



UNIVERSITY OF
TORONTO

175 YEARS

A History of the Department of Obstetrics & Gynaecology

VISIONARIES, MAVERICKS, AND COLLABORATORS



Writer and Editor

KRISTEN GANE

Researcher and Writer

CHRISTOPHER GEARY

Editor

JOHN KINGDOM

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Writer and Editor
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**175 Years: A History of the Department
of Obstetrics & Gynaecology
Visionaries, Mavericks, and Collaborators**

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Department of Obstetrics & Gynaecology
Faculty of Medicine
University of Toronto
123 Edward Street, Suite 1200
Toronto, ON M5G 1E2
Canada
Tel: 416-978-2216
Fax: 416-978-8350

obgyn.utoronto.ca

 /uoftobgyn

  @uoftobgyn

#uoftobgyn

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Women's College Hospital in 2018

CREDITS

Michael Browne
Researcher

Nelson Cabral
Co-editor

Kristen Gane
Writer and Editor

Christopher Geary
Researcher and Writer

John Kingdom,
Department Chair
Editor

Green Living Enterprises
Design

Flash Reproductions
Printing

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This book is dedicated to the generations of Obstetricians, Gynaecologists, Nurses, and Midwives who over time have made many contributions to advance health care for women in Toronto.



Perched female Emperor Brilliant fighting off a male Crowned Woodnymph.
Credit: Dr. Peter Hawrylyshyn, Mount Sinai Hospital, taken in Anchicaya Valley in Western Colombia

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OBGYN History Timeline

1843

Inaugural university lecture delivered in Midwifery and Diseases of Women and Children by Dr. George S. Herrick (1789–1863)

1877

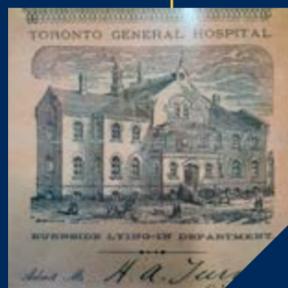
The Burnside amalgamates with **Toronto General Hospital** with 159 annual births



1843

1882

Establishment of a dedicated Women's (Gynaecology) Pavillion at Toronto General Hospital



1883

Women's Medical College opens at 227 Sumach with an inaugural class of five

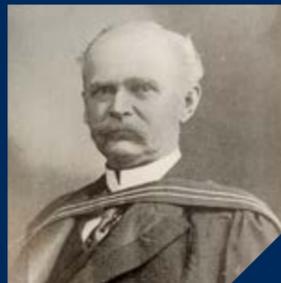


1850

First affiliated teaching maternity hospital at Toronto General Dispensary & Lying-in Hospital (later named "the Burnside")

1887

Dr. Adam H. Wright (1846–1930) appointed as the first professor of Obstetrics at the University of Toronto



1890

Widespread use of chloroform during births

1889

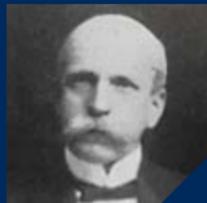
Annual number of birth increases to 195 at the Burnside as hospital births gain societal acceptance

1895

Ontario Medical College for Women established

1903

Dr. James F.W. Ross becomes Chair of Gynaecology

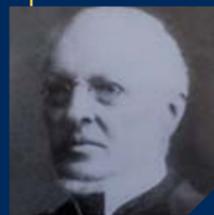


1906

Faculty of Medicine agrees to accept female students and Ontario Medical College for Women closes

1887

Re-establishment of the University of Toronto's Faculty of Medicine



1887

Dr. Uzziel Ogden (1828–1910) appointed as the first professor of Gynaecology at the University of Toronto

1907

Maternity care offered at Toronto Western and Grace Homeopathic Hospitals



1911
Women's College Hospital and Dispensary established by **Drs. Jennie Smilie Robertson** (left) and **Jenny Gray Wildman** (below) leading the Gynaecology Services



1911

Dr. Helen MacMurchy (1862–1953), first woman appointed to the Department

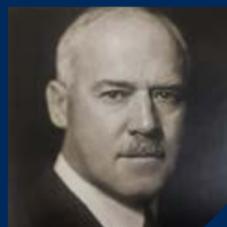


1911

The Faculty of Medicine consolidates the Departments of Obstetrics and Gynaecology

1912

Dr. Benjamin Philip Watson (1880–1976) appointed as the first chair of the combined Department of Obstetrics & Gynaecology



1914

Clinical instruction in Obstetrics & Gynaecology is offered at Toronto Western Hospital

1915

Several members are commissioned with **No. 4 Canadian General Hospital** in WW1, including future department chair, Dr. William Belfry Hendry



1920

Establishment of the first prenatal care clinic to prevent maternal death from eclampsia by **John Gallie**



1921

Watson establishes a fellowship in Obstetrics & Gynaecology at Toronto General Hospital and the specialty's first residency program

1922

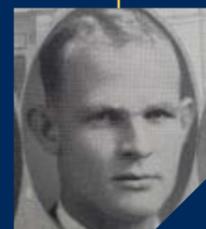
The Toronto Jewish Maternity and Convalescent Hospital opens and later is renamed as Mount Sinai Hospital

1923

John Gordon Gallie opens the first post-natal clinic in the city

1926

Toronto Western amalgamates with Grace Hospital to become the busiest obstetrical service in the city



1939

Waring Gerald Crosbie (1894–1987) and **John Robertson McArthur** (1907–1964), along with radiologist Gordon Richards, spearheaded the use of radiotherapy in treating gynaecological cancers.



late 1930s

Toronto is averaging 10,000 births annually with 75% occurring in medical centres

late 1930s

Introduction of sulfa drugs reduce risk of infection for caesarean sections

1939

Hospital births outnumber home births in Ontario

1942

Geraldine Maloney (1906–1985) becomes the first woman to receive a commission as a physician in the Royal Canadian Army Medical Corp (RCAMC)



1941

Discovery of oxytocin surge during labour by James Ferguson, later coined the "Ferguson's reflex"

1947

The foundational textbook, *The Essentials of Obstetrics and Gynaecology*, authored by W.A. Scott (Chair from 1935–1946) and **H.B. Van Wyck** (Chair from 1946–1950) is published

1947

Geraldine Maloney is the first woman appointed to permanent clinical staff of a Toronto teaching hospital and first full-time female appointed member of the Department

1961

Women's College Hospital becomes a full teaching hospital with the University, due to the tenacity of **Anna Marion Hilliard** (1902–1958) (pictured left) and leadership of Geraldine Maloney



1950

Doug Cannell (1902–1979) develops Canada's first university-based, integrated, postgraduate program in Obstetrics and Gynaecology, coined as the "Cannell Course"

1969

Legalization of contraception and therapeutic abortion

1970s

Catherine Cowell (1938–2011), pioneer researcher on adolescent development, establishes one of the first units in North America of Paediatric & Adolescent Gynaecology, and later becomes the Department's first female full professor

1972

First use of surfactant treatment of respiratory distress syndrome by Goran Enhorning

1981

Women's College Hospital secures Canada's first Regional High-Risk Perinatal Unit

1984

First Gynaecologic Oncology Tumour Board in Canada – Barry Rosen and Denny De Petrillo

1992–1996

Dr. Mary Hannah/MIRU publishes term PROM and post-dates trials in NEJM



1993

Walter Hannah creates the new Genesis Foundation focussed on supporting and growing clinical and basic research in the Department

The Midwifery Act is passed making Ontario the 1st province to regulate and fund midwifery

2000

First Preterm Birth Prevention Clinic in Canada – Rory Windrim

2000

First fetal cord occlusion for acardiac monochorionic twin pregnancy in Canada – Greg Ryan

2002

First total laparoscopic radical hysterectomy in Canada – Al Covens and Rachel Kupets

2008

First ultrasound-guided fetal cardiac interventions in Canada – Greg Ryan and Edgar Jaeggi



2013

Launch of the Junior Faculty Awards with matched funding from hospitals to support research initiatives

2013

The University Department moves to its current home at **123 Edward Street**

2014

First worldwide screening program for anal dysplasia for heterosexual women – Danielle Vicus

2015

The **Department's Annual Research Day** reaches a record of over 300 attendees and over 100 abstracts submitted



2016

Launch of the Senior Merit Awards to support mid-career faculty members in their research endeavours

1962

Mount Sinai becomes a fully affiliated teaching hospital with the University

1966

The University Department moves into its new home at **92 College Street**



1982

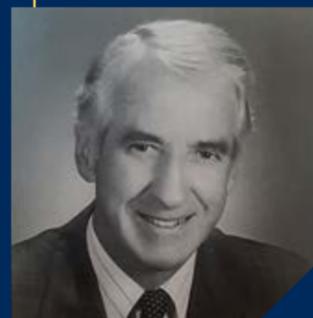
The Cannell Annual Lectureship is established, endowed by the Cannell Club

1988

The Supreme Court strikes down the abortion law as unconstitutional

1988

Establishment of the first medical disorders of pregnancy program in Canada at Toronto General Hospital – Mathew Sermer



1983

First Annual Obstetrics & Gynaecology Research Day in Canada – **Walter Hannah**

1999

First Placenta Clinic in North America – Rory Windrim and John Kingdom

1992

Knox Ritchie leads the restructuring of service down to 3 hospitals from 6 and initiates amalgamation of Toronto General Hospital and Mount Sinai Hospital Obstetrics service



2006

First use of middle cerebral artery Doppler to replace amniocentesis for surveillance in Fetal Hemolytic Anemia – Gareth Seaward and Greg Ryan



2003

Alan Bocking becomes Chief of largest single hospital-based department of Obstetrics and Gynaecology as a result of the merger between Mount Sinai Hospital and University Health Network and Chair of the University Department

2003

Popularization of fertility-sparing surgery (trachelectomy) for early stage cervical cancer in Canada – Al Covens

2010

First fetoscopic endotracheal occlusion in diaphragmatic hernia in Canada – Greg Ryan and Han Keunen



2016

92 College Street, previous home to the Department for 47 years, is demolished on August 22

2018

The Department spans **16** affiliated hospital sites, has over **300** faculty, performs over **34,000** deliveries and approximately **30,000** gynaecologic procedures annually, and teaches over **120** postgraduate trainees and **260** undergraduate medical students annually.

2018

John C. Kingdom appointed 2013, renewed for 2nd term in 2018



2007

The Department joins the AMPATH Consortium and partners with the Department of Reproductive Health at **Moi University** in Eldoret, Kenya



From left: Alan Bocking, Knox Ritchie, Walter Hannah, and John Kingdom, pictured in 2014

Introduction

Welcome to the rich 175-year history of Obstetrics & Gynaecology at the University of Toronto! I hope that you enjoy perusing this publication. Within these pages are descriptions of a remarkably diverse community of people. Each has advanced the delivery of Women's Health to the best of their ability in their political and cultural times, to the point that today our clinical services, our teaching mandates, and our research impact all far exceed anything that could be imagined by our pre-war pioneers. I therefore hope that you will feel as valued today as they are honored by this book, each of us being an alumnus of one of the greatest departments of Obstetrics and Gynaecology worldwide.

This project was conceived in 2014, following discussions with our three former chairs, each of whom was very supportive of the project. In addition I thank my great friend Stephen Matthews, who as former chair of Physiology (2007–2014) inspired me to undertake this project following his very successful history publication for their department. As a team we took our time to seek out as much diverse information as we could. I am most grateful to Mr. Christopher Geary, a 2015 English graduate at the University of Toronto, for starting the project, especially for his travels around Toronto hospital archives, his personal interviews of an extensive range of physicians, and his trip up to Muskoka where he was warmly received by Mary and Walter Hannah. Much credit for the ultimate success and completion of this project must be given to Ms. Kristen Gane for her expert writing and editing skills in ensuring consistency in tone and voice of the stories told here in this text. The leadership skills of Nelson Cabral, our business officer for 2016–2018, have been pivotal in ensuring our ultimate success, including connecting us to the expert publication services of Mr. Victor Szeto and his team at Green Living – for a carbon neutral launch!

Since historical events in general are incrementally revised, I anticipate future editions will address unintended errors, and include additional individuals. As Chair, I take overall responsibility for this publication, and am sensitive to the reality that such an endeavour may risk disappointment, or require amendments in a future edition. I therefore apologize in advance for any such errors and hope that you will find the history of our department as intriguing and inspirational as I do.



John C.P. Kingdom, M.D.

Gordon C. Leitch Chair

Department of Obstetrics and Gynaecology





In the Beginning

From Cork, Ireland to Queen and Bay Streets

On June 8, 1843 in the old Front Street Parliament buildings, the historic inaugural lecture of the University of King's College Medical School was delivered by the first professor of Midwifery and Diseases of Women and Children, Dr. George S. Herrick (1789–1863)¹. Although chartered in 1827, the University did not welcome students until 1843 and the term's introductory lecture included two matriculated students, several occasional students, and even members of the public. When Herrick entered the hall he was shocked to see several ladies in attendance. As he bravely proceeded with his introduction to Obstetrics and Gynaecology (which included matters of the female anatomy), the ladies' keen attention gave him so much embarrassment that the incident was included in the faculty's year-end report.²

It was Herrick who facilitated the birth of Obstetrics and Gynaecology, and indeed medical education at the University, and he was considered both a highly esteemed obstetrician and an excellent teacher.³ Born in Cork, Ireland in 1789, he studied medicine in Dublin and Edinburgh. After receiving his MD Herrick immigrated to Canada at age 49, and quickly opened “an office for the practice of Physic and Surgery” near Queen and Bay Streets.⁴ Soon after, he was made a fellow of the short-lived College of Physicians and Surgeons of Upper Canada and four years later was appointed to the University's Medical School, with a salary of £200 and this was one of the very first cross-appointments at the Toronto General Hospital.⁵



Dr. Edward Hodder (1810–1878)

Herrick was a lifelong bachelor, and very popular with students and colleagues. He was known for giving dinner parties for the students, and for his flamboyant flagging down of potential guests in the street, which earned him the name “Old Thumby”.⁶ It is unclear when he retired from medicine but surely his energy (and his dinners) was missed.

With popular teachers like Herrick, the University’s Medical School grew quickly, particularly after the University was removed from the Anglican Church’s control in 1849 and re-established as the non-denominational University of Toronto. Classes grew from the original two official students to more than 60 a decade later.⁷ Interestingly, only eight students actually graduated in medicine by 1853. Most students viewed the degree as an unnecessary expense since certification by the Medical Board didn’t require it.⁸

Rival Schools Emerge

While the University’s Medical School was thriving, two competing medical



Dr. John Rolph (1793–1879)

schools appeared. The Anglican Bishop of Toronto, John Strachan, was displeased with the secularization of King’s College. He therefore established Trinity College in 1851, dedicating it to the education of Anglican students. Trinity College also incorporated the new Upper Canada School of Medicine as its medical faculty under Dr. Edward Hodder (1810–1878), who was professor of Obstetrics and Diseases of Women and Children.⁹ The University Medical School’s other rival was a private school set up in 1843 by Dr. John Rolph (1793–1879); its existence would prove instrumental in the abrupt dissolution of the University of Toronto’s first Faculty of Medicine in 1853.

A lawyer and a frequent member of the provincial legislature, Rolph was a well-regarded Toronto physician who had trained at Guy’s Hospital in London, England. He was deeply involved in the 1837 Upper Canada Rebellion, but successfully fled to the U.S., despite the £500 reward offered for his capture. He practiced in Rochester, N.Y. until 1843, when an amnesty was granted to

the rebels. Returning to Toronto, he offered private instruction in medicine and proved so popular that he hired other lecturers to form a school.¹⁰ Although Rolph was considered a brilliant teacher, his school was a ramshackle arrangement within his stables, with only a thin partition separating his students from the other occupants: a horse and a cow.¹¹

Maternity Care for a Select Few

Clinical instruction for the three schools was held at Toronto General Hospital, where students often competed for places on ward rounds and at surgeries.¹² However, the hospital handled relatively few obstetrical cases and many medical students graduated with limited experience.¹³ Typically, only very poor or unmarried women resorted to a hospital birth, while most women gave birth at home, often with a midwife.¹⁴

By 1850, the three schools were each associated with a small maternity hospital that cared for destitute women and the wives of labourers. The Toronto General

Dispensary and Lying-In Hospital, established June 1, 1848, was located at Victoria and Richmond Streets. It was staffed by doctors associated with Trinity College, such as Hodder, who gave clinical lectures. One block west on Richmond Street, the provincial Lying-In Hospital and Vaccine Institution was under the Governor General's patronage and was associated with the University's Medical School, with Herrick as one of its consulting physicians. Clinical instruction was given daily, with regular lectures offered during the winter term. Rolph's school was officially connected with the Maternity Lying-In Hospital and General Dispensary at Adelaide and Bay Streets.¹⁵

Annual reports from the Toronto General Dispensary and Lying-In Hospital from the 1850s provide a glimpse of these small charitable hospitals. In addition to maternity cases, they treated the city's poor for a variety of ailments, and most patients were Irish Catholic. In 1852, for instance, there were 354 general patients at the General Dispensary. Of these, 244 had been born in Ireland and 234 of these were Catholics.¹⁶ The maternity wards were modest, with only four or five beds. The annual reports show 127 maternity patients in 1850, dropping to only 61 in 1851, and then to 90 in the following year.¹⁷ In 1851, there was an epidemic of puerperal fever in the province. Hodder, the attending physician (who would go on to be an early proponent of the antiseptic methods pioneered by Joseph Lister), reported that all four women on the ward died and that he had to temporarily shut the hospital "to purify the house and

secure the safety of future inmates."¹⁸ This incident alone would reinforce the desire to birth at home for many women. The hospital's management also applied a keen reformatory focus on their unmarried "inmates"¹⁹. The 1857 report describes the Toronto Lying-In Hospital as "a house of refuge in suffering... where the erring sister is brought into contact with virtue and respectability, and being in some measure forced into the presence of religion, learns to value both as superior to vice and infamy."²⁰

The Demise of the Faculty of Medicine

Beyond the hospital walls, the three Toronto medical schools were in fierce competition for students, fees, and anatomy class cadavers.²¹ They were also at odds politically and religiously. As an Anglican institution, the Trinity school expected faculty and students to affirm their membership in the Church of England. Having originally been Anglican too, most of the University's medical faculty were also tied to the conservative Anglican establishment. Rolph's school, on the other hand, was non-denominational and Rolph was a leading figure among the "Clear Grits," viewed as a radical faction of the liberal Reform party.²² He particularly disliked the University of Toronto, believing it to be a wasteful state monopoly over higher education. Its government-allocated endowment "could be more effectively employed... by affording aid to a separate college than by sinking of the whole amount in the dead sea of one great university."²³

A damning report that reflected these views was published in 1852, detailing the financial mismanagement of the University's endowment. It was penned by Rolph's associate, Joseph Workman, who lectured on Midwifery and Diseases of Women and Children at his school.²⁴ In 1851, Rolph was elected to the Legislative Assembly and became a cabinet minister in Francis Hincks' new Reform government. According to James Richardson (one of those original two medical students, and the first to graduate in medicine from the University), Hincks only secured Rolph's support with promises of favourable legislation on medical and educational issues.²⁵

On April 22, 1853, the University Act was passed. This included a provision abolishing the University of Toronto's Faculties of Law and Medicine under the rationale that "State institutions ought not to train men for the lucrative professions of law and medicine at the public expense, but should leave this to be done by private enterprise, that is, to self-supporting Institutions."²⁶ The University would continue to conduct examinations and confer degrees in medicine, but until 1887, when the Faculty of Medicine was re-established at the University, medical students in Toronto would study at "self-supporting institutions" such as Rolph's.²⁷

The Rivalry Escalates

The rivalry between the two remaining medical schools continued to escalate.²⁸ In 1851, Rolph incorporated his school as the Toronto School of Medicine



Toronto General Hospital (College Street)

and later affiliated with the Methodist Victoria College in Cobourg as its medical faculty.²⁹ Victoria students routinely complained of being treated “as dirt” by hospital staff, who were mostly associated with the opposing Trinity School.³⁰ The supply of cadavers was an ongoing point of contention. Indeed, one of Rolph’s colleagues, W.T. Aikins, complained that most of the attending physicians at Toronto General Hospital handed over their dead to the Trinity School, and that their own anatomy room was kept supplied “chiefly through the aid of students” (which alluded to the habit of body snatching).³¹

In 1855, the feud between the schools escalated further when Drs. W.T. Aikins and A.H. Wright, the only Victoria faculty on staff at Toronto General Hospital, were

dismissed. Soon after, a series of partisan inquests produced accusations of negligence concerning the deaths of several patients.³² However, dramatic events the following year put an end to the rivalry. At Trinity, the medical faculty repeatedly clashed with the college authorities over the issue of religious tests. The professors, reliant on students’ fees for their salaries, had been admitting non-Anglican students to increase enrolment. When the issue came to a head in 1856, the medical faculty resigned en masse and the school closed.³³

One week before the start of the fall term that same year, the entire medical faculty of Victoria College, furious at Rolph’s increasingly autocratic leadership, also resigned.³⁴ Unfazed, Rolph simply taught every subject himself for the first two weeks of the term until he managed to

secure new staff.³⁵ Meanwhile most of his former staff set up their own “Toronto School of Medicine,” eventually securing the legal rights to the name in a lawsuit against Rolph.³⁶ One of those former faculty members was Dr. Uzziel Ogden (1828–1910), who would later become the University of Toronto’s first professor of Gynaecology when that school was absorbed wholesale as the University’s re-established Faculty of Medicine in 1887.³⁷

New Schools of Medicine

The new Toronto School of Medicine quickly affiliated with the University of Toronto. Freed from Rolph’s control, the faculty created a modern and rigorous curriculum. Many of the teachers who had resigned from the Trinity School came onboard, including its former Dean, the

obstetrician Edward Hodder.³⁸ Hodder took over from Ogden to teach Midwifery and Diseases of Women and Children while Ogden continued instruction in *Materia Medica and Therapeutics*. In 1861, the Toronto School moved into the University's old medical building.³⁹ That same year Rolph suffered a stroke, but steadfastly continued as Dean of the Victoria Medical Faculty until 1870, when he was forced to retire.

The following year, Trinity College re-established its medical faculty and Hodder became the Dean again.⁴⁰ Ogden once more taught Midwifery and Diseases of Women and Children for the Toronto School.⁴¹ In 1874, having struggled without Rolph and with renewed competition from Trinity, the students and faculty of the Victoria school moved over to the Toronto School.⁴² The Toronto School subsequently moved into the Victoria buildings on Gerrard Street the following year and became affiliated with Victoria College in addition to the University of Toronto. Students could then take their degrees from either institution.⁴³

By the 1870s, rivalry between the Toronto medical schools was good-natured. Most of Trinity's faculty had worked at the other schools in the interim and maintained cordial relationships.⁴⁴ At both Trinity and the Toronto School, there was a new emphasis on clinical instruction.⁴⁵ This was still principally carried out at Toronto General Hospital, but by the late 1860s, the 14-bed Burnside Lying-In Hospital was established, providing dedicated obstetrical instruction led by Dean Hodder. In the late 1850s, most

of Toronto's maternity hospitals had closed or amalgamated with the Lying-In Hospital at Richmond and Sheppard Streets. The hospital eventually became known as "the Burnside" after a generous bequest from Dr. Alexander Burnside.⁴⁶

Standards Improve

In the late 1860s, efforts were made to improve and standardize the quality of medical education in the province by setting more rigorous requirements for the provincial license to practice. The Upper Canada Medical Board conducted examinations to license practitioners but the standards were low and unevenly applied. In 1865, the General Council of Medical Education and Registration was established. This body no longer held examinations, but only accepted degrees and certificates from the medical schools. It had short-lived powers to set the schools' entry requirements and approve the curricula. It was replaced in 1869 when the College of Physicians and Surgeons of Ontario was officially incorporated, with responsibility once more to administer licensing examinations.⁴⁷

Despite these efforts to improve educational standards in Ontario, the quality still lagged behind Europe. As late as 1883, homeopathic textbooks were part of the curriculum at the Toronto School of Medicine.⁴⁸ Dr. James Ross (who would eventually succeed Ogden as professor of Gynaecology at the University of Toronto), studied at the Toronto School of Medicine from 1874 to 1878 before undertaking further study in England, Germany, and

Austria.⁴⁹ In a letter from London dated November 19, 1878, he expressed outrage at the stark deficiencies of contemporary Canadian medical education:

If we had some of our old professors here or some of the members of the medical council, we might use strong language towards them for the sad way in which they neglect the education of the medical student in Canada. Just think of men licensed to practice, unable to amputate a finger or dress a toe, never having performed any operations on the cadaver, having had no education in the use of the microscope. The clinical material at the Toronto General Hospital is large, but the teaching at the bedside is utterly nil. We are much disgusted with our Canadian medical schools. We find ourselves deplorably ignorant when we get here. The stethoscopes we used have long since been discarded here. They were good in their day but we should have been taught to use the best...

Over here they pluck half of the students and think nothing of it. They will not let a man through who is poorly up in his work. The anatomy pass does not mean a minimum knowledge of anatomy, but rather a maximum... In obstetrics the examination is practical. For the oral [examination] in surgery one may be asked to amputate a finger or tie a vessel. [Trinity] and [Victoria] are fighting for their schools, and unless the schools do more they should have nothing to say in the matter. The standard should be raised.⁵⁰

Indeed, in 1881, the University of Toronto did raise their standards for the MB degree. This led to a stark drop in the annual number of students attempting and passing this examination. Many students

chose otherwise, taking a path of least resistance, which was through Victoria or Trinity.⁵¹ However, these smaller colleges struggled to offer adequate scientific training and to provide the expensive laboratories that were required to keep up with the rapid advances in medical science coming out of European (particularly German) institutions.⁵² As Ross noted in a subsequent letter, any ambitious young Canadian doctor had to study outside of Canada in order to reach the top of his field. “Such an education is necessary now—a-days when our medical schools are manufacturing men by the scores.”⁵³

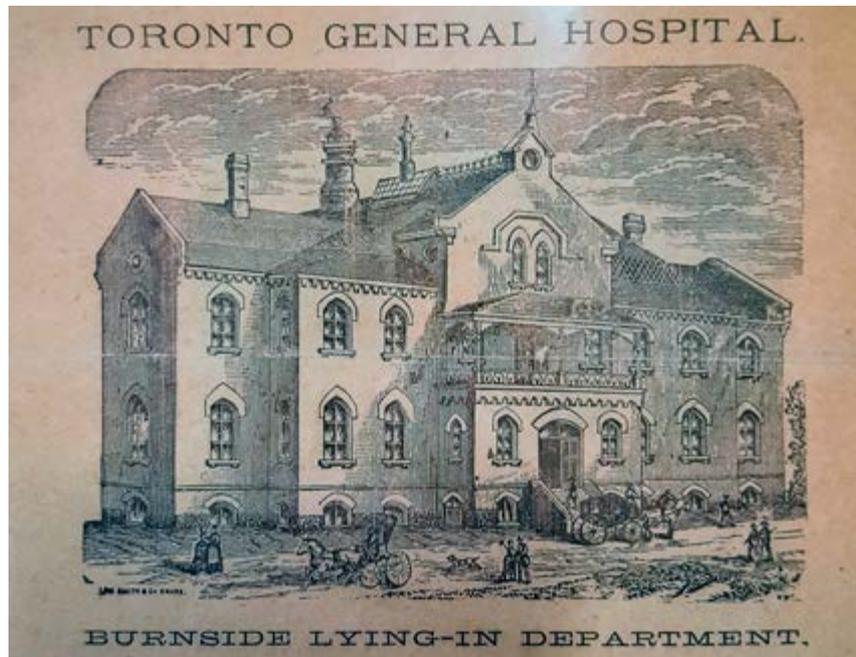
Burnside Lying-In Department Amalgamates

Although the Toronto schools were behind academically, the city could still claim to

have one of the largest and most modern hospitals in North America, namely Toronto General Hospital. In 1877, the Hospital grew in size when it amalgamated with the Burnside Lying-In Department; subsequently “the Burnside” moved into a new building on the Toronto General Hospital grounds on Gerrard Street East. The facility housed 22 public beds and four private ones, and over the next 10 years the annual number of births steadily increased from 159 in 1879 to 195 in 1889.⁵⁴ Echoes of the hospital’s reformatory philosophy were still evident, as the trustees of the Toronto General Hospital conceded to the ladies’ committee to continue providing “moral and religious instruction” to unwed mothers.⁵⁵ Indeed, just as in the maternity hospitals of the 1850s, patients at the Burnside were overwhelmingly poor, young, unmarried women.

The increase of births at “the Burnside” reflected the gradual societal acceptance of hospital births in general. Province-wide, the number of hospital births quadrupled in the last quarter of the nineteenth-century. However, it would not be until 1939 that hospital births would outnumber homebirths in Ontario.⁵⁶ Unfortunately during this time, maternal mortality also increased at the Burnside’s new facility, perhaps in part due to the high number of patients needing care, which taxed the inadequate systems of equipment sterilization and infection control. In the years before amalgamation, between 1867 and 1877, eight deaths were reported for 1108 cases at the Burnside (7.22 per 1000 births), four of which were caused by two outbreaks of puerperal fever.⁵⁷ While data for the first decade at Toronto General Hospital did not survive, between 1888 and 1891 (before stricter new hygiene rules were instituted), five deaths were reported for 519 cases (9.63 per 1000 births), three of which were from septicaemia.⁵⁸

The need for antiseptic and aseptic precautions was increasingly being recognized at this time. The stimulus came from doctors with training in microbiology and especially from those who received training abroad. A further contribution came from rethinking the “interventionist” approach to normal childbirth.⁵⁹ Rather than treating birth as a major operation, many obstetricians began to adopt a hands-off attitude of “watchful waiting” letting nature take its course. Writing in 1884, A.H. Wright, who later became the first professor of Obstetrics at the University’s re-established Faculty of



Medicine, argued against injections and suppositories during and after labour, as well as any proactive extraction of the baby (though he did concede to a more proactive extraction of the placenta).⁶⁰ He had particularly strong opinions on attempts to accelerate delivery with forceps:

Examine your patient only when necessary, and look upon the forceps as an evil – not to be used unless actually necessary. The employment of forceps to save time for the obstetrician should be considered a criminal offence.⁶¹

The use of forceps varied dramatically amongst obstetricians, and started to decline significantly at the Burnside in the century's final decades.⁶² In fact, between 1893 and 1897, forceps were used in approximately five per cent of the 500 deliveries.⁶³ A further development in Obstetrics was the increased use of anaesthesia, despite the fact that many devout physicians and patients believed the administration of anaesthesia was morally wrong (some biblical interpretations promoted the notion that God deliberately punished women with labour pains). The birth of Queen Victoria's eighth child in 1853 was influential in changing this archaic mindset. She agreed to take chloroform during the birth and subsequently, anaesthetic became acceptable, and sought after by wealthier patients. By 1890, it was in widespread use during births, even on the public ward at the Burnside.⁶⁴

The Growth of Gynaecology

Prior to the 1880s, Gynaecology was not a separate speciality in the Toronto medical realm but significant changes were ahead, especially after the establishment of a dedicated Women's Pavilion at Toronto General Hospital in 1882. In the medical schools' curricula, Gynaecology was included in the Obstetrics (or Midwifery) course, and shared the crowded field of Diseases of Women and Children.⁶⁵ Specific opportunities for clinical instruction in Gynaecology were lacking at Toronto General Hospital. Indeed, one editorial from 1881 acknowledged that many new doctors lacked knowledge of "the simplest operations and examinations of Gynaecology, as during the whole four years of their study, many of them have never seen a speculum, or a sound vessel, or a pessary introduced".⁶⁶ However, just one year after this complaint, a special two-storey, 40-bed facility opened adjacent to the Burnside, and was staffed by several of the Burnside's physicians.⁶⁷



Dr. Jennie Kidd Trout

Medical Education for Women

The following year, Toronto also saw the establishment of another institution dedicated to women. On October 1st, 1883, led by Dr. Emily Stowe, the Woman's Medical College formally opened in a house at 227 Sumach Street, with an inaugural class of five.⁶⁸ However, in choosing that date, Stowe stole the thunder from her professional rival, Dr. Jennie Kidd Trout, who, the very next day, had the grand opening of Kidd Trout's own Women's Medical College in Kingston, with an inaugural class of 10.⁶⁹ The Toronto college was affiliated with Trinity College, while its Kingston counterpart was affiliated with Queen's University. The latter would eventually close in 1895 and be absorbed by the Toronto College to form the Ontario Medical College for Women.⁷⁰

Prior to the establishment of these schools, Canadian women aspiring to become doctors had to study in the U.S., where opportunities for medical education existed since the late 1840s.⁷¹ The Toronto School of Medicine had permitted a modest

number of women to take classes there over the years; most notably Stowe and Kidd Trout. However, only one woman had graduated in medicine in Canada up to that point. Emily Stowe's daughter, Ann Augusta Stowe-Gullen, studied at the Toronto School and graduated from Victoria in 1883, just months before joining the Toronto Women's Medical College as its anatomy demonstrator.⁷²

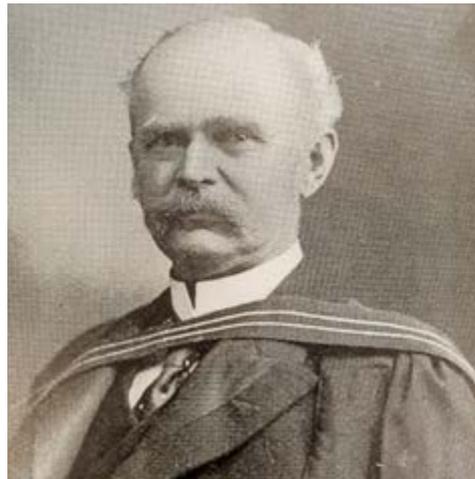
The Faculty of Medicine Returns

By the mid-1880s, there were several compelling arguments for the re-establishment of the University of Toronto's School of Medicine. Firstly, Toronto was an anomaly among Canadian Universities because it did not have its own faculty of medicine, but rather farmed out medical education to private schools and small denominational colleges. Secondly, the existing medical schools (as well as the smaller universities with which they were affiliated) were struggling to provide adequate instruction in the sciences. The laboratories required to keep pace with the rapid scientific advances coming out of

Europe were particularly expensive to set up and run.⁷³ Thirdly, there were ongoing concerns about the quality of medical education in the province. Between 1853 and 1887, only 370 students graduated in medicine from the University of Toronto, whereas over 1000 graduated from Trinity and Victoria.⁷⁴ Since these smaller institutions had a monetary incentive to keep standards lower and revenues high, the University asserted that Toronto medical education would only be improved if it assumed a greater degree of control.⁷⁵ It approached the Trinity and Toronto schools with the idea of amalgamating. Trinity steadfastly refused and held out until 1903.⁷⁶

Thus, the University Federation Act was passed in 1887 by the provincial parliament, re-establishing the University of Toronto's Faculty of Medicine, which promptly incorporated the faculty of the Toronto School of Medicine. On October 1st, 1887, the University once again opened its doors for medical teaching.⁷⁷ However, those doors would remain closed to women for almost another two decades.

Wright: The First Professor of Obstetrics



Dr. Adam Henry Wright (1846–1930)

After receiving his MB from the Toronto School of Medicine as one of the three silver medallists, Adam Henry Wright (1846–1930) moved to Colborne, Ontario, to set up a general practice. Three years later he undertook postgraduate training and travelled to Europe, ultimately spending 15 months in London, Paris, and Dublin. After passing the examination for membership of the Royal College of Surgeons (England), he returned to Toronto and reopened his practice at 312 Jarvis Street on October 1st, 1877.⁷⁸

Wright also became an attending physician at the Toronto Dispensary and at the Hospital for Sick Children.⁷⁹ He began giving clinical instruction, and was appointed adjunct lecturer of Physiology at the Toronto School of Medicine in 1880.⁸⁰ The following year, he was appointed demonstrator of Normal and Pathological Histology. Wright then joined the surgical staff at the Toronto General Hospital, attending the Burnside Lying-In Hospital and the new Women's Pavilion.⁸¹ However, it was only in 1883 that he was given the opportunity to lecture on Obstetrics,

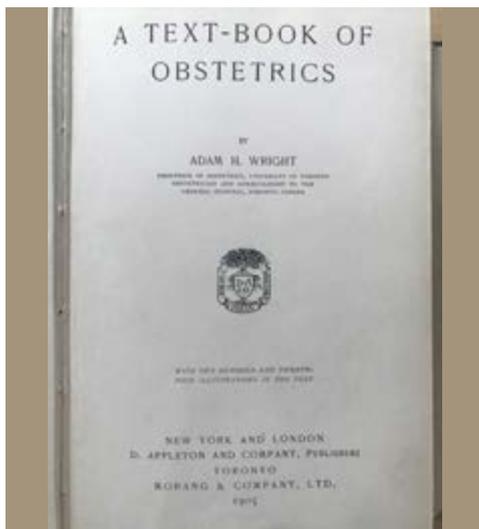
when he joined the faculty of the newly established Women's Medical College. From 1884, he also taught operative Obstetrics during the summer sessions at the Toronto School of Medicine.⁸²

His 1905 textbook devoted 24 pages to the art of using forceps, containing many practical tips that remain very relevant today. Two examples are as follows:

First: "One should try to ascertain the exact position of the child's head, and endeavour to apply the blades to the sides of the head without regard to the sides of the pelvis"

Second: "Pull gently on the handle, as far as possible during pains, and desist during the intervals between them. Endeavor to extract with the smallest amount of force. Use one hand at first; this will generally be sufficient".

Frontpiece and Simpson's forceps illustrations, from Adam Wright's 1905



Adam Henry Wright's text book from 1905

textbook, dedicated to William Osler, "A Good Physician and a Kind Friend".

