THE EVOLUTION OF EARLY HOSPITALS IN BRITISH COLUMBIA, 1855–1918

HELEN VANDENBERG AND GEERTJE BOSCHMA

SCHOLARS HAVE POINTED to the early twentieth century as one of the most critical turning points in Canadian hospital history.[1] Scholars David Gagan and Rosemary Gagan, who have produced the most comprehensive study of Canadian hospitals to date, argue that hospitals transformed from modest Victorian charity houses for the impoverished sick to the more scientific medical treatment facilities we know today.[2] Yet much of this work examines only a small subset of urban hospitals, specifically the largest medical-surgical hospitals established. In more recent years, historians have begun to study various hospital subtypes, including "Indian," academic, and state asylum mental hospitals,[3] but have yet to utilize a broader, regional lens to examine the diversity of players involved in early hospital and health care development.

The purpose of this article is to examine a sixty-year period of hospital development, from 1855 to 1918, when a variety of players constructed more than eighty hospitals in British Columbia. This time period represents the period when hospitals first began to be constructed until the end of the First World War, just prior to the hospital standardization movement of the 1920s.[4] Though previous scholars have defined this time as an important period of transition, they have yet to utilize a lens of place

[1] David Gagan and Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890–1950* (Montreal and Kingston: McGill-Queen's University Press, 2002).

[2] Ibid., 3.

[3] Laurie Meijer Drees, *Healing Histories: Stories from Canada's Indian Hospitals* (Edmonton: University of Alberta Press, 2013); Edward Shorter, *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals* (Toronto: University of Toronto Press, 2013); James Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal and Kingston: McGill-Queen's University Press, 2001).

[4] Gagan and Gagan, *For Patients of Moderate Means*, 71.

to identify patterns in early hospital development.[5] Canadian historians such as Megan Davies and Jayne Elliot argue that utilizing place as an analytical tool can reveal significant regional differences in historical narratives.[6] Examining hospital history from within this framework suggests that we might rethink what we know to date about the history of hospitals in British Columbia and, possibly, elsewhere in Canada. The rise of the voluntary public hospital studied by Gagan and Gagan did not, as our article shows, eliminate the need for diverse, local, specialized, religious, and racialized facilities that proliferated at the same time as the large urban public hospitals, which came to dominate urban care. This study demonstrates how the cultural and social diversity of British Columbia's early communities generated a patchwork of often small, community-based hospitals underrepresented in current hospital historiography.

We validate that the pattern of hospital growth in British Columbia seems to confirm the key insights from foundational studies on hospital history. These include, for example, Charles Rosenberg's and Morris Vogel's classic studies on US hospital history and similar Canadian work by Gagan and Gagan, along with subsequent work by Connor on the Toronto General Hospital and by Wright on the Hospital for Sick Kids.[7] These works provide a framework within which to explain the emergence and subsequent transitions of several large urban hospitals in British Columbia, such as the Vancouver General Hospital and the Royal Hospitals in Victoria and New Westminster, respectively. On the other hand, some of the province's hospital growth also seemed to divert from the common portrayal communicated in this earlier historiography.

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[5] Holly Dressel, *Who Killed the Queen? The Story of a Community Hospital and How to Fix Public Health Care* (Montreal and Kingston: McGill-Queen's University Press, 2008); Terry Neville, *The Royal Vic: The Story of Montreal's Royal Victoria Hospital, 1894–1994* (Montreal and Kingston: McGill-Queen's University Press, 1994); Mark W. Cortiula, "Social Class and Health Care in a Community Institution: The Case of Hamilton City Hospital," *Canadian Bulletin of Medical History* 6, no. 2 (1989): 133–45; Harvey G. Agnew, *Canadian Hospitals, 1920 to 1970: A Dramatic Half Century* (Toronto: University of Toronto Press, 1974).

[6] See Megan Davies, "Mapping 'Region' in Canadian Medical History: The Case of British Columbia," *Canadian Bulletin of Medical History* 17, nos. 1–2 (2000): 73–92; Jayne Elliott, Meryn Stuart, and Cynthia Toman, eds., *Place and Practice in Canadian Nursing History* (Vancouver: UBC Press, 2008), 40–52.

[7] Charles Rosenberg, *The Care of Strangers: The Rise of America's Hospital System* (New York: Basic Books, 1987); Morris Vogel, *The Invention of the Modern Hospital: Boston, 1870–1930* (Chicago: University of Chicago Press, 1980); Gagan and Gagan, *For Patients of Moderate Means*; J.T.H Connor, *Doing Good: The Life of Toronto's General Hospital* (Toronto: University of Toronto Press, 2000); David Wright, *SickKids: The History of the Hospital for Sick Children* (Toronto: University of Toronto Press, 2016).

Scholars of hospital history have long recognized that the transition of hospitals from Victorian charity house to modern medical facility was related to significant social changes. Historian Morris Vogel argues that the development of the modern hospital was influenced by urbanization, immigration, and changes in previous family structures.[8] Demand for community hospital care increased to meet the needs of industrial populations that left home to seek work in larger urban settings. Furthermore, historian Charles Rosenberg argues that shifting social beliefs about hospitals, which were previously associated with the sick poor, became increasingly acceptable and respectable.[9] The development of professionalized nursing was key to this development, as has been demonstrated by scholars Susan Reverby and Kathryn McPherson.[10]

Canadian historians have also revealed that hospital history was shaped by the shifting role of general practitioners as well as geographic and social isolation. For example, historian Margaret Andrews demonstrates that demand for medical doctors in British Columbia increased at the turn of the twentieth century.[11] John Norris alludes to the role of social isolation and the marginalization of remote BC communities in increasing this demand, while Megan Davies argues that the dominance of single male workers, who typically had no family to provide care, was another influencing factor.[12]

Hospital care in British Columbia was also shaped by changes occurring in medicine, nursing, and hospitals in Europe and the United States.[13] As David Gagan notes, many of Canada's voluntary public hospitals were influenced by the large public hospitals organized in England and the United States, and followed the tradition of voluntary, charitable care aimed at the sick poor.[14] They argue that these hospitals eventually transitioned to "factories for the production of health," lessening their

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[8] Vogel, *Invention of the Modern Hospital*.

[9] Rosenberg, *Care of Strangers*.

[10] Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850–1945* (Cambridge: Cambridge University Press, 1987); Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900–1990* (Toronto: University of Toronto Press, 2006).

[11] Margaret Andrews, "Medical Attendance in Vancouver, 1886–1920," *BC Studies* 40 (1978): 32–56.

[12] John Norris, "The Country Doctor in British Columbia, 1887–1915: An Historical Profile," *BC Studies* 49 (Spring 1981); Megan Davies, *Into the House of Old: A History of Residential Care in British Columbia* (Montreal and Kingston: McGill-Queen's University Press, 2003).

[13] Guenter B. Risse, ed. *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999); Mary Kinnear, *In Subordination: Professional Women, 1870–1970* (Montreal and Kingston: McGill-Queen's University Press, 1995); Jacalyn Duffin, *Langstaff: A Nineteenth-Century Medical Life* (Toronto: University of Toronto Press, 1993).

[14] David Gagan, *A Necessity Among Us: The Owen Sound General and Marine Hospital* (Toronto: Grey Bruce Regional Health Care by the University of Toronto Press, 1990), 13.

former commitment to charity.[15] Yet, as Pauline Paul shows, hospital care in western Canada was also significantly shaped by the presence of several orders of French Roman Catholic nursing sisters, whose existence was related to the colonization of New France and, later, the province of Quebec.[16] The philosophy of caring at these hospitals was influenced by older beliefs about the importance of charity and spiritual care, which meant hospital care included forms of charity.[17] Few scholars have attempted to study the extent to which the older commitment to charitable medical care remained in different types of hospitals. Hospital historian Barry Doyle argues that health historians tend to ignore the complexity of prewar hospital provision, typically to better support the argument that the move to state-funded hospitals was a natural progression in emerging postwar welfare states.[18]

More recently, scholars of hospital history have explored the influence of race and racism on the development of British Columbia's early hospitals. For example, historian Maureen Lux shows that a context of racism influenced care for Aboriginal patients, which led to the development of segregated and underfunded "Indian" hospitals.[19] Helen Vandenberg demonstrates that Chinese and Japanese communities developed several hospitals throughout British Columbia.[20] Moreover, historians such as Ruth Compton Brouwer, Rosemary Gagan, Lydia Wytenbroek, and Neil Semple demonstrate the relationships among religion, medical, and nursing care, and colonial expansion by protestant missionaries.[21] In Canada, Protestant hospital work was often aided through various

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15 Gagan and Gagan, *For Patients of Moderate Means*, 42-70.

16 Pauline Paul, "The Contribution of the Grey Nuns to the Development of Nursing in Canada: Historiographical Issues," *Canadian Bulletin of Medical History* 11, no. 1 (1994): 207–17.

17 Pauline Paul, "A History of the Edmonton General Hospital, 1895–1970: 'Be Faithful to the Duties of Your Calling.'" (PhD diss., University of Alberta, 1994).

18 Barry Doyle, "Healthcare before Welfare States: Hospitals in Early Twentieth-Century England and France," *Canadian Bulletin of Medical History* 33, no. 1 (2016): 174–204.

19 Maureen Lux, *Separate Beds: A History of Indian Hospitals in Canada, 1920–1980s* (Toronto: University of Toronto Press, 2016). Indian hospitals, however, did not emerge until after the time period we looked at and hence do not receive much discussion in this article.

20 Helen Vandenberg, "Race, Hospital Development and the Power of Community: Chinese and Japanese Hospitals in British Columbia from 1880 to 1920" (PhD diss., University of British Columbia, 2015).

21 Ruth Compton Brouwer, *New Women for God: Canadian Presbyterian Women and India Missions, 1876–1914* (Toronto: University of Toronto Press, 1990); Neil Semple, *The Lord's Dominion: The History of Canadian Methodism* (Montreal and Kingston: McGill-Queen's University Press, 1996); Rosemary Gagan, *A Sensitive Independence: Canadian Methodist Women Missionaries in Canada and the Orient, 1881–1925* (Montreal and Kingston: McGill-Queen's University Press, 1992); Lydia Wytenbroek, "Negotiating Relationships of Power in a Maternal and Child Health Centre: The Experience of WHO Nurse Margaret Campbell Jackson in Iran, 1954–1956," *Nursing History Review* 23 (2015): 87–122.

"Home missions," such as the Methodist hospital in Bella Bella.[22] The rise of the larger voluntary hospitals did not negate the proliferation of many smaller charitable hospitals.

