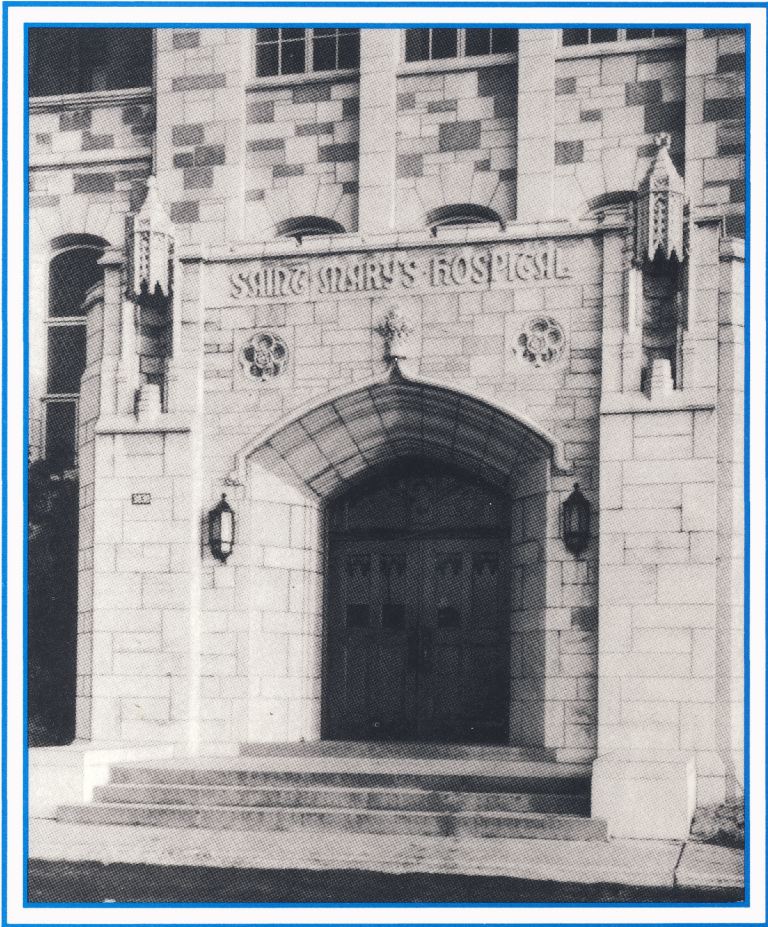


ST. MARY'S HOSPITAL



-The Early Years-

DR. J.J. DINAN

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**BY
DR. J.J. DINAN**

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This history is dedicated to Dr. Donald A. Hingston, a towering figure in the development of St. Mary's. He was my teacher, my chief, my friend.

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FOREWORD

I realized as I concluded this story of St. Patrick's and St. Mary's it is much easier to write with objectivity about something or someone who was not part of your personal experience. So it was that writing about St. Patrick's was easy; the complexities attending its development, its brief successful life and sad ending. For the Irish and Montreal, it was an early small rejection of the horrible religious and linguistic bigotry, Catholic, Protestant, French and English of the 1800s.

Writing about St. Mary's was much more difficult for me. When I became senior resident, Dr. Hingston used me, at first, as a sort of sounding board, telling me of his hopes and plans for the hospital. He wanted to buy the farmland which is now part of Notre Dame College; he was sure that it would become very valuable and be a sort of endowment. He wanted to expand the south wing up and back, add one or two stories to the power house, have an animal house on the 7th floor west. "The children in the paediatric playroom would have fun looking at the animals", he would say. Raising money was always a problem. I was a willing captive audience and finally, I shared his dreams. I tried my best to implement some of them with great help from many of the directors and almost all of the medical staff, nurses, sisters and administrators.

I have laboured over this history like a frightened moose running in erratic circles, times, places and people being passed and repassed. I have lived through and have been part of the development of a hospital, St. Mary's, which was designed and built, as are all hospitals, to relieve suffering, to make childbirth safe, to restore good health and now, to delay death.

J.J. Dinan
November 1987

I

St. Patrick's: 1852-1860 Montreal's First English Catholic Hospital

Great disappointments, delays and differences of opinion attended the birth and development of St. Mary's Hospital. That it was ever established was due to the tenacious dedication of one man, Dr. Donald Hingston, and the single-minded determination of Sister Helen Morrissey of the Hôtel-Dieu. There were others deeply involved as well: among them, Dr. Frank Devlin, Father Thomas W. O'Reilly and Thomas Taggart Smythe.

For many years the English Catholic doctors of Montreal were convinced that a general hospital under the auspices of "the Catholic hierarchy" and funded by the Catholic community, was an urgent necessity. The primary reason for this was that 30 to 40 percent of the admissions to the Protestant hospitals were Catholic, but very little financial support came from the Catholic community. Secondly, few staff appointments were available for Catholic doctors and few available internships for training. As well, there was little or no room for Catholic nurses in these hospitals. The fourth reason was based on memories of the closure of St. Patrick's Hospital 48 years before.

In 1850, Montreal had a population of some 57,000. Despite the great number of immigrants who had died in the exodus from a starving Ireland following two disastrous potato famines, the English-speaking Catholics had rapidly increased in numbers to about 14,000. They were a closely knit group. Led by their Sulpician pastor, Father Dowd, and assisted by his two curates, Fathers O'Brien and McCullough, the English Catholics had built St. Patrick's Church, St. Patrick's Orphanage and some schools. Nevertheless, they lived in a sort of limbo, affiliated with the French, religiously, and the English, linguistically, but

resisting absorption by both. This was the situation when a bitter controversy arose over the alleged disrespectful treatment of priests carrying the sacraments and comfort to the sick and dying Catholic patients in the Montreal General Hospital, a bastion of Protestantism, at the time. The press, Catholic and Protestant, joined the controversy by indulging in a lot of bigoted pronouncements typical of the day. The only compromise reached by these fanatic opponents was to exonerate the medical staff of the hospital and lay the blame on certain members of the administration and para-medical staff.

The direct result of these incidents was the decision that an English Catholic hospital should be established. A series of meetings commenced after Bishop Bourget was consulted by Father Dowd. The Bishop gave his consent, and apparently also promised that he would assist in finding a suitable building and a nursing order for the hospital. He agreed to give the project his patronage and the priests of St. Patrick's Church would be in immediate control. The latter resolution was subsequently modified at a meeting of the leaders of the community which had now adopted the name, The St. Patrick's Hospital Society. Other resolutions were passed, however:

That St. Patrick's Hospital Society would annually elect seven of its members, who, together with one clergyman from St. Patrick's Church, would compose a board of management for the hospital.

That all members would contribute one pound per annum and that a permanent collection location would be established in Sadliers Bookstore.

It was reported at this meeting that 250 pounds sterling had been collected at the doors of St. Patrick's Church; an additional 210 pounds sterling was collected at the meeting.

This was the last of a series of meetings which had started in September. The previous ones had been chaired by Father Dowd or Father O'Brien, this one was chaired by the mayor of Montreal, Charles Wilson. Elected to manage the hospital with Father O'Brien were Messrs. Francis Clark, George Clark, Patrick Brenman, Patrick Muldoon, John McDonald, John Curran and John Collins as treasurer. A gentleman by the name of A. Lerocque was hired or elected in some capacity, possibly as a notary.

It becomes obvious that much work had been done before this late November meeting for it was noted in the *True Witness*, the Catholic newspaper, that in October Dr. Robert MacDonnell, a member of the medical staff of St. Lawrence College (Montreal had three medical colleges at this time, McGill, the College of Medicine and Surgery of Montreal and the St. Lawrence Medical College), had gone down to Quebec to buy 150 hospital beds. It may be that Father O'Brien and Dr. MacDonnell were acquaintances or even friends, as they were both fairly recent arrivals from Ireland.

It is also apparent that arrangements had been made to locate the hospital on a temporary basis in the Hospice St. Jérôme. On January 3, 1852, St. Patrick's Hospital opened its door in this building belonging to the Sisters of Providence, located in a suburb on St. Catherine Street, east of St. Lawrence Main. The medical staff of this hospital were: Drs. Robert MacDonnell, surgeon and lecturer in clinical surgery; Alton Hart David, physician and lecturer in clinical medicine; H. Howard, MRCS, London, ophthalmic and oral surgeon and lecturer; S. D. Schmitt, and Thomas McGrath, clinical assistants in medicine and surgery.

The nursing staff of the hospital consisted of six of the Sisters of Providence. The bed capacity was apparently about 70 for there is a note at a later date that there were 67 patients in the hospital at one time. The first report, given on the 20th of February, 1852, noted that there were 169 people treated: 85 admissions and 84 outpatients. Discharged, 24; relieved, 2; died, 5; remaining in hospital, 54. A second hospital report dated June 22nd, 1852, was given to the St. Patrick's Hospital Society: 67 admissions, 296 treated indoors; 436 outdoors; total, 732 people treated up to that time. The breakdown, insofar as their religious affiliations were concerned, is interesting: 724 Catholics; 20 Church of England and 6 Presbyterian; 2 atheists and 86 "French". The French-speaking patients were in a separate category apparently. This temporary hospital functioned for a mere seven months, until the 8th of July, when there was a great fire in the suburb, which destroyed between 1500 and 2000 houses including the building housing St. Patrick's Hospital. Apparently all the patients were safely evacuated. Of the very sick, 15 were taken to the Hôtel-Dieu and the others were

received at the Montreal General Hospital.

The fire ended this first phase in the St. Patrick's story, but the interruption was a brief one for it had been accepted that its present location in the St. Jérôme Hospice was a temporary expedient as the building had been constructed of wood and was not considered suitable for a hospital.

Father O'Brien, a curate at St. Patrick's Church, and the lay committee had obviously succeeded in convincing Bishop Bourget of the necessity of establishing an English-speaking Catholic hospital, and in April, 1852, the Bishop informed Sister Manse, Superior of the Hôtel-Dieu, that he was considering the purchase of a property to permanently house St. Patrick's Hospital and that he wished the Sisters of Hôtel-Dieu to staff it. The Sisters agreed. I now come across conflicting statements about the purchase of the building which was to house St. Patrick's. I have one suggestion that the Sisters of the Hôtel-Dieu put up the money, and a second statement, apparently a public announcement by the Bishop, that the property was purchased by him and that it would remain attached to the Episcopal See for that purpose and continue to be directed under the patronage of the Bishop and under the immediate control of the clergymen of St. Patrick's Church.

In any event, the property was purchased for the sum of 4,005 pounds sterling. The building in the St. Antoine suburb had been built as a Baptist College at a cost of 11,000 pounds sterling, however, its sponsors had been unable to meet the expense and had declared themselves bankrupt. Bishop Bourget did not wish to appear in his ecclesiastical capacity as a purchaser of the building, so he arranged for it to be bought through a Montreal notary, Monseigneur Berthliet, at a sheriff's sale. On May 27th, 1852, seven members of the local Hôtel-Dieu Order, and two sisters from the Kingston Hôtel-Dieu, were named to serve in the new hospital.

They found a fine greystone building of four stories including the basement, 120 feet long and 57 feet wide, situated on high land overlooking the town of St. Antoine with good grounds around it. (This was to be the south west corner of Dorchester and Guy streets). By August 16th, the necessary changes to the building had been effected and the new St. Patrick's Hospital was ready to receive its first patients. It had a capacity of 62

beds. The 15 patients who had been moved out of the St. Jérôme Hospice into Hôtel-Dieu because of the fire, were brought back. By 1853, the number of patients averaged 70. Receipts for one month amounted to 19 pounds and 10 shillings and it is noted that the sisters were always short of funds. To help out the situation the doctors asked the authorities of The Grand Trunk Railway which was under construction, to send any of their employees who needed medical care to St. Patrick's. The railway officials agreed but they asked for a special ward for them and gave 400 pounds sterling to furnish it. They also agreed to pay 2 pounds sterling per week for the care of each patient. (Some time in the 1850's Canada dropped the pounds sterling of England and adopted the metric dollar).

The hospital continued to expand and provide a good quality of medical care. There was no particular distinction made as far as a patient's faith was concerned. The doctors and nurses treated Protestants, Catholics, Jews, and anybody else seeking medical attention who lived in the Montreal area. In the light of the previous exhibitions of bigotry which had resulted in the decision to develop St. Patrick's and the plethora of accusations and counter accusations which appeared in the press of the day, it is heart-warming to realize that it was quite possible for a Catholic hospital to have an open door policy to patients of all faiths or for that matter, lack of faith.

The sisters were happy to be associated with what was, at that time, a first class hospital and happily worked side by side with their mixed staff of doctors. Some were Protestant, Dr. Schmitt, Dr. McGrath, Dr. Howard and Dr. MacDonnell were Catholic, and Dr. David was Jewish.

During 1854 there was an epidemic of cholera and the hospital was crowded and very busy. By 1857 water was being pumped into the hospital through pipes installed by the corporation of the town of St. Antoine. Up to this time they had had to buy water from water carts and save rain water collected from the roof.

This was the situation then, when on November 20th, 1857, Bishop Bourget suggested building a new hospital large enough to hold the patients from the old Hôtel-Dieu, located on the corner of St. Paul and St. Sulpice Streets, across from the rear of Notre-Dame Church, and those of St. Patrick's. The sisters

of St. Patrick's Hospital strongly opposed this suggestion. They were receiving the grant from the Grand Trunk Railway and money to look after its accident cases; they had also obtained some government funds - I am not sure of the amount - but these grants were usually sizable sums of money. Their opposition caused the Bishop to withhold his idea or at least temporarily stop asking for a new unified hospital for Montreal.

It was not until September 2nd, 1859, after much hesitation, discussion and prayer, that the sisters finally decided to comply with Bishop Bourget's request, and construction commenced on the new Hôtel-Dieu, located on a hill called Mount St. Joseph. The hospital still stands today, though much larger, at the north-west corner of Pine and St. Urbain avenues.

St. Patrick's Hospital continued to care for patients until some time in the spring of 1860 when it was finally closed. Drs. MacDonnell and David retired and the sisters left the hospital and went to open St. Bridget's and St. Patrick's wards in the new Hôtel-Dieu.

There are articles in the British American Medical Journal of 1860 about various surgical treatments by Dr. Robert L. MacDonnell who signs himself "Surgeon, St. Patrick's Hospital", as well as articles by Dr. David, signed "Physician to St. Patrick's Hospital". This same issue contains a note about the closing of St. Patrick's, which I will quote:

As an independant institution this hospital has ceased to exist but a certain number of wards have been opened in the large, commodious building lately opened by the Ladies of the Hôtel-Dieu on St. Lawrence Main Street near the toll gate. This building has received the name of Hospice de La Sainte Famille. All of the patients who were in St. Patrick's at the time of its closure have been removed to it and in time the patients of the Hôtel-Dieu Hospital will also be brought there. Consequent upon these changes, the medical staff has been considerably altered. Drs. MacDonnell and David have retired and the whole establishment has been placed under the personal charge of the lecturers of the Montreal School of Medicine and Surgery who have associated with them Dr. William Hingston. The latter gentleman is a practitioner of excellent standing in the City. And although we cannot but regret the retirement of the two gentlemen previously alluded to, we are still warranted in trusting that the intention for which this hospital was originally established will not suffer.

I don't believe that my imagination is overworking when I say that this article indicates a definite regret at the closing of St. Patrick's Hospital and the loss of the services of Drs. MacDonnell and David, and I can't help wondering if there was not a certain amount of medical interference brought to bear to get St. Patrick's closed, get rid of the fine medical staff and turn the medical facilities of St. Patrick's over to the practitioners associated with the Montreal School of Medicine and Surgery. It is possible that I have lost some of my objectivity for I have a great interest in St. Patrick's Hospital and the people who developed it. Robert MacDonnell was obviously an outstanding surgeon, a man of fine character and deeply interested in the expansion of surgical knowledge. I have a feeling that the same could be said of Dr. Alton Hart David in the field of medicine and Dr. Howard, an ear, nose and throat specialist.

The concept Bishop Bourget and the Sisters of the Hôtel-Dieu had, to build a new unified hospital, was a wonderful practical proposal in theory. The old Hotel-Dieu was by this time hemmed in on all sides by commercial establishments and was no longer a suitable place for a hospital. The new hospital was a great enterprise, it was to be the largest hospital in the Montreal area having more than 300 beds with the most modern facilities. Unfortunately, it meant St. Patrick's had to be closed. Under the staff of Drs. MacDonnell, David and Howard, St. Patrick's had achieved a high reputation in the medical world of the day and it was well located for expansion. It may be that Bishop Bourget had lost some of his ecumenical spirit; it may be that the Hôtel-Dieu staff was not numerous enough to manage two hospitals, or that the Irish community had lost some of its autonomous drive.

As far as the English-speaking Catholic population was concerned, closing St. Patrick's was a disaster. Though perhaps no one fully realized this at the time. When the Sisters of the Hôtel-Dieu moved to the new, larger hospital, the committee of management, Father O'Brien and the priests of St. Patrick's, seemed to lose all interest. The sisters had been running their hospitals for too many years to accept anything more than liberal patrons who agreed and approved of what they were doing.

The two wards which were opened in the Hôtel-Dieu, however successful they may have been at the beginning,

certainly never achieved the level of medical fame that St. Patrick's had acquired in its brief lifetime. The Hôtel-Dieu was to gradually lose its appeal as an institution where the Irish and the English-speaking Catholics in Montreal could be treated. By the early 1900s, the group that was associated with the Hôtel-Dieu wards had recognized the situation. Drs. Guerin, Hings-ton, Sister Morrissey and Father O'Reilly, spearheaded the movement to again develop a new, separate English-speaking Catholic hospital. That hospital would eventually be named, St. Mary's.

II

1908 - An Idea Resurrected

The St. Patrick and St. Bridget Wards at the Hôtel-Dieu fell into disuse by the English-speaking Catholic community for a variety of reasons, but one was the fact that McGill's medical school enjoyed a fine international reputation, while Laval and its Montreal branch were little known outside of Quebec. (The University of Montreal did not exist until 1919; prior to that date it was affiliated with Laval University in Quebec City). The McGill hospitals - The Montreal General, the Royal Victoria Hospital, the Montreal Children's Hospital and the Western Hospital - were staffed by McGill graduates and by the English-speaking nurses their fine training schools had turned out. These hospitals were easily the best in Montreal. On the French side, apart from Hôtel-Dieu, where Dr. Hingston followed his father, Sir William, as staff surgeon, and Dr. James J. Guerin was physician-in-charge, English-speaking doctors in French hospitals were a rarity. The City of Montreal and its public institutions had become two solitudes and the Irish and Scots, as well as other English-speaking Catholics, had opted for the English milieu, religious affiliation notwithstanding. This, then, was the medical atmosphere in Montreal in the early 20th century when the impetus for an English Catholic hospital was resurrected.

As already stated, so much of the story of St. Mary's is the account of one man's efforts, I believe it is fitting that I should quote from Donald Hingston's memoirs.

