

# *The Queen Elizabeth Hospital*

130 DUNN AVENUE

TORONTO



*75 Years Of Service*





# THE QUEEN ELIZABETH HOSPITAL

1 9 4 9

(For Illness Of Extended Duration)



ENTRANCE



THE HOSPITAL



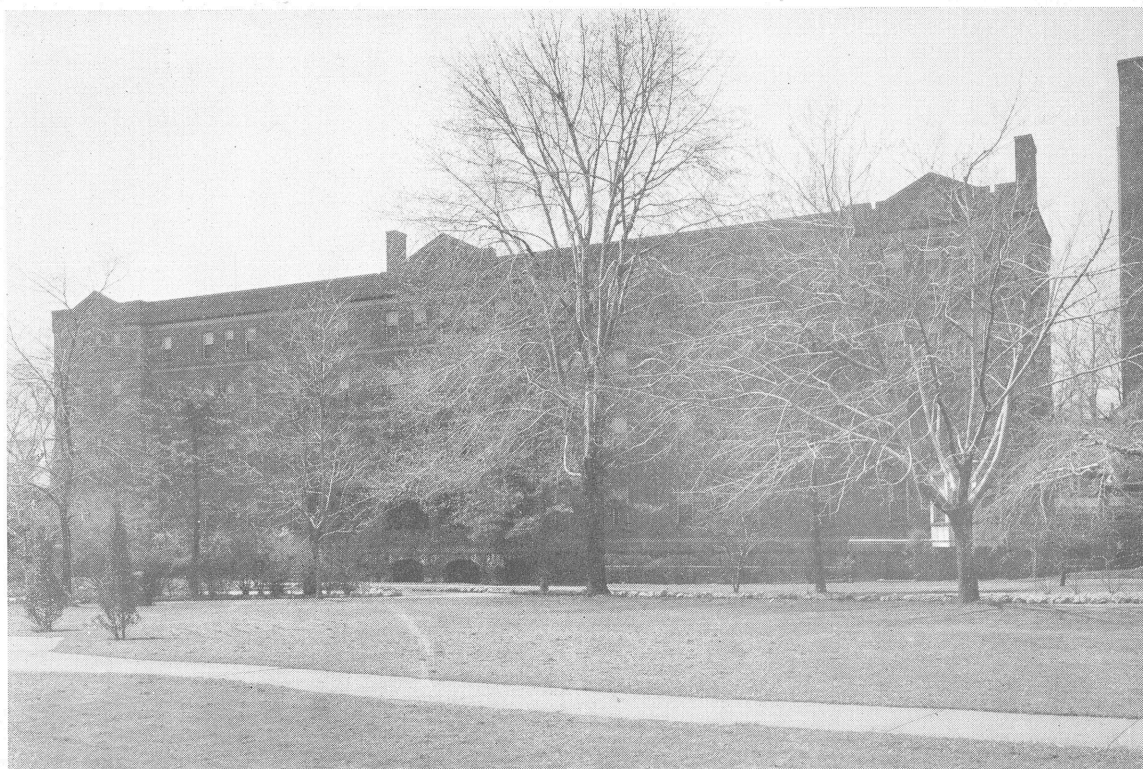
WEST WING

MAIN BUILDING

KENT WING



ENTRANCE GATE AND AMBROSE KENT WING



NURSES RESIDENCE

**IN MEMORIAM**

**MISS ELISE GORDON CLARK**

**Member Board of Governors**

**Died September 11th, 1949.**

# HONORARY MEMBERS

Mrs. William D. Ross

F. Arnold Clarkson, M.B., F.R.C.P.(C)

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Mr. A. Fry

Mr. W. G. Kent

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Miss E. Michie

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Mr. E. W. Bickle

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Mr. F. Cawthorne, K.C.

Mrs. William Inglis

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Mrs. H. T. Jaffray

Rev. P. R. Soanes

His Worship the Mayor

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*First Vice-President:* Mr. R. C. Berkinshaw, C.B.E.

*Second Vice-President:* Mr. F. Cawthorne, K.C.

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Mr. R. C. Berkinshaw, C.B.E.

Mr. F. Cawthorne, K.C.

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Mrs. E. H. Anderson

Mr. F. Cawthorne, K.C.

Mr. R. C. Berkinshaw, C.B.E.

Miss Effie Michie

Mr. Eugene E. Hawke

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Mrs. E. H. Anderson

Miss I. Z. Groat

Mrs. W. Inglis

Mrs. H. T. Jaffray

Miss Effie Michie

Mrs. Ryland H. New, C.B.E.

