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“Into the hands of the Ladies”:¹ The Birth of the Moncton Hospital

AS RECENTLY AS 1984, an “Historiographic Lament” concerning hospital histories suggested that many of these studies “imply that the direction of hospital development was both relentlessly progressive and ultimately inevitable”.² Since that time, however, a number of significant studies have appeared which enrich our understanding of the modern hospital’s development and evolution,³ and socio-medical history in general has become increasingly sophisticated, providing new insights into the professions, institutions, individual and societal responses and pressures at work in the late 19th and early 20th centuries.⁴ Yet in many cases the founding moments of hospitals continue to be glossed over, accepted casually as the result of a certain progressive inevitability. The movement leading to the creation of the Moncton Hospital, however, does not fit that categorization. Moreover, because of the community’s size and the timing of the hospital’s creation, placing this institution in its proper comparative context is no easy chore; it was not situated in a large urban centre and it was not the product of mid-19th century reform impulses. Within the Maritimes, Saint John and Halifax had gone through the hospital creation process at roughly mid-century and their examples, while instructive, are not readily applicable.⁵ In addition, the field of hospital studies is not yet fully developed,⁶ despite its recent growth. Thus, comparable case studies are limited and are, at times, uneven in research and analysis, although an Owen Sound institution opened in 1893 and a Fredericton hospital founded in 1888 match neatly, timewise and in terms of

1 Moncton *Daily Times*, 29 January 1895, p. 1.

2 S.E.D. Shortt, “The Canadian Hospital in the Nineteenth Century: An Historiographic Lament”, *Journal of Canadian Studies*, 18 (Winter, 1983-84), p. 4.

3 See for example Colin D. Howell, *A Century of Care: A History of the Victoria General Hospital in Halifax, 1887-1987* (Halifax, 1988); David Gagan, ‘A Necessity Among Us’: *The Owen Sound General and Marine Hospital, 1891-1985* (Toronto, 1990).

4 A small sample of examples would include Colin D. Howell, “Medical Professionalization and the Social Transformation of the Maritimes, 1850-1950”, *Journal of Canadian Studies*, 27 (Spring 1992), pp. 5-20; David Gagan, “‘For Patients of Moderate Means’: The Transformation of Ontario’s Public General Hospitals, 1880-1950”, *Canadian Historical Review*, LXX (June, 1989), pp. 151-79; Kathryn M. McPherson, “Nurses and Nursing in Early Twentieth-Century Halifax”, M.A. thesis, Dalhousie University, 1982; Kathryn M. McPherson, *Bedside Matters: The Transformation of Canadian Nursing 1900-1990* (Toronto, 1996). For historiographic reviews see Colin D. Howell, “Back to the Bedside: Recent Work in the History of Medicine in Canada”, *Acadiensis*, XVII (Spring, 1988), pp. 185-94; Wendy Mitchinson, “Canadian Medical History: Diagnosis and Prognosis”, *Acadiensis*, XII (Autumn, 1982), pp. 125-35.

5 See Howell, *A Century of Care*, pp. 13-24; and CIHM, No.02223, William Bayard, *History of the General Public Hospital in the City of Saint John, N.B.* (Saint John, 1896), pp. 4-8.

6 See the comments of Gagan, ‘A Necessity Among Us’, p. xii.

W.G. Godfrey, “‘Into the Hands of the Ladies’: The Birth of the Moncton Hospital”, *Acadiensis*, XXVII, 1 (Autumn 1997), pp. 27-43.

community size, and are useful in measuring the parameters of such studies.

Whether hospital histories deal with larger or smaller urban centres, in the mid- or late-Victorian periods, the sometimes complicated process of educating the public and winning support generally receives short-shrift in favour of accounts of the triumphant opening of the institution, applauded by a generous and appreciative community. At times, this neglect is caused by a documentation problem, as David Gagan's Owen Sound study, at one end of the spectrum, acknowledges. One of the research difficulties he faced was the lack of sources "to explain why Owen Sound's physicians collectively took up the cause of a voluntary public general hospital or how they managed to enlist the aid, then the leadership, of some of the town's wealthiest and most influential citizens in this enterprise". Nonetheless, his study carefully knits the Owen Sound hospital's emergence with the local social and economic pressures and the broader reform forces at work. It was doctors aligned with business leaders, with the support of municipal and county politicians, who were instrumental in the hospital movement. Also contributing was the most "energetic" fund-raising group, the Ladies' Aid, but faced with an exclusion of women from the more important decisions, "anger" at their treatment eventually caused their "dispirited" withdrawal from "all direct involvement in the management of the hospital".⁷ At the other extreme, Arlee McGee's treatment of the Victoria Public Hospital focuses on the one-woman show of Lady Alice Tilley, the lieutenant governor's wife, who is portrayed as almost single-handedly conceiving and directing the emergence of this institution. As McGee explains the situation: "With one woman as the worker and God as the Master Builder, a remarkable gift was bestowed upon the Fredericton community that day" in 1888 when the Victoria Public Hospital opened.⁸ A more balanced and thorough dissection of hospital movements is needed, and detailed case studies of the "founding moments" in Moncton and other small communities could add another dimension to our understanding of the emergence of the modern hospital. The progressive impulse behind health reform and hospital building may have been less overpowering and pervasive than previously assumed, the emergence and opening of the institution far more complex than previously believed, and the roles played by different genders, groups and individuals more varied than hitherto recognized. The process, players and the support of hospitals by "progressive" communities should be examined through a wider variety of prisms, including that offered by Moncton.

Incorporated as a city in 1890, Moncton elected as its first mayor Frederick W. Sumner. The boom and bust pattern of its earlier years — created as a town in 1855, forced to surrender its charter in 1862, only to regain it in 1875 — seemed over.⁹ In the decade from 1881 to 1891 the town's population soared from 5,032 to 8,762 (a 74

7 *Ibid.*, pp. 10 and 15-17.

