

HUMANITIES

Where no child knocks in vain:

A History of the Izaak Walton Killam Hospital for Children

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The Izaak Walton Killam (IWK) Health Centre is the premier referral hospital for pediatric patients in the Maritime provinces. It is also an important teaching site for Dalhousie University, providing clinical exposure for physicians, nurses, and other allied health professionals. The IWK in its current incarnation was formed in 1995 by the merger of the IWK Children's Hospital and the Grace Maternity Hospital. Prior to their amalgamation, these separate institutions each provided decades of care to families in Atlantic Canada.

This article summarizes the history of the Children's Hospital, describing its historical antecedents and its development over more than a century of service. Ever championed by the local community, the hospital has grown in leaps and spurts despite periods of financial turmoil. Time after time, its mission of advancing children's health has attracted support from substantial benefactors and the general public, alike. The Grace Maternity Hospital's history is summarized elsewhere¹.

The Children's Hospital

The first children's hospital in the British Empire was the Great Ormond Street Hospital for Sick Children, founded in London, England, in 1852². The first one in Canada was the Hospital for Sick Children, opened in Toronto in 1875. Halifax would not have this type of facility until the turn of the century. By 1900, the Victoria General Hospital and Halifax Infirmary had become established as important general public hospitals in the city^{3,4} but were not focused on pediatrics. Until the Victoria General opened a small children's ward in the 1890s, the children occasionally admitted there would have been housed alongside adult patients^{5,6}. During this era, children commonly had to contend with such contagious diseases as diphtheria and tuberculosis⁷, and Canada maintained a grim infant mortality rate around 20%⁸. Furthermore, children under 12 years old accounted for about 75% of all deaths in the country. Needless to say, much work was needed to improve the health of this vulnerable population.

The inception of the Children's Hospital in Halifax may be credited to the remarkable efforts of a single private citizen, Marion Morrow⁷. During an influenza outbreak, Morrow was moved by a newspaper report describing the plight of children unable to be admitted

to the overburdened Victoria General Hospital⁹. This unfortunate state of affairs inspired her to lobby for a children's hospital to be created in the city. After she met with the mayor of Halifax, the city pledged to provide land for such a hospital, as well as \$5 000 toward construction, and \$500 per year for operating costs^{7,10}. The provincial government declined to contribute toward capital construction, but offered to subsidize operating costs by paying 30 cents daily per patient¹⁰. The project, however, would require an additional \$10 000 to be raised privately. Since Morrow's husband was a partner in the Halifax firm S. Cunard and Company Limited, she was able to leverage her social connections to strike a fundraising committee, comprising a group of influential Haligonians. After \$5 000 had already been raised, local businessman Frederick Corbett generously contributed a further \$10 000, and construction was able to begin¹¹⁻¹³.

The original Children's Hospital was completed in December, 1909, at a cost of \$18 200¹²⁻¹⁴. An unassuming brick building on Morris Street – now, part of University Avenue – with 16 beds and a sun room at its rear, this was the first hospital east of Montreal solely dedicated to treating children (Figure 1)^{8,12,13,15,16}. Surgeries were conducted two days a week in the hospital's lone operating room. During the hospital's early decades, the medical staff often worked for free^{11,15}, and they were initially assisted by a nursing staff of two trained nurses,



Figure 1. Nurses and patients at the Children's Hospital entrance. Photographer unknown. 1910s. Courtesy of Nova Scotia Archives, Halifax, Nova Scotia.

two nursing students, and a nursing superintendent¹². The first patient at the Children's Hospital, a 4-year old with tuberculosis of the spine, was admitted December 28, 1909¹⁷. Thereafter, demand grew quickly, and the hospital was faced with long wait lists⁸. By 1912, the sun room would need to be converted into a 9-bed convalescent ward, affectionately known as the Veranda Ward or Rainbow Ward^{7,11,18}.

Starting in 1916, the Children's Hospital partnered with the Victoria General to establish a formal nursing school^{7,10}. In subsequent years this training program would be operated in collaboration with many other institutions in the province: the Grace Maternity Hospital, the Nova Scotia Hospital, the Tuberculosis Hospital in Halifax, the Nova Scotia Sanatorium in Kentville, and the Victorian Order of Nurses. However, as nursing education in Nova Scotia was reorganized in later decades, the Children's Hospital School of Nursing was eventually phased out^{11,19-21}. The school graduated its final class in 1971, having trained a total of 801 nurses²².