"I have decided to write some notes on the birth, on the early days in the life of St. Mary's Hospital. These notes will tell of the difficulties the pioneers met with, and how these were overcome, and how success was finally obtained. Perhaps in the future, what I now write may prove of a certain interest to those who follow. I write them while my memory is yet clear and while some of those who played important parts in the venture are well and active. To the best of my ability, I shall write perfectly fairly and

try to give the credit that is due to them and to those who worked well for the success of the undertaking. I fear these notes may seem egotistical. For some years I have hesitated to write them owing to that fear. But one must realize that due to circumstances I was always in the centre of the movement and thus cannot escape a certain egotism. I shall avoid it as much as possible.

The founding of a hospital under English-speaking Catholic control was spoken of for years before St. Mary's came into being. As early as 1908 when Dr. Hingston was 30 years old and a junior surgeon at Hôtel-Dieu, he invited some of his young confrères to dinner at his home to talk over the feasibility of founding such an institution. The group, Drs. E.J.C. Kennedy, H.R. Dunstan Grey, Jim McGovern and Hugh Lennon, apparently considered this a very desirable objective. They knew they had neither the financial backing nor the academic support to establish a hospital, but despite this, they decided to commit themselves to the project.

Certainly, Dr. Hingston did not give up, for in 1913 he went to Toronto to interview the Hospitaliers of the St. Joseph Sisters to ask if they would consider staffing and developing such a hospital. The sisters asked Dr. Hingston whether he thought Archbishop Bruchesi would welcome them in Montreal. The young surgeon told them quite frankly, he did not think so, but he thought he might enlist the support of the Papal Nuncio and arrange to have them come to Montreal with his blessing. The sisters agreed to consider his proposal; however, within two weeks Dr. Hingston received a letter from them announcing their decision not to develop or staff the project.

This, then was the situation when the Great War broke out in 1914. Dr. Hingston went overseas with the Canadian Army Medical Corps until August, 1916. He states in his memoirs that on his return he was surprised to find only a small clinic in the St. Ann's area had been developed. I cannot understand why he should have expected more, but I gather that he felt that plans for the hospital had been sufficiently advanced so that more might have been accomplished in his absence.

In October of 1916 he resurrected the project again and convened a meeting at the University Club, at which time he announced that the intention was to found an English-speaking Catholic general hospital in Montreal. (See notes)

It was proposed that Dr. Guerin be named chairman. He was the senior medical man in the group, chief of medicine at the Hôtel-Dieu in Montreal, a leader on the local political scene and a former mayor of Montreal. Dr. Hingston was named secretary.

The chairman reported that he and Dr. Hackett had met with His Grace, Archbishop Bruchesi of Montreal. Speaking in the name of Montreal's English-speaking physicians, they had stressed the great need for a new hospital under the management of a board of governors. His Grace, the Archbishop, was quite sympathetic towards their request and graciously gave his consent to the undertaking.

The question of the kind of hospital envisaged was laid before the meeting. After an exhaustive discussion it was proposed and unanimously carried that:

"WHEREAS in the City of Montreal there is a very urgent need of an English-speaking Catholic General Hospital. Proposed: That such a hospital be established as soon as possible. That direction and maintenance of said hospital be under the control of a Board of Governors. That the internal management and nursing be under the charge of a religious community. That the proposed religious community be represented on the Board of Management.

It was also proposed that a committee be appointed to study the means of securing a charter for the hospital and that such a committee include: Drs. Guerin, McGovern, Hackett, Grey and Hingston. This committee was to study and report on the best means of securing a religious order to undertake the nursing and internal management of the hospital. There was some discussion as to what would be the best name for the new hospital, but no decision was reached.

On January 23, 1917, a second meeting was held. Again, the same group of doctors was present. The secretary then presented a report of the achievements of the executive committee which had obtained the promise of the Sisters of the Hôtel-Dieu to join in the founding and direction of the new hospital and that His Grace, Archbishop Bruchesi, had graciously given his consent to the undertaking. Some parts of the letters are well worth recording in their entirety. For example, the letter to the Rev. Mother Superior of Hôtel-Dieu which was signed

by Drs. J.J. Guerin, F. Hackett, James McGovern, H.R. Dunstan Grey and Donald Hingston, reads as follows:

"Reverend Mother, A meeting of physicians of Montreal was held on October 10, 1916. The object of this meeting was to take steps to fill a much felt want by establishing in Montreal, an English-speaking Catholic General Hospital. His Grace, the Archbishop, has been consulted previously and has shown himself quite in sympathy with the movement. That direction and maintenance of said hospital be under the control of a Board of Governors. That the internal management and nursing be under the charge of a religious community. That the proposed religious community be represented on the Board of Governors by three sisters to be appointed by the Community of Nursing Sisters of St. Joseph. Owing to the historical precedence of Hôtel-Dieu in Montreal; owing to the esteem and affection in which the institution has always been held by English-speaking Catholics; remembering also the long debt of gratitude the English-speaking Catholics owe that institution, the committee feels that it is to the Sisters of the Hôtel-Dieu that they should first turn. Moreover, one of the sisters of your institution, Rev. Sister Morrissey, has worked hard to increase the interest in starting a new hospital. We request that some of your sisters, under the direction of Rev. Sister Morrissey, should undertake this new work. We make this request with all due respect and with full confidence of a very successful future.

The exchange of letters between the medical group, the Archbishop, and the sisters reads like something from another century in the formality of the language and the exchange of extreme courtesy. Also, one striking aspect of the situation emerges, that is, the tremendous control exercised by the religious hierarchy on all phases of life in the Catholic community. Young people, today, or someone of another religious persuasion would find it quite incredible that every move made had to be approved and supported by the Archbishop; nothing, in fact, could be done without his consent. It should also be noted that a Catholic hospital could not be opened without a religious order of nurses.

Fortunately, at this time, they had quite strong support from Archbishop Bruchesi for the development of an English Catholic hospital. It may be of interest to note here that the Archbishop advised the group that he did not consider Sister

Morrissey the person to carry out the project they had in mind, "She is not the person you want", he said. I don't know the basis for his judgement, but it seems he did advise them very strongly to seek someone else. However, he must have been unaware that Sister Morrissey held the purse strings!

At this point everything seemed straightforward with nothing but fair weather ahead. The Archbishop was interested and willing, the sisters had agreed to join in, and the medical group was united in its desire to get the hospital started. Sister Morrissey had collected some money and was anxious to get on with the project. This money turned out to be a decisive factor in the events that followed.

The meetings continued in spite of advice from the business community to wait until the war's end. Suggestions were made that the hospital be built as a war memorial; other ideas were presented but no action was taken. On January 2, 1919, the next recorded meeting of this group was held in the Knights of Columbus Hall. (See notes). It was recorded:

That all the English-speaking pastors in the Montreal area had been interviewed and had expressed their enthusiastic wishes for the success of the Hospital;

That the Rev. Gentlemen of St. Sulpice had been asked for a donation of land;

That a house, 34 Hutchison Street, had been donated by Mrs. James Cochrane to Sister Morrissey, for a hospital.

Apparently, the house, originally donated in 1917, was valued at \$22,000 but was not considered suitable for a hospital.

In the meantime, many properties had been visited and inspected as a possible site. The question of going ahead with the hospital had been constantly discussed with business and professional men, and their almost unanimous advice was to wait until the war was over. Well, now the war was over and there was increased activity. A request for land was made to the Gentlemen of St. Sulpice but the committee was politely turned down.

A week or so later an informal dinner was held at the University Club to which some prominent businessmen were invited. Among the guests were: Drs. James I. Guerin, E.J.C. Kennedy, Frank Devlin, F.J. Hackett, James McGovern, T.J.

Hewitt, J.F. Gallagher, O. O'Connor, Leo Mason, Father O'Reilly, Drs. Styles, Conroy, Williams, Bourne, Grey, Messrs. Sarsfield Cuddy, W.M. Weir, M. Fennell, Leo Ryan, T. Taggart Smythe, H.H. Trihey and Clarence Smith. Messrs. Arthur Phelan, Tom McAnulty, Charles Hart, Vincent Hughes were unable to attend.

A full discussion ensued on the question and the general opinion was that while there was immediate need for such a hospital, Loyola College was already soliciting funds to cover pressing liabilities, therefore it was inopportune to campaign until Loyola's drive was over. The guests, however, promised their heartiest aid and cooperation in the undertaking.

At another meeting held on March 24, 1919, Charles Sheffield, the organizer of the drive in aid of Loyola College, was invited to attend. He stressed that it would be advisable to wait until the autumn before asking the public for more financial assistance. This stimulated a full discussion and most of those present agreed that an immediate campaign to build a hospital was out of the question.

It was at this same dinner meeting that Drs. Hingston and Bourne were instructed to take the necessary steps to procure a charter for the proposed hospital.

The next meeting was held in May, 1919; (See notes) the secretary reported that Dr. Bourne had laid the matter of securing a charter before Mr. Arthur Phelan, K.D. It was suggested that Father O'Reilly and Messrs T. Taggart Smythe and M. Fennell be named as trustees to act until the charter was granted and that immediate steps be taken to organize a drive in the autumn to raise funds for the founding of a new hospital, which would be called St. Mary's Memorial Hospital and

“... that this Hospital will be a lasting memorial to those who died for their country in the Great War”.

A second dinner was planned, at a subsequent meeting on June 30, 1919, to kindle the interest of the business and professional community. The response was limited and the dinner was postponed.

III

Remissions And Omissions

In 1920, the group was notified by the Bishop that there had been certain changes in the rules and regulations regarding nursing orders of sisters working in a hospital and that a new agreement would have to be sought if an English Catholic hospital was to be built.

The first directors were elected at a meeting held on November 15, 1920 (See notes). There was some discussion and differences of opinion among the group. Mr. W. Daly enquired as to the legal status of the Board of Directors, and he was told that it had been properly constituted. It was proposed that Father O'Reilly, Drs. Devlin and Hingston and the secretary be authorized to interview Sister Morrissey and the other sisters of the Hôtel-Dieu, to determine on what conditions the donations they had received would be handed over to St. Mary's Memorial Hospital, and under what conditions the Sisters of the Hôtel-Dieu would assume charge of the hospital.

Clearly, the businessmen had started to worry about who would have control over the monies that had already been collected for the hospital. It may be that these questions were answered but I can find no record of it in the minutes. I would have to presume that the sisters insisted on following the terms of the agreement made with them. They must also have intimated that the money would remain under the control of the order, through Sister Morrissey. Whatever the answer, there was no immediate activity until the following October.

Father O'Reilly, Dr. Hingston and Dr. Devlin then called on Lord Shaughnessy and Dr. Hingston recorded this interview.

Lord Shaughnessy mercilessly attacked all aspects of the project. Was the hospital necessary? Had we the staff? Could we get the money? Why have a religious hospital? He addressed the questions principally to me and I answered as well as I could. His

attack was almost bitter, but suddenly he changed, satisfied, I think, with our answers and he said, "Well, gentlemen, I am with you!". Dr. Devlin, sitting beside me and in uncontrolled enthusiasm, banged the table with his fist and shouted: "Good! Now nothing will prevent us reaching the skies!".

Lord Shaughnessy's whole tone now changed and he was as enthusiastic as we were. He discussed *our* hospital - what *we* should do - he promised that although he could not do as much as he would like to do financially, we could, for the present, count on his subscription of \$20,000. He insisted very strongly that the Charter should safeguard the character of the hospital. Also elections to fill the vacancies in the directorships should always be by the remaining directors and thus, there would be no possibility of the institution passing into hands other than English-speaking Catholics or less desirable directors.

Dr. Devlin, who acted as chairman of the organization, asked His Lordship whether he would accept the first presidency and if we could use his name. He replied that he would accept with pleasure - we could use his name as we saw fit. Things looked very bright at this particular point.

Now, apparently, there was great enthusiasm on all sides. The bill was ready for presentation in Quebec. However, there was a slip-up; suddenly, somebody had realized that the session of the provincial government was about to prorogue and the charter had not been brought up for the necessary Act of Parliament. It seems there was a great deal of scuffling and Mr. Phelan, who was in charge of affairs, finally telephoned the representative in Quebec City and told him to press on with the charter immediately. In order to make it legal, it was necessary to supply the names of the sponsors. He was told they were: Lord Shaughnessy, Judge Doherty as well as Dr. Devlin and Mr. T. Taggart Smythe. On the following day, the names were published in the *Official Gazette* as sponsors of the bill for the establishment of St. Mary's Memorial Hospital.

Dr. Hingston records that the next morning he met Dr. Guerin at the Hôtel-Dieu and found him to be extremely angry at the choice of names published in the *Official Gazette*. Dr. Hingston recalls that although Dr. Guerin did not say so, it was obvious that he was objecting to the fact that his own name was not included. At that time there was a possibility of Dr. Guerin

opposing Judge Doherty in the next federal election in St. Ann's Ward and, naturally, he objected to the judge's name figuring in an important movement without his own being included, especially as he had been actively involved in the movement from the very beginning. He was very angry and I told him there was an Executive Meeting that afternoon and suggested he should discuss the question there. He turned up at the meeting and stormed in an indefinite way until Dr. Devlin suggested that his name be added. At once Dr. Guerin's ill humour disappeared.

Dr. Hingston, at this juncture, gives an appreciation of Dr. Guerin in his memoirs. He wrote:

For many years I had been closely in touch with him and was very fond of him. I felt that he liked me. My father before me had been a friend of his. He was a big, hearty, generous, very charitable man. He did an enormous amount of work among the poor without ever asking for payment and, day or night, never hesitated to sacrifice himself for his patients. As a politician, he was an intense party man. His great fault, in my eyes, was his love of political position. He felt that any public post open to an English-speaking Catholic, should be his by right. He had a rather brusque, authoritative manner and would blurt out nasty, hurtful remarks in an angry manner, but usually these outbursts were like the loud bark of a friendly dog and there was no lasting bitterness to them. He was a fine figure in the medical profession and an exceptionally good diagnostician. Finally, he was one of the best Catholics I have ever met.

I gather from this that Dr. Hingston was salving his conscience, for reasons not stated. Dr. Guerin, the present chairman, and the senior medical man in the group had been bypassed by the Hingston-led, younger men. In addition, he was a well-known political figure and a friend of Lord Shaughnessy. He had not been included in the group who visited "M'Lord" to get his support and now his name had been left off the charter, while his political opponent's name, Judge Doherty, was included. The younger men in the medical group may have felt there was a lack of movement and interest and that Dr. Guerin and some others had become inert rather than active. Instead of hurting him by voting him out, they have simply bypassed him. Dr. Hingston goes on to state that later, when the names

of the directors were published Dr. Guerin was named, and he relates:

Sister Morrissey came to me in a fury. She would not have Dr. Guerin as a director on the same board as herself. His authoritative manner, his lack of respect, etc., etc., were intolerable and she would withdraw instantly from the enterprise if Dr. Guerin were to remain as a Director. She was in one of her most angry, unreasonable moods. I told her to see Father O'Reilly about it, hoping that a little time and his persuasion would alter her stand. She met him, but was adamant to all his arguments. Dr. Guerin's name was to be deleted or she would withdraw at once. As we could do nothing with her, Father O'Reilly said that in a matter of such importance, he would be obliged to consult the community. A meeting was held, not strictly speaking a meeting of the Hôtel-Dieu Chapter, but a meeting at which the Superior, the Assistant Superior and several members of the Chapter were present. They backed up Sister Morrissey's stand. What could we do? Sister Morrissey was in such a wild condition, we felt she would bolt and all our work would be undone. You may wonder why the departure of Sister Morrissey would be of such paramount importance at this time. Well, the fact of the matter was that Sister Morrissey (1) had the money and it was under her direct control; (2) without her the community might back out. Dr. Devlin, Father O'Reilly and I discussed the situation and finally concluded that the only thing to do was to expose the matter quite openly to Dr. Guerin and ask him to withdraw. Dr. Guerin met us and Father O'Reilly told him the whole story. It was painful for me. I could see that Dr. Guerin was dreadfully hurt, but he was a fighter and refused to resign without holding a meeting of all the doctors.

That meeting was called and Dr. Guerin presided. He told the gathering what had occurred and added that he had interviewed the Superior and other Sisters at the Hôtel-Dieu and that they had denied ever saying what Father O'Reilly had reported. Dr. Guerin held that he, as President of the medical board, should have by right a place on the Board of Directors. I felt sure that if Dr. Guerin's name were added to the Directorate, Sister Morrissey would withdraw and the project would fall to pieces. The debate was long and most unpleasant and, finally, as most of those present knew the situation, a vote was taken and Dr. Guerin lost his motion by 13 votes to four. His name was briefly deleted. This regrettable affair did us great harm. Dr. Guerin never forgave us

and took no helpful part from then on.

This storm must have eventually passed over for Dr. Guerin continued on the Board of Directors until he resigned in 1924 over the fact that he had not been included on the medical board.

The controversy did have its repercussions however. Lord Shaughnessy called Dr. Hingston and Dr. Devlin and asked them to explain the situation, which they did to the best of their ability. Lord Shaughnessy appeared to have accepted their explanations, however, some time later he withdrew from the movement. He did not contribute the \$20,000 he had promised, nor did he do very much to influence the local business community. Unfortunately, Lord Shaughnessy died before there ever was a St. Mary's Hospital. It is stated in many circles that he was the first president of the hospital but I think he was in name only, for the purpose of obtaining a charter.

On November 20, 1920, another meeting was held and the Sisters of the Hôtel-Dieu were again formally asked to join the hospital. Nothing further could now be done until the necessary permission arrived from Rome.

On February 15, 1921, Mr. Arthur Phelan reported that Bill 82 had been passed in Quebec, the bill that gave the hospital its charter. Dr. F. E. Devlin was elected president, Mr. William Daly, vice-president, and Mr. T. Taggart Smythe, secretary-treasurer of the Board of Directors.

The next meeting is reported on May 10, 1921, with Dr. F.E. Devlin presiding. Also present were Rev. Thomas O'Reilly, Dr. J.J. Guerin, Dr. D.A. Hingston, Mr. T. Taggart Smythe and Mr. W.J. Daly. The secretary read the draft form of the agreement to be submitted to Sister Morrissey of the Hospitalier Sisters of the Hôtel-Dieu of Montreal, under the terms of which, provision is made for the cooperation of a religious community, consisting of four or more nursing sisters. The agreement was a reiteration of the previous agreement which had been made that the sisters would appoint three members to the board of the hospital. There is no mention of monies, but there is continuous reference to a financial drive and various sites where the hospital might be located. Among the places mentioned were Lord Strathcona's home, a property on Dorchester Street, adjoining and connected to the Shaughnessy residence. Snow-

don School was also mentioned. All this, however, was exploratory, and no action was taken nor was a drive begun.

These same officers were re-elected in 1922. During the year 1923, new members of the Board of Directors were elected; Hon. Charles Doherty and Mr. Leo Ryan. The founding of the hospital was discussed with Father Gerald McShane who grew quite enthusiastic; there was, it seems, a surplus of land in the area of St. Patrick's Orphanage, which was under his direction, and he wanted to donate a large piece to St. Mary's. He also wanted to organize a drive for a million dollars. However, he was strongly opposed to Sister Morrissey and he wished to have the arrangement with her cancelled. After some discussion it is stated that "He agreed to work with her".

