

“A History of Health Services in Newfoundland and Labrador to 1982”

by

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The history of health in Newfoundland and Labrador, as it is in any society, involves both the general conditions of life which affect health, and the regulation and control of those matters which produce these conditions, by agencies and individuals, public and private.

Information on public health in Newfoundland dates back to 1832 when the colony gained self-governing status. Before this time few records were kept which would have given a thorough and accurate picture of the general health of a society which was formed in scattered pockets of settlement over several centuries.

Since 1832, matters of health, from prevention to cure of diseases, have increasingly come into the public domain. Originally, public health measures arose as a series of responses to the sudden scourges of cholera, diphtheria and tuberculosis and the enduring conditions of poverty. Later there was a growing international awareness of the rights of citizens to medical and hospital care, universal rights which were the legacy of the twentieth century. Newfoundland, particularly since 1949, has reaped many of the benefits of this concept through its participation in the Canadian federation. Throughout the 1920s and 1930s there had been a growing awareness of the need for public legislation and administration of health care in Newfoundland which still lay, to a great extent, with private agencies such as the International Grenfell Association. After Confederation with Canada the Government of Newfoundland retained primary responsibility for public health as a matter of provincial jurisdiction. However, with equalization grants, cost-sharing programs and national programs (in particular medical research grants, capital assistance for hospitals and medicare, or government payment of certain, basic medical fees), the Federal Government assumed certain responsibilities in health maintenance (food and drug laws, immunization, quarantine and other national health standards and services).

A comprehensive picture of conditions affecting health in Newfoundland and Labrador before 1832 does not exist. Newfoundland's status as a colony and her shifting and scattered population contributed to the scantiness of the records. A considerable proportion of the population recorded in early census reports were seasonal residents, mainly masters and fishing servants, and throughout the seventeenth and eighteenth centuries the population fluctuated because of this seasonal migration. In 1713 the year-round population was reported to be under 1,000 people. By 1785 the population had grown to just over 10,000. By 1830 the population was estimated to be about 60,000 people. The population was scattered along the coastline of the

Avalon Peninsula, Trinity, Bonavista and Notre Dame Bays and the south coast. By the early nineteenth century new frontiers of the fishery and of settlement were being discovered on Newfoundland's west coast and in Labrador. In insular Newfoundland a series of Irish migrations occurred during the early 1800s and Newfoundland's Chief Justice reported nervously on May 15, 1815 that these new inhabitants were "pouring in upon us every day" (quoted in C.G. Head: 1976, p. 237). Their arrival coincided with a general economic depression which followed the Napoleonic Wars and these post-war years were ones of famine, fire, falling fish prices and ferocious weather. St. John's, the center of population and commerce, was swept by fire in 1816 and 1817. The seal hunt failed and men poured in from the outports to find work or relief in St. John's. Many merchant houses, the support of most of the outport population, failed, and it was stated that

Insurrection & Famine have been staring us in the face ... I fear Sir that Newfoundland is almost ruined (George Cubit quoted in C.G. Head: 1976, p.238).

The enormous pressure on the population heightened health problems which had existed in Newfoundland from the seventeenth century. It has been generally concluded from the primitive isolated conditions of this life, the harsh environmental hazards of the fishery, the generally poor diet, the lack of formal education or any kind of public health laws, services or agencies, that Newfoundland had a high infant mortality rate, a high maternal morbidity rate and a high overall death rate in proportion to the small but growing population (W.G. Handcock: 1979). The cold intemperate climate, the lack of arable land and the poor diet convinced many of the early colonists such as George Calvert, first Lord Baltimore, to abandon Newfoundland for new plantations to the south. The unsuitability of Newfoundland was mentioned by Robert Hayman in his verse book *Qvod libets Lately Come Over from New Britaniola* (1628). One couplet he addressed to Anne Vaughan as her husband William attempted to revive his colony in 1628:

Yet scurvy Death stalks here with theeuish pace,  
Knocks one down here, two in another place  
(quoted in G.T. Cell: 1969, p. 86).

Vaughan himself, in a rare practical turn, wrote *The Newlanders Cure* (1630) which was a book of medical advice for colonists containing remedies for seasickness and scurvy. Cell (p. 86) suggests that this book, the last and least inviting of Vaughan's books on Newfoundland, was occasioned by Calvert's abandonment of Ferryland in 1629.

What is known of the specific conditions which affected health has been inferred from the accounts of early settlers, missionaries, ship surgeons and naval officers and governors. These point to a rigorous existence untempered by professional or state medical care with the exception of ship surgeons, untrained physicians and the necessary prevalence of folk remedies. According to Martin Lovelace (n.d.) folk medicine often provided the only "cure" to be found in many of Newfoundland's isolated communities. Folk cures and treatments often involved a combination of herbs drawn from the natural environment, remedies concocted out of household foodstuffs and

the coupling of superstition and strong religious beliefs to increase the patient's faith in the cure. They also aimed at preventing illness through tonics and superstitious or ritualistic practices. In the gap caused by the lack of professional medical services, a class of folk healers, generally regarded as holding healing powers, sprang up. This self-sustaining system of health care in Newfoundland communities was present even in the Twentieth Century.

One of the earliest reports on health in Newfoundland was made in January 1830 by William Carson, the famous Scottish reformer and physician. His report gave an overview of health conditions in Newfoundland with particular reference to St. John's, the center of population and commerce. Carson estimated the death rate in one year, 1830, to be about one in sixty-two people. He noted that

The population presents nearly the same character as British society--influenced in some measure ... by the principal occupation. This state of society is maintained by an annual influx of strangers of various ranks from the present country (C.O. 194/81).

Carson's great concerns were the containment of contagious diseases, especially in the port city of St. John's, and these concerns were indicative of the nineteenth century preoccupation with the protection of the public from the sick. He also listed a number of diseases which he had observed were common to the general population. These included gout and rheumatism, kidney and bladder stones, and stomach contractions "in nearly the same proportion which they are in England." Tuberculosis was noted and scrofulous infections "are frequently to be met with." Carson believed that certain diseases in Newfoundland followed seasonal cycles: inflammatory infections were thought to be prevalent in March and April while cholera and diarrhoea appeared frequently in the autumn months. Vaccination was widely practiced in St. John's, with the vaccine being obtained in England and Nova Scotia. St. John's was then served by seven doctors.

