma Nursing Program
Staff Nurses' Association and Saskatchewan Union of Nurses
List of Sisters (1907. . .)

ST. PAUL'S HOSPITAL SCHOOL OF NURSING

The learned will shine like the brilliance of firmament
and those who train many in the ways of justice
will sparkle like the stars for all eternity. (Daniel: 12,3)

The opening of Saskatoon's first hospital in 1907 was a tangible sign of a spiritual mission of love and service to humanity - a mission that has continued to be the "spirit of St. Paul's" and has pervaded each successive phase of growth and expansion since its humble beginning.

A very important component of this special service was the establishment of the School of Nursing. Although it had a very modest beginning, it soon developed into a highly reputable learning institution. Its graduates were not only highly skilled professionals, but individuals who, because of the teaching and example of the Grey Nuns that "Charity is love and love conquers all," provided a special kind of nursing care.

On November 21, 1909, the first candidate enrolled at St. Paul's School of Nursing. The initial class consisting of Sister Beauvais, Sister St. Polycarpe, Hannah Eliason, Leonie Chappelle and Charlotte McLoughlen graduated on September 2, 1911. The first Director of Nursing was Sister Marie du Saint Sacrament.

The third floor or attic space of the original hospital (Willoughby House) served as the living quarters and improvised classroom for the students. Board and room were provided without charge and a monthly stipend of \$5 in the first year and \$10 in the second year were awarded. Hours of work were 7:00 a.m. until 7:30 p.m., with one hour off daily, one free afternoon each week and two weeks vacation per year. To meet the rigorous training requirements, only young, enthusiastic and healthy women were recruited. Besides good health and exemplary character, applicants had to be at least 18 years of age and have acquired a Grade VIII Saskatchewan certificate.

There was no probationary period. The students immediately began their studies, ward duties, and bedside procedures under the guidance of the Director of Nursing and senior staff. Lectures in fundamental subjects such as anatomy and physiology were delivered by doctors and the Director of Nursing.

The uniform at this time consisted of a blue basic dress, white clerical collar, white bib and apron and cuffs, white cap and black buttoned boots. For graduation ceremonies, a long white uniform replaced the blue basic dress.

During the first decade many changes occurred but none was more significant than the building of a new St. Paul's Hospital in 1913. As a result the Willoughby House became primarily a residence for the sisters and student nurses.



Nurses' graduation (1915): Misses Daley, Smith, Swinton, Mulligan, Imheltz, Johnson and Blais.

Although the first graduating class consisted of only five young ladies, word of this highly acclaimed institution spread and after only a decade in existence, it could boast a total of 75 graduates.



Note the black shoes (1920).

The decade 1921-1930 introduced many firsts in the history of the School of Nursing. Also during this time dramatic changes were made to the uniforms. In 1921 the button boots were replaced by black laced shoes. The introduction of the 'Eton' collar and shortened skirts came in 1923. No matter what the height of the individual, uniforms were to measure 6 inches from the floor! In 1925 the bib and apron were eliminated, but 1928 saw their return with cuffs and clerical collar. The most significant and memorable change was the introduction of the coveted black band in 1927. Also in 1927, the 'bar-pin,' worn at the collar of the uniform made its first appearance. This was presented at the half way point of the training period and eventually was referred to as the 'half-way' pin.

Frank Boughton the school's first male graduate completed training in 1924. In 1926 the first yearbook, "Seniors' Year Book" was published.

The first Instructor of Nurses, Miss A. Copley, was appointed in 1928 and dietary instruction was given by M. C. King. Prior to this date all teaching was done 'on the job' by doctors, sisters and nurses on the ward.

Graduation exercises were held at the St. Paul's Church Auditorium until 1926, at which time the first of 18 years of graduation ceremonies was held at Convocation hall at the University of Saskatchewan.

The following excerpt adopted from *Reminiscences of a Pioneer Nurse* written in 1991 by Frances Stearns (née Pulman), a graduate of 1926, very aptly portrays the life of a student nurse during this era:

"The year was 1923. In April I had applied to go in training as a nurse at St. Paul's School of Nursing, Saskatoon, Saskatchewan. My application was accepted in June. I was to report to the Superintendent of Nurses on August 20, bringing with me required items of clothing that today would make you wonder. . . .

My supervisor was a third-year nurse, with a sister over us all. My duties those first three months were emptying bed pans and sterilizing them, sweeping and dusting the wards; in private rooms there were scatter mats to shake. Patients' flowered plants had to be looked after daily. There were beds to be made and made perfectly - mitered corners must be even. When patients were discharged or died, bed framework had to be carbolized. . . .

If a patient had a staph infection or infection of some other nature, when he/she left the ward was sealed. Cotton batting was put all around windows, doors, and key holes. Before sealing the bottom

of the door, a formaldehyde solution had to be put in a large basin and placed in the middle of the ward. All utensils, sheets, towels, and blankets etc., were left in the ward. Then the bottom of the door was sealed and left for 48 hours.

The hours were 7:00 a.m. to 7:00 p.m. if you had your work done. There were two hours off each day, one of them spent in the lecture hall for practical demonstrations or theory by a sister. We had lectures by doctors once a week on Hygiene, Public Health, Anatomy, Physiology, Surgery, Obstetrics, Gynecology, Pediatrics, Pharmacology, Medicine, contagious diseases such as Diphtheria, Scarlet Fever, Smallpox, Tuberculosis, Ear, Eye, Nose, and Throat and O.R. procedures. These subjects were spread over the three years. The doctors who lectured set the examinations.

Registered Nurses' exams did not exist until 1924. There was no Tuberculosis Sanatorium in Saskatchewan until 1925, so tuberculosis patients were taken care of in local hospitals. . . .

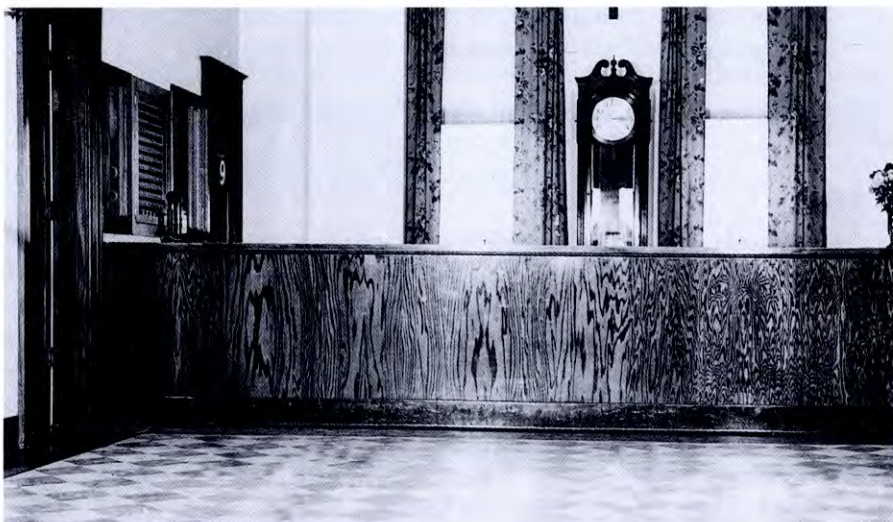
Each year we spent two full months on night duty, no hours or nights off during that period. Some nights we got very little to eat, as we had to cook our own meals. If you were very busy you just ate on the run. . . .

The latter part of my training was spent floating on all floors and departments. One night when I was floating, a taxi driver came running down the hall, "Nurse, I have a lady...back of car at emergency. Come quick!" I grabbed a stretcher. The lady was sprawled on the back seat with her twelve year old sister beside her looking bewildered. It was the days of women wearing bloomers; briefs and panty hose were unheard of. The taxi driver had told me he had been called to take to the hospital a lady who had gone into labor. She lived in a small town approximately ten miles from the city. Her husband, a railroader, was out on the road. I got into the back of the taxi and asked Mrs. B. if the pains were close. She gasped and said, "I think the baby is here." I yanked down the bloomers and there was a beautiful baby approximately seven to eight pounds, dead! It was smothered in its mother's bloomers. Mrs. B. had notified her doctor who had told her to go to the hospital and he would be there when she arrived. Alas! He did not reckon on the freight train going through the city. C. P. R. trains crossed the main thoroughfare to the hospital. We did everything we could until the doctor arrived, but to no avail. A very sad case. . . .

Most off-duty hours were spent studying for the Registered Nurses' exams. We spent three days at the University of Saskatchewan writing for our Registered Nurses' Certificate. At last, training days were at an end. We were readying for our graduation exercises. . . .

The big night arrived and there we were on the platform of the Convocation Hall of the University of Saskatchewan waiting to receive our diplomas from one of our lecturers. After speeches and congratulations we retired to the dining room of the hospital for a buffet supper with relatives and friends. We did not learn the results of our provincial exams until two months after graduation."

The class of 1930 witnessed the last printing of the yearbook until 1946. The depression and the war years did not allow for such luxuries. The 1929-30 edition was entitled *The Sunbeam* - "the mission of every nurse at St. Paul's is to be a beam of sunshine in lives darkened by shadows of sickness."



Information desk at the nurses' residence (1931).

Successful entrance candidates were now required to have a grade XI diploma and had to be between 18 and 30 years old.

Uniforms reflected the depression years by consisting of a shorter one piece dress, cuffs and collar, a square cap and white shoes, with the addition of the bib and apron for graduation ceremonies only. The first garnet and gold capes were introduced in 1930 but were replaced by the navy and red in 1939. The 'winged' cap was introduced in the late '30s.

Despite the economic conditions, perhaps one of the most phenomenal milestones in the School of Nursing's history took place in 1931. A chosen site on the corner of Avenue R and 20th Street was blessed on August 30, 1930. This was the beginning of a future project - the Nurses' Residence that was to cost approximately \$342,000. On November 13, 1931 eighty student nurses moved from the Willoughby House to the new Nurses' Residence and on November 21 the official blessing and opening took place. The completely modern residence contained 29 double rooms, 90 single rooms, an auditorium, classrooms, study rooms, offices, kitchenettes, bathrooms, a parlor/reception room with a fireplace and a small chapel.

Although prospects for employment were dim and the pay dropped from \$50 to \$35 per month, graduate nurses were glad to be able to work in their profession and be assured of room and board.

Enrollments continued to be high with approximately 30 to 40 students per class. The scarcity of money was also evident during the 1934 graduation. A report in a daily newspaper read as follows:

"No effort had been spared by the student nurses to make the banquet given last evening for the graduating class of St. Paul's Hospital an event long to be remembered. Only the pastel shades of lilac and sweet peas were used in decorating the tables. Each guest received a corsage of pink and white sweet peas."

In May 1934 the first closed retreat for student nurses was held. Three days were set aside from busy hospital duties, in which students silently thought and prayed and renewed their Christian faith. The year 1939 marked the first reception of student nurses into the Sodality of Our Lady. The motto of the Sodality was "To Christ through Mary." It was the focus of religious and spiritual activity in the residence. The Nurses Christian Fellowship (NCF) an interdenominational group strived to fulfill the motto: "To know Christ and to make Him known," through Bible study, prayer, and Christian fellowship.

In 1936, a handbook of rules and regulations was introduced. Following are some excerpts from it:

Professional Ethics

The etiquette of the army is, to a certain extent, repeated in the hospital. The reasons for its existence need not be discussed here.

Nurses are required to stand when speaking to those in authority and to give precedence at all times to sisters, doctors, head nurses, and also to the seniors in the school.

The members of senior class should not be on familiar terms with their juniors, as they may be placed in positions of authority, and they will not obtain unquestioning, prompt obedience from those with whom they are too familiar...

Conversations with doctors and interns must be limited to professional matters.

Students are not permitted to go out with employees, interns or doctors.

It is unethical to accept money from patients. A servant or a waitress may do so, but not a nurse. Should you do so you will be expected to be partial to your patients and partiality must never exist.

Don't precede sisters, doctors and seniors on the stairway or through doorways.

Juniors, show a prompt, unquestioning obedience to your seniors, and never speak to them as you would to your junior.

Rules and Regulations

The hour for rising is 6:20 a.m..

Morning prayer will be said in the study hall at 6:50 a.m. All nurses are to be present. On such days as Sundays, Holy Days of Obligation and the First Friday of each month, the prayer will be said in the bedrooms...

The nurses shall leave their rooms tidy. Beds well made except on Friday when they should be left open to air. Shades should be drawn to the lower edge of the upper window. Windows closed during the day unless the nurse is in her room. Nurses are not to return to their rooms

after morning prayer but go directly to the dining-room for breakfast....

The hours off duty during the day are given for rest and study more than recreation. . . .

Day Nurses

Hours of duty are from 7:15 a.m. until 7:00 p.m. with three hours off during the day. One half-day off weekly will be allowed day nurses.

Nurses are to register their names at the desk between 9:00 p.m. and 10:00 p.m. every night. . . .

Night Nurses

Hours of duty are from 7:00 p.m. until 7:30 a.m. with time off at the discretion of the night supervisor. . . .

Night nurses shall be in their rooms daily from 8:30 a.m. until 3:30 p.m. Permission to rise earlier or to remain up after 8:30 a.m. shall be obtained from the Director of Nurses. . . .

The Uniform

...Rouge may be used with discretion, but lip-stick and nail polish are not in accordance with the nurses' uniform. . . ."

In 1938, St. Paul's was one of four schools approved for training purposes and clinical experience for University of Saskatchewan degree course students. This ended with the opening of the University Hospital in 1955.

As a new decade dawned and the previous ten years of severe economic stringency were over, optimism prevailed. But this optimism was short lived as another terrible conflict was on the horizon - The Second World War.

Many qualified nurses joined the armed forces resulting in an acute shortage of nurses for hospitals. Nurses who had difficulty in securing employment during the depression years found a great demand for their services. Better employment opportunities,



Beautiful reception room in the nurses' residence (1940). Sr. Jeanne Mandin, Director of Nursing, is seen in the background.

better salaries, and shortened work day resulted in higher enrollments in the School of Nursing. The year 1943 saw 140 students in residence at one time. The Federal Government also began assisting nursing programs with grants. In 1942 St. Paul's School of Nursing along with other Saskatchewan nursing schools shared a grant of \$25,000. These funds were used to hire clinical instructors and give financial aid to provide textbooks and teaching facilities. The year 1940 saw the introduction of the 8-hour work day and no days off except for three weeks vacation per year. The first four months were the probationary period after which time students received their caps and a \$5 monthly stipend. This stipend was received for the remainder of the three years; but with deductions for books and breakage such as thermometers, very little of this money actually made it into the students' pockets.

