

HUMANITIES

Little hospital on the South Common: A history of the Victoria General Hospital

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Part of the Queen Elizabeth II Health Sciences Centre, the Victoria General is a tertiary care hospital in Halifax. It is a major referral centre for oncological care in the Atlantic provinces, is home to a Multi-Organ Transplant Program, and is host to a wide array of specialized medical and surgical services. The hospital has been at the forefront of medical education in Halifax since its inception, and has provided clinical instruction for numerous other health professions including: nursing, occupational therapy, respiratory therapy, radiological technology, and pharmacy.

This article summarizes the history of the Victoria General Hospital, which has served Halifax for one and a half centuries. During this time, it underwent a dramatic transformation from a last resort for the needy to a venerable modern academic hospital, while contending with political interference and perennial funding concerns. Though its zenith has passed, and its physical edifices have been ravaged by time, the Victoria General Hospital now drifts into its closing years having left a lasting impact on the health of Atlantic Canadians.

A Public Hospital for Halifax

While Halifax had military and privately-funded hospitals at times since the early days of European settlement, the city lacked a public hospital through most of the nineteenth century.^{1,2} The affluent could hire personal nurses and physicians for care within their own homes, while less well-heeled citizens had few options aside from their own close relations.³ In this era, public health was practically non-existent as a priority. The moneyed had little desire to extend care to the poor, particularly when social mores attributed disease to immoral behaviour. Nor were infant and child mortality likely a major consideration, since this population did not engage in useful work. The city's nearest approximation of a public hospital was likely the Poor House, a crowded facility simultaneously acting as a prison, an orphanage, a lunatic asylum, a workhouse for the jobless, and a shelter for the homeless.^{3,4}

Starting in 1832, Halifax physicians unsuccessfully lobbied the City Council and the House of Assembly on multiple occasions for the founding of a public hospital and medical school.⁴ 1844 brought some hope for this cause when mayor Hugh Bell offered to donate his entire year's salary (£300) toward establishment of a public charity, yet bureaucracy and difficulties soliciting additional donations ended the project.^{5,6}

In 1854, news of a severe cholera outbreak in Saint John, New Brunswick may have finally motivated government action.² The next year, City Council passed a resolution to issue bonds up to £5000 toward erection of a City Hospital.⁷ It would be located on the South Common, bounded by Tower Road, South Street, and Morris Street (Figure 1). This site was a popular place for shooting game birds, and enjoyed a small degree of seclusion that was potentially beneficial for containment of epidemics.⁸

A two-level, red brick building with two short wings to the north and south, the City Hospital was large enough to accommodate 35 patients, and its construction was completed in 1859.^{5,7,8} Unfortunately, it was plagued by a variety of challenges from the outset. As it focused on the care of "infirm and diseased indigents," the hospital was regarded with casual contempt by Halifax's middle and upper classes.⁵ The local medical community also argued about how to organize the hospital's medical staff, and whether physicians should somehow be paid for treating the hospital's impoverished clientele. The physical infrastructure was deemed inadequate, with the water and gas supply, stoves, and drainage all subject to bitter criticism.⁶ Lastly, unsatisfactory management was coupled with public antagonism toward paying for the facility on an ongoing basis.⁵⁻⁷ The City Hospital was quickly shuttered, and opened only on an irregular, intermittent basis during its early years.

Thanks to years of persistent advocacy by Halifax's Health Officer, Dr. Charles Tupper, as well as a cholera outbreak in 1866, an arrangement was made for the provincial government to split the cost of running the hospital with the city of Halifax.^{1,5-7} Oversight of the hospital was then placed under the Board of Public Charities, which also managed the Poor House and the Nova Scotia Hospital in Dartmouth.^{7,9} The newly-rechristened Provincial and City Hospital once again opened its doors in 1867, receiving its first patient on April 15th.

