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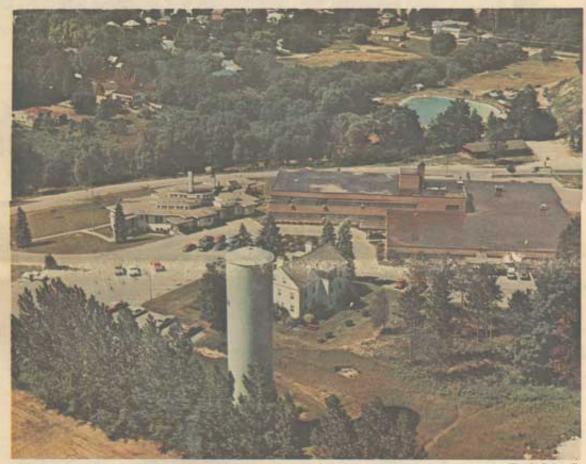
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50 YEARS OF SERVICE

1928 - 1978



[Photo by Steingard

STEVENSON MEMORIAL HOSPITAL

ALLISTON

PRESIDENT'S MESSAGE



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Mr. G.B. Mallion, Q.C.



Mr. James Wales



Dr. N.D. Gripper Chief-of-Staff

50 Years ago, on July 1st, 1928, the original Stevenson Memorial Hospital opened its doors to the community. This distinctive little hospital was donated to the community by the late T.P. Loblaw in memory of his grandparents Mr. & Mrs. William Stevenson, pioneers and lifelong residents of our community.

Many other prominent local citizens also generously subscribed towards its founding.

The original hospital was at that time of fire-proof construction, modernly equipped and had a total bed capacity of 27 active treatment units.

In 1964 after several years of industrious work by another dedicated group of citizens, the present modern hospital was opened, having a bed capacity of 85 modern units for the service of all residents in our hospital area. Because of limitations of space it is not possible to reproduce photographs of all those many men who contributed so greatly over the years. We have

pictured above however, aix of the honourary life members, five of whom are still resident in our community, along with the late Mr. W. J. Wood, it was the efforts of persons such as these that led in 1964 to the replacement of the original hospital with its present sister institution.

Not all of the credit is due to those volunteers whose aim was solely the betterment of their community. How many of us ever pause to think of the untireling efforts of the medical profession? And yet it is to that profession more than to any other agency that we owe our modern hospital organization. Neither should we forget their sister organization, the nursing profession. Only those who have been actually committed to their care can fully appreciate their never falling devotion and estimate the real value of their services to the public welfare. A sincere vote of thanks is also due to our Hospital Auxiliary and its many volunteer services.

I cannot conclude my short remarks without also

commending the efforts of the many other specialists and service employees which comprise the balance of our hospital staff in our community hospital. The pictures of the present hospital Board of Governors are also displayed, it is to their selflessness and the co-operation with the officials and staff of our institution that our doors are open daily to readily render instant service to any and every member of the community in need of same.

In closing I should like to see every citizen of our community fully awake to his and her responsibility in the matter of community health, getting solidly behind their hospital, their boards, and the allied health institutions. They require understanding and sympathetic support and we in the Alliston Hospital area, I am proud to say, have received all of the foregoing from the residents of our district.

C.C. COLLINS PRESIDENT, BOARD OF GOVERNORS



Hospital in 1928

Stavenson Memorial Hospital as it looked just before it spened in 1928. Note the farmers and other local residents preparing

the grounds in the foreground. [Photo from the files of Jean Corrigan]

Original hospital had 30 beds and 3 sides

by Tracy McReynolds
In 1926, Theodure Pringle Loblaw inti-mated to friends a desire be had to build a bospital in Alliston in memory of his grandparents William and Elizabeth (Pringle) Stevenson

Two years after he first expressed this desire, on July 1, 1939, Stevenson Memorial Hospital was officially opered in Alliston, New, 50-years later, in relebrat-ing the hospital's anniversary, it's interesting to retrace the steps leading to the development of our present Stevenson Memorial Hospital.

After the initial discussion about the After the thing operation with friends, a meeting was held in Alliston and a Board of Trusteen was appointed for the proposed

The first order of business was to choose a site for the hospital and it was decided that it would be built on the north side of the Boyne River between the gates of Riverdale Park and a William Martindale's

Mr. Lobiaw donated \$100,000 to build the spital and Fred K. Murrow pledged \$20,000 over 10 years.

The land was then purchased and instruction began.

The original Stevenson Memorial Hospital was built in a triangular shape. The front of the building was 180 feet long and contained two large wards with five beds at each end. In the centre, the hospital held two semi-private rooms on either side and five private rooms. In all, including the nursery, the new hospital was equipped with approximately 30 beds.

The two sides to the hospital ran to a oint at the back with the main entrance and office on the east side. The kitchen was placed in the rear and the operating room, aniesthetic room, case room, mirsery and sterilizer room lay to the west of the entrance. The basement was used to house

the nursing staff.

Patients were being cared for and medical service had been extended for several weeks by the time the bospital's

Celebrate with us

Everyone's invited to join Stevenson

Everyone's invited to join Stavenson Memorial Hospital in its 50th anniversary celebrations, Sunday, June 18 at 3 p.m.

After a few speeches and a brief ceremony, refreshments will be served to all visitors who will also get a chance to take a peek at the hospital facilities if they are not already familiar with them.

official opening took place, and, ironically, Mr. Loblaw was the first patient admitted to the new hospital, named for his grandparents, after he was thrown from his

horse while riefing around his farm.

In 1908, Seevenaoo Memurial Hoopital
was described in an American Medical
Journal as the most modern hospital for its
size in North America.

Some of the most rapid changes in the past 50 years have occured in the field of medicine and, to remain current, or at least as up to date as you possibly eat, be, is a a continual buttle all medical institutions

most wage. In 1852, a clinic room was incorporated into the basement of the hospital to hold a baby clinic, and the hospital's womens auxiliary began artively tables an interest in hospital affairs, early in 1852.