The situation outside St. John's, in the widely-scattered and isolated fishing settlements, was a subject of concern to Carson. He writes that "the Out Harbours are not so well supplied, many of their practitioners not having had the advantage of a liberal education or attendance at a Medical School" (C.O. 194/ 81). For much of Newfoundland's history the Island lacked a sufficient number of doctors to meet the health needs of its people. Until the early nineteenth century most doctors were either army or naval surgeons whose presence in Newfoundland dates at least to the seventeenth century. Civilian doctors were apparently practicing in Newfoundland from the 1760s onwards, but until the early 1800s military surgeons formed the majority of medical men. While St. John's by 1815 had become large enough to support several civilian doctors, in the outports much medical work was carried out by local clergymen, the most famous of whom was John Clinch at Trinity. Shortly before 1800 Clinch performed in North America the first inoculation of cowpox to stop a smallpox epidemic which had broken out in Trinity.

Until 1814 hospital facilities in Newfoundland belonged to the military, but civilians were treated in them. In May 1814 the first civilian hospital in Newfoundland was officially opened in St. John's and named the Newfoundland Hospital or the Riverhead Hospital; it was later called the

St. John's Hospital. The prime mover behind its establishment was William Carson, who had begun agitating for such an institution soon after settling in St. John's in 1808. The St. John's facility was organized along the lines of the British voluntary hospital system, which depended on public subscriptions. In addition to subscriptions, the Hospital was maintained by assessments on fishermen and servants working in Newfoundland and by government revenue for the maintenance of pauper patients. Management of the hospital lay in the hands of the Colony's Grand Jury, which appointed a committee to control the institution's financial affairs and admission policy.

In 1826 the colonial government created the position of District Surgeon to attend the sick poor, the Government-supported paupers and lunatics both in the St. John's Hospital and elsewhere. With this responsibility, he commonly provided medicines to needy persons with communicable diseases such as measles, typhus, diarrhoea, consumption and smallpox. The salary attached to this office throughout the nineteenth century was small; consequently, no doctor was able to work in this position on a full-time basis. The government also assumed financial and administrative responsibility for establishing quarantine at ports around the Island. Thus, in 1832 when cholera was epidemic in the other British North American colonies and in Great Britain, the Newfoundland Government quarantined St. John's and the larger outports and established boards of health in the various settlements to keep local streets in a clean sanitary condition.

Following the establishment of Representative Government in 1832 in Newfoundland, the legislature took immediate steps in 1833 to protect the Island against the introduction of the cholera epidemic still prevalent in the other British North American colonies and in the United Kingdom. A Quarantine Act (*3 Wm. IV, c. 1*) was proclaimed establishing how quarantine was to be set up in the Colony's ports and providing for the appointment of boards of health by the governor to carry out the enforcement of quarantine regulations and the cleaning of streets and roads in St. John's and the outports. The magistrates were authorized to impose penalties, forfeitures and punishments for violations of these regulations. Generally, a board of health was appointed whenever public officials considered the threat of an infectious disease from outside Newfoundland sufficient to warrant the imposition of quarantine; when the threat lessened, the board was immediately disbanded and quarantine lifted. The 1833 quarantine legislation, however, was effective for only one year. With cholera persisting overseas in 1834, the legislation was renewed for another year but, although Newfoundland successfully evaded the cholera scourge during the 1830s, situations eventually arose when quarantine could not be put into effect because the legislature was not sitting. Accordingly, Governor Sir John Harvey had the Act made permanent in 1843 (*6 Vic., c. 71*). Thereafter, the governor could enforce quarantine by simply issuing a proclamation. However, quarantine was not proclaimed during the late 1830s and early 1840s since the infectious diseases that existed outside the Island were also endemic to Newfoundland. This was particularly the case in 1837 and 1838 when typhus fever was epidemic in St. John's and in 1843 when smallpox was prevalent. On the latter occasion, infected persons were given free vaccination by the government.

In addition to providing for quarantine regulation, in 1834 the legislature dismissed William Carson as District Surgeon for St. John's and replaced him with Surgeon Edward Kielly.

In 1836 it passed an Act (*6 Wm. IV, c. 1*) establishing fishermen's hospitals in all the electoral districts of the Island. In general only St. John's benefitted from this legislation, since other centers lacked buildings necessary to take advantage of the Act's provisions, which were designed to provide more revenue for hospital services. Under this Act, management of the St. John's Hospital passed from the committee of the Grand Jury to a board of fifteen directors, who were to be elected by a quadrennial vote among the owners and masters of vessels registered at the port of St. John's. To pay for the Hospital's operations, the directors were permitted to levy annual assessments on local fishermen and seamen. (It was here in 1848 that chloroform was used for the first time in Newfoundland, by Dr. Samuel Carson on a woman who was in labor.) The following year the Hospital Directors had a two-storey wing added to the Hospital for the accommodation of lunatic patients housed and maintained there at public expense out of the annual legislative grant for poor relief. In 1846 the legislature passed further legislation (*9 Vic., c. 4*) providing for a separate facility under government control for the lunatic patients. After several delays, an asylum known as the Asylum for the Pauper Lunatics was finally opened in December 1854 with the reception of fifty patients, who came not only from St. John's and its environs but also from distant outports as well, having been sent in by the poor-relief officers and magistrates in their districts.

Efforts were also made to improve the sanitary condition of St. John's after a typhus fever epidemic had broken out in 1847. On this occasion, typhus fever had spread to St. John's from an Irish immigrant ship which had visited the town in May. On the Board of Health (the first known board to be appointed since the mid-1830s) appointed to check the spread of the disease, there was no medical representation, but a medical health officer was employed to enforce quarantine at the port; in addition, a number of practitioners were employed to look after the fever patients, who were placed either in the St. John's Hospital or in an auxiliary fever hospital which the government had recently acquired. By the end of September the epidemic had subsided and the auxiliary hospital could be closed. Although the number of deaths from the outbreak is not known, the figures for the fever hospital show that twenty-three of a total 126 patients admitted during the months of June, July and August died. Consequently, the government had the overcrowded cemeteries in the center of St. John's closed and new ones opened on the outskirts of St. John's. In 1849 the government passed legislation forbidding the use of inoculation among smallpox patients and, instead, making smallpox vaccination available. It was to be used whenever a vaccination proclamation was issued by the governor; penalties were to be enforced by authorities against persons refusing to be vaccinated. In St. John's the government also started a modest program of building sewers, drains and wells for St. John's, but a more systematic system was not undertaken because of insufficient revenue. The need for a large water supply and a sewerage system was made clear in 1854 when cholera finally reached St. John's.