But Father Gerald McShane, now a member of the board, was not the only one who objected to Sister Morrissey and her demands. Less than one year later, at a board meeting held near the end of November, the majority of directors, led by Judge Doherty and Leo Ryan, agreed that the plan to go ahead with a campaign to raise one million dollars to build the hospital was out of the question as long as the present arrangements with Sister Morrissey were in effect. Clearly, Drs. Hingston and Devlin had been thrust into a most difficult position. They felt honour bound to support Sister Morrissey, they also realized, perhaps more than the others, that she was determined to hold onto the monies she had collected; as well they realized the necessity of having a suitable nursing order. It is recorded in the minutes that they both voted against the proposal.

Father McShane was given the unpleasant task of notifying the superior of the Hôtel-Dieu.

The Sisters were deeply distressed. They had no intention of revealing how much money had been collected, nor would they agree to the new terms. There was nothing for it but that Judge Doherty and Messrs. Ryan and Daly resign from the board.

IV

Sister Morrissey Is Proclaimed “Foundress Of St. Mary’s Hospital”

The events that followed were strange indeed. At a board meeting held in February 24, 1924, it was voted that the resolution passed on November 29, 1923, (which was that the Sisters of Hôtel-Dieu be asked to turn over the money they had collected to the board of directors and that changes would be made to the terms of their contract) be rescinded! How a motion carried by a majority of the board could be rescinded is unclear but these were stormy times and the controversy over Sister Morrissey caused the resignation of many staunch supporters.

It was also reported that a letter was received from Monsignor Gauthier, the Bishop, advising that, “His Holiness”, the Pope, was graciously pleased to consent to the request concerning the foundation of the new community of the Hospitalier Sisters of St. Joseph de Montreal. “His Holiness” also sanctioned the removal of the cloister from the new community.

A meeting of the same group took place in early May, 1924, and is recorded as follows:

It is reported at this meeting that the new community which is to take charge of the proposed hospital is practically formed and that temporary quarters had been secured for them at 1905 Dorchester Street West, the residence of the late Chairman, Lord Shaughnessy. It is expected that a temporary hospital with a capacity of about 45 beds and three or four private rooms will be inaugurated within the next four to five weeks. The Corporation having no funds on which to report, there is no financial statement to submit, all the disbursements so far having been met by your Directors personally.

Sister Morrissey states in her memoirs:

In 1923 before assuming my duties at St. Mary's, we visited many of the modern hospitals in Western Canada and the U.S.A. taking notes of equipment, modern methods, hospital administration, schools of nursing, etc. The Board had not yet succeeded in securing a temporary building and were unprepared for our undertaking. At the request of Lady Shaughnessy, we visited her residence with a view to purchase and, as it suited our requirements, we lost no time in securing the property. Before finally acting, however, we laid the matter before the Board of Directors. As they had no funds and were unable to come to a decision, we then, out of our own funds, made an initial payment of \$10,000 and took over the property of Lord Shaughnessy, with a mortgage of \$55,000.

Apparently, the property was bought in the name of Father Thomas O'Reilly as I believe at that time women, in this case the sisters, were not allowed to own properties in their own name. Sister Morrissey continues:

We moved into the building on May 15, 1924, and on the following morning, May 16th, the first Mass was celebrated on a temporary altar in the dining room. The splendour of the rich surroundings, tapestry, fixtures, carpets, all added to the solemnity of the ceremony. What a feeling of joy and thanksgiving was ours to think that Our Lord was now our first guest to remain with us to be our strength and support in trials. At 9:30 A.M., the same morning, our second guest was none other than His Excellency, Monsignor Georges Gauthier, Apostolic Administrator. He was very paternal and spoke kindly words of encouragement, assuring us of his deep interest in our work. He visited the house, blessed every room, chose the library as suitable for our chapel, and appointed May 20th for the election of a Superior. He left us with the assurance he would be to us a father and a friend.

On May 20th, 1924, His Excellency, Monsignor Gauthier celebrated Holy Mass, assisted by Canon Mousseay and the Rev. John O'Rourke, Chancellor. After Thanksgiving, he partook of a light breakfast and, with his two scrutineers, proceeded with the election. We were unanimously elected First Superior and Foundress of St. Mary's Hospital. Nearly all the equipment of the Hospital was donated and remodelling and preparations to receive patients

immediately began. The daily papers all acclaimed the activity and the enthusiasm with which this new venture was received.

The prestige of the locality, palatial residence of the late Baron Shaughnessy adjoining the home of the late Lord Strathcona excited the interest of all classes, Catholics and non- Catholics alike.

Donations in favour of our work followed the visit of Monsignor Gauthier, conveyed to me by:

Msgr. Gauthier, Canon Mousseay

- \$1,000.00

Miss Mansfield, sister
of Mrs. James Cochrane

- \$1,000.00

Very Rev. Canon Brady

- \$1,000.00

Miss Margaret Casey

- \$1,000.00

Mr. William Daly

- \$500.00

Daly & Morin Company

- \$500.00

Miss Thomas Collins

- \$500.00

Very Rev. Luke Callaghan

- \$500.00

These were all gratefully acknowledged and presented in turn by me at the regular meeting of the Board of Directors. The order and dignity that marked the beginning of our future work in St. Mary's, the happiness we experienced in our successful achievement after so many long years of struggle was soon to be like all other great and noble works of God.

The next meeting of the Board was on May 29, 1924, held at the newly purchased Shaughnessy residence, two weeks after the sisters had moved in. (See notes).

Rev. Mother Morrissey submitted an extract from the Minutes of the community, appointing Rev. Sisters McGowan and Campion, and herself as directors of the hospital, as approved by Article II of the By-Laws. The Minutes were brief and to the point:

On Thursday, May 22, 1924, it was decided in Chapter that the Rev. Mother Helen Morrissey, Superior, Sister Bridget McGowan, Assistant Superior, Sister Florence Campion, Chief Hospitalier and Superintendent, were elected members of the Board of Directors of St. Mary's Memorial Hospital.

(Signed) Mother Helen Morrissey
Sister Bridget McGowan
Sister Eileen Furness
Sister Florence Campion
Sister Maud Keon

It was then moved by Dr. Hingston, that Rev. Sister Campion, Mr. F. J. Jackman and Rev. Father Thomas O'Reilly be appointed to the House Committee, whose duties would be to supervise the requirements of the house and the hospital, their furnishing and upkeep.

At a meeting of the Board less than two weeks later, the House Committee reported the purchase of:

29 hospital beds	\$ 833.00
50 prs. pillow slip	90.00
2 beds	2.00
Linoleum & Oilcloth	570.00
Making a total of:	<u>\$1,495.00</u>

The secretary was instructed to consult Mr. Phelan, advocate, as to the legal aspect of dropping the word "Memorial" from the official name for ordinary purposes.

Father O'Reilly and the secretary were appointed to a committee to study and submit a design for a crest and seal for the hospital.

The Finance Committee, consisting of Messrs. Jackman, Fitzgerald and Smythe, were given powers to take the necessary means to raise funds for a new hospital, its maintenance and upkeep, and to study and report on ways and means; as well they were to submit a general plan as to the site and erection of the new building. It would appear that the directors did not consider the Shaughnessy House suitable for their long awaited hospital.

However, they were soon to change their minds. At a further meeting held on June 18, 1924, the secretary read the revised report submitted by the Finance Committee:

“To the President and Directors of St. Mary’s Hospital:

Gentlemen:

Your committee reports that it has studied carefully the situation as regards the proposed hospital and the ways and means of raising funds for its erection, that it considers the Baron Shaughnessy site admirably suited for its present purposes, particularly in consideration of the apparent facility with which additional accommodation (in the adjoining Strathcona home) may be secured. That it is the opinion that the time is not opportune for the collection of funds for the erection of the hospital.

The Committee therefore makes the following recommendations:

THAT the Strathcona property adjoining known as the McIntyre Residence be secured on rental as soon as possible in order to provide additional temporary accommodation and that it be refurbished at as little expense as possible in order to make it habitable.

Clearly, the Rev. Mother Morrissey and the Sisters of the Hôtel-Dieu had the power and the money to act and they had taken matters into their own hands. The directors had fallen in line, saving face as best they could under the circumstances.

But money was still needed.

“THAT steps be taken immediately for the raising of a fund of \$500,000.00 for the purpose of the Hospital and that the following means be adopted:

The immediate formation under the Finance Committee of a Subscription Committee, to be composed of as many of our leading citizens as may be induced to join it, whose duty it would be to obtain subscriptions to the proposed hospital.

THAT in order to encourage the subscriptions and with the advice and acquiescence of the above committee, your Finance Committee be empowered to grant certain privileges to the subscribers such as the determination of the amount entitling the subscriber to the privilege of naming a bed or room, a ward or a wing of the said hospital and, in a particular manner, to fix the subscription of Life Governor at \$1,000,000; Elective Governor at \$100,000 and \$10,000 per annum and such other honorary privileges as it may be deemed expedient.

That was an amazing piece of optimism. The temporary hospital which I saw for the first time ten years after it was opened was, in fact, a poor excuse even as a stop gap. It is surprising that Rev. Mother Morrissey, who claimed to have visited many modern hospitals, could have thought that the Shaughnessy home could ever be turned into a modern hospital. For even if the adjoining Strathcona home had been rented or purchased, it would have been necessary to gut the building to produce anything resembling a hospital.

The fact is that she did convince or delude herself. Whether or not the directors and doctors agreed, they were stuck with it. As a hospital, it certainly aroused no pride in the Catholic community, in fact no real acceptance. It lived a small hand to a large mouth existence as drives, big and small, were a regular part of its life, few if any reaching their objectives.

St. Mary's Hospital, as it was now called, was in addition to its financial problems, an unhappy place, as Mother Morrissey was unable to hold her community together. The sisters came and went with great regularity from Kingston, from Chatham, Ontario, and from other chapters. Four months after the opening, the medical board opted for and hired a lay superintendent of nurses - there must have been good reasons for this - and part of the reason must have been Mother Morrissey. She was a great general, but only an army of penitent saints could work with her.

The medical staff did their best to put up with the inadequate facilities. Even so the patients were well cared for, the vast majority were public ward and many were charity cases. After five years of unhappy, impecunious existence, the hospital was bankrupt, financially and emotionally. It was closed for a period of about six months, to be reopened with a new nursing order.

V

The Grey Nuns Take Over

From March 1930, until its closure in November 1934, the old hospital was fairly busy. It, of course, had gone from being the desolate end of an ambitious dream to becoming the small beginning of a fine, new hospital.

Just prior to the closing in 1929, Rev. Mother Morrissey offered to buy the hospital, take it off the hands of the directors and run it herself. She presented them with a notarized letter certifying that she had the necessary funds. It took three months, from October to December, 1929, before the members of the board were able to convince her to give up the idea. This was finally accomplished by Bishop Gauthier visiting her and asking her to leave. The hospital then remained closed from October, 1929, to March of the following year, when Dr. Hingston and the Bishop, as well as the rest of the board of directors, were able to obtain another order, the Grey Nuns, to staff the hospital.

At this point some explanation is due about Mother Morrissey, for in this story of St. Mary's she has been much blamed and little praised. It seems to me that this is wrong. She was misunderstood by the medical group in spite of warnings by the Bishop and later by Father McShane, Judge Doherty, and even Mr. Daly. She was a bred-in-the-convent, devoted and dedicated Hospitalier of St. Joseph; Hôtel-Dieu hospitals had been set up and run by them all over North America. Mother Morrissey was wholly absorbed with the idea of organizing an English chapter of the Hospitaliers in Montreal, staffing it with nursing sisters and running it as any Hôtel-Dieu in Quebec was run. It was not within her experience nor her convictions to accept the idea of lay control, and she was therefore bitterly disillusioned when the medical board employed a lay nursing supervisor to teach her nurses. She never recovered from what she considered to be an affront to her and she repeatedly tried

to replace the lay nursing supervisor with a sister of her choice. Another disappointment for Mother Morrissey, superb fundraiser that she was, was the result of the first drive for \$500,000. Only \$157,000 was received in pledges and many were not honoured; a mere \$72,000 was collected in cash. This was an early blow to her hopes of building a great hospital which would reflect some glory on her beloved Hospitaliers of St. Joseph and, perhaps, some on Mother Helen Morrissey, herself. Failure of a lifelong ambition is a sad thing.

Canon Luke Callahan was named by Dr. Hingston as the man who, through his intervention with the Archbishop during the 1929 closure, saved the hospital. Father Callahan had persuaded the Bishop to sanction the removal of Rev. Mother Morrissey and bring in the Grey Nuns. Many of the Irish clergy had been strongly in favour of turning over the hospital to Rev. Mother Morrissey or another religious nursing order. The community in general was dissatisfied with the doctor-dominated board and it was during this state of general discontent, that a new board of prominent businessmen and politicians was established prior to the first major successful drive in July 1931.

The coming of The Grey Nuns to St. Mary's in 1930 was accomplished by the superior of that order, Mother McKenna. After the reopening, the St. Mary's nurses returned from the Royal Victoria Hospital. With the Grey Nuns in charge of the nursing service, everything proceeded quietly. They had no seats on the board of directors, but carried out their function at the hospital very efficiently.

VI

\$1,000,000 Is Raised For A New Building

In 1930-31 the search was on for land for the erection of a proper hospital. This was finally found in the Côte-des-Neiges area, part of it being the Cardinal estate. The purchase of this land, as with everything connected with the founding of the hospital, seemed to be fraught with problems. Other properties had to be bought in small lots and the unwillingness of the residents of the area to have a hospital developed there, was overcome with the assistance of Alderman Leo McKenna.

In preparation for a major drive, a change in the board of directors was effected on May 26, 1931. Dr. Hingston resigned as chairman and the leadership was assumed by the Hon. W. L. MacDougall. The members of the board included the Hon. J. H. Dillon, a member of the provincial cabinet; Messrs. L. P. Walsh, D. J. Donohue, J. Stormont, P. Monahan and Father McDonough.

This campaign, organized in July, 1931, had great support from the public and the clergy, raising \$350,000 in pledges and \$118,281 in cash. There was also a municipal grant of \$350,000 which was matched by a provincial grant. Alderman Thomas O'Connell, who had considerable influence with Mayor Camilien Houde and the city council was almost solely responsible for obtaining the grant from the city. It was a generous donation and set the tone for the amount received from the province. The plans for the new St. Mary's now became a reality with this successful major drive bringing in approximately \$1,000,000. The Shaughnessy mortgage of \$35,000 was paid off and, in September, 1931, the Cardinal property was bought for \$45,800.

Bidding for the construction of the building, after the architects had submitted their plan, presented certain problems. Angus Robertson, one of the directors long connected with the

hospital, resigned from the board in order to put in his bid. His was not the lowest, the Quinlan Construction Company's was, and it was this bid which was accepted by the board of directors. As a result, Angus Robertson was disappointed. Certainly from this time on he ceased to display any particular interest in the hospital. At a later date, Dr. Hingston and Bishop Whelan made a special effort to interest him in building a wing of the hospital or subscribing towards its future progress. I know from Dr. Hingston, personally, that this was totally unsuccessful. It would seem that offending large donors was a way of life for St. Mary's. It started with Lord Shaughnessy, then Father McShane, then Angus Robertson and others.

In February 1932, Dr. Henry Walsh, a hospital architect and consultant from Chicago, was hired to design the new St. Mary's. Dr. Walsh's plan was for a fine, 210-bed hospital. It was essentially the original main building on seven floors, but with a south wing up to the 7th floor, providing housing for nurses on the 4th and 5th floors. A sisters' home was on the 6th floor and a domed chapel on the 7th floor. The estimated cost was over the available \$900,000 and therefore cutbacks were made in the original plan. The south wing was reduced to three floors. The chapel was moved to the first floor on the east side of the south wing. The nurses were housed on six main and the sisters on seven east. Seven west remained as a very nice pediatric ward with a total of 31 beds, consisting of two, three and four bed wards with a large playroom at the west end. This wing was later surrendered to make way for more nurses' living quarters when six main could no longer accommodate them.

To implement Dr. Walsh's revised plan, two local architects were hired, Mr. Archibald as senior consultant and Mr. Turcot as his assistant. Before the building was completed, however, Mr. Archibald died, and Mr. Turcot then remained as our long time architect and consultant. He completed the new St. Mary's in 1934. It was the most modern patient accommodation hospital in the Montreal area. The new hospital was opened in November. We moved the patients up from the old hospital about ten days before the official opening on November 25, 1934 - most of them were public patients. The building was blessed by Bishop Deschamps. Camillien Houde, the mayor of Montreal, Premier Taschereau of the province of Quebec and

the Bishop made short congratulatory speeches. The last speaker was the Honourable J. H. Dillon, minister without portfolio, in the cabinet of the provincial government, representing the constituency of St. Ann's. This was a great day for the Irish!

However magnificent the Shaughnessy home might have been in the early days, by the time I arrived there in June 1934, it was a sad looking, broken-down excuse for a hospital. The wards were a series of transformed rooms of varying sizes. There were four private rooms on the second floor, as well as three wards. The operating room was on the second floor, so when patients on the first floor had to be operated on, they were carried up a set of winding stairs. The X-Ray Department was in a cloak room in the hall, the developing tanks under the stairs.

The dining rooms in the old Dorchester Street hospital were in the basement, as were the laboratories, the kitchens and the storage rooms. While it was kept as clean as possible, it was an old, dilapidated building and well populated with cockroaches and rats. I can still remember going down into the dining-room at night, to eat with the night nurses after being on duty. When I turned on the light, we saw what appeared to be a rug rolling underneath the baseboards - they were the cockroaches. If you sat on the second floor at the nurses desk, the rats would come out of the cupboards and look you straight in the eye. St. Mary's on Dorchester Street had no monopoly on rats - they infested the entire area.

The new hospital, by comparison, seemed quite wonderful. It actually was the most modern hospital in Montreal at the time. Gone were the old 30-35 bed wards, the largest now were three eight-bed and three six-bed wards on the second floor, the remaining wards on this public floor were four and two-bed. The private third floor rooms all had bathrooms. There were four deluxe rooms, one at each corner of the building and another on the south-east corner which could be turned into a suite by opening the connecting door to the room beside it. On the third floor, south wing, were four wards with four beds each, as well.

Outdoor clinic facilities were excellent. The operating rooms were superb, with terrazzo floors and shadow-less lights, new operating rooms (OR) tables and instruments. There were five of these, three for general surgery and ear, nose and throat

operations, a special orthopedic room with a new Holly table, and an OR for genitourinary operations, with a completely fitted table equipped with plumbing and x-ray equipment. As well, there was a wet cleaning room, a large instrument storage area, a work room, a nurses dressing room with attached shower room, a doctor's dressing room with locker room, and a head nurse's office. Four west and all of the fifth floor was taken up by obstetrics and gynaecology.