Wright was heavily involved in University affairs. He became a member of the University Senate, was the elected secretary of the Faculty of Medicine, and with the re-establishment of the Faculty of Medicine, he was appointed as the University's very first professor of Obstetrics.⁸³ At the Faculty's first convocation, he was awarded an MD. Although Wright was widely esteemed as an educator and as a practitioner, a senate report from 1892 offers a rather different view:

He is not [a] good speaker, his want of preparation sometimes barely shows itself – it may be that his duties as secretary [of the Faculty of Medicine], which he performs almost equally badly, interfere with his 'duties' as lecturer. His conduct in the position of secretary has resulted in the formation of two factions



Wright's illustrations of Simpson's forceps

in the Faculty – factions were apparent at the Faculty meets where one group supported the Dean [W.T. Aikins], but the other leaned to Ogden and Cameron.⁸⁴

While this criticism may have been harsh (and perhaps motivated by the personal antipathy of its author, the University's chancellor, Edward Blake) Wright was removed as secretary the following year when the Faculty was reorganized, although he remained chair of Obstetrics until retiring in 1912.

Outside of academic politics, Wright was highly influential. He was elected president of the American Association of Obstetricians and Gynecologists in 1890, the Ontario Medical Association in 1900, and the *Canadian Medical Association* in 1909. His colleagues affectionately described him as being the "doyen" of Canadian medical journalism in his role as editor of *The Canadian Practitioner* (later *The Canadian Practitioner and Review*).⁸⁵ As a journalist, he advocated for aseptic precautions and a conservative approach to surgical intervention. He also supported public health reform and in January 1911, he was appointed chairman of the Provincial Board of Health, a position he held until 1924 when the board was replaced by Ontario's Department of Health.⁸⁶

Although Wright retired as the chair of Obstetrics in 1912, he remained active for another dozen years with his government work and his private practice, finally retiring in 1924, almost 50 years after first qualifying as a doctor.

Ogden: *The First Professor of Gynaecology*



Dr. Uzziel Ogden (1828–1910)

After initially apprenticing under a physician in Cooksville (now in Mississauga), Ogden (1828–1910), became one of the first students at John Rolph's original Toronto School of Medicine (back in its stable days).⁸⁷ Having obtained his provincial licence in 1849, Ogden practiced in Aylmer for several years before returning to Toronto to begin what would ultimately be a 50-year teaching career.⁸⁸

In 1853, Ogden joined the staff at Rolph's school, taking over from Joseph Workman in teaching Midwifery and Diseases of Women, as well as Materia Medica and Therapeutics. While lecturing at Rolph's school, Ogden took advanced science courses at the University of Toronto and received his MD from Victoria College. Just one year later, indignant at his teacher's behaviour, Ogden resigned with the rest of the faculty and joined Dr. W.T. Aikins in starting the new Toronto School of Medicine. Following the recruitment of Hodder in 1856, Ogden taught Materia Medica and Therapeutics. When Hodder left in 1870, Ogden once more assumed the role of professor of Midwifery and

Diseases of Women and Children. By 1887, Ogden had been teaching Midwifery and Diseases of Women and Children at the Toronto School of Medicine for over 15 years.⁸⁹ With the re-establishment of the University's Faculty of Medicine, he became its first professor of Gynaecology.

As an educator, Ogden was highly regarded. Even after 40 years, he was praised by Chancellor Blake in his 1892 report as:

one of the most careful and painstaking teachers on staff. He conscientiously and carefully prepares his lectures and the students appreciate them for the attendance is good. According to [Dr. I.H. Cameron, professor of clinical surgery], Ogden is the best surgeon in this line in the city. Ogden does not stint in his reading or his efforts to keep abreast.⁹⁰

He was physician to the Protestant Orphans' Home from 1853 and to the House of Industry from 1861, and became consulting surgeon to the Hospital for Sick Children. He also

joined the staff at the Toronto General Hospital in 1878 as an obstetric specialist, as well as attending its Gynaecology Pavilion (which opened in 1882).⁹¹

No doubt aided by the Chancellor's esteem, Ogden was elected Dean of the Faculty of Medicine following its reorganisation in 1893, in a surprise victory over the very first Dean, W.T. Aikins.⁹² From 1880 to 1892, Ogden had served in the essentially honorary role of Dean of the Victoria medical faculty. In his new leadership role, however, the "naturally shy and diffident" Ogden seemed to have served out his term as unobtrusively as possible. He was succeeded by R.A. Reeve in 1896.⁹³

Besides a lifetime of teaching and modest forays into university politics, Ogden was a pioneer of Canadian medical journalism. He was involved in the early days of *The Canada Lancet* (established in 1868), and in 1876 he founded *The Canadian Journal of Medical Science*, continuing on as an editor with several successor publications.⁹⁴

Having celebrated his 50-year jubilee as a medical educator, Ogden tendered his resignation in 1902 and was succeeded by his colleague, James Ross, at the beginning of the next session. Over the course of his career, he had studiously kept up with the latest developments in his field. A retirement tribute contrasted these advances to the state of medicine when he first began practicing:

From the apprenticeship and saddle-bags of the old-time doctor to the modern physician, with his automobile; from a loft in the stable to the palatial dissecting room of the Biological Department, seems a far cry, yet such are the extremes in the professional life of Dr. Uzziel Ogden... To have taught and to have practiced medicine for the fifty years during which the healing art has made its greatest advances; to have seen the introduction of chloroform, ether and cocaine, to have realized the marvels of antisepsis and asepsis, to have witnessed the growth of abdominal surgery, and the wonders of the Roentgen rays, is a lot one may well envy him.⁹⁵

Ogden had indeed witnessed remarkable medical advances over the course of his life.⁹⁶

Medical School Integration in Toronto

Having successfully assimilated the Toronto School of Medicine, the new Faculty of Medicine began the 1887 session with 250 eager undergraduates.⁹⁷ Enrolment remained consistent for the first decade, after which the program expanded significantly, from 277 students to 622 just five years later in 1904–05, with a further 30 occasional students taking medical courses but not formally enrolled for the four-year MB degree.⁹⁸

The University's medical school was now the sole option for aspiring physicians in Toronto, which explained the marked increase in enrolment. It amalgamated with Trinity Medical School in 1903, and the Ontario Medical College for Women closed in 1906 when the Faculty of Medicine agreed to accept female students.⁹⁹ The first Jewish students also began to enrol around 1900, with Solomon Singer having the honour of being the first Jewish MB graduate in

1903.¹⁰⁰ The expansion of teaching and laboratory facilities was another major factor in the school's rapid growth. By 1892, the new Biological Building had been built on the site of the old Medical Building, and in October 1903 the new Medical Building officially opened.¹⁰¹

Equipped with new laboratories and access to laboratory space at Toronto General Hospital, the curriculum placed an increased emphasis on scientific training. For the first time, students were systematically trained in the use of microscopes and required to conduct experiments in chemistry and physiology.¹⁰²

The amount of clinical instruction was doubled in the Faculty's first few years.¹⁰³ With the expanded curriculum, the undergraduate medical program was consequently lengthened to five years in 1899, and eventually to six years in 1919.¹⁰⁴

Teaching Obstetrics and Gynaecology

The courses in Obstetrics and Gynaecology taught respectively by Professors Wright



Ontario Medical College for Women on Sumach Street, Toronto

and Ogden were exclusively for upper-year students.¹⁰⁵ According to the Medical School's calendar for the 1889–1890 session, Ogden's lectures on Gynaecology would cover "descriptions of all the diseases peculiar to women, methods of diagnosis and treatment. Instruments will be presented, and the modes of using them will be demonstrated." Wright's course would "consist of lectures and recitations on the Science and Art of Obstetrics. It will be illustrated by diagrams and operations on the phantom [i.e. manikin]. Special attention will be paid to the emergencies of obstetric practice."¹⁰⁶

Wright and Ogden were also attending physicians at Toronto General in both the Burnside Lying-In Hospital and the Gynaecology Pavilion where they led ward rounds in addition to providing clinical lectures in the surgical theatre, which seated up to 600 students. At the Burnside, only final-year students could attend and assist with births, although students could make their own arrangements with outpatients to attend their home births.¹⁰⁷ As part of the stricter and more

enlightened hygiene rules instituted at the Burnside from 1891 onwards, students were not allowed to visit the maternity ward if they had “recently engaged in pathological operations... in dissecting,” or had recently dressed “putrid sores.”¹⁰⁸

While clinical instruction was held primarily at Toronto General Hospital, two other hospitals were open to medical students by 1900 (the Hospital for Sick Children, established in 1875, and St. Michael’s Hospital, established in 1892). Ogden and his eventual successor, Ross, were consultants at SickKids because the specialties of Gynaecology and Paediatrics were still closely allied at this time. Ross was also on staff at Toronto General Hospital and at St. Michael’s Hospital, which was handling about 80 births annually by 1900.¹⁰⁹

Turn of the Century Obstetrics

By 1900, most women still gave birth at home, although in the last quarter of the 19th century, the number of hospital births quadrupled in Ontario.¹¹⁰ Maternity hospitals were no longer caring for poor women exclusively, as evidenced by the growing number of private beds in obstetric wards. For instance, at the Burnside in 1896, four of the 25 beds were private.¹¹¹ At St. Michael’s, after the opening of its new maternity wing in 1907, there were 12 private rooms and 18 semi-private rooms (with either two or three beds).¹¹² In addition, maternity care was now offered at Toronto Western Hospital and at Grace Homeopathic Hospital.¹¹³

The increase in hospital births was in part linked to safer ward environments. By the 1890s, antiseptic and aseptic precautions were widely accepted by Toronto obstetricians, if not always followed. In 1891, Adam Wright noted that the newly implemented hygiene rules “were not popular at first. The resident assistants sometimes ignored them or obeyed the directions in a half-hearted way.” However, once the rules were adhered to, maternal mortality declined dramatically. Of the 500 deliveries between mid-1893 and 1897, there were no maternal deaths, compared with the eight deaths (five from sepsis) that occurred in the 769 deliveries from 1888 to mid-1893.¹¹⁴

Improved hygienic conditions meant that obstetricians could intervene more successfully when complications arose. Not surprisingly, caesarean sections increased, particularly for wealthier women now using maternity hospitals.¹¹⁵ Nevertheless, Toronto obstetricians, particularly those at the Burnside where Wright held sway, were conservative in this regard, compared to American, and British, physicians.¹¹⁶ Having seen maternity wards decimated by puerperal fever, Wright argued for a relatively hands-off approach to childbirth, specifically condemning the overuse of forceps. Under Wright, forceps were used in approximately five per cent of cases, and only with the direct supervision of an attending obstetrician. Wright was similarly conservative about the use of anaesthesia, however, by the turn of the 20th century, it was fairly routine even on the public wards.¹¹⁷

Developments in Gynaecology

From the 1890s, the advances in hygiene and anaesthesia produced safer and more sophisticated gynaecological surgeries. The Women’s Pavilion became a centre for increasingly invasive abdominal procedures as the mortality rate for these surgeries fell. By 1891, gynaecological surgeries were already accounting for over 15 per cent of all surgeries at Toronto General Hospital.¹¹⁸ However, as Dr. James Russell, a Hamilton psychiatrist, observed at the end of the century:

Since the introduction of asepsis the abdominal cavity has become the happy hunting ground of the surgeon, and the very impunity with which it may be eviscerated or mutilated is a strong incentive to the specialist in search of surgical glorification to ply his art.¹¹⁹

Consequently, as one historian noted, “Gynaecology as a discipline was plagued in the late nineteenth century with dangerous and meddlesome operations on women for uterine malposition and ‘ovarian hysteria’.”¹²⁰ In particular, the number of oophorectomies being performed increased alarmingly around this time.¹²¹ In Toronto, this procedure was pioneered by Adam Wright and was gaining popularity.¹²² Writing in 1890, James Ross complained that, “the axiom seems to have become: ‘If a woman has indefinite pains or pelvic symptoms that you cannot account for, take out her ovaries.’”¹²³ Sadly, most of these surgeries were both unnecessary and harmful. The function of the ovaries was poorly



Interns and babies, Toronto General Hospital, c. 1899

understood and their removal was often recommended as a cure for mental illness.¹²⁴

James Russell was far ahead of his time when he criticised the practice of treating women’s mental health issues with drastic surgeries:

The specialist in surgical gynaecology believes that insanity in women is largely if not altogether due to pelvic disorders, and he proceeds to restore to reason the unhappy victim by unsheathing his scalpel and removing the offending organ. He never fails in his diagnosis, for he always finds exactly what he searches for, and if he finds no gross [lesions] there are at least microscopic lesions to justify the operation. He wages his most relentless surgical fury on the ovaries, for in them he believes reside the chief demoniacal spirits that torture the unhappy lunatic. Other spirits dwell in the uterus and he proceeds to the operation of hysterectomy, ventral fixation and trachelorrhaphy, etc.¹²⁵

Thankfully, most Canadian gynaecologists held a conservative view regarding the barbaric strategies James Russell lamented, which meant that Canadian women were largely spared from the egregious surgical “cures” for female hysteria being practised elsewhere.

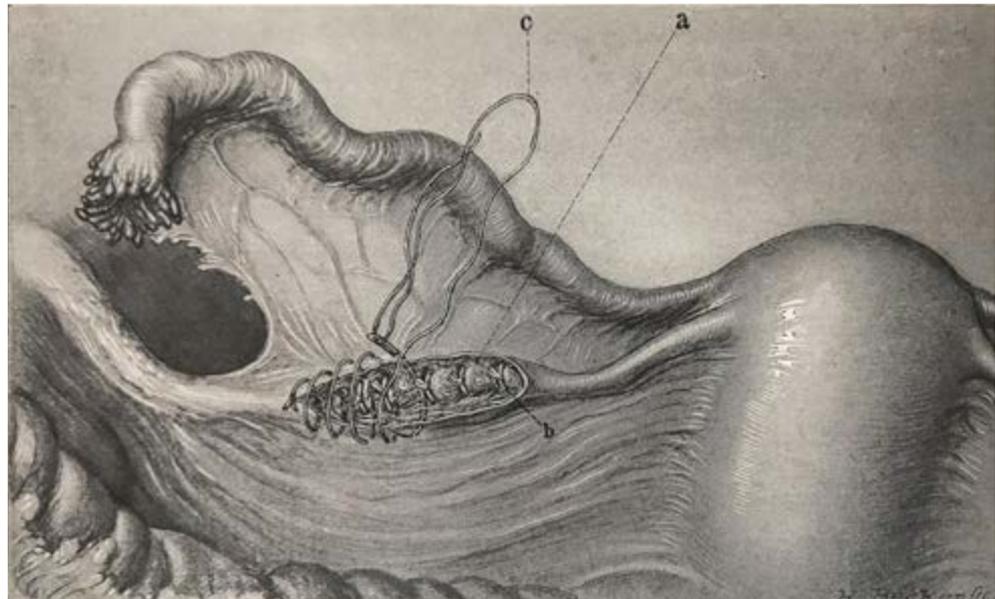


Illustration of the removal of the ovary (oophorectomy) in 1908. From *Gynecology and Abdominal Surgery*, Eds Howard A. Kelly & Charles P. Noble. Note the healthy fallopian tube and uterus.

Ross: Free from Circumlocution and Ambiguity



Dr. James Frederick William Ross (1857–1911)

The most distinguished of the non-interventionist Toronto gynaecologists was James Frederick William Ross (1857–1911), who succeeded Ogden as chair of Gynaecology in the Faculty of Medicine. As one colleague described him, Ross “was ever wont to deprecate the performance of unnecessary and unjustifiable operations,” such as “the too frequent removal of tubes and ovaries that were not the seat of gross pathological changes or of the patients’ ills.”¹²⁶

Ross received his MB degree from the University of Toronto in 1878. He then studied in London, Berlin, Leipzig, and Vienna, before returning to London and qualifying for the license of the Royal College of Physicians in the summer of 1880. Following a brief stint as a ship’s surgeon on a Calcutta-bound steamer, Ross returned to Toronto in early 1881, and served a year’s residence as a house surgeon at Toronto General.¹²⁷

Ross joined his father’s general practice for several years and specialised in Gynaecology and abdominal surgery. He was described as “the driving force” behind the establishment of the Women’s Pavilion in 1882 and was clearly dedicated to those specialties.¹²⁸ He launched his teaching career in 1886, with lectures on Medical Jurisprudence and Toxicology at the Toronto Women’s Medical College.¹²⁹ In the late 1880s, he travelled once again to Europe to undertake specialised training in gynaecological surgery, spending a year in Birmingham, UK and Zurich, Switzerland. While in Birmingham, he trained with Lawson Tait, then the most renowned abdominal and gynaecological surgeon in the world. (Unfortunately, it was Tait’s popularisation of a safer oophorectomy procedure that led to so many unnecessary surgeries.)

When he returned to Toronto, Ross joined the staff of the Surgical and

Gynaecological Departments at Toronto General Hospital. At some point, he was noted to be on staff at almost every Toronto hospital. Though generally “brusquely honest and straight-forward” with his patients, he worked tirelessly and was renowned as a “neat, brilliant, quick and very thorough operator”.¹³⁰ His dedication to clinical practice enabled him to compile detailed records of the almost 2000 abdominal surgeries that he had performed over the course of his career.¹³¹

With his staff appointment secured, Ross began giving clinical instruction to medical students. From 1889, he switched to teaching surgical Gynaecology and clinical Surgery at the Women’s Medical College, subsequently becoming professor of Gynaecology there.¹³² “As a teacher,” his colleague, the pathologist Harry Anderson, recalled:

Ross was eminently practical, clear-cut, and forceful. Free from circumlocution and ambiguity, he went straight to the core of his subject, and impressed the essentials on his students with rare discrimination.¹³³

In 1897, Ross was appointed associate professor of Gynaecology in the University’s Faculty of Medicine and when Ogden retired in 1903, Ross became chair of the Department of Gynaecology, as well as chief of the Gynaecology service at Toronto General Hospital. In these roles, he established an outpatient Gynaecology Clinic in 1908, and led the planning of the gynaecological facilities destined for the hospital’s new location on College Street.¹³⁴

Ross earned an international reputation through his research and leadership. Over the course of his career, he published approximately 70 papers, including notable early work on ectopic pregnancy, uterine cancer, and refinements to the hysterectomy procedure.¹³⁵ He also served terms as president of the American Association of Obstetricians and Gynecologists in 1897 and of the Ontario Medical Association in 1904. In addition, Ross led the establishment of the Toronto Academy of Medicine in 1907, which consolidated the local medical societies. He was subsequently elected its first president.¹³⁶ Tragically, Ross’ career was cut short due to a motor vehicle accident in 1911.

The Union of Obstetrics and Gynaecology

After Ross’s untimely death in 1911, the Faculty of Medicine decided to consolidate the Departments of Obstetrics and Gynaecology.¹³⁷ Outlining the reason for this decision, the University President’s 1912 report noted that while “Gynaecology exists as a distinct department in a large number of hospitals in Britain, Canada, and the United States... [in] Great Britain it is much more frequently associated with obstetrics than in America.” The Faculty’s recommendation was therefore “in line with the practice of the best medical schools of the Old Country.”¹³⁸

Consolidation of the two specialties reflected a broader trend across Canada. McGill University consolidated in 1910, while at Queen’s University the two specialties had evolved together from the traditional subject of Midwifery and Diseases of Women.¹³⁹ Even at the University of Toronto, Dr. James Algernon Temple’s official title in the Department of Gynaecology had been “Professor of Operative Obstetrics and Gynaecology” since 1903.¹⁴⁰ And while Obstetrics and Gynaecology remained separate at Toronto General Hospital, and housed in separate, dedicated facilities at St. Michael’s Hospital, the two services had been combined since 1909.¹⁴¹

At the end of the 1911–12 session, Wright resigned as chair of Obstetrics in the Faculty of Medicine.¹⁴² With over 25 years as chair, his cautious, fundamentally 19th century approach meant that the Department had been slow to embrace new international developments in obstetrical science. Additionally, in January 1911, Wright had taken up the chairmanship of the provincial Board of Health, the precursor to the Ontario Health Department. His retirement from the University cleared the way for Obstetrics to be combined under a new appointee. Seeking a candidate who could bring the unified department into the 20th century, the faculty once again looked to “the best medical schools of the Old Country.” In November 1912, they appointed Dr. Benjamin Philip Watson.¹⁴³

Smillie Robertson: Keeping the “Mischievous” Boys in Order



Dr. Jennie Smillie Robertson

The early years of the 20th century marked the admission of the first small group of women to the Faculty of Medicine at the University of Toronto.

While women were permitted to enrol in the Faculty of Arts in 1884 (with the first five women graduating in 1885), the Faculty of Medicine did not officially enrol women until 1906. Since the 1890s, women seeking medical education in the province attended the Ontario Medical College for Women. However, in the 1904–05 session, students at the women’s college attended classes alongside the male students for the very first time; anatomy was still taught separately to uphold a level of propriety.¹⁴⁴ The reception these women received in the faculty was likely hostile and would have deterred all but the most determined female applicants. One of the first women to graduate, Elizabeth Stewart, observed that the female students were “cordially hated”.¹⁴⁵ Jennie Smillie Robertson

(1878–1981), one of the six first-year students to enrol at the women’s college the following year, recalled a less negative impact of co-education:

The professors had been having difficulty keeping the mischievous and obstreperous boys in order, and noted that the gentlemen behaved better when the ladies were present in the classes, so they decided to take the girls into all the classes.¹⁴⁶

The Faculty of Medicine had been feeling government pressure to officially admit women for some time. In April 1906, the University acquiesced and on July 1st, the Ontario Medical College for Women closed, officially transferring its students to the Faculty of Medicine.¹⁴⁷ In its 22-year history, the college graduated approximately 120 women, and although women could now attend the University Medical Program, the overall number of women studying medicine in the province subsequently declined and teaching opportunities for women evaporated.¹⁴⁸

Among the several women practising Obstetrics and Gynaecology in Toronto in the first decades of the 20th century, Jennie Smillie Robertson was notable for being the first woman to perform major gynaecological surgery in Canada. At 18 years of age, she qualified as a teacher, and taught for several years while saving money for medical school. In 1905, she had sufficient funds to enrol at the Ontario Medical College for Women in what would be its last intake year. After graduating from the University with an MB in 1909, she was unable to find a single placement in Toronto hospitals, and accepted an

internship at the Women’s Medical College hospital in Philadelphia. In 1910, she returned to Toronto and began in general practice, but soon decided to seek specialist training in Surgery.¹⁴⁹ As she explained almost 70 years later:

Though there weren’t many women practising in Toronto, we got a fair share of work to do, but none in Surgery. I thought we women would never amount to anything in Medicine as long as we had to hand over our Surgery to the men... I decided if no one else would [specialise in Surgery], I would have to do it myself. I had some difficulty finding a place. No one in Toronto would accept a girl. But I knew the chief surgeon at the Women’s College in Philadelphia was very good... I got on very well with the chief surgeon, and she taught me a lot and let me do everything... Towards the end of the six months there, she left me in charge for a week while she was out of town and I did some operations on my own while she was away. That helped my self-confidence a lot when I first started to do surgery in Toronto.¹⁵⁰

Upon returning to Toronto, Smillie Robertson had nowhere to apply her training, experience, and confidence, as not one hospital would grant her surgical privileges. Her first operation in Canada, an oophorectomy, was performed on her patient’s kitchen table (at midday so there would be enough light).¹⁵¹ The successful operation emphasized the need for a dedicated hospital in which

women could practise. In 1898, the Women’s Medical College had opened a dispensary (effectively an out-patient clinic), and this continued to operate after the college was absorbed by the University. However, in 1911, the dispensary was re-established by a group of women physicians including Smillie Robertson as Women’s College Hospital and Dispensary at a new location on Seaton Street.¹⁵² Leading the Gynaecology Service were Smillie Robertson and Jennie Gray Wildman, an associate professor of Gynaecology at the college before amalgamation. Rowena Hume, an 1899 graduate who had taught Pathology and Bacteriology at the Ontario Medical College for Women, headed the Obstetrics Department.¹⁵³



Dr. Jenny Gray Wildman

Smillie Robertson remained at Women’s College Hospital as associate chief of Gynaecology until 1942, when she retired after a 40-year career. After her retirement, she married Alex Robertson, whom she had first met while working as a young teacher. She recalled that she had been “planning for medicine, not marriage, and didn’t think [she] could have both.”¹⁵⁴ She lived to the age of 103.

MacMurchy: The Influence of Eugenics



Helen MacMurchy (1862–1953) was a woman of ‘firsts’. She was the first woman to intern at Toronto General Hospital in addition to being one of the founders of Women’s College Hospital.

During her long career of government service, she achieved the highest rank of any woman in the civil service at that time and in 1911 she became the first woman to be appointed to the University of Toronto’s Department of Obstetrics and Gynaecology. Despite her remarkable, ground-breaking roles, there was a darker side to her legacy. Throughout the early decades of the 20th century, she was a well-known proponent of eugenics

Born into a well-to-do Toronto family, MacMurchy attended the Toronto Normal School, and subsequently taught at Jarvis Collegiate in the 1880s, where her father was the principal. But she soon left teaching to enter the Ontario Medical College for Women, earning her MB in 1900 and an MD in 1901. Remarkably, her thesis for the latter degree was published in the British *Lancet* medical journal. MacMurchy then interned at Toronto General Hospital. Up to that point, no women had ever been

given a hospital staff appointment in Canada. (By contrast, in 1901, there were 302 female physicians on staff at American hospitals and 149 at British ones.) After her initial year at Toronto General Hospital, she became the first woman to undertake postgraduate studies at Johns Hopkins Medical School, where she was mentored by the famous William Osler. She then completed further training at the Women’s Medical College of Pennsylvania in Philadelphia.

Returning to practice in Toronto in 1902, MacMurchy worked with the poor, focussing on issues of public health, school conditions, the welfare of children, and the “feeble minded”. In 1911, she was also one of the founding physicians of Women’s College Hospital and, in the same year, she was appointed as Assistant Demonstrator in Obstetrics and Gynaecology at Toronto General Hospital, with a cross-appointment in the Faculty of Medicine at the University of Toronto, thus making her the first woman to hold a post in the University’s Department of Obstetrics and Gynaecology.

As a result of her public advocacy, MacMurchy was appointed to the newly formed provincial position of Inspector of the Feeble Minded in 1906. She was also commissioned to investigate infant mortality, producing a provincial report in 1910. At that time, infant mortality in Toronto was considerably higher than in other North American cities: her 1907 report cited statistics that put infant mortality for Toronto at just under 20 per cent. Her career in public service continued despite being forced to resign as Medical Inspector of Schools for the Toronto Board of Education in 1911, just one year after being appointed. She had called the education system a “farce,”

and had repeatedly clashed with school authorities over her independence and power to implement reforms.

Her career continued as assistant Inspector of Hospitals, Prisons, and Public Charities for Ontario from 1913, and in 1920, she was appointed chief of the new Child Welfare division of the federal Department of Health. She served in this last post for 14 years, which at that time was the most senior position in the Canadian civil service ever held by a woman. During her career, she wrote numerous government reports, pamphlets and books on childcare, maternal welfare, and public health. These brought her national and international renown; in particular, *The Almosts: A Study of the Feeble-Minded*, and *The Canadian Mother’s Book*, a childcare manual.

Regrettably, MacMurchy’s public health advocacy and government work was consistently eugenicist; encompassing a strong endorsement of the sterilization of “the unfit.” Her 1934 book, *Sterilization? Birth Control? A Book for Family Welfare* reflects these views:

There is a dead weight of unfitness for community and family life, which costs us much in money and more in national prosperity and happiness. Can we expect the defective among us, who have the least capacity for self-control, to rule one of the strongest urges of life??¹⁵⁵

Her book was endorsed “without hesitation” in the journal of the *Canadian Medical Association*, which four years previously had run an editorial advocating “Sterilization for Human Betterment.”¹⁵⁶ However, an increased understanding of the horrors of the Nazi regime in World War II would significantly change existing views on eugenics.

Anxiety over the future of the nation brought attention to maternal and infant mortality, and it was a crucial factor in the development and expansion of perinatal care after the First World War. MacMurchy’s 1928 report revealed that most maternal deaths in Canada in 1925–26 were prefaced by a lack of prenatal care. She observed, “We are only now discovering that Empires and States are built up of babies... Armies are recruited only if and when we have cared for our babies.” Canada’s national birth rate continued on a decline, and would not increase significantly until the baby boom occurring after the Second World War.¹⁵⁷

The decline in the birth rate between wars was a result of the increasingly widespread use of contraception. While birth control remained a taboo subject in polite conversation (and officially illegal to either distribute or advertise), by the 1920s and ‘30s it was a common practice. In fact, in the 1930s, the University of Toronto became the first Canadian medical school to offer instruction on the use of contraception to medical students. However, public and medical attitudes toward abortion remained far more conservative. Doctors in particular were reluctant to even see patients who had miscarried, let alone to perform therapeutic abortions, for fear of being tarnished professionally.

In 1934, MacMurchy was made a Commander of the Order of the British Empire (CBE). A decade later she was listed as one of the 10 leading women physicians in the western world. Despite her preoccupation with eugenics, she was considered a pioneer for her ground-breaking focus on the connection between medicine and social needs, and for highlighting the importance of maternal and child hygiene.¹⁵⁸

Watson: Inaugural Chair of a Combined Department



Dr. Benjamin Philip Watson (1880–1976)

At 17 years of age, Benjamin Philip Watson (1880–1976) entered the University of Edinburgh as a medical student and graduated in the top of his class in 1902, having earned an award for proficiency in Obstetrics and Gynaecology. Watson then joined the Gynaecology Department at the Royal Infirmary in Edinburgh and at the Royal Maternity Hospital. In 1905, he was awarded a gold medal and the MD degree from the University of Edinburgh for his thesis on amniotic fluid and changes in the placenta following fetal death. He also became a Fellow of the Royal College of Surgeons of Edinburgh (having been examined by Dr. Joseph Bell, the man who inspired the Arthur Conan-Doyle character, Sherlock Holmes). Watson was subsequently appointed as tutor in Gynaecology at the University of Edinburgh, while continuing with his private practice and pathology research. In 1910, he was promoted to lecturer, and worked with Freeland Barbour to

publish one of the first textbooks in gynaecological pathology in 1913.¹⁵⁹

As 1912 came to an end, Watson was recruited by the University of Toronto to become the first chair of the combined Department of Obstetrics and Gynaecology and he was perhaps attracted by “the enormous salary of one thousand dollars a year”.¹⁶⁰ His mandate included creating a strong and cohesive Obstetrics and Gynaecology department and his expertise in pathology would have helped him establish some authority.¹⁶¹ He also introduced “the Scottish method of teaching,” whereby “the staff of the hospital and the staff of the University looked on teaching as their second most important assignment, of first importance being, of course, the care of the patients.”¹⁶²

As head of the University Department, Watson was also chief of the (still separate) Gynaecology and Obstetrics services

at Toronto General Hospital. In June 1913, Toronto General Hospital moved from Gerrard Street East to College and University.¹⁶³ The new hospital became one of the largest and most modern in North America. Gynaecology was housed in a ward on the third floor of the main building, while the Burnside was transferred to an adjacent building on Elizabeth Street (although Obstetrics actually remained at Gerrard Street until the following year when this new building was ready).¹⁶⁴ In 1912, Toronto Western Hospital also became affiliated with the University's Faculty of Medicine, which eased the crowding of medical students at the public wards of Toronto General Hospital.¹⁶⁵ However, clinical instruction in Obstetrics and Gynaecology was not offered at Toronto Western Hospital until 1914, when the chief of its service, Albert Angus MacDonald, was appointed an associate professor of Obstetrics.¹⁶⁶

Watson quickly created a pathology laboratory at the Burnside and invited the technician he had worked with in Edinburgh to join him.¹⁶⁷ However, his first major hire as chief at Toronto General Hospital was Dr. William Albert Scott. Scott was the gold medallist of the University of Toronto medical class of 1913 and would eventually become chief at Toronto General Hospital and chair of the Department of Obstetrics and Gynaecology.¹⁶⁸

Two early hires at Toronto General Hospital would prove significant for the development of Paediatrics and Perinatology in Toronto. John Gordon



Dr. John Gordon Gallie

Gallie was a native of Barrie, Ontario, and the younger brother of the more renowned William Edward Gallie, who served as Dean of the Faculty of Medicine between 1936 and 1946 (and organized Canada's first postgraduate program in Surgery, the "Gallie course").¹⁶⁹ The younger Gallie graduated from the Faculty of Medicine in 1910 and trained in New York State. In 1913, he was hired by Toronto General Hospital to set up the first antenatal clinic in the city, modelled on those he had attended during his New York training. The clinic dramatically reduced maternal mortality on the public ward at the new Burnside. (Gallie was also responsible for the city's first postnatal clinic in 1923.)¹⁷⁰ In 1914, he appointed Alan Brown as a clinical assistant at the Burnside Hospital. Brown, Canada's first professionally trained paediatrician, would go on to serve as chief physician at the Hospital for Sick Children from 1919 to 1952.¹⁷¹

Despite the interruption of the war, the Department of Obstetrics and Gynaecology advanced greatly during Watson's chairmanship. He ensured that staff and students were well-trained in Pathology, which laid the groundwork for much



Dr. William Edward Gallie

later research. He also instituted the city's first dedicated postgraduate program in Obstetrics and Gynaecology, and helped to modernise the residency system at Toronto General Hospital. While Watson failed to appoint any women to either clinical or academic positions, he launched the careers of several men who would figure prominently in the Toronto medical world. With J.G. Gallie, he had overseen the start of prenatal care in Toronto, and in 1914, Watson collaborated with Alan Brown, a clinical assistant at the Burnside Hospital at the time, to set up one of the earliest nurseries for premature babies.¹⁷²

In 1922, Watson was offered the chair in Obstetrics and Gynaecology at his alma mater, the University of Edinburgh, and was succeeded by his colleague and former commander during the war, Dr. William Belfry Hendry.¹⁷³ Yet Watson's stay in Edinburgh proved to be relatively short-lived. In 1926, frustrated by his new colleagues' resistance to his efforts to reorganize the department and its hospital set-up, he accepted an offer as chair of Obstetrics and Gynaecology at Columbia University in New York.¹⁷⁴ He taught there until his retirement in 1946.

WWI and No. 4 Canadian General Hospital



Ambulance of No. 4 Canadian General Hospital

On August 4th, 1914, Great Britain joined the war against the Central Powers, automatically drawing Canada into the conflict.

Within months, many medical students and faculty of the University of Toronto had enlisted. By March 1915, the No. 4 Canadian General Hospital was organized in Toronto as a unit of the Canadian Army Medical Corps. Commanded by Colonel James Alexander Roberts, a demonstrator in the Department of Surgery and junior assistant surgeon at Toronto General Hospital, the unit drew its officers from the University's Faculty of Medicine and many other staff from Toronto's main hospitals.

Several members of the Department of Obstetrics and Gynaecology were commissioned with the No. 4 Canadian General Hospital. In fact, the unit's second-in-command and eventual commander was Hendry. Colonel Hendry was an associate in Gynaecology at the war's outset but after the war,

he succeeded Watson as department chair. Watson joined up as a captain, along with J.G. Gallie.¹⁷⁵ W.A. Scott, later Hendry's successor as chair, also joined the No. 4 in early 1918.

Several future department members served with the No. 4 as well. H.B. Van Wyck was commissioned in April 1915, while still a medical student, and graduated with the class of 1915 while serving overseas. He joined the medical faculty in 1920 and became the chair of Obstetrics and Gynaecology right after the Second World War.¹⁷⁶ William Allan Dafoe was also a medical student at the University of Toronto when he enlisted in March 1915. He joined the No. 4 as a private and rose to the rank of sergeant before taking up a commission in the Royal Navy in May 1917. However, after his destroyer sank in the North Sea, he returned to his medical studies and graduated with the class of 1920.¹⁷⁷ After training with B.P. Watson, Dafoe spent the following decades at Toronto General Hospital until 1949, when he headed up the Wellesley Hospital's newly

established Department of Obstetrics and Gynaecology. His brother, Allan Roy Dafoe, was also an obstetrician and was legendary for having delivered the Dionne quintuplets in 1934.¹⁷⁸

The No. 4 shipped out on May 1915, arriving in England with a total of 38 officers, 73 nurses, and 206 "other ranks", one of whom was Private Lester Bowles Pearson. The future prime minister served with the No. 4 until 1917, when he transferred to the Royal Flying Corps.¹⁷⁹ Most of the nurses were recent graduates of the main hospitals in Toronto. For several months after arrival, they were loaned out to hospitals in England and France while the No. 4 awaited orders. Unlike nurses in the British medical corps, Canadian nurses had officer status and officer pay (roughly \$4 per day). Unfortunately they were often treated with undisguised contempt. As the pathologist Captain J.J. Mackenzie reported to his wife, "In one of the hospitals the authorities treated

them very badly, hardly gave them enough to eat, and made them sleep in the same quarters as the servants, and made very nasty remarks about them wearing a uniform with lieutenant's stars and receiving lieutenant's pay. You would think that women would be pleased to find that at least some parts of the Empire treated their nurses properly instead of being jealous of them."¹⁸⁰

In November 1915, the unit was assigned to the Macedonian Front and arrived at Salonika (now Thessaloniki, Greece) where they would remain until August 1917.¹⁸¹ They were initially inundated with casualties from the offensive at Gallipoli, after which they primarily saw cases of malaria, dysentery, and jaundice. Conditions the first winter were difficult due to the prevalence of mosquitoes, lice, and rats. Mary Darling, a nurse trained at the Hospital for Sick Children, recalled: "You made rounds and would hear the boys throwing their boots around . . . you knew it was the rats they were after."¹⁸²



Group of officers at No. 4 Canadian General Hospital, Salonika. May 1916

The hospital grew to 2000 beds, but typically had 1000 patients at a time.¹⁸³ Hendry assumed command in late 1916 when Colonel Roberts was promoted to other duties in England. After two long years, the understaffed University appealed to its overseas faculty members to return to Toronto. Some, such as Watson, returned for the start of the 1916-17 session.¹⁸⁴ J.G. Gallie also left Salonika in late 1916 to seek treatment for chronic dysentery, and returned to Canada in June 1917.¹⁸⁵ When the No. 4 was reassigned to England in September, several more faculty members returned, though many were replaced by other colleagues, one of whom was W.A. Scott. The No. 4 spent the remainder of the war staffing the Canadian Military Hospital at Basingstoke in Hampshire, treating Canadian casualties from the Western Front. When the war ended on November 11, 1918, the hospital's 1500 patients were gradually returned to Canada, and in July 1919, the No. 4 followed.

