結核病圖書

BC Archives
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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

無病

有病而無病狀

有病亦有病狀

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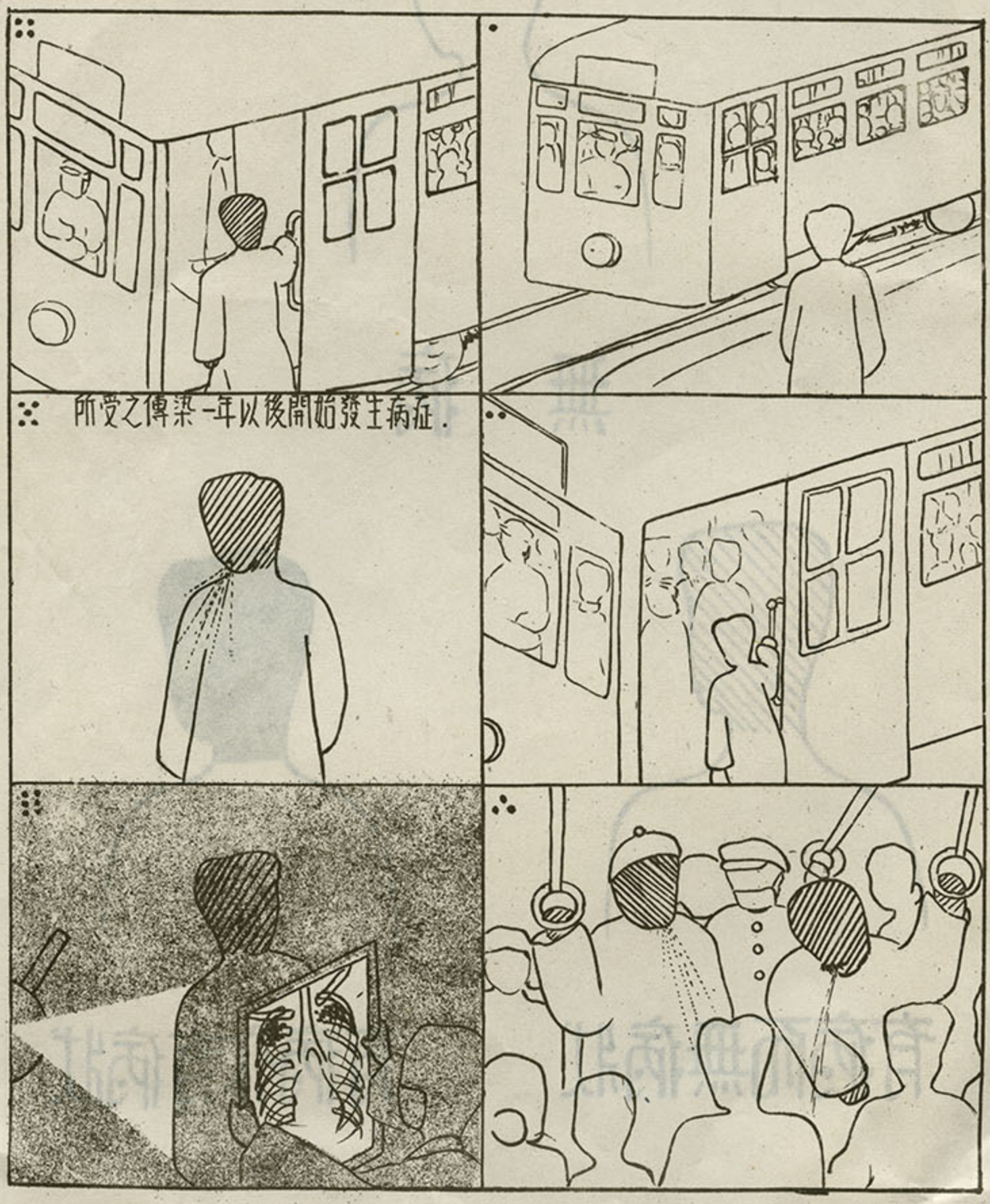
BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

乘車時的傳染



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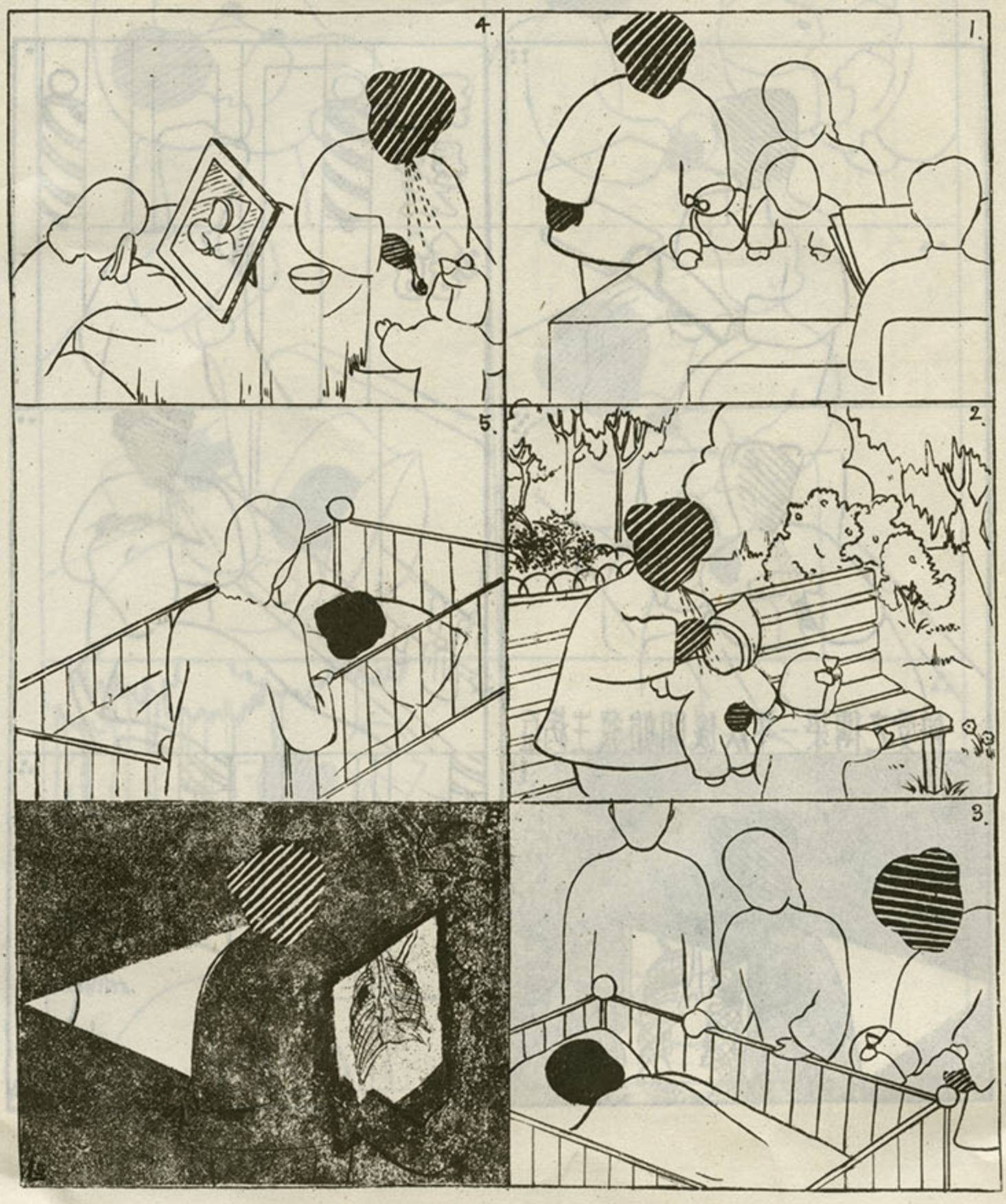
BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

文侯
傳染主人之小孩



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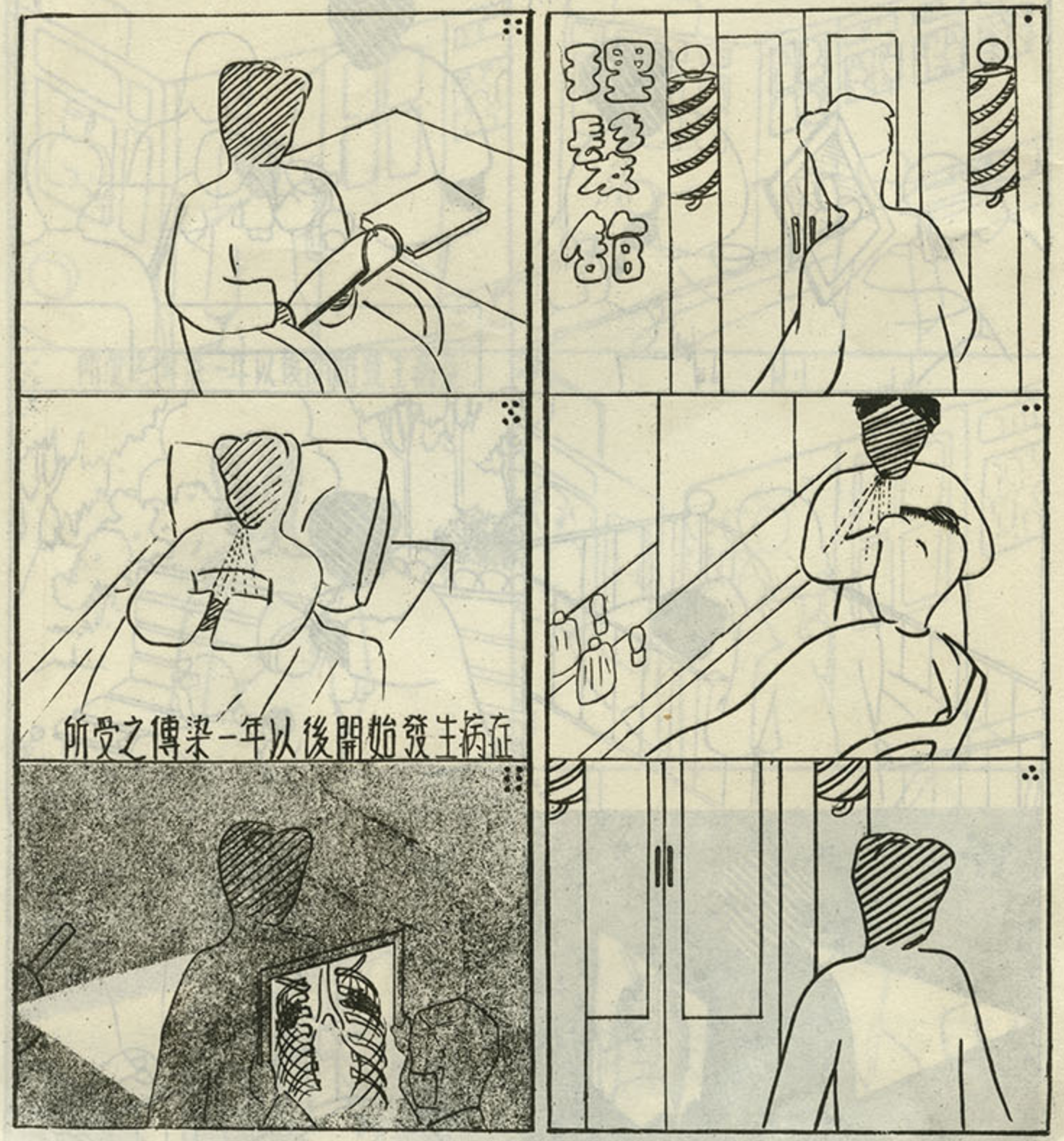
BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