The Pediatric Department on the 7th floor west was designed to accommodate thirty children. The original hospital had 211 beds. However, with both the nuns and the nurses "living in" on a temporary basis, this was reduced to 150. (The undergraduate nurses were housed on the 6th floor and 7th west, and later on as their numbers grew, with the sisters on the east wing of the 7th floor). The Obstetrical Department was really a show place with private and semi-private rooms - two modern delivery theaters with adjoining labour rooms - and a central nursery for up to 25 cribs. There was a separate isolation area, all with observation windows, for anxious fathers to peer through. On the first floor east were the administration offices and boardroom.

The interns quarters were very attractive and designed for eight. Since there were just four of us, we had private rooms and bathrooms, all newly furnished, and the common room had leather chesterfields and lounge chairs. Major Donohue had donated a piano, and somebody else a radio. To celebrate the opening, Dr. Hingston sent us a keg of oysters, and he continued to do so on an annual basis for many years. This small annual bachelor party, with beer and oysters, ended up years later as a party thrown by the interns in the auditorium for the medical staff, with all sorts of amateur stage acts and much friendly lampooning of staff men. When the major expansion of the west wing was completed, there was a gradual loss of this small hospital atmosphere.

I can't recall any fond memories of the old hospital that might have been brought to the new hospital - but one of the things we did bring was a sense of family. We all knew one another - the all-purpose handymen, the cooks, the orderlies, the nurses, the sisters. Not only did this sense of family remain, but it was soon extended to the new people who joined us. Non-

medical staff like Chappie, the electrician, who repaired everything from light sockets to elevators; Mac, the plumber, who handled a variety of jobs, from fixing tap washers to noisy non-functioning radiators; Pat, the handyman, who handled everything from bed casters to Balkan frames. All this and more on a simple call on the house phone from a head nurse, a supervisor, an intern, or almost anybody reporting the damage or deficiency. It was a happy, home-like atmosphere to work in.

The hospital was relatively quiet for some months after the opening. On Dorchester Street, we had always accepted the overflow from the Western when they could not accommodate patients or sometimes, I think, when they were very poor risks. Now, in the new location, we were far too removed to get any of their overflow. Nevertheless, our wards filled up quickly, as did our semi-private rooms; the private rooms filled relatively slowly.

VII

St. Mary's Is Supported By Some Fine Doctors

The first service that was quickly opened was the Maternity Department. This was an open area, as was the rest of the hospital as far as doctors were concerned. Any doctor with a university or accredited hospital affiliation could admit private and semi-private patients to St. Mary's. The Obstetrical Department occupied four west and all of the fifth floor. It became very popular. Rooms and accommodation were good and the nursing service was excellent. Quite a few of the obstetrical and gynecological staff of the Vic and the General began admitting their patients to St. Mary's. It was the most modern obstetric unit in the city.

With the opening of the new hospital, the medical staff was increased and many of the new men were from the McGill teaching hospitals. There was Dr. Joe Pritchard, a pathologist, Dr. Norman Peterson, and Dr. Chas. Peters, from the Montreal General; Dr. Bert McAuley and Dr. Arthur Young from the Royal Victoria.

As we moved into the winter months, the Medical Department began to pick up with the usual spate of lobar pneumonia and all the variety of diseases which the people of this country are subjected to in wintertime. Dr. C.A. Peters, from the General, a superb clinician and diagnostician, was the new chief of medicine. He was a gentlemanly, kind man and a wonderful teacher with broad experience and clinical knowledge. The interns flocked to his rounds.

On the surgical side, Dr. Norm Williamson, came from the MGH to be chief of the sub-department of orthopaedics. He was the first orthopedist to be attached to the hospital. Orthopaedics at that time was a relatively new and limited specialty. Acute fractures were usually taken care of by the general

surgeon, only when they were very complicated did an orthopaedic specialist step in. Dr. Williamson was an interesting character - a stocky, powerfully built man, with a florid complexion and reddish hair. He was an ex-McGill football player and had a roaring, whirling type of personality.

Dr. Ansel Tanney came to the hospital from the Western as chief of the Genito-Urinary Department and Dr. Magnus Seng worked with him from time to time. Dr. Seng was on staff at the Royal Victoria where they did not encourage dual appointments.

Dr. "Vee" Heaney did most of the ear, nose and throat work. He was another superb athlete, playing both in varsity football and hockey. He was popular with the staff and a fast, competent surgeon and had been on staff at the old hospital and at the Western, as well.

Dr. James Rogers was chief of the Department of Otolaryngology. He was a fine, careful operator with excellent technique. He demanded and received much attention from the OR nurses and interns.

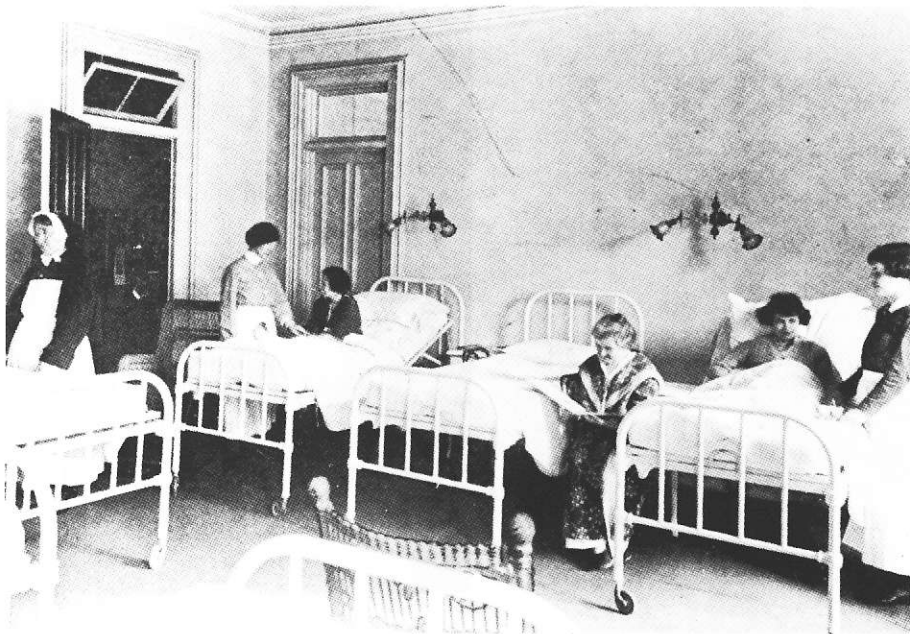
Dr. James Goodall came to us from the Vic as the new chief of gynaecology: the Departments of Obstetrics and Gynaecology were separate at that time - Dr. Dunstan Grey was Chief of Obstetrics. Dr. Goodall was a handsome, dapper, dashing sort of fellow, with some harmless affectations. I remembered him from my student days at McGill introducing himself to the class, showing his hands, saying: "The finest surgical hands in North America - a gift from my mother". He had great plans and shortly after arriving at St. Mary's he developed a placental blood-bank. This was an attempt to salvage the blood lost in a normal delivery and preserve it for use. It was quite a successful experiment and supplied considerable blood, although it was a somewhat difficult procedure, especially preserving the blood from contamination, as can well be imagined. The blood was obtained from the umbilical cord before it was sealed off. Dr. McPhail was responsible for the collection and storing of the blood and when he left to go overseas, the bank was closed.

Dr. Donald Hingston, Founder of St. Mary's Hospital



1924 - the First St. Mary's Hospital, located in the former Shaugnessy residence on Dorchester Street, Montreal.

The Women's Pavilion on the second floor of the Dorchester Street Hospital.



The hospital boardroom in the Shaughnessy mansion.

Montreal, October 12th., 1929.

We, the undersigned members of the medical staff of St. Mary's Hospital, Montreal, approve of the action of the Hospital's board of directors, in closing the Hospital on October 9th., 1929, as a result of conditions existing at that time.

W.S. class
 James M. Coan
 James
 Augustus L. Beng.
 James D. Rogers
 W. J. Hallaby
 R. L. Lacy
 John A. Quinn
 J. C. Lanthier
 J. Stewart
 V. Henry

Edward Livingston
 Wesley Bourne
 Gordon Cassidge
 E. G. Mullaally
 Humphreys
 A. W. Muley
 The Cafferys

Eighteen doctors on the Hospital's medical staff agreed to support the Board of Directors' decision to close the Hospital on October 12, 1929. It was opened six months later with a new order of nursing sisters, The Grey Nuns.

Governor General Bessborough (centre) with T. Taggart Smythe (left) and friends, at the laying of the cornerstone of the the Lacombe Street Building, 1932.



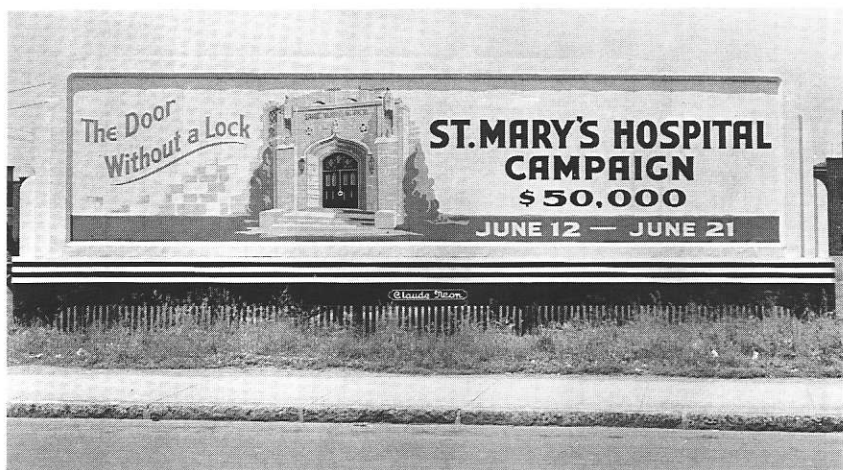
A dream becomes a reality, 1934. "It was the most modern patient accommodation."

The Medical Records Room, 1935. Sister Brennan was charged with the business affairs of the Hospital.



Cardinal Jules Leger unveils a plaque in memory of Dr. Donald Hingston, in the presence of Mrs. Hingston, Dr. Emmett Mullally (right), Bishop Emmett Carter, then chaplain of the Hospital, and nursing sisters.

Governor General and Mrs. Alexander Guests of Honour at the St. Mary's Ball, 1946, are welcomed by the executive members of the Hospital Auxiliary at the entrance to the Mount Royal Hotel.



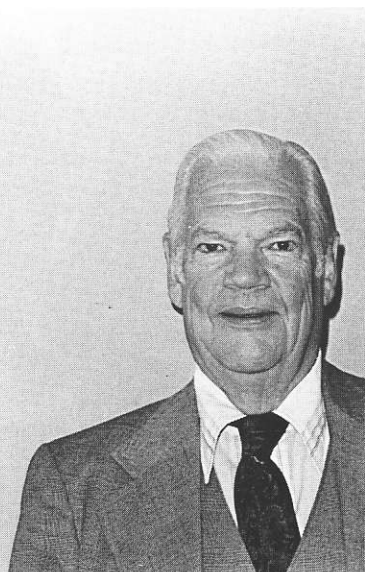
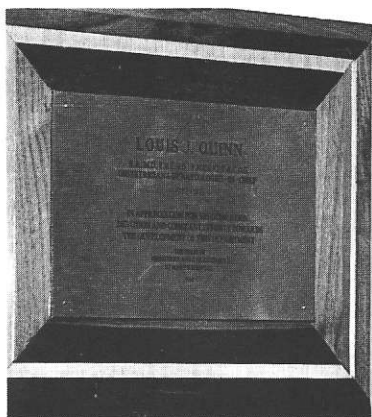
A billboard at Snowden Junction announces a financial campaign for the Hospital in June, 1943.

Mothers bring their children to the Outpatient Clinic door to be vaccinated against poliomyelitis, 1951.



A boardroom meeting to discuss plans for the construction of the west wing, 1967: (left to right) W. Plachta, Director of Auxiliary Services, Dr. J. G. Howlett, Physician-in-Chief, Arthur Peckham, Building Consultant, William Busat, Assistant provincial government officials.

The west wing under construction, 1969.



Dr. Louis Quinn photographed with a plaque presented by his staff on his retirement as Chief of the Department of Obstetrics/Gynaecology, 1972.

VIII

An Appreciation Of Dr. Hingston

I would like to present an appreciation of Dr. Donald Hingston here. I met him as chief of surgery, in March, 1934, at the Dorchester Street hospital. My first impression was of a man much older than his years. Later I learned he had been sick with pericarditis and myocarditis and was just in the early convalescent stage when we met. He was tall, distinguished and casually well dressed. At that time St. Mary's was not considered to be much of a hospital but one of my teachers, Dr. "Buck" Keenan, had a very high opinion of Dr. Hingston and assured me that a year or more with him would be worthwhile. I liked Dr. Hingston on first sight and continued to admire him throughout my internship, residency and later, as a staff member of St. Mary's. He was a man of strong opinions, likes and dislikes. Although polite and naturally courteous, he was impatient to the point of exasperation, with stupidity, but kind and painstaking with inexperience. He was devastatingly critical of affectation and pomposity and had an almost juvenile admiration for all athletes. Dr. Hingston had a good sense of humour and spoke fluent French with a definite English accent. He disliked criticism and accepted opposition reluctantly. He got tremendous pleasure out of driving his car, although he was a dreadful driver. Absent-minded about a lot of things, he was never absent-minded about St. Mary's.

One afternoon after I had made rounds with him in the old hospital, Dr. Hingston decided to leave by the service alley which opened on to St. Mark Street. He went out and started up the street. Meanwhile, I returned to the hospital and, by chance, looked out the front window to see his car, with Mrs. Hingston sitting in it, waiting for him to drive her home. I dashed out through the alley and ran up St. Mark Street behind

him. He turned in surprise as I approached him and asked what was wrong. I said, "Your car, Sir...". He said, "Oh, Shaw! I forgot that I had it today - and Mrs. Hingston can't drive". He started to laugh, putting up his hand to his nose, a gesture I became familiar with over the years. He walked back to the car, waved, and drove away.

St. Mary's was Dr. Hingston's life work, his hobby, his obsession. Professionally, he was well trained and had exceptionally good clinical and diagnostic ability. As a surgeon, he was fast, and a good technician. However, I suspect that I never saw Dr. Hingston at his very best as a surgeon as the illness he suffered had taken quite a lot out of him. He employed a mixture of French and English techniques, and was a good teacher - never too busy to talk to interns and residents. He was patient and considerate when teaching at the operating table, but as is true of most surgeons, was an indifferent assistant. He had the uncanny sense that comes with experience of knowing exactly when to get out of the belly. He was always available to any and all members of his staff to consult, help, or do cases beyond their ability. To my knowledge, he never charged for consultations. He was kind, but rather aloof with his patients, nevertheless well liked by them and enjoyed their complete confidence.

Dr. Hingston was born in Montreal on April 5th, 1878, in his parents' home situated at the corner of Union Avenue and Ste Catherine Street, where The Bay store is at present.

Donald's education was obtained at home, then in private schools and St. Mary's College. Laval University of Montreal accorded him a B.A. degree in 1898 and in 1901 a medical degree. He was 23 years old when he got his degree in medicine, the same age at which his father had got his. After an internship of two years at the Hôtel-Dieu, Montreal, he went to Europe where he studied at clinics his father had worked in 50 years earlier.

In London, in 1903, he wrote the exam and became a member of the Royal College of Surgeons (M.R.C.S.) and won another Fellowship from the Royal College of Surgeons in Edinburgh in 1904. Back in Montreal he was given a junior position in surgery at the Hôtel-Dieu.

The following is an excerpt from Dr. Emmet Mullally's

speech at the First Hingston Memorial lunch in 1951:

In March 1908 Dr. Donald A. Hingston married Lillian, daughter of Mr. and Mrs. P.A. Peterson. Mr. Peterson was Chief Engineer of the Canadian Pacific Railway and the brother of a former Principal of McGill University. Five daughters were born of the marriage, there are sixteen grandchildren.

In 1918 Donald was appointed professor of embryology on the medical faculty at Laval University's College in Montreal. (In 1919 it became the Université de Montréal). By 1932 he had been named professor of clinical surgery, a position he retained until he was made an honorary professor in 1948, two years before his death. His early training in Anatomy and Histology, his frequent use of the pathological laboratory, his retentive memory and knowledge of current literature, and in particular his association with surgical confrères in Canada and the United States, were all of great benefit to his students. His ability to carry on his surgical clinics and lecture in both French and English was also of value to his pupils.

Dr. Hingston had little regard for time. He might begin a clinic after the scheduled hour and continue on indefinitely, using the question and answer method of teaching. In consultations he was never hurried and frequently adhered to the well known practice of "wait and see", rather than give a doubtful decision. The size of a patient's bank balance did not bother him but his interest in male patients always increased when he learned that in their youth they had excelled in sports or games. He was indifferent about contributions to professional journals, and held that too many unnecessary articles were accepted for publication by editors of medical and surgical magazines.

Just as his father commanded respect as a surgeon and a bank president, so did Donald; he was a director of the Montreal City and District Savings Bank from 1912 and president from 1942. Donald Hingston had friends in all walks of life. His word was as good as his bond and any tinge of suspicion that a confrère didn't keep his word would be painful to him. It would not be wrong to say that Robert Louis Stevenson had medical men of Donald's type in mind when he wrote his remarkable tribute about the medical profession.

The extent of his charity will never be known. That he was imposed upon in many instances there is no doubt; he suspected it himself

but the knowledge did not deter him from extending his doing and his giving.

Donald Hingston was a pioneer fellow of the Canadian College of Surgeons and of the American College of Surgeons. He was also an enthusiastic member of the Travelling Clinic of American and Canadian Clinical Surgeons.

The Montreal Gazette in an editorial on November 20th, 1950, (two days after his death) refers to him as a man "who made light of favors while he did them and seemed to be receiving when he was conferring."

The four Hingston brothers went overseas in different units in World War I. The eldest, Rev. William Hales Hingston, S.J. as a chaplain and Donald as a surgeon in a Montreal hospital unit. Basil was killed in action on August 8th, 1918. Harold resumed business in Montreal after the war was over. While overseas Donald designed a metal splint for shoulder injuries that found favour and is still used at St. Mary's Hospital in suitable cases.

IX

Early Medical Staff

Dr. Dunstan Grey, chief of obstetrics, was a kindly, considerate and capable obstetrician, thwarted in his surgical training by inter-hospital rivalries. He was a fine technician and a great obstetrician up to the point where surgery was indicated. This he did not undertake leaving caesarians to his younger staffmen. Dr. Grey was interested in developing and staffing his department and when Dr. Gerry Altimas returned from John Hopkins in 1937, Dr. Gray began to appear in the OR to assist Gerry with his caesareans.

Dr. Leo Mason succeeded Dr. Peters as chief of the Department of Medicine after the latter had been there for one year. Dr. Mason, like Dr. Peters, was a clinician of "the old school". He was extremely interested in the hospital and his staff and could be counted on to champion its affairs. Dr. Mason was an eloquent speaker, always ready to promote St. Mary's. He was one of "the originals", anxious and willing to support any improvement of the hospital.