Although rationing of such 'luxuries' as sugar, molasses and flour were prevalent during the war years, meals in the hospital cafeteria were always nutritious and adequate. This was due to the bountiful gardens located on the hospital property and tended to by the sisters and gardeners. The only downfall was that often meals were 'seasonal' and sometimes items such as cucumbers, tomatoes, or turnips were served for weeks until supplies diminished. Students often remarked that "they didn't know rhubarb could be served in so many ways!" There also seemed to be a never-ending supply of bologna. In the cafeteria each student had a cubicle for her dishes and cutlery which she was to wash and replace after each meal.

The uniform of the mid '40s was a white short sleeved dress for duty wear while the traditional bib and apron and long sleeved uniform were worn for the graduation ceremonies. The cuffs and clerical collar were eliminated and except for lengthening or shortening of the basic dress no changes were made from then on.

Although 1924 witnessed the first male graduate, the first one to receive Saskatchewan registration status was Felix Lafferty, in 1942, who later received his MD. (Note: The Canadian Nurses' Association did not recognize male nurses until 1939!)

This decade also brought another challenge. On August 29, 1943, the first patient with poliomyelitis was admitted to the St. Paul's Polio Clinic, a separate entity of St. Paul's Hospital. Rotation through the isolation ward equipped with strange equipment such as iron lungs and rocking beds became part of the students' training.

In May 1946, the first of many hospital affiliations (training at a facility other than St. Paul's Hospital) was introduced and the first group of students went to the Saskatoon Sanatorium for a six-week period. This affiliation, which terminated in 1964, provided students with an opportunity to care for patients with tuberculosis. The year 1946 was also the preliminary year for A and B Class programs when students began training in February and September of each year. This practice continued until 1962.

The first yearbook since the depression made its debut in 1946. *The Whitecap* recorded many cherished memories for the remainder of the school's existence. The first edition included a report of a Fall Tea and Bazaar:

"The Tea and Bazaar held at the Hudson's Bay Company auditorium on November 22, 1946, was the Second Year Students' first attempt to sponsor a class activity outside the School, gathering their resources from the public rather than from the students.

The public, represented by a wonderful crowd, were received by two of the Juniors who in turn introduced them to the activities of the school where the 'sewing booth' and its wares were the delight of all the girls. With Christmas so close the large array of 'hand-made' articles proved to be a windfall for the many tired and busy Christmas shoppers. Diamond-patterned socks, doilies, cushions, dolls, ornaments, aprons, babies' knitted sets, all went before very long.

Tea was served from a beautifully decorated table, over which graduates presided while the students performed the art of serving with great dexterity".

The first of twenty-four graduation ceremonies in the Capital Theatre took place in April 1944. The excitement of graduation was only compounded by the elegance and 'castle-like' atmosphere of the velvet drapery, balconies and ornate furnishings. The banquet and dance, honoring the graduating class of 1944, was held in the Bessborough hotel on the evening of Friday April 21. Felix Lafferty, President of the alumni, presented the toast to the graduates. Ken Peaker's orchestra was in attendance and before long a fascinating panorama of beautiful girls arrayed in lovely gowns with delicate corsages intermingled with the contrasting uniforms of air-force navy blue and the khaki of the service men.

A great deal of appreciation and everlasting debt is owed to the instructors who were so instrumental in the high quality of instruction and training that was provided. One of the most memorable was Miss Mary T. Mackenzie who became Nursing Arts Instructor in 1947. She was a perfectionist and very knowledgeable, and demanded the same of her students. Every student who was fortunate to be under her tutorage can fondly remember the repetition of procedures under her watchful eye; the hours spent making a **perfect** bed only to have her disassemble the flawed mitered corners with a quick flick of her finger; how every class had **someone** who "would make a better cash register clerk or an elevator operator at Eaton's than a nurse!"

But there was also a very warm and understanding side to this very remarkable woman. She had a genuine interest in each student and was very kind and compassionate towards those who experienced problems such as the death of a parent or loved one, financial difficulties, or even home sickness. Mary T, as she was affectionately known, left an indelible mark on the lives of all 'her girls.' She transferred from St. Paul's in 1967, to the new Diploma Nursing Program at SIAAS as Registrar/Counsellor.

The school song, which is still used at reunions and many alumni gatherings throughout the country, was written by Patricia Currie (Kouri - '51) and premiered in 1948.

In 1949 the Monroe Wing psychiatric unit at the Regina General Hospital became an affiliate and the first group of students went there.

With the world at peace, the economy flourishing and the introduction of two entrance dates for students, enrollments increased steadily. Notes on graduation ceremonies held May 4, 1952, mention that "59 students graduated as nurses today, marking the one thousandth graduate from St. Paul's School of Nursing since the opening in 1909." Students experienced a much less rigorous training program - 8-hour days and one-and-one-half days off per week.



Student nurses' well equipped library (1951). Sr. A. Ste-Croix, Director of nursing (background).



Student nurses' room. (circa 1951).

The year 1951-52 marked the completion of the first year of organized student government under a new constitution. The elected student council collaborated with the sisters in maintaining discipline and becoming conduct and to organize social functions.

On September 8, 1952, a new educational system, was introduced. The Block System consisted of alternating classes and related ward experience.

This decade saw the beginning of the St. Cecilia (patron saint of music) Concerts. This annual event was one of the highlights of every school year, especially for the glee club. The glee club also performed for graduations, school events and carol festivals. Over the years many individuals directed these talented groups, but none surpassed the patience or length of service of Mr. Urban Donlevy (October 1948-1963).

A day spent with the Victorian Order of Nurses began in 1954. Each student had an opportunity to don the blue VON uniform and accompany the visiting nurse on her tour of duty.

In 1956 the fourth floor of the nurses' residence which had remained unfinished, was finally completed at a cost of \$80,000. This improvement made available bedrooms, an excellent library, an extra classroom, a new laboratory and a demonstration room. The demonstration room where first year students spent most of their waking hours served as a practice area for procedures performed on the wards. Under the watchful eye of the clinical instructors, students learned how to perform many procedures including how to empty bedpans, make mustard plasters, how to administer oral and injectable medications, and especially MAKE BEDS and give bed baths. The demonstration room was where our beloved Mrs. Chase (the demonstration mannequin) received thousands of bed baths, injections, and back rubs and never complained!

The '50s also saw a greater emphasis on diet and nutrition in the nursing program. As described in the 50th Anniversary booklet:

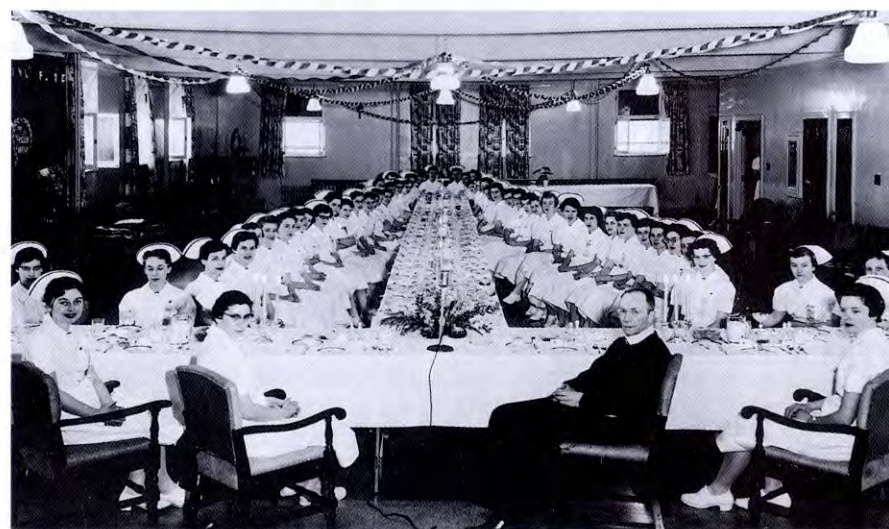
“ One sister and two dietitians preside over the complicated task of feeding and nurturing patients, newborns, and hospital staff, and they are ably assisted by seven student nurses and a cooking and catering staff of 13 men and women. Besides selecting and preparing meals for the hospital patients and staff, the dietary department also trains student nurses in the preparation of diets and baby formulas.”

In October 1957, the first trio of students began 6-week affiliations at St. Margaret's Hospital in Biggar. This was introduced to provide students with rural hospital experience.

Although much time was spent on wards, in classroom or studying, students still found time for recreation and 1958 brought the organization of championship softball and basketball teams.

Though a great number of changes occurred through the decades some of our traditions remained unchanged for many years, such as the school colors - garnet and gold - and the school flower - the *fleur de lis* - introduced in 1926.

The majority of students continued to come from rural Saskatchewan. Many arrived alone by bus or train, with mixed emotions as they took the first step of a journey that would dramatically affect their future. The warm welcome of the sisters and 'big sisters' (senior students who would act as guide and mentor during training days) quickly alleviated many fears and homesickness. For many this was not only the beginning of a profession, a fulfillment of a dream, but it was also the beginning of many treasured lifelong friendships.



Graduation banquet in auditorium of nurses' residence. Fr. G. Redmond, CSsR (chaplain) at head table. (1957)

The dawn of the '60s held prospects of continuous success and growth for the highly recognized School of Nursing. Increasing enrollments continued and at the 50th graduation ceremonies in 1961, another 59 graduates received their diplomas. Congratulations were received from Cardinal P. E. Leger, Archbishop of Montreal, who was a nephew of Sister Beauvais, a member of the first graduating class in 1911.

Only a few changes took place in the actual training program itself. The termination of the A and B class format occurred in 1962, at which time all students entered training in September and graduated in May. In 1963 the Centralized Teaching Program was instituted. St. Paul's Hospital students attended classes in psychology and sociology with their counterparts from City and University Hospitals. Most of these classes were taught at the St. Thomas More College on the University Campus where students were transported by a chartered bus.

The year 1963 saw the opening of a 'brand new St. Paul's' which also introduced the students to advanced and modern procedures such as hemodialysis for kidney patients, cardio-pulmonary resuscitation, and the intensive care unit. In 1964, the inception of affiliation at the Yorkton Psychiatric Unit enabled every student to receive psychiatric nursing experience, thus meeting the requirements for writing the registered Psychiatric Nursing examination. Students were sent in groups of 12 for a three-month period.



Graduation exercises at Capital Theatre (1965). Dr. R.H. MacPherson, President of the Medical Staff, (chairman), Mrs. D.E. Keeler, President of the nurses' alumni, presenting award to Elaine Hobman (operating room technique bursary).

Prior to the '60s students who left in order to get married were not allowed to return to continue their training. However, in the early '60s students could return after staying out for one year and later this was changed to six months. In 1968 students were allowed to continue after marriage - although permission to get married had to be received from the Director of Nursing.

Also, in the late '60s students were allowed to live at home. Prior to this everyone had to live in residence. Four 11:00 p.m. late leaves and one midnight leave per month (with an extra midnight leave in third year) had to be endorsed by a parent. Evenings when students did not use a late leave the curfew was 9:30 p.m. on week nights, 10:00 p.m. on Saturday and 11:00 p.m. on Sunday.

The year 1967 marked the last of decades of graduation exercises held at the Capital Theatre.

As the trends in nursing education began to shift, the transfer of diploma education from the Department of Health to the Department of Education was on the horizon. St. Paul's would not be spared. Thus on October 20, 1968, two bus loads of graduating students stood (so as not to crease their uniforms before the exercises) and departed for the last graduation ceremonies. The classes of 1968 and 1969 - [88 young ladies and one young man] - received their diplomas at the Centennial Auditorium. But significantly missing from the audience were the usual blue-caped student nurses' chorus. Replacing the former Students' Glee Club, who for years had provided musical selections at these events, was a choral group of former graduates.

In February 1969 the doors closed behind the last class of students. Accordingly we said farewell to St. Paul's School of Nursing - mother to generations of nurses and 2057 graduates who can proudly call it their *alma mater*.

This passage marked the 'end' of a learning institution, but the spirit of St. Paul's lives on in the heart and mind of every student who had the privilege of being a part of it. We shall always remember our motto, "In Minimis Perfectio - Be Ye Perfect - Even in Little Things," and proudly sing

SCHOOL SONG

*Staunchly and proudly our dear school stands,
On the top of Pleasant Hill.
High above the golden prairie lands,
Where the winds blow loud and shrill.*

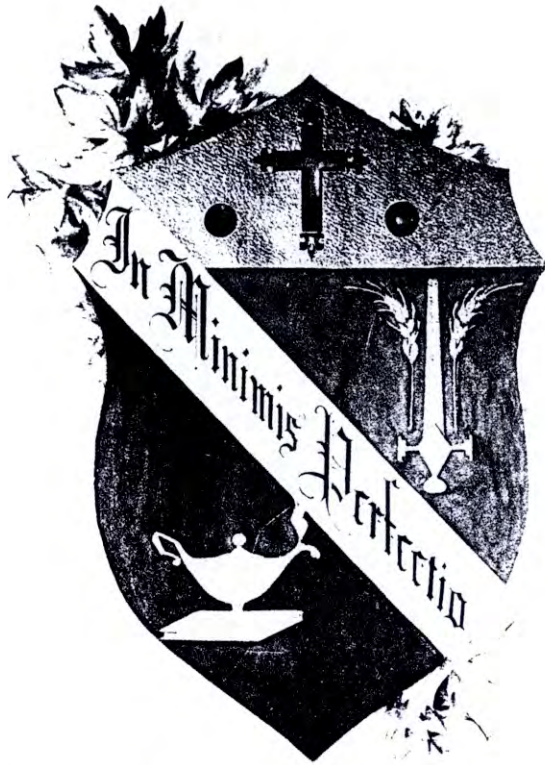
*Fostered by love of they...
The Sisters robed in grey...*

*Hark to the song of the "fleur de lis"
Swelling to Heaven free...
"In Minimis Perfectio" our Alma Mater O...*

*Garnet and Gold our banners raise
A symbol of service, in love and praise.*

*Fearless we will march with God for our guide...
St. Paul's we keep faith with thee!
St. Paul's we keep faith with thee!*

Iris Maber (Lewchuk, '66)



INTERPRETATION OF SCHOOL OF NURSING CREST

In the left lower portion of the shield on a garnet background is the Florence Nightingale Nursing lamp, symbol of the nursing profession, and typifying the flame of devotion and service to others. The maple leaves around the shield are Canada's national emblem. The school colors are garnet and gold, and the Latin motto "In Minimis Perfectio" - "I shall be perfect even in little things" - summarizes the high ideals of the St. Paul's students.

In the centre of the top of the shield, on a field of gold is a cross of red, tipped by four fleur-de-lis, emblem of the Grey Nuns, Sisters of Charity, symbolizing the spirit of love and sacrifice every nurse must have. On each side of the cross are two, round, red 'Torteaux', a symbol of the city of Saskatoon.

