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Margaret W. Andrews

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Résumé de l'article

À la différence d'un grand nombre de villes canadiennes du XIX<sup>e</sup> siècle, Vancouver se chargea, de son gré, de mettre sur pied des services d'hygiène publique d'assez grande portée. Or, cette initiative visait tout autant l'établissement d'un hôpital, d'une décharge publique et d'un système de drainage qu'un approvisionnement d'eau moderne et des services de santé publique. La municipalité provoqua la création de ces services dès ses deux premières années. À cette même époque, les partisans de l'expansion municipale, responsables des dépenses publiques, voyaient dans la mise à jour des services d'hygiène publique modernes un signe de progrès apte à attirer habitants et capitaux. Comme de tels services, alliés à un climat fortement avantageux, ne pouvaient que rendre la ville encore plus attirante, les dépenses publiques dans ce domaine furent encouragées.

# The Best Advertisement A City Can Have: Public Health Services in Vancouver, 1886–1888

Margaret W. Andrews

## Résumé/Abstract

*À la différence d'un grand nombre de villes canadiennes du XIX<sup>e</sup> siècle, Vancouver se chargea, de son gré, de mettre sur pied des services d'hygiène publique d'assez grande portée. Or, cet initiative visait tout autant l'établissement d'un hôpital, d'une décharge publique et d'un système de drainage qu'un approvisionnement d'eau moderne et des services de santé publique. La municipalité provoqua la création de ces services dès ses deux premières années. À cette même époque, les partisans de l'expansion municipale, responsables des dépenses publiques, voyaient dans la mise à jour des services d'hygiène publique modernes un signe de progrès apte à attirer habitants et capitaux. Comme de tels services, alliés à un climat fortement avantageux, ne pouvaient que rendre la ville encore plus attirante, les dépenses publiques dans ce domaine furent encouragées.*

*Vancouver was unlike many nineteenth century Canadian cities in that it readily undertook to provide reasonably extensive public health services — a city hospital, waste disposal and drainage, a modern water supply, and health inspection. Provision of those services got fairly under way in the city's first two years, at which time (as later), those interested in the city's growth, who directed public expenditure there as in most cities of the time, encouraged up-to-date public health services as signs of municipal progress likely to attract additional settlers and capital. Public expenditures relating to health were supported as attractants which augmented the city's natural climatic advantages.*

According to recent studies, little attention was paid to health as a matter of public responsibility in many Canadian cities in the late nineteenth century — city governments were dilatory in providing the pure water, sewerage, sanitary inspection, and other health services which could have prevented the ravages of such prevalent diseases as typhoid fever, infant diarrhea, and tuberculosis.<sup>1</sup> Of such studies, those of Toronto by Heather MacDougall, Ottawa by John Taylor, and Winnipeg by Alan Artibise deal most specifically with government attention to health matters. The cities' failures in this connection, which occurred despite the urging of medical and lay reformers, seem to have been based on the perception by those with political power that health services would not serve their material interests. Early Vancouver provides from its foundation in 1886 a definite counterexample both to lack of attention to public health and to the perception by the politically powerful that it was in their interest to oppose such attention. In Vancouver, significant public health programmes were undertaken immediately and

at the behest of leading citizens who saw their material prospects improved by them.

Both Ottawa and Toronto were obliged to expand their health bureaucracy as a result of the stiff provincial Health Act of 1884, which enabled the provincial board of health to compel local authorities to act in certain health matters, and regulation of nuisances and impure food may have improved after that date.<sup>2</sup> However, in what Taylor and MacDougall rightly assess as the more important matters of water works and sewerage, little progress was made. In Toronto, the municipal water supply continued throughout the 1880s to be taken from the same harbour which received the city sewage. Despite the urging of the press, the mayors, and the medical health officer, aldermen and ratepayers remained unmoved, the latter twice declining to approve funds for a trunk sewer. In MacDougall's words, "for Toronto's aldermen and their constituents, the creation of jobs through urban expansion and 'bonusing' and low rates of taxation took precedence over preventive [health] work."<sup>3</sup> In Ottawa, water polluted by a local creek continued to feed the city's water system — despite a severe typhoid epidemic and the objections of the medical health officer — until the system's

wooden inshore inlet fell apart in 1889 and was replaced by an intake pipe run out to the centre of the Ottawa River. Taylor concludes that "Ottawa, like other cities, was simply not run by a cadre of people who saw things in terms of a response to collective social welfare. . . . Public health . . . was pretty much an expensive sideshow. [The interests of the city fathers,] both as politicians and businessmen, . . . generally lay in the political economy of property."<sup>4</sup> In nineteenth century Winnipeg, the city council usually ignored health matters despite an extraordinarily high death rate, the prevalence of typhoid fever, and the condition of the city's working-class North End — overcrowded, disease-ridden and filthy. When health measures were proposed to the council, it typically responded, according to Artibise, "that its hands were tied by a lack of funds, a position that was hardly tenable in light of the financial commitments so freely made for railways and advertising."<sup>5</sup>

In contrast, my study of health services in Vancouver up to 1920 shows their provision at public expense generally well supported by elected officials and by those qualified to vote on money bylaws, and shows that Vancouver achieved a position of national leadership in the provision of some services — hospital facilities, inspection of milk and medical inspection of school children, for example.<sup>6</sup> The best concise evidence of the extent of support for health measures in Vancouver is given in the accompanying table, which summarizes the vote on money bylaws effecting health services from Vancouver's incorporation through 1920 (Table 1). From September 1891 to June 1915, forty-five health-related bylaws were put before the public and all were carried. The next five years, from June 1915 to the end of 1920, were marked by severe economic dislocation — a local depression followed by nationwide inflation — and all six health-related bylaws put forward then were defeated; even in that period of economic distress, however, health services were given some priority — school medical and dental expenditure per pupil decreased by only 10 per cent in real terms from 1913 to 1920 while total non-capital school expenditure per pupil decreased by more than 30 per cent.<sup>7</sup>

The importance of the present paper (apart from whatever narrative interest it may have) lies in its assessment of the motives for Vancouver's attention to public health. The will for public expenditure on health there did not at some point replace reluctance, but was active from the start; that will continued active, and concern for health became as characteristic of the city as its mild climate and scenic beauty. I believe that the motives revealed in the public actions and discussions of the city's first years are those which sustained the development of its health services until the latter became self-sufficient in the bureaucratic way characteristic of our own time.