Rev. P. R. Soanes

## HOUSE STAFF

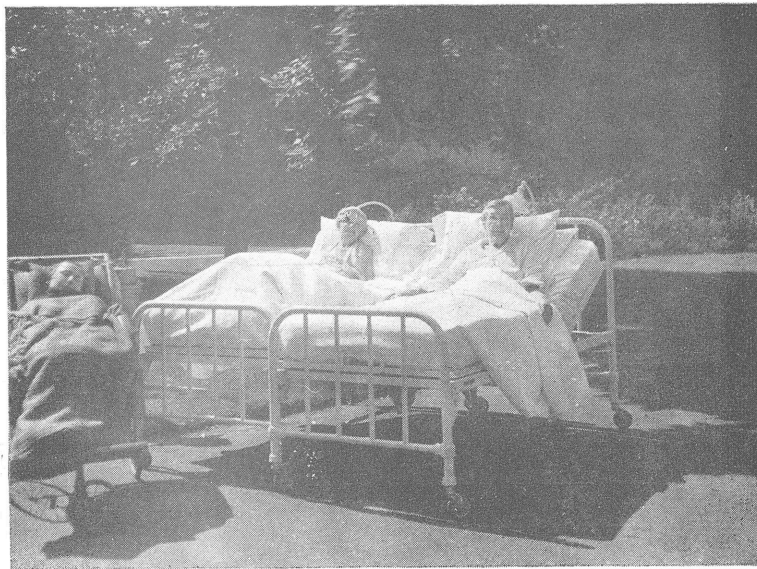
Miss Pearl L. Morrison, Reg.N., F.B.C.N., *Superintendent*

Miss Margaret G. Kennedy, Reg.N., *Director of Nursing*

Miss Gertrude Beattie, *Secretary-Treasurer*

Miss Anne M. Coulter, B.A., *Dietitian*





## MEDICAL BOARD

Alpha C. Bennett, M.B., *Chairman*

A. E. Ashenhurst, M.B.

C. Stewart Wright, M.B.

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Robert G. Armour, M.B., F.R.C.P.(C)

Harold G. Armstrong, M.B., F.R.C.S. (Eng.)

Harold Ball, M.B.

L. T. Barclay, M.D.

Alpha C. Bennett, M.B.

Herbert M. Bowen, M.D., C.M.

W. Kenneth Boyd, M.D.

G. L. Chambers, M.B.

Joseph Daly, M.B.

W. H. Eby, M.B.

J. Z. Gillies, M.B.

W. C. Givens, M.D.

D. E. Gourlay, M.D.

Charles Harris, M.B., F.R.C.S.(E)

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A. F. Mavety, M.B.

James L. McCollum, M.D.

J. C. McKellar, M.D.

James Norman, M.D.

George Pennal, M.D.

Burns Plewes, M.B., F.R.C.S.

Eleanor Robinson, M.D.

W. L. Robinson, M.B., F.R.C.P.(C)

F. W. Rolph, M.D., C.M., F.R.C.P.(C)

A. E. Rowley, M.B.

P. A. Sarjeant, M.B.

W. S. Scheck, M.D., C.M.

G. Douglas Taylor, M.D., C.M.

F. L. Thompson, M.D.

F. C. Trebilcock, M.D., C.M.

C. Stewart Wright, M.B.

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## ATTENDING STAFF

Frederick C. Harrison, B.A., M.B., *Director*

Maxwell Taylor, M.R.C.S., M.R.C.P.

Thomas R. Marshall, D.D.S.

Charles S. Wright, B.A., M.D.

Donald C. Fraser, D.D.S.



E. W. BICKLE  
President  
Board of Governors



THE recent past has been momentous in the history of The Queen Elizabeth Hospital in that it saw the opening of our new Wing. A study had been made of our requirements during the latter days of the war, and it became apparent that the old Cameron Wing was completely out-of-date, and had developed, in the light of modern conditions, into little better than a fire-trap. It was decided, therefore, to tear down this outmoded part of the Hospital and build an entirely new 225 bed addition. We were fortunate in being able to call for tenders in February of 1945, and this was probably one of the last sizable buildings on which it was possible to get a firm bid. The result was that the new Wing was completed at an approximate cost of \$4,000.00 per bed — a remarkably low figure in view of present day prices. We are indebted to the Province of Ontario, the City of Toronto, the County of York, and a host of Companies and individuals whose generosity made the building of this addition possible. Our present day capacity is 516 beds, and your Board feels that The Queen Elizabeth Hospital is now in a more favourable position to serve the needs of our patients better than at any other time in its history.