Although many of the hospital's personnel became ill during the war, records indicate only two deaths. The first was Captain Norman Yellowlees, a 1909 graduate and a physician at the Nurses' Training School at Toronto General Hospital. In May of 1916, he drowned while crossing a river in an attempt to reach the wreckage of a downed zeppelin.¹⁸⁶ Helen Sibbald, a nurse from St. Michael's Hospital, witnessed his death, "Dr. Yellowlees went down in the quicksand right beside Dr. Wilson and was never seen again... I could see Dr. Wilson still on the horse. He was just like a death's head. He was just lucky he didn't get into the quicksand."¹⁸⁷ The second loss was Lena Aloa Davis in February of 1918, while the No. 4 was stationed at Basingstoke. Davis caught malaria while



Dr. Malcolm Maclachlan Crawford

en route to Salonika, and later developed blackwater fever, a severe malarial infection that ultimately proved fatal.¹⁸⁸

Proud Contributors

Many members of the Department of Obstetrics and Gynaecology saw service with other units during the war. Malcolm Maclachlan Crawford, a demonstrator in Obstetrics and assistant at St. Michael's Hospital, enlisted in February 1916 to serve with the No. 16 Canadian General Hospital at Orpington, Kent, and later at St. Andrew's Military Hospital in Toronto. He eventually left Obstetrics and became chief coroner for Toronto and the province of Ontario.¹⁸⁹ Another demonstrator, Frederick Adam Cleland, enlisted in the Canadian Medical Army Corps (CAMC) in September 1918 after having established the first gynaecological service at Grace Hospital in Toronto the previous year. He served several months with the No. 11 Stationary Hospital in Siberia, as part of the Allies'

intervention in the Russian Civil War.¹⁹⁰ Samuel John Newton Magwood, an assistant demonstrator in Obstetrics, served with the No. 2 Casualty Clearing Station in northern France from October 1915 to July 1917.¹⁹¹ His colleague, Herbert Ernest Clutterbuck, also served in northern France with the British Army's No. 13 Base Hospital and No. 8 Casualty Clearing Station.¹⁹²

Two department members saw service in Canada only. Frederick William Marlow, associate professor of Gynaecology and senior gynaecologist at Toronto General Hospital, served as a district officer for the CAMC in Ontario, as well as an inspector for medical units throughout Canada.¹⁹³ Arthur Clinton Hendrick, a demonstrator in Gynaecology and Marlow's colleague at Toronto General Hospital, served from 1917 to 1918 with the CAMC at the Mobilisation Centre in Toronto.¹⁹⁴

Two future department members served with particular distinction during the war. Waring Gerald Cosbie joined Obstetrics and Gynaecology and Toronto General Hospital in 1921. After graduating in Medicine from the University of Toronto in 1915, he enlisted in the CAMC and was assigned as a medical officer to the 58th Battalion of the Canadian Expeditionary Force. In May 1916, he was wounded by shrapnel at Ypres. After his recovery, he was assigned to the No. 8 Canadian Field Ambulance, and saw action at Vimy Ridge in April 1917. He was awarded the Military Cross for having "led his [stretcher] bearers into the open under heavy fire and rescued many wounded men. He worked continuously for 48 hours under very heavy fire." He finished the war as a medical officer with the 5th Battalion of the Canadian Mounted Rifles.¹⁹⁵

Francis Joseph O'Leary (1890–1952) enlisted in the CAMC in 1915 while still in his first year of medicine at the University of Toronto. He became a stretcher bearer with the No. 5 Field Ambulance, which was attached to the 2nd Canadian Division. In late 1917, he was injured at the second Battle of Passchendaele, which resulted in the amputation of his left leg at mid-thigh and his receipt of the Military Medal. He then dedicated his time to medical studies and graduated in 1922. O'Leary was appointed to the Faculty of Medicine in 1929, and became head of Obstetrics and Gynaecology at St. Michael's Hospital in 1947.¹⁹⁶

Medical Women Step Up

While female physicians were officially barred from the CAMC, 331 Canadian women were commissioned in the British Royal Army Medical Corps, and several more joined French and American units. One notable example from Toronto was Edna Mary Guest (1883–1958), a 1910 graduate of the Faculty of Medicine who initially specialised in gynaecological surgery. (Guest was the first woman elected to the Council of the Toronto Academy of Medicine.) After working and teaching in India, she joined the British



Dr. Edna Mary Guest (1883–1958)



Dr. Geraldine Oakley

Army and was head of the Scottish Women's Hospital unit in Corsica from 1917 to mid-1918. She finished the war as commander of a base hospital on the Western Front and subsequently joined the staff of Women's College Hospital.¹⁹⁷ Guest had the distinction of being named to the Order of the British Empire by King George V.

The absence of so many members of the Faculty of Medicine who were serving in the armed forces put pressure on those who remained behind. Additionally, the University sought to accelerate the education of upper year medical students so that they could join the CAMC. The major Toronto hospitals also suffered from understaffing; a problem compounded by the lack of new medical graduates taking up their junior staff positions. In fact, for several months in 1917, J.F. Uren was apparently the sole doctor attending the Surgical, Gynaecological, and Emergency departments at St. Michael's Hospital. When several of his colleagues finally returned from military service, Uren collapsed from exhaustion.¹⁹⁸

Women began to take up some of the positions left empty, and the number of women enrolled in the University's

medical course grew from just 11 in 1910 to 51 in 1917.¹⁹⁹ A small number of women also managed to secure internships and junior staff appointments at major Toronto hospitals. Jennie Smillie Robertson (whose name the hospital initially misspelled as "Smellie") and Geraldine Oakley, were assistants on staff at Toronto General Hospital in Anaesthesia from 1915, joining Pearl Jane Sproule (later Manson) who had been in Otolaryngology since 1912.²⁰⁰ Olive Gair Patterson also served as a resident at Toronto General Hospital in 1916–17 after graduating the previous year.²⁰¹

Despite their important contributions, these women were never appointed to the Department of Obstetrics and Gynaecology, and did not secure clinical appointments at any other Toronto hospitals affiliated with the University. No women would join the clinical staff at the Hospital for Sick Children until 1921 or at St. Michael's Hospital until 1922. The exception was Ann Augusta Stowe-Gullen (the first woman to graduate from a Canadian medical school), who had been on staff at Toronto



Dr. Ann Augusta Stowe-Gullen

Western Hospital since the hospital's foundation in 1896.²⁰² This appointment was in large part due to her marriage to the hospital's founder, John B. Gullen.

The return of several department members from service overseas in 1916 and 1917 eased some of the pressure on teaching and clinical practice. Watson arrived back in Toronto in the fall of 1916 and resumed his duties as chair and chief at Toronto General Hospital.²⁰³ In 1917, he married a Belgian woman named Angel Hamendt who had fled to Toronto when the Germans occupied her home at the start of the war.

Social Work Plays a Role

The war years saw the beginning of the coordination of social workers with Obstetrics and Gynaecology. The Social Service Department was established at Toronto General Hospital in 1911 under Helen MacMurchy, and a special clinic was created in 1914 for the psychiatric evaluation of young women, often referred there by the courts.²⁰⁴ When J.G. Gallie launched the prenatal clinic that same year, the Social Service Department was integral in conducting patient evaluations, home inspections, and follow-ups. While there was value in ensuring proper newborn care, the service was deeply prejudiced in its approach, aiming to:

... go to these homes and study the racial characteristics and home environment of these people in the months before the baby is born. The Italian with little conception of home comforts, used in Italy to out-door life, settling in our poorer districts, has to be told everything that is needed for a Canadian

baby – the poorly kept Jewish home where the baby is nearly always welcome – the English or the Scotch home where the mother is perhaps struggling on alone...²⁰⁵

This prejudice against immigrants, the poor, and single mothers fed into the broader eugenic mission of the Social Service Department, which was to identify the "defective" and prevent them from recklessly multiplying and causing "a stream of disease and degeneracy to spring up where there should be strength and power."²⁰⁶ C.K. Clarke, chief psychiatrist at Toronto General Hospital and Dean of the Faculty of Medicine, determined that 54 per cent of the "defectives" examined at his clinic were immigrants.²⁰⁷ Maternity patients on the public ward were also subjected to psychiatric evaluation, particularly unmarried women, whose numbers had increased substantially during the war.²⁰⁸ Of the 129 unmarried women admitted to the Burnside in 1915, only 34 were fortunate enough to be classified as "hopeful cases" mentally, while over half were discharged to institutions.²⁰⁹

The Social Service Department also felt compelled to tackle the rise in sexually transmitted infections. The increase was caused by the soldier-driven boom in the city's sex trade and the return of soldiers infected overseas.²¹⁰ At Toronto General Hospital, the annual number of syphilis cases jumped by over 40 per cent after the outbreak of the war. In 1915, the "Special Treatment Clinic" was established there to specifically handle syphilis cases, as was an outpatient clinic in 1917 for women and girls with gonorrhoea.²¹¹ Other hospitals would follow suit to address these challenges as the war continued.²¹²

Postwar Presents Challenges and Advancements

On November 11th, 1918, Germany signed an armistice and the First World War at last came to an end. Seventy students and alumni of the Faculty of Medicine had been killed in action or had died of their wounds.²¹³ Among them was Norman Yellowlees of the No. 4, as well as John McCrae, the 1898 Toronto medical graduate famous for his war poem, *In Flanders Fields*. In January 1918, McCrae died of pneumonia and meningitis at Boulogne while serving as commander of the No. 3 Canadian General Hospital, which was mostly drawn from McGill University's medical school.²¹⁴

But with the war's last gasp came a devastating visitor. During the summer of 1918, a deadly strain of influenza developed in the crowded, miserable conditions of the Western Front and in the fall of that year, Toronto was hit by the pandemic sweeping Europe. By mid-October, Toronto Western Hospital was teeming with patients, while at Toronto General Hospital almost half of the patients had the flu, as well as 80 nurses, three of whom died. Half the nurses at the Grace Hospital had also taken ill, while at St. Michael's Hospital, still chronically understaffed because of the war, the Sisters of St. Joseph drafted teaching staff, student nurses, and other local nuns to keep the hospital functioning.²¹⁵ Large sections of Toronto General Hospital were reorganized as isolation accommodation, including half of the gynaecology ward and a section of the Burnside Hospital.²¹⁶ The new wing of Women's College Hospital was also commandeered by the city before it could even open.²¹⁷

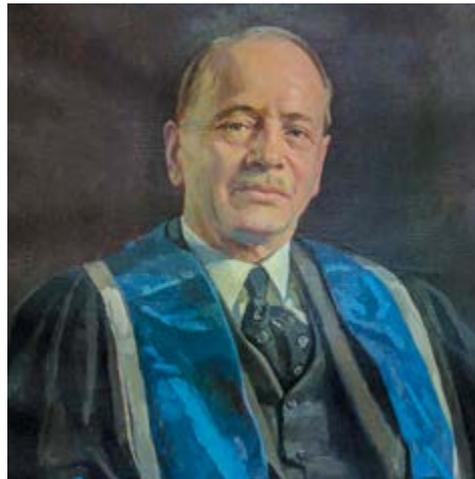
When the pandemic finally receded in December, roughly 150,000 of Toronto's half a million residents had caught the flu, and 1750 of them had died.²¹⁸

When normalcy returned, the Faculty of Medicine welcomed veterans who were starting or resuming their studies. The medical course was now lengthened to six years and for the first time ever, more than 1000 medical students were enrolled at the University of Toronto. In 1921, with funds from the Rockefeller Foundation, Watson established a fellowship in Obstetrics and Gynaecology at Toronto General Hospital, as well as the specialty's first residency there along with similar programs in Medicine and Surgery.²¹⁹ Given the growing cohort, competition for placements at Toronto hospitals was fierce. At St. Michael's Hospital, for instance, there were 37 applicants for its nine intern positions in 1923.²²⁰

Despite the influx of returning servicemen, women managed to continue making gains in the Toronto medical world. The number of female medical students climbed steadily, and by 1921, there were 85 women out of 1,127 students enrolled in the Faculty of Medicine.²²¹ Women also began to gain positions on staff at Toronto's hospitals. In 1921, Gladys Boyd (1893–1970), a 1918 Toronto graduate, joined the clinical staff at the Hospital for Sick Children and was chief endocrinologist there until 1950.²²² At St. Michael's Hospital, Esther Doane Harrison (1896–1969) became the first woman to join the staff. In August 1922, having graduated the previous year, she was appointed assistant gynaecologist in the outpatient department. She subsequently worked for over 30 years in Obstetrics and Gynaecology at Women's College Hospital.²²³

In 1915, Women's College Hospital moved to a new location at 125 Rusholme Road, and in 1919 (after a brief appropriation by the City for influenza patients), a new wing opened, doubling the number of infant cots in the hospital.²²⁴ The following year, Edna Guest, having served with distinction during the war, established a Venereal Disease Clinic at the hospital, sponsored by the municipal and provincial governments. Radiology and Pathology Departments were also established, while Gynaecology was reorganized as its own department distinct from Medicine and Surgery.²²⁵ It was led by Jennie Gray Wildman (1862–1953), one of the hospital's founders in 1911, as well as one of the first graduates of the former Woman's Medical College in 1889.²²⁶ Obstetrics continued under the leadership of Rowena Hume (1877–1966), another founder and a pioneer of family planning in Ontario.²²⁷

Hendry: A Great Mentor Takes the Helm



Dr. William Belfry Hendry (1874–1939)

With the departure of Watson to Scotland in 1922, the Faculty of Medicine turned to a local candidate: William Belfry Hendry (1874–1939). The Faculty considered him an obvious replacement as chair of Obstetrics and Gynaecology at the University (and chief of Obstetrics and Gynaecology at Toronto General Hospital), given his history with the medical contingent during the war, and recent posting as associate professor and assistant at the hospital.²²⁸

After training as a teacher, Hendry taught mathematics for four years at Ridley College in St. Catharines, Ontario, while saving funds to study medicine.²²⁹ In 1900, he returned to Toronto and enrolled in Medicine.²³⁰ During his second year he joined the Canadian Medical Army Corps (CAMC), as a private eventually becoming an officer. He interned at Toronto General Hospital after graduating in 1904 and subsequently joined the staff there as a house surgeon.²³¹ He received his first faculty appointment in 1907 in Anatomy, then in Gynaecology in 1910, becoming an associate in 1915.²³²

At Toronto General Hospital, Hendry oversaw the earliest development of Perinatology and early work in Radiotherapy for cervical cancer. However, his principal focus was teaching and mentorship. Forty years after his death, D.E. Cannell recalled him as a “superb lecturer” and “one of the most likeable and clear-cut sort of teachers.”²³³ The Faculty of Medicine noted in its tribute that “he counted it his greatest achievement that he had been able to foster the careers of a large number of his younger colleagues.”²³⁴ One of those young colleagues was Marion Hilliard. At the start of her career, he advised her against seeking a junior position in Obstetrics and Gynaecology at Toronto General Hospital: “Even if you could get it, don’t. You’d be the last flick of the dog’s tail there. Go to Women’s College Hospital and help build the department. You can achieve something there.”²³⁵ This seemingly pragmatic advice was a tacit endorsement of the hospital’s entrenched discrimination against women and ethnic minorities (particularly Jews). Hendry, as the top dog flicking that tail, never once appointed either a female or Jewish doctor to his department. At retirement age, Hendry stepped down as chair and chief at Toronto General Hospital.²³⁶

Post WWI: Hospitals

Between the First and Second World War, Toronto became a dynamic and growing city, with a population that almost doubled to one million before the outset of the Second World War.²³⁷ This population growth, coupled with a new acceptance of hospital births, created increased demand for hospital services.

Despite a declining national birth rate, by the late 1930s Toronto was averaging over 10,000 births annually and 75 per cent of these occurred in medical centres.²³⁸ Although part of a larger international shift toward hospitalisation, other factors influenced this shift to hospital births, including the changing attitudes among wealthier private patients, hospitals’ increasing reputations due to decreased mortality rates, the development of prenatal programs, and better access to pain relief in labour.²³⁹

Toronto General Hospital

James Clifford Goodwin (1902–1953) was a 1926 University of Toronto medical graduate who went on to serve as a resident in the Obstetrics and Gynaecology Department at Toronto General Hospital, subsequently joining the teaching staff. His casebooks provide a glimpse of Obstetrics at the hospital.

The casebooks document a shift in pain management; most public obstetric patients now received some form of pain relief. This was generally a mixture of ether and chloroform, but for a small number of cases, 5mg of heroin was administered subcutaneously.²⁴⁰ However, as Goodwin’s colleague Leslie Watt admitted, “The quality of anaesthesia during the ‘30s was indifferent to say the least.”²⁴¹

Caesarean section rates posed a risk of infection until the introduction of



Toronto General Hospital



Dr. James Clifford Goodwin
(1902–1953)

sulfa drugs in the late 1930s (and then penicillin after the Second World War). In fact, the last outbreak of puerperal sepsis at Toronto General Hospital's Burnside unit was in 1924, resulting in the deaths of seven patients from streptococcal septicemia.²⁴² Despite such risks, by the late 1920s, the Caesarean delivery rate at Toronto General Hospital was relatively high: 5.78 per cent in 1930, compared to the national rate of roughly 2 per cent of hospital births.²⁴³ Contrary to wider trends, which saw the rate for Canada rise to 5 per cent by the late 1940s, conservative efforts at Toronto General Hospital led by W.A. Scott (who also pioneered the introduction of the lower segment method of Caesarean delivery in Toronto) significantly reduced their operation rate.²⁴⁴ By 1938, it had fallen to 1.7 per cent although for private patients at Toronto General Hospital, the rate was 7.4 per cent²⁴⁵ (Doctors earned more from performing a Caesarean section than a vaginal delivery, which was a motivating factor.)²⁴⁶

Repeat Caesarean sections were also considered risky at this time. As a result, over 40 per cent of these procedures were combined with tubal ligation (at Toronto General between 1925 and 1939).²⁴⁷ At a time when “there was a veil of silence over contraception,” as Watt put it, satisfying patients’ desires for effective birth control may have played a role.²⁴⁸ Though various methods of birth control were widely used (and this was the chief factor in the declining national birth rate), both contraception and therapeutic abortion remained technically illegal until 1969, and many women had to resort to self-induced abortion or poorly trained abortionists.²⁴⁹ According to Goodwin’s casebooks, complications from abortion or incomplete abortions were the most common cases on the public gynaecology ward at Toronto General Hospital.²⁵⁰ W.G. Cosbie, a staff obstetrician, noted in 1940 that over a 10-year period, “1,710 women were admitted with abortion,” of whom 40 died. He further noted that across the country, “undoubtedly the number of reported deaths from abortion is only a fair percentage of the actual number.”²⁵¹



Dr. Frederick W. Marlow



Toronto Western Hospital

The University of Toronto Department of Obstetrics and Gynaecology faculty members were primarily composed of Toronto General Hospital Staff between the wars. Besides the chief (Hendry), both of the subsequent chairs, Scott and Van Wyck, were on staff there. Frederick Marlow and K.C. McIlwraith were longstanding members, while other staff members included W.G. Cosbie, W.A. Dafoe, and J.C. Goodwin. The 1930s also included Nelson Henderson, Leslie Watt, John Mann, and J.R. McArthur. The staffing (hiring) bias against women, Catholics, and Jews was still deeply entrenched at the General.²⁵²

Toronto Western Hospital

Toronto Western Hospital had a similarly homogenous staff profile. Initially the hospital was organized in 1896 by a group of local west end doctors, which included Ann Augusta Stowe-Gullen, the first woman to graduate from a Canadian medical school. In 1899, the hospital moved to its present location on Bathurst

Street. Stowe-Gullen was a consultant and delivered the hospital’s very first baby.²⁵³ Toronto Western Hospital became affiliated with the University of Toronto in 1912, offering clinical teaching in Medicine, Surgery, and Gynaecology.²⁵⁴ The Obstetrics and Gynaecology Department was overseen by A.A. MacDonald, but R.W. Wesley became chief there in 1919.²⁵⁵ In 1924, clinical teaching in Obstetrics was offered and the following year a new obstetrical wing was added.²⁵⁶ In 1926, Toronto Western Hospital also amalgamated with Grace Hospital, which had been operating as a homeopathic hospital at Huron and College since 1893.²⁵⁷ (This hospital should not be confused with the Salvation Army’s Toronto Grace Hospital at Bloor and Church.) These expansions made Toronto Western Hospital-Grace the busiest obstetrical service in the city by the late 1920s, overtaking St. Michael’s Hospital and Toronto General Hospital. The annual number of deliveries jumped from 419 in 1924 to 1688 just five years later.²⁵⁸ In 1936, another large extension opened at Bathurst Street, and the Grace division was closed.²⁵⁹

Robert Watson Wesley (1885–1962) oversaw the department at Toronto Western Hospital throughout this time. After graduating from the University of Toronto in 1909 and setting up practice on Palmerston Avenue, he became associated with Toronto Western Hospital and was appointed to the University of Toronto faculty as an assistant in Gynaecology in 1914. After 27 years as chief, he stepped down in 1946, remaining a consultant for several years.²⁶⁰ (In the 1950s and '60s, his son R.H. Wesley was also an obstetrician at Toronto Western Hospital and later, the chief at Sunnybrook Hospital from 1971 to 1983.)²⁶¹ Wesley Senior's long-time colleagues included Kent Manning and S.J.N. Magwood. Magwood (1884–1975) was a 1906 MB graduate who had subsequently trained at the Rotunda Hospital in Dublin and at St. Michael's Hospital. After serving with the CAMC in France during the First World War, he joined the staff at Toronto Western Hospital, retiring around the same time as Wesley.²⁶² In the 1930s, L.T. Armstrong, A.D.T. Purdy, and D. Cannell joined the staff as well.²⁶³



St. Michael's Hospital

St. Michael's Hospital

Certain figures dominated Obstetrics and Gynaecology at St. Michael's Hospital between the wars. Just like Wesley at Toronto Western Hospital, Nicholas D'Arcy Frawley (1884–1969) had a remarkably long reign as chief. He graduated from the University of Toronto in 1906, then interned at several hospitals in New York State. Back in Toronto, his practice became increasingly centred on Obstetrics and Gynaecology, and in 1916, he became chief gynaecologist at St. Michael's Hospital. Obstetrics remained in the charge of M.M. Crawford until 1920, when both services were combined under Frawley.²⁶⁴ He became an assistant professor in 1926 and only retired in 1947 because of university age limits.²⁶⁵ Between 1928 and 1934, Frawley saw the annual number of births at St. Michael's Hospital double to 1324 – second only to Toronto Western Hospital-Grace.²⁶⁶ Though his main achievement seems to have been a tenacious tenure, his legacy includes leaving a strong staff contingency, most notably William T. Noonan and Frank O'Leary.

As his obituary in *The Globe and Mail* noted, Francis Joseph O'Leary (1891–1952) “was almost synonymous with that of St. Michael's Hospital.”²⁶⁷ Like Frawley, he was from Orillia and initially qualified as a pharmacist before returning to the University of Toronto to study medicine. After his serious injury at Passchendaele in 1917, he returned to his medical studies, graduating in 1922 and completed two years of specialty training at the New York Women's Hospital, after which he was taken on the teaching staff at St. Michael's Hospital.²⁶⁸ As O'Leary's friend Robert Meiklejohn described him, he was “short, stocky, rumped, with bushy eyebrows and the map of Ireland written over his face... the complete antithesis of the elegant, urbane obstetrician.”²⁶⁹ He was estimated to have delivered at least 3000 babies but served as chief for only five years, retiring in 1951 and being succeeded by Noonan.²⁷⁰

Sister Vincentia: Still Striding Down the Halls

Perhaps the most well-known staff member at St. Michael's Hospital was not a doctor, but rather a nurse: Sister Vincentia (1888–1958), the nursing supervisor of the Obstetrics and Gynaecology Department. Between 1928 and her retirement in 1956 she oversaw 60,000 births, and trained 18,000 student nurses.²⁷¹ She trained at St. Michael's Hospital in 1922 before completing postgraduate study at University of Toronto in public health nursing. Sister Vincentia worked in northern Ontario with the Victoria Order of Nurses (VON) and the provincial Health Department before taking her vows with the Sisters of St. Joseph in 1925. In 1928, she was assigned to the obstetrical ward at the hospital.²⁷²



Sister Vincentia (1888–1958)

Nicknamed both Vinnie and “Beads” by nurses and interns due to the rattle of her rosary as she strode down the halls, she was feared and respected for her exacting thoroughness.²⁷³ “She was a tyrant,” one of her last trainees recalled. “Even the doctors were at her mercy. But she still had a great sense of humour and cared about all [our] patients, staff and anyone who walked through our doors.”²⁷⁴ One doctor described her as “a giant cannon that fired marshmallows, not shells” – for which O'Leary must have been thankful!²⁷⁵ She continued working up until two years before her death in 1958.²⁷⁶

Sister Vincentia's legacy at St. Michael's Hospital continues to this day, at least for the staff who claim to have seen her ghost in the halls of the Cardinal Carter wing's 7th floor. Chuckie Shevlen trained as a nurse at the hospital in the early 1960s, then became the nursing coordinator for Obstetrics and Gynaecology and later the hospital's director of mission and values. Reports of the ghost begun about the time Shevlen started working on the gynaecology ward in the mid-60s: “She will appear in the night, faceless and dressed in all white. She will briefly touch a person's arm and then offer that person a blanket.”²⁷⁷

Mount Sinai Hospital

In September 1922, the 30-bed Toronto Jewish Maternity and Convalescent Hospital opened at 100 Yorkville Avenue. It was the result of an intensive fundraising campaign led by the Ezras Noshem, a “Ladies’ Aid” society of prominent Jewish women.²⁷⁸ The hospital was managed by Dorothy Dworkin, a trained midwife who had been instrumental in earlier efforts to establish health services catering to Toronto’s Jewish community.²⁷⁹ In the preceding decades, this community grew enormously from the influx of largely Yiddish-speaking immigrants from Eastern Europe, numbering almost 35,000 by 1921 in a city of half a million.²⁸⁰

The need for a specifically Jewish hospital had long been recognised. At existing Toronto hospitals, Jewish patients faced discrimination from staff, often compounded by a language barrier, and access to kosher meals was difficult. As a result, few Jews were willing to seek hospital treatment, and even when the new Jewish hospital opened, it struggled to attract patients. Dorothy Dworkin



Mount Sinai Hospital located at 100 Yorkville Avenue



Dorothy Dworkin (bottom row, centre). Photo credit: Ontario Jewish Archives

recalled a scheme whereby, during public tours of the hospital, the staff would get into the empty beds and pretend to be satisfied patients on a bustling ward.²⁸¹

In theory Jewish students’ access to medical education was guaranteed under law (University of Toronto had to accept all qualified applicants who resided in Ontario), but on rotations they faced intense anti-Semitism, and were tacitly barred from internships at any of Toronto’s hospitals. Practicing Jewish doctors were also denied attending privileges, and often had to hand over the care of their most serious cases.²⁸² From the outset, the new hospital struggled financially and in 1923, control was largely transferred from the ladies of the Ezras Noshem to Toronto’s Jewish medical community. The fledgling institution was reorganized under the new name of “Mount Sinai Hospital.”²⁸³ As the range of services expanded, Benjamin Cohen, one of only two specialists on staff initially, was made the hospital’s very first chief of Obstetrics and Gynaecology.²⁸⁴

Mount Sinai Hospital was relatively progressive in its staffing. As an

example, in the mid-30s, it granted admitting privileges to a black doctor named Morrison, who practiced on Bathurst Street.²⁸⁵ Around the same time, two female physicians joined the associate staff of Mount Sinai’s Hospital department of Obstetrics and Gynaecology.²⁸⁶ Bertha Wilensky graduated from the University of Toronto Faculty of Medicine in 1929, subsequently training in New York and New Jersey. Although she initially worked in Obstetrics and Gynaecology at Mount Sinai Hospital, she eventually specialised in Internal Medicine, and joined the staff of both Women’s College Hospital and Toronto Western Hospital.²⁸⁷ Rose Abramowitz Lahman, also known as Rose Abron, received her MD from the University in 1932. After working at Mount Sinai Hospital, she moved to Atlanta with her husband, where she continued to practice as a specialist in Obstetrics and Gynaecology and Endocrinology well into her 80s.²⁸⁸

After the war, the hospital developed on a new site on University Avenue, following a gift from the steel magnate, Samuel Lunenfeld.²⁸⁹ By the time the “New Mount Sinai Hospital” opened in August

1953, Louis J. Harris (1922–2012), was chief of Obstetrics and Gynaecology.²⁹⁰ He entered the University of Toronto at the age of 16, studying Biological and Medical Sciences before proceeding to study Medicine, where he graduated at the top of the class of 1929.²⁹¹ As chief following Benjamin Cohen’s death in 1951, Harris played a key role in Mount Sinai’s first research efforts, and he spearheaded the hospital’s work on infertility, as well as Ely Ravinsky’s first forays into fetal monitoring in the late 1950s.²⁹² As Frederick Papsin, his eventual successor as Chief, recalled, “Lou Harris was a brilliant individual and an excellent gynaecologist, as was his partner, Dr. Bernard Ludwig, and they and others in the department had a huge following in the community. . . . No one could touch them in terms of numbers and the quality of their work.”²⁹³ Indeed, Ludwig was probably Toronto’s most prolific obstetrician ever. When he retired in 2008 after 58 years at Mount Sinai Hospital, he had delivered more than 20,000 babies.²⁹⁴

Throughout Harris’ tenure, the department and hospital remained pointedly neglected by the University. In 1953, to prepare for affiliation, the new hospital organized residency programs in Surgery, Medicine, and Obstetrics and Gynaecology, while expanding and retraining its staff.²⁹⁵ Yet negotiations with the University were stymied until the new dean of Medicine, John Hamilton, took office in 1962. That year, the hospital’s Medicine Department, under Mitchell Kohan, became the first fully affiliated teaching department.²⁹⁶ However, it would not be until 1967 that the Department of Obstetrics and Gynaecology succeeded in achieving the same status.²⁹⁷ At the end of the 1960s, Harris retired, and in early 1971, Papsin came from Toronto Western



St. Joseph's Hospital c. 1920

Hospital to lead the Department as it revolutionised over the next decade.²⁹⁸

Other Toronto Hospitals

Although the University Department's clinical teaching remained centred on the above three hospitals until the 1950s, Obstetrics and Gynaecology care was available at several other unaffiliated hospitals throughout the growing city. For instance, in 1921, the Sisters of St. Joseph founded another Catholic hospital in west Toronto. **St. Joseph's Hospital** was initially set up in a wing of an orphanage in Sunnyside, formerly run by the Sisters. In 1925, renovations on the site expanded it from 25 beds to 112, and another major expansion in 1931 increased the bed capacity to 300, adding dedicated obstetrical facilities as well. As the city grew and the population of the west end expanded, another addition in 1949 would double the number of beds to 600.²⁹⁹

The Anglican Sisters of St. John the Divine also ran **St. John's Hospital** on Major Street just north of College. The small hospital was established in 1885

by a group of nuns after their return from nursing British and Canadian soldiers wounded during the North-West Rebellion led by Louis Riel.³⁰⁰ It moved to its Major Street location in 1889, and with 30 beds (10 for public patients), it was the city's first hospital dedicated to treating female patients, and focussed on surgery.³⁰¹ One of the staff surgeons in the 1920s and '30s was R.V.B. Shier, a 1909 University of Toronto MB graduate (who was also the father and grandfather of two prominent future members of the Department).³⁰² In 1937, the Sisters opened a convalescent hospital on Cummer Avenue in North York. (This institution eventually amalgamated with Sunnybrook in 2012 as St. John's Rehab.)³⁰³ Their convent remained at Major Street, but the surgical hospital did not.³⁰⁴ In the early 1950s, the Sisters moved to North York and the Major Street site was re-established as Doctor's Hospital.³⁰⁵

While **Women's College Hospital** was not the first hospital in Toronto devoted to women's health, it remained the only hospital in the city where female physicians and surgeons could practice independently. An 1899 graduate of the old Trinity College medical school,

Rowena Hume led the Obstetrics service from the hospital's beginning in 1911. Jenny Gray Wildman, an 1892 graduate of the same school, led Gynaecology when it was reorganized as its own service in 1920.³⁰⁶ From 1926, Marion Grant Kerr led both services, and was joined two years later by her protégé and eventual successor as chief, Marion Hilliard.³⁰⁷ In 1936, the hospital moved from its site on Rusholme Road to a new building on Grenville Street.³⁰⁸

Another hospital in the city provided dedicated Obstetrics and Gynaecology care to the growing city: the Salvation Army's **Grace Hospital**. Known as the Toronto Women's Hospital until 1936, when it took the name "Grace" from the recently closed division of Toronto Western Hospital, the hospital first began as a rescue home for unmarried women in 1889. In 1905, it became a maternity hospital, and in 1909, moved from Esther Street to Bloor and Church streets to offer maternity care to married women as well.³⁰⁹ From 1924, it also provided



Women's College, 76 Grenville St, demolished in 2016



Dr. Les Watt, Chief at North York General Hospital from 1965–1972

gynaecological surgery but remained a dedicated maternity hospital.³¹⁰ By 1925, 6000 babies had been born there and that same year a new wing was added, increasing the number of beds from 35 to 55 (only 20 of which were on the public ward).³¹¹ In 1938, 745 babies were born at the hospital and by the late 1940s, annual births were over 2500.³¹²

North York General Hospital celebrated its 50th year of service to women in 2018, with the founding Chief of Obstetrics and Gynaecology, Dr. Les Watt starting the department in 1968 by recruiting a handful of talented physicians from the downtown hospitals. At that time, North York General Hospital serviced the outer suburbs of the city of Toronto before the construction of the 401 highway, in an era when the Yonge subway line ended at Eglinton station. Currently, there are 18 Obstetrics and Gynaecology staff with an average of 5,800 births annually.

Community-affiliated hospital teaching centres developed in parallel at both Toronto East General Hospital (now Michael Garron Hospital) and at St. Joseph's Health Centre.

Scott: More than a Wartime Caretaker



Dr. William Albert Scott (1885–1960)

William Albert Scott (1885–1960) entered the University of Toronto medical school in 1909 and was the gold medallist of the 1913 class, after which he was appointed to a clinical post at Toronto General Hospital. By 1915, he had an appointment at the Faculty of Medicine and was in charge of the outpatient Obstetrics and Gynaecology Department at Toronto General Hospital.³¹³ After serving in England with the No. 4 Canadian General Hospital during the First World War, Scott worked closely with Chair Hendry, as an

associate in Obstetrics and Gynaecology. In 1929, he was promoted to assistant professor, and then chair and chief when Hendry stepped down in 1935.³¹⁴

He soon appointed Leslie Watt to his department, with whom he helped establish the travel club that eventually became the Canadian Gynaecological Society.³¹⁵ He was also influential in the formation of the Society of Obstetricians and Gynaecologists of Canada (SOGC) and served as president in 1945.³¹⁶ As Cannell recalled, Scott was a “very capable” chair. “He was a very competent, active gynaecological surgeon as well as [a] slightly impatient obstetrician... He was interested in getting on with the labour and delivery and he would sometimes stimulate both of these.”³¹⁷ In fact, Scott had done some early research after the First World War on the use of “pituitary extract” for the induction of labour.³¹⁸

While Cannell noted that Scott was not simply a wartime caretaker, his tenure as chair was dominated by the Second World War.³¹⁹ As part of a wider policy,

Scott, like many other senior physicians at Toronto hospitals, stayed in his post until the end of the war to free up as many doctors as possible for military service.³²⁰ Indeed, he seems to have deferred making significant changes in training during the war in order to avoid creating a disadvantage to the students and junior doctors in uniform.³²¹ During his 11-year tenure, Scott established joint clinics at the Institute of Radiotherapy, which focussed on the radiologic treatments of pelvic lesions, tumors, and abnormalities of female physiology, and shared this knowledge with countless undergraduates.

