

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



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

In Sickness and in Health
Holy Cross Hospital
Celebrating our First Centruy of Caring
1891-1991

by Jack Peach

Source:

courtesy of

Service des archives et des collections

Sœurs de la Charité de Montréal

« les Sœurs Grises »

Copyright: Public Domain

Digitized: February 2006

BY JACK PEACH

IN SICKNESS IN HEALTH

HOLY CROSS HOSPITAL

Celebrating our first century of caring 1891 - 1991



BY JACK PEACH

ISBN 0-9695607-0-2

The Jasper Printing Group Ltd. 11, 4220 - 23rd Street N.E. Calgary, Alberta, Canada T2E 6X7

Peach, Jack, In Sickness & In Health

ISBN 0-9695607-0-2

 Holy Cross Hospital — History. I. Calgary District Hospital Group. II. Title. RA983.C3H64 1991 362.1*1'09712338 C91-090587-8

Editor: Sandy De Piero Assistant Editor: Lyle Walton

Design and Production: Kitty McLeod and Rob Melbourne/The Art Board

Printing: The Jasper Printing Group Ltd. Publisher: Calgary District Hospital Group

All rights reserved. No part of this work may be reproduced or used in any form or by any means — graphic, electronic or mechanical — without the prior written permission of the publisher. Any request for photocopying, recording, taping or information storage and retrieval systems of any part of this book, shall be directed in writing to the Community Relations Department, Calgary District Hospital Group, 2210 - 2 Street S.W., Calgary, Alberta, T2S 1S6.

Printed in Canada

CONTENTS

DEDICATION	
THE SCENE IS SET	9
The Start	
THE CADUCEUS CREW	30
THE GROWING YEARS	47
BACK RUBS & BED PANS	70
THE HEART OF THE MATTER	93
Holy Crosstalk	104
L'ENVOI	117
Postscript	120
Credits	125



DEDICATION

In all, a small army of people with an almost countless array of accumulated skills are the hospital. No longer is there the simplicity of the "let's try and see if it works" philosophy; no more the "by guess and by God" hopefulness that all will turn out well. Illnesses have not become more complicated. Those that have existed, some completely anonymously for centuries, now are known in their menacing details. We, the patients, are the beneficiaries.

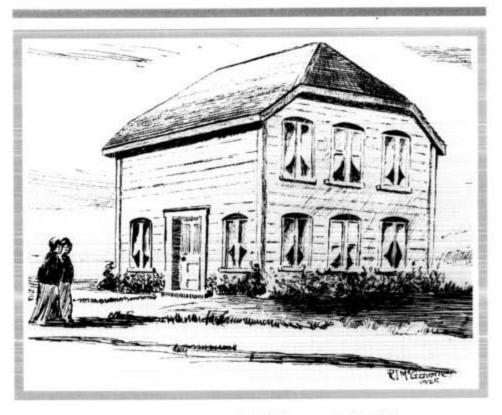
The medical and technical women and men whose gifts propel them into spheres of curiosity and determination to get to the roots and the meanings, the relationships and consequences of illnesses are the authors of solutions, cures, palliatives and preventatives. We are the inheritors of their discoveries and their insatiable curiosities. Under the roof of this hospital is proof of the presence of its share of those whose healing hands and barrier-challenging brains are dedicated to our well-being. This book is dedicated to them of this past century and to those of the immeasurable future of the Holy Cross Hospital.

THE SCENE IS SET

In the summer of 1875, a small group of North West Mounted Policemen known as "F Troop" stopped their horses at the grassy edge of a hill which ended abruptly at a cliff that formed the north bank of a swiftly tumbling mountain river. Below the spot where they stood, another river, having twisted its way out of the mountains to the southwest, joined the larger stream. It was plain to see that, prehistorically, the two had helped carve a deep treeless bowl carpeted with prairie grass. The courses of both streams, the Bow and the Swift rivers, could be traced by the viewing troopers out to the far distance, the thin edges of some native bushes and cottonwood trees marking the waters' downhill dash out of the mountains.

Scanning the broad majestic scene, the Mounties decided this, without a doubt, was the ideal place to establish a frontier police fort. While they appraised the rivers' meeting place, someone spotted a small tent pitched well back from the junction of the streams, not much more than a pale dot out on the bald prairie valley floor. It was the tent of Father Leon Doucet O.M.I. who, with an Indian boy as his guide and only companion, had pitched camp during his search for a church site out there in the wilderness.

Fr. Doucet, an assistant priest, had been assigned the job by his superior, Father Constantine Scollen O.M.I., of finding a place to build a mission near the river junction. For the past two years Fr. Scollen had been stationed 20 miles upstream on the Elbow in a log cabin that he, Fr. Doucet and husky Indian convert Alexis Cardinal had built and named Our Lady of Peace mission. It was the headquarters of what was about to become the new parish of St. Mary.



Holy Cross Hospital began as a two-storey wooden building measuring 24 x 24 feet square.

In today's terms, the church property near the rivers' junction extended from about Seventeenth Avenue to the south escarpment of the Elbow River valley, and from the top of the hill west of MacLeod Trail to Fourth Street South West, except for a 52-acre plot already claimed by Paul Fagnant, a settler of French Canadian origin.

Anticipating a quite thorough settlement of the area, the churchmen, with the help of Alexis Cardinal, wasted no time in erecting a log mission. It was very close to the present site of the Holy Cross Hospital and, within a matter of months, unexpectedly became the initial hospital building.

Meanwhile, the well-known and enterprising roving missionary, Father Albert Lacombe, made a swift and unauthorized journey to Ottawa to register the land as a homestead before squatters arriving from overseas established themselves in large numbers. Having successfully completed that task, Fr. Lacombe became one of the area's original homesteaders on a piece of the land approximately where the parish hall (later the Canadian Northern railway station) and St. Mary's Cathedral now stand.

It seemed logical to expect that people of French Canadian origin would gravitate to the newly-established parish centre. The influence upon them came not only from the church but, in one instance, unwittingly from the far-off federal government.

In 1884, the Northwest Territories had been divided into three judicial districts,
Assiniboia, Alberta, and Saskatchewan, with Calgary as a sub-district. When, a year
later, a Territories Board of Education was formed, Magistrate Charles B. Rouleau
of Battleford was appointed to it, and in 1887, the same area was re-divided into five
judicial districts. In order to handle a rapidly expanding calendar of duties, Chief
Justice Rouleau, in his position of stipendiary magistrate for the Northwest territories, moved to Calgary where settlement was proceeding at breakneck speed.

Magistrate Rouleau commissioned the construction of a family mansion of locally quarried sandstone within the "French colony". A second Rouleau, Charles' medical brother Hector, moved into the district too, for he had been appointed local chief surgeon to the North West Mounted Police. Their combined high-profile presence



Dr. Edward H. Rouleau, member of the original medical staff, and brother to Calgary's magistrate in 1891.

accounted for the area being named Rouleauville until it was annexed by the City of Calgary in 1907. From then on it was known as Mission because of the strong church influence throughout its short history.

The Rouleaus hoped that French-speaking Roman Catholic newcomers would choose to settle there, part of the encouragement having been the Rouleaus' naming of the area's avenues, once the acreage had been surveyed, for it was the thoroughfare naming that lent character to what was to become the Mission District. Along the north edge of the property was Notre Dame Avenue until, in 1904, the city renamed it Seventeenth Avenue. Fourth street, the western limit of Rouleauville, had been Broadway Street until it too was given a number, and Second Street West enjoyed the name Hamilton Street. From north to south the avenues, prior to being numbered Eighteen to Twenty-Six, were known as St. Joseph, St. Mary, Oblate,

Lacombe, Doucet, Rouleau, Grandin, Scollen, and Legal. Beyond that point the as yet unspanned Elbow River marked the southern extremity of the settlement, although not of the property.

The Oblate Fathers were landowners of a substantial tract of riverbank and hillside acreage south of the re-christened Elbow river which, on earlier maps, had been identified as the Swift River.

As a footnote to this scene-setter, there was one voice in the clerical core of the a predominantly Roman Catholic enclave that has not been heard for 97 years: the commanding call of Alberta Josephine, an 800-pound church bell, blessed by Father Lacombe in 1885. It hung in a new, specially-built tapered steeple atop St. Patrick's Church after that house of worship had been skidded and hauled from Calgary's original east-of-the-Elbow townsite. The large bell and the enlarged church, were placed on newly consecrated ground near today's location of St. Mary's cathedral.

As the Roman Catholic community grew, St. Patrick's church became the fifth and final Mission of Our Lady Of Peace; a modest-sized wooden building at the intersections of today's Eighteenth Avenue and Second Street West. But some years before it was demolished in 1903, the bell tower was taken down. At that point Alberta Josephine inexplicably vanished, soundlessly, without a trace - almost like Rouleauville.

Part of the history behind this tale is that the cathedral - core of the Mission commu-

nity's religious life - stands today completely renewed and majestically visible, facing the city's core to the north down First Street West. Two short blocks to the south of it, on Second (nee Hamilton) Street facing onto one-time Doucet and Rouleau Avenues, is the century-old Holy Cross Hospital. Proudly modern, efficiently, with tender concern and dedication, it serves the teeming Calgary community from the site that, at its lifetime's beginning, was a frontier wilderness.

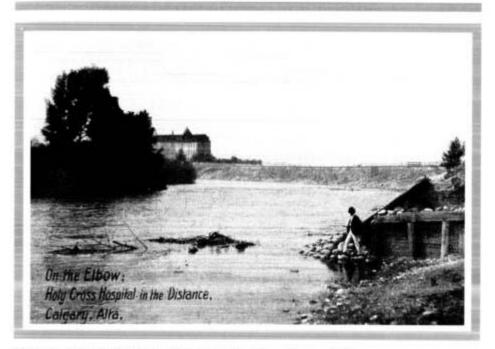
THE START

The "train from the east" was expected to reach the little town of Calgary at 2 o'clock in the morning. It was the bitterly cold start of Friday, January 30, 1891. At that time, the railway's divisional points were Gleichen and Canmore so Calgary was a very brief pause between main stops. Among the disembarking passengers were four members of the Order of Sisters of Charity, more familiarly known as the Grey Nuns, Les Soeurs Grises, of Montreal. Their companion and guide was Father Hippolyte Leduc, who had joined them at Winnipeg during a pause in their westward rail journey.

Here at last in Calgary, they hefted their suitcases, turned their backs on the lights of the little settlement and, clutching their "bankroll" of \$73.75, tramped off through deep snow into the southern darkness beyond the tracks to the distant light of the Sacred Heart Convent.

Led by their senior member, 36-year-old Sister Agnes Margaret Carroll, they were Sisters Maria Olivia Dulcina Beauchemin, Elizabeth Dumoulin Valiquette, and Madeleine Beemer - known as Sister Gertrude. After a perishingly cold walk, the four women and the priest safely reached the lamplit warmth of the frontier convent.

Despite the long, weary journey and the awesome enormity of the empty, seemingly inhospitable land, the women found etched indelibly on their minds an admonition: "Be ever faithful to the duties of your vocation; always walk in the path of obedience, regularity, and mortification. But above all, let the most perfect union and charity reign among you." Those were the words of a rule originally laid down in



Postcard depicting Holy Cross Hospital by the Elbow River. c.1916.

1738 by the Venerable Mother Marguerite d'Youville when she founded the Sisters of Charity, the Grey Nuns of the Motherhouse in Montreal.

December 9, 1990, marked the date Marguerite d'Youville was canonized as our first Canadian-born saint. In a written history of the Grey Nuns are the words, "In spite of heavy burdens already assumed, the community acquiesced in 1891 to the request of the saintly Bishop [Vital] Grandin to send some Sisters to Calgary to open there a hospital, which, from the beginning, has been marked with the seal of approval."

With backing such as that, and with their founder's directive giving power and



The perseverance and care of the Grey Nuns helped the hospital grow. c.1908

purpose to their endeavors, the four new Calgary arrivals wasted no time opening the door of their little hospital to their ailing new pioneer neighbors. That auspicious but modest occasion was Monday, April 20, 1891. Indeed it was a small beginning, for the two-storey wooden building measured just 24 by 24 feet and could accommodate only four patients.

The available financial assets upon which the hospital was founded totalled \$209.74, including a donation from men in C.P.R. construction camps, plus the Sisters' own belongings on which a value of about \$150 had been placed. Obviously their faith more than compensated for their shortage of funds. With supreme optimism, they placed the chances of the survival of their hospital venture in the hands of the Lord,



Another addition in the early 1900s began to accommodate more patients, c.1907

and valiantly mustered their own physical capabilities to make a success of it.