Dr. James Venables, a recent Harvard graduate, served as the first house surgeon and medical superintendent, living in the hospital while working on-duty twenty-four hours a day, assisted by a rotating cadre of visiting staff.^{2,5,9} Initially, nursing at the Provincial and City Hospital was rudimentary, even for the time.⁸ Despite efforts to recruit mature women with reasonable and kindly sensibilities, domestic service was still considered a preferable occupation; thus, many

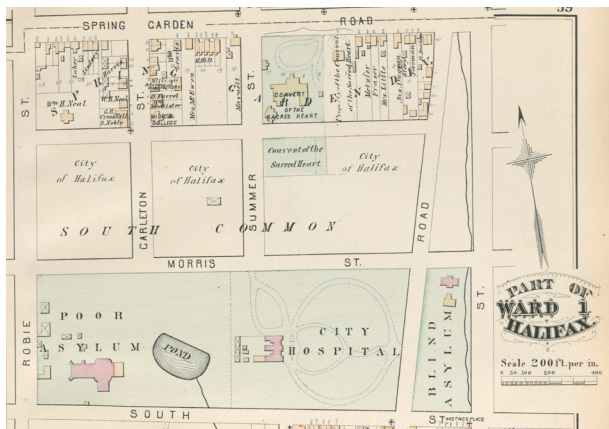


Figure 1: Location of the City Hospital. The stretch of Morris Street depicted here is now part of University Avenue. From the City Atlas of Halifax, Nova Scotia. 1878.⁸⁷ Courtesy of Nova Scotia Archives.

who pursued employment in the hospital had actually been discharged by prior employers for drunkenness or other misdeeds. Interestingly, a great deal of “medicine” in the form of wine and spirits were reported to have been consumed by patients, and also conceivably by hospital staff during these early years. Medical care in general remained fairly crude, and common therapies included the liberal use of cathartics and emetics, as well as phlebotomy by venesection or leeching.⁵

In preceding decades, the Poor House offered sufficient clinical volume to support medical education, but its attending surgeon Dr. Bruce Almon jealously guarded his monopoly on these cases, which he tended to reserve for his personal students.^{1,3,4} However, with the public hospital now permanently operational, Dalhousie University established a medical faculty in 1868.⁵ Financial difficulties forced this program to fold in 1873, but an independent school called the Halifax Medical College then opened in 1875 to take its place.^{5,8} That same year, the hospital was scandalized by the “Gleason bodysnatching case” where deceased patients were found to have been used for unauthorized anatomical study.⁵ Nonetheless, the legal spectacle and a general public suspicion of the Provincial and City Hospital did not markedly deter sick people from



Figure 3: A Victoria General Hospital ward as seen from Tower Road. The centre Jubilee Building remained in use until its demolition in 1980. Photographer unknown. 1922. Courtesy of the Dalhousie University Photograph Collection, Dalhousie University Archives, Halifax, Nova Scotia.

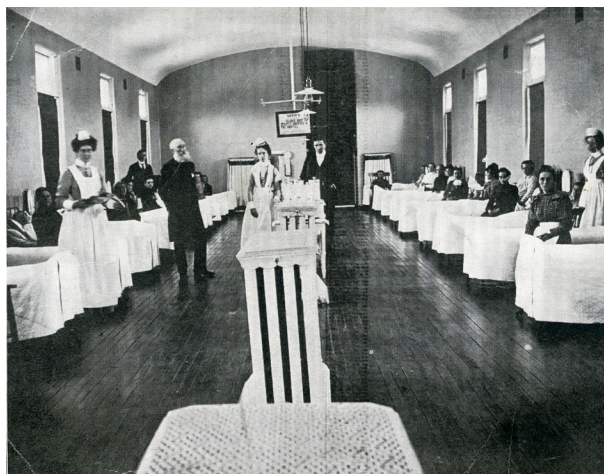


Figure 2: A Victoria General Hospital ward. Photographer unknown. Around 1904. Courtesy of the Dalhousie University Photograph Collection, Dalhousie University Archives, Halifax, Nova Scotia.

seeking treatment there. In its first 20 years, it admitted 11 155 patients, largely from poor and working classes.⁵ A high proportion of its early admissions were for venereal disease, tuberculosis, rheumatism, and alcohol abuse.