8 Arlee McGee, *The Victoria Public Hospital (1888-1976)* (Fredericton, 1984), pp. 13-20.

9 Historical background concerning Moncton is provided in Edward W. Larracey, *Resurgo: The History of Moncton, Volume II* (Fredericton, 1991); James H. Appleton, "The Town of Moncton: A Metropolitan Examination, 1880-1889", B.A. honours thesis, Mount Allison University, 1975; Daniel Hickey, ed., *Moncton 1871-1929: Changements socio-économiques dans une ville ferrovaire* (Moncton, 1990); and Phyllis E. LeBlanc, "Moncton, 1870-1937: A Community in Transition", Ph.D. dissertation, University of Ottawa, 1988.

per cent increase)¹⁰ and it witnessed significant industrial growth. A prosperous future appeared to be guaranteed by, among other activities, textile manufacturing, sugar refining and foundry production, along with the Intercolonial Railway shops. Moncton’s geographic position as the urban centre of Westmorland county provided a further advantage. The city was rapidly eclipsing neighbouring communities such as Shediac, Dorchester and Sackville which had once had similar aspirations. Although a late starter as a New Brunswick community, compared to Saint John for example, by 1890 Moncton had come of age. But it lagged in one area: it lacked a hospital, an institution which to some was the all-important sign of a truly progressive city.

A coalition of political, business, religious and professional community leaders emerged to champion the hospital cause. However, as future Moncton mayor and county sheriff George B. Willett tactfully expressed it in June of 1899, it was only “after many unsuccessful efforts” that “we have at last been able to establish this institution”.¹¹ As with the past and future course of the city itself, “Resurgo” seemed an appropriate motto for the hospital project in the 1890s. At times some proponents of the project declared themselves to be on the verge of losing hope as a growing community commitment seemed constantly offset by disagreements about precisely how to achieve their goal. In late January of 1895, one pessimistic and yet perceptive observer commented: “First, give the whole matter back into the hands of the ladies who may possibly be able to do something tangible, which the men, judging from the tenor of the meeting in the Opera house on Friday evening, cannot do, except to interrupt each other, and try to force their opinions on some others”.¹² Perhaps the writer was unduly pessimistic about masculine deficiencies, but the comments perceptively hinted at the substantial feminine contribution to the establishment and success of early hospital services in Moncton.

Like other growing industrial communities, Moncton was not free from the social problems accompanying urban development. “Poverty, alcoholism and prostitution — issues rarely discussed by polite society — now found their way on to the pages of local newspapers”.¹³ An almshouse was opened in 1885 and, four years later, its broader use, as a hospital, was suggested. At the same time a group of energetic Moncton women advocated the establishment of a “small municipal health facility” to meet the medical needs of “the poor, the diseased and depraved”.¹⁴ Neither suggestion gained the approval of the municipal authorities but, undaunted, various individuals and organizations continued the struggle. One group of women was particularly active in the 1890s. In January of 1895 the fourth annual report of the “Watchful circle” of the King’s Daughters enumerated one year’s activities. Thirty-six meetings had been held which resulted in “aiding poor families with milk, groceries, clothing and medicine”; assistance in the payment of board was provided, Christmas dinners were

10 Hickey, *Moncton*, p. 7.

11 “Report of the First Year’s Operations” for the Moncton Hospital, June 1899, Moncton Hospital Archives [M.H.A.].

12 Moncton *Daily Times*, 29 January 1895, p. 1.

13 See Charles Allain, “Need for Health care was thorny debate”, in the Moncton *Times-Transcript* supplement concerning “The Moncton Hospital’s first 100 years”, 16 March 1995, p. 1.

14 Allain, “Need for Health care”, p. 1.

30 *Acadiensis*

distributed, and payment was made for the education of a boy at the school for the blind in Halifax. In addition, a new major project was underway. "A number of meetings have been held to discuss the advisability and possibility of starting a small hospital in our city. As the need of one has been quite often felt by doctors and those who work among the sick, steps have been taken to bring the matter before the public".¹⁵

One such step was a meeting, "largely attended" according to the press, held in the parlour of the Y.M.C.A. on Monday morning in late December of 1894.¹⁶ It brought together "a number of ladies", clergymen and doctors, all "interested in the establishment of a general hospital". The meeting was chaired by James S. Benedict, the United States consul in Moncton, while local physician Doctor Ambrose R. Myers served as secretary. There was unanimous agreement about the need for a hospital, and ways and means of achieving this goal were discussed. Eventually a committee was struck to look at the cost and possible fund-raising methods with a requirement to report in seven days time. On the committee were two women, Mrs. Carrie Benedict, wife of the consul, and Mrs. Annie Purdy, wife of Doctor Clinton T. Purdy. The clergy were well represented with Reverend W.W. Weeks from the First Baptist church, Reverend John Read from Central Methodist church, Reverend Edward B. Hooper from Saint George's Anglican church and Father Henry A. Meahan from Saint Bernard's Catholic church. Rounding out the committee was another local doctor, James D. Ross, and Murray Fleming, an Intercolonial Railway manager. The clergy promised "an active interest in the movement" and, most importantly, that they would bring the hospital issue before their congregations "at an early date". This public lobbying was to be followed by "a public meeting of the citizens" at the Opera House. Buoyed up by such plans, participants emerged from the first meeting convinced that "there is no doubt that at an early date the city will be in line with other places of much less importance in having an institution" long needed by the community.

The King's Daughters were quick to report this hospital initiative in the newspaper and underlined how "enthusiastic" both physicians and clergymen were. Indeed, they went so far as to express the view that perhaps the entire movement must be broadened and the torch of leadership passed. On the one hand, new supporters among the women of Moncton would be enlisted. "Our little circle will amalgamate with all those women in the town who feel an interest in the matter. We already know there are a great number of such; a ladies aid society will be formed which will work towards the support of the hospital". At the same time, and with equal optimism, they hoped that the project could, in the near future, be spearheaded by incorporated leadership. "As soon as a public meeting can be called a body of corporators will be formed who will appoint a Board of Trustees in whose hands will rest the

15 *Moncton Daily Times*, 11 January 1895.

16 *Moncton Daily Times*, 2 January 1895. Unfortunately the press used the husband's initials and last names in reporting women's names. *The 1891 Census Westmorland County New Brunswick*, Volume 1, and the *Census, 1901, Victoria Co., Westmorland Co., York Co.*, Micro 5655, Reel T-6445, available at the Bell Library, Mount Allison University, were used to find the women's first names as well as information for both genders concerning age, occupation and religion.

management of the hospital”.¹⁷ Within the week the committee reported on its progress, the president of the King’s Daughters outlined the steps taken by her organization, and the stage was set for a public meeting, the arrangement of which was “left in the hands of the King’s Daughters”.¹⁸ It was soon scheduled for Saturday, 11 January 1895.

