The Women’s College Hospital (and Dispensary) was opened in 1911 with seven beds. The name reflected the origins of the Dispensary from the Ontario Medical College for Women (OMCW) (1896–1906). This College was founded by the amalgamation of the Women’s Medical College in Kingston and the Toronto Medical College for Women, both of which had been opened in 1883. Prior to this only one woman, Augusta Stowe-Gullen had trained and graduated in Medicine in Canada. The number of in-patient beds increased in stages and by 1925 there were fifty beds and a purpose-built operating room.

The Department of Anaesthesia has always been independent. The first Chief, appointed in 1914, was Dr. Margaret McCallum-Johnston who had trained at OMCW, qualified in 1900, and was the first woman to obtain a regular internship in Canada (at the Hospital for Sick Children). She joined the staff
at the Dispensary in 1903. In 1904 she married Dr. Samuel Johnston who was in fact the first full-time anaesthetist in Canada (contrary to reports that Dr. Margaret was) at the Toronto General Hospital (TGH). He helped her give the first anaesthetics and was on the Consultant staff for many years.

At the OMCW, undergraduate teaching included some anaesthesia. A second year Materia Medica examination in 1887 included the question, “What are the advantages and disadvantages attending the use of chloroform and ether, respectively, as anaesthetics? Mention some cases to which each is more particularly adapted.” Women medical students attended TGH where in 1898 Dr. H.C. Scadding had been appointed Hospital Anaesthetist with responsibility for instructing undergraduate students and resident house staff.

Dr. Hannah Reid became assistant to Dr. Margaret Johnston in 1914. She had graduated from OMCW in 1905. In addition to anaesthesia she had an obstetric practice which she maintained to 1950. Her sister, Dr. Minerva Reid, graduated in the same year and was the first Chief of Surgery at WCH. The sisters frequently worked together.

From the early years the Board of the hospital encouraged staff physicians to maintain a high standard of practice by continuing education in current practice. Early hospital annual reports contained information of clinical activity. For example, in 1919 there were 557 surgical procedures and 248 deliveries. In the 1922 report the types of anesthetics given were listed. Of 442 anaesthetics given, 380 were with ether, all induced with ethyl chloride except for 6 induced with nitrous oxide. The remainder were with chloroform. Local anaesthetics were 24 with Novocaine and 9 with
cocaine. Eight cesarean sections and 72 forceps deliveries were done. Staff anaesthetists were responsible for 353, and non-staff physicians and surgeons for 89. Dr. Johnston was pleased to report that no untoward event had occurred in the administration of anesthetics and that a McKesson machine was introduced, as was a suction machine (much to the reported relief of the ENT surgeon who had done 138 tonsillectomies in the year).

Dr. Hannah Reid succeeded Dr. Johnston as Chief in 1926. In the same year Dr. Ellen Blatchford joined the department. She had graduated in 1923 from the University of Toronto, interned at the Philadelphia Hospital for Women (founded in 1850) and St. John’s Hospital (Toronto) where she had done some anaesthesia. Her anaesthetic experience included spending mornings observing anaesthetics at TGH and attending a course at Toledo, Ohio with Dr. McKesson. She became Chief of Anaesthesia in 1932.

The hospital moved to the present site in 1935 — a site chosen to be near the University Campus, as the board of the hospital was interested in pursuing a University affiliation. Dr. Blatchford was a medical leader who was in support of affiliation and was very active in fund-raising for the new building. Unfortunately, this affiliation was not achieved for many years because of opposition by the majority of the medical staff. When completed, the Grenville Street site had four operating rooms with a delivery suite on the floor above.
Other anaesthetists who joined the staff were Dr. Millie Bates (1935), Dr. Evelyn Batemen (nee Tattersall) (1936) and Dr. Mooney Wells (1939), who also had a general practice. Dr. Bateman graduated from the University of Toronto in 1934. Her early undergraduate medical training was in London, England. She interned at in Toronto WCH and St. John’s.