The problems in connection with equipping, opening and occupying the new Wing were surmounted by Miss Morrison and her staff, with a minimum of inconvenience to the patients. Too much credit cannot be given to the personnel of our Hospital for their devoted service during these trying times.

E. W. BICKLE  
PRESIDENT.



PEARL L. MORRISON, Reg. N., F.B.C.N.  
*Superintendent*

The Queen Elizabeth Hospital had its origin in 1874, when a house on Bathurst Street became available with 14 beds for the care of those suffering from extended and lasting illness, or physical handicap, and had no one to care for them.

The first President of a Board of Management was Rev. Alexander Topp, D.D., and it is significant that always family interest has been maintained and carried during succeeding years. Sir Mortimer and Lady Clarke, Sir John and Lady Beverley Robinson, Mrs. Grant Macdonald, Miss Agnes Dick, Mr. James Michie and Mr. Ambrose Kent were among the earlier workers, and later generations replaced them.

On August 5th, 1876, The Home for Incurables was incorporated and in 1878 the accommodation was acknowledged too small. A new site—on the outskirts of Toronto (Parkdale) of 4½ acres, was procured, at a then cost of \$4,500.00. The corner stone of the main building was laid by H.R.H. Princess Louise, accompanied by His Excellency the Marquis of Lorne, September 1879, and in December 1880 was ready for patients. The new Home for Incurables had a bed capacity of 90.

In 1880 Dr. Topp was succeeded as President of the Board by

Rev. Dr. John Potts

1883 Hon. John McMurrick

1884 Mr. Alexander Manning

1904 Rev. Dr. Parsons

1905 Mr. Ambrose Kent

1926 Lt. Col. Noel Marshall

1928 Mr. John Firstbrook

1935 Mr. W. A. Baird, K.C., M.P.P.

1940 Mr. E. W. Bickle

In 1887, the bed capacity was increased to 132, due to a new wing being added through the generosity of Mrs. Alexander Cameron. This wing was used principally for patients suffering from cancer.

In 1903, a school for nurses was established under the superintendency of Miss Mildred Gray, with eight students.

In 1907, The Home was brought under the Ontario Department of Health, and became The Toronto *Hospital* for Incurables, with bed capacity of 145.

In 1909, a Nurses Residence was built to house 35 nurses, the corner stone was laid by Lady Mortimer Clarke. At the same time a new wing called the Ambrose Kent Wing, had a corner stone laid by Sir James Whitney, Premier of Ontario. Both buildings were opened the following year—the Residence, by their Excellencies The Earl and Countess Grey, and the hospital wing by Mrs. Ambrose Kent. This brought hospital bed capacity to 150 — and gradually to 217.

Miss Helen Forsythe had replaced Miss Gray this year as Superintendent, which position she held for two years, when she was replaced by Miss Elizabeth Green. In 1917, Miss Esther Cook, a graduate of the School, which was named after Mrs. Grant Macdonald in honor of distinguished service to the hospital, returned from study and work in New York City to become Superintendent. This position she held until her death in 1937. A total of 227 nurses graduated from the School before its close in 1934. Cost of training nurses was high, since each student had to take a year's study in New York to supplement study at home due to the lack of variety of clinical material among chronically ill patients. Since teachers had to be provided in the home school, also, it was decided wise to discontinue the School and employ nurses trained elsewhere (at this time nurses were not, in short supply).

In 1927, the original Nurses Residence was converted to a Private Patients Pavilion, and a new residence for nurses, three times the original size, was opened, and called The Lady Mortimer Clark Residence. At the same time a new Power Plant, Laundry, and House-Staff residence, was opened. The hospital had now 287 beds for patients.

In 1934—(our 60th anniversary) the Jubilee Wing was built, and our capacity reached 364, which by 1940 — due to rearrangement and alterations reached 386 beds.



AUDITORIUM



AUDITORIUM — EASTER MORNING



AUDITORIUM — DURING BUILDING OPERATION

In 1942, realizing the unhappiness caused by our name, and that many patients who were once admitted incurable now could be — if not cured entirely — improved even to the extent of again taking up a more or less normal life, we found a new name for our hospital — which fulfilled its real meaning as a “place of healing,” as The Queen Elizabeth Hospital — a privilege graciously granted by our beloved Queen, who sent us her photograph and blessing.