The progress of the new outbreak – elsewhere in North America and in the West Indies – was followed closely by the St. John's newspapers and in July 1854 the Newfoundland Government imposed a quarantine on all ships arriving in the harbor from infected regions. St. John's District Surgeon Samuel Carson was appointed quarantine health officer for the port of St. John's. Under the supervision of a six-man medical Board of Health, which had been appointed on

May 23 together with a committee of Health Wardens, stringent sanitary measures were adopted. New drains were made, old drains were cleaned and scavengers were hired to collect the night-soil from homes, residents being forbidden to throw any garbage into the streets. Several deaths were reported in August; then there were no signs of disease for about six weeks when the full fury of the epidemic broke. During the months of October, November and December 212 patients were admitted to the Hospital, eighty-eight of whom died. By the end of December the epidemic had run its course, leaving in its wake, according to Governor Ker Baillie Hamilton, about 500 deaths. Fortunately, he informed the British Colonial Office, the epidemic had not spread to the outports.

The cholera epidemic demonstrated for all to see that the colonial government would have to take sterner public health measures. A study of the town undertaken by the 1854 Board of Health showed that cholera prevailed only in areas "already pestilent with 'foul air' arising from sewers or stagnant filth;" in such localities the epidemic had spread as a "fire would do in the midst of fuel." (*Times*: Jan. 12, 1861). On the basis of his experience in fighting cholera, District Surgeon Carson urged several reforms in July 1855 on the Liberal Administration of Philip Little, the first elected under the recently instituted responsible system of government. The first of these was the appointment of a permanent Board of Health or a health officer, with authority to have persons afflicted with serious disease removed to the Hospital if the attending medical practitioner recommended such action. During the cholera epidemic, the inability of the Board of Health to do this resulted in a further spreading of the disease; for many sufferers refused to go to the Hospital, knowing how many deaths were occurring there. The government did not act on Carson's suggestion. However, in 1855 it assumed direct financial and administrative responsibility for the hospital while in 1856 it increased the number of District Surgeons from one to four. His other recommendations stressed the need in St. John's for building regulations to prevent overcrowding, the construction of a sewerage system, the establishment of a system for removing night-soil from streets, and the development of a larger and cleaner water supply. Several of these recommendations would be acted upon during the 1860s. Spurred on by the tragic consequences of a diphtheria epidemic that had originated in 1859 in Burin district and in 1860 had spread to St. John's to claim nearly 1,000 lives (mainly children), both government and the public were able to overcome financial obstacles to establish in 1863 a new and large water supply for the town for both fire protection and health reasons, using Windsor Lake as a supply source. Subsequently, the government assisted in the formation of other private joint stock companies to provide water in Harbour Grace, Carbonear and Placentia. The new water supply in St. John's also necessitated the construction of a new sewerage system, the existing system of surface drainage simply being unable to handle the abundant waste water. In 1863 the Hoyles Government passed legislation providing for the construction over a period of several years of a subterranean system which would cost \*\*\*15,000. This system was eventually replaced by a more extensive one constructed by the St. John's Municipal Council in the years 1889 to 1892.

Steps were also taken to improve the administration of public health service. In 1865 legislation (*28 Vic., c. 5*) was enacted providing for the registration of births, marriages and deaths throughout the Island. However, this act proved difficult for the stipendiary magistrates

and other registrars to carry out; not only were they unable to provide full returns but even where it was possible to get information the registration was publicly unpopular and was quickly abandoned. In 1866 the government had a new Quarantine and Boards of Health Act (*29 Vic., c. 4*) passed to prevent the introduction of communicable diseases into Newfoundland. In particular, this Act broadened a board of health's powers to enable its officials to remove any person known to have a communicable disease from his dwelling house or vessel to a hospital if a medical practitioner certified the transfer. Later in 1866 a board of health was formed in St. John's because of the appearance of cholera elsewhere in British North America. On this occasion, St. John's was able to avoid the spread of the disease. The following year the St. John's medical practitioners organized themselves into a Medical Society in order to enforce a new fee structure on their clients. Prior to 1867 patients generally gave their doctors an annual payment for medical services; now, they were required to pay for each visit and for the medicines used. In 1870 the Society successfully persuaded the Bennett Administration to appoint its Secretary, Dr. Thomas Howley, as the smallpox vaccinator of the poor for St. John's. In 1871 smallpox vaccination was again made compulsory and the Government converted the military hospital on Forest Road into a civilian hospital, the hospital having become available to the Colony following the withdrawal of the Imperial Garrison in 1870 from Newfoundland. This hospital became known as the General Hospital by 1880. With this change, the Riverhead Hospital was used for persons having typhus fever, while a military building on Signal Hill was turned into a lazaretto, known as St. George's Hospital, for persons who entered the port of St. John's stricken with communicable diseases. The inspection of shipping at the port and the establishment of quarantine was in the hands of two publicly salaried officials who were known as medical health officers.

In 1879 the St. John's Sanitary Improvement Act (*42 Vic., c. 6*) was passed providing St. John's with a system of sanitary inspection. Under this Act, a Sanitary Department was established within the Newfoundland Government's Board of Works and composed of a supervisor and four inspectors who had authority to enter at will buildings suspected, through poor waste management, of endangering public health. St. John's was divided into several wards and the inspectors were required to make daily reports of sanitary conditions within each. The Act also provided for the appointment of impounders to control stray animals found at large in St. John's. In particular, dogs were not allowed to be at large unless their owners were present. In 1880 the Whiteway Administration had a new compulsory smallpox vaccination law, Prevention of Small Pox Act (*43 Vic., c. 8*), enacted that imposed stronger penalties on persons who refused to have their children vaccinated. In the future, those who refused to pay the fine were to be imprisoned for a period of time not exceeding one week. Again, in 1880 the government passed the Public Health (Amendment) Act (*48 Vic., c. 7*) regulating the inspection of meat, fish, fruit, vegetables, bread, flour, butter and milk for sale to the public. This inspection could be carried out by the Board of Health, police constables and, in St. John's, by the recently appointed municipal sanitary supervisor and inspectors as well. Fines and imprisonment could be imposed on anyone selling diseased food. In December 1888 the St. John's Municipal Council, which was established earlier in the year, had the Riverhead fever hospital burnt down because it was a fire hazard. The patients were transferred to a section of the General Hospital on Forest Road.