In British Columbia, the first hospitals were shaped by a context of colonization, urbanization, and population change. They were often built in remote locations related to nearby resource extraction industries. Hospital services were viewed by early colonists as necessary to support Canada's nation-building ideals. They reflected various social demarcations of class, gender, race, and religion.[23] Moreover, the term "hospital" itself was applied to a wide range of services, including education and social services, in addition to medical and nursing care.

Due to the sheer number of hospitals identified in this study, we do not provide an in-depth analysis of each hospital; however, utilizing provincial and city directories, we begin to examine changes in the early hospital development landscape over time.[24] Like the later telephone books, these directories list the names and locations of different hospitals each year. Creating a list of hospitals from the directories in a decade-by-decade fashion allowed us to examine trends over time. For example, we were able to identify the rise and fall of lesser-known institutions and to gather additional primary and secondary sources to confirm where, why, and by whom some of the hospitals were built. We utilize photographs from provincial and city archives to understand differences and changes in the physical appearance of hospitals. The use of photographs, particularly when historical evidence about them is scant, further enhances insight into the diversity of early hospital development.[25] However, records for smaller, less prominent hospitals were often difficult or impossible to acquire and did not include the depth of information that would further enhance this study's comparative analysis. Nevertheless, we utilize government reports from the time to show that government financial aid to hospitals was uneven.[26] Exploring hospital care before the advent of Canada's publicly funded health care system offers important insights into the relationships among hospitals,

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[22] Sarah Cook and Sonya Grypma, "Accepted in Bella Bella: A Historical Exemplary of a Missionary Nursing Education in British Columbia from 1921–1925," *Quality Advancement in Nursing Education* 6, no. 2 (2020): article 10; Bob Burrows, *Healing in the Wilderness: A History of the United Church Mission Hospitals* (Madeira Park, BC: Harbour Publishing, 2004).

[23] See Kinnear, *In Subordination*; McPherson, *Bedside Matters*.

[24] British Columbia City Directories (hereafter BCCD), 1860–1955, Vancouver Public Library (hereafter VPL), https://bccd.vpl.ca/.

[25] Peter Burke, *Eyewitnessing: The Uses of Images as Historical Evidence* (London: Reaktion Books, 2001).

[26] Terry Boychuk, *The Making and Meaning of Hospital Policy in the United States and Canada* (Ann Arbor: University of Michigan Press, 1999).

society, communities, charity, church, and state in western Canada at this time. These new insights expand the current range of explanations offered about the growth of hospitals in British Columbia during the turn of the twentieth century.

THE CONTEXT OF EARLY HEALTH CARE AND HOSPITALS IN BRITISH COLUMBIA

As noted by scholar Mary-Ellen Kelm, Indigenous healing and healers existed in British Columbia before the colonization of Canada's west coast.[27] During colonization, British Columbia's population underwent a significant period of change. Historian Jean Barman estimates that there were from 80,000 to 200,000 Indigenous people before permanent settlers arrived.[28] There were complex local economies and trading networks that would be severely disrupted by the arrival of foreigners.[29] On 15 June 1846, British and American politicians signed the Washington Treaty, and it was at that time that Britain laid claim to the area, the vast majority of which was unceded Indigenous territory.[30]

In 1849, Britain gave the Hudson's Bay Company ownership of the Vancouver Island colony for five years. The company was required to entice enough British immigrants to establish a small settlement. During this time, the fur trade began to decline, and mining, lumber, fishing, and farming became key industries in British Columbia. At this time, the colony had attracted about 600 non-Indigenous settlers.[31]

In 1858, the gold rush drastically altered the population and racial makeup of British Columbia. About 30,000 immigrants came to the mainland in search of gold, including many from Europe, the United States, Asia, and elsewhere. The influx also ended the exclusive control of the Hudson's Bay Company. In 1871, British Columbia officially became a province as it joined Canadian Confederation.[32] During the 1860s and 1870s, inhabitants of British descent endeavoured to dominate British Columbia socially, politically, and economically. British colonists often

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[27] Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900–50* (Vancouver: UBC Press, 1998).

[28] Jean Barman, *The West beyond the West: A History of British Columbia*, 3rd ed. (Toronto: University of Toronto Press, 2007), 16.

[29] Ibid., 15–19.

[30] Ibid., 26–52.

[31] Ibid., 56–64.

[32] Ibid., 65–74.

viewed non-white groups as inferior, dying races, and these perspectives influenced the development of hospitals.[33]

As British Columbia's early colony took shape, hospitals were built as a way to provide care for the sick and wounded and to respond to communicable and mental illnesses. It was the provisions of the *British North American Act, 1867*, that made the provinces responsible for offering health services.[34] Prior to this, European colonists relied on a handful of passing physicians, druggists, and Indigenous healers or midwives who provided medicine, surgery, and assistance during childbirth.[35] As immigration increased after 1858, outbreaks of smallpox devastated local Indigenous populations. Scholars estimate that the Indigenous population decreased from about 150,000 to about 35,000.[36] During the early 1860s, the spread of smallpox led to the creation of a small number of smallpox isolation hospitals, though, as historian Kiran Van Rijn argues, they were largely ineffective due to the racist context of the time.[37]

There exists a great deal of scholarship about the racism experienced by non-white groups that characterized British Columbia's history.[38] Scholars argue that the proliferation of negative attitudes and misconceptions about non-white groups was used to maintain the dominance of white-European-ideals and culture. In the case of Indigenous populations, colonists may not have intentionally aimed to cause harm, but their attitudes typically aimed for control and contributed to poorly planned and often counterproductive health services.[39] Scholars have argued that the earliest smallpox hospitals mostly served to separate

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[33] Maureen K. Lux, *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880–1940* (Toronto: University of Toronto Press, 2001).

[34] Boychuk, *Making and Meaning of Hospital Policy*, 14–15.

[35] Debra Brown, *The Challenge of Caring: A History of Women and Health Care in British Columbia* (Victoria: British Columbia Ministry of Health and Ministry Responsible for Seniors, Women's Health Bureau, 2000), 1–7. See Barman, *West beyond the West*, 105; Kristin Burnett, "The Healing Work of Indigenous Women in Indigenous and Newcomer Communities," in *Place and Practice in Canadian Nursing History*, ed. Jayne Elliott, Meryn Stuart, and Cynthia Toman (Vancouver: UBC Press, 2008), 40–52.

[36] Robert T. Boyd, *The Coming of the Spirit of Pestilence: Introduced Infectious Diseases and Population Decline among Northwest Coast Indians, 1774–1874* (Vancouver: UBC Press; Seattle: University of Washington Press, 1999).

[37] Van Rijn, Kiran. "'Lo! The Poor Indian!' Colonial Responses to the 1862–63 Smallpox Epidemic in British Columbia and Vancouver Island," *Canadian Bulletin of Medical History* 23, no. 2 (2006): 541–60.

[38] See Peter Ward, *White Canada Forever: Popular Attitudes and Public Policy toward Orientals in British Columbia*, 3rd ed. (Montreal and Kingston: McGill-Queen's University Press, 2002); Patricia E. Roy, *The Oriental Question: Consolidating a White Man's Province, 1914–41* (Vancouver: UBC Press, 2003); Timothy Stanley, "'By the Side of Other Canadians': The Locally Born and the Invention of Chinese Canadians," *BC Studies* 156–57 (Winter/Spring 2007): 109–39.

[39] Van Rijn, "Lo! The Poor Indian!," 543.

and isolate the Indigenous people afflicted with the disease from British Columbia's white population.[40] This trend continued well into the twentieth century with the proliferation of separate wards and hospitals for many non-white groups.[41]

During the late 1850s and early 1860s, several of British Columbia's first hospitals were established. They were named "Royal Hospitals" because their construction was aided primarily by the British dominion government.[42] In the form of annual grants, many hospitals received sums distributed by British poor laws through Charity Aid Acts.[43] Most of these early hospitals were built in economically thriving areas of the province to provide health care to single male workers who were far from home and family.[44] The first few hospitals in British Columbia tended to be modest endeavours, typically small, wooden structures that provided room for between ten and twenty patients. During the mid-nineteenth century, five hospitals were built in the colony, including the following listed in British Columbia's directories:[45] Marine Hospital, Victoria (1855); Royal Hospital, Victoria (1859); French Hospital, Victoria (1860); Royal Hospital, New Westminster (1862); Royal Hospital, Barkerville (1862).

The first of these, the Marine Hospital, was built in 1855 by the British dominion government as a small naval hospital in Esquimalt on Vancouver Island. The dominion government also administered this hospital, and it initially utilized it as a refuge for soldiers injured during the Crimean War (see Figure 1).[46] British colonists constructed a second hospital nearby on the Songhees Indian reserve in 1858. This hospital's purpose was to serve as a so-called "pest house" for Indigenous people afflicted with smallpox. Scholars such as Guenter Risse have shown that pest houses were common during this era and were often constructed near larger hospital buildings to quarantine patients with infectious disease.[47]

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[40] Ibid., 548.

[41] David Gagan and Rosemary Gagan, "'Evil Reports' for 'Ignorant Minds'? Patient Experience and Public Confidence in the Emerging Modern Hospital: Vancouver General Hospital, 1912," *Canadian Bulletin of Medical History* 18, no. 2 (2001): 349–67. Lux, *Separate Beds*.

[42] *Guide to British Columbia*, 1877–78, 279, BCCD, VPL, https://bccd.vpl.ca/index.php/browse/title/1877-1878/Guide_to_the_Province_of_BC.

[43] See Boychuk, *Making and Meaning of Hospital Policy*, 42.

[44] For the earliest medical history of British Columbia, including information about the first hospitals, see A.S. Monro, *The Medical History of British Columbia* (Canadian Medical Association Journal, 1932), https://open.library.ubc.ca/collections/bcbooks/items/1.0374763.

[45] *Guide to British Columbia*.

[46] CFB Esquimalt Naval and Military Museum, Victoria, Royal Naval Hospital Esquimalt Pacific Station Fonds, 1875–1876, http://www.memorybc.ca/royal-naval-hospital-esquimalt-pacific-station-fonds-1875-1876.

[47] Guenter Risse, *Driven by Fear: Epidemics and Isolation in San Francisco's House of Pestilence* (Urbana: University of Illinois Press, 2015).