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Vancouver began as a boom town established as a result of the completion of the Canadian Pacific Railway (C.P.R.). At the time of its incorporation in April 1886, it was a village of at most 500 people occupying a ten-hectare forest clearing on the south shore of Burrard Inlet, having functioned for some twenty years as a service centre for the nearby logging camps and sawmills.<sup>8</sup> A fire in June 1886 destroyed nearly every building in town, but rebuilding was rapid and growth continued. By the end of 1888, the population was more than 8,000; many new commercial and industrial businesses had been founded, and speculation in real estate was rampant.<sup>9</sup> Because the casual sanitation practices appropriate to a community of a few hundred continued in effect, the town's rapid growth threatened health. As one resident publicly complained in January 1887, "The whole refuse of the town, solid and liquid, is thrown out on the face of the earth; the top soil . . . is thoroughly saturated with house and animal refuse of every description; the privy vaults are full to overflowing. People drinking [well water here] are drinking poison!"<sup>10</sup>

The first city council, which took office in May 1886, gave every appearance of a responsible attitude toward public health. Its standing committees included an active health committee, and it introduced a comprehensive health bylaw providing for medical care for the indigent, protection against and control of contagious diseases, regulation of privies, handling and removal of garbage, and prevention and abatement of filth, noxious smells, food adulteration and unsanitary housing.<sup>11</sup> The promptness with which services implementing that bylaw were undertaken and the responsible attitude evidenced thereby distinguish Vancouver from other nineteenth century Canadian cities. The four important health services undertaken by the end of Vancouver's first two years are conveniently described as: a city hospital, waste disposal and drainage, water supply and health inspection.

The first hospital in Vancouver had been established by the C.P.R. for the use of its personnel. In the summer of 1886, the company turned their facility over to the city; it was at that time a frame building (built after the fire) with space for nine patients.<sup>12</sup> A C.P.R. physician, Dr. J.M. Lefevre, continued in charge, but all aspects of the hospital's day to day operation were the responsibility of the hospital steward, who worked long hours shopping, cooking, cleaning, carrying messages, fetching doctors and nursing the sick. He was also called upon to expel drunken visitors late at night and to fight an approaching clearing fire. The steward was the hospital's only attendant, and had to depend on help from convalescent patients. On at least one occasion, this understaffing resulted in a calamity: while the steward was in town shopping, a patient seriously ill with typhoid fever wandered away and drowned.<sup>13</sup>

Although at that time medical care was usually given in the home, where other family members could attend the

**Table 1**  
**HEALTH-RELATED FUNDING BYLAWS**  
**PROPOSED TO VOTERS, 1886–1920**

<b>Date</b>	<b>Purpose</b>	<b>Amount</b>	<b>Pro</b>	<b>Con</b>	<b>Bylaw</b>
24 March 1887	general (1)	150,000	68	0	#29
4 June 1887	guarantee on Coquitlam Co. bonds	—	58	96	lost
23 May 1888	general (2)	150,000	125	8	#64
17 May 1889	general (3)	125,000	241	163	#80
21 May 1890	general (4)	125,000	195	24	#97
14 Sept. 1891	water works (purchase)	440,000	189	13	#126
14 Sept. 1891	water works	150,000	185	17	#127
21 June 1892	sewerage	150,000	243	35	#148
21 June 1892	water works (purchase)	60,000	255	24	#150
21 June 1892	water works	115,000	252	25	#151
25 Nov. 1896	water works	60,000	215	49	#267
2 Feb. 1899	water works	100,000	356	24	#319
26 Aug. 1899	sewerage	150,000	313	117	#339
6 July 1901	water works	60,000	626	284	#388
9 Jan. 1902	hospital	5,500	1052	287	#401
20 Sept. 1902	approve V.G.H. incorporation	—	916	170	#427
14 Jan. 1904	sewerage	150,000	1155	162	#466
7 May 1904	hospital	100,000	807	117	#481
12 Jan. 1905	water works	100,000	1224	261	#498
11 Jan. 1906	sewerage	100,000	1424	197	#529
11 Jan. 1906	water works	750,000	1330	306	#530
11 Jan. 1906	waste disposal	30,000	1079	358	#532
14 Sept. 1907	sewerage	300,000	518	76	#569
9 Jan. 1908	hospital	130,000	1240	458	#604
1 Aug. 1908	water works	400,000	374	151	#634
14 Jan. 1909	sewerage	500,000	1709	268	#653
14 Jan. 1909	hospital	70,000	1529	375	#655
14 Jan. 1909	waste disposal	75,000	1471	430	#660
23 Oct. 1909	water works	400,000	1272	174	#691
5 Nov. 1910	sewerage	500,000	766	143	#768
12 Jan. 1911	water works	400,000	3097	212	#785
12 Jan. 1911	hospital	240,000	2302	786	#788
12 Jan. 1911	hospital	39,500	2153	821	#789
12 Jan. 1911	hospital	7,000	1813	1101	#794
10 June 1911	sewerage	750,000	513	64	#823
10 June 1911	water works	100,000	499	69	#824
10 June 1911	hospital	50,000	454	97	#827
10 June 1911	water works	75,000	455	87	#830
10 June 1911	water works	115,000	466	76	#831
11 Jan. 1912	sewerage	800,000	3772	266	#873
11 Jan. 1912	water works	350,000	3291	511	#874
11 Jan. 1912	water works	275,000	3584	300	#875
11 Jan. 1912	creche (day nursery)	7,500	2637	988	#884
11 Jan. 1912	hospital	60,000	2693	994	#890
11 Jan. 1912	hospital	50,000	2858	828	#891
9 Jan. 1913	hospital	325,000	3092	938	#989
9 Jan. 1913	sewerage	1,000,000	4093	229	#990
9 Jan. 1913	water works	800,000	3902	318	#993
9 Jan. 1913	creche (day nursery)	70,000	2675	1131	#1005
9 Jan. 1913	public toilets	55,000	3890	281	#1006
28 June 1915	water works	230,000	568	2165	lost
10 Jan. 1918	school ventilation	53,500	2384	2379	lost
9 Jan. 1919	watershed land	350,000	613	2545	lost
19 June 1920	water works	120,000	971	2035	lost
19 June 1920	hospital	500,000	981	2105	lost
19 June 1920	hospital	350,000	881	2118	lost

