

**Humanitarian, M.D.:
Dr. Peter H. Bryce's Contributions to Canadian Federal Native and Immigration
Policy, 1904-1921**

by
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**A thesis submitted to the Department of History in conformity with the requirements for
the degree of Master of Arts**

**Queen's University
Kingston, Ontario, Canada
August, 1999**

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0-612-42624-6

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ABSTRACT

The purpose of this thesis is to examine the prominent role Dr. Peter H. Bryce, who served as the Chief Medical Officer for the Federal Departments of Native Affairs and Immigration from 1904 to 1921, played in two specific areas during his 17-year federal career. While holding this position, Dr. Bryce amassed large quantities of statistical data concerning the health and welfare of both Canada's Natives and Canada's incoming immigrants. These findings led him to publish a number of both governmental and private reports which outlined detailed and progressive programs for change to Canada's health system.

Bryce's involvement in Canadian immigration included a systematic study of the various immigrant groups who had established themselves in Canada, mostly in its larger cities and along the Prairies. This research led Bryce to endorse the active recruitment of Continental Europeans (as opposed to specifically British or American migrants) but also left him with a decidedly negative view of the modern city. His work with Canadian Natives, also based on intense personal research, resulted in a number of published reports in which he criticized the Residential School system as well as the degree of government involvement in Native health care. It was because he remained a tireless advocate for these views that he was ultimately dismissed from federal service.

Peter Bryce, who had begun his career after having been raised in a good home which stressed education, and had received medical training in Paris, ended it having secured many rights for the Canadian health officer. By the early twenties, Bryce had placed federal health standards on a road which improved the life of new immigrants,

decreased incidences of communicable disease, and which would ultimately recognize the medical needs of Canadian Natives. Although he was not the first or last to push for these changes, and although in many respects the growth of his medical influence aided both his status and those of physicians in general, there was an intensely positive effect from his work and many people would continue to benefit from his efforts years after he had passed away.

ACKNOWLEDGMENTS

I would first like to thank my advisor Bryan Palmer for the professional and generous support for my work he has shown me over the last two years. I am grateful for all his invaluable help and guidance throughout the completion of this project. A similar thanks goes out to the Queen's Graduate History Department, whose staff and students proved to be a virtual fountain of ideas and suggestions, as well as the architects of one of the most productive environments in which to bounce around ideas. Special mentions in that group include Prof. McKay, Steve, Jake, Chris McC, and the other members of 873 and 863.

I would also like to thank the specific institutions and individuals without whom I might have never been able to get where I am today. To Queen's University, whose never-ending generosity and challenging spirit of learning provided me with the chance to study, to Lloyd deMause whose overwhelming kindness allowed me to hone a devotion and passion for research and historical study, and to the various members of the International Psychohistorical Association who have created a world-wide support network so welcoming to budding scholars like myself, I am indebted.

This project would have also not been possible without the additional help of Donald J. Boyle of Brantford, Ontario, the kind staff of the National Public Archives as well the staff of the Queen's University Archives, and the various librarians, archivists, and historians I contacted on the phone, on the internet, and in person, all of whom aided me in my search for valuable information.

Finally, I must thank my many friends in Kingston, les boys in Montreal, and all of my other compatriots wherever else you might be for your interest, for your

encouragement, and for constantly reminding me that as much as I love my work, it is not all there is. I must also thank my most wonderful parents for their support, their time, and their unending love. It is in no small part due to their commitment to my happiness and their wish for my own self-fulfilment that I was able to undertake the scope and calibre of the work I did.

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CHAPTER 1: INTRODUCTION

THE CANADIAN PREDICAMENT CIRCA 1900

Canada at the beginning of the twentieth century was a very different land than the one that occupies its place at the beginning of the twenty-first century. The country was largely conceived of as a British Dominion, economically based primarily on agriculture, linked across vast geographic space by an expanding railroad system. Its growing population appeared destined to place its voice amongst the greatest nations of the world, alongside Britain and the United States. The constitution of the population itself was relatively homogenous, originating at the interface of Anglo-American and Francophone migrant streams.

But this Canada was changing. A veritable army of immigrants began to cross the seas in search of the bountiful prospects of the country, and its thriving towns suddenly turned into bustling cities. Rural Canada was evolving into a full-fledged nation, a bittersweet transformation that brought prosperity and luxury to some, but suffering and sickness to others. The average person knew little enough of personal or communal health care and its citizens were only beginning to leave their healers and herbalists in favour of licensed medical practitioners. Even among its stable Euro-Canadian elite, these changes were causing a debate to rage as the tenets of liberalism, on which most of the country's governing and privileged few subsisted for over 50 years, were slowly undergoing a fundamental epistemological shift. Meanwhile, average citizens were adopting their own ways of coping with the enormous changes around them, some attempting to acclimatize to the shifting nature of their country, others doing their best to stop change in its tracks.

Although Peter H. Bryce, the subject of this thesis, has not been among the most recognized or studied figures in Canadian history, and although he may not be the first choice among the range of Canadian figures available in order to study this era, his upbringing, his beliefs, and his professional occupation all served to place him at the veritable focal point of most of the major debates which engaged the Canadian populace in the early decades of the twentieth century. While there have been articles in the last few years which have attempted to place Dr. Bryce in his proper context, there exists no comprehensive examination of his federal career which incorporates all of his various duties, namely his work with Native peoples, his dealings with immigration and immigration policy, and his commentaries and programs for general public health reform. There is no doubt that in these endeavors Dr. Bryce had some selfish motivations, just as it is likely that he shared some of the nativist sentiment and fear of cultural disintegration that many others did. However, on the whole, the outcome of much of Dr. Bryce's work was positive and did much to improve the quality of life for Canada's aboriginal peoples, for its various immigrants, and for its city dwellers and factory workers. By the end of his federal career, Dr. Bryce had set standards for Native and immigrant health care that would continue to benefit those citizens for decades, and had set a precedent for those wishing to press those rights further.

THE STATE OF CANADA'S ECONOMY

The Canadian economy had been growing substantially since before Confederation, passing through an industrial revolution based on the expansion of consumer industries such as textiles and footwear.¹ Worldwide conditions at the

beginning of the twentieth century, such as a sharp rise in the value of raw materials and the growth of the need for foodstuffs to feed increasingly large cities served to place Canada in a favourable position in the world market.² In the half century following Confederation, Canada's Gross National Product multiplied five times, enabling it to pass through its 'second' industrial revolution at the turn of the century, which was centered on capital goods industries, such as machinery and equipment, made possible by the advent of electricity. As appears in any country that industrializes, Canada generated a dynamic labour movement which grew in strength, size, and influence along with the country itself. Though the mobilization of the working class was slow to gather steam, by the 1870s the two Federal parties had begun to vie for the favour of the country's workers, making such concessions as the Trade Union Act of 1872. This did not mean, however, that social legislation became any easier to pass. In fact, difficulties commonly arose around such matters as hours of work and minimum wages.

Various structural changes in the Canadian workplace also served to alter the conditions on the 'playing field' of capital and labour relations. The addition of new machinery and the inability to sometimes secure adequate markets for product distribution often resulted in a decrease in the workforce, which many reform advocates used as justification to push for a shorter workday in order to redistribute labour and production more evenly.³ While Canadians had clung hard and fast to the theory that "the Lord helps those that help themselves," this outlook became increasingly outdated, as it failed to take into account those who were unable to help themselves, such as the elderly, the widowed, the orphaned, and the mentally and physically incapacitated. It also assumed that work was available for everyone who wanted it, a conception of reality

that was in serious need of revision after the depressions of 1873-9, 1884-7, and 1893-6.⁴ It is to this last quarter of the 19th century that the phenomenon of unemployment can trace its unfortunate beginnings; in a system becoming increasingly dependent on the new capitalist markets, a prolonged industrial slow-down caused cyclical unemployment and seasonal layoffs to overlap for the first time,⁵ exposing a more generalized vulnerability among Canada's workforce.

Following the precedent set by countries like the United States, Canadian elites realized that in order for their country to be a prominent economic player in the shifting arena of world trade, they would need both a larger workforce to increase production, as well as a larger consumer base to serve as a market for their products. In order to deal with these coming changes in the economy, many companies and government officials endorsed the idea of large-scale immigration, which was now possible given the advances in shipping technology. As one author suggests, the relationship between business and the state was inevitable; capital wanted immigration for labour but it wanted selective controls over the inflow and outflow: the private sector could encourage the inflow, but only the state could effectively exercise the coercive power required to keep people out, or remove them once they arrived.⁶ By 1900, even intellectuals like Professor James Mavor of the University of Toronto supported the argument that in an under-populated country like Canada, "there were cogent practical reasons for encouraging immigrants by social legislation, in order to make the country a desirable place to live."⁷ The pattern of labour-capital relations that would permanently alter the demographic and social face of Canada was set in motion.

THE STATE OF CANADIAN ABORIGINAL PEOPLES

While there was a diverse debate on Canadian social policies afoot at the turn of the century in both popular and academic circles, in many ways Canadian Native policy had not shifted at all in over 50 years. The last major shift had come when, near the end of the colonial era, officials moved away from viewing the Natives as a military force to be allied with or else faced on the battlefield. Instead, as Native numbers dwindled, many officials began to view them as a withering and weakening remnant of former glory who, while still a distinct society, needed the protection and support of the new landowners. This is not to say that some did not still fear their potential for disruption; the activities of Natives in the United States kept such thoughts alive for decades. However, by the last quarter of the 19th century, the Canadian government entered into peaceful negotiations concerning the use of land mainly to the west and north of Ontario and Quebec. These agreements would come to be known as the Numbered Treaties, an infamous set of contracts which both Aboriginal and Euro-Canadian groups would later fall back on as the precedents for disputed land claims.

For the Natives, these land treaties were seen as the guarantor of a system in which they would be able to adapt to the demands of the contemporary world, within the framework of their own traditions, in exchange for which they agreed to be loyal subjects of the crown and to respect its laws and customs.⁸ Needless to say, they expected the Euro-Canadians to live up to their end of the bargain, and to keep up with their obligations. The agreements were also in concert with the spirit of the Indian Act of 1876 which established a national standard of encouraging assimilation without forcing

the issue, though this goal would be lost sight of after the troubles of 1885, which were interpreted by some Whites as a betrayal of the Indian side of the bargain.⁹

Curiously enough, though much of the displeasure with the events surrounding the Red River and Northwest Rebellions was due to a perceived rejection on the part of the Natives of Canadian laws and procedures, the government rarely made any efforts to educate or encourage them to better understand the Canadian system. Instead, an act of 1885 which provided the possibility of enfranchisement for Natives who met certain property qualifications was rescinded in 1898 by a Liberal government which, as one author suggests, claimed that it was “a derogation to the dignity...of the free white people of this country to place them on a level with pagan and barbarian Indians.” By 1899, Clifford Sifton, Minister of the Interior, stated that while Amerindian views should be taken into account, “the right of Indians to control the actions of the Department” (which dictated most aspects of their lives) “would not be recognized under any circumstances.” The Natives were in fact usually privy to a double standard which expected them to assimilate, but did little to foster such sentiment among the Natives themselves. Perhaps this is why only 102 Natives had been enfranchised as citizens by 1916, although that possibility had come into effect 53 years prior.¹⁰

Thus, the Euro-Canadian government began to implement a policy of de facto assimilation by encouraging the spread of Canadian culture within Native communities while attempting to prohibit the maintenance of Native cultural institutions. This policy was itself built upon an earlier legacy of Native-Church relations, a structure which continued to influence secular Canadian policy, and was simply an extension of the spiritual ‘mainstreaming’ which the various Christian denominations had been engaged in

for years. The destiny of the Natives as was seen at the turn of the century, barring some kind of interference, was total assimilation into Canadian society and the end of the Status Indian itself, a goal often referred to by the framers of Native policy.

THE STATE OF CANADIAN THOUGHT

NEW LIBERALISM

The turn of the century era in Canada witnessed the creation of many different styles and formulas of thought which, for the most part, can be traced to both a 'grass roots' and elite reaction to the changing realities of what seemed like a new world. Coupled with this was a gradually evolving critique of the 'laissez-faire' liberalism that had governed economical, political, and social life for the 19th century Victorian world. The intellectual side of this shift came to a head in the early portion of the twentieth century under a movement which has been loosely termed 'New' liberalism, a brand of earlier Liberal thought which was more compatible with twentieth-century realities, and which came to dominate Canadian philosophical circles for much of the century. Part of this trend was a shift of emphasis from indirect, empirically-based sources of evidence to actual human experience. Part of it was simply a reaction to the fact that when 'left alone', all things did not always work themselves out. Ideas began to be validated in life instead of in the mists of abstract logic.

While many thinkers wrestled with the holes in Liberal theory, figures such as T.H. Greene and John Hobson pushed liberal-democratic thought towards a self-defined 'New' liberalism that emphasized an extension of rights which would equal participation in and fulfillment from the full spectrum of social, political, and economic life. This enlargement of the concept of rights was supported by new economic theory, which

showed that the immense productive capacity of capitalism effectively provided for human wants. It argued in favour of a major role for the state as agent for the redistribution of economic and political rights because the state was the agent of interests and needs of every human being in a society.¹¹ Liberal individualism was reinterpreted to include the equal “positive” rights of opportunity and security. These rights were distinguished from the ‘Old’ liberalism and its focus on the “negative” rights to individual property accumulation and to certain legal protections. Under the ‘New’ liberalism, the individual’s role was transformed and individual fulfillment was realized in his or her full participation in society. Individual rights were thus reconfigured as economic and political, while human welfare was understood as being social as well as economic.¹²

SOCIAL GOSPEL AND EUGENICS

Meanwhile, in the rank and file of Canadian social and religious circles, two other movements began to emerge in the late 19th century, pushing their way to the forefront of community and regional politics in the early twentieth century. This rise of a new “social consciousness” in Canada was a phenomenon which in many ways would place figures like Peter Bryce at the center of an evolving discourse broadly referred to as the “Social Gospel” and/or “Social Purity” movement(s). The goals of this movement can be broadly defined as an attempt to “humanize and/or Christianize the political economy of urban/industrial capitalism,” focussing on the economy and the social relations of production on the one hand, and the sexual and moral aspects of social life on the other.¹³ While there was a tenuous division between those who concentrated on ‘economic-social’ relations, which was more heavily based in religious circles, and those who

focussed on 'sexual-moral' relations, which drew more support from the likes of volunteer organizations such as the Salvation Army, the advocates of both viewpoints almost always overlapped, and in many cases such a division was largely a construct of abstractions and particular personnel. Among the 'hot topics' discussed and investigated within the sphere of the Social Gospel were prostitution, substance abuse, immigration, and environmental quality, all of which would thrust a man with the credentials of Dr. Bryce into a position of relative authority.

The Social Gospel maintained that in order for society to reach its optimum level of productivity, which it linked with superior moral quality, all of its citizens were required to exhibit high levels of self-control and be able to make sound personal choices as productive members of Canadian society. What this entailed, then, was a program of 'moral assimilation' in which all the citizens of Canada, old and new, would be shown the 'best' way to live their lives, in the hopes of furthering a society which had thus far, in the minds of Social Gospellers, proven to be one of the most successful on the planet. Intense programs of moral 'reconditioning' were used, some of which actually accosted young girls who had 'gone astray', in the interest of spreading these 'superior' moral qualities to everyone.

In a very real sense, this movement attempted to include everyone, though this is not to say it did not have its scapegoats. Those groups which proved to be the most difficult to assimilate were labeled 'beyond help' by the reformers, often perpetuating a system of forced segregation. But while Social Gospellers often used Asians or Blacks as an example of how not to act and who not to become, and while many would no doubt support limited immigration so as not to endanger the 'moral purity' of Canadian society,

there was a limit to the means they would support in order to reach this end. Typically, its solution was to ostracize those groups from society, perhaps in the hopes that they might one day be ready to receive the good word. It was not very hard for others, though, with more blatantly racist intentions and more restrictive definitions of 'purity' to take these methods to the next level, and use 'statistics' of degeneration in particular ways.

A second movement that permeated Canadian society in the early twentieth century was eugenics. Briefly, eugenics was a quasi-scientific movement which jumped a short step from the world of Social Darwinism to one based on an extension of Mendelian breeding of plants and animals. Its proponents suggested that the "undesirable" characteristics in humans were passed on genetically, and thus if reproduction could be controlled, a superior stock of human beings would be fashioned. These principles were translated into calls for more stringent marriage laws, the sexual segregation of "defectives," stricter controls on immigration, and ultimately measures for sterilization.¹⁴ For a time, eugenics was preached in many social, religious and political circles all over the Western world, coming from both the left and the right, rearing its head in issues as diverse as birth control, housing, immigration, and public policy. British eugenicists worried about being swamped by the "degenerate" lower classes, while in the United States the unhampered movement of the Free Blacks became the focus.¹⁵ In Canada, the chief target of the eugenicists were the various immigrant peoples and nations which were taking up residence within their borders.

The major flaw of the movement, beyond its obviously highly racist overtones, was that it claimed to be based on science. Such a claim should have meant that new scientific discoveries would be incorporated and theories constantly updated as new data

emerged. This was not the case, however, and beyond the occasional adoption of a 'useful' finding, the 'scientific' theories espoused by the movement's leaders were in fact rarely updated. The movement's selective use of science was nowhere better demonstrated than by the refusal of the National Council for Combating Venereal Disease, a eugenicist organization, to endorse and increase public awareness of the discoveries of Paul Ehrlich in 1909. Ehrlich's findings suggested that the drug Salvarsan produced an effective treatment for those afflicted with syphilis and, more importantly, revealed that the spread of syphilis, like most other venereal diseases, could be greatly reduced by the use of condoms.¹⁶ Contrary to their own claim of looking after the public's best interest, eugenicists were searching for more effective control of individual behaviour, not a means or excuse to provide greater individual licence.

While the Social Gospel may have used such findings in a similar way, several differences still existed. Social Gospel advocates pushed for decreased philanthropy and increased self-sufficiency by discouraging government support and restricting immigration, while many eugenicists called instead for the compulsory sterilization of prostitutes, criminals and drunkards, not to mention Asians and Blacks. Additionally, Social Gospellers expressed discontent at the increasing number of foreigners in Canada because they threatened Anglo-Saxon cultural, moral and political dominance; eugenicists advocated the end of the natural increase of the "degenerates" of Canadian society so as to "ease the burden on the shoulders of the Nordic race."¹⁷ Eugenicists drew attention to the same factors as nativists and Social Gospellers, but took them to very different ultimate conclusions. In the end, their arguments only provided

“apparently new, objective scientific justifications” for old, deep-seated racial and class assumptions.

THE STATE OF MEDICINE

Medicine at the turn of the twentieth century, unlike its state at the turn of the twenty-first century, was still emerging from a battle in which it claimed its superior legitimacy over other methods of healing, both physical and spiritual. The average Canadian was more suspicious of a physician than they were trusting, and most feared that the doctors’ sole purpose was to cheat and rob them. Peter Bryce had grown up at a time when doctors did not hold the authoritative power they were later to acquire in the twentieth century, and was no doubt influenced by the recollection of that reality whenever he chose to write. Nineteenth century medicine did not have what twentieth-century physicians would call a “scientific basis,” and tended to “categorize disease into families based on some assumed or symptomatic similarity, e.g. eruptive diseases.”¹⁸ Having just emerged from an earlier era where home remedies and fresh water were all that was thought necessary for good health, the physician of the early 20s enjoyed a nearly exclusive monopoly on health matters, thanks in large part to the popularization of germ theory and other discoveries in the fields of microbiology and pathology.¹⁹

The move towards professional reorganisation and amalgamation of methods and practices was strongest among the elite members of the profession, i.e. those attached to hospitals and involved in the growing public health bureaucracy, but was not usually supported by the rank and file. This, according to medical historians, was due to the fact that the movement was designed not merely to improve the quality of medical care, but to

“solidify the dominance of the elite within the profession.”²⁰ This is not to say that there was an absence of real improvement in the area of medical care; there were incredible advances in the early part of the century due to the spread of preventative medicine (as opposed to solely curative methods). However, as medical science and germ theory slowly came to dominate the field of medicine, the elites of that field slowly developed a close relationship with the state, and laid the groundwork for the extension of the “professional hegemony” to come.²¹

North American physicians reorganised themselves in three major ways: by generating standards for their colleagues to adhere to, by stimulating an increased need for their services, and by assuming a role of leadership and authority on medical matters. Community leaders insisted that all members of the profession charge fees, no matter how strong their sentiment for the patient, and urged that governments pass legislation that would favour therapeutic rather than punitive solutions for criminal behaviour.²² To ensure the legitimacy of these practices and opinions, physicians relied on a governmental seal of approval in the form of public health offices and officers.

However, although this ‘alliance’ amongst the medical practitioners was indeed generally self-serving in design, it was still aimed at improving and maintaining patient health. Canadian physicians wanted only the best for the sick in their communities; they simply meant to ensure that they would be the only ones to deliver such services. It is in this spirit of merging professional and educated management with significant social improvement that Dr. Bryce charted his career.