The year 1852 was a hig one for the hospital in a number of ways in acquired its first consultant, Dr. R.J. McCulbungh, an

eye, ear and nose specialist, and, it alm

osed down. The hospital had been officially ope for less than a year when the depression hit in 1929 and, by 1932, it was hard going for everyone, including the hospital. Mr. Loblaw admitted he thought "it best to ciose the hospital on account of lack of patients and insufficient funds". At that time, the rates for public wards was \$1.75 per day; semi-private, \$3.50 and private, \$5.

Somehow, the bospital managed to make it through that year without closing and, in April of 1933, Mr. Loblaw died. During the Easter vacation of 1934, the

hospital freely opened the doors of its operating room to perform, without charge,

operating room to persons, without energy, all cases of tonsillectomy sent to the hospital by the Ministry of Health. The latter years of the depression were not quite as treeuous for the bespital and, in 1935, sufficient funds were available to have portraits of Mr. and Mrs. Loblaw painted by F.J. Haxby at a cost of \$350 each

plus \$50 for hand carved frames. In 1998, a doctors' waiting roc added to the hospital and a contract was drawn up with Turnbull Elevator for an elevator to be installed. In addition, a opened in 1939.

Throughout the war years, Stevenson Memorial's board contributed generously to the Red Cross and supported the British war victims as well as sending boxes to the

After the war, the hospital continued on smoothly but it was slowly becoming too small to handle the numbers it was serving. In 1957, an architect, Gordon Adamson, was asked by the hospital board to begin planning a new 80-bed hospital. Continued on page 18

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Theodore Pringle Loblaw

The partraits of haspital founder Theodore Pringle Lablaw and his wife, Isabella Helen Adam Loblaw, hold places of honour in the entrance layer of Stevenson Memoria Hospital. [Herald photo by Sheila Roberts



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extends Congratulations and Best Wishes to

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on the occasion of its 50th Anniversary.

Happy 50th Anniversary

STEVENSON MEMORIAL HOSPITAL

and Best Wishes from

R'Allies, Ladies Wear

Alliston



Isabella Helen Adam Loblaw

Hospital founded by T.P. Loblaw

Stevenson Memorial Hospital's founder was none other than Theodore P. Lobiaw, the

Canada's leading food store chains.

Born in Alliston on July 1, 1872, the son of William James and babelia (Stevenson)
Loblaw, he was educated at Scotch Line
School and, then, Simose County and
Bianting Memorial High Schools, Banting
was then known simply as Allisten High

School.

In 1889, he went into the grocery husiness. By 1906, he was ewner of the Lablaw Accounts System and then went on the owner of The Loblaw Stores, chain groceries, from 1910 to 1919.

Middle of the Committee of the Loblaw Stores, and groceries, from 1910 to 1919.

In 1919. Lobiaws became known officially as Lobiaw Groceterias Company Limited, Self-Service Groceries, with Mr. Lobiaw as

its president.

He was also president of Lobiaws in
Huffalo, New York, and a director of the
Canada Bread Company Limited.
In 1895, shortly before his entry into the
grocery husiness, he married Isabella Helen Adam. She died in 1900, two years after the

hospital's opening. He died three years

The couple had three foster sons and one

Aided by F.K. Morrow

Another Alliston "old boy" vitally in-volved in the donation of Stevenson Memorial Hospital to the district was Fred K. Morrow. A financier, Mr. Morrow was known as

"retiring" man. His cheque to the hospital was sent to founder Theodore P. Lobiaw with the request that nothing be said about

He did, however, attend a thank you hanquet with Mr. Leblaw at which both men were presented with golden keys, giving them the freedom of the town.

A report of this banquet said that even Mr. Loblaw was "somewhat embarrassed, something unusual for him".



HOSPITAL ADMINISTRATOR ART CONSAUL

First male administrator

by Sheila Roberts Art Consaul is a 'first' at Stevenson Memorial Hospital.
Until Mr. Consaul came along a

years ago, the hospital had always had a female administrator.

"They were all very dedicated women," said Mr. Consaul. "They acted as both administrators and senior nurses."

administrators and senior nurses."

Mr. Conseafs hiring in 1971 was the beginning of a new era for the hospital, following the trend of bospitals everywhere to have non-neotical personnel handling the running of hospital affairs.

"Now, administrators are responsible for budgetting and fiscal operation," he said.
"And I find it an interesting, challenging

The director of nursing, Marion Carlto handles the nursing aspect of the job which once belonged to administrators because, as Mr. Consaul says, "treatment isn't my

The administrator first became involved

The administrator first became involved with bospitals when he returned from active service with the Essex Scottish Regiment in Britain and the Continent.

"Like many fellows coming out of the service, I had my high school graduation and then two years of accounting," he explained. "I joined a hospital in Muskoka as a cost accountant."

In seven years, he worked himself up to the position of administrator and in the meantime, studied advanced accounting

He stressed that a would-be administra-

then, there weren't any university courses to train people as hospital administrators.

"I've seen a lot of change and sophistica

tion in hospital administration," he said.

From 1956 to its closing in 1960, Mr.
Consaul was administrator of the former
Tuberculosis Hospital in Gravenhurst. He spent the next four and a half years as administrator of Fort William Sanitorium. followed by seven years at Sensenbrenner General Hospital in Kapuskasing.

Although Stevenson is the smallest hospital in which he has served as administrator, he believes "there is no such

thing as a small hospital".

Stevenson is dealing this year with a \$3,299,540 draft budget, of which just under \$2.5 million will go for salaries alone. Another \$62,000 will be spent on drugs, \$61,000 for medical and surgical supplies and \$525,000 on all other categories

The staff numbers 240, including 60 part

time members.
Mr. Consaul believes that Alliston area ser. Consan seleves that a man like residents are "fortunate" that a man like Theodore Leblaw carr along when he did with his generous donation or Alliston might never have had a hospital.

Another fortunate aspect of this particu-lar bospital is the "extremely strong auxiliary", he said, which has purchased as many valuable pieces of medical equipment.

He also noted that this hospital boasts a "low turnover of staff". In the last three Continued on page 13

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On this anniversary of Stevenson Memorial Hospital and in tribute to the late J.J.E. McCaque, we wish to express our appreciation for the years of service given freely by members of the community since the founding of the hospital 50 years ago.