The Victoria General Hospital is Born

The “Great Row of 1885” was a quarrel over political patronage that would lead to major changes at the Provincial and City Hospital. In hiring for the newly-vacant position of house surgeon, the Board of Public Charities selected a politically-favourable candidate over another that the hospital’s medical staff rated as superior. The Board of Public Charities obstinately overrode the physicians’ protestations, so the entire medical staff resigned in protest.^{5,8,9} This action severed the Halifax Medical College’s faculty members from their primary source of clinical instruction, and led to a temporary two-year closure of the school.¹⁰

The controversy dragged on for two years, as several accusations of medical negligence against the new house surgeon and replacement medical staff scandalized the Fielding provincial government.⁹ Premier Fielding would eventually abolish the Board of Public Charities and renegotiate ownership of the hospital with Halifax City Council. By an act of the Legislature on May 3, 1887, the province took over complete control of the Provincial and City Hospital, which was then renamed the Victoria General Hospital in commemoration of Queen Victoria’s Golden Jubilee.^{2,7,9} Hospital management was now the responsibility of the Commissioner of Public Works and Mines, who would oversee the hospital until the creation of the Department of Public Health in 1931.¹¹

In the ensuing years, the hospital enjoyed a long period of growth, both in the improvement of its physical infrastructure and the evolution of clinical

medicine as practiced within its walls.⁵ In 1888, two long wings were built on the north and south ends of the hospital, boosting capacity from 80 to 140 beds, with some of this construction carried out by Poor House inmates (Figures 2 and 3).^{5,8} In 1892, the original building was raised to three levels, in order to expand operating room facilities and add accommodation for privately-paying patients, who were increasingly choosing to receive care there (Figure 4).⁶

Medical education at the Victoria General resumed in 1887, and the Halifax Medical College formalized a relationship with Dalhousie University.¹⁰ 1890 saw the establishment of the Victoria General Hospital School of Nursing, only the third school of its kind in Canada.^{5,12} The ongoing professionalization of nursing at the hospital was a tremendous advancement for its patients. The nursing school would operate until 1995, graduating over 3000 nurses during its lifetime.^{12,13} While the hospital in 1887 had only two departments, Medicine and Surgery, sophistication of medical care brought further specialization among the medical staff (e.g., organization of the Ophthalmology Department in 1891, Pathology in 1910, Gynecology in 1912). An x-ray machine was installed in 1904,⁵ but no organized “X-Ray Department” would emerge until after World War I.¹⁴

During wartime, the hospital struggled with staffing, as many physicians and nurses served overseas or in military hospitals domestically.⁵ On December 6, 1917, the city was rocked by the Halifax Explosion, which shattered many of the hospital’s windows.^{5,12} Thousands of casualties sought help, either at the established hospitals in the city or at makeshift treatment centres around the community.¹⁵ In total, 575 injured patients



Figure 4: An early operating theatre at the Victoria General Hospital. Sitting in the foreground is pharmacist Charles Puttner, who taught at the Halifax Medical College through its entire life span. Around 1904. Courtesy of the Dalhousie University Photograph Collection, Dalhousie University Archives, Halifax, Nova Scotia.

were treated at the Victoria General.

Far from its beginnings as refuge of last resort for the destitute, by this time the Victoria General regularly received patients from all walks of life. Accordingly, in April 1922, a new 67-bed pavilion was completed, mostly to accommodate privately-paying patients.¹⁶ The distinction between private and public patients would not be eliminated until the advent of state medicine, with introduction of the Hospital Insurance Act (1958) and Medical Services Insurance (MSI; 1966).^{5,17} Until then, physicians continued to treat public patients for free, occasionally grumbling about financially-capable patients covertly seeking admission to the gratuitous public wards.^{18,19}

In 1931, administrators engaged in preliminary planning for a new hospital but construction of such a facility would prove too expensive during the Depression years.⁸ Nonetheless, demand for care continued to rise and the hospital would frequently operate over capacity, a problem that would be exacerbated by another wartime disruption in hospital staffing. In 1935, 6483 patients were admitted.¹¹ 1943 brought over 7500 admissions, necessitating the construction of a temporary annex to accommodate the overflow.⁵ The inadequacy of the original “Jubilee” building for modern medical care became ever more apparent, a factor also thought to be stifling the medical school’s growth.²⁰ Finally, in July 1943, construction commenced on a new hospital building.⁵

The enormous, \$2.5 million Victoria Building opened on May 25, 1948.^{21,22} Comprising a lofty circular rotunda flanked by three wings, to the north, south, and west, the Victoria Building was the tallest hospital in the British Empire, and the largest building in the Maritimes.^{5,23} A new Out-Patients Department was an innovation where patients could pay a small subscription fee to see consultants in clinic for a month without extra charge.²³ This expansion also allowed a previously small, consultative Psychiatry service to start admitting patients for treatment on their own ward.²⁴