Notes: (1) including \$25,000 for sewerage, \$2,000 for hospital.  
(2) including \$10,000 for hospital, \$5,000 for drainage.  
(3) including unspecified amounts for sewerage, drainage, and hospital.  
(4) including \$10,000 for sewerage, \$8,000 for waste disposal.

SOURCE: V.C.A., Vancouver, City Clerk, Nominations and Elections, v.1 (1886-1924); Text of measures as published by city clerk in newspapers prior to elections.

afflicted person, many Vancouver residents were single men living in hotels and boarding houses where no such help was available. In such a setting, there was clearly need for at least a modest hospital, and residents readily offered their charitable support; the proceeds of a benefit concert and the collection from a Sunday evening church service, for example, were donated to the hospital even after the city began to operate it.<sup>14</sup> Modest as it was, this hospital was a point of pride for the city's boosters — “fine and convenient . . . with every accommodation for patients” — but it evidently did not match residents' vision; although the existing building was rarely full, the city council health committee recommended in January 1887 that \$2,000 be appropriated for a new one.<sup>15</sup>

In an effort to further increase the scale of the proposed expansion, the city council and other interested residents attempted to involve the federal and provincial governments in hospital financing. The government of British Columbia had determined to build a hospital in honor of Queen Victoria's Golden Jubilee and to build it in the city of Victoria. In March, a “deputation of gentlemen interested in Vancouver” traveled to the capital city and in a meeting with the Provincial Secretary announced that they were authorized to guarantee that Vancouver citizens would raise \$15,000 within twenty-four hours for a hospital located in their city. This impressive offer failed to alter the government's decision.<sup>16</sup> The following month, the city council proposed that the dominion government match funds with the city for a combined general and marine hospital, each of the two levels of government to contribute \$10,000. They argued that Vancouver was bound to become “a large and important seaport” and would therefore require a marine hospital. The dominion government made a polite but noncommittal reply.<sup>17</sup> While these manoeuvres were going on, a much more modest hospital appropriation had been approved by Vancouver voters: a money by-law for \$150,000, of which \$2,000 was earmarked for a hospital, had been passed at the end of March without a dissenting vote.<sup>18</sup>

In locating and building the new facility, both the city council and some private citizens clearly put some considerations of quality ahead of price. When the proposed design of the hospital was made public, newspaper correspondence and editorial columns expressed concern as to the adequacy both of the building's size and the quality of construction materials, the *Daily News-Advertiser* editorializing for brick construction and a full basement.<sup>19</sup> Two parcels of land were offered free as a site for the hospital — one by the C.P.R. with an additional gift to the hospital of \$2,000 if that parcel were accepted — but they were considered inconveniently remote; in the autumn of 1887, the city bought ten lots in a central location (near the intersection of Cambie and Pender Streets) from the C.P.R. for \$2,500 total. Some sites considered were truly inconvenient — passing consideration was given, for example, to Deadman's Island (now H.M.C.S. *Discovery*), which was more than five km. by land from the

city centre — but the rejected site offered free by the C.P.R. was at the south end of Burrard Street, only two km. away from the site selected and within three km. of most places of residence in the city. An east-west intracity rivalry may have motivated the rejection, but a desire to include the hospital among the most readily visible monuments of the city's greatness seems to be a better explanation.<sup>20</sup> In May 1888, a \$150,000 bylaw including \$10,000 for “purchasing land and erecting and equipping a general hospital” was passed 125 to 8, and in September the new building came into use.<sup>21</sup>

The city council's efforts to provide for waste disposal and drainage are marked by an important distinction between older and newer forms of that service, the latter comprising sewerage and drainage — forms which could be provided by public works applying up-to-date technology. The health bylaw (introduced by the first city council but passed in March 1887 by the second) provided for both. It required the removal of garbage, ashes, rubbish and swill by a “day scavenger” and the contents of privies, vaults, cesspools and sinks by a “night scavenger” (between the hours of ten p.m. and six a.m. only, and then rendered as “inoffensive as possible” through the use of disinfectants), and it also required the connection of all water closets, etc. with public sewers “when practicable.”<sup>22</sup> The council strove to provide both older and newer forms, but was notably more effective where both the city's present health and future prospects were at stake — where the city would as a result of their success be considered not merely clean but also forward-looking.