> Mrs. IJ.E. McCague and Family

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DESECTOR OF NURSING MARION CARLTON

Nursing director, came 'just for a year'

By Shella Roberts

Fresh out of mursing training in 1958, Marion Carlton answered a newspaper ad for

Stevenson Memorial Hospital.

She applied, was hired and moved to

She appured, was hirse and showed to Alliston, just for a year."

Today, as director of nursing, she's in charge of a staff of well over 100 and obviously not leaving town.

It was quite a challenge for her when she started and was placed in charge of

obstetrics.

"There was no orientation program them," she said. "You just walked in the door and started to work."

Promoted through the ranks, Mrs. Carlton became assistant superintendent to Irene (Shaw) Brickstock and, when the new here is now introduced and, when he was made director of nursing, a position that did not exist before the expanded quarters. Her staff grew slowly, to cope with the increase from a 35 or so bed building to a building with a potential of 85 beds.

"There was no emergency department in the old hospital," she said. "Just beds in the corridor - now we handle well over 1,000 cases a year."

The new building had both an emergency room and a recovery room. It also had tw operating rooms with a recovery room, in contrast to the previous single operating cramped one-room nursery to a two-room sute which still overflows now and then.

Mrs. Carlton was at first interested in physiotherapy but, after working a few summers in her native town of Braxtford, found out that it was nursing with its 'broader scope' that really held her

A graduate of the nursing school at Hamilton General Hospital, she feels unhappy about the number of "eager students with their RN" who cannot be students with their EN" who cannot get a job after graduation.

She is not in a position to offer a new grad a job because she has had nurses who have been working part time at the hospital on the waiting list for as long as two years in

"Salaries have increased greatly in the past few years," she said, "and the turnsver is practically nil."

The only times she loses a staff member is when the nurse retires or, in some instances, when the nurse's husband is at Base Borden and is posted elsewhere. But even that isn't happening as often these

today's graduates from community col-leges, who are packed full of theory but have not had enough practical experien Continued on page 19

Hospital offers services

variety of services to help make the patient's stay more comfortable.

All rooms are wired for phones and for 50 cents per day, patients can rest one from the business office. A tolevision service, operated by the Hospital Auxiliary, provides viewing for patients at a cost of \$1.50 ner day.

If patients make arrangements with the head nurse, they can in most cases bring in their own small radio units. The Hospital Auxiliary will also provide the use of a small portable at no charge.

Both visitors and patients can take advantage of the good, inexpensive meals provided in the cafeteria from 7.30 a.m. to 5.30 p.m. The general public, however, is not allowed to use the cafeteria, tempting though the prices may be!

Anyone spending the night with a critically ill patient can have a coffee if arrangements are made with the nurse.

And, a far cry from most hospitals, parking is provided FREE. However, visitors are asked to keep the doctors' area clear in case of emergencies.



CHIEF OF STAFF DR. N.D. GRIPPER

Chief says staff's good

The function of the chief of Stevenson Memorial Hospital is to be the representative of the hospital board to the representative of the needed staff is usually the president of the medical staff is usually the president of the medical staff which in turn makes him the doctors' representative to the board. Although at times it would seem as though this might create a conflict, the hospital's present chief of staff, Dr. Nigel Gripper, says that Stevenson is small enough that difficulties seldom arise because of this situation.

Dr. Gripper, who was chief of staff from

1969 to 1974, was elected again in 1977 and is mainly responsible for the medical staff and the quality of medical care admin-istered as Stevenson Memorial. A native of England, Dr. Gripper studied

at Guys Hospital in London and did post grad training in Anaesthetics and Obstet-

ries. He then spent three years in the army, a year as a general practitioner in England and then a year in Saskatchewan as a general practitioner before coming to Stevenson Memorial Hospital 14 years ago.

Although a great deal of his time is spent in administrative meetings and on an ever increasing volume of paperwork, Dr. Gripper manages to maintain a general

On the whole, he considers the staff at Stevenson to be a good one, claiming the whole process of medicine involves filtering out and that, generally, those who make it through are good.

General Information

Fully accredited since 1968, Stevenson Memorial Hospital is operated by a governing board of 12 elected members and

governing beare of 12 elected members and two appointed members representing the medical staff and the Hospital Auxiliary. Board members are chosen from the area served by the hespital and speak for a population of approximately 19,000. They receive absolutely no remuneration

for their services. Elected members Elected members on the board of governors for the 1977-78 fiscal year are president Charles C. Collins of Alliston, past president Francis Kelly of Adjala, vice president Grace Ludlow of Adjala, secrepresident Grace Ludiow of Adjana, secre-tary L. Nicel of Essa, treasurer J.A. Lewis of Alliston, and governors Ross Brett of Alliston, Rev. T.H. Bridle of Alliston, Alan Corrigan of Essa, Robert Dickey of Alliston, H. Downey of Essa, G.B. Mallion of Tottenham, James Wales of Everett.

of Tottenham, James Wales of Everett.
Honowary life members are Earl Rowe,
former Lieutenant-Governor of Ontario;
J.D. Bowerman; J.A. Murphy; L.L.
Whiteside and Austin Rutledge.
Appointed members are Jean Kingsbury,
auxiliary president; and Dr. Nigel D.
Gripper, chief of staff.
This board annually appoints the medical

staff of the hospital. The staff consists of 20 qualified medical consultants and general practitioners.

Hospital administrator Art Consaul is imployed by the board and is respons for the management and operation of the

nespena.

Director of nursing, Marion Charlton, is in charge of a qualified nursing staff of 120, who supply a 24 hour a day, seven days a week service. The assistant director of nursing is Mrs. D. Cooney.

In the area of para-medical services, Betty Kleinstueber supervises a staff of nine in the laboratory, while Anna Pluris and assistant Alice Callow have a total staff of five in the X-ray department. Bruce King and Norma Varcoe are in charge of pharmacy purchasing.

Medical records librarian Pat Callan has a

staff of five, while head of physiotherapy Sunni-Michele Wagner has a staff of two.

On the services side, Ms. A. Vergunst is director of dietary services assisted by Mrs.

D. Winger. They have a total staff of 21.
D'Arcy MacIntyre is in charge of housekeeping and laundry services with a staff of 30.

