Wolseley Healthcare: A Journey through Time

ACKNOWLEDGEMENTS

This document was prepared by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU). Financial support from the Saskatchewan Health Research Foundation (SHRF) and the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) is gratefully appreciated. We wish to acknowledge the support of the student research assistants who contributed to this study: Ana Novakovic, Stephen Cook, Orhan Yilmaz, and Tara Todd. We wish to extend appreciation to the staff at Special Collections, University of Saskatchewan for their help. Lastly, special thanks to the staff at the Wolseley Library Branch for their helpful and supportive assistance.

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Suggested Citation

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INTRODUCTION

This report highlights the findings from a study entitled, “The Origins and Import of Health Inequities in Saskatchewan 1905-1985.” The study was conducted by the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), an interdisciplinary research unit committed to critical population health research. This research project is closely linked to SPHERU’s Healthy Aging in Place (Jeffery et al., 2011) study, with a focus on the Saskatchewan communities of Wolseley, Watrous and Ile-a-la Crosse.

Guided by a population health approach (Public Health Agency of Canada, 2011), this report examines the historical origins of health within the rural community of Wolseley, Saskatchewan. Health is influenced by several factors including socioeconomic status, social support, physical environment, access to services, healthy child development, health practices and coping skills, gender, and culture (PHAC, 2011). Accordingly, we suggest that in order to address the origins of health it is important to examine factors such as infrastructure, socio-demographics and government policy.

Image credit: Main Street, Wolseley, Sask. (n.d.). Winnipeg, MB: C.S. Co. Ltd.
WHY STUDY HISTORY?

History provides a powerful tool for addressing the origins of health and understanding the health concerns of the present (Fee & Brown, 1997; Hackett, 2005). A historical approach reveals that many of the health concerns in Saskatchewan are longstanding, some as old as the province itself. Health issues are experienced disproportionately among different populations and are often connected to socioeconomic position, ethnicity, and geography.

Across Canada, rural and urban populations may have similar levels of health; however, they face different sets of issues (Martinez, Pampalon, Hamel, & Raymond, 2004). For instance, Saskatchewan’s rural residents may experience limited access to quality health care, as well as increased risk of disease due to exposure to farming chemicals or moldy hay, mechanical injury and growing levels of stress (Jennissen, 1992).

The potential benefits of studying the origins of health are considerable. The past exists as a natural data bank which allows us to examine both the forces that caused health inequities and the success or failure of the interventions created to address them (Fee & Brown, 1997). As such, historical knowledge enables us to design effective population health interventions in the present, while avoiding the mistakes of the past (Bayer & Fairchild, 2004).
WHAT WE DID

This study is closely linked to SPHERU’s *Healthy Aging in Place* (Jeffery et al., 2011) project, with a focus on the Saskatchewan communities of Wolseley, Watrous and Ile-a-la Crosse. As such, qualitative data (including government documents, community-based organization archives, personal diaries, newspaper stories, and local histories) were used to examine and review historical factors concerning health and health care at the community level. In addition, digital photos, scans of archival documents, and quantitative data from early Public Health Reports were compiled to understand changes in health over the twentieth century. This report focuses on the current data findings on the rural community of Wolseley, SK.

Data collection was focused in three primary areas. First, we concentrated much of our research on collecting data from the Saskatchewan Archives Board (SAB). In so doing we have initially targeted the records of the provincial departments of Public Health and Northern Saskatchewan. These documents provide insight into the varied health and economic conditions across the province as well as the nature of past health policies.

Secondly, we have reviewed critical entries from a large selection of the province’s published community histories. Many of these provide local descriptions of health and key aspects of health care, and will contribute towards our assessment of the varied conditions across space as well as the specific impact of locally and provincially-designed health interventions. Similarly, and thirdly, health-related information has been extracted from a selection of both the smaller community-based newspapers as well as the major dailies (Saskatoon *StarPhoenix*).
WOLSELEY: EARLY SETTLEMENT

Health is influenced by several factors, including the nature of the community. This discussion highlights some of the key factors that contributed to the development of the Wolseley community.

- In 1882, pioneers began to settle in the Wolseley area (Town of Wolseley, 2010).

- In 1898, the location was incorporated as the town of Wolseley (Wolseley & District History Book Committee, 1981).

- Settlement in Wolseley consisted of people from a variety of ethnicities including French (Anderson, 2006a), Scottish (Anderson, 2006b), English (University of Saskatchewan, 1999), German (Wolseley & District History Book Committee, 1981), as well as some German speaking Eastern Europeans (Town of Wolseley, 2004).

- In 1906, the population of Wolseley was approximately 935 (Dominion of Canada, 1906) and in 1916 the population was 1,054 (Dominion of Canada, 1916).

