



Five Climate-Controlled Operating Rooms

Shown is one of the five climate-controlled operating rooms equipped with new concept stalactite unit which supplies suction, oxygen and nitrous oxide. The operating room suite at Shouldice Hospital is designed so that each patient can be centrally monitored.

Architect Began Planning In 1965

Planning for the new Shouldice Hospital started in 1965 when the late Dr. Earle Shouldice met with architect Donald Jackson of Thornhill, partner in the Toronto firm of Jackson, Ypes and Associates, architects and engineers.

One of the primary considerations asked, says Mr. Jackson, was that we must maintain the informal and club-like atmosphere. It was of first importance to have an atmosphere in which the same sort of fraternal feeling could be maintained, as had been established by the founder.

"We were concerned we might lose this in the setting provided by the new building. But we followed the guidelines and we think we have achieved our objective. This is aside from including in the building the basic requirements of a fully modern hospital," says the architect.

The site was already very park-like. It was further enhanced by the mounds and rolling hills that have been added. These serve the double purpose of providing both a visual and sound barrier between the hospital and the traffic on Bayview Avenue.

In considering design, it was noted that Shouldice Hospital was now more identified with the lovely 1937 Thornhill estate than with the original Church Street site.

"We didn't want to upstage the house. We set the new building back from the front line of the original building. To minimize its bulk in relation to the fine old house, the new construction turns back and wraps around the pond," says Mr. Jackson.

"We didn't want the original outer design appeal to be lost. The new construction is not identical in style, but we have used readily identifiable residential materials in the siding and shingles."

The new hospital's corridors resemble those of a fine hotel. Bending the building eliminated the long monotonous austere corridors normally seen in hospitals. Widened corridor sections at room entrances break up the space and allowed for increased traffic at such points.

The club-like interior atmosphere was maintained by the use of appropriate materials. The new building is carpeted throughout, except for the operating rooms, kitchen and utility areas.

The vinyl grass cloth on the walls is easily maintained and enhances the domestic atmosphere. The patient rooms remind one of a modern motel, as do the sitting rooms and dining room.

All the rooms have windows opening on a park-like view. This is a unique opportunity provided by the site.

The hospital has five operating rooms, enough for a 300 bed general hospital. There is a self-contained laundry and cen-

tral supply. The operating rooms are all equipped with oxygen, nitrous oxide and vacuum. These stem from a stalactite type installation that hangs from the ceiling and which is the modern type of nerve centre for operating room communications, says architect Jackson.

The head operating room nurse can check the conditions of heat and humidity in all the operating rooms from her central desk. There is provision for central monitoring of patients in all the operating rooms in future.

The operating rooms have conductive floors. This eliminates the chance of static electric sparks where operating room gowns are used.

There is an emergency generator for the operating rooms, elevators and other essential equipment in case of power failure.

The new hospital has two patient floors, with 44 beds per floor. One room, adjacent to a nursing station, is equipped with suction and oxygen for intensive care. Continuous observation of the patient in this

room is possible from the nursing station.

Provision has been made for future construction of a third floor of patient rooms. The steel frame and pre-cast concrete floor construction facilitates plans for the future additional floor, and minimizes noise transmission.

The hospital is completely air conditioned and humidity controlled. Mechanical equipment is located at each end of the new building, again to facilitate the future addition. This also helps to keep noise at a minimum.

The addition has two elevators. The original building is now entirely used for administration, reception and examination of patients.

The club-like atmosphere of the dining room was largely achieved by using fieldstone. There is a fascinating trickle fountain at the dining room entrance.

Off the exercise room on each floor there is a billiard, card and TV room. There is access to the lovely grounds from two levels. The putting green encourages patients to use the grounds. Sheltered outdoor sitting areas are useable, even in early spring and late fall.

Mr. Jackson, a partner in the firm of Jackson, Ypes and Associates, is a resident of Thornhill. This firm of architects and engineers also designed the North York Branson Hospital, and is primarily involved in schools, hospitals and senior citizens complexes.



After Operation

Soon after his operation, this Shouldice Hospital patient "gets going" on the exer-cycle. This is one of the several forms of active recreation provided at the hospital, including a putting green, billiards and shuffleboard.

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Husband, Wife Can Go For Surgery Together

At Shouldice Hospital a husband and wife can, and do, stay in the same room while having hernia operations at the same time.

Where patients aren't accompanied by their spouses, they are matched so they have job or other interests in common.

As a result there have been quite a few people who have struck up lasting friendships while having their operations. At the same time, the hospital gets very few complaints from patients who are unhappy with their room mates.

Nursing Director 24 Years' Service

Mrs. Caroline Martin, director of nursing at Shouldice Hospital, has come a long and interesting way since the day she was a bewildered little German speaking native Canadian starting school in Southey, Saskatchewan.