理髮時的傳染



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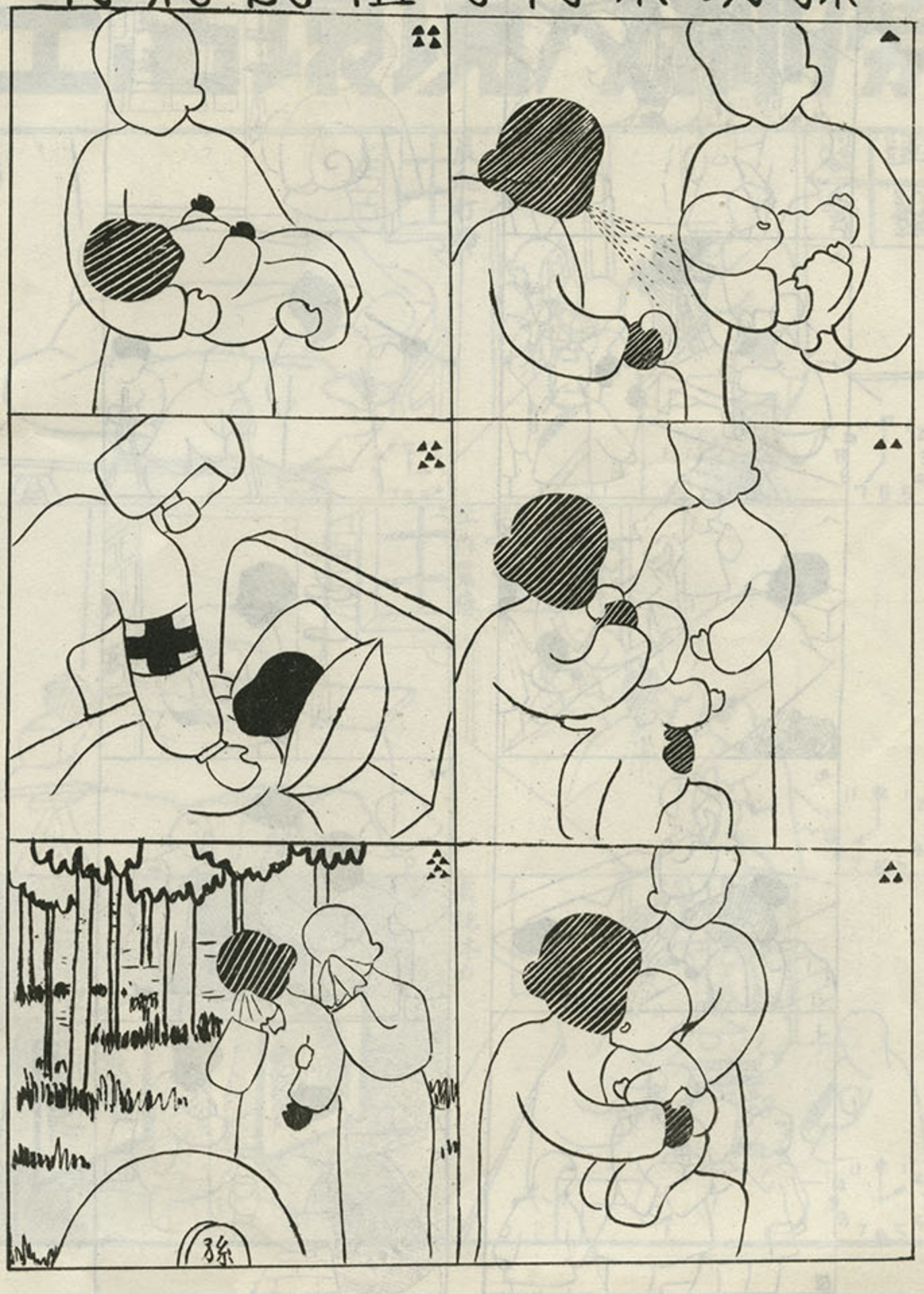
BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

有病的祖母傳染幼孫



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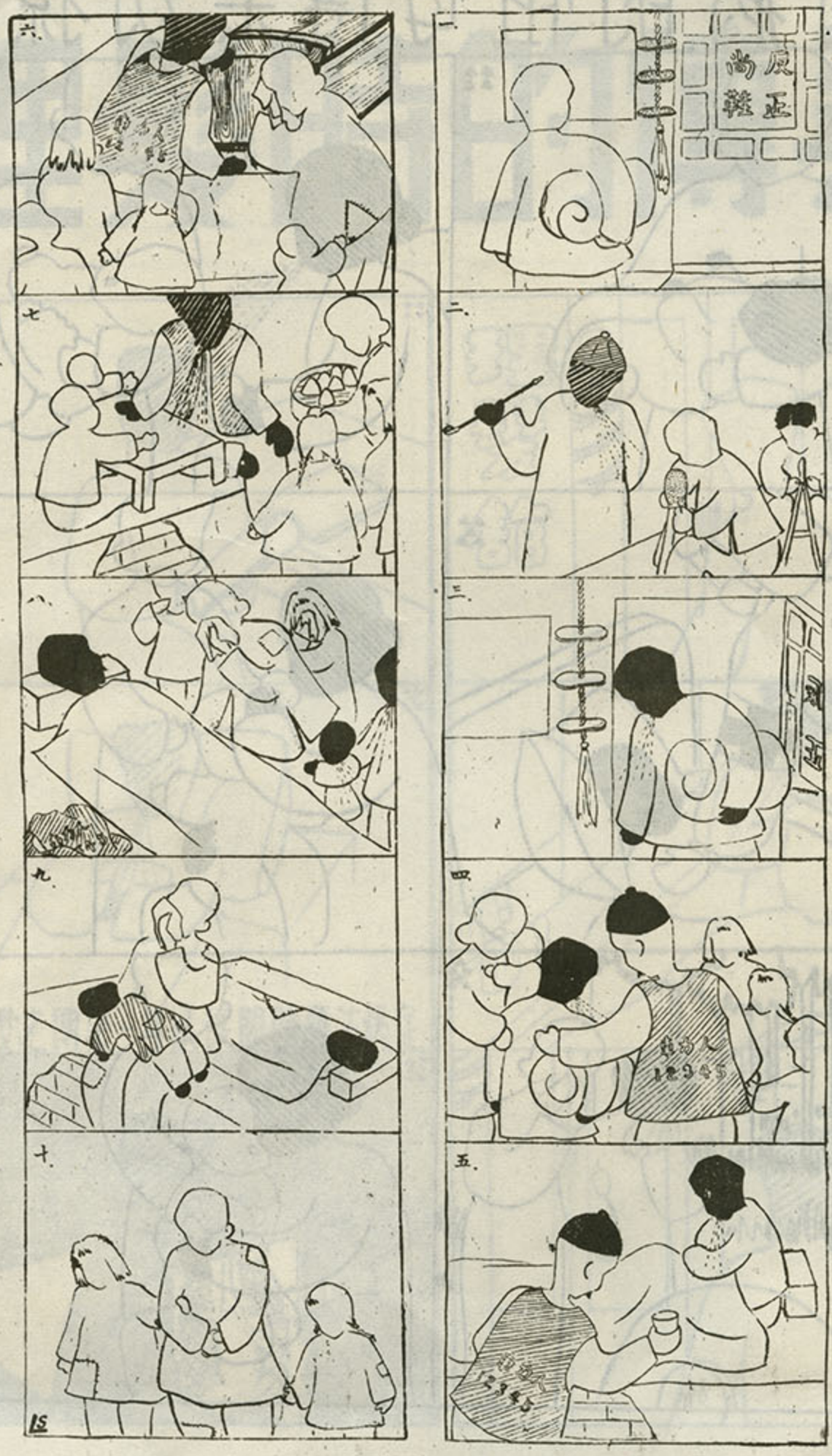
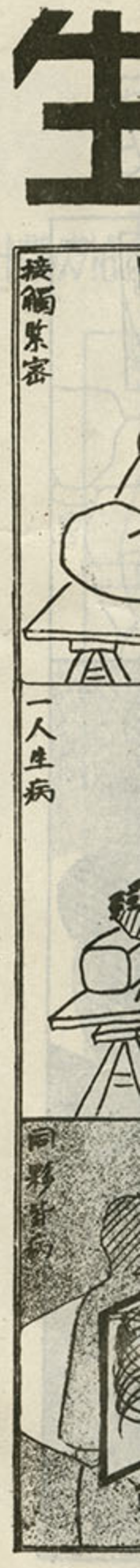
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

由學徒得病傳染全家





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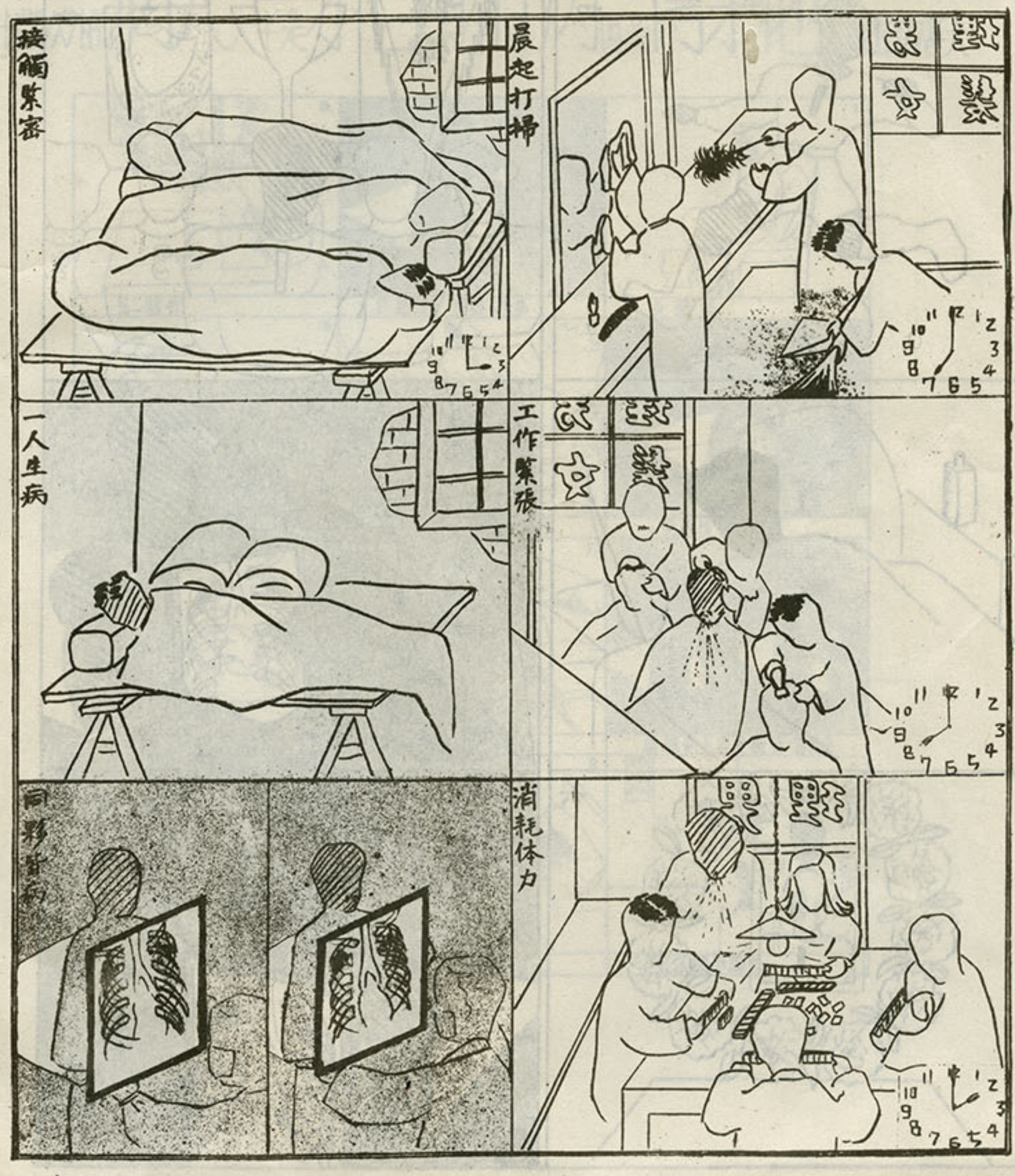
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