During every precious spare moment, the Sisters, led by enthusiastic neighbors such as Mrs. O. P. Clark and Mrs. J. S. McKinnon, canvassed the 380 local settlers asking for donations of bedding, equipment, and money. Sister Carroll and another nun occasionally boarded the Calgary-Edmonton train soliciting donations en route from rail passengers. So successful was their persistent campaign that, within a year, they could see a good chance of being able to enlarge and upgrade their small hospital.

Sister Lucienne Garneau remembers that elderly cook Sister Madeline Beemer,

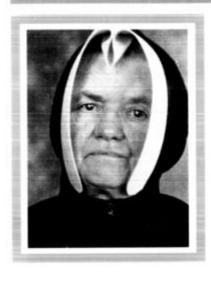


Sister Orise Valiquette
(nee Elizabeth Dumoulin)
was a founding sister
and worked at the
Holy Cross until 1899.

one of the founding Sisters, used to roll bandages in her infirmity. Earlier, she made apple pies which she sold at the Stampede to raise money for hospital equipment.

Their objective was realized due, in part, to a shrewdly successful building material deal. Calgary's first brickyard, owned and operated by J. F. Peel, was located on 15 acres of Oblate Fathers' hillside land that now backs the southeast boundary of the Roxboro residential area on the south side of the Elbow River. Opened in 1886, it was Calgary's leading brickmaking factory run by Peel and a colleague named Sparrow. However, they slipped a bit behind in their rent. The reason is not clear, for it was a hillside of high quality clay and the Peel brickyard payroll, at one point, listed 15 men and 10 horses working the busy plant.

Apparently, an idea put forward by the enterprising Grey Nuns appealed to their Oblate Father Colleagues. The priests and Peel worked out a deal whereby he



Sister Gertrude (nee Madeline Beemer), a founding sister was the cook and sold apple pies to raise money.

would pay off his rental arrears in kind. The result was the delivery of 25,000 Peel and Sparrow Bricks to the present Holy Cross site. This delivery enabled the new hospital to be constructed and, after its dedication by Bishop Grandin, it opened its door to patients on November 13, 1892.

Rising from a first-floor foundation of rough-cut native sandstone, the four-storey L-shaped building had a black mansard roof, the slope of which at the front of the building was punctuated by five pointed dormer windows. At the rear, in the shelter of the ell with the Elbow River in plain sight, there were two open verandahs. Bed-ridden patients were wheeled onto them to enjoy the view and the fresh air when the weather was at its most pleasant.

Although two tall staircases led up past the hospital's sandstone ground-level lower floor, a Peel-brick tower arose from the broader southernmost flight of steps giving





Nurses relax following a day on the wards and in surgery. c.1916.

the building a steeply pointed crest. It had pairs of front windows at the second and third floors above a fanlight surmounting the hospital's broad front doors.

This new hospital was somewhat of a local showpiece of architecture and efficiency.

It had central heating, electricity, and telephone. A windmill at the rear operated a

water system ensuring baths, and a constant supply of hot and cold running water for the care of 35 patients.

While the nursing Grey Nuns were busy with their expanding activities in the new roomy hospital, Sisters of another order were pursuing their designated objectives nearby. In 1885, under Bishop Grandin's orders, four frontier teachers, Sisters of the Order of the Faithful Companions of Jesus, had already arrived in the tiny settlement of Calgary.

The sisters had been serving near Batoche and the bishop, fearing for their safety in Riel rebellion territory, moved them to this little town to open a private school very close to the spot where the hospital was to be built. The teachers, and especially their leader - Reverend Mother Mary Greene - continually had their own work cut out for them, so socializing with the nursing quartet was only a luxurious pastime.

When in 1893, Calgary fell victim to an outbreak of diphtheria, the help of the Sisters was sought, for here indeed was a desperate situation. With no immunization protection for patient or nurse, an isolation ward was set up on the as-yet-unused third floor of the hospital. One of the results of that fight with such a dreaded disease was the realization that greater nursing skills were essential. Subsequently, the first school of nursing was established by an expert within the Grey Nuns' ranks. Sister Albertine Duckett of Montreal was brought to Calgary to instruct three local sisters.

Tuition was provided by Sister Albertine and local doctors, and in 1906 the trio of students received nursing diplomas by passing ten tests set by a Manitoba board of examiners. The next step in upgrading nursing skills was to expand the Holy Cross school of nursing by admitting lay students from the Calgary community.

In 1907, the first group of greenhorn student nurses began a three-year training course under the Sisters' tutelage. The young women were under constant scrutiny, as they were housed in a dormitory created especially for them on the third floor of the hospital near the isolation ward. Their working hours consisted of a 12-hour stint beginning at 7 a.m. Beyond that, every detail of their free time was strictly monitored, and physically and morally "policed". That additional burden of the Nun's responsibility heightened the solemnity of the Holy Cross Hospital atmosphere.

Indeed, there was a reason for solemnity when, in 1908, it appeared for a short time that Calgary might be on the verge of a typhoid outbreak. The Holy was prepared for the expected crisis that fortunately did not develop to epidemic proportions.

One young Calgary participant in that tense time - Vincent David Leo Harrigan - had been baptized the year before by the Oblate Fathers. In 1908, the tiny boy was nursed through the crisis from a cot in the Youville ward at the Holy - a milestone in the native Calgarian's long lifespan.

With the intensely demanding care-giving event behind them, it was apparent to the entire Holy Cross nursing staff that, even without a city-wide outbreak of the disease, the Sisters were very overworked. They were therefore grateful to share some of the nursing and housekeeping burdens with the young trainees. Apparently however, most of the Nuns were sparing in their expression of appreciation, lest the young women in their care and under their instructional thumbs become too boisterous at the excitement of their new student-nursing challenge.

The Sisters, clad in their centuries-old billowing grey and starched black garb, are remembered as sailing like ocean liners with a certain majesty among the small flock of seagull-like lay student nurses. The Sisters obediently followed the doctors' whims, fads, and fancies, compelling their young charges to "keep their place" as they themselves were obliged to do. Expressing, or acting upon innovative procedures that would rock the Ark's legendary keel was not tolerated.

Discipline among the trainees was good, being engendered more by timidity than by pure desire. Beneath the stiffly structured hierarchy however, young women's attitudes, viewpoints, and mores were gradually changing and it became a bit less essential to unswervingly meet the Sisters' unquestioned approval. Occasionally, a student's non-life-threatening action crossed doctrinal lines and deep-rooted traditional procedures. At that point, of course, the young nursing undergraduates quietly and, in some cases secretively, began creating their own traditions which, in time, were destined to achieve their own historic durability.

Of that initial class of six lay student nurses, five graduated in 1910, and the Holy achieved recognition as a strict, thorough, and forward-thinking school of nursing.

25



Student nurses from the first graduating class. c.1907.

Very important too, in those teen years of this century, was the steady increase and improvement of medical equipment and facilities. Those improvements resulted in the recognition in 1919, of the Holy Cross as a 200-bed "Class A" hospital, by the American College of Surgeons. It was a crucial plateau reached because of the high calibre of patient care and constant augmentations, such as an X-ray machine and its accompanying department, a special maternity wing, and new, well-equipped laboratory services.

Some of the much-needed medical aids were obtained solely by the valiant moneyraising campaigns of staff members and bands of dedicated volunteers. In other instances, substantial financial support for those mechanical additions and up-dating improvements came from donors who admired the objectives and efforts of the hospital's personnel. For example, that first X-ray machine, a modern marvel at the time, was a gift from prominent Calgarian businessmen, meat-packer Senator Patrick Burns and millionaire land developer Fred Lowest.

A period of notable progress took place during the 1916 to 1922 term of a teaching nurse who had returned to the scene of a former success. Sister Albertine Duckett, who had been summoned from Montreal temporarily at the time of the Calgary diphtheria outbreak of 1893, was back at the Holy Cross in the much more exalted role of Sister Superior. It was her task to lead the hospital through the trying and testing years of the latter part of World War I and its aftermath.

Upon her return to Calgary, Sister Duckett found the physical being of the hospital greatly changed and improved upon, but the spirit and the dedication remained as firm and traditionally intact as ever. In fact, had they been able to return, the four founding Grey Nuns also would "scarcely have known the old place!"

Pioneering Sister Carroll had pursued another calling. In 1907, having been promoted to the position of Mother Vicar, she was placed in charge of all Grey Nuns' activities in the territories that were destined to become Alberta and part of Saskatchewan.

Another of the original quartet, Sister Beauchemin performed her duties in Calgary for eight years. During a further eight years, she was a pharmacist for the Order until ill health and failing eyesight forced her to return to the Motherhouse in Mon-

treal. She had completed almost 60 years service as a Grey Nun at the time of her death.

Sister Valiquette, worn out with the demanding role she played in Calgary, was recalled in 1899 to gentler tasks in Montreal where persistent cardiac problems plagued her and finally claimed her life. German-born Sister Gertrude, the last survivor of the original quartet, spent most of her life as a Nun in Alberta until her death at St. Albert at the age of 88.

So the years rolled by, each one marking additional advances in medical sciences, and the more complex roles of the younger generations of nurses who, with new skills, performed the nurturing, the comforting, and the healing for which Holy Cross Hospital has always been so renowned.



Holy Cross Hospital - a rear view. c.1900.

THE CADUCEUS CREW

During the beginning years of the hospital's no-frills medical purpose and capability, the Sisters relied upon the availability of the very few doctors in the community. The North West Mounted Police and the Canadian Pacific Railway were behind the westward migration of most medical men who set up their practices here. One exception was the unaffiliated civilian, Dr. Andrew Henderson, whose first patients used his services and his drug store before the initial Holy Cross four-bed institution was created.

One of the influential medical practitioners, Dr. Edward Hector Rouleau, arrived in Calgary upon receipt of what might be described as a double invitation. The first was in the form of a mounted police request from the force's deputy surgeon general, Dr. Thomas Roddick, at the time of Louis Riel and the Northwest Rebellion. In 1885, Roddick, who had studied under Dr. Joseph Lister, the founder of antiseptic surgery, was stationed at Battleford. Urgently needing assistance, he called upon a young Dr. Rouleau and in the course of their battlefield work, shared with the 30-year-old Quebecker much that Lister had taught him.

With hostilities at an end, Dr. Hector Rouleau headed for Calgary at the invitation of his brother, the Honorable Charles B. Rouleau, who was the Calgary-based Chief Justice of the Northwest Territories' supreme court. Not only did the Rouleau brothers reside in their mansion a couple of blocks from the Holy Cross Hospital site, but they also lent their name to the district. Dr. Hector Rouleau devoted his life to his practice, his church, and to the welfare of the hospital until the time of his

death in 1912.

Another mounted police physician who arrived here in 1885 was Dr. George Kennedy. He left the force to become the Canadian Pacific Railway's official surgeon along the line then under construction between Medicine Hat and Revelstoke. He was based in Calgary and, when the rails reached this community, he encountered a visitor to the town, Dr. Robert George Brett, the railway's Winnipeg surgeon.

After the railhead had moved far to the west of Calgary, deep into the mountains,

Dr. Brett left the railway's service to set up his practice and establish a sanatorium in

Banff - a town he called home even during the ten years he was Alberta's Lieutenant Governor.

Another compatible medical man found himself in company with Dr. Brett, both unofficial passengers on what they called "the front train" that reached Calgary on August 11, 1883. He was Dr. Neville J. Lindsay, a general practitioner who, upon reaching the little settlement, immediately set up shop in a local hotel.

A short while later, Lindsay and Dr. Henry George set up a partnership practice.

Dr. George became a caring friend of many of the area's Indians and was Chief

Crowfoot's physician until the great Indian leader's death. Politically motivated Dr.

Lindsay, on the other hand, became one of the Town of Calgary's first group of

councilmen and, when the time came, was one of the initial medical men to place



patients in the new little Holy Cross Hospital.

Two years prior to that, in 1889, Dr. Lindsay had accepted an appointment as a C.P.R. doctor for the main line tracklaying activities between Gleichen and Donald.



In 1911, there was accommodation for 100 patients, 23 private and five semi-private rooms.

More than that, he had agreed to be named an honorary surgeon to the local mounted police and had a well-established local practice by the time the Holy opened its doors.



Mrs. McGuire
(nee Martin) was a
graduate of the first
class of the
School of Nursing
in 1910.

Dr. J. D. Lafferty, an 1885 newcomer, was another medical man who wore a local civic politician's hat as well as his medical whites. In the year of his arrival, the dynamic Lafferty was voted to an aldermanic post before being elected Mayor of Calgary in 1890. Soon he too used the facilities of the Holy Cross Hospital during his very busy and varied lifespan. He earned the respect of his patients and his peers as an expert diagnostician, internist and, of course, politician!