The pest house at Esquimalt later became the first Royal Hospital on Canada's west coast and, by 1859, was transformed to serve only male patients (see Figure 2).[48] The Royal Hospital (see Figure 3) was later rebuilt to function as the first Provincial Lunatic Asylum from 1872 to 1878, another provincially funded and managed project. The former Royal Hospital amalgamated with a female-only infirmary that was constructed on Pandora Avenue in Victoria in 1864. The Royal Hospital would later be reconstructed as the Royal Jubilee Hospital (1891), which is still at its current location in Victoria on the corner of Richmond Road and Bay Street.[49] Unfortunately, the reasons for these specific changes are not easily found in the primary sources. However, we do know that many of British Columbia's earliest hospitals were expanded or amalgamated as soon as they were constructed. It's likely that these changes were due to increasing demand and financial constraints. Scholars such as Vogel have demonstrated that the unstable funding of early hospitals often led to closures and amalgamations.[50] Moreover, the geographic isolation and lack of transportation to more developed areas meant that new hospitals were constructed in many different locations rather than in more populated areas alone.[51]

An 1865 report from the Royal Hospital in Victoria provides a glimpse of hospital care during the 1860s, when the settling population was still small in number. Records from 1865 indicate that the hospital was primarily supported by the colonial government ($3,000) and general subscriptions/donations ($895). Primary sources for these donations often do not allow for further understanding of their specific sources. However, as Gagan and Gagan suggest, it was likely intended as charity for the sick poor.[52]

Victoria's Royal Hospital was a small two-storey building with twenty beds, and it served approximately 111 patients per year. The hospital directors charged patients eight cents per day or ten dollars per week for hospital care. They employed three paid officers, including a married

[48] It is unclear whether or not they continued any form of care for Indigenous populations.

[49] For more information about the early days of the Royal Jubilee Hospital, see Patience Day, *Pioneer Days: Provincial Royal Jubilee Hospital* (Victoria: Colonist Presses, 1924), https://open.library.ubc.ca/collections/bcbooks/items/1.0342825#p16z-5rof:hospital. For more information about the history of the Royal Jubilee, see Herbert Murphy, *Royal Jubilee Hospital, Victoria, BC, 1858–1958* (Victoria: Hebden Print Co., 1958), https://open.library.ubc.ca/collections/bcbooks/items/1.0379014.

[50] See Vogel, *Invention of the Modern Hospital*, 50.

[51] See British Columbia Legislative Assembly (hereafter BCLA), Report of the Government of British Columbia on the Subject of Indian Reserves (Victoria: BC Sessional Papers, 1876); BCLA, Report of the Public Hospital for the Insane (Victoria: BC Sessional Papers, 1902).

[52] See Gagan and Gagan, *For Patients of Moderate Means*, 7.

Figure 1. The Crimean huts at Esquimalt, the hospital is on the left; doctor's residence on the right. *Source*: Image A-03095, 1863 courtesy of the Royal Museum of BC.

Figure 2. Royal Naval Hospital. *Source*: Image H-00104, 1873 courtesy of the Royal Museum of BC.

Figure 3. Victoria's Royal Hospital. *Source*: Image C-08843, 1872 courtesy of the Royal Museum of BC.

couple, who staffed and lived at the hospital: Mr. Jackson was "surgeon and superintendent" and earned a salary of sixty dollars per month; Mrs. Jackson was "cook" and earned twenty-five dollars per month; and the record listed a "male nurse" who earned thirty dollars per month. Records show that they provided care for men suffering from various ailments, primarily syphilis, dysentery, rheumatism, injuries, and scurvy. Records suggest that hospital care during the 1860s was fairly rudimentary and that patients were from a transient, male, working-class population.[53]

Three other hospitals were listed in the directories during the 1860s, adding to the already existing hospitals in Victoria and Esquimalt. The third hospital established in the colony was a French hospital, or *Maison de Santé*, established in Victoria in 1860 by the French Benevolent Society near Humboldt Street (see Figure 4).[54] During this time, a large number of French settlers had arrived on the west coast of North America to escape the economic turmoil in France that followed the 1848 revolution.

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[53] *Royal Hospital 1864–1869*, reel B01362, box 121, file 1547, British Columbia Colonial Correspondence, British Columbia Archives (hereafter BCA), http://search-bcarchives.royalbcmuseum.bc.ca/uploads/r/null/d/2/a/d2a17565f7a159d25eaa6820fd88493a202487beea2ac69adfb9a968a2fb6b23/GR1372.121.1547.pdf.

[54] Willard E. Ireland, "The French in British Columbia," *British Columbia Historical Quarterly* 13, no. 2 (1949): 78–84.

Figure 4. The French hospital is the long building in the lower-left corner with the smoke rising from the chimney. *Source*: Image A-03419, circa 1866–70 courtesy of the Royal Museum of BC.

The French hospital was a long, wooden building, with room for twenty patients. The dominion government did not fund this hospital. Funding for the French hospital was obtained through user subscriptions, which required members to pay one dollar per month for full access to the hospital, physician care, and free medications. Non-members could also receive care at the hospital, but they were charged two dollars per day. The French Benevolent Society obtained additional funds by hosting various charitable events, including picnics, musical events, and banquets. Hospital administrators were of French descent, but the institution itself was open to patients of all nationalities. A newspaper article from the time indicates that, from 1860 to 1884, the hospital was staffed by several trained physicians and a lone male attendant.[55]

During the 1860s, the dominion government established two other hospitals on the mainland due to the gold rush, one in New Westminster and the other in Barkerville. The hospital that was established in New Westminster in 1862 was called the Royal Columbian Hospital

[55] See mention of medical attendant Thos. Chauveau in M. Camsusa, "French Benevolent Society," *Daily British Colonist*, 23 February 1873, http://archive.org/stream/dailycolonist1873 0223uvic/18730223#page/no/mode/1up/search/french+hospital.

(see Figure 5).[56] This hospital began as a modest two-ward building but would eventually become one of the largest hospitals in British Columbia. When the dominion government first constructed the hospital, it characterized it as a charitable hospital aimed at the indigent sick. The dominion government financed the hospital in these early years at approximately $2,500 per year.[57] According to a hospital report from the time:

> During the fall of 1861, the growing importance of the colony, and the rapid increase of our population, especially in the mining season, suggested to many benevolent and philanthropic persons the great necessity that existed for a general hospital in the city of New Westminster. An institution, when inaugurated, to be conducted on liberal principles, open to all deserving patients, and free from all denominational influences.[58]

Many of British Columbia's earliest hospitals were viewed as fundamental charitable works and as necessary to the economic development of the new colony. They were also characterized as non-denominational to encourage patients of any religion or creed to attend. Despite these designations, class, religion, and race shaped hospital care in British Columbia. Scholars such as Guenter Risse have noted that the medical mission of the hospital was foregrounded, while religious and ethnic differences were de-emphasized, to help bolster the hospital as a symbol of civic pride, local philanthropy, and economic affluence.[59]

In addition to funds obtained from the dominion government, the Royal Columbian Hospital received charitable donations from the surrounding gold-mining communities of Port Douglas, Lillooet, and Lytton. The hospital board asked miners to donate two dollars each per year to the hospital. The hospital was furnished with materials from a former military camp hospital operated by a British military detachment called the Royal Engineers, or "Sappers."[60] In 1866, the Royal Columbian Hospital treated eighty-seven patients from thirteen different communities, an almost threefold increase from the previous year. The dominion

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[56] See Richard Foulkes, *Royal Columbian: A History of the First Hospital on the Mainland of British Columbia, 1862–1972* (New Westminster: Royal Columbian Hospital, 1973).

[57] Royal Columbian Hospital, *Report of the Board of Management* (Victoria: Royal Columbian Hospital Report, 1863), 1–4, https://open.library.ubc.ca/collections/bcbooks/items/1.0221865#p0z-1r0f:%22Royal%20Columbian%22.

[58] Ibid., 1.

[59] Risse, *Mending Bodies*, 468–69.

[60] Beth Hill, *Sappers: The Royal Engineers in British Columbia* (Ganges, BC: Horsdal and Schubart, 1987), 120.

Figure 5. Royal Columbian Hospital (*upper left corner*). *Source*: New Westminster Museum and Archives (hereafter NWCA), William Johnston Fonds, IHP1685-011, 1866.

Figure 6. Royal Cariboo Hospital at Barkerville, BC, n.d. *Source*: Image 189–, C-04441 courtesy of the Royal Museum of BC.

government provided the majority of funding ($3,700), and subscriptions and donations from New Westminster ($1,100), Lytton ($130), Lillooet ($100), Quesnel ($70), and Douglas ($30) were also received. During this time period, patient fees ($235) only covered a fraction of hospital expenses.[61]

The fifth and final hospital built during the 1860s was the Royal Cariboo Hospital, established in the town of Barkerville, located on the western edge of the Cariboo Mountains. It was erected during one of the largest gold-mining booms in the east-central interior portion of the province. The hospital was constructed by the dominion government in 1862 after a severe typhoid epidemic and was originally called the William's Creek Hospital. This first hospital had only one ward, a kitchen, and a doctor's office. There was no bathroom and no separate area for patients with infectious illness. In the first few years of the hospital's existence, it had accumulated a debt of $1,800, despite a substantial grant from the government of $2,500.[62] Over time the hospital would continue to receive yearly payments from the provincial government and was rebuilt in 1935. Tragically, only one year later, the new hospital was destroyed in a fire and was never replaced as resources to do so were lacking.[63] The photograph here (Figure 6) is one of the few sources remaining that demonstrate the community efforts to develop Barkerville's first hospital.

HOSPITAL EXPANSION AND GROWTH

Between 1870 and 1890, eight new hospitals were built in what by now was the new province of British Columbia (1871). Many of these earliest hospitals were founded in the growing towns and cities established across British Columbia. For example, the provincial government helped fund a new hospital in the coal-mining town of Nanaimo in 1877. At the same time, nearly all of British Columbia's former hospitals underwent expansion or replacement. For example, the French hospital in Victoria was raised to include a second floor, and a new wing was added. The hospital now had several suites of rooms separating male and female patients, three bathrooms, a drawing room, a kitchen, and closets. A large walk-around porch surrounded the building, and the grounds were

[61] BCA, Royal Columbian Hospital Fonds (hereafter RCH), annual report 1866, PR-2040, reel A01856.

[62] BCA, Royal Cariboo Hospital Fonds, William's Lake correspondence 1864–1879, MS-2566, file 1.

