



The *Great* Canadian
Catholic Hospital History Project

Documenting the legacy and contribution of the
Congregations of Religious Women and Men in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.



Projet de la *Grande* Histoire
des hôpitaux catholiques au Canada

Retracer l'héritage et la contribution des congrégations religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation
et l'exploitation des hôpitaux catholiques

The Story of the Catholic Hospitals of Canada

by
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THE STORY
of the
CATHOLIC HOSPITALS
of
CANADA

Introduction

Thanks to Father Doyle of the Archdiocese of Edmonton, the inspiring story of Catholic hospitals in Canada is presented to us at a time when it was never more urgent that we be mindful of it. The following pages constitute the historical part of a doctoral thesis "The Catholic Hospitals of Canada" submitted to the Faculty of Canon Law of the University of Ottawa in 1964. They are the fruit of the most exacting and painstaking research, of devoted scholarship, of a manifest love of the Church and of admiration for the witness she gives of the love of Christ for those afflicted by illness.

At a time when a heavy air of defeatism hangs over us and many are questioning whether Catholic hospitals should exist at all, it is good to review the history of these Houses of God "where divine friendship springs between those who suffer and those who serve". Surely the difficulties that have to be faced today will be seen to be no more insuperable than those which have been surmounted in the past, thanks to the faith and perseverance of those who have handed on the sacred trust of these hospitals to those who administer and staff them now.

Surely at a time when hospitals are being pressured to introduce death-dealing practices such as direct abortion and "mercy" killing, Catholic hospitals must remain to exemplify the tradition of mercy and the defence of the right to life.

Father Doyle shows how this witness has been given in the past. May some future historian of Catholic hospitals in Canada be able to write with admiration of how Christian hospitaliers of today face the present challenge!

**John W. Mole, O.M.I.
Editor: Catholic Hospital**

I UNDER THE FRENCH REGIME

Although the eastern shores of Canada had been visited much earlier by explorers, the first effort to establish a colony in the country was not made until De Monts brought his colonists from France to Sainte Croix in 1604 and then moved them to Port Royal in 1605. Settlements followed at Quebec in 1608 and at Montreal in 1642. From that time onward the explorers, the missionaries and the traders continued to push back the frontiers across the vast expanse of the continent, and in this accomplishment the representatives of the Catholic Church were in the forefront all the way.

The history of the Catholic hospitals of Canada is intimately bound up with the early history of Canada, for even in the earliest settlements apostolic religious endured the hardships and sacrifices involved in assuring hospital care to the settlers.

The Need for Hospitals in New France

Besides the ordinary hazards to health which made hospitals a de-

sirable feature of colonial life, special factors urged their foundation.

The zeal for the conversion of the Indians was a prime factor in leading to the establishment of hospitals. It was considered that if the savages could be helped by the ministrations of the hospital in the time of sickness, the good will generated would facilitate their conversion to the faith.

The hospitals would be a most useful institution for the French settlers also. They were continually menaced by the Indians, so much so in fact, that it was necessary for them to be fully armed when working in the fields. The surprise attacks of the Indians resulted in wounds and scalping that demanded the best medical care possible.¹ Heagerty points out the very significant influence which disease, especially in epidemic form, had upon the very fate of the continent:

Few people associate disease with the history of Canada, yet it played an important part in guiding, if not controlling the destiny of the country, and had it not been for the disease which plagued the French settlers

from the time of their arrival in the country, it is doubtful whether Canada would have become a British possession . . . there was one enemy of both the English and the French of which neither took cognizance — the hidden enemy that repeatedly stepped in and took control, stopping troops on the march, snatching victory from the outstretched hands and abruptly bringing wars to an end, a ruthless foe that spared neither victor nor vanquished — disease[. . .]²

Immediately after their arrival at Quebec, the Augustinian nuns were greeted by an epidemic of smallpox among the Indians, and they were called upon to look after the great numbers of patients who filled all available buildings. In doing so the nuns used up not only the supplies which they had brought from France, but even their personal linens; they were so exhausted by the hard work involved that they took sick and it was necessary for the Jesuit Fathers to look after the patients for a time.³ Such an epidemic was not rare, and on occasions when the colonists or the Indians were afflicted by smallpox, scurvy or fever, the little band of hospitallers received and cared for those who were stricken.

In spite of these conditions, Parkman was still to criticize the fact that a hospital foundation was made at this time at all:

Here on the rock of Quebec were the appendages, useful and otherwise, of an old-established civilization. Whilst as yet there were no inhabitants, and no immediate hope of any, there were institutions for the care of children, the sick and the decrepit. All of these were supported by charity, in most cases precarious [. . .]⁴

In doing so, Parkman fails to realize that the sisters, in their zeal, had

come to Canada specifically to offer their ministrations to the Indians, and only incidentally to any settlers who might need their help.⁵ It is true that the hospital and the sisters were subjected to many difficulties, and that at times their physical and financial resources were almost exhausted, but this is an indication, not that the foundation was superfluous, but rather of the heavy demands made upon their charity in the service of the sick.

The Response in France

In France, a great religious revival was under way at the beginning of the seventeenth century. The renewal was characterized by an intense mysticism originating in Spain, and this took root and flourished perhaps most effectively in the upper ranks of society. The court and the chateau developed a zeal for religion and the works of religion, which was to have a far-reaching effect. St. Theresa of Avila, St. Ignatius, St. Francis de Sales, St. Vincent de Paul, St. Camillus de Lellis — all were products of this generation in Europe; in France one of the great leaders in the movement was Madame Martin of the Ursulines, who was later to work so effectively in New France under the name of Mère Marie de l'Incarnation.

The imagination and the zeal of the people of France were fired by the reports of developments in New France. The Jesuit "Relations", written as yearly reports from the missions in the new land, were widely circulated and avidly read throughout the country. In the salons, the court, and the cloister, people gathered to discuss these messages from what

must have seemed another world. Enthusiasm seized the people as they visualized a new Catholic nation in the making — the Indians converted to the faith, a hand-picked group of French colonists, fervent in the practice of their religion. Stories of the abominable conditions under which the Indians lived, and particularly the knowledge that thousands of them were dying of disease, evoked the realization that a Catholic hospital in new France could be a very effective means of improving the lot of the Indian and hastening his conversion.

During the period of French Rule, extending from 1604 to 1760, eight Catholic hospitals were founded in Canada. Some survived and flourished; others suffered the fate of their place of origin; all made their contribution to the welfare of the people and the country which they served.

The earliest hospital on the American continent was founded at Santo Domingo in the year 1503; the second, the hospital of the Immaculate Conception, was founded at Mexico City by Cortez in 1524.

In Canada, the earliest foundation still in existence is that of the Hôtel-Dieu of Quebec, founded in 1639 by the Augustinian Sisters of the Mercy of Jesus; others may lay claim to precedence in order of time, but not in duration.

Port Royal

Various authors have claimed that a hospital existed at Port Royal as early as 1629. Founded by Champlain and de Monts the little colony had a very difficult struggle for survival.⁶ Wallace holds that the little hospital

founded for the care of the sick in Port Royal was called "The Hospital of St. John of God";⁷ Meiklejohn, following the lead of Haliburton, records that it was included within the fortifications and was constructed in the year 1629.⁸ Haliburton, writing in 1829, describes the ruins of Port Royal:

[. . .] as the French houses were constructed of wood, there are none of them now in existence; and the only traces of their industry are to be found in the fortifications of the military post [. . .] the fortifications [. . .] which have been erected at very great expense, are in a dilapidated condition [. . .] The ground on which they are built contains 28 acres of land, within which space, there are two ranges of wooden buildings, containing quarters for the officers, a large barracks, two stories in height, built of brick, an hospital, mess house, store houses, etc., all of which are in a state of decay.⁹

However, beyond these few scant references, nothing is known of its nature nor of its fate.

Sainte Marie

The Jesuit Fathers had arrived in Quebec in the year 1625, at the request of the Recollets, to assist in the work of evangelizing the Indians. Their ministry took them to many different areas in the new country, but their work among the Huron Indians is perhaps best known, because of the price of martyrdom which it exacted. They began their mission to the Hurons in 1634 when Father Brébeuf and two companions were permitted by the suspicious natives to return to Huronia with them. The Jesuit Fathers progressed slowly in converting the Hurons and reached the point in 1639 where they decided to build a central mission at Sainte Marie (near

the present-day Midland, Ontario) which would serve as a base of operations for all the missionaries working in the area. There they also brought into existence an extensive program of education and assistance:

Although this house is not the usual residence of the Fathers of our Society who are here in the Huron country, it is nevertheless the place to which they repair from time to time, after the work of the Missions, in which otherwise they could not live [. . .] not only an abode for ourselves, but it is also the continuous resort of all the neighboring tribes, and still more of the Christians who come from all parts for various necessities — even with the object of dying there in greater peace of mind, and in the true sentiments of the faith. We have, therefore, been compelled to establish a hospital there for the sick, a cemetery for the dead, a Church for public devotions, a retreat for pilgrims [. . .] The hospital is so distinct from our dwelling that not only men and children, but even women, can be admitted to it. God has given us some good servants who are able to attend them in their sickness, while we assist them for the good of their souls [. . .]¹⁰

The buildings were constructed on a very ambitious scale, the earlier ones of wood, the later ones of stone. The hospital was described as follows:

In 1640 the major buildings of the European type were begun. By 1642 the Church, dedicated to St. Joseph, and the hospital had been constructed outside the area built by the Fathers [. . .] the hospital itself was 44 feet long and 40 feet wide with a small annex, 14 feet by 10, at one side [. . .] There was some evidence of a partition dividing it into two wards, 44 feet long, 20 feet wide, approximately [...]¹¹

The site of this mission and hospital is the first location in what is now the province of Ontario to be settled, and

also the first hospital site in that province.¹²

Their association with the Huron tribe, however, subjected the Jesuit Fathers to the bitter and cruel enmity of the Iroquois who at this time were trying to exterminate the Hurons in order to get control of the fur trade for themselves. The Fathers and their missions were attacked savagely at every opportunity, and eight of the Fathers received the palm of martyrdom:

[. . .] in 1642, Rene Goupil, a young surgeon, who had worked in Quebec, was on his way up to the Huron country to take charge of this hospital [at Ste. Marie] when he was captured with Father Jogues, and put to death eight weeks later by the Iroquois [. . .]¹³

Anthony Daniel, Jean Brébeuf and Gabriel Lalement were to share a like fate near Sainte Marie in the years 1648 and 1649; three others died a similar death near Auriesville, New York. The Iroquois conducted an all-out campaign against the Jesuit missions which they regarded as the centre of the Huron-French power, and at last in 1849, with the Hurons either slaughtered or scattered, it was decided to abandon the mission of Sainte Marie:

We have left our house at Sainte Marie, and our headquarters which I would call our delight, developed and the object of so much of our work, from which the harvest gave such rich hope — Moreover, we set fire ourselves to the work of our hands lest that holy House should offer shelter to the impious enemy; and thus in one day, scarcely a moment, we saw the labors of almost ten years consumed [. . .]¹⁴

The hospital at Sainte Marie, in its short span of life had been an instru-

ment of mercy and grace to the Hurons. It had assisted in the conversion of the Indians by giving them care in the time of their need. But beyond this it was also to make a contribution to the advancement of medical science. After the death of Rene Goupil in 1642:

[. . .] another doctor, Doctor Gendron, came from Orleans, France, to take his place. He arrived here in 1644, and remained to the end. He had sense enough to realize that the Indians would know many native herbs that would be suitable for the treatment of sicknesses, and our modern pharmacopia has many drugs drawn from American sources [. . .]¹⁵

The little hospital at Sainte Marie did its part in the development of Canada, and while it existed as a hospital less than ten years, its work will have an effect for eternity.

The Hôtel Dieu, Québec

The Hôtel Dieu of Quebec was founded by a group of three nuns sent out from Dieppe, France, in the year 1639. The hospitallers belonged to the order known as "The Canonesses Regular Hospitaller of St. Augustine, the Congregation of the Mercy of Jesus". Founded by St. Augustine of Hippo, the order was dispersed at the time of the barbarian invasions of Africa, and after centuries of work in Palestine, a small group moved to Dieppe in 1155 to found the famous Hotel Dieu in that city. Originally the nuns took solemn vows, but in 1625 in a reform resulting from the Council of Trent, they changed to simple vows.

The priest who compiled the new constitution for the sisters in 1625, Father Paul Le Jeune, a Jesuit

Father, came to Canada as a missionary in 1632. A zealous priest, he devoted himself energetically to his new missionary work. He made very effective use of the yearly reports known as the "Relations" which gave information concerning the country, the natives and the conditions of the ministry in New France.

Father Le Jeune had been a witness of the terrible toll that was being taken of the Indians by the recurring epidemics, and had sought to assuage the miseries of the natives according to his own limited powers. In the Relation of 1634 he expressed a desire which was very dear to his heart:

If we had a hospital here, we would have all the sick of the country and all the old people [. . .] the hospital could have powerful effects, for it is certain that when they find themselves with good beds, well-fed well-lodged, and well bandaged — do you not think that this miracle would touch their heart?¹⁶

At this point Father Le Jeune was hoping that some pious ladies would come out from France to open a hospital, not yet daring to hope for the service of a group of religious hospitallers.

But in France his appeal had been heard by one who was interested and who was in a position to help. The Duchess D'Aiguillon, a niece of Cardinal Richelieu, a pious and generous lady, took steps to provide the desired hospital. Money would be required for the venture, so she mortgaged the carriages and bells of her estate at Soissons. The Augustinian sisters at Dieppe were considered foremost among the various hospitallers of the time and she therefore

went to Dieppe to ask their help. Naturally the nuns feared the dangers of such a venture, but they generously agreed to supply the necessary staff. The contract for the foundation was signed on August 16, 1637, and on February 2, 1649 the community chose three religious to undertake the foundation: Mother Marie Guenet de Saint-Ignace, Mother Anne le Cointre de Saint-Bernard, and Mother Marie Forestier de Saint-Bonaventure. In April, 1639, letters patent were granted for the establishment of a hospital at Quebec:

The pious devotion for the salvation of souls which is encountered in the person of our cousin the Duchess d'Aiguillon having led her [...] to seek means to draw the savage and infidel people of New France to the true religion [...] [she] has judged it useful in drawing them from this barbarous life and instructing them in Christianity, to place them in a suitable place to be helped, assisted, and treated medically [...] in order that the good treatment given them [...] may little by little conquer and convert them to the faith, has been the occasion of our cousin founding in our city of Quebec in New France a hospital to be ruled and administered by the religious hospitaliers of our city of Dieppe [...]

The three Augustinians left France on May 4, 1639, and after a voyage filled with hardship and danger which lasted two and a half months, were put ashore on the island of Orleans on July 31. On the following morning they received an enthusiastic welcome at Quebec, from the governor, the clergy and the inhabitants.