A WORD ON PUBLIC HEALTH

While Dr. Bryce would spend his entire career immersed in the issues and concerns of public health, the very idea of public health was only becoming a common concept at the turn of the century. This development was due to several factors: the increased attention given to the rise of the city and the industrial environment by labour and various social groups, a shift in popular thinking to a new “organistic” view of society and, finally, because of increasing evidence for and belief in germ theory. As such concepts entered the public vocabulary, the politicians and health officials of the day slowly created the appropriate framework in which to operate. Thus, there had been no actual legal precedent or jurisdiction set out for the domain of public health in the B.N.A. Act, because such concepts had not yet taken shape in Canada. The state of health care for Natives was similar: the B.N.A. Act “did not provide any clear guidance on the matter,”²³ and the subsequent Numbered Treaties used sufficiently ambiguous terminology so as not to disturb the status quo. While Britain passed a Public Health Act in 1875, Canada’s first institution of public health did not come into being until 1884 in the form of the Ontario Public Health Act. Further developments in this area were slow in coming, however, and Canada did not create a department of public health at the federal level until 1919.

Due to this lack of hard, codified law, the turn of the century saw the role of the public health official as one that was quite open-ended. Such professionals often had much political freedom to conduct surveys, to attend international conferences, and to comment on a wide variety of issues and trends in society which, although seemingly tied only loosely to public health, could be considered so due to the flexible nature of the job.

Public health jurisdiction at the provincial level, which did emerge in most provinces by the late 19th century, was in general limited to “regulatory and supervisory functions,” and normally employed only part-time workers.²⁴ Given that such limited departments were the only established governmental authorities on issues of public health, employees at the federal level, even prior to the official creation of the Department of Health, were in a position to exercise much authoritative and political freedom. When that department was finally created in 1919, its employees were charged with looking after the health of potential immigrants, environmental health services, national vital statistics, and maritime quarantines. It can be assumed, then, that these were also likely the duties carried out by public health officials in the days prior to the Department’s establishment, and that this is specifically true in Bryce’s case given that, as will be discussed later, he wrote the draft for that bill.

THE WEST: CROSSROADS OF CANADIAN HISTORY

All of the changes discussed above occurred to varying degrees from Halifax to Vancouver, but there is no doubt that the most immediate and obvious effects of the structural, social, philosophical, and political changes presented themselves on the Prairies, and in its greatest city, Winnipeg. From immigration and immigrant culture, to Native organization and policy-making, to the rise of the city and the slum, all of the factors which affected Canadian society seemed to be magnified on the plains. It is perhaps for this reason that the western metropole produced many of the major social statements of the era, such as those of J.S. Woodsworth and J.W. Dafoe, and why much of Dr. Bryce’s work and data focused on in the west.

Development of the West in the latter half of the 19th century had in fact been proceeding at a slow pace because of many practical problems existing there for years. The land itself was quite arid for the most part, and even the more fertile areas were difficult to reach. Added to this was the fact that political organization arrived later than in the east and that much of the land remained in the hands of the Hudson's Bay Company. By the turn of the century, however, the use of newer agricultural techniques²⁵, a highly expanded railway system, and the beginnings of a steady migration served to alleviate many of the Prairies' developmental ills. From 1901 to 1913 over one million immigrants arrived in Western Canada on the more than 10,000 new kilometres of track added to the country's railway system.²⁶ Such an influx of farmers came with the inevitable need for service centres (i.e. towns), which in turn increasingly needed local financial and industrial resources (i.e. cities).

This process turned the rural prairies into a semi-urban environment seemingly overnight: between 1901 and 1916 the number of incorporated cities rose from 3 to 17, the number of towns from 25 to 150, and the number of villages from 57 to 423.²⁷ Indeed even by 1911 more than 400,000 people lived in the Prairies' five largest cities, which while only accounting for 30 per cent of the population was an increase of 700 per cent in urban population.²⁸ It was only because of the ensuing war and local depression that such trends slowed down, ultimately coming to a grinding halt during the general depression of the 1930s.

The epicentre and 'crown jewel' of western development was undoubtedly Winnipeg, "the Chicago of Canada,"²⁹ a city which grew by 300 per cent from 1901 to 1911. Winnipeg was "the gateway" through which all prairie-bound immigrants passed,

“no matter what their destination.”³⁰ In this city, on which many journalists, Social Gospellers and academics would base their research, the influx of immigrants was among the highest in the nation. Winnipeg’s foreign-born population went from accounting for around 35 per cent of the population in 1901 to over 55 per cent in 1911.³¹

Consequently, Winnipeg contained one of the lowest proportions of British in any Canadian city. Despite this fact, the commercial and political elite of Winnipeg remained overwhelmingly white, with Anglo-Saxons filling every political post available save five from 1896 to 1914.³²

Thus, for the most part, Winnipeg became the focus of much of the national reaction to changes in immigration policy and in urban development. Winnipeg was also the site of the more extremist side of the negative reaction to increased immigration. A regrettable example of this was the rash of riots in January 1919. In one case, a group of war veterans and less established elements of the native-born population marched into the city’s North End and broke into a score of foreign-born homes, demanding that all “foreigners” present themselves in the street and kiss the Union Jack.³³ What is even more alarming and revealing was that in the aftermath of this “demonstration” not a single charge was laid against any of the participants. Despite this darker side, new Winnipeggers were also the beneficiaries of an increasing number of programs and initiatives to include and reach out to the foreign born, such as teachers’ training programs and group efforts like the Margaret Scott Nursing Mission.³⁴

Finally, the West was also the major flash-point of Federal-Native relations throughout the late nineteenth and early twentieth century. Throughout this time, Natives witnessed the “sale” of their land to the Euro-Canadian government, negotiated in the

form of the Numbered Treaties and reservation settlements. It was primarily in the West where Natives would be forced to enroll in Residential schools, and would watch their lifestyles and land holdings change and shrink, sometimes within a generation, as Canadian settlement advanced. Winnipeg itself was a frequent location for Federal-Native animosity, having been the site of the Red River rebellion, and due to the fact that it housed the largest proportion of urban Natives in the West. As much as Winnipeg became a symbol of the growth of the city and the prosperity of the West to Euro-Canadians, it was also a personification of the negative effects of Canadian expansion to Native Canadians.³⁵ The displacement of the buffalo herds, the gradual takeover of Native lands, and the relegation of urban Natives to specific areas of the city all served to highlight the many trends which had been forming since the mid-nineteenth century, but were accelerating due to Canadian westward expansion.

AN INTRODUCTION TO DR. PETER H. BRYCE

Peter Henderson Bryce was born on 17 August 1853 in Mount Pleasant, Brantford County, Ontario, the second son of George and Catherine (Henderson) Bryce. His father emigrated to Canada from Perthshire, Scotland in 1813, and was considered a pillar of both the Brantford and Ontario Presbyterian communities. George Bryce Sr. was known for his work with the Presbyterian Church and for his staunch support of liberalism, and although he was often asked to run for political office, he always refused. (He did serve as the Justice of the Peace for Brantford County for a time.)

Peter Bryce received an early and careful religious instruction in a Presbyterian home which, more than anything else, stressed the value of education. Peter's older

brother, Rev. George Bryce had served in the Queen's Own military regiment defending against the Fenian raids of the 1860s, but received his true calling when the Home Mission Committee of the Presbyterian General Assembly decided in 1871 to send him to the new province of Manitoba to found a college and set up a church for its new Presbyterian community. Over the next few years, George Bryce would have a hand in the founding of the University of Manitoba, Manitoba College, countless churches, the Winnipeg Public Library, and would become Winnipeg's first school inspector. He also was the author of several books, including A Short History of the Canadian People, Manitoba, its Infancy, Progress and Present Condition, and The Life of Lord Selkirk, a vindication of the founder of the Red River Settlement.

As a thinker and historian, George Bryce anticipated many of the qualities for which his younger brother would become well-known. He stressed the principles of liberty and the force that carried the will to protect and further those principles: the population of Canada itself. He also refrained from the earlier style of "drum and trumpet" writing in history in favour of a more population-centred approach. Instead of focusing on wars and treaties in his A Short History of the Canadian People, George Bryce highlighted the role of Canada's various immigrant groups as well as its Native peoples.³⁶

Having seen first hand the growth of Winnipeg from a small town to Canada's third-largest city, George Bryce was also well aware of the way Canada's immigrants shaped the country's social and structural, not to mention political development. Having lived through the two Metis uprisings, he was well versed in Federal-Native relations, and witnessed the effective outcome which federal policies generated in Ottawa had "on

the fringes.” Instead of trusting only in compiled facts and doctrinal precedents, George Bryce believed that history and society’s evolution “must be a picture of the working out of human life under its conditions of infinite variety and complexity”.³⁷

Peter Bryce attended the University of Toronto after graduating from Upper Canada College, focusing on the sciences, particularly Geology, though he won medals both for his geological work and for his literary prose. After serving as a professor at the University of Guelph, where he met his wife K. Lynne Pardon, he returned to Toronto to study medicine, graduating with an M.D. two years later. His final year of education (1880) was spent abroad in Edinburgh and Paris, where he studied intensely the new techniques of Pasteur and Lister at a time when they were just being implemented, and where he became a member of the Royal Sanitary Institute of Great Britain. It would be in Europe where Bryce would become influenced by the prevailing pattern for “promoting new possibilities for material rewards through scientific applications,”³⁸ the quintessential Victorian scientific drive which could bring purpose to the surveying and research skills he had been taught in Geology.

In 1882, Dr. Peter Bryce accepted a position as the first Secretary of the Board of Health of Ontario, a government body he helped define by co-writing, with Sir Oliver Mowat, the final version of the 1884 Ontario Public Health Act. During his Provincial service, Dr. Bryce was responsible for provincial legislation on vital statistics, the reporting and recording of incidences of communicable disease, sanitary inspection, and the coordination of any efforts to control epidemics.³⁹ In 1904, he was called to Ottawa to serve as the Chief Medical Officer of the Department of the Interior, which was soon broken into two positions, one with the Department of Immigration, and one with the

Department of Indian Affairs. His achievements during his 17-year tenureship at the federal level included drafting the 1906 Immigration Act of Canada, membership on innumerable committees, and participation in various societies concerned with Canadian public health.

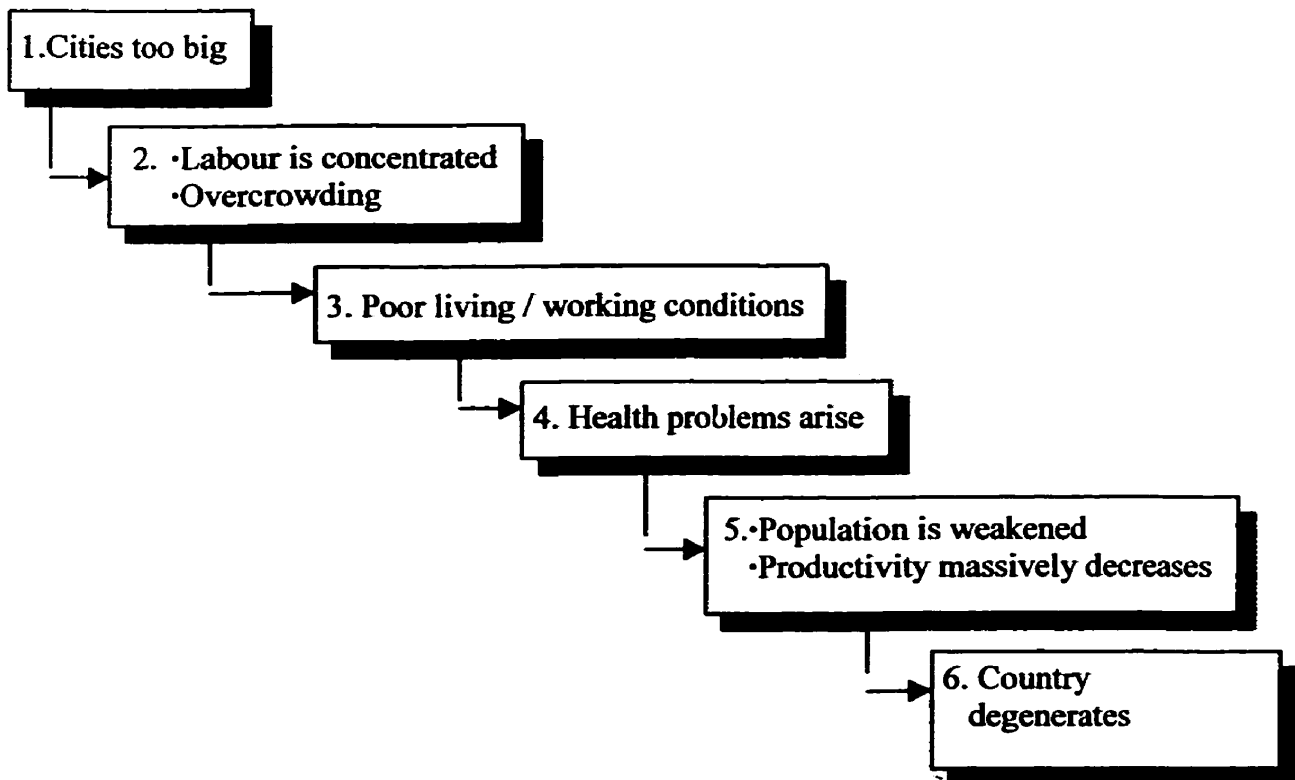
Dr. Bryce was also a member of the Royal Sanitary Institute of Great Britain, and was actively involved in the American Public Health Association. As a longtime member and president of the association in 1900 (the first Canadian to do so), it is fair to say that Dr. Bryce held true to the views and aspirations it generally promoted. The Association, which had been touted since 1890 as the largest and most influential organization of its kind in the world, felt that a key component to the amelioration of public health was the use of the most accessible medium of the day, literature.

By utilizing the capabilities of the distributed written word, the group hoped to accomplish two of its major goals, one being the creation of “a medium for frequent communication between workers in the field of public health,” and the other being the financing of “a popular health journal, written in non-technical language, which would present to the public in attractive form and style those facts of life and good living which should be known to all.”⁴⁰ The hope behind these projects was that health workers across North America would adopt uniform practices and standard methods, and that this knowledge could be passed on to the general public. “Health is not the monopoly of any group or class. It is the common heritage, and should be the common property, of all” decreed the association under Bryce and others, who professed that “one of the objects most dear to [our] hearts is to give everyone the store of knowledge we possess.”⁴¹

Peter's older brother George passed away in 1931, but not before choosing to live out his final days at his brother's residence in Ottawa. When Dr. Bryce himself died in January 1932 at the age of 79, he was on a voyage in the Caribbean collecting vital statistics from various islands; his children had his body returned from Puerto Rico for burial. Peter Bryce, who survived his older brother by only one year, left behind three sons (a fourth had died only two weeks earlier) including one who was a church missionary in India, and two daughters, both of whom attended university and one of whom moved to Nagoya, Japan.

EARLY VIEWS: INTRODUCTION TO BRYCE'S BELIEFS

Though adjusted and refined over the years, Bryce's basic philosophy can be represented in this chain of causation:



Given the fashion in which economics and demographic trends were evolving, there was little Dr. Bryce could effectively do to solve the problem at position 1, although this left the most sour of tastes in his mouth. The same was true for position 2, which had a circular effect with position 1. For the most part, however, the tangible problems with which labour, immigration, and aboriginal peoples dealt, began at position 3.

Thus, Dr. Bryce's efforts could be slotted in at both position 3 and position 4, given that his work aimed at both ameliorating conditions through education and legislation, as well as equipping society to handle the problems that would inevitably slip through the cracks of even the best-laid plans. Once armed with the most recent preventative knowledge, Bryce believed that any future issues which might arise because of new immigration, new industries, or even from present situations which continued to suffer while more efficient standards were taking effect, could be dealt with effectively, and consequently future health degeneration could be prevented.

NATIVES

From his very first questionnaire given to the Natives upon his appointment to Chief Medical Officer, a survey which covered about three-quarters of the population, Dr. Bryce noticed two startling facts. First, contrary to popular opinion, the Natives exhibited comparatively low levels of nervous disorders and alcoholism. Second, while most physical disorders occurred at similar rates in the Canadian population at large, those whose occurrence depended on heavy amounts of unsanitary contact, such as diseases of the eye and tuberculosis, were much higher among the Native population.⁴² Although these diseases had been relatively rare in the 1880s, the early twentieth century

witnessed an outbreak that reached near-epidemic proportions. Bryce, as part of what would become his constant fight against tuberculosis, set out to determine the cause of this noticeable health problem, as well as the best means to prevent future difficulties among the Natives and the population at large.

HEALTH AND INDUSTRIAL HYGIENE

By the time Dr. Bryce was appointed to his federal post, he had already been involved in the area of immigrant health care for some time. Though his specific views on immigration and immigration policy and conditions will be discussed at great length below, it should be noted here that Bryce had had some exposure to the health concerns of Canada's new immigrants for some time before his appointment. Instead of viewing Bryce as some sort of an idealist with strong convictions, it must be remembered the methods he favoured, although not necessarily endorsed by all the medical professionals of his day, did produce tangible results. While working for the government of Ontario, Bryce had applied his methods to deal with an outbreak of smallpox. As he related in a later paper, "the outcome of the organization was that although some 7000 deaths due to smallpox occurred in the Province of Quebec in 1885, Ontario had only 18"⁴³ due to the preventative measures via health officers and inspectors assigned to deal with the epidemic. Given the convincing outcome of these measures at such a formative time in his career, it is no wonder that Bryce trusted his methods to provide the greatest results.

The horrible health conditions in Canada's factories were another area in which Bryce advocated active state intervention via 'industrial health officers' early. By around 1905, a multi-national debate was already in progress surrounding the general sanitary

conditions of the many factories that employed a great number of new immigrants, as well as native-born citizens. Evidence suggested that the death rate among factory workers was already often up to 50 per cent higher than among non-factory workers.⁴⁴ While the hazardous condition of the factory bred its own evils such as lead and mercury poisoning, as well as sickness from repetitive exposure to lethal fumes, the industrial environment also fostered the spread of communicable diseases like tuberculosis, which was caused by improper ventilation, constricted working environments, and other structural faults (much like the Native residential schools to be discussed below).⁴⁵

The frustration of Bryce and others, as it was to be with many other health care shortcomings, was that the spread of disease in the factories was preventable. To do so successfully, three major changes were needed: adjustments to the physical environment to improve ventilation, lighting, etc., the presence of a paid public health officer to monitor the situation, and finally a program to educate the workers in methods of proper preventative care.⁴⁶ This program, designed to fix what could be fixed and then educate the masses for further preventative care, would become a standard, efficient way to deal with environments that bred poor health conditions. With these measures in place, Bryce and others believed, mortality and sickness would decrease and health and productivity would increase.

It was by analyzing data and generating solutions such as these that Bryce's 'legacy' was built. By the time he retired, Bryce had secured a number of rights and a broadened spectrum of authority that would be used by health officials in the future. By the early twenties, a health officer could order the cleaning of a street, demand the immediate purifying, ventilating, and disinfecting of a premise, and could have a building

deemed unfit for human habitation destroyed.⁴⁷ Additionally, a health officer could decide the legal limitation on the number of people allowed to live within a particular dwelling, and naturally could enforce the detention of persons or goods suspected of transmitting infection. As a journalist noted in 1920, in matters of health, the powers of the provincial and federal boards were supreme, and “that power was largely placed there by Bryce.”⁴⁸

PETER H. BRYCE AND CONTEMPORARY CANADIAN THOUGHT

NEW LIBERALISM

Once Dr. Bryce was established as the country’s Chief Medical Officer, his views on matters of public welfare gradually took on a distinctive and prominent voice, and he became considered an important authority on a range of topics from hospital standards, to education, to immigrant relations. As mentioned above, by the turn of the twentieth century, the glaring realities of increased urbanization, capital accumulation, unemployment and industrialization, were giving cause to re-evaluate the methods and manners in which the average Canadian was to ensure their personal well-being, as well as that of those around them, whose conditions they perceived as being increasingly intertwined with their own lot. As an academic and a man immersed in Dominion politics, Bryce’s views on the shifting nature of ‘liberal’ thought were well documented and cited by others, especially in the health community, as a source for contemporary philosophical arguments.

Bryce firmly believed that humanity was in essence the product of the environment in which it dwelled. As a good Liberal thinker, he often used the classic

writings of authors such as John Stuart Mill to back up his epistemology. For instance, Mill once argued that “every man is a part of nature and subject to its laws as causation,” which Bryce interpreted to mean that morality itself was social, and thus subject to one’s environment. As a matter of social evolution, he continued, humanity was focused on one common end; the liberty to will, or the pursuit of the highest good.⁴⁹ Anyone versed on the ideology of Liberal society recognizes this, of course, as a standard conclusion among Victorian Liberals, and it was in fact the cornerstone of the principles of laissez-faire and restricted government.