In the right portion of the shield, on a field of green, there is a gold sword with a stalk of wheat of each side. Green symbolizes the agrarian nature of the Saskatoon district. The golden sword is a symbol of St. Paul - A sword without a point known as the curt "Curtana", which identifies it as a sword of mercy. The wheat stalk symbolizes the province of Saskatchewan.

SCHOOL OF NURSING ALUMNI

Every happening, great or small, is a parable whereby God speaks to us, and the art of life is to get the message. (Malcolm Muggeridge)

The Alumni Association of St. Paul's Hospital School of Nursing is an organized group composed of individual graduates of St. Paul's Hospital School of Nursing.

From the first three graduates on September 2, 1911 to the time when the School of Nursing closed its doors in February 1969, there have been 2,057 graduates who can proudly call it their Alma Mater and hence claim Alumni membership. Since the closure of the School, membership in this association has become a treasured link for members, bonding them in a close tie of loyalty and continuing support.

The foresight of the graduates in the early 1920s was long-lasting. The alumni was formally organized in 1925 by Mrs. Constance Wait. Miss A. Campbell was the first president. From the time of organization the alumni members participated in functions with the School of Nursing until it closed. The alumni is still active in 1996 and aims to uphold and preserve the memory and spirit of St. Paul's Hospital School of Nursing.

Since 1925 alumni members have participated in a variety of functions and projects. During the existence of the School of Nursing they sponsored the annual graduation banquet and scholarship. A stated aim is to promote social interest and promote good fellowship among members. In 1929 this was done by members opening their homes for social evenings with members. In 1930 a theatre party was well attended by many members and was thoroughly enjoyed.



Freda Huseby (O'Connor '36) in central dressing room located at end of south wing - 2nd Floor. (1937).

For years general meetings have been held in Saskatoon four times a year to carry out the business of the organization. Constitution and Bylaws were drawn up in 1939 and have been revised four times since then.

The promotion of the annual scholarship until closure of the School meant fund-raising. This was done in a variety of ways including annual membership fees, Bonny Baby shows at the Bessborough Hotel, harvest coffee, strawberry socials, bake sales, fashion shows, reunions, etc. The scholarships continue to this day. In 1946 a \$50 scholarship was given to a student at graduation exercises. In 1949 this amount increased to \$150. Since the late '80s to the present scholarships have varied from \$500 to \$1,000 each. Since 1969 scholarships have been offered to graduates of the School of Nursing, to their children and grandchildren in nursing education programs and have assisted several students annually.

In July 1994, Dorothy Irwin (nee Robson, Class of '31) bequeathed \$25,000 to a scholarship fund for students in health care education. The first two scholarships from this fund were given in the fall of 1995. In 1996, five more students were awarded scholarships from the Dorothy Irwin fund.



Alumni Reunion (1950) Margaret Gettle '39, Susan Waite '32, Kay Moker, Dorothy Irwin (Robson '31).

Fund-raising was also held to contribute monies required by St. Paul's Hospital over six decades. Donations, in 1937, included \$300 given over two years to furnish a room. The Grey Nuns, in turn, agreed to give alumni members 50% off the cost of a room when a patient in the hospital. In 1961, the alumni pledged \$5,000 to the Building Fund with \$1,000 to be applied to the furnishing of a private room.

The organization has contributed financially to St. Paul's Hospital in various other ways. In 1985, a stained-glass window in the Hospital chapel was provided by the alumni. Symbols included in the window are the cross on the graduation pin, a Nightingale lamp, caring hands and a nurse's cap. The suggestions for the window

came from alumni members. Sister Selisia Zunti, o.s.e. from Humboldt, Saskatchewan, designed and created this unique window. The Alumni also purchased the padding for the kneelers and seats in the hospital chapel.

Another contribution was a Resusci-Anne doll that was used to teach cardiopulmonary resuscitation to staff and students. A chair-bed was given for the Pediatric Ward. For years personal hygiene items eg toothbrushes and combs were purchased for patients in the hospital who required them. A lounge was furnished in the present B wing. The Quiet Room in the Renal Unit was furnished by an alumni donation in 1995. They contributed the large display case with the dolls, and the four pictures of the first three hospitals and nurses' residence located on the west side of the main entrance.

The alumni were/are also involved with the community. To name a few: donations of non-perishable foods to the less fortunate in northern missions, donations of food to the Friendship Inn, donations of money for pots of soup and, for a few years, the group sponsored a child in a foreign land.

The Saskatoon members are not the only ones who meet for fellowship and to preserve the memory of St. Paul's Hospital School of Nursing. Groups in Vancouver, Calgary, Edmonton, Regina, Winnipeg and Ottawa also meet once or twice a year to renew friendships and to reminisce.

On an occasional basis the alumni has met with Saskatoon City Hospital and University Hospital Alumni members for social gatherings. In March 1967 the University Hospital Nurses' Alumni were our hostesses at the Tri-Alumnae social evening. Our contribution to the Confederation Centennial program was a parade of the uniform fashions of our School from 1911 to 1967.

Alumni reunions began with the annual graduation exercises and dance. Earlier graduates participated in the annual dance and thus met to recall stories of training days and current aspects of the school and hospital. A major reunion was held in May 1950. Following this a book was published containing photos from the reunion and a list of those attending plus their addresses if available. Major reunions in Saskatoon were held in 1957, 1961, 1966, 1971, 1976, 1986 and 1996. In 1981 a group of alumni members planned and held a successful reunion in Vancouver. In 1991, a group from Calgary staged a joyful reunion there.

In 1996 there were 544 registered for the reunion in Saskatoon. Present were graduates from 1925 to 1969. For most of the nurses highlights of the reunion were the opportunity to meet classmates and to recall stories of training and residence life. The earliest graduate present was from the class of 1925. The eldest member present was 98 years old (Class of '29). The member who came the farthest distance was from Cairo, Egypt. Some members have attended all reunions, some, several reunions and for some Reunion 1996 was a first since graduation twenty-seven or more years ago.

This a typical reunion agenda:

Thursday evening:	Registration and Reception
Friday :	Interdenominational Church Service Luncheon and Business Meeting Evening Class Parties
Saturday :	Tea and Tour of Hospital Banquet and Dance
Sunday :	Farewell Brunch

The St. Paul's Hospital Gift Shop was opened to provide flowers, gift items and the like for patients, staff and visitors. It was located in the area north of the switchboard in December 1983. It was staffed by alumni members on a volunteer basis. The first manageress was Mary Mayner (nee Uthe, Class of '47). Iris Maber (nee Lewchuk, Class of '66) has been the staffing coordinator for the Gift Shop from day one to the present. She has contributed numerous volunteer hours in performing this function. All proceeds from the Gift Shop go directly to St. Paul's Hospital Foundation and are used for hospital equipment and projects.

When the 1989 A wing was added, a new and expanded Gift Shop was located east of the switchboard. Jeannine Penman (Class of '58) is the manageress since it was moved in 1991. As well as alumni member volunteers there are also other volunteers, friends of the alumni. Without all of these capable individuals the Gift Shop proceeds for the Foundation would be considerably decreased. In April 1996, the sale of lottery tickets began in the Gift Shop to make up for the decline in income resulting from the reduction of bed occupancy.

One of my favorite stories from the Gift Shop follows:

A lady phoned from Ottawa and ordered flowers for a gentleman patient in Palliative Care. She asked if I would do her a favor. I replied affirmatively. She asked if I would write out a verse of the song "You are My Sunshine" and take it with the flowers to his room. I did what she requested and delivered the flowers and write-up to the man I presumed was her father, but I did not enquire further.

In 1990 an Alumni Address Book was assembled containing approximately 1600 names and addresses of living members. This was done with computer assistance from St. Paul's Hospital Foundation. The book was printed and given as a souvenir to members who registered for the Calgary reunion.

For many years an annual newsletter has been sent to each member to inform them of alumni activities. Each member is requested to pay an annual membership fee. Marcelle Hawes (nee Blais, Class of '39) membership coordinator, tries to keep the mailing address current. We also try to compile a list of members who have died each year. When possible a card is sent to the family of deceased members.

A continuing function for the alumni has been the honor guard of nurses in full uniform at special functions. At the 75th anniversary of St. Paul's Hospital (1982) a large group of nurses in uniform participated at the interdenominational service held at Circle Drive Alliance Church. In 1989 there were about 85 alumni members plus other St. Paul's nurses for the honor guard in the opening ceremony for the present A wing. The candle-lighting ceremony was impressive on the beautiful dark September evening. Honor guards have served for other St. Paul's Hospital functions, for funerals of alumni members and physicians who have made an outstanding contribution to the hospital.



Alumni Choir at St. Paul's Hospital, 75th Anniversary celebrations (1982). Pianist: Bev Hodson; Sr. M. Fruhstak, Loma Litvenenko, Rita Taylor, Monica Beavis, Cory Kelly, Muriel Evans, Anne Korchinski, Gaye Couture, Cecile Diebert, Marj. Constantinoff, Merle Kinzie, Sr. M. Letourneau, Roberts Marisi, Marj. Larkin, Sr. S. Mageau, Rudelpha Paraschuk, Agnes Evans, Iris Maber, Theresa Saunders, Theresa Herrick, Sr. C. Guyon, Anne Schell, Agnes Valade, Mary L. Stang.

Forty-one members of the St. Paul's School of Nursing Alumni sang at the final Commencement Exercises held at the Saskatoon Centennial Auditorium on October 20, 1968. The valedictorians promised that they would not let the school spirit die. And so the flame of friendship and shared experience exists within us, rekindled again and again with every chance and planned meeting.

Most of our graduates reside in Canada. There are about 100 - 120 in the USA and about eight to ten in other countries of the world. At present we have about 1300 current addresses of members.

The archives of the association are stored in the nurses' residence. Articles include pins, photos and memorabilia from 1911 to 1996. Herein lies the history.

The spirit of St. Paul's Hospital School of Nursing lives on in its graduates. The last lines of our School Song say it well:

“Fearless we will march with God for our guide,
St. Paul's we keep faith with thee.
St. Paul's we keep faith with thee.”

Mary L. Stang (Class of '57)

OUR BELOVED MARY T. MACKENZIE

Miss Mary T. was a demanding instructor, but there was also a very warm and understanding side to this remarkable woman. She had a genuine interest in each student and was kind and compassionate toward those who experienced difficulties such as the death of a patient or loved one, financial difficulties, or even homesickness.

There was one occasion when a small group of students were running down the stairs (a definite cause for reprimand!), when both military heels of one of the girls' 'duty-booties' broke off. The ensuing flight resulted in a heap of giggling girls at the bottom of the stairwell. The laughter was short-lived though, as who should appear at the top of the stairs? None other than Miss Mackenzie. The students who were only weeks away from graduation could only think of expulsion and how they would break the news to their parents! The 'heel-less' student was asked to go to Miss Mary T's office while the rest of us went to our rooms holding back tears and mentally preparing for the worst. Can you imagine the relief when, a while later, this same student emerged wearing a pair of the instructor's shoes? Her excitement could only be compared to that of Cinderella!

LADIES' AUXILIARY

Vision without action is merely a dream;
action without vision just passes time;
vision and action can change the world.
(Barker '90)

Those of us who knew Sister Superior Rose Vincent who came to Saskatoon in 1941 will immediately recall her enthusiasm and her exceptional organization ability. It was she who, that same year, contacted twelve ladies and invited them to befriend St. Paul's Hospital by forming a Ladies' Auxiliary to promote quality of care to the patients. These ladies were: Mrs. J.A. Elhatton (President), Mesdames B. W. Hoeschen, F.E. Waite, A.P. Donnelly, Denis Mahoney, D.C. Kyle, T.H. Kinahan, A. Biro, A.G. Genereux, Emmett Hall, F.W. Leeper and C.W. Thorne. The date was October 14, 1941. They graciously accepted the challenge and began to fulfill their purpose. Within a year they had recruited 85 members. By 1950, they had reached 122 members. They remained an enthusiastic and caring group through the 45 years of their existence.



Ladies' Auxiliary meeting in nurses' residence (1950).

In fact, the Ladies' Auxiliary was the **first** body to engage in fund-raising for St. Paul's, and to enrich its coffers by countless thousands of dollars to make possible the purchase of equipment for many departments of the hospital and to supply patient comforts. At its final general meeting, the Auxiliary on February 8, 1986, Mrs. H.E. Estey - the last President, presented a cheque for \$11,282.50 to Mr. Richard Paterson, the CEO who acknowledged it on behalf of St. Paul's Hospital.

Let us review some of their activities, mindful that this report is merely an overview, and not an exhaustive research project. It will suffice to convey to some degree the debt of gratitude which the hospital entertains in their regard.

They held membership teas, organized and maintained a library service for patients, made favours for patients' trays for special occasions, were involved in activities therapy, held fashion shows, bake sales, a china sale, bargain boutiques, directed tours of the hospital for children. For several years Tag Days were held to raise funds to buy equipment for patient comforts. The Ladies' Auxiliary attended to the sale of T-shirts and cradle pictures for the Obstetrical department, made Christmas stockings for Christmas newborns, promoted the sale of Life Memberships and helped to organize students from local schools to serve as Junior Volunteers (and supplied their uniforms), thus influencing some future career choices. They also gave scholarships for volunteers entering a health field. In 1952, the Auxiliary created an interesting precedent by entering a hospital float in the Pionera Parade (a precedent that was later emulated by St. Paul's Hospital staff and other local hospitals).



First float in Saskatoon Exhibition Parade (July 1952). **On float:** student nurses, S. Fleury, Ms. Matheson, Miss Lake, Jean Ross. **Standing below:** Miss. J. Henley and Mrs. M. Leeper. (Ladies' Auxillary).

This degree of involvement was possible only through the generous and ongoing self-giving of members who carried through on their commitments year after year.

However, in the early 1980s, the St. Paul's Hospital Foundation came into being for the specific purpose of fund-raising on a much larger scale geared to the realization of PROJECT IV, (the fourth large expansion of the hospital). This created some

hindrance to the usual activities being entertained by the Ladies' Auxiliary, and realistically, it was acknowledged that the Foundation could make the greater contribution; the Auxiliary's role was consequently greatly reduced and ended with its dissolution. It was a time of grieving for all those who had served, and for all those who had so enjoyed working with them.

The Executive members who closed the pages of the history of the St. Paul's Hospital Ladies' Auxiliary were: Mrs. Faye Estey - President, Mrs. R. E. Rasmussen - Past President, Mrs. Carol Bowie - Vice President, Mrs. Marjorie Castle - Treasurer, Mrs. Nora Chapman - Recording Secretary, Mrs. Joyce Turner - Corresponding Secretary, Mrs. June Wilson - Archives. Councillors: Mrs. Hilda McBain, Mrs. Betty Hartman, Mrs. Evely Revet, Mrs. Peggy Marleau, Mrs. Helen Deane.

