

Night Soil, Cesspools, and Smelly Hogs on the Streets: Sanitation, Race, and Governance in Early British Columbia

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Looking at three communities — Nelson, Vernon, and Prince Rupert — this study traces the early history of urban sanitation in British Columbia. “Health” is interpreted here not just as a medical condition, but as a cultural, social, and moral force that helped shape the character of these new towns. The battle against dirt and disease was linked to civic boosterism and good citizenship. Euro-Canadian medical and engineering professionals created public health hierarchies, established ritualized systems of sanitary practice, and “mapped” sanitary zones within the emerging civic communities. The public health discourse articulated by these men was profoundly racist, constructing Asian residents as the unclean, unhealthy “Other” whose existence threatened good health and social order.

Cette étude retrace à travers trois communautés – Nelson, Vernon et Prince Rupert – les débuts de l’hygiène urbaine en Colombie-Britannique. La notion de « santé » n’y est pas vue dans la seule optique médicale mais également dans la perspective d’une force culturelle, sociale et morale ayant contribué à forger le caractère de ces nouvelles agglomérations. La lutte contre la saleté et la maladie était liée à la promotion de l’idée d’un civisme modèle. Les professionnels euro-canadiens de la médecine et du génie créèrent des hiérarchies de santé publique, établirent des systèmes ritualisés de pratique sanitaire et « cartographièrent » des zones sanitaires au sein des collectivités émergentes. Ces hommes tenaient un discours de santé publique pro-

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fondément raciste, dépeignant les résidents asiatiques comme ces « autres », sales et malsains, dont l'existence menaçait la santé et l'ordre social.

OVER THE LAST DECADES of the nineteenth century, cities and towns throughout North America struggled to devise effective and acceptable programmes of urban sanitation. In British Columbia, early public sanitation, the regulation of water supplies and human waste in urban spaces,¹ was shaped by British, American, and central Canadian codes of practice and expressed as a measure of civilization against the rough frontier. Conceptualizing public health as an assault on “dirt”, sanitation discourse and activism was the work of a small cluster of civic “fathers”, pushed on by the efforts of the provincial state to safeguard public health in the new province. The professional expertise of an emerging cadre of physicians and engineers was a critical element in this process, as was the civic organization of urban space and the creation of sanitary rituals to guard against urban chaos. In each of the places studied here — Nelson, Vernon, and Prince Rupert — administrative or political “scripts” were addressed to the populace, articulating concerns of epidemic disease and justifying structures of governance that regulated intimate human behaviour.² The focus here is on the first decade after municipal establishment, situating public health in the initial germination of civic formation.

The crusade for public sanitation should also be understood as part of a broader civic enterprise to create a white settler society.³ First Nations people

1 While the communities that I studied do not conform to the classic urban historian’s definition of “urban” in demographic terms, the people involved in the process I document were clearly defining themselves as “urban” dwellers and constructing modes of economic and social activity and governance that were deliberately “urban”. I therefore employ this concept of “urbanization” in my analysis.

2 My notion of “scripts” is based on Colin Jones’s work on early plague documents. Colin Jones, “Languages of Plague in Early Modern France”, in Sally Sheard and Helen Power, eds., *Body and City: Histories of Urban Public Health* (Aldershot, UK: Atheneum Press, 2000), pp. 41–49. Hilary Marland and John Pickstone have employed this kind of historical case study approach to health care in the English setting. See Hilary Marland, *Medicine and Society in Wakefield and Huddersfield, 1780–1870* (Cambridge: Cambridge University Press, 1987); John V. Pickstone, *Medicine and Industrial Society: A History of Hospital Development in Manchester and its Region, 1752–1946* (Manchester: Manchester University Press, 1985). For explorations of the potential of bringing together urban history and the history of medicine, see Marguerite Dupree, “Medicine Comes to Town: Medicine and Social Structure in Urban Britain, 1780–1870”, *Journal of Urban History*, vol. 17, no. 1 (November 1990), pp. 79–87; Mary Fissell, “Health in the City: Putting Together the Pieces”, *Urban History*, vol. 19, pt. 2 (October 1992), pp. 251–256; Bill Luckin, “Death and Survival in the City: Approaches to the History of Disease”, *Urban History Yearbook* (1980), pp. 53–62.

3 For an excellent discussion of the use of health and science in the creation of white settler societies in Australia, see Warwick Anderson, *The Cultivation of Whiteness: Science, Health and Racial Destiny in Australia* (Melbourne: Melbourne University Press, 2002). Renisa Mawani’s work on the Chinese leper colony on D’Arcy Island is a fine illustration of the potential that lies in applying these ideas to BC. Renisa Mawani, “The ‘Island of the Unclean’: Race, Colonialism and ‘Chinese Leprosy’ in British Columbia, 1891–1924”, *Law, Social Justice & Global Development Journal (LDG)*, no. 1 [online journal], <<http://elj.warwick.ac.uk/global/03-1/mawani.html>>

had been the focus of earlier public health campaigns intended to exclude them from BC's towns. While still physically present, they were entirely absent from the discourse concerning the new urban communities envisioned by sanitary officials.⁴ With First Nations people "erased" from the urban panorama, the sanitation scapegoat of *fin-de-siècle* BC was the Asian. This group of residents became "the other" — evil, ignorant, and a threat to public health. An "old world" class-based sanitation discourse was re-scripted in the "new world" of British Columbia to present Asian people as unable to participate in the civic project by virtue of the inherently unsanitary practices of their race. "Whites" were simultaneously constructed not just as the "good" citizens, but also effectively as the only citizens in the civic constellation. Thus "whiteness" in early BC operated on a number of levels: as a set of material conditions, in the conceptualization and organization of urban space, and as a category of knowledge, power, and social privilege.⁵

Theorists argue that modernity posits "health" as a key means by which interactions between the individual and society can be given structure and order.⁶ "Health" in early BC served this mediating process, encompassing the cultural, the social, the moral, and the spiritual.⁷ A medical officer's comments about the lack of pound restrictions, for instance, might bring together a cultural revulsion at the sight of dirty livestock running free on town streets, a professional and political statement about maintaining civic control over roaming cows and pigs, and a medical and scientific judgement about the dangers of the noxious odours emanating from manure and offal. "Good" members of the civic collective looked toward interests of the group rather than the individual, taking appropriate public health measures at home and at work. Public health concerns were part of a complex negotiation of social

4 The earlier exclusion of First Nations people from urban settlements on public health grounds has been well covered by Adele Perry. Local histories of Nelson, Vernon, and Prince Rupert generally omit First Nations people from their narrative, but it is clear that Aboriginals were a presence in these communities. See Adele Perry, *On the Edge of Empire: Gender, Race and the Making of British Columbia, 1849–1871* (Toronto: University of Toronto Press, 2001), pp. 110–123; Jean Barman, "Taming Aboriginal Sexuality: Gender, Power, and Race in British Columbia, 1850–1900", *BC Studies*, no. 115/116 (Autumn/Winter 1997–1998), pp. 237–266.

5 These ideas about the social construction of "whiteness" borrow heavily from scholars in the field, including Audrey Kobayashi and Linda Peake, "Racism out of Place: Thoughts on Whiteness and an Antiracist Geography in the New Millennium", *Annals of the Association of American Geographers*, vol. 90, no. 2 (2000), pp. 392–403; Laura Pulido, "Reflections on a White Discipline", *The Professional Geographer*, vol. 54, no. 1 (2002), pp. 42–49; Heidi J. Nast, "Mapping the 'Unconscious': Racism and the Oedipal Family", *Annals of the Association of American Geographers*, vol. 90, no. 2 (2000), pp. 215–255.

6 Alan R. Peterson and Deborah Lupton, *The New Public Health: Health and Self in the Age of Risk* (London: Sage Publications, 1996).

7 For useful discussions of the broader implications of "health", see Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick: Britain, 1800–1854* (Cambridge: Cambridge University Press, 1998), pp. 1–15; Sally Sheard and Helen Power, "Body and City: Medical and Urban Histories of Public Health", in Sheard and Power, eds., *Body and City*, pp. 1–16.

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and geographical relations within the context of embryonic civic development. As historical geographer Richard Dennis notes, we need to see towns as battles, not monuments, as fluid rather than static entities.⁸ Race was certainly an important factor, and so was class, as shaped by economic and professional power. The fact that the battle against “dirt” was seen as the responsibility of white men, while white women worked to establish local hospitals, means that health needs to be conceptualized through the prism of gender as well.⁹

Three facets of early public health in British Columbia are relevant to this discussion. First is the context in which this history took place — the early history of the three communities and the first decades of provincial public health and early municipal sanitation systems. Second is the creation of urban sanitary rituals and the organization of urban space according to public health codes. Finally, I turn to the subject of race, exploring how the demonization of Asian residents as the unsanitary “other” played a critical role in the creation of white British Columbia.

Community and Citizen: Three BC Towns

The 1890s and first decade of the twentieth century were not auspicious decades for urban formation in the hinterland regions of British Columbia. A time of economic stagnation and downturn in many economic sectors of the province, this period also witnessed the rise of the Vancouver-Victoria nexus. Urban growth, considerable and rapid in the province in this era, was primarily centred in the southern, coastal area.¹⁰

Throughout the period, BC’s huge population increases were fuelled by immigration rather than procreation: the number of inhabitants in the province increased by four times between 1891 and 1911. These new residents were overwhelmingly male and Euro-Canadian: in 1901 there were 177 men to every 100 women in BC’s non-Native population, a much larger proportion than in other provinces. Aboriginal peoples comprised approximately 28 per cent of the province’s population in 1891, but this proportion had shrunk to 5 per cent by 1911. The census lists roughly 9 per cent of the population as Asian during the period. Taken as a whole, the non-Native population at this point was a highly mobile, youthful, very male group, closely

8 Richard Dennis, *English Industrial Cities of the Nineteenth Century: A Social Geography* (Cambridge: Cambridge University Press, 1984), p. 290.

9 Although I do not pursue this topic here, the gendered dimensions of early urban health movements also need to be considered in the BC context. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982), uses the notion of “dirt” in his description of the broader shift from sanitation to personal hygiene.

10 This economic overview of BC’s history is taken from Hugh Johnston, “Native People, Settlers and Sojourners, 1871–1916”, in Johnston, ed., *The Pacific Province: A History of British Columbia* (Vancouver: Douglas and McIntyre, 1996), pp. 165–204; Jean Barman, *The West Beyond the West: A History of British Columbia* (Toronto: University of Toronto Press, 1991).

linked to the extraction of rich primary resources through mining, logging, and fishing.¹¹

Vernon, Nelson, and Prince Rupert were not located in the golden triangle of the Vancouver region. Instead, they document the experience of the periphery, representing different economic and geographical possibilities. Each underwent the phenomenon of becoming an “instant town”. This transformation, a direct and immediate transplanting of urban society in the wilderness, has been noted in the case of Nelson in the 1890s, but the same can be said of Vernon in the same period and of Prince Rupert in the 1900s.¹² In rapid succession land was cleared, town sites laid out and land auctioned off, businesses established, and a civic government set in place.