We desired to remodel part of our hospital, some of which needed to be replaced. This we were not permitted to do, unless we would increase our capacity to fill a great need. We then planned to demolish two outdated wings to build one new one.

Our present West Wing — presents the most modern and very finest we feel, in hospital construction. There we have provided treatment facilities quite beyond our dreams. Already it has become so much a daily necessity — that we wonder why we hesitated, feeling we were maybe reaching out too far. The field of care for chronic or long term illness has developed rapidly, but this development was long overdue. It would seem that this type of patient is at last going to receive consideration from the public as a whole — not being left to — all too few.

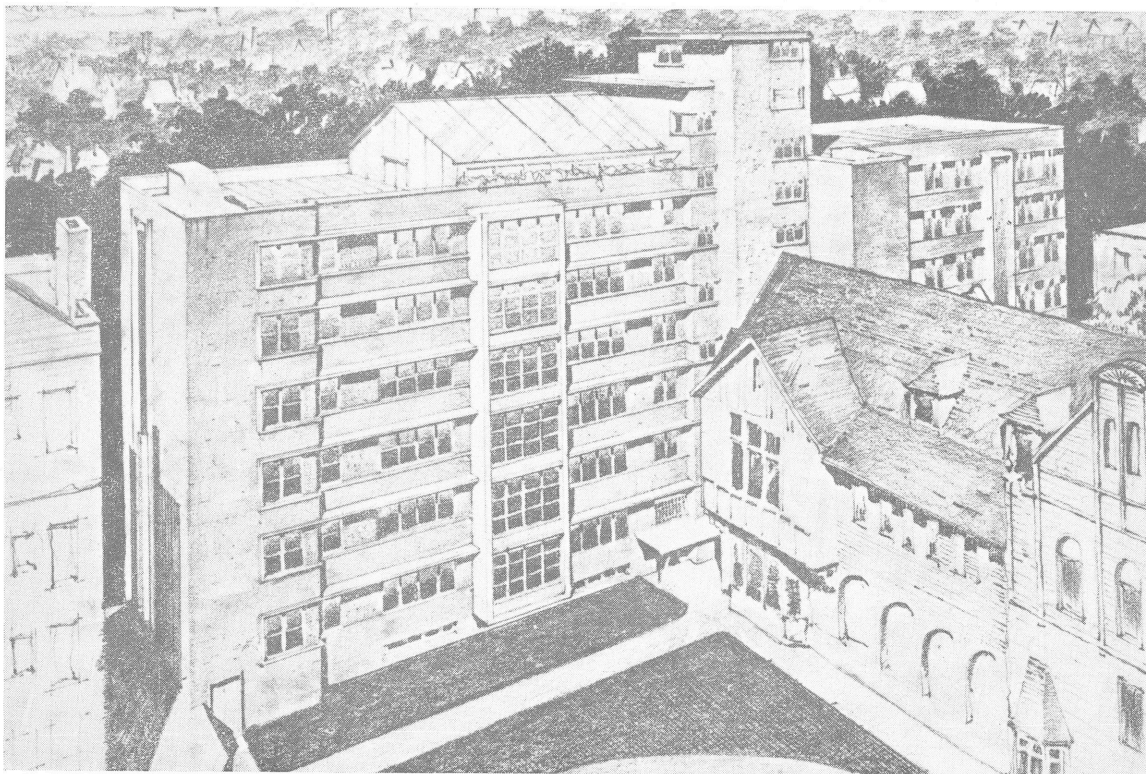
To the very fine list of very outstanding men and women, who have composed our Board of Management throughout the years, and to the doctors who have devoted care for these most deserving of all sick people, who must learn how to live over long periods of time with illness, I wish to express sincere gratitude on behalf of these patients! There are also many nurses and other employees, who have given years of service when much more glamorous fields were available, but who saw a great need and a great service, caring for the patients — not responding to treatment readily, but under such conditions, providing a greater need. They have a satisfaction not available, during “short” care.

Our hospital is the oldest, and the largest in Canada, (516 beds) serving long term illness. No patient is too ill to be with us. We enter this, our fourth quarter of a century, hoping that at its close there is no such word as — “Incurable” — which will be our task to *make*, disappear.