痨病及環境生活



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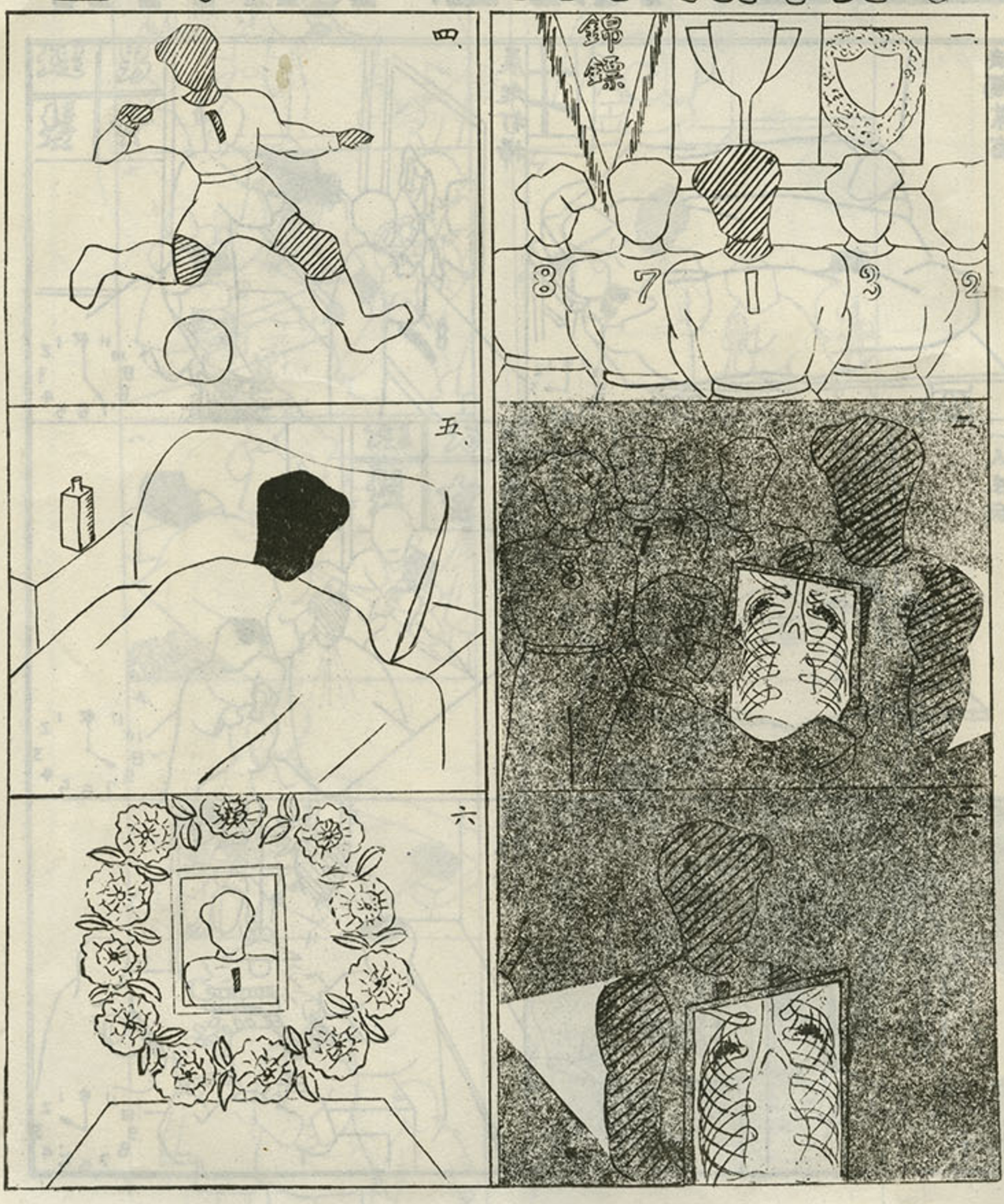
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

運動健將亦得肺病



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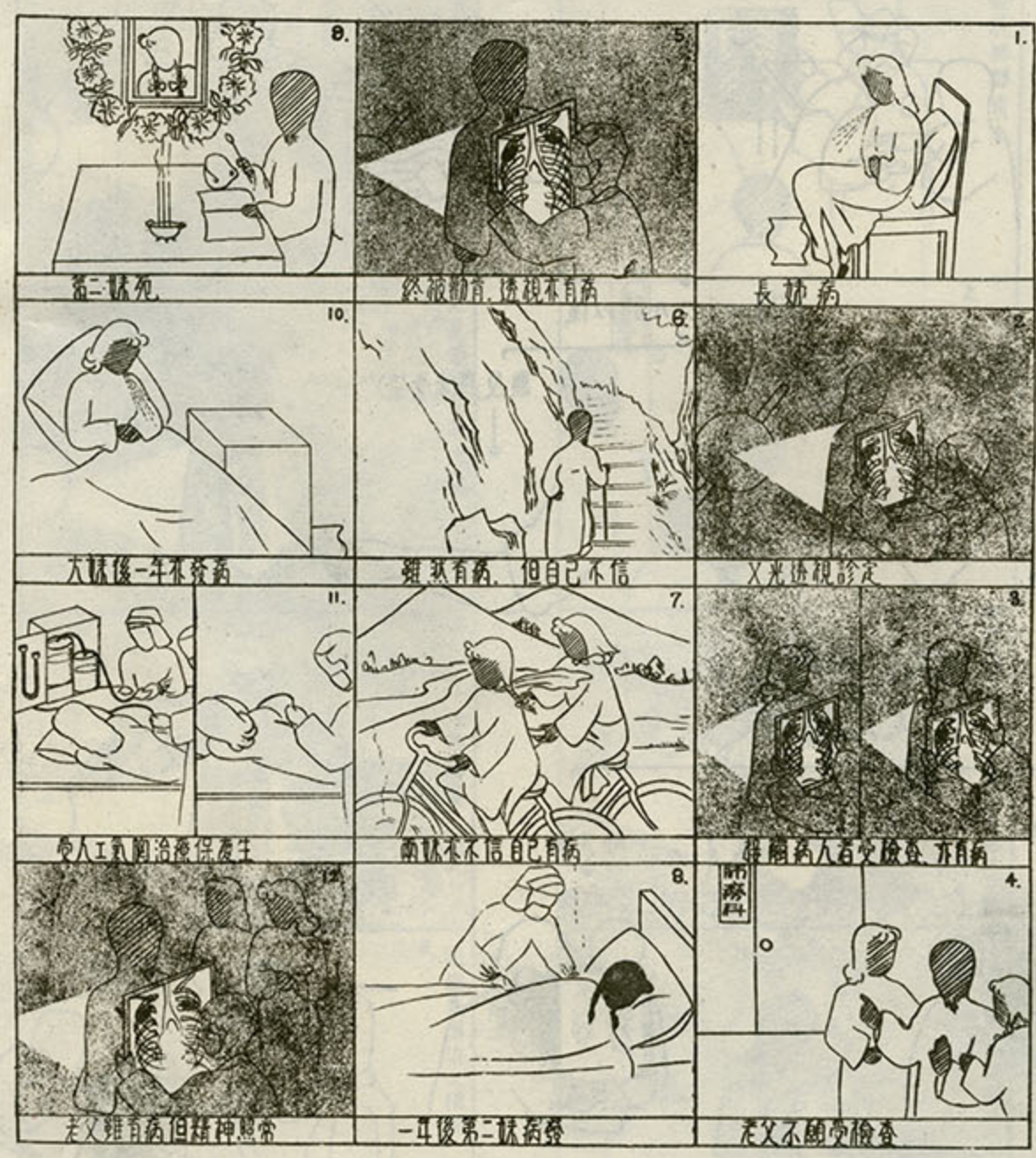
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

四十歲以外的病人大半是不自覺有病但是傳染他人的力甚大



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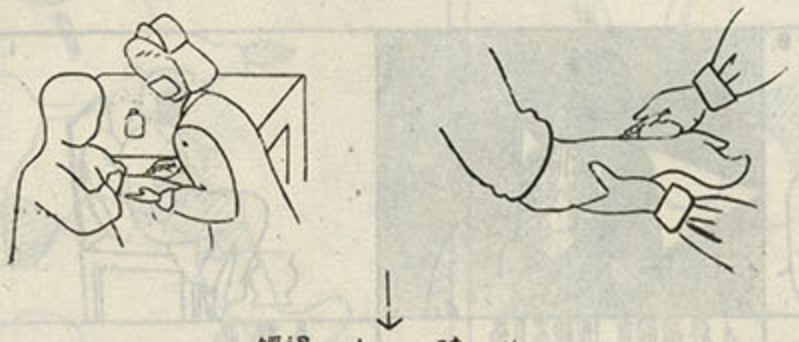
Chinese.