Each community in this period experienced a transition from what is known as the “village phase” to the “civic phase”. The shift from frontier to city was essentially complete, and the stable of amenities expanded to include a solid base of merchants and professionals.¹³ Municipal and provincial sanitation systems were being put into place while notions of authority, privilege, and entitlement were simultaneously being constructed. Certainly, by creating rudimentary structures to ensure good water and the safe removal of human waste, sanitary officials were working toward a healthy community. In the racial lexicon constructed by the engineers, doctors, politicians, and journalists in these towns, “white” represented professional authority, biomedical systems of belief and practice, and public health governance, while “Chinese” represented disorder, deviance, and disease. Social understandings based on racial hierarchies were thus pivotal both to the establishment of the medical profession in BC and to the growth of municipal and provincial public health systems.

As medical historian Colin Jones notes, administrative or political “scripts” like those used by BC’s early sanitary advocates allude to the possibility of civic disorder, the breakdown of trade, family relations, and urban hierarchies.¹⁴ Such threats would have been very real in the minds of public health professionals at the turn of the century. Typhoid, which results from the presence of human feces and urine in water and food sources, regularly killed residents of BC’s crowded mining and railway towns between 1880

11 W. Peter Ward, “Population Growth in Western Canada, 1901–1971”, in John E. Foster, ed., *The Developing West: Essays on Canadian History in Honor of Lewis H. Thomas* (Edmonton: University of Alberta Press, 1983), pp. 155–177.

12 Province of British Columbia, Ministry of the Provincial Secretary and Government Services, *Nelson: A Proposal for Urban Heritage Conservation* (Victoria: Ministry of the Provincial Secretary and Government Services, 1977), p. 23.

13 My terminology concerning the formation of civic society on the frontier is taken from *Nelson: A Proposal for Urban Heritage Conservation*, p. 34.

14 Jones differentiates among medical, religious, and administrative/political scripts in “Languages of Plague in Early Modern France”, pp. 45–46. This linking of social order and sanitation builds on the ideas of Alain Corbin, *The Foul and the Fragrant: Odor and the French Social Imagination* (Cambridge, Mass.: Harvard University Press, 1986, trans. ed.), p. 5.

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and 1915.¹⁵ Vaccination riots had broken out in Montreal following the dreadful smallpox epidemic of 1885–1886, and BC’s smallpox epidemic in 1892 had ended with the arrest and trial of Vancouver’s civic officials.¹⁶

In addition to being linked to civic order, public health was scientifically credible, for the big ideological battles concerning sanitation had already been fought and won in places far distant from British Columbia. By 1897, when Nelson was incorporated, the work of Robert Koch and others had made it an indisputable fact that drinking water downstream from a raw sewage outlet could result in typhoid and cholera. Faith in science was coupled with a belief that the state was responsible for establishing and maintaining safe sanitation systems.¹⁷ Thus sanitation did not follow urbanization in BC, as was the case in Eastern Canada and elsewhere. In 1883, when Toronto appointed its first permanent medical health officer, it was already Canada’s second largest city, a thriving community of more than 86,000 inhabitants.¹⁸ In contrast, the establishment of safe water supplies and adequate removal of human waste were seen as elemental building blocks of BC’s new towns.¹⁹

The three communities used in this study illustrate the variation of hinterland experience in BC history. Vernon, a lakeside community in the fruit-growing region of the Okanagan Valley, was incorporated in 1892, making it the province’s fifth oldest city. Initially established as a supply centre for the ranches that spread around the new community, Vernon began as a four-block commercial core surrounded by wheat fields and forests. In 1885 the town’s 40 residents included just two Euro-Canadian women, although there were a handful of First Nations mothers whose children attended the town’s tiny school.²⁰ Vernon’s demographic expansion was rapid. By 1894 the number of residents in the town had risen to 600. This period of Vernon’s history is characterized by “high immigration, when the large ranges were subdivided into smaller holdings. Well-capitalized land companies constructed major irrigation systems, and agriculture changed from extensive to intensive with the planting of orchards and field crops.”²¹

15 George C. Kohn, ed., *Encyclopedia of Plague and Pestilence* (New York: Facts on File, 1995), p. 37.

16 Vaccination riots broke out in Montreal following the smallpox epidemic of 1885–1886, which killed 2,500 people. Terry Copp, *The Anatomy of Poverty: The Condition of the Working Class in Montreal, 1897–1929* (Toronto: McClelland & Stewart, 1974), p. 89. For a reference to Vancouver in 1892, see C. E. McDonnell, “BC Medical History: Early Medical Legislation”, *BC Medical Journal*, vol. 20, no. 2 (February 1978), pp. 44–45.

17 Hamlin, *Public Health and Social Justice in the Age of Chadwick*, pp. 1–15, provides an excellent discussion of the notion of scientific authority.

18 See Heather MacDougall, *Activists and Advocates: Toronto’s Health Department, 1883–1983* (Toronto: Dundurn Press, 1990), pp. 10–32, for a history of Toronto’s early public health bureaucracy.

19 Margaret Andrews makes this point about Vancouver as well. See Margaret Andrews, “Sanitary Conveniences and the Retreat of the Frontier: Vancouver 1886–1926”, *BC Studies*, no. 118 (Summer 1998), pp. 3–22.

20 Edna Oram, *The History of Vernon, 1867–1937* (Vernon: Wayside Press, 1985), p. 51.

21 Daphne Thuillier, *A Century of Caring: The Story of Vernon Jubilee Hospital and of Men and Women Who Have Made its History* (Vernon: Vernon Jubilee Hospital, 1997), p. 2.

Located in the mountainous Kootenay region of the province, Nelson was a mining community which survived the transition from resource town to long-term community by becoming a regional supply centre.²² The town was incorporated in 1897 and quickly acquired, as BC historian Margaret Ormsby notes, “an urban and permanent character”.²³ Like Vernon during this period, Nelson had a grocery, a dry goods shop, a drug store, building suppliers, sawmills, hardware stores, Chinese laundries, barber shops, blacksmiths, insurance and real estate agencies, lawyers, doctors, dentists, banks, and hotels.²⁴ By 1904, with a population of about 7,000, Nelson was the largest city between Winnipeg and Vancouver.²⁵ This study focuses on Nelson at the peak of its prestige as an urban centre: as the town moved into the twentieth century there was a continued decline in mining activity in the region and a corresponding lack of civic growth.

Prince Rupert, incorporated in 1910, was the northern terminus of the Grand Trunk Pacific Railway.²⁶ As such, the new community was envisioned by its founders as the Vancouver of the North, a vast Pacific port that would open up the northern section of the province to white settlement and commerce. To quote from an early engineer’s report: “The future of Prince Rupert as a terminus of a transcontinental railway, and the centre of this great northern coast is assured, and it is incumbent upon the City Council and the citizens to see to it that early provision is made for this important undertaking.”²⁷ Its future entwined with the disappointing fortunes of the Grand Trunk, Prince Rupert never attained these lofty civic goals — by 1916 the population had actually declined to 4,000 from a previous total of 6,000.²⁸ Still, the element of promise that marked the beginning of its life as a corporation is very present in the early history of sanitation in the town.

These communities took form at the same historical moment in which the provincial state was pushing forward a sanitation agenda. Colonial legislation created a rudimentary legal apparatus in 1869, but the smallpox out-

22 There is a limited amount of published material on Nelson’s early years. See *Nelson: A Proposal for Urban Heritage Conservation*; John Norris, *Historic Nelson: The Early Years* (Lantzville, BC: Oolichan Books, 1995); Christine Godfrey, “Winds of Change: A Re-examination of Some Factors Influencing the Development of Nelson and its Commercial Relationships, 1891–1901” (MA thesis, Department of History, University of Victoria, 1994).

23 See Margaret A. Ormsby, *British Columbia: A History* (Vancouver: Evergreen Press, 1958), pp. 315–317, for a description of mining and urban development in the Nelson area.

24 For a history of early Vernon, see Burt R. Campbell, “Vernon’s Diamond Jubilee”, *The Okanagan History Society* (1952), pp. 45–64; Oram, *The History of Vernon*. For Nelson, see *Nelson: A Proposal for Urban Heritage Conservation*.

25 *Nelson: A Proposal for Urban Heritage Conservation*, p. 26.

26 Frank Leonard has written the definitive work on the establishment of Prince Rupert. Frank Leonard, *A Thousand Blunders: The Grand Trunk Pacific Railway and Northern British Columbia* (Vancouver: University of British Columbia Press, 1996.)

27 Prince Rupert City and Regional Archives [hereafter PRA], “Water Supply and Electric System Combined Proposed for the City of Prince Rupert, British Columbia”, May 31, 1911.

28 Figures cited in Leonard, *A Thousand Blunders*, p. 261.



Figure 1 First workers on town site, Prince Rupert, 1906 (Prince Rupert City & Regional Archives).

break in 1892 was swiftly followed by enactment of the *British Columbia Public Health Act* (1893). This legislation, which set out the structure and functions of the Provincial Board of Health, also compelled municipalities to establish local boards of health and gave the provincial government the power to police municipal health work. In 1896 a provincial sanitary inspector, Clive Phillips-Wolley, was appointed. Phillips-Wolley, an English gentleman immigrant, author, and big game hunter, only held the post for a short time, but his energy and activism did much to push forward a health agenda in towns like Vernon and Nelson.²⁹ Further legislation in 1899 reshaped the provincial health board to include the premier, his ministers, and a physician as secretary. Dr. C. J. Fagan was appointed to the latter post, thus taking the lead in provincial public health policy and programmes. Under his tenure the jurisdiction of the Board of Health shifted from the Office of the Attorney General to the Agriculture Department and finally to the Provincial Secretary's Department. Dr. Henry Esson Young was active in provincial public health from 1907, first as Minister of Education and Provincial Secretary and, from 1916, as Provincial Health Officer.³⁰

As these administrative shifts suggest, public health expansion was often piecemeal — on both the provincial and the municipal levels. Captain Frank S. deGrey, former barber and seaman and, in his own words, “not brilliant but a bugger for adventure”, took on provincial sanitary inspection of coastal canneries in the late 1890s, work that broadened to include logging and mining camps and municipal sanitation systems in all corners of the province.³¹ While public health developments were fragmented, people like deGrey and Phillips-Wolley still believed passionately in the importance of good health practices in frontier society, presenting public sanitation as one measure of a civil society.

BC's early municipal public health officials acted as sanitary police rather than health educators, more interested in surveillance and compliance than in teaching the community about public health. Professional and bureaucratic developments at the local level mirrored those of the provincial state. In each community, the first physicians and engineers arrived around the time of incorporation. Professional eclecticism was a matter of necessity for

29 My biographical information about Phillips-Wolley comes from Pat Roy, *A White Man's Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858–1914* (Vancouver: University of British Columbia Press, 1989), p. 33.