In many respects, however, Bryce quickly became a critic of these Liberal principles, which, as mentioned, although held in great esteem were proving more and more often to be incompatible with the changing world. For instance, he believed that all citizens indeed had a duty to become “apostles of social ethics” in all matters, from the level of the individual to the level of the state itself, and would support efforts to spread the ‘superior’ methods and philosophies of his ‘advanced’ civilization. That it seemed as though no one was actually doing this in a constructive fashion, however, troubled Bryce. “How many are convinced for instance in our communities that the greatest good in an election is not associated with the party having the longest purse? How many are willing to sacrifice their personal comfort or profit, it may be, through living in a smaller community or even in the country in order that they may rear a robust family of children for the state?”⁵⁰ In other words, while many could talk the talk, Bryce asked, how many would walk the walk?

Therefore, in an attempt to bridge the apparent cognitive gap between ‘Old’ and ‘New’ liberalism, or rather older conceptions and more contemporary realities, Bryce

posed the question “Where shall we begin with a society’s moral status, with the individual or with the nation”? His response was to begin with the individual, a classic liberal standpoint, but not with the same ends in mind. The reason for starting with the individual, he said, was because society is an entity made up of its units, combined into a living whole.⁵¹ In paralleling this whole to a developing child, the child (individual) he said must be exposed to a series of influences, physical and mental, which stem from its parents and grandparents (society) even before its birth. What is meant by this is that the individual, though the smallest unit in the society, is greatly affected by the conditions of that society, the environment where he/she is raised and then works and lives, and is thus as much a product of the whole as he or she is an indigenous creation.

Bryce’s stated philosophy was an extension of his perception of the world; it was the physical and psychological environment in which one lived which ultimately held the balance of what sort of lifestyle one would lead, and how healthy one would prove to be. “Everyone,” he stated, “is familiar with the fact of living organisms, whether plants or animals, being built up from the individual cell, and of how this divides and multiplies infinitely, each cell being nourished or impeded in its development by its environment, according as this is favourable or the opposite.”⁵² A child’s mind, stated Bryce, develops in the same manner, being influenced from without as it grows and takes its own individual shape. Of these outside influences, the one Bryce felt was the most important was the extent and quality of a child’s education, which taught it to use its mind, to think critically, and to expand its knowledge, in addition to teaching the proper tools of social and personal morality. This stress on education would remain a prominent theme in Bryce’s works, always presenting itself near the top of his list of priorities.

SOCIAL GOSPEL

As discussed above, Dr. Bryce also held his federal post at a time in the Western world when several new movements, such as the Social Gospel and eugenics, were not only subjects of discussion, but were also the impetus behind innumerable meetings, conferences, associations, studies, and papers.⁵³ Over the course of his career, Dr. Bryce would become more and more intertwined with these movements, especially the Social Gospel, given the number of associations and committees he sat on which professed that particular philosophy. Bryce most often situated himself in these discussions by propagating the notion that most of the interactions in society, as well as whether or not various theories and ideas were successful in their everyday implementation, rested on the quality of the environment in which they took place. By pushing for the optimum environment, one that was healthy, clean, and resistant to disease, Bryce hoped that the conditions conducive to optimum productivity and quality of life for his country and its peoples could be created.

However, this cognitive stance was not free from the influence of the shifting views of the era. Bryce did believe in the Social Gospel axiom that the status of a nation was essentially measured by the ethical plane upon which the great majority of its people were to be found, so that Canada's "moral status" was based on the quality of its peoples' collective personal, social and political acts.⁵⁴ But the yardsticks used to measure this status more and more were coming into question. In Bryce's time there was an increasing awareness that entire groups of people, such as workers and farmers, were being denied the very benefits they produced for society, a realization which would spur

many to go after their deserved share. Thus, while those who had a voice became increasingly aware of those who did not, the many who never did were in the process of finding it, and using it. People also began to seriously consider whether or not the poor were truly the chief architects of their own poverty, a 19th century conception, as well as whether there were in fact broader social conditions at work, and the degree to which these two ideas were related. All of these shifts in public debate served to create a forum in which Dr. Bryce's views and concerns could be easily accommodated.

These ideas also received concrete backing once the public began to notice how the prisons, run on public coffers, were filling not only with hardened criminals, but with those who were simply out of work or infirm. Instead of arguing for throwing money at the masses, a method Bryce felt did not get at the root of the problem and only attempted to ease the suffering of the already afflicted, he advocated discovering where exactly the problem began, and how to deal with ameliorating the conditions of that root. In medical terms, the older system of philanthropy meant that there existed only convalescent care for the sick, but no efforts to discover what caused the sickness and no attempts to prevent its spread.⁵⁵ This 'point zero' of strife and misery in society, Bryce held, lay in the expanding cities which were the most explosive phenomena of his time. Bryce believed that the increasing urbanization and industrialization of the post-Confederation to 1900 period, which tended to break down the self-sufficiency of the 'pioneer family', made it increasingly difficult for the individual, family, local community, or even the churches to cope with the health and social service needs of the citizen.⁵⁶

Not any less important for dealing with such ills was the conception of responsibility for the sick, which had been considered "a private responsibility, the care

[of which] was viewed as either a family responsibility, or, for those without the necessary family support, a responsibility of the local community... in which case care was provided on the basis of the principle of charitable works of mercy.”⁵⁷ Bryce hoped to see the end of such views, and in its place see instead an increase in the responsibilities of the government in the public sphere, a goal he would advocate in many of his works.

THE EUGENICS ISSUE

While several scholars have, in the past, tied Dr. Bryce to the eugenics movement, careful examination of his works suggests that such a connection is in fact unwarranted. The methods and practices of most eugenicists, though based on similar principles to those of the Social Gospel, were nonetheless taken to levels which Bryce ultimately did not endorse. In reference to Dr. Bryce and his possible place in a eugenics movement, Angus McLaren, author of Our Own Master Race: Eugenics in Canada examines Bryce’s opinions, but unfortunately seems to leap to a number of reasoned, yet incorrect, assumptions. For instance, McLaren notes how Bryce was concerned about the declining fertility rate of Canadians as compared to the rising rate of the Dominion’s new immigrants⁵⁸ - - a reasonable premise for a eugenicist to set in place. However, Bryce believed that the low birth rate among Canadians was the result of poor sanitary conditions found in Canada’s cities. This was in contrast to the healthier conditions available in the country, especially on the Prairies, an area where the proportion of the immigrants was much higher. Thus, Bryce’s point was that those who resided in the country fared much better in the long run - - not that Canada was being swamped by rapidly reproducing immigrants.

It could be said that Bryce's work followed closely with the subjects and content of the eugenics movement, but to call Bryce a eugenicist would be incorrect. After all, as McLaren states, the basic eugenicist line on immigration policy began with "the premise that certain inherited traits could not be attenuated by a changed environment"⁵⁹ which, as has been overtly shown in Bryce's own works, was an assumption Bryce never would have supported. Additionally, McLaren is quick to point out that in a 1914 paper, Bryce stated that in Canadian society there were the "two underlying principles indissolubly mingled of *eugenics* and *eusthenics*."⁶⁰ What he failed to mention, however, is that while Bryce agreed with the careful selection of immigrants, he clearly denounced the practice of eugenics in the very next phrase! "I must say I have little faith in the drastic measures such as are being passed by several legislatures in neighbouring states... [and will] until we have a more generally diffused and higher standard of knowledge."⁶¹ It seems that, unfortunately, the expansive application of the nativist and racist rhetoric which permeated Canadian social literature at the turn of the century was used by both contemporary eugenicists as well as present-day scholars in order to further the case and increase the declared prominence of the eugenics movement.

While it is not a very large leap from Bryce's 'selective immigration' or even J.S. Woodsworth's "lists" (discussed below), it is a leap, and one that did not take place with the consent of the originators. This misappropriation of Bryce's findings and suggestions provides a concrete example of how eugenicists (and no doubt the followers of other contemporary movements) emphasized such 'grey' areas in the overlapping literature and discussion surrounding the best courses of action for Canadian society at the turn of the

century. Bryce's own words suggest that he did not intend for his research to lend support to the eugenics movement, and thus to infer it would seem an unfair conclusion.

CHAPTER II: IMMIGRATION, IMMIGRATION POLICY, AND ISSUES OF LABOUR

“What does the ordinary Canadian know about our immigrants? He classifies all men as white men and foreigners. The foreigners he thinks of as the men who dig the sewers and get into trouble at the police court. They are all supposed to dress in outlandish garb, and to speak a barbarian tongue, and to smell abominably.”

– J.S. Woodsworth, 1909

The tide of immigration from Europe to the Americas between 1880 and 1914 has been described as “the mightiest movement of people in modern history.”¹ While Canada was not an original destination in the mass movement of peoples, several factors such as the discovery of gold in the Yukon, the completion of a transcontinental railway, and the closing of the American frontier, served not only to bring Canada forcefully within the network of trans-Atlantic crossings, but to propel it into becoming (proportionally) the most prevalent destination of European immigrants for almost two decades.

This turn-of-the-century significance of Canadian immigration was associated with Clifford Sifton, who served as Minister of the Interior from 1896-1904. Due to the combined effects of the end of the ‘native unrest’, the Mountie ‘pacification’ of the prairies, and the completion of a continental railway system, the West was open for settlement, and Sifton meant to shove as many immigrants through the open door as he could. As a result of his famous European advertising campaign and his generous use of a system granting monetary bonuses to immigration agents and others, Sifton accomplished just that, though hardly without consequences.

The popular backlash to the Sifton plan under Laurier arose because of the choice of countries from which Canadian immigration agents sought their candidates. Immigration conditions had become somewhat complicated; Germany impeded the efforts of immigration agents, France actively campaigned against emigration to Canada, and too many of Britain's poor were being dumped onto Canadian soil.² Thus, rather than keeping up with Canada's traditional staple of Western European and American immigration, Sifton chose instead to seek out the so-called "peasants in sheepskin coats" from Continental Europe, people who could be immediately put to productive work tilling the soil of the great open west, instead of drifting off into the cities and becoming wage labourers. In the hopes of creating a vibrant agriculturally-based west, Sifton enacted an immigration policy that set up a dividing line in Canadian popular and official circles that would last for decades.

Canadian censuses between 1901 and 1921 showed an increase of over 800,000 among those whose origin was neither British nor French. These newcomers comprised 15 per cent of the total Canadian population by 1921.³ In the West, those European communities that already existed greatly strengthened their numbers. The number of Germans in Canada increased from around 47,000 to approximately 148,000 from 1901 to 1911, largely due to the sponsorship of German Catholic organizations, while Canada's Scandinavian population rose from 17,000 in 1901 to over 130,000 in 1921.⁴ More striking than these increases, though, was the influx of immigrants from central and eastern Europe, a trend which drew significantly more attention. While exact national migration figures are difficult to attain because of shifting borders and high mobility in turn-of-the-century Europe, the 1921 census identified an increase of over 1600 percent

of Poles, Ukrainians, and Hungarians alone. Most of these immigrants were supposed to settle in the prairies to engage in its ample agricultural opportunities.

The reaction in Canada was naturally varied, often quite strong in its intensity. It forced many Canadians to come to terms with the realities of mass migration. A prominent Methodist from Winnipeg, J.S. Woodsworth (whose other views will be discussed below), understood why the masses in Europe would want to leave their lands of birth. In Europe, he explained, “privileged classes prey on the masses; the state exists not for the good of the people, but to gratify the ambition of a few leaders. Immense standing armies are maintained at an enormous expense, their existence perpetuating ancient jealousies and strifes.” He also believed that in Europe, the peasant worked for both the state as well as the church, “so that he has no time to work for himself.” In reference to China and Japan, he pitied the population which sought an outlet “from the most densely populated countries in the world.”⁵ These views were seconded by Kenneth Roberts, who later said that such immigrants “naturally seek a better country where the struggle for subsistence is not so hard and the fruits of one’s toil are more secure.”⁶ It is perhaps because of such realizations that Sifton placed so much stock and confidence in immigration, assured that the peasants escaping such conditions would no doubt do their best to succeed in a new and promising environment.

It would be an understatement to say that this Laurier-Sifton plan for immigration had quite a few critics. Not the least of these detractors was Frank Oliver, Bryce’s direct superior from 1905 to 1911. He accused easterners of swamping the West with Galician and Doukhobor migrants “whose presence deterred the arrival of superior settlers.”

Oliver further insisted that if a more restrictive immigration policy was not enacted, Canada would undoubtedly suffer a “deterioration in morality and intelligence.”⁷

This case of the Doukhobors, a rural sect fleeing religious persecution in Russia, clearly illustrates the general pattern of antagonism many nativist Canadians felt toward the immigration policies of Clifford Sifton. While it was true that the Doukhobors engaged wholly in farming, they seemed to many “unappreciative of Canadian law and liberty, ...poverty-stricken, government-supported and had been brought over at great cost to the taxpayer.”⁸ They also refused to take up arms in Canada’s defence, demanded land control concessions, and were determined to resist the institutions of the dominant culture. Sifton, however, insisted that they had indeed become excellent farmers and were brought over at a cost substantially lower than that of British immigrants, most of whom would only flock to the cities and flood the labour market. In fact, he charged Canadian editors and journalists with “exciting racial prejudice... that does not depend on reason,” claiming that the productive capacity of the Doukhobors and other Europeans was evident and ample.⁹

While Sifton no doubt exaggerated such immigrant output, it is even more interesting to note that Sifton attributed anti-Doukhobor sentiment to illogical racism, while simultaneously denouncing other ethnic groups based on their “productive capacity.” Clifford Sifton’s “racism” was delineated along “productivity” lines, meaning he was against the admission of those peoples whom he believed showed no disposition for pursuing a farming lifestyle. Thus, he did not favour the migration of Orientals, Blacks, Jews, certain southern Europeans, and English city-dwellers.¹⁰ For Sifton, racism and economic ‘need’ coalesced.

ENTER THE GOOD DOCTOR

As the Sifton plan for Canadian national immigration took shape, a nascent infrastructure began to form in the Department of the Interior. Increased numbers of immigrants demanded attention and scrutiny, as well as federal employees to oversee and coordinate immigration efforts. In 1904 the position of a federal Medical Officer was created, and Peter Bryce was chosen to fill this role. Though Dr. Bryce has not been the subject of a great many scholarly investigations, Alan Sears discusses his contribution to Canadian migration patterns and the subsequent social reproduction of the working class in his article "Immigration Controls as Social Policy: The Case of Canadian Medical Inspection 1900-1920."

In the early twentieth century, slums, pauperism, and physical and mental disorders were all lumped together as 'old world' problems brought to Canada by immigrants.¹¹ For many, therefore, the medical inspection of immigrants was seen as a continuation of the social policy work of public health officials. Sears suggests a dual justification for Bryce's importance. First, the early period of the twentieth century was the site of a battle to improve slum conditions. Second, the changing face of Canadian labour had the medical inspection as its starting point due to the constant inclusion of new groups of immigrant workers. It was the medical inspector who held the key of entry to Canada, and it was due to his ideas and policies that certain immigrants would be allowed in (or refused), thus directly shaping the future makeup of the Canadian labour force.¹² It is important to realize that such emphases differed greatly from the immigration policies of the 20's, 30's, and 40's, when the focus shifted to more overtly

political (e.g. potential for subversion) and specifically economic (e.g. occupational category) considerations. As Sears puts it, the orientation of public health in the early twentieth century was very broad, “emphasizing the development of a healthy, productive and efficient working class in the interest of national prosperity.”¹³

While many groups of Canadians, such as the Church and the most of the unions, favoured British and American urbanites, Dr. Bryce had already shown, in numerous studies, that it was immigrants from over-crowded cities, the bulk of those who came from England in fact, who posed the greatest threat from a health standpoint.¹⁴ Instead, it was the countryside continental who was healthy, eager to work, and happy to belong to a freer country, and it was such a person that Dr. Bryce wanted to be his neighbour. His medical surveys convinced him that among such peoples, “we have not only an industrial asset of great value but also the assurance of a population remarkably free from the degenerative effects seen in those classes which have been for several generations factory operatives and dwellers in the congested centers of large industrial populations.”¹⁵ Dr. Bryce felt that the past fears of continental peoples had been proven to be groundless by his statistics, as well as by the work of others, and suggested that armed with this sound knowledge, anyone who continued to deny their admission or conjure up tales of their detriment to Canadian society, was interfering with national development, and “cannot be called a friend of Canada.”¹⁶

DR. BRYCE AND THE CANADIAN IMMIGRANT

Dr. Bryce’s philosophy concerning immigration in general, can be best summed up in his own words written in his 1906 Annual Report.

Were these people, who had shown themselves on admission in most instances industrious and law-abiding, forced by municipal regulations to occupy better houses, and prevented from crowding into old and unsanitary houses, for which landlords exact excessive rents, there seems to be no reason from the public health standpoint why they should not be allowed to enter.¹⁷

In addition to his medical savvy concerning the likely origins of communicable diseases Dr. Bryce, given his knowledge of and passion for Canadian history, also never lost his perspective on the issue of immigration, and knew full well that the current influx of newcomers was hardly Canada's first. In the collection of essays entitled "The Value to Canada of the Continental Immigrant," Bryce relates a short history of Canada put in terms of immigration (i.e. he recounts the arrival of the French fur traders, followed by the English colonists, the Empire Loyalists, etc.). In this summary, he recounts how much of the anti-immigrant sentiment and government concern over the integration of newcomers was an issue long before his own time. At one time, he reminds his readers, the Irish and the Scottish, now those who made up a healthy portion of the nativist ranks, were considered as 'outsiders' and burdens. In fact, Lord Dalhousie once feared that because "the Canadas were already overwhelmed by a voluntary immigration," the arrival of thousands of poor Irish settlers would add too much of a burden to a land where many difficulties already existed. Dalhousie also greatly feared that the Scottish settlers "would never become reconciled to their unruly neighbours, whom they looked on as little better than banditti," urging those favouring the immigration to stop their waste of public money which was nothing but "a detriment to the progress of Canada."¹⁸ These, of course, were the grandparents of those who now cried out for the federal government to stop the incursion of foreigners on 'their' land.

Dr. Bryce recognized, however, that throughout Canadian history, it was Canada's new immigrants which constantly improved and re-vitalized the nation's wealth and prosperity. He knew that were it not for immigrants, the Canadian Northwest, not to mention many parts of the East, would still remain uncultivated, unmined, in a word: unproductive. He recounted his sojourns among the newest of Canada's settlers, observing and interviewing Czechs, Scandinavians, Hungarians, Russians, Ukrainians, Germans, Americans and Britons in their towns and dwellings across Manitoba, Saskatchewan, and Alberta. While he admitted that amongst the new arrivals "there are bad as well as good," he suggested that "the same may be said of every other class or nationality."¹⁹ As a whole, however, he was delighted to report that the immigrant communities were engaging in the most productive of activities, were adding substantially to Canada's prosperity, and were content to be in a country where they felt they had some assurance of good employment and fair treatment. Of course, those in the city may have responded differently, as shall be seen below.

Many of the objections to immigration policies were in fact not based on ethnicity per se at all, but on character: The question was whether or not the incoming soul was productive and adaptable to the Canadian lifestyle, rather than if they came from the same part of the world as those already in Canada. It was the fact that certain ethnic groups were classed as being generally unproductive and unacceptable which lent support to racist claims. It was not a matter of geography, then, but one of association, which once established, was difficult to alter, given that many Canadians did not have actual contact with the various ethnic groups prior to establishing an opinion of them informed by "word of mouth."

The primacy of these character requirements was evident in the famous “classifications” of J.S. Woodsworth in his 1909 book Strangers within Our Gates, as were examples of the types of associations that many Canadians made with different ethnic groups . For instance, American immigrants were highly desirable, mainly because they consistently came with their own capital reserve, and were thus unlikely to ever be a “burden” to the state.²⁰ Even though some objected to Americans on the grounds of their vocal distaste for the King, and though many feared an increasing “Americanization” of Canada,²¹ it was assumed that loyalty would follow within a generation or two, and that the King simply wouldn’t be aware of it! Germans were also high on the list of desirable immigrants, as they were seen as “white people like ourselves” and could be easily assimilated, just as they had been in the United States.²² Despite religious differences, Jews were usually desirable simply because it was well known that “there are few Jewish applicants for public charity” and that they “care[d] for their poor through their own charitable organizations.”²³ In other words, not only were Jewish immigrants not a burden on the state, but they were also industrious enough to create their own network of support groups and services.

The problems with the other groups then, the “undesirables”, was that they lacked all the qualities admired in the groups discussed above. The “Orientals” (Chinese, Japanese, East Indian) would almost overwhelmingly work in the lowest forms of unskilled labour, rarely rising above this lot. They sent much of their savings back home to Asia, and many in fact left after the completion of a pre-arranged duration of stay. As discussed in more detail below, those who remained in Canada became isolated and stayed mostly within their own communities, where they continued to engage in

transplanted activities from the old country. While there was some cursory acknowledgement from Woodsworth that these immigrants did much of the work that white Canadians refused to do, he could not seem to get past the fact that in the terms laid out above, they were never destined to be productive and active Canadians. Woodsworth did not, however, indicate that such persons were to be chastised, marginalized, or sterilized. That would become the accomplishment of later writers and public figures.