The Halifax Explosion on December 6, 1917, devastated local communities and brought many injured to the city's hospitals^{10,23}. Over 50 injured children were immediately treated at the Children's Hospital, which also suffered mild damage from the blast. The aftermath would keep the hospital busy for months following the catastrophe. One notable story from that event was that of Annie Liggins, the "ash pan baby," miraculously recovered amidst the rubble of her family home, safe under the kitchen stove's ash pan^{10,11}. Although her mother and brother perished in the explosion, Annie was discharged several months later to the care of her father and lived to the age of 94.

From the very beginning of the Children's Hospital, it became apparent that the tiny facility would not be large enough to keep up with the great need for pediatric care¹⁵. A series of expansions to the building were necessary during the lifespan of the original hospital, starting in 1919 when construction began for a first additional wing. Built with \$65 000 from community fundraising and furnished by the International Rotary Club, the Rotary Ward increased the bed count to 50. 1931 saw the opening of the nurses' residence, which would later be named after the hospital's longtime president Obed E. Smith. These residences freed up for renovation an area previously used as living quarters for the now 30-strong complement of nurses; this area was divided into an additional operating room and a new ward, which brought the bed capacity to 90^{8,10}. Over time, the beloved Rainbow Ward's wooden construction came to be regarded as a fire hazard, and it was replaced in 1945 with another expansion, adding 46 more beds, some minor procedure rooms, and a new play room.

Remarkably, these latest additions were still outgrown quickly. Finally, in 1950 the Children's Hospital acquired an adjacent plot of land that extended the length of the block from Morris Street to South Street^{7,10,11,15}. Here, a large, \$1.2 million East Wing was opened in 1953, with more administrative space and operating rooms, as well as living quarters for doctors, interns, and student nurses. This latest extension augmented the hospital's capacity to a total of 206 beds.

In spite of the relentless demand, the management and medical staff at the Children's Hospital were steadfast in their commitment to a founding principle of the hospital; specifically, that no child would ever be denied necessary treatment if their family were unable to afford it¹². This ethos was immortalized in the hospital's motto, "Where no child knocks in vain"⁷. A majority of patients at the Children's Hospital actually came from very poor families that, on average, only paid for a quarter of their total medical costs^{11,15}. Since the remainder was covered by private donations and a minimal level of government funding, the hospital consistently and heavily relied on public support. In spite of this challenge, costs to patients were kept to a minimum. For instance, by 1937, the daily charge for a ward admission was \$1, while a private room was \$3, and the operating room fee was \$5²⁴.

Unfortunately, the onset of the Great Depression meant that some major supporters did not maintain their usual donations to the Children's Hospital¹⁵. Operating deficits continued to grow and did not improve substantially over the course of the Second World War. Entering the 1950s, the Children's Hospital was clearly in a crisis, and the unsustainability of its funding model was becoming ever more apparent¹¹. In 1953, the operating deficit exceeded \$45 000, and grew to \$133 000 by 1958¹³. By this time, owing \$620 000 to creditors, the institution seemed on the brink of collapse^{11,13}. Recognizing the great loss to the community that this would entail, the Cities of Halifax and Dartmouth, as well as Halifax County and the provincial government, were persuaded to jointly act as guarantors to the hospital's creditors. The implementation of the Provincial Hospital Insurance program in 1959 would also greatly ease financial pressures^{10,11,25,26}. The program reimbursed the hospital for all patients at a standard ward rate, while still allowing the hospital to charge extra for private accommodation. In its first year, the Nova Scotia Hospital Insurance Commission accounted for almost 80% of the hospital's annual revenue, and the Children's Hospital was able to continue treating poor children without risking insolvency. After further savings from cost-cutting measures, the hospital's debts were paid off by 1961, four years sooner than promised to its

guarantors.

Towards a New Children's Hospital

Although the advent of Provincial Hospital Insurance greatly improved the Children's Hospital's fiscal situation, the removal of financial barriers also meant that more families came to seek care at the perennially busy institution¹⁰. The hospital continued to be cramped and its aging edifice was hurtling toward obsolescence²⁷. To some, its future as Atlantic Canada's pediatric referral centre was uncertain, particularly since inadequate space constantly hampered clinical teaching for its health professions training programs^{10,19,20}. In 1961, the Children's hospital commissioned an independent report on the building, which recommended construction of a brand-new hospital rather than further renovation of the existing structure. In 1964, preliminary plans for such a new facility were announced^{28,29}. However, with limited provincial support for capital construction, the new hospital's anticipated \$6 million cost presented a substantial obstacle.