30 Details about early public health in BC are taken from McDonnell, “BC Medical History”; British Columbia Medical Association, *Golden Jubilee: 1900–1950* (Vancouver: British Columbia Medical Association, 1950), pp. 49–54; Harry Cassidy, *Public Health and Welfare Reorganization: The Post-war Problem in the Canadian Provinces* (Toronto: Ryerson Press, 1945); J. T. Marshall, “Public Health in British Columbia”, in *The Development of Public Health in Canada* (Toronto: Canadian Public Health Association, 1940), pp. 99–114.

31 Details and quote taken from British Columbia Archives [hereafter BCA], Add Ms 321, vol. 1, file 6, letter from Frank deGrey to John Marshall, May 15, 1940. DeGrey's reports, with numerous site photographs taken by him, are in *Sessional Papers of British Columbia*.

the doctors in this group, for it was difficult to hold together a medical practice under the fluctuating fortunes of a resource-based economy.³² Public health work and other civic duties were therefore blended with professional practice and non-medical, private monetary interests. Dr. David Labau, pioneer doctor and Nelson's first medical officer of health, is a good example of these themes. With surgical qualifications from Bellevue Hospital in New York, Labau worked first in the Ainsworth mines and then as an engineer on one of the lake boats before he began practising medicine in Nelson in 1889.³³ In his public duties as medical officer (1897–1902), he was deeply engaged as the medical and scientific authority within the municipal government. Labau reported cases of typhoid fever, evaluated the hospital cesspit, investigated the impact on vegetation and health of open-heap roasting at the local smelter, and participated in provincial-municipal negotiations regarding sewage disposal in Kootenay Lake.³⁴

Dr. Edward Charles Arthur, Labau's successor as medical officer, headed west as a physician for the Columbia and Kootenay Railway Company after graduating from the University of Toronto medical school in 1888. He arrived in Nelson in 1890, beginning a medical practice, opening the town's first drug store, and running a small hospital in his home. He also worked as district coroner and medical officer for the Kootenay Lake General Hospital. Given that collecting fees from private patients was often difficult, these public posts would have ensured a small but reliable sum of money — \$25 per month in the case of the hospital and a yearly fee of \$50 from the provincial government for the public health work — although Arthur closed his November 1914 report with a terse statement noting, "The salary paid the Medical Health Officer is utterly incommensurate with the amount of work attached to the position."³⁵ Dr. Isobel Arthur, who trained at the University of Oregon in the 1890s, was appointed Nelson's first school health officer in 1910 and took over her husband's municipal duties during the

32 Medical historian John Norris found that rural doctors often practised in one place for a comparatively short period of time, following the fortunes of mining or timber interests, moving shop when the local mine gave out or logging shifted to another valley. Norris, "The Country Doctor in British Columbia: 1887–1875: An Historical Profile", *BC Studies*, no. 49 (Spring 1981), pp. 17–19. I deal with this pattern in my article, "Mapping 'Region' in Canadian Medical History: The Case of British Columbia", *Canadian Bulletin of Medical History*, vol. 17, nos. 1–2 (2000), pp. 73–92.

33 Labau went south to set up practice in Spokane, Washington, in 1907. Norris, *Historic Nelson*, p. 230; Nelson and District Museum, Art Gallery, Archives and Historical Society [hereafter NM], Biographical Files, Labau, Dr. David, Obituary Notices, February 13–14, 1922.

34 Nelson City Hall [hereafter NCH], *City Council Minute Book*, vol. 1, August 30, 1897; February 10, 1898; July 4, 1898; February 6, 1899.

35 NM, Dr. E. C. Arthur Papers, File 3; Selkirk College Archives, Nelson, interview by Anne Gallow, Chair of the Kootenay Nurses' Archives and Helen MacLeod, Selkirk College Archivist, with Mrs. Hector MacKenzie (née Arthur), January 16, 1973; Nelson City Hall Archival Collection [hereafter NCH-AC], report by E. C. Arthur to Mayor and Aldermen, December 14, 1914.

First World War. Both of the Arthurs remained in Nelson for the rest of their lives.³⁶

Vernon's and Prince Rupert's public health physicians generally followed the same pattern, suggesting that public health appointments may have anchored a physician to a community by providing an element of financial stability and a sense of civic obligation. Dr. Gerald Williams was appointed Vernon's medical health officer by the local health board in January 1893.³⁷ He had trained in medicine at Queen's University and made his career in Vernon. Dr. Osborne Morris, a McGill graduate, was a popular general practitioner in Vernon from his arrival as the town's third doctor in 1893 until his retirement in 1941. His public posts included coroner, medical health officer (for both Vernon and the neighbouring municipality of Coldstream at various times), and school health inspector.³⁸ In Prince Rupert, Dr. John Oatts Reddie, educated at the University of Glasgow, was Dominion immigration officer and the city's first medical health officer.³⁹ He was succeeded in 1912 by Dr. John Pearson Cade, a University of Toronto graduate who had previously practised medicine in Slocan City and Whitehorse. Cade continued in general practice in the city until his retirement in 1952.⁴⁰

Because their work involved construction rather than long-term maintenance, early civil engineers in Vernon, Nelson, and Prince Rupert did not have the same longevity as public health physicians. They were, however, important public figures, and their work was a concrete manifestation of the connection between civic sanitation and civic growth. Pushed by Alderman T. D. Pattulo, Prince Rupert's new City Council offered a significant annual salary of \$5,000 to lure Colonel W. M. Davis, the city's first permanent civic engineer, from his post in Berlin, Ontario.⁴¹ R. H. Thomson, a former city engineer from Seattle, was consulting engineer for Prince Rupert's water works and electrical plant. Davis only remained one year, but his reports inevitably strike an optimistic note, lauding the town's water supplies and

36 Dr. Isobel Arthur (née Delmage) trained as a physician after the early death of her first two children. A maternal feminist, her professional interests focused on child health and welfare. A lengthy treatise on this subject was published in the 1918 *Sessional Papers of British Columbia*, vol. 2, pp. G139–G149, but she also wrote articles for the local newspaper.

37 College of Physicians and Surgeons of British Columbia, Vancouver, Medical Library, British Columbia Medical Registers [hereafter CPS–MR] and Greater Vernon Museum and Archives [hereafter GVMA], "Doctors" Subject Files.

38 There was apparently deep personal animosity between the two Vernon doctors, hostility that periodically resulted in fisticuffs on Vernon's main street. CPS–MR and GVMA, "Doctors" Subject Files; J. E. Harvey, "Obit: Dr Osborne Morris", *Vancouver Medical Association Bulletin*, vol. 20, no. 5 (February 1944), p. 130.

39 Reddie died in 1913. Details about Reddie from Phylis Bowman, *Land of Liquid Sunshine* (Chilliwack, BC: Sunrise Printing, 1982), p. 14; CPS–MR.

40 CPS–MR and PRA, Biographical Files, "Dr Cade past city before steel", August 1, 1958.

41 "Engineer is Appointed", *Prince Rupert Optimist*, May 26, 1910, p. 1.

pushing for construction of a dam on Lake Woodworth.⁴² His successor, W. McGeorge Mason, was only in Prince Rupert for three years, but he used Davis's plans and specifications to set into place the first water and electrical supply systems and to replace the town's rudimentary sewerage system.

Other engineers operated in a specific region for a number of years, with continuing professional connections to municipal sanitation schemes. The professional and personal activities of F. H. Latimer, civil engineer and surveyor, were regularly reported in the *Vernon News* from 1891 to 1895, during which time he was involved in creating a better water supply for the city.⁴³ Andrew Lake McCulloch was appointed Nelson's first city engineer in 1897 and took charge of constructing the municipal water works and sewerage system.⁴⁴ The following year he added the duties of plumbing inspector to his remit.⁴⁵ McCulloch remained in Nelson until 1907, leaving to design water systems for a string of Kootenay communities.⁴⁶ McCulloch's "Treatise upon the Pollution of Streams", prepared in 1898 and used to convince the provincial board of health to permit the city of Nelson to dispose of sewage in the Kootenay River, shows clearly the international context within which BC's civil engineers situated their work: McCulloch compares Nelson to American cities located along the Mohawk and Ohio Rivers, cites German pollution research, and refers to British methods of chemical sewage treatment.⁴⁷

Sanitary engineers and public health physicians matched professional rhetoric about the good citizen with personal action, taking on significant leadership roles within the civic community. Reformist impulses meant to bolster settlement of white families were frequently directed at youth, mothers, or local hospitals. Drs. Isobel and Edward Arthur, Nelson's medical officers at different times during the period, were intensely involved in civic life, campaigning for maternal and infant health, lobbying for educational facilities, and serving on the school board and the local hospital committee.⁴⁸ Colonel W. Davis, Prince Rupert's first city engineer, also promoted the Boy Scouts movement in the new town. Prince Rupert's boys, he told the *Prince Rupert Optimist* in 1910, would greatly benefit from the discipline of the movement, and the Baden Powell ethos of efficiency and personal neat-

42 "Working on Water Supply", *Prince Rupert Optimist*, July 18, 1910, p. 1; "Prince Rupert's Water Supply", *Prince Rupert Optimist*, September 26, 1910; "Our City Engineer Resigns", *Daily News*, June 27, 1911.

43 Newspaper citations concerning Latimer come from GVMA, Paddy Mackie's Newspaper Index. Latimer is listed as one of Vernon's first civil engineers, in practice with Forbes M. Kirby. Burt R. Campbell, "Vernon's Diamond", *Okanagan Historical Society*, vol. 16 (1952), p. 51.

44 NCH, *City Council Minute Book*, vol. 1, July 14, 1897.

45 *Ibid.*, January 17, 1898.

46 John A. Whittaker, ed., *Early Land Surveyors of British Columbia* (Victoria: Corporation of Land Surveyors of British Columbia, 1990), pp. 86–88.

47 BCA, GR 132, Box 16, File: Nelson #1, A. L. McCulloch, "Treatise on the Pollution of Streams", 1898.

48 NCH, *City Council Minute Book*, vol. 1, March 28, 1899.

ness would make them valued future citizens.⁴⁹ Vernon engineer F. H. Latimer and his wife were both active in the local temperance movement and the Methodist Church. An officer of the International Order of Good Templars from 1894, Latimer was also the first secretary of the board of the Vernon Jubilee Hospital.⁵⁰

Medical officers of health were meant to supervise vaccination, quarantine, and disinfection and to uphold community standards of hygiene. Sanitary engineers dealt with the design, construction, and maintenance of sewage and water works, garbage dumps, public abattoirs, and public roads, making these officials as pivotal to the development of early public health as their medical colleagues.⁵¹ Further down the public health hierarchy was a myriad of officials, whose work was often part-time and short-term.