That many could take the writings of Woodsworth and others in such directions, though, is not surprising, given the way the information was set up. A cursory reading of Woodsworth's 1909 book lends support to the popular discontent surrounding immigrants, while a more thorough reading offers quite another interpretation. For instance, Woodsworth states that "roughly speaking, the foreigners furnish more than twice as many criminals, two and one-third times as many insane, and three times as many paupers as the native element."²⁴ On the face of such evidence Woodsworth showed that in Winnipeg in 1907, the number of offenders who passed through the courts broke down into 1541 Canadians and 3842 foreigners.

However, a careful reading of the statistics reveals that of these foreigners, 992 were English, 693 were Scottish, 452 were Irish and 304 were Americans, all of whom, based on Woodsworth's own classification system, were desirable because they were not a liability to good Canadian society.²⁵ If we add to this total 140 Germans and 128 Swedes, only 1826 remain, a number strikingly close to the Canadian proportion of the sample. Without even accounting for the possible bias imposed on certain foreigners by the police and the courts, a simple analysis of the available numbers leaves many doubts

in Woodsworth's claims of "twice as many" criminals from the 'undesirable' immigrant population.

ARE YOU CRAZY?

Criminal activity was not the only negative societal aspect in which immigrants were forced to absorb a good part of the blame. In 1909, Dr. Bryce published a paper to answer the public charge that there was "an unduly large number of immigrants being admitted to Canada, who became subsequently or were at the time of admission insane."²⁶ This was of course one of the major arguments used by anti-immigration Nativists who did not want any more "degenerates" coming within Canadian borders. Essentially, Dr. Bryce answered the popular fears with the facts, illustrating how it was a misunderstanding of the available statistics which was causing such rumours to carry the appearance of legitimacy. For instance, it was true that the population of Canada's insane asylums had increased substantially; in 1908 there were 358 admissions compared with only 142 in 1900. These figures, however, did not take into account the population growth which occurred in those 8 years, an increase of roughly 150 percent. Therefore, when compared in terms of admissions per thousand, the 1908 rate of .335 per thousand had not substantially changed from the 1900 rate of .339 per thousand.²⁷ Such figures also did not take into account the roughly 48 percent of inmates who had been admitted since 1900 who still remained inmates in 1908.

Addressing the more specific charges of certain races being more prone to insanity than others, Dr. Bryce suggested that this might be true, but not in the direction that popular opinion dictated. Figures from 1908 revealed that, when compared to

Canadians whose per thousand rate of insanity was 0.19, it was the immigrants from Galicia, Russia, and Italy which were akin, having rates of 0.18, 0.22, and 0.16 respectively. On the other hand, immigrants from the British Islands sported a rate of 0.32, Germans a rate of 0.34, those from France and Belgium a rate of 0.52, and those from the British possessions 0.94.²⁸ Added to this work was a rare treatment of gender issues, in which Dr. Bryce addressed a popular concern that “the wide western prairie is especially fatal to the healthy mentality of women.” Stating that this idea was “without foundation and is, I trust, permanently exploded”, he backed up his position with statistics showing that the rates of admission for women had not increased over the last five-year period, when many more women, especially immigrants, had moved to Manitoba and the Northwest territories.²⁹

PUBLIC EFFECTS

It was in furthering such views that Bryce, along with others, succeeded in re-orienting Canadian medical inspection in the opening decades of the twentieth century. Groups that had been previously welcomed unconditionally became less favoured, while others who had once been disparaged lost some of their stigma. As Sears relates, “immigrants from the cities of Britain and the United States lost out in this shift, for it was felt that industrial conditions produced irreversible forms of race degeneration.”³⁰ This is not to suggest that in one swoop all racism and previous biases were wiped out, and that Canadians re-oriented themselves on an urban-country axis instead of a Western-non-Western one. What this shift did signify, however, is that figures such as Dr. Bryce succeeded in bringing more enlightened thought to a malleable base of medical logic,

tempering older nativist preferential rhetoric. Instead of assuming that certain races were to be excluded, the environment from which the immigrants came was considered more heavily. In differentiating Canada from the United States and Britain, whose city-dwellers drew increasing scrutiny, Sears suggests that Dr. Bryce took part in a common trend in labour history from 1880-1920 known as the “nationalization” of the working class, which involved delineating it through immigration controls as well as placing it under state supervision through social programs.³¹

What makes Dr. Bryce a most fascinating figure, however, is that as much as he was implementing these broader national and international trends, he was also inserting his own philosophical elements into Canada’s policies. More and more, as Sears notes, Dr. Bryce came to champion “those immigrants who were commonly thought of as least desirable in Canada,”³² and helped turn those groups into desirables. This was not an easy task, as his views stood in sharp contrast to those expressed by his superiors, Frank Oliver, J.A. Smart, and W.W. Cory, all successive Ministers and Deputy Ministers of the Interior. Oliver pushed for an immigration policy based on a belief held by some that racial and class origins were the determining factor in the capacity of ‘foreigners’ to be assimilated into the Canadian community,³³ while Cory called for a policy directly aimed at recruiting “honest, healthy and intelligent Anglo-Saxons” so as to provide for “the continuance of the infusion of the same elements in the life-blood of the nation.”³⁴

When attempting to evaluate the practical effects of Dr. Bryce’s beliefs, some of the contemporary immigration statistics are worth examining. For instance, in 1906-7, only the Japanese and East Indians were rejected at the border more frequently than the British.³⁵ In fact, in a study of deportations from 1904-1907, 1 in every 496 Englishmen

was deported (313 of them) while only 1 in every 6,021 Russian Hebrews (3) and 1 in every 16, 546 Italians (1) were deported.³⁶ Although “diseases of the eye” were the most likely reason new immigrants were detained at Canada’s ports of entry, only 7 percent of those examined were actually deported for that reason.³⁷ It is no surprise, however, that of those detained because they were “criminals,” were “likely to become a public charge,” or because they showed signs of “bad character”, over 65 percent were deported.³⁸

On the whole, however, deportations were not an enormous factor in Canadian immigration. In the early twentieth century, deportations did not amount to more than 0.5 percent of those allowed into the country.³⁹ This was partially due to the fact that the legislation which governed it was still in its developmental stages until the First World War.⁴⁰ When deportations did occur, they were most often because of economic concerns as opposed to political or social ones, a reality which is exemplified by the tight correlation between Canada’s greatest periods of economic expansion and the heights of Canadian deportation, namely those in 1908-09, 1913-14 and 1921-24.⁴¹ Thus, it would be the immigration policies themselves which would determine the make-up of Canada’s foreign-born population, a fact which often forced Bryce’s approaches into the limelight.

THE ANTI-BRYCE SQUAD

The policies and procedures pursued by Dr. Bryce were not endorsed by many of his colleagues, let alone the entirety of the Canadian public at large. It is true that a thorough reading of Woodsworth might suggest that perhaps the apparent differences between his opinion and that of Bryce could have been based on the choice to attribute

those ‘desired qualities’ to different groups of immigrants at different times. But whether or not Woodsworth and Bryce did agree in principle or in fact, Woodsworth was far from being Dr. Bryce’s worst critic. Whether from literary circles, from academia, or from just down the hall of his office building, harsh criticism and vocalization of the nativist backlash against his policies were never far away.

Even before Bryce began his federal career, journalists criticized the view he upheld. Typically, such writing highlighted the “insignificant” number of English, Irish and Scottish settlers as compared with the “enormous quantity” of Galicians, suggesting that the Canadian government do its best to suppress such statistics, as it might “damage the reputation” of Canada on the world stage. In reference to the Department of the Interior, one author alleged that it “needed a press censor just as badly as they need a fool killer.”⁴² In an effort to come to some kind of understanding as to how this could happen in Canada, the author assured his readers that Clifford Sifton simply did “not know that there is such a place as Great Britain on the map.”

Criticism from academic circles differed only in its clever use of words. One bitter professor in 1911 charged that “the development of the interior that should be planned with the majesty, certainty, and symmetry of the building of a Grecian temple, is conducted with the same eager haste as the erection of a circus tent,”⁴³ while a political commentator suggested that “...as deep as the love evinced by the people for the Liberal Party (was) at the last General election they certainly did not reckon that the Liberal policy was to be dated from the Eleventh Book of Genesis, the period of the flood. They bargained for a more up-to-date policy.”⁴⁴

Far from only drawing opinions from the margin, many of Canada's more influential scholars took aim at Bryce's policies as well. In describing the voyage now undertaken by the new immigrants, Professor Stephen Leacock asserted that unlike what Dr. Bryce's heroic tales suggested, modern immigrants "encounter no difficulty in their passage, or none that is comparable to the stern process of earlier history, when the cruel 'evolution' of Nature winnowed out the strong from the weak and the resolute from the feeble."⁴⁵ Prof. Leacock also often disagreed with Bryce's form of optimism, maintaining that Canada was capable of supporting a population beyond 250,000,000, but this was provided that they were "mostly of superior British stock,"⁴⁶ which Bryce was attempting to help ensure did not happen.

Beyond all the 'ivory tower' criticism, it is only fair to add that indeed Canadian labour did have some basis for its suspicion of the Sifton-esque agricultural immigration Bryce favoured. For starters, such a policy often targeted Central Europeans too poor to establish themselves directly on the land, and who were thus forced into the city to accumulate some capital,⁴⁷ taking jobs at extremely low rates of remuneration. The government also extended its bonus system in 1903 to include immigrants brought over by the Salvation Army. Although officially the Army was supposed to use the money for agriculturists, they could not help but disperse some funds to the "deserving poor" of England, the majority of whom did not become farmers.⁴⁸ Those already established in the West also charged that the government was so busy encouraging new farmers to set up shop, it completely ignored the widespread need for farm hands on existing homesteads.

IMMIGRATION'S EFFECT ON LABOUR

One of the groups most directly affected by the immigration policies pursued by Dr. Bryce was the Canadian labour force. During the period of 1896-1914, the Trades and Labour Congress of Canada (TLC), the dominant voice of Canadian labour in this period, paid more attention to immigration than to any other subject. Given the unprecedented scale of immigration, as well as the motivations behind it, it is not hard to appreciate the anger and frustration that these labourers felt toward the Canadian government. Canada, the TLC felt, should have been encouraging immigrants who already had capital to immigrate so that they might not need to flood the Canadian labour market. Immigration statistics often confirmed labour's fears, such as in one study which indicated that the percentage of immigrants deemed unskilled labourers had increased from 31 percent in 1907 to 43 percent in 1914, while the percentage of agriculturists decreased from 38 to 28 percent.⁴⁹ In fact, some estimates suggest that of those immigrants supposedly hired for agricultural work, nearly 70 per cent of them instead entered the industrial and transportation workforce.⁵⁰ The money being used to subsidize the passage fares of those very immigrants, some in the unions contended, could have gone instead to fund jobs for unemployed Canadian workers.⁵¹

These 'economic' concerns often ran the line between socialism and nativism, however. It is one thing to expect the government to lower freight rates for its own citizens to the level granted to new immigrants, but is quite another to expect the Canadian government to completely bar Asian immigration, a request perhaps understandable in the material circumstances of early twentieth-century Canada, but not completely motivated by economic factors alone. In many instances, it seems, the TLC

was no more interested in a “Brotherhood of Man” than were the conservative elements of Canadian society. As Howard Palmer aptly puts it, one of the more “unbecoming and unpatriotic” acts of the TLC was to send its delegate W.R. Trotter to speak to unions in England as an “anti-immigration” representative. His speeches conveyed something to the effect that the Canadian government’s immigration propaganda highly exaggerated the possibilities available to immigrants, while his newspaper articles and debates at home suggested that this misrepresentation of the opportunities in Canada served only to make the Canadian government look ridiculous.⁵²

Fear of competition with foreigners, and massive suspicion that immigrants intended for farming were flooding the labour market, led unions to demand both a halt to the seemingly unending immigration efforts of Clifford Sifton and a stricter enforcement of the Alien Labour Act. The government seemed highly unsympathetic; in 1901 it amended the act to force the aggrieved parties, rather than the government itself, to initiate court action, knowing full well that rarely would individuals or even unions as a whole be able to afford such action.⁵³ In his defence, Sifton maintained that not only were those immigrants destined for farming now tilling the land, but that in fact there was also still a shortage of such persons on the prairies.

While governments had to concern themselves as best they could with the longer-ranging effects of immigration on the country as a whole, private companies were more interested in the short-term economic edge it yielded.⁵⁴ Employers saw great advantages in creating a multiethnic and polyglot workforce which would no doubt be less likely to develop effective class solidarity. These tactics never went unquestioned by the unions, which often, if not always, clung to suspicions surrounding immigration vis-à-vis union-

busting and strike-breaking.⁵⁵ This is not to suggest that there would be no long-term downside to the increased immigration. Capital, as well as middle-class Canadians, was also unsure as to how a polyglot proletariat which was difficult to assimilate in the cultural as well as the class sense, would figure in class politics.⁵⁶ As troublesome as the Canadian proletariat was now, once the industrial masses of Europe were thrown into the mix, the results were even more unpredictable.

While all of these concerns and opinions bounced back and forth among the likes of the TLC and the CPR, a game for which the Federal government had decreed itself something of an ‘unbiased arbitrator’ looking after the best interests of ‘the country’, the average Canadian was watching these events unfold in their daily lives and in their places of employment. And while the agricultural prosperity of the country had been the impetus for Canada’s immigration efforts, it was not in her rolling pastures, but in her cities where the extreme consequences and results of that policy would bear the most obvious fruit.

BRYCE’S “NEW BABYLON”

Between 1881 and 1921, Canada’s urban population increased from one-quarter to one-half of the total population, a demographic trend which for the most part had not been anticipated. While it is true that by the 1860s optimistic Canadians were envisioning a “great and populous future,” it was a vast agricultural dominion spreading over the prairies they had been expecting.⁵⁷ Furthermore, the urban expansion in Canada was heaviest in its cities rather than in its towns and villages, a development which many feared would alter Canada’s essential character. The response to this expansion of the

“big city” was for many an unfavourable one, for although the city was seen as bringing in the arts, literature, and the very essence of a tangible “progress”, the fear of a repetition of the “sad experiences” of Europe and the U.S. carried with it more popular weight.⁵⁸ Fear of failure was often stronger than hope for success.

Bryce’s low opinion of the of the city was well-known to those who ever read any of his works or who ever heard him speak at a conference, such as in Jacksonville, Florida in 1914. There he pronounced that “it would be a matter for wonder if the ordinary child did possess any particular knowledge of how his food is produced or where it comes from, other than from the corner grocery and brought by the delivery van.”⁵⁹ The fundamental conditions in the city were obviously vastly different from those in the country. This discrepancy, which Bryce termed the “elementary fact of economics,” was set up in a way which ensured that a very large number of the city’s wage-earners, unlike those who were living in the country, could not produce for themselves the necessities of life, and thus, in some measure, were not the “possessors of physical, mental, and moral independence”. As long as they remained in the city, contended Bryce, wage-earners would continue to be “so absolutely helpless and dependent on what capital is prepared to allow them in wages,” while at the same time being “forced to pay...at the contractor’s store whatever price he chooses to charge for the necessities of life.”⁶⁰

Being subjected to such conditions each day, when coupled with the often abhorrent conditions of the factory, as well the prospect of being unemployed and thus unable to sustain oneself despite the possession of skills, created a mental environment which was obviously much more stressful than the one available in the country. In

praising the virtue of the agricultural West, Clifford Sifton had stated that “we know now that there is no place known to civilization, where the poor man with willing and strong hands, and a mind disposed to success, may find a more certain reward for his labour; where he is more assured by reasonable diligence and frugality of social advancement and prosperity to himself and his family.”⁶¹ At least in the country, hard work and dedication usually paid off. There was no such guarantee in the city.

In his article “Effects Upon Public Health and Natural Prosperity From Rural Depopulation and Abnormal Increase of Cities”, Dr. Bryce continued Sifton’s criticism of the city and praise of the country by updating the work of mid-nineteenth century doctors who were alarmed at the increasing rate of population shift from the country to the cities by stating that it had become even worse by 1910. Along with this trend came a two-fold negative effect on Canadian quality of life; On the one hand, there was a gradual increase in communicable disease, given that their incidence was much higher in the city than in the rural areas. On the other hand, those who moved to the city were categorically denied the opportunity for personal “growth” as they had taken up residence “under conditions where the objects which produce impressions upon the eye and the ear and the other senses” which had been the education of an earlier generation were now absent from daily life. Urban residents were stuck in a system in which the knowledge they acquired was handed to them in pre-packaged formats instead of learned by firsthand experience, a method which the wage-earner obviously did not have time for.⁶²

It was thus in the spirit of disdain for all that was urbanized that Dr. Bryce’s objection to the immense power held by capital can be traced. He strongly believed that this mis-education, or rather, “un”-education concerning the origins of the products and

the technologies the city dweller used on a daily basis was an inevitable outcome of a society where too few people controlled too many of the resources. Dr. Bryce lamented that, for instance, “of the 45,000,000 people of Britain, [only] 6,000,000 possess half the business capital” and that “it may be said that more than 60 per cent of the total population of North America is the owner of labour as a commodity to be sold, which if not in demand makes its owner within a few weeks in practice a pauper.”⁶³ When labour is in excess of demand, said Bryce, its price will always be fixed at the “minimum living-wage standard”; even when in demand, contended Bryce, due to the “conditions so unusual,” that is, having one’s worth and livelihood solely in the hands of an increasingly smaller group of employers, wage-earners are soon found in a similarly precarious condition.⁶⁴

While Dr. Bryce, as a scientist and an optimist, did believe that in time the “human machine” would adapt to “conditions enormously different from what has hitherto been deemed normal,” he did not like such a prospect. He often related to his audience the tale of Edison, a man revered for his productivity in his own time (not to mention in later years), but who, as a result of his newly adapted lifestyle, had developed a condition “that prevents him from sleeping more than three hours in twenty-four and which at the same time causes him to enunciate the theory that man need no longer be a sleeping animal.” Dr. Bryce would finish the story with its natural conclusion, that this new ideology pronounced that speeding up was all that was necessary, and that, unfortunately, the more time a man could devote to labour, the greater an asset he was to society.⁶⁵

This is not to suggest that Dr. Bryce did not want a productive society; quite conversely, it was one of his major concerns that Canada realize its potential and take its place on the world stage. However, that this could only be accomplished through intensive wage labour, and at the cost of other more 'beneficial' lifestyles, was a conclusion he was not prepared to support. Furthermore, in the spirit of simple human compassion, he bemoaned that this tendency led only to further and further specialization in the labour market, which meant, in his words, that the worker became "inextricably fixed to Ixion's wheel in the vortex of labour, and is as helpless as a child when the wheels cease turning from an overstocking of the market or the financial cataclysm."⁶⁶

In an increasingly cumulative effect, Bryce suggested that the horrible conditions in the cities created by Capital often led to massive strikes. Such massive disruptions not only affected the mental health of the strikers, whose meagre incomes were placed in jeopardy, but caused distress for those other city dwellers who in turn depended on the goods or services that the striking garment workers or railway employees were no longer providing. For what purpose did all this worry and disruption occur? Bryce contended that it was "all for generations to be ever and increasingly creatures of such [an] environment, where individual personality becomes almost insignificant, or is a pawn in the game where capitalistic knights and kings hold all the moves."⁶⁷

In this criticism of the city, Dr. Bryce had many allies, including those who disagreed with him on other matters. The turn-of-the-century had witnessed another movement, anti-modernism, which found strong support in religious circles, and among those who preached the Social Gospel. Characteristic of these movements was a glorification of the country, which came to be synonymous with healthy, clean, 'moral'

living, and an equally harsh opinion of life in the city, which was nothing but a collection of sin and temptation awaiting its next victims. As just one possible example of potential thousands, prominent Methodist J.S. Woodsworth recounted the story of one M. Selenk in Winnipeg who fit 43 people in a five-room dwelling, ideal for 14, while his neighbour, M. Simok, piled 24 into a one-room space fit for no more than 7.⁶⁸ That the tenants complained of poor ventilation and insufficient space is a given result, but one that would easily lend heavy support to Dr. Bryce's criticisms of conditions in the city. In addition, the major motivation M. Simok and M. Selenk gave when charged a fine by the local police, was that the immense profits they amassed by charging rent to so many tenants was well worth the risk of getting caught.⁶⁹

Dr. Bryce supported views on city housing exhibited by those such as Woodsworth, often adding his own medical opinions to the more obvious charges of 'poor living conditions'. As the industrial factories were often suspected of similar propensities and conditions, Bryce always maintained that the Health Officer should supervise the inspection of factories as well.⁷⁰ The doctor loved to quote another medical man, Creighton Brown, an expert on mental degeneration, who said that "the tendency of civilization has been to transfer the burden of breadwinning for the masses of the people from the muscles to the nerves."⁷¹ Bryce believed that there was a direct connection between the rising incidence of nervous breakdown and mental disorder among the Canadian people and the rising proportion of the population which took part in wage labour. Although the feeble-minded may be met in all the elements of society, they were especially to be found amongst "the submerged denizens of the one-roomed tenements of our cities."⁷²

In all this rhetoric, however, it is important to note that Dr. Bryce did draw a line. There is no doubt that he not only disliked the city, but honestly felt that it wreaked genuine havoc on the human mind. Furthermore, it was indeed true that much of the city was home to Canada's immigrant population, and that Bryce, Woodsworth, and others often pointed out that their conditions were usually the worst of the available lot. There were those, however, like the supporters of the eugenics movement, who interpreted such statements to mean that Dr. Bryce was denigrating immigrants and certain ethnic groups, given that the city slums were often very clearly defined demographically. Such claims then bolstered a push for highly restrictive immigration and sterilization of select recent immigrants. It would be wrong, though, to suggest that Bryce (or Woodsworth for that matter) did in fact blame the immigrants themselves for their conditions. Actually, it was usually the opposite; the city had caused otherwise fine groups of people to lower the standard of their acceptable lifestyle.