The Mounties and the railway were also behind the westward moves of another pair of medical men. The police obviously chose English-born Dr. Henry George as one of their local medical appointees because he had already served, earlier in his medical career, as a London Metropolitan Police surgeon. Dr. George was on Calgary's general practitioner roster only until 1893 when he dissolved his partnership with Dr. Lindsay and chose the life of a country doctor at Innisfail. Back in 1889, however, George's travelling companion to Calgary had been Dr. William Goodsir Mackid, a medical man who left a large and deeply respected footprint upon the Calgary scene.

Mackid was the doctor who took the advice of his former close colleagues and lifelong medical friends, brothers Will and Charles Mayo of Rochester, Minnesota, and introduced to Calgary a workman's payroll deduction medical plan. A general practitioner with a specialty in sophisticated surgery, Dr. Mackid was considered by many as perhaps foremost among the 12 doctors practicing in Calgary by the time 1900 appeared on the calendar.

Fortunately, through the years, doctors' knowledge of diseases and treatments improved, for the rapid growth of Calgary's population meant a proliferation of identifiable diseases.

In those days, before Calgary had adequate isolation facilities, the doctors of the Holy Cross had to be on guard, ready to treat contagious diseases of many types. Diphtheria, typhoid and influenza were formidable pre-Great War menaces that too often taxed the knowledge and facilities of the Holy Cross and its crew of doctors and Sisters.

Needs dictated the hospital's growth and by the time the little city reached a population height of about 55,000 in 1916, the ranks of medical practitioners had increased to 64. A substantial stream of them, tending their patients, passed through the doors of Holy Cross Hospital.

They, the specialists, the general practitioners, the loud and imperious, the gentle and intense, were the forerunners of an impressive host of medical men who, over the century, gave much of their knowledge and themselves to the welfare of those in need of the ministrations of the Holy. Their number included many names known Calgary-wide for they were not all that numerous, especially in the years before the tremendous strides in medically scientific procedures created today's preponderance of specialists.

The roster of those using Holy Cross Hospital facilities included "household" names such as these, who together formed the Associate Clinic: Aikenhead, Lincoln McNab, Murray, and Stanley; ear nose and throat men who formed their own triumvirate: Gunn, Hackney, and Shore. There were also Bercov, Bouck, Brodie, Campbell, Fettes, Humphrey, Learmonth, Lincoln, McEachern, McLaughlin, Melling, Merritt, O'Callaghan, Salmon, Stewart, Swartzlander, Townsend, Upton, Walker, and Wilson.

Occupying a very special place in the medical ranks of the Holy was Dr. W. E. Ingram, who was appointed to the staff in 1928. Fifteen years later he earned his Specialist's Certificate in surgery and, in 1948, was appointed Chief of Surgery - a

position which he held for 18 years. Fifty years from the day Ingram began, he was appointed to the Honorary Medical Staff of the Holy Cross Hospital. One of his scrub nurses, Doreen Anderson, wore one of his white surgical gloves as "something borrowed" at her wedding!

Another notable medical figure at the Holy was Dr. Clara Christie, one of Calgary's earliest female doctors. Her specialty became obstetrics and gynecology and her ardent admirers were student nurses of the Holy with whom, at painstaking lectures, she shared her great skills and humanity.

One tale of that humanity was not very widely known. One of Dr. Christie's distraught patients, a young unmarried schoolgirl, gave birth at the Holy while Clara saw to it that the girl's unsuspecting father was kept at bay by her brother, Nat Christie. Suddenly the girl's father reappeared at the hospital and a denouement seemed inevitable but for Dr. Christie's lightning action. She popped the robust newborn in her medical bag, fled the Holy right under the nose of the unsuspecting father, and immediately sped the infant safely to its adoptive parents!

In their 75th anniversary book, "Nuns and Nightingales", graduates of the Holy

Cross School of Nursing paid this brief and charming tribute to "Our" Doctors:

"They taught us, lectured us, berated us, praised us, ignored us, supported us, and
forgave us. We cussed them, respected them, discussed them, admired them,
resented them, feared them, laughed at them - sometimes even had a crush on them.

Woe betide the unthinking nurse from another hospital who belittled them; they



Dr. Irial Gogan, first lay administrator of Holy Cross Hospital.

might not have been perfect, but they were OUR doctors."

Out of the ranks of so many medical men, another might be picked, not because he is particularly renowned, but because his story depicts the Holy Cross Hospital of the 1939 - '40 era. Dr. Donald L. McNeil arrived in Calgary with his degree in the wake of an application to the Holy for a senior internship.

Earlier on, the experienced medical men who pooled their talents to form the Calgary Associate Clinic, prevailed upon the Sisters at the Holy Cross to initiate a hitherto unheard-of program of paying interns to serve there. The first enrollee was Bligh Banks, coming onto the scene in 1937. He and the other earliest student interns never realized that, by the program's 50th anniversary over 400 interns would have been successfully trained at the Holy. The terms of intern payment were \$75.00 per month for the first half year, although \$25.00 was withheld each month and kept in trust.

If a promising intern then decided to stay, he would receive that \$300.00 withheld sum as an enticement to remain on the Holy staff, and receive a "salary" of \$150.00 each month. The laudable plan was not alluring enough to prevent young Dr.

McNeil from returning to Manitoba where he had achieved his Doctor's degree.

His decision largely hinged on the fact that Holy Cross Hospital was not organized to challenge interns. There was no ambulatory care and no voluntary designation of patients as subjects for the learning of medical techniques. Every patient was admitted by a particular doctor in whose exclusive care he or she remained. The intern had no primary responsibility to spur his interest and pinpoint his potential specialties.

It was not long, however, before Dr. McNeil was back in Calgary. The prospect of membership in the Associate Clinic had a lot to do with his return, and the Holy Cross lingered in his mind as an unfulfilled challenge. For the following two years

McNeil, as a line-in member of the Associated Clinic, found that the group largely used the Holy Cross facilities and the McEachern Clinic used it almost entirely.

In those days Holy Cross Hospital had no professional administrator. The Sister Superior and her colleagues handled all administrative duties and fortunately, while some had very humble and simple backgrounds, many others were well educated at the university level.

The fiscal responsibility of the entire hospital rested on the shoulders of the Grey Nuns, some of whom perhaps too seriously adhered to their vows of humility and charity. For example, their well-worn bed linens were carefully mended rather than discarded. Their deeply ingrained economies extended into kitchen services resulting in the Holy being somewhat unfavorably renowned for the poor quality of meals for both patients and staff.

Dr. McNeil recalled the beneficial influences of the assistant Sister Superior, Sister Leona Breux, who brought to the Holy some valuable experience and lessons she had learned in former Grey Nuns' hospital postings.

The doctor wrote, "She became of considerable significance in my medical life.

She possessed a great deal of knowledge in the management of hospitals and, what is more, she possessed great intelligence and a strong determined personality."

It was she who boldly appointed young, modern McNeil to replace a long-time

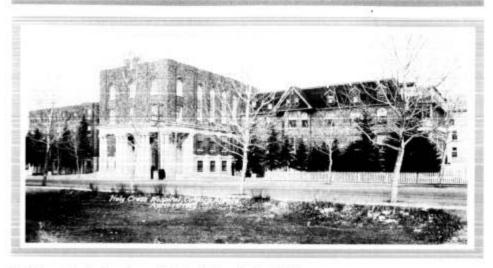
traditional incumbent as Head of the Department of Medicine. It was only one of the noteworthy medical changes afoot at the Holy Cross Hospital which, in many ways, they managed more swiftly than some of the ponderous, habitual behavioral patterns of the older, more traditional medical men.

When pediatrician Dr. George Prieur arrived in 1939, he found himself to be one of three newcomers adding their focussed skills to Calgary's only two locally practicing pediatric specialists, Drs. Price and Cody.

"There were few full-time specialists of any kind," he remembers. "There was the old, established hierarchy that was slow to change. The two chief surgeons were Dr. Macnab and Dr. McEachern. I can remember Dr. McEachern making rounds on Sunday mornings. He was dressed in a swallow-tail coat and striped trousers. It



Patient Lily Plant is wheeled onto the verandah for fresh air. c.1911.



The Macnah wing has been added to the hospital. c.1929.

was customary in the late thirties that when a doctor came on the floor to make rounds, all the nurses in the chart room stood up until requested by the doctor to sit."

Dr. Prieur was on leave of absence in the armed forces during the war and, upon his return to the Holy Cross, he found major changes were taking place. One was a pronounced trend towards specialization. A post-war shortage of cars and telephones abetted the erosion of the general practitioners' custom of making house calls, and helped hasten the creation of a well-defined division of surgery and medicine.

Specialization became increasingly important and significant. For example, in 1942, Dr. R. C. Riley was placed in charge of a new cancer diagnostic clinic, the only one of its kind in Alberta. At first, before knowledge of its value became widely known, it was squeezed into the hospital basement. There, in a rather uninspiring location,

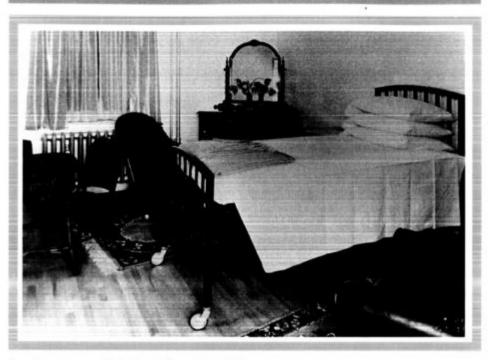
(from the public's viewpoint) it was to perform its vital work for the next 15 years until it returned to "ground level daylight" on the site of the former nurses' Waterloo residence north of the Hospital. In addition to its long-established school of nursing, the Holy became an official teaching hospital for interns, laboratory technicians, nurses specializing in surgical techniques and radiological technology.

With this extent of expansion and specialization in the 1940s, the need soon arose for a full-time medical director. Dr. Irial Gogan, with a wealth of international experience in that field, was appointed to the position in 1957, marking a major administrative milestone in the 66-year-old institution.

Obviously, with a staff of 200 doctors, 180 graduate nurses, 165 student nurses, 12 orderlies, and 380 support staff of maintenance, catering and administrative employees, Holy Cross Hospital reached "big business" status.

Always, despite the impersonality of technology in "Fast Forward Mode", there was time for ideas, actions and quips while the hands of those very human medical men held the lives of the patients of the Holy.

Dr. Fred Pilcher, who performed the first transurethral resection at the Holy Cross, always remembered nurses by their Christian names, a type of familiarity frowned upon by most of the Sisters. But then he used to enjoy upsetting them by teasing that he was not a doctor, but a plumber, because he looked after the waterworks.



A private room at Holy Cross Hospital. c.1928.

A random choice of the hospital's medical men reveals the depth of their association, the breadth of the roles they played over the years, and that other dimension: their esteem for the Holy which inevitably became such a significant part of their lives. The men were participants in the fun, the solemnity, the tragedy, and the drudgery during their tenure in parts of the Holy Cross Hospital's first century.

Dr. Jack Manes joined the ranks as an intern and rose to the posts of Medical Director and Executive Director. In his words, "The caring attitude of the staff for the patients was a trademark of the Holy."

Pediatrician Dr. P. O. Crossfield, who came to the hospital in February 1950 and for a quarter of a century headed the Intensive Care Unit, said, "The Holy Cross will always hold my fondest memories despite the fact that I can still chuckle over Dr. Cadger's unforgettable comment that the Holy Cross reminded him of a bleeding heart flying over a loony bin!"

Whatever the affectionate comments and opinions, it was agreed that ahead lay undreamed-of goals, the foundations of which had been laid during the previous decades. In that future, particularly in the 1980s, awaited a growth pattern which, in the most profound ways, was to mark the path of the Holy into its second century.

Meanwhile, let's take a detour back in time to survey those earlier "growing pains years" that sped the Holy, in pace with maturing Calgary, through puberty to adulthood.

THE GROWING YEARS

At one point in its young life, Holy Cross Hospital, then 37 years old, had to expand beyond its overcrowded L-shaped building. The land space was available and, with Calgary's population nuzzling the 70,000 mark, increased medical accommodation was essential. So, in 1928, the hospital physically grew in two directions, westward and to the south. Each new unit was four storeys tall and together they provided 112 new beds. The new wards were christened Holy Angels, St. John's,



Drs. A. E. Wilson (1) and Wilcox review patient charts with Sister Aubry looking on. c.1945



Nursing students in 1941 enjoying a Nursing Arts class.

and St. Ann's. This enlargement brought the hospital's patient capability up to 312 beds, and the staff to 161, 18 of whom were Sisters and 93 were lay graduate and student nurses. The rest were in-house service personnel.

As the 1930's began, the Holy's patient/day figure rose to 49,033 - such a contrast from the original little four-bed hospital's tally of 1,110!