Authority for the Board of Health was greatly strengthened during the diphtheria epidemic which broke out in St. John's in 1888 and later spread to the outports before finally subsiding in 1892. In 1888 the Board of Health uncovered in St. John's 273 cases of diphtheria which affected ninety-nine families and resulted in sixty-seven deaths. The full fury of the epidemic did not break until the following year, when 1,881 cases were reported to the Board of Health; these cases affected 878 families and resulted in 350 deaths. For 1890 and 1891 the number of deaths from the epidemic were 133 and 140 respectively. By April 1892 the number of deaths reported for the first three months of that year in St. John's was twenty-three. It is not known what the number of diphtheria cases was for the outports. In response to the outbreak of diphtheria, the Board of Health in St. John's successfully had legislation passed dealing with the practice of concealment of disease by residents, who feared that any quarantine of their households by the Board would restrict their ability to earn a livelihood. Thus, under the 1889 Public Health (Amendment) Act (52 *Vic., c. 13*), which also consolidated existing statutes in regard to the establishment of quarantine and boards of health throughout the Island, a board of health was now to be permitted to have a doctor visit any person sick with, or suspected of having, a communicable disease, if that person was known by the board not to have been attended by a doctor. A penalty not to exceed fifty dollars was to be levied against any person interfering with a board-ordered medical visit. Again, every medical doctor was required under penalty to report immediately to the board every case of communicable disease treated by him. Finally, the 1889 Act allowed the Governor-in-Council to appoint a medical health officer who was to advise the board of health in combating an epidemic. The term of office for this new official was for the life of the board itself. In 1889 the Municipal Council of St. John's considered taking over the operation of the Board of Health but shied away from this course of action for reasons of economy.

The first medical health officer appointed under this Act in February 1890 was Dr. Philip T. Hubert, who was to serve only in St. John's. His salary was to be determined by the amount of work he did as requested by the Board of Health. His tenure of office was short-lived for Hubert soon contracted the disease himself and died in July 1891. There was no immediate successor to replace him and in April 1892 the Board of Health itself was disbanded, the Whiteway Administration now being confident that diphtheria was no longer a health problem in St. John's. However, Stipendiary Magistrate Daniel W. Prowse, who had been appointed chairman of a new board of health on February 14, 1890, was retained in office as chairman on salary, becoming in effect a one-man board of health. In June of that year the legislature passed further legislation (53 *Vic., c. 20*) amending the 1889 Public Health Act to allow for the appointment of a public health officer when there was no board of health in place. Because of the difficulty public health officials had in ascertaining the mortality rate during the diphtheria epidemic, in 1890 the legislature revived legislation for the registration of births, marriages and deaths (53 *Vic., c. 21*) throughout the Colony. The Act was not made operative until 1891 but administrative delays prevented Registrar-General Aubrey Pearce from making any report of returns until 1893. His report confirmed that diphtheria had indeed been a major health problem in the past few years; other serious diseases were la grippe and consumption.

On September 7, 1892 Magistrate Prowse was appointed the first Public Health Officer



for St. John's to protect St. John's against the possible introduction of cholera from infected ports overseas. While Prowse was to prove vigilant in preventing cholera from spreading to St. John's, his concern over the spread of smallpox to St. John's from overseas ports prompted him in mid-September to urge upon the Whiteway Administration the necessity to construct a new smallpox hospital, St. George's Hospital or Lazaretto having been burnt in the conflagration of July 8 of that year which destroyed much of St. John's. Known derisively as "Prowse's Folly," the new hospital was destroyed by fire in 1911. Prowse held the position of Health Officer until December 8, 1895 when, for reasons of economy following the collapse of the Island's banking system the previous year and the subsequent near-bankruptcy of the colonial treasury, the government gave the position of Public Health Officer to Dr. Kenneth D. McKenzie. At the time of his appointment, McKenzie had been engaged by Prowse as Medical Health Officer for St. John's. Besides the duties involved in the quarantining of the port and the sanitary cleaning of the town's streets, McKenzie kept a close vigilance on the state of the public health in St. John's and published occasional reports of his findings. Although he received an annual salary of \$600 from the Colony for occupying the offices of both Public Health Officer and Medical Health Officer, the salary was, nonetheless, small and he was unable to work at it full time. In November 1905 the office of Medical Health Officer was made permanent when the Bond Administration and the St. John's Municipal Council reached a compromise on the annual payment of his salary: the Newfoundland Government would remain responsible for epidemic relief and donate annually the sum of \$1,000 towards the salary of the Medical Officer; for its part Council would also donate \$1,000 and define the duties of his office. The first Medical Health Officer appointed under this arrangement was Dr. Robert Almon Brehm whose responsibility was to the Municipal Council, but he also had general colonial responsibilities, reporting on these to the Executive Council. The following year the government established a laboratory to assist Brehm in his work and opened a fever hospital on the grounds of the General Hospital for the reception of persons having infectious diseases.

Strides during the 1890s and early 1900s were also made in health service in the outports and in general hospital accommodation. In 1892 the British medical missionary, Dr. Wilfred Grenfell, came to Newfoundland to work among the Newfoundland and Labrador fishermen. Impressed by the need for hospital services in northern Newfoundland and along the Labrador coast – the only general hospital in Newfoundland at this time was still the General Hospital located at St. John's – in 1893 Grenfell established cottage hospitals at Battle Harbour and Indian Harbour in Labrador. Over the next thirty years Grenfell organized a variety of hospital and nursing services for northern Newfoundland and Labrador. It was also in 1893 that diphtheria antitoxin was used in Newfoundland for the first time and that efforts were made to control the practice of medicine and dentistry, separate legislation being passed to regulate both, the Newfoundland Medical Act (*56 Vic. c. 12*) and the Newfoundland Dental Act (*56 Vic., c. 13*). A Medical Board was subsequently appointed in 1893 but its terms of reference were not defined by legislation until 1896, the same year that Newfoundland doctors apparently held at Whitbourne their first medical convention to discuss mutual problems. In 1897 the supervision of public health, quarantine and the laws relating to the Board of Health was placed under the newly organized Department of Charities, itself a section of the Department of the Colonial Secretary. In