檢查結核病手續(一)

結核菌素試驗



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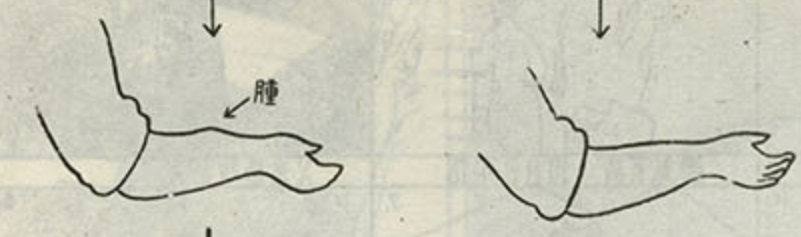
經過四十八小時以後

有反應(已受染)　　無反應(未受染)



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X光透視

肺無病　　肺有病

→

X光肺片

檢查

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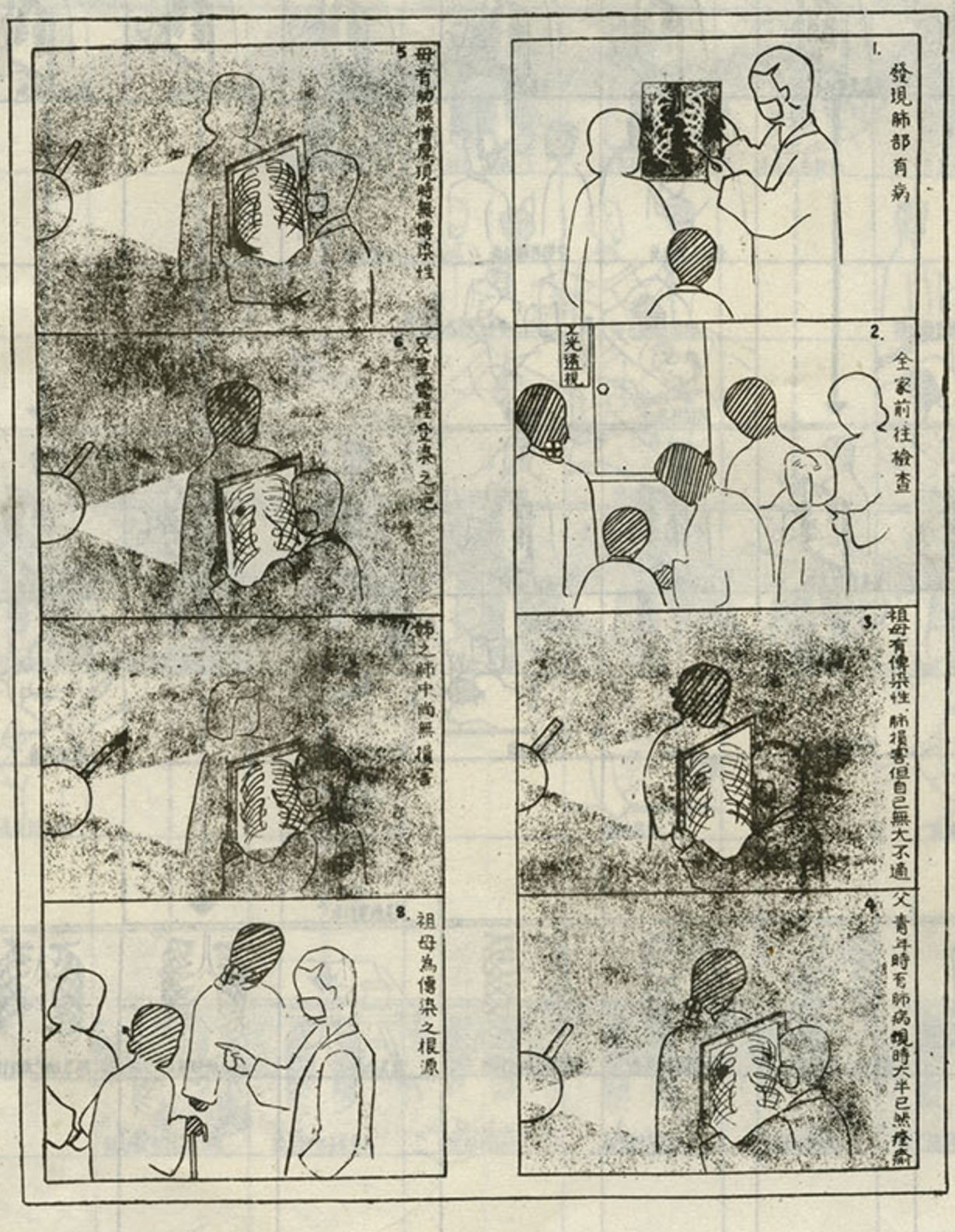
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

(一)

光肺片

檢查結核病手續(二)接觸者檢查



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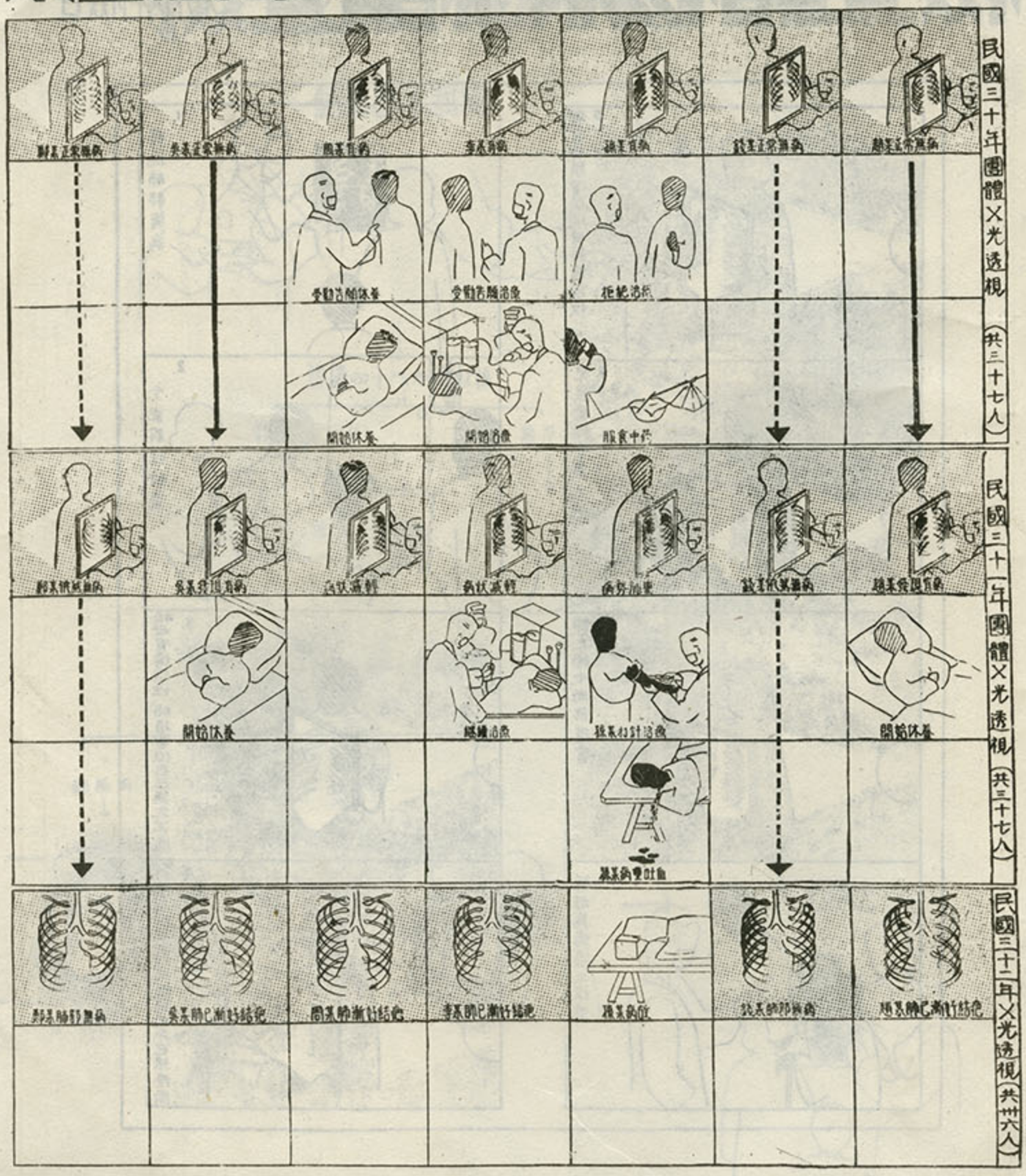
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

某團體防癆檢查（未完全接受勸告之團體）



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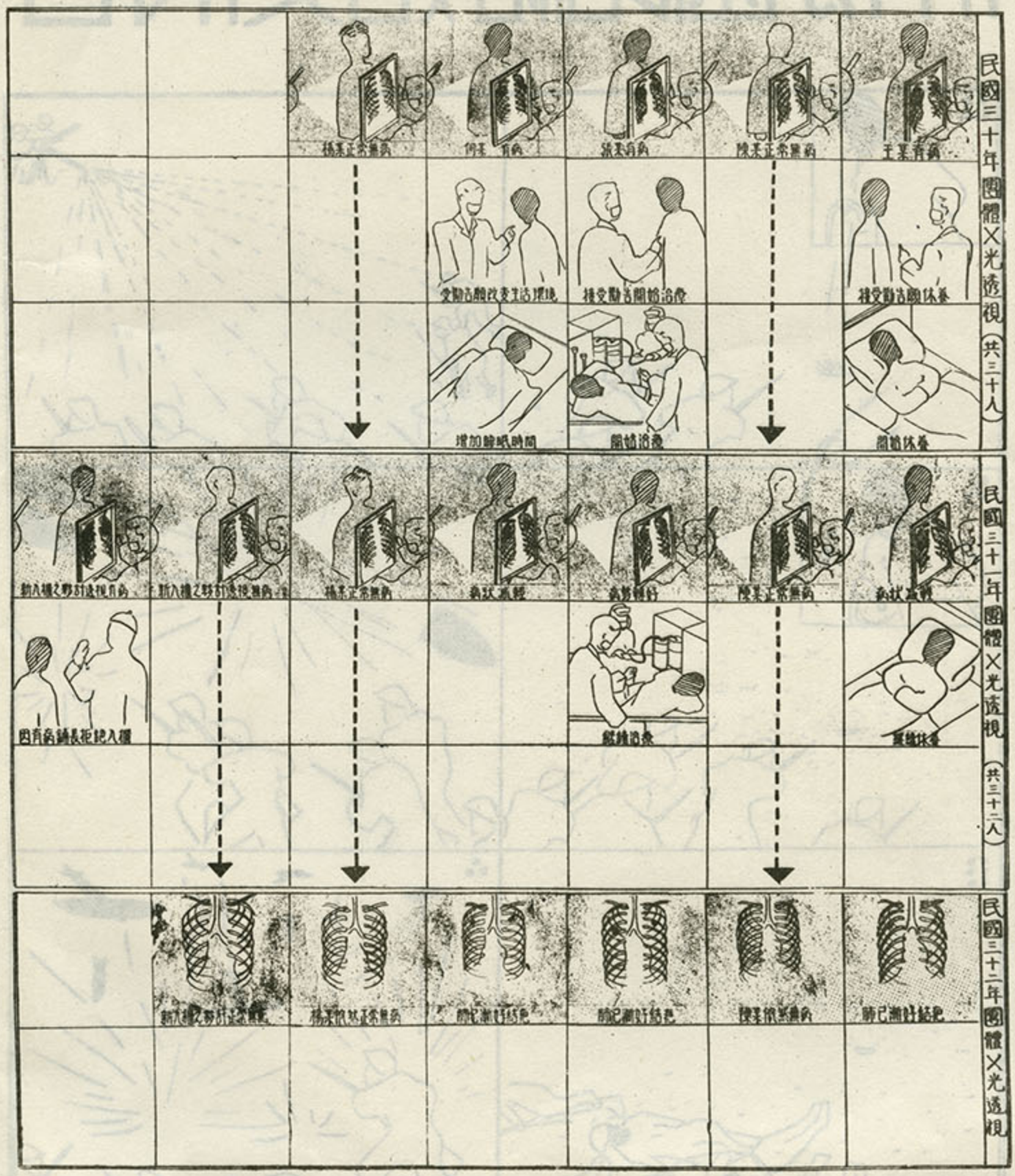
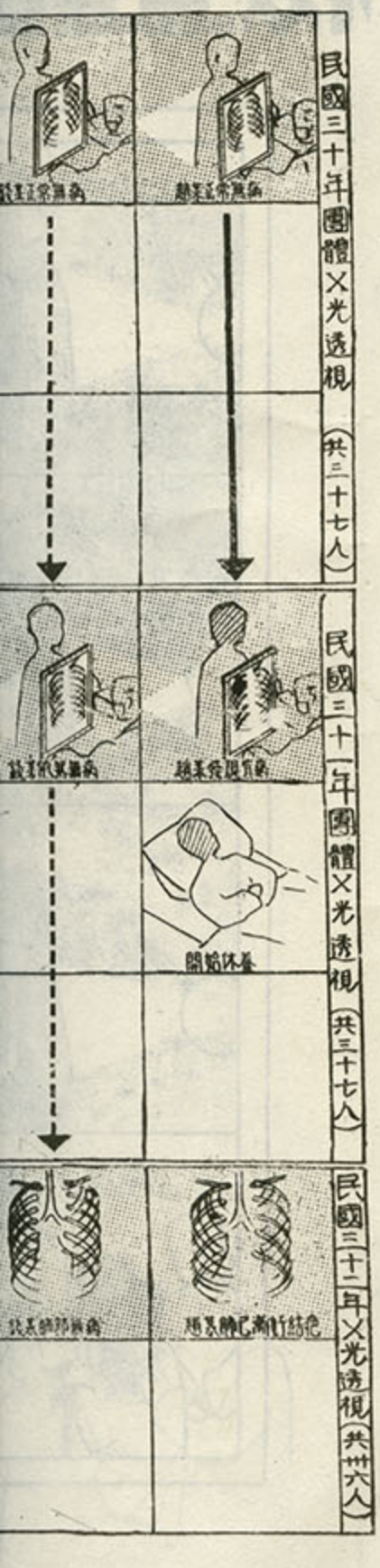
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