It was auspicious then that the fundraising committee attracted the attention of philanthropist Dorothy Killam^{5,30}. Her late husband, Izaak Walton Killam, was a Yarmouth-born financier whose diverse corporate acquisitions and investments had rendered him the wealthiest person in Canada^{31,32}. After he died in 1955, her astute management of his estate had doubled the Killam fortune to \$100 million. She met hospital officials in the spring of 1965 to negotiate a possible \$5 million donation toward construction of the new Children's Hospital^{5,7,30}. These discussions resulted in stipulations about the naming of the new hospital, its architectural design, and other matters. Overall, the prospects seemed favourable for finalizing the deal at



Figure 2. Aerial photograph of IWK Children's Hospital. The original Grace Maternity Hospital is seen, as well as the Victoria General Hospital's "Jubilee Building," demolished in 1980 to make way for the Robert Clark Dickson Ambulatory Care Centre. ca. 1972. Courtesy of the Dalhousie University Photograph Collection, Dalhousie University Archives, Halifax, Nova Scotia.

a later date. Thus, her unexpected death that summer was an immense shock that threatened to derail the project's financing efforts^{30,34,35}. Instead, hospital officials were pleasantly surprised when execution of her will revealed that her gift had been enlarged to \$8 million.

Construction of the new Izaak Walton Killam (IWK) Hospital for Children started in 1967 (Figures 2, 3)^{19,20}. Upon completion, the 325-bed hospital cost over \$19 million, far in excess of original estimates. On May 28, 1970, 116 inpatients from the old Children's Hospital were transported via an underground tunnel connecting the two buildings, an efficient process completed within 2 hours³⁵⁻³⁸. During opening day, hospital staff began using the IWK's novel technologies such as its pneumatic tube network, intercom call bells, and pagers. As planned, the Halifax Infirmary permanently closed its 70-bed Pediatrics Unit at this time²⁷. During the first year of the new IWK, 7992 patients were admitted, 5183 operations were carried out, and the Emergency Department saw 22 047 visits³⁹; in comparison, there were 239 admissions during 1920¹⁰.

Many new clinical services were introduced with the opening of the IWK. Pediatric Psychiatry would now be offered on both an outpatient and inpatient basis, and would supplement the Nova Scotia Hospital's Pediatric Psychiatry services^{37,40}. The IWK had new wards for respiratory and infectious diseases, a Clinical Investigation Unit for complex endocrine and metabolic disorders, and 65 beds for family physicians to admit their own patients³⁷. Ten operating rooms were now available, conveniently located next to a 15-bed Intensive Care Unit²⁷. Neonates and burn patients could also be treated in state-of-the-art, dedicated



Figure 3. Pediatricians, standing with interns and residents. Photographer unknown. ca. 1962. Courtesy of the Thomas John (Jock Murray) Fonds, Dalhousie University Archives, Halifax, Nova Scotia.

units. A new division of Pediatric Neurosurgery was established, meaning that children would no longer need to be admitted to the Neurosurgery service at the Victoria General Hospital³⁷. To the delight of patients and families, the new patient rooms were large enough to accommodate parents rooming in²⁷.

A year after the IWK opened, a new Child Life Department was also introduced⁵. This program, integrating study and play, aimed to help children and families cope with hospital admission and its disruption to daily life. It had been preceded by a more rudimentary Play Therapy Department and Children's Hospital School, both founded in 1939¹⁰. Although Child Life at the IWK would face challenges in the 1990s, with budget cuts and reorganization, it remains vital service today^{5,41,42}. Child Life's therapeutic clowns, introduced in 2006, have become a particularly visible and beloved part of life at the IWK^{43,44}.

The IWK-Grace

When the Salvation Army's Grace Maternity Hospital withdrew from the long-awaited Camp Hill redevelopment project in 1983, an opportunity arose for further cooperation and integration with the IWK⁴⁵⁻⁴⁸. Fruitful discussions ensued around sharing resources and by 1985 the IWK agreed to provide land for a new Grace Maternity Hospital to be built directly adjacent to the IWK⁴⁹. Since both hospitals were confronted with funding shortfalls and operating deficits in the late 1980s into the 1990s, improving efficiency was imperative⁵⁰⁻⁵⁷. The new Grace Maternity Hospital opened April 10, 1992, connected to the IWK via a shared services building^{58,59}. In 1995, the two hospitals formally merged into the IWK-Grace Health Centre for Children, Women & Families, and remained independent of the regional health authorities simultaneously being formed in Nova Scotia⁶⁰⁻⁶². After 1999, the Salvation Army's partnership with the IWK-Grace was discontinued, and the hospital later became known as the IWK Health Centre⁶³⁻⁶⁵.