Scott retired in 1946, and was succeeded by his long-time colleague at Toronto General Hospital, H.B. Van Wyck. Together, they authored the foundational textbook, *The Essentials of Obstetrics and Gynecology*, published in 1947. During his tenure, Scott oversaw the continued growth of the Department, the discovery of the Ferguson reflex, the pioneering radiological work of Cosbie and McArthur, and guided the Department through the prolonged disruptions of the Second World War.³²²

The Impact of WWII



Victory in Europe Day (VE Day) celebrations on Bay Street, Toronto, May 7, 1945

When war broke out in September 1939, Toronto doctors, nurses, and medical students rushed to join up. In the first week alone, 42 of the medical and nursing staff at Toronto General Hospital enlisted in the armed forces.³²³

The MD program at the University of Toronto was quickly replaced with an accelerated version to provide medical personnel to the military. Internships at the hospitals were similarly shortened from one year to eight months.³²⁴ By June 1945, 1512 faculty members and graduates of the Faculty of Medicine had been commissioned in the armed forces – almost a third of all Canadian medical officers.³²⁵

Just as in the First World War, the Faculty of Medicine mobilized a hospital unit: the No. 15 Canadian

General Hospital. Several members of the Department of Obstetrics and Gynaecology, such as Cannell, joined up immediately.³²⁶ This time, faculty members who wished to serve overseas were rotated to avoid putting a strain on the remaining faculty back home.³²⁷ Cannell was sent back to Toronto Western Hospital in 1944, taking over the reorganized Venereal Disease clinic.³²⁸

Elsewhere in the Royal Canadian Army Medical Corp (RCAMC), several Toronto physicians took on important roles in other units. Bill Noonan, who later became chief at St. Michael's Hospital, served with the No. 24 Canadian General Hospital before being assigned to the Canadian Military Headquarters in London.³²⁹ Melville Clarence Watson, a 1922 University of Toronto graduate and a staff obstetrician at Toronto General Hospital, also served with particular distinction. A reserve officer at the

outbreak of war, he initially commanded the No. 7 Cavalry Field Ambulance, where one of his subordinates, John Mann, was a former colleague. The unit was attached to the 5th Armoured Division, and soon shipped out to Europe.³³⁰ By 1944, Watson was a colonel and assistant director of medical services for the 3rd Canadian Division. He was reputedly one of the first medical officers on Juno Beach on D-Day during the Normandy Invasion.³³¹ Several obstetricians also enlisted with the Navy, including J.R. McArthur, who served as a reserve officer, and George Hendry, who perished when the HMCS *Ottawa* sank in 1942.³³² One Toronto General Hospital resident, A.L. Payne, also interrupted his training to join the British Royal Navy. He served on a destroyer in the Mediterranean, notably seeing action at the Second Battle of Sirte in 1942, where a British squadron escorting a convoy to Malta warded off a larger Italian fleet.³³³

Meanwhile in Toronto, almost every hospital experienced significant labour shortages. Despite the shortened internships, the hospitals struggled to fill junior positions. As R.W. Wesley, chief at Toronto Western Hospital, reported in 1944, “Graduate training came almost to a standstill during the early years of the war.”³³⁴ Obstetrics and Gynaecology seems to have particularly struggled. At Toronto General Hospital, Scott had to accept graduates from other provinces and even Americans (as opposed to any of the many female graduates of the University's own medical school).³³⁵ Nurses were also hard to secure. By 1942, Toronto General Hospital was operating with “a constant shortage of 45 to 50 nurses” and several floors of the private patient's pavilion had to be closed for a time.³³⁶ In all, 227

of Toronto General Hospital's nurses and nursing graduates served during the war, as did 107 from St. Michael's Hospital and roughly 70 from Toronto Western Hospital.³³⁷ However, the labour shortage was particularly acute with support staff. As the war economy ramped up, high-wage industrial jobs lured away many of the poorly paid orderlies, laundry workers, and janitors. In 1942 alone, Toronto General Hospital experienced a 100 per cent turnover among its non-professional staff.³³⁸

However, the disruptions of the war started to erode some of the anti-Semitism of the Toronto medical establishment. Thirty Jewish physicians associated with Mount Sinai Hospital, as well as roughly 100 Jewish medical graduates from Toronto, all served in the armed forces during the war.³³⁹ Their service, and the horrific anti-Semitism of the regime against which the country had fought, made it difficult for the discriminatory pre-war policies to continue. Until shortly after the war, only three Jewish medical graduates would be accepted each year for junior internships at the teaching hospitals, and none for specialty training or staff positions. Yet the end of the war marked a generational shift as so many of the older and more overtly discriminatory senior faculty retired, including department heads such as W.E. Gallie, Duncan Graham, and W.A. Scott.³⁴⁰

While no woman would be appointed to the Obstetrics and Gynaecology Department until Geraldine Maloney in 1947 (right after Scott had retired), the war did provide more opportunities for female physicians. With so many male graduates serving in the military, and the hospitals struggling to fill

junior positions, several departments in the teaching hospitals appointed women. Marjorie Davis, for example, was accepted as a resident in surgery at Toronto General Hospital in 1942. She recalled that “all the younger [male] surgeons had gone to war and [Gallie, the Dean and chief surgeon at TGH] was short of any person to be the resident who had any degree of training.”³⁴¹ (Davis would go on to be chief of surgery at Women’s College Hospital.)³⁴² From 1942, with a crisis in manpower, the RCAMC also began accepting women as medical officers for the first time, and many (such as Maloney), served with distinction.³⁴³

While postgraduate positions began to open for Jewish and female medical graduates, it became more difficult for students wishing to enter the MD program at the University of Toronto at the end of the war. The proportion of women entering the MD program at the University had increased significantly during the war. In 1939, only seven out of 148 first-year students had been women.³⁴⁴ Yet in 1944, the admissions committee reported that “this year we have had to admit 37 women” as well as 31 Jewish students (three of whom were women). “That means that women plus Jews constitute almost 45% of the class.”³⁴⁵ After the war, with the increased demand for places from returning servicemen, the current practice of accepting all qualified residents of Ontario gave way to a more selective process. This new system instituted quotas limiting the percentage of women and Jews to 10 per cent, which unfortunately persisted as a policy until the 1960s.³⁴⁶



Dr. James Kenneth Wallace Ferguson (1907–1999)

The Ferguson Reflex

One of the most significant discoveries in the history of Obstetrics and Gynaecology at the University of Toronto was published in September 1941 – not by a member of the Department but by an MD-trained researcher in pharmacology.

After studying Biological and Medical Sciences at University of Toronto, followed by an MA in Physiology in 1929, James Kenneth Wallace Ferguson (1907–1999) enrolled in the MD program and became good friends with Charles Best of insulin fame.³⁴⁷ He graduated in 1932 and interned at Toronto General Hospital.³⁴⁸ As a National Research Council Fellow the following year, he undertook further physiology research at the University of Cambridge with Sir Joseph Barcroft. He continued his research at the University of Western Ontario and Ohio State University, before returning to the University in 1938 as assistant professor in the Department of Pharmacy and Pharmacology.³⁴⁹

During the Second World War, Ferguson joined the Royal Canadian Air Force (RCAF), and conducted research on respiratory physiology and the effects of high altitude. He also directed the design of emergency equipment for aircrews, and was awarded a Most Excellent Order of the British Empire (MBE) in 1945 for his role in developing a new oxygen mask that did not freeze up at low temperatures and pressures.³⁵⁰ His research pertaining to Obstetrics and Gynaecology had a significant impact on the field. Working with rabbits, he identified what came to be known as the “Ferguson’s reflex,” where cervical dilation stimulates the secretion of oxytocin. This discovery was crucial to understanding the dynamics of the second stage of labour and the effects of epidural anaesthesia, which can block these reflex pathways.³⁵¹

At the end of the war in September 1945, Ferguson was appointed chair of the Pharmacology Department, where he focussed on addiction research and developing drugs to treat alcoholism. He would reportedly test these compounds on himself and his friends at home after drinking martinis.³⁵²

In 1955, he stepped down as chair to become director of the Connaught Medical Research Laboratories at the University of Toronto, and played a key role in the development and introduction of polio vaccines, as well as vaccines for rubella and whooping cough.³⁵³ He retired in 1972 but he remained active in the Pharmacology Department for many years afterwards.

The Use of Radiotherapy

Two prominent members of the Department spearheaded the use of radiotherapy in treating gynaecological cancers in the 1930s. In collaboration with the pioneering radiologist Gordon Richards, the work of Waring Gerald Cosbie (1894–1987) and John Robertson McArthur (1907–1964) was decisive in moving from the reliance on radical surgery.³⁵⁴

Cosbie studied medicine at the University of Toronto, graduating in 1915.³⁵⁵ He served with great distinction as a medical officer on the Western Front and was awarded the Military Cross for his bravery at Vimy Ridge.³⁵⁶ After the war, he joined the Department and the staff at Toronto General Hospital. While his earliest research focussed on stillbirth and infant mortality, from 1928 Cosbie collaborated with Richards, studying the use of radiotherapy in Gynaecological Oncology.³⁵⁷ From 1932, he also collaborated with the Department of Radiology in studying the use of thorotrast (ironically, a highly carcinogenic compound) for obstetrics diagnosis.³⁵⁸

After the Curies' discovery of radium in 1898, and Henri Becquerel noted its potential medical applications, radiation therapy quickly come into vogue. In Toronto, it was first offered in 1907 at a private clinic on Bloor Street, run by the nephew of the University's first dean of medicine.³⁵⁹ In 1917, Richards returned from war service in Greece to establish a radiology department at Toronto General

Hospital, which in 1920 also became the University's Department of Radiology.³⁶⁰ While popular, radiotherapy also met with deep resistance and skepticism from many surgeons. Indeed, before effective methods of early diagnosis, most cases of genito-urinary cancer presented at an already advanced stage, and survival rates for both surgery and radiotherapy remained relatively low.³⁶¹ Yet Cosbie was an early enthusiast of the latter's potential, even declaring in 1931 that radium had consigned surgery "to the realm of history."³⁶²

The following year, Cosbie and Richards were joined by J.R. McArthur, who had graduated in medicine from the University in 1932. After interning at Vancouver General Hospital, he returned to Toronto for specialty training at Toronto General Hospital. He also undertook further study abroad, visiting major cancer centres in New York, Paris, Stockholm, and Berlin, as well as gaining membership in the Royal College of Obstetricians and Gynaecologists (England). On his return to Toronto in 1937, he was appointed to the teaching staff at Toronto General Hospital, with a focus on Gynaecological Oncology.³⁶³

By the late 1940s, detection techniques had improved markedly. Although the Papanicolaou test (Pap smear test) was developed in 1928, vaginal smears were not routinely used in Toronto at that time. (In 1947 a simplified procedure was developed by Marion Hilliard and a screening clinic was set up at Women's College Hospital the following year.)³⁶⁴ With better early detection, Cosbie and

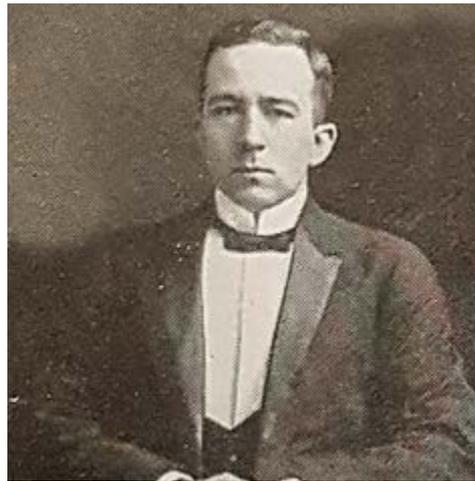
McArthur continued refining a combined approach of radiotherapy and limited surgery, particularly for cervical cancer.³⁶⁵ Cosbie was so well known in this field in the early 1950s that he was asked to attend to the First Lady of Argentina, Eva Perón. He apparently did so in secret at the Mayo Clinic in Rochester, Minnesota, though he was ultimately unsuccessful and Perón later died from cervical cancer.³⁶⁶

Throughout the Cannell era, McArthur and Cosbie remained central figures in the Department and at Toronto General Hospital. McArthur bequeathed \$114,000 to the University to fund research in Obstetrics and Gynaecology in 1964.³⁶⁷ Cosbie retired his professorship in 1954, though he remained active on the teaching staff at Toronto General Hospital and as medical director of the Ontario Cancer Treatment and Research Foundation. He was succeeded in the latter role by Cannell when he retired as chair in 1965.³⁶⁸ After retiring, Cosbie became a dedicated medical historian, publishing a history of Toronto General Hospital in 1975.³⁶⁹



Dr. John Robertson McArthur (1907–1964)

Van Wyck: Bringing Breadth and Depth



Hermon Brookfield Van Wyck (1890–1952)

Hermon Brookfield Van Wyck (1890–1952) was a brilliant classics scholar who was offered a teaching position by Victoria College when he graduated in 1911, but he turned his attention to studying medicine instead.³⁷⁰ At the end of his final medical school year he enlisted with the No. 4 Canadian General Hospital and was shipped off to England.³⁷¹ He served for the duration of the war at Salonika and subsequently at Basingstoke, where he offered patients lessons in French grammar.³⁷² Following his discharge Van Wyck undertook postgraduate training at Toronto General Hospital in Obstetrics and Gynaecology, and was subsequently appointed the Department's first research fellow in 1921. He led the hospital's new Metabolic Unit and for the next decade, he oversaw the research of this unit on toxæmia and the management of pre-eclampsia, collaborating with the Department of Pathological Chemistry.³⁷³

Van Wyck worked closely with Scott, co-authoring a textbook on Obstetrics and Gynaecology (spelt “Gynecology” for the American market).³⁷⁴ When Scott stepped

down as chair in 1946, the University of Toronto appointed Van Wyck to succeed him. The University also elevated the Department's status within the Faculty of Medicine to be on a par with Medicine and Surgery. By all accounts a brilliant educator, Van Wyck focussed chiefly on university work during his four-year tenure as chair, and quickly reorganized the undergraduate curriculum.³⁷⁵ His successor, Douglas Cannell remembered him as “a very excellent lecturer,” particularly helped by his background in classics.³⁷⁶ Van Wyck also set the precedent for the chair of the Department to be “geographic full-time” (that is, having clinical work and private practice curtailed and capped).³⁷⁷ Moreover, he made the first moves to integrate Obstetrics teaching across the various university-affiliated hospitals, laying the groundwork for the organisation of the “Cannell course” after his retirement.³⁷⁸

As chair and chief at Toronto General Hospital, he oversaw key research in the postwar years, particularly an in-depth study of the Rhesus (Rh) factor in Toronto. In 1940, the Rh factor had been

linked to hemolytic disease of the fetus and newborn, and in 1946, in collaboration with the department of Bacteriology, the Department (particularly Donald Low) began conducting prenatal blood tests for public ward patients at the three university hospitals. Within a year, the study had expanded to six other Toronto hospitals, covering all private patients as well. By 1950, roughly 30,000 tests had been completed, and the findings proved crucial in refining treatments and prenatal care in cases of blood group incompatibility.³⁷⁹

In July 1950, Van Wyck retired while continuing to give lectures on the role of the humanities in medicine.³⁸⁰ In 1952, the Dean of Medicine's report noted: “not often does the medical profession produce men of such stature, such brilliance, and such versatility. Doctor, teacher, writer, artist, musician, and philosopher – of no one can it be more truly said that he ‘adorned’ his profession.”³⁸¹

Cannell: The “Cannell Course”



Dr. Douglas Edward Cannell (1902–1979)

Douglas Edward Cannell (1902–1979) once remarked that the untimely death of his teen brother motivated his decision to study medicine.³⁸² He graduated in 1927 – the last year that the degree of Bachelor of Medicine was awarded by the University. He was in the same class as Marion Hilliard, and they remained good friends.³⁸³

Cannell figures prominently in the history of the University of Toronto’s Department of Obstetrics and Gynaecology. As chair of the Department from 1950 to 1965, his extended tenure was second only to Adam Wright’s 25 years as head of Obstetrics at the turn of the century. The key achievement during Cannell’s 15 years was the development of Canada’s first university-based postgraduate program in Obstetrics and Gynaecology, which trained a generation of national leaders in the field and laid the foundation for the Department’s international excellence today.³⁸⁴

In many ways, Cannell’s own postgraduate training mirrored the program he eventually established as chair. At the

time, even those wishing to specialise in Obstetrics and Gynaecology after their internship, generally only did six months' training in each area, and usually all at the same hospital. Cannell had decided to specialise in Obstetrics and Gynaecology after taking a summer course in Obstetrics at Case Western University in Cleveland just before his final year.³⁸⁵ However, he first completed a one-year fellowship in Pathology at the University of Toronto, earning a BSc. for his work on cardiac tissue degeneration in cases of yellow fever. After a rotating internship at Toronto General Hospital, he then returned to Cleveland and trained under Arthur Bill and William Weir, two prominent American obstetricians of the time. A year later he returned to Toronto General Hospital for a year in Surgery, then spent another year as a resident in Cleveland.³⁸⁶ After five years of specialty training plus his general internship and pathology fellowship, Cannell returned to Toronto around 1934, at the height of the Depression and without a job. He began doing general surgery at various hospitals, and became associated with the Grace Hospital, where he set up a perinatal clinic. In July 1939, he joined the staff at Toronto Western Hospital, and was appointed to the Faculty of Medicine as a demonstrator.³⁸⁷

With the outbreak of the Second World War just a few months away, Cannell immediately joined up with the No. 15 Canadian General Hospital. He went ahead of this unit to England, and was attached to the 1st Signals Division, where he mainly dealt with motorcycle and car accidents. The No. 15 finally set up in England in

July 1940, and Cannell remained with them as a surgeon until July 1942, when he was given command of the No. 2 Casualty Clearing Station. This unit was soon tasked with treating casualties evacuated after the abortive raid on Dieppe in August.³⁸⁸

In 1944, the University recalled Cannell to Toronto Western Hospital to take up his teaching duties again. This was part of the Army's policy of rotating doctors who served overseas.³⁸⁹ Such patriotic service was quite valuable for one's career, as it would prove to be for Cannell. When Van Wyck stepped down as chair in 1950, his heir apparent at Toronto General Hospital was Nelson Henderson. Staff at the other teaching hospitals had never before been considered for the top position. However, Henderson had not served during either war, and the new Dean of medicine, Joseph MacFarlane, had served in both.³⁹⁰ In fact, before going on to oversee Canadian military hospitals throughout Europe, the Dean had been Cannell's immediate superior in the No. 15.³⁹¹

To some degree, because of this personal connection, Cannell was appointed chair in 1950, also transferring from Toronto Western Hospital to become chief at Toronto General Hospital. Cannell attributed his appointment to the extensive training he had received, and his first move as chair was to establish a similarly extensive postgraduate program for Toronto.³⁹² In the 1930s, and again after the war, a formal postgraduate program was established in Surgery by W.E. Gallie.³⁹³ In what soon became known as the "Cannell Course," residents would take

six months of pathology, then six months of low-level Obstetrics and Gynaecology. The second year was comprised of six-month rotations in Medicine and Surgery, and the last two years included six-month rotations in Obstetrics and Gynaecology.³⁹⁴

Crucially, the rotations included all of the university-affiliated hospitals. Van Wyck had organized the program before retiring, but his plan was centred on Toronto General Hospital.³⁹⁵ Cannell wanted to standardize the training at all of the university hospitals, as well as the training future appointees received.³⁹⁶ James Goodwin, who was mentored by Cannell and his successor Bill Paul, recalled: "One thing that Cannell used to do, he'd go around – and this was something the Professor had never done before – he'd attend rounds at places like the East General Hospital, and he'd go to the St. Michael's, and he'd go to St. Joseph's, and he'd go to the Western ... He brought the fold in, which was a great thing to do."³⁹⁷ (While there was still a mindset of drawing in the other hospitals to Toronto General Hospital, Dr. Walter Hannah would later break with the tradition of the chair of the Department also being chief at that Hospital.)

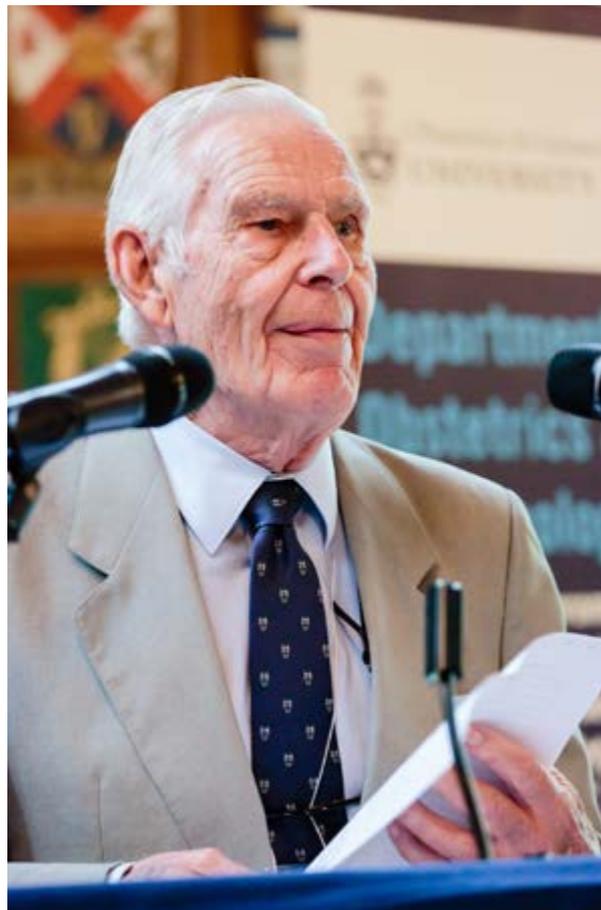
Hannah completed the Cannell Course in 1961 and recalled being interviewed by Cannell for a spot in the program. When Hannah explained that he wanted to take the course because he loved Obstetrics but was anxious about his relative ignorance, "the whole tenor of the interview changed... Until that time, he'd been very gruff and brusque

in his manner, very formal. But he just warmed up immediately, and it was clear that I'd given a very adequate answer to be admitted to the program."³⁹⁸ Douglas Gare, a resident during Cannell's last years as chair, found him to be a quiet, intensely modest person, though his silence and restraint often inspired nervousness: "He was intimidating, though also shy deep-down."³⁹⁹

Cannell also held some deeply ingrained prejudices. During his tenure, there was no admissions committee, only the kind of one-on-one ordeal that Hannah underwent. Getting admitted into the residency program was entirely Cannell's personal decision, and it is telling that in 15 years, he accepted just one woman (Carol Cowell).⁴⁰⁰

Cannell was widely respected, especially by those physicians he had mentored. He was an excellent teacher, and very skilled in handling breech deliveries and in the use of forceps. He also fostered a great deal of research, particularly in the area of fetal physiology.⁴⁰¹ Upon retiring as chair in 1965, he succeeded W.G. Cosbie as medical director of the Ontario Cancer Treatment and Research Foundation, coordinating fundraising and clinical oncology research until retiring in 1975.⁴⁰²

For this work and his leadership of the Department, he was internationally admired, receiving many honours including the Canada Medal, the University's Sesquicentennial Medal, and the Royal College of Physicians and Surgeons of Canada's Duncan Graham



Dr. William "Bill" George Whittaker, our most senior Alumnus in 2018 at 91 years old, addressing the resident graduating class of 2017 at Hart House, University of Toronto. Bill graduated with an MD at the University of Toronto in 1950, and subsequently was a "Cannell Club" resident at Toronto Western and General Hospitals, 1954-1959. Bill subsequently opened his practice in Brampton in 1961, and was the first staff Obstetrician-Gynaecologist at Peel Memorial Hospital, Brampton. He retired as Department Chief in 1991 to spend his summers travelling and at his cottage on southern Georgian Bay.

Award. He served as president of the Society of Obstetricians and Gynaecologists of Canada (SOGC) in 1960, was made an Honorary Fellow of the Royal Society of Medicine (London) and of the Royal College of Obstetricians and Gynaecologist (England). In 1973, he was also awarded an Honorary LLD by his alma mater, the University of Toronto.⁴⁰³

When he retired in 1965, the almost 100 alumni of the Cannell course formed "the Cannell Club," which met at the SOGC annual conference, with a dinner in his

honour. The group's membership reflected the affection they felt for their mentor and the tremendous impact he had on Obstetrics and Gynaecology in Canada from mentoring so many prominent obstetricians. Following his death the Club endowed an annual lectureship, which began in 1982 and continues to this day under the joint auspices of SOGC, the Association of Academic Professionals in Obstetrics and Gynaecology of Canada (APOG), and the University's Department of Obstetrics and Gynaecology.⁴⁰⁴



Dr. Anna Marion Hilliard (1902–1958) pictured with Dr. Jessie Gray

Hilliard: A Wide Spectrum of Care

No figure looms larger in the modern history of Women’s College Hospital than Anna Marion Hilliard (1902–1958). She first studied science at Victoria College, where she became lifelong friends with Maryon Moody, the future wife of Prime Minister Lester B. Pearson.⁴⁰⁵

She then enrolled in Medicine, graduating in 1927 alongside Cannell.⁴⁰⁶ Deciding to specialise in Obstetrics and Gynaecology after interning at Women’s College Hospital in her final year, Hilliard undertook postgraduate training in the UK at Queen Charlotte Lying-In Hospital in London and at the Rotunda Maternity Hospital in Dublin. She was the third Canadian woman

to gain the qualifications of LRCP (London) and MRCS (England).⁴⁰⁷

Hilliard returned to Toronto in 1928 and was appointed assistant to Marion Grant Kerr, the chief of Obstetrics and of Gynaecology at Women’s College Hospital. Before this appointment, Kerr was the only obstetrician on the hospital’s staff, and the two departments were not combined until 1935.⁴⁰⁸ Hilliard would spend the rest of her career there, apart from further training in Hungary in 1934 focussed on female fertility treatments.⁴⁰⁹ She succeeded Kerr as chief at the hospital in 1947, and was instrumental in the establishment of the Cancer Detection Clinic the following year. This clinic was the first of its kind in Canada, focussing on early screenings and check-ups and specialising in a simplified version of the Pap test that Hilliard had helped to develop with pathologists at the Banting Institute.⁴¹⁰

Hilliard headed the hospital’s Obstetrics and Gynaecology Department from 1947 to 1956 and spearheaded their affiliation with the University of Toronto. Hilliard had long cherished the goal of Women’s College Hospital becoming fully affiliated with the University as a teaching hospital. Plans to seek affiliation were rejected by hospital staff in 1935 and 1947 over fears of jeopardizing the hospital’s independence.⁴¹¹ However, Hilliard persisted throughout the 1950s, encouraged by Cannell and the University’s Dean of Medicine, Joseph MacFarlane. In fact, she was so convinced that affiliation was vital that she was willing to step down as chief. (The University required heads of teaching departments to be Fellows of RCPS, Canada, and Hilliard did not have this distinction.)⁴¹² Consequently, she recruited Geraldine Maloney from Toronto General Hospital in 1955,

and stepped down the following year when her department finally affiliated with the University.⁴¹³ This process was similarly followed by Surgery in 1957, Medicine in 1959, culminating in full teaching hospital status in 1961, the 50th anniversary of Women’s College Hospital.⁴¹⁴

Following the Second World War, the volume of obstetrics at Women’s College Hospital increased with the “baby boom”. Hilliard averaged almost 50 deliveries a month, and in 1953, her department handled 2800 births without a single maternal death.⁴¹⁵ Over the course of her career, she witnessed the hospital’s move from a pair of cramped houses on Rusholme Road to a new facility at its present location on Grenville Street, and she oversaw the growth of her department into one of the busiest and most well-regarded in the country.⁴¹⁶

Besides her clinical work, Hilliard was an internationally popular author and columnist, though much of this writing was done in collaboration with a ghostwriter (June Callwood). In magazines and several best-selling books, Hilliard discussed relationships, women’s health, and her own experiences.⁴¹⁷ Although the moral tone of her advice was generally conservative, it was ground-breaking due to her frank, public discourse on sexual matters. She was deeply religious, even entertaining an early ambition to go overseas as a missionary. Yet her singular devotion was to Women’s College Hospital, demonstrated by her active fundraising and donations from the sale of her books.⁴¹⁸ A fellowship at Women’s College Hospital was established in her honour in 1958, and years later, a school was named after her in Scarborough, close to where she once lived.⁴¹⁹

Maloney: Paving the Way Forward

Over a pioneering medical career of more than 30 years, Geraldine Maloney (1906–1985) was a remarkable groundbreaker for Canadian women in medicine.

She was the first woman to advance to a senior internship and residency at St. Michael's Hospital, the first female physician commissioned in the Royal Canadian Army Medical Corps (RCAMC), the first woman to become a Fellow of the Royal College of Surgeons of Canada in Obstetrics and Gynaecology, the first woman appointed to a permanent staff position at a university-affiliated teaching hospital, and the first woman to receive a senior faculty appointment in the University of Toronto's Department of Obstetrics and Gynaecology.⁴²⁰

Maloney graduated with an MD in 1937, followed by a two-year internship at St. Michael's Hospital.⁴²¹ The hospital had been accepting one or two women annually as junior interns from the early 1930s but in 1938, Maloney became the first to proceed to a senior internship. She then undertook specialty training in Obstetrics and Gynaecology at St. Michael's Hospital (another first), and at the Royal Postgraduate Medical School in London, before joining the hospital staff and entering private practice.⁴²²

In July 1942, the RCAMC opened its ranks to female physicians due to a shortfall of 600 doctors, far more than Canadian medical schools could fill with new graduates. Maloney signed up immediately, becoming the first woman to receive a commission as a physician in the RCAMC, with the same rank and pay as her male comrades.⁴²³

(Nurses in the RCAMC also held officers' commissions, though generally of lower rank.) Initially tasked with examining recruits for the Canadian Women's Army Corps (CWAC), she was later promoted to major and charged with directing all medical services for women in the Army. In April 1944, she went to England to study the British Army's demobilisation plans.⁴²⁴ While there, she was “bombed out” by one of the very first V-1 bombs, or “doodlebugs”, launched by the Germans targeting British cities.⁴²⁵ She returned to Canada and helped organize army hospitals for female service members and veterans.

After leaving the army in 1945, Maloney undertook a further two years of specialty training at Toronto General Hospital.⁴²⁶ In 1947, she passed her fellowship exams, the first woman to do so in the newly instituted specialty of Obstetrics and Gynaecology.⁴²⁷ In 1947, in another pioneering achievement, she joined the full-time teaching staff at Toronto General Hospital, becoming the first woman appointed to the permanent clinical staff of a Toronto teaching hospital, and the first full-time female member of the University's Department of Obstetrics and Gynaecology.⁴²⁸ (Helen MacMurchy had been appointed a junior demonstrator in 1911, but this was not a permanent faculty position.)

At Toronto General Hospital in the late 1940s and early 1950s, Maloney undertook research into cytological smears, assisted by Crawford Shier.⁴²⁹ In 1955, she was recruited to Women's College Hospital by Marion Hilliard as associate chief in charge of the new teaching program. In 1956, the Obstetrics and Gynaecology Department



Dr. Geraldine Maloney (1906–1985)

at Women's College Hospital formally affiliated with the University of Toronto as a clinical teaching centre and Hilliard stepped down at the end of the year to conform to the University's requirement that teaching staff hold Royal College fellowships in their specialty. Maloney succeeded her.⁴³⁰

While the department at Women's College Hospital was strong under Hilliard, as the historian Edward Shorter notes, it “evolved into a powerhouse” during Maloney's tenure from 1957 to 1966, particularly as the clinical teaching program matured.⁴³¹ With university affiliation, men had also begun training as residents at the hospital for the first time – including the future Department chair, Walter Hannah, in 1960. As Hannah recalled, “Dr. Maloney was an excellent surgeon and someone who spared nothing to ensure that her residents received excellent surgical training.”⁴³²

He described a particularly heroic case of hers where an improperly referred patient turned out to have a placenta accreta. “As Dr. Maloney began to dilate the cervix, she was greeted by a torrent of blood as if someone had turned on a tap at the top end of the vagina.” While the patient was prepped for surgery, Maloney and several nurses personally donated blood and the operation, 14 blood bags later, was ultimately a success.⁴³³

In 1961, Maloney broke with Women College Hospital's longstanding tradition of “female physicians only”, by appointing Drs. Hannah and Moore.⁴³⁴ In 1966, she stepped down as chief, with Hannah succeeding her and breaking with another tradition of the hospital. Maloney continued on as a consultant at the hospital and focussed on her gynaecology practice.⁴³⁵ She left an incredible legacy, and an unsurpassed model, for subsequent physician leaders.

Paul: Lecturer Extraordinaire

The brief tenure of Bill Paul (1924–2006) as chair of the Department was in some ways an extension of the Cannell era. The residency program continued to flourish and the Department's commitment to research intensified, aided by the generous bequest of J.R. McArthur.⁴³⁶

Born in Toronto, Paul was considered a brilliant student, graduating in medicine from the University of Toronto in 1947. He completed a one-year fellowship in anatomy at the University with J.C.B. Grant, renowned for *Grant's Atlas of Anatomy*.⁴³⁷ In 1950, Paul began the residency program in Obstetrics and Gynaecology in the first year of its establishment by Cannell. After completing this training, he then took up a McLaughlin fellowship to study fetal physiology at the Carnegie Institute in Baltimore, followed by another fellowship in anatomy at the University of Illinois. In 1956, he returned to Toronto as a full-time faculty member on staff at Toronto Western Hospital, where he continued his physiology research with sheep, fostering collaborations with the departments of Anaesthesia and Medicine.⁴³⁸

In 1962, Paul took up the chair of Obstetrics and Gynaecology at the University of Alberta as well as heading the Obstetrics and Gynaecology Department at the University Hospital in Edmonton. In Alberta, he sought to cultivate a similar focus on research, hiring Jim Goodwin and even attempting to lure Hannah away from Toronto.⁴³⁹ Frustrated with the stubbornness of his colleagues' refusal to contribute to research, Paul readily accepted the offer of the chair at the University of Toronto upon Cannell's retirement in 1965. Goodwin followed two years later, joining the staff at Women's College Hospital.⁴⁴⁰

As chair of the Department, Paul continued to support and promote research. He hired Goodwin back from Edmonton and also hired Goran Enhorning, who subsequently pioneered the use of surfactant treatment for neonatal respiratory distress syndrome.⁴⁴¹ Paul was widely adored by his students and colleagues. Douglas Gare was chief resident at Toronto General Hospital when Paul returned from Alberta. He was struck by Paul's brilliance as a lecturer: "He would even throw away his notes so as not to



Dr. William Paul (1924–2006)

become repetitive, to make it fresh the next year,” and students would actually make an effort to attend the same lecture twice.

When Paul stepped down as chair in 1970, the publication list for the Department had grown considerably. Paul returned as chief to Toronto Western Hospital, where he felt at home and proved to be very effective.⁴⁴²

Derek Nicholson was hired on staff at Toronto Western Hospital by Paul after completing his Obstetrics and Gynaecology residency training and fellowship exams in 1975. As he recalled, “when you’re chief of the department, often you’re a good administrator, or a really nice guy, or a brilliant clinician, or a fabulous researcher. Paul was all of those things. He was soft-spoken, an incredible administrator, clinically superb, and he had been doing research...He was very unique as a chief.”⁴⁴³

Paul went on to serve as associate dean for Institutional Affairs Sciences in the Faculty of Medicine at the University.

Cowell: Pioneer of Paediatric Gynaecology



After completing her residency at the University of Toronto, Carol Cowell (1938–2011) became the first and only female member of the “Cannell Club,” as well as the very first chief resident in Obstetrics and Gynaecology at Toronto General Hospital.⁴⁴⁴

Dr. Cowell then undertook postgraduate training, initially in pathological chemistry and endocrinology. In 1970, she traveled to study childhood health and development with the renowned British Paediatric Endocrinologist J.M. Tanner at the Institute of Child Health and Great Ormond Street Hospital in London.⁴⁴⁵ (Previously, while studying medicine at the University of Alberta, Cowell had crossed paths with Dr. Bill Paul, whom she would later marry when he subsequently moved to the chair of Obstetrics and Gynaecology in 1965.)

In 1970, Cowell became the first woman in Canada to receive a five-year \$50,000 Canada Life Medical Research Fellowship, funding her research on adolescent development. She returned in 1971 to SickKids Hospital and Toronto General Hospital, with appointments

in the departments of Obstetrics & Gynaecology, Paediatrics, and Paediatric Surgery. Cowell founded the Division of Paediatric and Adolescent Gynaecology, a novel concept at that time, with the only comparable unit being led by Sir John Dewhurst at Queen Charlotte’s Hospital in London, UK. Cowell’s units was one of the first in North America to recognize the unique clinical needs of adolescent girls. Under her leadership, a generation of national leaders were trained in a subspecialty that addressed adolescent contraception, pregnancy, abortion, and a number of gynaecological medical and surgical disorders.⁴⁴⁶

Lisa Allen, the current head of the SickKids Hospital division, commenced her own staff career at SickKids in 1998, in Dr. Cowell’s Cowell pre-retirement years. She noted that Cowell’s achievements were “a big deal because Paediatric Gynaecology was considered to mostly be a surgical specialty and she was a woman and that wasn’t an easy thing to do at that time.”⁴⁴⁷ Indeed, as a colleague Dr. Jerry Shime recalled, Cowell “had to fight against a very male atmosphere there... To get operating room time was like battling a giant. The chief of surgery just made her life difficult.”⁴⁴⁸

As a founding member of the North American Society for Pediatric and Adolescent Gynecology, Cowell was instrumental in developing the scope of the subspecialty, particularly through her pioneering research. Some of her research is still commonly cited, according to Allen. “She did work on abnormal bleeding and the tendency to be admitted to hospital in adolescence – her work is still

considered one of those foundational papers.” Additionally, Cowell is remembered as a world authority on Turner syndrome. By connecting two former adolescent patients with this condition, Marg and Meli, she sparked their collective efforts to establish the “Turner Syndrome Society of Canada”.⁴⁴⁹

By 1979, Cowell had become an associate professor of Obstetrics and Gynaecology, yet despite her extensive advocacy, subspecialty clinical work and research, she was reluctant to pursue promotion to full professorship. When Shime encouraged her, she replied that she had been told repeatedly over the years not to bother since at that time no female member of the Department had ever been promoted to full professor. (In the much larger Department of Medicine, just two women had been promoted to full professor in the prior decade). When Cowell finally became the first female full professor of Obstetrics and Gynaecology at the University of Toronto, it was celebrated, and well overdue!⁴⁵⁰

Cowell retired in the late 1990s, honored with a party held by the Toronto chapter of the Turner Syndrome Society of Canada. She subsequently received the lifetime achievement award from the Ontario Medical Association in 2008.⁴⁵¹

Besides her internationally recognized work in Paediatric and Adolescent Gynaecology and her commitment to girls’ and women’s health, Cowell was fondly remembered as a deeply caring physician, especially by her many patients with Turner syndrome.⁴⁵² She died tragically following a car accident in 2011.