The Anglo-British dominance that Margaret Andrews notes in the case of Vancouver was evident in the composition of early town councils and health committees in Vernon, Nelson, and Prince Rupert.⁵² Occupationally, these men cut across mercantile and professional lines: in Prince Rupert their number included a wharfinger for the Grand Trunk Pacific, the owner of a men's clothing store, a real estate agent, three engineers, and the owner of a small fleet of tugboats and scows. What this group had in common, however, was property ownership, a marker that set them apart from the transient male labourers who drifted through early Prince Rupert, perhaps setting their shovels to work laying the first wooden water pipes under the city's roads.⁵³ Like their colleagues in Vernon and Nelson, Prince Rupert's first aldermen comprised a white, urban elite with long-term plans for their community and a desire to establish solid civic governance.⁵⁴ Hospitals, schools, and churches, all institutions that they enthusiastically promoted, set the urban tone and severed links with the frontier.

As might be expected from a number of merchants on municipal councils and local health committees, a related appropriation of the sanitary ideal was

49 "Good Thing for the Boys", *Prince Rupert Optimist*, October 10, 1910.

50 GVMA, Paddy Mackie's Newspaper Index; Thuillier, *A Century of Caring*, pp. 13–15, 18.

51 This professional division is taken from the presidential address to the annual meeting of the Association of Executive Health Officers of Ontario, June 1893, quoted in *First Report of the Provincial Board of Health of British Columbia* (Victoria: Queen's Printer, 1895), p. 530.

52 Margaret W. Andrews, "The Emergence of Bureaucracy: The Vancouver Health Department, 1886–1914", *Journal of Urban History*, vol. 12, no. 2 (February 1986), pp. 131–155. In Prince Rupert, for example, only one of the 14 men who served on the first municipal health committee, a Norwegian, was not from Central or Eastern Canada or England (Bowman, *Land of Liquid Sunshine*). This profile was compiled from a series of pioneer biographies.

53 British historians of public health have fruitfully explored the linkage among wealth, property, and public health. See Sheard and Power, "Body and City: Medical and Urban Histories of Public Health".

54 Local historian John Norris makes a distinction among three groups of "founding fathers" in Nelson: itinerant miners who were the first white residents, professionals who had strong ties with England, and the American-dominated entrepreneurial class who were most active in early civic politics. Norris, *Historic Nelson*, pp. 230–244.

the presentation of good sanitation as a necessary step toward a dynamic, prosperous commercial centre — a place where people would want to live and set up businesses. Here civic-minded concern merged with self-interest. Public health boosterism cast those who practised poor sanitation or did not support sewers and garbage collection as poor team players and throw-backs to the frontier era.⁵⁵ “Progress is Now Assured,” read a banner headline from Nelson’s *Daily Miner* in 1899, but the article went on to caution that continued civic growth depended on extension of the sewerage and water systems.⁵⁶

Early sanitation in Vernon, Nelson, and Prince Rupert demonstrates how the construction of municipal public health hierarchies was linked both to provincial developments and to localized, practical elements. For civil engineers and local physicians, professional work in municipal sanitation schemes was financially remunerative. For local businessmen, public health made economic sense. In a broader, more philosophical sense, good public sanitation became part of the triumph of civilization and of the collective over the frontier and the individual.

Civic Governance and Professional Public Health: The Creation of Sanitary Spaces

References linking sanitation and civilization run through the discourse of state health administrators. Dr. John Chapman Davie, first chairman of the Provincial Board of Health, stated in his inaugural address that boards of health were “an indication of the educational status and the degree of civilization of a country”.⁵⁷ Public health was considered an important facet of efforts to move beyond the frontier experience. As Margaret Andrews points out in her history of sanitary conveniences in Vancouver, more basic notions of sanitation were perceived as being culturally linked to an earlier, less enlightened era and were regarded as an obstacle to the advance of the metropolis.⁵⁸ Good sanitation meant a moral, civilized society. Bad sanitation meant rough-dug privies that saturated the surrounding ground, smelly

55 I draw here on Alan Artibise’s ideas about civic boosterism. Artibise’s notion of “the team” as a key element of good citizenship in community development shares a great deal with the community ethos of urban sanitation that medical historians like Anthony Wohl write about. Alan F. J. Artibise, *Prairie Urban Development, 1870–1930* (Ottawa: Canadian Historical Association, Historical Booklet no. 34, 1981), p. 17; Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (London: Methuen, 1983), p. 175.

56 “Progress is Now Assured”, *Daily Miner*, May 30, 1899, p. 1.

57 *First Report of the Provincial Board of Health of British Columbia*, p. 476.

58 Andrews, “Sanitary Conveniences and the Retreat of the Frontier”. My work and that of Bob McDonald also focus on the marginalization of single, labouring men. Megan J. Davies, “Old Age in B.C.: The Case of the ‘Lonesome Prospector’ ”, *BC Studies*, no. 118 (Summer 1998), pp. 41–66, and *Into the House of Old: A History of Residential Care in British Columbia* (Montreal and Kingston: McGill-Queen’s University Press, 2003), chap. 1; Robert A. J. McDonald, *Making Vancouver: Class, Status and Social Boundaries, 1863–1913* (Vancouver: University of British Columbia Press, 1996), pp. 201–223.

hogs wondering at will through public spaces, offal and animal waste on the streets surrounding the local butcher — all of which threatened the social order that Davie and his colleagues were trying to set in place. The “scripts” created or promoted by these men were aimed at bringing together the white civic body, orienting the individual not to his or her own health but to the health of the collective.⁵⁹

Unlike Britain’s Victorian reformers such as Edwin Chadwick, BC’s early sanitation officials did not posit a dirty, dark, and spoiled city against an idealized countryside.⁶⁰ For them, the progressive town was contrasted with the rough, ignorant “frontier” of the jippo logging operation and the mining camp, a negative configuration that may have been connected to the continued demographic dominance of First Nations peoples in unorganized provincial regions. The ideal was a reformed urban setting like Vancouver or Toronto. By 1900 these cities could boast such modern amenities as public toilets, public health laboratories, isolation hospitals, and ranks of sanitary inspectors and public health nurses.⁶¹

While the individual was important as a member of the civic collective or as part of the municipal health team, BC’s early public health movement was essentially environmentalist. Concerned with cleaning up filth and limiting the spread of disease, activists and officials saw the emerging town or city as a space to be controlled and reconfigured in alignment with sanitary requirements. A well-ordered urban geography, with good drainage and adequate garbage, sewerage, and water systems, was necessary, as was the containment of “problem populations” to allow their routine inspection. Within the context of these broader environmental elements, sanitary rituals like milk testing, cleansing of diseased homes, surveillance of suspect populations, and disposal of bodies, garbage, and excrement could take place.

Officials took on the task of imposing a sanitary “order” on these new towns by establishing appropriate urban sanitary “zones” — places for white people to live, places for prostitutes and Asians, places for animals, places for rubbish and human waste, water systems to import safe drinking water, and sewer systems to remove waste water and human excrement. The creation of cemeteries was also part of this process. Civil engineers and medical officers of health together inspected and catalogued the natural and built environments, constructing sanitary systems that, as Prince Rupert’s city engineer stated, “when linked up would be just one more member of a great machine, made and fitted for its place”.⁶² I see this as a kind of sanitary

59 Jones, “Languages of Plague in Early Modern France”, pp. 45–46.

60 Sheard and Power, “Body and City: Medical and Urban Histories of Public Health”, pp. 9–10.

61 MacDougall, *Activists and Advocates*; Mariana Valverde, *The Age of Light, Soap and Water: Moral Reform in English Canada, 1885–1925* (Toronto: McClelland & Stewart, 1991); Andrews, “Sanitary Conveniences and the Retreat of the Frontier” and “The Emergence of Bureaucracy”.

62 BCA, GR 132, Box 18, File: Prince Rupert #3, Report by W. McGeorge Mason, acting city engineer to Chairman and members, Prince Rupert Board of Public Works, July 20, 1912.



Figure 2 Flooding on Barnard Avenue, Vernon, 1906. View of flooding near the 3200 block on Barnard Avenue. In the foreground is a stack of drainpipes awaiting installation (Greater Vernon Museum & Archives).

“mapping” — an intellectual and real ordering of the urban landscape that separated and regulated the clean and the dirty, the white and the non-white, thus creating a safe sanitary environment.

This mindset, with its concern for order and conformity and its distaste for nature, was at the heart of the urban sanitary ideal. When Provincial Health Inspector Clive Phillips-Wolley visited Nelson in 1896, he was horrified at conditions in the town, which he presented as a kind of unsanitary anarchy. Animals, nature personified and virtually invading the urban landscape, figured largely in his subsequent report.⁶³ “Pigs perambulated the streets; cows wandered up the ravine in which the sewer leaked out its filth,” the inspector wrote, adding that “the cows of the milk ranch were stabled in the midst of dwelling houses”.⁶⁴ Phillips-Wolley remained in the town for two weeks, working with a kind of frenzied sanitary glee to stamp out the forces of filth and disorder, personally pulling down old privies and water flumes and driving the pigs off the streets.

What the good inspector was reacting to was a rural “frontier” that was obscuring what he wanted to see — a sanitary urban scene. He was not the only person to find this unsettling, for sanitary complaints about livestock abound in the early history of these towns. One of the first actions of the Provincial Board of Health had been to put pressure on the government agent at Nelson to get pigsties in the city cleaned up. The board sent the government agent a copy of the Sanitary Regulations and demanded immediate action.⁶⁵ Yet livestock continued to be a problem. Two years after Phillips-Wolley’s visit, council notified owners of livestock that animals should not be allowed to run loose within city limits.⁶⁶ Medical Health Officer Edward Arthur campaigned against the “promiscuous scattering of stables” in residential parts of Nelson, arguing that they were not “in the interest of public health or the beauty of the City”.⁶⁷ Pigs still resided within city limits as late as 1915, causing some local citizens to complain to the city council.⁶⁸

With a stronger agricultural base than the other two communities, Vernon endured livestock as an inevitable feature of life — and a cause of sanitary concern to health officials. In 1904 the medical officer argued that an outbreak of typhoid might occur if animals were fed refuse and the pound

63 This revulsion with nature suggests the Austrian painter Franz Marc (d. 1916). Marc’s early paintings were celebrations of the earthy beauty of animals, but he later wrote, “now I have become ... more conscious of the ugliness of nature, its impurity. Perhaps it is our European view of the world...” Cited in Susan Griffen, *Pornography and Silence: Culture’s Revenge Against Nature* (New York: Harper & Row, 1981), p. 10.

64 *Second Report of the Provincial Board of Health of British Columbia* (Victoria: Queen’s Printer, 1897), p. 719.

65 *First Report of the Provincial Board of Health of British Columbia*, p. 487.