1897 the Victoria Wing was added to the General Hospital, and legislation (*60 Vic., c. 15*) was passed concerning the trial of insane persons before the law and their legal and property rights while they were patients of the Lunatic Asylum. In 1903 a nursing school was started at the General Hospital under the direction of Mary Southcott. Moreover, in the same year, a convalescent home known as the Cowan Mission Home was opened at the General. In 1910 a branch of the St. John Ambulance Association was formed in St. John's. The first hospital outside St. John's was opened in the same year in Grand Falls and was built and managed by the Anglo-Newfoundland Development Company (A.N.D. Company) which owned the paper mill in that town. The following year the wife of an A.N.D. Company Director provided the funding for the construction of a small hospital in Millertown, and a small hospital was built at government expense at Grand Bank. In 1915 special legislation was passed taking the management of the General Hospital from the Board of Works and placing it in the hands of a Board of Governors consisting of six persons appointed by the Governor-in-Council. This Board of Governors was to make all rules and regulations concerning the administration of the Hospital and its staff. The Board was also empowered to set a scale of fees for patients admitted into the Hospital to replace the existing practice of free admittance. However, a fee structure was not instituted until October 1, 1921.

Promoting greater public awareness in the public health field had been a strong concern of Governor Sir William MacGregor (1904-1909), a physician who had definite ideas on how to improve the health of Newfoundland. Indeed, it was at his instigation in 1904 that the Robert Bond Administration had established two years later a public laboratory for Medical Health Officer Dr. Brehm. In August 1905 MacGregor visited Labrador and found that a declining Inuit population was being caused by a high infant mortality rate and the epidemics of European diseases. While he felt that the Moravian Mission and the Royal National Mission to Deep Sea Fishermen were doing worthwhile work in Labrador, in 1907 MacGregor strongly criticized the Government for not spending more to improve health not only in Labrador but also in Newfoundland. In February 1908 he took matters in his own hands with regard to the widespread prevalence of tuberculosis in the Colony. On February 28 he chaired a public meeting in St. John's to discuss ways to organize an effective publicity and medical campaign against the disease. MacGregor, who had himself recovered from tuberculosis earlier in his life, proposed several ideas the meeting should adopt. These included the formation of a volunteer anti-tuberculosis association, the erection of a sanatorium, the building of a modern laboratory, the stationing of trained nurses in St. John's and the outports and the creation of a Department of Health and Education. Other recommendations included the instruction of mothers in the proper care of children, the improvement of home sanitation and sewerage and the provision of an abundant and pure water supply. The outcome of this meeting was the formation of the Newfoundland Association for the Prevention of Consumption (APC) with Hon. John Harvey as president and William Gilbert Gosling and Dr. Herbert Rendell as vice-presidents. The Association grew rapidly; within three weeks it had a membership of 932 consisting of 141 St. John's residents and 791 from the outports. In August 1908 the anti-tuberculosis campaign received a great boost at a meeting of the Newfoundland Teachers' Association held in St. John's. That Association, too, took the anti-tuberculosis campaign as its own and its teachers subsequently helped to distribute and

explain to outport residents in particular APC pamphlets on the prevention of tuberculosis.

The public awareness generated by the anti-tuberculosis campaign enabled Governor MacGregor to persuade the People's Party Administration of Edward Morris, which had replaced the Bond Administration in March 1909, to appoint a royal commission into the state of health conditions in Newfoundland and Labrador. Appointed to the Commission were several people closely identified with the APC: Hon. John Harvey, Michael P. Gibbs who was also Mayor of St. John's, and Doctors Herbert Rendell, Nutting Stuart Fraser, Lawrence E. Keegan and Robert A. Brehm, the Medical Health Officer for St. John's. Among the recommendations suggested by the Commission in its report in late 1909 was the pressing need to do something about tuberculosis. The place to start, an unpublished report of the Commissioners noted, was the school which could give instruction in basic hygiene. A better system of keeping vital statistics was also needed so that medical authorities could obtain an accurate number of tuberculosis patients and find out where they lived on the Island. In addition, they believed medical authorities throughout Newfoundland should be required to notify the government of all cases of tuberculosis. The report also took note of the high infant mortality rate in Newfoundland which was due to the lack of milk in the Colony and the lack of knowledge amongst mothers on proper feeding and fresh water. The Commission also called for improved nutrition, better ventilation in housing, a clean water supply and improved sanitation. It also suggested that sanatorium facilities be built for the treatment of consumption patients but, because of the great cost involved, it was unsure as to which approach was best: a number of small sanatoriums located around the Island or one or two large institutions, presumably in St. John's.

Some of the Commission's recommendations would be achieved within the next decade. In 1910 Mayor Gibbs and the St. John's Municipal Council had legislation passed making water and sewerage connections compulsory in the houses of the working poor. Under this 1910 Municipal Act (*10 Ed. VII, c. 7*), the Council was also empowered to establish public baths within the municipal limits and to ensure that lavatories were provided in factories and workshops and that proper accommodation be available for persons of each sex. With regard to the anti-tuberculosis campaign in particular, in 1909 the APC hired its own nurse to educate the public in preventive measures, while in 1910 the St. John's branch of the Imperial Order of the Daughters of the Empire opened a camp for consumptive women near Mundy Pond on the outskirts of the city. This camp only had a capacity for six beds and was only constructed for use during warm summer weather. Its general success in treating the patients sent there resulted in the camp being used in succeeding years and led to the realization that a more permanent structure was required. In 1911 the Morris Administration employed Dr. Herbert Rendell to head its anti-tuberculosis service. The following year the Government took over management of the Mundy Pond Camp, which was subsequently winterized and enlarged to accommodate several additional female patients. In 1912 the Government passed legislation respecting the establishment of sanatoriums for the treatment and prevention of tuberculosis. In 1912 William D. Reid of the Newfoundland Railway Company offered to give \$50,000 to build and equip a sanatorium at St. John's, but the outbreak of World War I in 1914 disrupted the Reid plans and the matter was dropped.