Further additions to the hospital site would transform the Victoria General into the sprawling complex that it is today. A nurses’ residence opened in 1952 (later renamed after long-time administrator Dr. Clarence Bethune).^{5,25} The Centennial Building was opened on April 15, 1967, one hundred years to the day of the Provincial and City Hospital’s first admission (Figure 5).²⁶⁻²⁹ Capacity at the hospital was further increased in 1969 after an extensive renovation of the Victoria Building, to yield a total capacity of 875 beds. The neighbouring Pathology Institute of Nova Scotia and its annex (now the Dr. D.J. Mackenzie Building, and Centre for Clinical Research, respectively) became integrated with the Victoria General in 1974.³⁰ Finally,

the original Jubilee Building was torn down in 1980 to make way for the six-level Robert Clark Dickson Ambulatory Care Centre, which opened in the summer of 1983.^{5,31-33}

In the latter half of the twentieth century, the Victoria General Hospital solidified its status as the major referral hospital in Nova Scotia, and in Atlantic Canada. It became home to a new array of specialist services, such as: Cardiovascular Surgery, Thoracic Surgery, Plastic and Reconstructive Surgery, Orthopedic Surgery, Neurosurgery, Oral and Maxillofacial Surgery, Otorhinolaryngology, Urology, Gynecological Oncology, Cardiology, Gastroenterology, Neurology, Respiriology, Psychiatry, Diagnostic Radiology, Nuclear Medicine, Toxicology, Emergency Medicine, and Preventative Medicine.^{5,12,26,30,34,35} In 1958, television audiences marvelled at the live broadcast of a patent ductus arteriosus surgical repair in an 8-year old patient, a high-visibility demonstration of the life-changing work carried out in the hospital.³⁶ The 1960s saw the introduction of a Burn Unit and a Hemodialysis Unit, as well as the inauguration of a kidney transplant program in 1969.⁵ The transplant program later expanded in 1985 with its first liver transplant, then its first heart transplant in 1988.¹² Bone marrow transplantation was subsequently started in 1993.³⁷

In the 1970s, a series of labour disputes troubled the institution. A mass resignation of over 700 nurses in September 1973 brought the hospital to a standstill for five days, until a settlement with the provincial government resulted in steps to improve working



Figure 5: Aerial photograph of the Victoria General Hospital, with new Centennial wing. The Grace Maternity Hospital can be seen Summer Street, adjacent to the Sir Charles Tupper Building. The roof of the Jubilee Building is visible directly west of the Victoria Building. The Halifax School for the Blind is noted on the opposite side of Tower Road; this is now a parking lot. Photographer Halifax Fire Department. ca. 1970. Courtesy of Halifax Municipal Archives (Accession #102-1114-6.21) and copyright holder Communications Nova Scotia.

conditions and benefits.^{5,38,39} In January 1975, the hospital's medical technicians also resigned in protest, but they were markedly less successful in forcing a quick settlement from the province.^{5,30,40,41} The hospital still functioned at over 80% capacity during the technician dispute, though its radiologists were sufficiently incensed by the disruption to their department that they in turn filed a civil suit against the Victoria General. A final strike in 1979, by non-medical staff (e.g., laundry, dietary, and housekeeping), resolved with even fewer concessions from the province.⁴²

By the 1980s, government management of the hospital was increasingly perceived as ineffective and bureaucratic.⁴³ A 12-member, province-appointed Board of Commissioners oversaw the institution. Aspects of its daily operations were directly administered by at least five separate government departments. Employing over a quarter of the Nova Scotian civil service, the Victoria General was described at times as the only tertiary care hospital in the country with such an intimate and awkward relationship with its provincial government.^{35,43,44} This "maze of government control" was criticized by the 1988 Royal Commission on Health Care, with one member stating "Christ himself couldn't run that organization the way it's set up."⁴⁵

Through the 1980s, the provincial Auditor General repeatedly faulted the hospital's financial management.⁴⁶ Although direct government administration of the Victoria General may have sufficed in its earliest years, when the hospital was small and the practice of medicine still nascent, the institution was now far too large to manage in this fashion. The dramatic increase in hospital staffing and services is reflected in its \$130-million operating budget in 1985, orders of magnitude greater than that required a century ago (e.g., \$38 000 in 1892).⁵