66 NCH, *City Council Minute Book*, vol. 1, July 4, 1898.

67 NCH-AC, letter from E. C. Arthur to Mayor and Aldermen, City of Nelson, March 13, 1914.

68 NCH-AC, letter from Mrs. A. Jefferys and Neighbours to Nelson City Council, August 30, 1915; letter from E. C. Arthur to the Mayor and Aldermen, City of Nelson, September 9, 1915.

by-law was not enforced.⁶⁹ The following year Carolos Cryderman was appointed pound-keeper and Alex Stansfield was awarded the post of pound-driver. They were instructed to enforce the pound by-law strictly, and a notice was placed in the newspaper announcing this fact.⁷⁰ Of course, this dynamic is not surprising in places that had been wilderness or frontier boom towns only a few decades previously, but those pushing for sanitary standards were seeing these communities as urban spaces. With no notion of recreating a rural ideal, they were instead aspiring to the health standards of cities like Vancouver and Toronto.

Rats, rather than agricultural livestock, plagued Prince Rupert, prompting an inquiry to the Royal Institute of Public Health in London for literature on the subject.⁷¹ Throughout 1910 and 1911 the council made repeated attempts to rid the city of this rodent menace, employing Mr. J. Reid as official rat-catcher at a monthly salary of \$60 with a bonus of 50 cents for each dozen rats exterminated.⁷²

In Prince Rupert, the most ambitiously envisioned of the three towns, we find a merging of the sanitary ideal with the Garden City concept, whereby a controlled and sanitized “English” pastoral element was reconstructed in the urban setting. The Prince Rupert reservoir, built to provide the town’s water supply, was constructed to fit into an ambitious civic park system. This was a typical innovation of Frederick Olmsted, renowned designer of New York’s Central Park and a mentor of George Hall, Prince Rupert’s city planner.⁷³ During the same period Vernon passed a municipal by-law mandating the planting of shade trees throughout the city, with aldermen apparently taking personal responsibility for the task.⁷⁴ It is likely that the greening of Vernon was a response to Colonel Tracy, the Vancouver engineer who had visited the town to report on sewerage and water systems, but also made suggestions for “beautifying the city by the construction of boulevards and the planting of shade trees”.⁷⁵ The link between public sanitation and a pastoral ideal is also evident much earlier in the case of Nelson. Gilbert Malcolm Sproat, who laid out the original town site in 1880, noted that the location “has the advantages of Cottonwood water fall, meadows for a town common, Ward Creek for a sewer, and a basin between Vernon Street and the lake as a park for the women and children, God bless them”.⁷⁶

69 “Vernon City Council”, *Vernon News*, October 13, 1904, p. 1.

70 “Vernon City Council”, *Vernon News*, March 16, 1905, p. 1.

71 Prince Rupert City Hall [hereafter PRCH], *City Council Minutes*, November 28, 1910.

72 *Ibid.*, May 5, 1911.

73 Leonard, *A Thousand Blunders*, pp. 129–130.

74 Vernon passed a by-law in 1906 for planting shade trees throughout the city. “Stories are told of seeing aldermen planting trees everywhere. The by-law prohibited the tethering of horses or other animals to the trees or to the barriers around them” (Oram, *The History of Vernon*, pp. 66–67).

75 “Tracy Presents Report”, *Vernon News*, April 12, 1906, p. 1.

76 BCA, GR 1440 2261/88, Gilbert Sproat, “Memorandum on proposed townsite”, September 3, 1880.

Like livestock, rats, and trees, garbage also had to be put in its place. The odour of rotting waste permeated these towns. A citizen's irate letter to the Provincial Board of Health in 1895 shows the link that was made in the public mind between bad smells and bad health, an older notion of the connection between odour and disease: "In this town [Nelson] there exists a slaughter house where animals of all kinds are kept and killed, the result being odors which are most unhealthy and decidedly injurious to the health of the community, as well as unpleasant to residents in the vicinity, as it is located within a very short distance from good residences."⁷⁷ In 1906 A. Cary, the Vernon scavenger, complained of the smell from the cesspool in front of his house and the chicken house at the Kalamalka Hotel.⁷⁸ In 1910 General Superintendent Mehan of the Grand Trunk Pacific stated that the smell of garbage at the Prince Rupert dock was "causing offence to passengers and others on the wharf".⁷⁹ The same year Dr. G. Harkin, Nelson's medical health officer, complained of "foul odors in many parts of the town".⁸⁰ The pigs of Nelson were notable for the "terrible smell that comes from them in hot weather".⁸¹

Sources of offensive and potentially harmful odours were kept under careful surveillance by medical officers and sanitary inspectors. In 1906 Nelson's Dr. Edward Arthur argued that a slaughterhouse did not belong in the city and would inevitably create unpleasant odours. He maintained a watchful eye on the premises, visiting it twice or three times each week.⁸² In 1911 Prince Rupert's medical officer reported that foul garbage was being dumped in a hole in the lane between Third Avenue and Fraser Street. The council agreed to have the Board of Works block up the opening.⁸³

Two of the first tasks of a town council were to establish a system of garbage disposal and a civic dumping ground. In April 1898 the Canadian Pacific Railway notified Nelson's town scavengers that they could no longer use a piece of land owned by the company as a nuisance ground. The chair of the Public Works Committee and the city engineer were instructed to select a suitable site.⁸⁴ Initially done by a private contractor, Nelson's scavenging was taken over by the city one year later, necessitating the purchase of a team and wagon.⁸⁵ The town minutes for February 1899 state that the council agreed with the health officer that this work was simply too critical to the welfare of

77 Letter from Thoburn Allan of Nelson to Provincial Board of Health, November 19, 1895, reprinted in *First Report of the Provincial Board of Health of British Columbia*, p. 520.

78 "Vernon City Council", *Vernon News*, May 17, 1906, p. 1.

79 "Health Committee's Suggestions as to Mehan's Complaint", *Prince Rupert Optimist*, September 24, 1910.

80 NCH-AC, letter from G. Harkin to the Mayor and Aldermen, City of Nelson, July 25, 1910.

81 NCH-AC, letter from Mrs. A. Jefferys and Neighbours to Nelson City Council, August 30, 1915.

82 NCH-AC, letter from E. C. Arthur to the Mayor and Aldermen, City of Nelson, September 18, 1906.

83 PRCH, *City Council Minutes*, November 1, 1911.

84 NCH, *City Council Minute Book*, vol. 1, April 18, 1898.

85 *Ibid.*, April 8, 1899.

the town to be done by a private party.⁸⁶ In 1915 the town put an incinerator into operation, utilizing coal ash to burn the city's garbage.⁸⁷

A letter written in 1895 to the editor of the *Vernon News* was strongly in favour of an adequate system of garbage disposal: "A system of this kind is in operation in every well regulated city, and if the public health of Vernon is to be considered no time ought to be lost in introducing it here."⁸⁸ A dumping ground was created the next year, but only after the city council had received powers of compulsion from the Provincial Board of Health that allowed the council to obtain the necessary land.⁸⁹

In Prince Rupert, the proximity of the sea created a seemingly endless dumping ground. Based on recommendations made by the Streets Committee and the city engineer, the municipal council contracted out garbage services in 1911.⁹⁰ The infamous "Sniff Yacht" took waste from the city out into the Pacific. Yet this system had its flaws. In 1911 the *Prince Rupert Daily News* reported that heavy weather had allowed the barge to break loose. "Today," the writer noted, "she is adrift on the high seas, while all the waterfront misses her fragrant and familiar presence."⁹¹

There are hints that, even when garbage disposal and city dumping grounds were established, the task still remained to convince residents to use these services. In 1905 Vernon aldermen expressed concerns that unsanitary rubbish heaps in backyards would spread typhoid through the town.⁹² In 1914 Nelson's medical officer complained that, because scavenging was not under his authority, he was unable to enforce civic regulations regarding stable refuse.⁹³

When it came to dealing with bodily waste, municipal sewage systems were the ideal, but the cost of implementing large public works projects in the immediate post-incorporation period was prohibitive. During this time, municipalities had to find other ways of dealing safely with human excrement. Provincial health authorities pushed for the use of dry-earth closets, structures with boxes that could be emptied and cleaned on a regular basis. Yet the dry closet method was labour intensive and expensive.⁹⁴ Moreover, as was the case in other emerging urban centres, residents often held assumptions and used methods based on their experiences of these communities as less populated areas. A dug privy, which worked in Vernon in 1890, for example, was no longer possible in 1896 when the closer proximity of

86 *Ibid.*, April 27, 1899.

87 NCH-AC, reports by E. C. Arthur to the Mayor and Aldermen, City of Nelson, December 1, 1915 and January 3, 1916.

88 Letter to the Editor, *Vernon News*, July 25, 1895.

89 *Second Report of the Provincial Board of Health of British Columbia*, p. 696.

90 PRCH, *City Council Minutes*, March 27, 1911.

91 *Prince Rupert Daily News*, November 8, 1911, p. 8.

92 *Vernon News*, November 23, 1905, p. 1.

93 NCH-AC, report by E. C. Arthur to the Members of the Board of Health, City of Nelson, December 12, 1914.

94 Wohl, *Endangered Lives*, pp. 98-100.

dwelling meant that seepage from a dug privy could pollute well water. Privies with boxes, which were emptied routinely, were widely used in British cities. In Edinburgh, for example, more than 14,000 homes were part of the pail system by 1873, and 200 night-soil collectors moved 56,000 tons of excrement yearly.⁹⁵ But BC residents seem to have been less keen on this method: in 1890, for example, Constable Heron of Vernon reported that it was difficult to persuade people to use box privies.⁹⁶ In 1918, much to the consternation of Dr. Isobel Arthur, Nelson's acting medical officer, there were still individuals who emptied their own privies — usually, she claimed, into their yards.⁹⁷

Night-soil collectors are the most elusive figures in the sanitation story. I found few direct references to them in the documents and no mention in the press or published histories. In most cases, the historical consciousness of current sanitation professionals in these towns contains no awareness of the night soil collector. This is hardly surprising. Elsewhere, in Britain and France, those who dealt directly with human excrement were considered filthy, disgusting, and “an offence against humanity”.⁹⁸ In British Columbia, scavengers or night-soil men never appear on lists of civic officials, but, hired to transport garbage and empty cans or boxes, they can be found in city council minutes and council correspondence. The life history of Richard Bury, Prince Rupert's city garbage collector from 1910, hints at the marginal social status of these men: Bury came from a respectable English family, but was banished to the remote northern coast of British Columbia following an unsatisfactory encounter with a kitchen maid.⁹⁹

Before Vernon's sewer was built, night soil was buried in trenches in the city dumping ground.¹⁰⁰ In Nelson in 1908, one of the city Sanitary Department's two teams of horses was engaged three nights a week collecting night soil.¹⁰¹ The waste was then disposed of into the city's sewer system.¹⁰² The Prince Rupert Health Committee purchased 1,000 night soil cans in 1914, having taken over the service from private contractors.¹⁰³ The following year the city's night soil wagon, known locally as “The Honeywagon”, was operating six nights a week with a staff of three men who emptied the “pots” while

95 *Ibid.*, p. 96.