Although patient accommodation at the beginning of the 1930 decade incorporated the very latest equipment for patient care, a most impressive and high profile cosmetic change took shape in the new, centrally placed front entrance area. A broad indoor flight of Manitoba Tyndall stone steps rose to a waiting area flanked by administrative offices.

Structurally and decoratively it was very much a local project, principally made possible by the donations of Calgarians. It incorporated the designer's architectural skills and the Sister's concepts of enhancements they believed their Holy Cross Hospital workplace and home deserved. Everyone felt it typified their caring and nurturing.



Operating room rapport in the 1950s.



Holy Cross Hospital staff and community members pose in 1955.

The authors of a Calgary 1975 Centennial publication called "The Science, the Art and the Spirit", described in these words the portion of the new oak, mosaic and stone hospital addition that included a Holy Cross Chapel situated above the main entrance.

This "Cathedral-like devotional area was to provide comfort for many throughout the years, since all denominations worshipped there. C. J. Duggan, a business associate of Senator Patrick Burns and a devout Roman Catholic, donated the altar to the new chapel. He imported many tons of Carrara marble from Italy and employed Italian workmen to create the masterpiece. Hand-worked by these artisans, the altar dominated the sanctuary with statuary reminiscent of the Old Masters. The windows were of stained glass which, when the sun shone through them, reflected their



The '67 wing is under construction. c.1966.

liturgical colors over the old-fashioned oak pews."

Perhaps it is fitting, at this point, to very briefly leap ahead in time to make an observation. Precious gem though it was, the chapel gave way to the inevitability of progress in 1974 after a brief life of service spanning only 46 years. The demolition

51

of it was accompanied by more than a whimper, for a host of Calgarians voiced their dismay. Even a petition was drawn up and signed by those who stated their indignation in these words:

"We, the people of Calgary and outlying districts, who have our signatures down for the retaining of the Holy Cross chapel, do not intend to allow our wishes as citizens and taxpayers to be slighted by the barbaric destruction of the chapel which has everything of art incorporated into its unified completeness..."

There was a heartening side to the demolition story, though. Mary English, a doggedly persistent parishioner who later made a name for herself as she strove to have sweepstakes nationalized to the benefit of Canadian hospitals' financial needs, led a most vigorous plea for the preservation of the chapel altar, rail, and the stations of the cross. Mary persuaded Health minister Dave Russell to earmark the sum of \$25,000 to bring a marble expert over from Italy. With loving care he removed, numbered, and crated each piece of Carrera marble and supervised its storage (for future re-assembly) in the Catholic diocese. With equal reverence, the stations were removed and placed in service in a small-town southern Alberta church.

As for the chapel itself, well, the "barbarians" won. Despite their good intentions, they had to make use of the badly needed land.

Back again in the mid-century years:

The Holy had long been pressed for adequate building space because of the additional demands being made upon it. Another expansion was required due to the growth of the hospital's role as a teaching institution for interns and nurses, and additionally, in 1942, a teaching room was needed for the hospital's first class of laboratory technicians.

From the instructional viewpoint alone, it seemed that each time new, more sophisticated equipment came on the scene, working and classroom space for trainees and operators required the utmost priority. As far back as May 7, 1931, the Holy Cross Hospital Alumni Association had been formed, indicative of the continually expanding school of nursing. By 1957, on the Fiftieth Anniversary of the opening of the school, a new eight-storey \$1.5 million residence of 256 rooms was instantly put to full use. It arose on the very ground of the original four-bed hospital.

In the meantime, the Holy had weathered huge demands placed upon the medical, nursing and support staffs by yet another global war. From its beginning, the alumnae group had been deeply concerned with the scourges of cancer and tuberculosis. Its members played a small but important role in putting the latter to rout, but cancer was more insidious.

That is how the focus of addressing the problems of cancer in the Calgary area fell upon the Holy Cross Hospital complex with the opening of a provincially financed cancer diagnostic clinic headed by Dr. R. C. Riley. Back at the start of its existence as a Holy Cross service, it had been housed within the existing building group.

Before long, its facilities and patient requirements were so overcrowded it had to be relocated in new quarters where the nurses' Waterloo Residence once stood facing Second Street to the north of the other buildings. There the cancer clinic performed its outstanding service until the facilities were consolidated, and very markedly upgraded to meet southern Alberta's greatly increased demand, in October 1981 at the Tom Baker Cancer Clinic.

When it was instituted as a provincial facility adjoining the Holy Cross, the cancer clinic immediately earned the spotlight of attention it received, for it was admirably equipped to handle the many cancer problems that, alas, accompanied the population growth of Calgary and area. In order to provide diagnosis and the newest forms of treatment by isotopic, radioactive and X-ray means, it housed two cobalt machines, a cesium unit, deep and superficial X-ray equipment, and other "weapons to battle cancer" such as chemotherapy, radio therapy and radium needle equipment.

In addition to Dr. Riley's intensive work with the cancer clinic, he directed his skills in broader areas towards enlarging the scope of the Holy's pathological services.

After all, he had been appointed, back in 1938, its first full-time pathologist, a medical specialty for which he had been trained at the University of Toronto.

Another long-term role Dr. Riley played was in the training of laboratory technicians, and of staff nurses whose work involved them in the techniques of blood transfusion. A natural offshoot of this activity was Riley's involvement in the Red Cross Society's blood bank and the Holy laboratory's new work with hematology. electrocardiology, and serology.

During World War II, even though facilities, finances, and willing trained hands were in rationed supply, the Holy redoubled its efforts to serve the community. To the demands upon its hard-pressed facilities, the hospital added the ward-training of members of the Victorian Aid Detachment. It offered hospital procedures instruction to members of the St. John Ambulance Brigade and processed the overnight telephone appeals for the Victorian Order of Nurses' home care services.

As World War II wore on, the Holy instituted a course in Canadian obstetric procedures for the benefit of graduate nurses from Britain who had emigrated to this country and who needed familiarization training in this field of patient care.

As far back as 1918, the Holy Cross Hospital had been recognized by the American College of Surgeons for their Grade A Hospital classification. But with Calgary's recovery from World War II and her new position as a major world oil-producing area, the whole complexion of Alberta had changed. In the southern part of the province there was a significant increase in the population with its attendant need for hospital facilities. In 1949, for example, the Holy's already heavily-booked capabilities had given care to 11,244 patients, a daily average of 287. In terms of hospital days, that figure represented a total of 104,600 being attended to by a staff of 415 working with the very latest in scientific equipment.

It was a time for even more comprehensive medical services, which meant ampli-

fied instruction for those who would provide sorely-needed hospital care. So, to accommodate the demands upon the hospital and staff, yet another structural addition came about that, in 1950, increased the Holy Cross' patient capacity by 103 beds to a total of 415. That new addition was christened the "Y" wing in honor of Mother d'Youville, founder of the Order of Grey Nuns.

It was a completely new facility within the constraints of the hospital's limited property area but, even at that, it included new operating theaters, a maternity department, children's ward, dining rooms, canteen, and a cafeteria - in all, a most impressive use of available plant space. Another significant addition to hospital services, made possible by this structural addition, was the incorporation of a new mental health centre named in honor of Dr. Daniel Stewart Macnab, one of the Holy's most renowned surgeons over a span of 40 years.

Spurred by this outstanding addition to the facilities of Holy Cross Hospital, and perhaps also because the time was ripe, there were other changes of great consequence. Of particular importance in the 1950s was a special recovery room which was created for constant attention and monitoring of patients just discharged from operating rooms. They could regain consciousness and begin their post-operative adjustments in special quarters, instead of behind curtains in a ward - a blessed relief in the matter of their own stress and that of their families and other ward patients.

Emergency and Disaster programs were created and staffed by medical and nursing team members with marked aptitudes towards those types of specialization. A Staph Infection Committee, similarly manned by specially chosen women and men was another new and necessary addition. The effectiveness and public use of those focussed forms of specialization immediately and continuously were successfully put to the test. One such example, although it occurred a few years later, was a "first time in Canada" accomplishment by a disaster surgical team.

A teenage California girl attending the Calgary Stampede had all but a couple of inches of her arm severed near the shoulder. Drs. George Miller, Glen Edwards and Walter Johns successfully replaced the arm. A 40-year veteran at the Holy, Dr. Johns, by the way, was the hospital's only certified anesthetist until some local general practitioners learned the procedures from him during a six-month part-time course.

It would appear that increasing specialization and the burden of responsibility, coupled with a galloping pace of surgical and medical advances, were accelerated by the unprecedented demands created by World War II. An enormous burden of expense was being placed upon all hospitals, and the Holy Cross was no exception.

Its growing years were taking on new dimensions almost daily. Prolonged bed care coupled with well-tried and proven operating room procedures no longer were sufficient. The increasing pace of technology was proving to be revolutionary and crushingly demanding. The sophistication of medicine carried entirely new responsibilities and requirements. Plainly, each new milestone reached by the devoted Sisters of the Order of the Grey Nuns found them swept up in the tidal waves of



New nurses pose for the camera as the graduating class of 1927.

medical, surgical, and ambulatory treatment advancements.

It was at this point that a fully modernized big business approach headed by hospital administrator, Dr. Irial Gogan, became essential to the survival of Holy Cross Hospital. The era of simple, measured, and sometimes leisurely growth was over. The quick march in the sophisticated development of medicine and patient care was unrelenting. To a growing extent the laity was acquiring control of many basic services including plant management, administration and nursing.

At the same time, the deeply-rooted religious ancestry of Holy Cross Hospital was not forgotten in the flurry of activities of the 1960s and 1970s. A two-year \$5 million expansion program, begun in 1956, resulted in further drastic changes to the frontal appearance of the hospital as its bed-patient capacity was increased to 491. Out-patient facilities were enlarged effecting a pattern of all-encompassing growth to match that of the city and environs which the hospital was committed to serve.

For all this ultra-modern expansion, a most interesting job-sharing task involving the ancient and the new was accomplished under the auspices of the Holy Cross School of Nursing Alumnae. It was designed to mark the 60th anniversary of the admittance of six lay students, and it was a salute to Canada's centennial year of 1967. High over the heads of staff and visitors, a workhorse of the sky, a big husky modern cargo helicopter hovered near the roof of the newest building of the elderly Holy Cross Hospital complex.

It bore aloft, then gently, noisily, lowered into place on the west wall, a giant precast concrete Celtic cross that weighed 1,160 pounds. Quickly it was secured to the brick wall at sky-top level. This permanent tribute from the nursing alumnae is a constantly illuminated symbol of the love for mankind held sacred by Mother d'Youville who founded the Order of the Sisters of Charity, the Grey Nuns.

So indeed it was a sad, albeit inevitable occasion when, in late October 1969, it was made public that "The Holy Cross has been sold for \$5.1 million, but the name of the Holy Cross Hospital will be perpetuated." There was finality in the statement of Sister Ferdinand Dussault in her capacity as vice-chairman of the hospital's board of directors:



Sister LeClerc discusses the patients with nurses. c.1956.

"Following much heart-searching, the Sisters have made a decision to initiate negotiations to transfer assets to a government-appointed body. This action is being taken because the Order feels the necessity of consolidating its decreasing personal resources and cannot accept the responsibility too much longer of operating a hospital of the magnitude of the Holy Cross in Calgary."

So, with a provision that the hospital's name be perpetuated, the institution was sold, through its Board of Directors, by the Order of Grey Nuns for the sum of \$5.1



Nurses exhibit a major change in the look of uniforms. c.1967.

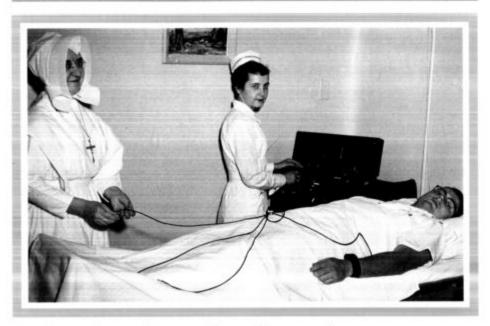
million. A Royal Commission on Health had recently recommended that the provincial government should assume total responsibility for the provision of Alberta's health services. So, as Dr. Donald McNeil, Chief of Medicine at the Holy Cross explained, "The Sisters sold their hospital to the province and took the money to use for their other charities."

Thus the Holy reached the end of those historic growing years and started a very different and most exciting era in its vigorous lifetime.



Sister Cecile LeClerc, with nurses, measure medicine in the hospital pharmacy.

In December 1969, the Metro Calgary and Rural Hospital District 93 (later to be renamed Calgary District Hospital Group) Board of Trustees, under the chairman-ship of Roy V. Deyell Q. C., began the administrative turnover. It was essential, of course, that the transfer be accomplished without disturbing the day-do-day operation of the 540-bed institution with its \$8 million budget.



Sister Boutin and nurse administer an electrocardiogram to patient.