In the maintenance department, J. McCullagh heads a staff of six.

Mrs. M. Sharpe is business manager with a staff of 14.

Pat Sheridan heads up the ambulance service. His staff totals 11, including part

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Contact a friend 435-4900

CONTACT Information Centre operates from quarters in Stevenson Memorial's nurses' residence. Although a limited number of nurses live there these days, the beautiful building is put to good use by the hospital by allowing such tenants as CONTACT and the Victorian Order of

Nurses to use the facility. Here the CONTACT crew from left are Marney Thivierge, project manager: Ruth-Anne Bruwnice, field worker; and Lorraine bookkeeper. [Herald photo by Shelia Roberta]

Hospital tenant is CONTACT centre

A friendly tenant at Stevenson Memorial Hospital is the CONTACT Information Centre.

Since October 31, the group has been "in residence" in a ground floor office in the nurses' residence adjacent to the hospital.

nurses' residence adjacent to the hospital. Although project director Marney Thiverge says, 'Information is what we're really here for', the group is involved in a variety of services to the community. They dispense information on almost anything by phone and like the story about the Bell Canada operator, they have been asked how to cook certain dishes.

Ever-increasing calls have been concerned with baby sitting, baby clotthes, bousing or have been made simply for the sake of hearing a friendly voice.

A "Listening Ear" service lets people get concerns off their chest or, perhaps, worries that he or she cannot confide to their family or close friends.

their family or close friends.

CONTACT has also received permission CONTACT has also received permission from the board recently to visit senior citizens in their homes, bringing friendly conversation and a new friend into the homes of some of our older residents. Field worker Ruth-Ann Brownlee handles these visits, while back at the office, bookkeeper Lorrains Hawkins holds

Dropping in to CONTACT is not encouraged because the residence location means that nurses may be skeeping. But phone calls are most definitely encouraged and, as the community is becoming more aware of the group, it is making more use of the service.

the service.

Groups have started to call in to file dates of dances and other events so that conflicts with other groups don't zrise. They can leave their event date on file with CONTACT who, when phoned and through The Herald, will inform other groups that

The Herald, will inform other groups that that date is "taken".

For the first seven months, CONTACT was totally funded by a Canada Works grant. The group recently started operat-ing under a slightly different Ganada Works grant which will fund them for the next few months for salaries and benefits only.

months for sataries and benefits only.

"Now, we have to figure out how to make some money," says Mrs. Thivierge.

CONTACT's first money raising venture is a cookbook, written by the staff, which will sell for \$1.

"We tried to pick some old recipes and also some funny ones," Mrs. Thivierge

Happy 50th Anniversary

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Gift shop

Many lovely, high quality articles can be lound in the Gilt Shep in Stavenam Memorial Hospital, located near the frunt door and operated by the hospital auxiliary. Shown above in the pink smocks they wear when on duty are auxiliary president Jean Kingsbury, left, historian and publicity

chairman Roth Wright in the middle, and gift shop supervisor Mary McCutcheon on the right. The shop is air-conditioned for the convenience of its customers and provides the major share of the lunds raised by the auxiliary each year. [Herald photo by Judy Scott]

Hospital's 'helping hands'

by Judy Sents

One of Stevenson Memorial Hospital's greatest "helping hands" is the Hospital Auxiliary.

The first auxiliary was formed when the original hospital opened in 1928, but disbanded during the Second World War, as they felt their services should be given to the Red Cross work for the soldiers.

In June of 1960, the auxiliary was revived. and has been going strong ever since. There were 34 members in the first year and this has increased until in 1977 the membership stood at 143, including three honorary members - Mae McCague, Marg Gingras and Irene Brickstock, a former hospital administrator.

The auxiliary has contributed much in the way of funds and "econanpower" to the hospital for the past eighteen years.

They have donated \$500 to the ambulance fund, \$3,900 to the bospital board, and spent a total of approximately \$66,000 up to and including 1978.

and including 1978.

Some of the material contributions they have made to upgrade the hospital are an air conditioner for the gift shop, trees and other landscaing for the grounds, a medical library, a blood cell counter, fixme photometer, patient lifter, three black and white tolevisions sets, curtains and draperies, seven-up dispenser. Candystriper uniforms and pins, as isolette and resusti-tator businet, a blood gas analyzer and

accessories, a Boyle gas machine, a cardisc monitoring system, three nebuliners, a fetal

heart monitor, an I-var and three diascopes. The auxiliary raises funds chiefly through operating the gift shop near the hospital entrance and with the annual tag day in downtown Alliston.

Members of the auxiliary take turns on duty at the gift shop which is stocked with high quality merchandise from wholesalers in Stratford, Toronto and Kitchener.

The suniliary has also sponsored many blood denor clinica, served on the "Meals on blood demor clinica, served on the "Beals on Wheels" project, given hursaries to high school students, helped with the Ad-Tectag stay, canvassed for the Arturnia society and donated Christman gifts to the Good Samaritan Nursing Home.

Many members also chanifeur patients for the Cancer Society and the Mental Health Clinics.

The object of the hospital auxiliary, as stated in the constitution, is "to create greater community interest and under-standing of the hospital and to render attacking of the hospital and to render volunteer services to the Stevenson Memorial Hospital and its patients through ways approved or proposed by the Governing Board of the Hospital', and also "fund raining for the bospital through various approved ways".

Judging by the enermous amount of work time and money donated to the

work, time and money donated to the hospital since 1960, the auxiliary is certainly living up to this ideal.



Candy stripers

Stevenson's Candystripers, invaluable vol-unteer assistants at the hospital, recently were honoured at an awards night, sponsored by the Hospital Auxiliary. Here Candystriper chairman Cindy Orr and fellow Candystripers Valerie Gallaugher

and Margaret Armstrung pose beside the soon-to-be-eaten cake. All three girls were recipients of 300 hours bars, signifying 300 hours of service to the hospital.

[Herald photo by Shella Roberts]

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ALLISTON

A glimpse of the pa



On its way

The first hospital building was well under construction when this photo was taken. The 35-bed building was constructed so that all patients faced the sunny side of the

building, leading a warm atmosphere to a baspital stay.