1989 ushered in the beginning of an ambitious, multi-year transition plan toward self-governance of the Victoria General; the hospital would completely sever ties with the provincial government, except for the Department of Health and Fitness.^{13,47,48} This plan was not without controversy, as provincial opposition critics conflated hospital self-governance with "privatization," and stoked fears of further diminished accountability.^{47,49} Having long been civil servants, Victoria General Hospital workers also feared decreased wages and loss of benefits once they ceased to be directly employed by the government.⁴⁷

The new, streamlined Victoria General administration tackled the hospital's longstanding budgetary deficits, which had previously been absorbed into the provincial debt without much notice.⁴³ Efforts were made to reduce unnecessary duplication of services, for example by integrating laboratory services

with Camp Hill Medical Centre (or, new Halifax Infirmary).⁵⁰ Worries of layoffs and bed closures did materialize in the early 1990s as the provincial government further imposed reductions in the hospital budget.⁵¹⁻⁵⁶ The new management also worked to usher in a new institutional culture, that supported further physician involvement in hospital administration, while promoting a model of Continuous Quality Improvement driven by front-line workers.^{57,58}

After Amalgamation

In the mid-1990s, the Victoria General Hospital would be pulled into the amalgamation of Halifax hospitals to form the Queen Elizabeth II Health Sciences Centre.⁵⁹ The long-awaited new Halifax Infirmary had been envisioned as a full-service community hospital, with the assumption that the Victoria General would continue as the province's major referral centre. Instead, the Victoria General, Halifax Infirmary, Nova Scotia Rehabilitation Centre, and the Nova Scotia Cancer and Research Centre became subsumed into a massive organization that some suspected would be "too unwieldy to manage."⁶⁰ The amalgamation generated new anxieties of job losses among Victoria General workers,⁶¹ while pay disparities between the different hospitals⁶² and concerns about fairness in hiring for leadership positions also contributed to a sense of discontent that would simmer for years.⁶³ A previously-proposed \$60 million critical care and emergency medicine expansion at the Victoria General site would also be scrapped in favour of consolidating emergency care at the new Halifax Infirmary.⁶⁴

In its final year as an independent hospital, the Victoria General employed 3 000 people, took in 21 838 admissions, and performed 23 201 surgeries.¹² Up to this time, the hospital had transplanted 136 kidneys,



Figure 6: The Centennial and Victoria Buildings as they appear now. The differently-coloured brick on the Victoria Building reflect later additions from the original 1948 structure. Photographer Mike Wong. 2019.

62 livers, and 54 hearts. Though highly-specialized care continued at the Victoria General as it had before, the ensuing decades would see the hospital's profile slowly diminish, while aging and failing infrastructure more frequently captured the public imagination. A medical waste incinerator upgrade in 1992 was subject to criticism for failing emissions standards, and remained the subject of complaints across South End Halifax for years after.⁶⁵⁻⁶⁹ The Victoria General water supply, contaminated with *Legionella* since the 1980s, proved resistant to decontamination efforts; at least one patient death, in 2005, was directly attributed to this, and today patients still rely on a bottled water supply.⁷⁰ In September 2015, a flood affecting the Intensive Care Unit and other areas led to an emergent relocation of 50 patients, as well as postponement of over 100 surgeries.⁷¹⁻⁷³ As recently as February 2019, surgeries were again cancelled, and critically ill patients transferred, on account of issues with the hospital power supply.⁷⁴ The increasingly decrepit nature of the Victoria General is now a common grievance.⁷⁵⁻⁷⁷

In 2011, the provincial government under Premier Dexter announced its intention to demolish the Centennial and Victoria buildings over five years, with specialized services likely consolidating at the Halifax Infirmary site.^{78,79} Yet today, the Victoria and Centennial Buildings are still heavily in use, as plans for reorganizing and redeveloping the QEII Health Sciences Centre remain in flux.⁸⁰⁻⁸³ The reorganization of services currently offered at the Victoria General is an immensely complex and expensive task, even in early planning stages,⁸⁴ with the final execution currently estimated to cost \$2 billion.^{85,86}

From its humble beginnings aiding Halifax's most downtrodden and undesirable, the Victoria General Hospital weathered political machinations beyond its control, to birth a well-regarded medical school and itself become the region's towering giant of medical progress. Surely, the city's early physicians who lobbied for a public hospital would never have dreamed of the wonders that now take place there every day. Though recent history has seen the Victoria General's standing diminish, this under-appreciated and unfortunately maligned institution has elevated the health of Nova Scotians for well over a century, and that is a legacy to be proud of.

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