After spending some time in temporary buildings at Quebec, the sisters moved to Sillery in order to serve the Indian population better. Here they ministered to the sick under the

most difficult circumstances:

[...] the labors both of the Ursulines and of the hospital nuns were prodigious. In the infected air of their miserable hovels where sick and dying savages covered the floor, and were packed one above another in berths,—amid all that is distressing and most revolting, with little food and less sleep, these women passed the rough beginning of their new life [...]

Although the Duchess had sent out supplies with them which were expected to be sufficient for two years, they were all consumed within six months.

Because at Sillery they were too far away from the fort at Quebec, the hospitaliers could receive little protection from the attacks of unfriendly Indians. And so on May 29, 1644, they moved to Quebec and took up residence in an abandoned house on the river bank. Soon their own buildings would be completed and then they would be able to carry on their work under more favorable conditions.

Heroic courage and perseverance were needed by the nuns to withstand the many difficulties which beset the foundation. In addition to serving the Indians who made heavy demands upon their charity, they were often called on to serve the colonists as well. Even the government added to their difficulties. Their letters patent had contained an agreement to look after the sick members of the garrison. On occasion this meant that they had to look after prisoners, and the guard posted on such occasions sometimes was the cause of disorder in the hospital. The nuns at one point were forced to protest the impositions which they

suffered from the merchants, ladies and domestics of the city, who presumed on their charity with no thought of reimbursing the hospital for their care.¹⁹ Because of the demands made in this way upon their resources, their slender means were deflected from their proper purpose and soon proved unequal to meet the need. As a result it was necessary for the sisters to petition Bishop Laval in 1644 for a judicial separation of the possessions of the hospital into two distinct parts — one for the sustenance of the community, the other for the care of the sick. The petition was granted by Bishop Laval by his decree of January 25, 1664:

[...] after a mature consideration of the debts, funds and revenues of the said monastery, it is found that there is a deficit of a considerable amount because of the too heavy expenses in caring for the poor [...] which will lead to ruin [...] and we agree [...] and order that a division be made as soon as possible [...] one third to be used in the care of the poor [...] and the other two thirds for the said community of religious [...]

The epidemics of the time were a sore trial also to the ingenuity of the sisters. In addition to the frequent waves of disease which afflicted the Indians and colonists of Quebec, each ship that docked at the port brought with it new demands upon the hospital; for example, in 1685, a ship arrived in Quebec infected with typhus and the chronicler writes:

[...] there were so many sick in the ship that soon the wards, the chapel, the barns, the chicken-run and all the hospital grounds, wherever a place could be found for them [...] were filled [...] There came into our hos-

pital more than three hundred sick [...]

Their work was made more difficult by the fact that remedies for many of the diseases had not yet been devised — blood-letting was the most common resort, and this together with meticulous cleanliness and loving care accounted for their enviable record in combatting disease. In the process, however, a great price was paid. Heagerty states that "to join the order of nursing sisters in those days meant almost certain death, yet the ranks were always filled".²²

Among the most serious setbacks to the work of the sisters was the destruction of the hospital on two occasions. The buildings had been erected at the cost of great sacrifice and expense, and true fortitude was required from the sisters in beginning anew each time with the meagre resources at hand.

The developing fur trade in the new land had caused a mounting strife between the French and English, and this added to the ancient rivalries, finally made New France the battleground of empire. In 1629 Champlain had been forced to surrender Quebec, but it was returned to France in 1632. In 1697 Quebec beat off an attack by the British, but this was only a preliminary to the greater struggle which was to start in 1700 and terminate in the loss of Canada to the English in 1760.

In the final attack on Quebec, the Hotel Dieu suffered great damage. The buildings were battered by the cannon balls, the gardens and livestock were destroyed, and finally the sisters were driven from their mon-

astery to seek asylum at the General Hospital. Following the capitulation of the city:

[...] a procession of black-clothed nuns, slowly and with bowed heads, wended their way back [...] through St. Roch's and up Palace Hill [...] The inhabitants, an unhappy throng, sad and silent [...] wandered among the burnt and plundered homes. Through this the Sisters passed to find their hospital destitute and plundered — used as a garrison by the British [...] The wounded were received in the convent and hospital, the churches were full [...] Scurvy broke out and the hospitaliers [*sic*] at the Hotel Dieu nursed the sick and wounded, patched their own torn bedding, made clothes for the soldiers, knit stockings for the Highlanders, and converted the dying, all at the same time [...]²³

For the next twenty-four years their hospital would be used as a garrison for the English, and while it was a serious hindrance to their work, they made the best of it and adjusted their lives to the ways of the new regime. They had been accustomed to difficulties and sacrifice, even managing to make one foundation, the General Hospital at Quebec, in 1693, and when circumstances would permit would go on to further accomplishments.

The Hotel Dieu, Montreal

In the year 1535, when Jacques Cartier climbed the height of land overlooking the Saint Lawrence and named the place Mount Royal, he was not endowed with prophetic vision. He therefore could not peer into the future to marvel at the bustling metropolis which would spread out over the mountain and the island below to form the great city of Montreal. Returning to France from a later

voyage of exploration in 1542, he gave a gloomy account of the prospects of the new world, and this with other causes, delayed any further concerted efforts to develop New France until the end of the sixteenth century.

But supernatural visions were to influence the development of this site. In the year 1630, Le Royer de la Dauversière, a citizen of La Flèche in France, received a vision in which he was commanded to found a congregation of hospitallers who in turn would establish a hospital at Montreal. In 1636, Jean Jacques Olier, a young priest of Paris also received a vision in which he was told to establish a seminary for the training of priests on the island of Montreal. In what was perhaps a divinely contrived "accident" the two men had met at Meudon the previous year. Although not introduced, they immediately recognized each other and discovered a mutual zeal for the conversion of the natives in New France.²⁴ The divine commission was a puzzling one for there was at the time no colony at Montreal, no thought of establishing one, and the monopolists of the time would look askance at any attempt to found a colony which could be a hindrance to the fur trade.

The continued association of La Dauversière and Olier was to result in an organization founded in 1639 and called the "Society of Our Lady of Montreal for the Conversion of the Savages of New France"; a third associate founder was Baron de Fancamp who had been a partner in good works with La Dauversière since 1644. In the fulfillment of their mission, the friends made plans to establish three religious communities

for the future colony: one to train priests, one to train hospitallers, and one to train teaching sisters.

La Dauversière had already made a start on his personal assignment. In 1634, a young lady of La Flèche, Marie de la Ferre, having also received a call to the service of the Indians at Montreal, at his direction had placed herself, with a companion Anne Foureau, at the service of the poor in the local asylum. On May 18, 1636, the two, together with three lay nurses, formed the nucleus of the new institute of the Religious Hospitallers of St. Joseph. They received the formal decree of erection of the institute from the Bishop of Angers in 1643,²⁵ and civil recognition in 1639, but it was only on January 2, 1666, that it was recognized as a Religious Institute by the brief of Pope Alexander III.²⁶ The group took over the direction of the hospital at La Flèche, and twenty-three years would pass before the first members of the institute would arrive in Montreal.

In order to obtain the funds necessary for the work envisioned, the founders of the Society of Our Lady of Montreal gathered around them a group of influential people whom they interested in the project of colonizing and evangelizing the island of Montreal. They obtained title to the island from the Company of One Hundred Associates, sought out colonists, and persuaded Paul de Chomedey, Sieur de Maisonneuve, to accept the post of governor. In the meantime a young lady, Jeanne Mance, had become interested in the work and was designated to direct the hospital which was to be established immediately in preparation for the later coming of

the sisters. A generous benefactress, Madame de Bullion, had donated a sufficient amount of money for the beginning of the hospital.²⁷ And so, all things being prepared, the Sieur de Maisonneuve with a party of forty men and four women (including Jeanne Mance) left France at the beginning of June and arrived at Quebec on August 8, 1641.

The plans for the colony at Montreal caused little enthusiasm at Quebec. Governor Montmagny feared that Maisonneuve might be a threat to his supremacy; the monopolists feared the bad effect of such a settlement on the fur trade. The party was therefore advised to set up a colony on the Island of Orleans; but, adamant in their intention, in the spring of 1642 they proceeded to Montreal. In the meantime, back in Paris, the Society had gathered together on February 27, 1642 at Notre Dame and had dedicated the island of Montreal to the Holy Family, and had given the little settlement the official title of Ville Marie.

The two ships carrying the settlers arrived at Montreal on May 17, 1642, and immediately set up temporary housing and made preparations for the first Mass which was celebrated on the following morning by Father Vimont, superior of the Jesuit Fathers at Quebec. A temporary hospital was established during the year, and work was begun on the permanent hospital which was not completed until October 8, 1643.²⁸

Under the skillful management of Jeanne Mance the little hospital soon played an important part in the life of the community. Exposed as it was to attack from every quarter, the

colony was constantly harassed by the Iroquois. As a result the hospital never lacked for patients, and the ever-increasing demands soon exhausted the financial resources. However Madame de Bullion helped repeatedly, and eventually gave a total of 74,000 livres.

In March 1656, a contract was signed with the Religious Hospitallers of St. Joseph,²⁹ and in 1658 Jeanne Mance returned to France to make final arrangements for the sisters to take over the hospital. Three sisters were named: Mère Moreau de Bresoles, Sister Marie Maillet and Sister Catherine Mace. The three, together with Miss Mance and Marguerite Bourgeois, and a group of 130 passengers sailed from the port of La Rochelle on July 2, 1659 and disembarked at Quebec on September 7. Bishop Laval, who had arrived at Quebec the previous June, did not consider that another religious community was necessary at Montreal, since two Augustinian sisters had been sent there to look after the hospital. However, he finally gave the sisters the required permission on October 2, and they arrived at Montreal on October 20, 1659. One month later Maisonneuve signed the contract which gave the title of the hospital at Ville Marie to the sisters.³⁰

The hospital which they took over was of stone, and was sixty feet long by twenty-four feet wide. It consisted of five rooms, and a small chapel had also been built at the same time as the hospital and there the Blessed Sacrament was reserved. From 1656 to 1683 this chapel served as the parish church for the whole colony.³¹ Its bell was used, not only

to summon the faithful to divine services, but also to sound a warning when the Indians made their attacks.

In addition to the Indians whom the sisters had come to serve, there were at this time approximately four hundred colonists. After devoting themselves for two days to visiting the families, the sisters settled down to the work of running the hospital, and this was to make heavy demands upon their energies. Since the two other sisters were occupied most of the time with the household work, Mother Bresoles was called upon to do most of the hospital work, caring for as many as twenty-five patients at a time. The Iroquois attacks reached their worst point in 1660 and the hospital was filled with those wounded in the fray. Not only did Mother Bresoles have to fulfill the role of doctor and nurse, but she was pharmacist as well. To add to the difficulties, at times the wounded Iroquois whom they took in as patients threatened their lives, and they were saved only by the intervention of the other patients.

But in the midst of their heavy labors, time was still found for spiritual ministrations. The sisters devoted themselves to the instruction of the Indians and succeeded in many cases in bringing them to the faith. Their stay in the hospital with its kind and effective care often served as the final bridge to the faith. In this as in all ways, the sisters were faithful to their rule which instructed:

[...] the religious who should advance softly towards the bed of a sick person to prepare the way for the minister of the Lord, who prudently

sounds out the heart of the sinner to discover the state of his soul, who addresses him, according to the circumstances, sometimes with frightening words suitable to rouse him from his torpor, sometimes with words of mercy in order to touch him, always with words of truth to instruct him, and words of life to convert him [...]³²

But beyond the ordinary great trials of their daily existence, the sisters were subjected to still greater difficulties. Postulants were scarce, and in fact it was not until 1665 that they had their first religious profession — Sister Morin, who was later to become the annalist of the Institute. Epidemics swept down over the whole area periodically and almost ruined the health of the sisters because of the heavy exertions involved in the care of the sick. Indian attacks were a fearful menace. Cold and poverty were their lot especially in the first years in Montreal. La Dauversière had died in 1659 and in the period following the sisters received no revenue from France for eight years. They sold the furnishings and any possessions which would help them to exist. They patched their habits with the remnants of the dresses of the ladies of the city, and added mortification to their misery. And twice they were subjected to the destructive force of fire which levelled their hospital, forcing them to rally their resources to build again.

Yet in spite of adversity the sisters persevered in the dispensing of charity. When they had little they shared it; when they had more they were able to work more effectively in their apostolate. When Jeanne Mance died in 1673, the Sulpician Fathers were given the care of the

temporal administration of the hospital. In 1676 the sisters themselves were given the administration and this was permanently confirmed on June 11, 1677. That they administered well is evident from the proud record of accomplishment which they have established in the original hospital at Montreal and the other hospitals which they founded later.

The General Hospital, Quebec

During the early days of its existence, the struggling colony at Quebec was troubled by the universal problem of poverty. An attempt had been made to provide for the poor through a parish organization which collected and dispensed funds, but Bishop Saint Vallier, the second bishop of Quebec, was not satisfied with the results and determined to establish a hospital or hospice which would gather the needy together and make provision for them.

With this in mind he purchased a house in the Upper Town, placed it under the supervision of the sisters for the daily needs of all the poor who presented themselves. This house was found to be insufficient and so he obtained the Recollet convent of Notre-Dame-des-Anges, and on October 30, 1692 moved the inmates to the new site.³³ In the letters patent granted by King Louis in March, 1692, the purpose of the institution was declared as follows:

[...] we order that the poor beggars, healthy and sick, of both sexes, shall be detained there, to be employed at works and enterprises which the directors of the said hospitals shall judge suitable [...] the poor or the domestics of the said hospital who become sick may be sent to the Hotel Dieu to be treated there, or retained

at the said hospital, according to what the administrators shall judge more suitable [...]³⁴

In that same year the bishop conceived the idea of using the hospital sisters to direct the foundation, and applied to the Hotel Dieu for four nursing sisters to direct the work. The sisters were not anxious to undertake this work since it would mean the absorption of some of their sisters in a work not intended by their constitution. However, persuaded by Bishop Saint Vallier, they signed the contract on January 10, 1693.³⁵ Relations between the new foundation and the Hotel Dieu were somewhat strained for a time by the further demands made by Bishop Saint Vallier for added staff and money in 1699.³⁶ When Bishop Saint-Vallier returned from France in 1713 after an absence of thirteen years he took up residence at the General Hospital and remained there until his death in 1727.

At the request of the bishop the hospital undertook the care of the mentally ill in 1714, and this work was continued until 1846 when a special hospital was opened for that purpose at Beauport.³⁷ At the time of the English invasion in 1759, the hospital became the refuge of the Hotel Dieu nuns and the Ursulines, and at the same time received practically all the wounded soldiers of both armies. At this time, the population inhabiting the hospital reached at times a total of six hundred persons, the cloisters, the hospital, the church, the barns and the other out-buildings being filled to capacity.³⁸ In fact such heavy demands were made upon the hospital, that following the conquest financial ruin was

averted only by the intervention of Bishop Briand and the Abbé des Bergères de Rigauville.³⁹

The General Hospital continued its varied works with the sisters staffing all departments of the institution until in 1938 it ceased to function as a general hospital and restricted its activity to the care of the aged.