Harkins: Introducing Transparency



John Leonard Hugh Harkins (1922–1994)

John Leonard Hugh Harkins (1922–1994) had been a student in the University's first prewar medical class, graduating in 1950.⁴⁵³ After interning at St. Michael's Hospital, Harkins was one of the select few to be accepted into the newly established Cannell course. He completed his residency training in 1955, and took further training at the University of Buffalo. In 1957, he joined the teaching staff at Toronto General Hospital, where he would remain for the rest of his career.⁴⁵⁴

In the late 1950s and '60s, Harkins co-authored publications with Nelson Henderson and Terry Doran.⁴⁵⁵ However, his focus was on pedagogy, and this may account for the lack of emphasis research was given during his chairmanship.⁴⁵⁶ Jerry Shime, Harkins' future colleague at Toronto General Hospital, first encountered him as a lecturer. He recalled Harkins being "a real gentleman. He would always give an excellent, well-prepared lecture to the undergrads."⁴⁵⁷

Harkins was appointed chair when Paul stepped down as chair of the University Department and chief of Obstetrics and Gynaecology at Toronto General Hospital in 1970. Harkins' appointment was a recapitulation of the Department's previous alignment with Toronto General Hospital. The appointments of Cannell and Paul had been a deviation from tradition as both were associated with Toronto Western Hospital prior to becoming chair. While chair, Harkins contributed to the redesign of the curriculum and the redevelopment of the undergraduate admissions process.⁴⁵⁸ He also instituted a significant reform to the residency program, appointing

Shime as the first program director in 1971, as well as setting up an admissions committee.⁴⁵⁹ Previously, admission had been at the sole discretion of the chair. This key change into a transparent process ensured that more women and visible minorities would be admitted, where previously they had been almost entirely excluded from advanced training.⁴⁶⁰

During Harkins' reign tensions developed between Women's College and Toronto General Hospital, which increased when Women's College Hospital secured Canada's first Regional High-Risk Perinatal Unit in 1981, beating out proposals from both Mount Sinai Hospital and Toronto General Hospital. However, this setback led to advances in other areas of research and practice. Shime, for example, subsequently led the development of Obstetric Medicine as a subspecialty in Toronto with Gerald Burrow and Carl Laskin.⁴⁶¹ In 1981, Harkins was succeeded as department chair by the chief of Women's College Hospital, Walter Hannah. Harkins remained on staff at Toronto General Hospital for several years.

Hannah: Rejuvenating Research

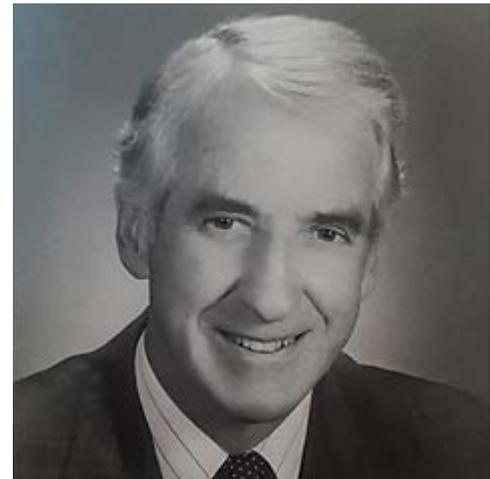
Walter Hannah (1927–) graduated from the University of Western Ontario Medical School in 1953 and subsequently did his internship at Toronto Western Hospital. He then joined a general practice in Milton, Ontario, where he would be exposed to everything from appendectomies to Caesarean sections. The doctors and nurses worked out of a residential home that had been transformed into a modest hospital of 12 beds. Being at that time an agricultural region, the farmers and their families offered a wide variety of clinical cases. Hannah recalls that he found obstetrics in particular, very rewarding, but the set-up in the house was not ideal, as patients had to be carried up and down the stairs, from the operating room back to their beds. During that time, nurses administered anaesthesia, and it was typically comprised of chloroform and ether, which was problematic, as chloroform functioned to relax the uterus. This could, and often did, lead to excess blood loss. Hannah recalled that this was an unfortunate, but not uncommon occurrence.⁴⁶²

Another challenge was the clinical isolation of the practice, which meant that

there was little assistance if something went wrong, which often happened in the middle of the night. Hannah contributes the “many anxious middle-of-the-night experiences”, where he was “unsure what to do” as the driving force behind a decision to pursue the four-year postgraduate studies under Cannell.⁴⁶³

Hannah spent his second year of the program at the Boston-lying-in Hospital before returning to Toronto for the last two years. He incorporated some of the knowledge acquired there upon returning to Toronto, including the treatment of preeclampsia with magnesium sulfate, the application of intravenous oxytocin, and a new skill set in forceps use. Boston Lying-in Hospital also had a major shortcoming in Hannah’s view. “They did everything by the book; there was no room for individual initiative” and no demonstrated acknowledgement or practice concerning the uniqueness of each presenting case.⁴⁶⁴

One of Hannah’s rotations was at Women’s College Hospital, and he joined the staff in 1961, where he would become chief resident, and in 1966, chief of Obstetrics



Walter Hannah (1927–)

and Gynaecology (succeeding Geraldine Maloney). Hannah chose Women’s College Hospital (he had been offered positions at other Toronto hospitals as well) because he felt the Obstetrics and Gynaecology Department would be given a high priority and would likely grow in distinction. Hannah (and Donald Moore, the other male physician), felt quite welcome despite the unorthodoxy of being the first male clinicians at the hospital. As Hannah pointed out:

There was remarkably little hostility...but I could imagine what it was like for women, going into an all male hospital. This was sexism in reverse in a way. We were doing something that women had been doing for decades: women had to work in an all-male environment, and having a lot of trouble with it...we were more fortunate and were well-received by the women staff.⁴⁶⁵

In 1967, construction started on a new labour and delivery wing of the hospital and this was soon accompanied by a plan to incorporate a new perinatal intensive care unit, which opened in 1970. (This created a strong clinical advantage as newborns no longer had to be transported routinely to the Hospital for Sick Children.)

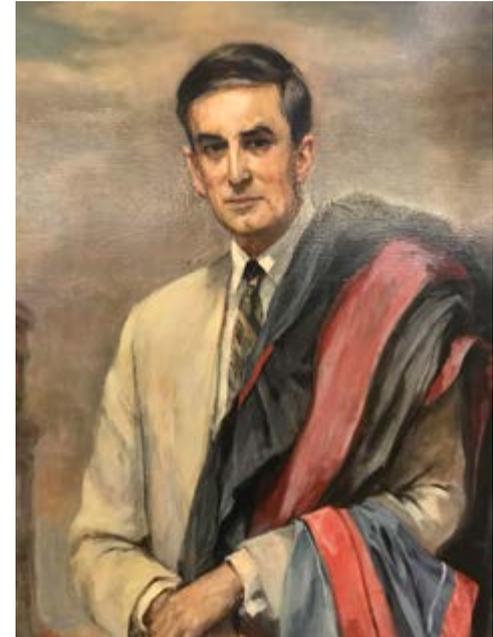
Physicians were also on shaky legal ground in 1967 when progressive legislative changes were initiated regarding the performance of therapeutic abortions. Hannah recalled it as being “one of his most controversial moments as chief of department”.⁴⁶⁶ Women’s College Hospital had performed 12 therapeutic abortions in the prior year, as reported at a staff meeting. This information was in no way considered scandalous as these abortions were performed in most neighbouring hospitals too, but was leaked to the press. The resulting media attention led to changes in the legislation which put physicians on firmer legal ground and no longer in fear of breaching the criminal code. While it was an unnerving, albeit short episode in Hannah’s career prior to becoming the Obstetrics and Gynaecology chair at the University in 1981, it seemed to echo his own enlightened approach to serving women’s health and promoting choice. When thinking back on that time, Hannah cited Pierre Trudeau’s

famous line: “There’s no place for the state in the bedrooms of the nation”.⁴⁶⁷

As chair of the University of Toronto’s Obstetrics and Gynaecology Department, Hannah’s goal was to strengthen research and his efforts helped to significantly reinvigorate the weak record of departmental research at that time. This was no easy feat. Eight of the 11 years in which he was chair, the departmental budget was reduced rather than increased. In 1993, he called upon his fellow clinicians to divert some of their earnings to create the new Genesis Research Foundation. They raised an impressive \$400,000 to support and grow clinical and basic research. By 1992, the foundation had supported 12 projects with 19 more approved.⁴⁶⁸ His efforts started a legacy of continued emphasis on active and sound research in Obstetrics and Gynaecology, supported by clinician’s earnings. Hannah went on to serve as president of the Society of Obstetricians and Gynaecologists of Canada (SOGC) from 1988–89. He retired in 1992 and in 2006 he was awarded the Lifetime Achievement Award by the Ontario Society of Obstetricians and Gynaecologists (OSOG).

Papsin: Residency Training Begins at Mount Sinai Hospital

Very few departments of obstetrics and gynaecology have achieved national and international stature in such a short space of time as Mount Sinai Hospital and much of the groundwork was laid in the early years. Only coming on stream as a teaching hospital in 1971, Fred Papsin was appointed as chief with a remit to establish an academic department.



Frederick R. Papsin (1931–2003)

Following his completion of postgraduate training in Vienna and in London, Papsin held the vision of developing an excellent undergraduate teaching and residency training program. To achieve this he utilized renowned teachers such as Bernard Ludwig, Abe Eisen, Abe Bernstein, and Jack Shuber together with new recruits, Paul Bernstein, Fred Engle, and Fred Mandel.

With a growing number of patients the teaching experience became outstanding. He channelled a proportion of staff earnings into a fund to support research which was the forerunner of an early practice plan. Thus the academic foundations were laid over a decade before the high-risk pregnancy unit was established in conjunction with a large neonatal intensive care unit in the mid-1980s and the opening of the Samuel Lunenfeld Research Institute in 1984.

Ritchie: Recruitment and Integration

J.W. Knox Ritchie (1944–) graduated from the Medical School at Queen’s University, Belfast in 1968 and was subsequently appointed senior house officer at the Royal Maternity Hospital in Belfast, the hospital in which he was born. Ritchie then went to Rhodesia, Zimbabwe, to complete his Obstetrics and Gynaecology residency in 1970 (followed by a MRC research fellowship in fetal physiology under Geoffrey Dawes at the Nuffield Institute at Oxford). After receiving his MD thesis he returned to Belfast, eventually becoming a consultant at the Royal Maternity Hospital.

In 1984, Ritchie was recruited to the University of Toronto by Walter Hannah and felt compelled by the possibilities:

Part of the reason for coming was that I realised that Toronto was a medical powerhouse. I mean, you had these three major teaching hospitals all sitting looking at each other on University Avenue... and they all had research institutes and were growing rapidly... SickKids was probably the outstanding one then. But what I realised was that they were very young in their academic pursuits, in particular in Obstetrics and Gynaecology.⁴⁶⁹

Ritchie set about delivering the full potential of these resources. He began initially as Head of Maternal-Fetal Medicine (MFM) developing the first high-risk perinatology clinic at Mount Sinai Hospital, where previously the hospital had been handling overflow cases from Women’s College Hospital. He recruited two highly-successful perinatal researchers, Drs’ S. Lee Adamson and Stephen Lye, to work at the Samuel Lunenfeld Research Institute, as full members of the hospital department of Obstetrics and Gynaecology. In 1988, he progressed to become chief of Obstetrics and Gynaecology following Fred Papsin. Under Knox’s leadership, Mount Sinai Hospital became one of the first hospitals to institute an in-house, on-call system for consultants. “At that time, private practice was quite competitive. You could directly bill the patient. So I think the catalyst [for the introduction of the on-call system] was when the Federal Government said no, you can’t do that anymore.” There was also an unwritten rule that if you were on-call and saw someone else’s patient, you would not accept them as your own patient, if they asked for you in the future.⁴⁷⁰



J. W. Knox Ritchie (1944–)

Ritchie was appointed chair of the University of Toronto Obstetrics and Gynaecology Department in 1992, while continuing as both head of the division of MFM (until 2000) and as chief of Obstetrics and Gynaecology at Mount Sinai Hospital (until 2003). Ritchie skillfully navigated the University of Toronto Department through a period of economic downsizing and organizational shifts in the provincial health care sector and in the University environment. Despite shrinking provincial funds, and motivated by necessity, Ritchie led the restructuring of the Obstetrics and Gynaecology service down to three teaching hospitals (from six) in the mid-1990s, and initiated the amalgamation (in 2000) of the Obstetrics and Gynaecology programs (together with services in neonatal paediatrics, perinatal genetics, and obstetric medicine) at Toronto General Hospital and Mount Sinai Hospital on the “Sinai side” of University Avenue. At this juncture he appointed Mathew Sermer as the inaugural head of a newly-merged Maternal-Fetal Medicine Division. Starting as the largest such clinical group in Canada, from its outset it provided 24/7 in-house staff coverage for high-risk pregnancy services. Dr. Ritchie also decided to set a higher academic bar at Sinai for new appointees; Ritchie recalls, “We wouldn’t take anybody on staff unless they undertook a relevant graduate degree, had completed fellowship training, or been away for further experience.”⁴⁷¹ The intent of the new recruitment policy was to promote growth and diversity in academic medicine, a strategy that would subsequently have a long-standing positive impact on the trajectory of the department.

Ritchie also led the politically challenging move to finance academic growth by instigating a city-wide practice plan policy whereby obligatory taxation of faculty earnings was used as a steady income stream to support the broad academic mission. Ritchie recalled that implementing this policy was one of his most difficult decisions as chief at Sinai, and certainly was not popular. His approach was supported by the chiefs at Women’s College and at St. Michael’s, which aligned Obstetrics and Gynaecology with larger departments at the University, especially Medicine and Surgery. As a consequence, the specialty gained significant respect at the Decanal level⁴⁷² and at the hospital.

After 11 years of service as department chair, Ritchie left the combined roles of chair and Sinai Chief in 2003, and continued to practice perinatology at Mount Sinai Hospital, together with a newly-developed role as Departmental Ombudsman until 2012. Throughout his post-leadership period, he often commented on how impressed he was by the incredible expertise of the emerging faculty across all sites in Toronto that he had the privilege of training, recruiting, and ultimately working alongside.⁴⁷³ In 2012, Ritchie was recruited to Penang Medical College in Malaysia as professor of Obstetrics and Gynaecology to lead their undergraduate teaching program. For the next four years, he combined this role with extensive travel in South East Asia. In 2015, he was admitted as an honorary fellow of the Royal College of Physicians in Ireland for services in medical education. In 2016, he retired to combine living between Tiny Beaches, Ontario and his native Northern Ireland.



Dr. Mary Hannah: Maternal, Infant and Reproductive Health Research Unit (MIRU)

In 1988, Dr. Mary Hannah, a Maternal-Fetal Medicine specialist and perinatal epidemiologist at Women’s College Hospital, began a journey to form one of the most highly-regarded clinical trials units worldwide. Following initial pilot funding, and an external search, by July 1990 Dr. Hannah assumed directorship of the Perinatal Clinical Epidemiology Unit. Two of the unit’s early successes were the post-term trial (NEJM 1992) and the term PROM trial (NEJM 1996).

By 1995, the unit moved to 790 Bay Street, renamed at the Maternal, Infant and Reproductive Health research unit (MIRU) at the new centre for Research in Women’s Health. With further CIHR funding, the term breech trial was launched

in 1996, and ultimately published (Lancet 2000). This success was followed by the Nursing SCIL trial evaluating the effect of continuous supportive care in labour on the risk of Caesarean section, funded by the National Institutes of Health, USA (JAMA 2002). Dr. Hannah retired as Emeritus Professor in 2005, handing the leadership of clinical epidemiology to her Paediatric colleague, Dr. Elizabeth Asztalos.

In 2010, the unit moved along with Obstetrics and Neonatal Paediatrics to Sunnybrook Health Sciences Centre and was renamed as the Centre for Maternal Infant and Child Research (CMCIR). A major focus and legacy of MIRU has been the mentorship of junior department faculty in the design and implementation of large clinical trials, with notable examples being Dr. Kellie Murphy (MACS trial of antenatal corticosteroids, Lancet 2009) and Dr. Jon Barrett (twin birth study, NEJM 2013). Currently, Dr. Jon Barrett is the Medical Director of Clinical Trial Services (CTS), which contains the Perinatal Epidemiology trials unit at Sunnybrook Health Sciences Centre, continuing the legacy created by his mentor, Dr. Mary Hannah.

In the 2002 External Review of MIRU, Dr. Hannah was described as follows: “She is one of the most influential obstetrical researchers in the world today, and she brings international distinction to your University”.



Kellie Murphy (left side, front row, third person in) and the MACS International Collaborators Group. Participating centres in MACS were from Argentina, Bolivia, Brazil, Canada, Chile, China, Colombia, Denmark, Germany, Hungary, Israel, Jordan, Netherlands, Peru, Poland, Russia, Spain, Switzerland, United Kingdom, and United States of America.

Bocking: Facilitating Progress and Growth



Alan Dixon Bocking (1953–)

Alan Dixon Bocking (1953–) completed his medical degree in 1977 at Western University in London, Ontario. After doing a rotating internship in Obstetrics and Gynaecology at St. Paul's Hospital, Vancouver, British Columbia, he returned to Western University to complete his four-year residency in Obstetrics and Gynaecology.⁴⁷⁴

He subsequently trained in Maternal-Fetal Medicine, with a strong emphasis on fetal physiology, developed during a research fellowship in the Department of Physiology, Monash University, Melbourne, Australia. Bocking developed his academic career back in London, Ontario, combining a clinician-scientist career in fetal development at the Lawson Research Institute with senior administration, as chief of Obstetrics and Gynaecology, 1999 to 2003. In 2003, he succeeded Dr. Ritchie in the combined roles of chair and as chief at Mount Sinai Hospital (including Gynaecologic Oncology at University Health Network). At that time, Bocking felt that it would be optimal for him to

continue with these combined roles, to foster harmonized growth.⁴⁷⁵

In the month that Bocking started, he was confronted with the serious threat posed by the outbreak of severe acute respiratory syndrome (SARS) in Toronto hospitals, a disease that posed a substantial threat to pregnant women. Bocking recalled that several staff were quarantined for the requisite 10 days (one resident did develop SARS), which put a lot of logistical pressure on the remaining staff across several sites. Faculty were also instructed to reduce or eliminate socializing (or having face-to-face meetings) with staff from other hospitals, resulting in the cancellation of the annual Research Day and many continuing education courses.

Heather Shapiro (the Residency Program Director at the time), recalls Bocking as being a calm, professional presence for staff. Bocking was regarded as a very methodical, thorough, and analytical leader, with exemplary administrative skill, who kept his finger on the pulse of the wider Department despite his many obligations:

Those of us in the department felt, not only did we have his support emotionally, but that he always kept up on issues that may not have been that important to him, but were important to us. I was impressed by his quiet diligence – he was a great model and mentor. ⁴⁷⁶

Ted Brown also recalls that Bocking offered a strong, supportive, and steady leadership presence to the Department, and was particularly impacted by his emphasis on fostering research across the full spectrum from clinical trials to fundamental science. Until this point in time, research in Toronto tended to exist in parallel, but separated domains, as viewed externally by impactful large randomized control trials, and scientific discovery in early placental development and fetal physiology, all funded by prestigious large CIHR grants to a small group of investigators. Bocking saw the importance of integrative translational medicine, and so built on the previous endeavours of Ritchie to create a more cohesive, inclusive department. A first step was the merger of accumulated practice plan resources (mostly provided by higher taxation of income generated by Maternal-Fetal Medicine faculty) to form a unified investment fund, the annual proceeds of which were used to support the initial stages of trainee and junior faculty research. Secondly, he facilitated new and frequent dialogue and engagement between clinical and science faculty appointees. Thirdly, as Chair he was an ardent supporter of the Maternal Infant Research unit (MIRU) based at Women’s College Hospital. Finally, he worked with Stephen Lye at the Lunenfeld to create

the Ontario Birth Study (OBS), a robust ongoing platform for translational research in Obstetrics, which promoted integrative thinking, and formally combined resources with St. Michael’s Hospital and SickKids. New faculty hires were encouraged to pursue research activities. In 2009, three sub-specialties (Maternal-Fetal Medicine [MFM], Gynaecologic Oncology [GO], and Reproductive Endocrinology and Infertility [REI]) each gained RCPSC accreditation, resulting in board-certification by national examination. Importantly, the Ontario Ministry of Health then provided salary funding for Canadian trainees, relieving practice plan resources for other components of the academic mission. All of these positive developments fostered substantial annual growth in research submissions and attendance at the annual Research Day. Status-only (non-clinical) faculty were actively incorporated into departmental leadership. This philosophy was aptly demonstrated when Ted Brown, a reproductive scientist at the Lunenfeld was appointed as Division Head for Reproductive Endocrinology and Infertility (REI). APOG resident training guidelines encompassed a research rotation, though this was not obligatory. Bocking felt that research experience should be strongly encouraged. As a champion of resident research, he directed resources as Chair towards this goal and initiated a formal mentorship program for clinical trainees. ⁴⁷⁷

External Review

In the fall of 2012, the Department underwent a five-year external review that strongly affirmed Bocking’s accomplishments, describing the Department of Obstetrics and Gynaecology as “having matured into a world-class department by many metrics”. At that time, Toronto had emerged as the largest academic department of Obstetrics and Gynaecology in Canada, with 250 primary appointees and 56 cross-appointees.

In the summer of 2013, Bocking handed the role of the department chair to John Kingdom, while continuing to focus his efforts on research (vaginal microbiome and preterm birth), advocacy in research, integrated education and as director of the Ontario Birth Study. ⁴⁷⁸ He remains an active member of the Board of Directors of the Maternal Infant, Child and Youth Research Network (MICYRN) and continues to serve as the Vice-President of the Molly Towell Perinatal Research Foundation, which funds basic and translational research in Perinatal Medicine. During his chair tenure, Bocking was president of the Canadian Association of Academic Professionals in Obstetrics and Gynaecology (APOG). He continues to support the AMPATH Reproductive Health partnership at Moi University. In his honor, the Department established the Alan Bocking Travel Award program, supporting trainees on exchange between UofT and Moi University.

AMPATH

Bocking's legacy also includes his guidance of the Department in developing a major focus in global women's health. In 2007, the department joined AMPATH, the Academic Model Providing Access to Healthcare. AMPATH is a unique collaboration committed to developing leadership capacity in care, education and research in sub-Saharan Africa. "Leading with Care", AMPATH is a consortium of universities and academic health centres that have supported the establishment of the Moi University School of Medicine in 1989 and an ambitious HIV and Primary Care program serving a population of 3.5 million. In 2007, the University of Toronto became the lead institution for building capacity in the Reproductive Health Program at Moi Teaching and referral Hospital.

Bocking recalls that this initially was a trying and difficult endeavor to establish, one that required patience and resolve. Bocking hired Dr. Astrid Christoffersen-Deb as the Department's on-site field director in 2010 and promoted Rachel Spitzer in 2010 to a unique (at that time) role as director of Global Health and Advocacy.⁴⁷⁹ The combined efforts of these three individuals embedded deeper and stronger connections between Toronto and Western Kenya. As examples, the collaboration has fostered the introduction of protocol-based care in obstetrics, a cervical cancer screening and treatment program and family planning integration within chronic medical care. Since most maternal deaths still take place outside

health care facilities in Western Kenya, the department has been engaged in designing and scaling-up a number of community initiatives including mother-child peer support groups, called Chamas. Collaboration between departments has also given rise to a robust NIH-funded clinical research program in cervical cancer and a Maternal, Newborn & Child Health (MNCH) Research and Innovations Team.

Over 100 learners and faculty have participated in the bi-directional exchange program between Canada and Kenya over the past decade. Recent examples include Heather Millar and Julie Thorne, recent UofT Alumni of the OBGYN Residency program, who subsequently joined AMPATH as on-site team leaders. Through further

generous donations from the Purpleville and Kimel Family foundations, efforts within AMPATH extended to the launch of sub-specialty training fellowships in Gynaecologic Oncology in 2012, followed by Maternal-Fetal Medicine in 2018.

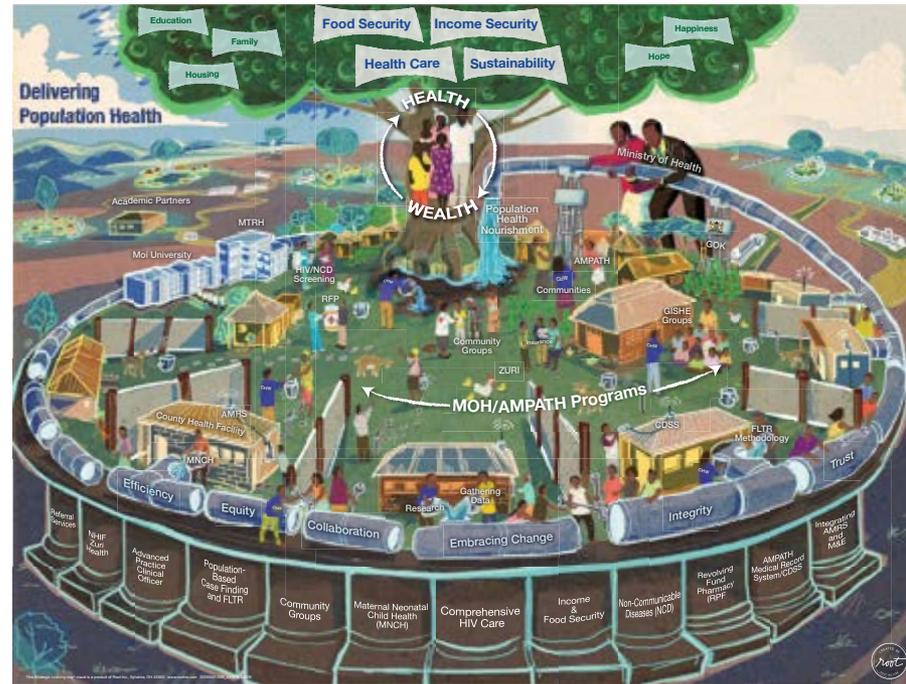
Connections and Collaborations

The Department has maintained a long tradition of supporting and connecting clinicians and researchers across the wide field of Obstetrics and Gynaecology.

As such, University of Toronto faculty are cross-appointed from the departments of Paediatrics, Medical Imaging, Medical



Preparing for a Gynecologic Oncology case at Moi University, Eldoret, Kenya. Drs. Peter Itsura (left) and Elkanah Omenge Orango (right) with Dr. Al Covens (centre), Head, Division of Gynecologic Oncology, University of Toronto.



AMPATH's population health strategy in which attention to Reproductive, Maternal, Newborn, Child and Adolescent Health is central.



From left to right: Dr. Julia Songok, Moi University Lecturer, Dr. Rachel Spitzer, Vice Chair, Global Women's Health and Advocacy, Dr. Astrid Christoffersen-Deb, AMPATH Field Director, Dr. Caitlin Bernard, Team Leader 2015-16, and Dr. Julie Thorne, Team Leader 2018-19, in Eldoret, Kenya.

Biophysics, Physiology, Laboratory Medicine and Pathobiology, and beyond, to the Dalla Lana Faculty of Public Health including the Institute of Health Policy, Management and Evaluation (IHPME). Internationally, the Department enjoys many connections in addition to its comprehensive global maternal and newborn health efforts in Kenya. Researchers and Educators have active collaborations across the world, including: North America, Asia, Europe and the UK, Israel and the Middle East, Australia and New Zealand. As an example of worldwide connections, over 150 Alumni have graduated from our MFM Fellowship since its inception nearly 30 years ago.

Mississauga Academy of Medicine & Trillium Health partners: Dr. Mathias (Matt) Gysler

During Bocking's tenure, a fourth teaching academy was established as the Mississauga Academy of Medicine, which combined the clinical staff of the Mississauga General Hospital and Credit Valley Hospital as Trillium Health Partners (THP). The Obstetrician-Gynaecologists based at THP have since substantially contributed to the growth of the GTA-wide Department, providing much-needed student teaching and training of senior residents preparing for independent practice. Substantial credit for these achievements belongs to Dr. Mathias (Matt) Gysler (1949–2018) a long-standing member of the Department who joined the staff of Credit Valley Hospital



Dr. Mathias Gysler (1949–2018)

in 1987. As an accomplished infertility specialist and renowned pelvic surgeon, Gysler was appointed Chief of Obstetrics & Gynaecology at Credit Valley Hospital from 2000–2005, and subsequently named as Chief of Medical Staff from 2005–2011. He played an instrumental role in the creation of Trillium Health Partners in 2011, and then served as the founding co-Chief of Staff of THP (2011–2013). He subsequently served as President of the Canadian Fertility and Andrology Society, receiving its Excellence Award in 2017 for his contributions to Reproductive Medicine and Science. The following is taken from his *Globe and Mail* obituary:

“Matt was a man of many trades. He raced cars, flew planes, and sailed boats. He studied, he taught, he practiced and most certainly, he inspired. He was a leader and a role model. He believed in people's dreams, and in helping them become realized.”

Welcoming Midwifery into the Community of Practice

Ontario families often had the support of neighbours, relatives, or community lay midwives during a homebirth until the slow decline of this birth choice through to the 1950s, a time when midwifery barely survived the growing trend of hospital births (which aligned with new social norms in that regard).⁴⁸⁰ Contributing to the disappearance of homebirths was the decline in community networks (especially in newly-constructed urban settings) and the concerted opposition of the medical profession that was primarily focussed on maternal safety, intent on consolidating the substantial success of reducing the risk of maternal mortality.

Slowly midwifery resurfaced in the late 1960s fueled by the women's movement and a growing intolerance for a long list of hospital practices that in some cases unnecessarily “medicalized” the birthing experience.⁴⁸¹ As a result of newfound awareness and energy, in 1983 Ontario midwives and their supporters began meeting to advocate for Midwifery as a recognized profession in Ontario. This movement led to the creation of the Midwifery Task Force of Ontario (MFT-O) to promote midwifery legislation. The Ontario Association of Midwives and Ontario Nurse-Midwives Association joined forces as the Association of Ontario Midwives (AOM) with a strong mandate to formally incorporate midwifery into the health care system.⁴⁸²

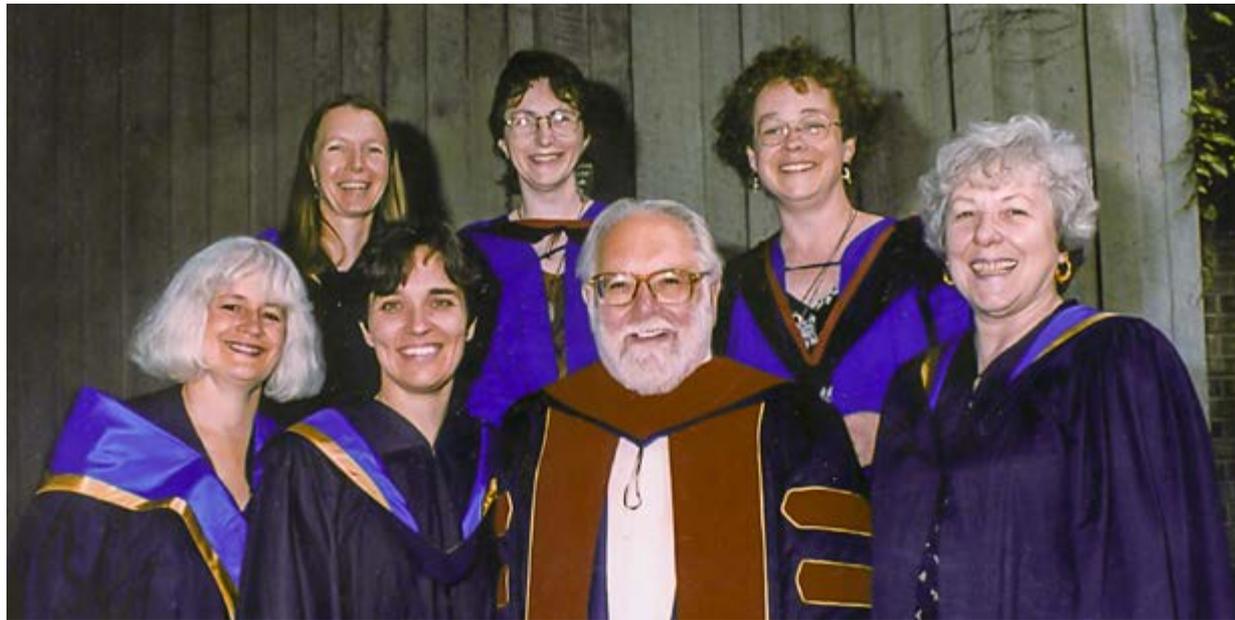
Even before the creation of the MFT-O, Ontario doctors were keenly aware that a subset of women saw the value of a midwife-assisted birth, some of whom were electing for homebirths. In fact, in 1980 Douglas Gare at Toronto General Hospital (professor emeritus) published a piece in *JAMA* which illuminated the conflicting and sometimes nebulous research at the time concerning the outcomes and safety comparing home versus hospital births. He asserted that the lack of good data was a major impediment to rational discussions and decision-making among health-care providers, and he offered a fair and balanced view of homebirth advocates' perspectives. He also acknowledged

that there were many physicians who dismissed the value of midwifery due to this lack of quality scientific evidence.⁴⁸³

The tragic outcome of a homebirth on Toronto Island (and the subsequent inquest where Knox Ritchie testified), eventually resulted in midwifery legislation. Both obstetricians and nurses were generally uncomfortable with midwives, and Gare felt that this was, in part, because of their ill-defined scope of practice. (He also recalled that younger obstetricians were far more likely to be open-minded about the value of midwifery.) Gare was an early adopter, recognizing the “best of both worlds” that midwifery could

contribute to, while many of his colleagues disagreed. Nevertheless Gare was able and willing to work with midwives in the hospital environment of the 1980s to support midwifery clients in hospital care.

At this time, Kathy Chu and Ray Osborne also recognized that homebirths were a reality in Toronto, and so provided on-call consultation to many of the pre-regulation midwives when a homebirth to hospital-transfer was necessary. Ray Osborne decided to attend two homebirths as an observer, in addition to attending Lamaze classes to gain a fuller understanding of women's needs during the natural birthing process. Similar to Gare, he was an outlier



From the first midwifery graduation ceremony at Ryerson University in Toronto in 1996. Includes midwifery faculty members Mary Sharpe and Vicki Van Wagner (bottom from left), Rena Porteous (bottom right) and Judy Rogers (top left), Dr. Murray Enkin (centre) and midwifery students Donna Wood and Martha Aitkin (top centre and right). Dr Enkin, an obstetrician from McMaster University was awarded an honorary doctorate for his contributions to the development of the regulated profession of midwifery in Ontario as well as his international contributions to evidence-based care in pregnancy and childbirth.

who not only recognized the value of the midwife's role, but felt no reluctance in working with them. When looking back he recalled: "I was appalled by my colleagues who wouldn't even let a woman's husband into the delivery room, nevermind a midwife!"⁴⁸⁴ This was the rule, rather than the exception, as Paul Bernstein recalled:

No one was allowed in the delivery room. We even had an elaborate system in the OR, so that we could phone the husband in the waiting room and let him know the baby was born. I remember once letting a father come in the OR...his wife was having a C-Section. The anesthesiologist nearly killed me! We are way more patient-centred now!⁴⁸⁵

Vicki Van Wagner, an associate professor with the Ryerson Midwifery Program recalls:

Ray Osborne and Kathy Chu were both respectful and collaborative at a time when midwifery practice was outside of the system and considered controversial – their professionalism made homebirth safer. They role-modelled collaboration before collaboration between professionals became a buzzword. These types of professional relationships allowed midwives to work 'as if' we were part of the system and is a big part of why midwifery is so well-integrated in Ontario today.⁴⁸⁶

Around this time, in 1983, the College of Physicians and Surgeons of Ontario released a statement sanctioning physicians against attending homebirths and/or cooperating with unofficial practitioners. In tandem, the Ontario Medical Association threatened disciplinary action toward

physicians participating in homebirths.⁴⁸⁷ Consequently at this point all physicians stopped attending homebirths with midwives, and as Vicki Van Wagner recalls:

This sanction corresponded with the doctors realizing that the midwives they were working with were fully capable of managing home births independently. So although I think physicians liked attending homebirths, it was not very easy to fit this commitment into their schedules. In addition, their contributions to care were not well-compensated ...but this same small group continued to provide access to some of the lab tests, and to drugs that midwives needed at home births, such as uterotonics, which they could not otherwise access until we were legalized and working officially in the hospital setting.⁴⁸⁸

In 1991, the persistent advocacy efforts of the MTF-O and the AOM resulted in the *Midwifery Act*, which was passed on December 31st, 1993, making Ontario the first province in Canada to regulate and fund midwifery as part of the health care system. The *Regulated Health Professions Act, 1991 (RHPA)*, thereafter included midwifery as one of 23 regulated health professions. In 1994, almost 60 individuals became the first regulated midwives in Ontario, having completed the provisional educational program. (In 1998, the College of Midwives reported a total of 136 registered midwives and that has grown substantially since, to over 900 in 2017.)

The Interim Regulatory Council on Midwifery (IRCM), an interdisciplinary body, developed the standards, determined the qualifications for entry to practice, and facilitated the presence of midwives

at hospital births. Midwives were then recognized as autonomous practitioners within the health care system, and Ontario hospitals could grant them practice privileges. Doug Gare was "increasingly impressed" with their professionalism and engagement at this time: "They came to academic rounds, presented occasionally at rounds – and their presence lowered the current C-section rate at our hospital."⁴⁸⁹

Today, interprofessionalism is widely understood to be a concept that enhances patient care, quality and safety, and the full range of maternity service choices are available at our University-affiliated hospitals. Since 2002, the Department has held a joint annual continuing education conference (Refresher in Maternity Care), led jointly with the Department of Community and Family Medicine and the Midwifery program at Ryerson. Interestingly, this conference was the sole survivor of the 2003 SARS epidemic, and was spawned at a 3 a.m. consult by a newly-minted family physician (Milena Forte) requesting assistance (from John Kingdom) with a difficult perineal repair at Sinai.