[63] BCA, RCH, 1935-03-03, J.E. box 1, file 4.

well groomed with a variety of flowers, trees, and shrubs.[64] The French Benevolent Society operated the hospital until 1884, when the society amalgamated with the new Royal Jubilee Hospital in 1891. The former building was later utilized as a home for the aged poor.[65]

In 1876, the Royal Columbian Hospital in New Westminster was also expanded to create a two-storey building, containing two bedrooms, a storage room, a steward's room, a kitchen, and a bathroom on the first floor, and the second floor consisted of two large hospital wards.[66] This hospital was later replaced by a large three-storey, eighty-bed, wooden-framed hospital built in Sapperton in 1889,[67] and it was replaced by a much larger stone building in the early 1910s (see Figures 7 and 8). The photographs provided here demonstrate the evolution of city hospitals from wooden houses to substantial pavilion-style stone buildings. The provincial government heavily supported some of these transitions. In 1876, the province provided $1,150 and $2,336 to the Royal Hospitals in Victoria and New Westminster, respectively.[68] As historians Jeanne Kisacky and Guenter Risse argue, these physical transformations in hospital design were not uncommon given the changes in medical science that took place at the turn of the century.[69] New developments in medical technologies meant that hospital architects favoured stacked pavilion-ward designs with access to medical laboratories and sterilization areas in central locations. This transition tended to occur only with regard to the province's largest hospitals.

During the 1870s and 1880s, plans were set in motion to complete the Canadian Pacific Railway (CPR).[70] Provincial directories indicate that, during the 1870s, there was an increase in the number and types of hospitals available. The new hospitals captured in the directories

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[64] "The New French Hospital," *Daily British Colonist*, 7 September 1870, http://archive.org/stream/dailycolonist18700907uvic/18700907#page/n2/mode/1up/search/french+hospital.

[65] Ireland, "The French in British Columbia," 83–84. See also Joshua Davies, "Provincial Royal Jubilee Hospital," *Victoria Daily Colonist*, 5 July 1891, http://archive.org/stream/dailycolonist1891070 4uvic/18910704#page/n9/mode/1up/search/benevolent+hospital+french.

[66] BCLA, *Report of Public Works* (Victoria: Government Printer, 1876), 422, https://open.library.ubc.ca/collections/bcsessional/items/1.0065789#p5z-1r0f:%22Royal%20Columbian%22.

[67] RCH, *Report of the Board of Management* (Victoria: Royal Columbian Hospital Report, 1863), https://open.library.ubc.ca/collections/bcbooks/items/1.0221865#p0z-1r0f:%22Royal%20Columbian%22.

[68] BCLA, *Supplementary Estimates to Cover Sums Expended in 1875* (Victoria: Government Printer, 1876), 784, https://open.library.ubc.ca/collections/bcsessional/items/1.0060896#p1z-3r0f:royal%20hospital%20nanaimo.

[69] See Jeanne Kisacky, *Rise of the Modern Hospital: An Architectural History of Health and Healing, 1870–1940* (Pittsburgh: University of Pittsburgh Press, 2017). See Risse, Mending Bodies, 470.

[70] Barman, *West beyond the West*, 104.

Figure 7. The rebuilt Royal Columbian Hospital, New Westminster, 190–. *Source*: Image B-02372 courtesy of the Royal Museum of BC.

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Figure 8. The new stone-built Royal Columbian Hospital, New Westminster, 191–. *Source*: NWCA, IHP7735.

are indicated here in bold print in the following 1870s list, including: [71] Marine Hospital, Victoria (1855); Royal Hospital, Victoria (1859); French Hospital, Victoria (1860); Royal Hospital, New Westminster (1862); Royal Hospital, Barkerville (1862); **Lunatic Asylum, New Westminster** (1872); **St. Joseph's, Victoria** (1876)**; Royal Hospital, Nanaimo** (1877).

The new hospitals built during the 1870s included a new psychiatric hospital in New Westminster, a Catholic hospital in Victoria, and a new Royal Hospital in Nanaimo. The creation of a lunatic asylum reflected the provincial government's new legislation addressing mentally afflicted patients, the *Insane Asylums Act, 1873*.[72] According to provincial estimates in 1878, only the mental hospital ($9,470) and Royal Hospitals in Victoria ($5,000), New Westminster ($4,250), the Cariboo ($4,000), and Cassiar ($1,000) received government funds.[73] There was no government support for the French or Catholic hospitals. Thus, government support of hospitals was unevenly distributed and likely aimed at the most economically prosperous areas of the province.

The newly listed Roman Catholic hospital, named St. Joseph's, was the first Catholic hospital in British Columbia.[74] According to local historian Darlene Southwell, it was built in 1876 by the nursing Sisters of St. Ann, an influential sisterhood in British Columbia, who substantially contributed to the development of educational and health care infrastructure in the province.[75] It was the first hospital in the province built of stone rather than wood framing (see Figure 9). The hospital had thirty-five beds when it opened but it underwent several expansions over the next three decades. In 1888, a third floor was added with thirteen private rooms, in addition to a new laundry and operating room. In 1897, the hospital was expanded to include three operating rooms, an X-ray facility, an elevator, and and twenty-four new patient beds (see Figure 10). In 1908, an impressive five-storey building was added, including a further sixteen rooms on each floor (see Figure 11). The new building included a new nursing dormitory, a women's ward, and a men's ward on the fifth, fourth, and third floors, respectively. New sunrooms were added on each side of the building as well as a rooftop garden for convalescing

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[71] *Guide to British Columbia,* VPL, BCCD, 1877–78 279, https://bccd.vpl.ca/index.php/browse/title/1877-1878/Guide_to_the_Province_of_BC.

[72] Robert Thompson, *A Summary of the Growth and Development of Mental Health Facilities and Services in British Columbia, 1850–1970* (BC Government Report, Mental Health Branch, Department of Health Services and Hospital Insurance, 1972).

[73] BCLA, *Estimates of the Province of British Columbia, 1878* (Victoria: Government Printer, 1878), 545, https://open.library.ubc.ca/collections/bcsessional/items/1.0060433#p4z-3rof.

[74] Darlene Southwell, *Caring and Compassion: A History of the Sisters of St. Ann in Health Care in British Columbia* (Madeira Park, BC: Harbour Publishing, 2011).

[75] Ibid., 42.

Figure 9. St. Joseph's Hospital, Victoria, 1876. *Source*: Image A-07630 courtesy of the Royal Museum of BC.

Figure 10. St. Joseph's Hospital, Victoria, 1880. *Source*: Image G-05354 courtesy of the Royal Museum of BC.

Figure 11. St. Joseph's Hospital, 1907. *Source*: Image A-07669 courtesy of the Royal Museum of BC.

patients, probably meant for patients suffering from lung diseases. The new hospital boasted 150 beds, and in 1912 a nearby farm was purchased to provide food for the patients, staff, and nursing sisters. In addition to the hospital, the sisters also managed a boarding school, day school, kindergarten, Indigenous school, and nearby orphanage. The sisters' work was comprehensive, meeting a range of social needs, in that they not only provided hospital care but also cared for the poor and sick, interconnecting public health, education, and social work.[76] The growth of Catholic hospitals demonstrates that nursing sisters continued to foster the old linkages among health, charity, and faith.

During the 1880s, the number of hospitals in British Columbia continued to increase from approximately eight to thirteen. Five newly listed hospitals (in bold) were included in the 1889 directory:[77]

Royal Cariboo Hospital, Barkerville
Donald CPR Hospital, Donald
Royal Inland Hospital, Kamloops
Nanaimo Hospital, Nanaimo
Royal Columbian Hospital, New Westminster

[76] Ibid., 46–60.

[77] *Williams BC Directory*, 1889, 579, BCCD, VPL, https://bccd.vpl.ca/index.php/browse/title/1889/Williams%27_BC_Directory.

Saint Mary's, New Westminster
Provincial Asylum for the Insane, New Westminster
Vancouver City Hospital, Vancouver
St. Luke's Home, Vancouver
Maison de Sante Francaise, Victoria
Marine Hospital, Victoria
Royal Hospital (soon to be Jubilee Hospital), Victoria
St. Joseph's, Victoria

Significantly, the CPR was completed in 1885, and the population of British Columbia increased by almost fourfold from 69,000 in 1885 to approximately 264,000 in 1905.[78] The increase in population, transportation, urbanization, and remote resource extraction influenced the increasing boom in hospital growth. Moreover, the number of trained physicians and nurses increased. British Columbia's professional nurse training schools were established during the early 1890s, the first being at the Royal Jubilee in Victoria (1891).[79] Most of the hospitals built during the 1880s and 1890s were completed along the path of the new CPR, including those in Vancouver, Donald, and Kamloops, for which the CPR also provided funding, probably reflecting the company's interest in providing medical service for its workers.[80] For example, Vancouver's city hospital began as a CPR hospital and was eventually purchased by the city. Later, in 1906, this hospital would be rebuilt in the neighbourhood of Fairview (see Figures 12 and 13), near False Creek, and would be renamed Vancouver General Hospital (VGH).[81] As soon as the hospital was completed, it was again expanded. The constant growth of this hospital reflected the increase in patient demand for hospital care. By 1910, VGH would serve over 4,000 patients per year, with a staff of 22 nurses who were in charge of three public wards, three semi-private wards, fifteen private wards, several maternity wards, operating rooms, and an isolation department.[82]

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[78] Government of British Columbia, Population Estimates, https://www2.gov.bc.ca/gov/content/data/statistics/people-population-community/population/population-estimates.

[79] See Anne Pearson, *The Royal Jubilee Hospital School of Nursing, 1891–1982* (Victoria: Anne Pearson and the Alumnae Association of the Royal Jubilee School of Nursing, 1985).

[80] For more information about the Royal Inland Hospital, see Melrose Scott, *Seventy Years, 1904–1974: A History of the School of Nursing at Royal Inland Hospital* (Kamloops, BC: Thompson Rivers University, 1974).

[81] See David Luxton, *Vancouver General Hospital: 100 Years of Care and Service* (Vancouver: Vancouver Coastal Health, 2006).

[82] Annual reports of the Vancouver General Hospital, 1904–1910, AM320-S1, Vancouver General Fonds, City of Vancouver Archives (hereafter CVA).

Figure 12. Vancouver Hospital, 1904. *Source*: Image A-03266 courtesy of the Royal Museum of BC.

Figure 13. Vancouver General Hospital in Fairview under construction, 1905. *Source*: City of Vancouver Archives (hereafer CVA), AM336-S3-2-, CVA 677-506.