The city seems to have made no effort to establish a dump prior to passage of the health bylaw; the *Vancouver News and Daily Advertiser* complained in April 1887:

Little or nothing has been accomplished towards enforcing the removal of refuse from lanes, by-ways and vacant lots where there is to be seen now the accumulation of the deposits of the past seven or eight months. . . . Mr. Carlisle [the health inspector] . . . answered . . . that as yet no place for [dumping] had been provided by the health committee and that when persons were notified to clean up their premises . . . it was impossible to direct them in this regard.<sup>23</sup>

The problem seemed to be solved in the summer of 1887, when a Mr. Miller offered the city land to be used as a dump, and the city council immediately arranged for construction of a road to the site.<sup>24</sup> Something was wrong with this solution, however, for the council was again trying to find a dump early in 1888, this time empowering the board of works (another of its committees) to select a site.<sup>25</sup> The health committee was also still looking; it favoured a C.P.R. owned site at the foot of Burrard Street, but the city was refused its use. One of the scavengers proposed dumping at sea from a scow which he would provide for \$1.25 a day. The health inspector suggested that the land between the city wharf and the railroad tracks be used — a cheaper solu-

tion at \$7.00 a month, and the one the city had adopted (as a temporary measure) at the end of its second year.<sup>26</sup>

Implementation of the scavenging service was also problematical. In April 1887, both a day and a night scavenger were appointed, and the town began to take on a more "respectable appearance."<sup>27</sup> Unfortunately, the improvement was only temporary. The night scavenger was suspended for failure to perform his duties, and the day scavenger took on both tasks in June.<sup>28</sup> He seems to have found the work too burdensome, for he resigned in October. In the ensuing heated council debate, the aldermen agreed that the law was not being carried out, and that citizens were unhappy about the condition of privies and the poor service given by scavengers. They came to the fatuous conclusion that the police should enforce the law firmly.<sup>29</sup> It was early 1888 before a new scavenger was on duty.<sup>30</sup>

In keeping with promises made in the campaign preceding the December 1886 municipal elections, the council included \$25,000 for sewerage and drainage in a money bylaw to be put to the voters in March 1887.<sup>31</sup> The board of works proceeded to study three sewerage proposals submitted by local engineers, proposals which also received newspaper publication prior to polling day. The money bylaw was approved unanimously, and Edward Mohun, one of the engineers who had submitted a proposal, was employed in May 1887 to superintend construction.<sup>32</sup> On the basis of Mohun's analysis of the tenders, the council awarded a contract in July to one William Harkins for the initial section of the sewer system.<sup>33</sup> Subsequently (but still before completion of the original segment) the council asked Mohun to prepare plans for extensions of the system needed to keep abreast with population growth.<sup>34</sup>

Implementation of the sewer system proved more difficult than its planning. Harkins, the contractor, absconded to Washington Territory with a pay packet for his workmen, and delays followed as the latter sued for their wages.<sup>35</sup> Furthermore, the initial segment of the system was finished about a year before the water system required for its flushing, and the makeshift alternative used resulted in such infrequent flushing that Mohun disclaimed all responsibility for any failures.<sup>36</sup> Nevertheless, the system as originally planned had been assessed as "very comprehensive" by T.C. Keefer, an internationally renowned hydraulic engineer. With the inauguration of the water system in March 1889, Vancouver's sewer system became thoroughly up to date and effective. The city health inspector attributed to it and the new water system a decline in deaths from "fever of all kinds" from 14 in 1888 to 3 in 1889.<sup>37</sup>

No one questioned Vancouver's need for a pure and adequate water supply or the importance for health of having one. Experience with uncontrolled fire was fresh, and it was common knowledge that contaminated water brought sickness; an outbreak of typhoid fever in the fall of 1886 added

urgency to the search for an alternative to the readily contaminated wells. The question which did exercise the city council was who should provide the water. Although provision by the city government itself was briefly considered, serious debate centred on two schemes — that of the Coquitlam Water Works Company, which proposed the use of water from Coquitlam Lake, east of the city and about 30 km. distant; and that of the Vancouver Water Works Company (also known as the Capilano Water Works Company), which proposed to pipe water across Burrard Inlet from the Capilano River. The distance to be covered by the latter scheme was only about 15 km., but the underwater mains it called for constituted an engineering work on a considerable and somewhat unknown scale.<sup>38</sup> The debate was not confined to the council chamber, but overflowed into the streets and cafes, and the water works question became the most contentious and absorbing of public issues.

Although the council agreed in September 1886 to request the two companies to submit proposals for a system of piped water for Vancouver, it did not reach a decision until March 1887. The intervening six months were marked by delays on the part of the companies and splits within the council. In January 1887, after prodding by the council, the competing companies submitted their proposals; the fire, water and light committee of the council found the Vancouver Water Works Company's proposal more advantageous to the city and recommended that a draft agreement with that company be drawn up, final acceptance to be contingent upon a satisfactory report on the engineering aspects of the proposal by an independent expert. The full council did not accept the committee's recommendation, however, it was persuaded by the Coquitlam Company to accept first one postponement of a decision, then another, then finally (on 21 March) to support the Coquitlam Company's proposal by a vote of six to four.<sup>39</sup>

A few more weeks passed while details of an agreement between the city and the company were worked out. (Having defeated their opponents, the Coquitlam Company altered their proposal in an attempt to obtain more concessions from the city.) An agreement was reached early in May, but since it required the city's guarantee of interest on the company's debentures, and that in turn required voter approval, the final word had yet to be spoken.<sup>40</sup>

The public had not been quiescent. Since early in 1887, the newspapers had been filled with editorials, reports on council debates and letters from citizens. Discussion intensified when the Vancouver Water Works Company returned to the fray, declaring that they were going ahead with construction of their own system, and that they required no guarantees from the city. Their action in effect turned the vote on the money by-law into a referendum on the two companies' schemes. The weeks before the poll were filled with campaigning. It was claimed that Coquitlam Lake was contaminated; that pipes laid underwater at the First Narrows of Burrard Inlet would break or be a hazard to shipping;

that the variety of offers made by the Coquitlam Company indicated unreliability; that local business would benefit more from the Vancouver Company than from the Coquitlam Company, based in New Westminster; and that fire protection would be better with one company than with the other (each claimed superiority on this point).<sup>41</sup>