The past presidents' list includes: Mrs. J.A. Elhatton ('41-2), Mrs. R.C. Anderson ('42-5), Mrs. F.W. Rosher ('45-7), Mrs. E.H. Henley ('47-9), Mrs. C. Waddington ('49-50), Mrs. F.W. Leeper ('50-2), Mrs. E.H. McFadyen ('53-4), Mrs. A. J. McIntosh ('54-5), Mrs. W. E. Upthegrove ('56-7), Mrs. H. Sugarman ('57-8), Mrs. H.C. Castle ('59-60), Mrs. A. Tomczak ('61-2), Mrs. R.H. MacPherson-Kit ('63-4), Mrs. L.M. Brand ('65-6), Mrs. H.D. Hart ('67-9), Mrs. J.W.A. Mackenzie ('70-1), Mrs. R.B. Baltzan ('72-3), Mrs. H.W. Estey ('74-6), Mrs. C.C. Chapman ('77-8), Mrs. M.E. Salmon ('79-80), Mrs. R. Marleau ('80-1), Mrs. H.C. Castle ('82-3), Mrs. Ruth Rasmussen ('83-4), Mrs. H.W. Estey ('85-6).

To them and to all predecessors, the sisters, doctors, staff and patients are profoundly indebted for having carried the torch of 'Caring with a Difference' for almost a half-century.

Mrs. Faye Estey & Sr. B. Bezaire, s.g.m.



Ladies' Auxillary present a stretcher for the Recovery Room (circa 1969) Three members, Mrs. H. Estey, Mrs. M. Smith-Windsor, Mrs. L. Brand, looking justifiably proud during their inspection of the Post-Anaesthesia Recovery Room. Total amount of donations to recovery room was over \$10,000.

LAY ADVISORY BOARD (1934-1980)

Do not follow where the path may lead;
go instead where there is not path
and leave a trail. (Anonymous)

From our archives at the Grey Nuns' Regional Centre in Edmonton, it was learned that the first outreach to organize a Lay Advisory Board is recorded at June 14, 1934 when Sister Rose-Anna Laberge, then Provincial Superior and responsible for St. Paul's Hospital addressed a letter to Judge J. W. Estey inviting him to serve as a member. The judge accepted but resigned shortly afterwards when he was appointed Minister of Education.

Other names appearing at the outset included: Messrs. R.R. Strickland, B.W. Hoeschen, J.D. Gunn and Adrien Doiron. In 1940, the names of Messrs. Emmett Hall and Thomas Kinahan were added. It seems that these men were called only on an 'ad hoc' basis.

These advisors became more formally organized in 1941 with the arrival of Sister Rose Vincent as local Superior, renowned for her expertise as a manager. Recruits to the Advisory Board then included Justice Maclean - Chairman, Messrs. Ivan Byers, Dennis Shannon, Rod Real, and H. Vossberg.

Their concerns included advising regarding dealings with the Provincial Government, with the University of Saskatchewan, the provision of supervision for laboratory services, salaries, etc. In 1943, their concerns dealt with obtaining approval to build an extension to accommodate polio patients as the hazards of an epidemic became felt.

In 1943, Judge Maclean died and was succeeded by Mr. Emmett Hall as Chairman, a position which he held for over thirty years. The following year, Justice Stewart McKercher and Dean W.P. Thompson from the University of Saskatchewan joined the ranks. By this time, the names of Messrs. Ivan Byers, J.D. Gunn and Adrian Doiron no longer appeared in the minutes of meetings.

In 1950, through the leadership of Mr. Hall, Constitutions and By-laws were drawn up to assure a more orderly replacement of members, and to give direction for the handling of business. It was at the end of that same year that Mr. A.A. Murphy, President of CFQC Radio and Television joined the Board. For most of the succeeding years he or someone from his leadership team served and made valuable contributions as members of the Lay Advisory Board. In 1956, Messrs. E. A. Scissons, R.R. Pinder and Alderman Sid Buckwold were added to the membership.

An important item of business dealt with obtaining an equitable salary for the sisters, depreciation on buildings and equipment, replacement of the boiler room equipment and helping to organize the 50th Anniversary of St. Paul's Hospital which took place in 1957. But throughout the decade of the 1950s, much of their time was spent

advocating the expansion of St. Paul's Hospital, and eventually, with the determination to assure its continued existence (described earlier under the heading (Struggle for Survival) . Their zeal, persuasion and undertaking ultimately resulted in the building of the wholly new hospital which opened in 1963.

The work of these well-informed and dedicated men was a tremendous support to the Grey Nuns throughout these many years. However, the Administration came to realize that dealing with the Government and coping with the management of the Hospital required a firmer structure. A Board with broader powers would alleviate some of the responsibility of the governing Board of Sisters (residing in Edmonton) and consultations would be more readily available to the directors of the Hospital. Thus, in 1980, the Lay Advisory Board which had filled a very useful role since 1934 was dissolved to make room for a Board of Management which would come into being two years later.

Some of the records have been unavailable to the writer, and we apologize to those whose names are omitted. An enquiry leads us to believe that the last members to serve on the Lay Advisory Board were:

Mr. D.A. Carriere - Chairman	Mr. R.G. Klombies
Mr. E.A. Scissons	Mr. G. Fleck
Mrs. H.C. Castle	Mr. M.W. Henderson
Mr. J.D. Wurtz	Mr. J. Rawkin
Mr. N. Lucyshyn	Dr. J.E. Leddy
Mr. D.J. Hart	Sister C. Gauthier, s.g.m.
Mr. R.S. Rowand	

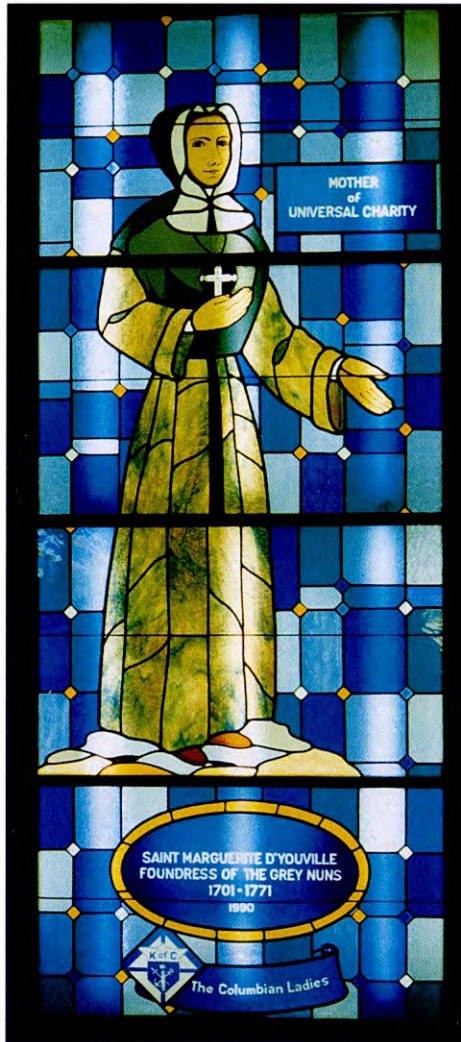
Sr. B. Bezaire, s.g.m.



Lay Advisory Board in the Board room (1963). l. to r.: A. L. Young, Otto Lang, Ross Pinder, William Conway, Sid Buckwold, Jim Wedge, Jim Patrick, B. Baldwin, Jack Hammill.

CHAPEL MEMORIAL WINDOWS

Though the present Chapel was opened in 1963, the idea of having stained glass windows as memorials did not occur until 1987 when the family of the late Dr. Morley Smith-Windsor first requested this memorial as a fitting tribute to one who had worked so closely with the hospital. (Sponsors for most of these memorials have contributed to the St. Paul's Hospital Foundation).



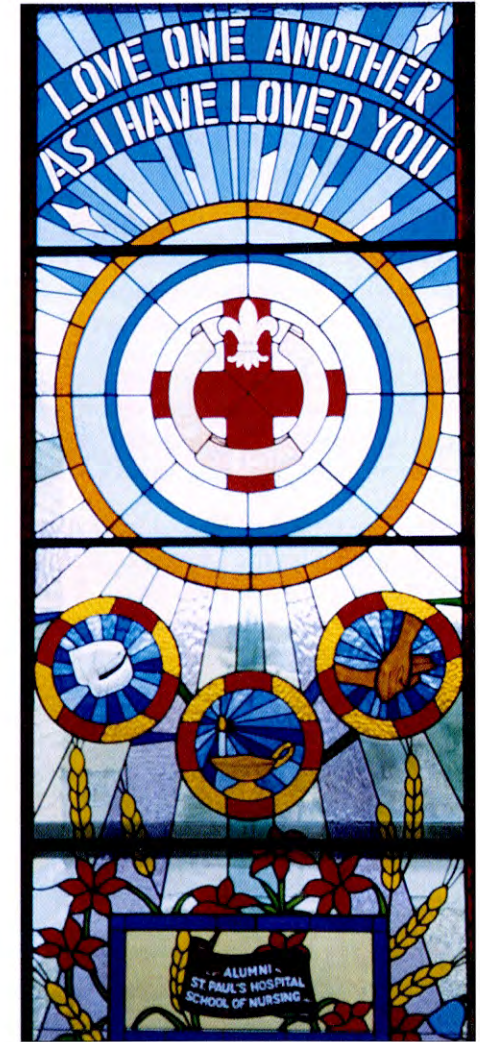
St. Marguerite d'Youville.

The window portraying the foundress of the Grey Nuns was commissioned by the Columbian ladies (K.C.) shortly after her name was entered in the calendar of saints by Pope John Paul II on December 9, 1990.



Window in memory of Dr. Morley Smith-Windsor.

The memorial window commissioned by the family of the late Dr. Morley Smith-Windsor, the first lay CEO at St. Paul's Hospital and unveiled on April 25, 1987 commemorates his commitment to the spiritual values which he endorsed, especially during his years in leadership, under the theme "Christ the Way, the Truth and the Life."



School of Nursing Alumni.

Commissioned by SPH Alumni members, symbolic designs are self-explanatory. This window was unveiled on June 14, 1984 during the presidency of Rena Adolph (Class of '56).



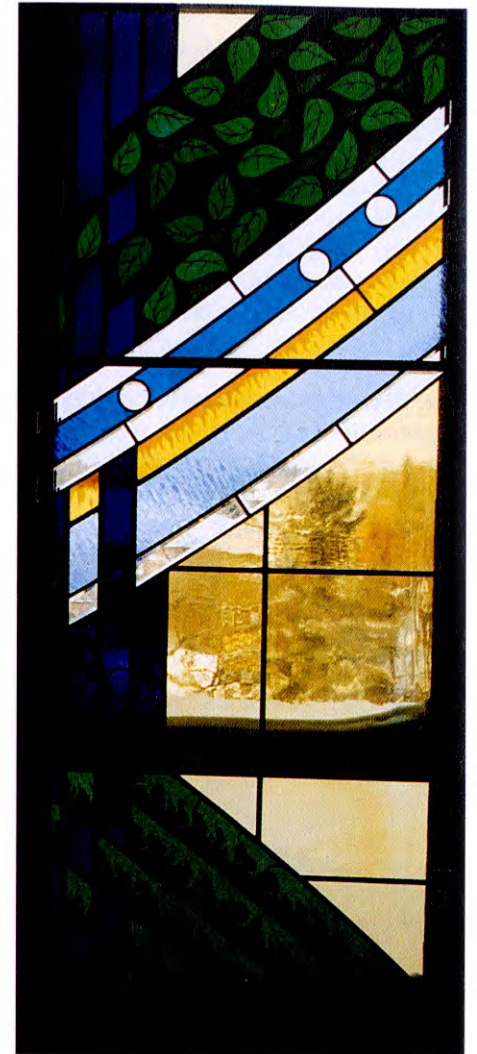
Window in memory of Bill Nolan.

Windows on either side: incorporate the themes of the Tree of Life, the circle as the monograms of God, and the foundation of the Church in earthly experiences. The vertical purple bands express the symbol of God the Father as well as the earthly experiences of sorrow and penitence. (cont'd on far right)



In memory of George and Anna Clara Taylor.

Commissioned at the request of their daughter Agnes Elizabeth Taylor. This window was unveiled on September 10, 1983, months after her own death on December 7, 1982.



Window in memory of Grace Nolan.

The tree is a witness to the change of seasons with its patterns of hope, fulfillment and resurrection after decline. The circles of light are universally accepted as the symbol of eternity and never-ending existence. These two windows were unveiled in April 1993.

THE POLIO YEARS 1943-1959

Hope is realistic. It has the wisdom and audacity
to believe that things can change.
It keeps dreams alive, because dreams are a guide
for walking into the future. (Cardinal Suhard)

Thanks to the discovery of a vaccine by Doctor Salk in the mid '50s, our province is relatively free of the disease known as poliomyelitis (formerly called infantile paralysis) which resulted in death or severe paralysis of the extremities. But it was not always so. It had been endemic for a long time; however, in 1943, a particularly virulent strain brought on a severe epidemic, especially in central and northern Saskatchewan.

The Saskatchewan Hospital Services Plan had not yet been instituted, but the Department of Public Health recognized its responsibility and saw fit to establish a centre for the care of those afflicted. St. Paul's Hospital accepted the challenge of mercy and set up a large ward in one of the annexes. The Elizabeth Kenney method of treatment which had proven successful in Australia and in Minneapolis, USA was used. Dr. Howard Hart served as the medical director, assisted by his colleague, Dr. J.C. Dundee, and by Dr. Alvin Buckwold, a pediatrician. Sister M.R. Robidas was the supervisor. Mrs. Olive Cowell, R.N., became the rehabilitation expert; when she left ten years later, she estimated having cared for over 700 patients!