[Photo from the files of the Stevenson Memorial Hospital Auxiliary] From 1926 to
the hospital
well document through phonormal
written work
auxiliary his kept the fill
minute
the import
would be re-



Quite the style

Superintendent Edna Campbell and Dr. F.M. Walker celebrate Alliston's Centennial in style in August, 1947. Photo from the files of the Stevenson Memorial Hospital Auxiliary



Important moment

The area was ready for a new, larger hospital and, in 1963, these people got together to sign the contract. In this photo, building committee chairman Joseph Mc-Carroll, administrator Irene Shaw, archi-

tect F.E. Fletcher and board chairman L.L. Whiteside participate in the importan-

[Photo from the files of the Stevenson Memorial Hospital Auxiliary

st from Stevenson

the present, has been nented tos and the Hospital orians have s up to the o that nt events nembered.



First step

An impressive covenany marked turning of the sod for the new Stever Memorial Hospital in 1963.

[Photo from the files of the Stevenson Memorial Hospital Auxiliary



The signing

Superintendent Edna Campbell and her staff members, Charlotte Mason, Mar-guerite Burke, Alda Ruthven and Durothy Shannon pose with a patient Audrey

Pearock. Miss Campbell was superinten-dent from 1934 to 1934. [Photo from the files of the Stevenson Memorial Hospital Auxiliary]



W. Earl Rowe, Lieutenant-Governor of Ontario, cuts the ribbon at the ufficial apening of the new hospital as Sunday, June 23, 1964. The need for a new hospital had been emphasized for some time. The

today's prices? [Photo from the files of the Stevenson Memorial Hospital Auxiliary] Congratulations to

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Ambulance Supervisor

Pat Sheridan has been an employee of Stevenson Memorial Haspital for the part Eiteen years and is now the ambulance supervisor with a full time staff of five men. Mr. Sheridan goes out with the ambulance every time he is on duty and will be retiring in December of this year. Refure working at the hospital he served for twenty-hur years in the army and was a tank crew commander in the second World War.

[Herald phote by Judy Scott]

In an emergency they're there

by Judy Scott

When an emergency strikes at home or on the highway, the first telephone call usually goes out to the ambulance service. The man who is often in the van when it arrives is Pat Sheridan, ambulance supervisor at Stevenson Memorial Hospital.

visor as neversion stemental incontian. Mr. Sheridan way that the first ambulance service at the hospital was run by velunteers and began in June of 1963 with a converted van carrying one oxygen tank, splinta, bandages, dressings, blankets and sheets.

All equipment was supplied and maintained by the hospital, but the volunteers actually drove the van and charged the users for the service, usually by the mile. The money gathered in this way went into a fund to purchase equipment for the

When Mr. Sheridan took over the service in August of 1968, the van was a converted 1964 GMC.

At that time, there was pressure from the federal government for hospitals to run their own ambulance service and dispense with the volunteers then providing it.

with the volunteers then providing it.

Mr. Sheridan, who had been a
housekeeper at the hospital was approached to be the supervisor of the service
and took an ambulance supervisor's course
at flass Horden in September, 1968. Shortly
after that, the government placed minimum
regulations on equipment to be carried by
ambulances.

The present 1977 Dodge that serves as Alliston's ambulance was purchased in April of this year and possesses all the most up to date equipment recommended by the regulations, plus about forty additional items installed with the initiative of the hospital and Mr. Sheridan.

The blue and while van contains two mobile oxygen tanks which can be used either in the vehicle or taken lato a home or beside a swimming pool if necessary.

In addition, there is another large tank and two smaller tanks that stay with the van.

The main stretcher is clamped to the wall of the vehicle, with another stretcher available at all times. This means that the ambulance can carry two stretcher patients at soce, and there is room for an additional

ambulance can carry two stretcher patients at sore, and there is room for an additional two or three ambulatory patients. There are wooden and air splints in various sizes, cervical collars, oxygen masks, oral-pharangal devices to force oxygen into the lungs, hag masks, all in sizes to fit tiny babies and up to full adult size.

There is a beart munitur for heart attack victims. The monitor is battery operated so it can be used in transit. At present, an incubator is on order for the ambulance that will be able to be fastened inside the van and oxygenated or air-conditioned to suit the needs of the tiny patients who need transpertation to distant hospitals such as Barrie and Sick Children's Hospital in

Mr. Sheridan tells The Hersid that the "basic purpose of the ambulance service is Continued on page 13

Hospital's ambulance always kept busy

patient's state until we deliver him or her to competent medical hands. We try always to

competent medical names, we try aways competent the patient from any undue pain.

He says that some people have complained to him about the flashing lights and loud siren on the van, but he says that "that same person, if he was lying on the side of the road after being injured in an accident, would be very happy that we travel quickly, because his life may be at stake." A full time staff of five men is required to

A full time staff of five men is required to run the ambulance, plus three men on part-time duty. Mr. Sheridan himself goes out with the van whenever he is on duty, and his staff consists of Harry VanNiekirk, senior ambulance attendant, Leo Ver-Schuren, Ken Wright and Bryan Laurin. All these attendants are graduates of a symbolance generous care course at an ambulance emergency care course at various community colleges. In addition, they have all taken either St. John's or Red

they have all taken either St. John's or Red Cross first aid classes and ambulance courses, which have to be retaken every three years to keep them qualified. The three part time helpers are Joe Heyden. Art Irvin and Lloyd McVittie.

The ambulance service is a busy department at a busy hospital. In May alone, there were between 25 and 35 calls per week, and the van travelled over 8,000 kilomaters on calls. In 1977, there were 1.165 calls for a total of 35.50 miles. 1,105 calls for a total of 35,530 miles.

town, perhaps having taken a patient to a Toronto hospital for treatment, the central dispatch system goes into effect, calling on Orangeville and Shelburne ambulances to be on the slert for an Alliston call. Orangeville has three ambulances and Shelburne has one and, at any time, they or the Alliston ambulance can cover for one

another in the case of an emergency.

When the local van is out of town for any reason, then one of the Orangeville or Shelburne vans will take up a position between Alliston and their bome base so as to be able to answer a call to either base and not waste too much time in transit.