- Some of the first buildings which still remain include: the Beaver Lumber Co. (1883), Town Hall/Opera House (1906), Banbury Inn (1905), Court House (1885) (Town of Wolseley, 2010).

- Early stores included: general stores, grocers, bake shops, and machine repairs (Wolseley & District History Book Committee, 1981).
Churches

- Many settlers traveling west were devoted Christians, who would stop traveling on the Sabbath to worship. In 1881, the first church service was conducted by a Reverend who was traveling from Winnipeg to Edmonton in the near-by community of Ellisboro (Wolseley & District History Book Committee, 1981).

- In the early 1900’s Wolseley established four churches, including: St. Anne Roman Catholic Church; St. George Anglican Church; St. James United Church; and the Zion Lutheran Church (Town of Wolseley, 2010).

- St. Anne’s Roman Catholic Church is the oldest church in Wolseley and was founded by early settlers in the late 1800’s (Town of Wolseley, 2004).

- St. Anne’s Parish began in 1884 when early settlers from Quebec traveled by train to Wolseley (Wolseley & District History Book Committee, 1981).

PROSPERITY: THE BOOMING YEARS

• Wolseley grew rapidly in the early 20th century, and many of its residents were successful businessmen and entrepreneurs (McLennan, 2006).

• In the early 1900’s, Wolseley had three hotels and a boarding house for permanent boarders (Wolseley & District History Book Committee, 1981).

• Stores included a general store, jewellery store, barber shop, shoe repair, tailors, machine repair, laundry and a number of small hardware stores, grocers, confectioners and bakery shops.

• Until the 1920’s, many families had cows to provide milk and in the 1920’s a creamery opened in town.

• The Beaver Lumber Company originated in Wolseley and became one of the largest lumber supply companies in Canada (McLennan, 2006).

• Wolseley had bowling, pool tables and billiards. The pool tables and billiards were operated in the barber shops (Wolseley & District History Book Committee, 1981).

• In the 1930’s during the Great Depression, Wolseley like many Saskatchewan communities faced extreme difficulties from drought and economic crisis.
COMMUNITY INFRASTRUCTURE

Sewage & Water Supply

• In the late 1880’s, settlers used water from creeks and sloughs, with limited potable water (Wolseley & District History Book Committee, 1981).

• In 1902, the town organized a Public Works Committee to drill two wells, in addition to three existing wells. However, problems were documented with the sanitation and cleaning of the wells (Wolseley & District History Book Committee, 1981).

• In 1956, a water and sewage system was established in Wolseley (Wolseley & District History Book Committee, 1981).

• In 1962, water lines were built to the springs in the Adair area that provided adequate water to Wolseley (Wolseley & District History Book Committee, 1981).

Image credit: Main St looking West, Wolseley Sask. (n.d.). Wolseley, SK: H.O. Langford, Drugs and Stationary.
COMMUNITY INFRASTRUCTURE

Electric Power and Telephone

- In 1906, the town organized a committee to establish electric power and telephone services (Wolseley & District History Book Committee, 1981).

- The committee worked with Central Light and Power Company and Bell Telephone Co, and in 1908 the town purchased the power plant (Wolseley & District History Book Committee, 1981).

Transportation

- Transportation systems played a key role in transmission of illness.

- Passenger trains played an integral role in Wolseley’s transportation.

- In 1962, a Government of Saskatchewan news release identified concerns of smallpox exposure on a passenger train:
  
  o “In the western provinces, persons who traveled on the C.N.R. Supercontinental which left Toronto on August 14th have been asked to come forward for vaccination.”

Schools

- In 1883, the first public school was organized and taught by Elizabeth Peach, a well-educated English woman (Town of Wolseley, 2004).

- In 1900, a larger four-room school was built on the corner of Varennes Street and Garnet Street (Town of Wolseley, 2004).

- In 1964, Dr. Isman Elementary School was opened (Town of Wolseley, 2010).

- In 1961, the Wolseley High School was built (Town of Wolseley, 2010).
DISEASE & EPIDMIC OUTBREAKS

Saskatchewan Public Health Reports document disease and epidemic outbreaks in the Wolseley area:

- Contagious diseases were a significant factor in the early health of Saskatchewan, with high levels of infant mortality and death from disease outbreaks.

- 1913 - Scarlet Fever, Wolseley, 30 cases (Government of Saskatchewan, 1915).

- 1913, Measles, Wolseley, 4 cases (Government of Saskatchewan, 1915).

- 1921- Diphtheria Wolseley, 3 cases (Government of Saskatchewan, 1923).

- 1921- Tuberculosis, Wolseley, 10 cases (Government of Saskatchewan, 1923).