On 4 June, amidst great excitement, the bylaw was defeated by 28 votes in a poll of 144. Four days later, the Vancouver Water Works Company started surveying on the North Shore.<sup>42</sup> The Coquitlam Company's demand for financial guarantees had led to a vote of the city's substantial property holders in which the company's successful lobbying of city council was undone, and the city, after nine months of trying to contract for a water supply, was to obtain one without a contract.<sup>43</sup> That such elaborate works were seriously contemplated at that time indicates how grand the city's visions were and, at least to the extent that replacement of contaminated wells as a water source motivated the undertaking, how important a place public health occupied in those visions. The voters can hardly have been able to determine the feasibility of the schemes, and it is natural that they rejected the council's decision to commit public funds, especially given the apparent political influence the Coquitlam Company enjoyed. The voters' judgment was not, however, a rejection of an important public work. The successful water system inaugurated in March 1889 was that of the Vancouver Company; it proved to be adequate in its original form until 1908, and the Capilano River is still one of the city's three water sources.<sup>44</sup>

Health inspection was the one health service undertaken in Vancouver's first two years that changed form significantly during that period. Appointments made during the city's first year reflected the attitude that a health inspector required not scientific training, but a sharp eye for accumulations of manure, offal, refuse and stagnant water, along with a temperament impervious to the displeasure of negligent fellow citizens. The first appointment, in May 1886, was of the chief of police to act as health inspector.<sup>45</sup> In the autumn, when the incidence of typhoid fever was high, there were calls for the appointment of a different official, variously called "health officer," "inspector of nuisances" or "sanitary inspector."<sup>46</sup> The *Vancouver Advertiser* renewed that campaign in January 1887, arguing that the police had other responsibilities and that an officer to look after the "nuisance question" should be appointed before warm weather brought increased risk of disease.<sup>47</sup> The city council responded by creating the position of "license, fire and health inspector," and appointing the chief of the fire brigade to it.<sup>48</sup>

In the following year, health inspection underwent further administrative restructuring and personnel changes. The position of license, fire and health inspector was abolished after six months — the police taking on once more the task of inspecting for infraction of health regulations — only to

be created again in February 1888. At that time, the council decided to attach a full-time salary to the position and to appoint Joseph Huntly, an aggressive former rent and debt collector, to it.<sup>49</sup> Huntly vigorously prosecuted offenders — obtaining eleven convictions out of twelve prosecutions in one month — and the first regular health inspector's reports in the city records are his.<sup>50</sup> An improvement in the town's appearance after his appointment was noted in the press.<sup>51</sup>

With the passage of the health bylaw in March 1887, a change to health inspection based on scientific understanding began. The bylaw referred not only to a health inspector but also to a medical health officer, a physician responsible for recognizing the occurrence of various diseases and for recommending measures for the control of infection and for treatment of the afflicted. The new position was first filled in the summer of 1887, amidst some furor. Dr. Lefevre, chairman of the health committee, proposed the creation of the position as a part-time one. After reducing the suggested salary and adding the job of hospital assistant, the health committee reported the proposal to the full council. In due course, three local physicians applied for the position, one of them being Lefevre's medical partner, Dr. A.M. Robertson.<sup>52</sup> There were objections that the appointment was a put-up "job"; that a city employee should not work as assistant to Lefevre, a C.P.R. physician then still in charge of the city hospital; and that payment of a physician for attendance of the hospitalized poor was unnecessary, since physicians could be expected to perform this work unpaid (as some had offered to do after the fire in 1886) if it would otherwise go undone.<sup>53</sup> Robertson was appointed nevertheless; at \$25 per month for combined duty as M.H.O. and hospital assistant, the position he accepted was scarcely a plum.<sup>54</sup> In creating the position of medical health officer and thereby vesting authority for health inspection in a scientifically trained expert, Vancouver was conforming to a progressive pattern set in the mid-century London of John Simon and followed by many cities in Great Britain and North America.<sup>55</sup>

\* \* \*

Like any boom town, Vancouver was at first attractive to speculation in its short-term growth. It differed from many, however, in that its boom was based not on exploitation of a non-renewable resource, but on the establishment of a permanent facility of national, even global, importance: "Vancouver, . . . the meeting place of land and water carriage, is bound to become a mighty seaport where the wealth of the Orient is to be poured into the waiting lap of the Occident."<sup>56</sup> The brightest prospects it offered were for long-term growth in commerce and industry, not instant riches, and its boosters were interested to attract "merchants of moderate means, mechanics with the proper qualifications who wish to build up new homes, and capitalists who desire to invest their money in a growing city of importance"<sup>57</sup> — settlers and investors who required enticements beyond the

limited participation in the boom late-comers could expect. Public assistance in the provision of material comforts was the form of enticement on which early Vancouver civic leaders focused their attention: “if we desire others to make their homes with us, we must give them streets and sidewalks, water and light, sewerage and protection from fire, schools and hospitals; and all these essentials to our health, our prosperity and our comfort should be provided as rapidly as our means permit.”<sup>58</sup> It calls for no particular explanation that most of the items on this list were expected to be provided at public expense; it is the inclusion of health-related items and the readiness with which expense was approved that should be explained.