The sisters cooperated in the establishment of the Hôtel-Dieu du Sacré-Coeur in Quebec in 1873, and the Hôtel-Dieu de Saint Vallier at Chicoutimi in 1884, and also founded a sanatorium at Durban, South Africa.

The Ursuline Hotel Dieu, Trois-Rivières

The town of Trois-Rivières, Quebec, was founded in the year 1634 as a centre for the fur trade. For the first sixty years of its existence it had not possessed any organized system of education, a condition which Bishop Saint Vallier, the second bishop of Quebec, was very anxious to remedy. In 1694 he began discussions with the Ursuline Nuns at their monastery in Quebec,⁴⁰ with a view to the establishment at Trois-Rivières of a boarding school and a small hospital.⁴¹ The discussions were halted when it became necessary for the bishop to make a journey to France, but on his return in 1697 they were brought to a successful conclusion.

The bishop, in order to facilitate the making of the foundation, promised to supply a house which would serve as a monastery and in addition to pay an annuity of six hundred pounds for the upkeep of six beds in the hospital.⁴² The nuns agreed to undertake the work and quickly made preparations for the opening of the house in the same year.

The superior of the Quebec community accompanied the three founding sisters to Trois-Rivières on October 10, 1697. There the sisters were joyfully received by the citizens of the town and since Bishop Saint Vallier had fully equipped the room of the sick they lost no time in getting under way with their apostolate. On October 23 of the same year, three more nuns from the Quebec monastery joined their sisters at Trois-Rivières.

Because their work involved teaching and the care of the sick, the foundation needed the approval of the civil authorities. Letters patent were applied for on October 10, 1697 stating:

[...] that the Ursulines of Quebec have sent four or five sisters to this town for the education of young girls and have consented to open a hospital here for the solace of the best utility of the colony [...]⁴³.

On May 21, 1698 the king replied that he did not consider that such a foundation was necessary and so the letters patent were denied. Application was made again in 1698 and 1699 with the same results, and it was only after the bishop had assured the community of an income of one thousand pounds annually that the letters patent were finally granted on April 1, 1702.⁴⁴

In this, as in previous foundations in Canada, the nuns were afflicted by, and shared in, the poverty which surrounded them. But perhaps the greatest trial to which they were subjected was the destruction of their buildings by fire in May, 1752; forty-two homes in the town were also burned on that occasion. With such widespread destruction in the town, it was very

difficult to find suitable living quarters for the nuns and their patients. However, the Recollet Fathers generously gave up their house for the purpose, and it was used by the Ursulines until their own buildings were replaced eighteen months later. Perhaps the most remarkable feature of the reconstruction program was the fact that Bishop Pontbriand, who succeeded Bishop Saint Vallier, personally took up residence in a little shack on the property and for six months supervised the workmen during the construction. The new hospital was two hundred feet long, fifty-four feet wide, and twenty-four feet high.⁴⁵

The Ursuline Hospital at Trois-Rivières served the people of the town and district for a period of 189 years, until, in the year 1886, a new hospital was opened by the Sisters of Providence in the city, and the Ursuline nuns withdrew from the field of hospital work.

The General Hospital, Montreal

The first religious congregation of women founded by a native Canadian was the Congregation of the Sisters of Charity of the General Hospital, Montreal. The Congregation was founded by Madame Marguerite d'Youville at Montreal on December 31, 1737,⁴⁶ and the members of the congregation are generally referred to as the "Grey Nuns". The sisters began their very impressive program of hospital work when they took over the administration of the General Hospital at Montreal.

In the year 1692, Claude Charon, with two companions, had formed a religious institute known as the

Brothers of St. Joseph of the Cross, or more commonly, the Charon Brothers. In 1694 the brothers were granted letters patent by the King of France by which they were permitted to open a general hospital to minister to the increasing number of sick and poor of the city of Montreal. The letters patent permitted them to:

[...] look after the poor children, orphans, crippled and aged men, sick and needy of the same sex, to be lodged, boarded, assisted by them and their successors in their needs; to employ them in works suitable to them; to teach trades to the children and to give them the best education possible and all for the glory of God and the best utility of the colony [...]47

The institution was called the General Hospital, and the work flourished for a time, but following the death of the founder Brother Charon, the congregation experienced difficulties which finally led to its dissolution by Bishop Dosquet in 1731.⁴⁸

When the remaining Charon Brothers were no longer able to conduct the General Hospital efficiently, the work was given over to the care of the Grey Nuns in 1747.⁴⁹ The provisional contract called for the sisters to assume a debt of 37,000 pounds, and it was recommended that they make the necessary repairs to the badly neglected buildings. Mother Youville set to work to make the buildings habitable again and in the process incurred debts which would later be used by the intendant Bigot⁵⁰ as a pretext for the suppression of the hospital. Bigot planned to close the hospital at Montreal and have all the inmates sent to the General Hospital at Quebec. In this way, the buildings at Montreal could be put up for sale, and there might be the possibility of a profit

for himself in the transaction. Accordingly in 1750 he issued a decree to this effect. The difficulties resulting from this action were to be a grievous trial to Mother Youville and her co-workers until finally in 1752 the action of Bigot was disallowed by the Court of France. The sisters were given a contract to conduct the General Hospital,⁵¹ and letters patent dated June 3, 1753 not only confirmed them in the direction of the General Hospital, but likewise authorized the organization of the Congregation as a religious institute.⁵²

Under the enlightened direction of Mother Youville, the General Hospital flourished and expanded: the work of caring for the sick was undertaken from the first; the care of mental patients began in 1750; the work with foundlings in 1754; assistance to students for priesthood in 1755. The General Hospital was the cradle therefore of the varied activities which the present active congregation engages in today.

The work of the hospital and the development of the congregation was not carried forward without trials and difficulties. In 1745 and again in 1765 the buildings were destroyed by fire and their replacement took place at times when only trust in Divine Providence could give the courage to make a new start. Great financial losses were experienced following the conquest in 1760. Misunderstandings, and in some cases, evil intent, placed obstacles which seemed insurmountable. However, the adversity served to inspire the faith and sacrifice which brought the congregation to its present high standard of accomplishment.

The King's Hospital, Louisbourg

When the Treaty of Utrecht was signed in 1713, France was left with but one foothold on the Atlantic Coast of America, the Island of Cape Breton.⁵³ Its strategic importance was such that the French government decided that strong fortifications should be raised there, and in 1719 Louisbourg was chosen as the site. Beginning in 1720⁵⁴ such extensive and costly fortifications were erected that King Louis XV is said to have complained that he expected to awake one morning and see the walls rising above the horizon. Much of the building material was brought from France to construct the emplacements, the living quarters and other necessary buildings.

One of the first buildings constructed after the establishment of the town in 1713 was a small hospital which measured 25 feet by 18 feet, and which contained eight beds for the care of the soldiers of the garrison. The service in the hospital was so poor that the soldiers carefully avoided the place, and urged by the complaints emanating from Louisbourg⁵⁵ the French ministry of Marine was moved to seek a change of administration. They requested the services of the Brothers of St. John of God, noted in France for their excellent hospital service,⁵⁶ and in 1716 four brothers were sent out to Louisbourg, one of whom was a surgeon. The Brothers called the hospital the "Hospital of Our Lady of Charity."⁵⁷

On March 5, 1721 the King of France gave orders for the construction of a second hospital which was built within the walls of the fort. The brothers took possession of the new

hospital in May 1723 and in 1726 the old building was given to the Sisters of Charity to be used as a school.

The new hospital was an imposing building which occupied a complete block. The main building on Dauphine Street was 275 feet long, with three wings projecting 195 feet, 48 feet and 52 feet respectively. The sick were cared for in four wards containing 104 beds, as well as in a number of private rooms. The chapel was located at the junction of the two main wards in such a way that when the curtains were drawn back the patients in the wards were able to attend Mass from their beds. Above the altar the roof rose to form a graceful spire surmounted by a cross and "*le coq gau-lois*," symbol of St. Peter. Another chapel was located at the rear of the building, and the garden at the rear was enclosed by a fifteen foot stone wall.⁵⁸

Here the brothers undertook their ministry and found a very active apostolate. The ordinary complement of soldiers, with their dependents, kept the hospital filled most of the time, especially since the soldiers frequently feigned illness in order to partake of the excellent care and generous rations given to the patients. The clash of Britain and France in the war of the Austrian Succession had its repercussions in America, and in 1745 a force of New Englanders under Sir William Pepperell, with a British fleet, sacked the town. Louisbourg was given back to the French though by the Treaty of Aix-la-Chapelle in 1748, but it was an uneasy peace and a final decisive struggle for possession of the continent began in 1755. Montcalm and Amherst headed the

large forces sent out to America in that year by the two countries, and in 1758 the English forces attacked and captured Louisbourg, opening the way to the final conquest of Canada by England.

On the evening of July 6, 1758, during the siege, a bomb fell on the hospital, killing Father Bonet, the surgeon and chaplain, and another, Brother Pasteur; ten other members of the congregation had previously died in the service of the hospital and are buried in the cemetery at the fort.

In February, 1760, William Pitt wrote to Amherst, the Commander-in-Chief in North America, stating that after mature consideration it had been decided that the "Fortress, with all the works, and defenses of the Harbour, must be effectually and most entirely demolished."⁵⁹ By October 1760 the command had been carried out and all the buildings of the town, including the hospital, were reduced to rubble, the "Queen City of the Western Sea" was no more.

Conclusion

At the end of the French regime in 1760, only five of the eight Catholic hospitals which had originated during that period survived. They had been tested by adversity and their durability was to enable them to continue during the difficult transition period, and go on to make further contributions in the field of hospitalization in Canada.

REFERENCES

¹Louise M. Meikejohn, "The Early Hospital History of Canada, 1535-1875 A.D.," in *Montreal Medical Journal*, Vol. 39, May, 1910, p. 297. The author writes:

"[...] in all Canada, no man could hunt, fish, till the fields, or cut a tree in the forest without danger to his scalp. The Iroquois were everywhere and nowhere. A yell, a volley of bullets, a rush of screaming savages — and all was over [...]"

²J. J. Heagerty, *The Romance of Medicine in Canada*, Toronto, Ryerson Press, 1940, p. 1 and 25.

³René Piacentini, *Origines et Evolution de l'Hospitalisation, Les Chanoines Augustins de la Miséricorde de Jésus*, Paris, Grasset, 1956, p. 87.

⁴Francis Parkman, *The Jesuits in North America in the Seventeenth Century*, 2 vols. Toronto, Frontenac Editions, George N. Morang and Co., 1900, Vol. I, p. 249.

⁵The letters patent granted for the hospital stated: "[...] la pieux affection du salut des âmes qui se rencontre en la personne de notre cousine la Duchesse Déguillon layant porté avec des soins incomparable de rechercher les moyens d'attirer à la vray religion les peuples sauvages et infidèles en la Nouvelle France [...] a jugé à propos pour les retirer de cette vie barbare et les instruire au Christianisme, de les faire mettre en lieu convenable pour être secourire assisté et médicamenté lorsqu'ils seront atteint de maladie que le bon traitement qui leur sera fait et qu'ils veront faire a leur semblables les aprovoisera et rendra plus capable de conversation... pourra peu à peu les reduire et convertir à la foy..." Cf. *Public Archives of Canada*, C-11-A, Vol. I, p. 195; Father Le Jeune writing in 1639 said that "...if the French multiply further, they can establish a separate Hospital for their succour which would not injure that of the Savages, and would advance the colony..." Cf. Reuben Gold Thwaites, *The Jesuit Relations and Allied Documents*, Toronto, McLelland and Stewart, 1900, p. 164. The Hotel Dieu at Montreal was founded also with the avowed intention of helping the Indians.

⁶Not all historians agree that it did survive, e.g. J. M. S. Careless, *Canada, A Story of Challenge*, Toronto MacMillan Co. of Canada, 1963, p. 38, states that when De Monts lost his monopoly

in 1607: "[...] his settlers returned to France. For a few years Port Royal was deserted". O'Brien, however, insists that there was no break in the continuity of the settlement and gives a chronological list of missionaries who worked in continuous procession from 1604 to the Expulsion of the Acadians in 1755, cf. Cornelius O'Brien, *Memoirs of the Rev. Edmund Burke, Bishop of Sion First Vicar Apostolic of Nova Scotia*, Ottawa, Thorburn and Co., 1894, p. 46-47. O'Brien's claim is supported by a letter written "Du Port-Royal, en la Nouvelle France" on Sept. 1, 1618, by Potrinco, in which he states that "mon pere [...] et moi, avons depuis quatorze ans en ça fait nos efforts d'estre utiles à la France en ce regard et planter icy le nom Francois et par mesme voye le nom de Dieu [...]" Cf. J. Blanchet, *Collection de Manuscrits contenant Lettres, Mémoires, et Autres Documents historiques relatifs à la Nouvelle France*, Québec, Imprimerie A. Côté et Cie, 1883, p. 40; also T. C. Haliburton, *Historical and Statistical Account of Nova Scotia*, in two volumes, Halifax, Printed and Published by Joseph Howe, 1829, Vol. I, p. 39.

⁷W. Stewart Wallace, *The Encyclopedia of Canada*, article "Port Royal" Toronto, University Associates of Canada, 1935-1937, in six volumes.

⁸Meiklejohn, *op. cit.*, p. 14.

⁹Haliburton, *op. cit.*, Vol. II, p. 160.

¹⁰Thwaites, Reuben Gold, *The Jesuit Relations and Allied Documents*, Cleveland, The Burrows Bros. Co., MDCCCXC VIII, Vol. 26, p. 201-202, Relation of 1643-44.

¹¹Private correspondence from Rev. Denis A. Heagerty, S.J., Midland, Ontario, August 31, 1963, p. 1. For an account of the excavations at Ste. Marie, 1948-1951, cf. Wilfred Jury and Elsie McLeod Jury, *Sainte-Marie Among the Hurons*, Toronto, Oxford University Press, 1954, u. 128.

¹²It is also credited with eliciting the first apostolic document issued in behalf of the church in what is now the Province of Ontario — a brief of Pope Urban VIII "[...] granting a plenary indulgence, for seven years, to those who, after approaching the Sacraments, should visit on the feast of St. Joseph,

the chapel of St. Mary's in the Huron country [...]" Cf. Thwaites, *op. cit.*, facing p. 106.

¹³Heagerty, *op. cit.*, p. 1; Thwaites, *op. cit.*, Vol. XXIV, p. 283; p. 312 note 23.