So the Holy became part of the local "family of three", with its siblings: Colonel Belcher Hospital which emerged in 1922 from earlier World War I wounded veterans' treatment centres, and the youngest of the trio, Rockyview General Hospital which opened its doors to patients in 1966.

Very likely the swiftest and most impressive growth in the initial century of the Holy Cross was to be the 1980s. The first few hesitant steps of that decade were offset by bold forward strides as the years passed. In 1985 and '86 the Holy was beset with financial restraints which forced it to downsize its active treatment bed capacity to 428 from 540. On the other hand, the need for a multi-million dollar redevelopment program was most apparent if the hospital was to keep in step with new re-



Miss Horne (centre), medical instructor, teaches student nurse at the bedside. c.1957.

quirements generated by Calgary's inevitable growth. The planning began.

New challenges were presented by the increasing population ratio of senior citizens. It was no idle forecast that, in a short space of time, the Holy Cross would need enlarged facilities to deal with more geriatric patients, victims of violent crimes, and the incurably ill in need of palliative care. Evidence of the appreciation of those goals was forthcoming.

In 1986, Holy Cross Hospital was the proud recipient of a three-year award from The Canadian Council of Hospital Accreditation in recognition of its continuing



Student nurses, nuns and clergy pose at the School of Nursing sod turning.



In 1950, physiotherapists, with the aid of a sister, provide physiotherapy care to patients.



Ensuring that everything is prepared for surgery in the 1950s.

excellence in the field of patient care. It was apparent that, with the tools and the people in an institution where the calibre of teamwork is almost legendary, the Holy can do the job.

The astonishing speed and innovation of modern medical equipment make possible

procedures that were merely hopeful speculations such a short time ago. A part of that unabated pace of forefront medicine, a second generation lithotripter, capable of treating both kidney and gall stones non-surgically, became part of the Holy Cross' focus upon tertiary care in 1989.

Now on the drawing boards, as part of the far-seeing future role of the hospital, is a six year re development and renewal plan. The \$49 million undertaking has received provincial government approval although it is on temporary budget hold. Another glimpse into the future may see the war veterans of the Colonel Belcher Hospital moved to become part of the century-old, but ultra-modern Holy Cross family.

The constant growth in population aging and disease patterns, such as that created by AIDS, the advances in surgical techniques, in ambulatory care philosophies, mental health treatments, and out-patient categorizing, all are perpetually under examination and assessment in a process of adjustment and improvement. Cumulatively, they indicate the hospital's vitality and an unflagging motivation towards perfection.

Obviously the seeds - the uncompromising standards of performance and dedication - rooted in the efforts of the founders of Holy Cross Hospital, are yielding a splendid perennial harvest.

67



The stained-glass domed doorway was a beautiful artistic touch at the 4th Street entrance in 1955.

BACK RUBS & BED PANS

Four years after the arrival of Sister Albertine Duckett in Calgary from the Grey Nun's Montreal Motherhouse, the first three Sisters were enrolled in her classes. They were taught by her, by Sister Marie du St. Sacrament, and by doctors treating patients in the hospital to become nursing Sisters in charge of wards.

Then, from that small beginning in 1907, the first six lay students were accepted. From their first day, the would-be nurses received hands-on training by following the examples of Sister Duckett's trio of trained nurse Nuns and the doctors. As the growing inventory of equipment and the scope of hospital services dictated, larger classes of trainees were accepted. Thus the student nurses' experience and knowledge of their profession expanded and improved.

In those early years, any studying, lectures, or examinations of their proficiency took place after hours so, between doing, learning, and just plain surviving, there was little spare time for fun or socializing. However, even though they were overworked and underpaid, the young women were exuberant. Their regimented training years were not "all work and no play", even though relaxation usually was in cautious defiance of the strict behavior code of the Sisters.

All student nurses worked 12-hour shifts with no rest breaks, day or night, and had only one afternoon shift off each week to get away from the hospital. Not all the would-be nurses could stand that pace, which even included a turn at kitchen duty, washing their own and other nurses' dishes.



Pharmacy areas were set up in utility rooms on all the wards. c.1957.

The pay was labelled an allowance, perhaps to enable the hospital to lay claim to any part of it in order to defray the cost of breakages or losses caused by the student. Four dollars per month in 1923 was the low end of the pay scale. Some first year students during the Great Depression of the 1930s saw even that disappear! In 1970, the unpopular practice of paying a stipend was abolished.

Any special nurses hired to give care to wealthy patients were paid five dollars for an evening and night shift from 5:00 p.m. to 11:00 a.m. During the Depression many less-determined aspirants to the nursing profession abandoned it to make a better living as threshing gang cooks or as minimum-wage clothing sales clerks or waitresses.

A patient is

part of the

nurses'

teaching

process

in a Nursing

Arts

Laboratory.



Those who braved it out usually needed some moral and material parental help.

One remembered that "we supplied our own uniforms. My mother made or bought mine: three dresses two inches above the ankle, half a dozen bibs and aprons, high stiff collars, three-inch starched belts and cuffs, black shoes and stockings. In the hospital we were not people, we were given numbers. Mine was 76. No perfume, make-up, or lipstick was permitted."

Apparently some of the young women banded to defy rules. For instance, together a few cut off their hair which, they later learned, the Sisters gathered and sold to Calgary hairdressers for much-needed hospital revenue! Instant dismissal from the nursing student class was the mandatory penalty for bobbing hair, which was required to be coiled and tucked out of the way, and out of sight, within the nurse's starched cap.

Fifty years later those early trainees have remembered the meals with great clarity!

"If we did not like the fish (on Fridays) we threw it out, cutting down on the chances

of being served fish hash at supper. Tapioca, sago and cornstarch puddings were other goodies. I will not mention the 'care packages' from home - a gift from heaven."

A graduate of the Holy's first nursing class recalled having chosen Thursdays as her "day" off because that always was baloney sausage supper night and she had a hearty dislike of baloney.

Another pioneer of the Holy Cross nursing school confessed, "We took - not stole tasty extras, meant for supervisory staff, from the kitchen. We sewed big pockets in
our dresses hidden under our aprons. Some bolder ones on night shift cooked
macaroons in the autoclave, or found a way of making fudge. Every one of us put
on weight!"

Student nurses enjoyed the Sunday morning conclusion of the night shift on St.

Ann's pediatric ward. While the Sisters were at prayers in the chapel, a senior nurse would make them pancakes in the diet kitchen which had the necessary ingredients: flour - for mustard plasters; corn syrup - for infant formulas; eggs - for mothers' eggnogs.

Emma Fawdrey Buttars, a 1935 graduate, recalled, "I am certain the scent must have wafted into the chapel just down the hall but, for some reason, Sister Mansfield chose to ignore it."

73

On the topic of patient care, students of the 1920s with long memories clearly recall wrestling with beds in the days before the electrically adjustable types of today were even a designer's dream.

"It took three nurses to handle the wooden bed rests, taking them up and down, in and out. Bricks were used to elevate the foot of the bed. New beds were designed with a metal frame under the mattress to lift the bed, but they were very heavy and hard to handle."

There was an all-encompassing diagnosis of some ailments simply as "pneumonia" and "heart disease", because the refined understanding of those ills had yet to be acquired. Hence, over six decades ago a young nurse was unable to identify and act upon a patient's pulmonary or cardiac nursing needs in any but those general terms.

"There were no antibiotics nor tanks of oxygen in the rooms occupied by patients with pneumonia or heart disease," recalls 1926 graduate Grace Cowen McKinnon, "The bed was pulled to the wide open window, below zero or not. You didn't have time yourself to contract the pneumonia - you were too busy keeping your patient alive. Pigs (the earthenware hot water bottles) at the feet, and extra blankets made a lot of work. The sudden rise and fall of a pneumonia patient's temperature always reminded me of a Chinook.

"There were no side-railings to the beds, so the covers were securely tucked under the mattress; uncomfortable, yes, but it served the purpose. No patients fell out of bed or jumped out the window! I remember the coarse, heavy canvas, and the sticky, stinky, Lysol-soaked red rubber drawsheets.

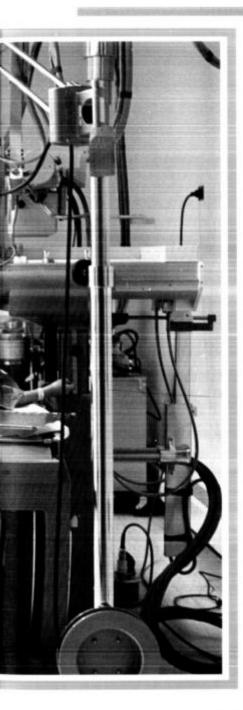
"The straight razors we used on the wards were sharpened on a leather strap nailed to the wall. Normally only the Sisters could use them. Students considered it a great honor and compliment when they were given permission to strop a razor while on duty. Hypo needles were used over and over again, and were re-sharpened on a whetstone."

The Grey Nuns were in the habit of addressing the lowly student nurses as "Miss You!", somehow keeping the women in their place by not dignifying them with a name. Students always worked in a subservient atmosphere engendered by the superior knowledge and training of the Sisters and, of course, the doctors.

As for informality, one conversation said a lot: Dr. Stewart holding up a specimen bottle to examine, turned to the student and asked, "It looks like peepee, but it's not mine so it must be urine." The very tense student, allegedly in all innocence replied, "Oh no sir, it's not mine, it's from the patient in Room 203."

The Sister supervisors faithfully followed, with unbending detail, their own code of behavior, remembers Emma Buttars. "Morning prayers were at exactly 7:15 a.m. Sister Corine devoutly would kneel at the end of a long hall, expecting us to remain in the Utility Room until she had finished all her prayers. Our own prayer was that a patient's bell wouldn't ring. When it did, without dropping a 'Hail Mary' the Sister





Physician performs surgery in a new operating suite. c.1967



Sister happily views sketch for the proposed 1967 wing. c.1966.

would call me to answer the bell. Another time she said, all in one breath, 'Miss Fawdrey get out of the hall with that bedpan, Hail Mary!"

One doctor-nurse-patient encounter Emma will remember forever: "On my second day on duty in St. John's Ward for male patients, I gave my first bed bath. Nervously trying to get it over with as quickly as possible, I hadn't noticed the bath blan-



Unloading a patient from an ambulance at the Emergency Department. c.1964

ket had slipped off my patient leaving him exposed for all the world to behold.

Suddenly I heard a booming voice behind me say, "That's a fine piece of anatomy!"

That was my introduction to the famous Dr. Macnab!"

Each year continual medical and surgical refinements, and the growth of diagnoses and treatments, increased the extent of responsibility placed upon the shoulders of



Sister Yvonne Prevost adds time capsule to the Holy Cross cornerstone. c.1967

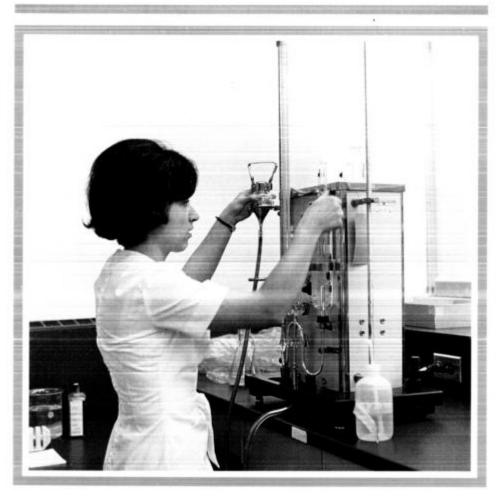
student nurses. In the late 1920s the first lay instructor to students was appointed. She was a long-time Holy Cross nurse - Lucille de Satge - who was replaced in 1933 by University of Toronto graduate, Grace Blake. Having a lay nursing instructor was the Holy's innovative attempt to recognize progress being achieved by student nurses.



A blessing is part of the ceremony for the opening of the 1967 wing.

Obviously it was long overdue. For example, not until the days of World War II were nurses trusted, and permitted, to take a patient's blood pressure. Intravenous sustenance, in those days, consisted of strapping the patient's arm to a board and the solution was merely poured into an open flask and administered intravenously through rubber tubing.

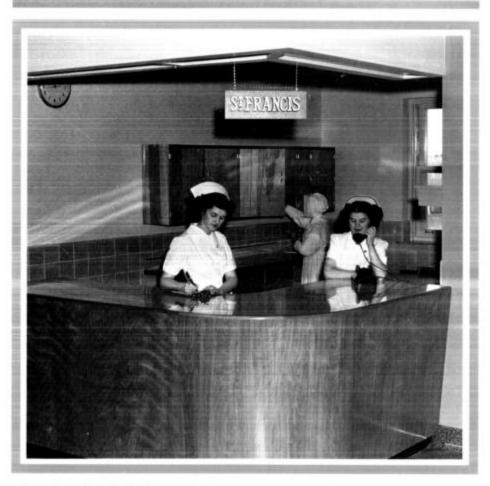
Much later, in November 1947, Lois Kramer, the Holy's first clinical instructor, was able to gain acceptance for some gauges of instructional progress by inventing the Block System of nursing instruction. It was first used at Holy Cross Hospital, and all other Alberta hospitals swiftly adopted the scheme. It provided a simple, readily



Working at the new instrumentation in the Holy Cross Laboratory, c.1967.

discernable measurement of student nurse development.