Dr. Blatchford continued as chief until 1956. She also worked at the Grace Hospital giving Dental Anaesthetics. Records of her academic activity include a talk at the Academy of Medicine on dental anaesthesia. In 1934 she published a paper on spinal anaesthesia. During the 1940s, Drs. Blatchford and Bateman were the mainstay of the department and did most of the on-call duties. Dr. Bateman helped out occasionally at TGH during the war years. In 1941, 2,832 anesthetics were given in both the operating room and for obstetrics, the commonest agent being ether with ethyl chloride induction. Cyclopropane was also used. Some 275 spinals were done and 15 lumbar sympathetic blocks were done for thrombophlebitis. Pentothal was used 6 times.

The highlight of the annual report in 1943 was
that 6 continuous caudals had been performed for obstetrics. They were thought to be expensive, time-consuming and impractical both from the medical and nursing points of view.

Certification in Anaesthesia was introduced by the Royal College in 1942 and Dr. Blatchford was one of the very first recipients. Drs. Bateman and Bates were certified in 1943 and Dr. Mooney Wells in 1948. From 1952 onwards all members of the staff of the Department at WCH were Certified or had Fellowships upon joining the department.

Interns could choose to spend several weeks in the Department. They did much of the obstetrical anaesthesia. Several of these interns later became specialist anaesthetists, among these were Dr. Jeeva Lougheed, who remained at WCH and Dr. Shirley Fleming, who later joined the staff of Toronto General Hospital. There were also residents in anaesthesia who attended Saturday morning lectures at TGH, which had been started by Dr. R.A. Gordon.

In the 1950s, WCH underwent major change. A recovery room was opened in 1951 on the same floor as the operating room. Departments of Medicine, Surgery and Obstetrics were affiliated to the University. It was not until 1969 that all other Departments, including that of Anaesthesia, were affiliated although the University had been assigning residents from the training program since the 1950s. Dr. Shirley Fleming was a member of the staff from 1950 until 1953.

Dr. Bateman became Chief of Anaesthesia in 1956. She and Dr. Blatchford had formed an anaesthesia group practice with a call Rota and 24-hour in-house coverage by staff.

Dr. Hilda Roberts joined the staff in 1957 and became Associate Chief. She had been an anesthetist in the British Army and
had overseas wartime experience. She was recruited to the Department by Lady Henrietta Banting, who had met her at the Hammersmith Hospital in London. Dr. Roberts had strong research interests including obstetric anaesthesia. She already had several publications to her credit and she continued to publish after her appointment to Women’s College. During her tenure she published eight papers, including both obstetric anaesthesia topics and post-operative nausea and vomiting. She used an early IBM computer for collecting data. She taught the basic principles for conducting controlled clinical investigations, including the value of double-blind experiments and the use of statistical analysis, and supervised many research projects until her retirement in the 1970s.

Miss Margaret Robins was trained as a nurse at WCH. As part of her post-graduate experience supported by a scholarship from the National Birthday Trust Fund she attended the Institute of Obstetrics at the Hammersmith Hospital in London, and while there she worked as a research nurse with Dr. Hilda Roberts. She returned to WCH as a teacher in obstetrical nursing and later, when Dr. Roberts joined the Department, became an anaesthetic research nurse. She assisted Dr. Roberts in the development of the medical library, and took a degree in Library Science, becoming Chief Librarian at WCH. Now in her retirement, she is the Hospital archivist.

Anaesthetic practice changed throughout the 1950s. Curare was in use, Pentothal was used frequently for induction, although cyclopropane was still popular. In 1950 there were 69 anesthetics for cesarean sections, 45 with spinal anaesthesia and 5 were without supplement. Others had Pentothal or cyclopropane, or both.
Cyclopropane was commonly used for vaginal delivery, although by the end of the decade half of the deliveries were with epidural anaesthesia. Apgar scoring was implemented when first described by Dr. Virginia Apgar after Dr. Shirley Fleming had attended a meeting where this work was presented.

In the 1960s the use of epidurals for both deliveries and cesarean sections increased.

In 1961 there is a report of a successful resuscitation in the operating room of a cardiac arrest patient using closed-chest cardiac massage. An ICU separate from the recovery room was opened in 1966. The first automatic ventilator was acquired for the operating room that year and Penthrane was introduced.