However, the large number of ex-servicemen who returned to Newfoundland with tuberculosis prompted the Morris Administration to take measures for treating those with the disease. The success of private citizens in 1916 in setting up a tuberculosis sanatorium known as the Jensen Camp outside St. John's prompted the Government later in the year to provide its own facility for returning ex-servicemen. A house and farm in St. John's were subsequently acquired and opened the following year as the Escasoni Hospital. In 1917 the Government also bought a farm in the western outskirts of St. John's and opened a fifty-two-bed hospital on the site for tuberculosis patients. In 1912 this hospital was expanded to 111 beds for the accommodation of ex-servicemen, some of whom had been transferred from the Jensen Camp and the Escasoni Hospital which closed in January 1921 and December 1920 respectively.

Measures were also taken by the Government for servicemen having infectious diseases. In 1916 a special facility was provided for the reception of soldiers who had measles. A house on Topsail Road outside St. John's was acquired by the Government and became known as Donovan's Hospital. This hospital closed later in the year when a larger house in St. John's was acquired on loan from Sir Marmaduke Winter and used as a Military Infectious Diseases Hospital. It closed in May 1920. While measles and smallpox continued to be a concern of medical authorities, the outbreak of Spanish Influenza in 1918 in Asia and Europe and its subsequent spread to North America by returning soldiers threw the Newfoundland Government into a panic. On September 30, 1918 a steamer docked at St. John's with three patients aboard sick with the disease. Within two weeks the disease spread throughout St. John's; it then spread to the outports, reaching epidemic proportions especially among the natives of Labrador. Altogether, by the end of 1918, when the disease had run its course, sixty-two people in St. John's had died from the "flu" while in the outports hundreds had died. In St. John's the disease necessitated additional temporary hospital facilities; consequently, the King George V Institute was fitted up with thirty-two beds. One of the more notable victims of the disease was Ethel Dickinson, a nurse who had been treating the patients. Her efforts were commemorated two years later when a monument in her honor was erected in St. John's.

The problems consequent on the high infant mortality rate in St. John's were also addressed during the war by both the public and the Government. In January 1918 St. John's Mayor William Gilbert Gosling persuaded the Government to donate \$450 towards the cost of a limited community nursing service for Newfoundland, and Gosling contributed his salary of \$600 as Mayor. This arrangement was for one year only; in 1919 no grant was forthcoming from the Colony. In the circumstances Gosling was left to pay the \$3,500 in salaries that would be required for the expanded service Gosling had envisaged. Fortunately, his cause was taken up by the Women's Patriotic Association which had been formed in 1914 to provide funds for servicemen and their families. In June 1919 the Women's Patriotic Association established a Child Welfare Committee to support the new nursing service. Through house-to-house canvassing and several large private donations, the Child Welfare Committee collected over \$6,000 by mid-1919 for the payment of the nurses' salaries, the establishment of milk stations and the distribution of clothing by the Association to needy families. In May 1920 a small children's hospital was opened by the Association, but this had to be closed a few months later for financial reasons. It bore fruit,

however, when the Administration of Sir Richard Squires a year later opened a children's ward in the General Hospital. During 1920 the Child Welfare Committee raised more money and received contributions from both Gosling and the Government. On February 28, 1920 the Government agreed to make available an annual grant of \$700 to the Committee. Gosling's contribution of \$1,000 was equal to the amount the St. John's Municipal Council itself would contribute to child welfare after Gosling's retirement in 1921 from civic politics. In January 1921 the Women's Patriotic Association disbanded only to be reorganized in May as the Child Welfare Association. In 1925 a Welfare Center was opened, while in 1929 it provided a soup kitchen for undernourished children and their mothers.

The expansion of other health services continued during the 1920s, particularly in the areas of hospital accommodation and outport nursing. On the legislative front, in 1920 an act was passed regulating the practice of midwifery in Newfoundland, the Registration Midwives' Act (*11 Geo. V, c. 18*), while the following year an Act for Prevention of Venereal Diseases (*12 Geo. V, c. 14*) required the reporting and treatment of venereal diseases. In 1922 legislation was enacted to regulate the import, export, manufacture, sale and use of opium and other dangerous drugs, the Dangerous Drug Act (*13 Geo. V c. 4*); in the same year an Act was also passed placing the Tuberculosis Sanatorium under the control of the Board of Directors of the General Hospital, the Tuberculosis, Sanatorium [sic] and Sudbury Hospital Act (*13 Geo. V, c. 4*). On May 22, 1922 St. John's also got its second general hospital when Roman Catholic Archbishop Edward Patrick Roche opened St. Clare's Hospital, a facility operated by the Sisters of Mercy and funded by private means. Similarly, on December 20, 1923 the Salvation Army opened a maternity hospital for twenty patients and seventy babies. There were also several hospitals established outside St. John's. In 1924 residents of Twillingate and nearby communities officially opened a sixty-bed hospital at Twillingate to honor the men from that part of northeast Newfoundland who were killed during World War I. Funding for building the Notre Dame Bay Memorial Hospital came from the Government and from donations raised both by the residents themselves and by Dr. Wilfred Grenfell. Its subsequent operating expenses were paid for from an annual government grant and from the fees the Hospital's Board of Directors charged the patients. On August 25, 1925 a hospital was also opened at Corner Brook by the Newfoundland Power and Paper Company which had recently established a paper mill in that town. Three years later a ten-bed hospital was opened in the mining town of Buchans by the American Smelting and Refining Company. In the early 1920s a program was also launched to bring medical and nursing services to more isolated outports. In 1924 the Newfoundland Outport Nursing and Industrial Association (NONIA) was established by concerned citizens in St. John's to provide nursing stations in the outports; funding for this service came from public donations and from the sale of weavery and knitting products made by outport women in the areas where the nurses were located. In 1934 this nursing service was taken over by the Commission of Government.

In 1929 the public health field was the subject of an extensive investigation by a Royal Commission of Enquiry appointed on January 19, 1929 by the Squires Administration. The Commissioners included Dr. Harris M. Mosdell, who was chairman, Dr. Cluny Macpherson, Dr. Thomas Anderson, Cyril J. Cahill, F. Gordon Bradley and Robert J. Smith. As a result of their

report in 1930, in 1931 the Government passed comprehensive, consolidated public health legislation, the Health and Public Welfare Act, 1931 (*22 Geo. V, c. 12*) which saw the Board of Health made into a separate administrative department of the Colonial Secretary instead of being part of the Commission of Charities which in turn had been responsible to the Colonial Secretary. This Board was responsible for the control of infectious diseases, the inspection of milk and other foods, the protection of water, sanitary inspection, the health of school children and the treatment of the sick and poor, including the blind, deaf and insane, throughout the country. Mosdell also suggested that a university education be provided for nurses and that a cottage hospital system be set up around the Island. A cottage hospital, he envisaged, would have accommodation for two to four patients and be staffed by a doctor and nurse. However, insufficient funds prevented the Squires Administration from carrying out the extensive medical and nursing services Mosdell had recommended; hence, Newfoundland continued to have a shortage of doctors, especially in the outports. Consequently, many of the Commission's recommendations had to await implementation following the establishment in February 1934 of the Commission of Government in Newfoundland.