Pat Sheridan will be retiring from his job as ambulance supervisor at the hospital this December, having served the hospital in that and other capacities for the last fifteen

Before that, he was a tank commander during the second World War and used to patch up his men when they were wounded. "At that time I couldn't stand the site of blood," he says, but he is

stand the site of blood, he says, but he is used to it now.

The telephone number of the ambulance service in Alliston is 435-4311, and Mr. Sheridan would like people to realize that they "must yield to an ambulance in traffic even if the siren is not in operation and only the lights are flashing. This is in accordance with the highway traffic code." with the highway traffic code."



New ambulance

Ambulance attendant Ken Wright sits in Ambulance attentiant here wright saw the back of the modern, well-equipped Alliston unit just put into service in April of this year. This ambulance not only has all the equipment recommended by the government but also carries forty addigovernment but also carries forty addi-tional pieces of emergency equipment and the haspital has ordered a special incubator for transporting infants to distant hospitals for special treatment. It should be noted that vehicles in traffic must yield the right of way to an ambulance that is either flashing its light or operating the siren, not just when the siren is sounding as many

[Herald photo by Judy Scott]

Hot meals ensured

Continued from page 5

years, only 50 full time members have left.
He finds the business of being an administrator as "unusual" one, in that even though be runs a \$5 million plas a year business, he has no control at all over who

business, he has no control at an over who uses the service.

"My role is to provide the physical capabilities for treatment and the director of nursing provides the staff to give the service," he explained. "But it's the physician who admits the patient."

As Mr. Consaul naturally wants to make the netterity stay in Stevenson a pleasant

the patient's stay in Stevenson a pleasant one, he takes careful note of views expressed in the comment form distributed to all patients.

A major change in the food system

resulted from repeated complaints about cold food. A new system was recently installed which insures that the patients

installed which insures that the patients will receive piping hot meals.

Many of the forms submitted effer praise and they "can make your whole day", he said, but he does like to get to the bottom of the less than complimentary ones. On the day he was interviewed, he had received a letter from sameone who had heen escorered about some aspects of the hospital but who had their questions amwered to their satisfaction and didn't besize to bet Mr. Consoul know that they hesitate to let Mr. Consaul know that they

An Alliston resident, Mr. Consaul and his wife Noma have two daughters, Laurie Lynn (a Candystriper) and Lisa Ann. CONGRATULATIONS ON 50 YEARS

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'Kreiselman'

This imposing looking piece of apparatus is called the Kreiselman and does just about everything the newborn could possibly ask for. Heat is available from shove and below, and exygen and a resuscitator are right at hand. The unit, which is turned on just as

the haby in being delivered, was provided by the Wemen's Auxiliary and is an exceptional unit to be found in a hospital of this size.

[Herald photo by Shella Roberts]

A baby a day? Only an average

It's either feast or famine in the nursery at Stevenson Memorial Hospital.

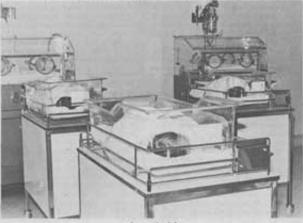
Some days the 17-bed nursery has only a few newborns in residence, while upon occasion, the nursery bursts at the seams and overflows to the surgical floor.

Obstetries supervisor Theresa Cranston says that the averages show that one haby per day is born at the hospital, although the babies do not arrive that systematically.

Her delivery room boasts a "Kreisel-

man", denated about four years ago by the Hospital Auxiliary, which offers newborns more comforts than home. The heated unit keeps the just-delivered infant snug, while keeping close at hand all sorts of emergency apparatos in case the baby has difficulty breathing.

The nursery has isolettes, also donated by the auxiliary, for premature infants and special lights for babies with jaundies related to blood protilens, as well as the regular pink and blue basinettes.



Snuggled in

Newborns nestle snugly in their beds, dreaming about their next feeding in Stevenson's maternity ward. The hospital averages one hirth per day on a yearly scale

but sometimes the 17-bed nursery over-flows down to the surgery floor. [Herald photo by Shella Roberts]



Slugger

Three weeks before this picture was taken Malcolm couldn't make a flet but, now, thunks to the neurotron and the work of

is coming along line. Malcolm severed a nerve in his hand and needs therapy to

Physio department has brighter look

Two years ago, the department was boused in cramped quarters opposite the radiology department. But, the hospital decided to turn the unused portions of the

ment where both in and out patients can learn to handle crutches, stretch injured limbs and learn to use their muscles again.

Sunni-Michele Wagner and her staff treat about 125 out patients each week and approximately 12 to 16 in hospital patients.



Let's get going

Tiny Stacey is feeling much better now, thank you, courtesy of the care given to her in Stevenson's paediatrics ward. Here, she's about to take a scoot around the halls

Mary MacAdam. [Herald photo by Shella Roberts]

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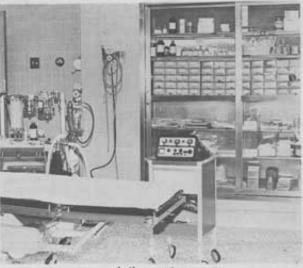
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Let's operate

Everything's at the ready in the large operating room for the next patient. Here the gas machine, blood coagulator and

cardiac manitor "pose" beside the operating table [the staff was shy]. [Herald photo by Sheila Roberts

O.R. Supervisor runs tight ship

Operating room supervisor Margaret Taylor runs a tight ship, so even visiting photographers "gown up" to take a peek at

She and her staff assist or float at an average of 60 to 80 operations each month, although like most things, the operations

tend to come in spuris.

One day, only one scheduled operation will be underway, while the next, a rash of emorgencies plus scheduled operations will boost the day's total to eight or ten. When the operations are over for the day, the staff makes their own sterile packs for the next day's surgery.

Mrs. Taylor, a nurse at the hospital for 18 years this August, finds the operating rooms "very well equipped" for a hospital of this size.

She has worked in the operating room since 1964 and has spent the last 11 years as supervisor. Obviously, it's the kind of work she loves.

VON home nursing care provided for all

by Shella Roberts The Victorian Order of Nurses offers a service for everyone who needs home nursing care

The size of the bankbook or the number of bills in the wallet makes no difference to them. If a patient can pay, he does. If he can't, he'll be taken care of anyway.