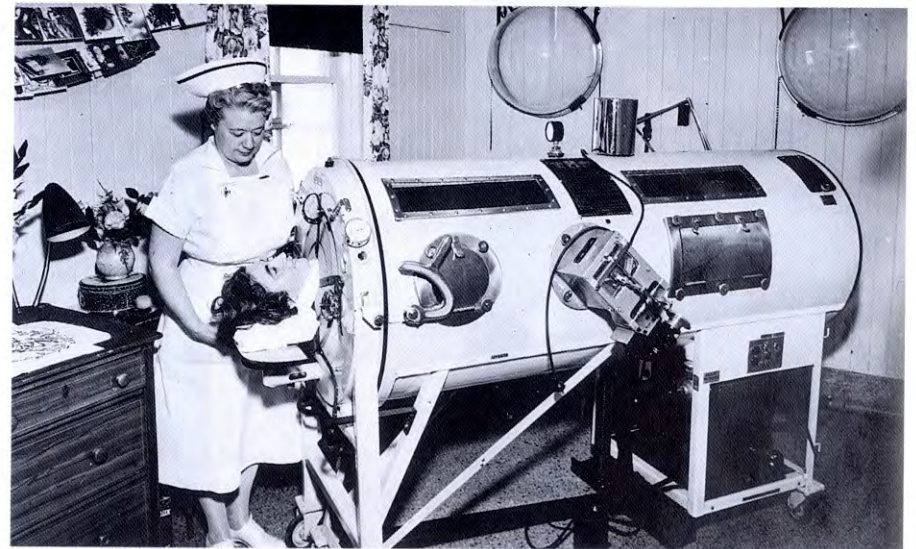


The isolation complex was located on Ave. Q near 20th St. (1950).

Each summer brought its influx of patients, both children and adults, though usually in diminishing numbers. The need for more adequate space to accommodate the large Emerson respirators obtained through the generosity of Lord Nuffield motivated the transfer of patients to a building called the isolation ward, but used mainly as a residence for male employees.



First Christmas in the polio ward in original complex. (1943). Sr. M.A. Robidas, supervisor.



Nettie Humphreys, R.N. with patient in iron lung (1953).

The year 1953 was another time of epidemic proportions. Two of our student nurses fell victims of the disease as well as Dr. Peter Cameron who fortunately recovered, but with residual paralysis of the lower extremities. (His courageous spirit led him to specialize in rehabilitation medicine; after serving at the University Hospital, he later went to a teaching hospital in London, Ontario).

Sister Yvonne Bezaire, has a vivid recall of the time spent there as supervisor in 1953 and the critical situations all about her. She tells of the day, the nurses became desolate when three of their patients died on the same day! But there were many successes, and they were highly pleased when, for years afterwards, many of their former patients wrote and/or returned to report on how they had adapted to their handicaps and learned trades or professions for a meaningful career. During their long stay in the polio ward, there was established a warm relationship with the staff; this bonding became a support for the staff who had worked so resolutely for the recovery of those who had been totally dependent upon them for survival.

The next and last difficult year occurred in 1957, and was characterized more by the severity of illness in children than by the number of cases affected by the dreaded disease. After that, the Salk Vaccine was administered to all children and youth and has practically eliminated the plague. To give you an idea of 'life on the Polio ward', we offer you the story of one man who had been through the experience, that of a young pregnant mother, and finally a special story about one of our precious wee patients (of whom there were many). His passing left a special imprint on my mind even after forty years.

MEMORIES OF A 22½ YEAR OLD POLIO PATIENT (condensed)

I, Willis Cowles, was admitted to Holy Family Hospital in Prince Albert, February 14, 1954 around midnight. I spent from February 14 to March 31 in Prince Albert and was then transferred to St. Paul's Hospital in Saskatoon on a regular airplane flight accompanied by my father. I was taken from the airport to hospital by ambulance.

I was discharged from St. Paul's, June 30, 1954 and went home to the farm. In August 1955 I attended business college, graduated in June 1956 and started work at Tees & Perse Ltd. working there until December 31, 1986.

At the time of admission I was 22½ years old. The parts of my body affected were throat, back and both legs. However, my throat and back returned to normal. My left leg was a 100% loss and the right leg may have recovered 25%. I used only one leg brace for about nine years, but was forced to also get a brace on my right leg as well. Forty two years later I feel that I may have a bit of post-polio syndrome.

REPORT FROM MARJERY ZUCHATZKI

Mrs. Marjery Zuchatzki of Goodsoil shared with us the story of her experience. She was 23½ years old, married and expecting her second child (which she miscarried) when she spent time in SPH's polio ward from September 6, 1957 to February 14 of the following year.

In 1955, during her first pregnancy, Marjery had received two shots for polio, but by the time the booster shot was due, her son was born, so she did not receive it. When she became pregnant in 1957, she was susceptible and succumbed to the disease.

All she could move was her neck and right arm, but was spared the experience of the iron lung. Her recovery was slow. She refused to bring a wheelchair home at the time of discharge, and within six weeks she was able to walk; though with lock-knees which still persist.

She did not wear braces, but states that, for the past three years, she has had to use a cane or walker with wheels and a seat to rest upon. Follow-up requires her to go to the University of Alberta Hospital in Edmonton to see Dr. Filenane. He has recently told her that the pain she is now experiencing is a condition known as post-polio syndrome.

In 1960, Marjery gave birth to a healthy baby girl. She still lives on a farm where her first born son works with his father. As she approaches 64 years she hopes, God willing, to be able to continue to get around for some years.

Marjery's story of courage is one multiplied by the number of patients treated in the polio ward of St. Paul's Hospital.

MY MEMORIES OF VINCENT URLACHER



Vincent Urlacher with therapist (1957).

Little Vincent Urlacher of Goodsoil, Sask., born on August 28, 1954, was brought to the polio ward of St. Paul's Hospital in 1957, just one day prior to his third birthday. Very soon his condition deteriorated to the point where he had to have a tracheotomy and be placed in the large barrel-like Emerson respirator known as the iron lung. Besides his pain, he was frightened to be in that prison-like cage. His respiratory muscles needed the full support of that equipment; his digestive tract was

likewise affected. He groaned almost continually and tried to resist interventions by the doctors and nurses.

As Director of Nursing at the hospital and a daily visitor to the ward, I had the opportunity to make many observations and to assist him in several ways. I will recount a few incidents to illustrate the quality of his life in our midst.

Vincent's bowels were inactive and he resisted efforts to relieve this by laxatives and enemata. One day, I came along and suggested to him that we have a party! I sat by him and gave him dried raisins, one at a time: alternatively one for Vincent and one for sister. This amused him and he cooperated well, a pleasant change from his routine. At the end of the party, I told him this would help him to have a BM without pain. . . and, indeed, it did. The next day when I showed up, his first words were to tell me that he had had a nice big BM! We had several parties from time to time. . . with him and with other small children. It was a popular activity.

After several weeks in the lung, Vincent was gradually moved to a rocking bed, then to a regular bed and eventually to a small wheelchair. In the evenings, I would bring him with his friends and other small patients together and place them on beds to pray for healing and to tell Jesus of their love. Vincent was a very bright little fellow and learned the Our Father and other prayers by heart very quickly. Sometimes, I wondered if the prayers were merely recitations without an understanding of the meaning. Vincent straightened me out on that through the following incident:

One evening as I came to get him for prayer, he said: "I can't go. My pants are dirty". So I proceeded to clean and change him. When I turned him over, I saw that he was indeed very soiled, and I commented: "Dirty up to kingdom come!" He turned to look at me and queried: "Kingdom come in my prayers??" I had underestimated his wisdom.

One day, I told Vincent that the Pope (Pius XII) was very ill, so perhaps we could pray for him. Each morning after that, he would lisp: "Good morning. How's the pope today?" But one morning I announced that the pope had died. You should have seen the expression of sadness that came over him until I told him that God would give us another one after a while. Then, when Pope John XXIII was elected in October 1958, the program was to appear on television. The polio ward was the only one in the hospital that had a TV, so several sisters came to the verandah to view the program. Little Vincent was there beside me. At one point, I said: "Poor Holy Father, he looks tired!", to which Vincent responded: "Maybe we should turn off the TV for awhile, and let him have a rest!" Such was his exquisite sensitivity.

One evening as he was playing with his toy telephone, he asked whom he might call. I suggested that he might wish to speak with Jesus. He dialed . . . and seemingly got a response. "Hello, Heaven, I want to speak to Jesus". He waited a moment and continued: "Hello, Jesus, my name is Vincent Urlacher. I am a patient on the polio

ward in Saskatoon. I love you, Jesus. I have been here a long time and I would like to know when you will make me better".

He listened and his features reflected his attentiveness, excited at first and then sad for a brief moment, and then he smiled sweetly as the message was completed. He ended the call saying: "I love you too, Jesus. Goodbye". I asked him what Jesus had said. He replied with assurance: "He said that when he is ready, he will make me better". What a tender relationship he had with Jesus! These are only a few of many touching incidents, the record of which I have sent to his mother.

Vincent gained strength and continued to capture the hearts of all who knew him. His tracheotomy remained open for daily suctioning, but our precious child trusted his caregivers, and was seldom irritable. He did finally go home to stay on December 15, 1960. How happy his parents were when he was even able to attend school. However, in January 1963 he developed a chest cold and was admitted to the local hospital. His mother remained with him day and night. On the 20th, he felt that his mother was tired and he urged her to take a nap. During the night, little Vincent quietly breathed his last.

Sr. B. Bezaire, s.g.m.

PERSONNEL ASSOCIATION

Mission and philosophy of care can never
be seen as optional. (C.A. Hassan '91)

1996 marked the 30th Anniversary of our Personnel Association. This organization was founded in the summer of 1966 by employees Gary Stevenson, Orest Arsenie, Wilmotte Tosh and Bill Conway. Gary Stevenson was a Mechanical Services Engineer, Orest Arsenie was Payroll Manager, Wilmotte Tosh was Executive Secretary to Dr. Morley Smith-Windsor, and Bill Conway was Assistant Administrator.

Once the original idea for the Personnel Association was conceived, a questionnaire was circulated to employees requesting an indication of their interest. Very few of these questionnaires were returned and the majority of those that were returned opposed the formation of a Personnel Association. Nevertheless, the founding members decided to proceed and held an information organizational meeting which was attended by only four people. At this meeting Gary Stevenson was elected President, Bill Conway, Vice-president; Wilmotte Tosh, Secretary; and Elsie Hannon, Treasurer. Councillors included John Kwas, B. Perrins, E. Coyle, M. Constantinoff, Rita Hudec and Brenda Dash.

The first function sponsored by the Personnel Association was the 1966 Christmas Party held at St. Mary's Hall. The Personnel Association borrowed \$500 from the Grey Nuns to cover costs associated with the event. There was great concern on the part of the Executive that the party would be a complete failure as only about 50 tickets had been pre-sold. Much to their surprise and relief, the hall was full by 11:00 p.m. Food for the lunch was prepared at the hospital and taken to St. Mary's Hall.

The second year, the Christmas party was held at the Centennial Auditorium; 645 people attended. For years, the food for all events was prepared at the hospital and taken to the location of the function. The cooks employed by St. Paul's Hospital volunteered their time to prepare the food.

Of the three Saskatoon hospitals, St. Paul's is one of two which has a Personnel Association still functioning. This is due to the employees who, over the years, have volunteered their time and energy to be on the Executive as well as plan and hold the many functions. One person who dedicated many years to the Personnel Association, dating back to its founding, and who remains at St. Paul's Hospital as an employee, is Orest Arsenie. He was on the Executive from 1973 to 1990 and was Treasurer from 1977 to 1990. Presently, he is one of our councillors.

Over the past thirty years the Personnel Association has sponsored and been involved in a number of events including:

- Floats for the Travellers' Day and Pioneer Day parades (Patients made the flowers and employees worked on the floats during their work time. The three hospitals competed for the prize for the best float.)
- Dances - Christmas, Halloween, Oktoberfest
- Sports: softball, broomball, volleyball, bowling
- Bingos for Foundation fundraising
- 60th and 70th Anniversary celebrations of SPH
- Dance classes
- 49er Club
- Garage sales
- Casinos
- Terry Fox Run
- Kinsmen Telemiracle
- Nevada sales
- Pool parties
- Children's Christmas party
- Trip raffles
- Curling fun nights
- United Way
- Family picnics
- Golfing tournaments
- Carnival Days
- Day off with pay
- Pancake breakfasts
- Long Service Awards
- Employee of the Year



Personnel Association donate \$500 to the sisters. (Oct. 1972). **l. to r.:** B. Perrins, G. Boyko, H. Nelson, G. Strauss, D. Chinn, Sr. F. Keegan, E. Hannon, C. Murray, Sr. L. Poirier, M. Lester, D. Loveridge.

The Personnel Association has campaigned for the Saskatoon United Way for many years. With this help SPH has won the trophy ten times. It is now at home in the trophy case at St. Paul's Hospital.

The original Constitution of the St. Paul's Hospital Personnel Association was approved by the Governing Council, February 19, 1970. This document was signed by Gary Stevenson as President and Elsie Hannon as Treasurer. Articles in this Constitution included name, objectives, membership, dues, meetings, governing council, elections, committees, liaison with Administration, voluntary contributions, execution of papers and signing authority and amendments. The current Constitution follows this 1970 format with few changes over the years. The aims and objectives remain:

- To promote, maintain and improve interdepartmental relationships throughout the hospital by organizing social activities;
- To support the hospital campaign on behalf of the Saskatoon United Way;
- To provide financial and/or moral assistance to any employee of SPH suffering a personal disaster;
- Other projects for the benefit of the membership.



Personnel Association Executive Committee (1982-83). I. to r. Back: Gary Grimsteit, Rickey Feisel, MaryBelle Pshebylo, Orest Arsenie, Laura Lee Black, Rick Brown. Front: Alice Risling, Judy McNutt, Leona Ratz, Betty Passmore, Mary Parchewsky.



Personnel Association Executive (1996-97). I. to r.: Ted Trenchar, Nolan Novakowski, Gord Johnston, Ed Hoffart, Brian Berzolla, Marilyn Pickford, Wendi Wyatt, Orest Arsenie, Doreen Brown, Randa Schikosky, Sheila Honeker, Colleen Haichert, Mary Parchewsky, Linda Perrier. Missing: Tony Elliott, Anna Marie Beaton, Kelly Murtland, Cory Miller, Fran Kozak.

The current Executive members of the Personnel Association are:

- Linda Perrier (Health Records Department) - President
- Randa Schikosky (Post Anesthesia) - Vice-President
- Karen Nogier (Laboratory) - Past President
- Ed Hoffart (Financial Planning) - Treasurer
- Mary Parchewsky (Post Anesthesia) - Secretary

Councillors:

- Orest Arsenie (Payroll); Anna-Marie Beaton (ICU); Brian Berzolla (Engineering Services); Doreen Brown (Planning); Tony Elliott (Security Services); Colleen Haichert (Medical Library); Sheila Honeker (Nursing Administration); Gord Johnston (Therapies); Fran Kozak (Renal Unit); Cory Miller (Diagnostic Imaging); Kelly Murtland (Therapies); Nolan Novakowski (Engineering Services); Marilyn Pickford (Materials Management); Ted Trenchard (Clinical Engineering) and Wendi Wyatt (Materials Management).