Up to this point the women of Moncton involved in the hospital crusade had dealt largely with the already converted. Solid support could be mobilized throughout the major religious denominations by clergymen quite willing to sermonize on society’s medical and other social needs. Even more important to the success of the movement was the reality that Moncton was served by a group of well-educated and well-trained physicians, by the standards of that time, whose views and talents were respected by the community. By the mid-1890s the medical profession in New Brunswick had largely shed the image of charlatanism and quackery which hobbled its development in some parts of Canada.¹⁹ With the creation of a College of Physicians and Surgeons for New Brunswick in 1881²⁰ the review and assessment of educational credentials and the professionalization of doctors were well in hand. An emerging faith in medical science, on the part of both doctors and patients, was linked with the development of general hospitals, where both medical practitioners and the general public could profit from the new skills and advances. There were even physicians who carried their new confidence in “scientific medicine” into social and sanitary reform, diagnosing “a diseased social order that could be nursed back to health with the proper advice and leadership of a scientifically-based medical profession”.²¹ Although to ascribe such views to a majority of the members of the Moncton medical community might be going too far.

Nonetheless, a brief glimpse at some of the Moncton physicians practising in the mid-1890s, who would form the core of the hospital’s future medical staff, reveals their strong credentials and sensitivity to the problems and needs of their community. On the newly formed committee was Doctor James D. Ross, eventually acclaimed as one of the fathers of the hospital. Nova Scotian born, he was an 1862 graduate of Harvard who began a practice in Moncton in 1864.²² An outspoken early supporter of the hospital movement, he was quite blunt about the increased medical efficiency which could be achieved and the suffering such an institution might ameliorate. He pointed out that the city gave a physician treating the poor both inside and outside the almshouse roughly 27 cents per day. With an average of 10 to 15 visits per day, this meant an expenditure of roughly one or two cents for each patient. Surely the poor

17 Moncton *Daily Times*, 4 January 1895, p. 1.

18 Moncton *Daily Times*, 8 January 1895.

19 See Colin D. Howell, “Elite Doctors and the Development of Scientific Medicine: The Halifax Medical Establishment and 19th Century Medical Professionalism”, in Charles P. Roland, ed., *Health, Disease and Medicine: Essays in Canadian History* (Toronto, 1984), pp. 105-22.

20 W. Brenton Stewart, *Medicine in New Brunswick* (Moncton, 1974), p. 14.

21 Colin D. Howell, “Medical Professionalization”, pp. 10-11.

22 Stewart, *Medicine in New Brunswick*, p. 370. Dr. Donald I. MacLellan has prepared a valuable “History of the Medical Staff” of the Moncton Hospital, M.H.A., which contains a wealth of information concerning the hospital’s doctors and its history.

deserved better treatment. Moreover, the pauper in society must not only contend with inadequate attention to his sickness but with “filth saturated” housing, “cold in the winter and closed in the summer”, the poorest quality food and constant anxiety. “Here”, he argued, “surely, we have suffering that to be understood must be felt”.²³ Clearly, from his vantage point, a hospital would be a godsend in terms of delivering adequate medical care and attention as well as providing the opportunity for a far more efficient allocation of a physician’s precious time.

Even better known than Doctor Ross in medical circles, because of his published papers, was Doctor Oscar J. McCully. Born in Sussex, New Brunswick, he received an M.A. from the University of New Brunswick in 1875 and graduated in medicine from McGill University in 1879. He became a Master of the Royal College of Surgeons in England in 1885.²⁴ Other than a few years in Saint John, most of his medical career was spent in Moncton. When he died in 1911 the Moncton *Daily Times* described him as “Eminent in the practice of his profession, active in any movement which elicited his co-operation for the good of the city, genial and affable in his relations with all, and courteous and self-sacrificing”.²⁵ As a “great student of human nature” and a “remarkably well read” individual, he gained a reputation as a “lecturer of more than local repute” who presented public orations as well as papers to medical societies. The practice of medicine, he believed, had benefitted immensely from the scientific achievements of great men like Louis Pasteur and Joseph Lister:

Pasteur, the father of the germ theory, and if we measure men by the good accomplished by their work, he stands as the greatest man of the century, if not of all time. Then came Lister, who introduced antiseptic surgery, which has gradually developed into aseptic so that now the surgeon can invade any cavity of the body, and all that is asked of him is to be surgically clean.²⁶

On occasions McCully’s radical views placed him in the ranks of Maritime doctors who believed in the “need for social regeneration through reform”. He called for a “purely scientific and rational approach to crime in which the morally infirm criminal [should] be treated in the same spirit as we treat the physically infirm”. Since doctors aimed often at prevention rather than cures, so society should aim at prevention of crime rather than its punishment. Hence, criminal rehabilitation, if it was possible, called for careful diet, cleanliness, exercise, education and the teaching of a trade.²⁷ Crucial to this moral rehabilitation was the creation of a proper environment. In the area of medical care, McCully also underlined “the gospel of fresh air, of healthful environment, of plain food, and of the simple life to the exclusion of humbug, for has it not been fresh air and a simple and generous diet, which has at last conquered the most deadly of foes to the human race — the White Plague [tuberculosis]”.²⁸ This

23 As quoted in Allain, “Need for Health care”, p. 1.

24 Stewart, *Medicine in New Brunswick*, p. 374.

25 Moncton *Daily Times*, 10 August 1911, p. 8.

26 As quoted in Moncton *Daily Times*, 5 January 1911, p. 3.

27 See Colin D. Howell, “Medical Professionalization”, pp.12-13.

28 As quoted in Moncton *Daily Times*, 5 January 1911, p. 3. To place McCully’s views concerning tuberculosis in the context of changing conceptions concerning its cure, see Katherine McCuaig, “Tuberculosis: The Changing Concepts of the Disease in Canada 1900-1950”, in Roland, ed., *Health, Disease and Medicine*, pp. 296-307; and Janice P. Dickin McGinnis, “The White Plague in Calgary: Sanatorium Care in Southern Alberta”, *Alberta History*, 28 (Autumn, 1980), pp. 1-15.

controlled and health-restoring environment, one assumes, would be perceived by Doctor McCully and the Moncton medical profession as lacking in the mid-1890s so long as the community was without a hospital.