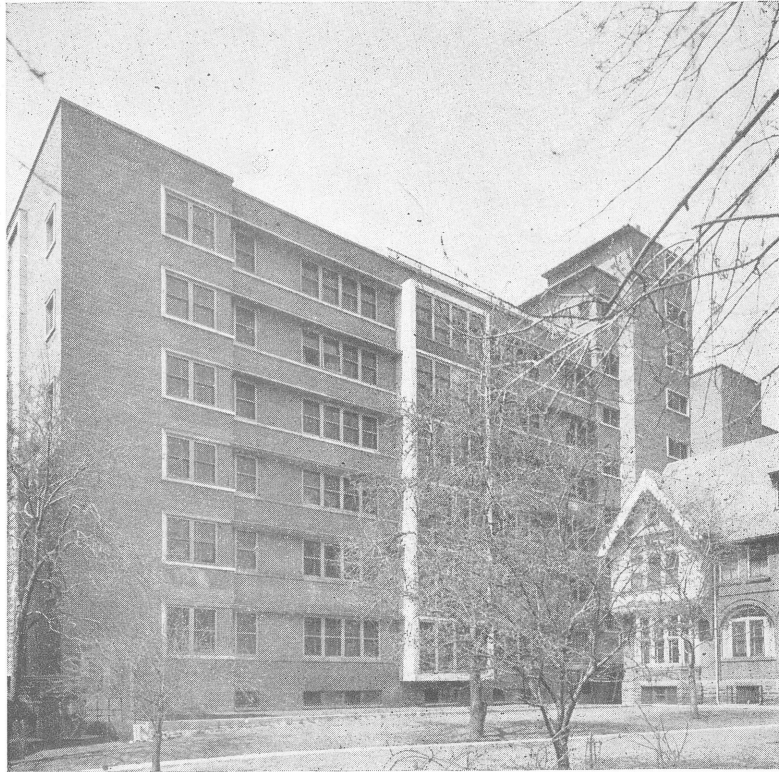


R. C. BERKINSHAW, C.B.E.  
First Vice-President





OUR NEW WEST WING

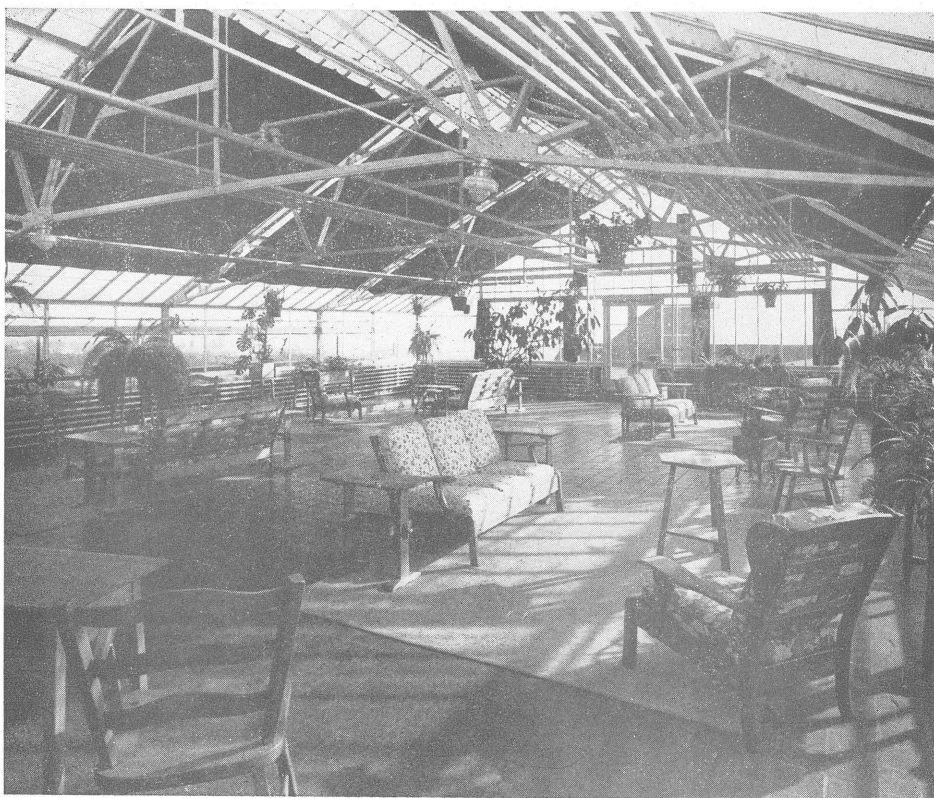


WEST WING — SOUTH



WEST WING — NORTH





SOLARIUM



WAITING ROOM — PRIVATE FLOOR



EMPLOYEES RESIDENCE, POWER PLANT AND LAUNDRY



WEST WING AS SEEN FROM CLOSE AVENUE



PRIVATE SUITE — SITTING ROOM



WARD AND SITTING-ROOM — CAN BE JOINED FOR MOVIES





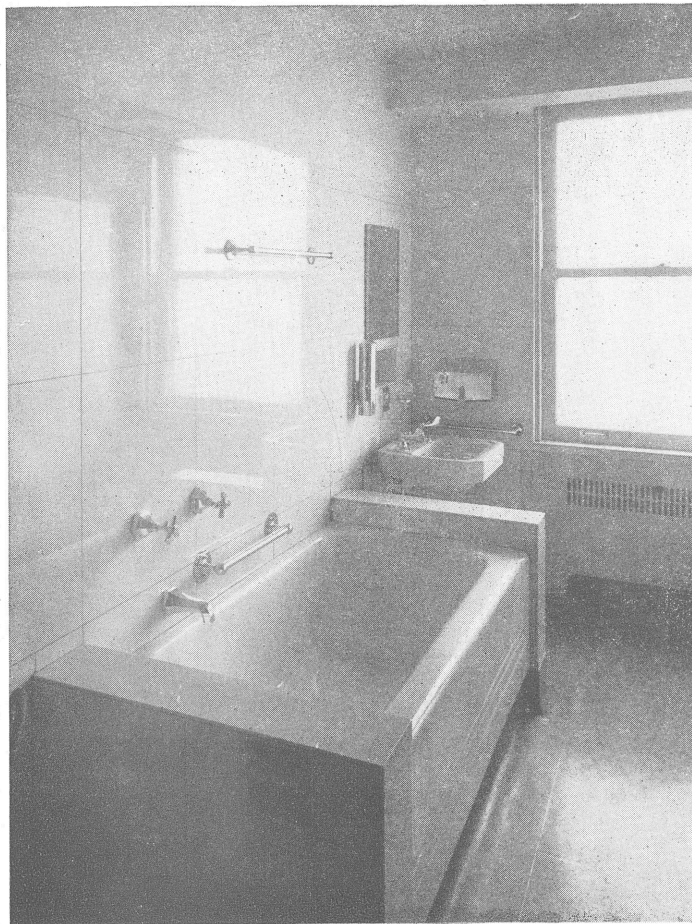
PRIVATE WARD



PRIVATE WARD



WARD FOOD SERVICE



A BATHROOM



PHYSIOTHERAPY TANK

## PHYSIOTHERAPY

Our first step in Physiotherapy was taken in the fall of 1938, when we employed a part-time graduate therapist to give "massage" to various patients we thought might benefit from it. We found it of such value, that we realized very soon our new venture had come to stay.

We began with routine massage, and *planned* use, of our gymnasium, which previously had been used as and how the patients desired. This service gradually increased, and in 1946—2701 treatments were given. Many patients had shown marked improvement, some of which were able to return home.

When we planned our new building in 1944 we realized a definite Physiotherapy Department with greater scope and enlarged equipment was definitely needed, and we now have the first definite Physiotherapy Department complete with water massage, of any hospital for the care of chronic diseases in Canada. Here the patient may have massage, both by the usual accepted method, and water massage by means of a complete body immersion whirlpool bath. We also have infra-red lamps, sun lamps, diathermy, paraffin bath, etc., and a modern gymnasium for therapeutic exercises.