EARLY HEALTHCARE: WOLSELEY

- In the 1920s, Saskatchewan’s population was about the same as in 2011, although back then the population was 87% rural (Government of Saskatchewan, 1921).

- Home births were as common as those in hospitals.

- Early doctors in Wolseley included: Dr. Elliot, 1893 and Dr. Cooke, 1904.

- Dr. Elliot practiced medicine in Wolseley from 1893 to 1931. In 1898, he was the district representative in the Territorial Legislature and Wolseley’s first MLS, serving until 1912 (Town of Wolseley, 2004).

- Doctors would travel by a team of horses in all weather to provide service:

  “A twenty mile drive against a winter wind to attend a ‘confinement’ in a farmer’s home was just a routine. It was assumed that the doctor would come, and the doctors assumed that it was not necessary to keep books or send out bills (Wolseley & District History Book Committee, 1981: 592).”

- Other physicians included: Dr. F. C. Griggs, 1935; Dr. Isman, 1941; Drs. Vera and Dominic Eustace, 1973 (Wolseley & District History Book Committee, 1981).

- In 1947, the Wolseley Memorial Union Hospital was opened and named to honor the dead in WWII (Town of Wolseley, 2010).
CARE OF THE ELDERLY

Lakeside Home

- In 1920, the Court House was renovated and opened in 1921 as a Home for the Infirm, it had 26 patients, 19 male and 7 female sent from Regina (Wolseley & District History Book Committee, 1981).

- In 1944, the Department of Social Welfare took over the home which had 100 patients (Wolseley & District History Book Committee, 1981).

- In 1944, the Saskatchewan Health Services Survey Commission – Report of the Commissioner, Henry E. Sigerist, noted:

  “There is a great need for additional Old Folks’ Homes. At present, old folks are taken care of in one government institution at Wolseley, in various charitable institutions such as St. Anthony’s Home at Moose Jaw, in general hospitals, and sometimes in private homes, where they are looked after for the $25.00 pension. It would be inadvisable to consider the construction of some large institution, since the old folks wish to die near the place where they lived, and where they have friends. It would be preferable to establish a larger number of small homes in various localities, which could be operated at little cost, and to pay a subsidy to institutions and individuals that attend to the aged.”

- In 1947, there were 18 additional patients added for a total of 118 patients in Lakeside Home, due to the closure of the Veterans Home in Indian Head (Wolseley & District History Book Committee, 1981).

- Lakeside Home experienced several name changes: Home for Incurables; Home for Aged and Infirm; 1952, Wolseley Nursing Home; 1957, Provincial Geriatric Centre; and 1971, the Lakeside Home.
EARLY HEALTHCARE: SASKATCHEWAN

- In 1906, the Saskatchewan Medical Association was established (Houston, 2002).

- In 1916, Saskatchewan passed the Municipal Hospital Act which allowed for union hospital districts (Health Canada, 2011).

- In 1919, the Municipal Doctor Plan legislation permitted rural municipalities to employ a physician on a salary basis (Houston, 2002).

- In 1946, Swift Current introduced public health with prepaid universal medical care (Houston, 2002).

- In 1947, Saskatchewan created a province-wide, universal hospital care plan (Health Canada, 2011).

- In 1959, Premier T.C. Douglas introduced his prepaid medical–care program (Badgley & Wolfe, 1967).

- In 1962, Saskatchewan was the first province in North America to create universal Medicare (Health Canada, 2011).

- In 1962, Saskatchewan developed a medical insurance plan for physicians' services, and, subsequently, Saskatchewan doctors went on strike for 23 days (Badgley & Wolfe, 1967).

- In 1968, Saskatchewan developed medical insurance with federal cost sharing (Health Canada, 2011).
DISCUSSION

- While access to healthcare is often recognized as the primary factor in rural health, health in rural communities is much more complex and multifaceted. Health in Wolseley, Saskatchewan has been influenced by various events such as government policies, programs, changing infrastructure and evolving socio-demographics.

- There are three main benefits to studying health within a historical context (Hackett, 2005):
  
  o First, it enables us to learn about the impact of health changes on populations in the past.

  o Second, it allows us to better understand the origins of present day health issues, as many are rooted in the past.

  o Third, it provides insight into the nature of the disease process, and the diseases themselves, by employing the past as a laboratory.

- This research is part of a larger study, funded by the Saskatchewan Health Research Foundation (SHRF) where we are collecting information to understand the impact of past interventions such as policies and programs on health outcomes.

- Studying the impact of past interventions, allows us to identify the underlying origins of current health issues. This study will provide a foundation for assessing selected health interventions in Saskatchewan and beyond.
REFERENCES