Another booster of the hospital was Doctor Fred J. White. His obituary recalled: “The city hospital and kindred institution had no stronger supporter than the late Dr. White. He gave generously of his time and his talents to promoting the interests of the hospital and that institution owes much of its success to his efforts and unselfish service”. The Newfoundland-born White graduated from Mount Allison in Sackville before attending McGill University, earning his medical degree in 1886.²⁹ He received a Licentiate of the Royal College of Physicians of London in 1888. Prior to practising in Shediac and then launching his long Moncton career, he briefly served in Wilfred Grenfell’s Labrador and northern Newfoundland medical mission. This noble experiment, for which Grenfell was eventually knighted, provided the migratory fishers, permanent settlers and indigenous peoples of the area with medical care which had been totally lacking.³⁰ This service to his community, whether in Newfoundland or in Moncton, became a feature of White’s medical and non-medical activities. A stretcher-bearer in the Riel uprising, he was later active as Surgeon Major in the New Brunswick militia and served as mayor of Moncton in 1907. In mourning his passing, the press noted the duality of his service: “He was widely known as one of the most skilful physicians and surgeons in eastern New Brunswick and was one of the leading citizens of Moncton, being popular with all classes and highly esteemed by all. He took a deep interest in civic affairs and was full of optimism as to the future of the city of his adoption and the Dominion at large”.³¹

Doctors such as White, McCully and Ross, along with religious leaders like Meahan and Hooper, combined with the King’s Daughters, represented a formidable alliance. But all recognized that private support alone could not secure the necessary hospital. Approval and funding at the municipal level, from the mayor, council and ratepayers, must be achieved. On Saturday evening, 11 January 1895, the meeting of citizens to gain this public endorsement got underway, “largely attended”, according to reports, “by ladies as well as gentlemen interested in the project”. Present were about 20 ladies, six clergymen, six doctors, one of the county’s M.P.P.s, the mayor, a number of aldermen and many of the city’s prominent citizens. Mayor Frederick Sumner presided, with a dentist, Doctor Charles A. Murray, as secretary. Sumner immediately turned to Mrs. Annie Purdy for a report and she seized the moment. Outlining the campaign of the King’s Daughters, she spoke at length about the numerous committees which had been at work canvassing physicians, clergymen and business leaders about the project and gathering information concerning “the cost of building and maintaining” a hospital. Valuable aid had been promised, commitments had been made, sermons would be delivered along with special collections, and lectures as well as concerts were planned in support of the hospital fund. The advice

29 Moncton *Daily Times*, 11 April 1921, pp. 1 and 5; Stewart, *Medicine in New Brunswick*, p. 374.

30 Grenfell’s activities are treated in Ronald Rompkey, *Grenfell of Labrador: A Biography* (Toronto, 1991).

31 Moncton *Daily Times*, 11 April 1921, pp. 1 and 5.

of “the practical business men of the town”, however, had been heeded and “the almost universal opinion is that although such an institution is much needed in our midst yet we are in no position to make any great outlay at the start and the plan which commends itself most to our judgment is the renting of some suitable dwelling which can be furnished in a comfortable but simple manner”. In terms of staff, she recommended hiring “a thoroughly competent graduate nurse with hospital experience” to act as matron and to train other nurses. Moreover, looking to the future staffing needs, Mrs. Purdy continued, it was “conceded by all in the hospital world that by far the cheapest and best method of caring for the patients is by means of a training school for nurses”.

Annie Purdy was quite open about the cheap labour, and resultant lower costs, student nurses would provide, and she also willingly addressed the important issue of what people the hospital would actually serve. Among hospital advocates there had been much emphasis on the needs of the poor who did not have access to the personal physicians, home care and distant private care institutions if really necessary, which were enjoyed by the better-off in society. Purdy’s hospital was intended to serve the destitute patient as well as the paying patient. As she put it: “Though we know many of our patients will be charity ones yet there are those in our city who are away from home, and who, in case of sickness, will gladly avail themselves of the opportunity which the private wards will afford of giving them board and excellent nursing for very little more than they would pay for board alone”. Private wards for those who could pay were thus acknowledged as necessary along with the privilege, for “paying patients” only, “of choosing their own physician”. The class rules and realities, the differing levels of service, and the dependence on attracting a paying clientele, which certainly would not be restricted to those stricken while temporarily visiting the community, were delineated at this early moment in the planning stages of the proposed institution. These were the realities faced by other general hospitals and the Moncton institution’s backers, well aware of such models, early recognized that a strictly charity-oriented venture would not succeed.

Continuing with this practical approach, Purdy then widened her discussion to consider both possible sources of funds and methods of fund raising. Along with the revenues raised from paying patients, the provincial government would be approached for a grant (York county and Saint John already received such grants), memorial gifts from individuals and societies would be sought for the endowment of beds or furnishings, and “hospital Sundays” with church collections earmarked for the institution were yet another possible continuing source of revenue. “The rest of the funds”, she asserted optimistically, “can be raised by entertainments and by the subscriptions of generously disposed citizens”. It was a shrewd speech in that Mrs. Purdy had not once mentioned a municipal contribution or permanent grant, which were the items probably very much on the minds of Mayor Sumner and his aldermen. In concluding her presentation Mrs. Purdy returned to the point made earlier by the King’s Daughters that the required next step was incorporation. “In order that the government grant may be obtained and the hospital name [gain] a legal standing, it will be necessary to secure incorporation. A number of citizens have signified their readiness”, she reported, “to act in the capacity of incorporators”. There was an urgency about this since incorporation by the provincial legislature required 30 days notice before passage of the bill, so “it was necessary” to move on this “at once”.