Dr. James (Jim) McGovern was a senior member of the medical staff and a busy practitioner. He took time off from his practice to share the medical ward supervision with Dr. Gordon Cassidy. Dr. Roy Dunn helped Dr. Cassidy during his ward duty periods and worked in the outpatient clinics, as well. Dr. Cassidy was also in charge of the Biochemistry Lab, working in biochemistry and physiology at McGill. Subsequently, he succeeded Dr. Mason as chief of the Department of Medicine. Dr. Earl Lesage and Dr. Guilinelli also gave years of ward and outdoor clinic service to St. Mary's. Dr. Lesage and Dr. Guilinelli had interned at the old hospital and after further training at other hospitals had joined the St. Mary's medical staff.

Dr. E. J. Mullally, surgeon, was the Hospital historian. The man from "The Island" (Prince Edward Island) had been involved in the earliest planning stages of St. Mary's and main-

tained this interest throughout his long career. Although Dr. Mullally had been denied advanced surgical training, he was not embittered, but satisfied that he could carry out such surgery as was within his capacity. He was interested in the training of interns and resident staff and was most kind and helpful to them. An unflappable man, he could, however, be disconcerted by the offer of a ride in Dr. Hingston's car. In fact he walked in fear of Donald as an automobile driver; they had once ended up one icy day on the front steps of the Hussars Armory while driving "Uncle Em" as he was called, downtown.

Dr. Jack Wickham was a good surgeon with a nice technique although he avoided more complicated operations and preferred abdominal surgery above all. He was full of enthusiasm, and on the rare occasions when he could corner Dr. Hingston he would urge the continued development of the hospital. Dr. Wickham was conscientious about both his ward work and his private practice and a thoroughly decent man.

Dr. H. S. "Harry" Dolan was born in New Brunswick and graduated from Dalhousie. He was a truly quiet man, an able surgeon with good hands and fine technique. He had trained at the Royal Vic and was a staff surgeon there as well. Dr. Dolan joined the staff in 1928, later he became surgeon-in-chief at St. Mary's, succeeding Dr. Hingston in 1943. He exercised his authority with quiet dignity and minimal ostentation, working hard and unselfishly on the development of the hospital. Dr. Dolan was one of my teachers and later, my friend and patient. Like Dr. Hingston, he was always available for a consultation and prepared to help with any problem that might arise. We worked together on many of our tougher cases and I found him to be an easy, comfortable man to work with. I was called to his home in his last fatal illness and when I began to examine him, he presented me with the diagnosis. He said he had acute hemorrhagic pancreatitis and indeed he did. He died within 24 hours of the onset of the attack.

Dr. L. P. "Patrick" Nelligan was an Irishman from Prince Edward Island. He was not a quiet man, but vigorous, hard-working, enthusiastic and friendly. Having received good training at the Royal Victoria Hospital, his technique was based on the speed with which he operated. He got in and out of abdomens in a tremendous hurry and also did his fracture work very

well. Besides being busy with his surgical practice, he was also active in politics and deeply involved with the Liberal Party.

Dr. St. Clair Duffy and Dr. Joe Ryan were part of the surgical staff. Dr. Duffy had a large private general practice, but confined himself to surgery at St. Mary's, frequently working with Dr. Hingston to increase his surgical skills. Dr. Ryan worked with Dr. Mullally for many years.

Dr. R.M.H. Power, senior obstetrician and gynaecologist, was on the staff at St. Mary's from 1926 and on the McGill staff as a demonstrator in anatomy. He had worked his way through medical school, doing all sorts of jobs, and he continued to work hard at his profession throughout his long career, giving devoted service to his patients and St. Mary's. He died quietly in his sleep at 83.

Dr. Gerry Altimas who had succeeded Dr. Dunstan Grey and Dr. Goodall as chief in the Obstetrical and Gynaecology Departments, came to us in 1937 from John Hopkins in Baltimore, where he had gone for further training in Obs/Gyn. after McGill. He was a great addition to the staff, with his excellent training, and was a fine gynaecological surgeon and a conservative, practical obstetrician. Dr. Altimas was popular, not only with his own staff, but with the entire hospital.

Dr. Jack Quinn was a senior in the Department of Obstetrics and Gynaecology. A rollicking, good-natured and talented gynaecological surgeon and obstetrician, he would not or could not take life too seriously. He had a severe coronary and died early.

The arrival of Sir Henry Gray in the hospital in early 1935 gave a great boost to the private room occupancy. Sir Henry arrived, bringing with him his medical consultant, Dr. Frank Scully, a general practitioner with a tremendous and wealthy practice. A Holmes Gold Medallist from McGill, Dr. Scully was a short, humorous, handsome and likeable man. He was the sort of person it was impossible to dislike, even when you knew he was making a patsy out of you. He worked well with Sir Henry, although it was hard to imagine two people more completely unlike each other. Sir Henry Gray, festooned with degrees, had been brought out from Scotland to be Chief Surgeon at the Royal Victoria and Professor of Surgery at McGill. He had been Professor of Surgery at Aberdeen and arrived to

find himself the central figure in a lot of hospital political fengling. He finally gave up the Royal Vic and set up his own hospital prior to 1929. During the Depression, he closed the private hospital on St. Mark Street and moved to the top floor of the Medical Arts Building. He was a great burly, broad-shouldered Scotsman and a very fine man to meet both socially and professionally.

But in the operating room Sir Henry was the last of the god-like temperamental surgeons - and an outright ham actor. I do believe that most doctors have a bit of the actor in them and certainly Sir Henry epitomized this quality. He was in complete command of his operating room and everybody attended on him. Before coming to St. Mary's he had worked his way through a goodly number of residents and interns, either dismissing them from his operating room, or antagonizing them to the point where they would not return. At St. Mary's, Dr. Dolan, who knew him and had previously worked with him at his hospital in the Medical Arts Building, as his first assistant, continued to do so, and the interns and residents were usually the second or third assistant, as the case might be.

Sir Henry was, without a doubt, the best technical operator I have ever worked with, or seen working. He had a fantastic knowledge of anatomy which he would explain or demonstrate to us. He was full of ideas, some of which we thought quite bizarre when he first introduced them. For example, he got his operative patients up and out of bed the first day and had them walking around. He insisted they do this unless they were so desperately ill that they could not get out of bed. We thought this early mobility rather amazing because the practice at that time was to keep herniotomies in bed for nine days, appendectomies for five, a gallbladder patient for ten days, and so on. As a result, they were immobilized in bed and had a very high incidence of thrombo-embolic phenomena. It only occurred to us after a year or so that Sir Henry's patients were without the high incidence of thrombo-emboli.

He was most kind to me when I told him I was going to England to do some post-graduate work at St. Mark's and the Gordon Hospital in London, and gave me letters of introduction to practically every major surgeon there. As a result, I was very well received and it made my post-graduate work in England

very much easier and much more productive than it otherwise would have been.

Junior staff men in Medicine included Dr. Basil Cuddihy, a chest specialist who worked on Dr. McGovern's service and Dr. Roy Dunn, a general medical practitioner who worked on Dr. Cassidy's. Dr. Earl Lesage, a former intern at the Dorchester Street hospital, took outdoor clinics at first but stayed with the hospital for many years finally attaining senior medical status.

X

Growing Pains

The profession was developing a degree of specialization and the old medical practitioner who had cared for all the patients' ailments, was rapidly being replaced by cardiologists, gastroenterologists, haematologists, endocrinologists, psychiatrists and diabetic specialists. The surgeon who had operated from head to foot, had yielded parts of his field to gynecologists, neurosurgeons, eye surgeons, ear surgeons, chest surgeons, orthopaedic surgeons, and many more to come. All of this was brought about by advances in medical knowledge in biology, physiology, biochemistry and other allied sciences such as pharmacology.

Some of our specialists were part time, some full time. Dr. Jack Lanthier, Chief of Radiology, was a particularly good interpreter of X-Rays and probably the best diagnostic reader of the abdominal flat plate in the Montreal area. In addition to all his radiological expertise, Jack Lanthier was kind and obliging. We shared him with the RVH for some years until his department became so busy that he came to St. Mary's full time.

Dr. Joe Pritchard, assistant pathologist at the Montreal General, had charge of our Pathology Department on a part-time basis. He would spend long afternoons and evenings at the hospital when necessary and was a painstaking and cheerful, fine pathological interpreter.

Dr. Thomas I. Hoen, was a neurosurgeon who had attempted to compete with the Montreal Neurological Institute, having had most of his training there. He was not successful and, after four years with St. Mary's and St. Luc's, he returned to New York to practice: Montreal, at that time, was too small for two neurological institutes. Brain surgery in the late thirties was considered most sensational and spectacular, even though its results were often statistically poor. With Dr. Hoen's departure, Dr. Elvidge of the "Neuro" was appointed as consultant.

This quiet, kind man - a very capable workhorse - was a great addition to our hospital staff. He answered consultations promptly and effected transfers to the "Neuro" if operative intervention was indicated.

The surgical staff gradually increased in size in the late 30s and 40s. Dr. Jack Gerrie was our first plastic surgeon, and an outstanding one. Dr. Leo Walker succeeded Dr. Williamson as chief of the sub-department of Orthopaedics. Leo Walker and Norm Williamson had one thing in common - they were both fine orthopaedic surgeons. Otherwise, Leo was as quiet as Norm was exuberant. However, it was a pleasure to work with either one of them and Leo gave great long-term service to the hospital. He was joined, after some years, by Dr. Murray McIntyre. We were fortunate in our orthopaedic surgeons, all of them were very competent. This, then, was the rapidly developing medical world that the new St. Mary's had entered during the 1930s. The progress was, if anything, accelerated by the 1939-45 War as the improved sulfas made possible new treatment of all traumas and infections and the introduction of the wonder drugs, penicillin, and in close pursuit, streptomycin. Whole wards, once full of patients with osteomyelitis, emptied and were never refilled with such cases. Many untreatable diseases were suddenly curable.

The years 1934 to 1937 had been relatively uneventful although the hospital became progressively busier and by the forties we had started to occupy most of the available space. However, by 1946, the intern staff had increased to the point where they had to be housed in quarters other than the first floor of the west wing which could only house eight interns (by that time, the interns numbered twelve). There were increases in staff too, as well-qualified young men appeared in all departments.

The hospital had begun absorbing residents and interns who had some or all of their training at St. Mary's and who wanted to remain. I finished my surgical residency in June 1937. I asked Dr. Hingston if I could come on the surgical staff, after I had done a year at the Gordon and St. Mark's Hospitals in London. He agreed that it would be well worthwhile and said he would appoint me to the staff immediately. He did so in 1937 and I became a junior clinical assistant surgeon while I

was still in training. I was not the first. My friend, Dr. Ralph Smith, my predecessor as resident in surgery, had joined the staff with surgical privileges in 1936. He later opted for radiology and moved to Halifax. Dr. Mario (Murray) Orlando joined the surgical staff in 1938 as a junior clinical assistant, our starting rank.

I returned in 1938 to find that Dr. Franklin Lane McPhail, who had done a rotation year in 1934, and had remained to do three years in Obstetrics and Gynaecology, had joined that department and was about to start a practice. Mac had been well trained in obstetrics/gynaecology by Dr. Dunstan Grey and Dr. Goodall. He served in the Army Medical Corp during the war and returned to practice afterwards. There was also Dr. Raymond Hughes, who had opted for general medicine, with a particular interest in rheumatology. He later went to the English rheumatology hospital in Manchester, England, to advance his knowledge of this puzzling human disorder. He returned after the year to set up a rheumatology clinic in St. Mary's. Two more interns and residents who opted for St. Mary's were Dr. Jim O'Neill in paediatrics and Dr. Louis Quinn in obstetrics and gynaecology. Jim came on staff as an assistant to Dr. Henry Bussi eres. Dr. Quinn finished his training in St. Mary's as resident in obstetrics/gynaecology in 1939 and joined the army. He returned from post-graduate obstetrical and gynaecological work in London after his discharge from the RCAMC, having served in England and Italy for five years. He stayed in one of the major London obstetrical gynaecological hospitals for two years and returned well trained and married.

Dr. Jack McGovern, son of Dr. Jim McGovern, interned at St. Mary's and the Montreal General before joining the army to serve five years overseas in the Medical Corps. Afterwards he finished his training at the Montreal General and in Edinburgh, Scotland, and finally at the DVA Veterans Hospital in Vancouver, before coming back to St. Mary's on the surgical staff in 1949.

Dr. Nelson Inglis joined the hospital after the War, having served in the RCAMC. He had trained in the west and also at the Montreal General. Dr. Inglis was a good surgeon, a most decent and kind gentle man. Unfortunately, he was to die of a heart attack at a very early age. St. Mary's lost a good dedicated

surgeon.

Another was Jack Lafave, who came back from training in the U.S.A. in 1938 to join the obstetrics/gynaecology staff. He was a Montrealer and quickly acquired a busy practice. Jack Lafave was chairman of the staff meetings in 1946 when the movement for enlargement of our facilities started and he was keenly interested.

Dr. Joe Bailey was another one of our interns who joined the staff. Joe was a fine addition to any Obstetrical/Gynaecological Department and was one of the staff members who was liked by everybody.

The staff became younger and more aggressively interested in seeking the enlargement of our facilities. Hospitals are not static places. Medicine is a flowing developing science and its workplace must grow or it dies.

XI

We Come Of Age

By 1946 we had not yet expanded. We were the same as when we had opened in 1934 and were in need of more lab space and x-ray facilities, more clinics and more beds. The chiefs of the departments who made up the medical board were probably more aware of the directors's financial problems than the general staff. At this time the medical board was an appointed body made up of chiefs of departments and sub-departments. The opinions of the ordinary staff members could only be expressed at the monthly staff meetings. The officers of this body consisted of an elected chairman and secretary. Resolutions, suggestions and reports were passed on to the Medical Board for their perusal and action if they saw fit. Through these staff meetings, however, the movement for expansion grew and a construction committee of three men was elected. The medical board cooperated with enthusiasm.

At that time, 12 years after the new hospital was built on Lacombe, the hospital building was unchanged. Certainly the staff members were more numerous, the beds and rooms well filled. In 1943 the order of nuns had changed as the Grey Nuns found it difficult to find English-speaking sisters who could staff the hospital. The Sisters of Providence were invited to come from Kingston to take over in 1943. Upon returning in 1946, I missed some of the Grey Nuns who had gone, perhaps most particularly Sister Gauthier, who had been in charge of the second floor. She had 70 beds under her control and was one of the finest nurses I have ever worked with. I would arrive on the floor during my intern and residency period, at 7:00 o'clock, to find Sister Gauthier on hand and prepared, not only to make rounds with me, but to tell me which patients required attention. She would be on the floor until 8:00 or 9:00 at night and then again, at God knows what time, in the morning. She was always there before I arrived, a tiny woman, about five feet tall, with

tremendous energy and a keen interest in medicine and in serving the patients. She ran an extraordinarily good nursing floor and was popular with the doctors, the nurses and the patients.

My limited early contacts with the new sisters indicated that they were smart, personable and very efficient. I was around the hospital a good bit after I was discharged from the Army in 1946, but I was not terribly busy. One day, while standing out front, Dr. Hingston came and said to me he was going to take a taxi home. I offered him a lift in my car. On the way he asked how the hospital looked to me and I said, "It looks small, Sir." I said, I remembered when we first came up here and I thought it was a huge place and that we would never fill it. Since then, I had been working in 600 and 1,200 bed hospitals for four years, and 150 beds seemed small.

He said he could well understand and then told me that we had to look to expansion, "But I haven't the strength at this juncture to do very much pushing. If you want to start the push, I'll help you in every way I can."

I replied, "Well, I certainly will see what I can do, Sir, but I really don't think I have the weight at this time to start very much of a push."

Dr. Hingston said, "Go ahead and see what you can do, see how the staff feel about it." I said most of the younger fellows felt that they would like to see some expansion get underway. So he said, "Get them behind you and get started, and I'll help you" and he did.

We started the movement by working through the staff meetings and in conjunction with the chairman, Dr. Jack Lafave, and others, managing to work up a good bit of enthusiasm. It was perfectly obvious that our laboratories were inadequate. Laboratory medicine was increasing by leaps and bounds and the area in which our Lab personnel was working, was too small to house all the necessary equipment. The x-ray Department had already expanded into the chaplain's quarters and, while it worked for the moment, it was only a temporary solution.

The steady increase in the medical staff also meant that beds were in constant demand. The nurses were still living on the sixth floor and had taken over seven west as well. Pediatrics was squeezed into what had been an eight bed ward at the western end of the second floor. The sisters were still living in the

east wing on the seventh floor and obviously the first thing to be done was to move them out.

The board of directors had already decided to build a nurses home and had been floating bond issues to finance this project. We were in full agreement with this, but did not feel that expansion should stop there and we continued to push for more. The medical staff construction committee was joined by the medical board committee, formed by the three chiefs of staff.

We wrote a letter with some suggestions and a request for a meeting with the board. We had several brief, unsatisfactory meetings with some of the directors and then asked for a meeting of the whole staff and all the directors.

Most of the directors had been struggling with debt from the time of the opening of the new hospital in 1934. There were a number of campaigns in 1936, 1939, 1942 and 1945. These constant modest requests had become a bore to our English-speaking Catholic community which, by this time, had become a loosely cohesive no man's land of many poor, a considerable number of middle class and a small wealthy group, scattered in parishes all over the island. Most of the wealthier members associated with the rich Protestant community for business and other reasons, and a few associated with the French upper class. Quite a number of our donations were from Protestant individuals and businesses - and a surprising number from the Jewish community, considering that they had their own growing hospital to support.

The McGill hospitals, ostensibly still Protestant, had become in fact almost non-sectarian, struggling to hold on to a superiority they had long ago lost to the University of Toronto's medical faculties at the national level. The University of Montreal and its affiliated hospitals had improved tremendously and at this point were very competent. Their graduates in all faculties, but particularly in medicine, were being sent from the teaching hospitals to the United States for advanced training, many of them on subsidies from the provincial government. The one facet of McGill's faculty which still maintained its international brilliance was the Wilder Penfield Neurological Institute.

This, then, was the medical atmosphere in Montreal in the late forties and into the fifties, when we were attempting to climb out of the small community hospital category. The staff

was mostly young and competitive and we had the support of all the chiefs. We needed new equipment, much more lab space and personnel, and a bigger and better equipped X-Ray Department, more room for physiotherapy, a good library, and more beds.

In 1948 a meeting was finally arranged with the board of directors and the whole staff attending. This meeting was held at the Mount Stephen Club. The staff decided to present the case for expansion, using a very limited number of speakers. This we did, and the carefully prepared case included no criticism of the board. Dr. J.L.D. Mason, a senior staff member and an eloquent speaker, presented our case to the directors. His presentation was excellent, very factual and to the point, and it seemed to be well received. In reply, however, one of the directors took it upon himself to suggest that instead of expansion, we needed to improve the medical staff since he was not satisfied that most of us were of sufficiently high calibre to warrant a bigger hospital in which to make a good living at the expense of the community. This was a most insulting, unexpected mistatement. An uproar developed at the meeting which ended in angry recriminations. We had planned to start expansion by soliciting funds ahead of the big McGill hospitals, but this Donnybrooke set us back seven years.