She remembers early 1946 when she entered the employ of the late Dr. Shouldice in the old Church Street location. Then there were six beds and they did one or two operations a day.

"I remember the first operation I watched," she says. "It made such an impression. Even though I have seen this operation done so many times since, I still marvel at the fact it can be performed in such a simplified way."

"When I was in training patients were kept in bed for weeks after hernia operations. It was amazing to see a patient walk away from the operating table and be out in a few days," she says.

Since then Nursing Director Martin has travelled the world over in teaching tours with Dr. and Mrs. Shouldice. And now she is responsible for the direction of a staff of almost 50 registered nurses and nursing assistants in one of the finest and most modern private hospitals anywhere.

Even now she occasionally is called upon to carry out some of the nursing duties she learned to do so well in the past 25 years. But most of the time she spends her hours maintaining the high quality of patient care for which Shouldice Hospital is so well known.

"Our nursing job is different than one would find in a general hospital. It is geared to a unique surgical situation. The whole atmosphere is psychologically beneficial to patients. It's a friendly atmosphere. Nobody is seriously ill."

"In all my years at Shouldice Hospital, I have only seen one patient who needed a blood transfusion," she says.

"I have felt really privileged during my association here with the surgery, and the so wonderful way Dr. Shouldice shared his knowledge, even in other countries . . . Europe, Russia, India, Japan, Thailand, the United States and all over Canada. He was helping other surgeons . . . helping reduce suffering," says Mrs. Martin.

Of Austrian decent, she later found her ability to speak and write German was not the embarrassment it seemed to be when she started school. It was a real asset during the foreign teaching tours of the late Dr. Shouldice. "We were asked to put up scientific exhibits in the U.S., England and across Canada. Doing it overseas I felt rather proud, being Canadian," she says.

Asked what qualities are

needed for a girl to be a nurse, especially a nurse working with surgeons, Mrs. Martin says sometimes you're sort of born with this desire. She was the eldest of a large family. "It always seemed I was the one to bind up cut fingers and look after scrapes for my seven brothers and sisters," she says.

To be a nurse it is necessary to have that kind of interest in caring for people . . . doing what you can for people, says Mrs. Martin.

After attending elementary and high school in Southey, Saskatchewan, Mrs. Martin took her training at St. Paul's School of Nursing in Saskatoon. She graduated in 1937.

Very keen on operating room nursing, she applied to various hospitals for this kind of work. But at that time post graduate work was usually required.

There were two offers, but travelling far away was involved. Her father flipped a coin and Sudbury won. They wanted an operating room supervisor.

It turned out to be a very lucky choice, even though it meant a very long trip to an unknown place. "I was a bit frightened," remembers Mrs. Martin, "but I wouldn't let anybody know, not even my parents."

It was raining when she arrived in Sudbury, and it looked a terrible desolate place with its rock and northern vegetation. But she soon got over this first bad impression, finding she enjoyed her work. Life there was a wonderful experience. It was very different from farm life, seeing people work all night and underground, she says.

Besides her regular work, she also spent time in emergency and the laboratory, learning what she could. Mrs. Martin also took advantage of an opportunity to do summer relief work in the International Nickel Company nursing department. She became very interested and keen about industrial nursing as a result.

She then became engaged and her future husband was from Toronto. So in 1940 she took up industrial nursing work full time with Small Arms Limited in Toronto, and stayed there until she was released from duty at the end of the war.

A doctor she knew in the plant was asking the nurses about their interests, and she told him her specialty was surgery. He offered her an opportunity to work as an industrial nurse in another plant, but her mind was made up. She was determined to get back into surgical nursing.

Then a foreman at the plant went to the Shouldice Surgery, with the plant doctor assisting. He found out Dr. Shouldice



MRS. CAROLINE MARTIN
Director of Nursing

needed an operating room nurse and suggested Mrs. Martin.

Dr. Shouldice invited her to dinner, and she decided to go. The dinner turned out to be one with all the Shouldice patients, including the plant foreman she knew so well.

"I was really sold. I knew this was just exactly what I would want," she says.

But Dr. Shouldice had already taken on another nurse. Then there was an opening later, and this time she was hired, along with a nurse she already knew well.

Mrs. Martin started at the Shouldice Hospital on Church Street early in 1946. She has worked almost 25 years at the hospital, except for six months when her daughter Carol Anne was born.

She worked at the surgery right up to a few hours before her daughter's birth, as Dr. Shouldice said it was unnecessary for her to go to another hospital and had her looked after right at Shouldice Hospital.

Now Mrs. Martin is responsible for the nursing staff doing as many as 20 hernia operations a day in the lovely new Shouldice Hospital at John Street and Bayview Avenue in Thornhill. Right now the hospital has 74 beds, with room for 88 if they are needed.

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