The Trials and Triumphs of Managing Fertility

Prior to the 19th century, fertility was in the hands of Canadian women and keenly practiced in the form of prolonged breastfeeding, employing the withdrawal method, using pessaries, vaginal douches, and numerous widely marketed pills and herbal potions.⁴⁹⁰

With names like Cook's Cotton Root Compound and Sir James Clarke's Female Pills, these offerings and others like them, sometimes contained herbs and roots that induced vomiting and muscular contractions with the desired side effect of expulsion of the pregnancy.⁴⁹¹

During this period, abortion was legal during the first four months of pregnancy and professional abortionists were available in some regions; typically employed by married women of the wealthier classes. Because women had some agency to limit their family size both pre and post-conception, the fertility rate declined. In Ontario, the rate dropped by 44 per cent between 1871 and 1901.⁴⁹² In response to this sharp drop, jurisdictions began to criminalize abortion in any trimester, and by 1892 all forms of perceived contraception became illegal across the country, when Parliament passed Canada's first Criminal Code. In fact, until the 1960s, preventing reproduction in any form was deemed illegal in Canada.⁴⁹³ Certainly, other factors contributed to this restrictive legal stance on reproductive rights. Physicians were unhappy with the role (and income) that professional abortionists enjoyed, religious groups began to hold sway, and there were

barely veiled concerns that the white protestant population was dropping rapidly while other cultural groups continued to grow. In an excerpt from *Canadian Bulletin of Medical History*,

Physicians' journals made reference to the decline of the birth rate among "the better class of inhabitants" and "Protestant families" while the "extraordinary fecundity" of the French-Canadians, the Irish, and other non-English immigrants moved the writers to fearful speculation. In sum, when women from the "respectable classes" sought to regulate their reproductive abilities, it generated a concern of great magnitude.⁴⁹⁴

The 1879 court case of Dr. Emily Stowe in Toronto, prior to legislation, was perhaps a bellweather of this new focus, and while a large part of the trial challenged her abilities as a female physician and her perceived lack of skill in this regard, the trial also cast public light on the covert reproductive "activities" of women. This event would mark the beginning of several legal twists and turns before eventually returning legal jurisprudence to the realm of reason, which recognized independent reproductive rights for women.

Despite the restrictive changes to the Criminal Code in 1892, women continued to seek out reproductive control.⁴⁹⁵ In the early 1900s the Birth Control Society of Hamilton, also called the Parent's Information Bureau, operated illegally, led by A.R. Kaufman and Dr. Elizabeth Bagshaw. Kaufman was primarily motivated by eugenics, but his services

met a need that had not disappeared with the diminishment of women's legal rights. He formulated pills in his basement, and arranged for nurses to distribute condoms and contraceptive jellies during home visits. Despite unrelenting criticism from her colleagues and religious groups, Dr. Bagshaw was instrumental in providing birth control and family planning options to women who were desperate for them during the Great Depression. At one point, the organization was serving 25,000 clients annually.⁴⁹⁶ Dr. Bagshaw was made a Member of the Order of Canada in 1972.

Acceptance of birth control grew after World War II and the resultant baby boom. In the 1930s, the University of Toronto became the first Canadian medical school to offer instruction on the use of contraception to medical students. However, public and medical attitudes towards abortion remained far more conservative. Doctors in particular were reluctant to even see patients who had miscarried, let alone to perform therapeutic abortions, for fear of being tarnished professionally. 1956 marked the first clinical testing of the birth control pill and in 1960 it became legal in Canada. It was available by prescription for strictly therapeutic purposes, rather than as a birth control method.⁴⁹⁷ It was typically limited to married women with children.⁴⁹⁸

Abortions also remained a part of women's lives, and women with sufficient funds sought out the small number of physicians willing to perform the procedure for a fee. But the environment for such services operated under the radar and women without financial means often had

abortions in suboptimal, unsanitary conditions, typically performed by dubious individuals. The infection rate, and consequently the mortality rate, from unwanted pregnancy was concerningly high. Dr. Morton Shulman, Chief Coroner in the 1960s in Toronto recalled, "By the time I became Chief Coroner I had had the unpleasant experience of seeing the bodies of some dozens of young women who had died as a result of these amateur abortions."⁴⁹⁹

Desperate women with the financial means would later travel from Toronto to Montreal seeking abortions at Dr. Henry Morgentaler's clinic, which at that time operated illegally.⁵⁰⁰

The general public and the media did not routinely concern itself with the internal hospital practices regarding therapeutic abortions but that changed after a staff member decided to share the hospital minutes from a Women's College Hospital meeting in Toronto on April 10th, 1967. Walter Hannah, chief of obstetrics at the hospital, gave his routine report on the number of annual therapeutic abortions, and this was leaked to the press. In the autumn of that same year, Cannell and four other physicians went to Parliament to bring further attention to the nebulous position obstetrician-gynaecologists were facing, asserting that they should not be treated as criminals for performing hospital therapeutic abortions and providing contraception. "My colleagues and I have been breaking the law long enough." he asserted.⁵⁰¹

In 1969, the decriminalization of contraception granted Canadians the right to prevent pregnancy, but the new legislation concerning abortion still left



Dr. Emily Stowe

the decision to obtain a safe and legal abortion out of the hands of individual women and within the narrow scope of restricted conditions. Women requiring abortions had to go before a hospital panel of (primarily male) doctors, called the Therapeutic Abortion Committee, which determined whether they were eligible for a legal abortion.⁵⁰² The same year, Dr. Henry Morgentaler opened his clinic in Montreal and would later open an additional clinic in Toronto in 1983.

Toronto Hospitals were now permitted to conduct abortions while trying to meet demand within the permitted restrictive scope of the law, and in 1975, for example, the five Toronto downtown hospitals performed 7230 therapeutic

abortions.⁵⁰³ With the exception of Roman Catholic hospitals, physicians on staff were trying to serve women well, as Paul Bernstein recalled:

We were pretty liberal at Mount Sinai, and were kind of like a benevolent society, a Jewish hospital but non-denominational, and serving those who didn't have care. Most terminations were early trimester, with a few mid-trimester cases. It was pretty rare for an abortion request in early pregnancy not to be approved.⁵⁰⁴

Clinicians often found themselves applying the law with more leniency and

compassion than the scope of the law intended. Because hospital clinicians worked more independently at that time, and generally had good support from the hospital administration, many physicians did not care as much how they were perceived outside the hospital; they also maintained professional collegiality with colleagues who would not perform abortions.⁵⁰⁵ Nevertheless, it could still be a difficult position to be in, with the threat of the legal system overshadowing their clinical work. Not all Hospital Therapeutic Abortion Committees were so compassionate and patient-centred, but rather, used the wording of the law to apply their own conservative bias. After years of advocacy and protest by Canadians concerned with women's lack of access to abortion, and the limitations of the Hospital Therapeutic Abortion Committee process, the time was ripe for a legal review of abortion legislation.

In 1988, the Supreme Court of Canada struck down the abortion law as unconstitutional. The decision was based on the violation of the Charter of Rights and Freedoms and Chief Justice Brian Dickson declared: "Forcing a woman, by threat of criminal sanction, to carry a fetus to term unless she meets certain criteria unrelated to her own priorities and aspirations, is a profound interference with a woman's body and thus a violation of her security of the person."⁵⁰⁶

Contraception had also undergone enormous change, with more choices developed for women. Both the pill and the intrauterine device (IUD) underwent numerous iterations. The IUD steadily dropped out of favour due to concerning side effects of pelvic infection. A direct consequence of this was that some Canadian companies stopped producing IUDs for fear of litigation, but IUD

research and popularity continued in European countries. Further development of IUDs, especially the incorporation of local progesterone delivery, and better epidemiologic studies, has resulted in increasing popularity of IUDs in Canada including the management of heavy menstruation.⁵⁰⁷

In recognition of the fact that Canadian women spend a significant part of their lives at risk of an unintended pregnancy, the Society of Obstetricians and Gynaecologists of Canada (SOGC) created clinical guidelines in 2004 which formulate a Canadian contraception consensus to provide health-care providers with evidence-based guidelines on a wide spectrum of options, from hormonal contraceptives to copper IUDs and emergency contraception such as Plan B. Since that time more options have appeared, for example the RU-486 pill combined with vaginal misoprostol (approved by Health Canada in 2015) has evolved to become the gold standard for medical abortion in Ontario, as a fully-funded choice.⁵⁰⁸

Canadian women have many more choices for managing their fertility now, and routinely arrive at the physician's office having researched their options to discuss with their doctor. The SOGC is commended for its educational leadership in this domain (www.sexandu.ca).

Paul Bernstein comments:

They know more than I do. They have the time to really dig and dig and do online research. I don't take it personally – why would I? Of course they are interested in their own health and it's a positive thing.⁵⁰⁹



Moving Day Walk in the rain from Women's College Hospital to Sunnybrook Health Sciences Centre, 2010



Women's College Hospital

From Women's to Sunnybrook

The Bocking decade was marked by uncertainties over the future of Women's College Hospital.

In August 2005, the Honourable George Smitherman, Minister of Health and Long-Term Care, set out a three-point plan to create a state-of-the-art academic ambulatory care hospital for women and their families including a state-of-the-art facility for high-risk pregnancies and critically-ill newborns.

Women's College Hospital therefore separated from Sunnybrook in 2006 after an eight year merger to become, once again, an independently-governed public hospital with the Women's College Hospital Foundation.

The Kitts report (2009) noted that the facilities at Women's College Hospital were dated and no longer suitable

for perinatal medicine. In addition, the absence of inpatient medical or surgical support at Women's College Hospital raised safety concerns for women with high-risk pregnancies.

The Obstetrics & Gynaecology staff continued to practice gynaecology at Sunnybrook from 2006–2010, covering emergency services at both sites. Once the move took place in 2010, comprehensive perinatal services were consolidated at Sunnybrook in the newly named Women and Babies Program.

Women's College Hospital, now without Obstetrics and Newborn services, re-emerged with a beautiful new building, and an ongoing deep commitment to women's health. In 2017, the gynaecology services at Women's College Hospital amicably joined forces with Sinai Health System, creating a tri-hospital program with the University Health Network Division of Gynaecologic Oncology.

92 College Street

92 College Street had a long history before becoming the home of the Department of Obstetrics and Gynaecology. It was built between 1883 and 1884 as part of a development by Sir William Howland along the north side of College Street. The interior included beautiful woodwork and stained glass windows. The house was purchased by Joseph Thompson, who did his own version of a house "flip" by selling it soon after to Joseph Donovan, a barrister. Donovan and his large family lived there for one year, selling it to Charles Hooper in September 1886. Hooper was a druggist and his family would later establish a chain of Hooper's Drug Stores that are still in business today.

In 1901, Hooper's brother and widow sold the house to George B. Smith, a wealthy physician. Smith was born in Tipperary, Ireland, and came to Canada

at the age of eight. He received his MD from the University of Toronto in 1880, and spent most of his career in general practice and on staff at the Hospital for Sick Children. Smith was a lifelong friend of the first Hollywood movie star, Mary Pickford, who was born in Toronto in 1893 at the present site of SickKids. In fact, 92 College almost became Pickford's home. After the death of her father, Dr. Smith and his wife offered to adopt her. Although the young girl eventually refused to leave her family, and soon after began her acting career, she remained in touch with Dr. Smith until his death in 1940.

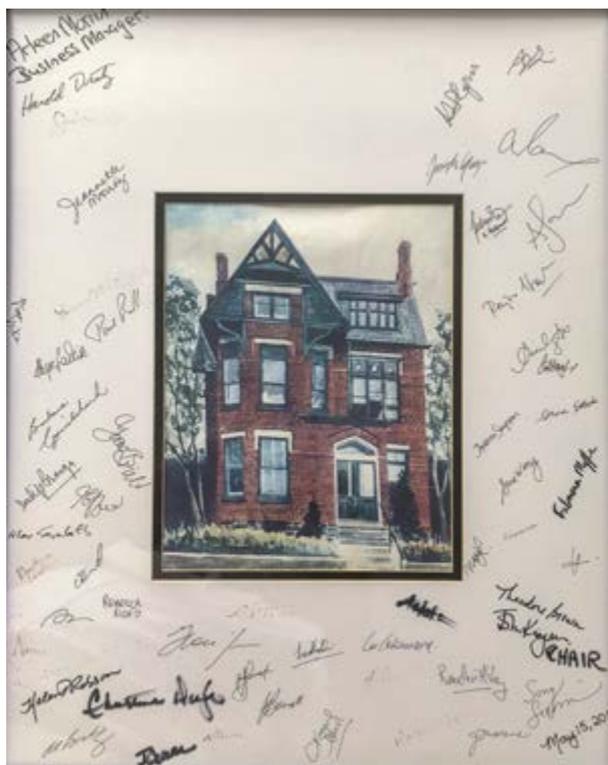
Smith sold the house around 1937 to the industrious Mrs. Robin Hughes who

opened a tea room on the premises called the Pequin Tea Room. The following year, Ruth Sterling bought the house and continued the popular tea room until 1945, when she began renting rooms to student nurses training at the nearby SickKids hospital. In 1953, the house was converted to office space for the Province of Ontario and two children's charities.⁵¹⁰ However, in 1961, the Province gave the house to the University of Toronto. For unknown reasons it remained vacant for five years, until 1966, when 92 College became the new home to the Departments of Medicine, Otolaryngology, and Obstetrics and Gynaecology. This was deemed a temporary move at the time.

through its elegant staircase for work purposes, but also to attend lively and memorable Christmas parties. While many of the administrative staff appreciated the antiquated character of the building, it had its frustrations, with cold winters, and stifling summer heat. Heather Shapiro recalls the logistical nightmare of trying to accommodate the residency exams in the hodgepodge of rooms and offices, and Ted Brown will never forget the former pantry which had been turned into washrooms: "There was a hole in the wall; the exhaust fan didn't fit properly and it was freezing in there in the winter".⁵¹¹

Sadly the deteriorating state of the building, typified by the ceiling leaks on the 3rd floor, necessitated a move, which was initiated by the incoming Chair, John Kingdom. After several scouting visits by Kingdom in the fall of 2013, the Dean (Catharine Whiteside) generously agreed to relocate Obstetrics and Gynaecology to a modern office suite, which included a shared boardroom with the Department of Anesthesia, just off campus at 123 Edward Street. The move took place in May 2014, expertly coordinated by the business officer Arleen Morrin. Sadly there would be no more occupants in this stately building. On August 22nd, 2016, the red brick Victorian house at 92 College Street was demolished to be replaced by a parking lot. Directly behind the building, Women's College Hospital was subsequently demolished in 2016 to be replaced by an elegant new pink-fronted building, illustrating the constant changes that characterize our history.

For 48 years, the two-and-a-half storey, red brick Victorian building housed the administrative offices of the Department of Obstetrics and Gynaecology. Its charming dark green doors, beautiful windows, creaky floor boards, and a winding staircase enticed and welcomed faculty and visitors alike. John Kingdom recalls fondly 92 College Street's charm from his recruitment conversations in the Chair's office with Knox Ritchie back in 1996, on a visit from London, UK. "92C" is deeply entrenched in the memories of many faculty who climbed the 12 front steps and passed upwards



Signatures of faculty and staff attending the Strategic Planning launch event, 2014

Endowments

Gordon Clifford Leitch Chair

In 1954, a generous endowment from the estate of Gordon Clifford Leitch (1890–1954), the former chairman of the board of Toronto Western Hospital, established the Chair of the Department of Obstetrics and Gynaecology as a full-time professorship at the University of Toronto.⁵¹² This bequest ensured an initial annual income of \$25,000 (supplemented with University funds) for the professorship, which was expected to support teaching and clinical investigation by junior faculty.⁵¹³ This donation has had a significant long-term impact on the Department. Initially, this endowment allowed Doug Cannell to devote himself to teaching and administrative duties, while reducing his clinical practice by three-quarters. A significantly reduced clinical workload for the Chair on an ongoing basis ensured that all future Chairs would remain devoted to the core mission of the Department.

Leitch's interest in Obstetrics and Gynaecology was a result of his relationship with Toronto Western Hospital (where he was greatly impressed by the work of Cannell), and by his friendship with departmental member Donald McIntosh Low. While he was a strong business leader in the shipping and grain industries (having grown one of the largest shipping



fleets on the Great Lakes), and banking and insurance realms, Leitch also devoted time and energy to philanthropic concerns, such as sponsoring children's camps. He also gave substantial support to the Navy League of Canada (including naval cadet programs) which earned him the award of Commander of the British Empire.⁵¹⁴ Today, the Endowment funds a new (since 2014) initiative, the "Chair's Summer Student Awards" and in addition supports an annual research methodology course and additional medical student research experience in the CREMS program.

J.R. McArthur Fund for Research

In 1965, John Robertson McArthur (1907–1964) left a substantial bequest, being one-fifth of his estate to the Department of Obstetrics and Gynaecology to promote collaborative research with a focus on Gynaecology Oncology. His pioneering radiological work (with his colleague W.G. Cosbie, pictured, as mentioned in a separate section on radiotherapy), was decisive in moving from the reliance on treating cervical cancer with radical surgery.⁵¹⁵ McArthur graduated in medicine from the University in 1932 and after subsequent training and clinical work both in Canada and abroad, he was appointed to the teaching staff at Toronto General Hospital, with a focus on Gynaecological Oncology.⁵¹⁶ His legacy of work resulted in greatly improved detection techniques and his financial legacy continues to support vital Gynaecology Oncology research. A biographer remembers McArthur as "a dedicated Obstetrician Gynaecologist, revered by a huge following of devoted patients".⁵¹⁷



Rose Torno Chair

Rose Torno (1900–2002) was the founding president of the Mount Sinai Hospital Auxiliary in 1953.

Rose and her husband Noah were major philanthropists in the Toronto community in the late 20th century, and their legacy includes the creation of the Rose Torno Chair in Obstetrics and Gynaecology at Mount Sinai Hospital. Dr. John Kingdom held the inaugural Chair in Obstetrics and Gynaecology from 2004–2015. Dr. Mathew Sermer, Chief of Obstetrics and Gynaecology at Sinai Health System since 2013, succeeded Dr. Kingdom in this role in 2015 and who currently holds the Chair.



Our 175th Anniversary Year

Since 2013, John Kingdom has led the Department in partnership with a strong executive team that enthusiastically manages every facet of our mandate. In tandem with the move to 123 Edward Street in May 2014, we launched a redesigned website within the new University framework. In the fall of 2014, we also launched our comprehensive Strategic Plan, with subsequent updates in 2015. A renewed commitment to junior and mid-career faculty recruitment and support was fostered with the creation of the Junior Faculty Awards and the Merit Award programs, whereby resources from the University department are matched with equal practice plan support to protect academic time for clinician-investigators and scientists. A comprehensive Self-Study Report was created in advance of the five-year review in April 2018 and offers an in-depth update of our progress since 2012. The review process resulted in the re-appointment of John Kingdom for a second five-year term, during which time the Department will apply focussed energy and resources on education within our specialty as Competency by Design approaches. Our new Education Council, led by our incoming Vice Chair of Education, Richard Pittini, will lead us through this profound change in medical education in Canada. We follow in our predecessors footsteps, embracing the inevitable changes that come with progress, as we strive to continue to advance the delivery of women's health care.



John Kingdom (1959–)



First fetal surgery for spina bifida in Canada led by Doctors Greg Ryan, Tim VanMieghem, and Jim Drake at Mount Sinai Hospital in 2017

References

- 1** Canniff, 189-90. Richardson to Loudon (27 June 1899), 1. Several sources incorrectly state this first lecture took place on 15th January 1844. This is impossible given the reference to Herrick's lecture in the Faculty's report of 27th December 1843. The mistake arises from the fact that regular courses began on 15th January 1844.
- 2** Canniff, 187, 427. While there is no direct evidence that this was the subject of his lecture, Canniff does say it was Herrick's "introductory lecture". It is also a reasonable assumption that he was embarrassed because of the references to sex and female anatomy that any such lecture on "midwifery" and "diseases of women" would necessarily make.
- 3** Richardson to Loudon (27 June 1899), 1. Walter B. Geikie, "An Historical Sketch of Canadian Medical Education," *Canada Lancet* 34.5 (January 1901): 231.
- 4** Canniff, 425. He also seems to have done training in London (Canniff, 427) and to have briefly been a resident physician at the Rotunda Hospital in Dublin (Davin, 598).
- 5** Canniff, 135, 186. Connor, 65. The College of Physicians and Surgeons of Upper Canada was abolished in 1841, however; see Rainer Baehre, "The Medical Profession in Upper Canada Reconsidered: Politics, Medical Reform, and Law in a Colonial Society," *Canadian Bulletin of Medical History*, vol.12 (1995): 117.
- 6** Canniff, 426-7. Davin, 598-9.
- 7** Shorter, 19 (quoting Richardson to Loudon).
- 8** Geikie, 232. See also Jabez H. Elliott, "The Medical Faculty of the University of Toronto", *The Messenger of Theta Kappa Psi Medical Fraternity: the Toronto Issue* 34.3 (July 1937): 90 [held in UT Archives: UTARMS 0069].
- 9** Geikie, 232. See also "Hodder, Edward Mulberry," *Dictionary of Canadian Biography*.
- 10** "Rolph, John", *Dictionary of Canadian Biography*. Canniff, 590-603.
- 11** Geikie, 227-8.
- 12** Connor, 66-7.
- 13** Wendy Mitchinson, *The Nature of Their Bodies*, 184-5, 172-3. Mitchinson does note that the MB degree required six months' attendance at a lying-in hospital, but suggests this was perhaps not rigorously insisted on (172). In any case, such a degree was not required to practice, and relatively few in this period actually took it. However, Cosbie does maintain that "there were... a sufficient number of women going into the General Hospital to provide a nucleus for the teaching of midwifery" (96).
- 14** Mitchinson, 183, 166. Mitchinson cites census figures from 1850-51 that show 17 practising midwives in "Upper Canada" (by that time Canada West) and 382 physicians and surgeons. However, she also notes that, given the doctors' hostility towards midwives and their rather vague legality, these figures "are guaranteed to underestimate considerably the number of midwives" (166).
- 15** *Rowsell's City of Toronto and County of York Directory, for 1850-1* (Toronto, 1850): xxxiv. [Toronto Public Library]. Canniff reproduces condensed versions of the relevant entries, 214.
- 16** "Report of the Toronto General Dispensary and Lying-in Hospital; with List of Subscribers" (Toronto, 1853): 8.
- 17** "Report of the Toronto General Dispensary and Lying-in Hospital; with List of Subscribers" (Toronto, 1853): 5.
- 18** "Annual Report of the Toronto General Dispensary and Lying-in Hospital, 1852" [for the year 1851] (Toronto, 1852).
- 19** In 1851, there were 51 married women delivered and 10 unmarried. The other reports do not provide similar statistics.
- 20** Report of the Toronto Lying-In Hospital, 1857" (c.1858), Baldwin Collection, Toronto Reference Library.
- 21** Connor, 67.
- 22** Rolph, John, *Dictionary of Canadian Biography*.
- 23** Marian A. Patterson, "The Life and Times of the Hon. John Rolph, M.D. (1793-1870)" *Medical History* 5.1 (January 1961): 30.
- 24** Baehre, 119. Canniff, 671. See also, "Workman, Joseph," *Dictionary of Canadian Biography*.
- 25** Rolph, John, *Dictionary of Canadian Biography*. Richardson to Loudon, 4-5. Richardson had also studied with Rolph for two years in Rochester, NY, before he entered King's College.
- 26** Geikie, 232. Geikie quotes "the view held by the Legislature" without specifically indicating the source.
- 27** Shorter, 19. Baehre, 120. The various private medical schools apparently also received about \$65,000 between 1852 and 1871 in government subsidies. See "Medicine in Toronto: II" *The Lancet*, vol.168, issue 4327 (4 August 1906): 332. The relevant quote is actually from Loudon's 1903 address, not Hoskin's, at the opening of the New Laboratories. See the document "Ceremonies in connection with the opening of the New Laboratories erected for the Faculty of Medicine of the University of Toronto," UT Archives A79-0023/"Historical" (1).
- 28** Connor, 68-78. See also, Cosbie, 51-61.
- 29** Geikie, 22. See also, www.heritage.utoronto.ca/chronology. Canniff states that Rolph's school officially incorporated in 1853, but Rolph had been calling his school the "Toronto School of Medicine" since at least 1848 (598-9).
- 30** Connor, 67-74. Cosbie quotes the "as dirt" remark but does not cite the source (59).
- 31** Connor, 67-8. Connor doesn't identify Aikins when quoting the letter, but Godfrey quotes a similar excerpt – while omitting the suggestion of grave robbery (Godfrey, 87).
- 32** Connor, 74-5.
- 33** Connor, 67. Godfrey, 106-7. The specific issue that led to their resignation was an advertisement placed by the faculty which had stated "no Religious Tests Required of Students attending these Lectures" (Godfrey, 107). From 1854, the Trinity School had quietly begun admitting non-conforming students to its courses, with the expectation that they would take their degree from the University of Toronto; see www.heritage.utoronto.ca/chronology.
- 34** Godfrey, 112-3.
- 35** Geikie, 229.
- 36** Godfrey, 116-7.
- 37** Shorter, 523-4.
- 38** Godfrey, 121, 131.
- 39** See www.heritage.utoronto.ca/chronology. "Rolph, John", *Dictionary of Canadian Biography*.
- 40** Geikie, 233. Canniff, 433. "Hodder, Edward Mulberry", *Dictionary of Canadian Biography*.
- 41** "Dr. Uzziel Ogden's Jubilee", *The Canadian Journal of Medicine and Surgery*, vol. 13, no. 3 (Mar. 1903): 203-4.
- 42** See www.heritage.utoronto.ca/chronology.
- 43** Geikie, 230-1.
- 44** Five of the new Trinity faculty had held positions at Victoria; see www.heritage.utoronto.ca/chronology.
- 45** Connor, 116-7.

- 46 Cosbie, 96-8. From 1856 onwards, city directories only list one Lying-In Hospital, located at what were probably the premises of the Provincial Lying-In Hospital and Vaccine Institution. Cosbie states that only the hospital at this location endured, though he says that in 1865 the “Toronto Lying-In Hospital and General Dispensary” associated with Hodder closed for lack of funds (96). However, it seems to have been this hospital’s organization (particularly Rev. Grasset) that developed into the Burnside. [Perhaps this was a temporary closure leading to amalgamation?] Also, in 1863, there was a provincial bill “to incorporate the Burnside Lying-In Hospital, of Toronto” which doesn’t seem to have passed its third reading [Early Canadiana Online].
- 47 Godfrey, 160-73.
- 48 See “Annual Announcement of the Toronto School of Medicine” for the 1882-83 session [Baldwin Collection, Toronto Reference Library: <http://static.torontopubliclibrary.ca/da/pdfs/37131055446579d.pdf>]. Cf. Announcement for the 1883-84 session [ibid.: <http://static.torontopubliclibrary.ca/da/pdfs/37131055446330d.pdf>].
- 49 Shorter, 524-5.
- 50 J.F.W. Ross [“Scugog”], *A medical student’s letters to his parents* (Toronto, 1909), 24-25. The collection of letters was published under the pseudonym, which has been attributed to Ross by Bernard Amtmann in *Contributions to a dictionary of Canadian pseudonyms and anonymous works relating to Canada* (1973). I have completed the line which reads “___ and ___ are fighting for their schools” with “Trinity” and “Victoria”. The original letter may also have referred to the heads of these schools instead, but the sense would be the same.
- 51 “Medicine in Toronto: II” *The Lancet*, vol.168, issue 4327 (4 August 1906): 332.
- 52 Shorter, 22.
- 53 Ross, 28.
- 54 Connor, 123, 151. Shorter, 522.
- 55 Connor, 123-4.
- 56 Connor, 151. See also Mitchinson, 183. Connor notes that in 1938 there were “an equal number of births in and out of hospital” (151).
- 57 “The Mortality in the Lying-In Hospital,” [a letter to the editor signed “Dr. R.”] *The Globe* (18 February 1878). Quoted by Connor, 124. The correspondent believed these to be quite low. However, these figures may be unreliable. Adam H. Wright, in his report from 1897 presenting mortality figures for the preceding decade, noted that “the mortality rate was high before the amalgamation took place and became considerably less after the erection of the new building”; see Adam H. Wright, “Notes On Methods And Results In The Burnside Lying-In Hospital, Connected With The Toronto General Hospital, Toronto, Canada” *The British Medical Journal* 2.1921 (October 1897): 1156.
- 58 Wright, 1156. Quoted by Shorter, 522-3. Wright’s figures for the whole period 1888-1897 are also quoted by Connor, 151.
- 59 See also Mitchinson, 250. Mitchinson argues that the generation of Canadian doctors trained in the 1860s and 70s, and who were in positions of authority from the 1880s, were more conservative in their treatments and their recourse to surgery as, before the widespread institution of asepsis and antisepsis, such a conservative approach was the best way to reduce the patient’s overall risk of infection. Indeed, Mitchinson quotes one doctor who complained in 1898 that stricter hygiene had made some obstetricians use forceps with harmful and needless frequency because they no longer feared the reduced risk of infections (215).
- 60 Wright, “Prevention,” 232.
- 61 Adam H. Wright, “The Prevention of Puerperal Fever,” *The Canadian Practitioner* 9.8 (Aug. 1884): 231. See also Connor, 152; Godfrey, 196-7.
- 62 See Mitchinson, 210-5.
- 63 Wright, “Notes,” 1157. Connor offers the figure of forceps use in only 3 of 500 deliveries (152). However, this seems to be a misreading of Wright’s statement that in the 500 cases, they “assisted labour by digital dilation of the cervix and the use of the forceps in three instances” (Wright, 1159). Forceps may have been used in perhaps 20 other cases of non-induced labour to get the 1 in 20 overall figure stated by Wright in the same article.
- 64 Mitchinson, 175-80. Godfrey, 198.
- 65 Mitchinson, 233. Hodder’s professorship at Trinity was in “Obstetrics, and Diseases of Women and Children” (see e.g. the advertisement in *The Canada Lancet*, 7.12 (1 Aug 1875): 16). James Algernon Temple succeeded him in 1878 with the same title, but by 1903 he was officially titled “Professor of Operative Obstetrics and Gynaecology” (Shorter, 525). The Professorship at the Toronto School of Medicine, up to its incorporation into the University in 1887, continued to be in “Midwifery and Diseases of Women and Children” (Shorter, 524).
- 66 “The Neglect of Gynaecology at the Toronto General Hospital,” *The Canadian Journal of Medical Science* 6.7 (July 1881): 210. Quoted by Connor, 153.
- 67 Cosbie, 114. Connor, 153. The number of beds seems to have been increased to 40 in the mid-1890s by an expansion of the building; see the pamphlet “Toronto General Hospital” (1896), p.41 [source: archive.org]. There is also a map of the General’s Gerrard Street East grounds, pp.62-3.
- 68 Shorter, 20. The address is given as 289 Sumach Street in “Our History” [<http://www.womenscollegehospital.ca/about-us/our-history/>]. See also, “The Medical Schools of Canada” *The Canadian Practitioner* 8.11 (Nov 1883): 338.
- 69 Sheinin and Bakes, 102. See also, “The Medical Schools of Canada” *The Canadian Practitioner* 8.11 (Nov 1883): 338.
- 70 Shorter, 20, 561-2. Cheryl Krasnick Warsh, *Prescribed Norms*, 180.
- 71 Many American homeopathic medical colleges accepted women from the 1840s onwards. The New England Female Medical College was established in 1848, amalgamating with Boston University’s medical school in 1874. The Women’s Medical College of Pennsylvania was founded in 1850. Several American universities became co-educational in the 1870s, and three Canadian universities – Dalhousie, Bishop’s, and the University of Manitoba – began admitting women to their medical schools in the 1890s. See Cheryl Krasnick Warsh, *Prescribed Norms*, 175-87. See also Carlotta Hacker, *The Indomitable Lady Doctors*, 242-6.
- 72 Shorter, 20. See also Sheinin and Bakes, 97-8. See also Hacker, 21-2, 26-9.
- 73 Shorter, 22.
- 74 Shorter, 21. “Medicine in Toronto: II” *The Lancet*, vol.168, issue 4327 (4 August 1906): 332.
- 75 “Medicine in Toronto: II” *The Lancet*, vol.168, issue 4327 (4 August 1906): 332.
- 76 Godfrey, 271-4.
- 77 Godfrey, 278.
- 78 Ibid. p. 53. On Wright having won one of the silver medals in the class of ’73, see Faculty of Medicine calendar for 1912-12, p.90.
- 79 “Banquet to Dr. Adam H. Wright”, p. 43.
- 80 Wright claimed that he “became associated” with the Toronto School of Medicine in 1878; *ibid.*, p.53. However, the school’s “Annual Announcement” for 1880-81 states that Wright was appointed at the start of that session; p. vi.
- 81 The “Annual Announcement” for 1882-83 is the first to note Wright’s title as “Surgeon to the Toronto General Hospital”. That he regularly attended the Burnside and the Women’s Pavilion may be safely assumed given his appointment as lecturer on obstetrics at the Woman’s Medical College the following year, and given I.H. Cameron’s account of his activities as a gynaecological surgeon in “the new wing” (i.e. the pavilion); see “Banquet to Dr. Adam H. Wright”, p. 44.
- 82 See “Annual Announcement” for 1883-4.
- 83 See “Banquet to Dr. Adam H. Wright”, *Canadian Practitioner and Review* (Jan 1913): 51ff. [vol.38, p.31ff. archive.org]. See also Shorter, 522. See also “Wright, Adam Henry,” *Dictionary of Canadian Biography*. See also Obituaries, *Canadian*

- Medical Association Journal*, vol. 23, no. 5 (Nov 1930): 725-726.
- 84** Quoted in Godfrey, 294. For note of the award of MD, see the 1889-90 calendar of the Faculty of Medicine, p. 105.
- 85** "Banquet to Dr. Adam H. Wright", p. 51.
- 86** Shorter, 522-3.
- 87** Shorter, 523-4. See also "Ogden, Uzziel," *Dictionary of Canadian Biography*.
- 88** Godfrey describes Ogden's recruitment to the TSM, insisting that Ogden didn't join the staff until 1855 (*Aikins of the U of T Medical Faculty*, 81-3). However, given that Ogden celebrated his 50-year jubilee in 1903, it is likely that he had been occasionally lecturing at TSM before this appointment while concurrently studying scientific subjects from early 1853 at the University of Toronto. Through the influence of Rolph, Workman had taken over as Superintendent of the Toronto Lunatic Asylum from July 1853 (see "Workman, Joseph," *Dictionary of Canadian Biography*). However, Workman continued to lecture "until 1854" (Canniff, 671), so Ogden may only have been fully appointed in 1854-55 after Workman formally left the school.
- 89** Shorter, 523-4. "Ogden, Uzziel," *Dictionary of Canadian Biography*. "Dr. Uzziel Ogden's Jubilee", *The Canadian Journal of Medicine and Surgery*, vol. 13, no. 3 (Mar. 1903): 203. "Death of Dr. Uzziel Ogden" *The Canadian Journal of Medicine and Surgery*, vol. 27 (Jan-June 1910): 114. "The Late Uzziel Ogden, M.D." *University of Toronto Monthly*, vol. 10 (1909-1910): 301-2.
- 90** Quoted in Godfrey, 294.
- 91** "Death of Dr. Uzziel Ogden" *The Canadian Journal of Medicine and Surgery*, 27.2 (Feb 1910): 115. See also the Toronto School of Medicine's Annual Announcements for 1864-65, 1871-72, 1875-76, 1878-79, and 1880-81. The obituary's claim that Ogden "became attached" to TGH is not reflected in the 1875-76 announcement. Ogden seems to have become attached to TGH via his appointment at the Burnside.
- 92** Godfrey, 316-7.
- 93** "Dr. Uzziel Ogden's Jubilee", *The Canadian Journal of Medicine and Surgery*, vol. 13, no. 3 (Mar. 1903): 205. Shorter, 17, 523.
- 94** "Death of Dr. Uzziel Ogden" *The Canadian Journal of Medicine and Surgery*, 27.2 (Feb 1910): 114. For context, see H. E. MacDermot, "Early Medical Journalism in Canada", *Can Med Association Journal* 72.7 (1 Apr 1955): 536-539.
- 95** "Dr. Uzziel Ogden's Jubilee", *The Canadian Journal of Medicine and Surgery*, vol. 13, no. 3 (Mar. 1903): 204-5.
- 96** "Ogden, Uzziel," *Dictionary of Canadian Biography*.
- 97** [Dr. Alexander Primrose], "History of the Faculty of Medicine (cont'd)," 2; quoted in Shorter, 22. The attribution to Primrose is Shorter's.
- 98** *Ibid.*, 6 (table).
- 99** Shorter, 25; see also, "U of T Chronology" webpage.
- 100** Shorter, 541.
- 101** Shorter, 23-4; "U of T Chronology" webpage.
- 102** Shorter, 24; Godfrey, *Aikins of the U of T Medical Faculty*, 279.
- 103** Godfrey, 279.
- 104** Shorter, 648-50.
- 105** "University of Toronto Medical Faculty Calendar for 1889-90," 30.
- 106** *Ibid.*, 21.
- 107** "University of Toronto Medical Faculty Calendar for 1899-1900," 30-1.
- 108** "Toronto General Hospital" (1896), 25. [Pamphlet: Gerstein; archive.org].
- 109** McDonald, *For the Least of My Brethren*, 47-8, 60.
- 110** Connor, 151.
- 111** "Toronto General Hospital" (1896), 13. [Pamphlet: Gerstein; archive.org].
- 112** McDonald, *For the Least of My Brethren*, 60-1.
- 113** Connor, 151.
- 114** Adam H. Wright, "Notes On Methods And Results In The Burnside Lying-In Hospital, Connected With The Toronto General Hospital, Toronto, Canada" *The British Medical Journal* 2.1921 (October 1897): 1156-7.
- 115** Mitchinson, *Giving Birth in Canada, 1900-1950*, 232-5.
- 116** Mitchinson, *The Nature of Their Bodies*, 250.
- 117** Mitchinson, *Giving Birth in Canada, 1900-1950*, 207.
- 118** Connor, 153.
- 119** James Russell, "The After Effects of Surgical Procedure on the Generative Organs of Females for the Relief of Insanity," *The Canadian Practitioner* 23.10 (October 1898): 579. Quoted in Mitchinson, *The Nature of Their Bodies*, 276. [Russell was Medical Superintendent of the Hamilton Insane Asylum.]
- 120** Shorter, 525.
- 121** Mitchinson, *The Nature of Their Bodies*, 258-62.
- 122** Shorter, 522. Connor, 153.
- 123** Quoted in Mitchinson, *The Nature of Their Bodies*, 267.
- 124** Mitchinson, *The Nature of Their Bodies*, 266, 277. See also Connor, 153.
- 125** Russell, 579-80.
- 126** Frederick W. Marlow, "A Few Notes Referring to the Contributions to Medical Literature and the Writings of the Late Dr. James F.W. Ross, Toronto," *Canada Lancet* 45.5 (Jan 1912): 339.
- 127** Biographical sources for Ross are principally: Cosbie, 133-4; Shorter, 524-5; "In Memoriam of Dr. J. F. W. Ross: A Series of Papers Read at the Toronto Academy of Medicine, 5 December, 1911," *Canada Lancet* 45.5 (Jan 1912): 327-41; H.B. Anderson, "Dr. James F.W. Ross," *University of Toronto Monthly*, vol. 12 (1911-12): 181-7. There is also *A Medical Student's Letters to His Parents*, a collection of Ross's letters from his first European travels, published under the name "Scugog" in 1909. Cosbie and Shorter make a few mistakes regarding Ross's training. Ross initially went to Europe for about two and a half years, not four (Shorter neglects Ross's one-year residency at TGH in 1881). H. B. Anderson's and J. A. Temple's accounts accord closely with Ross's letters.
- 128** Shorter, 524.
- 129** "Annual Announcement of the Woman's Medical College, Toronto... 1886-1887" (1886). [WCH Archives, Board of Directors fonds, 'Annual reports and annual meeting records, A7-1 to A7-15, 1886-1912,' Box 1.]
- 130** H.B. Anderson, "Dr. James F. W. Ross," *University of Toronto Monthly*, vol. 12 (1911-12): 185. J. Algernon Temple, "Dr. Ross as a Surgeon," *Canada Lancet* 45.5 (Jan 1912): 330.
- 131** N. A. Powell, "The President's Remarks on the Late Dr. J. F. W. Ross," *Canada Lancet* 45.5 (Jan 1912): 328.
- 132** "Annual Announcement of the Woman's Medical College, Toronto... 1888-1889" (1888). [WCH Archives, Board of Directors fonds, 'Annual reports and annual meeting records, A7-1 to A7-15, 1886-1912,' Box 1.]
- 133** Anderson, 184-5.
- 134** Cosbie, 134. Shorter, 524.
- 135** Marlow, 337.
- 136** Anderson, 184-6. See also Ross Obituary, *The Dominion medical monthly and Ontario medical journal*, vol. 38, no. 1 (Jan. 1912): 31-32; *The Canada Lancet*, vol. 45, no. 5 (Jan 1912): 327-341.
- 137** Cosbie, 149.
- 138** "President's report for the year ended June 1912" (1912), p. 9. [Web - archive.org].
- 139** Mitchinson, *Giving Birth in Canada: 1900-1950*, 57. Mitchinson seems to be mistaken in stating that William Gardner held the professorships of both Obstetrics and Gynaecology at McGill before 1910. Walter Chipman was head of Obstetrics and succeeded Gardner in Gynaecology to combine the two departments (officially so from 1912). Gardiner doesn't seem to have ever held a position in Obstetrics at McGill. See website [<https://www.mcgill.ca/obgyn/history>]. For the history of the Department of Obstetrics and Gynaecology, Queen's University, see its website

[<http://meds.queensu.ca/medicine/obgyn.20150116/history/history.htm>].