Two important points can be also be offered to highlight this interpretation. First, Dr. Bryce never singled out a specific race or ethnic group in his "urbanization" papers, but drew attention to the conditions of the city superstructure itself, as well as the capital-driven discourse of 'profit', 'efficiency', and 'development' that came with it. It was the environment provided for the wage-earners in the cities that was to blame, not the wage-earners themselves. For instance, as Prohibition closed the bars of North America, many turned to substances such as opium or cocaine, which had previously served a useful place in medicine, as a quick release. This, maintained Bryce, was an example of the degenerative forces at work within his society. However, as much as he disliked the situation surrounding drug abuse, he was quite matter-of-fact in his treatment of the issue,

and antiquated those who used it as a justification for attacking a particular class or group.

Bryce realized that simply outlawing alcohol, or drugs for that matter, would do little to alter the biological forces which led people down the path of substance use and abuse. Furthermore, while some charged that groups such as Latinos, Mongols, and Blacks were much more likely to succumb to substance abuse because of hereditary factors, Bryce insisted that it was virtually impossible to separate such tendencies from the environment in which these people lived, and that if the slums did produce more addicts, then it was their living conditions which would probably go a long way in serving as an explanation.⁷³

Second, Bryce's interpretation was that, as any immigrant or descendent of immigrant families would attest, the "slums" were in a constant state of flux; while they were always tightly demographically defined, the specific group living in a slum area at any one time was always different. Hence, though an area of a city might be looked down on as "the wrong side of the tracks", a check every 10-15 years would show a rotation of, say, Irish, German, Jewish, Italian, Greek, Russian, Arab, and Haitian communities all replacing each other as one group accumulated some wealth and moved into another neighborhood. It was the physical conditions of that area, then, which were suspect, not its inhabitants.

A logical question is whether Dr. Bryce had a legitimate concern when he spoke of the 'decreasing standard of living' in the cities? One study suggests that, indeed, city dwellers often had to contend with intensive economic and social forces that may have been more severe than those in the countryside. First, there was often rampant inflation

to deal with,⁷⁴ which negated the gains made by having wages increased. Second, while self-discipline often produced tangible results in agriculture, the mastery of a skill in no way guaranteed that a wage-earner would be safeguarded against unemployment, which occurred with great frequency. Third, both the shop-floor and the working class home, because of the cost factors involved, were often far from ideal environments, and were also often subject to ‘increased efficiency’ measures in the workplace and price-gouging by the landlords, all of which contributed to the worsening of those environments. Study upon study found that in the working-class districts of Canada’s cities, the conditions of sanitation usually left much to be desired, while surveys of the workplace found “ventilation [to be] poor, safety minimal” and often required the worker to spend his or her day “under conditions that are constantly jeopardizing their lives and their health.”⁷⁵ No doubt the lack of pertinent information and experience would place the immigrant newcomer in an even worse position.

THE IMMIGRANT’S PLIGHT IN LABOUR

While at first glance the growth of the city might seem to be in step with capitalist desires in that era, given the problems highlighted by Bryce, it could be questioned whether or not capitalism was in fact creating conditions which would ultimately serve its own interest. As profits rose, and capital sought to ensure its own growth by fostering a city lifestyle conducive to buying its products, did it also fashion an environment which would be the breeding ground of its most ardent opposition? One could easily say that capital had ignored the lessons that were being learned in Europe, and thought only of increasing its own power and size by amalgamation, in the hopes of increasing the buffer

against the kind of dissent and strife that would ultimately characterize the post World War I years, epitomized by the Winnipeg General Strike of 1919 and the British General Strike of 1926.

It is not mere coincidence that these years were also a time of building and consolidation for workers and unions, as well as an era when labour's power brought their concerns to the forefront of North American politics. It was indeed in these times that labour had to contend with employers who insisted that an eight-hour day would "hamper international competition, curtail production, and adversely affect repayment of the national debt."⁷⁶ These same employers frequently dodged questions surrounding collective bargaining, selecting as one consistent strategy that of complicating the issue by charging that the question of the collective bargain was itself unclear, begging far too many "spin-off" questions (What about the civil service? What about non-unionists? Does the public have any rights?).⁷⁷

Dr. Bryce's attacks on monopoly capitalism were thus timed quite appropriately, as Bryan Palmer and others have shown that the years of 1900-1914 were ones of the most rapid growth in Canada since Confederation. This trend was owed to "the increasing concentration of productive power," which was characterized by a "drift towards monopoly, a far from accidental development that was, in reality, orchestrated by finance capital in the metropolitan centres of Toronto and Montreal."⁷⁸ It was an era when corporate mergers and joint-stock companies were replacing the old family dynasties and establishing in their place new business giants or, as Bryce put it, "Gargantua."⁷⁹

Even from a basic economic point of view, monopoly capitalism is often perceived as unhealthy, leading to the worsening of general conditions for the consumer / worker. The North American economy is roughly conceived as a market economy, a system which allocates resources primarily through the interaction of individuals and companies.⁸⁰ The key to that interaction is the presence of competition, which serves as a basic 'check and balance' to prices; competition, as any classical economic theory attests, is the cornerstone of the market economy. Although this process is influenced by both international conditions as well as government measures such as protective laws and tariffs, "the most important characteristic of the product market is the degree of competition."⁸¹

When a monopoly arises in a certain sector, the effectiveness of this market cornerstone is to a large degree neutralized. In order for a monopoly firm to maintain its monopoly position, there must be barriers in place to halt the entry of a new player; these barriers are not seldom placed there by the monopolistic company itself so that its domination can continue. When this occurs, creating a condition which economists refer to as 'imperfect competition', the company (or companies in a tight oligopoly) is at liberty to maximize profit by pushing prices to the limit. Sometimes this means raising prices as a whole, sometimes it means charging different prices for different customers. Either way the company exercises a high degree of power over the market, which in turn means a high degree of power over the standards of living of the consumers (purchasing power) and, in many Canadian cases, power over the local industry (the only major plant in town) based on extremely high revenues. Such monopolistic companies in Canada found it "easy to resist civic pleas to extend or to cheapen their services...., [and]

managed to amass huge profits, few of which found their way back into city coffers.”⁸²

Such power in Bryce’s Canada was indeed held by a small minority of the population; in 1917, 51 individuals were said to possess one-third of Canada’s wealth, 450 individuals nearly nine-tenths of it.⁸³

Without competition, consumers have no choice but to buy one particular product. When monopolies exist in several industries, the power of the consumer is reduced further. Therefore, the higher the degree of concentration of production and wealth, the worse off the consumer becomes. This provides an excellent starting point for the deterioration of the economic stability of the average consumer, a condition which spins off into decreased spending freedom, increased stress, and ultimately poorer living conditions. Such is a prognosis which can occur in any market economy, but when one adds the elements of heightened immigration, a dense living environment, and poor health standards, the outcome is all the more potentially disastrous.

One of the major reasons why capital was able to go through with such action was because the structure of the working class itself was in a major state of flux due to the mass immigration that characterized the pre-war years. In a self-defeating system, the new labourers were immediately ostracized as potential threats to the status quo or even to the gains labour had made. This process spawned two related phenomena. First, the immigrants, finding no support within their class, were forced to turn to their “own” communities for help, which of course further segregated them from the population as a whole. Second, this in turn did not foster the creation or extension of class-based allegiance, which meant that immigrants were not included in most unions, and thus

faced no dilemma of allegiance between workers and management, and could be used as strike-breakers by their employers.

Though the experiences of Canada's different immigrant populations were all unique, there was some degree of a common 'immigrant experience' which most of Canada's newcomers, be they European, Asian, or African, shared. This experience was most often shaped by the struggles and conditions contained within Canada prior to their arrival, as well as by the structures, physical, social, and occupational, in which they were placed. The federal government, often under pressure from major companies and manufacturers, ensured a steady flow of cheap alien labour, a trend which, while tempered by head taxes and international agreements, delighted capitalists and infuriated unions on the whole.⁸⁴

However the specifics of each 'case' played out, the Dominion strategy on immigration often proved to be, just as with Labour's typical treatment of all non-white workers, a downward spiral of relations and conditions. In the case of Asian immigration, for instance, as the Canadian head tax increased, Chinese men were unable to afford to bring their families or relatives with them, which resulted in an unbalanced sex ratio of 2790 males for every 100 females by 1911.⁸⁵ More importantly for labour, however, was the fact that as many immigrant communities were clearly not desired in the unions nor in the general Canadian communities themselves, they were forced to fall back among their own, becoming even further segregated. Many immigrants eventually turned to 'old country' traditions, because they were simply left without any other outlet (denied social contact and companionship) to alleviate the stress that came with working

in the mines or laying rail track. This process thus reinforced ethnic isolation and hindered integration.

This is not to say that integration of immigrants into the unions was not attempted; after all, many of the various immigrants had had experiences with unions and socialist constructs in their countries of origin. As one example of integration, the Socialist Party of Canada, founded in 1904, had by 1908 already extended its membership to include Ukrainian branches, with Finnish, Italian and German ones to follow.⁸⁶ However, though there were some substantial ‘international’ gains made, on the whole the Anglo-Saxon-based unions and political groups were not yet ready to treat the new arrivals as equals, and for the most part such cross-ethnic collaborations disintegrated, often forcing the continuation of the pattern of polarization and ‘sectionalization’ of the working class once again.

Whether or not Dr. Bryce noticed such efforts by labour to include immigrants in their unions is not known. What is known, however, is that the opponent of such unions, monopoly capitalism, represented everything Dr. Bryce was attempting to combat; it favoured increased density in the cities, put profits ahead of all social and health concerns instead of placing them in a reciprocal relation, and paid no particular attention to the environment its concentrated economic endeavors were creating. This allegation was no better substantiated than by the manner in which most companies treated the issue of water pollution, a phenomenal health hazard for which they were directly responsible for. Bryce lamented that “the pollution of streams seemed to be accepted [by most companies] as inevitable with a fatalistic philosophy, which excused the yearly slaughter of many persons by means of polluted water supplies.”⁸⁷ Dr. Bryce, who believed in

looking after the health of the Canadian people, was enraged by Capital's misplaced and selective values. For instance, while big business had seen fit to assist in the eradication of yellow fever and cholera, so as to enable trade with foreign ports, such companies saw no reason why "cities busy with making money [should] have their serenity disturbed with the problem of the lives of those citizens who were unfortunate enough to suffer from local polluted water."⁸⁸

Not merely as a medical officer, but as a prominent employee of the federal government, Bryce knew that unfortunately the paths of big business and government officials sometimes crossed, not only in matters of immigration, but in all manner of monetary arrangements, a state of affairs whose outcome was putting the interest of profits ahead of public welfare. For instance, after receiving complaints from farmers surrounding the Petite Rivière, (near St. Sauveur, Quebec) that "filth" was emanating from Federal buildings, Dr. Bryce was appalled to discover that no government agency or official seemed to oppose the pollution of the farmers' water source. "In my judgement the Government has no right to pollute this or any other potable water, and I shall endeavour to have the matter dealt with promptly by the Public Works Department."⁸⁹ Added to Dr. Bryce's anger on this matter was an even clearer collusion of government and elite, as he had to fight with the Federal government again, not a year later, when a wealthy Baron was refusing to give up some land which he had already pledged for the construction of a sanatorium in the same area, simply because he had qualms about it causing "the poorest class to migrate immediately around us."⁹⁰

Though such ties had always existed in Canadian domestic policy, the coming of the Great War ensured that the combined efforts of government and capital would expand

beyond earlier boundaries. In addition to this, the relationships formed between government agents and business figures in order to maximize production for the war effort would lead not only to a further increase in wealth for the owners of factories, fields and mines, but to a government committed in policy to aiding capital in discouraging and putting an end to production-halting strikes even after the war was over.

THE LATER YEARS

By the mid-teens, winning the war in Canada overshadowed all other considerations, and the federal government utilized its power in the war period in an unprecedented manner, often to the delight of the companies licensed to produce the goods needed for the war effort. The government, in conjunction with major corporations, took control of the economy and the nation as never before. The introduction of income tax, conscription, and prohibition, as well as the regulation of prices and the sale of wheat were simply “the most conspicuous examples of that phenomenon.”⁹¹

This over-heated and over-driven scenario, though, did not last forever, nor could the manpower available in Canada keep up such a pace indefinitely. As the end of the Great War was in sight, the country began to wrestle with the reality of its shrinking workforce, due to the losses associated with the war and the war effort at home. The Committee on Public Health, a division of the Commission of Conservation chaired by Dr. Bryce’s old chief, Clifford Sifton, asked Bryce to put together a report on Canadian manpower. Investigated from the public health point of view, the lead-off for such a survey was an examination of the major means of increasing Canadian manpower,

namely natural increase through birth, and increase through immigration. While the two areas fell under different jurisdictions, Dr. Bryce emphasized how the quality of the environment would obviously determine both the success of the new inhabitants, as well the infant and child mortality rates.

The nature of a conflict with an identifiable, external enemy is that it tends to polarize the popular sentiment on either side. Wars often seem to give out a call for the “true” citizens and patriots of the country, and World War I served to intensify both British identification as well as aggression towards “foreigners” within Canada. Such perceptions, which targeted mainly central and eastern Europeans, were of course not generated by the war, but were only heightened and given more popular support as a result of the conflict. Nor was the war the only vehicle utilized by several Canadian groups to drum up anti-foreigner sentiment; the Russian Revolution, the “Red Scare”, and the Winnipeg General Strike, just to name a few, were all events which allowed nativists, eugenicists and others to play on the common fears of the uninformed Canadian.⁹² The War had simply allowed such groups to garner unopposed government support for their allegations.

Thus the War had not changed Canadian society itself all that much, and Dr. Bryce still held his traditional stance on where to find the root of his society’s ills, though he was now armed with even more information. Dr. Bryce continued to furnish detailed and ample statistical backing for the charges he launched at Canada’s urban centres, maintaining that they were the site of intense unsanitary conditions. In Ontario, for instance, the death rates of children under 1 year of age in rural areas were often 30-40 percent less than those in the city municipalities.⁹³ Furthermore, when the death rate in

the country's three largest cities (Montreal, Toronto, Winnipeg) was decreased by merely 50 per thousand from 1912 to 1916, the number of lives saved within those 5 years amounted to approximately 10,000.⁹⁴ If Canada was worried about its manpower, stated Bryce, then it must concentrate on improving conditions in its cities.

Dr. Bryce stressed that both at the ports of entry, and in the local schools, it was the children who must be watched for signs of disease and defects, as those conditions would no doubt worsen over the life-span and thus incapacitate or handicap the afflicted individuals when they were of working age. Bryce obviously believed that the success or failure of Canadians to prevent such losses depended on their approaches to the issues of climate, occupation, sanitary and social surroundings.⁹⁵ Early intervention, he posited, would no doubt help to prevent a vicious circle in which the unhealthy could not get work. Bryce had found that "the excessively high rate [of illness] amongst the unemployed must be attributed to the fact that ill-health was the cause of unemployment of many in this group,"⁹⁶ not a consequence of it.

These concerns were also at the root of other prominent health care issues, such as the cost of health care and the maintenance of government facilities for the sick, whose funding came from the taxpayers, wasting money that could have been put back into the economy. In fact, the cost of treating the sick was estimated at around 100 million, at least half of which was due to illnesses that were preventable. If one added to this the estimated 100 million dollars of lost production due to those illnesses, one can see, even from the strictly economic point of view that industrial leaders may have taken, the excessive cost of ineffective medical planning.⁹⁷ This is all of course without even

mentioning the humanitarian side of attempting to stop the spread of potentially preventable disease.

Though never expressed in direct statements, the “manpower” report also served to buttress several demands that had been raised by labour groups. For instance, Dr. Bryce greatly aided those pushing for minimum wages by declaring that family income was one of the most important elements in the raising or lowering of mortality rates.⁹⁸ He also suggested that though Canadians had thought for so long about disease as a matter of the individual, it was time for the government to take part in its treatment and suppression. Any modern country, he maintained, should have some sort of state insurance against sickness for its workers. Given that the wage-earning class constituted one-quarter to one-third of the population, Bryce estimated that such insurance would benefit no less than 2 million people.⁹⁹ Aware of the success of such plans in countries like Germany and Britain, Bryce saw no reason why Canada should not benefit from both the improved lifestyle as well as the manpower productivity gained. As his major conclusion, Dr. Bryce suggested that such measures would no doubt be better resolved and implemented in a system which had at its disposal a Department of Health, such as in Great Britain

Finally, Dr. Bryce felt that even if all the proper measures were taken to prevent the spread of disease and even when all the latest medical knowledge was applied, there would still lurk within the city an inescapable problem which could only be addressed by altering the unequal distribution of wealth, or, as he said it in his wonderfully dramatic fashion:

Death-rates may fall though the application of now well-understood sanitary and scientific methods against the contagious diseases, the maternity nurse may

soothe the brow of even the most helpless victim of the system in the slum, perhaps made tidy by the inspector; but the human wrong will continue until somehow, somewhere and sometime the daughter of the horse-leech with her cry: - Give, give give! Is forcibly or, if need be rudely, stopped from taking her toll of rent, interest, and profits growing out of the anomalies of our land system and of its congener.¹⁰⁰

CHAPTER III: NATIVES

“The existence of the Residential school is made to depend on the Government Grant, and if the healthy children cannot be secured then the unhealthy are taken in to the destruction of all.”¹

-R.P. MacKay, 1909

THE ‘STORY’ OF DR. PETER BRYCE

In 1922, James Hope and Sons Limited published a paper which they sold for 35 cents a copy. The author, Peter H. Bryce, submitted the work as a record of the health conditions of the Indians of Canada from 1904 to 1921. Though he himself had been aware of the state of Canada’s Natives for some time, he was almost positive that this information was not circulating in the general population. As all would soon find out, Canadian aboriginal peoples were dying, not from alcoholism or poverty as many suspected, but from communicable disease, mainly tuberculosis. As a medical expert on a crusade to wipe out this dreaded disease in Canada, Dr. Peter Bryce looked upon the case of Native health with great sadness and frustration, emanating both from the government’s refusal to acknowledge and deal with the problem, and because this same government was impeding his own efforts to do so, as well as ensuring that attempts to educate the Natives, their communities and the Canadian public at large received no concrete support.

This paper, *The Story of a National Crime*, was the culmination of 17 years of Federal service during which Dr. Bryce became increasingly disenchanted with the manner in which his government dealt with the Natives it had amalgamated under its

charge. It explained how the same government which had hired a doctor to look into and deal with the health concerns of Canada's aboriginal peoples (as well as Canada's immigrants) had, over time, proceeded to reverse this commitment when the information collected revealed that the government would have to invest more time and more money than originally planned. These recommendations were not theories or personal wishes, but were based on such landmark endeavours as an Annual Departmental Report prepared by Dr. Bryce in 1907, which had required him to take a trip of several months to the Prairies and visit each of the 35 major Native residential schools, as well as most of the Reserves themselves. Such assignments revealed the true plight of Canada's 'first nations', and suggested that something needed to be done.

Instead of relying on folklore and hearsay then, Peter Bryce drew conclusions from his research and drew up plans of action based on scientific study and a systematic procedure to combat communicable disease. In his efforts, Bryce would point out that there was a difference, however small, between assimilation and forced extinction. Whether the Natives were to adopt the virtues and practices of mainstream Canadian society was one of the moral and political questions being redefined, and was a debate which would probably have found support from the doctor. Whether or not they were to survive long enough to remain the subject of such debates was a health question, and one which could be answered solidly with the methods and procedures known to Dr. Bryce and his colleagues.

Bryce's efforts suggest he believed that before it was decided whether or not the Natives could be assimilated, they first had to be treated like the human beings that they were. He charged throughout his career that it was the government itself which was at

the root of the continued suffering endured by these people, a group which by practice and policy remained under the care and jurisdiction of the state and its personnel.