¹⁴Letter of Paul Rageneau, S.J., "ex-domo Sancti Joseph in Insula Sancti Josephi apud Hurones in Nova Francia, 13a Martii, 1650 [...]" nostraque etiam sedes, delicias dicam nostras, Sancta Maria domum reliquimus, exultaque a nobis ingera, qua spem divitem messis darentimo, operi manuum nostrarum, nos ipsi ignem subiecimus; ne hostibus impiis, tectum praeberet Domus sancta; atque adeo una die, ac fere momento, absumi vidimus labores nostras, decem propemodum annorum [...]" *Archivum Romanum Societatis Jesus*, Gal. 109, Vol. I, F. 123.

¹⁵Heagerty, letter cited, p. 2.

¹⁶Piacentini, *op. cit.*, p. 79.

¹⁷Public Archives of Canada, C-11-A, Vol. I, p. 195; cf. French text reproduced under note number 5 of this chapter.

¹⁸Parkman, *op. cit.*, Vol. I, p. 276.

¹⁹Public Archives of Canada, C-11-A, p. 342.

²⁰Mandements, *Lettres pastorales et Circulaires des Evêques de Québec*, publié par Mgr H. Têtu et l'abbé C.-O. Gagnon, Québec, Côté et Cie, 1887-1890, Vol. I, 47-48.

²¹*Annales de l'Hôtel-Dieu de Québec, 1636-1716* . . ., éditées par Dom Jamet, Québec, A l'Hôtel-Dieu de Québec, 1939, p. 220.

²²Heagerty, *op. cit.*, p. 68.

²³Meiklejohn, *op. cit.*, p. 16.

²⁴Soeur Mondoux, RHSJ, *L'Hôtel-Dieu premier hôpital de Montréal* . . . 1642-1763 Montréal, Thérien Frères, Ltée, 1942, pp. 34, 51, 49.

²⁵Soeur Mondoux, *op. cit.*, p. 57.

²⁶The fact that the sisters had only simple vows, contrary to the custom of the time, caused Bishop Laval to hesitate in granting approbation. So even as late as 1670 he was to write to the Sacred Congregation for the Propagation of the Faith: "Verum, in hujusmodi Constitutionibus et regulis, iam multa extraordinaria et parum usitata in Ecclesia Dei pro feminis praefertum mihi visa sunt, ut dubitarem

diu an expediret eas a me approbare, praesertim cum se ut religiosas approbare intenderent, et si in hujusmodi Constitutionibus, nulla nisi votorum simplicium natura appareat, nec vestitus ulla ratione ab saeculari distinctus [...]" Archives S. Cong. Prop. Fide, America Antille, Vol. I 1634-1760, F. 282.

²⁷Public Archives of Canada, MG 18, E-4 — Actes devant Chaussière, notaire de Paris: "[...] xiie Janvier, 1644 [...] on dit et decl[ar]e q[ui]z se seroit présenté a eulx une personne qui ne veult estre cogneue en ce monde laquelle Le[ur] auroit dit avoir Intention de f[air]e bastir et fonder ung Hospital en lad. Isle de Montreal au nom et en honneur de St. Joseph po[ur] y traicter penser medicamenter & nourrir les pauvres malades dud. pais Et les faire instruire des choses nécess[ai]res a le[ur] salut et po[ur] cet effet leur auroit offert la somme de Quarante deux Mil livres tournois [...]"

²⁸The Relations of 1643, Chapter XI, speaks of the "little hospital" which is already receiving the sick, but there is conflicting evidence on this point. Dollier de Casson says that the hospital was completed on October 8, 1644. Cf. Dollier de Casson, *A History of Montreal, 1640-1672*, London and Toronto, J. M. Dent and Sons, 1928, p. 125. In a contract dated January 12, 1644 it is stated that "Quatre Mil livres..." of Mme de Bullion's endowment had been employed for the "nouriture entretyen et payement de dix ouvriers envoyez en lad. Isle du mois de Juing dernier pour bastir led. Hospital". Cf. Public Archives of Canada, MG 18, E-4. On the other hand, Father Jerome Lalemant writing in the Relations states that vessels arrived from France in 1645 "bringing word and orders from France [sic] to those who commanded at Montreal, to employ all the workmen [...] in erecting a hospital for which large funds had been received in the preceding years; and yet no beginning had been made" Cf. Thwaites, *op. cit.*, Vol. 28, p. 93-94.

²⁹Public Archives of Canada, MG 18, E-4, actes devant Chaussière,

Jean, notaire de Paris, 1644-1659: "Transaction les Administrateurs de l'isle de Montreal, dernier Mars, 1656 [...] CEST ASSAVOIR que eesd. S^{rs} ont promis et se sont obligez de recevoir aud. Hostel dieu de Ville-Marie Trois ou quatre Filles hospitalieres de St. Joseph de le[ur] congrega[ti]on, pour aveq celles quelles recevront cy apres en le[ur] comm[unau]te y traicter et gouverner les pauvres mallades autant q[ue] le revenu et ausmosnes qui seront f[ai]tes ausd. pauvres".

³⁰Soeur Mondoux, *op. cit.*, p. 371.

³¹"Apud Mondoux, *op. cit.*, p. 371. est Ligne sub titulo S^{ci} Joseph qua parochia locum tenet, nosocomio propria est." Archives S. Cong. Prop. Fide, Series Canada, Vol. 252, F. 5, Relatio Missionis Canadensis anno 1660.

³²"[...] la religieuse qui doit s'avancer doucement vers le lit d'un malade pour préparer les voies au ministre du Seigneur, qui sonde prudemment le coeur du pécheur pour entrevoir l'état de son âme, qui lui adresse, selon les circonstances, tantôt des paroles foudroyantes propres à le réveiller de son assoupissement, tantôt des paroles de miséricorde pour le toucher, toujours des paroles de vérité qui l'instruisent, et des paroles de vie qui le convertissent [...]" Cf. Soeur Mondoux, *op. cit.*, p. 198.

³³L'abbé H. R. Casgrain, *Histoire de l'Hôtel-Dieu de Québec*, Québec, Léger Brosseau, 1878, p. 321.

³⁴"[...] ordonnons que les pauvres mendiants, valides et invalides, de l'un et de l'autre sexe y soient enfermés, pour être employés aux ouvrages et travaux que les directeurs du dit hôpital jugeront à propos [...] les pauvres ou domestiques dudit hôpital qui seront malades d'une maladie formée pourront être envoyés à l'Hôtel-Dieu pour y être traités, ou retenus au dit hôpital, suivant que les administrateurs le jugeront plus à propos [...]" *Edits, Ordonnances Royaux, Déclarations et Arrêts du Conseil d'Etat du Roi Concernant le Canada*, Québec, Fréchette, 1854, Vol. I, p. 271.

³⁵Dom Jamet, *Les Annales de l'Hô-*

tel-Dieu de Québec 1636-1716, Québec, L'Hôtel-Dieu de Québec, 1936, p. 273sqq.

³⁶Rene Piacentini, *Origines et Evolution de l'Hospitalisation, Les Chanoinesses augustines de la Miséricorde de Jésus*, Paris, Grasset, 1957, p. 98.

³⁷[Le R.P. Archambault, S.J.], *Sur les pas de Marthe et Marie — Congrégations de femmes au Canada français*, Montréal, Imprimerie du Messager, 1929, p. 20.

³⁸H. R. Casgrain, *op. cit.*, p. 438.

³⁹Louis Le Jeune, O.M.I., *Dictionnaire général... du Canada*, Mesnil, Firmin-Didot, 1931, Vol. I, p. 762.

⁴⁰The Ursulines had arrived at Québec in 1639 and had established a successful school there. Cf. H. H. Walsh, *The Christian Church in Canada, Toisae Novae Franciae* written in 1661, ronto, Ryerson Press, 1956, p. 39.

⁴¹In his "informatio de statu Ecclesiae Bishop Laval had stated: "Urbs trium fluminum, Quebeco triginta Leucis superior est [...] Futurum cito speramus ibi et xenodochia, et Xenodochiales moniales stabiendas fore, ad hoc enim, libenti animo proponunt quidem huiusce icci incola fundum proprium, tam pio, ac necessario operi insumendum. Majores nuper illuc, quasi magistra misimus, quae minoribus praesint, ut eas quodlibet Christianis necessarium curent edocere, dum tempus et occasio, moniales S. Ursula instituendas, locum nobis supeditabunt magis opportunum [...]" Archives Cong. Prop. Fide, America Canada, Vol. 256, F. 21.

⁴²Hervé Biron, *Grandeurs et misères de l'Eglise Trifluvienne*, Trois-Rivières, Les Editions Trifliviennes, 1947, p. 33 quoting *L'Histoire du Monastère des Ursulines de Trois-Rivières*; Pierre-Georges Roy, *La Ville de Québec sous le Régime français*, Québec, Rédempti Paradis, 1930, Vol. 1, p. 454 records the fact that Bishop Saint Vallier donated 30,000 pounds towards this foundation.

⁴³Hervé Biron, *op. cit.*, p. 36.

⁴⁴*Ibid.*, p. 37.

⁴⁵*Ibid.*, p. 71.

⁴⁶Sister Mary Pauline Fitts, G.N.S.H., *Hands to the Needy*, Garden City, Doubleday and Co., 1958, p. 92.

⁴⁷"[...] où ils retirèrent les pau-

vres enfants, orphelins, estropiés, vieillards, infirmes et autres nécessiteux de leur sexe, pour y être logés, nourris, et secourus par eux et leurs successeurs dans leurs besoins, les occuper dans les ouvrages qui leur seront convenables, faire apprendre des métiers aux dits enfants, et leur donner la meilleure éducation qui faire se pourra, le tout pour la plus grande gloire de Dieu et pour le bien et utilité de la Colonie [...]" The charter of the General Hospital at Québec had not only permitted the founding of that institution but provided also for the foundation of similar institutions in other places when the need arose. *Edits, Ordonnances Royaux...*, Québec, Fréchette, 1854, Vol. I, p. 277-278.

⁴⁸Sister Thomas Aquinas Keefe, G. N.S.H., *The Congregation of the Grey Nuns (1737-1910)*, Washington, Catholic University of America Press, 1942, p. 105.

⁴⁹Albertine Fernand-Angers, *Mère Youville, Vénérable Marie-Marguerite Du Frost de la Jammers veuve d'Youville*, 1701-1771, Montréal, Beauchemin, 1945, p. 96.

⁵⁰Bigot has been called "the most unscrupulous official ever to have dishonored the administration of New France". Cf. H.H. Walsh, *op. cit.*, p. 70.

⁵¹*Edits, Ordonnances Royaux...*, Vol. I, p. 613. This document is dated September 28, 1752.

⁵²*Ibid.*, Vol. I, p. 616.

⁵³Public Archives of Canada, MG 18, F. 12(3), Pichon, *History of Cape Breton*, 1760, Letter 1: "[...] The Ile Royale was at first named Ile du Cap, and then Havre à l'Anglais. It was afterwards claimed that, having been discovered by navigators from Brittany, it ought to be known as Cap Breton. Not until 1713 was it called Ile Royale [...]"

⁵⁴J. M. S. Careless, *Canada, A Story of Challenge*, Toronto, The McMillan Co., 1963, p. 86.

⁵⁵J. S. McLennan, *Louisbourg from its Foundation to its Fall, 1713-1758*, London, McMillan and Co., 1918, p. 56.

⁵⁶Norman McMahon, O.S.J.D., *The Story of the Hospitaliers of St. John of God*, Dublin, M. H. Gill and Son, the

Newman Press, 1958, p. 3 et passim; founded at Granada, Spain, in 1540, the Congregation of the Hospitaliers of St. John of God, sometimes referred to as the Brothers of Charity, specialize in hospital work in which they have maintained an admirable record.

⁵⁷ [...] "La Culla degli Stati Uniti," in *Vita Ospedaliera*, rivista mensile dei fatebenefratelli della provincia Romana, Agosti, 1963, xviii-n. 8, p. 249; Hermas Bastien, *L'Ordre Hospitalier de Saint-Jean-de-Dieu au Canada*, Mont-

tréal, Les Editions Lumen, 1947, p. 59.

⁵⁸Angus Anthony Johnston, *The History of the Catholic Church in Eastern Nova Scotia*, Antigonish, St. Francis Xavier University Press, 1960, Vol. I, 1611-1827, p. 40; John J. Heagerty, *Four Centuries of Medical History in Canada*, Toronto, McMillan Co. of Canada, 1928, Vol. II, p. 180.

⁵⁹Katherine McLennan, *Fortress of Louisbourg National Historic Park*, Ottawa, Queen's Printer, 1961, p. 28.

II

FROM 1760 TO 1905

In treating the history of the Catholic hospitals of Canada in the period subsequent to the French regime, the time will be divided into two parts: the first extends from 1760 to 1905 and the second from 1905 to the present day.

In both periods the development will be traced according to the provincial and territorial limits which exist at the present day. Any attempt to follow the changing limits of the past would have presented unnecessary complications without adding anything to the clarity of the narrative. In this chapter therefore, the development will be studied within the framework of geographical limits which in some cases did not come into existence until 1905. Newfoundland, Saskatchewan and the Northwest Territories will not be dealt with in this chapter because no Catholic hospitals were founded in those regions prior to 1905.

Transition

The last governor of New France,

the Marquis de Vaudreuil, signed the capitulation articles at Montreal on September 8, 1760, thus bringing to an end the French Regime in Canada. The French government officials and the people were given the option of returning to France, and many availed themselves of the opportunity. For those who remained, life presented fearful possibilities, as they faced the prospect of being subjected to a "foreign power whose religion, language, customs and laws were for them a menace and a subject of apprehension".¹

The terms of capitulation had guaranteed the people freedom to practise their religion "insofar as the laws of Great Britain permit",² and it was this latter phrase which caused the apprehension, for British laws at that time did not permit freedom of religion to Catholics. However, in spite of many difficulties, they were to find that, while the letter of the law did not give assurance of that freedom, the wise application of the law by governors such as General Murray

and Lord Dorchester, would give them liberty in practice.³ Although General Murray, the first governor, had been commanded to establish the English laws in the newly conquered territory,⁴ little had been done in that direction before the Quebec Act of 1774 re-established the civil laws of Quebec, removed the civil disabilities of Catholics, and confirmed them in the free exercise of their religion.⁵

At this juncture, the Church found herself in the embarrassing position of being without a bishop to guide the destiny of the people. Fortunately, however, before his death in 1760, Bishop Pontbriand had named John Olivier Briand as his Vicar General, and Briand, having gained the confidence of Murray, was appointed bishop by the canons of Quebec.⁶ In 1764 the British government confirmed his appointment as "Superintendent of the Romish Church", and his wise administration smoothed over many of the difficulties of the period of transition.

Development

But in spite of the gloomy auspices under which the period opened, and the very troublesome growing pains experienced, the period was finally to develop as one of great accomplishment.