某團體防癆檢查（完全接受勸告之團體）



（體團之告勸受接全完）



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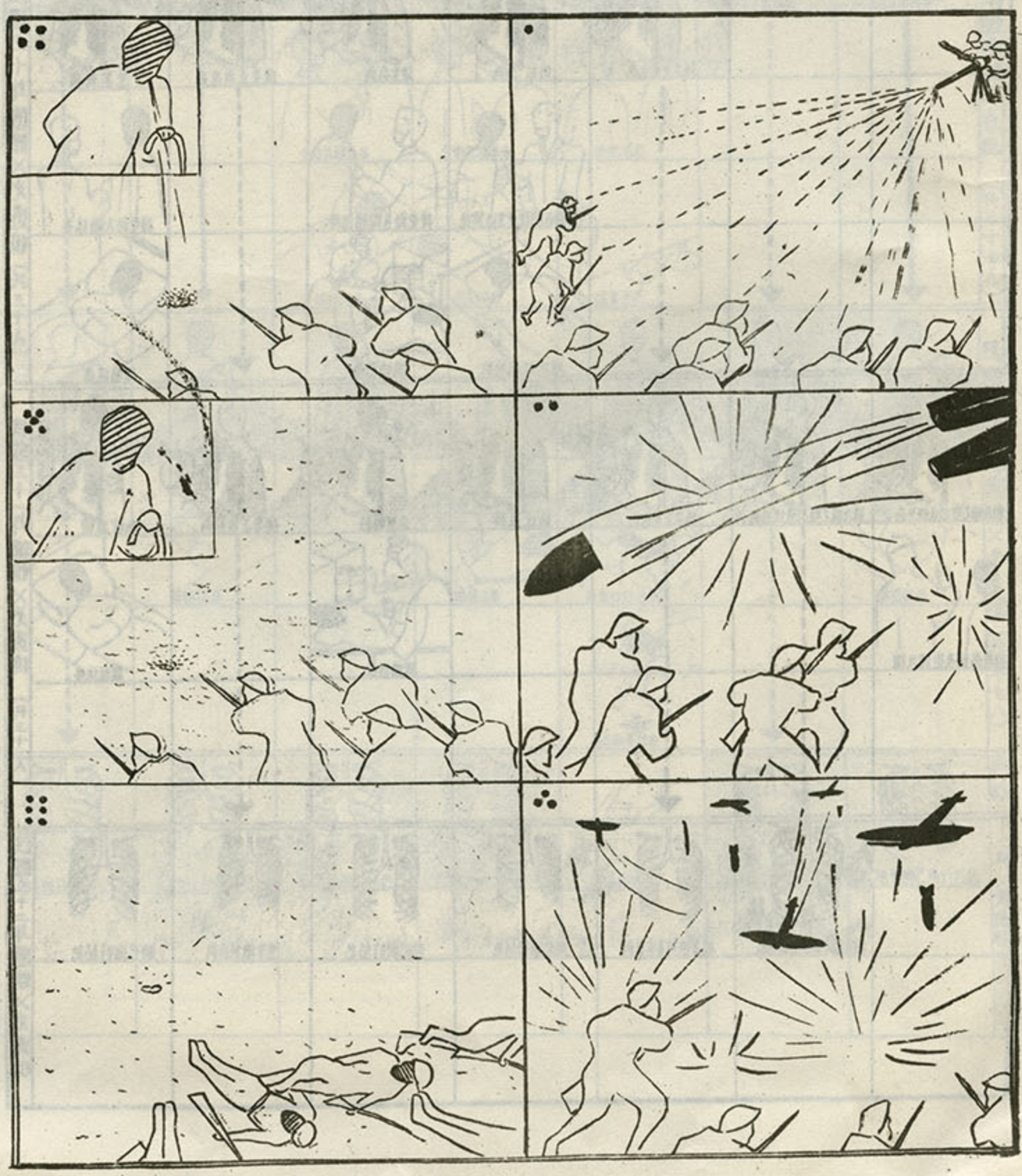
Chinese.

肺癆菌比槍炮更利害



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出版者：北京結核病院
繪圖者：陸薌
印刷者：仁立印字舘

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Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Chinese

Hall 2389-L
M. Lam.

Survey at Pender & Columbia (week of May 6th)

Total Exam. 1666

Chinese Referred 64.

Active T.B. 13 (2 or 3 doubtful)

Non-active T.B. 23

Suspect 2

Other Diagnoses 15

No report on 5.

Survey at Gore and Pender (week of June 17)

Total Exam. 491

Chinese Referred 14

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

November 14, 1942,
Vancouver, B.C.

Dr. W.H. Hatfield,
Director, T.B. Division,
10th and Willow Street,
Vancouver, B.C.

Dear Dr. Hatfield:-

We, the undersigned, after the interview with you, Dr. Murray and Dr. Kincade in your office last Wednesday morning, have talked matters over more carefully and have decided it will not be necessary for your Committee to meet with the members of the Chinese Merchants' Association as previously planned. We agree that with the financial assistance of your Department, we can go ahead with the proposed Chest Clinic for the benefit of the local Chinese residents without the backing of any Chinese organization.

In its stead we suggest that an announcement by your Department be inserted in the local Chinese newspaper and perhaps also in the Chinese newspaper in Victoria, B.C., announcing the opening of this Clinic and its personnel, etc. Also a letter of endorsation signed by several influential Chinese may be printed in the local Chinese paper. A few days before the opening of the Chest Clinic, circular letters containing both the announcement of your Department and the letter of endorsation may be distributed to the Chinese stores and homes. In this way we are confident we shall be able to herald the opening of the Clinic to the Chinese general public adequately. Also an advertisement in the daily paper will keep the Chinese public continuously informed.

We further agree that the Clinic should be held in the evenings, say three (3) nights a week, on alternate evenings, in a suitably furnished office in the Chinese Community provided free for us by your Department, including the assistance of a technician and a nurse or a clerk. One of us three will be in attendance each evening in rotation.

In view of our attendance at this Clinic, we would like to ask you to raise the monthly remuneration from $100 to $150, to be equally divided amongst us three, so that we may not feel we are sacrificing too much of our time in the evenings.

Trusting this suggested plan will meet with your approval and hoping to be of service in your health campaign, we remain,

Yours faithfully,

F. S. Chen M.D.
K. G. Yip M.D.
Edw. B. Gung

Rec'd by ... AV ... Date Nov. 16 '42
Referred to ... M. G. W. Date ... 4 ...
Replied by ..... Date .....
Filed .....

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

HEALTH DEPARTMENT

STEWART MURRAY
M.D., D.P.H.
MEDICAL HEALTH OFFICER

TELEPHONE FAIRMONT 2711

VANCOUVER, B. C.

July 22nd,1943.

Dr.W.H.Hatfield,
Division of Tuberculosis Control,
2647 Willow St.,
Vancouver,B.C.

Dear Dr.Hatfield:

Re: Tuberculosis amongst Chinese.

I am in receipt of your letter of the 21st Inst. with regard to the above matter.

At the earliest possible moment I will endeavor to start some procedure to institute a survey amongst the Chinese as it is very desirable that the available bed accommodation in St.Joseph's Oriental Hospital should be utilized to the best advantage.

Yours truly,

Stewart Murray

CEB/ER. MEDICAL HEALTH OFFICER.

Rec'd by.... A.N. Date July 23 '43
Referred to... N.A.H. Date 11.....
Replied by..... Date.....
Filed.....

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

CHINESE CHRISTIAN YOUTH CONFERENCE
COMMITTEE
313 E. PENDER ST.
VANCOUVER, B. C.

Rec'd by: H.H. Date: Apr 6
Referred to: H.H. Date: 1
Replied by: Date:
Filed:

April 5th 1946

Dr. W. H. Hatfield, Director,
Divison of Tuberculosis Control,
Provincial Health Board,
Vancouver, B. C.

Dear Sir:

At the Vancouver Chinese Christian Youth Conference held March 16 and 17 in Vancouver, a resolution to the following effect was moved and passed unanimously: that an enquiry be made into the question of hospitalization and care of T.B. patients among the Chinese in British Columbia; that a letter be written to the Division of T. B. Control for information on the question; that a request be made to the proper authorities for better accommodation for these patients; and that so long as the authorities of St. Joseph's Oriental Hospital are entrusted with the hospitalization of T. B. patients, steps without delay should be taken to bring up the standard of general care in that hospital to that found at other hospitals under the supervision of the Division of T. B. Control.

This Committee, which was appointed for this purpose, represents a large proportion of the population of the Chinese community, and voices the opinion of the whole of this community on this question, and we decided to write you, the Director of the Division of T. B. Control for information and help, on behalf of the sick as well as for the sake of the health and welfare of the community as a whole.

We have learned that the hospitalization of T. B. patients of Chinese origin has been entrusted to the authorities of St. Joseph's Oriental Hospital, and that because of this arrangement, the authorities of the Divison of T. B. Control have not permitted the application of Chinese patients for admittance to any other hospital or sanatorium in the province maintained by public funds for the treatment of T. B. patients, except as paying patients. This, we feel certain, is unwarranted discrimination.

The confinement of T. B. patients of Chinese origin to St. Joseph's Oriental Hospital would not be so bad were the accommodation and care there at all adequate or satisfactory. But no one, who is slightly acquainted with the location and conditions of that hospital, can say that such is the case.