Figure 14. Royal Inland Hospital on Lorne Street, built in 1885–1886 and later enlarged prior to this photo. Shown are: Miss Thorbourn, Dr. M.G. Archibald, Miss Knowles, Miss Jean Matheson (Matron), Dr. George Tutill, Dr. J.S. Burris, Miss Amy Taylor (first nurse to graduate from the hospital), Miss A. Manley, and Dr. A.P. Proctor. *Source*: Kamloops Museum and Archives (hereafter KMA) 947.

Figure 15. Royal Inland Hospital Kamloops, BC, 1912. *Source*: KMA 3010.

Figure 16. Golden General Hospital, 190–. *Source*: Image B-03719 courtesy of the Royal Museum of BC.

The expansion of the railway into the interior of British Columbia brought the construction of many new hospitals. In 1885, the Royal Inland Hospital at Kamloops was the first to be built. It was the largest hospital constructed in the southern interior of British Columbia. The initial two-storey wooden framed building, was replaced by a much larger three-storey brick building in 1912 (see Figures 14 and 15).

Other boom towns in the interior also built hospitals, including those at Creston, Fernie, Fort Steele, Golden, Greenwood, Lytton, Nelson, New Denver, Revelstoke, Cranbrook, Sandon, and Vernon.[83] These hospitals were generally much smaller than those found in the more populated areas of Victoria, Vancouver, and New Westminster.[84] Although most were wood-framed and resembled two-storey houses (see Figures 16 and 17 – Golden, Vernon), some resembled log cabins (see Figure 18 – Creston) or were much more elaborate structures (see Figure 19 – Kelowna). Many of the hospitals in British Columbia's southern interior were expanded or rebuilt as the population of the Interior increased due to the presence of the new railway and related industries (see Figure 20 – Cranbrook). It can be hypothesized that these industries resulted in injuries that required hospital care.

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[83] *Henderson's BC Gazetteer and Directory*, 1900–01, 1211, BCCD, VPL, https://bccd.vpl.ca/index.php/browse/title/1900-1901/Henderson%27s_BC_Gazetteer_and_Directory.

[84] Some local histories of these hospitals still exist, including June Simard, *A Brief History of the Hospitals and Ladies Auxiliaries of Nelson, BC* (Nelson, BC: Kootenay Lake Hospital Auxiliary, 2009); Daphne Thuillier and Bruce Swan, *A Century of Caring: The Story of Vernon Jubilee Hospital and of the Men and Women Who Have Made Its History* (Vernon, BC: Vernon Jubilee Hospital, 1997).

Figure 17. Vernon Jubilee Hospital, 190–. *Source*: Vernon Museum and Archives 8696.

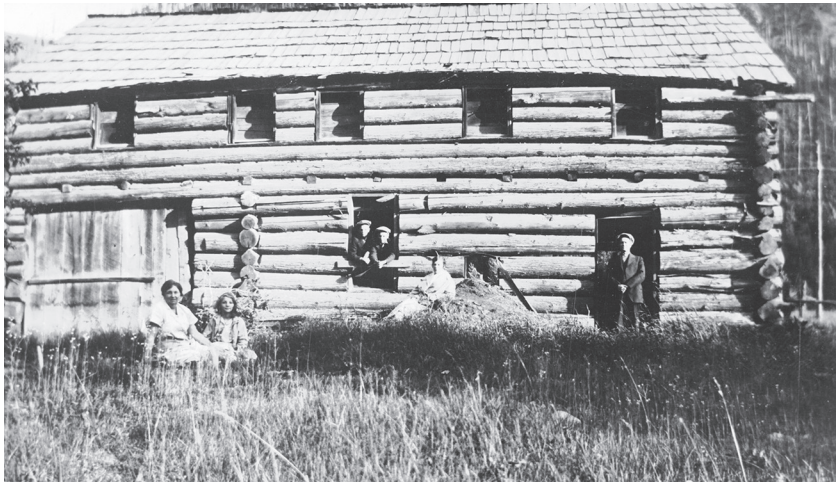

Figure 18. Creston Hospital, 1896. *Source*: Image C-09424 courtesy of the Royal Museum of BC.

Figure 19. Opening of the Kelowna Hospital, 189–. *Source*: Image A-01025 courtesy of the Royal Museum of BC.

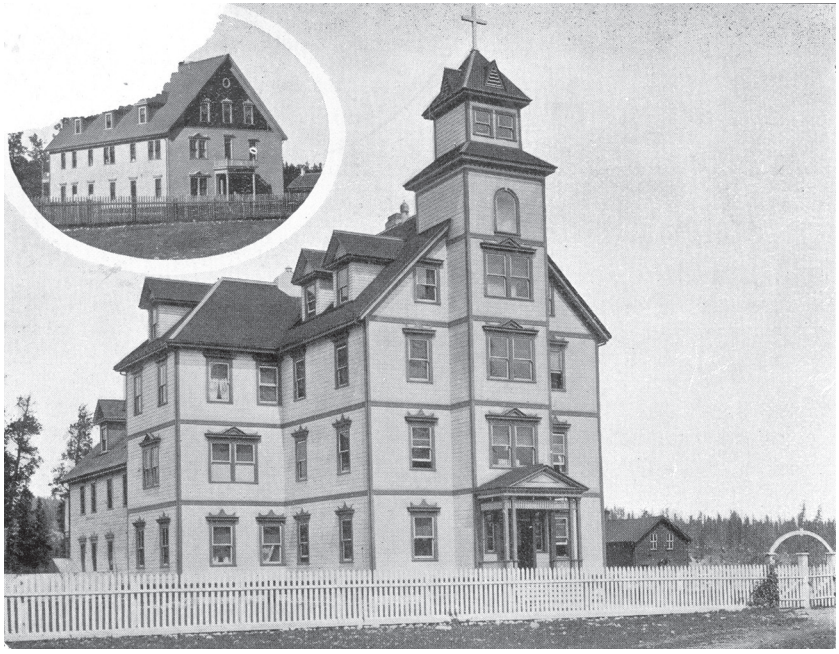

Figure 20. Growth of the St. Eugene Hospital, Cranbrook, BC, 191–. *Source*: Image NA-39743 courtesy of the Royal Museum of BC.

In 1889, the provincial government provided significant funding to specific hospitals, including those at Victoria ($5,000), New Westminster ($3,000), Cariboo ($4,000), Nanaimo ($3,000), Kamloops ($3,000), Vancouver ($3,000), and a convalescent home in Victoria ($2,000).[85] A general entry was made "in aid of destitute poor and sick" ($655) and for the resident physician at Clinton ($687). Of the thirteen estimated hospitals operating in the province, only seven received government aid. Catholic and other smaller charity hospitals did not receive this financial support.

During the early 1900s, there was a threefold increase in the number of hospitals listed in British Columbia's directories. From 1889 to 1905, the number of hospitals increased from 13 to 34, including 21 new hospitals:[86]

Royal Cariboo, Barkerville
Chemainus General, Chemainus
St. Eugene, Cranbrook
Royal Naval, Esquimalt
Fernie, Fernie
Fort Steele Jubilee, Fort Steele
Golden, Golden
Cottage Hospital, Greenwood
Sanatorium, Halcyon Hot Springs
Sanatorium, Harrison Hot Springs
Royal Inland Hospital, Kamloops
Nanaimo Hospital, Nanaimo
DesBrisay and Ferris, Nelson
Kootenay Lake, Nelson
Phoenix Hospital, Phoenix
Queen Victoria Hospital, Revelstoke
Sisters' Hospital, Rossland
Sanatorium, St. Leon Hot Springs
Minors' Union, Sandon
Japanese Hospital, Steveston
Vernon Jubilee, Vernon
Rivers Inlet, Wanborough
Royal Columbian Hospital, New Westminster
Saint Mary's, New Westminster
Provincial Asylum for the Insane, New Westminster

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[85] BCLA, *British Columbia Public Accounts Fiscal Year Ended 30th June 1889* (Victoria: Government Printer, 1889), 15M, https://open.library.ubc.ca/collections/bcsessional/items/1.0062840#p14z-21of:hospital.

[86] *Henderson's BC Gazetteer and Directory*, 1905, 715–16, BCCD, VPL, https://bccd.vpl.ca/index.php/browse/title/1905/Henderson%27s_BC_Gazetteer_and_Directory.

Burrard Sanatorium, Vancouver
St. Luke's Home, Vancouver
St. Paul's, Vancouver
Vancouver General Hospital, Vancouver
Isolation (City), Victoria
Marine Hospital, Victoria
Provincial Royal Jubilee, Victoria
Royal Naval Hospital, Victoria
St. Joseph's, Victoria

In addition to the original Royal Hospitals built in Victoria, New Westminster, Barkerville, and Nanaimo, numerous smaller hospitals were established in the province's remote and rural areas.[87] By this time, the diversity of hospitals also increased, and the directories included military, Roman Catholic, Protestant, cottage, isolation, and a large mental hospital. Several new Roman Catholic hospitals were established, including those in Rossland, Cranbrook, and Vancouver. Additionally, as the threat of tuberculosis increased, new sanitaria for the treatment of tuberculosis were built at various hot springs, including those at Halcyon, Harrison, and St. Leon. Sanitaria were constructed in these mountainous regions because medical practitioners thought sending patients to dry climates for extended periods would improve lung function.[88] In some cases, workers' unions became active in building hospitals for their own communities, such as the Minors' Union hospital in Sandon. In the sections that follow, we highlight a substantial number of hospitals built and financed by particular groups to reflect the wide range of culturally diverse and differently resourced hospitals built during these decades.

ROMAN CATHOLIC HOSPITALS

Roman Catholic sisterhoods played a vital role in the development of hospitals in British Columbia. As demonstrated by historians such as Pauline Paul and Jaimie McEvoy, Catholic hospitals varied in size and purpose and were often operated, funded, and sometimes built by the

[87] There are several local histories of these hospitals, including: The Great Canadian Catholic History Project, *"Counting the Years unto the Year of Jubilee": Commemorating the Fiftieth Anniversary of St. Paul's Hospital, 1894–1944* (Vancouver: Clarke and Stuart, 1944); Sharron Simpson, *Kelowna General Hospital: The First 100 Years, 1908–2008* (Kelowna, BC: Manhattan Beach Publishing, 2008).

[88] Glennis Zilm and Ethel Warbinek, "Early Tuberculosis Nursing in British Columbia," *Canadian Journal of Nursing Research* 27, no. 3 (1995): 65–81.