Each young woman's three-year progress was divided into four blocks of classes indicative of the achievement of levels of instruction, application of knowledge, experience, responsibility, and accountability: Probation, Junior, Intermediate and Senior.



All wards, such as the St. Francis, had religious names. c.1950.

The effect of the Block System immediately was recognized as the measure of the student's progress in that lengthy hard climb to achieve Registered Nurse status. It marked, at last, the start of long awaited in-house appreciation of the toiling role of the student nurse.

Credit for the application of Lois Kramer's so-simple innovation must be shared by



Working in the new laboratory following the opening of the 1967 wing.

Holy instructors such as Sister Loretta Mansfield, long-time Director of Nursing; and Sister Coulombe, the first Holy graduate to become acting Sister-Superior. There was also Doris Stevenson, whose predecessor was Sister Marguerite Letourneau, and her assistant Eleanor Bland who, during her 18 years of service, is said to have guided the destinies of more than 1,000 graduates. Then there was Dr. Clara Christie, whose warm and infinite patience and willingness to share her knowledge,

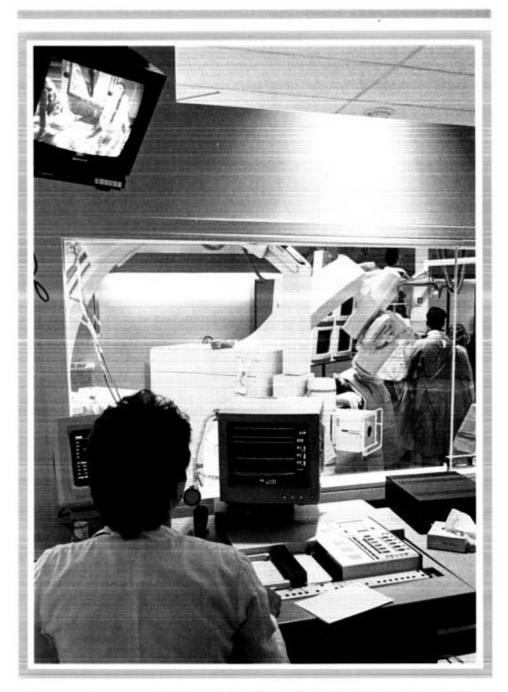


A private room at Holy Cross Hospital. c.1967.

experience, and advice made her an almost legendary part of the Holy's history as a teaching hospital.

But the time was fast approaching when the Grey Nuns were to relinquish their long, arduous and selfless years at the helm of Holy Cross Hospital.

By then only four Grey Nuns of the Sisters of Charity remained on active duty in the hospital. They maintained their supervisory capacity until January 1, 1970, when control was passed to the Board of the Calgary Rural and Metro District #93, now known as Calgary District Hospital Group.



Advances such as angioplasty, have put Holy Cross at the forefront in cardiology, c.1990,

Student classes had peaked at the 1974 enrollment at 81 and, in 1975, a graduation class of 55 had completed their three years of instruction. Then the flow of prospective nurses dwindled markedly and in June 1979, the Holy completed the training of its final class. Those graduates represented the end of a Holy Cross teaching program that, over a span of 69 years, had produced 2,409 registered nurses who thereafter pursued their chosen profession in all corners of the globe.

Marie Maloney Sushelnitsky graduated in the autumn of 1970, a few months before the Grey Nuns relinquished their nurse-training responsibilities to laity control. In other words, it was shortly after Marie's graduation that Sister Marguerite Letourneau handed over the Director of Nursing Education reins to Doris Stevenson. For the young women in white it was quite a traumatic change. Until that year, Registered Nurse examinations were those used by all United States hospitals. In 1970, new Canadian examination papers, especially formulated for this country's nurse training system, were used by the Holy Cross Hospital for the first time. Many hitherto behavioral freedoms that had been exercised by the Holy's nurses in a rather inhibited atmosphere burst into the open. No longer was it a "behind the woodshed" indulgence for graduates to burn the compulsorily worn classroom blue wool blazers. Those, and other garments required by a strictly enforced dress code were hurled, amid joyful shouts of freedom, into the flames of a barbecue!

To raise money for staff social functions, the nurses created their own public fashion show. At the beginning of Marie Maloney's training period during the first three months of 1967, nurses' uniforms gradually became more modern. Already some of the starched items designed by Florence Nightingale, such as collars and cuffs, had been dropped from trainee dress requirements.

Around the time of World War II, away went the last remnants of bygone eras' uniforms - the aprons and bibs - a move dictated by the wartime cloth shortage.

Along came dresses, the length of which was dictated by comfort, modesty, practicality and fashion, though not necessarily in that order! Then slacks appeared and caps were no longer mandatory, but restrictions remained as to the length and styling of hair. When the Holy's final graduation ceremony took place in 1979, the 16 graduates were long-sleeved polyester dresses and black-banded white caps.

Some traditions, regardless of impulsive moves to "leap over the traces", survived and were cherished right to the end. During each of the trio of undergraduate years, every nurse-in-training ceremonially lit and burned one third of a candle and recited the Florence Nightingale pledge.

The young nurses maintained a healthy, lively balance between solemnity and laughter. A few of the oddball traditions came into being when rules were few but strictly enforced, begging to be broken. Alfred Zimmermann, who began as an Orderly in 1959, has a vivid recollection of Mrs. Shaw, Head Nurse on St. Charles, marking every Christmas in her own memorably assertive and defiant way by smoking a large cigar in the cafeteria.



The hospital has the only lithotripter, used to break down kidney stones, in Southern Alberta.

Diane Pechiulis, who today is Associate Professor Emeritus of Nursing at the University of Calgary, has her own smoky recollection: "Every year during our student days, we were required to smoke a cigar despite the fact that I was, and still am, a non-smoker."

Traditionally, greenhorn operating room trainees were solemnly sent by their straight-faced seniors to scurry off to search, "Wherever you can track her down, find her and bring us Miss Ethyl Chloride", or to fetch, "Stat, an urgently needed fallopian tube!"

89

A boisterous part at midpoint in the three years of training was an eagerly anticipated celebration. Latterly, the trainees created another merry activity, but the School of Nursing did not last long enough for it to become tradition. The nurses formed a football team that played an intern's squad as a build-up to city inter-hospital challenge matches.

Perhaps the greatest emancipation was the emergence of a very modern internal administrative attitude towards the Holy's nurses. In 1969, their residence building was assigned a group of Floor Advisors; women in the role of den mothers, one on each floor. Students began feeling they were being "treated like adults" when an honor system was inaugurated in regard to the trainees being "allowed out".

Of course they were required to remain within telephone contact, and had the grave responsibility of ensuring their extracurricular activities in no way adversely affected their in-hospital performance. A dual re-definition of training emerged: Education, to teach the young women to think as individuals should think; Training, to teach them how to use their skills intelligently and efficiently.

Clearly the burden of responsibility and accountability had been shifted "from mother to child". Strict and restrictive though the students felt them to be, the precious values and requirements of the Grey Nuns' training regimen were passed intact from the Sisters to the current generation of trainees, to the next, and so on down the years.

Those earlier training rules were remembered and regarded as a creed, much maligned by those who felt thwarted by its rules, yet, deep down, respected and even admired. The fact that those parameters demanded by the Sisters of Charity were appreciated was admirably stated in these words published in "Nuns and Nightingales":

"We were surprised to come in training and discover that not every Nun was a carbon copy of the saintly ladies in 'The Bells of Saint Mary's'. Our Sisters had tempers and fears and idiosyncrasies. Our Nuns were human!

"They agonized over a dying child, roller-skated in the privacy of their community and attacked formidable doctors in our defence.

"They mothered us more than we cared for - and demanded more of us than we cared to give.

"They scolded and molded and prodded until they were satisfied that we were worthy of their Holy Cross pins.

"Then, after we had graduated, they became our friends."

THE HEART OF THE MATTER

Widespread landmark dates were of considerable significance in the renowned achievements of Holy Cross Hospital's cardiac surgery specialists. Sister Mary Nadeau, who spent a few months of 1945 in Edmonton learning how to operate a blood bank, returned to open a small, immediately overworked unit at the Holy Cross Hospital.

In 1947, those facilities received timely and appreciated help when, assisted by Dr. R. C. Riley of the Holy, the blood clinic of the Red Cross Society in Calgary opened and began welcoming blood donors from the general public. It started meeting the immediate requirements of the grateful medical fraternity, and an adult patient in the St. Ann's ward became the first Calgarian to receive a blood transfusion from that Red Cross bank.

Another milestone, open heart surgery, was passed in 1960 but a good many events had to precede its attainment. Alberta-born thoracic and cardiovascular specialist, Dr. George E. Miller had served his internship at the Holy Cross beginning in 1946. After a stint in the Armed Forces and a year's residency in pathology at the University of Saskatchewan, Miller began further training with the Mayo brothers in Rochester, Minnesota in 1950.

Back at Holy Cross Hospital in 1958, Dr. Miller joined the surgical staff. A year later he was joined by Dr. John Morgan and the two were given permission by the Sisters to start formally training a team for prospective cardiovascular work. In 1960, they began their open-heart surgical program.



Drs. Ramsey (centre) and Mydland (right) perform a surgical procedure in 1959.

Dr. Miller's hand-picked team included Drs. John Lawrence and Allan Kiel as anaesthesiologists, Drs. Tom Cranston and Wally Mydland as assistant surgeons, and Peter Fortini was the profusionist.

The team's nurses included Mary Polturniak, Mary Dubrack, Mary Duchiminski, and Billie Nicholson. They were specially chosen experts to make history when they performed open heart surgery to correct nine-year-old Marilyn Wren's congenital heart defect. The child's recovery was complete and, as the Holy Cross passes its centennial, Marilyn acknowledges the institution where she was given a

"new life", having become a healthy wife and mother of three children.

As time went by following that memorable milestone, cardiologists Dr. John Morgan and Dr. Ross McLean joined George Miller for future cardiac team operations.

The Calgary Herald headlined the Marilyn Wren event, recognizing its faith in Holy Cross Hospital's new cardiac unit. In lauding the procedure and those performing it as being capable of saving lives, the newspaper told its readers, "It is no longer necessary for those requiring heart surgery to leave the city."

Until that time, candidates for cardiovascular surgery had to be referred to established facilities whose successes had earned continental acclaim. One was the renowned Mayo Clinic in Rochester and the other, a much more recently recognized unit, was Dr. John Callaghan's cardiac team at the University of Alberta Hospital in Edmonton. For patients of all ages, such a journey to Edmonton or Minnesota involved considerable expense and stress for them and their families.

It was only logical that a reassuring "team concept" should develop and be encouraged by those creating this increasingly visible new era in cardiology at the Holy Cross. This added facility, and those who worked in it, were of great significance to southern Alberta. A substantial demand for its services was immediately evidenced by Albertans of all ages requiring open heart surgery who, at last, could have it "done here at home."



Over the past 100 years, Holy Cross Hospital has excelled in all areas of patient care, c.1989

Prompt encouragement came from the Calgary Associate Clinic. It was an independent coterie of doctors assembled by Dr. Daniel Macnab who, since 1922, had fostered the development of medical specialists available to all Calgary hospitals. His charter member colleagues were Drs. Albert Aikinhead, William Lincoln, J. Scovil Murray, Harold Price and Douglas Stanley. All were mature medical men who, in addition to being general practitioners, had demonstrated special interests, knowledge and experience. Each was focussing his abilities upon a specific area of the ailing human anatomy.

Dr. Earl P. Scarlett led the group's internists and was especially interested in cardiac matters, especially the progress being made locally at the Holy. Scarlett, like Miller,

was a close friend of the Mayo brothers who had carved an enviable name for themselves in the field of cardiac treatment. For years, Dr. Macnab and the growing number of Calgary Associate Clinic members, individually and collectively, had been the Holy's staunchest allies.

In 1960, the extent of their academic and clinical interests in the hospital took the form of a gift of the latest heart-lung machine price-tagged at \$12,000. Sharing their financing efforts were members of the Holy Cross Hospital Women's Auxiliary who set for themselves, and unfailingly achieved each year, a multi-thousand dollar fundraising goal. Funds from local service clubs and the Alberta Heart Foundation were also pooled to purchase the "miraculous" heart-lung machine. Their donations, along with other large sums such as that from Calgary publisher Max Bell, also made possible the purchase of all the auxiliary equipment necessary to make fullest use of it.