Annie Purdy’s performance was very convincing. The substantial time and effort already invested in the project were driven home by her remarks, while the detailed proposal demonstrated careful thought and preparation. The initial modest scale of the hospital was clarified, the future direction it might take with the nurses’ training school was suggested, and she articulated a diplomatic deference to the advice of representatives of the business community. The response from the audience was almost completely positive. A letter from Doctor Ross was read out “strongly in favor of the project”, while Doctor McCully expressed himself as “heartily in sympathy with the movement”. Furthermore, he emphatically stated: “The lack of hospital accommodation of any kind was a disgrace to the city”. Religious representatives such as Reverend Weeks and Father Meahan emphasized the “great need”, the “absolute necessity” of a hospital for “sick and injured persons”, particularly the “sick poor”. Reverend W.W. Brewer added that the suffering of the latter group made “his heart ache and he was very glad the King’s Daughters had taken the initiative in this matter”. Only Peter McSweeney, prominent merchant and politician, dared to ask “the possible cost of the institution”. When Ella Hannington, the wife of lawyer Henry C. Hannington, responded that \$2,200 a year would provide a six bed institution, “including matron, nurses, servants, rent and provisions”, McSweeney agreed that “the amount needed” could be “raised by the city”. Amasa E. Killam, one of Westmorland’s representatives in the New Brunswick legislature, made a commitment that “he would do all that he possibly could to induce the local [i.e. provincial] government to grant a subsidy”. Only the mayor, Frederick Sumner, put a brake on the proceedings with reminders that “ways and means” were under discussion and that this gathering was “simply to discuss plans and lay the results before a general meeting of citizens”. This could not stem the flood of motions passed: “The hospital scheme was unanimously approved”, the mayor was authorized and requested to call a public meeting in the Opera House “for further consideration of the matter in all its bearings”, and finally it was, again unanimously, agreed that “the society which has taken the primary steps in the movement be a committee, with power to add, to formulate plans for the public meeting”.³²

The public movement had been well launched and the *Moncton Daily Times* seemed determined to push the cause forward. In an editorial it pointed out that a hospital had been much discussed “for several years” but it “remained at last for the Ladies to take the initiative”, and they should “feel gratified with the result”. But, the editorial concluded, the hospital enterprise should now pass “largely out of the hands” of its initiators “and it now rests with the citizens at large to take up the work”.³³ The citizens, or at least prominent citizens who chose to speak, were given their opportunity at a mass meeting held in the Opera House on Friday evening, 25 January 1895.

With “nearly 300 of the leading residents” in attendance, including the inevitable “large number of ladies”, the first reservations about the funding of the project were openly voiced. George B. Willett was now functioning as secretary of the hospital committee and he brought before the gathering two different plans. One was an

³² *Moncton Daily Times*, 14 January 1895.

³³ *Moncton Daily Times*, 14 January 1895.

“Endowment or voluntary subscription plan” under which approximate expenses of \$3,200 would be raised by church collections, voluntary subscriptions, events such as bazaars and concerts, and revenue from paying patients. It was plan two, however, the “municipal plan”, which would generate both the most support and the most opposition. In this scenario the approximate “cost of maintenance” was estimated at \$2,200 which “was to be raised by assessment on the taxpayers”. Discussion opened after it was moved “that this meeting express its deep sense of the need of a hospital for Moncton and pledges its support to any approved plan to consummate that end”. Mayor Frederick Sumner was first to speak and essentially made two basic points. Obviously apprehensive about the city’s major role under the proposed municipal plan, he questioned whether it was advisable “to open up another civic department to be managed by the board of aldermen” and expressed his preference that the municipality give a specified amount “and have the hospital run independent of the city”. Then he turned to the aldermen present and asked for their views. Aldermen Alfred C. Chapman and James Flannagan both indicated their support for the hospital project but agreed with Sumner that city council was burdened already with enough responsibilities. Likewise Alderman James Doyle expressed “hearty sympathy with the movement” but, along with the mayor, he suggested the city provide “a local grant if a suitable building” could be secured. Murray Fleming counter-attacked with a query as to whether the meeting had been called to ask “the city council for an opinion or the electors”. Interventions by clergymen quieted the now turbulent waters and the meeting proceeded to approve unanimously the need of a hospital and then turned to what plan should be followed. Discussion was considerably focused by a motion “that plan No. 2, that it be a municipal institution, be adopted”, but the lines of division were also sharpened. After several speakers in support of the motion had expressed some ambivalence about the precise amount of municipal support it might be reasonable to expect, Sumner re-entered the fray with the pronouncement that he “did not think the tax payers would vote the money required to run the hospital”. In addition, he was confused about the extent of municipal control and about who would make the decision as to which patients would pay and which patients would not. In response, George Willett emphasized that “it was not proposed to build this hospital on the charity plan”. There would be revenue once it was started and the actual running of it would lead to no great additional burden on city council. If it was decided a hospital was needed, he argued, then “they should each and every one of them bear their proportion of running it”.³⁴

Frederick Sumner’s opposition at this point was intriguing in view of the major role in the hospital both he and members of his family would play eventually. When the Ladies’ Aid formalized its existence in June of 1898, Sumner’s wife Margaret was a vice-president and active fund raiser, while Sumner himself proved one of the most generous donors to the hospital. In 1903 he joined the board of trustees and served as hospital president from 1908 to 1915.³⁵ This later support makes clear that he did not oppose the need for a hospital but, in 1895, he sincerely believed, quite validly, that

34 *Moncton Daily Times*, 26 January 1895, p. 1.

35 Enid E. Barron, “A History of the Ladies Hospital Aid Association”, 1965, M.H.A.; *Moncton Daily Times*, 11 June 1908, p. 1.

the municipal role was unclear and politically dangerous. As well, given the cumbersome system whereby city council expenditures were scrutinized, and usually criticized, by taxpayers in an annual meeting, a system which would change only in the early 1900s, he had reason to be leery of any difficult to justify and constantly escalating expenditures. Finally, the fact that city incorporation was a fairly recent achievement, and city finances were still quite restricted, led Sumner and probably other Moncton citizens to the viewpoint that council's role and the city services provided should be as limited as possible. Nevertheless, while his views should be placed in the most tolerant of contexts, what the debate, and his position, revealed was the inevitable confrontation between fiscal conservatism and social responsibility, where an overly-cautious city council's evasion of responsibility would likely triumph. For the moment, however, only a temporary stumbling block was thrown in the path of the hospital boosters. After hearing from a good number of further speakers, an amended motion was passed approving the “municipalization of the scheme”, without defining the extent of the municipal role, and calling for yet another committee “to work up the scheme and report at a future meeting”.³⁶

It was an inconclusive outcome and the friends of the hospital who had expected immediate action must have been disappointed. Further cause for concern was the emerging pattern of one step backward balanced by one step forward which also marked the next round of proceedings. At the municipal level, a special meeting of the electors to consider the hospital project was called for the evening of 6 February 1895. Because of “the small number of electors present” a motion was quickly introduced and passed, by 15 votes to 7, to adjourn the meeting for six months. There was a suggestion that “the matter will be brought up again at the annual meeting”,³⁷ but when the annual meeting of electors was held on 12 February there was no mention of the hospital.³⁸ The project dropped from sight, at least at the municipal level.