Says Mavis Cavanaugh, full time VON nurse based in the nurses residence of Stevenson Memorial Hospital, "Service is never refused because of inability to pay."

A voluntary, non-profit organization with its head office in Ottawa, the VON sims at a fee which will cover costs.

On the average, a home visit costs \$14. But, of these patients who can pay, fees range from 25 cents up some patients have little income but want to feel they are contributing in some way to the cost of their

The only criterion for receiving VON care is that the patient must have a family doctor. Referral, however, does not have to

ome from this physician. In Alliston, most patients are referred by the home care service but others are referred by doctors, family and often from the patients themselves.

No limit is put on the length of time care from the VON is received. In Alliston, one putient has been receiving care on a weekly asis for seven years.

But care can also be as brief as one visit.

VON nurses are sometimes called in to give an assessment of the patient's needs.

Age also makes no difference to the VON. Mrs. Cavanaugh recalls patients as young as 45 hours, while another patient still in their care is 99 years of age.

The 48 hour old haby was born to a couple

The 48 how can tany was court as a coper to a coper to a coper who had no Ontario Health Insurance Plan. Because of the cost of hospital stay, the mother went home shortly after delivery and the VON dropped in to do the bloodwork. They would also do this blood

of the parents.
Once the blood work is done, the VON usually steps out because well bahies come under the care of the public health nurses.

But if a buby gets sick, it is often the VON which is called in because they can get

to the home faster.

Mrs Cavanaugh loves the work in which she finds "not much routine"

She also enjoys the responsibility that

comes from working on her own.

"And I enjoy being involved in the whole family situation - you work with everyone from the grandfathers right on down," she

Care for the elderly often involves diet teaching, or the turning of bed patients. With diabetics, the VON must teach the patient and the family about insulin

mijetions and proper diet.

The goal is to make the patient as independent as possible said Mrs. Cavanaugh. Coose independence has been established or if the family is able to cope with only occasional drop-in visits, the patient is transferred to public health.

Mrs. Cavanaugh is the only full time staff member based at Stevenson. Another nurse works half time and two relief nurses work out of Alliston and Bradford.

She has been involved with the VON in

Aliston for six years. Starting as a relief nurse, she moved up to half time and then served full time for the past year or so. Like most VON nurses, she has trained in

a variety of fields with surgery, geriatrics, psychiatry among them.

This is the usual kind of background, she said. They like someone who has

worked with the public and who has had a

worsed with the public and who has had a variety of experience."

Quarters are provided in the Stevenson nurses' residence free of charge for the VON. They also use the hospital switch-board for their phone calls and receive mail through the hospital.



'Copter drops in

Director of nursing Marion Carlton chats with a visitor who arrived at Stevenson last week to explain procedure for the landing of the Ministry of Health's emergency helicopter. The hospital is a licensed heliport for the copter. [Herald photo by Baker-Pearce]

Stevenson's a landing site

An immual sight literally dropped into Servenson Memorial Hospital on June 8. The Ministry of Health's emergency fieldenpite landed in the hospital parking lot to introduce itself to the area.

Lessed for a year by the ministry at an approximate road of \$800,000 the copter can hustle patients to Toronto bespitals for

special emergency care.

Stevenson is licensed as a heliport for this

Stevenson is increased as a resport or this particular helicopter, although the bospital has not yet required its services.

The local ambulance erve under the direction of Pat Sheridan along with other hospital personnel was given instruction on how to set up the parking lot to accommodate the 'copter's landing. Once the helicopter starts to land, visibility is almost nil so a perfect setup is essential.

At this stage, the belieupter has been making approximately one trip a week. Two parametrics travel with it, unless the doctor on the scene indicates that more help

The pilot, a paramedic himself, is trained in a rigourous six month course to prepare him for any emergency.

The helicopter can travel anywhere in a 200 mile radius from Toronto to places like Huntaville, Kingston, London, and the Niagara penincula.

From Stevenson, it takes only 29 to 25 minutes to any Toronto hospital.



In pilot's seat

Ambulance supervisor Pat Sheridan and his Ambitiance supervisor the pilot's seat in the Ministry of Health's emergency helicupter. Mr. Sharidan and his crew are responsible for clearing the hospital parking lot for landings. [Herald phote by Baker-Pearce]

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THE

TOWNSHIP ADIALA

A solution

Home care solves problems

Mrs. Brown has had a stroke, has been in ospital and could be heading home soon if she could receive some nursing care and some physical and occupational therapy to

help her be self sufficient again.

Her family too needs some advice on caring for her and helping her get over her

The solution? Home care, short term active treatment at home which can help a patient like Mrs. Brown (not her real name) get home from hospital earlier.

Home care is also a solution for Mr. Black, who has been burned and requires dressings but does not necessarily need to be admitted to hospital. Or for Mrs. White who has three small children running around at home and has just broken her leg. She doesn't need loopitalization but she

sure needs some help.
Once again, home care can step in with its variety of services to keep these potential hospital patients out of hospital.

Provided only on the referral of a doctor and supervised by him, home care is funded by the Ontario Ministry of Health and, here in Sinnes County, is administered by the Sinnes County District Health Unit. Sally Taylor, house care liaison nurse with the Sinnes County Health Unit, works out of an office in Stevenson Memorial Heantled.

Hospital.

Once she has a referral from the Once she has a referral from the physician, she arranges the necessary services which include nursing (by the Victorian Order of Nurses or a public health nurse), physiotherapy, occupational therapy, speech therapy, homemaking (by the Bed Cross Homemakers) and provision of equipment, such as hospital beds, walkers, wheelships and a variety of other items. wheelchairs and a variety of other items.

To be eligible for home care, the patient must require at least one professional service. However, to receive himmemaking

service, the patient must require another service such as nursing or physiotherapy. As home care is for short term As home care is for short term treatment, Mrs. Taylor tries to help the family arrange its own services us a self-pay when long range plans must be made, either on a self pay hasts or funded through extended health care insurance.