96 *Vernon News*, October 22, 1896. In 1895 Dr. Robert McKechnie, health officer in Nanaimo, reported that, while boxes were meant to be used by residents and emptied monthly by the scavenger, there were still many dug privies in use (*First Report of the Provincial Board of Health of British Columbia*, p. 512).

97 NCH-AC, letter from I. Arthur to the Mayor and Aldermen, City of Nelson, September 22, 1918.

98 Wohl, *Endangered Lives*, p. 91.

99 This information came from Brian Hadland, Prince Rupert resident and grandson of Richard Bury.

100 *Vernon News*, October 22, 1896.

101 NCH-AC, letter from E. J. McGregor to the Mayor and Aldermen, City of Nelson, March 23, 1908.

102 NCH-AC, letter from A. L. McCulloch and Thomas Symes to the Mayor and Aldermen, City of Nelson, September 8, 1902.

103 PRCH, *City Council Minutes*, June 22, 1914.

CITY OF VERNON
SCAVENGING

No. 526

Street _____ Name 1915

Clean Up	Date	Signature
1st	April 27	WRF
2nd	May 28	WRF
3rd	July 11	WRF
4th	Aug 17	WRF
5th	Sep 21	WRF
6th	Oct 26	WRF
7th	Dec 3.	WRF
8th	Jan 11	WRF
9th	Feb 18	WRF
10th	Mar 22	WRF

Figure 4 City of Vernon scavenging record, 1915 (Greater Vernon Museum & Archives).

the good folk of the town were sleeping.¹⁰⁴ With a new auto instead of a team of horses, the service was then reduced to four nights a week and two men.¹⁰⁵

104 The terms “honeywagon” and “pots” came from Brian Hadland, Prince Rupert resident and grandson of Richard Bury, an early city garbage collector.

105 PRCH, *City Council Minutes*, July 12 and 26, 1915.

No. 286 City of Vernon

NIGHT SOIL

1914

Street _____ Name _____

Clean Up	Date	Signature
1st	April 23	aur
2nd	May 27	aur
3rd	July 4	aur
4th	July 11	aur
5th	Sep 16	aur
6th	Oct 22	aur
7th	Nov 20	aur
8th	Jan 4	aur
9th	Feb 11	aur
10th	Mar 18	aur

Figure 5 City of Vernon night soil record, 1914 (Greater Vernon Museum & Archives).

Contemporary literature outlining the correct system for dry-earth closets and the collection and disposal of night soil shows the concern for repetitive, ritualistic, and very controlled methods that Alain Corbin has noted in the case of France.¹⁰⁶ During his tour in 1897, Clive Phillips-Wolley distributed

¹⁰⁶ Corbin, *The Foul and the Fragrant*, pp. 93–94. Corbin notes the same ritualized process for dung collection in Paris (pp. 117–118).

copies of a Provincial Board of Health circular about privies and cesspools to scavengers in Nelson, telling them to empty, cleanse, disinfect, and fill up privy pits and cesspools and replace them with “regulation dry earth closets having water tight receptacles above ground which can be removed and emptied by scavengers”. Phillips-Wolley’s checklist of correct procedure continued: scavengers should work at night, they should use water-tight carts and clean them out of town, they should keep dumping grounds fenced and locked, and they should have a supply of dry earth on hand to sell during the winter.¹⁰⁷ While rather extreme, Phillips-Wolley was by no means extraordinary in his belief that procedures for dealing with human excrement should be tightly controlled. Perhaps following Phillips-Wolley’s recommendations, in 1897 the Vernon town council charged the sanitary inspector with informing the public that all privy pits were to be cleaned.¹⁰⁸ Six years later Prince Rupert city council passed a by-law governing the construction and upkeep of outhouses.¹⁰⁹ In 1914 Nelson’s city engineer devoted two pages of an annual report to a discussion of methods of collection and disposal of night soil.¹¹⁰

Patterns of ritual urban sanitary practices can also be found in milk-testing procedures and methods used to disinfect dwellings where there had been contagious disease. With good records existing from the Arthur era in Nelson, I found the medical officer there engaged in routine milk testing from 1906. Dr. Edward Arthur made satisfactory visits to the four dairies supplying milk in the city in June of that year, but he continued to lobby for a “Babcock Separator” to allow a proper biological study of milk.¹¹¹ When this equipment arrived, Arthur engaged the chief of police to assist in the collection of milk samples, measuring fat levels and ascertaining that three local dairies either skimmed or watered their milk.¹¹²

Medical officers were required to report deaths and cases of infectious disease to the Provincial Board of Health. Frustration with the limits of medical power is evident, however, in Dr. Edward Arthur’s 1906 report: “There were numerous cases of measles, chicken-pox and whooping cough, but these were not reported.”¹¹³ When a resident fell ill with an infectious disease like diphtheria or scarlet fever, the medical officer was responsible for tracing the source of the infection and ensuring that quarantine was main-

107 *Second Report of the Provincial Board of Health of British Columbia*, pp. 722–723.

108 *Vernon News*, April 8, 1897, p. 1.

109 City of Prince Rupert, *Annual Report for Year Ending December 31st, 1911*, p. 27.

110 NCH–AC, report by G. C. McKay, City Engineer, to the Chair of the Health Committee, June 19, 1914.

111 NCH–AC, letter from E. C. Arthur, Medical Health Officer, to the Mayor and Aldermen, City of Nelson, March 5, 1906; letter from E. C. Arthur, Medical Health Officer, to the Mayor and Aldermen, City of Nelson, June 11, 1906.

112 NCH–AC, letter from E. C. Arthur, Medical Health Officer, to the Mayor and Aldermen, City of Nelson, July 3, 1907.

113 NCH–AC, public health report for 1906 by E. C. Arthur to Dr. C. J. Fagan, Secretary, Provincial Board of Health, n.d.

tained until the period of infection was past. Following the trail of measles in Nelson during 1914, Dr. Arthur found that four cases had come from one building, leading him to hypothesize that the original source was likely an outsider who had concealed the illness. Another case, Arthur stated, came from Vancouver, but quick reporting meant that quarantine had speedily halted infection.¹¹⁴ Once the illness was over, then the sick person's quarters were fumigated under the supervision of the medical officer. In 1906 Arthur used formalin to fumigate two dwellings, and the following year he oversaw the disinfection of public schools attended by students who had developed diphtheria.¹¹⁵ While the city of Nelson had built an isolation hospital by this point, these young patients may have been nursed at home, with the entire family being placed under quarantine. As the documents concerning the establishment of an isolation hospital testify, these structures, though only used on an occasional basis, were nonetheless seen as critical in preventing the spread of deadly diseases. Dr. Reddie, Prince Rupert's medical health officer, lobbied hard through 1912 to have the isolation tent in the hospital grounds replaced by a permanent structure.¹¹⁶

Like their medical colleagues, city engineers also used statistics and mapping to control the urban environment. This is most apparent in the case of Prince Rupert, where a "Garden City" plan laid out an ambitious road system well in advance of settlement. Documenting local rainfall between 1908 and 1912 and estimating future population growth in districts A, B, C, D, M, and J of the community, engineer W. McGeorge Mason calculated the volume of storm water and sewage output likely to be produced. These data, combined with careful drawings of the sewer pipes needed to go through the local terrain of rock and muskeg and of the tidal flaps that covered the cast iron pipes at the outfall point, were presented to the city council in 1912.¹¹⁷

Night soil, bilious cesspools, and smelly hogs roaming the streets were images of chaos that BC's early sanitarians strove to replace with an ordered and sanitized urban landscape. In this process sanitary rituals, such as the collection and disposal of garbage and human excrement and the use of quarantine and fumigation, helped reinforce the power of the sanitation and health professionals over the frontier ethos. The natural unspoiled rural environment, far from being the ideal, was to be replaced by the modern, scientific city-scape in which nature would be represented by well-tended parks and tree-lined boulevards.

114 NCH-AC, public health report for year ending November 30, 1914 by E. C. Arthur to Members of the Board of Health, City of Nelson, December 14, 1914.

115 NCH-AC, public health report for 1906 by E. C. Arthur to Dr. C. J. Fagan, Secretary, Provincial Board of Health, n.d.; NCH-AC, public health report for 1907 by E. C. Arthur to Mayor and Aldermen, City of Nelson, December 30, 1907.

116 PRCH, *City Council Minutes*, January 15, 1912; January 24, 1912; May 6, 1912.

117 PRA, 996-10, MS #2891, Sewerage Report by W. McGeorge Mason, City Engineer, to Board of Works, October 31, 1912.

Race and Sanitation

Besides the odour of rank privies and the shadowy figures of the night soil collectors, the history of sanitation in BC is also tainted by the strong scent of racism. Much as the poorer classes were stigmatized in England and France, Chinese people in early Nelson, Vernon, and Prince Rupert were relentlessly portrayed as unsanitary, filthy, ignorant, and a public danger.¹¹⁸ While white citizens were also charged with sanitary violations, such incidents were presented as exceptions rather than the norm. Western science and bio-medical concepts supported contemporary notions of the natural superiority of white settlers and were therefore fundamental in the drive to create a white British Columbia.

The focus on Asians is striking. In my archival research, I found only one instance of another ethnic group being singled out for the attention of sanitary officials — when medical officer Dr. Labau submitted a lengthy report on the Chinese and Italian shack districts of Nelson in 1900. His negative assessment of the buildings in question (the *Nelson Tribune* referred to them as having been “painted in black colours” in the report) prompted the authorization of Sanitary Inspector Thompson to take immediate action to ensure that a clean-up took place.¹¹⁹ In Nelson, Prince Rupert, and Vernon, Asians became “the other”, foreigners with unsanitary habits that set them apart from white people.¹²⁰

Use of a medico-scientific perspective allowed Euro-Canadian civic officials (and hence other citizens) to view Asians through a biological lens, framing them as polluted and potentially contagious. In this paradigm, purification was not possible. Professional and civic authorities therefore provided a rationale for segregating Asian residents and subjecting them to bio-medical surveillance. With race as a central mark through which public health fault-lines were drawn, biology became critical to the way in which

118 Corbin and Wohl are particularly insightful concerning how the bourgeois or middle classes of France and Britain stigmatized the poor for lack of adequate sanitation, creating a stereotype that associated these people with animals — repulsive, dirty, smelly, and infected sub-humans. See Corbin, *The Foul and the Fragrant*, pp. 144–148; Wohl, *Endangered Lives*, pp. 92–93. There are good sections on public health and Chinese communities in BC in Roy, *A White Man's Province*, chap. 2, and Kay J. Anderson, *Vancouver's Chinatown: Racial Discourse in Canada, 1875–1980* (Montreal and Kingston: McGill-Queen's University Press, 1991), pp. 82–91. For a broad discussion of anti-Asian thought and practice in BC, see W. Peter Ward, *White Canada Forever: Popular Attitudes and Public Policy Toward Orientals in British Columbia* (Montreal and Kingston: McGill-Queen's University Press, 1978).