As to readiness — delay in commencing work on a satisfactory water system was measured in months in Vancouver as opposed to years in Toronto in the same decade, for example<sup>59</sup> — it is sufficient to note that the fundamental political institutions in place were suitable to transform into policy the perceived need to entice settlers and investors. Political authority in Vancouver was to a considerable extent vested in property owners — those who would benefit in the long term from the services provided and whose short-term interests, particularly in the city’s early years, directly required that its future be made to appear bright. The 1886 British Columbia Act incorporating Vancouver required that a candidate for Mayor or Alderman have freehold property worth \$1,000 or leasehold property worth \$2,000. This was amended in 1887 to require a candidate to own real property worth \$2,000. (For scale, this should be compared with the \$2,500 price at which the C.P.R. sold ten centrally located lots for the city hospital; that price was low, but not by an order of magnitude.) The municipal franchise was given in the charter of incorporation to those who had \$300 in real property or paid an annual rent of not less than \$50. The 1887 amendment changed the tenant clause to give the vote to those who rented property assessed at \$300. Ownership of real property valued at \$500 was required to vote on money bylaws. This provision was not changed by the 1887 amendment.<sup>60</sup> The city council was numerically dominated by merchants and businessmen, a group directly interested in attracting settlers and investors; of the thirty-two aldermen elected in the first three municipal elections, sixteen were merchants or businessmen, three were real estate agents or financiers, four were manufacturers or contractors, two were professionals, four were artisans or working men, and the occupation of the remaining three is not known.<sup>61</sup>

Readiness to incur some public expense in order to encourage growth does not remarkably distinguish Vancouver from other nineteenth century North American cities, most of which — whether established, like Toronto and Ottawa, or new, like Winnipeg — were growing and controlled by people interested in their growth. In most, however, such expense was made in the form of direct subsidies (“bonuses”) for new private establishments or in the form of conveniences of only slightly less direct commercial impor-

tance: electric lighting, street railways, or harbour improvements, for example. Vancouver is distinguished by the inclusion of significant public health programmes among the items of public expense undertaken to encourage growth. Up-to-date public health services were touted there as signs of municipal progress and as likely to attract additional settlers and capital; extensive portions of official health reports were included in a promotional pamphlet produced by the mayor in 1889 and in the Vancouver Board of Trade’s annual report for 1890.<sup>62</sup> In March 1887, after unanimous passage of a \$150,000 money bylaw, the *Vancouver News* commended that action as “sustaining the reputation of our city for its progressive policy” and went on to indicate appropriate uses for the funds approved: “The first improvements should be to secure for our city a cheap but effectual system of sewerage, the better equipment of our fire department, and the erection of a hospital. There are other matters that require . . . consideration of our city fathers, such as the securing of a public park, a dumping ground, the improvement of the cemetery, and a system of scavenging.”<sup>63</sup> The basis of city policy with respect to public expense for health-related projects, repeatedly approved by the voters, was that (again in the words of the *Vancouver News*) “the greatest and best advertisement a city can have is its health.”<sup>64</sup>

The most fundamental conditions of Vancouver’s foundation, time and place, provide a sufficient explanation for its adoption of health as a primary attraction to put forward. By 1886, health-related public works and other public health programmes had become established as signs of progress by their implementation in many British and American jurisdictions. In the first half of the century, several large English cities constructed sewerage systems. London undertook provision of a filtered water supply in that same period, in 1855 making filtration compulsory throughout the metropolitan district. In 1874, Nottingham built an effective municipal incinerator for garbage, manure and domestic refuse. Lawrence, Massachusetts adopted a complete municipal plumbing code in 1881, the state having enacted a requirement for plumbing inspection in 1877. In the 1870s and 1880s many U.S. cities began to require reporting of all cases of certain contagious diseases.<sup>65</sup> For older cities, the principal drawback of such programmes was simply that they were reforms, requiring that vested interests be overturned and civic leaders convinced that the result would be to enhance their prosperity or at least that growth already under way would not be impeded. In a place like Vancouver, where a city was quickly growing from next to nothing, that greatest bane of reformers — the presumed adequacy of existing institutions — could not be brought to bear against arguments for attention to health at public expense. In particular, there were no existing private charitable institutions to provide health services (most important, no hospital); public expense was the only effective response to any public concern for health. That the founders of Vancouver’s municipal services shared a concern for health, were ready to respond with public programmes, and expected the issue to be an



enhancement of their own fortunes supports a Hartzian analysis: the city began as a progressive fragment of Victorian culture.

If timing — the readiness of a fragment for transplanting — were the sole determinant of a city's initial character, Winnipeg, Regina, and the other prairie settlements that boomed in the wake of the C.P.R. would have shared in the 1880s Vancouver's concern for matters of public health, as most evidently did not.<sup>66</sup> Two concomitants of Vancouver's location distinguish it sufficiently to explain the difference; it is the terminal city, with long-term prospects and a global outlook attractive to the progressive imagination, and it has an invigorating physical setting matched by few cities in the world. It is in no way surprising that promoters sought to focus the attention of prospective settlers and investors on the city's natural advantages by undertaking public works oriented toward health and cleanliness.

An extended system of sewerage and a supply of pure water are absolutely essential; and when these are secured, as we may reasonably expect them to be within a short time, Vancouver will have utilized to the utmost the advantages of her position from a hygienic standpoint, and will owe still more to the teachings of sanitary science than she now does to the natural salubrity of her surroundings and her climate.<sup>67</sup>

Through this somewhat murky closing passage of the report for 1888 of Dr. Lefevre as health committee chairman, we can see that the services described in this paper were at the time they were undertaken perceived as augmentations of the city's natural advantages.

## NOTES

In citing works or agencies in the notes, short titles have been generally used. Those frequently cited have been identified by the following abbreviations:

City Clerk (in) V.C.A., Vancouver, City Clerk's Correspondence (inward).  
 City Council V.C.A., Vancouver, City Council. Minutes.  
*D.N.-A.* *The Daily News-Advertiser.*  
 Health Comm. V.C.A., Vancouver, City Council Health Committee. Minutes.  
*News* *The Vancouver News.*  
*News & D.A.* *The Vancouver News and Daily Advertiser.*  
 V.C.A. Vancouver City Archives.