One of the six administrative departments established by the Commission in 1934 was Public Health and Welfare with Dr. Mosdell as its Secretary. Mosdell had an opportunity to finally implement some of the recommendations of the Royal Commission he had recently chaired. Later in 1934 this Department took over the nursing functions of the Newfoundland Outport Nursing and Industrial Association. Thus, in 1935 a cottage hospital system was set up in the larger outports to provide medical facilities, nursing services and midwifery training as well as a health education service. This hospital system was the first instance in North America of a government-established and subsidized hospital and medical care plan set up on a prepayment basis. Moreover, in 1935 Medical Health Officer Dr. R.A. Brehm organized the first Public Health Laboratory Diagnostic Service and established a system for mailing specimens to the Laboratory from all parts of Newfoundland. Again, in 1935 the Government established a medical service on the southwest coast of Newfoundland with the operation of the *M.V. Lady Anderson* as a hospital ship. The following year the Government retired Dr. Brehm from public office. The St. John's Municipal Council, however, refused to go along with this decision and retained him on salary as Medical Health Officer for St. John's. Efforts were also made to fight tuberculosis which, according to a 1934 St. John's Rotary Club survey of health conditions in Newfoundland, was the most serious health problem facing the country. Consequently, in 1938 the Government conducted its own survey of tuberculosis in Newfoundland. The result of this work was the decision to add a new wing to the St. John's Sanatorium to provide increased accommodation for tuberculosis patients and to establish a mobile Avalon Health Unit to visit and examine residents for tuberculosis in the communities.

The Commission of Government was also active on the child welfare front. A doctor and a number of nurses were provided for a Child Welfare Clinic and in 1936 a program to provide milk as a diet supplement for school children was started in St. John's and extended in 1938 to outports at which time cocomalt (a mixture of cocoa, milk and sugar) was provided. In 1938 a grant of \$5,000 was provided for the education and maintenance of blind children attending the Halifax

School for the Blind and this grant was extended to deaf children in 1940. Legislation was passed in 1940 providing for the adoption of infants, Adoption of Children Act (1940, No. 32), but a more comprehensive Act, the Welfare of Children (Amendment) Act (1945, No. 46), was enacted in 1945. This Act created the Division of Child Welfare in the Department of Public Health and Welfare for the protection of children in Newfoundland. The main services of this division were adoption, child care and protection, foster homes, institutions and services to unwed mothers. In 1944 the Government undertook an extensive nutritional survey of the diet of the Newfoundland people. This survey identified serious deficiencies in the food people ate, in particular a serious lack of vitamins and nutrients in baked products.

The prosperity that had been generated in the Newfoundland economy during World War II by the construction of United States and Canadian military bases enabled the Commission of Government to undertake extensive capital improvements in the health field. In 1941 the Government assumed complete control of the Grand Bank hospital and converted it into a cottage hospital. In addition, there were new cottage hospital and nursing stations being constructed and opened. In 1945 a new wing was added to the St. John's General Hospital, while renovation work was carried out on the St. John's Hospital for Mental and Nervous Diseases (the former Asylum for Lunatics). In 1946 the Government took possession of several hospitals Canada had built during the war for its armed forces. In St. John's, two hospitals used by the Canadian Navy were converted, one into an orthopedic facility and the other into an adjunct to the Sanatorium. Moreover, military hospitals at Botwood and Gander were taken over and operated as general hospitals. In 1947 construction on a tuberculosis sanatorium with over 250 beds was started at Corner Brook and completed four years later. With this new hospital, one historian has noted, Newfoundland at least had an adequate number of beds for tuberculosis patients (F.W. Rowe: 1980, p. 416). To provide greater detection of the tuberculosis disease itself, in 1947 the Commission of Government purchased a boat from the United States naval base at Argentia and converted it into a floating clinic, known as the *Christmas Seal*, that would provide X-rays and general health education to outport residents. In addition, by 1947 there were a total of twenty X-ray machines in operation throughout Newfoundland. On January 4, 1949 an office was established in Corner Brook which became the first regional office of the Health Inspection Division of the Department of Public Health and Welfare.

After Confederation in 1949 with Canada, the Federal Government's Department of Health and Welfare began the distribution of federal funds for health services in the new province, while the Newfoundland Department of Health and Welfare, which was set up in 1949, had responsibility for the administration of the medical and nursing needs of the people. Newfoundland benefitted in the health field from a large infusion of federal funds in order to raise the Island's standard of living closer to the Canadian average. In particular, Canadian Family Allowances and Old Age Pensions were instrumental in raising this standard after Confederation. Such payments simply put more cash in the hands of outport residents who previously had little, living as they did mainly on the basis of a truck system with local merchants (S.J.R. Noel: 1971, p. 266). The cash now made it possible for residents to purchase new kinds of food and hence vary their diet. Change was also most evident in the continued improvement of health facilities that had

been given great momentum by the Commission of Government. In 1949 Newfoundland had a total of twenty-eight public and private hospitals. Between 1949 and 1980 federal funds were responsible for the construction of fourteen new hospitals, while the several private hospitals were either rebuilt or enlarged. Among the new hospitals opened were facilities at Corner Brook (1951), Channel (1952), Fogo (1952), Springdale (1952), North West River (1954), Carbonear (1957), Grand Falls (1963), Gander (1964), Baie Verte (1964), Bell Island (1965), Happy Valley (1964), Labrador City (1964) and St. Anthony (1968). Moreover, additions were made to existing major hospitals. In 1952 a new wing was added to the Hospital for Mental and Nervous Diseases at St. John's, while the following year a children's department and a radio-isotope division were established at the General Hospital; the following year an isolation ward for children was set up there. In 1963 a Department of Veteran Affairs Pavilion was opened at the General Hospital. In addition, in 1966 the West Coast Sanatorium was converted into a general hospital and administered by the Western Memorial Hospital Corporation. Two years later the Dr. Charles A. Janeway Children's Hospital was opened on the site of the United States military base hospital in St. John's, while in 1979 a new general hospital and medical school, known as the Health Sciences Centre, were officially opened at Memorial University. The old General Hospital was subsequently renamed the Leonard A. Miller Centre and used as a convalescent and rehabilitative facility. Altogether in the three decades following Confederation St. Clare's Hospital in St. John's increased the number of its beds from around 100 to 320 approximately.