In 1950, Dr. Hingston died. His death was not a surprise since he had been in failing health for a long time. For almost a year he had been confined to his home, not seeking any futile medical help, for at that time neither medicine nor surgery had anything to offer for his chronic progressive heart failure. He knew all this and he knew, fine, courageous gentleman that he was, that however you may be surrounded by loving, kind people, you die alone...He is honoured on an annual basis by the staff of the hospital as the founder of St. Mary's.

XII

\$3,000,000 Raised And Expansion Begins

In 1955, with Mr. George Daly, a second generation Daly director of St. Mary's, and a board interested in expansion, St. Mary's had its campaign, which came up short of its objective but raised over three million dollars, thus allowing the expansion to begin.

First, the addition of two wings to the nurses home and, second, a sisters home with a bridge and a chapel at the east end of the second floor. A two-floor and basement expansion of the east wing took place, thus providing great enlargement of the outdoor clinic and emergency area and added two minor operating rooms. There was also an extension of the office space on the first floor east. A large auditorium was built in the basement and a nice Physiotherapy Department and some other facilities including a record storage area and a new switchboard area. We were able to add an eighth floor to the hospital with 54 semi-private beds.

Moving the sisters to their new home cleared seven east and gave us another 27 beds, and moving the chapel off the 4th floor south added another 16 beds. All together, with various changes, we added 97 beds to the hospital's capacity, an expanded X-Ray Department and considerably more lab space.

The lobby had been a very graceful one with winding stairs on either side leading to a mezzanine with tiled floors, a decorative ceiling and a central octagonal information desk with double-doored waiting rooms on either side. The mezzanine was now walled in and extended forward, turning it into the present office area, and an expanded medical record's room. The X-Ray Department took over the Interns quarters which were then moved to the top floor of the power house.

Cost-wise, this was a very good project and it met many of

our immediate needs, though we continued to aim for a 600-bed hospital with modern labs and all the other necessities.

The board of directors which at times included two, sometimes three doctors, had now become an exclusively laymen's board. They were constantly worried by the annual deficits, which they had hoped at one time to cover by associating the hospital with the Catholic charities. Part of the monies contributed to Catholic charities was, in fact, used to make up the hospital deficit. It was, however, never made up completely and the dream of having an endowment behind us had been abandoned years ago.

There was no use drawing the director's attention to the fact that most local hospitals were in much the same financial state as St. Mary's. In fact, our deficit was a relatively modest one. In the early sixties the directors were not a particularly venturesome group. At that time the younger men were beginning to replace the older ones on the board, nevertheless they were hesitant about undertaking any major drive to expand the hospital the way we, on staff, hoped it would be expanded. When the spate of construction which started after the 1955 drive was completed, there was still great agitation from the staff to get a real major expansion program underway.

As the 50s progressed, the older staff members had either become honorary consultants, or had sickened and died.

The next echelon, Drs. Dolan and Cassidy, reached retirement at age 62 in 1958. But Dr. Gerry Altimas did not reach retirement age - he died suddenly of a heart attack in 1957, at the age of 54. The hospital lost a fine departmental chief and I lost a good friend, a friendship which dated back to our student days at McGill.

There were many changes during this period. Dr. Louis Quinn replaced Dr. Altimas as chief of obstetrics and gynaecology. Dr. Gordon Cassidy was replaced by Dr. John G. Howlett from the Royal Victoria.

Going outside St. Mary's to replace chiefs of staff caused changes to be made in hospital policy. Up to this time, December, 1958, the chiefs of the major departments had not been paid, soon all were paid. With Dr. Dolan retiring as Surgeon-in-Chief, I had been appointed his successor. Sister Melanie was promoted from assistant executive director in 1955 to executive

director in 1958. Dr. Mercier was with her as director of professional services for a brief period. Later, Dr. Larue, who did some of the negotiating with the provincial government, took over. Both governments were putting out feelers to test the professionals' reaction to a state-run medicare system. This probing had begun in 1942 and continued post-war with the annual publication of the doctors' gross income as the highest in the country. This tricky bit of untruth prepared the general public for the later take-over of the medical system.

Within a few years, the picture of the kindly, respected, over-worked doctor was replaced by a money-grubbing autocrat milking the public. Of course there are doctors who fit the second picture. Many more fit the first.

The staff continued slowly but steadily to increase in size as young, well trained men were taken on in all departments. Specialization was no longer a trickle, but a flood, so we acquired more ophthalmologists, more neurologists, one psychiatrist, more plastic surgeons, two chest surgeons, two orthopedic surgeons, several ear, nose and throat (ENT) surgeons, and others. On the medical side came cardiologists, endocrinologists, diabetic experts. Much of this specialization was due to advancing medical knowledge - and in a hospital it is wonderful to have experts in every field - but in or out of hospital, the man who treated everything from hysteria to bubonic plague is more likely to be occupied than the plastic surgeon. And so the bigger the hospital, the easier it is to absorb and develop and provide patients for specialists. This is true of all specialized branches of medicine - but it is particularly true of surgery which has a technical side so that the more a surgeon practices and uses his technical skill, the more he improves.

There was only one solution to this developing problem in a relatively young, small hospital: to take more people with multiple hospital appointments, and this is what we did.

We acquired our own pathologist when Dr. Pritchard took over as head of his department at the General. He had sent us, first, Dr. W.B. Leach, who left after three years to take over a larger hospital in the west. He was replaced by Dr. Ross who was particularly interested in the problems of melanotic sarcoma, and stayed for a couple of years before he was offered a job in one of the large Toronto hospitals. Dr. David Kahn then took

over pathology and all the labs; in David, St. Mary's had acquired a medical man for all seasons.

The supply of surgical interns had been somewhat improved by the small salary we started to pay in 1954. But good residents were not abundant until my friend, Dr. Campbell Gardner, chief of surgery at the Queen Mary Veterans Hospital, started sending some of the better ones from his service. We acquired fine, young surgeons-to-be, among them Dick Moralejo, Ben Thompson, Ed O'Brien and Les Drake. Drs. O'Brien and Drake decided that the political situation in Quebec was not favorable and left, one to go to British Columbia and the other to the United States.

We had also acquired a new administrator in the early 50s, Mr. George Bartel, an American, well-trained and anxious to do anything he could to improve the hospital. He was immediately interested in any and all expansion ideas and he helped to convince some of the directors that they should consider some essential improvements. He, unfortunately, did not remain long enough to implement any major changes, having been offered a job in the U.S. he felt he could not refuse. Mr. Bartel was succeeded by another American, Mr. Paul Meyer, a man very knowledgeable about hospital construction. Mr. Meyer was only with St. Mary's for a few years. He was succeeded by Sister Melanie. The board could not have made a better choice, for she did a great job.

The Medical Department is, of course, the first department of any hospital and, as a consequence, the most important. In 1934 our Medical Department was short on specialists and long on G.P.'s. This imbalance was slowly corrected; while waiting to acquire our own specialists, there was frequent use of specialists from the teaching hospitals. I remember Dr. Neal Feeney, a consultant on our staff, coming in quite often from MGH to answer consultations. I also remember Dr. Walter Scriver, a diabetic specialist from the Vic, coming in to see diabetic coma cases. We were well supplied with neurologists with Dr. Art Young and Dr. Norm Peterson who, in particular, spent considerable time in the hospital.

During the War Years, 1939 to 1945, additions to the medical staff were very few. Later, in 1947, a trained cardiac specialist appeared in the person of Dr. Ronnie Stanford and another specialist, our first psychiatrist, Dr. Karl Stern, who began to

develop a Department of Psychiatry. In 1965 we acquired Dr. Bob Broderick, trained as a general medical man, and Dr. Ray Hughes, who had been on the medical staff since 1938, and returned after spending a year in Manchester, England, to set up an out-patient rheumatology clinic at St. Mary's. Dr. Guy Joron, trained in metabolic diseases, particularly diabetes, also came on staff. In him we had another intelligent, capable medical man.

We were well on our way in the acquisition of our own group of specialists, I have already made some remarks about the difficulty of retaining specialists in the small hospital. I believe all of the young men mentioned in this group had dual hospital appointments.

In 1945 we acquired two dermatologists, Dr. C.J. Fournier and Dr. Tom Monks. Most of the older men, Drs. Mason, McGovern and Kennedy, had retired to honorary consultant status.

Dr. Gordon Cassidy was chief of the department, while Dr. Earl Lesage had been promoted to physician, as had Dr. P.R. Dunn. They were in charge of the ward service. Dr. Thomas Gaslin, St. Mary's first intern in 1926, had also reached the full physician status. Tommy Gaslin was a kind, considerate, general practitioner, with a lot of sound practical experience and medical knowledge. He had a big practice and was popular with staff and patients.

In the early fifties we had begun to acquire young European doctors immigrating to the country. They came to us to serve the compulsory years of internship, so we obtained fine, intelligent, well trained young men like our Dr. Karl Essig, who has been a great asset to the hospital. He has just resigned as chief of the Department of General Medicine. Another arrival, soon after Karl, was Dr. Paul Jounger, who trained in pediatrics and has been on our staff for many years.

Some five years later, there was an exodus of young and older Hungarian doctors escaping the Russian take-over. Some of them came to intern and later join the staff. And so we now have Dr. François Somlo, our virologist, and Dr. Jeno Solymar who heads the Department of Gastroenterology. We also had Dr. Ivan Beck who has moved to Kingston to a professorship at Queen's University.

Dr. John Howlett took over as Chief of Medicine in 1957. He did a fine job recruiting and staffing his department and, after his 10-year tenure, left a very good department to his successor. By this time, St. Mary's had access to a good supply of medical residents from the Vic and we established a system of responsible resident training under the direct supervision of the younger medical staff men. John Howlett was a very sound medical man. He retained many of the old clinical skills and was well versed in the new laboratory testing methods that had developed and were continuing to appear at a rapid rate.

Dr. Guy Joron succeeded Dr. Howlett as Chief of Medicine. By the time he took over, the Department was staffed with all kinds of specialists, including cardiologists, Dr. Ronnie Stanford, Dr. David Stubington and Dr. George Fraser. Dr. Vince Pateras had his Dialysis Unit working very well. Dr. Jeno Soly-mar with Dr. Allan Powell providing an excellent service in Gastroenterology. Dr. Ray Hughes and Dr. Ed Champagne manned the Rheumatology Clinic and Dr. Mike Kovalec assisted in the diabetic service.

Dr. François Somlo, operating our Virology Lab and always available for consultation and Dr. Jeffrey Rubin, a good neurologist.

We were well and competently served by many other specialists and GP's. Guy Joron had built, added to and improved the medical group.

The Radiology Department has progressed from a one-room and one x-ray machine to a whole floor in the new west wing, with an array of x-ray, ultrasound machines and a CT scanner to be installed shortly. There is a fine staff, mostly young, headed by Dr. Marvin Nathens, and still working, a former chief of the department, Dr. Adolf Glay. He is a fine radiologist, my friend and a long-time associate. This department has also been expertly and conscientiously served by Miss Lidi Christiansen, chief radiology technician, and a dedicated receptionist, Mrs. Margaret Pilotte.

XIII

Research And Development

For some time during the 40s Dr. O. Cameron Gruner had been carrying out a cancer research project at McGill. He had set up a lab in St. Mary's and developed a test for cancer based on blood studies which were advanced for that time. Unfortunately, the percentage of error in positive and negative results was too high. Dr. Gruner was grandfather to our Dr. Peter Gruner.

Dr. Gruner was kind enough to allow me working space in his lab; in 1946-47, I spent a year trying to establish some connection between blood serum copper and cancer. I did find some elevation, particularly in liver cancer, but I also found changes in patients who were pregnant as well as those with TB and other chronic and acute diseases. I was about to publish my results when a Swedish research group beat me to it with an article which contained all my findings and more.

In the 50s the first full-time attempt at research was under Dr. David Kahn's direction, developing a laboratory in the basement west wing. A research fellow was hired, Dr. Jean Kallos, a biochemist, and he was attempting to develop a substitute for some of the addictive morphine analgesics. This, like most research programmes, was a slow and laborious process, leading to many eliminations and few, if any, triumphs.

Dr. Kahn was a fine pathologist from the start, now internationally recognized as an authority in his specialty. I can think of no one who has done more to improve St. Mary's as a hospital. He has, as chief pathologist and director of Laboratories, worked for years with limited facilities (now much improved), always given us expert diagnostic help and, frequently, therapeutic as well.

On the clinical side, we were starting to use the early cytotoxics in the treatment of metastatic breast cancer and other widespread carcinomas. Apart from some apparent growth-slowng and diminution of ascites and pleural fluid accumulations by the use of nitrogen mustard, malignancies were unaffected.

The assessment of these toxic drugs in the treatment of cancer is always difficult, as this dreadful disease can and does move at such variable speeds. The apparently similar manifestation in one patient goes on to termination in a few months, while in another patient it may drag on for many years. There are now so many of these drugs that a sub-specialty has developed in their use called "oncology". Our department, headed up by Dr. Charles Pick and Dr. Peter Gruner, includes an inter-hospital group of specialists. Dr. Hazel in radiation therapy and Dr. M. Thirwell, a cytotoxic specialist.

Another research project which has developed over the years as lab space became available, is Dr. Skoryna's investigation of the physiological significance of a variety of trace metals. Dr. Skoryna's work has made a valuable contribution to our knowledge of these complex manifestations.

Dr. Harry Farfan, orthopaedic surgeon, sometime chief of that department, spent considerable time, in conjunction with engineer assistants, working out the stress factors in trauma to the spine - and measuring with working models, the pressure points required to produce fractures, deformity, ligament tears and disc herniation.

In the late 50s we had a series in which oophorectomy was done in a number of breast cancers where there was lymphatic involvement, two to three weeks after the mastectomy. After some years, and with reports from large clinics, this particular operation was not found to be worthwhile and was discontinued. Tissue testing now determines the use of endocrins.

It is worth mentioning that after the war Canadian surgeons were looking to the United States for new surgical ideas and were following techniques and new operations devised there. Good surgeons are to be found anywhere, but most new trends were developed in the big American clinics.

Another procedure presented at an American College of Surgeons meeting was an alternative to extensive gastric surgery

for ulcers. This was enthusiastically presented by a good American surgical group - several of us were present and were convinced. We decided to give it a try and, with the sub-department of gastroenterology, headed at that time by Dr. Ivan Beck, had the hospital buy the freezing apparatus. Drs. Beck, Moralejo, O'Brien and Drake did about eight or ten cases without complication, and apparent short term success. By that time reports began to accumulate about some severe complications - cases of partial and complete necrosis of the stomach - and another handy, easy procedure was quickly dropped.

In the mid-60s, a continent-wide radical surgery attack on cancer had developed. We joined this movement and started a series of pelvic extenterations - this operation, for the total or partial removal of all pelvic organs, rectum, uterus, tubes and ovaries, as well as the urinary bladder and vagina, is a team operation, involving surgeon, gynaecologist and urologist. It is a six to eight-hour performance, using twenty to thirty pints of blood. The decision as to whether or not to continue with the operation, based on our macroscopic vision and sense of touch, was most difficult at times; tissue sections from beyond our operative field gave us positive or negative microscopic results from our pathologists, and aided decision-making. Most of these cases were uterine or cervical carcinoma, a few primary rectal, a few primary bladder carcinoma; the operating team consisted of Quinn, Siminovitch and Dinan.

We carried on with this procedure for four years. Our operative mortality was good. We lost one case out of twelve, but considering the extent of the operation, the cure rate was not high enough to justify this extensive disabling procedure. It is still used on rare occasions, but has been largely replaced by the use of new cytotoxic drugs and advanced radiation techniques.

XIV

The Government Steps In

In the mid-sixties, the board of directors, headed by Mr. Stanley Clarke, became actively interested in an expansion program. They hired the hospital construction consultant firm of Dr. Harvey Agnew from Toronto to meet with the directors, medical staff and administration, in order to decide on such action as was necessary. When Dr. Agnew and Mr. Peckham, his architect, presented their first plan for the type of expansion we should undertake, the staff, was very dissatisfied. The proposal was for a major expansion around a central hub, with small east and west wings. The doctors and their construction committee were not happy with the idea. Fortunately, after some discussion, the medical board, the directors and the consultants agreed that what was needed was a large west wing with eight floors.

Regrettably though, by the time we presented our plans to the government, its final decision was to eliminate two floors. The government also insisted that we make one full floor available to psychiatry, and away went another 60 beds. With the cut-off of the 7th and 8th floors we would lose 180 beds in all (the necessary number for a 600 bed hospital). Now we would increase our bed space to only 438 beds, and we really did not need the 10 operating rooms planned for a 600 bed hospital, nor the extensive laboratories they had designed. It would have been more practical to have had less lab space and fewer operating and recovery rooms, placing the priority on more bed space. So we still remained a bit lopsided. However, a two floor addition to the west wing will be a cheap expansion project at a later date as the foundations and the elevator structures are built for eight floors.

Had we been able to formulate our plans and organize a drive, even two years earlier, we might have had a hospital with the 600 beds that the staff had hoped for, and the optimum

size for the ideal hospital. However that may be, with specialization in all branches today, smaller, highly selectively staffed and equipped hospitals should become the norm. To bear the burden of the present assault on human mortality and birth deficiencies, I suggest special hospitals for transplant surgery.

Most of the medical staff and in particular, the younger staff members, were very interested in all the moves and drives for expansion over the years. Some of the older men felt that asking them for monetary contributions was carrying their responsibilities to the hospital system a bit too far. As one of them pointed out to me, they had contributed half their lives to the free care and treatment of clinic and public ward patients. He continued to say that "it may surprise you to know that, apart from ourselves (the staff doctors), everybody thinks we are well paid for this service, including our own directors". He added that "doctors should not be asked to contribute money - we do enough". He was a very serious man for whom I had great respect and liking. It was many years later that his opinion was confirmed for me when, while presenting the reasons for urging more outdoor and clinical facilities at a meeting with the directors, I stated that having to use a single examining room was time-wasting for the doctors as well as the nurses. One of the directors said, "But are the doctors not well paid?" He and some of the others present were surprised when I informed them that doctors were not paid at all for this and all other public work.

On the whole, our medical staff accepted their assessments and donated a fair share.

Within two years medicare had started and slowly but surely, the government began directing our future. They began by easing into the power structures of the hospitals with new rules, new committees, new elected councils.

We have been inundated with correspondence concerning this and that - a veritable storm of bureaucratic instruction. It has become increasingly difficult to identify any real authority this side of the minister of health, and I suspect that even the minister is subject to the bureaucracy. I am not against state medicine - it has many good features - but it does do some ridiculous things. For example, forcing hospitals to set aside beds for old people. Hospitals are, of necessity, frightfully

expensive places and most of the old people do not need medical care. They need a place with a home-like atmosphere and some type of intelligent maid or attendant's care, and if necessary, visiting doctors.