The treatment of Natives by Euro-Canadians, as discussed earlier, stemmed from a deeply-rooted view of how the Indian lived and what he/she was capable of. As many modern aboriginal authors suggest, “although some people may object to this claim, racism is undeniably the underlying ideology of the manifest policies regarding Native-White relations throughout the history of Canada.”² Such views were well-expressed in a book written by a traveling anthropologist in 1907 which was “intended to supply in handy and readable form the needs of those who wish to learn something of the life of the uncivilized races of our Empire” and served the equal purpose for “those who remain at home and [for] those who fare forth into the world and come into personal contact with peoples in the lower stages of culture.”³

Just and fair treatment of the Natives by the government, which came in the form of reservations, agricultural training programmes, and church-administered boarding schools, was said to be substantiated by the lack of wars and disturbances which involved Native peoples. Though it was admitted that the Dominion’s current Native population represented but a tenth of what it was when contact originated, “the principal cause of this excessive mortality” was said to be “alcoholism [and] chief among the secondary causes [were] smallpox, syphilis, and pneumonia.”⁴ In the absence of any evidence to the contrary, most believed that the Natives were dying out because of their own devices, and thus common opinion held that native-government relations seemed to conform to the structures entrenched in the Indian Act.⁵

CANADIAN NATIVE POLICY

It has been noted by many an observer (not only Bryce) that the elements of Canadian Native policy were somewhat contradictory, trying to both protect the Natives while at the same time provoking them to become more independent and “less Native.”⁶ It was as though the very mechanisms which in a sense treated Natives like children (controlling their economies, resources, education) were also responsible for the underdevelopment in Native communities of the supposed indicators of “independence” valued so much by mainstream Canadian society. This contradiction was seen equally in the institutions themselves, such as in their system of education. While Natives saw cooperation in education as a partnership with Canada designed to create an environment which would “preserve Indian life, values, and Indian Government authority,” whites and their state saw these measures and programs as instruments for assimilation.⁷ Though odd, such seeming contradictions are not so curious when it becomes clear what the final goal of the Federal government was in those years.

Assimilationist goals were all too evident in the manner in which a Native could come to participate in the Canadian mainstream: the only way in which a Native could gain the right to vote, for instance, was to give up Indian status, which once removed could never be restored to any heirs.⁸ In this manner, the Canadian government was encouraging a Native man or woman to reject their heritage and national legacy in order to embrace “Canadian” values. The key element which remained part of Canada’s assimilationist Indian policy since its inception, though, was compulsory education for Native children. In this manner, the state hoped to build on a legacy begun by the

missionaries and church figures which preceded them with efforts to successively weaken, if not destroy, the children's link to their ancestral religions and cultures.

Clifford Sifton, Minister of the Interior from 1896-1904, placed the emphasis in Native education on turning Indians into self-sufficient persons capable of adding to the productivity of the nation, pushing the adoption of agricultural and other marketable skills. Once graduated and placed away from their tribe, Natives were encouraged to "farm like whites," growing a surplus to their immediate needs, "not sharing with the tribes, and keeping the profits to themselves."⁹ Sifton firmly believed that if settled separately, the graduates of Native schooling could have a much higher degree of civilized life than if they had gone back and settled among their tribes.

This is not to suggest, however, that Sifton was above the racist rhetoric which permeated Canadian society in his day, and that he was not simply doing the job he was responsible for under his portfolio. In one of his more 'incriminating' speeches, Sifton let the country know his feelings on the issue of Native education when he stated that "we may as well be frank... the Indian cannot go out from a school, making his own way and compete with the white man [as] he has not the physical, mental, or moral get-up to enable him to compete. He cannot do it."¹⁰ It is most likely that this attitude was in part responsible for Sifton's inaction when the Canadian government stepped up its annexation of Indian lands in order to make room for white settlers. Under the guise that the Indians were not using the land efficiently (producing surplus for profit) or that they were letting valuable land degenerate (of course, what did the monetary value of the land mean to the Natives?) that the Federal government altered the conditions for Native land surrender to require less band approval and be deemed appropriate much more often.

While the Natives retained the right to grant permission for mineral and timber exploitation as well as grazing rights, “there were of course, ways of inducing the Indians to respond favorably to departmental initiatives.”¹¹

The budget for the Department of Indian Affairs while Sifton was Superintendent-General increased less than 2 percent, while the budget for the Department of the Interior under Sifton increased 391 percent in the same period.¹² This ultimately disproportionate allocation of funds came despite the fact that Sifton was made aware of the Natives’ health problems as early as 1897, when a report from Martin Benson in his department recorded that “most school buildings were constructed without regard for basic sanitary standards.”¹³ Of course, Mr. Benson still attributed the high incidence of tuberculosis to Native hereditary disposition, but he commented on how reserve school conditions were definitely not helping the matter, and could even be causing those afflicted to develop worse symptoms. That Bryce would find the same conditions a decade later goes a long way in demonstrating just how much attention Clifford Sifton gave to the matter.

Thus, there was indeed precedent for the course of action that Bryce would take. Another instance came in 1901, when Dr. G.A. Kennedy of Fort Macleod wrote Clifford Sifton at length about “the shocking conditions and inadequate care for Indians in his district” where “the death rate for the past year in [two] reserves has been over ninety per thousand.”¹⁴ This public servant also added that should his colleagues, who so adamantly defended the Canadian treatment of its Natives as superior to the style south of the border, become aware of these facts, it would do much to deflate Canadian complacency. In spite of such figures and comparisons, however, Sifton gave the report the most cursory of attentions, adding insult to injury in a letter to another medical correspondent

in the field two months later, insisting that medical expenditures be kept down. In fact his standard retort when pressed for action by opposition MPs was, “You can never satisfy Indians that they are being properly attended to medically... the more medical attendance that is provided the more they want.”¹⁵ As the parliamentary pressure grew and was coupled with a popular demand for similar medical inspection of new immigrants, however, Sifton was forced to relent slightly and hire Dr. Peter H. Bryce as the “medical inspector” of the Departments of the Interior and of Indian Affairs.

ENTER THE GOOD DOCTOR

In the evolving literature on Native history in Canada, Dr. Bryce is only starting to be recognized as a key early twentieth-century figure. In choosing him as the focus of a 1996 article, “Crusading for the Forgotten: Dr. Peter Bryce, Public Health, and Prairie Residential Schools,” Megan Sproule-Jones gives Dr. Bryce his due credit for helping to spark the first significant reform of native education in Canadian history.¹⁶ Sproule-Jones concentrated on Bryce’s controversial 1907 report, the implications of which culminated in the aforementioned *Story of a National Crime*, as well as the subsequent policy changes which occurred beyond his lifetime. The article also describes those who resisted Bryce and his bleak message about the residential schools. Was the government concerned that Bryce’s allegations would hinder the continuing development of a new church-state relation, just becoming established in this neo-Protestant era? Or was it perhaps the potential for a forced revision of the economic allocations and fiscal concerns of the federal government, especially under the auspices of the likes of Duncan Campbell

Scott (relation with Bryce to follow in detail), which translated into active resistance to his reports?

Whatever the hidden or obvious motivation, there was no doubt that Bryce was indeed in favour of heavier government intervention and expenditure, which in itself was not out of place in a society becoming increasingly disenchanted with Victorian “self-sufficiency” liberalism. When he conceived and constructed the Public Health Act of Ontario in 1884, which called for government authority over inspections of buildings, food, water and public education, Dr. Bryce was praised for his “clarity of vision, and determination to provide Ontarians with a safe, healthy environment in which to work and live.”¹⁷ Working within the Canadian Association for the Prevention of Tuberculosis, Bryce, who had an impressive knowledge of Canadian history, would often put together some stellar defences for those who felt that the federal government had an obligation to “promote the general good of the country,” including protection from and prevention of communicable diseases, under the terms of the B.N.A. Act.¹⁸ Thus it was not always Bryce’s philosophy or methods which upset his colleagues and superiors; it was often his conclusions and their implications for government policy which did so.

Unlike his first boss, Clifford Sifton, who used the decreasing numbers of Indians on the plains to justify reductions in services and expenditures, Bryce was not as directly concerned with the economic growth of the country as he was with the health and welfare of its people,¹⁹ which he thought to be the true breeding ground for future national prosperity. To Bryce, the treatment of Canada’s aboriginal peoples was unacceptable simply because they were being denied the same basic comforts whites and even new immigrants in Canada were receiving. That extending these basic comforts to all of

Canada's aboriginal peoples would have to come at a great price and would entail some serious overhauling of the current Indian structure did not immensely concern Bryce; the Natives needed preventative medicine, modern treatment facilities, and most of all sanitary conditions and training in order to stop the spread of communicable diseases. As part of a larger health concern, Bryce was determined to wipe out tuberculosis in Canada, and as the death rate due to tuberculosis was almost 20 times higher among aboriginal peoples than the rest of Canada,²⁰ it remained a high priority in Bryce's portfolio. As Bryce's research suggested that the residential schools contained some of the worst elements conducive to the spread of communicable diseases, it was there that he focused much of his efforts.

THE SCHEME OF THE RESIDENTIAL SCHOOL

The residential school system was fraught with problems, many of which while not directly responsible for poor health conditions, did not serve to improve them. These schools could be categorized as either boarding schools, which were often located on or near reserves and which catered to younger children, and industrial schools, which functioned basically as "high schools." The industrial schools go a long way towards highlighting the problems with Canada's Native policy: they were always a distance from the reserve, deliberately near a white community, and stressed the learning of 'practical' and 'marketable' skills. On top of their regular curriculum, boys in such schools were instructed in various trades such as carpentry and shoe-making, as well as in agriculture and cattle-raising, while girls were instructed in household skills.²¹ However, as it was with much of Canada's Indian policy, while the curriculum of Native schools stressed

morality, independence, and self-sufficiency, it paid scant attention to the underlying sociological problems and language issues which permeated Native society.²² As a result, the Natives, never able to amass sufficient resources and skilled workers to establish and operate schools of their own, were thus denied what should have been the natural culmination of the very education they had been receiving.

As education was not compulsory when residential schools began, maintaining a regular supply of students often proved difficult. Indian agents were called upon to help line up prospective candidates, and were accordingly permitted to employ “pressure,” such as withholding rations, in order to convince Native parents to allow their children to attend school.²³ That these parents would attempt to stop their children from attending the federal schools is no surprise, given that the Native school system was deliberately set up in order to sever Native children from their culture, ensuring that they were also placed at some distance from the reserve. As one Indian Commissioner explained, “every effort should be directed against anything calculated to keep fresh in the memories of children [Native] habits and associations.” “To ensure attendance the next day, each child was given a biscuit of hardtack before leaving,” recalled one Native, educated in the late 1890s; though he had such fond memories of afternoon snacks, he could not remember any book being part of the required learning.²⁴ Added to these issues were the excruciatingly long periods of time that would always pass before Native parents would see their children again once they sent them off to school, not to mention the allegations of child abuse that circulated throughout the reserves and occasionally the mainstream media.²⁵

An additional problem was that the residential school system did not exactly attract the cream of the teaching profession's crop. A 1903 survey noted that the institutions were manned by a "good number" of indifferent teachers, and that "it was often impossible to secure anyone to take on the job." Undoubtedly, the terribly low salaries were the major reason behind the shoddy representation of qualified educators. The average teacher in the West in 1907 received up to \$650 a year - the residential school paid \$300.²⁶ Beyond the obvious shortcomings endured by the Native students due to the sub-standard quality of the teachers, Dr. Bryce felt that better qualified and more knowledgeable educators would also have been more likely to recognize the structural and sanitary problems which plagued the native schools.²⁷

The residential school also seemed to be a place where various Indian Affairs officials could constantly "test out" new ideas without worrying excessively about the impact that constantly altering the curriculum would have. One of the more outrageous plans to come out of Ottawa, for instance, was an 1893 suggestion that each residential school include workshops to train the natives to produce agricultural goods or workshop articles, such as shoes. The government proposed that the annual income generated from these products would help defray the cost of providing the native children education. Of course such plans rarely placed the quality of the actual education above its perceived practicality; one student's father complained that after 5 years in attendance, his son could not read, write, or even speak English.²⁸ This financing system ultimately failed, as the schools became even less attractive and consequently less economically viable, forcing a retraction of that plan.²⁹ Of course, that a government was coercing its wards to labour in order to pay for their guaranteed care, and that this was never invoked by a

government official as a reason to cease such a 'financing system', is quite telling. One could only imagine the backlash that would result were the government to suggest that all non-Native school-aged pupils should produce goods while at school in order to defray the cost of their education.

In another seeming contradiction of Canadian Native policy, its architects hoped that the graduates of these schools would not return to the reserve (in fact this was often forbidden) and that they would instead be hired out to the growing number of white settlers who were entering the prairies.³⁰ In other words, the framers of Native policy were attempting to turn Natives into productive and efficient workers, but never into dynamic and creative leaders. This was the phenomenon J.R. Miller refers to as the 'buckskin ceiling', an unseen barrier erected over the heads of the Native students.³¹ The inadequate training for the workforce that the Natives received due in part to an inferior teaching staff, poor environmental conditions, and little individual encouragement, only meant that most graduates of the residential school system could aspire to little more than being hired by a successful white man. The apparently insufficient results then often led to further cuts and even lower expectations from a government left disappointed by this "futile" waste of resources and time. The situation would basically not improve until a renewed commitment on the part of the government in the area of vocational skills was undertaken in the 1930s.

In the general sense, then, although most did not share Bryce's sympathies for the health problems faced by the Native peoples, his findings received a degree of public exposure thanks to both newspapers and individuals who, in conjunction with other grievances (teacher's pay, etc.) wanted to discredit residential schools, often even as part

of a greater political plan to discredit the government of the day. More often than not, however, the suggestion to phase out, rather than improve residential schools was picked up by churches, social groups, and government officials who preferred to assist in the assimilation of the Natives rather than in efforts to improve their condition.

DUNCAN CAMPBELL SCOTT AND THE RESIDENTIAL SCHOOLS

For many years, though officially many different men were in charge of the portfolio of Indian Affairs, it is contended that Duncan Campbell Scott was its chief executor.³² Scott was a 'model' government employee, demanding that an account be taken of every penny spent by those under his charge and almost always opting for whatever option would cost the least. D.C. Scott supported the idea of Indian assimilation, and endorsed a curriculum for the residential schools which he hoped would lead Natives to abandon the "older Indian professions of hunting and food-gathering in favour of industrial or mercantile occupations."³³ It always seemed interesting to the Natives and their supporters that Euro-Canadians impatiently expected the Natives to effect changes within their communities in a matter of a few decades, "while that process had taken their own ancestors centuries to accomplish."³⁴

While Natives were to attend either day or residential schools, the support of the Department leaned heavily towards the latter, which was reflected in the substantially higher proportion of funds allocated to those schools during D.C. Scott's incumbency.³⁵ The problems in these residential schools had been apparent to some from the earliest days of the industrial schools in the 1880s, when parents began to notice the abhorrent health conditions of their children upon returning from their place of education. Forcing

many to adhere even more closely to a system of justified spending in the form of per capita grants, Scott's policy of penny-pinching and minimal spending did little to ameliorate the poor state of affairs. One inspector noted how in many cases children were enrolled in boarding and industrial schools for months before they received their first medical exam.³⁶

This trend occurred for no other reason than the goal of maximizing government transfer payments which were based on the number of pupils that a school had enrolled; an acknowledged unhealthy child often meant that the child could no longer be enrolled at the school, denying that school the allotted money for the student. Although local doctors knew that they were letting sick children "slip by," they admitted that they often fell prey to "certain influences" which were brought to bear on them and were perhaps more "lenient" than they otherwise would have been.³⁷ The potential for a higher concentration of cash led school officials and medical officers to allow possible losses of income to outweigh potentially unhealthy conditions. While D.C. Scott did, throughout his incumbency, encourage his agents to visit Native schools regularly and to submit reports pertaining to their condition, he "constantly sought to replace... insubordinate agents with those whose dedication to department aims were not in question," and frequently reminded his officers that there always lay the possibility of dismissal.³⁸ Scott was also eager to have the Natives adopt agriculture and be educated foremost in all manner of "habits of industry and thrift."³⁹

That Bryce was always suspicious of Duncan Campbell Scott's motives was thus not without reason. In fact, the only time Scott seemed to bend was when he reversed his official opinions so as to appear more in line with his superiors. In one such occurrence,

at the outset of his work with the Department of Indian Affairs, Scott was very clear on his objectives: the department was to continue until there was not a single Indian in Canada that had not been absorbed into the body politic and until there was no Indian question and no Indian Department - - until “the extinction of Indians as Indians” occurred.⁴⁰ But when relentless statistics and support were generated by Native sympathizers such as Dr. Bryce, Dr. Sam Blake, R.P. McKay of the of the Presbyterian Church, and Alexander Sutherland of the Methodist Church caused the government to back off slightly on its rhetoric, Scott suddenly claimed that “it was never the policy, nor the end and aim of the endeavour to transform the Indian into a white man.”⁴¹

THE REPORT OF 1907

By 1907, Frank Pedley, Superintendent-General of Indian Affairs and Bryce’s superior, made the official request that Bryce assess the situation of the government’s residential schools. Bryce subsequently spent three months in Manitoba, Saskatchewan, and Alberta, visiting 35 residential schools. What he found was that a large number of students already infected with contagious diseases had been admitted to the schools, and that the buildings themselves were in “defective sanitary condition.” Of particular note was the existence of ineffective ventilation systems, which Bryce discovered were often closed during the winter months in order to save money on the cost of heating. By ensuring the presence of infected students in an environment with insufficient ventilation, coupled with irregular physical exercise, it was “almost as if the prime conditions for the outbreak of epidemics had been deliberately created.”⁴² Bryce also found that follow-up studies on the effects of such conditions were also constantly hampered because of the

reluctance of teachers and school officials to cooperate as well as to provide statistical information on the conditions of ex-pupils. Bryce would later complete a second massive study in southern Alberta in 1909, however, uncovering a similar problem, namely that over 28 percent of the Native students there had died, mostly from tuberculosis, while an additional follow-up study by his associate Dr. Lafferty located a school in the Qu'Appelle district of Saskatchewan in which 93 per cent of the students exhibited some form of the disease.⁴³

The recommendations for the improvement of conditions that Bryce included in his report turned out to be well within the realms of possibility and practicality: no special sanatoria would be needed; instead simply the structural problems in existing buildings had to be fixed. In addition, he suggested that each school appoint a nurse trained in the methods for treating tuberculosis, who would in turn be supervised by a district medical officer. If these measures were added to increased physical activity for the students, as well as an improved diet, the problems of diseases in the schools, Bryce predicted, would be substantially decreased. Fully aware that the Department would never approve such expenditures *en masse*, he suggested a trial run at one or two schools first, in order to collect the necessary data to substantiate wholesale adoption of his recommendations.⁴⁴

In order for this to work, he added, church officials must be kept out of the new implementations. This would prove to be a sticky point with Scott, as his Department counted on ecclesiastical support to run the day-to-day operations in the schools. Since the early days of the missionary, the Christian Church in its various forms had exercised influence over the lives of northern North America's Native population. Even after the

B.N.A. Act, much of the control, both official and de facto, remained in the hands of the church. While the Native school system was financed mostly by the federal government, it was run by ecclesiastics or their nominees. Throughout their existence, the schools were the subject of a sharp, bitter struggle amongst the various churches, Protestant and Catholic, as both sides feared that the other was gaining additional help from Ottawa while being denied themselves.⁴⁵ The Natives themselves also became prey to inter-denominational rivalries for membership and grant allowances, resulting often in the admission of excessive amounts of students, many of whom were accepted without the proper medical examination. The government's field agents, due to fear of ostracism from their local church community, were often reluctant to report these matters to their superiors.⁴⁶

Bryce discouraged the continued dual nature of Indian supervision because the sensitive partnership between church and state with relation to Indian affairs had only resulted in mass confusion over jurisdiction which, in turn, often prompted excuses for inaction from both parties. Furthermore, this environment of confusion was probably a leading cause of the inability of the church and the state to efficiently pass on and train its sub-agents in the field in the new measures and techniques which had been developed to combat communicable diseases, especially those discovered in WWI. Even if one took seriously the precedents for Federal and Church support of the Natives, based on the Indian Act as well as the 1892 Order-in-Council (churches absorbed the responsibility of providing and maintaining a certain "standard of instruction, dietary and domestic comfort" of the Natives under their charge)⁴⁷, all the parties involved were falling well short of their responsibilities.

Bryce's report was distributed to politicians and church officials, with the more sensational elements making their way into the *Ottawa Citizen* and the *Montreal Star*.⁴⁸ The reaction was predictably mixed: while Indian agents were prepared to substantiate Bryce's claims, church officials responded defensively. This report stated, however, that 24 percent of all the students who had attended the schools at one time were known to be dead, with rates as high as 75 percent in one school. Regardless of whether or not the Natives were to assimilate, contended Bryce, they were dying in frightful numbers because of a disease for which some measure of treatment and preventative care were known. In the interest of both ceasing the spread of the disease among the Native population, as well as keeping it from spreading beyond the reserves, Bryce contended that his recommendations which, if followed, would go a long way to reducing the incidence of sickness amongst these wards of the state, be implemented.

Much more important than national health for Scott, however, was the subject of the accrued cost of the new reforms. As he later remarked to Frank Pedley, his major objection to Bryce's proposed changes was that they would unfortunately "add considerably to the appropriations" of his Department. So, instead of implementing Bryce's reforms, Scott went through some less expensive "common sense reforms" in the residential school system, adding \$25 to the per capita grants, which was given provided that the schools met certain conditions based mostly on proper ventilation and lighting, as well as ensuring that there existed an "isolation ward" for infected students.⁴⁹ Though these reforms did improve conditions, they certainly did not eradicate the health problems that were ravaging the schools themselves.