Besides hospital expansion, the two levels of government also co-operated in the extension of medical services. Starting in 1949 an air ambulance service was established which provided for the transfer of patients from the isolated areas of Newfoundland and Labrador to the large medical centers in the Province. A year later four cabin cruisers were acquired to enable doctors and nurses to visit isolated outports. The boats – the *Robert Bond*, the *John Kent*, the *Richard Squires* and the *William Whiteway* – were named for former Newfoundland prime ministers. Efforts were also made to provide better medical service to children. In 1950 a free dental service became available to children at the General Hospital; subsequently, this service was extended to other areas of the Province. In 1957 a Children's Health Service was commenced whereby all children under sixteen years of age had all their hospitalization and medical care costs paid by the Government. In 1958 Newfoundland was one of the first provinces to join a federal Hospital Insurance Service which covered all residents for hospitalization and out-patient diagnostic services. Also, in 1958 the Newfoundland Government transferred its control of blood bank facilities to the Canadian Red Cross. In 1963 the Smallwood Administration extended a financial assistance program first started in 1945 by the Commission of Government, which had made loans available to Newfoundlanders wishing to secure a medical education. Under Smallwood's scheme, grants were made available to qualified local students. Financial assistance was also provided for physicians and nurses to do post-graduate research and study outside Newfoundland because of the recurrent shortage of specialists which the Province faced.

The appointment of more medical specialists was one of several recommendations of Lord Brain, an English medical expert who had been appointed on February 8, 1965 to examine health services in Newfoundland and to advise the Smallwood Administration on the suitability of



establishing a medical college at Memorial University. Lord Brain's report in October 1966 noted that the Province required more doctors and that they should come from Newfoundland rather than through immigration from the United Kingdom and Ireland. To meet this need, Lord Brain recommended that a medical school be set up at Memorial University. He also suggested that the University offer a nursing degree. Moreover, there was a need for adult rehabilitation centers to be established first in St. John's and later throughout the Province. With regard to dental hygiene, the fluoridation of water should also be encouraged, he noted. Many of these suggestions were subsequently carried out.

In 1968 Newfoundland joined the Canadian Government's Medical Care Plan, an extension of the federal-provincial hospital insurance program which Newfoundland had joined in 1958. Under the new plan, which was financed out of general revenue rather than by premiums and fees, residents of the Province received free medical and hospital services. Until 1977 the federal contribution to this program was determined by the amount the Province itself spent. The Newfoundland plan was known as the Medical Care Plan (MCP). In 1977 the Government of Canada and the provinces renegotiated a new agreement for the maintenance of the medical care programs. Under this new arrangement, which was to remain in effect until March 31, 1982, the federal financial contribution was no longer tied to the amount the various provinces spent. Rather, the Government of Canada gave the provinces a financial block of money for them to use for medical care. By the summer of 1982 there had been no amendment to this 1977 agreement.

By the 1977 agreement the Department of National Health and Welfare conducted its work in Newfoundland mainly through the operations of its Health Services and Promotion branch which worked closely with provincial authorities. The main federal-provincial programs which were undertaken were a health insurance program, family planning grants and research. The Health Protection Branch of the federal department also worked in conjunction with provincial authorities in the identification and surveillance of health hazards, standards and practices, and the provision of public information on these hazards and practices. Many of these activities were designed for the use of business.

Most activities directly involving the Province of Newfoundland and Labrador were undertaken as "Health Protection Cooperative Activities." These included the administration of National Welfare Grants, Blind Persons Allowances, Provincial Management Information Systems Development, the Canada Assistance Plan and the Disabled Persons Allowances.

The Department of Health of the Government of Newfoundland and Labrador administered divisions of vital statistics, hospital and medical services, the air and road ambulance programs, the divisions of Dental Health, Mental Health, Tuberculosis Control, Public Health Nursing, Nutrition, Health Education and a Child Health Division which was concerned mainly with immunization and health-screening procedures. The major concern of the Department as a whole was the continuing improvement of the quality of health care in Newfoundland. Throughout the 1970s and early 1980s the Department worked at decentralizing some public health services, mainly to assist the rural population who had traditionally suffered from isolation,

distance from central services and transportation difficulties. These disadvantages were especially common in western regions of Newfoundland and coastal Labrador where health care services were below the standards of more densely-populated and accessible regions. The Department concentrated its efforts in the construction, planning and refurbishment of clinics, community health centers and cottage hospitals although economic conditions in the early 1980s restricted expansion of these services in Newfoundland, and caused large cutbacks in health services, particularly in staffing and facilities. Among the newest developments in the provision of health care in Newfoundland in the 1970s was the creation in 1977 of a central agency, the Division of Occupational Health and Safety.

In 1982, in response to a perceived need for more public participation in the constitution and delivery of health services in Newfoundland and Labrador particularly for women, a project which was unique in Canada was set up in St. John's. "The Women's Health Education Project" was a project co-sponsored by the Newfoundland and Labrador Women's Institutes and the Newfoundland Status of Women Council. The project, which aimed to help women maintain health for themselves, their families and their communities, was funded by the Department of National Health and Welfare of the Government of Canada, for three years. This project was to study and find ways to treat the specific health needs of Newfoundland women through a survey, which was conducted in 1982 (Women's Health Education Project-Newfoundland and Labrador Survey Analysis – 1981: 1982).

In 1981 Newfoundland and Labrador had forty-six communities with populations of over 2,000 people and 685 communities with populations of under 2,000 people. Health-care services were largely in the hands of the Government of Newfoundland which administered most medical services and public health programs. Medical treatments were increasingly consolidated after 1949 in major centers equipped with hospitals, cottage hospitals, clinics and nursing stations. Improvements in transportation made these services more accessible as did decentralization of the services, particularly in western Newfoundland.