They closed the nursing schools in 1972. I have serious doubts about CEGEP training. I don't think that it will produce nurses as well qualified as the nursing schools did.

They have emasculated the departmental chiefs who now, in spite of the fact that they are still responsible for all the acts performed by their staffs, have no authority to prevent stupidity or insubordination. I, and most of the ex-chiefs I have spoken to, would refuse the appointment at this time, notwithstanding salary, offices and secretaries, as well as other benefits.

XV

St. Mary's Family

I have written about the people who established St. Mary's, the people who directed St. Mary's, and many of the doctors who staffed it and a few of the nurses who were the first students. It would be remiss of me to pass over the people who made it such an efficient, pleasant and unique hospital - the St. Mary's nurses from its nursing school and the medical staff and lay staff.

I will start with the first man you were likely to meet on entering the hospital - Mr. Kelly, the doorman, a big, robust ex-Irish Guardsman who for many years, pleasantly and efficiently acted as a one-man information center, messenger and rescuer of the weak, the sick and the lost. Now there is Mr. Randolph, called "Randy" by his friends, not so physically imposing but just as kind and efficient.

The nurses who established the maternity department as a first class set-up were Miss Gertrude McLellan and Miss Dorothy Donovan. A long string of hard-working, efficient nurses who, under constant pressure, kept our OR's working well - Miss Kay Brady, Miss Ena O'Hara, Miss Betty Coughlin and Miss Graciela Moralejo. And then there was a whole group of scrub nurses; masked, hidden, impersonal and efficient, handing the surgeon what he wanted, without any spoken request. Orderlies, such as Bill Holland, George Truman as well as others greatly contributed to the hospital's pleasant efficiency.

The Admitting Office and the women who ran it, Dorothy Callahan, Ellen Fisher, for years and years, were always patient, kind and efficient. Mrs. Margot Cohan, who for a long time now, has been running a bigger, but still efficient department.

Mabel Smith, R.N., managed the emergency department, an oft-time chaotic, always urgent area that I am sure would have made even Job lose patience. Miss Smith ran it with unshakeable kindness and efficiency for countless years.

The 'Record Room', a vital information centre, room of many notes and signatures, more shunned than attended by reluctant doctors, was presided over with gentle insistence by Miss Monica Stanton.

St. Mary's has an excellent library, possibly one of the best hospital libraries in town and its quality is due to the intelligent dedication of our fine librarian, Miss Lucile Lavigueur. She has the wonderful faculty of turning her assistance into a pleasurable gift from herself.

At St. Mary's, the Haematology department's blood bank is synonymous with Dr. Cecil Harris who, apart from his work at the hospital, established a treatment clinic for haemophiliacs and was one of the major organizers of the Red Cross Blood Bank in Montreal. As far as the hospital was concerned, I can never remember Cecil being unable to produce blood when it was needed. Helping Dr. Harris to operate his lab, is Madeleine Valiquette, one of the most dedicated workers I have ever known: Sundays, holidays, any time, she is there working in Haematology for St. Mary's.

The Nurses

It is no exaggeration to say that the nurses of St. Mary's were really the heart of the institution. The graduates of our nursing school whether it was headed by Miss Fitzgibbon, by Sister Rozon of the Grey Nuns or by Sister Felicitas of the Sisters of Providence, all came to the hospital with a high degree of dedication and a spirit of kindness, or soon acquired these qualities in the school and the hospital. The example of the nuns, their acceptance of 10 to 12 working hours each day, their kindness and sympathetic support of the sick, the injured, the frightened, was the corner stone of St. Mary's. The system of apprenticeship, usual in undergraduate nurses training, up until the CEGEP takeover, provided the hospital with adequate numbers of nurses in training and added practical experience to their book learning. It also made for a degree of allegiance to their hospital and a desire to make it a more humane place for the sick or injured patients of all races and religions.

It would be impossible to name all the fine nurses that I have come in contact with over the years, so I have picked two who epitomize all the good qualities and characteristics that a nursing supervisor should have. Miss Frances Ratell of Six North,

and Miss Maureen Fitzgerald, Three Main. I am aware that my personal "mist of time" is hiding a whole host of dedicated nurses who have worked with me and for St. Mary's. To be truthful, I am so grateful to so many nurses who were kind and helpful to me as an intern, a resident, a staff surgeon and a chief surgeon, that nothing can dim my fond memories of these wonderful women.

Secretaries

Of the floor secretaries, I remember the impeccable Trudy Kohlruess; of the Administration offices, Miss Jacqueline Boucher - the encyclopedic Miss Boucher; of the doctor's secretaries, for a succession of chiefs, Mrs. Geraldine Rice. In the OR suite, Miss Gloria Lewis, who transcribes all the operating reports from the dictaphone; the articulate ones, the slow ones, the mumblers, the shouters, the wordy ones, the brief ones, and the dreamers who forget what they are doing and leave a blank disc.

Dietitians

There is only one that I know well enough to recommend. St. Mary's fed its patient and its workers better than most. There is no more difficult dietary job than trying to produce satisfactory meals for sick people, all of whom have a low appetite quotient and a high complaint factor. Sister Thomasina directed this department for many years with patience and dedication.

The Surgeons

In the early years and up to the late 30s, general surgeons were still really general - operating from the top of the head to the tip of the ingrown toenail. The obstetricians adopting gynaecology laid claims to all parts concerned with reproduction. In close pursuit, with vises and screws and plates and the tools and equipment of carpenters and cabinet-makers, came the orthopods, adding glues and prosthetic metallic and plastic joints, as well as other paraphernalia to their varied and sometimes wonderful equipment. This equipment has revolutionized the treatment of fracture, joint injuries and saved many oldies from the pneumonic death which frequently terminated the old recumbent traction form of treatment for hip and other fractures. For this and all the other improvements, we salute the orthopods, our surgical 'Master Carpenters' and yield up rights shared in early years with the 'renoueurs'.

The next interlopers to arrive on the surgical scene to take away parts of the field of general surgery, were the plastic surgeons. Our first at St. Mary's was Dr. Jack Gerrie, who was a graduate dentist. Later, after receiving his medical degree, he trained in plastic surgery. Jack was many years ahead in his field in some of his constructive facial work, making plaster models to show the end result of the planned surgery. He did beautiful work on noses and jaws, and was expert in the removal of parotid and sub-maxillary as well as other oral tumours and all forms of skin growths. He was, in brief, a fine plastic surgeon. Later, Dr. Robert Harris joined the department, and still later came Dr. Jack Cohen. We have been well served by plastic surgeons. They have taken away the general surgeon's hand surgery and have also taken over the reconstruction of both bigger and smaller breasts; they have usurped the Hottentot's apron and practice the uplifting of depressed buttocks and faces.

The surgical world is producing a new group of specialists. We have surgeons who not only transplant kidneys, hearts, livers and lungs, but others who replace clogged and damaged arteries. You name it and we probably have the appropriate surgeon. He might even be a general surgeon for whom the present staff of life is the removal of a malfunctioning little stone-filled bile bag from its niche in the liver and 28 or 29 feet of gastroenteric-colonic tract. These still remain as the prerogative of the general surgeon be it ulcerated or growing things or herniating or perforating. The gall bladder has long since replaced the appendix as the most common abdominal surgery and the cancerous breast tumour is the general surgeon's domain.

When we moved up to the Lacombe Street Hospital with its fine operating rooms, major surgery rapidly increased. Dr. Hingston's practice then included a good number of religious, both nuns and priests, and some French-Canadians. Generally speaking, it was made up of middle-aged and elderly persons. He was interested in gastro-enterostomy as a surgical cure for duodenal ulcer, and gastrectomy for pyloric and gastric ulcers. His thyroidectomy was a simple, three interlocking suture procedure and was quite successful in his hands. As was true of most surgeons of his vintage, he also did some gynaecology, some genito-urinary, as well as fracture work, both open and closed. He was a general surgeon - a very good one.

Dr. Pat Nelligan was, in the earliest years, the busiest of the surgeons as he had a large industrial practice, i.e., Vickers, Canada Copper, and some of the oil companies. He maintained a busy office in the east end and sent in an almost continuous flow of work accidents and industrial illnesses to St. Mary's. He had many commitments and was always in a good-humoured hurry. As a surgeon, he was definite and fast, and did a lot of open and closed fracture work.

Drs. Joe Ryan and Clair Duffy were the juniors on the surgical staff at that time and did their surgery in association with the senior staff men such as Dr. Hingston and Dr. Mullally. Dr. Hingston appointed me to the surgical staff in 1937 and granted me a sabbatical to continue my surgical training for another year. On my return, I started taking a regular weekly surgical clinic, assisting on the public wards and slowly establishing a private surgical practice.

One of my early patients in the OPD clinic was a short, fat little Irish woman from the Point. She was complaining of rectal bleeding. She said she had a hemorrhoid operation elsewhere six months before, but it had not stopped the bleeding. I examined her and found a growth within easy reach of my examining finger. I biopsied it and told her to return in a week. She was then admitted to the wards, the growth was a cancer.

I spent a week preparing her for surgery, explaining the operation to her, as well as to her husband and son (or so I thought). The operation, an abdominal perineal, went very well, she was a tough courageous little woman. I can't remember her ever complaining about anything but being kept in bed. She was discharged and as she was well healed I told her to come back in a month. She said to me, "And when are you going to put back me rectum?". I was stunned and finally I said, "I told you that you would have a permanent colostomy. I had to remove your rectum. It had a big cancer in it." She started getting off the examining table, pulling up a pair of long drawers, and shouting, "You butcher! You butcher!". I went out quickly and she followed me down the hall, filled with patients sitting on the long benches. She continued pulling up her drawers and muttering, "You butcher!". Fortunately for me, when I arrived at the elevators one door was open; even if it hadn't been open, I am sure I could have walked under it.

A month later, she showed up on schedule and said her husband and son had admitted to her that they had understood the explanation of the operation, but were afraid to discuss it with her.

She continued to come for years, always demanding to see me. Once, long after I was chief, I sent one of my juniors to see her. He returned somewhat irritated. She told him that she had come to see her doctor, "not some young pup!". As an ego blaster, Mrs. H. had no peer. As a patient with courage and the will to recover, she was wonderful. I learned a very valuable lesson from her and that was to avoid the use of medical and surgical technical terms when explaining operations to patients. I also learned that patients who have major surgery frequently feel that they own the surgeon and maybe it is a bit mutual.

New additions to the staff were Dr. Nelson Inglis in general surgery, Dr. Rollie Henderson in otolaryngology, Dr. Moses Siminovitch in the genito-urinary department. And with Dr. Magnus Seng gradually pulling away from the Royal Victoria, the OR became a busy place. Dr. Jack McGovern returned in 1949 to add his expertise to our growing numbers.

Residents continued to show an interest in remaining with the hospital. Dr. Thomas Nearing opted for the G.U. department and Dr. Seng arranged a scholarship for him. Dr. Nearing is now chief of that department.

Dr. Stanley Knox, another of our residents, was for a time interested in surgery, and later opted for administration. For some years now he has been the administrator of the Lakeshore General Hospital.

As I write, the back-lot of my memory keeps pushing half-forgotten people to the fore. Fine, gifted people like Dr. Gaston Duclos, chief of the Department of Ophthalmology after Drs. Bert McAuley, Ed Amos and Rollie Viger. Dr. Duclos recruited Dr. Kurt Schirmer, our present chief of ophthalmology, another excellent choice. Dr. H.S. Dolan (Harry), one of our best trained surgeons when the Lacombe Avenue hospital opened, had a double appointment - one at the Vic and the other at St. Mary's. He was extremely busy trying to keep up with the work at both hospitals and gradually pulled away from the Vic, finally doing all of his surgery at St. Mary's. Harry was a fine surgeon with excellent technique and good diagnostic ability. He was quiet

and competent in the operating room, his assistants and nurses found him to be easy and comfortable to work with. I learned a lot from Harry. He took over as chief of surgery from Dr. Hingston in 1943, retiring at 65. Dr. Mullally also reached our 65 retirement age. They both continued doing their private surgery for several years after. Dr. Wickham was still quite busy in those years and Dr. Dolan started to take on staff young trained surgeons.

Dr. Hingston had brought in Dr. Orlando and myself and later Dr. Frank Flood who had trained at the Leahy Clinic in Boston. Dr. Dolan added Dr. Gerry Hurley and Dr. Madore, both chest surgeons.

When I took over from Dr. Dolan in 1958, Dr. Patrick Madore and Dr. Stanley Skoryna, who had trained in Vienna with Dr. Finsterer and others, were already on staff. Dr. Skoryna was working in the surgical research department at McGill. There was also Dr. Richard V. Moralejo; he had finished his surgical training at one of the Toronto hospitals and had been a fine conscientious and capable senior resident. I was sure that he would be a very good addition to the surgical staff.

Within a year, I also took on two more of our residents, Dr. Edward O'Brien and Dr. Les Drake, both Montrealers, who had resident training with us. All had obtained their Canadian Fellowship and either had, or would have, their American Fellowship as well.

Another new member of the staff was Dr. Soichi Isomura, a Japanese Canadian. Had I been able to find the funds, Soi would have been 'a research fellow'. He was full of ideas and built a venous pressure machine. He was successful in the development of an underwater chamber which extracted oxygen from the water.

St. Mary's lost two fine surgeons and a research surgeon when all these young men, and many more in other departments, refused to accept Quebec's language paranoia. I still had hopes of a 600 bed hospital and had two more promising residents that I would have recruited had this miserable political situation not existed.

Dick Moralejo remained to succeed me as chief in 1968. He had been a great help to me and the hospital and was, and still is, well organized and a great diplomat. He resigned as chief

after a few years to take on the newly created job of Director of Professional Services, in which position Richard has been doing a fine job.

Dick was succeeded by another one of our ex-residents, Dr. Ben Thompson, a gentleman, a scholar and a fine surgeon. Dick and Ben both added some new men to the department; Dr. Mequerditch Sossoyan, formerly one of our interns in surgery, also Dr. Mohammed Chughtai, trained at the Royal Victoria and specializing in chest surgery, as well as Dr. Igor Kulczycki and Dr. José Rodriguez, a Spanish-born Canadian, who had part of his training at St. Mary's. José is probably the best surgeon we have ever had. He is now chief of the Department of Surgery. Dr. Kulczycki, for reasons of family health problems, has had to go to the southern states and we have lost another fine surgeon.

With the gradual take-over of the hospital by the internationals, there certainly has been no loss of talent or skill, though maybe a little loss of Celtic humour and the wild hilarity that sometimes sweeps an Irish group.

The G.U. Men (Genito-Urinary)

Our surgical plumbers can be described as men who keep the waste water flowing through a variety of tubes, service the complex producer of this waste water, at the same time keeping the whole system free of rocks and kinks, as well as assorted infections.

We were fortunate in our G.U. men, beginning with kindly, quiet, efficient Ansel Tanney, to bouncy, ageless Magnus Seng and his successor, "help the hospital, help my medical confreres, help the patients, help me, Simmy Siminovitch"; my friend, my confrere and a rare human being. Now, we have as chief, kindly, quiet and devoted Tom Nearing. The department has been well served by all of them.

Dentistry

The dental department grew from a service which was manned by one dentist, Dr. Bill Donnelly, to an advanced department staffed by dental specialists of all kinds, including Dr. Roger McMann. We were the first hospital in Quebec to accept dental surgeons, starting with Dr. Jack McCarthy as chief, later Dr. Bill Donahue, and now Dr. Marcel Hébert and a large

staff.

Dr. Paul Mercier has made some remarkable advances in dental research. He set up a comprehensive study of the effects of extensive early dental extraction on the gastro-intestinal tract and has established an international reputation for his work in oral and maxillo-facial surgery.

Obstetrics/Gynaecology

Obstetrics was the first major department to become busy in the new hospital. Headed by Dr. Dunstan Grey; he ran it successfully without being painfully authoritarian. The department started with Drs. R.M.H. Power, Jack Quinn and F.O. Anderson, all obstetricians and gynaecologists, who also had worked under Dr. James Goodall, then chief of the Department of Gynaecology.

The first new recruit was Dr. Gerry Altimas. He interned at John Hopkins and arrived in 1937, with advanced training from the finest Obs/Gyn school in North America. He was later to take on the position of chief of the combined departments when Drs. Grey and Goodall reached retirement age in the mid-40s. Gerry was a quiet, modest and intelligent man. He was able to offer and give his expertise to juniors and seniors without patronizing or offending either group.

On the human side, Gerry had one weakness. He was 'a big-car buff', driving a well used Ford. I arrived in the hospital driveway one day in the 30s, to find him looking longingly at Jack Quinn's big Packard convertible and Billy Van Horne's Dusenburg, lined up, one, two, in the driveway. He said, "I'm going to trade in my Ford for a bigger car, if I can find a good used one." After a considerable search, he drove up one day with a nice looking three-year old Buick. He told me that it had been owned by an elderly maiden lady, had only had eight thousand miles on it, and had always been stored in the winter. He bought it. It was a lemon and spent more time in the garage being repaired than it did on the road. His mechanic told him that the old lady had burned out the clutch, and that she had probably never gotten out of second gear while driving the eight thousand miles. He was not cured and managed to pick up two more nice looking lemons before he gave up the search in the early 50s.

Dr. Altimas had better success building up his staff. He

had, by this time, taken on Franklin McPhail in 1938 who had trained at St. Mary's with Drs. Grey and Goodall. Later came Dr. Graham Bailey, and in 1947, Dr. Louis Quinn, back from five years in the Army Medical Corps and a two-year refresher course in the Chelsea Hospital for Women in London, England. Dr. Jack Lafave, a McGill graduate, trained in the U.S.A., returned to Montreal to join St. Mary's OBS/GYN staff in 1938. He also had on his staff, as had his successor Louis Quinn, the perennial Richard Power who outlived all the chiefs. Dr. Altimas had a fine group of very competent obstetricians and gynaecological surgeons, with a goodly number of up-and-coming young men who had received some or all of their training at St. Mary's.

In the early 50s Dr. Des Polan joined the Department of Obstetrics/Gynaecology. He was one of the few Irish recruits that we were able to obtain.

With Dr. Altimas dying suddenly in 1957, Dr. Louis Quinn was appointed chief of the department. His staff was quite busy; covering the hospital's indoor and outdoor clinics made it necessary for him to acquire new young men, recruiting from interns and residents who had some of their training at St. Mary's. He brought Dr. Connie Nucci, who had interned at St. Mary's. Connie Nucci was Louis Quinn's successor and was to achieve Dean status at McGill, before departing for Toronto to take over as chief of the Department of Obstetrics/Gynaecology at St. Michael's. In September 1986, Dr. Nucci returned to St. Mary's as executive director upon Mr. William Busat's retirement. Dr. Quinn also brought in Dr. Patrick Dorr whom he trained in the radium treatment of carcinoma.