140 The chronology of the opening up of the Faculty to women is somewhat muddled in the primary and secondary sources. The University yearbook for 1908 notes that women attended medical lectures for the first time there in the 1904-05 session; *Torontonensis*, vol. 10, p. 153. In the following year's yearbook Jennie Smillie herself records that she began her course in the 1905-06 session, at the end of which the OMCW closed and she and her colleagues transferred to the University; *Torontonensis*, vol. 11, p. 174-5. Over 70 years later (so somewhat unreliably), Smillie Robertson said she began at OMCW at the age of 25 (which, impossibly, would have been in the 1903-04 session), and that her first year was also the first year that OMCW students took courses at the University (which contradicts the yearbook pieces), after which OMCW closed (which was after the 1905-06 session); [see citation below]. Adding to the confusion, Shorter (in what is perhaps a typo) states that Smillie Robertson entered OMCW in 1906; p.21. Sheinin and Bakes (going from Smillie Robertson's 1978 recollection) state that she entered in 1903 (implicitly because she was then 25); p. 84.

141 Kendrick and Slade, *Spirit of Life: the Story of Women's College Hospital*, 26.

142 "Dr. Jennie Smillie Robertson: Toronto, Ontario, Canada," pp. 2-3. [WCH Archives, Jennie Smillie Robertson personal file.] This autobiographical essay was prepared by Margaret Donnell (drawing from interviews Donnell conducted with Robertson; also held by WCH Archives) in the run-up to Robertson's 100th birthday. The essay was also collected in Leone McGregor Hellstedt (ed.), *Women Physicians of the World: Autobiographies of Medical Pioneers* (1978), pp.1-4.

143 "Passing of the Woman's Medical College," *Torontonensis*, vol. 10 (1908), p. 158. See also Shorter, 21.

144 Kendrick and Slade, 25-6. Kendrick and Slade give the total number of graduates as 128, without citing their source for this figure. Heather Gardiner, the archivist at WCH, advised me that she has been unable to verify this figure, though

she suggested it counted all medical graduates who attended OMCW and its predecessors, including those who graduated after it closed, such as Smillie Robertson. However, Shorter (p.21) gives the figure of 112 graduates, citing *Torontonensis*, vol. 8 (1906), p. 189. It is uncertain whether this figure includes those who graduated from the Kingston Women's Medical College before it was absorbed to form OMCW. Gardiner also advised that the latter's formation was not strictly speaking an "amalgamation" or "merger" of the two women's colleges, but rather a closure and subsequent transfer of students.

145 Biographical sources for Smillie Robertson are principally: "Dr. Jennie Smillie Robertson: Toronto, Ontario, Canada," [WCH Archives, Jennie Smillie Robertson personal file]; "Robertson, Jennie Smillie" in Sheinin and Bakes, 84-5; Shorter, 21, 564; Debrah A. Wirtzfeld, "The History of Women in Surgery," *Canadian Journal of Surgery* 52.4 (2009): 317-320; the newspaper features "Pioneer woman doctor had to intern in U.S.," *Toronto Star* (16 June 1973), and "Canada's first woman surgeon approaches 100," *Toronto Star* (31 Jan 1978); and the obituaries "Dr. Jennie Smillie Robertson, Woman surgeon was first to enter practice in Canada," *The Globe and Mail* (3 Mar 1981), "Dr. J. Robertson pioneer surgeon," *Toronto Star* (3 Mar 1981), and in the *Canadian Medical Association Journal* 124.10 (15 May 1981): 1398.

146 "Dr. Jennie Smillie Robertson: Toronto, Ontario, Canada," pp. 3-4. [WCH Archives, Jennie Smillie Robertson personal file.]

147 Shorter, 564.

148 Kendrick and Slade, 26-8.

149 Shorter, 562-4. For further information on Hume and Wildman, see Sheinin and Bakes, 44-5, 106-7. Hume also lived a quite a long life, though in 1966 she was murdered in her home at age of 89. Sheinin and Bakes' assertion that Hume had delivered her own murderer seems to be a misunderstanding. Rather, the lead investigator of her murder case had been delivered by her [see "Slain MD delivered key detective in case," *The Globe and Mail* (06 Oct 1966): 2].

150 "Dr. Jennie Smillie Robertson:

Toronto, Ontario, Canada," p 2. [WCH Archives, Jennie Smillie Robertson personal file.]

151 Shorter, 525. Faculty calendars (e.g. for 1911-12) show Temple listed as a member of the Gynaecology Department. His title was retained from his previous position in the Trinity Medical School after amalgamation in 1903.

152 McDonald, *For the Least of My Brethren*, pp. 61, 91.

153 "Banquet to Dr. Adam H. Wright", *Canadian Practitioner and Review* 38.1 (Jan 1913): 54. [Vol.38, pp.31-56. Web. *Archive.org*.] See also "President's report for the year ending June 1913" (1913), p. 2. [Web - *archive.org*]. Around June 1912, Wright tendered his resignation, asking "to be relieved of the duties of his chair in the autumn of 1912." However, this was only officially accepted on 14 November 1912, when the Faculty formally appointed Watson. It seems uncertain whether Wright continued teaching in the Fall term, or if Watson had begun teaching in October before his appointment was formalized, or if other members of the Department(s) covered for them.

154 Shorter, 522-3, 525. Cosbie, 149.

155 MacMurchy, 1934

156 *CMAJ*, Sep; 31(3),1934

157 McLaren, 1990

158 Dagg, 2006

159 Biographical sources for Watson are principally: Samuel Gordon Berkow, "A Visit with Dr. Benjamin P. Watson", *Obstetrics and Gynaecology*, 10.1 (July 1957): 105-111; Harold Speert, "Memorable Medical Mentors: XVI: Benjamin P. Watson (1880-1976)", *Obstetrical and Gynaecological Survey*, 61 (2006): 287-292; and Shorter, 525-7.

160 Berkow, 110.

161 Berkow, 106.

162 Berkow, 106. Shorter misinterprets Watson's statement here when he quotes it (527). Watson meant that the "Edinburgh school" viewed teaching as "their second most important assignment" after patient care, rather than such already being the case in Toronto.

163 Connor, 192-5.

164 Shorter, 526.

165 Shorter, 623.

166 Cf. calendars of the Faculty of Medicine for the 1912-13, 1913-14, and 1914-15 sessions.

167 Cosbie, 149. Berkow, 106. In Berkow's article, Watson states that the laboratory he established was for "gynaecologic pathology," while Cosbie simply notes that he set up a "pathological laboratory" at the Burnside. One can probably assume that it handled both gynaecological and obstetrical samples.

168 Cosbie, 245.

169 Shorter, 43-6. J. G. Gallie is not listed in the Faculty calendar until the 1914-15, which would suggest he was appointed to TGH first, and then received an academic appointment in 1914.

170 Shorter, 527-8. Cosbie, 150.

171 For further details on Brown, see Shorter, 245-52.

172 Cosbie, 175-6. Cosbie states this nursery was opened in 1919. However, an item headlined "Science Does Wonders For Wee Babies At 'Burnside'" in *The Toronto Daily Star* (27 January 1917) reports on the "premature ward" at the Burnside Hospital, "which is only the third of its kind in America". The establishment of this ward may tentatively be dated to August 1914, as Alan Brown and Ruggles George published a research paper, "The Care and Feeding of the Premature Infant," *Archives of Pediatrics* 34 (1917): 609-16. Ruggles and Brown, who is also described as an attending physician at "The Infants' Ward, Toronto General Hospital," use data on premature infants at the Burnside from August 1914 to September 1916, and discuss their use of a specialised incubator (612). [http://www.anslab.iastate.edu/class/ans536w/08%20Prematurity/Neonatology%20on%20the%20Web_%20Brown%20and%20George%201917.pdf].

173 Shorter, 527.

174 Berkow, 106.

175 Cosbie, 152-3.

176 Shorter, 531. Cosbie, 246. Van Wyck's first Faculty appointment was as a demonstrator in Anatomy; see Faculty calendar, 1920-21.

177 See Robert B. Meiklejohn, 1936-1985, *The First Fifty Years: The Canadian Gynaecological Society*, 56. See also Dafoe's CAMC service records [<http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B2407-S031>]. Dafoe seems to have lied on his enlistment form, giving his occupation as "Student, Medicine 5th year" when he had yet to finish his second year. He entered the Faculty in Fall 1913. On his war service gratuity application, Dafoe indicates that he served with the Royal Navy Volunteer Reserve for "5 mos", which suggests that he resumed his course in Fall 1917 to finish his last three years with the class of 1920. Dafoe's graduation photograph and bio appear in *Torontonensis*, vol.22 (1920), 115.

178 His training with Watson took place at Edinburgh, after Watson returned there in 1922. See also Dafoe's obituary, "Dr. William Dafoe advised on care of quints," *Toronto Star* (8 November 1974). The article notes that his ship was sunk in the English Channel after colliding with another ship.

179 See "The No. 4 Canadian General Hospital," *University of Toronto Monthly* 16.3 (December 1915): 119. Pearson's enlistment form and some letters concerning his service are found here: [<http://www.bac-lac.gc.ca/eng/discover/military-heritage/first-world-war/personnel-records/Pages/item.aspx?IdNumber=562397>].

180 J. J. Mackenzie, *Number 4 Canadian Hospital: the Letters of Professor J. J. Mackenzie from the Salonika Front* (1933), 50.

181 See "Guide to Sources Relating to Units of the Canadian Expeditionary Force: Canadian Army Medical Corps," 87. [<https://www.bac-lac.gc.ca/eng/discover/military-heritage/first-world-war/Documents/canadian%20army%20medical%20corps.pdf>].

182 Interview with Mary Darling, Margaret May Allemang fonds, University of Toronto Archives, B2006-0016/14(18). In his letters, Mackenzie in fact mentions Darling (p.46), and describes the first months

of the hospital at Salonika in a somewhat jauntier light (34-94).

183 Cosbie, 153.

184 See *University of Toronto Monthly* 17.1 (October 1916): 42.

185 See Gallie's CAMC service records: <http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B3383-S021>.

186 Cosbie, 153. See also Yellowlees' obituary in the *CAMJ* 6.7 (July 1916): 628.

187 Interview with Helen Sibbald, Margaret May Allemang fonds, University of Toronto Archives, B2006-0016/15(01).

188 See Davis' CAMC service records: <http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B2351-S021>. Davis is referred to, but not named, in Cosbie, 153.

189 See Crawford's obituary in *CAMJ* 37.1 (July 1937): 94. See also two items in *The Globe and Mail* of 15 May 1937, "More Than a Coroner Lost" (p.6) and "Sports World Mourns Loss of Dr. Crawford, Friend of Sportsmen" (p.18). See also Crawford's service records here: [<http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B2123-S053>].

190 See Cleland's obituary in *CAMJ* 30.1 (January 1934): 107-8. See also Cleland's service records: [<http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B1785-S051>].

191 See Magwood's service records: [<http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B5842-S034>].

192 See Faculty calendars for 1916-17 (pp.107-112) and 1918-19 (pp.109-117). Clutterbuck's RAMC records would have been destroyed by the War Office in the early 1920s along with all such records for RAMC officers commissioned only for the duration of the war.

193 Ibid. See also Marlow's service records: <http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B5931-S023>.

194 Hendrick is not listed in the calendars' sections of Faculty staff on active service. See Hen-

drick's service records: <http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B4263-S021>.

195 His citation for the MC is quoted in "The War," *The British Medical Journal*, 2.2953 (4 Aug 1917): 1632. See also Cosbie's service records: [<http://central.bac-lac.gc.ca/item/?op=pdf&app=CEF&id=B2020-S050>].

196 Robert B. Meiklejohn, 1936-1985, *The First Fifty Years: The Canadian Gynaecological Society*, 67. McDonald, *For the Least of My Brethren*, 125, 148. There is a slight discrepancy about the year he became chief at SMH. Meiklejohn says 1945. McDonald alternately says both 1945 and, more definitively, 1947. The obituary of his predecessor, Nicholas D'Arcy Frawley, says 1947; see *Canadian Medical Association Journal* 101.11 (29 Nov 1969): 99. See also O'Leary's obituaries in the 4 February 1952 issues of the *Toronto Daily Star* and *The Globe and Mail*, and in *Canadian Medical Association Journal* 66.4 (April 1952): 403.

197 Shorter, 565. Sheinin and Bakes, 35-7. See also S. Bhimji and R. Sheinin, "Dr. Edna Mary Guest: She Promoted Women's Issues Before It Was Fashionable." *CMAJ: Canadian Medical Association Journal* 141.10 (15 Nov 1989): 1093-1094.

198 McDonald, *For the Least of My Brethren*, 79.

199 Shorter, 548-9. See also, President's Report for 1917-18, p.14 [<https://archive.org/details/presidentsrepor1918univ>].

200 See Annual Report of the Toronto General Hospital for 1915, p.7 and for 1916, p.7. The "Smellie" mistake was corrected in 1916. Smillie Robertson, in her autobiographical essay never mentions serving on staff at Toronto General. She was also on staff in gynaecology at WCH at this time. For Oakley, see Sheinin and Bakes, 73. For Sproule Manson, see Shorter, 548, and Sheinin and Bakes, 62-3.

201 Curiously, Patterson is listed with the house staff for 1915-16. Residencies were for graduates and started around July, lasting one year. But Patterson received her MB in spring 1916. Furthermore, her obituary in *The Globe and Mail* of 19 September 1951 states that

she interned for one year at TGH prior to her marriage (to Malcolm Cameron in May 1917). The list is therefore probably prospective – or rather, lists those currently serving at the (September) year-end of the Annual Report. She does not seem to have continued in practice after her marriage.

202 From *A brief history of the Ontario Medical College for Women by Augusta Stowe Gullen, M.D.* 1906

203 Shorter, 527. Shorter states that he was recalled "to help train young military physicians". In any case, this would have been conducted at the University and Toronto General as part of the regular (but accelerated) medical course.

204 Shorter, 369. See also Connor, *Doing Good*, 198-201.

205 "Annual Report of the Toronto General Hospital" (1915), 33.

206 Ibid., 30.

207 Quoted by Clarence M. Hinks in "Annual Report of the Toronto General Hospital" (1916), 35.

208 This increase in the number of unmarried women giving birth at the Burnside is largely anecdotal; see Cosbie, 156-7. According to the TGH report for 1915, 129 of the 844 (not 462, as stated incorrectly on p.33) women admitted to the Burnside were unmarried. According to the TGH report for 1916, 116 (the sum of maternal figures on p.33) of the 845 women admitted to the Burnside were unmarried. Additionally, paternity was identified as someone in military service in 19 of those cases (as "soldiers overseas" or by referral to the Militia Department).

209 "Annual Report of the Toronto General Hospital" (1915), 37. In that year, 68 of 129 unmarried women were discharged to institutional care, and 48 were referred to courts or other agencies. For 1916, only a small number of Burnside patients were examined (of whom only two were found "normal") and so cannot be compared to the preceding year (1916 "Report", 34). Of that year's 116 unmarried maternity patients, 33 were institutionalised, with 15 also referred to courts or other agencies, and 3 deported (33).

210 Cosbie, 156. See also Carolyn Strange, *Toronto's Girl Problem: the Perils and Pleasures of the City, 1880-1930*, 204-5.

211 For the spike in syphilis cases at TGH between 1913 and 1915, see "Annual Report of the Toronto General Hospital" (1916), 41. Note also the jump in cases of gonorrhoea in 1914. The Special Treatment Clinic was set up in 1915, so the increase in the number of syphilis cases after that year may partly be attributed to the resources devoted to detecting the disease and treating more of its sufferers. See also Connor, 200-1.

212 Edna Guest established a Venereal Disease Clinic at WCH in 1920. Another sign of the increasing prevalence (as well as of increasing resources devoted to treating sexually transmitted infections) was the number of Wassermann tests conducted by TGH's Special Treatment Clinic. In 1916, the Clinic conducted 1207 Wassermann tests; see "Annual Report of the Toronto General Hospital" (1916), 36-7. Cosbie states that by 1918, about 9500 tests were being done annually (Cosbie, 156); however, Connor gives the more substantiated figure of 3200 (Connor, 200-1).

213 See Faculty of Medicine calendar (1919-20), 124-8.

214 "McCrae, John," *Dictionary of Canadian Biography* [http://www.biographi.ca/en/bio/mccrae_john_14E.html].

215 Heather McDougall, "Toronto's Health Department in Action: Influenza in 1918 and SARS in 2003," in Magda Fahrni and Esyllt W. Jones (eds.), *Epidemic Encounters: Influenza, Society and Culture in Canada, 1918-1920*, 230. See also McDonald, 67.

216 Cosbie, 160.

217 Kendrick and Slade, *Spirit of Life*, 31-2.

218 McDougall, 232.

219 Cosbie, 175. Shorter, 527. The first resident in Obstetrics and Gynaecology was Donald M. Low.

220 McDonald, 79.

221 See the register of students in the Faculty of Medicine calendar (1921-22), 124-36. [While not stated in the statistics on p.136, the number

of female students can be accurately reckoned by using the keyword "miss" and counting the hits on pp.124-36.]

222 Boyd seems to have been the first female clinician on staff at HSC, though Shorter notes that Angelia Courtney was hired in 1920 as a research director; Shorter, 247. For Boyd, see Sheinin and Bakes, 10; and Shorter, 247, 264. See also Boyd's obituary in the *Canadian Medical Association Journal* 104.4 (20 February 1971): 339.

223 McDonald, 79, 79n33. In the 1921 volume of *Torontonensis*, "Esther Doan Harrison" is noted as having "gained her practical experience by four months in Labrador and one and a half years at St. Michael's Hospital" (p.131). In 1921, Harrison married Julian Loudon and used his surname thereafter. His obituary in the *British Medical Journal* of 28 November 1959 notes that she was still a gynaecologist on staff at Women's College Hospital, Toronto (1118). Esther Loudon's own obituary in the *CMAJ* of 6 September 1969 states that she was on staff at Women's College Hospital "from the time of its foundation" (308). This would be impossible, but may indicate she joined the hospital in 1924 when it changed its name, or perhaps in 1926 when obstetrics and gynaecology were combined there.

224 Kendrick and Slade, 30-2. The new wing was at 149 Rusholme Road, next door to the hospital's School of Nursing. It added 52 beds and 25 infant cots to the 25 beds and 10 cots at 125 Rusholme.

225 Kendrick and Slade, 33. Shorter, 563-4. For Edna Guest, see also note 36 above.

226 Sheinin and Bakes, 106-7.

227 Sheinin and Bakes, 44-5. Shorter, 564.

228 Shorter, Edward. *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals*, pp.527-8. For further biographical information on Hendry, see James Goodwin, *Our Gallant Doctor: Enigma and Tragedy: Surgeon Lieutenant George Hendry and HMCS Ottawa, 1942*, ch.1. See also Hendry's obituaries in *The Globe and Mail* (25 March 1939), p.13; and in *CMAJ* 40.5 (May 1939): 524, 526. Hendry's war service is

discussed elsewhere. However, his service records corroborate much of the biographical information: [<http://www.canadiangreatwarproject.com/searches/soldierDetail.asp?ID=95457>]. On his enlistment form, he also seems to have jokingly given his ethnic origin as "Oriental".

229 Obituary, *The Globe and Mail*. Goodwin states that Hendry taught at Ridley College for three years, but four years seems correct; Goodwin, *Our Gallant Doctor*, p.29.

230 Hendry must have enrolled in medicine in 1900-01, as he is registered as a fourth-year student in the Faculty calendar for 1904-05, p.119 [<https://archive.org/details/calendarmed1904univ>]. Though the medical course had been lengthened to five years in 1899, the final year does not seem to have been compulsory until 1908-09; Shorter, p.648, 870n3.

231 Obituary, *The Globe and Mail*.

232 For Hendry's appointments in the Faculty of Medicine, see the University of Toronto President's Report for the year ending June 1934, p.5 [<https://archive.org/stream/presidentsreport1935univ#page/4/mode/2up/search/Hendry>]. See also the Faculty of Medicine calendars [1907-08 to 1921-22] [<https://archive.org/search.php?query=creator%3A%22University+of+Toronto.+Faculty+of+Medicine%22>].

233 Douglas E. Cannell, interview with Valerie Schatzker (transcripts, p.28), [24 April 1979 - 19 June 1979, (17 May 1979)]. UT Archives, "Hannah Institute fonds".

234 Quoted in Shorter, p.528.

235 Robinson, Marion O. *Give My Heart: the Dr. Marion Hilliard Story*, p.127.

236 "President's Report for the year ending June 1934," pp.4-5. Hendry "retired under the age limit after spending the full vigour of [his] life in the service of the University" (p.4). He was 61 on stepping down.

237 [Population stats for Toronto, based on censuses in 1921 and 1941]

238 Cosbie, W.G. "Maternal Mortality," *CAMJ* 43.1 (July 1940): 38-44 (p.41). For information on long-term national trends in fertility,

see Sari Tudiver, "Exploring Fertility Trends in Canada through a Gender Lens," *Health Policy Research Bulletin*, issue 10 (2005): 7-10. Cosbie also notes the national trend toward hospital birth, p.41. See also Wendy Mitchinson, *Giving Birth in Canada, 1900-1950*, pp.175 (Table 1).

239 Mitchinson, *Giving Birth in Canada, 1900-1950*, pp.173-80.

240 Goodwin, James W. "The Casebooks and Journals of a Toronto General Hospital Houseman: J.C. Goodwin MB 1927-1928," in T. F. Baskett (ed.), *Pages of History in Canadian Obstetrics and Gynaecology*, pp.25-34.

241 Cairns, John D. "Memories of the 1930s: A Conversation with Dr. Leslie Watt," in T. F. Baskett (ed.), *Pages of History in Canadian Obstetrics and Gynaecology*, pp.72-5 (p.75).

242 Cosbie, "Maternal Mortality," pp.40-1. For a more detailed account of the outbreak, see Cosbie, *The Toronto General Hospital, 1819-1965: A Chronicle*, p.203.

243 Cosbie, "Maternal Mortality," p.43. For the national rate, see Mitchinson, *Giving Birth in Canada*, pp.233-4.

244 Mitchinson, *Giving Birth in Canada*, p.234. Leslie Watt twice notes that Scott pioneered the technique at TGH; see Cairns, p.73, 75. Watt also notes Scott's conservative policy on performing the procedure: "Each caesarian section performed at the Toronto General Hospital was reviewed personally with the professor [Scott] and only strictly defined indications were acceptable" (p.75).

245 Cosbie, "Maternal Mortality," p.43. [There is a conflict between the figures Cosbie gives here in Table IX, stating c-section incidence for private patients at TGH was 7.4 per cent and for public 2.7 per cent, with his statement that the rate at TGH in 1938 was 1.7 per cent. Either the data in the table is aggregate for the period 1926-1937, or the figure "2.7" is a misprint of "1.7".]

246 Mitchinson, *Giving Birth in Canada*, pp.234-5.

247 Mitchinson, *Giving Birth in Canada*, pp.255-6.

248 Cairns, p.74.

249 Wendy Mitchinson focusses on “the ability of Canadians to control their fertility” in explaining the changes in the national birth rate in the first half of the 20th century; Mitchinson, *Body Failure: Medical Views of Women, 1900–1950*, pp.159–88 (p.163). Tudiver also notes the contributing factors of industrialisation, urbanisation, child labour laws, improving public health, and socioeconomic upheavals such as the Depression and the two World Wars; Tudiver, p.8. See also Mitchinson’s observation that “access to birth control across Canada... was still class-based” in the first half of the 20th century, and that “those who were poor and members of minority groups did not always have access to safe abortions because they lacked both funds and a [social class] position of negotiation with those who could provide them with a safe abortion”; Mitchinson, *Body Failure*, p.164, 176.

250 Goodwin, “Casebooks”, p.26 (Table 1). [The figures are only for the month of September 1927, and there is no sense of how many of these were self-induced or therapeutic.]

251 Cosbie, “Maternal Mortality,” p.39. [Likewise, Cosbie gives no sense of how many of these were self-induced or therapeutic. However, he does state that “it has been conservatively estimated that two-thirds of the deaths from abortion follow criminal interference” – which gives some sense at least of the suspicion with which even medical professionals viewed miscarriages.]

252 Goodwin, “Casebooks,” p.25. It should be noted that from 1929, TGH did begin accepting one Jewish intern per year, and subsequently two per year; see Edward Shorter, p.542.

253 For particulars on Stowe-Gullen, see Kathleen Smith, “Dr. Augusta Stowe-Gullen: a pioneer of social conscience,” *CMAJ* 126.12 (15 June 1982): 1465–7 (p.1467).

254 See the account of the history of TWH in University Health Network Archives, online finding aid for “Toronto Western Hospital funds” and related series; [https://www.archeion.ca/toronto-western-hospital-fonds].

255 A.A. MacDonald is still listed as

chief of Obstetrics and Gynaecology at TWH in the Faculty of Medicine calendar for 1920–21, p.12. He is not listed for the following session, though Wesley is still listed as assistant in Obstetrics and Gynaecology at TWH; see calendar (1921–22), p.26. However, Wesley’s obituaries, in *The Globe and Mail* (27 March 1962) and in *CMAJ* 86.24 (16 June 1962), state that he was chief at TWH from 1919 to 1946. He was definitely chief there by 1924; see Annual Report for Toronto Western Hospital (1924), TWH Archives [TW 1-1-6].

256 See TWH Annual Report (1925), p.5, 9; TWH Archives [TW 1-1-7]. The report notes that “through arrangements made with the University of Toronto a year ago, bedside clinics are being given in obstetrics” (p.9). Evidently then, there had not been any clinical teaching in obstetrics until 1924.

257 See “Toronto Western Hospital funds” finding aid, UHNA.

258 For the 1924 figure, see TWH Annual Report (1924). For the 1929 figure, see the draft annual report for 1929; TWH Archives [TW 1-1-8]. Irene McDonald also notes that TWH had the busiest obstetrical service in Toronto in 1934; see McDonald, *For the Least of My Brethren*, p.124.

259 See TWH Annual Report (1940), p.3; TWH Archives [TW 1-1-9].

260 For biographical information on Wesley, see his obituaries, in *The Globe and Mail* and in *CMAJ*. The latter misspells his name as “Westley”.

261 Grosso, Francesca. *The History of Sunnybrook Hospital: Battle to Greatness*, p.348.

262 See draft of TWH Annual Report (1947), TWH Archives [TW 1-1-11]. Both Wesley and Magwood are listed as consultants, as well as Manning. For further information on Magwood, see his obituary in *CMAJ* 113.7 (4 October 1975): 659.

263 See TWH Annual Report (1940).

264 See Faculty of Medicine calendar (1916–17), p.17. Frawley is listed as “Demonstrator in Anatomy; Assistant in Gynaecology; Gynaecologist, Chief of Service, St. Michael’s

Hospital”, while M.M. was chief of obstetrics there. In the calendar for 1919–20, Frawley had also become “Assistant in Obstetrics” (p.17). For 1920–21, Frawley is listed as “Assistant in Obstetrics and Gynaecology, St. Michael’s Hospital” (p.19) but Crawford is no longer listed – effectively making Frawley chief of the combined services at SMH.

265 Frawley obituary in *CMAJ* 66.4 (April 1952): 403.

266 McDonald, *For the Least of My Brethren*, p.124.

267 “Dr. Frank Joseph O’Leary Dies Suddenly at 61,” *The Globe and Mail* (4 February 1952), pp.1-2.

268 For biographical information on O’Leary, see Robert B. Meiklejohn, 1936–1985, *The First Fifty Years: The Canadian Gynaecological Society*, p.67; and McDonald, *For the Least of My Brethren*, p.125. See also O’Leary’s obituaries in the *Toronto Daily Star* (4 February 1952) and *The Globe and Mail* (4 February 1952), and in *CMAJ* 66.4 (April 1952): 403.

269 Meiklejohn, p.67.

270 There is a slight discrepancy about the year O’Leary became chief at SMH. Meiklejohn says 1945 (p.67), as does his obituary in the *Globe and Mail* (the one in *CMAJ* doesn’t specify). McDonald alternately says both 1945 (p.125) and, more definitively, 1947 (p.148). Frawley’s *CMAJ* obituary says 1947; *CMAJ* 101.11 (29 November 1969): 694.

271 “Sister Vincentia: 60,000 Babies Had Her Care in 30 Years,” *The Globe and Mail* (28 February 1958), p.5.

272 For biographical information on Sister Vincentia, see McDonald, p.126; and P.A. Kopplin, *On Call in the Heart of the City: 100 Years of Resident and Intern Life at St. Michael’s Hospital*, p.12; see also her obituary in *The Globe and Mail* (28 February 1958), p.5. Miss Mary Mullen of Toronto took her vows and the name Sister Mary Vincentia on 15 August 1925; see the item, “Sisters Take Vows,” *Toronto Daily Star* (17 August 1925), p.3.

273 Kopplin, p.12.

274 Margaret Riddell, quoted in Navindra Budhram, “Ghost of Sister Vinnie a soothing sight,” [posted by

SMH, 25 October 2012]; [http://www.stmichaelshospital.com/media/detail.php?source=hospital_news/2012/20121025_hn].

275 Arthur Hudson, quoted in McDonald, *For the Least of My Brethren*, p.141. Recall that O’Leary had lost his leg as a result of German shelling during WWI.

276 Kopplin, p.12.

277 Budhram, “Ghost of Sister Vinnie a soothing sight”. Shevlen is the only source named who discusses the ghost. She also mentioned Sister Vincentia’s ghost to me in interview, 8 November 2016 [no recording]. Also on SMH website.

278 Marrus Barsky, Lesley. *From Generation to Generation: A History of Toronto’s Mount Sinai Hospital*, pp.23–5. See also “Our History,” Mount Sinai Hospital; [http://www.mountsinai.on.ca/about_us/history/history].

279 Marrus Barsky, pp.9–10, 12, 25.

280 Marrus Barsky, pp.3–4.

281 Marrus Barsky, p.25.

282 Marrus Barsky, pp.17–19.

283 Marrus Barsky, p.28, 30–1.

284 Marrus Barsky, pp.32–3.

285 Marrus Barsky, p.44.

286 Marrus Barsky, p.56.

287 “Dr. Bertha Wilensky: College Hospital Staff Member,” *The Globe and Mail* (13 February 1951), p.7. See also *Torontonensis* (1929), p.84.

288 See note to “Dr. Rose Abron [graphic material] – July 1943” in “Sylvia Schwartz fonds,” Ontario Jewish Archives; [http://search.ontariojewisharchives.org/Permalink/descriptions23566]. See also “Rose Lahman and Dora Smith Head Workers for Lady Fergusson Tea,” *The Southern Israelite* (31 October 1958); [http://israelite.galileo.usg.edu/israelite/view?docId=bookreader/asi/asi1958/asi1958-0782.mets.xml#page/1/mode/1up]. See also “Obituaries,” *Mobile Journal-Inquirer* (11 January 2001); [http://m.journalinquirer.com/mobile/archives/obituaries/article_9506c44c-e975-51c6-a852-46eb842f1997.html]. See also *Torontonensis* (1932), p.87.