Figure 21. Saint Mary's Hospital, New Westminster, 191–. *Source*: NWMA, MSS302a.

women themselves.[89] For example, Saint Mary's Hospital was built in New Westminster by the Sisters of Providence in 1887 at a cost of $19,000 (see Figure 21).[90] The Sisters of Providence, whose motherhouse originated in Montreal, Quebec, partially paid for the hospital's construction through a local fundraising campaign. Mother Joseph, a well-known Sister of Providence with vast experience in construction, helped erect the building.[91] When the hospital opened, it had forty-two beds and a staff of five nursing sisters, one physician, and three employees. The sisters prided themselves on accepting any type of patient, regardless of condition, age, or race. Unlike the nearby Royal Columbian Hospital, the sisters would accept patients with incurable conditions, children, and the elderly. Their mission extended beyond medical care and typically involved charitable works like feeding and clothing the poor.[92]

[89] Paul, "A History of the Edmonton General Hospital,"; Jaimie McEvoy, *The Life and Destruction of Saint Mary's Hospital* (New Westminster, BC: Saint Mary's Health Foundation, 2008).
[90] McEvoy, *Life and Destruction*, 43–44.
[91] Ibid., 46–59.
[92] Ibid., 59–62.

In addition to some of the larger Catholic hospitals in Victoria, New Westminster, and Vancouver, Catholic sisters did establish hospitals in some of British Columbia's more remote locations. For example, the Sisters of St. Joseph established a small cottage hospital in Comox in 1913.[93] At least nine Catholic hospitals or homes were established in British Columbia from 1876 to 1918:[94] St. Joseph's, Victoria, Sisters of St. Ann (1876); Saint Mary's, New Westminster, Sisters of Providence (1887); St. Luke's, Vancouver (1888); St. Paul's, Vancouver, Sisters of Providence (1894); Mater Misericordia, Rossland, Sisters of St. Joseph of Newark (1896); St. Eugene, Cranbrook, Sisters of Providence (1898); St. Joseph's, Comox, Sisters of St. Joseph (1913); Our Lady of Lourdes, Campbell River, Sisters of St. Ann (1914); Sacred Heart, Greenwood (n.d.).

PROTESTANT MISSION HOSPITALS

Many historians, such as Bob Burrows, Sarah Cook, and Alice Huang, have examined the role of Protestant missionaries in the establishment of hospitals in British Columbia, especially in the northwest and other remote regions of the province, such as the coastal areas around Bella Bella.[95] Many of these hospitals, previously considered Methodist and Presbyterian hospitals, are now commonly termed "United Church Hospitals."[96] Laurie Meijer Drees included several of these hospitals in her study of Indian hospitals because of their involvement with, and close proximity to, Indigenous communities.[97] There were seven Methodist Church hospitals built from 1892 to 1910:[98] Port Simpson (1892); Port Essington (1895); Steveston, Japanese (1895); Rivers Inlet (1897); Bella Bella (1902); Hazelton (1903); Bella Coola (1910).[99]

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[93] Mary Lee, Lynn Dashkewytch, and St. Joseph's General Hospital Foundation, *St. Joseph's General Hospital: Care with Compassion: 100 Years of Service* (Comox, BC: St. Joseph's General Hospital, 2013), https://www.chac.ca/about/history/books/bc/Comox_St.%20Joseph's%20Hospital%20100th.PDF.

[94] John Murry Gibbon and Mary S. Mathewson, *Three Centuries of Canadian Nursing* (Toronto: Macmillan, 1947), 236–37.

[95] Burrows, *Healing in the Wilderness*; Sarah C. Cook, "Sea Change: Nursing in Bella Bella, 1901–1925" (MA thesis, Trinity Western University, 2018); Alice C. Huang, "A Time to Heal: Medical Missions and Indigenous Medico-Spiritual Cosmologies on the Central Coast of British Columbia, 1897–1914" (MA thesis, Simon Fraser University, 2017).

[96] The United Church of Canada was created in 1925 as a unified community of Methodist, Congregational Union, and Presbyterian Churches in Canada.

[97] See Drees, *Healing Histories*, 48–49.

[98] Burrows, *Healing in the Wilderness*, 18–62.

[99] Methodist missionaries were involved in this hospital, but the original building was built and operated by a local hospital committee in 1910 and officially became a United Church facility

The Presbyterian Church established four hospitals from 1893 to 1919, at:[100] Lytton (1893); Atlin (1899); Telegraph Creek (1910); Burns Lake (1919).

Historian Neil Semple argues that hospital care became a focus of many religious groups because religious doctrine commonly emphasized involvement in "good works" like education and health care.[101] In addition to the foreign missions in Japan and China, the Protestant churches undertook "Home Missions" in Canada in various settings across the country. For instance, by 1915, the Methodist Church operated 613 domestic missions, 62 Indigenous missions, 7 Chinese missions, and 5 Japanese missions across Canada.[102] Not all missions were medical in nature, but many of the Methodist missionaries who came to Canada's northwest coast were both ordained ministers and medical doctors. Hospitals were built by these missionaries and staffed by trained nurses recruited by the Methodist Women's Missionary Society (WMS).[103] The WMS had an influential role in attracting women trained as nurses whose salaries were paid for by the society. Nursing training schools were eventually established at Port Simpson (1903), Hazelton (1904), and Bella Bella (1910).[104] Nursing training at these hospitals would require affiliation with a larger hospital, including two years of training in the north and one year at the Vancouver General Hospital.[105]

British Columbia's first Methodist hospital was established in 1892 at the remote trading post of Port Simpson by Dr. Albert Edward Bolton. He was a young physician and Methodist missionary from Portland, Ontario, who had been sent in 1889 to bring medical care and the gospel to the Indigenous peoples in the area. He provided care for the community, following its members and setting up a hospital each summer at the mouth of the Skeena River in Port Essington during the fishing season. In the spring of 1897, Dr. Bolton and two nursing staff provided medical care to more than three thousand people working in the fishing and canning industry.[106] Physicians at these early hospitals had to learn local languages and become self-sufficient. For example, Dr. Horace

in 1927.

[100] Ibid., 32–35.

[101] Semple, *Lord's Dominion*.

[102] Ibid., 279.

[103] Rosemary Gagan, *Sensitive Independence*.

[104] R. Geddes Large, *Drums and Scalpel: From Native Healers to Physicians on the North Pacific Coast* (Vancouver: Mitchell Press, 1968). See also Irene Goldstone, "Reclaiming Our Artifacts: Graduation Pins from the Schools of Nursing of British Columbia, 1891–1987," *Bulletin, History of Nursing, Royal College of Nursing* 2, no. 8 (1989): 6–14.

[105] See Cook, "Sea Change," 104; and Large, *Drums and Scalpel*, 128.

[106] Burrows, *Healing in the Wilderness*, 19–23.

Figure 22. A group of patients waiting to see Dr. Wrinch, 189–. *Source*: Image B-05851 courtesy of the Royal Museum of BC.

Figure 23. Hazelton Hospital, 1901. *Source*: Image B-05849 courtesy of the Royal Museum of BC.

Figure 24. Port Simpson Hospital, 190–. *Source*: Image F-04414 courtesy of the Royal Museum of BC.

Wrinch, who established the Hazelton hospital in 1903 , created a hospital farm to provide food for the patients (see Figures 22 and 23). The farm included a large vegetable garden, chickens, dairy cows, and domestic fruit trees.[107]

Attracting medical workers in northwest British Columbia was challenging because they typically had to navigate life in a secluded community that has little contact with the outside world. The main form of communication was by mail, which arrived once a week. The lack of roads and railways throughout the northwest meant that supplies typically arrived by steamer ship. Physicians and nurses contended with all kinds of health conditions, including accidents, broken bones, drunkenness, abscesses, tuberculosis, drownings, gunshot wounds, stabbings, and mental illness. Missionaries worked in an ethnically diverse setting that included Indigenous, Chinese, Japanese, and various Canadian and immigrant populations. Missionaries often viewed non-white groups from an ethnocentric and morally superior lens during this time period.[108] In addition to their medical work, they often became an extension of the government by taking on one or more local government appointments, such as health officer, coroner, and justice of the peace.[109] As such, they often had powers in the community that extended far beyond that of the delivery of medical or hospital care.

[107] Ibid., 28–29.
[108] Jan Hare and Jean Barman, *Good Intentions Gone Awry: Emma Crosby and the Methodist Mission on the Northwest Coast* (Vancouver: UBC Press, 2006).
[109] Large, *Drums and Scalpel*, 119.

Methodist hospitals were often training sites for young medical doctors and provided trainees experience in underserved areas of British Columbia. For instance, missionary physicians utilized young medical students to help in the summers while they were away at temporary hospitals near the fishing canneries. Physicians would be called out to attend births and all manner of medical emergencies, leaving medical students and nurses to cope with the hospital's demands. The nurses' expertise was much appreciated when, for example, cases required expert knowledge in anaesthesia. Commonly, hospital equipment and procedures were not up to the standards experienced in more urban settings, but medical staff coped with what they had. Dr. R. Geddes Large, who worked at Port Simpson's hospital (see Figure 24), remembered removing tonsils from a patient using an old headlight and suction from a water tap rather than the electrical headlamps and suction machines that were standard equipment in urban hospitals.[110] Many medical professionals who worked in these communities stayed for only a short time, while others dedicated their lives to medical work in rural and remote regions.

HOSPITAL MISSION SHIPS

In addition to missionary hospitals, mission hospital ships were operated by missionary groups along British Columbia's coastal regions. For example, several Anglican hospital ships were a part of the Anglican Church's Columbia Coast Mission, which began on the southern coast of mainland British Columbia in 1904.[111] The Columbia mission included the ships *Columbia I* (1904), *Columbia II* (1910), *Governor Musgrave* (1911), *Makehewi* (1919), and several others. The ships worked in tandem with several Anglican mission hospitals that took in patients from onboard, including those at Rock Bay (1905), Van Anda (formerly Vanada) (1907), and Alert Bay (1909).[112] Reverend John Antle, the first missionary of the Columbia mission, worked among the logging camps of the southern coastal areas of the province. Like many of British Columbia's mission hospitals, hospital ships offered a combination of medical, education, and social services. For example, Reverend Antle viewed the purpose of the Columbia mission as going "beyond the failures" of traditional religion to include hospital and medical care, a circulating library, and a monthly magazine. He believed that access to literature and the development of a

[110] Ibid., 98–102.
[111] Terry Jones, "Remembering the Columbia Coast Mission," *Diocesan Post* 52, no. 1 (2018): 1.
[112] Michael Hadley, *God's Little Ships: A History of the Columbia Coast Mission* (Madeira Park, BC: Harbour Publishing, 1995).