The location of the hospital is not at all suitable for the care of T. B. patients. Under the windows of the hospital is a street car line; a few feet further away is the C. P. R. tracks. There is little possibility for quiet or rest or peace of mind for the patients under such adverse conditions of noise, and smoke continued day and night. Beyond the tracks are various industrial and commercial establishments, such as fish docks, fish cannery, the Active Trading Company, etc., with the accompanying traffic, noise, and offensive odors.

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Chinese.

There has not been adequate nursing care for the patients -- even in days when there was not such a shortage of nursing help. There has been complaints of ill-treatment of patients because of trivial annoyances. We have heard case such as that of compelling a patient to get up from his bed to clean the toilet because of some slight oversight on the patient's part. There has been undue attempts to bring about conversions into the Roman Catholic faith, even in the cases of patients near death, and even though such patients were already baptized members of other denominations.

Food has been and still is poor. The quality and quantity of the food served and the way it is prepared has been a source of great disatisfaction among the patients. And though it is more satisfactory today than before, still, from what we hear from reliable sources, it is far below the standard of that served in the T. B. building at the Vancouver General Hospital.

While there is a social service department at the T. B. Control, there is very little social service done for the Chinese patients at St. Joseph's Hospital. For the past few months a member of the Chinese Y.W.C.A. has been doing some social work on a voluntary basis in her own time. This, however, is not at all satisfactory. There is also no occupational therapy there.

Patients have been discharged from that hospital without any financial arrangements being made for their support. Yet we are under the impression that the Social Service Department is for this purpose. Recently, a patient was discharged, although he has a positive sputum. He is on City Social assistance, is eating in a restaurant and living in a hotel -- a menace indeed to the health of others.

All such complaints come not only from those who, other than patients, have been acquainted with that hospital, but also from patients themselves. Both discharged patients and those still in the hospital have told us of these conditions.

Furthermore, the authorities of the St. Joseph's Hospital in a circular letter dated January, 1945, and sent to practically all the organizations in the Chinese community, solicited financial contributions for the construction of a new hospital. That letter stated that because of overcrowded conditions at the present hospital necessitating the refusal of further admittances of patients, they are going to construct a new building on Kingsway in the city to provide greater accommodations. Because of this misleading statement, and the anxiety of the Chinese that more suitable quarters be provided for T. B. patients, the Chinese community has generously donated thousands and thousands of dollars to the hospital with the understanding that T. B. patients would soon have better accommodations.

Now we hear that there is to be no accommodations for T. B. patients at this new building under construction. In fact, we have a copy of a letter written by the authorities of St. Joseph's Hospital in reply to an enquiry from one of the organization, which stated definitely that no accommodations were to be provided for T. B. patients at the new building.

The Chinese have long known of the conditions at St. Joseph's. Many cases, to our knowledge, when found with T. B., have hesitated or refused to enter that hospital because of the unsatisfactory conditions there. People suspected of having T. B. have hesitated even in going to the Clinic for X - Ray examination for fear of having to enter St. Joseph's. Some have declared emphatically that

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Chinese.

they would rather die than go to St. Joseph's Hospital.

We hear that the authorities of the Division of T. B. Control intend to bring the X-Ray Mobile Unit to Chinatown. We heartily commend this undertaking. But we wish to express the opinion that the authorities on T. B. Control would find much greater support from the community and would accomplish much more if they first win the confidence of the people, by removing its policy of discrimination and segregation, by providing better hospitalization, and at least by exercising adequate supervision over the care given patients at St. Joseph's. In fact, any program of health education or prevention would be successful providing there is utmost confidence in the authorities.

Since the Division of T. B. Control, through its agreement with the authorities of St. Joseph's Hospital, have direct supervision over the care of patients there, we request that the Division of T. B. Control take immediate steps to see that hospitalization be provided for Chinese patients suffering from T. B. in the new building which the authorities of that hospital are erecting, and that patients now being cared for in the present hospital be transferred to the new one on its completion, and that the present building be no longer used for the hospitalization of T. B. patients. This is the step to be taken if it is found necessary to continue the present arrangement for hospitalization of Chinese patients.

But as a permanent policy, and the only satisfactory one, the concensus of opinion is that there is no justifiable reason for segregating any one group of residents suffering from T. B. to the care of any organization, religious or otherwise. Treatment and hospitalization for T. B. patients should be on the same basis for every one, Chinese or Causcasian white, or for any other group of people. Also Chinese patients should be given the right to apply for admittance to any hospital for the treatment of tuberculosis that is supported by public funds. Furthermore, it is the unanimous opinion of the Chinese community that the hospitalization of T. B. patients among the Chinese should be taken away from the hands of the authorities of St. Joseph's Hospital.

We are not alone in these views presented to you. Others in this city, both individuals and groups, and both Chinese and Caucasian, are of the same view; and they are willing to support us in our endeavor to obtain better hospitalization and care for Chinese patients. This is a public issue of the greatest importance affecting not only those who are sick, but also the health of the community as well as the work of the authorities to whom that health and welfare is entrusted.

We know of your interest in this problem and we assure you that we will cooperate with you in any way possible for furthering the health of the community.

Yours very truly,

Committee for Enquiring into the Hospitalization of
T.B. Patients among the Chinese

Chairman: (Rev.) Andrew Lam

Members: Huckerwood
Esther Fung
Louise Lore R.N. Rev. A.L.

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Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

April 8, 1946.

Rev. Mr. Andrew Lam,
Chinese Christian Youth Conference Committee,
313 East Pender Street,
Vancouver, B. C.

Dear Sir:

I have your letter of April 5th from your committee concerning the hospitalization of Chinese with tuberculosis.

I would be very pleased to meet your committee at my office at any time and discuss this situation with you if you will telephone my office and arrange a definite time.

Yours sincerely,

WHH:HH

Director

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

COMPRISING THE HEALTH SERVICES OF
COUNCILS AND SCHOOL BOARDS OF
CITY OF VANCOUVER.
MUNICIPALITY OF BURNABY.
CITY OF NORTH VANCOUVER.
MUNICIPALITY OF NORTH VANCOUVER.
MUNICIPALITY OF RICHMOND.
ALSO
UNIVERSITY OF BRITISH COLUMBIA
UNIVERSITY AREA.
DISTRICT LOT 172.

TELEPHONE FAIRMONT 2711

METROPOLITAN HEALTH COMMITTEE

STEWART MURRAY
M.D., D.P.H.
SENIOR MEDICAL HEALTH OFFICER

ADMINISTRATIVE OFFICES
CITY HALL
VANCOUVER, B.C.

July 2nd,1943.

Dr.W.H.Hatfield,
Division of T.B.Control,
2647 Willow St.,
Vancouver,B.C.

Dear Sir:

In the interest of controlling the spread of Tuberculosis, the Greater Vancouver Metropolitan Health Committee and His Worship, The Mayor and Council of the City of Vancouver have instructed me to call a meeting of some of the leading citizens in the Chinese population, to enlist their co-operation in this matter.

Will you please attend a meeting in the City Hall, Room #700- 7th floor, at 10:30 A.M., July 8th, in order to review the matter of Tuberculosis Control amongst the Chinese citizens.

Thanking you for your co-operation and trusting you will be present, I am,

Yours truly,

Stewart Murray

SM/ER. SENIOR MEDICAL HEALTH OFFICER.

Rec'd by....HH.... Date July 5/43
Referred to. W.H.H. Date 1
Replied by.....Date.....
Filed.....

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Copy for information of Dr. W. H. Hatfield.

April 4th, 1946.

The Hon. Geo. S. Pearson,
Provincial Secretary,
Parliament Buildings,
Victoria, B. C.

Dear Mr. Pearson:

Re: St. Joseph's Oriental Hospital
Vancouver, B. C.

I have read your letter of March 28th and the copy of letter dated March 23rd from Sister Superior Ste. Marguerite.

I have discussed the subject with Dr. Hatfield. I recommend that you do not encourage the Missionary Sisters of the Immaculate Conception to construct a tuberculosis wing in connection with the general hospital they propose to erect at Prince Edward and 15th Avenue near Kingsway in Vancouver.

I also recommend that you do not make any promises as to what you can do in the future concerning the daily rate you are prepared to pay the Sisters for the care of tuberculous patients.

The temporary service provided by the Sisters has undoubtedly been helpful, but I think it would be unwise to encourage it to grow into a permanent part of the Provincial Tuberculosis Control program.

Yours truly,
Percy Ward.

Chief Inspector of Hospitals
and Institutions.

PW/ED
c.c. Dr. W.H. Hatfield

Rec'd by... H.H. Date... April 5
Referred to... W.H.W. Date.....
Replied by..... Date.....
Filed.....

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Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

St. Joseph's Oriental Hospital

PHONE:
HAstings 0341

236 CAMPBELL AVENUE
VANCOUVER, B.C.

March 18th, 1946.

Dr. W.H. Hatfield,
Director of T.B.Control,
10th Ave. and Willow St.,
Vancouver, B.C.

Dear Dr. Hatfield,

In view of your recent conversation with our Sister Superior that you would very likely require accommodation for the care of 100 Oriental T. B. patients and your assurance that we would be paid the sum of $2.50 per day in respect of each Oriental T.B. patient cared for at our hospital, we would like to pursue the matter of erecting a permanent wing to our new hospital at Kingsway and Prince Edward.

However, the matter of constructing a new wing must receive the approval of our Mother House and in order that we may be able to lay the facts before our General Council at Montreal, we would like a letter from you confirming the aforesaid oral conversation covering specifically the two aforesaid items, namely: your expectation that accommodation would be required for approximately 100 Oriental T.B. patients and, further, that there would be paid to us the sum of $2.50 per day for the care of such patients.

You will readily appreciate that a letter from you covering the above matters will be required before we could hope to get the approval of our Mother House for the erection of a new wing because, in the first place, financing costs would have to be arranged by our General Council.

Yours truly,

The Missionary Sisters of the
Immaculate Conception,

per: S. Ste-Marguerite, sup.

Rec'd by H.W. Date Mar. 20
Referred to W.H.H. Date / /
Replied by ..... Date .....
Filed .....

BC Archives
GR-0129
Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

March 20, 1946.

S. Ste-Marguerite,
St. Joseph's Oriental Hospital,
236 Campbell Avenue,
Vancouver, B. C.

Dear Sister Superior:

In reply to your letter of March 18th regarding hospital care for tuberculous Oriental patients at your new hospital at Kingsway and Prince Edward Street, the questions that you ask me are ones of government policy and should, therefore, be addressed to the Provincial Secretary, the Honourable Mr. Pearson.

Yours truly,

WHH:HH Director

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Fairmont 6644

November 11, 1942.

Mr. Kwan Sung Wing,
Chairman, Chinese Merchants' Association,
Kwong Yee Lung Co., Limited,
135 East Pender Street,
Vancouver, B. C.

Dear Sir:

For some time we have been alarmed about the tuberculosis death rate amongst the Chinese population. This morning along with Dr. Stewart Murray, Senior Medical Health Officer of the Metropolitan Health Committee, and Dr. Gordon Kincade, Assistant Provincial Director of the Division of Tuberculosis Control, and the three Chinese doctors in the City, Dr. Frederick Chu, Dr. Edward Gung and Dr. K. G. Yip, we held a conference regarding this situation and we all unanimously agreed that some really aggressive action should be taken in an endeavour to reduce the tuberculosis rate amongst the Chinese people.