Fortunately, in the 1970's when medicare was established, our 1965 expansion was completed. Some of the west end maternity hospitals were closed - the Catherine Booth, the Queen Elizabeth and the Montreal General obstetrical departments - and we had to accommodate many of their patients. With the demand for our services growing rapidly, the obstetrical department in the new wing was now big enough to accommodate both our own staff and the doctors who came in from the hospitals that had closed their departments.

In 1970, just before this influx, Dr. John Balabanian came back from the Royal Victoria, having interned at St. Mary's in

obstetrics/gynaecology. He was a good intern and a well trained specialist. Shortly after his return we stuck him with the difficult job of chairman of the interns committee.

Louis Quinn had started with a small group and had a fine department. Louis was a long time friend of mine as we had interned together, had worked in No. 1 Canadian General Hospital during the War and also as departmental chiefs at St. Mary's. It was great for me having Louis around to smooth feathers I had ruffled. He was a diplomat - a great fellow and devoted to St. Mary's - a man 'to ride the river' with.

This department has become one of the very big ones in the hospital under Dr. Connie Nucci and a large staff of obstetrics/gynaecology men. It is up-to-date in every way. For some time the other departments were in fear of being squeezed out by a rush of babies, but it seems that tubal ligations and other procedures are now slowing the population growth.

Anaesthesia

In its early beginnings at the old St. Mary's, this department consisted of one man, Dr. Wesley Bourne. He had several other commitments in addition to St. Mary's and this left Dr. Peter O'Shaughnessy to do almost all of the anaesthetic work. The situation continued in the new hospital, except that Dr. Bourne appeared more regularly during the day.

The anaesthetic agents available at that time were the standards, chloroform and ether, and occasionally nitrous oxide, to put children to sleep quickly. Sometime in the early 30s, spinal anaesthetics came into common use. In the hands of Drs. O'Shaughnessy and Bourne, it was very safe, and a wonderful anaesthetic for the surgeons, a beautiful muscular relaxation which made for ease and speed of abdominal operations of all kinds. It has been almost phased out on a wave of headaches, real and hysterical, and a few more serious cases of misuse. At present a type of nerve block anaesthetic is used on some patients. So many new anaesthetic agents have now been developed that the department has many choices. Toxicity is a very low factor and advances in anaesthesia have made many of the prolonged surgical procedures possible. With the new apparatus, everything can be measured and controlled - the patient's oxygen consumption, blood pressure and heart beat, the depth of anaesthesia, and intravenous fluid intake.

We have been very fortunate in having a succession of fine, dedicated anaesthetists. Dr. Peter O'Shaughnessy succeeded Dr. Bourne. Peter was not only a fine, careful anaesthetist, he was also the work horse of the department, coming faithfully at nights and on weekends. He was available any time and all the time. I don't think anyone in my experience carried the name 'Peter' with more justification. He was the Rock on which the department served St. Mary's and grew and developed as we added young men like Dr. David McWatt. David was a quiet, controlled, fine anaesthetist.

Then came Dr. David Power, a wonderful Irishman, small, quick, intelligent and holy. He was a dedicated, humorous and kind man. I could go on and on until my vocabulary is exhausted. Had Dave's physical equipment been up to his mental, he would have lived for many, many years. He left St. Mary's reluctantly after four coronary attacks, attempting to secure some financial security for his young family, before his own family history of coronary problems caught up with him again. I miss Davey and St. Mary's misses him, though he left behind a well trained anaesthetic staff which continues to be an excellent department. It was headed after his departure by André Joyal, a fine, reliable and excellent anaesthetist who, unfortunately for us, was so disturbed by the disastrous political developments in Quebec, that he joined the exodus and departed for other areas. As chief, André was followed by our first woman head of a department, Dr. June Tourangeau, who also left after a few years. She was succeeded by our present chief, Dr. Philippe Laberge, and his right hand man, Dr. Robert Roy, and a competent staff.

It is easy for me to testify to the expertise of all the people I have mentioned, as at some time, all of them were part of the operating room team of which, as a surgeon, I was a member. The expertise of the anaesthetist must match, maybe even surpass, the expertise of the surgeon in preserving the health and well-being of the patient. The Department of Anaesthesia is a vital but almost a hidden part of a hospital.

In addition to testifying to their skill while I was the surgeon on the team, I can give first-hand evidence as a patient. Once with André Joyal and twice with Philippe Laberge, I have been gently and pleasantly wafted away, to awaken comfortable and healthy and thankful to two fine anaesthetists... and several

surgeons.

The Chaplains

The first chaplain in the new hospital, Father Thomas O'Reilly, lived in a nice suite of rooms across the hall from the interns' quarters on the first floor west. A quiet, almost invisible man, he was, nevertheless, always available when needed and brought unobtrusive comfort and help to the sick and the dying. He was active and helpful in the building of St. Mary's, and was, in fact, one of Dr. Hingston's 'pioneers'.

The next chaplain I remember was Father Alex Carter. Young, intelligent and actively interested in the affairs of the hospital. He quickly became popular with all, from the denizens of the furnace rooms to the occupants of the seats of the august in the boardroom. Alex was obviously destined for greater things and has achieved them. For some time he has been a Bishop.

We had chaplains who came and went after a brief stay. The next long-term chaplain after Father Carter was a Father Cahill. This quiet young man took a while to get used to the sometimes outlandish statements and discussions carried on during the luncheon period. We, as doctors, had our own dining-room and no medical talk of any kind was allowed. Father Cahill ate with us and it was not long before he was into everything from politics to modern art. He really became part of the medical staff - a well-liked and admired member of the hospital family - a multi-faceted group as far as religion was concerned. Father Cahill's transfer was regretted by the whole staff.

He was replaced by a duo, Father D. Walsh and Father Gerry Pocock, as the job had become too arduous for one man. The religious and humanitarian needs of a hospital's population far exceed those of an ordinary parish and, as the patients increased, it was a bit much for one chaplain. I think the Bishop must have picked men who were well into the ecumenical movement, for all of our chaplains showed a marked degree of broad-mindedness and tolerance that was quite wonderful.

Certainly the doctors, nurses and patients - Catholic, Protestant, Jewish, Muslim, Hindu - had and continue to have great respect and friendly feelings towards our padres. Such a group recently protested the transfer of our most recent padre, Father Gerry Sinel. They were so impressed with his work among our cancer patients and others that he was reinstated.

We have been happy and well satisfied with these priests and at least one minister from a nearby Côte Ste-Catherine church who was a regular visitor for years. Our chaplains have been part of a service that helps to bring comfort and assistance to the sick and the dying.

Administration

We have been fortunate in our administration. Starting with Mr. A. J. Chopin, who for many years carried the burden by himself without having enough authority, or assistance, or enough money to operate properly. He did a remarkably good job from 1924 to 1940 and was followed, on a temporary basis, by Mr. Jack Brannen, a friend of Dr. Hingston's.

As I have already stated, Mr. George Bartel from the United States arrived in the late 40s. He stayed for three or four years and left to take on a bigger hospital in Chicago. He was succeeded by Mr. Paul Meyer, also an American, and an experienced administrator, very interested in expansion and construction. He was, I believe, responsible for our building of the 8th floor. We had been told that the building could not be built any higher. Mr. Meyer went through plans and specifications, proving to all that an eighth floor was very possible. Then we made a bit of a change and took on one of the Sisters of Providence who had been part of our establishment for some years and had trained as an administrator - Sister Mary Melanie. She did a wonderful job. She was interested in everything that would or could improve the hospital. I enjoyed working with her. We were friends and we shared the same hopes and aspirations for St. Mary's. "She walked on warm carpets and I slipped on clean linoleum." She understood both staff and directors problems and was active in their solution. We made progress during her tenure.

Mr. William O. Busat was the obvious choice after Sister Melanie had retired. He had been of great assistance to her in financial matters and in dealing with the government. Mr. Busat has been extremely capable and has secured all the government grants that were open to us. I was happy to support his appointment.

St. Mary's Auxiliary

The work of our auxiliary started at the very beginning of

St. Mary's Hospital, when its membership raised money to buy the necessary x-ray machines and equipment for the Dorchester Street hospital. This was just the first generous effort, over many years of continued work, to aid the hospital in a variety of ways.

As the hospital expanded, so did their contributions of time, work, service and money. Most of them laboured behind the scenes, knitting, sewing, pasting, painting, cooking and collecting; others operating gift and coffee shops, organizing "Gay Gambols" and the St. Mary's Ball, providing aid to our nurses and patients, doing so many, many things, that in attempting to enumerate them, I am sure to miss some. All of them are for the betterment of life in the hospital, whether it be by personal service to patients and staff, or indirectly by the raising of money in considerable amounts for research or other projects. We have been fortunate in having a devoted, innovative, successful auxiliary who have given great service and help to St. Mary's.

I feel guilty about the length of this statement. I might go on for many paragraphs just describing all the things they do. You make the lives of patients, doctors, nurses, staff and visitors a little easier, a bit more comfortable. You are invaluable and we all thank you.

The Directors

It would be presumptuous of me to try and make a reasonable assessment of the men who struggled for the development of an English-speaking Catholic hospital in Montreal. Men who were pulled or pushed into service as directors, with a hope, a dream. All, or most of them, were businessmen, facing a strange enterprise where solvency is the ultimate ridiculous optimism. For most of the older people in our Irish community, hospitals were viewed with apprehension. They were places you went to die if you were poor, unlucky, or without a family, or, at times, even when you were rich and important.

In the struggle to develop a hospital, the early achievement on Dorchester Street was an inexpensive one. True, it had constant financial problems, but these were small and could have been handled by the community and friends, had the directors not been faced by administrative questions. Was the hospital to be run by nuns? Would it be a spartan, no-frills place where dedicated sisters worked long hours accepting some

direction from doctors of their choosing and soliciting the charity of their patients and the public? Had this been the choice, there would have been no problems for the directors - there would have been no directors.

It took five years of half measures, from 1924 to 1929, and a change in the nursing order to settle for a hospital managed and directed by an essentially lay directorate, medical and nursing staff. By the time the new St. Mary's at its present location was opened, it had run over its estimated budget. Even after extensive cuts in the original plan for a 210-bed building with accommodation for nurses and sisters and a domed chapel, and despite the relatively cheap construction costs in the early 30s, operating it without a deficit became an immediate, difficult problem for the prominent men of the community. They took on the thankless task of being directors, giving not only their time and business expertise, but also more than their share of financial support.

Directors also have the difficult task of satisfying the demands of doctors whose ideas of expense are governed by the accepted belief that the sick, the hurt, the defective, and the well, are entitled to the full range of medical treatment, whether it be curative, palliative, imaginative, ridiculous, unnecessary or deplorable.

It may even be true that no expense should be spared in health care and all hospitals should be state-operated. If this is so, perhaps directors have outlived their usefulness. But if communities are to retain some ownership and responsibility it can only be through a board of directors, therefore it might be advisable to choose those who have had some surgical or medical hospital expertise. Ideally they should be multi-millionaires and/or members of the reigning political party, or have great influence thereon. They should have broad experience and great understanding, as they have to deal with medical men.

However much of our management we impose on our directors, their main function is to acquire money for these monstrously expensive machines we call hospitals and to try and ascertain that the funds are spent as wisely as possible. In my opinion it would be advisable to include the three chiefs of the senior services at directors meetings as well as any other medical person needed for information.

As I grow older and more tolerant, I find it easier to understand the difficulties that our directors faced. We were not a rich community, we had churches, schools and one college to support. The number of people who cared about the religion of the doctors was increasingly few. Over the years we gradually acquired the gratitude of most of our patients as a hospital that extended good and humane care. We have made no medical, obstetrical or surgical breakthroughs to gain fame - St. Mary's is just a good hospital. If you need an operation, or some treatment for an illness, it is nice to be in a hospital where human kindness and sympathy are still part of efficient professional care.

Our directors have had a hard job and I think most did it well. Some enthusiastically, like Major D.J. Donohue who, as president of the board, made rounds every Sunday morning for almost a year. His medical bible was the 'Reader's Digest' which was carrying a series of articles by a doctor whose surgical skills were, I hope, equal to his own horn-blowing. When the Major came, he questioned me as to whether we were doing all or some of the great things in the Digest articles and when he could not come for rounds, he left a copy of the Digest with the articles underlined in the appropriate places. He was a big, pleasant, likeable man, obviously very interested in St. Mary's, and I didn't mind taking the time to make rounds with him as most of the patients were pleased by the attention.

I am sure, even as I start to write this, that it will be unfair to many directors who have done much work for St. Mary's. Of the directors up until 1948, I knew only the previously mentioned Major D. J. Donohue and Mr. James Kennedy. I, of course, knew Dr. Hingston, Dr. Dunstan Grey and Dr. Magnus Seng, all of them the salt of the earth as far as I was concerned. I knew Mr. George Daly, president of the 1955 board; he got the first major drive and expansion underway.

I knew Dr. Gendron because he made the joint conference committee an interesting and useful body in solving hospital problems. I knew Mr. Joe Leddy because of his quiet years of service to the hospital. Mr. Alec Grant was a friend of mine from our student days at McGill. Mr. John Pennyfather, I knew because he had such wonderful ideas for the development of St. Mary's - unfortunately he had to return to his business before

they could be implemented.

Mr. Bill Bennett, I remember, because of his great and continued interest in the hospital and the intelligent use he made of the medical staff and administration, informing them of his opinions and recommendations, as well as his interest in St. Mary's Foundation.

I remember Mr. Stanley Clarke and his board for the superb job they did in getting the new west wing built following the 1968 drive. They organized it successfully with much kind assistance from The Honorable Eric Kierans, and quiet support from The Honorable Frank Hanley and others.

To all the directors who have had the interest of St. Mary's at heart and have taken the time and made the effort to further the progress of our hospital, my thanks and the thanks of all the people who make up St. Mary's Hospital.

From its Dorchester Street opening in August 1924, the hospital reached its 60th year of service in 1984 and during this time it has changed from being an Irish Catholic bastion to becoming part of the melting pot that is Montreal today. The Sisters of Providence, three of whom still remain as departmental coordinators, were, with the directors, the stalwarts of the Irish, English and Scottish Catholic community. Directors today, are mostly younger business and professional men and women. They have established a capital campaign to provide funds for expansion and the new equipment that is necessary in any modern hospital. This five-year drive was organized by Mr. John Pepper, Q.C., and his co-chairmen.

In concluding this history, I am sure that I have failed to mention many people, doctors and others, as well as directors. To all of them, I offer my sincere apologies. I wish I had had more time to research this history. Maybe somebody at some time in the future will fill in the gaps and omissions.

NOTES

1916 - October. Dr. D. Hingston calls meeting. Present were: Drs. James I. Guerin, E.J.C. Kennedy, Frank Devlin, F.J. Hackett, James McGovern, T.J. Hewitt, J. F. Gallagher, O. O'Connor, Leo Mason.

1919 - January 2. Meeting held. Same group plus: Father O'Reilly, Drs. Styles, Conroy; Drs. Gallagher, O'Connor and Leo Mason did not attend.

1919 - January 14. Dinner at University Club. Present were: Same doctors as above; Drs. Williams, Bourne, Grey, added to members. Businessmen included: Messrs. Sarsfield Cuddy, W.M. Weir, M. Fennell, Leo Ryan, T. Taggart Smythe, H.H. Trihey and Clarence Smith. Messrs. Arthur Phelan, Tom McAnulty, Charles Hart, Vincent Hughes were unable to attend.

1919 - March 24. Drs. Grey, Bourne, Mullally, McAuley, Father O'Reilly in attendance along with original members. Drs. Kennedy, Gallagher, O'Connor, Mason did not attend. Messrs. P.M. Wickham, Charles Sheffield were present representing drive for Loyola College.

1919 - May. Present were: Father O'Reilly, Drs. Devlin, Duckett, Hackett, Grey, Rogers, Conroy, McGovern, Kennedy and Hingston.

1919 - June 30. Present were: Father O'Reilly, Drs. Guerin, Grey, Hackett, Devlin, Hingston, Messrs. T. Taggart Smythe, M. Fennell.

1920 - Nov. 20. Board of Directors elected: Drs. J.J. Guerin, F. Devlin, D. Hingston, Messrs. L. Ryan, T. Taggart Smythe, William Daly and Rev. Father Thomas O'Reilly and the Hon. Charles Doherty.

1921 - May 10. Dr. Devlin, president, Rev. Thomas O'Reilly, Drs. J.J. Guerin, D. Hingston, Messrs. Taggart Smythe, W.J. Daly.

1922 - same Board of Directors elected as above.

1923 - Hon. Charles Doherty and Leo Ryan re-elected to Board.

1923 - Nov. 29. Board meeting. Father G. Shane now on Board. Present were: Drs. Devlin, Guerin, Hingston, Judge Doherty and Messrs. W. Daly and L. Ryan.

1924 - February. Newly elected Board. Drs. Hingston, Devlin, Father O'Reilly and Messrs. J.J. Fitzgerald and T. Taggart Smythe.

1924 - May 20. See letters and official documents, items in the daily papers, Annual Report, St. Mary's Hospital May 15, 1924 - December 31, 1924.

1924 - May 29. Present were: Drs. F. Devlin, J.J. Guerin, D.A. Hingston, Rev. Mother Morrissey*, Rev. Sisters McGowan and Campion, Rev. Thomas O'Reilly and Messrs. J.J. Fitzgerald and T. Taggart Smythe. A Mr. J.C. Walsh was also in attendance as a "campaign organizer".

* Sister Morrissey was now a Reverend Mother.

1924 - June 10. Present were: Drs. Devlin, Hingston, Guerin, Mother Morrissey, Sisters McGowan and Campion and Mr. T. Taggart Smythe.

1931 - May 26. The Hon. W.L. MacDougall, the new chairman, the Hon. J.H. Dillon, a member of the provincial cabinet; Messrs. L.P. Walsh, D.J. Donohue, J. Stormont, P. Monahan and Father McDonough.



Dr. J.J. Dinan, 1961.

About the author

John Dinan was born in Quebec City in 1906, the only son of Theresa and Francis Dinan's family of four children. He graduated from Bishop's University in

1928, then went on to study medicine at McGill.

The first three months of Dr. Dinan's post-graduate internship and surgical residency, were spent at St. Mary's Hospital, where Dr. Donald Hingston was his chief. At that time the hospital was in the Shaughnessy mansion on Dorchester Street.

By 1939, John Dinan had completed his post graduate studies in surgery in London, England, and later that year he returned to Canada to court and marry Maud MacDonald. In the spring of 1940, he joined the McGill Military Hospital as a Captain and was sent overseas. By the time the war was over Dr. Dinan was a Lieutenant Colonel. Once discharged from the army in September, 1945, Dr. Dinan returned to his first love, St. Mary's Hospital in Montreal, where he was surgeon-in-chief from 1958 to 1967. He remained a strong presence in the OR until 1981, when he retired from surgery at the age of 75.

A tall, imposing figure of a man, Dr. Dinan is still to be seen in the corridors of St. Mary's Hospital. He has a small private practice, and is loved and esteemed by patients and colleagues, alike.

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