At the beginning of the English regime in 1760, the population of Canada had been centered almost exclusively in the St. Lawrence River area and the Atlantic regions, and totalled only about 77,000 people in both Canada and Acadia. By the end of the period, in 1905, the population had increased to approximately seven million, and the westward expansion of

the second half of the nineteenth century had populated the Prairies, British Columbia and the Northwest Territories.

As the population spread across the continent, there was an increase of trade and commerce, the beginnings of industrialization, and a resulting shift of population from the rural to the urban areas. The new cities of the west came into being, and the older cities of the east passed from their frontier stage, and developed into large commercial and industrial centres. The completion of the railroads connected the east and west, and served as a unifying link for the new nation which emerged.

The course of development involved such constitutional milestones as the Quebec Act of 1774,⁷ the Constitutional Act of 1791,⁸ the Act of Union of 1840,⁹ and the British North America Act of 1867,¹⁰ with the subsequent amendments which marked the addition of the various provinces and territories which later joined Confederation.

In the one hundred and forty-five years between 1760 and 1905, sixty-two Catholic hospitals were opened in Canada. It is significant to note, however, that for the first eighty years of this period no new foundations were made. There was apparently a general lack of interest in the founding of hospitals, for only two hospitals, both non-Catholic, were opened in the whole country during those eighty years; fifty-nine years passed before the opening of the Toronto General Hospital in 1819, and the Montreal General Hospital was founded in 1821.

Of the sixty-two Catholic hospitals established during the period, twenty-six were founded in Quebec, eighteen in Ontario, four in New Brunswick, two in Manitoba, five in British Columbia, one in Prince Edward Island, two in Nova Scotia, three in Alberta, and one in the Yukon Territory. Considered chronologically, four of the hospitals were founded in the 1840's, one in the 1850's, three in the 1860's, eight in the 1870's, sixteen in the 1880's, seventeen in the 1890's, and thirteen between 1900 and 1905.

The Province of Quebec

At the beginning of the period under consideration only five hospitals existed in what is now Canada, all of which were located in Quebec. The city of Quebec had the Hôtel-Dieu and the Hôpital Général, Montreal had the Hôtel-Dieu and the Hôpital Général, and the Ursuline nuns conducted the Hôtel-Dieu at Trois-Rivières. Of these five, two were to withdraw from hospital work before the end of the period: the Ursulines served the people of Trois-Rivières for 169 years before closing their hospital in 1886; the Grey Nuns at the General Hospital in Montreal likewise gave up the care of the sick, but a tradition had been established and they were to pioneer in hospital work in many other places.

In spite of the attractions which the British government offered to the settlers after 1760, the colonization and development of the country proceeded at a very slow rate. The new regime demanded many adjustments on the part of the French people, and it is perhaps not surprising that no new hospitals were opened in Quebec for a long period. The hospitallers had

suffered severe financial losses at the time of the conquest, in part because of the devaluation of money in the disorganized period of transition, and in addition because they were cut off from France where their endowment funds were invested.

But the period was to be a fruitful one in the end with the original congregations extending their operations to new fields of effort, and the addition of new hospitallers. Two new congregations came from Europe during the period — the Sisters of the Holy Family, a congregation founded in France in 1820,¹¹ and the Brothers of Charity originating in Belgium in 1807.¹² Further assistance was received from a number of congregations which were founded in Canada in the nineteenth century.

Twenty-seven hospitals were founded in Quebec during this period, the greatest number founded in any province. But the zeal of the Quebec hospitallers was not restricted to their own province, for in six out of the seven provinces in which Catholic hospitals were opened during this period, the first hospitals were opened by religious from Quebec. In this the Grey Nuns have the distinction of having opened the first hospital in four of the provinces, while the Religious Hospitaliers of Saint Joseph opened the first hospital in New Brunswick, the Sisters of St. Anne the first in British Columbia and in the Yukon, and the Sisters of Charity of Halifax opened the first Catholic hospital in Nova Scotia.

In the earlier stages of this period, the new hospitals which were founded were autonomous houses of their congregation. They became sub-

ject to the bishop of the place in which the house was located, and in some cases these foundations developed later into separate branches of the congregation. Because of this provision in the constitution of the Grey Nuns, for example, four new branches of the congregation developed, viz., the Sisters of Charity of Hôtel-Dieu of St. Hyacinthe, The Grey Nuns of the Cross, the Sisters of Charity of Quebec, and the Grey Sisters of the Immaculate Conception. In other cases a closer liaison was maintained with the founding group through the organization of provinces of the congregation, all responsible to a general administration. In still later development, some of the previously autonomous foundations federated and adopted the provincial system for purposes of administration.

The Grey Nuns made the first foundation eighty years after the fall of Quebec. The first four sisters travelled from Montreal to St. Hyacinth in May 1840 and there took over the direction of the Hôtel-Dieu after which their congregation is named. Between 1840 and 1905 the various branches of the Grey Nuns founded nine hospitals in Quebec,¹³ five in Ontario, one in Prince Edward Island, one in Manitoba, and two in Alberta, a total of eighteen hospitals founded in sixty-five years.¹⁴ In addition, the sisters usually engaged in the care of the sick whenever they opened a mission, even though they did not establish hospitals in many of the places in which they worked.

The original Hôtel-Dieu at Quebec had been responsible for the foundation of the Hôpital Général at Quebec

prior to 1760, and in the present period three more foundations were made by the order.¹⁵ Not all of the foundations were made from the original house, and in some cases two monasteries cooperated in supplying the religious and the financial support necessary for the new hospitals. A special feature of the Augustinian hospital is the fact that all the nursing duty is done by the religious. Thus, for example, in the Hôtel-Dieu at Quebec which has accommodation for 551 patients, there are 194 nuns attached to the monastery, with a sufficient number qualified to provide the nursing service in the hospital.

The Religious Hospitaliers of Saint Joseph continued the direction of their original hospital at Montreal and in addition opened the Hôtel-Dieu de St-Joseph at Arthabaska in 1884, as well as three hospitals in Ontario and four in New Brunswick.

The Sisters of Charity of Providence, founded at Montreal in 1843, undertook the care of the mentally sick in 1845. In 1873 they signed a contract with the government which led to the construction of the Hôpital St-Jean-de-Dieu which was completed in 1875. In addition the young congregation founded five other hospitals in Quebec during the period.¹⁶

Other congregations which opened hospitals during this period were: the Sisters of the Good Shepherd, founded in Quebec in 1850, who established the Hôpital de la Miséricorde there in 1874; the Sisters of the Misericorde, founded at Montreal in 1848 who opened the Hôpital de la Miséricorde at Montreal in 1885, as well as one hospital in Manitoba and

one in Alberta and the Little Franciscan Sisters of Mary, founded in Dorchester, Massachussets, who opened the Hôpital Ste-Anne at Baie St-Paul in 1889.

An innovation arising in this period was the establishment of the Notre Dame Hospital in Montreal in 1880. This hospital is owned by a lay corporation and is under lay supervision but is staffed by the congregation of the Grey Nuns. Such arrangements were to become more common in the following period.

A further important development was the setting up of special hospitals under Catholic auspices for the mentally ill, a type of hospital which, even today, is found only in the province of Quebec. The first provision for this type of illness was made at the General Hospital at Quebec in 1714, when accommodation was provided for the care of thirty women patients; shortly afterwards the French government erected a small house nearby for the care of twelve men, and placed it under the direction of the bishop. The Ursuline Hôtel-Dieu at Trois-Rivières had beds for six patients, and the Grey Nuns accommodated eight patients at the General Hospital in Montreal from 1801 to 1830.¹⁷

The patients from all these houses were grouped in a new hospital at Beauport in 1845 under the direction of Dr. John Douglas, and there accommodation for one hundred and twenty patients was supplied. The care provided however, was not satisfactory, and in 1863 the contract was given to the Sisters of Charity of Quebec who built the Hôpital St-Mi-

chel-Archange and have continued the work there to the present day.¹⁸ The Sisters of Charity of Providence undertook the same work in Montreal in 1845, and in 1852 moved to Longue-Pointe to establish the Hôpital St-Jean-de-Dieu.¹⁹ Two other mental hospitals were founded in this period: the Hôpital St-Julien at St-Ferdinand-de-Halifax, founded by the Sisters of Charity of Quebec in 1872, and the Hôpital Ste-Anne at Baie-St-Paul established by the Little Franciscan Sisters of Mary in 1889.²⁰ Thus the care of mental patients in the province of Quebec was provided for in Catholic institutions in all cases, except for those confined to the Verdun Protestant Hospital which was established in 1890.

Two other special hospitals originated during this period: a hospital for epileptics, the Hôtel-Dieu du Sacré Coeur de Jésus, established at Quebec in 1873; and the Sanatorium Mastai, a hospital for alcoholics, conducted by the Sisters of Charity of Quebec since 1900.

The Province of Ontario

Settlement of the Province of Ontario received its first notable impetus when ten thousand Loyalists immigrated to that territory following the American Revolution. In 1791 the Constitutional Act formed Upper Canada as a separate province and established the English Laws and institutions in the territory which at the time had a population of approximately 14,000. By 1812 the population had grown to 90,000, and a steady stream of immigrants from Britain brought the total to 455,688 in 1841. The census of 1901 indicated a con-

tinued growth with a total population of 2,182,947. Originating in Britain, as the bulk of the settlers did, Catholics were in a minority in the province. The proportion may be seen from the fact that only nineteen Catholic hospitals were founded during this period, while forty-seven non-Catholic hospitals opened during the same time.

The first diocese had been erected at Kingston in 1826, and the end of the period saw the establishment of dioceses at Toronto, Hamilton, Ottawa, London, Peterboro, Alexandria and Sault Ste. Marie.²¹

The little hospital built by the Jesuit Fathers at Sainte Marie in 1639 was of course only an heroic memory at this point, but with development in Ontario, other zealous hospitallers again came to bring their ministrations to the "masters", the sick.

It has been mentioned already that the General Hospital at Toronto had been founded in 1819, and it appears that this was the only hospital in the province until 1845.²² In that year two of the earliest congregations of hospitallers from Montreal were responsible for the first Catholic hospitals opened in this period. On May 10, 1845, the Grey Nuns sent four of their members to found a hospital at Bytown (Ottawa) which at the time had a population of 15,000 and was the centre of the lumbering industry of the area. On September 12 of the same year the Hôtel-Dieu of Montreal opened a small hospital at Kingston. The population of Kingston was 12,400 at that time, and the majority was non-Catholic. These new houses

were autonomous and the little community at Bytown formed the nucleus from which the Grey Nuns of the Cross later developed,²³ while the house at Kingston later formed the centre for the St. Joseph Province of the Religious Hospitallers of St. Joseph. The latter congregation also opened hospitals at Windsor in 1888 and at Cornwall in 1897. In 1892 the Grey Nuns established a foundation at Pembroke, the General Hospital, and from there a new branch of the congregation developed, the Grey Nuns of the Immaculate Conception, which founded the hospital at Sault Ste. Marie in 1898.

The various branches of the Sisters of Saint Joseph, spreading out from the original foundation at Toronto were very active in founding hospitals during this period. Although the sisters opened their first convent at Toronto, their Saint Michael's Hospital in that city was the last of the seven hospitals which they founded in the province during the period.²⁴

The last congregation to enter the field of hospitalization during the period was that of the Sisters of Providence of St. Vincent de Paul. The sisters opened two hospitals — the St. Vincent de Paul Hospital at Brockville in 1887 and the St. Francis General Hospital at Smith's Falls in 1904.

The Province of New Brunswick

By the Constitutional Act of 1791²⁵ the province of New Brunswick came into existence, and in the first census taken following that date, in 1834, the population was 119,457; by the end of the period under consideration the population had grown to 331,120.

Catholics were a minority since many of the people were of Loyalist stock.

The Religious Hospitallers of Saint Joseph play the leading part in the history of the Catholic hospitals of the province in this period, since the four hospitals opened in the province prior to 1905 were under their direction.

The province of New Brunswick is unique in Canada in the fact that it has a lazaretto, and it was the care of the lepers which first brought the Hotel Dieu sisters of Montreal to the area. It is commonly believed that the disease was introduced into Tracadie, N.B., by a vessel which called at that port.²⁶ A lazaretto was built by the government on Sheldrake Island near Chatham in 1884 with accommodation for thirty lepers, but when this location proved unsatisfactory, the hospital was moved to Tracadie in 1849.²⁷ It continued under lay direction until September 29, 1868, when, at the invitation of Bishop Rogers of Chatham, and with the concurrence of the government, the Hotel Dieu sisters took it over under the direction of the Board of Health. The sisters operated the lazaretto under great difficulties, in spite of the fact that a small grant was given by the government for its upkeep. Because of these difficulties, the federal government took control in 1880 and gave sole administration to the sisters.²⁸

When the sisters had arrived in 1868, Bishop Rogers had wanted them to open a house at Chatham, but the founding sisters of Tracadie (like the pioneers of Montreal) were not easily swerved from their original

intentions. It was therefore only on July 25, 1869 that six of the Hospitallers opened the Hotel Dieu at Chatham.

In 1871 the Sisters of Charity of St. John, because of the poverty of the place, had been forced to close a school which they had conducted at St. Basile. Again Bishop Rogers called upon his generous friends at the Hotel Dieu in Montreal, and in 1873 seven sisters left Montreal to take over the abandoned convent and the heritage of poverty, and opened a school and a hospital at St. Basile.²⁹ Two weeks after the community had opened the Hotel Dieu at Windsor, Ontario, five religious left Montreal on September 22, 1888 to undertake a new foundation at Campbellton, a school, to which a hospital with twenty beds was added in 1890. From these beginnings the Religious Hospitallers of St. Joseph expanded and extended their care of the sick in New Brunswick in the succeeding years.

The Province of Manitoba

Manitoba's first hospitallers arrived at St. Boniface in a birch-bark canoe at midnight on June 31, 1844, after a journey of 1,400 miles from Montréal which took fifty-nine days. The hospitallers were Grey Nuns from Montreal, and they had endured dangers and hardships in their journey to their new mission, but it seemed natural that they should be in this place which had been opened up by the uncle of their foundress, the explorer La Verendrye.

In 1738 La Verendrye had set up a trading post at what is now the site of the city of Winnipeg. However,

the first resident missionary, Father Provencher, established his mission across the river at Saint-Boniface, and it was to the latter site that the sisters came to begin their work. The Red River colony spread along the river bank for miles with a population of 5,143,³⁰ about one half of whom were Catholic. Father Provencher was named Vicar Apostolic of the area³¹ in 1819, and he was succeeded in 1853 by his coadjutor Bishop Taché.

The sisters began their care of the sick almost from the time of their arrival, visiting them in their homes in the beginning, and it was only in 1871 that they had the means to erect a special building for the sick with room for four patients. At the time it was the only hospital between London, Ontario and the Rocky Mountains. Six years later they expanded their house to accommodate ten patients, and from that time forward repeatedly renovated and rebuilt to meet the growing need. These valiant sisters, radiating from their original house at St. Boniface, made a great contribution to the development of the western and northern districts of Canada, for not only did they take the lead in establishing hospitals, but engaged in a great variety of works which were helpful to the pioneer society.