At the provincial level, however, on 5 March 1895, “An Act To Incorporate the Moncton Hospital”³⁹ was passed by the New Brunswick legislature. This legislation resolved a good number of the issues debated at the public meetings. But above all, with this action, as the King's Daughters had hoped and suggested, the Moncton Hospital was born as a legal entity with a board of trustees to provide the leadership required. The act of incorporation named 12 men as trustees and made provision for two further trustees, one to be appointed by the Moncton city council and another to be appointed by “the medical staff of the said hospital” from among the ranks of Moncton's physicians. The trustees named in the legislation included the three members of the committee appointed at the conclusion of the January 25th public meeting: Alfred E. Chapman, Henry A. Whitney and Henry C. Hannington. In addition, several of the other trustees appointed had been particularly active in the meetings: Murray Fleming, Peter McSweeney and Charles W. Bradley. The remainder were Israel L. Miller, Andrew H. Jones, John L. Harris, Hugh Hamilton, Frederick W. Givan and Frederick P. Reid, several of whom would give long years of

36 *Moncton Daily Times*, 26 January 1895, p. 1.

37 *Moncton Daily Times*, 7 February 1895.

38 *Moncton Daily Times*, 13 February 1895, p. 1.

39 See “Act of Incorporation And Amending Acts Of The Moncton Hospital Board”, M.H.A.

voluntary service to the hospital in the years ahead. The legislation made clear that the trustees had full “management and control” and that the corporation was an independent body. The corporation would decide upon appropriate bye-laws, rules and regulations, and bear responsibility for property, debts, liabilities and other matters. The hospital was not a municipal responsibility like the almshouse, but provision was made for possible municipal support. “It shall be lawful for the electors of the City of Moncton, at their annual meeting, from time to time, to vote such an amount in aid of the said hospital as may be thought advisable, and the City Council shall grant to the said hospital from time to time such aid as may be voted by the electors at such annual meetings”. In this way both the hopes of George Willett and the apprehensions of Frederick Sumner had been met. The King’s Daughters, and Annie Purdy specifically, likewise would be pleased to see that “The object of the corporation shall be” not only “the equipment, maintenance, managing and operating a hospital in the City of Moncton” but also “a training school for nurses in connection therewith”.

With incorporation the way seemed clear for the creation of the hospital. Instead, the new leadership, called for, ironically enough, by the project’s leading proponents, the King’s Daughters, developed legal reservations. At a late March meeting of the Moncton Hospital corporation, held in the law offices of Henry Hannington, “the incorporators” decided that “in view of the Act of Incorporation, as passed limiting the membership of the corporation to fourteen persons, and also constituting such persons the permanent trustees, that it would be impossible to successfully promote and operate the hospital under the act as it now stands”. Whether the appointed trustees all supported this position is unclear. Whether the objection was to a possible permanent trustee’s responsibility, when resignation was open to them, is uncertain. Whether they felt a more substantial municipal role was required for the success of the venture is equally unknown. With this enigmatic explanation, the designated trustees in attendance at the meeting “on motion resolved not to proceed at present”. Yet at the same time they indicated their continuing support for the hospital and pointed to the group who should provide community leadership. “In order that the hospital project may be kept before the people and the interest in it maintained”, reported the *Daily Times*, “a motion was passed requesting [that] the ladies of Moncton” continue their fund-raising endeavours “for Hospital purposes and organize a Ladies Hospital Aid Association or take such steps as they might consider best in the hospital’s interest”.⁴⁰ It was in the ladies’ hands once again.

Fortunately the momentum of the movement had captured public attention and, not only the ladies, but other hospital supporters were not about to abandon what they considered to be a pressing need in their community. Unfortunately the next several years of agitation brought what appeared to be imminent victory quickly followed by divisive discussions and eventual disappointment. An excellent vehicle for the possible creation of a hospital, especially from the perspective of the King’s Daughters, was Queen Victoria’s expressed wish that the celebration of her approaching Diamond Jubilee in 1897 might emphasize improving “the lives of the sick and poor”.⁴¹ What better memorial to Victoria, and what better way to serve the sick poor, could there be than the opening of a hospital? Again the advocates mobilized. Plans were formulated for the

40 *Moncton Daily Times*, 2 April 1895.

41 Allain, “Need for Health care”, p. 1, offers an excellent discussion of the Jubilee activities. See also *Moncton Daily Transcript*, 7 May 1897, 8 May 1897, 11 May 1897, 17 May 1897, and 26 May 1897.

construction of a \$7,000 hospital, funded, it was optimistically assumed, by the city which would also pay a portion of the annual operating cost. Money would be raised in the community as well and a building site was offered. As usual, a public debate ensued with the predictable concerns once again raised, about the real operating costs of such a project and whether Moncton taxpayers could afford such a burden. Further complicating matters were alternative proposals about better ways of honouring the Queen: a city square, a library, or a school perhaps. The outcome was the inevitable meeting of Moncton’s all-powerful and ever cautious ratepayers who, in May of 1897, honoured Queen Victoria’s Diamond Jubilee by rejecting every proposal. There would be no commemoration.

Perhaps only divine intervention could convince Monctonians of their hospital needs. Constant newspaper headlines reporting diphtheria and smallpox epidemics helped, in this regard. Such forceful reminders of the vulnerable state of public health were reinforced by sermons concerning the health needs of the city, as well as the two week suspension of all public gatherings, which included the brief closure of schools and churches. Meanwhile the hospital advocates were refining their proposal and retreating to a more modest suggestion, made almost a decade earlier. The Moncton almshouse, actually situated just outside Moncton at Leger’s Corner (present day Dieppe), had been underutilised since its opening, partially because of the humiliation connected with confinement there, and partially because of the strength of the local economy. Here was space which could be shared and possibly converted to meet the needs of the sick. The issue could be raised on 14 February 1898 when the annual meeting of Moncton electors, ratepayers and non-ratepayers, was scheduled.