119 *Nelson Tribune*, February 27, 1900, p. 1.

120 The social creation of the “other” has been explored by a number of important scholars. See Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation* (New York: Routledge, 1992). For a reworking of this theme in the historiography of public health, see Susan Gross Solomon, “The Health of the ‘Other’: Medical Research and Empire in 1920s Russia”, in John Woodward and Robert Jutte, eds., *Coping with Sickness: Perspectives on Health Care, Past and Present* (Sheffield: European Centre for the History of Medicine and Health Perspectives, 1996), pp. 137–160; Corbin, *The Foul and the Fragrant*; Wohl, *Endangered Lives*.

social and political relations operated. While not all Euro-Canadian citizens of Vernon, Nelson, and Prince Rupert were willing to adhere to civic sanitation codes, in public health scripts “White” sanitation was consistently constructed as good practice, while “Asian” health habits were viewed as dangerous. This history thus places public health policy within the broader context of efforts to create a white British Columbia.¹²¹ This does not mean that class was unimportant in early public health in BC, but merely that it was subsumed to race in public health discourse.

In the three communities considered here, “Asian” effectively meant a male immigrant or sojourner from China, as there do not appear to have been any East Indian or Japanese residents and there were no female Chinese residents. Their economic involvement in these new urban communities suggests that in the 1890s Chinese entrepreneurs were able to break into the wider economic marketplace. Their exclusion from the community as full citizens, coupled with local prejudice against Chinese businesses, however, must surely have limited their economic scope. Having been denied the franchise in 1874, Chinese people were effectively shut out of any route into the public health process beyond the court of law.

The press, the provincial government, local politicians, health officials, and the public all participated in linking race with cleanliness and good citizenship. The dominant culture needed to hold an image of the Chinese resident, his home, and his habits that lay in direct opposition to the “white” sanitary ideal that they were promoting. No grey areas could be permitted, for they might muddle racial stereotypes. In the summer of 1895, when five Chinese men were brought before the Vernon court for ignoring municipal regulations concerning outhouses, the defendants had to “promise to at once procure the services of a white carpenter and have their closets re-constructed in a proper manner”.¹²² Like the poorest classes in nineteenth-century France, Chinese residents were equated with animals. “I have found Chinamen living like sewer rats, a grave danger to white man’s health,” Phillips-Wolley fumed in his 1897 report.¹²³ The *Nelson Economist* used Phillips-Wolley’s arguments two years later, stating in an editorial, “These people are dangerously unsanitary in their habits. They herd together in hovels that a whiteman would not use for his cattle, and thus endanger the public health.”¹²⁴

The segregation of Chinese people to their own quarter of the town dem-

121 I use the notion here of race as something that was socially created, negotiated, and reproduced over time. See Vic Satzewich, “Whiteness Limited: Racialization and the Social Construction of ‘Peripheral Europeans’”, *Histoire sociale/ Social History*, vol. 33, no. 66 (November 2000), pp. 271–289; Anderson, *Vancouver’s Chinatown*, pp. 13–28.

122 *Vernon News*, August 1, 1895.

123 Report of Secretary, “Third Report of the Provincial Board of Health, 1897”, *Sessional Papers of British Columbia*, 1898, p. 1178. Phillips-Wolley was also deeply critical of methods used by Chinese people for growing vegetables, a concern taken up by provincial health authorities after the bubonic plague had hit San Francisco. Roy makes links between broader economic, political, and health concerns and attitudes toward Chinese people in BC in *A White Man’s Province*, pp. 33–36.

124 “Editorial”, *Nelson Economist*, November 21, 1900.

onstrates the creation of sanitary “zones” within the emerging urban environment. As Kay Anderson notes, the place we call “Chinatown” was shaped both by the residents who lived there and by the powerful who defined urban “zones”.¹²⁵ Asians were generally tolerated in BC’s frontier settlements, but part of the shift to permanent communities was the move to relocate them (often along with prostitutes) into Chinatowns, usually in less desirable parts of the city. The need to control Asians and prostitutes, individuals who existed to some degree “outside” the power of the white male elite, is suggestive.¹²⁶ Certainly, an historical parallel exists to the 1876 *Indian Act* and 1884 *British Columbia Land Act*, which served to segregate Aboriginal peoples from non-Native populations in the province.¹²⁷ As one Nelson newspaper stated, “in a well ordered and comparatively cleanly town”, the Chinese population should be confined to a specific area.¹²⁸ In a process that echoed events in Vancouver, Nelson authorities tried in 1898 to shift Chinese business away from Baker Street to the section between Vernon Street and the railway tracks.¹²⁹ This geographical segregation was of course paralleled by educational and religious segregation.¹³⁰

Sanitation was a key rationale behind this kind of civic racism. In 1901 Dr. Labau, medical officer for Nelson, noted that there had been a “great improvement in the sanitary condition” of the Asian population since his suggestion of placing them in their own quarter of the city had been followed. Their great ignorance of sanitary methods and disease prevention, coupled with “their secretive system of taking care of their sick”, made them a “dangerous class of citizens”, LaBau continued.¹³¹ The creation of Chinatowns meant it was easier for medical officers and sanitary inspectors to keep a close eye on Asians, visiting their businesses and dwellings on a regular basis and reporting findings.¹³² This quest for surveillance and control of “dangerous” groups has been analysed by Foucault and others.¹³³

125 Anderson, *Vancouver’s Chinatown*, pp. 8–10, 28–33.

126 See Griffen, *Pornography and Silence*.

127 John Lutz, “‘Relating to the Country’: The Lekwammen and the Extension of European Settlement, 1843–1911”, in R. W. Sandwell, *Beyond City Limits: Rural History in British Columbia* (Vancouver: University of British Columbia Press, 1999), pp. 17–32.

128 “The Heathen Chinees”, *Nelson Daily Miner*, August 5, 1899.

129 *Nelson: A Proposal for Urban Heritage Conservation*, p. 64. In Vancouver, Chinatown was a separate community by the mid-1890s, considered unhealthy and “other” (McDonald, *Making Vancouver*, pp. 87–88; Anderson, *Vancouver’s Chinatown*, pp. 63–71).

130 See, for example, Roy, *A White Man’s Province*, especially chap. 2.

131 NCH–AC, Report of the Health Department of the City of Nelson, December 31, 1901.

132 Both Pat Roy and Bob McDonald deal with public health inspection in Vancouver’s Chinatown. See Roy, *A White Man’s Province*, chap. 2; McDonald, *Making Vancouver*, pp. 201–223.

133 For an example of this approach in public health history, see Paul Laxton’s treatment of the lodging house questions in nineteenth-century Liverpool, “Fighting for Public Health: Dr Duncan and his Adversaries, 1847–1863”, in Sheard and Power, eds., *Body and City*, pp. 59–88. An interesting parallel to BC’s First Nations people is made by John Lutz in his article detailing the federal state’s use of knowledge systems, information gathering, and surveillance of Aboriginal people (“‘Relating to the Country’”).



Figure 6 Chinese Laundry, Nelson, ca. 1910 (Nelson and District Museum, Archives, Art Gallery and Historical Society).

The case of Chinese laundries demonstrates both the systemic racism that took place in the name of good sanitation and the mythical status of Asians in North American public health discourse. White steam laundries were good; Chinese laundries were bad. In August 1899 Nelson residents circulated a petition protesting the fact that the city council had allowed an “old timer” to rent out space to a Chinese laundry. In a statement that hints at divisions between civic boosters and earlier residents, the “old timer” argued that “recent arrivals with new fangled and civilised ideas of cleanliness” were hostile to the interests of established citizens.¹³⁴

Such criticisms of racist sanitation policies and propaganda were a rarity, however, and Chinese laundries were targeted by civic councils, health authorities, and the general public.¹³⁵ Municipalities enacted by-laws to circumscribe the activities of Chinese laundries, and health inspectors kept these premises under close surveillance for possible infractions of sanitary codes. A front-page article in the *Nelson Tribune* in 1901 stated that Chinese laundries were a nuisance.¹³⁶ One year later the city council passed a by-law

134 “The Heathen Chinees”, *Nelson Daily Miner*, August 5, 1899.

135 Pat Roy and Kay Anderson also note the extreme prejudice that existed against Chinese laundries and the economic resilience of many of these businesses (Roy, *A White Man's Province*, pp. 32–33; Anderson, *Vancouver's Chinatown*, pp. 82–83).

136 *Nelson Tribune*, February 5, 1901, p. 1.

restricting the use of buildings for laundries and washhouses to the Lake Street area, well away from the core of the city.¹³⁷ The reporter noted that people living in residential areas “vigorously opposed” the presence of Chinese laundries in their neighbourhoods.¹³⁸ In 1905 Lip Chong was brought before the Nelson police magistrate as a test case to uphold the city by-law that required laundries to use pure water.¹³⁹ The Grand Trunk Pacific was frequently excoriated in the Prince Rupert press for permitting Chinese laundries to operate on its land.¹⁴⁰

A 1912 Vernon newspaper advertisement for the Okanagan Steam Laundry (see Figure 7) illustrates many of the racist myths that circulated about Chinese laundering practices. It was believed that it was common practice in Chinese laundries to wet clothes prior to ironing by spitting upon them, a myth reported by newspapers in each community.¹⁴¹ Not only are sanitary practices openly flaunted in the laundry depicted in “One Lung Sanitary Laundry”, but morality is entirely lacking as well, demonstrating how poor public health and poor morality converged in “scripts” that dealt with Chinese sanitation. While one man is spitting on a shirt, another is smoking opium, and a rat skulks in the left corner of the picture. The reference to tuberculosis in the name of the laundry offers a clear lesson for the viewer.¹⁴²

Certainly, as historians of British Columbia have noted, there was an element of fascination in attitudes toward Chinese residents of Nelson, Vernon, and Prince Rupert.¹⁴³ The grotesque, the evil other, is a compelling and often mythical figure in public health culture. Indeed, the mythic status of the Chinese laundry transcended geographical and political boundaries. A letter to the editor of *The Empire* newspaper in Prince Rupert in 1909 made reference to a criminal action suit that had been taken against Chinese laundry men in Chicago. In Patterson, New Jersey, the reader wrote, a citizen had contracted leprosy from germs lodged in a frayed shirt collar at a Chinese laundry.¹⁴⁴

The construction of racial stereotypes in sanitary debates of this period served to justify the urge of local government to contain and control those viewed as existing beyond the bonds of the white cultural experience. This pattern conforms with the sanitation experience elsewhere, but perhaps class, a reliable marking point in France and Britain between the foul and the

137 A similar by-law had been enacted in Vancouver in 1893. See Anderson, *Vancouver's Chinatown*, p. 83.

138 *Nelson Daily News*, April 24, 1902. “The city council intends taking what action is possible to curtail the number of Chinese laundries in the city and to the end a bylaw regulating the conducting of laundries is to be introduced at the next meeting. A number of laundries are situated in residential districts, where the people vigorously object to their proximity” (*Nelson: A Proposal for Urban Heritage Conservation*, p. 64).