In 1899 the Sisters of Misericorde of Montreal arrived in Winnipeg to share in the care of the sick, for which only one hospital existed in the city at the time. The sisters specialize in the care of unwed mothers and in hospital work, and in their fine hospital at Winnipeg were able to extend their charity to those in

special need.

The Charity Aid Act³² of Manitoba provided for the incorporation of hospitals and provision of a grant of 37½ cents per patient day by the Provincial government (s. 2), and up to 75 cents per patient day by the municipality (s. 13). The beginnings of government control are to be seen in the provision for government inspection (s. 8) and the financial reports which were required (s. 5).

The Province of British Columbia

The Oregon Treaty of 1846 settled the border dispute between the British and the Americans by extending the line of the 49th parallel to the Pacific and leaving Vancouver Island in British hands. In 1849 Vancouver Island was set up as a crown colony, and when the discovery of gold on the Fraser River brought an influx of miners, the separate colony of British Columbia was established in 1858.³³ The two were joined in 1866, and the Pacific province joined Confederation in 1871.³⁴ The first census, taken in 1870, showed a population of 33,586, and by 1901 this grew to 178,657.

Two missionaries, Fathers Demers and Blanchet, had gone to the west coast in 1837, and in 1847 they were made bishops of Victoria and Oregon respectively. The increasing population in the vast area following the gold rush led to the appointment of Father Joseph d'Herbomez, O.M.I., as Vicar Apostolic of British Columbia in 1864.³⁵

At the time when the first Catholic hospital was established, three other hospitals existed, the earliest of

which was founded in 1858.³⁶ A total of 5 Catholic and 18 non-Catholic hospitals were founded in the province during this period. Temporary hospitals were erected in connection with the building of the Canadian Pacific Railroad,³⁷ but these were of short duration. The Sisters of St. Anne opened the first of the Catholic hospitals at Victoria in 1875. Four sisters and one lay helper had arrived in Victoria in 1858,³⁸ after a journey from Montreal via Panama which had taken seven weeks. Their first work was the opening of a school, and after they had repeatedly appealed for help from home, Bishop Bourget of Montreal sent out 30 religious in 1863, eight of whom were Sisters of St. Anne, the balance, Sisters of Providence and Sisters of the Holy Name of Jesus and Mary.³⁹ In the beginning the Sisters of St. Anne had nursed the sick in their homes and it was only in 1875 that they were able to open St. Joseph's Hospital at Victoria with accommodation for thirty-five patients. From this small beginning the industry and zeal of the sisters resulted in an important contribution to hospitalization in the West. The Sisters of Providence, very active in the hospital field in the east, undertook the same work in British Columbia by opening St. Mary's Hospital at New Westminster in 1886; in addition they opened St. Paul's Hospital at Vancouver in 1894 and St. Eugene's Hospital at Cranbrook in 1898. The Sisters of St. Joseph began their hospital work in this province by opening Mater Misericorde Hospital at Rossland in 1896.

When the province entered Confederation in 1871, there was no

specific legislation referring to hospitals. An ordinance of 1869⁴⁰ had provided for the inspection of hospitals and one in 1871⁴¹ for their incorporation. The provincial government exempted hospitals from taxation by the Assessment Act of 1888,⁴² and provision for municipal assistance to hospitals began with the Municipal Clauses Act of 1896;⁴³ the latter bill also exempted them from taxation. The first act specifically directed to hospitals is the Hospitals Act of 1902,⁴⁴ which defined the hospital as:

[. . .] an institution founded for the reception and treatment of persons diseased in body, and in which they are treated either at their own expense or by charity, in whole or in part, and which institution is in receipt of aid from public moneys appropriated for that purpose [. . .]
(s. 2)

The Act provided that aid was to be given only if the hospital was approved by the Lieutenant Governor in Council (s. 3), and he could also make regulations (s. 7) for the conduct of the hospitals which were to be open to inspection (s. 10).

Prince Edward Island

The Constitutional Act of 1791⁴⁵ had placed the territory of Prince Edward Island under separate provincial administration. Although Charlottetown was the seat of the first conference leading to Confederation, the province refused to join in 1867 and entered only in 1873. A census taken in 1871 had shown a population of 94,021 and by 1901 the population had grown to 103,259.

In 1819 Charlottetown was given a bishop who functioned as an auxiliary to the bishop of Quebec, and it was

only in 1829 that it was made a separate diocese.

In 1879 six Sisters of Charity of Quebec accepted the invitation of the Bishop of Charlottetown and opened the Charlottetown Hospital,⁴⁶ the first hospital established within that province. Authorization for the building of hospitals had been given by an act of 1851⁴⁷ but 28 years elapsed before the first one was actually built. In addition to the Charlottetown hospital, only two non-Catholic hospitals were built — the Riverside Hospital in 1880 and the Prince Edward Island Hospital in 1882. The sisters took over a house which had been the bishop's residence and equipped it to accommodate twelve persons. The Sisters of Charity continued the administration of the hospital until 1925 when it was taken over by the Sisters of St. Martha, founded in Charlottetown in 1916.

There was little civil legislation concerning hospitals during the period, the chief statute affecting them being the exemption from taxation granted expressly to the Charlottetown Hospital in 1894.⁴⁸

The Province of Nova Scotia

By the Treaty of Paris of 1763⁴⁹ the Nova Scotia boundaries were defined to include the whole Atlantic coastal region. This was reduced, however, by the Constitutional Act of 1791 restricting the province to the mainland region of the present province, and Cape Breton was added in the year 1820. The province was one of the original members of Confederation.

Dr. Edmund Burke was appointed

Vicar Apostolic of Nova Scotia in 1818 and in 1852 the province became a full-fledged diocese.

In the period under discussion fifteen hospitals were founded in Nova Scotia of which two were Catholic. The non-Catholic Victoria General Hospital was the first general hospital of the province.

The Sisters of Charity of Halifax began their hospital service when they set up a temporary hospital on McNab's Island to receive some of the 1300 cholera victims landed by a ship in 1866. The plague subsided and the sisters returned to their teaching duties in Halifax, but later in the same year, when they set up a home for aged women in the old Waverly Hotel, they soon found themselves involved in the care of convalescent patients as well. An emergency caused them to convert the sisters' community room into an operating theatre and following this time the transition was complete. They named the institution the "Victoria Infirmary" and this was later changed to the "Halifax Infirmary".⁵⁰

The dangers inherent in the mining industry led to the foundation of Cape Breton's first hospital at Glace Bay in 1902. The pastors of St. Anne's Parish, Glace Bay and Immaculate Conception Parish, Bridgeport recognized the need for a hospital and after making a survey of American institutions incorporated their ideas in the plans for the proposed hospital building. Construction began in 1901 and St. Joseph's Hospital opened at Glace Bay in 1902 under the direction of Miss Janet Cameron.

In that same year, the Sisters of

St. Martha, founded in Antigonish in 1900, were invited to conduct the purchasing and domestic departments of the new hospital. They did this work for four years before being recalled to undertake another foundation in Antigonish.⁵¹ Later, these same sisters returned to take full administration of this hospital which was destined to give such outstanding service in the area.

A special feature of St. Joseph's Hospital was what might be termed a forerunner of hospital insurance — a check-off system arranged with the mining company, by which the hospital received a weekly sum from each employee, deducted at source, and entitling him to hospital care.

The Local Hospital Bill of 1900⁵² authorized the municipalities to give grants to hospitals, the money being raised by added rates and taxes (s. 1); in a like manner the provincial treasury was authorized to pay twenty cents per patient day up to a maximum of \$1,000 per year (s. 2). The government retained the right to name a representative to the board (s. 5) and to subject the hospital to inspection (p. 6).

The Province of Alberta

The province of Alberta existed as a part of the Northwest Territories until 1905 when, with Saskatchewan, it attained the status of a province⁵³ and entered into Confederation.⁵⁴ The first see in the province was erected at St. Albert on Sept. 22, 1871 with Bishop Vital Grandin in charge.

The hospital history of Alberta begins with the arrival of six covered wagons at the little settlement of Lac

Ste. Anne in 1859. Three Grey Nuns had taken 52 days to travel the 900 miles from their convent at St. Boniface to begin work in the new field. They remained at Lac Ste. Anne for four years and then because of the greater need at St. Albert they moved there in 1863. At St. Albert they undertook the care of the sick, the orphans, and the abandoned, in what was called "Youville Asylum". In 1870 they built a special wing for the sick who were attended by doctors from Edmonton. Edmonton had a population of 1,400 at that time and a group of doctors and leading laymen sent a petition to Bishop Grandin in 1894 asking that the Grey Nuns open a hospital to serve the citizens.⁵⁵ The Bishop and the Grey Nuns agreed, and the patients were moved from St. Albert to the new General Hospital in Edmonton in 1895. In 1900 the Sisters of the Misericorde opened the Misericordia Hospital and these two Catholic hospitals were the only hospitals in the Edmonton area until 1911.

Meanwhile to the south, the Holy Cross Hospital had opened at Calgary on January 30, 1891. At the invitation of Bishop Provencher of St. Boniface, four Grey Nuns arrived in Calgary in 1891 to begin the care of the sick in an unfinished building which was twenty-four feet square and had room for four patients, and thus began their distinguished service to the sick in that city.

Besides the three Catholic hospitals mentioned above three non-Catholic hospitals opened in the province during this period, making a total of six hospitals to care for the needs of a

population of 185,412 recorded by the 1906 census.

The Yukon Territory

The history of the Yukon is dominated by the famous gold rush of the 1890's. The prospect of riches attracted great numbers of adventurers, and it is estimated that something like 40,000 people found their way into the area in the wake of the discovery of gold.⁵⁶ In the year 1899 the police estimated the population at 28,018, while the official census of 1911, after the rush had subsided, showed a population of only 8,512.

In 1898, the year in which the Yukon Territory entered Confederation,⁵⁷ the Sisters of Ste. Anne took over the administration of St. Mary's Hospital at Dawson. The hospital had been founded by the pastor, Father Judge, and was under the direction of a lay staff until the coming of the sisters.⁵⁸

In connection with St. Mary's, the spirit of the gold rush days is evoked by the statement that "three ounces of gold-dust (\$51) entitled a person to a ticket for treatment during one year, and a certain number of weeks in hospital with board and nursing free".⁵⁹ The little hospital was the only one in the territory until 1915 and filled a most important need in the developing area.⁶⁰

The Hospital Ordinance of 1902⁶¹ authorized the giving of grants to hospitals in the territory and there is also a record of a special grant of \$5,000⁶² given to the hospital by the government of Canada in 1899.⁶³

When the period closed in 1905, sixty-five Catholic hospitals served

the sick in Canada. In some cases they were the first to open in the province or in the district which they served; in all cases they brought their ministrations of charity to all in need, regardless of creed. Generally they were small institutions judged by the standards of today, and would find their fullest development only in the period which followed.

During the period Canada and its provinces had progressed from the pioneer stage into a settled and organized nation. At the beginning, the care of the sick was provided almost exclusively by charitable institutions, but the growing complexity of society had made such provision inadequate and so the state entered into the field of hospitalization.

The beginnings of this trend may be seen in the giving of government grants to existing institutions, and as the amount of such subsidies increased it became necessary for the government to formulate policies which were expressed in statutes. From this there was a natural transition to increased control of hospitals by the setting of standards, laying down policies of administration, and requiring an accounting of the monies supplied. All of these interventions are to be seen in fuller evolution in the following period.

Although eleven provincial councils were held during the period, little specific legislation emerged relating to hospitals. The existing general laws of the Church concerning new foundations, authority of the bishop, the law regarding religious who conducted such works, etc., continued in force and were implemented, but it

was only in the following period that legislation relating specifically to the hospital emerged.

REFERENCES

¹Sir Thomas Chapais, *Cours d'Histoire du Canada 1760-1867*, Quebec, J.-P. Garneau, 1919, Vol. I, p. 2. That there was a basis for the fear may be judged from a letter written by Herman Wyland, who for twenty years (1793-1813) was secretary to the governors of Canada and used his position to exercise his personal animosity to the Catholic Church: "[...] concerning the Popish clergy of this Province; I call them Popish [...] to express my contempt and detestation of a religion which sinks and debases the human mind and which is a curse to every country where it prevails. This being my opinion, I have long since laid it down as a principle [...] by every means which prudence can suggest, gradually to undermine the authority and influence of the Roman Catholic priests [...]" Adam Shortt and Arthur G. Doughty (general Editors), *Canada and its Provinces, A History of the Canadian People and their Institutions by One Hundred Associates*, Toronto, Glasgow, Brook and Co., 1914-1917, in 23 volumes (Archives Edition), Vol. XI, p. 36.

²Article 4 of the Treaty of Paris of 1763 stated: "[...] De son Côté Sa Majesté Britannique convient d'accorder aux Habitans du Canada la Liberté de la Religion Catholique; en Conséquence Elle donnera les ordres les plus précis et les plus effectifs, pour que ses nouveaux Sujets Catholiques Romains puissent professer le Culte de leur Religion selon le Rit de l'Eglise Romaine, en tant que le permettent les Loix de Grande Bretagne [...]" Cf. Adam Shortt, *Documents concernant l'Histoire Constitutionnelle du Canada, 1759-1791*, Ottawa, C. H. Parmelee King's Printer, 1911, p. 60.

³"[...] pour ces raisons, nous pouvons conclure que l'exercice de la religion Catholique ne peut, en vertu des lois de la Grande Bretagne, être toléré dans la Province de Québec. Néanmoins il est sûrement très raisonnable, et tous ceux

qui aiment la paix, la justice et la liberté de conscience doivent le désirer, que l'exercice de cette religion soit toléré [...]" Shortt, *op. cit.*, p. 155; cf. also p. 144.

⁴A Royal Proclamation of Oct. 7, 1763 introduced the laws of England, both civil and criminal, into the whole of the new possessions in America. Shortt, *op. cit.*, p. 95-99.

⁵Cf. S. Pagnuelo, *Etudes Historiques et Légales sur la Liberté religieuse en Canada*, Montreal, Beauchemin, 1872, p. 38; all of which causes Chapais to conclude that the English regime "[...] n'était pas aussi tyrannique qu'on l'a représenté". Cf. Chapais, *op. cit.*, Vol. I, p. 7.

⁶*Mandements . . . de Québec*, Québec, Côté et Cie, 1887-1890, Vol. II, p. 188.

⁷14 Geo. III, c. 83 (Imp.)

⁸31 Geo. III, c. 31 (Imp.)

⁹3 and 4 Vict., c. 35 (Imp.)

¹⁰30 and 31 Vict., c. 3 (Imp.). The Act united the Province of Canada with Nova Scotia and New Brunswick; the province of Canada was again divided into the provinces of Quebec and Ontario.