We feel that in order to do this it is essential to have the active support of a representative group of the Chinese population. The Chinese doctors suggested that I should write to yourself asking if you would work with us and lend your patronage to this work and further asking you whether you would give leadership in calling together a meeting of an interested group who would meet with the group I have mentioned above and who could then formulate a policy that would produce results. I have also spoken to the Chinese Consul and will further solicit his support in this regard.

I trust that we may receive your active co-operation in this endeavour.

Yours truly,

Provincial Medical Director
Tuberculosis Control

WHH:HH

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

Rec'd by HW Date Mar 10/45
Referred to HW Date
Replied by Date
Filed HW Mar 13

MEMORANDUM

TO Provincial Medical Director,
Tuberculosis Control,
2647 Willow Street,
VANCOUVER, B. C.

FROM Medical Director, Victoria Unit,
Provincial Tuberculosis Control,
Richmond at Bay Street,
VICTORIA, B.C.
March 9, 1945. 19

Re: Chinese Patients

There has been increasing uproar during the past week or two in regard to offer of beds for Chinese patients in Vancouver only.

Since there are sixty on the list awaiting admission and vacancies only in the Oriental Hospital which will not take white patients, I have been quite firm in refusal to consider the admission of Chinese to the Victoria Unit. I have pointed out repeatedly that there is no discrimination against Chinese as such since white patients also have to be offered vacancies only away from their home towns.

I have insisted to the City Health Officer that this problem is his and not ours. Once we have offered and pressed a vacancy in any department under our control, it is up to him to arrange the admission, wherever in the Province it may be, or to arrange with the local General Hospitals to maintain some beds for these cases.

Unfortunately Dr. Amyot appears to give the impression that these cases will be admitted to the Victoria Unit as soon as possible but the longer we continue to give special consideration, the longer it will be before the legal position gets adjusted and before the municipalities and hospitals make proper arrangements.

There is agitation about five Chinese open cases at the moment, all refusing to go to Vancouver except one (who I hope has been persuaded to go over today). In respect of one of these cases I have already had long arguments on the telephone with no less than ten different hospitals, doctors and friends. I am obstinately saying no to all and insisting upon their going to Vancouver.

You may hear some repercussions but I am only carrying out your policy and I am sure you are right.

Fred^k Kincaid

FK:EM.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

P.H.O.

D/T.B.

February 20 46

I have had a meeting this morning regarding the Chinese situation in Vancouver in particular with reference to the hospitalization of Chinese patients and the follow-up of Chinese cases after discharge from hospital.

Dr. Sylling, who is on our staff, spent a great deal of time in China and she suggests that the Ministry of Health at Nanking has been very progressive from a public health standpoint and has prepared a number of posters and pamphlets to be used in the interest of public health.

It is suggested that most of the Chinese here now are not very well informed on the progressive ideas of new China and when suggestions are made to them they say that that is not what the Chinese do in China. Possibly, if we could obtain from Nankin some of their posters and pamphlets we could impress upon the Chinese that this information comes from their own country and that the Chinese customs in public health are changing just as are ours.

I would suggest that it might be better for you to write and see what could be obtained in this regard. Dr. Sylling suggests that the letter be addressed to the Ministry of Health, Nanking, China.

Further, with regard to records, the younger Chinese who is educated in this country gives his name the same way we do, whereas the older Chinese usually gives his surname first. Apparently the given name may be changed during life, but the surname remains the same. I understand that there are not more than 120 surnames and that every Chinese, irrespective of education, recognizes the character for his family name. I will endeavour to obtain a list of these characters with the Anglo-Saxon name attached to each one. It might be a good idea then to have a number of these run off so that they could be utilized throughout our various clinics and hospitals. Whenever is being seen he can be asked to point out his name on the chart and in this way the surname will always be properly recorded.

WHH:HH

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

OFFICE OF
PROVINCIAL SECRETARY
VICTORIA

June 23, 1944.

Dr. W. H. Hatfield,
Provincial Medical Director,
Division of Tuberculosis,
2647 Willow Street,
Vancouver, B. C.

Dear Dr. Hatfield:

I am enclosing copy of a letter I have received from the Victoria Medical Society re Chinese Tubercular cases in Victoria.

Will you kindly advise me as to the proper reply to make.

Yours very truly,

Geo. S. Pearson
PROVINCIAL SECRETARY.

Encl.

Rec'd by....HA.... Date. June 24/44
Referred to....WHH.... Date....11....
Replied by.....11.... Date....11....
Filed.....

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Copy for the information of Dr. Hatfield

Office of Honorary Secretary
VICTORIA MEDICAL SOCIETY

Victoria Medical Library,
Royal Jubilee Hospital,
Victoria, B. C.

June 22, 1944.

The Honorable Mr. Pearson,
Provincial Secretary,
Parliament Bldgs.,
Victoria, B. C.

Dear Mr. Pearson:

I have been asked to notify you of the following motions made at the Regular Meeting of the Victoria Medical Society held last Monday night:

"That facilities be made available to handle Chinese Tubercular cases in Victoria". And that "This Society goes on record as strongly deprecating the sending of Tubercular Chinese patients away from their friends to Vancouver."

May we ask your careful consideration with regards to the Chinese Tubercular patients.

Thanking you kindly, I am,

Yours sincerely,

"Patricia Pendray"

Assistant Secretary.

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Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Fairmont 6644

June 24, 1944.

Hon. Mr. George S. Pearson,
Provincial Secretary,
Parliament Buildings,
Victoria, B. C.

Dear Mr. Pearson:

I am very interested in the letter that you have received from the Victoria Medical Society. This Society in the past has passed resolutions that they have rescinded later in connection with our work because they were passed without full knowledge of the situation.

It seems strange to me that this Society has become so specially interested in the Chinese and the sending of these patients to Vancouver away from their relatives. They have no hesitation in sending white people from Victoria to Tranquille where they are far more removed from their relatives.

However, at the moment our Oriental Hospital in Vancouver is full, and more Chinese cases are coming to light. Incidentally, we have endeavoured through the Chinese Consul and Chinese groups to have surveys made of the Chinese population and they have been very slow to co-operate with us. In one instance I offered to set up a clinic in Chinatown in Vancouver and to pay Chinese doctors to assist us with the work. There are four Chinese doctors in Vancouver and we offered them such a part-time position to assist in getting their group to these clinics and examining them. These doctors after due consideration thought that there was not enough money in it for them and turned it down.

As you know, our bed facilities are limited everywhere and the Chinese have available for them in the Oriental Hospital more beds per capita than the white population. I know it has been difficult to get Chinese from the Island to go to Vancouver and I have considered the advisability of obtaining a small building behind the Jubilee Hospital for such cases. I would think that a six bed ward would be plenty for this purpose. I looked over the buildings this week and have asked our Victoria Unit to prepare a full report for me on the situation.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Hon. Mr. Pearson June 24, 1944.

I enclose a draft letter for you to send to the office of the Victoria Medical Society.

Yours sincerely,

WHH:HH
Enc.
cc Dr. Amyot
Dr. A. R.

Director
Tuberculosis Control

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Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

D
R
A
F
T

June 24, 1944.

Victoria Medical Society,

In reply to your letter of June 22nd, I would like to say that I am most sympathetic to the needs of bed accommodation for tuberculosis patients in British Columbia and the Government is moving as rapidly as possible to see that necessary bed accommodation is provided for the whole population.

I presume that the Chinese in Victoria hesitate to go to Vancouver because of some racial characteristic because we have found no difficulty in patients going from various parts of the Province to say Tranquille, where they would be far removed from their relatives.

We have plans in hand now for markedly extending our facilities for the care of tuberculous patients and I can assure you that at the earliest possible moment increased facilities will be provided so that all in the population of this Province who may require hospitalisation for tuberculosis may receive such to the best advantage.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

MEMORANDUM

TO Provincial Medical Director,
Tuberculosis Control,
2647 Willow Street,
VANCOUVER, B. C.

FROM Tuberculosis Control,
Richmond at Bay Street,
VICTORIA, B. C.

June 8, 1944. 193

Re: Chinese Admissions

I do not like the idea of raising the embargo on admitting Chinese to the Victoria Unit. Whilst it is true that we have had empty beds recently, this has not been from lack of white patients awaiting admission and, as our wards are arranged at present, it would be difficult and upsetting to all concerned to mix the two races. Moreover if we again admit one or two Chinamen we should be continually pressed to admit more. At the present moment there are five here for admission, three in the general hospital and two in the town.

There can be no doubt that all available beds will be needed for white patients from now on (If not why are we pressing for 500 additional beds) and new cases needing hospitalization are turning up in Victoria and on the Island all the time as well as those in Vancouver which can be sent over. It is unlikely that the demand for beds for Chinese will decrease in the near future. More of these cases are being found now through the Surveys and because Chinese are becoming more co-operative.

I gather that no definite decision has been reached yet in regard to the use of the buildings behind the Pavilion. If these were taken over, apart from the active hospital cases which I reported could be cared for in the central heated building, one or more of the stove heated huts could be made available quite satisfactorily for Oriental cases with absolutely negligable expense apart from the actual beds.

I venture again to recommend this proposal as a temporary measure for a year or two. Although it would mean increased work for me, I feel that it would be advantageous and worth while if carried out on the basis of my proposals and with disregard of Mr. Whittaker's estimate.

FK:EM.

Rec'd by ... Date June 9/44
Referred to ... Date June 8
Replied by ... Date ...
Filed ... June 9/44

Fred. Kincaid
MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Dr. Frederick Kincaid,

Medical Superintendent,

Victoria Unit.

Dr. W. H. Hatfield,
Director,
Tuberculosis Control.

June 10 44.

Re: Chinese Admissions

We have confined the Chinese to the Oriental Hospital in Vancouver only because this hospital provided us with a number of beds that were badly needed and would only admit that group of people. This hospital situation has never been ideal, but has met a temporary need and it has never worked out completely satisfactorily to isolate a given race in the community.

If you feel that there are enough cases arising on the Island among the white population to admit to your hospital then by all means admit those cases first and we shall continue with our regular Oriental procedure as previously.

I do not wish to increase the bed capacity at the Oriental Hospital as this brought us a great deal of trouble in the past. As you know it is a sisters' hospital and they do not mind crowding in extra patients to help defray their overhead. We had previously reached a stage where the hospital was grossly overcrowded and the situation there was bad. This has now been readjusted and we want to keep it at the present level.

The reason no move has been made in regard to your suggestion about the use of the buildings behind the Pavilion is that we are still pressing for the one major development and it has become more and more apparent to me that success in accomplishing anything within our work is greater when we concentrate on one thing rather than approaching the Government on two or three matters. If anything is then done it is usually the minor rather than the major.

It looks as if we are now going to go places with our new sanatorium. I finally yesterday got definite authority to make the next step in negotiations. As soon as that matter is settled we shall take up further the question of the buildings at your hospital.

I shall be in Victoria somewhere around the 18th, 19th and 20th of this month and shall get in touch with you at that time.

WHH:HH

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

MEMORANDUM

TO Provincial Medical Director,
Tuberculosis Control,
2647 Willow Street,
VANCOUVER, B. C.

FROM Tuberculosis Control,
Richmond at Bay Street,
VICTORIA, B. C.