139 “Laundry By-law Upheld”, *Nelson Daily News*, June 11, 1905. The city lost this case on appeal.

140 For example, “White People Have No Choice”, *The Empire*, November 9, 1907, p. 4.

141 “Chinese Laundries Dampen Clothes by Spitting”, *Nelson Daily News*, January 25, 1903.

142 *Vernon News*, special Christmas number, 1912.

143 See Roy, *A White Man's Province*, chap. 2.

144 Letter to the Editor, *The Empire*, February 20, 1909.

The Okanagan Steam Laundry

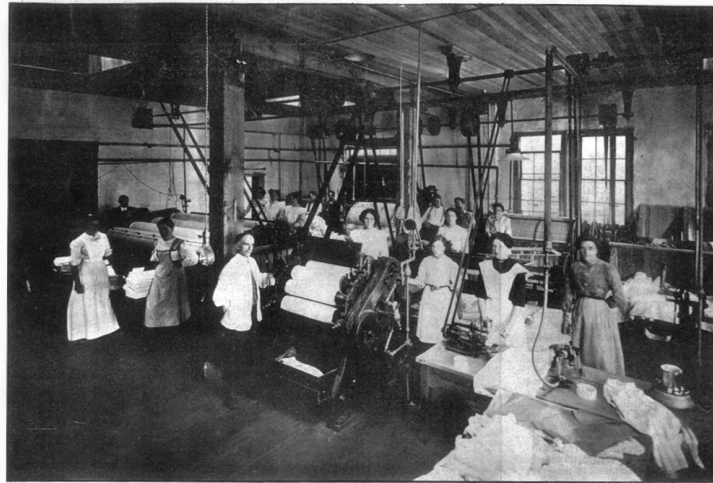
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Dear Madam:

*It is a lot easier to get a good maid when
your advertisement reads "No Washing," and
besides, we will do the Family Washing better
than you can do it at home, and do it cheaper.*

Obey that impulse and Phone 26

Figure 7 Advertisement for the Okanagan Steam Laundry, published in the *Vernon News*, 1912 (Greater Vernon Museum & Archives).

fragrant, was simply too fluid to be effective in small-town BC. In the Old World, rigid class systems blocked social mobility, but in the frontier communities of the New World a canny man with a capacity for hard work and a great deal of luck might rise from labourer to landowner. Instead, Chinese residents of Vernon, Nelson, and Prince Rupert were presented as representing the worst evils of unsanitary and dangerous health behaviour.

Conclusion

We should not perceive the story of early public health in British Columbia as a linear process of historical enlightenment, albeit one blighted by racist beliefs. The task of negotiating public health advances did not always result in an easy victory for the sanitarians. There was resistance to the creation of sanitary zones within towns for specific populations and practices. There was also opposition to abandoning dug privies and to the elaborate prescribed rituals of maintaining dry closets. Livestock roamed at will and rats were a constant plague. Sanitary violations are not usually considered as an aspect of “frontier lawlessness”, but clearly there was tension between those who ignored sanitary codes and those who thought they were important.

While these civic fathers and public health personnel were trying to impose an urban set of values about sanitation, their own personal and institutional histories also demonstrate how the frontier and the urban could co-exist in this transitional moment. In Nelson and Vernon, municipal councils did not appoint a medical health officer until pressure came from the Provincial Board of Health. Nor, while Asians were clearly the target of sustained criticism, was there a clear divide between sinners and saints in terms of minor sanitary infractions among the white population. In Vernon, founding fathers, city councillors, and the local member of the BC legislature were investigated or charged with sanitary violations during the early history of the town.¹⁴⁵ Provincial Sanitary Inspector Phillips-Wolley created a stir in 1896 when he charged Nelson’s medical officer of health for failing to comply with municipal health regulations.¹⁴⁶

What sanitarians created, however, in their battle against dirt and disease, was substantial. Public health hierarchies were established to carry out an environmentalist programme, transforming the frontier town into a sanitary

145 A least two civic fathers were charged with sanitary violations in the first decade of the town’s history. Luc Girouard, Vernon’s first permanent settler and postmaster, was charged with having hogs at large in 1892 (*Vernon News*, August 11, 1892, p. 5). In 1896 Harry Knight, who later served as chair of the Health Committee and was on the board of directors at the Vernon Jubilee Hospital from 1898 to 1918, was taken to police court for allowing offal to accumulate at his butcher shop. He made a plea of guilty and was fined \$10 plus costs (GVMA, Corporation of the City of Vernon, *Police Court Record Book*, 1894). Price Ellison, first chairman of the hospital committee, local Member of Parliament, and the husband of Vernon’s first school teacher and first president of the Vernon Women’s Institute, was visited by the medical health officer in 1904 regarding a nuisance on his land (*Vernon News*, October 13, 1904, p. 1).

146 *Second Report of the Provincial Board of Health of British Columbia*, p. 720.

urban milieu and banishing or sanitizing nature in the process. Public health appointments helped foster the creation of Euro-Canadian male professional elites, whose members brought metropolitan ideas and experiences from central Canada, the United States, and Britain to peripheral BC communities. Public health scripts instructed residents in the art of good sanitary citizenship, promoting a collective health ethos as the best defence against the threat of epidemic disease and social breakdown. Public health projects like sewerage and water systems were constructed, founded on the argument that good sanitation was essential to an economically viable urban community.

It would not be historically valid to present these measures as simply the imprint of the regulatory sanitary mind on BC's embryonic civic formation. There is no question that adequate water supply and sewerage disposal systems save lives. In their first decade of existence, the city councils of Vernon, Nelson, and Prince Rupert built systems to supply their communities with safe drinking water and to dispose of human waste, thereby greatly reducing the possibility of water-borne diseases like typhoid taking hold in their towns. However, as fenced garbage dumps were built and pipes laid under the streets of these three towns, a notion of community was also being constructed. The conception of the "good citizen" — enlightened, prosperous, and urban — was an important element of this process. Yet at the very heart of BC's sanitation programmes was a narcissism that necessitated the creation of "the other", one not of the community and a threat to good civic health. Racism is not just an interesting sidebar, but central to the story of early public health in the province.

As Timothy Stanley points out, Canadian historians need to document racism and to explore the multiple ways in which it shaped post-colonial society.¹⁴⁷ It is reasonable to assume that Chinese residents of Vernon, Prince Rupert, and Nelson would have regarded public health measures in these places within a broader conceptualization of "barriers" created by a hostile host society.¹⁴⁸ They must also have seen this process through the lens of an indigenous Chinese medical culture, however. Situating research from this perspective might allow us to understand, for example, Western indictments of the use of human excrement as fertilizer in Vancouver's Chinese market gardens not just as racial oppression, but as a contested site where two opposing sanitation "scripts" were at play. Research patterned on work such as Mary Ellen Kelm's study of the interplay of First Nations and Euro-Canadian medical cultures would broaden our historical understanding of race and sanitation in BC.¹⁴⁹ I am also left wondering about the manner in which

147 Timothy Stanley, "Why I Killed Canadian History: Conditions for an Anti-Racist History in Canada", *Histoire sociale/ Social History*, vol. 33, no. 65, (May 2000), pp. 79–103.

148 *Ibid.*, pp. 93–94.

149 Mary Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950* (Vancouver: University of British Columbia Press, 1998). Andrew Cunningham and Bridie Andrews, eds., *Western Medicine as Contested Knowledge* (Manchester: Manchester University Press, 1997), contains several very useful essays in this regard.

First Nations people — the focus of public health campaigns in the 1860s and still physically present in 1900 — had been “erased” from urban sanitation discourse by the turn of the century.

Sanitation did not maintain the premier position that it occupied on the public health agenda at the close of the Victorian era. As British Columbia moved into the twentieth century, health programmes broadened to include social medicine. Dr. Henry Esson Young, a rookie provincial personality when Prince Rupert was incorporated, became the primary architect of a very different kind of health and welfare state than Davie and Phillips-Wolley had envisioned. Tuberculosis and venereal disease clinics were established, maternal and child welfare initiatives created, and local health centres set up. Yet, within this brave new public health world, elements of the older sanitation mindset remained, evident in the surveillance of target populations such as suspected tuberculosis carriers and in the ritualized patterns of well-baby clinics.¹⁵⁰

Placed in this broader historical continuum, the limitations of BC’s early sanitarians become evident. Perhaps more than any other facet of public health, sanitation has the potential to act in the interest of social justice, meeting the basic human needs for safe drinking water and a clean environment. This did not happen in the western province, where sanitary officials and public culture promoted racist stereotypes of an underprivileged social group.¹⁵¹ Striding past Chinese businesses and living quarters in 1896 Nelson, Clive Phillips-Wolley was unable to see the connection between the marginal social and economic status of Asian people and their overcrowded and unsanitary living conditions. Nor did he, or the journalist reporting on the overflowing sewer three years later, appear to have appreciated the health risks created by placing the Chinese population so near the town’s sewage outfall.¹⁵² The parallel here to early “scientific” discussions of HIV/AIDS, which blamed the spread of infection in Africa on rampant and irresponsible black sexuality, is clearly evident, setting this smaller, local story of health and race in BC against the broader sweep of geography, space, and time.¹⁵³ Instead of seeking social justice through good health, early public sanitation programmes and philosophies in British Columbia served to create and sustain hierarchical systems of governance and a civic consciousness that were both exclusionary and racist.

150 I have dealt with public health in this period elsewhere. See Megan J. Davies, “Competent Professionals and Modern Methods: State Medicine in British Columbia during the 1930s”, *Bulletin of the History of Medicine*, vol. 76, no. 1 (Spring 2002), pp. 56–83.

151 BC was certainly not unique in this regard. Alan Mayne found that government officials in Australia failed to compensate for damage that occurred to houses and property when smallpox disinfection procedures were carried out in the poorer areas. Alan Mayne, “‘The Dreadful Scourge’: Responses to Smallpox in Sydney and Melbourne, 1881–2”, in Roy MacLeod and Milton Lewis, eds. *Disease, Medicine and Empire: Perspectives on Western Medicine and the Experience of European Expansion* (London: Routledge, 1988), pp. 219–241.

152 “Short Bits of Nelson News”, *Nelson Tribune*, October 5, 1899.

153 For a discussion of early racist discourse around HIV/AIDS, see Cindy Patton, *Inventing AIDS* (New York: Routledge, 1990), chap. 4.