This “Annual Fiasco”, as one newspaper called it, was an opportunity for the citizenry to review the proposed expenditures of city council and also, on rare occasions, actually to suggest additional expenditures. This particular session would prove to be as delightful and spirited a circus as past gatherings. It began with a proposal, strongly supported by city council members, which, in effect, would do away with the need for such town meetings in the future. This was vehemently opposed by various speakers and was rejected, along with a number of other council proposals. Salaries for the mayor and aldermen were, of course, thrown out. Item after item was hotly contested, with accusations of drunkenness exchanged, and order was only for brief periods restored to the deliberations. Gradually the estimates were approved one by one: city government, police department, fire-fighting arrangements, schools, water and light, street paving, and on and on.

It was at the end of this entertaining but tedious evening that the ever committed George Willett “brought up the question of the city making some provision for taking care of the sick poor”. He proposed that \$300 be appropriated “to fix up rooms in the almshouse” for this purpose. Rather than a separate new expenditure item, it was decided that this proposal could only be made under the almshouse appropriation. Supporters of the motion quickly moved reconsideration of the almshouse grant and then upped the ante. The crowd might have thinned, but still present were Doctor Ambrose Myers, who suggested at least \$500 was needed for renovations, and Israel Miller who moved it up to \$600, “for the benefit of the sick poor”. The press reported: “This was carried almost unanimously. The meeting then adjourned sine die”.⁴² The

42 Moncton *Daily Times*, 15 February 1898, p. 1.

\$600 renovation commitment meant the legal existence of the Moncton Hospital was finally matched by funds and space for its physical existence. Quite literally, however, it entered and would be entered by the side-door of the almshouse.

A flurry of activity now followed as the hospital backers were determined to have their institution operative by April of 1898, a date later revised to June. The evening after their appropriations triumph, George Willett and Doctor Ambrose Myers appeared before city council seeking its support for a petition requesting a grant from the provincial legislature. As justification for funding, the petition argued that the hospital would serve Moncton and the entire province, and that the city of Moncton, as its contribution, “has given the use of a city building suitably located for such purposes and granted financial aid to the extent of \$600”. It further explained that the plan was to have 20 beds ready for use by the first of April “under the superintendence of a graduated trained nurse”. What was requested from the province was an unspecified “liberal grant” to “the said institution” which “shall be known as the Moncton General Hospital”. The petition received “the hearty endorsation of the City Council”.⁴³

The name would remain the Moncton Hospital and the opening date would be pushed back. Council support had been won finally and it was more than matched by the community volunteers, many of them long-time participants in the hospital movement, who sprang into action. At a meeting of “representative citizens” it was decided that a 10 person committee, including two doctors, should oversee hospital preparations. This group would evolve gradually into the new board of trustees with authorization to function under the act of incorporation. By late February, the committee had chosen George Willett as its chair, Hugh Hamilton as secretary and Andrew H. Jones as treasurer. Both Hamilton and Jones were among the original trustees appointed at incorporation. The medical society selected Doctors James Ross and Oscar McCully as representatives. The mayor, Clifford W. Robinson, was also on the committee. Various sub-committees were formed from the larger committee to deal with bye-laws, securing nurses, and finance.⁴⁴ Doctors McCully and Ross gave exceptional service at this time with McCully on the bye-laws and finance committees and Ross on the securing nurses and finance committees.

Approval of the bye-laws occurred in late April, confirming and legitimizing the evolving structure of the board along with establishing the hospital rules. The board of trustees was to have a president, vice-president, secretary, treasurer and two auditors, all selected by the board itself. Among other responsibilities, the board would select the “legally qualified physicians and surgeons” each year who were required on the hospital roster and would also appoint other medical staff, such as the matron and nurses. The act of incorporation had provided the right of the hospital’s medical doctors to appoint each year a physician as a trustee for a one-year term as well as city council’s right to appoint each year one trustee for a one-year term. The bye-laws arranged that, among the other trustees, three would have terms which

43 *Moncton Daily Times*, 16 February 1898, p. 1.

44 “The Evolution of the Moncton Hospital”, *The Atlantic News*, 1 (August, 1927), p. 6, Moncton Hospital File, Moncton Museum [M.M.]; *Moncton Daily Times*, 22 February 1898, 23 February 1898, 21 April 1898.

expired each year, and their replacements or re-appointments would be voted on by the other trustees and by any persons who donated at least \$5.00 to the hospital in the previous year. The bye-laws went on at some length, spelling out how medical staff were to be selected as well as their responsibilities, the matron’s duties, the distinction between paying and non-paying patients, and elaborate rules for patients and even visitors.⁴⁵

Donations of all sorts of items and cash continued to arrive and be acknowledged by what was now described as the “Hospital Board”, and fund-raising benefits were staged. In mid-May the unanimous appointment of Miss Margaret C. Grant as hospital matron was announced. She was to “assume her duties as soon as the furniture — such as beds — for the wards arrived”. Finishing touches to the renovation work and the furnishing of the rooms were reported in early June and on 9 June 1898 came the announcement that “The Moncton Hospital is now ready for the reception of patients”. A grand opening was planned for Saturday, the 11th of June, and, on the evening before that event, word arrived that a \$300 grant had been received from the provincial government. To encourage the citizenry to attend the opening, “Conveyances will be provided for those who are unable to procure them. The livery stable men have kindly placed teams at the disposal of the hospital board in order that this idea may be carried out”.⁴⁶

The opening on Saturday and another open-house on Sunday attracted 437 registered visitors of whom 250 were women (57.2 per cent) and 187 were men (42.8 per cent).⁴⁷ The somewhat inconvenient Leger’s Corner location had not discouraged Monctonians from attending. And on the triumphant opening day even the location was interpreted as quite appropriate since it aided the healing process facilitated by the hospital. “The large number of ladies and gentlemen visiting the building were delighted with the institution” it was reported, since “a pleasing feature in connection with it” was “the situation which is one of the best that can be found anywheres. The building being located on a hill, the rooms are pervaded by the purest air and besides there is the cool refreshing breeze from the river, in close proximity”. Most of the renovation work had been done on the second and third floors, with the first still to be used as an almshouse. The visitors that day found the main hospital entrance “on the ground floor at the west end of the building”. Moving upstairs, on the second floor were three private wards and the matron’s room. Patients’ rooms were furnished, of course, “with the latest style of cots in use in the Victoria Hospital, Montreal, and leading American hospitals”. Also on this level were a reception room, bathroom and the operating room; the latter was equipped with a “steel operating table” and a “very nice...physician’s upright medicine chest”. This important area was “lighted by three windows which makes it specially adapted” for operations. Proceeding to the third floor, on one side was the female ward “capable of accommodating 8 beds” with four windows to provide “a beautiful view of the Petitcodiac river and Albert county”. Across the hall was another large ward for male patients “with capacity for six beds”

45 “Bye-Laws Of The Moncton Hospital”, M.H.A.