Dr. Bateman was appointed a Clinical Teacher in the Department of Anaesthesia at the University of Toronto in 1962 and an Assistant Professor in 1969 when the Department became fully affiliated. At that time, all other staff were appointed to the rank of Lecturer. Dr. Pat Goodhall-Gunn joined the staff in
1966, coming from Calgary. She obtained certification in 1960 and later became eligible for Fellowship after completing a year of Internal Medicine in Toronto. A perinatal research unit was developed in this period. Dr. Goodhall assisted in animal experiments, including performing epidurals in sheep. She presented a paper at the Canadian Anaesthetists Society meeting in 1966 on neonatal resuscitation in a rabbit model.

In 1970 a new hospital wing was opened with the operating room suite, the ICU and recovery room next to each other. The delivery suite and cesarean section rooms were located on the floor above, with a neonatal resuscitation room and NICU immediately adjacent to one of the delivery suite operating rooms. A pediatrician was immediately available and attended all complicated deliveries.

Dr. Evelyn Bateman retired in 1972 after 16 years as Chief. She was succeeded by Dr. Edith Rogoman. Further papers were published in the 1970s. With the appointment of Dr. Robert Henderson as Chief of Surgery there was an increase in major thoracic work with a consequent increased load in post-operative care. During this time single-shot epidural or spinal anaesthesia for delivery, which had replaced general anaesthesia in the 1960, was largely replaced by continuous epidural anaesthesia.

During the 1980s staff continued to participate in undergraduate teaching with organized oral examinations and rounds. The
clinical clerk rotation had and continues to have high ratings from the students. The dental interns from TGH and the Toronto Western started to spend their anaesthetic rotations at this hospital. However, residents were no longer routinely assigned to the hospital. A regional high-risk pregnancy unit was opened in 1981. In 1982, Dr. Stephen Halpern was recruited by Dr. Rogoman and after spending a year at University of San Francisco in Dr. Sol Schneider’s group, became Director of Obstetrical Anaesthesia. He later obtained a Master’s degree in Clinical Epidemiology. Funding for Fellows was established to train in Obstetric Anaesthesia. Since, there has been annual recruitment of fellows to train in this specialty as researchers and clinicians.

Dr. Bronwyn Gates succeeded Dr. Rogoman as Chief in 1984. During her tenure, she developed a thoracic anaesthesia service and was active in ongoing development of the Intensive Care Unit. Dr. Jean Kronberg, who had joined the department in 1986, was appointed Chief in 1989 and remained so until the hospital was amalgamated into Sunnybrook and Women’s Hospital in 1999. In collaboration with Dr. Stephen Halpern, she was responsible for the development of an internationally recognized program in

Dr. Bronwyn Gates
Chief, Department of Anaesthesia, 1982–1987

Dr. Jean Kronberg
Chief, Department of Anaesthesia, 1989–1999
obstetrical anaesthesia. With a bequest from the estate of Dr. Evelyn Bateman to the University Department of Anaesthesia, and the recruitment of an additional donor, Cara Foods Inc. (President Ms. Gail Regan), a joint university/hospital-endowed Professorship in Obstetrical Anaesthesia was established in 1996. This represented the first endowed professorship in the University of Toronto Department of Anaesthesia and the first such position in the specialty in North America. Since, three visiting professors have been appointed (Dr. Barbara Leighton (1997–98) Dr. Susan Palmer (1999–2000), and Dr. Joanne Douglas (2002–03). The professorship has provided enrichment and recognition for the Obstetrical Anaesthesia program, nationally and internationally. Dr. Halpern continues to be a teacher and leader in obstetrical anaesthesia with international research collaboration. In 1997, Dr. Pamela Angle was recruited to assist in the continuing development of the Obstetrical Anaesthesia program and was supported for a Master’s degree in Clinical Epidemiology.

Dr. Pamela Morgan joined the department in 1998, she has continued her research in simulator based undergraduate education collaborating with Dr. Doreen Cleave-Hogg. Dr. Morgan is at present co-ordinator of undergraduate education in the University Department of Anesthesia. In 1999, Women’s College Hospital was amalgamated into a newly created organization, Sunnybrook and Women’s College Health Sciences Centre. The perinatal program, including the Obstetrical Anaesthesia program, will eventually be located at the Sunnybrook Campus. The Women’s College Campus will be developed as an Ambulatory Care Centre in Women’s Health with an Ambulatory Surgery unit.