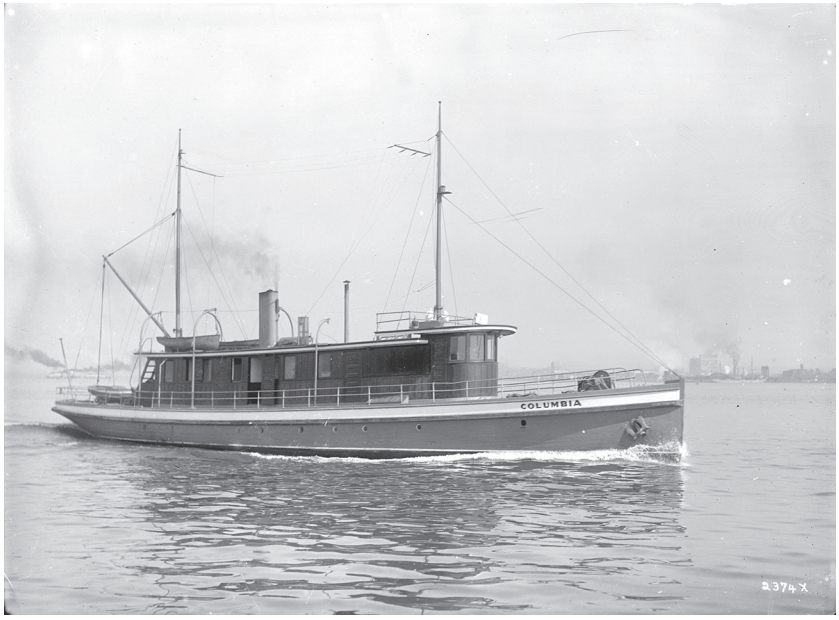

Figure 25. CM.S. *Columbia II*, 190–. *Source*: City of Vancouver Archives, AM54-S4-: SGN 914.

local magazine, in addition to hospital care, would provide a mechanism of communication among the camps and promote mission work as well as the morality of the male workers.[113]

The Anglican Missionary Society of the Church of England in Canada (MSCC) funded the Columbia Coast Missions. The Victoria Order of Nurses supplied the first nurses at the mission hospitals. The original boat, the *Columbia*, was a sixty-foot (18.28 metre) vessel with a sickbay that could accommodate two patients. The crew consisted of two men: Antle, who was skipper and priest, and Dr. W.A.B. Hutton, who was a physician and engineer. The missionaries visited approximately eighty-four different logging camps along the coast, and their engineering expertise was essential in managing gas engines, which were notoriously unreliable. The second ship, the *Columbia II*, was a much larger one-hundred-foot (30.5 metre) ship built in New Westminster in 1910 for the cost of $24,000. This *Columbia II* included a modern surgery, sickbay, and X-ray machine (see Figure 25) .[114]

The Methodist Church also operated several hospital ships, but its work focused on the northwest coast of British Columbia. Its ships

[113] Ibid., 14–15.
[114] Ibid., 18–40.

included *Glad Tidings, Sunbeam III*, and the *Thomas Crosby*.[115] The missionaries used these ships to travel from mission to mission on the northwest coast, meanwhile providing health and dental care to patients in remote locations.[116] Because the coastal hospitals were often financed through sponsorship of the fishing canneries along the coast, physician-missionaries would make trips to the many canneries scattered across the Skeena and Naas Rivers to bring medical care. At the end of the fishing season, the canneries would donate two dollars per subscriber if the season had been successful.[117] Work on the hospital ships was not without risk as weather and the ships' mechanical soundness could be unreliable. Yet the presence of hospital ships demonstrates that religious groups often provided health care in remote regions of British Columbia that did not benefit from substantial government supports.

VICTORIA ORDER OF NURSES

The Victoria Order of Nurses (VON) was another charitable organization adding to the diverse patchwork of community hospitals across British Columbia. The VON was established in 1897 by Lady Aberdeen, the spouse of the governor general of Canada. The VON's main purpose was to provide nursing and hospital services in remote areas of Canada by means of "cottage hospitals," which were small rural hospitals serving the local population in remote areas. The VON also provided these remote hospitals with trained nurses who had received education in district (public health), maternity, and infectious disease nursing in addition to regular hospital training.[118] The VON was an important supporter of such expanded nursing roles in Canada. In British Columbia, the VON supported the following hospitals (see Figures 26 and 27):[119] Lady Minto Cottage, Ashcroft (1913) (see Figure 26); Lady Minto Cottage, Ganges, Salt Spring (1914) (see Figure 27); Queens Hospital, Rock Bay (1905); Queen Victoria Memorial, Kaslo (1903); Queen Victoria Memorial, Revelstoke (1902); Queen Victoria Memorial, Vernon (1901); VON, Fernie (1907); VON, Invermere (1917); VON, Quesnel (1911).

The VON subsidized the operations of hospitals at various times at Arrowhead (1905–15), Barkerville (1912), Chase (n.d.), Dauphin (1901), and

[115] Burrows, *Healing in the Wilderness*.
[116] Ibid., 55–56.
[117] Large, *Drums and Scalpel*, 118.
[118] Helen Shore, "Cottage Hospitals in British Columbia," *BC Historical News* 33, no. 4 (2000): 14; Sheila Penney, *A Century of Caring: The History of the Victorian Order of Nurses for Canada, 1897–1997* (Ottawa: VON Canada, 1996).
[119] Gibbon and Mathewson, *Three Centuries of Canadian Nursing*, 276.

Figure 26. Lady Minto Hospital, Ashcroft, BC, n.d. *Source*: Image C-09897 courtesy of the Royal Museum of BC.

Figure 27. Lady Minto Hospital, 1950. *Source*: Salt Spring Island Archives, 1950_009.

Windermere (1917), British Columbia.[120] The affiliation these hospitals had with the VON was often short lived as hospitals were sold, failed financially, or were lost to fire, and resources to rebuild them were lacking. Most of the connections the VON had to hospitals in British Columbia ended in 1919, after a special VON report recommended that hospitals be sold to other organizations. By 1924, the VON ended all ties to Canadian hospitals and shifted its focus entirely towards its district nursing services, now commonly known as community health nursing. The VON stayed involved in rural and remote communities during the 1920s, but then shifted its focus primarily to working with provincial public health offices. In these early years, the VON's presence indicates that many charitable organizations influenced nursing and hospital care in British Columbia.

CHINESE AND JAPANESE HOSPITALS IN BRITISH COLUMBIA

Although most of the immigrants who came to British Columbia during the turn of the twentieth century were of British or American origin, substantial numbers of Chinese and Japanese workers also arrived and eventually established hospitals. The anti-Asian context of the time influenced the development of separate hospitals, primarily supported by local Chinese or Japanese Benevolent Associations. Yet the history of Chinese and Japanese hospitals differed significantly.[121] For example, the Chinese hospitals in Victoria and New Westminster (1880s) were financially supported by local Chinese Benevolent Associations and were built to help local Chinese workers receive health care in isolated conditions away from family and friends. British Columbia's Chinese hospitals utilized Chinese caregivers and Chinese medicine, and often faced fierce scrutiny from local newspapers and medical officers. The Japanese hospital in Steveston (1897), on the other hand, faced much less scrutiny and was built to demonstrate the Japanese community's ability to offer "modern" hospital care to the local Japanese fishing community. The Japanese hospital began as a Methodist mission hospital (see Figure 28), utilizing Japanese Methodist missionaries and white health care workers trained in Western medicine. The Japanese hospital

[120] Library and Archives Canada, Victoria Order of Nurses Fonds, Histories of the VON 1897–1967, vol. 6, file 1.

[121] Helen Vandenberg, "Race, Hospital Development and the Power of Community: Chinese and Japanese Hospitals in British Columbia from 1880–1920" (Ph.D. diss., University of British Columbia, 2015); Helen Vandenberg, "'A Powerful Protector of the Japanese People': The History of the Japanese Fishermen's Hospital in Steveston, British Columbia, Canada, 1896–1942," *Nursing History Review* 25 (2017): 53-80.

would later be financially supported by the local Japanese Fishermen's Benevolent Association.

With regard to the development of Chinese hospitals in British Columbia, local directories reveal that, as early as the 1860s, Chinese doctors were offering Chinese medicine in the province.[122] In 1863, Dr. Lee-y-Shang and Wing Yan Lung practised on Cormorant Street in the newly developed Chinatown of Victoria.[123] By 1884, there were twelve Chinese doctors in Victoria, six in New Westminster, six in Nanaimo, and four in Wellington, and several others in different mining and railway camps scattered across the province.[124] Most of British Columbia's Chinese hospitals were founded by local Chinese Benevolent Associations, primarily in cities such as Victoria (1884), New Westminster (1892), and Vancouver (ca. 1905). These early hospitals mimicked charity hospitals found in China and offered food, shelter, and Chinese medicine.[125]

At the turn of the century, Chinese hospitals were characterized by local newspapers as horrifying "pest houses" that were far below Western standards.[126] Attempts to discredit and regulate the activities of the Chinese hospitals were common, and city authorities utilized the medical health officer to inspect and scrutinize these hospitals.[127] Yet no financial aid was granted to these hospitals from either the provincial or the municipal governments.

In contrast to some of British Columbia's Chinese hospitals, Steveston's Japanese hospital was built in a small fishing and canning village south of Vancouver in the southwest corner of the province. The hospital was founded in 1897 by Japanese Methodist missionaries who saw a need for health services among the local Japanese fishers, who often contracted typhoid fever during the fishing season.[128] From 1897 to 1899, the hospital was financially supported and staffed by missionaries from the Canadian Methodist Church. The first physician who worked at the hospital, Dr. R.W. Large, was a Methodist missionary and trained doctor. The

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[122] VPL, BCCD, 1863, *British Columbia and Victoria Guide and Directory*, 69, 82, https://bccd.vpl.ca/index.php/browse/title/1863/British_Columbia_Guide_and_Directory.

[123] Ibid., 69, 82.

[124] University of Victoria Archives, "Lists of Numbers and Occupations of Chinese in British Columbia," Chinese Consolidated Benevolent Association, Victoria, BC, University of Victoria Archives, ccbav_4_3_001, 1884, http://contentdm.library.uvic.ca/cdm/compoundobject/collection/collection2/id/91.

[125] Guenter Risse, *Plague, Fear, and Politics in San Francisco's Chinatown* (Baltimore: John Hopkins University Press, 2012). 51.