Chronic patients are not generally eligible for home care unless a teaching eligible for home care unless a teaching program is necessary to instruct the family on how to care for the ill family member. This type of patient might be slightly disabled with heart problems, anterio-scierosis or vision problems. Another patient who requires home teaching is the diabetic both he and his family must be instructed in insulin since toe. instructed in insulin injection

Hand-in-hand with Mrs. Taylor's home care role goes the discharge planning service at Stevenson Memorial Hospital.

The hospital pays home care for 10.5 hours a week of her time.

"It's well on ordinated," said Mrs. Taylor.
"The services go really well together."
The idea behind discharge planning is to make the "most efficient use of all services", she explained.

While in hospital, the patient's needs and his resources are assessed so that the next phase of his care is properly planned.

Mrs. Taylor tries to let the family know early in the patient's stay at Stevenson just what services are available afterwards.

Without this planning, "some families are afraid to take the patient home because they don't know what to do with them," she

When a patient with a number of diagnoses Mrs. Taylor talks to the family about looking into nursing home applies-tions. A waiting list can be long and, even if the patient does not need the home when

Change in order to serve

The new hospital was contracted at a cost of \$1,009,800 and construction began on April 24, 1963.

After the new hospital was opened on June 29 of 1964, the old bospital was left varant for two years. Then, is June of 1966, it was rented by Mr. and Mrs. Bruce Baker

The old hospital was well used until the Bakers built their new nursing home just east of Alliston in 1973.

By this time, it was simply impossible for the old hospital to be returned to the strict hospital standards set by the Board of Health. The building was demolished in 1974

When the new bospital was opened, it included five private rooms, 13 semiprivate rooms, nine standard rooms with four beds in each, a children's ward with five beds and a nursery with 17 bassinettes.

oxygen was piped into each room.

A volunteer ambulance association formed in Alliston in 1963 and the hospital was awarded provincial accreditation in

active in durating money yearly for the purchase of necessary equipment that continually updates the hospital. Already more accommodation is needed

at the hospital. Right now, the board is willing to build a chronic wing or building without cost to the provincial government but so far, support has not been granted for

the wings maintenance.
The whole history of Alliston's Stevenson
Memorial Hospital has been one of continual changes in an effort to best serve the changing needs of our area and it would seem obvious that future good service from our hospital is guaranteed as long as this

R.R. 4, ALLISTON

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on 50 years of service in the community

Hospital hits news

Many times in the past 50 years, Steverson Memorial Hospital has hit the news but perhaps few people know that in one occasion at least, it made a Montreal

paper.
Famous journalist Kate Aithen in 1947
Famous journalist Kate Aithen in 1947 wrote about the hospital in The Standard.

Termed a "success story", the hospital

was described in glowing terms.

Ms. Aitken led her story off with:
"Sunday noon trays at the Stevenson
Memorial Hospital come in sharp on time

afternoon is the big visiting day at the hospital. It's like Old Home Week, an Old Boys' Reunion and a Ladies' Aid Tea all rolled in one."

The hospital, she said, had an "air of happy restfulness that helps patients recover quickly".

She recommended that anyone with a pain or an "operation coming on", should head out to Alliston and recover with "some scenic effects and in comfort

Hospital-associated doctors

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A few fascinating facts...

Just 18 years ago, a semi-private room in the hospital cost \$13.25. Today, it's wurth \$136,25

Since the new hospital opened in 1964, nance the new hospital opened in 1964, two major changes have greatly afforcis the services available. The Hospital Auxi-liary previsied a four bod Intensive Care Unit and a whole new physiotherapy department in the basement provided space

for a third X-ray department.

The old hospital once claimed to have 45 patients in 45 beds, without doubling up. How did they manage it? By having a people in operating rooms and taking treatment while the others used the regular beds - these figures were cited during the bosnital's enecern for new quarters in the

Leadership, encouragement her job

And, unless they get a job right away, they will lose whatever practical experience they have behind them, she learn. On her staff are two community college graduates who had to go south of the border to get they when they income the

to get jobs, where they improved their practical skills and came back to be on staff at Stevenson but Mrs. Cariton feels it is sad that they should have to go so far away - the colleges, howers, are still turning out many

Her staff is divided about two to one into Registered Nurses and Registered Nursing

Although she possesses a job description her duties often vary. In administrator Art Consul's absence, she is in charge but, generally speaking, all staff that comes under the heading of "nursing" is her

responsibility.

Hanically, she feels her job is to give leadership and encourage her nurses to get involved in putting together the aims of the nursing department

Her assistant director of nursing. Doro-thy Councy, operates "a very good in service program", said Mrs. Carlton.

"This program keeps the staff abreast of changes and keeps us up to date," she said. The nurses study everything from

infection to control to fires.

"We have become very mechanized in the past ten years, with such equipment as sixra sonic nebuliners - in larger hospitals. inhalation therapists would look after these, but here, it's the nurses," she said,

Doctors speak to the nurses every mosth on topics which will update and explain and, Mrs. Carlton says, the doctors are generous with their time. In particular, Dr. Mer-ciems cottes in regularly to assist nurses with such things as electro cardiograph.

interpretations.
"We need to work constantly to keep up."

she said.

Mrs Carhon believes in an open door policy where her staff members "don't have to go through the chain of command."

"Mr. Consoul operates the same way and I think it means a lot," she said. "And if they have suggestions, we'll try them if

they're feasible."
Along with Mrs. Carlton and Mrs. Cooney, the nursing department has two supervisors, Mrs. M. Campsell and Mrs. M.

In charge of surgery is Mrs. M. Roberts: medical-paediatric floor, Mrs. L. Smith; obstetrics, Mrs. T. Cranston; operating room, Mrs. M. Taylor and central supply room, Mrs. B. Pawis.

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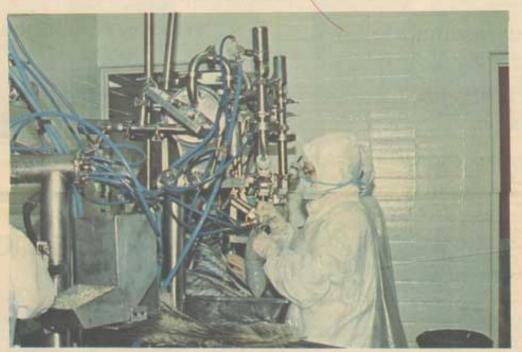
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