Our treatments in 1948 were increased to approximately 4,000; many more which could have been given were denied due to lack of ability to procure enough staff.

This Department opens a new field for those suffering from long-term illness, and we hope to be able to steadily enlarge it. Our present staff of three, we hope to enlarge to meet the increasing demand. Since patients suffering from illness over extended time are much more apt to be also suffering from lack of finances, outside financial assistance for this department is necessary.

## OCCUPATIONAL THERAPY

This department started on a "shoe-string" in July 1927, and was carried along by one Therapist until 1943, when an assistant was obtained. By this time, it had become so well established that the University was sending students for clinical instruction and experience. Our permanent staff now is composed of a Director and two assistants.

The program carried on during the year places primary importance on the therapeutic value of the creative activities, rather than the remunerative value. With this aim in view, it is found that although finished articles are reduced, the use of recreational activities and crafts produce a feeling of usefulness and develops natural instinctive creative abilities. A total of 10,537 treatments were given during 1948.

Because evenings can be very long for patients in bed, evening entertainment is necessary. Thanks to the kindness of our friends, we have movie machines, which serve not only our auditorium where beds can be taken, but wards. In our new wing we have three floors where the doors of the sitting room fold back combining two four bed wards with the sitting room, which can accommodate beds from across the hall. (See page 19, bottom).