That admirable cooperative effort opened the way to the Holy's exciting high-profile status as the city's cardiac centre. In turn, that led to the hospital receiving official designation as the cardiovascular centre for southern Alberta.

In the meantime, the Holy Cross had been honing its cardiac surgical and allied skills by sending staff surgeons, nurses and technicians to establishments which already were meeting with success in precedent-making heart/lung procedures. It was just one more necessary outcome of Holy Cross Hospital's progress, not only in heart surgery, but in all forms of specialties and sub-specialties. New experts were

brought in from such locales as Texas, England, and Ohio, each with a contribution to make as a specialist in some advanced form of cardiac technology. The result was the assembly of a dozen intensively trained men and women for a splendidly equipped treatment facility.

Recalling the early efforts of about 1958, Dr. John Morgan remembers details of the still little-known specialty. "In the area below the current hospital down on the riverside, we had a small building which was the original Holy Cross structure, used in later years as a residence for the Nuns.

"We converted this into a lab where we trained the staff in open heart surgical procedures and the use of the heart/lung machine. The nurses and technologists would finish their regular working day and then spend all evening in the lab going over procedures we knew would produce the correct results. An unsung and overworked group of nurses in the operating room gave of their time and energy to make this program successful.

"The departments of Medicine and Pathology felt that one case a month would be as much as the Holy Cross could do. When we increased our frequency to the point where we were doing one case weekly, all sorts of dire consequences were predicted. This was in the days when we were doing valve replacements and congenitals. We hadn't as yet started on coronary by-passing. As we became more proficient our mortality rate dropped from 10 to two percent. Open heart surgery had arrived as a tertiary service at Holy Cross Hospital. All of the many things that



An open-heart surgical patient receives the high tech/high touch care that has been carried on for generations at the Holy.

our group had taken for granted were the result of many hours of work and planning and seeking of financing through the dogged persistence of Dr. George Miller. He made open heart surgery what it is today."

Once the Holy had plunged into the field of cardiovascular surgery, there was no

turning away from its costs and its attendant responsibilities. Those, of course, mounted in concert with the increasingly sophisticated requirements. The heart/lung machine was only one unit, a most intricate mechanism that takes over the work of the lungs and heart at a reduced temperature while lengthy heart surgery is in progress.

Many successive procedures followed, each making its own remarkable contribution to the prognoses of cardiac and arterial malfunctions. Cardiac valve surgery was
one of them, with a marked series of successes. As word spread, so did the roster of
patients, a procession that began at the Holy Cross about 1975. Another innovation,
among several, was the intra-aortic balloon pump. This new machine, designed to
assist the heart in the wake of major cardiac surgery, was no toy. It was a \$25,000
life-saver.

As public awareness of the Holy Cross team's achievements grew, the community's interest took a firmer hold. A good example of it was revealed in Calgarian Roxanne Beaton raising enough money through the family-created Ed Morgan Heart Pump Fund to finance a second pump for the cardiac unit. It was a twin of the one that had been used with such success on her father-in-law. At the time of the Morgan operation, that first pump was only one of its kind in southern Alberta.

From the north came some pertinent comments from Edmonton's Dr. John

Callaghan, the Alberta veteran in the field of cardiac surgery. He said only a trickle

of cardiac patients was now coming from the south, for the Calgary unit was in full

operation. "I know the Holy Cross surgeons do good work...as far as I can tell they do excellent surgery," he said, while ruefully observing that he found it hard to fathom why any hospital would want to support a heart surgery unit in view of the high cost and administrative problems associated with furnishing a cardiac team with all the necessary hardware. Callaghan added, "I'm, amazed, in this time of budgetary restraint, that any hospital wants to get into it."

Into it, they were indeed! Calgary's first pacemaker patient was an 80-year-old man who had this new device implanted at the time that a pacemaker was the size of half an orange! It operated for 18 months between battery replacements and was implanted by Drs. Morgan and Miller. George Miller and Ross McLean also performed surgery on an old gent who briskly ogled an attractive nurse hours after installation of the pacemaker. This to them was a sign that the incredible implanted machine (which was to become more and more miniaturized) was indeed a miracle worker!

Encouraged by their successes, Dr. Miller and his team launched a phase of improved cardiovascular diagnoses and treatments because, as equipment was added, their capabilities increased to include such innovations as nuclear cardiology.

By 1986, the department was recognized as southern Alberta's major cardiac referral centre. That year marked the opening of a \$2.7 million cardiovascular surgery unit which led to it becoming Canada's leader in angioplasty procedures.

This enviable status has been achieved with the addition to Dr. Morgan's team of Dr. Lesoway, now chief of cardiology; Drs. Spence, Roth and Hansen in angioplasty; and Drs. Filipchuck, Meldrum and Prieur in diagnostic cardiology. The department benefits greatly by having a world-class diagnostic imaging service led by Dr. Don Watt, whose group has made possible many diagnostic and angioplasty procedures vital to the success of the Holy's cardiac program.

In 1986/87, the cardiac specialists at the Holy handled 515 cases and, within a year, over 700 thanks substantially to additional equipment improvements and updates at a cost of \$3.1 million. A second open-heart surgical suite, occupying 5,000 square feet, was opened in 1988, while short-stay surgical cases effected a 22-bed increase in accommodation.

There was no room for doubt about the reputation of the Holy Cross as a leader in its field locally, especially as the hospital had recorded 37,000 cardiodiagnostic tests and completed 6,100 cardiovascular procedures by 1990.

In 1986, George Miller recalled that, "The road has been long but never tedious and usually quite exciting for Dr. Morgan and myself. The work has been most rewarding and, of course, the addition of new people to the program over the years has kept the whole program abreast of the times with the results equal to any cardiac unit elsewhere."

HOLY CROSSTALK

The heart and soul of a hospital are born of the people who run it. They always are in desperate need of extra pairs of hands, and of the bolstering help from those who care. Together they try to fill the otherwise barren corners of an overburdened hospital's role as a house of refuge.

Forty-two years of untiring volunteer work performed in the name of human love and caring mark the existence of the Ladies Auxiliary of the Holy Cross Hospital. It came into being in 1949 under the leadership of Mrs. L. C. Potter with the objective of helping relieve the staff pressure of handling peak demands in the newly established out-patient clinic.

From that modest beginning, the volunteer organization has doggedly and willingly increased its activities and its goals to the point of raising and distributing over \$1.5 million to the hospital's needs. A brief glance at the dedication of the group's latest president, Coral (Sahara) MacDonald, is indicative of the calibre of the auxiliary membership's dedication: Coral graduated from the Holy's School of Nursing in 1946 and has been president and director of education of the Alberta Hospital Auxiliaries Association and recipient of the Queen's Jubilee Medal for her service in the field of health care.

That example of service typifies the selfless group of about 50 women who continue to help provide an almost endless list of hundreds of medical, surgical, staff, and patient care items ranging from bedside tables to pediatric ice-machines, to bereavement assistance, Christmas and Easter patient gifts, a blood analysis machine, Nuns'



From a small house in the 1950s to a technologically advanced cardiology program, the Holy Cross has come a long way.

lounge drapes, X-Ray and respiratory technology, and therapeutic surgery equipment.

These women had charge of all the in-house retail money-raising units such as the tuck shop, library, TV rentals, flower shop, and baby photography and announcements.

Treading the same corridors and the same dedicated path of unselfish service are the hospital volunteers, more than 275 of them, who annually donate nearly 11,000 hours of their time and make a yearly budgetary donation of about \$250,000 to the bloodstream of the hospital they serve and love. One of the more heart-warming volunteer gestures is the Cuddling Program for newborns, believed by Liz Stileman,



Surgery in the 1980s - a total hip replacement.

the Holy Cross Hospital School of Nursing's last house mother, to be a continental "first".

To cite another example: Frances Hammond, a former department store personal shopper, earned the sobriquet of Grandma while serving in the Holy's admitting department and in doing so, meeting small children patients. Looking like a grandmother and exuding the same loving warmth of welcome, Frances chalked up 6,500 hours of service during 10 years of a labor of love.

Add to this army of volunteer women and men whose services provide so much vitality to the spirit of the Holy Cross, the very personal reminiscences of staffers, and you have quite a story. The intimate recollections and well-remembered adventures, the chuckles, tears, and heart-stopping "narrow squeaks" and surprises form so much of the warp and woof of the hospital's fabric. They are part of the pattern for, after all, what is more of a "people place" than a hospital?

Thus, it is great fun to take a close look at little remnants of that fabric by asking women and men who spent some of their younger years "at the loom", as it were, during the weaving of that fabric. So one asks, "When you look back on those years of your life at the Holy, what comes to mind?"

Dr. Don McNeil, who married nurse Mary Lou Standen: "The nurses received an allowance of five dollars a month. I don't think anyone ever received that amount, as there were so many deductions, i.e. the breakage of thermometers. The former Theresa Vidal spoke of a girl receiving five cents one month. She had the payment framed and hung on the wall.

"The new student nurses were warned by the Sisters that they were not there for a husband. Two of us, however, did not miss the opportunity and eventually did marry nurses."

Emma Fawdrey Buttars remembers, "The Nuns who gave me such a wonderful training; my classmates and the bond that has never faltered; learning to be strong when a death occurred; Margo Horne, the Clinical Nurse on St. John's and her students who loved and respected her. When we students were probationers, I



Nurses today are trained to deal with all high tech equipment and administer emergency procedures to patients.

remember the patients protecting us by making excuses for our errors. After that, the students became the protectors, giving so much to all their patients because they cared."

In the days when blood transfusions were given directly, volunteer donors from anywhere were eagerly welcomed. Nurse Grace Cowen McKinnon had this adventure during an emergency: "In the middle of the night were sent six big strapping men from the army. Each in turn fainted while I was taking from each one's ear, a drop of blood for typing. They took one look at me and flopped. I managed to get them into the adjoining room and lay them on the floor. The doctor came

rushing in, 'Is the donor ready?' I replied, 'Take your pick!' There he saw my problem: six husky men in uniform out cold on the floor."

"Another time," Grace recalls, "this very handsome young man took a look at me and he too, flopped. To break his fall I grabbed his coat collar and fell on top of him. We knocked down the other technician who fell on top of both of us. Perhaps it was not the time to laugh, but we had to. It turned out the man was from Mexico and was a bull-fighter. I sure was able to brag to the other nurses that six army men and a Mexican bull-fighter fell for me."

Nurse Marjorie McIlveen, who retired in 1988 as a Nursing Unit Supervisor with over 27 years service at the Holy, recollects the wing that used to jut out into what is now the parking lot.

"On a three-to-eleven shift, I had everyone settled for sleep and was in the little room doing my charting. In those days we often left the fire escape doors open to let in some cool air. Out of the corner of my eye I saw something white flash past the door. It was Sister Richard, with a broom over her head, chasing a bat!

"One day in 1962 on St. Marie's - the third floor of the old wing - Sister Daigle was putting masking tape across a crack in the plaster which went from the ceiling, half way down the wall and around the corner. I asked her what she was doing and she explained she didn't want that section of the wing to fall off! When they demolished it, the wrecking ball had to take many whacks - that wing was built to stay!"

Marjorie Deitz, a 1950 graduate and, for 26 years, supervisor of St. Charles men's surgery, has a vivid recollection of a time early in her career at the Holy, being instructed in orthopedic procedures and care by Dr. C. A Walsh, then, "taking over the orthopedic unit without having done any ortho nursing, proving I had more intestinal fortitude than grey matter!"

Marjorie also remembers with fondness that "Sister Meyer told me she often spent extra time in Chapel prayer for St. Ann's Unit because it was in the hands of Protestants!"

Claudia Tennant, a great admirer of the Sisters and of Drs. Macnab and McEachern, arrived as a student nurse in September 1936 and progressed to operating room scrub nurse. "I grew up at the Holy Cross," is her cryptic comment on her five-year stay. "I came as a child and left as a woman." Obviously it was a learning experience in many ways.

The big boxes in which the nurses stored their uniforms were nicknamed "coffins", each kept beneath the student's bed. It is easy to deduce that saggy bed-springs validated Claudia's recollection that "We slept on uniform boxes."