Scott *basically* implemented the minimum, which in Bryce's medical opinion amounted to little more than nothing. This inaction prompted another round of correspondence with Scott and then with his superiors, in which Dr. Bryce, frustrated by Scott's refusal to dip into Federal coffers in order to alleviate a problem of potentially catastrophic dimensions, became quite irate:

It is now over 9 months since these occurrences and I have not received a single communication with reference to carrying out the suggestions of our report. In this particular matter, [D.C. Scott] is counting upon the ignorance and indifference of the public to the fate of the Indians; but with the awakening of the health conscience of the people, we are now seeing on every hand, I feel certain that serious trouble will come out of departmental inertia.⁵⁰

In reaction to Bryce's allegations, Scott answered, just as he had on many earlier occasions, that "when the peculiar conditions are taken into consideration, the Department is doing as well as can be expected for the Indians, and to anything further would entail a very heavy expenditure, which, at present, I am not able to recommend."⁵¹ The notoriously penny-pinching D.C. Scott was thus convinced that any increase in spending in order to better Native conditions so that they might become liveable was a questionable expenditure of federal resources. Almost inevitably, Bryce's proposals came into conflict with Scott's preoccupation with minimizing costs, a situation which would not change as long as Bryce worked for the Department of Indian Affairs.

The reactions of both the government and of Scott to the affairs of 1907, while well publicized, were unfortunately part of a pattern of general apathy to the condition of Natives in Canada. While this report contained much more in the way of detailed statistics, Bryce had previously written the government about some of the conditions he reported in 1907. In a letter to Wilfrid Laurier, Bryce concluded in late 1905 that if the government would only impose the same measures of tuberculosis prevention and care as

it did for the rest of the population, “the death rate of the Bands would be no higher than that of an average Canadian community.”⁵² And how complicated were these methods to implement? Bryce gave the example of a Galician community he had treated simply by vaccinating those who were not yet infected, and isolating and treating those few who were. Though the infection rates were a little higher in the Native communities, all that was required was a slightly larger support staff and enough space in which to quarantine the infected.⁵³

The specific resistance from D.C. Scott was also to continue for many years, as in 1910, when despite receiving a corroborating report on the prevalence of tuberculosis amongst the Native peoples from George Adami, the Head of Pathology at McGill, Scott refused to let the issue become a “matter of critical discussion” at the annual meeting of the National Tuberculosis Association. As the president of that organization, Scott appeased the cries of Adami and his ilk by assuring them that the Department would take “adequate action along the lines of the report,”⁵⁴ none of which followed.

Though it seemed for a time that some progress might be made, as a new Superintendent General of Indian Affairs was appointed in the person of W.A. Roche, a medical man like Bryce, this new superior brought with him simply more of the same--inaction. Though Dr. Roche promised to implement Bryce’s recommendations, which proceeded from what he believed to be a sound medical basis, he continuously delayed and deferred such action on account of absence, illness, or just plain red tape. By 1914, Scott had been appointed Deputy minister and, in a ‘polite’ memorandum, suggested that the following year’s annual report would not be needed from Bryce, and that others (who were quite inexperienced) had taken over his functions in the inspection of schools.⁵⁵

This act of marginalization, preceded by years of complacency in the face of Dr. Bryce's recommendations, finally served to fully illustrate the functional limitations placed on Bryce's influence or lack thereof.

RELIEVED OF DUTY

While after 1907 Department officials recognized Bryce's health concerns, they were even more cognizant of the potential cost, both in federal dollars and in parliamentary and possibly public criticisms and headaches. Those such as D.C. Scott began to work behind the scenes to restrict Bryce's duties.⁵⁶ His compilation of data was being questioned by the World War I period, official opinion claiming that the "cost of compiling such statistics far outweighed the benefit of the information provided." Most of Bryce's recommendations were rejected by the Department, due to concerns of cost, priorities, and the prevailing views surrounding native peoples at that time. After 1914, Dr. Bryce was never asked to complete an official task for the Department of Indian Affairs again. The civil servant would thus spend the remaining seven years of his federal career concentrating on issues pertaining to immigration and immigrant health. Still a federal employee in 1919, Bryce would witness firsthand the failure of the newly created Department of Health to integrate Native medical services into its administrative structure. This would merely confirm in Bryce's eyes once and for all, "the indifference of politicians to the needs of the native populations."⁵⁷

Even though Peter Bryce had lost his official position of influence, he persisted in arousing public debate on Native issues for defending the Native cause. During WWI, as immigration was largely suspended, Bryce had ample free time, and prepared several

governmental pamphlets. One such work was *The Conservation of the Man Power of the Indian Population* (a counterpart to his *Conservation of the Man Power of Canada* discussed above), which was ultimately never published by the Federal government who wished to avoid generating further discussion on the matter. In this pamphlet, Bryce published information which showed without a doubt where his concerns and the those of the Federal government lay. As Bryce's over-arching interest was the prosperity of the nation as a whole, he used this forum to point out that only 1.5 percent of the lands allotted to the Natives were under cultivation, though they could be taught to utilize much more (provided of course that the proper steps were taken to ensure such a program, and that the schools were running well enough to do so, the students themselves being in good health). Furthermore, such training would be quite a worthwhile endeavour from the viewpoint of maximizing productivity, since the small amount of land utilized at that time by Natives yielded a \$69 per capita income, which while below the national average, exceeded areas like Nova Scotia, which brought only \$40 per capita.⁵⁸

The government's choice not to act on such a potentially lucrative endeavour, while immensely frustrating to someone like Bryce who wished to maximize the country's productivity, hardly drew true heartfelt sympathy from the average Canadian. However, Bryce had included another set of statistics which were of a much more serious nature, and can be termed nothing but a shameful stain on the history of the Canadian government. Bryce revealed that though the national average suggested that between the years 1904 and 1917 the population of Canada's Natives should have grown by 20,000, it had actually decreased by over 1600.⁵⁹ Furthermore, the only significant cause Bryce could discern from the statistics was an abnormally high death rate. Canada's Natives

were dying out, and not only was the federal government doing nothing about it, they were also restricting the publication of pertinent information, so that no one could address the issue.

In 1918, a disenchanted but still persevering Bryce attempted to continue his work. This time, he was cut off at the source. In response to a request for the latest Native mortality statistics, he was told that such information was either not available or had not been collected. A flabbergasted Bryce could hardly believe that “after more than a hundred years of an organized Department of Indian Affairs... in a Department with 287 paid medical officers... [and with regard to a task] looked upon as elementary in any Health Department today” no one could provide him with the most basic of vital statistics pertaining to the incidence of mortality amongst these wards of the state.⁶⁰

Though Dr. Bryce remained loyal during his final years of federal service, the government continued to show him the short end of the proverbial stick . In 1918, N.W. Rowell asked him to draft a structure for a proposed Bill for a Department of Health, a special request which he accepted. In this new Department, he of course included provisions for an Indian Medical Service along with the other Federal medical services which he outlined. But on the second reading of the Bill, this Indian Medical Service clause was omitted, and was thus never included in the new structure. Furthermore, Dr. Bryce, who had been the Chief Medical Officer of Ontario for 22 years and of Federal Immigration and Indian Affairs for 15 years, was passed over as the first Deputy Minister of Health. The appointed minister, though he championed prohibition, labour interests, and women’s rights, apparently had no stance on Natives. When D.D. McKenzie asked Arthur Meighen, Prime Minister but ex-Minister of the Interior whether the Department

of Health would look after Native issues, he replied that “the Health Department has no power to take over the matter of the health of the Indians. That is not included in the Act establishing the department.” When asked furthermore if tuberculosis was increasing or decreasing amongst the Indians, Mr. Meighen replied, “I am afraid I cannot give a very encouraging answer to the question. We are not convinced that it is increasing, but it is not decreasing.”⁶¹

Ultimately, Scott was able to “dispense with the services of the troublesome Dr. Bryce”⁶² in 1914, and appoint Dr. O.I. Grain as the new medical inspector, whose first tour of residential schools found them to be in a “generally satisfactory situation,” a report one would find hardly surprising from a man who had just replaced a colleague fired for revealing the opposite. Grain’s work was held at the periphery of concern, and Grain himself soon turned his attention to military recruits. The position of medical officer itself was abolished by Scott in 1918. That was the year of the Spanish Flu epidemic, in which 50,000 Canadians perished.

BRYCE’S “STORY” IS WRITTEN

Thus, by the end of Dr. Bryce’s federal career, the problem of Native health had not been solved, and serious wider issues of the public health remained problematic. Health conditions had barely changed, despite numerous reports, letters and conversations with superiors and peers. With the job of improving Native health conditions incomplete, upon retirement Bryce continued to do his best to maintain his vital statistics and continuously update his data. This would culminate in the major independently published study Bryce wrote on Native affairs, his *The Story of a National*

Crime. While many at the time of its publication charged that Bryce's true motive was to launch a bitter attack on D.C. Scott and the Ministry of the Interior,⁶³ Bryce was quite straightforward about the reasons behind the timing of the publication, as well as the implications of its contents.

Basically, Peter Bryce was a man who took his job, his responsibilities, and his oaths seriously. While in the service of the Federal government, an employee is not supposed to personally disclose the contents of their reports to the general public, as there are proper channels through which such (often censored) material passes (especially in an age before mass media). Bryce thus could not discuss his findings, no matter how strongly he felt about them, until he was no longer in the service of the Federal government. 'Story' was published in 1922, a year after Bryce was discharged from Federal service. Although there was no doubt some residual anger towards the Department that let him go before he felt his time was up (a viewpoint clearly expressed in his defensive 'case' for renewed employment which occupies the later portion of his paper), his major point was that the Federal government was doing the Native inhabitants of Canada an injustice. Bryce was calling for the correction of these wrong-doings, preferably with himself at the helm of such efforts.

Subtitled "An Appeal for Justice" for the Indians of Canada, referred to as "The Wards of the Nations," "Our Allies in the Revolutionary War" and "Our Brothers-in-Arms in the Great War," this work summarized the record of the health conditions of Canada's aboriginal peoples from 1904 to 1921, the years of Bryce's service for the Indian Department (according to him, although he was told in 1914 that his services were no longer needed, he was never officially removed from the service of that Department).

In this paper, Bryce first recounted how he spent months systematically collecting health statistics from the several hundred Bands scattered across the country, filing a departmental report each year until 1914. He also specifically mentioned his controversial report of 1907 for which he had received a special commission, whose goal had been to determine the health history for the 15-year existence of the 35 schools in the Prairie provinces. What he found most disturbing in 1922 was that the incidence rate of tuberculosis was still alarmingly high, especially when compared to the rates in the rest of Canada, which instead had improved substantially since the 1907 report. By 1921, while the city of Hamilton had a death rate of only 10.6 per thousand, 1 in every 7 Indians was dying, mostly from tuberculosis.⁶⁴

In order to deal with such continuously horrid statistics, the 1922 paper contained several recommendations: It called for the relocation of the boarding schools to be closer to the students' home reserves. The government should undertake the complete maintenance and control of the schools, establishing as well a Board on which Church officials could advise the government, given their acknowledged historic involvement with the Natives. What Bryce wanted, was that "the health interests of the pupils be guarded by a proper medical inspection and that the local physicians be encouraged through the provision of each school of [the]... methods in the care and treatment of cases of tuberculosis."⁶⁵ These recommendations, added Bryce, were echoed from year to year in his annual medical reports, and were often backed up by local medical officers who urged greater action. Additionally, it was found that tuberculosis was present equally in children at every age, and thus it was strongly recommended that the health

measures be extended not only to the 10,000 children of school age, but the thousand new ones coming up each year and entering the schools annually.⁶⁶

This work, which can be seen as the culmination of Bryce's efforts to solve the Native health crisis, reinforced the notions and lessons he had been stating and shaping throughout his professional career. He expressed his constant frustration with the government on several levels, firstly re-iterating that "medical science now knows just what to do" and that all that was necessary was to "put our knowledge into practice," something the government refused to do. He then criticized the wartime Union government as one example of how partisan politics constantly shuffled the issues of Native health from department to department, but always succumbed in the end to "the desire for power [which] override any higher consideration such as saving the lives of the Indians."⁶⁷ In a clear-cut example of how little the government really cared about the fate of its Native population, he noted that at last count, \$10,000 had been allocated for the control and treatment of tuberculosis among the 105,000 Natives in Canada, while the City of Ottawa, which supported a nearly equal population, had been given over \$33,000 to deal with the hospitalization of tuberculosis victims alone.⁶⁸

Finally, in a re-examination of the work done (and not done) to ameliorate Native conditions over the course of his federal career, Bryce drew on statistics made available as of March, 1922. In a survey of a particular school in Qu'Appelle, Saskatchewan, Bryce noted, unfortunately without much surprise, that some 93 per cent of the Native students had shown evidence of the tuberculosis infection in a recent medical examination. As if to serve as the most prime of examples of everything Bryce was trying to change, this was the very same school which had shown the very same rate of

incidence back in 1909 in the study conducted in the wake of Bryce's 1907 report.

Despite his most ardent efforts, little had changed.

In her 1996 article, Sproule-Jones remarks how Bryce's policies outlined in *Story* in fact anticipated the changing role of the government in the years following WWI, suggesting a system based on the responsibility of the Federal government to preserve the health of all Canadians which would fit much better into the welfare state than into the laissez-faire philosophy of his time. She also credits Bryce and his followers for bringing into the public forum issues and concerns which might have taken years or even decades more to emerge had he not been so vocal and so determined.⁶⁹ In this manner, Bryce can summarily be seen as one of those figures in history whose beliefs and efforts serve to consciously move a people forward, whether they are ready for it or not.

While Bryce would not necessarily have objected to some form of assimilation, nor was he alone in his criticism of Federal inaction, he was definitely a civil servant leader in the area of the Native rights to life, and he was absolutely most distressed with the government's inaction, personally because of his esteem for the value for life, professionally because he knew the government had access to the medical knowledge as well as the financial means to prevent death. As a health professional and a Canadian citizen, he could not assent to such treatment of men, women, and children within his own borders. Bryce charged that the government's treatment of its Native peoples amounted to nothing less than an infuriating and criminal disregard for the treaty pledges.

EPILOGUE: CONCLUSIONS AND PSYCHOHISTORICAL SPECULATIONS

As has been shown, the work and writings of Dr. Bryce clearly had an important place within the popular discourse of his era in the spheres of health care, Native rights and immigration, as well as the various discussions concerned with the configuration of Canadian 'morality' and 'society' which circulated among the elite and the masses in the early part of the twentieth century. While he was perhaps not the foremost figure of his time, and while his influence may have been tempered by superiors and successors, Dr. Bryce's interests lay at the crossroads of most of the major issues of his day, a feature which does not often occur among medical practitioners. His status as the country's first Chief Federal Medical Officer and his appointment to oversee two key areas of early twentieth-century development serve to make him a figure of note; his various articles and essays on the state of the nation and the well-being of its peoples make him a figure of interest whose life and life's work beg further study. It is perhaps by realizing the effect that Dr. Bryce had on the development of several national institutions, as well as by gaining a better understanding of the doctor himself, that the value of such intense study becomes apparent.

ISSUES OF IMMIGRATION

Canada went through its greatest period of migration in the years discussed in this paper, with 1913 being the single greatest year of immigration in Canadian history. Given the composition of Canada's population prior to this massive influx, it comes as no surprise that the reception to these newcomers would be suspicious, if not confusing and upsetting to the Anglo-Franco majority. Many of these immigrants were sent to the

prairies, Canada's "frontier" and promise for the future; the demography of that region was evermore an area of public interest, and the details of its development never strayed far from the public eye. However, despite the best intentions of policy-makers to place the bulk of this new influx along the open prairie, a great number of these newcomers ended up in Canada's expanding cities. This phenomenon added ethnic diversity to the increasingly complex mix of new technology, mass forms of transportation, developing industry, and dense housing.

As the rise of the city paralleled the growth of a number of 'urban' problems, such as over-crowding, increased pollution, poverty, prostitution and substance abuse, there were many in Canadian circles who lashed out at the newcomers in an effort to place on them the blame for these problems. The laying of blame on an identifiably different group from one's own is a relatively common psychological tactic; everyone needs a scapegoat, an "other" onto which one's own shortcomings and failures can be projected. Canada's heightened immigration was simply providing a ready-made "other," one that could be identified by language, dress, and appearance. Therefore, throughout these years, many discussions on how to deal with the new problems of city life often became simply an opportunity to solidify the channelling of popular grievances against new arrivals to Canada.

Examples of this type of delegation and thought formation abounded in early twentieth-century Canada literature and popular debate. One telling occasion can be derived from a footnote on the transcripts of the Toronto branch of the Empire Club, where in 1911 Dr. Bryce gave a speech calling for effective change in the city slums. In this speech, Bryce charged that the expanding cities were "spreading disease, crime, and

discontent” throughout Canadian society. The point Bryce was driving at that day was that there was a need for environmental reform in the inner city, as well as a need for an increase in preventative care and the spread of medical knowledge so that the populous could learn how to create a healthy environment. In response to these facts, however, several members of the club instead called for immediate changes to Canada’s immigration policy in order to help keep out “undesirable immigrants.”¹ Rather than seeing the rise of immigration and the rise of city malaise as two correlates of another problem (inadequate health care and ineffective / inexperienced city planning), they chose to see a causal correlation between the two. This is a classic example of how many in Canadian society were simply not yet ready to take responsibility for their own cities, and instead passed blame off to “those foreigners” who they insisted were the root of the problem.

Beyond the obvious fact that the country’s newcomers could not have been the cause of problems in a system where they had no official representation and where they usually began at the very bottom, there was also the practical question of how long it takes for a foreign people to acculturate themselves to their host country. Many immigrants knew nothing of their future homes when they left their countries of birth, and those that possessed any information were limited to the published and usually promotional literature put out by the Canadian government, material which naturally omitted the geographical and cultural difficulties a newcomer would experience in Canada. A first-generation immigrant could, in all fairness, be expected to do little more than get a job, pay some taxes, and perhaps pick up a cursory vocabulary in the host language. It is not until this immigrant’s children went to school in the host system,

made friends outside their specific ethnic community, and began to insert themselves into the dominant culture that real integration could begin. Therefore, the native-born population of turn-of-the-century Canada, while not completely unfounded in their concerns for the immigrant waves arriving on their shores, still held their expectations for those newcomers a little higher than was reasonable.

Instead of policy makers, it would be the likes of social workers and others who stressed welcoming and aiding the new arrivals that would achieve the most success, fostering a spirit of interest and trust amongst the new population. Successful integration, as many learned over time, lies in seeing past the present situation and anticipating what might be best for future relations, as well as often setting reasonable expectations for what a person is capable of in their short lifetime.

This is not all to say that the majority of Canadians were as unaccommodating as they could be to the newcomers. If anything, the popularity of movements such as the Social Gospel, which stressed hands-on work in acculturating newcomers to the Canadian way of life, suggests that many were in fact open to the ideas of integration. A 1926 scholarly project seemed to express what many in Canada at that time were thinking: while the newcomers to Canada were a potential problem, each different group did possess its own merits and each, in time, could come to be included in the Canadian project if Canadians themselves made the effort to help them.² This “middle” view, that is, not completely against non-Caucasian foreigners nor whole-heartedly endorsing mass, unchecked immigration, seems to have been the likely view of the majority of Canadians. Special circumstances would of course arouse nativist or racist fears, but in times of

general calm the productivity and happiness of the country was the goal of most native-born Canadians.

Therefore Dr. Bryce, in this light, was not unique in his views, nor were his ideas revolutionary or even necessarily original. He just happened to be one of the earlier proponents of this set of values, and held a federal position, allowing his comments to draw increased notoriety and more exposure than would have been the case had he been a doctor in private practice with a couple of published essays under his belt.

NATIVE TREATMENT

Many authors have concluded that Bryce's efforts to help the Native people of Canada, though spirited, unfortunately amounted to nary much more than the "promising beginning" of a movement which would not make major headway until well into the 1950s.³ However, the information Bryce gathered did begin a paper trail of dissent against the federal government's treatment of and attitude towards Aboriginal Peoples, and as a force in the fight for the improvement of Native schooling conditions, Bryce's contribution was irreplaceable. The precedents he laid to bring proper health care to Canada's Native community were also an endeavour which remained unparalleled for decades.

Though other reformers, such as Toronto lawyer Sam Blake, had fought for years to either improve or close Native residential schools, they lacked solid scientific data to back up their more socio-religious claims.⁴ Bryce's research provided documented proof of the unsanitary conditions and inappropriate diets, regimens, and living arrangements which had turned an effort to "civilize and Christianize" Canada's aboriginal peoples into

a national disgrace. These findings, though cited by Blake and others specifically in their own works,⁵ helped to support a broader initiative by the Anglican church and later the Protestant church to bring an end to the residential system of schooling by favouring day schools in which religion would play a much greater role.