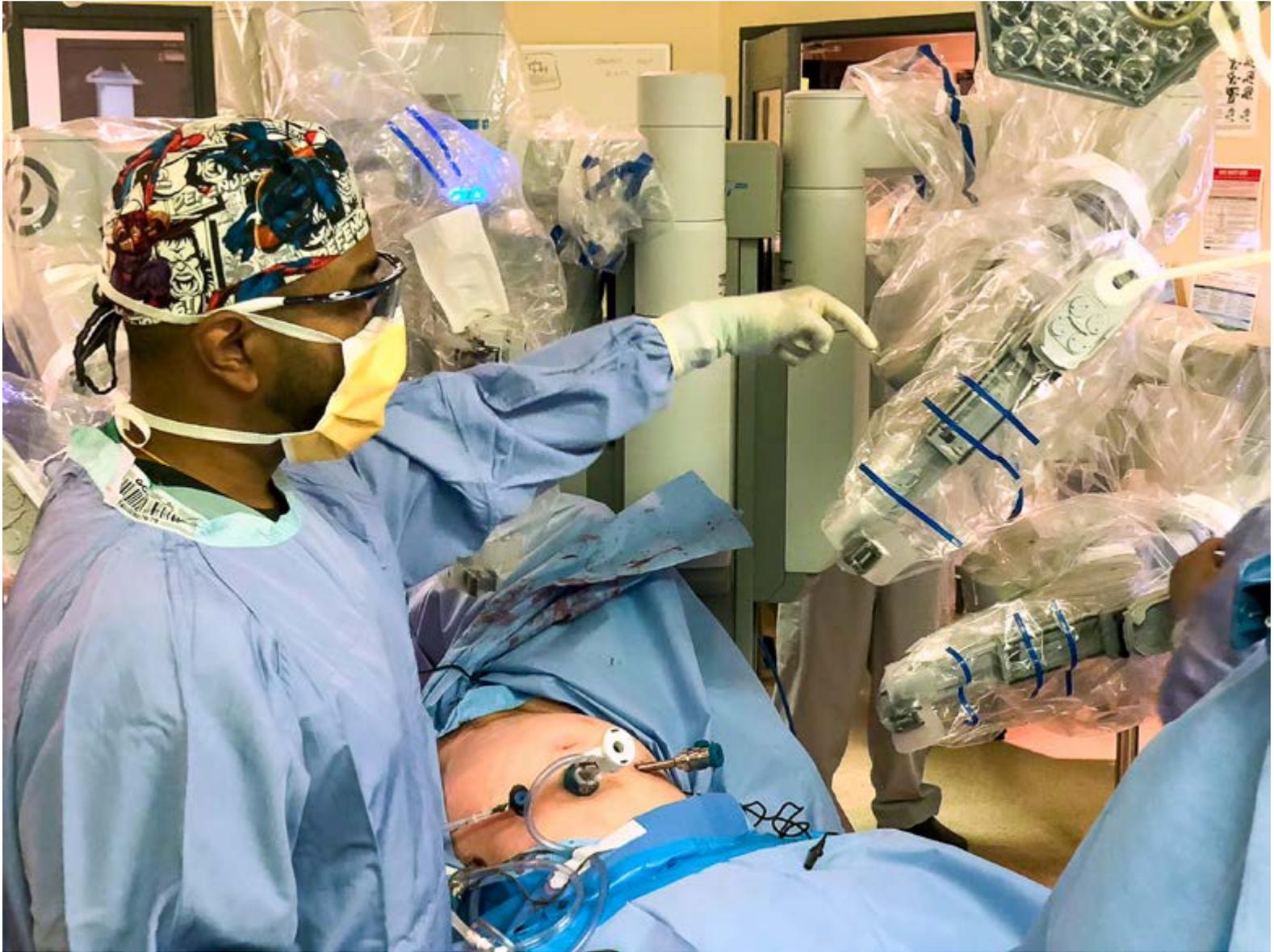
- 289** Marrus Barsky, pp.52-3, 61-3. Marrus Barsky describes how MSH initially secured a site adjacent to HSC, much to HSC's chagrin. In 1944, the two hospitals negotiated for MSH to develop a different site at University and Elm, in exchange for HSC's support for MSH eventually becoming a teaching hospital, and for HSC to begin accepting Jewish interns and residents; p.53.
- 290** Marrus Barsky, p.66, 69, 84.
- 291** See *Torontonensis* (1926), p.32.
- 292** Marrus Barsky, pp.93-4, 152-3.
- 293** Quoted in Marrus Barsky, p.152.
- 294** See "Obituary: Born in Toronto? You may know Dr. Ludwig," *Toronto Star* (30 September 2012).
- 295** Marrus Barsky, pp.87-88 (photo caption, p.87).
- 296** Marrus Barsky, pp.102-5.
- 297** Marrus Barsky, p.119.
- 298** It is unclear precisely when Harris retired, but Papsin became chief in early March 1971, taking over from Sidney Tobin, who had been acting-chief; Marrus Barsky, p.151.
- 299** "Our History," St. Joseph's Health Centre; [https://stjoestoronto.ca/your-health-centre/about-us/our-history/].
- 300** "Our History: Celebrating 130th Anniversary!" Sisterhood of St. John the Divine; [http://www.ssjd.ca/history.html].
- 301** "ST. JOHNS HOSPITAL: Opening of a New and Important Surgical Institution," *The Globe* (1 April 1889), p.8.
- 302** "Dr. R. V. B. Shier: In Practice As Surgeon For 40 Years," *The Globe and Mail* (12 Dec 1961), p.4. He was the father of Crawford Shier, a TGH Obstetrics and Gynaecology, who was the father of R. Michael Shier, currently a member of the department based at Sunnybrook.
- 303** "The Sisters' Mission at St. John's Rehab," Sisterhood of St. John the Divine; [http://www.ssjd.ca/stjohnsrehab.html]. See also Pamela E. Klassen, *Spirits of Protestantism: Medicine, Healing, and Liberal Christianity*, pp.93-4.
- 304** "Our History," Kensington Health; [https://www.kensingtonhealth.org/Kensington-Hospice/About-Us/Our-History.aspx].
- 305** [David Harrison], "The First SSJD Convent," [blogpost from 27 April 2012]; [https://lostanglicanchurches.wordpress.com/category/sisterhood-of-st-john-the-divine/].
- 306** Shorter, pp.563-4. See also Kendrick and Slade, *Spirit of Life*, p.102; and Sheinin and Bakes, pp.44-5, 106-7.
- 307** Kendrick and Slade, *Spirit of Life*, p.102. [See notes to section on Marion Hilliard for further details.]
- 308** Kendrick and Slade, *Spirit of Life*, pp.34-7.
- 309** "The Story of Grace, a Century of Service," Toronto Grace Health Centre; [http://www.torontograce.org/about-tghc/story-of-grace/].
- 310** "Hospital Grew From Small Start: Among Ourselves," *The Globe and Mail* (2 December 1938), p.14.
- 311** "6,000 PERSONS BORN IN WOMEN'S HOSPITAL SINCE ITS INCEPTION: Its Splendid History Reviewed at Opening of New Wing SALVATION ARMY'S WORK," *The Globe and Mail* (1 July 1925), p.14.
- 312** In 1938, 745 babies were born at the Grace; see "Hospital Grew From Small Start: Among Ourselves," *The Globe and Mail* (2 December 1938), p.14. In 1947, there were 2542 births at the hospital, and 2735 births in 1948; see "NOT ONE DEATH IN CHILDBIRTH AT ARMY HOSPITAL," *The Globe and Mail* (30 April 1948), p.15; and "Grace Hospital Takes in Unmarried Mothers-to-Be," *The Globe and Mail* (6 May 1949), p.17.
- 313** See the calendar of the Faculty of Medicine for 1915-16, listing Scott as "Assistant Demonstrator in Obstetrics and Gynaecology, Demonstrator in Anatomy, In charge of Out-patient Department in Obstetrics and Gynaecology, Toronto General Hospital" (p.21); [https://archive.org/details/calendarmed1915univ].
- 314** For Scott's promotions, see University of Toronto President's Reports [http://archive.org/search.php?query=collection%3A%22uofta-archives%22+AND+%28president%27s+report+AND+collection%3Ato-ron%29&sort=-date&page=2]. In 1928-29, Scott was promoted from an associateship to assistant professor, then to full professor in 1935-36 once he became chair; see President's Report (1929), p.4 [https://archive.org/details/presidentsreport1929univ]; and President's Report (1936), p.9 [https://archive.org/details/presidentsreport1936univ].
- 315** Cairns, John D. "Memories of the 1930s: A Conversation with Dr. Leslie Watt," in Thomas F. Baskett (ed.), *Pages of History in Canadian Obstetrics and Gynaecology*, pp.72-5 (pp.72-3). See also [Robert B. Meiklejohn], *The Canadian Gynaecological Society, 1936-1985: The First Fifty Years*, p.5.
- 316** Cosbie, W.G. *The History of the Society of Obstetricians and Gynaecologists of Canada, 1944-1966*, pp.13-5. See also H. Oxorn, SOGC: *The First Fifty Years 1944-1994*, pp.10-1.
- 317** Douglas E. Cannell, interview with Valerie Schatzker (transcripts, p.55), [24 April 1979 - 19 June 1979, (12 June 1979)]. UT Archives, "Hannah Institute fonds".
- 318** See President's Report (1920), p.65; [https://archive.org/stream/presidentsreport1920univ#page/64/mode/2up/search/scott].
- 319** Douglas E. Cannell, interview with Valerie Schatzker (transcripts, p.55).
- 320** Cosbie notes that many older physicians retired after the war; Cosbie, *The Toronto General Hospital*, p.243.
- 321** Douglas E. Cannell, interview with Valerie Schatzker (transcripts, pp.55-6). This reasoning is attributed to Scott by Cannell.
- 322** Shorter, Edward. *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals*, pp.530-1. For further biographical information on Scott, see W.G. Cosbie, *The Toronto General Hospital, 1819-1965: A Chronicle*, pp.245-6. See also Scott's obituaries in *The Globe and Mail*, (20 February 1960), in *The Toronto Daily Star* (20 February 1960), and in *CMAJ* 82.17 (23 April 1960): 898.
- 323** Cosbie, *The Toronto General Hospital*, p.223.
- 324** Shorter, pp.663-4.
- 325** President's Report (1945), p.30; [https://archive.org/details/presidentsreport1945univ].
- 326** Douglas E. Cannell, interview with Valerie Schatzker (transcripts) [24 April 1979 - 19 June 1979, (7 June 1979)].
- 327** Cosbie, *The Toronto General Hospital*, p.239.
- 328** Douglas E. Cannell, interview with Valerie Schatzker (transcripts, pp.55-6). For Cannell's work on venereal disease following his return, see the Annual Report for Toronto Western Hospital (1944), pp.30-1, TWH Archives [TW 1-1-10].
- 329** [Robert B. Meiklejohn], *The Canadian Gynaecological Society, 1936-1985: The First Fifty Years*, p.66.
- 330** [Robert B. Meiklejohn], *The Canadian Gynaecological Society, 1936-1985: The First Fifty Years*, p.72. See also Watson's obituary in *The Globe and Mail* (25 July 1989). John Mann's service in Watson's unit is suggested by the photograph of Mann in uniform "at Niagara Camp, 7th Cavalry Field Ambulance Reserve" in Thomas F. Baskett, "John Mann and His Obstetric Forceps," in Baskett (ed.), *Pages of History in Canadian Obstetrics and Gynaecology*, pp.44-6 (p.44).
- 331** Cosbie describes M.C. Watson's service with the 3rd Division in Normandy; Cosbie, *The Toronto General Hospital*, p.237. For further details of Watson's service in Normandy, see Watson's own account, "Medical Aspects of the Normandy Invasion" *CMAJ* 53.2 (August 1945): 99-111. The assertion that Watson was one of (if not) the first medical officers to land on D-Day is made by his son-in-law, quoted in Watson's obituary in *The Globe and Mail* (25 July 1989).
- 332** McArthur does not seem to have served overseas. His obituary in *The Globe and Mail* (16 November 1964) states that "during the Second World [War] he served as an officer with Royal Canadian Naval Volunteer Reserve." Cosbie notes his rank as Surgeon Lt.-Commander; Cosbie, *The Toronto General Hospital*, p.237. Cosbie also describes George

- Hendry's service and death, p.241. For Hendry's service, see also James Goodwin, *Our Gallant Doctor: Enigma and Tragedy: Surgeon Lieutenant George Hendry and HMCS Ottawa*, 1942.
- 333** Cosbie, *The Toronto General Hospital*, p.238.
- 334** See "TWH Annual Report" (1944), p.30-1.
- 335** Cosbie, *The Toronto General Hospital*, pp.228-9.
- 336** Cosbie, *The Toronto General Hospital*, p.226.
- 337** Cosbie notes the number of TGH nurses and graduates who served in the war, citing a plaque in the Nurses' Residence; Cosbie, *The Toronto General Hospital*, p.240. For the contribution of SMH nurses, see Irene McDonald, *For the Least of My Brethren*, p.143. For the contribution of TWH nurses, see "TWH Annual Report" (1944), p.31.
- 338** Cosbie, *The Toronto General Hospital*, p.225. McDonald notes similar labour shortages at SMH, p.142. There was a similar shortage at TWH, especially because support staff were shifting to better-paying jobs elsewhere; see the Annual Report for Toronto Western Hospital (1940), TWH Archives [TW 1-1-9].
- 339** Marrus Barsky, Lesley. *From Generation to Generation: A History of Toronto's Mount Sinai Hospital*, p.56.
- 340** Shorter, p.543, 545. Until about the end of the war, TGH would offer internships to two Jewish medical graduates from University of Toronto, while TWH would offer one. SMH evidently offered none.
- 341** Millar, W.P.J. and Gidney, R.D. "'Medettes': Thriving or Just Surviving? Women Students in the Faculty of Medicine, University of Toronto, 1910-1951," in Smyth et al. (eds.), *Challenging Professions*, pp.215-33 (p.225). See also Shorter, p.567.
- 342** For biographical information on Davis, see Rose Sheinin and Alan Bakes, *Women and Medicine in Toronto since 1883*, p.23. See also Martin Kendrick and Krista Slade, *Spirit of Life: The Story of Women's College Hospital*, p.39, 102.
- 343** Millar and Gidney, "Medettes," p.225. See also "Open Army Ranks to Women Doctors," Toronto Daily Star (10 July 1942), p.2.
- 344** President's Report (1940), p.147; [https://archive.org/details/presidentsreport1940univ].
- 345** Quoted in Jaclyn Duffin, "The Quota: 'An Equally Serious Problem' for Us All," *Canadian Bulletin of Medical History* 19.2 (2002): 327-50 (p.339). Also quoted in Shorter, p.545.
- 346** For a discussion of the post-war quota system for medicine at University of Toronto, see Duffin. Jan Steiner became chair of the Admissions Committee for the Faculty of Medicine in 1961. He stopped adhering to the quotas and began accepting students solely based on marks (the ostensible admissions policy). Despite decreasing in the 1960s, the number of female medical students began to increase after 1970. Steiner's policy change also had the effect of opening up medicine to vastly more Asian students, who constituted 40 per cent of the class by the mid-1960s. See Duffin, pp.341-4.
- 347** *National Post* (27 December 1999), p.(A)20.
- 348** Baskett, "Ferguson's Reflex," p.22.
- 349** For the most detailed summary of Ferguson's career prior to 1946, see the University of Toronto President's Report for 1946, p.30.
- 350** Baskett, "Ferguson's Reflex," p.22. See also *National Post* (27 December 1999), p.(A)20.
- 351** Ferguson, J.K.W. "A Study of the Motility of the Intact Uterus at Term," *Surgery, Gynecology, and Obstetrics*, vol.73 (1941): 359-366. For discussions of the significance of Ferguson's discovery and for biographical information, see Thomas F. Baskett, *On the Shoulders of Giants: Eponyms and Names in Obstetrics and Gynaecology*, pp.72-3; and Thomas F. Baskett, "Ferguson's Reflex: Then and Now," in Thomas F. Baskett (ed.), *Pages of History in Canadian Obstetrics and Gynaecology*, pp.20-3.
- 352** For his appointment as chair of Pharmacology, see President's Report (1946), p.30. For details of his research on addiction, including his scientific martini-drinking, see *National Post* (27 December 1999), p.(A)20. See also President's Report (1954), p.163.
- 353** *National Post* (27 December 1999), p.(A)20.
- 354** Shorter, *Partnership for Excellence*, p.530.
- 355** Shorter, p.530. See also *Torontonensis* (1915), p.167.
- 356** Shorter, p.530. For further details on Cosbie's war service, see "Chapter 3 (1912-1922)".
- 357** Cf. Cosbie, W.G. "The Obstetrical Causes and Prevention of Stillbirth and Early Infant Mortality," *CMAJ* 13.12 (December 1923): 877-880. I infer 1928 as the beginning of their collaboration given that Richards and Cosbie state that the departments of Radiology and Obstetrics and Gynaecology at TGH began collaborating in that year, and that "the same group" had continued the project throughout the data-gathering (a group which would have included Cosbie); see G.E. Richards and W.G. Cosbie, "The Radiological Treatment of Cancer: Methods and Results II. Carcinoma Cervicis Uteri," *CMAJ* 35.4 (October 1936): 381-385 (p.381). Shorter dates their collaboration in oncology to the "late 1930s" (p.530) - neglecting that Richards and Cosbie co-authored a multi-year study on gynaecological carcinoma in 1936.
- 358** See President's Report (1933), p.44. He seems to have stopped this research by 1936; see President's Report (1937), pp.59-60, where only the radiotherapy research is now mentioned.
- 359** Shorter, pp.501-2. The clinic was run by William Henry Beaufort Aikins, nephew of William Thomas Aikins, Dean of Medicine from 1887 to 1893.
- 360** Shorter, pp.503-5.
- 361** Mitchinson, Wendy. *Body Failure: Medical Views of Women, 1900-1950*, pp.223-6.
- 362** Quoted in Wendy Mitchinson, *Body Failure*, p.224.
- 363** Shorter, p.530. See also McArthur's obituaries in *The Globe and Mail* (16 November 1964), in *The Toronto Daily Star* (17 November 1964), and in *CMAJ* 92.2 (9 January 1965): 97.
- 364** Mitchinson, *Body Failure*, pp.222-3. For further details on Hilliard's contribution, see section on Hilliard.
- 365** Cosbie describes his and McArthur's own work in Cosbie, *The Toronto General Hospital*, pp.206-7. See also Shorter, p.530; and Cosbie, "The Contribution of Radiotherapy to the Modern Treatment of Female Pelvic Cancer," *BJOG* 66.5 (Oct 1959): 843-8.
- 366** Shackleton, Kevin R. *Second to None: The Fighting 58th Battalion of the Canadian Expeditionary Force*, pp.295-6. [Shackleton does not give any source for this anecdote.]
- 367** Item, "Leaves \$144,000 for research," *Toronto Daily Star* (23 February 1965), p.31.
- 368** See President's Report (1954), p.60. See also "5 Department Heads Appointed at U of T," *The Globe and Mail* (1 July 1965), p.5.
- 369** Cosbie, *The Toronto General Hospital, 1819-1965: A Chronicle*.
- 370** Shorter, *Partnership for Excellence*, p.531. See also Van Wyck's obituaries in *The Globe and Mail* (12 March 1952), and in *CMAJ* 66. (May 1952): 508. See also *Torontonensis* (1911), p.120.
- 371** Shorter, p.531. See also *Torontonensis* (1915), p.181.
- 372** For details on Van Wyck's service with the CAMC, see Chapter 3, (1912-22). For the anecdote about Van Wyck teaching patients French, see Buxton, William, et al. (eds.), *Harold Innis Reflects: Memoir and WWI Writings/Correspondence*, p.70, 218.
- 373** Shorter, pp.528-9, 531. See also Cosbie, *The Toronto General Hospital*, pp.202-3.
- 374** Shorter, p.530. Scott, W.A. and H.B. Van Wyck, *The Essentials of Obstetrics and Gynecology* (1947).
- 375** President's Report (1947), p.10, 30.

- 376** Douglas E. Cannell, interview with Valerie Schatzker (transcripts, p.56), [24 April 1979 – 19 June 1979, (12 June 1979)]. UT Archives, “Hannah Institute fonds”.
- 377** Cannell, interview with Schatzker (transcripts, p.55). See also President’s Report (1947), p.10.
- 378** Shorter, p.531.
- 379** Shorter, p.531; Cosbie, p.247. See also President’s Report (1950), p.124.
- 380** See President’s Report (1950), p.12, 45.
- 381** President’s Report (1952), p.59.
- 382** Douglas E. Cannell, interview with Valerie Schatzker (transcripts), [24 April 1979 – 19 June 1979, (24 April 1979)]. UT Archives, “Hannah Institute fonds”.
- 383** See *Torontonensis* (1927), p.74. For Cannell’s acquaintance with Hilliard, see section on Hilliard. For the discontinuation of the MB degree, see the University of Toronto President’s Report (1928), pp.72–3.
- 384** F.E. Bryans, “Douglas Cannell and the Cannell Lectureship,” in T.F. Baskett (ed.), *Pages of History in Canadian Obstetrics and Gynaecology*, pp.14–19 (p.14). See also Edward Shorter, *Partnership for Excellence*, pp.531–4; W.G. Cosbie, *The Toronto General Hospital, 1819–1965: A Chronicle*, pp.311–2; and Robert Meiklejohn, *The Canadian Gynaecological Society, 1936–1985: The First Fifty Years*, pp.54–5.
- 385** Cannell, interview with Schatzker (transcripts), [(17 May 1979)].
- 386** Cannell, interview with Schatzker (transcripts), [(17 May 1979)]. See also Shorter, p.532; and Bryans, in Baskett (ed.), p.14.
- 387** Cannell describes his postgraduate training and early career; Cannell, interview with Schatzker (transcripts), [(17 May 1979) and (7 June 1979)]. Bryans seems correct in stating that Cannell had seven years of postgraduate training, but is mistaken in asserting that Cannell returned to Toronto from Cleveland in 1938 to come on staff at TWH; Bryans, in Baskett (ed.), p.14. Cannell himself states that he was associated with Salvation Army Grace Hospital from 1934. He also states that he was certified by the American Board of Obstetrics and Gynecology in 1934, which suggests that he remained in Cleveland until that year.
- 388** Cannell describes his war service; Cannell, interview with Schatzker (transcripts), [(7 June 1979)]. Cannell was never chief surgeon to the No. 15 CGH, as Bryans contends; Bryans, in Baskett (ed.), p.14.
- 389** Cannell, interview with Schatzker (transcripts), [(12 June 1979)]. Cannell does not state what year he returned from service. Cosbie, Bryans, and Meiklejohn all say 1943, but Shorter says 1944. Shorter seems to be supported by R.W. Wesley’s report welcoming Cannell’s return in the TWH Annual Report for 1944, pp.30–1; TWH Archives [TW 1-1-10].
- 390** Cannell describes his appointment as chair; Cannell, interview with Schatzker (transcripts), [(12 June 1979)]. For Cannell as “something of a dark horse,” see also Shorter, p.531
- 391** For further details on Dean MacFarlane, see Shorter, pp.720–2, and “Joseph Arthur MacFarlane,” “Living History,” University of Toronto Faculty of Medicine; [http://livinghistory.med.utoronto.ca/people/joseph-arthur-macfarlane].
- 392** Cannell, interview with Schatzker (transcripts), [(12 June 1979)].
- 393** For details on the “Gallie course,” see Shorter, pp.43–6, 116–8.
- 394** William Whittaker seems to have had a typical run of the “Cannell course;” see Whittaker, “Part 9. 1954–1958 Toronto Obs,” [document]. Cf. University of Toronto Academic Divisions Calendar, 1961–62 (L to Y) [Division of Postgraduate Medical Education], pp.23–5; [https://archive.org/stream/uoftcalendaracad1961ly#page/n195/mode/2up/search/Obstetrics].
- 395** Cannell, interview with Schatzker (transcripts), [(12 June 1979)]. See also Shorter, p.531.
- 396** Cannell, interview with Schatzker (transcripts), [(12 June 1979)].
- 397** Goodwin, quoted in Shorter, p.532.
- 398** Walter Hannah, interview with Christopher Geary (11 September 2016); [see recording].
- 399** Douglas Gare, interview with Christopher Geary (28 November 2016); [no recording].
- 400** Cf. list of members of the “Cannell Club” in Bryans, “Douglas Cannell and the Cannell Lectureship,” in Baskett (ed.), p.16 (Table 1).
- 401** Shorter, p.533
- 402** Bryans, “Douglas Cannell and the Cannell Lectureship,” in Baskett (ed.), p.16. See also “5 Department Heads Appointed at U of T,” *The Globe and Mail* (1 July 1965), p.5.
- 403** Meiklejohn, pp.54–5.
- 404** Bryans, “Douglas Cannell and the Cannell Lectureship,” in Baskett (ed.), pp.16–18.
- 405** For Hilliard’s friendship with Maryon Pearson (nee Moody), see Robinson, p.62 and passim.
- 406** See *Torontonensis* (1927), p.74, 76. [https://archive.org/details/torontonensis27univ].
- 407** Shorter, p.569; Sheinin and Bakes, p.40.
- 408** Shorter follows Kendrick and Slade in stating that obstetrics and gynaecology were combined at WCH under Marion Grant Kerr in 1926; Shorter, p.564, and Kendrick and Slade, p.102. However, Marion Robinson provides the fullest account of the WCH department’s reorganisation, which was only effected in 1935; Robinson, p.183. Sheinin and Bakes also state that Kerr became chief of the combined department in 1935, but are mistaken in contending that Kerr only came on staff there in 1929 (which is impossible if she appointed Hilliard her assistant in 1928); Sheinin and Bakes, p.49. It is possible that Kerr had been in charge of both separate services before 1935.
- 409** Robinson, pp.171–5.
- 410** Shorter, p.569. See also Robinson, pp.241–4.
- 411** Shorter, p.566. Kendrick and Slade, p.40.
- 412** Shorter, p.570. Kendrick and Slade, p.41.
- 413** Shorter, p.571.
- 414** Shorter, p.570. Kendrick and Slade, p.42. See President’s Report’s [1955–62] for further details.
- 415** *Ibid.*, p.569.
- 416** For biographical accounts of Hilliard, see Edward Shorter, *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals*, pp.568–71; Rose Sheinin and Alan Bakes. *Women and Medicine in Toronto Since 1883: A Who’s Who*, pp.40–3; and Martin Kendrick and Krista Slade, *Spirit of Life: The Story of Women’s College Hospital*, pp.97–8. See also Marion Robinson’s full-length biography of Hilliard, *Give My Heart: the Dr. Marion Hilliard Story*.
- 417** “Dr. Marion Hilliard Dead; A Specialist in Obstetrics,” *New York Herald Tribune*, 17 July 1958. On her collaboration with the ghostwriter June Callwood, see “Journalist, activist June Callwood dies at 82,” *The Globe and Mail* (16 April 2007).
- 418** Kendrick and Slade, p.98.
- 419** Robinson, p.300.
- 420** For biographical information on Maloney, see Rose Sheinin and Alan Bakes, *Women and Medicine in Toronto Since 1883: A Who’s Who*, pp.60–1; and Edward Shorter, *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals*, p.571. See also Maloney’s obituary, “Geraldine Maloney was head of obstetrics at Women’s College,” *Toronto Star* (24 October 1985); and the account of her career upon stepping down as WCH chief in “Women’s hospital names 1st male department head,” *The Globe and Mail* (25 June 1966).
- 421** “Geraldine Maloney was head of obstetrics at Women’s College,” *Toronto Star* (24 October 1985). See also *Torontonensis* (1930), p.69; and *Torontonensis* (1937), p.112.
- 422** “Geraldine Maloney was head of obstetrics at Women’s College,” *Toronto Star* (24 October 1985).
- 423** “Open Army Ranks to Women Doctors,” *Toronto Daily Star* (10 July 1942). Note that Maloney had already enlisted in the RCAMC before this change was made.

- 424 “Women’s hospital names 1st male department head,” *The Globe and Mail* (25 June 1966).
- 425 “VICTIM OF ROBOT, CWAC MEDICO HOME,” *The Globe and Mail* (19 July 1944). Maloney does not seem to have been seriously injured, if at all, though she did present as the first patient at the Army’s female veterans’ hospital a few months later.
- 426 “Women’s hospital names 1st male department head,” *The Globe and Mail* (25 June 1966).
- 427 There is some confusion about when Maloney passed her fellowship examinations. Shorter says 1945 (p.571), as do Sheinin and Bakes (p.60). However, the specialty was not recognised for fellowship until 1947; see David A.E. Shephard, *The Royal College of Physicians and Surgeons of Canada, 1960-1980: The Pursuit of Unity*, p.337. 1947 makes the most sense as Maloney seems to have done two years of training after the war, and only came on staff at TGH in 1947 (which would have been after securing her fellowship). In 1945, Jean Davey, a physician at WCH and chief of medicine there from 1950 to 1965, became the very first Canadian woman to gain fellowship in the RCPSC. She was also the first female doctor to serve in the Canadian armed forces (specifically with the RCAF). See Martin Kendrick and Krista Slade, *Spirit of Life: The Story of Women’s College Hospital*, p.94.
- 428 See “Tradition Ends as 2 Men Named to Women’s College Hospital Staff,” *The Globe and Mail* (12 April 1961); and “Women’s hospital names 1st male department head,” *The Globe and Mail* (25 June 1966). Maloney became an associate in obstetrics and gynaecology in the Faculty of Medicine in 1955 on becoming associate chief at WCH; see President’s Report (1956), p.40. Note that Maloney’s associateship is listed under “Promotions” and not under “New Appointments,” indicating that she was already a member of the OBGYN department.
- 429 See President’s Report (1947), pp.106-7; and her publication on vaginal cytology listed in President’s Report (1951), p.171. Maloney was assisted by Shier from 1949, but Shier took the lead on this research (at TGH) in 1950.
- 430 For an account of the affiliation of the WCH department, see Shorter, pp.570-1.
- 431 Shorter, p.571.
- 432 Hannah, Walter. *A Glimpse of My Life*, p.50.
- 433 Hannah, *A Glimpse of My Life*, pp.50-2.
- 434 “Tradition Ends as 2 Men Named to Women’s College Hospital Staff,” *The Globe and Mail* (12 April 1961). See also Kendrick and Slade, *Spirit of Life*, pp.44-5; and Hannah, *A Glimpse of My Life*, pp.54-5.
- 435 “Women’s hospital names 1st male department head,” *The Globe and Mail* (25 June 1966).
- 436 For biographical information on Paul, see Shorter, *Partnership for Excellence*, pp.533-4; and Paul’s obituary in *The Globe and Mail* (22 November 2006). See also Charles. J. Lockwood and Alan D. Bocking, “William M. Paul MD, November 19, 2006” American Gynaecological and Obstetrical Society; [<http://agosonline.org/public/PDF/paul-wm-2006.pdf>]. The latter provides the fullest account of Paul’s career.
- 437 Lockwood and Bocking, “William M. Paul MD”.
- 438 Lockwood and Bocking, “William M. Paul MD”. For further details on Paul’s research in this period, see President’s Report (1957), pp.149-50.
- 439 Shorter, p.533. See also Walter Hannah, *A Glimpse of My Life*, p.83.
- 440 “Our History,” Department of Obstetrics and Gynecology, University of Alberta; [<https://www.ualberta.ca/obstetrics-gynecology/about-us/our-history>]. Goodwin returned to Toronto in 1967; Shorter, p.534, 571-2.
- 441 Shorter, p.572. For further information on Enhorning, see his obituary in *The Toronto Star* (16 February 2013); [<http://www.legacy.com/obituaries/thestar/obituary.aspx?pid=163063813>]; and the tribute to him in *The Globe and Mail* (6 August 2013) [<http://www.theglobeandmail.com/life/facts-and-arguments/goran-enhorning/article13611942/>]. See also “About the Dr. Goran Enhorning Foundation for Pulmonary Research,”
- Dr. Goran Enhorning Foundation for Pulmonary Research; [<http://www.enhorningfoundation.org/about/>].
- 442 Lockwood and Bocking, “William M. Paul MD”.
- 443 R. Derek Nicholson, interview with Christopher Geary (1 November 2016); [see recording].
- 444 Bryans, Fred, “Dr. Douglas Cannell and the Cannell Lectureship,” *JOGC* (December 1997): 1444 (Table 1). Cowell is the only woman listed among members of the “Cannell Club,” composed of those who had trained in OBGYN under Cannell. See also her *Globe and Mail* obituary. Anne Claessens, the second chief resident in OBGYN at TGH, noted that Cowell had been the first. See Claessens, E. Anne. Interview with Christopher Geary. 16 January 2017.
- 445 “Today’s teen-agers want answers on sexual development, MD says,” *The Globe and Mail*, 4 February 1971, p.(W)4. See also “Doctor studies adolescence,” *Toronto Daily Star*, 4 February 1971.
- 446 “Dr. Carol Cowell,” obituary in *The Calgary Herald* (29 January 2011). See also her obituary in *The Globe and Mail*, 29 January 2011, p.(S)8.
- 447 Allen, Lisa. Interview with Christopher Geary. 21 December 2016.
- 448 Jerry Shime, personal interview with Christopher Geary, 4 January 2017.
- 449 Allen. Interview. See also Susan Charney, “A Tribute to Dr. Carol Cowell,” Turner Syndrome Society of Canada [c.2011]. [<https://www.yumpu.com/en/document/view/35273455/tribute-to-dr-carol-cowell-turner-syndrome-society-of-canada>].
- 450 Cowell is referred to as an associate professor in October 1979 article in the *Toronto Star* [“Teen abortions defended,” *Toronto Star*, 28 October 1979.] Shime, in Interview, gave an account of Cowell’s promotion to full professor. In 1968, Jean Flatt Davey and F. Marguerite Hill, both WCH physicians, became full professors in the Faculty of Medicine.
- 451 Allen. Interview. Allen recalled that Cowell retired after Allen’s first year at SickKids, which was 1998–1999. Cowell’s obituaries in *The Calgary Herald* and *The Globe and Mail* note the OMA award in 2008.
- 452 Charney, “A Tribute to Dr. Carol Cowell,” Turner Syndrome Society of Canada [from society’s newsletter. 2011].
- 453 Obituary in the *Toronto Star* (c. 1994).
- 454 For Harkins’ internship and marriage, see Douglas Gare, personal interview with Christopher Geary, 28 November 2016. For dates of his training and staff appointment, see obituary in the *Toronto Star*. It can be inferred that Harkins undertook the OBGYN residency from July 1951 to June 1955.
- 455 See PubMed database, using search term: “Harkins JL”.
- 456 For the decline in research impact and output, see Shorter, pp.534-5. For Harkins’ focus on pedagogy, see his obituary in the *Toronto Star*.
- 457 Jerry Shime, personal interview with Christopher Geary, 4 January 2017.
- 458 Obituary in the *Toronto Star* (c. 1994).
- 459 Jerry Shime, personal interview with Christopher Geary, 4 January 2017.
- 460 For an indication of this discrimination, see the list of the almost entirely white and male members of the “Cannell Club” in Fred Bryans, “Dr. Douglas Cannell and the Cannell Lectureship,” *JSOGC* 19.13 (December 1997), p.1444.
- 461 Jerry Shime, personal interview with Christopher Geary, 4 January 2017. See also “History of Obstetric Medicine in Toronto,” *www.obstetricmed.utoronto.ca*; [http://www.obstetricmed.utoronto.ca/About_Us/history_of_Obstetric_Medicine.html].
- 462 Walter Hannah, interview August 2016 with Christopher Geary.
- 463 Walter Hannah, interview August 2016 with Christopher Geary.
- 464 Walter Hannah, interview August 2016 with Christopher Geary.

- 465** Walter Hannah, interview August 2016 with Christopher Geary.
- 466** Walter Hannah, interview August 2016 with Christopher Geary.
- 467** Walter Hannah, interview August 2016 with Christopher Geary.
- 468** Shorter, 535.
- 469** Knox Ritchie, August 2016 Interview with Christopher Geary.
- 470** Knox Ritchie, August 2016 Interview with Christopher Geary.
- 471** Shorter, 536.
- 472** Shorter, 536.
- 473** Knox Ritchie, August 2016 Interview with Christopher Geary.
- 474** January 2017, interview with Christopher Geary.
- 475** Report of the Chair, Department Self-Study, 2012.
- 476** Interviewed by Kristen Gane, April 2017.
- 477** Interview with Ted Brown and Lee Adamson with Kristen Gane April 2017.
- 478** Report of the Chair, Department Self-Study, 2012.
- 479** Report of the Chair, Department Self-Study, 2012.
- 480** Kaufman, History of Ontario Midwifery, *JOGC* 1998;20(10):976-81.
- 481** Kaufman, History of Ontario Midwifery, *JOGC* 1998;20(10):976-81.
- 482** Taken from www.cmo.ca (College of Midwives of Ontario).
- 483** Gare, Home or Hospital Births? 1980 *JAMA*.
- 484** Interview with Ray Osborne April 2017 with Kristen Gane.
- 485** Interview with P Bernstein 25 May 2017 with Kristen Gane.
- 486** Personal communication 12 April 2017 with Kristen Gane.
- 487** College of Physicians and Surgeons of Ontario, “out of hospital births”, the College Notes, March 1983.
- 488** Personal email between Vicki Van Wagner and Kristen Gane, 14 April 2017.
- 489** Interview with Doug Gare April 2017 with Kristen Gane.
- 490** McCargar 2 June 2014 *Toronto Star* article.
- 491** <http://doczz.net/doc/5629438/this-pdf-file---canadian-bulletin-of-medical-history> - accessed 14 May 2017.
- 492** McCargar 2 June 2014 *Toronto Star* article.
- 493** McCargar 2 June 2014 *Toronto Star* article.
- 494** C. Backhouse, *Canadian Bulletin of Medical History*, The celebrated abortion trial of Dr. Stowe.
- 495** McCargar 2 June 2014 *Toronto Star* article.
- 496** <http://www.cpha.ca/en/programs/history/achievements/04-fp/history.aspx> accessed 14 May 2017 (CPHA).
- 497** <http://www.cpha.ca/en/programs/history/achievements/04-fp/history.aspx> accessed 14 May 2017 (CPHA).
- 498** McCargar 2 June 2014 *Toronto Star* article.
- 499** Shulman, Morton. *Coroner*, pp 58-61 Fitzhenry & Whiteside, 1975.
- 500** McCargar 2 June 2014 *Toronto Star* article.
- 501** *Toronto Star* 1 November 1967.
- 502** *Toronto Star* 1 November 1967.
- 503** *The Globe and Mail* 24 February 1975; page 5.
- 504** Interview with P Bernstein 25 May 2017 with Kristen Gane.
- 505** Interview with P Bernstein 25 May 2017 with Kristen Gane.
- 506** Abortion rights: significant moments in Canadian history access 14 May 2017, <http://www.cbc.ca/news/canada/abortion-rights-significant-moments-in-canadian-history-1.787212>.
- 507** Interview with P Bernstein 25 May 2017 with Kristen Gane.
- 508** Interview with P Bernstein 25 May 2017 with Kristen Gane.
- 509** Interview with P Bernstein 25 May 2017 with Kristen Gane.
- 510** [http://www.torontopubliclibrary.ca/search.jsp?Ntt=Toronto+\(Ont.\)--Directories&Ntk=Subject_Search_Interface&view=grid&Erp=20](http://www.torontopubliclibrary.ca/search.jsp?Ntt=Toronto+(Ont.)--Directories&Ntk=Subject_Search_Interface&view=grid&Erp=20).
- 511** Conversation with Ted Brown and Lee Adamson / Kristen Gane April 2017.
- 512** Shorter, 533.
- 513** President’s Report, 1955.
- 514** Chatham-Kent Heritage Resources.
- 515** Shorter, *Partnership for Excellence*, p.530.
- 516** Shorter, p.530. See also McArthur’s obituaries in *The Globe and Mail* (16 November 1964), in *The Toronto Daily Star* (17 November 1964) and in *CMAJ* 92.2 (9 January 1965): 97.
- 517** The First Fifty Years, 1936-1985: The Canadian Gynaecological Society, 80.



Dr. Abheha Satkunaratnam prepares to dock for Robotic Surgery at St. Michael's Hospital, 2018

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About the Authors

Kristen Gane is a Toronto writer, editor and psychotherapist. She joined the Department of Obstetrics and Gynaecology in 2015 and thoroughly enjoyed the privilege of exploring its history.

Christopher Geary initiated the project as a research assistant under the direction of John Kingdom in 2015; he is currently a doctoral student in English at the University of California at Berkeley.

John Kingdom has been a high-risk pregnancy specialist at Mount Sinai Hospital since 1998. He was appointed Chair of the Department of Obstetrics and Gynaecology in 2013 and continues to lead with vision and vigor.



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