The Personnel Association which began rather 'reluctantly', experienced a turn-about after a short while and is now well-rooted. It has proven itself to be a bonding element for the hospital staff, an element which motivates them to endorse and uphold the standards which characterize St. Paul's in a unique way.

Linda J. Perrier & Orest Arsenie

SERVICE EMPLOYEES' INTERNATIONAL UNION (SEIU)

1944 - 1996

We gain and win the future
only by walking into it
full of hope. (Karl Rahner)

In 1944, Mr. Stan Tabbitt, a representative from the American based Building Services Employees International Union came to St. Paul's Hospital for the purpose of organizing the workers into a Union. After consultation with Mr. Emmett Hall, a member of their Lay Advisory Board and their legal advisor, the sisters invited Mr. Tabbitt to hold a meeting for the employees in the nurses' residence to acquaint them with his proposal.

He explained the advantages of being unionized and clarified that the BSEIU was a Union for service workers rather than an industrial union. The procedure to form a Union was described and the employees asked many questions. There was general agreement that it would be wise to organize, so members signed membership cards. (Eventually, certification was issued by the Saskatchewan Labour Relations Board dated February 21, 1946, but business was handled prior to that date).

The sisters agreed to the establishment of a Union. A negotiation committee was formed from representatives of the clerical staff, maintenance, laundry workers, dietary staff and almost everyone but the nurses and the sisters (who were classified as employers). Elsie Hannon from the cashiers office was chosen as President, a position she held until 1974. On the employer's side was Mr. Hall (later to become a Justice of the Supreme Court of Canada), Sister Superior Loretta Mansfield and some of the other sisters.

The first meeting of our Local #287 was held in the library of the nurses' residence and lasted from 7:00 p.m. to 11:45 p.m. Every meeting opened with a prayer and followed with lunch served by the sisters. Our meetings were always agreeable but very lengthy as some of us knew little about negotiations and drawing up a contract. Later, meetings were held during the day and representatives were allowed time off to attend. We were given samples of other contracts but adaptations needed to be made; for example, the sisters had a large garden, and no other hospital employed a gardener who needed to be bargained for. Also, from time to time, the old elevator caused some trouble and patients had to be carried up and down the stairs by a hand-stretcher. We had to decide on wages for stretcher-bearers.

At first, there were eighty members, but after the hospitalization plan came into effect, our numbers increased. The move to the new hospital in 1963 also meant a greater number of staff and a larger enrollment in Union membership. Our meetings were held in the new auditorium. (Albert G. Hearn who wrote, SEIU: A Historical Perspective, mentioned that St. Paul's first collective agreement was instrumental in creating interest in other areas). In 1946, the Saskatoon City Hospital, previously

under a Federal charter issued by the Trades and Labour Congress of Canada, was organized as Local #293 of the BSEIU and meetings were held jointly. In 1954, the University Hospital came into being, and the three Unions joined to become Local #333. The name of the international union was changed from Building Service Employees International Union to simply Services Employees International Union in the spring of 1968. St. Paul's Hospital SEIU has participated in provincial bargaining from its inception in 1972. Membership at our hospital is currently at 505. After other Unions were established in the province, as well as in Alberta and Manitoba, a Joint Council was set up under the name of Prairie Regional Council.



Service Employees International Union (circa 1970) **l. to r. Back:** (unidentified), Bert Perrins, (unidentified), George Wall. **Front:** Dr. M.H. Smith-Windsor, Elsie Hannon, Bruce Bailey.

When the Union was formed at St. Paul's Hospital, the wages were low and some of the employees were working to pay off old debts. The establishment of the Provincial Hospitalization Plan facilitated the upgrading of salaries. We pride ourselves that during the first thirty years of the Union at St. Paul's there were no strikes. The employees, under the continued leadership of Elsie Hannon, felt that the Union was here to better their situation and they relied on the negotiation process to accomplish this.

We obtained many benefits besides increased pay: uniforms were supplied, paid holidays and sick leave were granted as well as vacation pay and compassionate leave, rest-rooms were provided, a Pension Plan was set up, split shifts were abolished, and the work-week reduced from 48 hours to 40 hours. The year that the work-week change was obtained, the employees chose this benefit instead of a salary increase.

The union bonded into a family relationship and held socials after each meeting: wiener roasts, picnics and Christmas parties, etc. Because of the sisters' attitude towards life and the care of the sick, this attitude had a direct bearing on our work and our meeting together.

We formed an Employer-Employee Committee (EEC) which met once a month to iron out any difficulties. A suggestion box was placed in the hallway near the cafeteria in which employees could place their 'beefs'. These were discussed at the EEC meetings and were righted before they ever became grievances.

In the mid '50s, the existence of SPH was threatened because of the Saskatchewan Government's hesitation to acknowledge its responsibility to provide necessary funds. A delegation of doctors and hospital officials drove to Regina to verbalize their opposition to closure. Our Union was also invited to send a representative to this meeting with the Government. The result - St. Paul's remained open!

We would like to commend St. Paul's Personnel Association which has sponsored our many activities in the Hospital: our long service awards banquets, our going-away parties, bowling events, picnics, etc. The Union readily helped with these functions.

The Union will entertain a lovely memory of the School of Nursing. Their concerts, graduations and other events were great to attend, and we always had a 'family feeling' towards the students.

It is impossible to name all the officers, shop stewards and committee members who have helped to build our Union over the years into the wonderful organization it has become, but we remain deeply grateful for their contribution.

Information obtained from the Union Offices in Saskatoon via Bev Arno, currently president of St. Paul's sector, updated the above with important information about some transitions resulting from directives of the Saskatoon District Health Board.

In 1991 the Printing Department at St. Paul's was closed and moved to the Royal University Hospital; the first major layoffs affecting SEIU members at St. Paul's began in 1991; in 1993 the Laundry Department was transferred from SPH to Central Hospital Laundry which resulted in the loss of ten positions because none of our people were transferred to the Central Laundry. Today there are only four full-time employees in the laundry at SPH. In 1994 the Pediatrics Department transferred to Saskatoon City Hospital and in 1995 Obstetrics and Gynecology were moved to the Royal University Hospital.

The SEIU also works with the Saskatchewan Union of Nurses (SUN) and the Health Sciences Union to ensure that we have an effective Occupational Health and Safety Committee, and together have established an Employee Assistance Program.

Elsie Hannon, first President
& Bev Arno, current President

ST. PAUL'S HOSPITAL
IN PARTNERSHIP WITH
KELSEY INSTITUTE (SIAST)

Have a purpose in life, and, having it,
throw into your work such strength of mind and muscle
as God has given you. (Carlyle)

St. Paul's Hospital had a nursing education program for sixty years, a program which, from 1938 - 1955, included students from the University of Saskatchewan Nursing Program until the University Hospital became operative.

In the early '60s, nursing leaders maintained that nursing programs could be shortened from the traditional three years, and had lobbied for programs to be redesigned to focus primarily on education with the service component deleted. The lack of adequately qualified instructors and the high costs of maintaining schools of nursing contributed to the change.

On March 30, 1966 an Act Respecting the Education of Nurses establishing the Board of Nursing Education was passed. Enacted simultaneously, the Act to amend the Department of Education Act placed responsibility for diploma nursing education and ancillary nursing education under the Department of Education.

Accordingly, as the new school prepared to accept its first class in September 1967 the hospital-based schools in the north of the province (including St. Paul's School of Nursing) began to phase out their programs.

The first revised diploma nursing program (DNP) was located at the Saskatchewan Institute of Applied Arts and Sciences (SIAAS) in Saskatoon. It was two years in length with an eight-week break between the first and second year. Tuition fees were \$200 per year and students were expected to pay for books, uniforms and accommodation. Classroom and clinical experience were concurrent. The program adopted a blue uniform - a departure from the traditional white (which drew a mixed reaction at first).

The students chose a traditional white cap, not unlike that at St. Paul's, with two black bands at graduation. (see footnotes)

The nursing students were first assigned to clinical experience at St. Paul's Hospital in the fall of 1967 under a contractual agreement between SPH and SIAAS. Students were supernumerary to their service settings and were assigned initially to Medicine and Surgery, and later to Pediatrics and Obstetrics under the supervision of the Program's clinical instructors. The students received their clinical experience during the day and evening hours. The patients benefited from the extra attention that students gave in caring for them. The students' association with the excellent

role models which included head nurses, registered nurses and other hospital staff greatly enhanced their learning.

The DNP also initiated a "Nursing update (Refresher) Program" (1978) for former nurses who had forfeited their registration due to absence from active nursing employment. These individuals required clinical experience in a hospital setting and St. Paul's Hospital accepted students as required. Generally they worked more closely with a staff nurse.

The time which nursing students spent at St. Paul's Hospital varied considerably. For some, most of their clinical experience was there, and hence they felt a closeness to St. Paul's Hospital and naturally later some of these sought employment at St. Paul's Hospital as registered nurses.

At the beginning of this decade, it became apparent that another transition in nursing education was imminent. Diminishing resources, persistent feedback from students that diploma programs should be lengthened, changes in health service, the shift in resources to accommodate the provincial Wellness Model, all provided convincing evidence that change was necessary. The faculty of the two diploma nursing programs, the psychiatric nursing program and the degree programs formed the Nursing Education Coalition that developed a new curriculum based on the Primary Health Care Model. The Nursing Education Program of Saskatchewan was officially launched on September 3, 1996. It is a four (4) year degree program with the option to exit with a diploma after three years. Graduates will be eligible to become Registered Nurses or Registered Psychiatric Nurses.

The last full class of Diploma Nursing Program will be completing the second year in 1997. Over 5000 nurses are graduates of that program. St. Paul's will continue its involvement with nursing education through the new program.

Footnotes & Acknowledgments

- (1) Sister Thèrèse Castonguay, s.g.m. was the original Superintendent of the Nursing Education Division (Department of Education) and the first Director of the School of Diploma Nursing in 1967.
- (2) Miss Mary T. Mackenzie, a long-time instructor at St. Paul's School of Nursing joined the faculty of the new program as Registrar - Counsellor and remained there till her retirement.
- (3) St. Paul's Hospital also provided clinical experience for students from the Nursing Assistant Program (which began in the mid '40s). They, too, had their own instructors and were at St. Paul's Hospital until 1987.
- (4) The Kelsey Institute changed names from SIAAS to SIAST in 1987.

- (5) The St. Paul's Hospital Anniversary Book Committee acknowledges the assistance of Mercedes Montgomery in the preparation of this article.

The Diploma Nursing Program (SIAST) has been associated with St. Paul's Hospital for thirty of the ninety years which the hospital is commemorating. The cooperation received has been exemplary and its support invaluable to the Program, its Faculty and students which is acknowledged with deepest appreciation.

Signed: Mercedes Montgomery, Program Head

- * (A former student from the Kelsey Diploma Nursing Program volunteered these reflections about her experience at St. Paul's Hospital.)

ST. PAUL'S HOSPITAL WAS 'DIFFERENT'!

As nursing students from the program at Kelsey in the '70s, we went to various health care facilities for clinical experience. Our two-year program required moving about from place to place over fairly short period of time. Among these, my experience at St. Paul's stands out in my mind. We would arrive early in the morning and go to our own private change room on the lower level of the nurses' residence. It was wonderful! We could play tricks on one another and no one would hear us. Then we went to the patient units with a smile on our face, sharing that 'joi de vivre' with our patients and the staff. The hospital seemed different from any other. It has a certain reverence! It stands out in my mind as one of the most caring institutions that we were privileged to work in. We received excellent grounding in practical experience. Working with patients such as children with a cleft lip and observing the staff: their caring, encouragement, compassion and vision of hope with these patients and their family helped me to cope when my first baby was born with a cleft lip.

The staff I worked with has a profound influence on me as a graduate nurse. I believe that my calibre of nursing was mentored by excellent role-models like those I met at St. Paul's. I am grateful for this.

(Submitted by June Brewster-Anonson, R.N., B.ScN., M.Ed. (Edmonton))

STAFF NURSES' ASSOCIATION
(NOW MERGED WITH SASKATCHEWAN UNION OF NURSES)

There is an appointed time for everything,
and a time for every affair
under the heavens. (Ecclesiastes 3)

For many years, there were schools of nursing attached to almost all the major hospitals in Saskatchewan. It was between the years 1967 and 1969 that all the hospital schools of nursing closed. In effect, the closures left the nursing labour force in these hospitals without the manpower provided by student services. At approximately the same time, the Saskatchewan Registered Nurses' Association (SRNA) with tradition in one hand and the concept of collective bargaining in the other, moved towards improving the working conditions and the economic plight of registered nurses in this province.

Nurses at St. Paul's Hospital were no exception. They too were anxious to communicate their concerns regarding wages and working conditions to the hospital Administration. Informational and organizational meetings were held over a period of months, and in January of 1968, a majority vote by the nurses resulted in the formation of the Staff Nurses' Association (SNA) complete with a constitution, elected executives and monthly dues. The newly established Association was a forum through which nurses could negotiate with the hospital's Administration without feeling intimidated or threatened. Many concerns and problems were addressed and resolved by frank and open communication, and there developed a mutual respect for each others' responsibilities.

In 1972, the Staff Nurses' Association at St. Paul's Hospital applied to the Labour Relations Board for certification; on September 8 of that same year, it was granted the full right to represent its members as the official bargaining unit. Guidelines for negotiations had been established by the Saskatchewan Registered Nurses' Association and the Saskatchewan Health Association. To these were added provisions at the local level, and together a formal contract was put into place.

January 19, 1974 will go down in history for on that day, eighty-nine nurses met in the Battleford Room at the Bessborough Hotel in Saskatoon; there was born the Saskatchewan Union of Nurses - SUN. Its first president was Mary Parchewsky who at that time was the president of the SNA at St. Paul's. Following this, the SNA, merged with the provincial body as one of its founding members and became SUN Local #101.

Over the years, the nurses and the Administration of St. Paul's have worked together 'in good faith' and in a harmonious relationship, each providing to the other due consideration.

Surely, this is a shining tribute to a hospital where there is delivered to the patients 'care with a difference.'