[126] Ibid., 52.

[127] Ibid.

[128] Vandenberg, "Race, Hospital Development and the Power of Community," 119.

Figure 28. First Japanese hospital and mission, Steveston, 1899. *Source*: Richmond City Archives, 2012 3 8.

hospital was initially supported by donations from the local Japanese community. Eventually, the local Japanese Fishermen's Benevolent Association assumed responsibility for the hospital. The leaders of the association argued that involvement in hospital care would show Canadian political leaders that Japanese communities could operate a "modern" institution and would counter arguments that Japanese immigrants did little to contribute to the local community.[129]

A new Japanese hospital was constructed by the Japanese Fishermen's Benevolent Association in 1900, with a bed-capacity of thirty (see Figure 29). The association funded the hospital services by collecting a small yearly subscription (one to two dollars) from each fisher in ex-

[129] Ibid., 128.

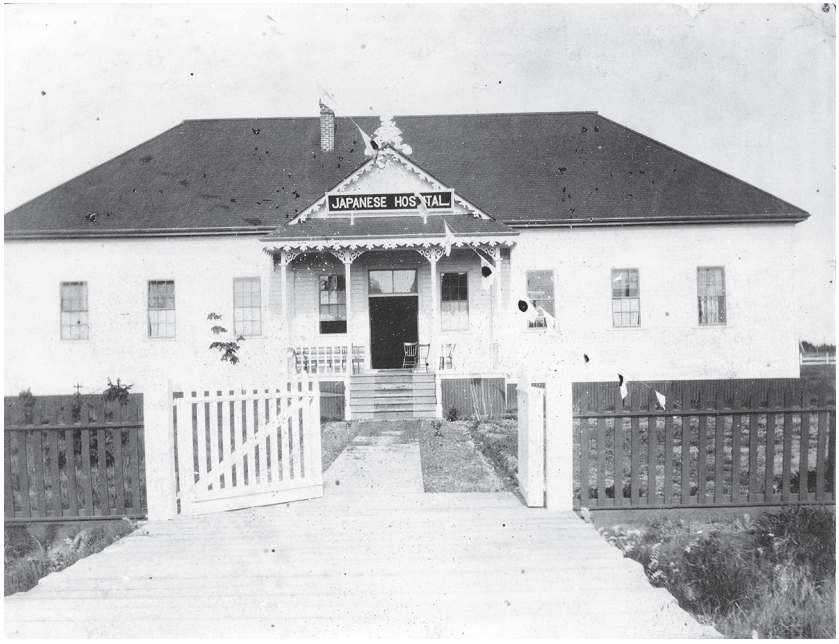

Figure 29. Second Japanese hospital, Steveston, 1900. *Source*: VCA, AM54-S4-: Out P1077.

change for access to the hospital services.[130] The association utilized a combination of white and Japanese workers to operate the hospital (see Figure 30). The Japanese hospital required a diverse staff, including interpreters, to undertake hospital work in Steveston's varied fishing and canning community.[131]

The existence of Chinese and Japanese hospitals in British Columbia indicates that these hospitals were further examples of what scholar David Chuenyan Lai calls "self-segregation" rather than a colour bar, which historians like Vanessa Northington Gable have associated with black hospitals in the United States.[132] The development of Chinese and Japanese hospitals demonstrates how social context and the ambitions of local communities shaped hospital development in British Columbia.

[130] Ibid., 128–35.
[131] Ibid., 130–33.
[132] David Chuenyan Lai, "From Self-Segregation to Integration: The Vicissitudes of Victoria's Chinese Hospital," *BC Studies* 80 (Winter 1988/89): 52–68. Vanessa Northington Gamble, "The Negro Hospital Renaissance: The Black Hospital Movement, 1920–1945," in *The American General Hospital: Communities and Social Contexts*, ed. Diana E. Long and Janet Golden (Ithaca, NY: Cornell University Press, 1989), 82–105.

HOSPITALS IN BRITISH COLUMBIA, 1918

By 1918, the number of hospitals in British Columbia had increased another 2.5 times from 34 in 1905, to 89 in 1918, which are again bolded in the 1918 listing:[133]

Abbotsford Nursing Home, Abbotsford
Chilcotin General Hospital, Alexis Creek
General Hospital, Anyox
Armstrong Nursing Home, Armstrong
Ashcroft General Hospital, Ashcroft
St. Andrew's, Atlin
Balfour Military Sanatorium, Balfour
Royal Cariboo Hospital, Barkerville
Bella Bella–River's Inlet Hospital, Bella Bella
Bella Coola Hospital, Bella Coola
Campbell River Hospital, Campbell River
Chase Hospital, Chase
General Hospital, Chemainus
Chilliwack Hospital, Chilliwack
St. Joseph's Hospital, Comox
Corbin Hospital, Corbin
Cranbrook Cottage Hospital, Cranbrook
St. Eugene Hospital, Cranbrook
General Hospital, Cumberland
King's Daughter's Hospital, Duncan
Fernie Hospital, Fernie
Lady Minto Gulf Islands Hospital, Ganges
General Hospital, Golden
Grand Forks Hospital, Grand Forks
Sacred Heart Hospital, Greenwood
Hazelton Hospital, Hazelton
Windermere Hospital, Invermere
Sunnyside Sanatorium, Kamloops
Victoria Hospital, Kaslo
Kelowna Hospital, Kelowna
General Hospital, Ladysmith
Lillooet District Hospital, Lillooet
St. Bartholomew's, Lytton
Maternity Hospital, McKay
Nicola Valley General Hospital, Merritt

[133] VPL, BCCD, 1918, *Wrigley British Columbia Directory*, 834. The numbers of hospitals listed do not exactly add up because some of the former hospitals stopped being listed or changed names.

Crow's Nest Pass Coal Co., Michel
Nakusp Hospital, Nakusp
General Hospital, Nanaimo
Home Private Hospital, Nelson
Kootenay Lake General Hospital, Nelson
Slocan Hospital, New Denver
North Vancouver Hospital, North Vancouver
Ocean Falls Hospital, Ocean Falls
Penticton Hospital, Penticton
Port Alberni Hospital, Port Alberni
Port Essington Hospital, Port Essington
Port Simpson Hospital, Port Simpson
Prince George Hospital, Prince George
General Hospital, Prince Rupert
General Hospital, Princeton
Qualicum Military Hospital, Qualicum Beach
Quesnel Hospital, Quesnel
Queen Victoria Hospital, Revelstoke
St. Michael's, Rock Bay
Mater Misericordia Hospital, Rossland
General Hospital, Salmon Arm
Summerland Hospital, Summerland
Miners' Union Hospital, Sandon
Trail Hospital, Trail
King Edward Sanatorium, Tranquille
Columbia Hospital, Van Anda
Jubilee Hospital, Vernon
Ymir General Hospital, Ymir
Saint Mary's Hospital, New Westminster
Royal Columbian Hospital, New Westminster
Alexandra Orphanage, Vancouver
Backett Sanatorium, Vancouver
Bute St. Hospital, Vancouver
Central Mission, Vancouver
Children's Home, Vancouver
Chinese Hospital, Vancouver
Dominion Hospital Co., Vancouver
Grandview Hospital, Vancouver
Infant's Hospital, Vancouver
Old People's Home, Vancouver
Rotary Institute for Chest Diseases, Vancouver
Roycroft, Vancouver
St. Luke's Home, Vancouver
St. Paul's Hospital, Vancouver

Tomley Maternity Hospital, Vancouver
Turner Institute Settlement Home, Vancouver
Vancouver General Hospital, Vancouver
West End Hospital, Vancouver
Williamson Private Nursing Home, Vancouver
Irving House Hospital, Victoria
Isolation Hospital, Victoria
Royal Jubilee Hospital, Victoria
Military Convalescent Hospital, Victoria
Victoria Private Hospital, Victoria

The number of hospitals increased once more, adapting to changing local circumstances and population growth, whereas attention to public health gained momentum by 1918. Various smaller hospitals were established in remote locations such as Bella Bella, Chase, Ladysmith, Nakusp, Ymir, and many other communities.[134] The development of specialized hospitals reveals the influence of increasing medical specialization due to the introduction of chest, infant, and maternity hospitals. The presence of many new nursing homes reflects an increasingly aging population. As historian Megan Davies argues, the development of early homes for aging men and women was created as a reward to the early contributors of the province then, later, to separate the aging sick from general hospitals.[135] Such an increase in the number of hospitals reflects the greater acceptance and demand for hospitals in both large and remote communities while accommodating local demands and social circumstances.

CONCLUSION

This study reveals several key findings that add to and expand current understandings of hospital development in British Columbia at the turn of the twentieth century. The early colonial landscape, characterized by increasing urbanization, resource extraction, immigration, and limited transportation, shaped the development of hospitals. The dominion and, later, provincial governments established and financially supported select hospitals in areas of economic interest. Many of these hospitals

[134] Several local histories of these hospitals exist, including: Andrea Lister, *Commitment to Caring: Chilliwack Hospital Auxiliary's 100 Years, 1911–2011* (Chilliwack, BC: Chilliwack Hospital, 2011); R. Geddes Large, *History of the Prince Rupert General Hospital* (Vancouver: Mitchell Press, 1971); Charles Kahn and Sue Mouat, *Lady Minto Gulf Islands Hospital, Salt Spring Island: A History* (Salt Spring Island, BC: Salt Spring Press, 2007); Ken Jones, *Hospitals of Summerland, 1907–2002* (Summerland, BC: Valley Publishing, 2002).
[135] See Davies, *Into the House of Old*.

Figure 30. Patients, doctor, and nurses outside the Japanese hospital, Steveston, 1900. *Source*: VCA, AM54-S4-: Out P689.

transitioned from smaller charity hospitals to factories for the production of health, yet many smaller charitable hospitals also proliferated during this time. Roman Catholic nursing sisters and Protestant missionaries continued to offer medical and nursing care that combined older ideas of charity, faith, and healing. Chinese, Japanese, and Indian hospitals were constructed but had diverse histories that reflected the complex race

relations of the time. While many hospitals expanded quickly, others did not last more than a few years or decades, and government funding was uneven. As British Columbia's population increased, so too did the demand for hospital care, and different configurations of community relations and resources shaped a diverse patchwork of both smaller and larger hospitals. Smaller hospitals in more remote locations did not have the same access to resources as did hospitals in more populated centres. The differences in their social, cultural, geographic, economic, and medical variety provides a glimpse into the complex history of hospital care in British Columbia prior to the development of provincial hospital insurance.