¹¹The Sisters established the Hôpital Notre-Dame d'Espérance at Montreal in 1901.

¹²The Brothers founded the Retraite St.-Benoît at Montreal in 1884.

¹³The Hôtel-Dieu de St. Hyacinthe in 1840; the Hôpital St-Michel-Archange at Beauport in 1893; the Hôpital St-Jean at St-Jean in 1868; the Hôpital St-Julien at St-Ferdinand de Halifax in 1872; the Hôpital Ste-Famille at Ville-Marie in 1886; the Sanatorium Mastai at Quebec in 1900; the Hôpital St-Michel at Buckingham in 1905; the Hôpital St-Charles at St-Hyacinthe in 1901; the Hôpital St-Joseph at Maniwaki in 1902.

¹⁴Unless otherwise indicated, the dates and details of hospital foundations are taken from the *Official Directory of the Catholic Hospital Association of the United States and Canada*, St. Louis, the Catholic Hospital Association of the United States and Canada, 1963.

¹⁵The Hôtel-Dieu du Sacré Coeur de Jésus at Quebec in 1873; the Hôtel-Dieu de Saint-Vallier at Chicoutimi in 1884;

and the Hôtel-Dieu de Lévis in 1892.

¹⁶The Hôpital St-Joseph at Trois-Rivières in 1864; Hôpital St-Eusèbe at Joliette in 1885; the Hôpital St-Joseph du Précieux Sang at Rivière-du-Loup in 1889; the Hôpital Sacré-Coeur at Montréal in 1898, and the Hôtel-Dieu at Valleyfield in 1904.

¹⁷John J. Heagerty, *Four Centuries of Medical History in Canada*, Toronto, McMillan Co. of Canada, 1928, Vol. 2, p. 249-254 cf. also Sister Thomas Aquinas Keefe, *The Congregation of the Grey Nuns 1737-1910*, Washington, the Catholic University of America Press, 1942, p. 136.

¹⁸The present hospitals has 4,900 beds. It was erected as a parish in 1896; It was made a civil municipality in 1897; the parish is staffed by a pastor and four assistants; there are 155 religious on the staff with a total personnel of 1,535; the operating budget for 1961 was almost six and one half million dollars.

¹⁹The hospital was erected as a parish on October 27, 1875, cf. *Mandements... de Montréal*, Vol. VII, p. 251-262; as a civil municipality in 1897; it has two chapels, one of which sets 800 persons, the other 1,400; recent renovations at the hospital have reduced the bed capacity from 6,652 to 5,500; there are 313 sisters on the staff and 1,400 other employees.

²⁰These hospitals at present have accommodation for 1643 and 1348 patients respectively.

²¹Kingston in 1826; Toronto in 1841; Ottawa in 1847; Hamilton in 1856; London in 1869; Peterboro in 1882; Alexandria in 1890; Sault Ste. Marie in 1904.

²²The author of *The Hospitals of Ontario* (Toronto, compiled by the Hospitals Division of the Dept. of Health, 1934, 289 p.), at page 13 states: "[...] mention has been found in old records of a hospital for Indians conducted at Sault Ste. Marie by missionary priests as early as 1790". The writer has not been able to verify this statement, but there is a possibility that the passage may refer to the hospital established at Ste. Marie in 1639, despite the disparity in dates.

²³The Grey Nuns of the Cross also established the General Hospital at Mat-tawa in 1878 and St. Joseph's Hospital at Sudbury in 1896.

²⁴St. Joseph's Hospital at Port Arthur in 1881; St. Joseph's Hospital at Peterboro in 1890; St. Joseph's Hospital at London in 1888; St. Joseph's Hospital at Guelph in 1890; St. Joseph's Hospital at Hamilton in 1890; St. Joseph's Hospital at Chatham in 1892 and St. Michael's Hospital at Toronto in 1892.

²⁵31 Geo. III, c. 31 Imp. From the existing Nova Scotia territory the provinces of Prince Edward Island, New Brunswick and Cape Breton were cut off; Cape Breton was to be re-united to Nova Scotia in 1820.

²⁶The date of origin given varies from 1758 to 1775 Cf. Antoine Bernard, C.S.V., *Les Hospitalières de Saint-Joseph et leur oeuvre en Acadie*, Vallée-Lourdes, N.B., *Les Hospitalières St-Joseph*, 1958, p. 65-66. Heagerty holds that it originated earlier, claiming that some of the expelled Acadians who went to Louisiana in 1755 were so infected. Cf. Heagerty, *op. cit.*, p. 77.

²⁷13 Vict., c. 18 — An Act to Prevent the spread of a disorder now existing in certain parts of the Counties of Gloucester and Northumberland.

²⁸The original hospital has developed into a modern general hospital, and as the number of leprosy patients decreased, a separate wing with provision for six patients was reserved.

²⁹Converted in 1946 to a Tuberculosis Sanatorium.

³⁰A. G. Morice, *History of the Catholic Church in Western Canada*, Toronto, Musson Book Co., 1910, Vol. I, p. 171.

³¹The area included all the territory from the Hudson Bay to the Rockies and from the 49th degree to the Arctic Circle. Cf. article "Vingt années de missions dans le Nord-Ouest de l'Amérique, in *Missions... Oblats de Marie Immaculée*, Vol. V, p. 74.

³²46 & 47 Vict. c. 16, s. 14.

³³"[...] Whereas divers of Her Majesty's Subjects and others [...] settled on certain wild and unoccupied territories of the North West Coast of North America, commonly known as

New Caledonia and from and after the passing of this Act to be named British Columbia [...] it is desirable to make some temporary provision for the Civil government [...] be it enacted therefore [...] 21 & 22 Vict., c. 99 (2 Aug., 1858).

³⁴British Columbia Act, 29 & 30 Vict., c. 67.

³⁵Walsh, *op. cit.*, p. 247-249.

³⁶The Royal Jubilee Hospital founded in 1858; St. Bartholomew's opened at Lytton by the Church of England in 1870; Royal Columbian, Vancouver, opened in 1862.

³⁷E. O. S. Scolefield, *British Columbia*, Vancouver, S. J. Clark Pub. Co., [1914], Vol. I, p. 615.

³⁸A. G. Morice, o.m.i., *Histoire de l'Eglise Catholique dans l'Ouest Canadien du Lac Supérieur au Pacifique* (1659-1905), Winnipeg, and Montreal, Western Canadian Pub. Co. and Granger Frères, 1912, Vol. III, p. 359.

³⁹Sister Marie-Jean-de-Pathmos, S.-S.A., *A History of the Sisters of St. Anne*, Translated from the French by Sister Marie Anne Eva, New York, Vantage Press, 1961, in 2 volumes, Vol. I, pp. 133, 139, 148.

⁴⁰O. B. C., No. 108, 1869.

⁴¹O. B. C., No. 162, 1871.

⁴²C. A. B. C., 1888, c. 111.

⁴³S. B. C., 1896, c. 37, s. 65.

⁴⁴S. B. C., 1902, c. 33.

⁴⁵31 George III, c. 31 (Imp.).

⁴⁶Incorporated by 47 Vic., c. 17 (1884) which was later repealed by 23 George V, c. 36.

⁴⁷Act for Constituting Boards of Health, XIV Vict., (1851), c. 5.

⁴⁸57 Vict., c. XXI (1894).

⁴⁹Shortt, *op. cit.*, p. 60.

⁵⁰Sister Maura, S.C.H., *The Sisters of Charity: Halifax*, Toronto, Ryerson Press, 1955.

⁵¹*Golden Gleanings*, Commemorating Fiftieth Anniversary of St. Joseph's Hospital and its School of Nursing, Glace Bay, N.S., Sydney, Lewis R. MacDonald, 1955 (unpaged).

⁵²R.S.N.S., 1900, c. 47.

⁵³The Alberta Act, 4-5 Edward VII, c. 3 Canada (1905).

⁵⁴The Alberta Act, 1905 (S.C. 1905, c. 3).

⁵⁵Archives, Soeurs Grises de Montréal, Province de St-Albert.

⁵⁶S. D. Clark, *op. cit.*, p. 321.

⁵⁷Yukon Territory Act, 1898 (S.C. 1898, c. 6).

⁵⁸A. G. Morice, *op. cit.*, Vol. III, p. 388. The hospital was incorporated by O. Yukon, 1915, c. 2.

⁵⁹Clark, *op. cit.*, p. 334.

⁶⁰"[...] the hospital was a godsend, and many a man who came out from under the tender care of the venerable Father Judge and the little band of Sisters with a broader view of religious work and a better personal understanding of what it means to devote one's life to doing good for his fellow-men [...]" Cf. Clark, *op. cit.*, p. 334.

⁶¹C.O.Y.T., 1902, c. 10.

⁶²Clark, *op. cit.*, p. 335.

⁶³The CHAC Bulletin of October 1963 reports that "the Sisters of St. Anne withdrew on August 16, 1963 from operation of St. Mary's Hospital and Residence at Dawson City Yukon Territory, after 63 years of work there. The Territorial Government has assumed charge of the hospital as an emergency outpost hospital." Cf. CHAC Bulletin, Vol. 5, No. 8, Oct. 1963.

III

FROM 1905 TO 1963

The admission of the provinces of Saskatchewan and Alberta to Confederation in the year 1905 completed the master-plan envisioned by the Fathers of Confederation. Nine provinces and two territories were linked in a nation extending from coast to coast, and before the end of this final period they were to be joined by Newfoundland in 1949.¹ The 1901 census showed the population of Canada as 2,228,997, and this was to grow in sixty years to 18,238,247; the percentage of Catholics in 1901 was 41.7, and this increased to 45.7 percent by 1961.²

The period from 1905 to 1963 was marked by a great change in the way of life of the Canadian people. The country was more fully populated, Canadian industry was greatly expanded, and the part played by Canadians in the two great wars of the period earned them the respect of other nations, and Canada assumed an important place in the council of the nations. At home, the progress of science brought in its train improvements which made life easier

and more rewarding for the citizen. The two wars, in a particular way, were responsible for technical advances in the control of disease, and improved hospital equipment and techniques. Research facilities in Canada, and the world over, were improved and notable discoveries such as the Canadian discovery of penicillin, enabled the hospitals to work more fruitfully in the care of the sick.

This history of the period will be dealt with in three sections: the first a study of the development of Catholic hospitals during this period; the second and third, dealing with the extensive legislation, both civil and canonical, occasioned by this change.

By 1905, sixty-five Catholic hospitals were scattered across the country, and these with the one hundred and twenty-two non-Catholic hospitals, constituted the health facilities of Canada. The greatest concentration of hospitals was to be found in the provinces of Quebec and Ont-

ario, but each of the other provinces and territories also had its representation.

The Catholic hospital of this time retained its characteristic religious nature. It was founded under the authority of the bishop of the place. It was generally owned, administered and staffed by religious and conducted as one of the official works of charity of the diocese. It was normally financed by voluntary offerings for the most part, but already payments by the patients for the care given, and the beginnings of government and municipal support, were becoming important in bearing the growing financial burden of the hospital. The financial aid given by the government and the municipality reflects the awakening realization that the expense of caring for the sick members of society is a legitimate charge against public funds.

At the beginning of the period, hospitals were generally regarded by the people as places to be resorted to in case of great necessity. As a rule, sick persons were still attended in the home by the family doctor, and generally it was only when such care could not be provided, or when extensive care was required, that the hospital was used by the patient. As a consequence, the hospitals were small in comparison with today's standards since at normal times they were not required to care for great numbers of patients.

The procedures of administration at this point were not so demanding, and so the religious who made up the greatest part of the staff were able to take a more personal part in the care of the patients. Although

chapels were a normal part of the hospitals, full-time chaplains were not as common as they were to become later in the larger hospitals. The spiritual care of the patients therefore was more closely linked with the parish in which the hospital was located. In this there were some notable exceptions. For example, the mental hospitals of St. Jean de Dieu at Montreal and of St. Michel Archange at Quebec had been canonically erected as parishes, and the chaplains of these institutions had full parochial rights. These same hospitals likewise were given civil recognition as municipalities by the legislature of Quebec.

Within the period under consideration there was a great change in the condition of hospitals. The great strides made in medical science in this century resulted in improvement in the techniques of treatment, the discovery of new drugs and the development of new equipment. The hospital drew upon these advances and adjusted its operation in order to utilize these new resources in its care of the sick. New discoveries such as the X-ray and fluoroscope became commonplace, while added knowledge concerning diseases and their remedies enabled the doctors and the hospitals to work more effectively for the welfare of the patients. The increased number of patients, resulting from the growth of population and increased usage of the hospitals, caused the existing hospitals to renovate and enlarge their facilities repeatedly, and new hospitals were opened in an effort to keep up with the demand. Greater space was needed when the hospitals were divided into departments with

connected facilities and equipment for specialized treatment. Staffs were greatly enlarged and specialists in various lines became a necessity for the conduct of the hospital. Altogether the hospital became a larger, more complicated and more technical operation than formerly.

The change in the services offered by the hospital produced a corresponding change in the public attitude to hospitalization. Gradually people realized that even in the case of minor illnesses the hospital could remove the burden of care given in the home, and that it could work much more effectively in curing more serious illnesses. Medical men too came to realize the benefits that resulted from grouping their patients in hospitals where they could be attended more conveniently under professionally trained personnel, and where the doctors could have at hand much better diagnostic and treatment facilities. As a result they more commonly recommended hospitalization and, in fact, it became almost exceptional for the doctor to treat the patient in the home.

Foundations

These various factors account for the unprecedented increase in the number of Catholic hospitals during this period. Starting out with sixty-five hospitals in 1905, by 1930 the number had risen to one hundred and thirty-four, and altogether two hundred and thirty-seven new Catholic hospitals were opened between 1905 and 1963. Among this number, the St. Clare's Mercy Hospital at St. John's, the only Catholic hospital in Newfoundland, the five Northwest Territories hospitals, and the twenty-

three Saskatchewan hospitals, all opened during this period. This surge in the number of Catholic foundations merely reflected the general increase in all hospital foundations which brought the total number of hospitals in Canada to 1,208 at the beginning of 1963.³ At the beginning of the century there were 3.8 beds per thousand population, while a survey made in 1958 by the federal Department of Health revealed that by comparison there were 11.1 hospital beds per thousand of population.⁴ Almost one-third of the hospital beds existing in the country are to be found today in Catholic hospitals. In founding the new hospitals in the western part of the country, special credit must be given to the religious communities of eastern Canada who willingly and generously supplied the necessary religious to undertake the work. In many cases, especially during the depression years, in addition to supplying the staff, it was necessary for them to subsidize the newly founded hospitals from their common funds in order to make sure that the people of these areas would have the service which the hospitals could provide.