1. Alan F.J. Artibise, *Winnipeg, A Social History of Urban Growth, 1874-1914* (Montreal: McGill-Queen's, 1975), chaps. 12-13; Terry Copp, *The Anatomy of Poverty - The Condition of the Working Class in Montreal, 1897-1919* (Toronto: McClelland & Stewart, 1974), chaps. 1, 6; Heather A. MacDougall, "The Genesis of Public Health Reform in Toronto, 1869-1890," *Urban History Review* X (February 1982): 1-9; Heather MacDougall, "Public Health in Toronto's Municipal Politics: The Canniff Years, 1883-1890," *Bulletin of the History of Medicine* 55 (1981): 186-202; Paul Rutherford, "Tomor-

row's Metropolis: The Urban Reform Movement in Canada, 1880-1920" in Canadian Historical Association, *Historical Papers, 1971*, 211-213; Stephen A. Speisman, "Munificent Parsons and Municipal Parsimony," *Ontario History* 65 (March 1973): 36-37, 39-40; John H. Taylor, "Fire, Disease and Water in Ottawa: An Introduction," *Urban History Review* VIII (June 1979): 7-37. City governments in the United States behaved similarly. Nelson Manfred Blake, *Water for the Cities* (Syracuse, 1956); Stuart Galishoff, *Safeguarding the Public Health, Newark, 1895-1918* (Westport, Conn., 1975), chap. 1; Blake McKelvey, *Rochester, the Flower City, 1855-1890* (Cambridge, Mass., 1949), 135-137, 262-265; Judith Walzer Leavitt, *The Healthiest City, Milwaukee and the Politics of Health Reform* (Princeton, 1982).

2. Taylor, "Fire, Disease and Water," 27; MacDougall, "Genesis," 4, 5.
3. MacDougall, "Genesis," 7.
4. Taylor, "Fire, Disease and Water," 31-35, 37.
5. Artibise, *Winnipeg*, 208-214, 223-228.
6. Margaret W. Andrews, "Medical Services in Vancouver, 1886-1920" (Ph.D. thesis, University of British Columbia, 1979), chap. 1.
7. Vancouver Board of School Trustees, *Annual Report*, 1913, 83-84; 1920, 108-109; M.C. Urquhart and K.A.H. Buckley, eds. *Historical Statistics of Canada* (Toronto: MacMillan 1965), 291.
8. *News*, 27 July 1886; Norbert MacDonald, "The Canadian Pacific Railway and Vancouver's Development to 1900" in *British Columbia: Historical Readings*, ed. W. Peter Ward and Robert A.J. McDonald (Vancouver: Douglas and MacIntyre, 1981), 398.
9. *The Mainland Guardian* [New Westminster, B.C.], 16 June 1886; *D.N.-A.*, 22 May 1887, 2; 27 May 1887, 3; 14 June 1887, 2; Henderson's Publishing Company (pub.), *British Columbia Directory*, 1889, 36.
10. *The Vancouver Advertiser*, 5 January 1887.
11. Vancouver, By-Law #7 (*British Columbia Gazette*, 24 March 1887, 169-172; passed by the second city council).
12. *News*, 26 July 1886; A.E. Grauer, "The Vancouver General Hospital," address given at the fiftieth Annual Meeting of the Vancouver General Hospital, 22 April 1952, (University of British Columbia Library, Special Collections), 1.
13. City Council, 18 July 1887, 17 October 1887; *D.N.-A.*, 3 June 1887, 4; 3 August 1887, 4; 5 October 1887, 4; 12 October 1887, 4.
14. *News*, 5 November 1886, 7 November 1886, 21 November 1886, 2 December 1886.
15. *News*, 22 September 1886; Health Comm., 17 January 1887. Extant newspaper references to the hospital's occupancy yield the following.  

22 Sept. 1886 - 1	24 Mar. 1887 - 3	5 Aug. 1887 - 5
30 Sept. 1886 - 5	1 Apr. 1887 - 5	3 Sept. 1887 - 7
5 Nov. 1886 - full	5 Apr. 1887 - 6	12 Oct. 1887 - full
20 Mar. 1887 - empty	30 Apr. 1887 - 2	

for 24 hr  
 (*News*, dates cited 22 Sept. 1886 through 24 Mar. 1887; *News & D.A.*, — through 30 Apr. 1887; *D.N.-A.*, — through 12 Oct. 1887.)
16. *News*, 27 March 1887, 30 March 1887.
17. City Council, 25 April 1887, 16 May 1887, 6 June 1887.
18. *News*, 2 March 1887, 30 March 1887.
19. *D.N.-A.*, 27 November 1887, 4; 1 December 1887, 2.
20. City Council, 15 June 1887, 18 July 1887, 10 October 1887, 24 October 1887, 7 November 1887; *D.N.-A.*, 16 October 1887, 2; 21 October 1887, 2; 25 October 1887, 4; 8 November 1887, 2, 4; MacDonald, "The C.P.R.," 412.
21. *D.N.-A.*, 27 March 1888, 4; 24 May 1888, 2; 23 September 1888, 8.
22. Vancouver, By-Law #7.
23. *News & D.A.*, 3 April 1887.
24. City Council, 15 June 1887, 22 August 1887; City Clerk (in), #143 (Agreement dated 31 August 1887).
25. City Council, 30 January 1888.
26. Health Comm., 16 March 1888, 27 April 1888; 4 May 1888; *D.N.-A.*, 8 May 1888, 5.
27. *News & D.A.*, 7 April 1887, 27 April 1887, 30 April 1887; Health Comm., 25 April 1887.