It is not a coincidence that Bryce's opinion of church involvement got increasingly more tolerant from his 1907 report to his 1922 paper; one of the major obstacles to change in the residential schooling system was the degree of resistance from the church, whose members were not pleased with Bryce's original 1907 suggestions.⁶ While their specific goals remained somewhat different, the interests of Bryce and the ecclesiastics began to overlap more and more as they drew on each other's resources. After all, if Native children were attending a day school, then Bryce would be free to deal mainly with their parents instead of with the government bureaucracy which was more directly accountable for the residential schools, a strategy which brought more success and less red tape.

Despite the efforts of Bryce, Blake and the various religious groups however, the Canadian government did not enact substantial changes to the Native school system until the 1960s. One reason behind the government's constant inaction, beyond fiscal matters, could have been because of the very shocking nature of the findings themselves. That the government did its best not to draw any attention to the schools by overhauling them, thus keeping 'reality' under wraps, was due to the possibility that those who became privy to such information could arm themselves with political ammunition to use against the government in power, or launch specific attacks on key government personnel, a phenomenon which did not occur infrequently.⁷ The potential for such damage could be

seen in the case of Professor George Adami, the chief Pathologist at McGill University who had accompanied Dr. Bryce on one of his school examinations. Upon his return, Adami wrote a letter to Duncan Campbell Scott in which he revealed the horrors to which he had just been a witness:

It was a revelation to me to find tuberculosis prevailing to such an extent amongst these children, and as many of them were only suffering from the early incipient form of the disease, though practically everyone was affected, when under care it may be arrested. I was greatly impressed with the [need for] responsibility of the government in dealing with these children... I can assure you that my only motive is great sympathy for these children, who are the wards of the government and cannot protect themselves from the ravages of this disease."⁸

Such accounts, once they got into the mainstream press, could serve as focal points of attack, or be used to bolster other grievances held against a particular department or the Liberal government itself. While there were of course many holes in government policy, Native health care was a chasm which, if investigated properly, could not be easily concealed.

But generating a politically lucrative government scandal was not, in the end, Bryce's sole legacy in Native Affairs. Several of the projects Bryce started while in the employ of the federal government were indeed pursued and maintained after his retirement. In 1922, a mobile nurse-visitor program was implemented, a program "which would see the medical officer's work being complemented by the work of nurses at the community level,"⁹ thus allowing a degree of local medical representation previously unavailable to Natives.¹⁰ Bryce had also succeeded in his plan to bring health care information to the Natives for their own educational use; circulars on tuberculosis were translated into Cree, a program continued into the early 1930s,¹¹ and all Indian agents were provided with a 'Book of Regulations' on medical services. Finally, a long-lasting

effort to contract local physicians was put in motion, a program which was “Bryce’s idea to fill the obvious vacuum of physician services” among Natives.¹²

Thus, Bryce’s findings became interwoven into a number of struggles in Canadian society, including elements of the church, of the government, and of the Natives themselves. Though these different elements would play up or play down his research, once documented, Bryce’s statistics became a collection of facts to be dealt with. While it is true that Native health care increased as the legitimacy of medical practices and practitioners increased, it did so at a rate much below its development in white Canadian society. In the early years of the twentieth century, however, whatever benefits did reach the Native community were due in large part to the persistent instigation of Dr. Bryce.

THE PSYCHOBIOGRAPHY OF PETER BRYCE

As has been seen throughout the course of this paper, the views Dr. Bryce favoured were in some respects “ahead of their time.” While ideas such as universal healthcare, equal rights among nationalities, and government-backed preventative medicine and health insurance were not put forward by Bryce alone, they fell for the most part outside the mainstream of Canadian thought at the turn of the century. There are many reasons why Dr. Bryce would have endorsed courses of action which would later, long after his death, become seen as the “decent” thing for a democracy to provide. He was educated in Paris, which opened his eyes to the relatively simple and advanced preventative techniques of Pasteur and Lister, techniques not yet in mass use despite their success. He also witnessed firsthand in literally dozens of Native and immigrant locales the havoc disease could wreak on any community, especially one lacking in proper

sanitary conditions, and saw the huge success that could be had if relatively simple techniques were implemented. But these events came later in his life, and it would seem more logical that it was in fact an earlier pre-disposition to notice and empathize with the sufferers of such conditions which defined the courses of action Dr. Bryce would take in order to deal with such calamities.

It is therefore by examining his earliest influences and his upbringing that the pure origins of Bryce's thought and perception of the world become clear. Once his philosophy and view of life are known, the stance he took against the mistreatment of Natives and new immigrants can be seen as a logical progression of that view. Thus, Bryce's disdain for monopoly capitalism, his desire not to split up immigrant families, and his wish to bring proper care to Canada's First Nations can all be seen as derivations of a perception of what he felt constituted just treatment in Canadian society. One way to examine this possibility is by including a brief foray into the interdisciplinary realm of psychohistory.

Briefly, psychohistory is the study of historical motivation, and the concrete application of the principles and methods of psychology to the people, groups, and events studied in historical research. As most fields of social study attest,¹³ a person's earliest experiences do contribute a great deal to the man or woman he or she becomes in later life. Even physiologically speaking a person's body has completed most of its major adjustments by the age of five or six,¹⁴ and is in its adult form usually by the mid-teens. To this extent, psychohistorical theories more specifically state that a person has experienced the bulk of their parental care by the age of 5 or 6, and has adjusted more fully to it by their mid-teens.¹⁵ The Psychogenic¹⁶ theory of history put forward by

Lloyd deMause and confirmed by a score of historians, psychologists, and social scientists over the last 30 years,¹⁷ suggests that the style or “mode” of child-rearing one is exposed to in their most formative years carries with it the bulk of the factors involved in the basic formation of human personality, which consists namely of motivation drives, components of the cognitive mind, personality differences and environmental anomalies.¹⁸ It is thus in the specific nature and characteristics of the parent-child relationship that the most influential roots for adult motivation lay. Though there is much variation within any particular group in any age, the manner in which a person was raised is one of the most critical factors in understanding the choices they make and the paths they choose.¹⁹

In the mid-19th century, when Peter Bryce was born, the most common form of child-rearing was what has been labeled the “intrusive mode”, a style which itself has been broken down by theorists into four sub-modes²⁰: Psychic Control (children raised from 1840-1880), Aggressive Training (1880-1910), Vigorous Guidance (1910-1940), and Delegated Release (1940-1965).²¹ The majority of the children raised at the same time Peter Bryce was growing up were reared by Psychic Control parents in an environment characterized by the repression of personal feelings, a strong authoritative bond between parent and child, and a low level of parental empathy.²² The family, or in-group, became what some have called a “hot-bed of intimacy, a unit insulated from the rest of the world in which close-knit... relationships are bound by the dynamics of... insecurity.”²³ Any move towards independence by children raised in this manner would have been met by the immediate withdrawal of approval and love by the parent.

Such revelations are intensely curious, as this pattern of denying empathy and insulating one from the outside is quite compatible with the major movements and political programmes of the day, be it eugenics, which began rising to prominence in the late 1880s and reached its height around WWI,²⁴ or be it the restrictive immigration policies enacted around that time, which would have all been crafted by men and women raised in the second and third quarter of the 19th century. Even more telling, is the fact that to a child raised in the Psychic Control mode, the function of religion “had moved from the role of policeman... to that of a creator of societal progress who imposes the most total, subtle, and effective controls.”²⁵ One would be hard-pressed to find a more direct expression of the desire to “be the creator of societal progress” and to “impose total and effective control” than the Social Gospel movement, which also reached its zenith in these years.

However, these were not movements and policies that Bryce wholly embraced, and as such he was seemingly not raised in this particular expected style. The sub-mode which does seem to apply to Dr. Bryce is Vigorous Guidance. This sub-mode, generally making its first major appearance in the 1910s, placed a heavy emphasis on the effect the physical environment had on human development, especially, but not exclusively during the formative years. Whereas previous parenting modes had treated human characteristics as innate, due mainly to what was believed to be “genetics”, those who practiced Vigorous Guidance (V.G.) were much less fearful as parents, given their realization of the effects they had on their children.²⁶ This is not to say that previous to this time parents did not believe that they had a direct effect on their children’s lives; since antiquity parents have helped mould and guide their children in an attempt to have

them lead the “proper” lifestyle.” However, parental wishes and expectations usually motivated such actions much more so than did genuine concern for the independent thoughts and wishes of the child.²⁷ The parents using the Vigorous Guidance style instead experienced a revelation of sorts, and realized that the manner in which they raised their children had a direct influence on the fulfillment and conception of the world that those kids would have, and that they as parents held the power to fulfill their children’s expectations, or shatter their world.

Bryce’s goal was to make Canada a country in which progress was constant, and in which all methods and measures that could be taken by the state to encourage such progress were. This is why he favoured broader immigration trends, to tap the resources of the continental peasant, and why he lamented in *his Conservation of the Man Power of the Indian Population* that the productive capacity of a portion of Canada’s population was not only being left untapped, but was being destroyed. Such an outlook is consistent with the standard preoccupation V.G. parents had with ensuring constant development under careful ‘guidance’. In tandem, the ‘vigorous’ side of this child-rearing mode was that progress and development were to be constantly in motion; thus, the flow of change and movement in society was never to stop.²⁸ This push for change and improvement was consistent with Bryce’s medical views, which not only made use of the most advanced techniques, but also actively criticized those who refused to make use of the available medical knowledge. His criticism of Native policy was the same; Bryce’s cries for change were in part fueled by the frustration he felt towards a government that had the capacity and knowledge necessary to improve the aboriginal quality of life, but refused to do so.

Though the available information is somewhat scarce, there are several indications that Peter Bryce was indeed raised by V.G. parents. According to local accounts, George Bryce Sr. raised his children in an environment that stressed the value of education above all others. “The Scottish trait for education, even to the point of sacrifice and hard work, was never better exemplified than in the Bryce family.”²⁹ Peter’s academic affluence was well-known by the time he attended high school (see intro for scholarly history), and in his professional years both his writing prowess and formidable lecturing abilities became highly admired qualities. His brother also reflected this emphasis on education when he purchased his first book at age 9. This early self-educator became what was then called a ‘head boy’ in his class (active, student leader), was tutoring others in Latin grammar by high school,³⁰ and of course helped to found Manitoba College and Manitoba University soon after his arrival in Winnipeg. Thus, the Bryce boys acquired reputations as learned men, and Peter was known as “one of the best educated men in Canada... informed on every conceivable subject according to those who know him.”³¹

But Peter’s father was also known as an active member of his community, a person whose wisdom was often sought after. It was said of George Bryce Sr. after his death that “there were few indeed throughout a wide district with whom he had not come into personal contact, and upon whom he had not exerted some good influence.”³² He was a kind of “organic intellectual” in the community, and set an example for his children on how to lead even without extreme power or wealth. Catherine Bryce, Peter’s mother, was a loved figure in her community. She was “one of the best-known residents of the county,”³³ a sentimental honour reflected in part upon her death by the unusually

large crowd of people who gathered at her funeral, as well as by the generous contributions of “floral tributes” which one observer noted “completely covered the casket.”³⁴

Finally, the Bryce family stressed tolerance for those who did not know better; George Bryce Sr. would often pull aside passers-by to inform them of the wonders of liberalism, and while he did rebuke their ways if they did not match his, such action was only received as “the rebuke of a friend.”³⁵ Though not a complete picture, the available information suggests that Peter Bryce was raised in a decent home by two kind, generous and compassionate parents who taught their children that one could glean both the problems and the solutions to life’s problems by arming oneself with information, and could use this to fill in the gaps left by others in their lives. By embracing the values characterized in the Vigorous Guidance mode of parenting, the Bryces taught their children a style of adult leadership that was less aggressive and more informed, one which favoured a reestablishment of the primacy of the environment and held that a person was “the product of the forces that act upon them, particularly those that act upon them in their earliest years.”³⁶ These were the values that Dr. Bryce learned and practiced himself, exemplified by his attempts to educate the masses, to place the burden of public health on the quality of the environment, and by his most memorable efforts to call special attention to the children of the cities, to those of the Natives via their schooling, and to those of immigrants.

IN CONCLUSION

Dr. Bryce was a middle-class professional and there is no doubt that he personally stood to gain from the expanded areas in which his kind of 'expertise' could be applied. However, this does not mean that he did not have the best of intentions in mind as well; increasing personal standing and the standing of the community in general are not always mutually exclusive. The reforms of these years are sometimes labeled as the self-serving initiatives led by the "better" classes in an attempt to increase their status within society,³⁷ and such movements are said to have only contained a handful of "sincere idealists" who actually sought change for humanitarian motives. Such an allegation, however, could be launched at every movement from environmentalism to populism, which does not mean that nothing positive or constructive ever came out of them.

Dr. Bryce, though he was able to place himself in an advantageous position for many years, was ultimately forced to retire because his findings were becoming something of an issue in political circles, one that the federal government was not ready to address at that point in time. He was granted a small pension, but was essentially left at 65 with no prospects for future employment in the civil service and without enough practical experience to engage in a private practice, something men in his field did well into their 70s and 80s. Though he would not live to see the full tangible results of his efforts, the information he gathered, the precedents he set, and the legislation he helped compose would become a cornerstone of Canadian health care. The work in which Dr. Bryce and those he influenced engaged would ultimately equip our society with the capacity to prevent thousands of deaths, as well as help us to improve the conditions of

our cities, the treatment of our Aboriginal Peoples, and the lives of our citizens be they new arrivals or seasoned patriots.

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⁵ Robin Fisher and Kenneth Coates, eds., Out of the Background: Readings on Canadian Native History (Toronto: Copp Clark Pitman Ltd., 1988), p.237

⁶ See Olive P. Dickison, Canada's First Nations: a history of founding peoples (Toronto: McClelland and Stewart, 1992), pp.284-288

⁷ Ibid., p.333

⁸ Frideres, p.10

⁹ D.J. Hall, Clifford Sifton. Vol. 2 A lonely eminence 1901-1929 (Vancouver: University of British Columbia Press, 1985), p.46

¹⁰ Ibid., p.45

¹¹ Ibid., p.47

¹² Megan Sproule-Jones, "Crusading for the Forgotten: Dr. Peter Bryce, Public Health, and Prairie Native Residential Schools," Canadian Bulletin of Medical Health 13 (1996): 213

¹³ Ibid., p.216

¹⁴ Hall, p.44

¹⁵ Ibid., p.284

¹⁶ Sproule-Jones, p.200

¹⁷ Ibid., p.202

¹⁸ Ibid., p.203

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- ¹⁹ Ibid., p.206
²⁰ Ibid.
²¹ Ibid.
²² Frideres, pp. 158-159
²³ Ibid., p.78
²⁴ Dickison, p.334
²⁵ Titley, p.78
²⁶ Ibid., p.90
²⁷ Sproule-Jones, p.211
²⁸ J.R. Miller, Shingwauk's Vision: a history of Native residential schools (Toronto: University of Toronto Press, 1996), p.166
²⁹ Ibid., chaps. 5-7
³⁰ Titley, p.78
³¹ Miller, p.166
³² Titley, p.1
³³ Ibid., p.33
³⁴ Miller, p.140
³⁵ Titley, p.76
³⁶ Miller, p.131
³⁷ Ibid., p.132
³⁸ Titley, p.39
³⁹ Ibid., p.38
⁴⁰ Dickison, p.327
⁴¹ Miller, p.136
⁴² Titley, p.84
⁴³ Ibid.
⁴⁴ Ibid., p.85
⁴⁵ Miller, p.124
⁴⁶ Sproule-Jones, p.210
⁴⁷ Ibid., p.207
⁴⁸ Ibid.
⁴⁹ Titley, p.86
⁵⁰ Peter H. Bryce, The Story of a National Crime (Ottawa: James Hope and Sons Limited, 1922), p.7
⁵¹ Titley, p.83
⁵² Laurier Papers, Queen's University Archives, Kingston Ontario, p.101061
⁵³ Ibid.
⁵⁴ Bryce, The Story of a National Crime, p.6
⁵⁵ Ibid., p.7
⁵⁶ Sproule-Jones, p.218
⁵⁷ Ibid., p.219
⁵⁸ Bryce, The Story of a National Crime, p.9
⁵⁹ Ibid.
⁶⁰ Ibid., p.10
⁶¹ Ibid., p.13
⁶² Titley, p.87

⁶³ Titley, p.86

⁶⁴ Bryce, The Story of a National Crime, p.11

⁶⁵ Ibid., p.4

⁶⁶ Ibid., p.5

⁶⁷ Ibid., p.12

⁶⁸ Ibid., p.14

⁶⁹ Sproule-Jones, p.220

Chapter 4 – Epilogue: Conclusions and Psychohistorical Speculations

¹ Paul Rutherford, “Tomorrow’s Metropolis: The Urban Reform Movement in Canada, 1880-1920,” in The Canadian City: Essays in Urban and Social History, eds. Gilbert A. Stelter and Alan F.J. Artibise (Ottawa: Carleton University Press, 1984), p.452

² see Foster, Kate A., Our Canadian Mosaic. (Toronto: YWCA, 1926)

³ Morris Zaslow, The Opening of the Canadian North – 1870-1914. (Toronto: McClelland and Stewart Limited, 1971), p.229

⁴ J.R. Miller, Shingwauk’s Vision: A History of Native Residential Schools (University of Toronto Press: Toronto, 1996), pp.133-137

⁵ Ibid., p.137

⁶ James B Waldram, D. Ann Herring, and T. Kue Young, Aboriginal Health in Canada: Historical, Cultural, and Epidemiological Perspective (Toronto: University of Toronto Press, 1995) p.157

⁷ Miller, p.134 and Waldram, Herring and Young, pp. ix-xi

⁸ Peter H. Bryce, The Story of a National Crime (Ottawa: James Hope and Sons Limited, 1922), p.6

⁹ Waldram, Herring and Young, p.157

¹⁰ T. Kue Young, “Indian Health Services in Canada: A Sociohistorical Perspective,” Social Science and Medicine 18 (1984): 259

¹¹ Ibid., p.159

¹² Ibid., p.158

¹³ see Robert J. Brym, New Society: Sociology for the 21st Century (Toronto: Harcourt Brace Canada, 1991) and Peter Gray, Psychology: Second Edition (New York: Worth Publishers, 1991)

¹⁴ see The Blackwell Reader in Developmental Psychology Eds. Alan Slater and Darwin Muir (Malden, Mass.: Blackwell Publishing, 1999)

¹⁵ for a fuller discussion see Jerry J. Bigner, Human Development: A Life-Span Approach (New York: MacMillan, 1983)

¹⁶ ‘Psychogenic’ meaning factors of human relations as opposed to political or economic factors

¹⁷ see The Journal of Psychohistory. Volume 26, no. 3 (Winter 1999) for the most recent tally of psychohistorical researchers world-wide

¹⁸ see Personality: Strategies and Issues revised by Robert A. Liebert and Lynn Lagenbach Liebert (New York: Brooks / Cole Publishing Company, 1998) or David Schaffer, Social and Personality Development 3rd. ed. (Monterey, California: Brooks / Cole Publishing Company, 1995)

¹⁹ Lloyd deMause, Foundations of Psychohistory (New York: Creative Roots Inc., 1982), pp.1-3

²⁰ Obviously, a full discussion of the theories and principles of Psychohistory is beyond the scope of this paper. I have provided the firmest sources for these theories, and have remained at the top-most layer of those theories for the sake of comprehensibility.

²¹ Glenn Davis, Childhood and History in America (New York: Psychohistory Press, 1985), p.27-35

²² Ibid., p.37

²³ Ibid., p.39

²⁴ see Angus McLaren, Our Own Master Race: Eugenics in Canada, 1885-1945 (Toronto: McClelland and Stewart, 1990)

²⁵ Davis, p.40

²⁶ Ibid., p.127

²⁷ see deMause, Chap. 1

²⁸ Davis, p.141

²⁹ "Brant and Brantford Born Who Made Mark Elsewhere: P.H. Bryce, M.D." The Brantford Expositor, January 17th, 1920

³⁰ "Crimean War Led Boy to Buy Book on Turkey." The Brantford Expositor, October 11th, 1952

³¹ "Brant and Brantford Born Who Made Mark Elsewhere: P.H. Bryce, M.D." The Brantford Expositor, January 17th, 1920

³² "The Late George Bryce: A More Extended Reference to His Life." The Brantford Expositor, November 20th, 1902

³³ "Mrs. George Bryce." The Brantford Expositor, June 21st, 1900, p.9 col.3

³⁴ "The remains of the late Mrs. Catherine Bryce..." The Brantford Expositor, June 28th, 1900, p.8 lot 1

³⁵ "The Late George Bryce: A More Extended Reference to His Life." The Brantford Expositor, November 20th, 1902

³⁶ Davis, p.129

³⁷ John C. Weaver, "Tomorrow's Metropolis Revisited: A Critical Assessment of Urban Reform in Canada, 1890-1920," in The Canadian City: Essays in Urban and Social History, eds. Gilbert A. Stelter and Alan F.J. Artibise (Ottawa: Carleton University Press, 1984), p.474 and Mariana Valverde, The Age of Soap, Light and Water: Moral Reform in English Canada, 1885-1925 (Toronto: McClelland and Stewart, 1993), p.16

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