Assisting our Therapists is The Beta Tau Sigma Fraternity—a group of girls—who do for our patients what The Red Cross does for military patients. They give freely of both time and money, and provide our patients with entertainment and service of various kinds. We owe them a great deal!



## LIBRARY

The Queen Elizabeth Hospital was, we believe the first hospital in Canada to have Public Library service.

Realizing our great need, and that our patients needed as much or more than the ordinary individual from recreational reading, and an interest, the Superintendent, supported by a Board Member went forth to conquer the Toronto Public Library. They came away — “wondering”, but the results exceeded their wildest ambitions. We were fortunate in being sent a most understanding enthusiastic Librarian, and now — Public Library service in hospitals has become an established fact. Even the Military hospitals are using the service.

In building up a proper library, our Librarian says a proper balance must be maintained between: 1. Recreational (mostly fiction), 2. Informative (biography, travel, science), 3. Inspirational (religious books, drama, poetry). Seventy percent of the stock is recreational, consisting of mystery, adventure, western, and love stories. The average patient wants to be taken out of himself, and likes a book that jumps right into the story and holds his interest to the end. It is therefore necessary to choose the most exciting westerns, the most thrilling mysteries, and most romantic love stories. Poor specimens of these are disappointing. Also in a hospital, where the average stay of a patient is long, a patient soon exhausts any list. Because of the size of the Toronto Public Library system, re-stocking can be arranged.

Since many patients cannot hold a heavy book “Penguin” books — with stiff covers, were made available for our patients. Some patients who were frightened of books as a mental hazard, were intrigued by the “Penguins”, and almost unconsciously became book readers.

To meet the patients needs, the Librarian must learn the background, interest, temperament and mental capacity of each patient. A simple and sincere approach soon wins confidence. When she learns the interests and hobbies of the patients, she can suggest what he or she might enjoy.

While reading “to pass the time” is an obvious purpose, the Librarian’s real aim is to introduce books that stimulate interests, broaden horizons, and bring fresh contacts, and thus help patients to create a happier mental attitude that will counter-act apathy and discouragement.

In March 1939 — circulation was 149.

In January 1940 — circulation was 715.

In January 1948 — circulation was 9,272.

Nothing can do, what a good book can, carefully selected by a person who knows how to do it. The foreign born patients are not forgotten.

“A well conducted hospital library service is a therapeutic agent of no mean importance, and would be so recognized by any modern medical man.” E.H.J.

## DENTAL DEPARTMENT

We opened a dental service in 1939. We did not have any funds for such, but we had a great need, which could not be denied. How could there be a necessity for normal healthy people to have dental care twice yearly, and patients not, healthy, unable to go to a dentist and unable financially to have a dentist come to them, live with existing results! Even if a dentist would come in emergency, he would not for prophylactic care, and could not do his work without equipment impossible to bring to operate. A Dental Room and equipment became a *must*, in 1937, and was opened on —faith that somehow, we must function. We found friendly assistance of course, and now in our new wing we have our previous equipment with a new dress to fit in with it's new home, and new neighbouring furnishings. It is now a joy to behold, and a great source of comfort to many patients.

The object of our dental service is to maintain a good standard of dental health. The common conception of a decade ago was to relieve an aching tooth. To-day dentists try to prevent these unpleasant experiences, by intercepting dental diseases in their earlier manifestations; establish and maintain dental health rather than effect cures of acute disorders.

Naturally, we could use more dental service, but dental service is expensive. We have two dentists, covering two days each week. Strange as it may seem our patients never seem to mind going to the dental room — as most of them must, on a stretcher — this speaks well for — *our* dentists!

## THE HOSPITAL SPEAKS FOR ITSELF

I am seventy-five years old. I was christened The Home for Incurables, but after many years of growth and service, I *earned* the name The Queen Elizabeth Hospital. During my life, modern medicine and surgery were born, when anaesthesia joined with Lister's antiseptic surgery and made safe and possible — the entry to all parts of the body, the healing touch of the surgeon.