46 Moncton *Daily Times*, 21 April 1898, 5 May 1898, 12 May 1898, 13 May 1898, 8 June 1898, 9 June 1898, 10 June 1898, 11 June 1898.

47 The names were listed in Moncton *Daily Times*, 13 June 1898.

and a four-windowed “excellent view of the city of Moncton, Lewisville and Sunny Brae”.⁴⁸

It was a day of celebration and congratulation. For the people of Moncton, according to the press, “It is perhaps safe to say that when the appropriation for hospital purposes was made a few months ago, very few of the hundreds of citizens who visited the institution Saturday and Sunday ever dreamed that the city would so soon be the owner of premises affording such comforts and accommodations for the sick”. In opening the hospital the mayor of Moncton, Edward C. Cole, “referred to the agitation for a hospital from time to time, and warmly congratulated the promoters of the institution, the Board of Trustees and Officers and all who in any way had anything to do with the movement, upon the magnificent success which had crowned their labours”. After all, he continued, a hospital was “one of the institutions required in every well regulated city”, and this successful opening was yet another sign of “the progressiveness of the people of Moncton”. He hoped that the large number of visitors was an indication of encouragement, interest, and a public “determination to co-operate with the Board of Trustees in lending assistance, financial and otherwise”.⁴⁹ The mayor’s expansive rhetoric, about his “well regulated city” and its “progressiveness”, glossed over the reluctant and tardy endorsement of the project by the community and city council. Moncton’s willingness to allow hospital co-habitation with the almshouse, and \$600 for renovations, paled when compared with Owen Sound town council grants to its hospital of \$600, plus another \$1,000 from a charitable bequest it controlled, along with the necessary parcel of land on which the building was to be erected. In addition, Owen Sound’s neighbours on Grey county council contributed \$1,000.⁵⁰ Fredericton figures are far less precise, although a grant of land for one dollar per year and an annual grant of \$600, from unspecified levels of government, were arranged, while a York county council grant also emerged.⁵¹ It seems safe to conclude that the characterization of Moncton as among the city “exceptions”, in terms of its lukewarm support for urban reforms such as municipal ownership in 1910,⁵² was already borne out in its limited and grudging 1898 support of the Moncton Hospital.

Singled out for special honours this day was Dr. James D. Ross who “was heartily congratulated by a large number of the visitors to the opening who have known of his zeal for the cause”. The *Daily Times* representative felt a special interview was necessary since it was Doctor Ross “who may be regarded as the father of the Hospital movement in Moncton”. It was Doctor Ross “who has been agitating for a hospital

48 This description combines information from Moncton *Daily Times*, 13 June 1898, and *Souvenir Of The Moncton Hospital 1900*, p. 9, Moncton Hospital File, M.M.

49 Moncton *Daily Times*, 13 June 1898.

50 Gagan, ‘*A Necessity Among Us*’, p. 16.

51 McGee, *The Victoria Public Hospital*, p. 19. In an earlier period and larger city, Halifax city council in 1855 voted £5,000 for the erection of a city hospital. See Howell, *A Century of Care*, p. 18.

52 See Paul Rutherford, “Tomorrow’s Metropolis: The Urban Reform Movement in Canada, 1880-1920”, in Gilbert A. Stelter and Alan F.J. Artibise, eds., *The Canadian City: Essays in Urban and Social History* (Ottawa, 1984), pp. 439-40. Rutherford points out that in 1910, “after running its power and transport utilities for fifteen years, Moncton returned these facilities to a private company, apparently to save money”.

here, more for the sake of the sick poor than anything else, for the last twenty years, and it was to be expected that he should feel highly elated over the definite shape his efforts to arouse popular feeling in favour of such an institution had at last taken”. In response, the good doctor expressed himself as “greatly pleased” and “justly proud” of “the beginning that has been made”. He was gratified at the “deep interest” of the people and was confident that in the future there “will be no difficulty in running the institution quite successfully”, and that “the trustees will experience no trouble in a financial way”. The people had given liberally since they had been “made to see the necessity of providing comfortable quarters for the unwell and those who may not be able to afford very many of the luxuries of life”. And “they will maintain such an institution” he predicted.⁵³ It was an occasion to offer optimistic predictions and to forget past problems. Over a decade later Doctor Ross would more realistically recall some of the struggles faced by the hospital movement. A considerable campaign had been required in “the early days”, he reflected, since its supporters had first “to educate the public as to the need” of a hospital, and “after that arose the question as to how they were going to get it”.⁵⁴ His reflective remarks captured the sometimes frustrating moments experienced by those involved with the hospital movement, and underlined the importance of public education and planning in the process, areas in which some hospital backers had been especially skilful and active.

The executive members of the board also earned plaudits for their significant contributions, with the president, George Willett, praised for being “indefatigable in promoting the work in connection with the hospital”.⁵⁵ Amidst all the congratulations there was only a brief mention that, on this celebratory occasion, the trustees and the matron were “assisted by some of the ladies”. Where were the fulsome tributes to the ladies on this day? The hospital had many fathers: James Ross, George Willett, Ambrose Myers and Oscar McCully among others. But it would not have detracted from their contribution to mention that at many critical moments in the hospital campaign it had been the women of Moncton who had nurtured and breathed new life into the movement. At the hospital’s birth, they were forgotten. Annie Purdy symbolized the unrecognized contribution of the anonymous and overlooked mothers of the Moncton hospital who shared and shaped its early history. Other case studies at the small community level may reveal equal difficulties and other neglected contributors, deserving consideration as major problems or key participants in the founding moments of hospitals.

53 *Moncton Daily Times*, 13 June 1898.

54 *Moncton Daily Times*, 14 September 1909, p. 1.

55 *Moncton Daily Times*, 13 June 1898.