(AFTER THE MERGER)

- 1969 April 26 - first provincial agreement between Saskatchewan Registered Nurses' Association (SRNA) and Saskatchewan Hospital Association (SHA). Settlement reached by a 3-member conciliation board. Staff Nurses' Associations had been established in only eight hospitals.
- 1971 Grievance procedure was established.
- 1972 mid year - 27 out of the 134 out of hospitals and 2 out of the 109 nursing homes had a Staff Nurses' Association in place.
- 1972 Work towards certification as a union had begun. The Ontario model was used, and Al Shalansky was employed as the labour consultant. Decision came from the Supreme Court of Canada that Staff Nurses' Associations could not be certified as bargaining agents if the SRNA was involved in their formation because SRNA leadership consisted mainly of management personnel.
- 1973 November 17 - A general meeting of 38 Staff Nurses' Associations from throughout Saskatchewan was held.
- 1974 January 19 - 89 nurses representing 43 Staff Nurses' Associations and nurses groups met to form a labour organization to represent nurses in Saskatchewan who were employed within the meaning to the Trade Union Act, 1972. The province was divided into eight regions and Mary Parchewsky became the first president of the newly formed Saskatchewan Union of Nurses.
- 1974 May 6 - SUN's walkout was the first province wide strike by nurses in Canada.
30 hospitals out for 24 hours. 26 hospitals out for 16 hours.
22 hospitals out for 8 hours.
Final calculations showed 23, 000 person hours of lost time by nurses.
- 1974 May 11 - first SUN agreement was signed. This was a two-year agreement.
- 1976 100 local SUN groups were active (In 1974, there had been only 52.)
April 24 to May 4, SUN staged a 10-day strike involving 82 hospitals. They had given an 8-hour notice. By this time, both SUN and SHA had gained respect for each other.

- 1977 A one-year Agreement had been reached and SHA had added a Director of Nursing to their team, bringing a broader perspective.
- 1978 Prevailing problems prompted nurses to ask for binding arbitration after a near-strike situation. Mr. Emmett Hall was chosen, and a two-year Agreement was concluded. Nurses vowed that 'never again' would they allow a third party to settle their disputes.
- 1980 Strike narrowly avoided. A two-year Agreement was negotiated. Cost of living allowance applied in the second year.
- 1981 Founding meeting of the National Federation of Nurses' Unions (NFNU) at a meeting of representatives from provincial unions. A Constitution was ratified.
- 1988 October - A six-day province-wide strike by SUN members.
- 1991 May - An eleven-day province-wide strike was held by SUN members.
- 1996 SUN now negotiates with the Saskatchewan Association of Hospital Organizations (SAHO). Members of both the local chapter of SUN and SPH Management are involved in these discussions.

Agnes E. Valade, R. N.

(These incidents were found in a communique from Ken Clarke, CEO, during the nurses' strike in 1991)

WAYS OF 'CARING'

All of the medical staff throughout the hospital: in Emergency, O.R., Nursery, ICU/Renal Unit, our integrated medical and surgical in-patient Units, are doing a superb job, providing the best quality of care possible under the circumstances. The interns, house staff and health students are visible everywhere, learning and helping in all the ways possible at this stage of their training.

Have you noticed the pastry and doughnuts that appeared throughout the hospital? They were a gift from our Personnel Association. As well, the out-of-scope crew ordered Chinese food and delivered it to their colleagues who could not get away for lunch or supper yesterday (May 14).

Board members and volunteers have visited throughout the hospital, offering their encouragement and support, to fulfill our responsibility to provide health care to the community, no matter what the adversity. (Ken C.)



Photo of Sisters of St. Paul's Hospital (1956).

I. to r. Standing: Srs. Germaine Beliveau, Marie-Ange Burque, Ovilia Bedard, Cecile Deshaies, Rose Anne Cayouette, Julia Haudegand, Irene Gauthier, Agnes Tetreault, Paulette Fortier, Yvonne Dessureau, Apolonia Ste-Croix. **Seated:** Rose Anna Routhier, Ste-Brigitte, Annette Lachance (superior), Jeanne Longtin, Jeanne Quintal.

List of Grey Nuns who were stationed at St. Paul's Hospital, Saskatoon, Sask.

1906-1996

Sisters:

Alma Pelletier (Phaneuf)	1906-1908
Gulie Guay	1906-1907
Rose-de-Lima Arseneault (S. Dosithee)	1907-1908
Julia Blakely	1907-1907
Louise Alary	1907-1908
Alice Beaudry	1907-1908
Mary-Ann Mullin (Ferland)	1907-1909
Alma Lanthier (Agnes-du-S.Coeur)	1907-1907
Mary Creeden (St. Brigitte)	1907-1908 1954-1957
S. Placide (Josephine Vermette)	1907-1907
Ludivine Beliveau (Ste. Anne)	1907-1908
Séphora Beauvais	1907-1915
Marie Pivault (Sophie)	1907-1908
Alphonsine Deguire	1907-1908
Anna Lemaire(St. Germain)	1907-1909

S. François d'Assise (Alice Beaudry)	1907-1909	Antoinette Gaudet	1915-1926
Lea Dandurand	1908-1909	Ellen Cournyn	1916-1920 1927-1929
Georgine Delorme	1908-1914	Josephine Weekes	1916-1919 1927-1935
Heloise Marchand (M.S. Coeur)	1908-1912 1913-1914	Marguerite Papineau	1916-1918
Adelina Dupuis (S. Brynolf)	1909-1909	Céline Beauchamp	1916-1919
Mary O'Brien (Duffin)	1909-1909	Madeleine Beemer (Gertrude)	1917-1928
Louise Dumas (Marie Louise)	1909-1910	Clarilda Fortin	1917-1922
Mary Kelly (St. Liguori)	1909-1914 1916-1920	Clara Mayer	1917-1925
Rose St. Pierre	1909-1911	Marie Nadeau	1917-1918
Adele Pierson	1909-1922	Hélène Legoff	1918-1919
Albertine Vincent (Polycarpe)	1909-1911	Ste. Cecile(J. Letourneau)	1918-1920 1931-1935
Eva Cousineau	1910-1912 1931-1944	Eveline Millette	1918-1921 1921-1926
Euphemie Saunders	1910-1917		1930-1930 1934-1936
Mary Ann O'Brien	1910-1912		
Azelie Lariviere	1911-1915 1920-1923		
Marie Niquette	1911-1915 1920-1923	Félicité Parent (Provencher)	1919-1920
Cecile Wagner	1912-1913 1920-1921 1926-1927	Laure Charlebois (S. Edmond)	1919-1921
Anna Dubé (S. Praxedo)	1912-1922	Berthe Beauregard	1919-1922
Bridget Devany (Egbert)	1912-1915	Emma Labelle (Coursol)	1919-1921
Mary Ann Casey	1912-1913 1922-1926	Marie Rose Lacroix	1919-1922
Séphora Fouquette	1912-1913	Rose-Alma Arseneault	1919-1919 1920-1927
Emma Robichaud (Paquette)	1912-1921	Claudia Landry (M. du Carmel)	1920-1926 1932-1935 1959-1963
Joséphine Thibodeau (S. Cyprien)	1913-1921	Marie-Anne Labrecque (Moreau)	1920-1921
Rose Vincent	1913-1913 1940-1943	Françoise Mercier	1920-1922
Angéline Lefebvre (Prospère)	1913-1917 1919-1928	Louise Tapin	1920-1924
Georgiana Palin (S.Céline)	1913-1918	Rosalie Sédillot	1921-1922
Amanda Sauvé (S.Léonce)	1913-1918	Emérilda Bélanger (Ste. Flavie)	1921-1926 1929-1934 1935-1942
Mary Ann Dorcy	1913-1914	Eleanor Brennan	1921-1927 1939-1941 1952-1953
Justine Lachapelle (Olive)	1913-1914	Alice Loiselle	1922-1925 1942-1944
Albertine Pepin (Duckett)	1914-1916	Victoire Thiffault	1922-1927
Clémentine Jacques (Gérin)	1914-1916	Adrienne Chouinard	1922-1924
Denise Laberge (S. Nom Marie)	1915-1917	Jeanne Longtin	1922-1926 1928-1933 1941-1956
Mary Buckert	1915-1916	Lydia Quenneville	1922-1927
Antionette Moquin	1915-1923		
Agnes Tétreault	1915-1917 1954-1956		
Odolmire Mercier (S. Amable)	1915-1933		
Antoinette Moquin	1915-1923		

	1930-1932		1948-1950	Juliette Lagarde	1941-1943
	1940-1943		1953-1956	Jeanne Morin	1941-1948
Malvina Letarte	1923-1933	Mary Murphy	1932-1934	Rose-Anna Routhier	1941-1961
	1936-1943	Juliette Landry	1932-1935	Béatrice Bourget	1941-1943
Jeanne St. Louis	1923-1927	Georgiana Lambert	1933-1934	Léontine Mongrain	1942-1943
Marie Ange Legault	1924-1924		1936-1939	Simone Mageau	1942-1948
Zéphirine Baulne (S. Fr. de Sales)	1924-1925		1943-1945		1955-1956
Antoinette Chauvin	1925-1926	Carolina Mead	1933-1935		1976-1985
Béatrice Webber	1925-1926	Mélanie Nault	1933-1934	Elise Goulet	1942-1944
Ovilia Bédard	1925-1928	Eva Dulude	1933-1940		1950-1950
	1927-1948	Julia Richard	1933-1939	Gabrielle Noullet	1943-1943
	1954-1955		1956-1962		1961-1971
	1956-1958	Laurette Thibert	1933-1934	Elizabeth Meyer	1943-1947
Léocadie Gaudreau	1926-1936	Clara Garceau	1934-1935	Apollina Ste. Croix	1943-1955
Euphémie Boisvert	1926-1932	Lucille Ouellette	1934-1936		1965-1968
Agnès Délisle (Descoteaux)	1926-1930	Margaret O'Grady	1934-1940		1971-1973
Mary Ann Fennell	1926-1932	Alice Herman	1934-1941	Hélène Archambault	1943-1944
Rose-Aimée Cayouette (Huard)	1926-1927	Fabiola Drouin	1934-1940	Marie Rose Robidas	1943-1943
	1942-1944	Florence Keegan	1935-1940		1944-1948
	1947-1959		1967-1971	Anna Laforce	1943-1945
Sophonie Goulet	1926-1927	Marie Champagne	1935-1935	Angéline Lavoie	1944-1948
		Alice Quenneville	1935-1936	Paulette Fortier	1944-1959
Eva Davignon	1926-1933	Elizabeth Champagne	1936-1937		1973-1980
Lydia Noel	1926-1929	Marie St. Pierre	1936-1939	Fernande Michaud	1944-1950
	1937-1940	Irene Sauvé	1937-1951	Marguerite Arseneau	1944-1949
	1974-1977	Véronique Lussier	1937-1939	Ida Thibert	1945-1955
Monica Keogh	1926-1927	Jeanne Mandin	1937-1939	Alice Anderson	1945-1946
Philomène Lalonde	1927-1929		1941-1948	Mary Thille	1945-1949
Blandine Labrosse	1927-1928	Germaine Béliveau	1937-1942	Alberta Cardin	1946-1948
Blanche Caza	1927-1929		1944-1959	Thérèse Bonin	1946-1950
	1934-1935		1960-1964	Françoise Gamache	1946-1947
Anne Mercredi (Daris)	1927-1929	Louise Boulet	1938-1942	Corinne Dupont	1947-1949
Arthemise Bergeron (Gosselin)	1927-1928		1949-1950		1964-1966
Marguerite Comeau	1927-1928		1958-1959	Jeanne Quintal	1947-1963
Eugénie Poitevin	1927-1928		1960-1962	Rose-Alma Boucher	1947-1949
Eva Plante	1928-1931	Antoinette Bézaire	1938-1941	Anna Beaulac	1948-1949
	1957-1963		1955-1957		1971-1975
Clara Ménard	1928-1930		1963-1964	Evangéline Plotkins	1948-1950
Mary Buckley	1928-1944		1973-1974	Aline Bélanger	1948-1949
	1944-1949		1978-1981	Simonne Chauvet	1948-1955
	1957-1957	Eléonore Rhodier	1939-1944	Louise Aubry	1949-1949
Marie Anne Huard	1929-1931	Florence Neuhausel	1939-1940	Lucrèce Vinet	1949-1950
Hermance Larose	1929-1930	Marguerite Michaud	1939-1942		1960-1962
Alma Lussier	1929-1935			Verminia Violini	1949-1954
Amanda Roberge (S. Etienne)	1929-1930				1959-1963
Laura Jodoin	1931-1937	Marie Ange Burque	1940-1955		1981-1985
Mary Kendrick	1931-1931	Alice Bonin	1940-1947	Rhéal Plante	1949-1950
Emma Bertrand	1931-1935	Marie Fortin	1940-1951	Marguerite Bourgeois	1949-1952
Annette Lachance	1931-1932	Lucienne Lapiere	1940-1943	Hélène Desmarais	1949-1952

Emma Bergeron	1984-1989 1949-1954 1964-1965	Carmen Marquis	1957-1961 1966-1971 1990-	Rosella Bureau Eva Sauka Aur�a Corriveau Ann Hopcraft Laurence Savidan Irene Laram�e Cecile Pedneault	1970-1972 1971-1976 1972-1976 1974-1977 1975-1982 1976-1986 1977-1980 1984-1990
Yvonne Viens	1950-1952 1958-1959 1961-1964	Th�r�se L'Heureux	1957-1960 1963-1965 1957-1958 1957-1964 1958-1959	Cecile Gauthier Gertrude Dallaire Lucienne H�bert Alphonsine Martineau Th�r�se Plante Julienne Chaill�	1977-1985 1977-1980 1978-1981 1978-1983 1978-1980 1979-1984
Marguerite Roy R�jeanne Lamarche Julia Haudegand	1950-1950 1950-1951 1950-1957 1994-	Elizabeth Roux Yvonne Pr�vost Raymonde St-Germain Aurore Marien	1958-1961 1973-1975 1985-1989 1958-1960 1958-1961 1959-1959 1959-1964 1967-1976 1959-1961		
Claire Jeannotte Bernadette B�zaire	1950-1953 1950-1953 1957-1959 1967-1978	Honorine Leclerc Aline Boh�mier Mary Fruhstuk Marie Ange Charlebois			
Cecile Deshaies	1950-1964 1971-1971	Claire Gauthier		Antionette Cyre Therese Langlois Faye Wylie	1980-1985 1981-1991 1981-1982 1995-
Laura Houle Cecile Leclerc Irene Gauthier Yvonne B�zaire	1951-1952 1951-1952 1951-1955 1952-1954	Marie Louise Turenne Laetitia Fournier	1960-1961 1962-1962 1971-1972	Odile Mah�	1982-1983 1983-1983
Th�r�se H�bert Antionette Martineau Marguerite Letourneau Jeanne Lefebvre Fernande Dussault	1982-1987 1988-1990 1952-1953 1952-1954 1953-1956 1954-1957 1954-1957 1958-1960 1962-1964	Claire Guyon Marie Marleau Juliette Labb�	1962-1967 1962-1966 1962-1963 1963-1964 1983-1987 1963-1963 1963-1963 1963-1966 1964-1967 1964-1968 1964-1965 1971-1971 1965-1969 1965-1968 1976-1978 1967-1974 1967-1968 1968-1969 1980-1983 1992-1994 1969-1970 1969-1969	Catherine Frohlick Alice Romanchuk Ang�le Br�maud Rosanne Gauvin Lorraine Lafleur Michelle Worth Lucie Lefebvre Jos�phine Bouvier Wilda Wedgerfield	1983-1986 1983-1987 1984-1986 1986-1992 1986-1993 1986-1986 1988-1990 1988-1990 1989-1989 1996-
Yvonne Dessureau	1954-1956 1966-1978	Th�r�se Lanfest Yvonne Thibert		Lise Chaloux Marguerite Laforce Emiline Pena	1989-1992 1992-1995 1993-1996
Rose Proulx Pauline Lemieux Germaine Roussel	1955-1955 1955-1958 1955-1962 1989-	Ren�e Leclerc Flore Morin			
Simonne Lapointe	1956-1956 1973-1975	L�onie Poirier Simonne Forest D�sanges Gionet			
Blandine Levesque Cecile Leduc	1956-1956 1956-1957 1961-1974				
Marie Laforce Muriel Lewberg	1956-1957 1956-1958 1960-1962 1963-1966	Gloria Lord Blanche Lemire			
Anna Trottier Simone Champagne Amy Daudelin	1956-1957 1956-1956 1957-1958	Yvonne Daigle Rose-Anna Gauvin	1970-1972 1970-1970 1986-1992		



Reflecting changes in the Grey Nuns' religious dress:

Upper left hand l. to r. (prior to and at 1950) Srs. Claire Jeanotte, Jean Quintal, Germaine Beliveau, Cecile Deshaies, Bernadette Bezaire, Irene Sauvé. **Seated:** Sr. Ferminia Violini.