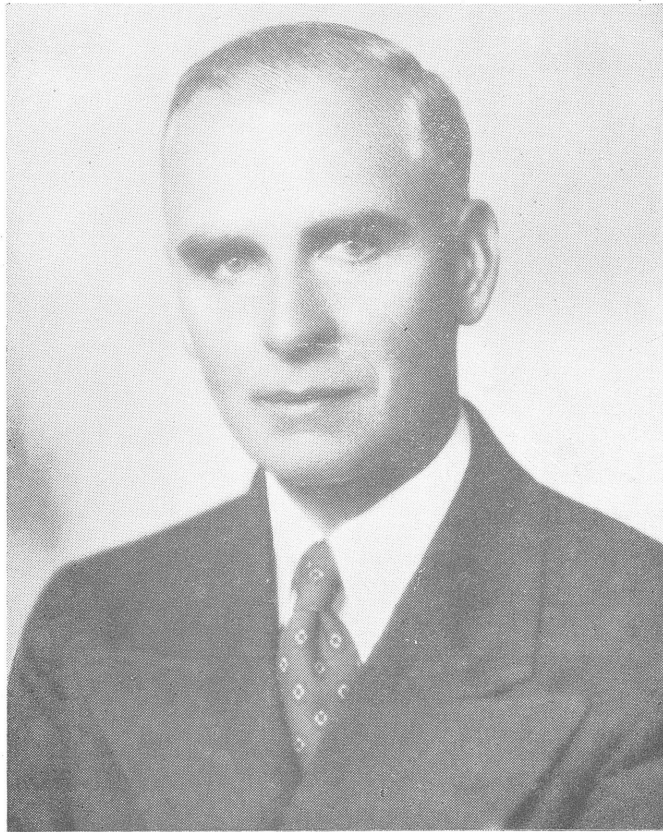
My memory notes the thrilling advances of the men of medicine—transfusions introduced by Toronto doctors in World War I—intravenous medication—the mighty Sulfa drugs and penicillin combined to take the fear out of pneumonia and many other infections.

One by one the Great Killers of past ages have bitten the dust — smallpox, diphtheria, typhoid fever, scarlet fever, and whooping cough. Then we see two names which have brought lasting honour to our city, Doctors Banting and Best, in the gift of Insulin to curb Diabetes.

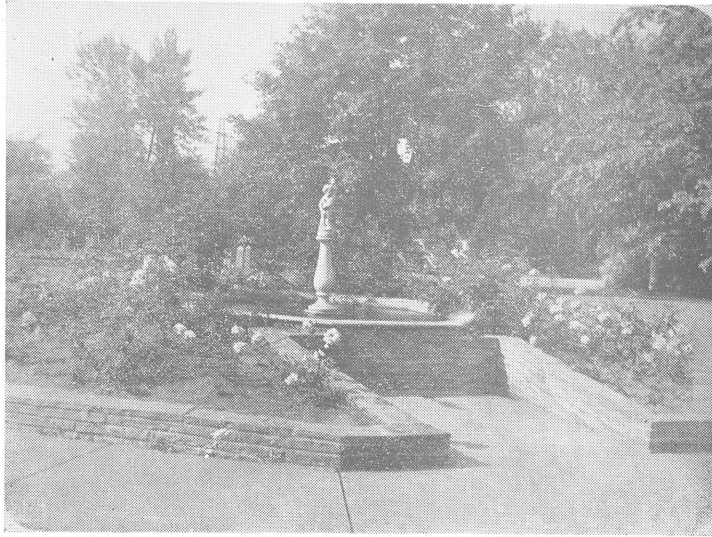
I have seen babies and children saved in my time the world over, millions of them, and so was not surprised to hear an insurance man say that life expectancy which was twenty-eight years in the Middle Ages, has jumped to sixty-five for men, and seventy for women. This means more people reach the time when life is on the downward path, and paralysis, coronaries and cancer, are some of the diseases met more frequently, and, because of lower resisting power and inability to return to normal life as readily as in other years, a special, hospital, is needed for prolonged or continuous care, where everyone is not expected to return home "in a few days". I even see many more young people than formerly, as even young people are afflicted with long term illnesses, such as arthritis and disseminated sclerosis. Polio has long been with us, and I even have young broken backs as a result of swimming accidents, etc.

I welcome these patients to my 516 comfortable beds, and give them careful nursing, hydro and physiotherapy, unsurpassed anywhere. I also give them occupational therapy, individual encouragement, and entertainment not possible in a hospital prepared for acute and short illness.

Time doesn't march, it flies on — and so I hope to improve my facilities and care.



F. CAWTHORNE, K.C.  
Second Vice-President



OUR GARDEN



OUR CHRISTMAS TREE

### **Form of Bequest**

I give and bequeath to the Board of Management of The Queen Elizabeth Hospital 130 Dunn Ave., Toronto, the sum of \$.....  
(or personal property or real estate)  
to be used for carrying on the charitable purposes of the aforesaid institution.