28. City Council, 6 June 1887.
29. *D.N.-A.*, 4 October 1887.
30. Health Comm., 13 January 1888, 10 February 1888, 16 March 1888.
31. *News*, 4 December 1886, 7 December 1886; City Council, 17 January 1887.
32. City Council, 27 February 1887, 7 March 1887, 14 March 1887, 21 March 1887, 4 April 1887, 11 April 1887, 9 May 1887; *News*, 4 March 1887, 10 March 1887, 19 March 1887, 30 March 1887.
33. City Council, 9 May 1887, 6 June 1887, 4 July 1887.
34. City Council, 11 July 1887; City Clerk(in), #509-511 (Edward Mohun to the Mayor and Council, 22 January 1888).
35. *D.N.-A.*, 20 December 1887, 4; 10 January 1888, 1; 17 January 1888, 4.
36. *News*, 10 March 1887; City Clerk(in), #516-519, 523-524, 526-527 (Edward Mohun to the Mayor and Council, 4 February 1888, 16 April 1888, 6 August 1888); City Council, 15 June 1887, 20 June 1887; *D.N.-A.*, 2 August 1887, 4.
37. *D.N.-A.*, 30 October 1887, 2, 4; Vancouver Board of Trade, *Annual Report*, 1890, 15.
38. City Council, 6 September 1886; Louis P. Cain, "Water and Sanitation Services in Vancouver: A Historical Perspective," *BC Studies*, 30 (Summer 1976): 29, 31.
39. City Council, 3 January 1887, 10 January 1887, 31 January 1887, [7 - misdated 8] February 1887, 14 March 1887, 21 March 1887; V.C.A., Add. Mss. 292 (Hill Family Papers), v. 2, file 8 (Coquitlam Water Works, 1887), E.A. Wilmot to G.E. Corbould, 2 February 1887; Wilmot to Corbould, 3 February 1887; Joseph Hunter to Corbould, 4 February 1887; Hunter to Corbould, 5 February 1887; Wilmot to Corbould, 5 February 1887; David Oppenheimer to Corbould, 5 February 1887; Wilmot to Corbould, 17 February 1887.
40. City Council, 25 April 1887, 6 May 1887, 9 May 1887; *D.N.-A.*, 26 April 1887, 7 May 1887, 10 May 1887.
41. *D.N.-A.*, 10 May to 5 June 1887.
42. *D.N.-A.*, 5 June 1887, p. 2, 4; 7 June 1887, p. 1; 8 June 1887, p. 1.
43. For construction of the water works, see James W. Morton, *Capilano, The Story of a River* (Toronto, 1970), chap. 3.
44. Cain, "Water and Sanitation," 33.
45. Health Comm., 23 May 1886.
46. *News*, 15 September 1886, 18 September 1886, 14 October 1886, 19 October 1886.
47. 6 January 1887.
48. City Council, 10 January 1887, 17 January 1887, 24 January 1887, 31 January 1887. Vancouver Bylaw #26 authorized the appointment.
49. *News & D.A.*, 5 April 1887; *D.N.-A.*, 14 February 1888, 4; 28 February 1888, 4.
50. City Clerk(in), #468-470 (Inspector's Report, April, 1888). For reporting of the prosecutions, see *D.N.-A.*, 4 March 1888; 5 April 1888, 4; 17 April 1888, 4; 18 April 1888, 4.
51. *D.N.-A.*, 13 April 1888, 4.
52. Health Comm., 15 July 1887, 1 August 1887; City Council, 18 July 1887, 1 August 1887, 8 August 1887.
53. City Council, 18 October 1886; *News*, 19 October 1886, 20 October 1886, 21 October 1886, 23 October 1886; *D.N.-A.*, 4 August 1887, 1; 5 August 1887, 4; 7 August 1887, 1, 2; 10 August 1887, 2.
54. City Council, 16 August 1887; *D.N.-A.*, 16 August 1887, 4.
55. Royston Lambert, *Sir John Simon 1816-1904 and English Social Administration* (London, 1963), 603.
56. *D.N.-A.*, 27 August 1887, 4.
57. *D.N.-A.*, 12 May 1887, 2.
58. *D.N.-A.*, 29 March 1887.
59. MacDougall, "Genesis," 6.
60. British Columbia, *Statutes*, 1886, c. 32; 1887, c. 37.
61. V.C.A. (compiler), "The Roll of Mayors and Aldermen, City of Vancouver, . . . 1886-1946" (typescript, 1946); Robert A.J. McDonald, "Business Leaders in Early Vancouver, 1886-1914" (Ph.D. thesis, University of British Columbia, 1977), 465-470 (appendix A); E. Mallandaine and R.T. Williams (pubs.) *The British Columbia Directory*, 1887; R.T. Williams (pub.) *Vancouver Directory*, 1888; Henderson's Publishing Company (pub.) *British Columbia Directory*, 1889. Occupations are classified as in Artibise, *Winnipeg*, 26.
62. David Oppenheimer, *Province of British Columbia, Vancouver City, Its Progress and Industries, with Practical Hints for Capitalists and Intending Settlers* (Vancouver, 1889), 31-34; Vancouver Board of Trade, *Annual Report*, 1890, 15.
63. 30 March 1887.
64. 20 March 1887.
65. Mazyck P. Ravenel, ed., *A Half Century of Public Health* (New York: 1921), 141, 143, 162, 181-182, 189.
66. Artibise, *Winnipeg, passim*; J. William Brennan, "Business-Government Co-operation in Townsite Promotion in Regina and Moose Jaw, 1882-1903" in *Town and City, Aspects of Western Canadian Urban Development*, ed. Alan F.J. Artibise (Regina: Canadian Plains Research Center 1981), 112; Alan F.J. Artibise, "Boosterism and the Development of Prairie Cities, 1871-1913" in *Artibise Town and City*, 216. It appears that public health works may have received useful attention in Calgary during the 1880s. M.L. Foran, "Urban Calgary 1884-1895," *Histoire sociale/Social History* 9 (April 1972): 69, 72.
67. Oppenheimer, *Province of British Columbia*, 32.