Ownership and Administration

Even before the year 1905 a certain measure of variation was observable in the arrangement under which the hospitals were founded, administered and staffed, and the present period brought even more widespread diversity. It was still normal to have the hospital founded, administered and staffed by the religious congregations, but there were many more exceptions to the general norm. In present-day hospitals the

following systems may be found:

1. The hospital is owned by a diocese or vicariate and is administered and staffed by a religious congregation. So, for example, the Charlottetown Hospital is owned by the diocese of Charlottetown, but administered and staffed by the Sisters of St. Martha; this arrangement is found in nine hospitals.

2. The hospital is owned by a religious congregation, administered by the same congregation, but staffed by another, e.g., St. Gabriel Hospital, McMurray, Alberta, which is owned and administered by the Oblate Fathers, but staffed by the Grey Nuns of Quebec; two hospitals are conducted under this system.

3. Owned by a municipality, directed by a lay administrator and staffed by religious. An example of this type is the Birtle District Hospital, Birtle, Manitoba, which is owned by the municipality of Birtle, has a lay administrator, but is staffed by the Sisters of St. Benedict; two other hospitals operate in this way.

4. Owned by a civil hospital district, administered and staffed by religious; the only Catholic hospital in this classification is the St. Claude Hospital at St. Claude, Manitoba, which is owned by the Carmen Hospital District and administered and staffed by the Daughters of the Cross — Sisters of St. André.

5. Owned by an individual, lay administrator and staff under Catholic auspices, e.g., the Hôpital Beaulac, Montreal; four hospitals in Quebec are conducted in this manner.

6. Owned by a hospital board, ad-

ministered and staffed by a religious institute, e.g., St. Anne Hospital, Arichat, Nova Scotia, which is owned by the St. Anne Hospital Board and administered and staffed by the Daughters of Jesus; there are six hospitals in this class.

7. Owned by a hospital corporation with lay administration under Catholic auspices and a lay staff, e.g., Hôpital Notre-Dame du Sourire, Lachute, Quebec; there are eighteen which have this arrangement, all within the province of Quebec.

8. Owned by a hospital corporation, under lay administration and with a staff of religious, e.g., Hôpital Notre-Dame, Montreal, which is owned by the corporation of the Hôpital Notre-Dame, with a lay administrator, and staffed by the Grey Nuns; seven hospitals operate in this way.

9. Owned by a Provincial Ministry of Health and with a religious administrator and staff, e.g., Hôpital Notre-Dame de l'Espérance, Sept-Iles, Quebec, which is owned by the Ministry of Health of Quebec and administered and staffed by the Sisters of the Holy Family; this is the only example of this type of administration.

10. Owned by the English Catholics of Montreal, St. Mary's Hospital, Montreal, is administered and staffed by the Sisters of Providence of St. Vincent de Paul.⁵

These variations in ownership, administration and staff affect the canonical status of the hospitals concerned. In cases where the ownership is vested in a religious congregation, the hospital property is classified as

bona ecclesiastica, the laws concerning erection and administration are binding, and the hospitals are directly subject to the ordinary of the place unless the congregation is one of pontifical exemption. In the cases where ownership is in the hands of an individual or of a civil moral person, e.g. a municipality or a civil corporation, even where the hospital has not been erected as an official work of religion of the diocese, it still remains subject to the general "vigilance" which is the right of the ordinary in virtue of canon 336, #2. In the case where the hospital is owned by the religious institute, that ownership, according to canon 1499, may lie in the hands of the institute as a whole, one of the provinces of the institute, or the individual religious house, and this ownership by canon 532, #2 gives that same body the right of administration.

In civil law the incorporation of the hospital is necessary in order to obtain the civil effects, and particularly to achieve limited liability. The practice here varies: in some cases the hospital is included in the general incorporation of the religious institute, while in other cases the hospital is incorporated as a separate civil entity.

By canon law the administrator of the resources of the hospital is subject to the general norms for administration of "*res ecclesiastica*" with the concomitant obligation of rendering an account to the ecclesiastical authority (cc. 1489, #3; 1492, #1). Today, because of the increased financial stake which the governments have in the hospitals, the administration is also subjected to the

accounting prescriptions of civil law in the various provinces and territories.

The administration of the hospitals has become a very technical work requiring a high degree of training and efficiency on the part of the person entrusted with the task. Even in the small hospitals, the medical and surgical activity is much more varied than formerly, staffs are larger, and contain a smaller proportion of religious, government financing makes complicated accounting necessary, and all these make an increasingly heavy demand upon the administrator and the staff.

Some indication of the growth which has taken place, and a measure of the complexity of present-day administration in a large city hospital, may be obtained from a comparison of the 1963 financial report of one such hospital with the report issued for the same hospital in 1905. The Notre Dame Hospital, Montreal, in the fiscal year 1905 had a total expense of \$41,603.93, representing a cost per diem of \$1.13.⁶ In the year 1963, having expanded to a bed capacity of 1,029, the budget of the same institution was \$11,925,000.00, and the cost per diem was \$28.65;⁷ the national average cost per diem for 1962 was \$25.03.⁸

This administrative complexity has been the source of a dilemma for the religious which is the object of much discussion at the present time. As more and more of the religious are absorbed into administrative tasks in the hospitals, there are those who hold that it would be better for the sisters to give up the ownership and

administration of the hospitals in order to free themselves completely for the spiritual care which they can exercise in the task of actually nursing the sick. On the other hand, there are at the same time weighty arguments in favor of ownership and administration of the hospital by the religious, in order that they control the moral standards under which the hospital is conducted.

Educational Activities

The increase in technology has made it necessary for the entire hospital staff to be more highly qualified and at the same time requires the service of individuals who are specialists in particular lines. This necessity has drawn the hospital into the field of education. Many of the hospitals developed schools of nursing early in the century and this number has increased until at present there are eighty Catholic nursing schools: two in British Columbia; five in Alberta, five in Saskatchewan, two in Manitoba, seventeen in Ontario, thirty-six in Quebec, six in New Brunswick, five in Nova Scotia, one in Prince Edward Island, and one in Newfoundland.⁹

The expanded training program for doctors has likewise made the teaching hospital more common. The teaching hospital is one in which an agreement is entered into with a university faculty of medicine by which medical students receive a part of their training within the wards of a hospital. Rigid standards and more extensive facilities are required in order for the hospital to qualify and thirty-four Catholic hospitals have achieved this distinction.¹⁰

Additional educational work is done by some Catholic hospitals in specialized fields, viz., laboratory technician courses are conducted by forty-seven hospitals, ten conduct medical record librarian schools, thirty have nursing-assistant courses, and fifty-five have schools for diagnostic radiological technicians.¹¹

Specialization

The phenomenon of specialization in the various fields of medical care which rose to such prominence during this period had its effect upon the hospitals. Within the general hospital greater provision was made for the grouping of patients according to particular specialties, and so for example, surgical, medical, geriatric, orthopaedic, and other specialized wards were originated. In this way special equipment and personnel were able to function with more efficiency.

In the broader field, this same specialization is to be found in distinct hospitals which are devoted exclusively to one specific area of patient care. Psychiatric, epileptic and alcoholic hospitals had existed in the previous period. After 1905, the number of psychiatric hospitals was increased with larger, better qualified staffs utilizing the new discoveries in psychiatric treatment as well as supplying general medical and surgical treatment to the inmates. An innovation of recent years is the special psychiatric ward contained within the general treatment hospital. Normally these are small units intended for short-term patients within a more confined range of treatment; those requiring more intricate and prolonged treatment are

generally transferred to larger psychiatric hospitals where larger staffs and more extensive facilities are provided. Other varieties of special treatment hospitals are: the chronic-convalescent hospital (26), tuberculosis (10), maternity (6), contagious disease hospitals (2), pediatric (1), and cardiological (1).¹² All of the ten Catholic psychiatric hospitals, and the majority of the other special hospitals are to be found in the province of Quebec where the majority of all hospitals are Catholic.

Accreditation

The program of hospital accreditation which was initiated in Canada in 1920 has been a very important factor in the improvement of hospitals and of hospital care. A beginning was made in the United States in 1917 with the survey conducted by the American College of Surgeons to ascertain which hospitals were qualified to receive fellowships. In 1919 only 89 out of the 700 hospitals surveyed were able to measure up to the minimal standards established but after a manual setting out the requirements was published in 1926, doctors and hospital administrators used it very effectively in working together to bring the hospitals up to standard.

The American College of Surgeons was unable to cope with the volume of work involved in surveying the hospitals as the program developed, and in 1951 it was turned over to a special Joint Commission on Accreditation; the Canadian Medical Association was invited to sit as a member of this commission. The work for both the Canadian and

American hospitals was carried on under the auspices of the Joint Commission until 1959, when the Canadian Council of Accreditation was formed to undertake the responsibility of accrediting the Canadian hospitals. The standards demanded by the Joint Commission have been retained and the Canadian Council works in close liaison with that body.

The program has been so effective and so beneficial that each year the much more stringent requirements are met by over 80% of the hospitals surveyed — in contrast with the 12% of 1919.¹³ Hospital construction, diet and housekeeping, patients records, and medical and surgical care have all improved to such an extent that the Canadian hospital system takes its place among the most excellent.

The small as well as the large hospitals have benefitted from the program, and among the Catholic hospitals accredited the size ranges from 30-bed hospitals to those with over 800. The Catholic hospitals have been zealous in seeking this badge of excellence, and out of a total of 367 Canadian hospitals who qualified in 1963, 136 were Catholic.¹⁴

Financial Dependence

The period between 1905 and 1963 marked an important transition in the realm of hospital financing. At the beginning of the period the Catholic hospitals were built and operated at private expense. Money for the purpose was supplied by the religious congregations, public subscriptions, private benefactors, and by the patients who were treated.

The hospitals normally were of moderate proportions with religious forming the majority of the staff, and so their operation did not demand a large amount of capital. It is true that governments and municipalities did give subsidies by way of grants, but this formed only a small proportion of the total revenue required. This is evident when it is observed, for example, that at the beginning of this century Ontario gave a grant of only 20¢ per patient day of actual treatment,¹⁵ Manitoba gave 25¢ per day per patient,¹⁶ and others, like Nova Scotia limited the total grant to a maximum of \$500.00 per year.¹⁷

The increase in population, more common use of the hospitals, inflation, rising hospital costs, and the resulting inability of private resources to meet financial requirements, produced a revolutionary change in the situation within the period. Existing hospital buildings had to be expanded or replaced, and new hospitals were built¹⁸ at a time when the cost of construction mounted steadily year after year. More extensive and more costly treatment was given in the hospitals, higher standards of accommodation, care, and staff were demanded, and all contributed to produce much higher costs. Within a ten-year period the proportion of large institutions with 500 beds or more grew from 26% in 1948 to 29% in 1958 as a result of the trend in urbanization, while at the same time the proportion of smaller hospitals dropped from 29% to 24%.¹⁹ In the same period the total number of people employed in the hospitals in

Canada reached 188,000, an increase of 88% in ten years, constituting 3% of the total labor force of Canada.²⁰ In 1958 the total expenditures of all Canadian public hospitals reached a total of almost 620 million dollars, a rise of 246% for public general and allied special hospitals, 196% for mental hospitals, and 78% for tuberculosis sanatoria in the years between 1948 and 1958.²¹ By 1962 costs had again risen to a total of \$756,712,000.²²

Such expansion and expenditure passed the limits of possibility for the hospitals and for the individuals requiring hospital care, and accelerated government participation in the hospital field. The depression of the 1930's had begun the trend in this direction, when, according to the Sirois report, the average national income dropped to \$384, in 1936,²³ and private enterprise therefore was incapable of supplying many of the social services. The Province of Saskatchewan suffered most when the average income dropped from the 1929 level of \$478 to a low of \$135 in 1933, and by 1937 almost half of the people were on relief.²⁴ The welfare state regimen was a natural development in these circumstances, and among the measures taken was the provision of the first universal coverage hospital insurance program, enacted by the Saskatchewan legislature in 1946.²⁵ Alberta and British Columbia had passed health insurance acts in 1935 and 1936 respectively²⁶ but these provisions were never implemented. The Federal government was to hasten the trend by passing the Hospital Insurance and Diagnostic Serv-

ices Act in 1957,²⁷ thus opening the way to a system of universal hospital insurance in all the provinces.

The growing need for capital for construction led several of the provinces to introduce capital grants for hospitals, beginning with Saskatchewan in 1944²⁸ and Ontario in 1948.²⁹ These were followed by the federal Hospital Construction grant in 1948 (which provided for matching contributions by the participating governments), and by the expansion of that Act in 1958.³⁰

An interesting reaction to the mushrooming hospital costs may be seen in the attempt to return to home care of the patients which has been undertaken in recent years by certain hospitals. Such a solution, it appears, could be the means of checking the great burden of hospital costs, for one hospital carrying on the work has reported a per diem cost of \$3.08;³¹ this compares very favorably with the national average rate for hospitals in Canada of \$25.03 per diem.³²

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- ¹ British North America Act (U.K.), 12-13 Geo. V, c. 22.
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- ¹¹ *Ibid.*, p. 100-108.
- ¹² *Catholic Hospital Directory*, 1963, p. 85-97.
- ¹³ E. Kirk Lyons, M.D., F.A.C.S. Address on the occasion of the inaugural meeting of the Canadian Council of Hospital Accreditation, Jan. 17, 1959, (Mimeo), CHAC Archives No. 8270.
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- ¹⁵ S.O., 1874, c. 33, Charity Aid Act.
- ¹⁶ S.M., 1883, c. 16, Charity Aid Act.
- ¹⁷ S.N.S., 1897, c. 2. An Act to Encourage the Establishment of Local Hospitals.
- ¹⁸ While only 52 Catholic hospitals were founded between 1800 and 1900, 20 were founded in the ten years following 1900, 28 in the 1920's, 49 in the 1930's, 43 in the 1940's, 50 in the 1950's, 33 in the 1960's. Cf. *Catholic Hospital Directory*, 1963, p. 85-97. Between 1948 and 1958 one billion dollars was spent in hospital construction in Canada. Cf. *Hospital Care in Canada*, p. 4.
- ¹⁹ *Hospital Care in Canada*, p. 32.
- ²⁰ *Ibid.*, p. 46.
- ²¹ *Hospital Care in Canada*, p. 56.
- ²² *Hospital Statistics*, 1962, p. 4.
- ²³ Harry M. Cassidy, *Public Health and Welfare Re-organization*, Toronto Ryerson Press, 1945, p. 392.
- ²⁴ *Ibid.*, p. 301.
- ²⁵ S.S., 1946, c. 82, The Hospitalization Act.
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- ³⁰ S.C., 1948, c. 78, Appropriation Act No. 4, 1948; S.C., 1958, c. 21, Special

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- ³¹ CHAC Bulletin, Vol. 5, No. 7, Sept., 1963, p. 8 (French).
- ³² *Hospital Statistics*, 1962, p. 4. Average costs in 1947 were \$7.62, in 1958 they were \$17.24. Cf. also *Hospital Care in Canada*, p. 61.