The 2000s continued to bring growth and development to the IWK. In 2002, a helicopter landing deck was added to the roof of the complex⁶⁶. This was followed in 2005 by the opening of the Richard B. Goldbloom Research and Clinical Care Pavilion, named after the hospital's esteemed former Chief of Pediatrics. 2009 was an especially monumental year for the IWK, as it celebrated the Children's Hospital's centenary⁶⁶. The anniversary was observed with many special events and initiatives, including scientific symposia, a "Concert of the Century" featuring Symphony Nova Scotia and the Nova Scotia Youth Orchestra, an alumnae reunion of the Children's Hospital School of Nursing, and artistic commissions. A commemorative history of the hospital

was also published, *IWK: A Century of Caring for Families*⁶⁷.

From its earliest years, the hospital enjoyed widespread community support, with volunteers providing instrumental assistance to patients and families. Fundraising for the hospital has been essential for upgrading equipment and facilities and, at least during the early decades of the Children's Hospital, for keeping the institution from bankruptcy. The Kermesse fun fair, named after a European festival, was first held in 1911 and raised over \$500^{10,12,68,69}. This popular yearly event was disrupted by the First World War, until 1946, when the newly founded Women's Auxiliary revived the Kermesse. The Kermesse now raises over \$90 000 a year⁷⁰. In 1985, the IWK inaugurated a new fundraising tradition, the IWK Telethon for Children, featuring local entertainers and patient testimonials^{66,71}. The first telethon raised \$614 000 toward new equipment and construction, becoming a pivotal annual campaign for the hospital. 2019's IWK Telethon, its 35th iteration, garnered \$6.7 million in pledges, its greatest sum yet. The IWK Foundation, established in 1987, presently oversees fundraising for the hospital¹¹.

In 2012, the IWK was once again beneficiary of a large philanthropic gift, when automotive manufacturers, the Garron family, donated \$10 million toward improved facilities for mental health, and obstetric and neonatal care⁷². This contribution was an important step toward construction of the IWK's \$10 million Garron Centre for Child and Adolescent Mental Health, designed in consultation with youth and families who had lived experience of the hospital's old mental health facilities⁷³. The Garron Centre was completed in 2014⁷⁴. Sadly, the IWK also appears to have been victim to some rather uncharitable behaviour in recent years; its former CEO Tracy Kitch and former CFO Stephen D'Arcy presently await trial after independent auditors discovered Kitch spent tens of thousands of dollars on a corporate credit card, for "potentially personal" expenses⁷⁵⁻⁷⁷. Nonetheless, the IWK otherwise enjoys an abundance of goodwill and presently finds itself on firm financial footing.

The IWK remains a bustling institution; in 2018, the hospital saw over 33 000 Emergency Department visits and 4 300 pediatric surgeries⁷⁸. Today, the hospital continues to adapt to the community's changing needs. For instance, in 2019, the IWK completed an extensive renovation of its Neonatal Intensive Care Units, converting an open unit design to 38 private rooms with improved amenities for parents⁷⁹. Although the nursing residence had long been demolished, the IWK's O.E. Smith Auditorium continued to honour the influential administrator of the original Children's Hospital. In 2017, the IWK partnered with cinema chain Cineplex to



Figure 4. Inscription at the University Avenue entrance of the IWK Health Center. Photographer: Mike Wong, 2020.

upgrade this space into a movie theatre for patients and families, and also for multimedia scientific meetings⁸⁰. Since 2018, planning has been underway for a major expansion of the Pediatric Emergency Department, focusing on enlarged capacity, modernized spaces for mental health crises, and improved isolation for patients with contagious diseases⁸¹.

Indeed, much has changed since Marion Morrow's personal initiative resulted in the founding of the Children's Hospital. Fortunately, pediatric outcomes are greatly improved from that era. However, even though today's pediatric care is vastly more sophisticated than a century ago, patients at the IWK are still buoyed by the ageless virtues of compassion and kindness. As it has always been, the hospital's doors are open to any child in a time of need (Figure 4).

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