For some of the Holy Cross staff, languages were a difficulty. Paris-born Sister Gabrielle Noullet had trouble with the English language during her first years in Canada. She served from 1933 to 1959 in various supervisory capacities. In her 90th year she still recalled an episode with a Ukrainian doctor. Neither he nor most

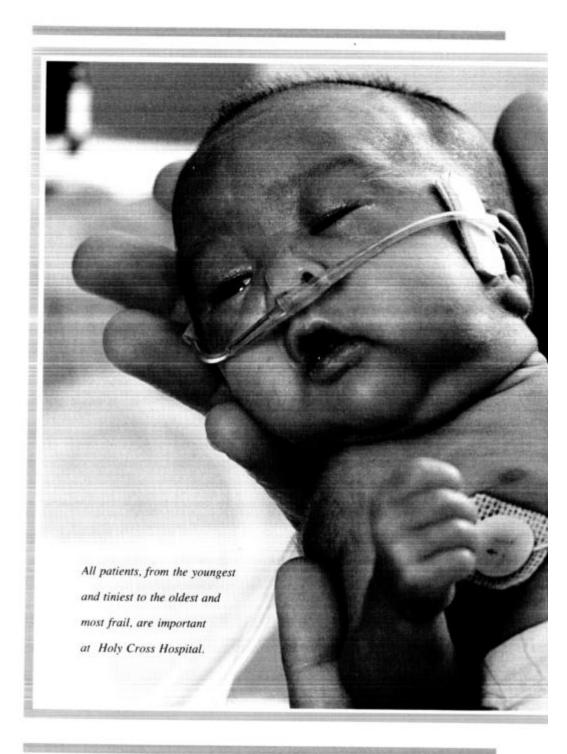
of his patients were on intimate terms with the English language.

One of Sister Noullet's charges, a young Sister who spoke only French, tried to tell the doctor that one of his patients was causing trouble. In his limited way he snapped, "Tell him to go to Hell!" The bewildered Sister said, "Please write that down. That is how we must take doctor's orders." Sister Noullet remembers that, when all of them became more fluent, that episode was good for an all-round laugh.

Alfred Zimmerman, who climbed up through the ranks from orderly to Associate Director of Respiratory Services, had not forgotten his early days at the Holy. His first boss was Head Orderly Jack Martin, who filled a lot of his crew's precious slack moments with tales of his experiences in India. He kept calling "conferences' in the 'sitz bathroom' (nee smoke room)." That reminded Alfred of ardently cost-conscious Sister Elizabeth Meyer, who kept switching off lights in the bathrooms before even checking to see if they were occupied!

The constant crowding of people and services also seemed to produce a fondness in the memories of so many. For example, there is no substitute for the warmth generated by the babies who saw the first light of day at the Holy. There was the Calgary woman who delighted in reminding all eight of her offspring that they let out their first yowl at "the House on Second Street."

Dr. Murray Colwell recalls Miss Karl from Australia, head nurse of the Intensive Care Nursery,"...who devoted her whole professional attention to the preemies.





She had a third sense about the tiny ones as though she could converse with them about their troubles."

Doreen Peterson was reminded of the extremely heavy workload in obstetrics in July 1958 which nearly caused an "incident." All the bassinets were in use so, as an emergency measure, newborns were temporarily bedded down in dresser drawers. The press heard about this and made such a noise about it that, for a brief time, expectant families actually sidestepped the Holy's facilities until a public assurance was made that bedding babies in bureaus was not becoming binding behavior at the Holy Cross!

The dresser drawers captured more publicity than they deserved, especially when one considers the scores of men and women whose specialties beyond the very visible patient-care skills were crucial to the smooth daily operation of the hospital. There have always been the custodians of medical records such as World War I veteran Phyllis Gilbert, whose job is now mainly entrusted to the key-and-screen world of electronics; the housekeeper still demanding people-powered caring and thoroughness of elbow grease; the back-breaking but loving tenderness and nurturing of such as "Joe" the painter; maintenance personnel like Ad Van Bakel who, a quarter of a century ago, was equally skilled with an oil-can and an iron lung; a long-service orderly such as Sergio Bechelli, who marvelled at his first sight of a ureteroscope that breached a new frontier of non-surgical treatment; the technicians, including Marilyn Mair, who "grew up with the equipment" looking inside patients in the dim light and electronic darkness of Diagnostic Imaging.

In short, as the Holy grew up, so did those who staffed it. They watched the patients they had nurtured move off to rejoin the world, mended and with new resolve.

115

L'ENVOI

Nobody should label Holy Cross Hospital as "venerable." Yet an institution cannot achieve a century filled with busy, productive and progressive years without acquiring some measure of the admiration and respect reserved for seniors. In the case of the Holy, this centennial milestone has been reached as a result of unflagging dedication. Its increasingly important role in the community of Calgary could be measured in terms of the local population which has grown from 506 to over 700,000. For the Holy Cross, one form of measurement can take the form of a bed count from four to four hundred and four. But those are just numbers. More precious and significant is the nurturing and the mending, the comforting and the caring, all virtues well-earned throughout the passage of one hundred years of service to our community.

Will Holy Cross Hospital endure for another hundred years? We cannot know that until this great institution, this senior citizen of Calgary, reaches that marker, which surely it is earning with vigorous spirit and purpose.

When Holy Cross Hospital reached the fiftieth year of its existence, His Excellency, Francis D. Carroll, D.D., Roman Catholic Bishop of Calgary, paid it this tribute:
"The Holy Cross is a memorial to the Order of Grey Nuns who, in regular succession, have pressed forward so successfully to achievement.

"It is a memorial to the Christian religion, whose mission is not only to bring the light of hope and salvation to the world, but also to heal the sick and bind up the wounds of the broken-hearted...A lasting memorial to the spirit and endeavor of the pioneer Sisters is to be found in the great procession of men and women who found their mission more effective by the care and skill of the staff of this institution whose history is the biography of those who made it."

Those words, spoken half a century ago - halfway between the beginning and this one hundredth birthday - have not aged, neither has the sturdiness of the heartbeat that keeps the spirit of this great institution robust, determined, skilled, and compassionate in this, the year of its centenary.

Now then, who's all set for the next century?

118

POSTSCRIPT

This is the author speaking. Very likely it is not customary to add a personal note to an institutional chronology. An account such as this cannot possibly recognize and acknowledge every person who contributed to the immense story. However, I value the opportunity to share an anecdote:

In the process of determining the correct spelling of one of those new medical procedure words that spring into being ahead of the most sophisticated dictionary, I telephoned the Holy Cross switchboard.

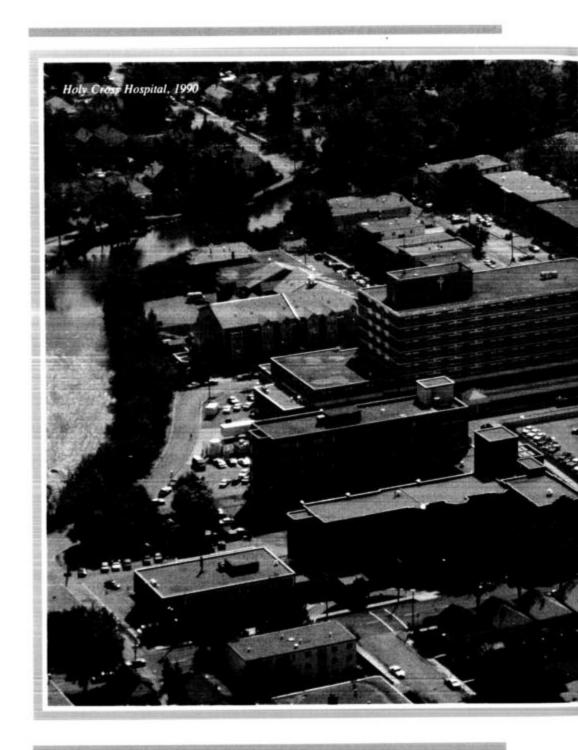
It was a simple, yet very specialized question. My call was quickly directed to the Emergency Department where I was told nobody then on duty was available to enlighten me. Would I mind being transferred to the urology specialists? To the pleasant, bright female voice who came on the line, I restated my query. Instantly I was given the correct spelling, but asked if perhaps I should be seeking the word (and she spelled it) "Lithotripsy"?

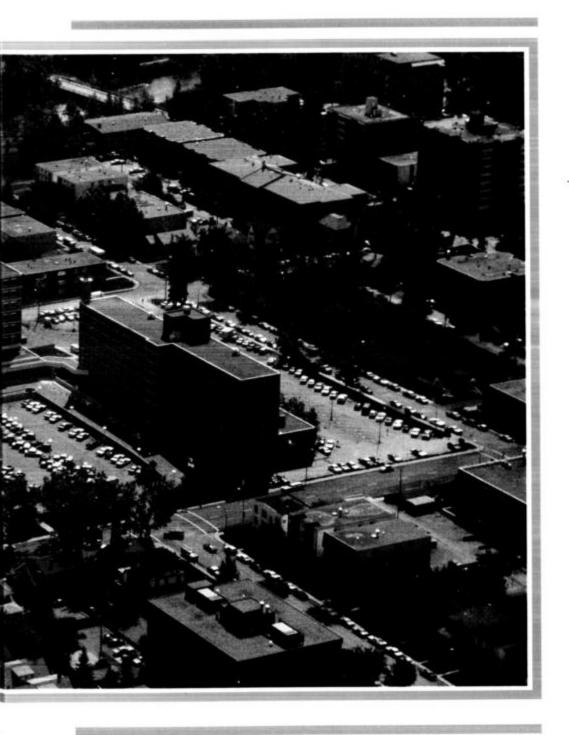
I asked for the exact meaning of that, thinking she might be right. So, she cheerfully explained in the most compact terms, that aircraft engineers had discovered the metal skins of research planes, upon breaking the sound barrier, sweated from the profound buffeting at enormously punishing high speeds. The offshoot of that discovery led to the invention of lithotripsy, an imaginative medical adaptation of the phenomenon.

There was nothing patronizing in her tone during this frank and simple out-of-the-

blue explanation to me, an unknown layman. My reaction was, "Here is a Holy
Cross Medical Technician, randomly encountered by phone, who had a clear-cut
competent grasp of one of the 'tools of her trade'. What a marvellous endorsement
and comfort it is that the Holy and all its people, with open arms, offer a knowledgeable, caring understanding haven for those battered by the storms of illness."

Jed Fre.





CREDITS

Sister Historian Estelle Mitchell, Grey	"Medicine of My Time" - Donald L.
Nuns Motherhouse,	McNeil, M.D Maunders McNeil
Montreal	Foundation
Sister Archivist Laurette Duclos, Maison	"Partners" - Jack Peach - City Police
de Mere d'Youville, Montreal	Service, Canadian Trade and Industry
	Publishing Group, Calgary
Sister Archivist Louisa Depuis, Sisters of	
Charity (Grey Nuns) of Montreal and	"The History of Alberta" - Archibald
Alberta	Oswald MacRae - The Western Canada
	History Co.
The Calgary Herald	
	"Nuns and Nightingales" - The Alumnae
The Calgary Albertan	Association of the Holy Cross School of
	Nursing-Barbara Kwasny, Editor
Glenbow Library, Archives and Photo	
Archives	Coral MacDonald and Aileen Pinder of the
	Holy Cross Centennial Book Committee.
"Calgary in Sandstone" - Richard Cunniff -	
Historical Society of Alberta	Doctors Miller, Morgan and McNeil,
	Grace McKinnon, Marie Sushelnitsky,
"Oblate Fathers in Calgary" - N. R.	Enid "Red" Blow, and a score of others
Anderson - Century Calgary	who so freely shared their medical and
	student nursing days' memoirs.
"The Science, the Art, and the Spirit" -	
Evelyn Hardwick, Eileen Jameson and	agreement of the state of the state
Eleanor Tregillus - Century Calgary	Holy Cross Hospital Ladies Auxiliary

Education Resources, Calgary District PAGE 41 / NA - 5329-6 Hospital Group PAGE51/NA-2864-1252(#6) Jim Peacock PAGE 61 / NA - 2864-1252 Glenbow Museum Archives: PAGE 62 / NA - 2864-1252(a) LEAD PHOTOGRAPH NA-4861-1 PAGE 77 / NA - 2864-1252 (Pt.IV) PAGE 17/NA - 4092-1 PAGE 78/NA - 2864-1252 PAGE 18/NA - 920-3 PAGE 79 / NA - 2864-1252 (Pt.II) PAGE 19/NA - 1496-1 PAGE 80 / NA - 2864-1252 (Pt.IV.#6) PAGE 20 / NA - 2900-2 PAGE 81 (NA - 2864-1252(Pt.I.#10)) PAGE 21 / NA - 2900-25 PAGE 82 / NA - 2864-1252(Pt.IV.B) PAGE 22 / NA - 4299-4 PAGE 83 / NA - 2864-1252(Pt.I) PAGE 22 / NA - 4299-3 PAGE 84 / NA - 2864-1252(Pt.IV.A) PAGE 26 / NA - 5189-2 PAGE 85 / NA - 2864-1252(Pt.I) PAGE 33 / NC - 24-21 PAGE 38 / NA - 2900-33