Upper right: (1957) Srs. Marie Laforce and Yvonne Prevost.

Lower left: (1958) Srs. Carmen Marquis, Florence Keegan, Appolinia Ste-Croix, Bernadette Bezaire.

Lower right: (1977) Srs. Alice Romanchuk, Yvonne Bezaire, RoseAnne Gauvin (superior), Therese Langlois, Aurore Marien, Cecile Pedneault, Faye Wylie, (provincial superior), Helene Desmarais, Lorraine Lafleur.

Photo Memories



Millie Dyck.



Gail Brown, Jackie Casey, Joyce Lenz 1994.



Sheila Honeker.



Shirley Conway 1996.



Marilyn Graham 1996.



Blanche Anderson, Jane Fiala, Aleta Blais, Roxanne Painchaud
Front: Peggy Denest, Eloise Henry, unidentified 1990.



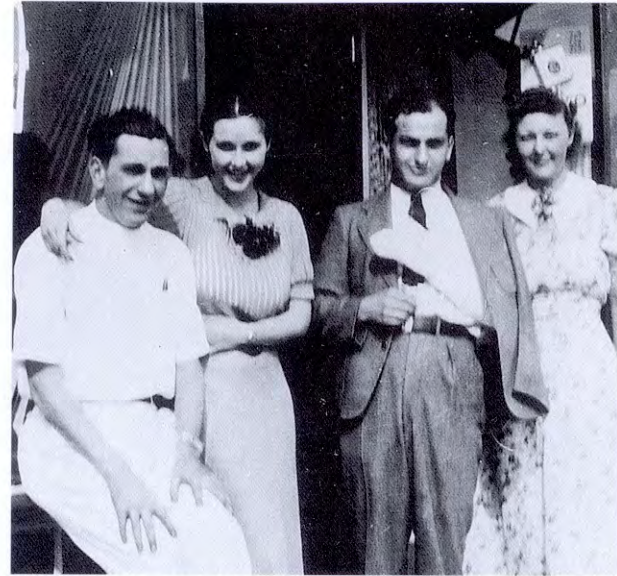
Hilda Unger, Theresa _____, Linda Wright 1990



Sr. Claire Guyon, John Hrenyk, Lillian Lackmanac, Grace Miller.
Posing as patient Elaine Wintonyk.



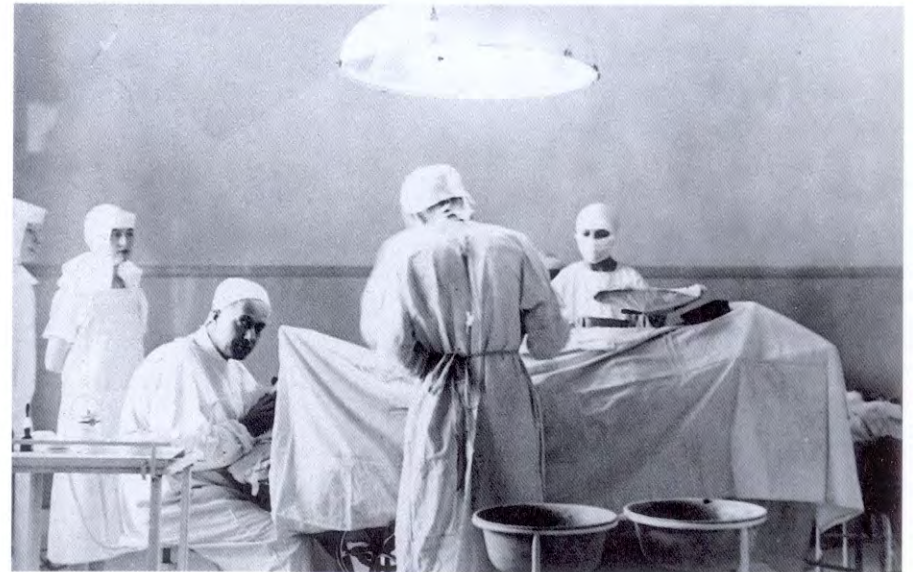
nee: Mary Dowd, Verna Kraft, Cecilia Lepine, Ella Norma Woodley Class of 1934 - present at 1950 reunion Alumni.



Dr. E. Murphy, Mabel Cole, Dr. N. Goluboff, unidentified.



Student nurses for 1935, 36, 37; we think taken in hospital at that time.



Operating room 1928.



Helen Collins 1922. (Pharmacy)



Sr. Ste. Flavie in Dispensary (Pharmacy) 1937.



Medical students in Army uniform circa 1942.



Loren Penner and Kim Logan, Pharmacy 1992.



John King, Marlene Flaman, MaryBelle Pshebylo 1982.



Ed Scisson, Hon. W. Erb, Father Corbett, Dr. F. W. Rosher 1957.



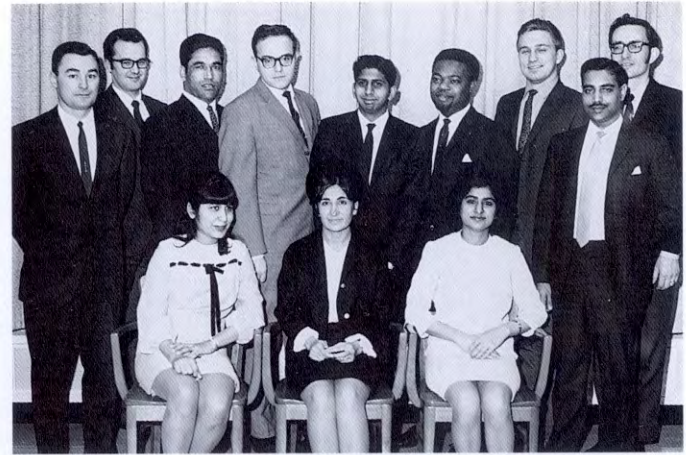
Sherri Roufosse 1996 O.R.



Bishop Roberecki, Bishop J. Mahoney, Sr. G. Hetu 1982.



Dr. B. Ulmer, Ginny Brown circa 1989.



D. Kirchgerner, R. Fagnou, M. Omar, E. Rawner, S. Katakhar, S. Quansah, S. Midmore, A. Mahmud, G. Garbe, P. Bansal, S. Omar, S. Khan 1969-70 interns and medical residents.



Anne Sawchuk, Rose Martens-West, Anne Brown, Nettie Hrychuk, Kay Philpenko, Tena Giesbrecht, Ricky Fiesel - Dietary Staff 1971.



Paul Gaertner, Jan Maharaj, Suzanne Michaud, Jeff Demetrick, John Thiel, Leanne Reimche, Alison Pantifex, Michael Kelbaum, A. Kapur, Francis Chan, Seimeerdal, Raheil Hampde, Thor Fridriksson, Roger Cho, missing Vivek Kishan 1991-92 interns.



Don Carriere - 1979 Year of the Child



Doris and Dr. M. Smith Windsor and Sr. Y. Dessureau circa 1977.



Andrew Dziadyk, Sr. A. Ell, Gene Matlock, Patrick Sullivan. Knights of Columbus presenting a cheque for the Chapel.



John King, Robert Lea, Brent Skinner, David Hart, Scott Rowand, Ed Beitel, Sr. C. Gauthier 1980.



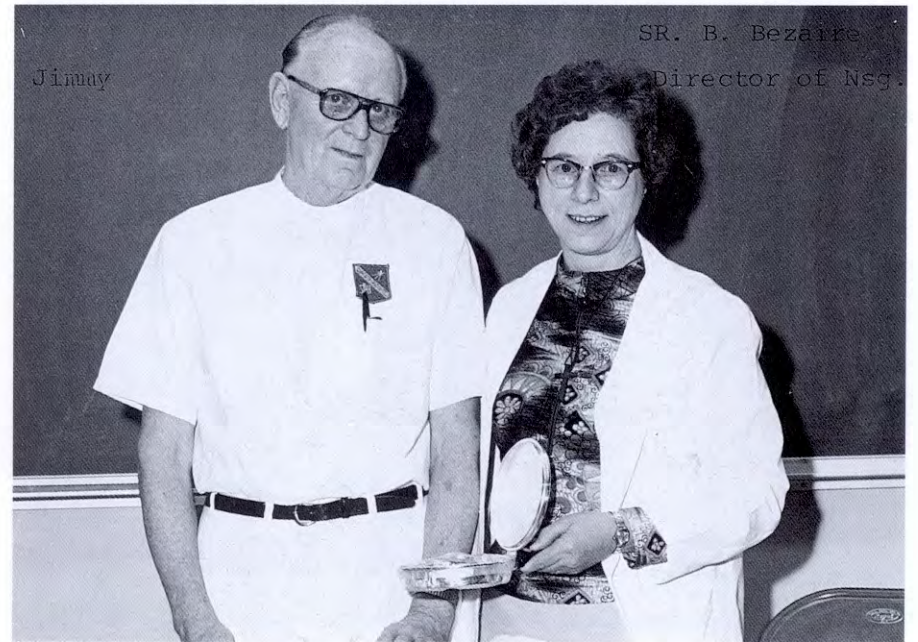
Sr. P. Fortier, Dr. D. M. Baltzan, Dr. J. M. Campbell.



Doctors Thompson, Petrich, Dutta, Don Baltzan, Malfair, Ernst, Epp.



Dr. B. W. Hargarten, Dr. S. Worobetz, Dr. J. Leddy, Dr. D. M. Baltzan, Dr. M. H. Smith Windsor, Dr. A. G. Genereux, Dr. A. Becker, Dr. R. H. McPherson prior to 1970.



Jimmy Scott, Sr. B. Bezaire 1977.

SR. B. Bezaire
Director of Nsg.

Jimmy



Dr. A. Becker, unidentified



Dr. Fred Baker, unidentified



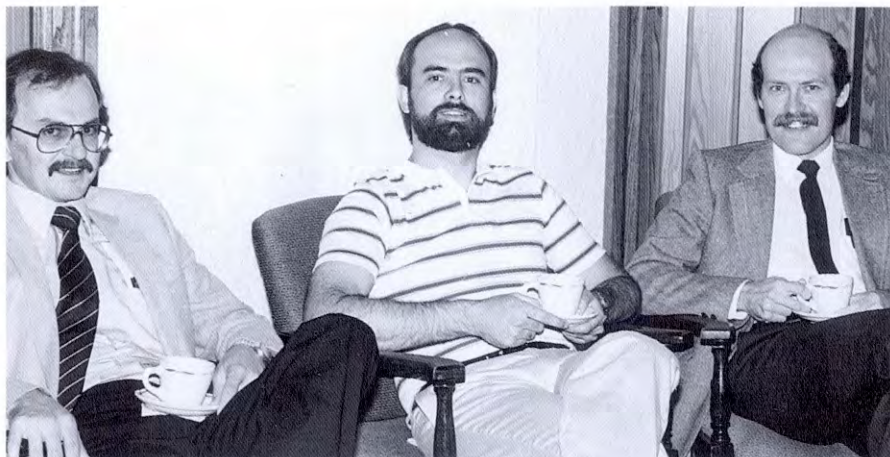
*Drs. G.L. Howie, C. Jamieson, A. Unger, J.P. Wiebe,
E. Wigmore, J.K. Wood, D. Mc Manus*



Dr. B. Pask, unidentified, Dr. G. Miller



Dr. P. Kail, Pathology Resident



Drs. K. Stakiw, P. Kuling, R. Kostyniuk



Intern class 1983



Dr. Jim Underhill, Sr. D. Gionet, Richard Patterson



1982 Intern Reunion



Dr. E.M. Nykiforuk, Dr. Gonor, Dr. Podilsky, Dr. E. Smith, Dr. A. Becker, Dr. Z. Zadovny, Dr. Z. Kondzielewski, Dr. A. W. Hindmarsh, Dr. H. Emson, Dr. J. Adolph
1982 intern reunion.



Dr. S. Worobetz (Intern 1940-41) and Mrs. Worobetz
Former Lt. Gov. of Saskatchewan



Dr. Kimler, _____, Dr. Garbe, Dr. Wright, Dr. Padmanabh
First Row
Dr. Howie, Mrs. Wallace

Dr. Kimler, unidentified, Dr. Garbe, Dr. Wright, Dr. Padmanabh, Dr. J.L. Howie,
Dr. K. Wallace



Dr. N. Cowie, Dr. R Hindmarsh, Dr. R. Chernoff, Dr. M. Misfeldt, Dr. J. Melenchuk, Dr. R. Claybo, Dr. K. Bayly, Dr. C. Elmer, Dr. C Nijssen-Jordon 1982 Intern Reunion



R. Taylor, A. Iwanicha 1990



Bernadette Jeanneau, Darlene McKimmon, Ruth Sigurdson 1967 First Long Term Award Banquet



N. Schaan & Kelsey instructor



Fran Clark 1990



S. McNeil _____, _____, Dr. J. Melenchuk



Michelle Diemer 1990 Vascular Lab



Cindy Fisette 1996 O.R.