May 10, 1944. 193

Miss Gilley wrote us yesterday in regard to the name of a Chinaman on the most recent list of deaths from tuberculosis issued by the Department of Vital Statistics. She found that this case was not registered and that the address was in Victoria. We have not got exactly the same name registered here but one like it and with the same address and I have no doubt they are identical. Our T.B.39 is attached for your information. You will note that I diagnosed probable carcinoma. The man has died and the Coroner has diagnosed Tuberculosis. I suspect without any evidence at all. I suggest that you might write officially to the Coroner asking on what evidence he based his diagnoses for death certificate.

We wrote Miss Gilley yesterday that we had no knowledge of the case so it will be appreciated if you will let her have the above information which we have arrived at since writing to her.

Fred K Kincaid

FK: EM.

Enclosure

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

Rec'd by... Date April 11/44
Referred to... Date Apr 12
Replied by... Date...
Filed...

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Mr. J.D. B. Scott,

Director, Vital Statistics,

Victoria, B. C.

Dr. W. H. Hatfield,
Director,
Tuberculosis Control.

May 15 44

Re: Chow Yem You #130514
(Joe Yem You)
Victoria, B. C.

The above-named was X-rayed by our Division on March 6, 1944, with a diagnosis of probable carcinoma.

It has been brought to my attention that this man died in March, 1944, and that the coroner in Victoria has completed the death certificate giving the diagnosis as tuberculosis.

Unless an autopsy was done I feel that the diagnosis given by our Victoria Unit should stand.

WHH:HH
cc F.K.

BC Archives
GR-0129
Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Dr. Frederick Kincaid,

Medical Director,

Victoria Unit.

Dr. W. H. Hatfield,
Provincial Medical Director,
Tuberculosis Control.

July 21 43.

We have a number of empty beds in the Oriental Hospital at the present time. It is not possible to ask the sisters who operate this hospital to hold empty beds without any revenue with the hope that we will be carrying out surveys amongst the Chinese and finding cases that require treatment.

I have to-day written the City of Vancouver, pointing this situation out to them and I would appreciate you taking this up with the City Health Department in Victoria and asking whether or not some active survey work could be done among the Chinese.

There is no question in my mind that there are many Chinese who need treatment and unless we find these in the very near future it is likely that beds will not be available.

WHH:HH

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Fairmont 6644

July 21, 1943.

Dr. Stewart Murray,
Senior Health Officer,
Metropolitan Health Committee,
City Hall,
Vancouver, B. C.

Dear Doctor Murray:

Re: Tuberculosis amongst Chinese

I would again draw to your attention the fact that we have a number of empty beds at St. Joseph's Oriental Hospital which are reserved for Chinese tuberculous patients.

I feel that if a survey were carried out amongst the Chinese in the City of Vancouver that these beds would be very quickly utilized. It is not possible, however, to ask the sisters at St. Joseph's Oriental Hospital to continue to hold empty beds for which they receive no revenue. I understand that this institution is being pressed to utilize these beds for other types of chronic cases.

I would, therefore, point out to you that these beds can only be held for a very limited period of time and unless there is some immediate action to survey the Chinese people it will be likely that beds available for the treatment of this group will shortly be very much diminished.

I would appreciate reaching a decision with you as early as possible as to the course that is to be followed as far as tuberculosis amongst the Chinese in this city is concerned.

Yours truly,

Provincial Medical Director
Tuberculosis Control

WHH:HH

BC Archives
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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

MEMORANDUM

TO Provincial Medical Director,
Tuberculosis Control,
2647 Willow St., Vancouver, BC.

FROM Unit Medical Director,
Tuberculosis Division,
Victoria, B. C.

Jan. 28/44. 19

The Medical Health Officer of Victoria City has asked whether I can obtain for him the number of new Oriental (or Chinese) cases diagnosed in Victoria City, or in Greater Victoria, during each of the last five years.

Can this information be obtained through the Statistics Department?

FK/H.

Fred K. Kincaid

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

Rec'd by..... Date Jan 31/44
Referred to..... Date.....
Replied by..... Date Feb 2/44
Filed..... Feb 2/44

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Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Mr. J. D. B. Scott,

Director,

Division of Vital Statistics.

Dr. W. H. Hatfield,
Director, Tuberculosis Control.

February 2 44.

Dr. Kincaid has been asked by the Medical Health Officer of Victoria City the number of new Oriental (or Chinese) cases diagnosed in Victoria City, or in Greater Victoria during each of the last five years.

We would appreciate it if you would send this information direct to Dr. Kincaid.

/H

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Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

1,500-1041-4889

MEMORANDUM

File No. 70.

Form V.S. 45

PROVINCIAL BOARD OF HEALTH,
DIVISION OF VITAL STATISTICS,

VICTORIA, B.C. November 18, 1942.

TO Dr. W.H. Hatfield,
Dir., Div. of Tuberculosis Control,
VANCOUVER, B.C.

Enclosed please find the statistics which you requested in your memorandum of November 11th covering tuberculosis amongst the Chinese of the Province.

I would call your attention in the first instance to the figure for the number of new cases reported in 1936. This figure contains cases brought into the record system which were already on file and is thus an inflated figure.

You will note that there is no mention of the 1942 figures. These have been omitted because the Bureau is at work on the 1942 cards and so spasmodic has been their efforts in the past, that, rather than interfere with their work at the present time I felt it would be better to omit the figures. It would seem safe to assume, however, that there must be approximately 325 known cases of tuberculosis amongst the Chinese of the Province at the present time.

J.D.B. Scott.

JDBS/MH
Encl.

Rec'd by ... Date. Nov. 19/42
Referred to ... Date. Nov. 20
Replied by ..... Date .....
Filed .....

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Table 1. 4 copies

GENERAL DEATH RATE 1934 - 1939. - including non-residents.

	Japanese	Chinese	White	General
1939	6.861	19.151	10.540	10.668
1938	8.290	15.369	10.553	10.647
1937	8.566	14.039	10.983	11.020
1936	7.696	13.046	10.900	10.894
1935	8.020	14.738	10.048	10.146
1934	9.9.6	12.026	8.857	9.002

DEATHS FROM TUBERCULOSIS - Residents of Vancouver

1939	67.48	323.50	48.59	57.58
1938	149.69	256.15	40.30	50.77
1937	129.08	244.69	49.85	59.60
1936	82.14	270.44	48.42	57.36
1935	174.20	320.40	55.20	63.80
1934	254.30	180.40	52.80	63.60

1942 figures in
Dr Hatfield's office

BC Archives
GR-0129
Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Copy to Mr. Kobayashi.

210 E Cordova St.

Vancouver Unit,
2647 Willow St.,
Vancouver, B. C.,
December 17, 1940.

Mr. A. L. Wright,
Branch Manager,
Sun Life Assurance Co.,
675 West Hastings St.,
Vancouver, B. C.

Dear Mr. Wright:

At a recent medical meeting I was struck with an observation by the Medical Health Officer for Vancouver referring to the considerable drop in the death rate from tuberculosis among the Japanese.

The enclosed tables give the death rate in the city of Vancouver from tuberculosis for Japanese, Chinese and whites. The general death rates for these groups is also given.

Our annual report gives the tuberculosis death rate for Orientals, but not for Japanese and Chinese separately. I am writing to-day to the Division of Vital Statistics at Victoria asking them to break down the death rate for Orientals into C inese and Japanese. When I have received the figures for the Province I shall write you again.

Yours very truly,

MEDICAL DIRECTOR
VANCOUVER UNIT

PWB:HH
Enc.

BC Archives
GR-0129
Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

MEMORANDUM

TO Provincial Medical Director,
Tuberculosis Control,
2647 Willow St.,
Vancouver, B. C.

FROM Victoria Stationary Unit,
Tuberculosis Control,
Richmond at Bay St.,
Victoria, B. C.

Sept. 15, 1943 193

Re- Chinese Hospitalization

Trouble is arising rather frequently in Victoria through refusal of Chinese Open cases to accept hospitalization in Vancouver.

I have taken the attitude that the responsibility rests with the local Health Department and that, if we have offered them a bed for their patient anywhere in the Province we have done our part and that getting him there is up to them and that the local Health Officer is the right person and in a better position than we are to enforce segregation.

In the matter of the case referred to by Dr. Walker, the City Welfare Officer argued with me on the telephone yesterday and I suggested that he also should write me a letter, stating his case, which I could forward to you.

I gather that he is getting legal opinion from the City Solicitor before doing so.

I am quite clear myself that the City Health Department, if they would adopt a different attitude and not try to thrust all responsibility onto our Department, could quite well make these cases go into hospital in Vancouver, with or without definite legal authority.

Dr. Walker's letter comes at my suggestion made during a telephonic complaint from him to me. I have not replied to the letter.

FK:RC.

Rec'd by.... Date. Sept. 16/43
Referred to.... Date. Sept. 24
Replied by.... Date. Sept. 28/43
Filed.... Sept. 25

Fred K Kincaid

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

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GR-0129
Box 2 File 5

BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Rec'd by ... HW ... Date ... Sept 25/43
Referred to ... JHW ... Date ... 4 ...
Replied by ... Date ...
Filed ...

GOVERNMENT OF BRITISH COLUMBIA

MEMORANDUM

TO Provincial Medical Director,
Tuberculosis Control,
Vancouver, B. C.

FROM Victoria Stationary Unit,
Richmond at Bay St.,
Sept. 24/43. 193

Re: Chinese.

Dr. Walker is still attacking me about the Chinese tuberculous case he has had in the Jubilee Hospital wards for a month or more, and for whom the hospital is receiving only the ordinary small rate of pay from the Municipality.

Yesterday I interviewed the City Welfare Officer, who informed me that the City Legal department had advised him that the M. O. H. could take no action in making the patient accept hospitalization wherever we chose to admit him and that the responsibility rested absolutely with the Tuberculosis Division, for any tuberculous case. I maintained that this opinion was quite wrong; that responsibility rested entirely with the M. O. H. and that he had far more powers than we had, if he would only exercise them.

In view of the attitude taken by the City authorities, I am averse to asking your permission to make room for this patient in our wards here. It has seemed to me that this would be an acceptance of their erroneous view that the moment a patient is found to be tuberculous, all responsibility rests with the Tuberculous Division, and that agreement to admit this man to the Victoria Unit would be establishing a bad precedent.

I suggest it would be helpful if you wrote a letter, clearly stating the position which you take in regard to relative responsibility of Health Departments and the Tuberculosis Division. If you care to send such a letter to me, I can personally lay it before all concerned.

At the present time, the City Health Officer is on sick leave and the Acting Health Officer is not quite in a position to take any strong action one way or the other. The matter appears to have been passed to the Welfare Officer and it seems to me that he is not the right person to deal with it. However, he is a good friend of mine and I can argue with him with safety.

You will remember that I have already written to you about this Chinaman who refuses to be moved from the Jubilee Hospital to your Oriental Hospital in Vancouver.

FK/H.

Fred^k Kincaid

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Dr. Frederick Kincaid,

Medical Director,

Victoria Unit.

Dr. W. H. Hatfield,
Provincial Medical Director,
Tuberculosis Control.

September 28 43.

Re: Chinese

With regard to your problem of the isolation of open cases of tuberculosis, with particular reference to the Chinese case about whom you wrote recently, there is the broad principle that the isolation of any infectious disease is the responsibility of the local health officer. The Division of Tuberculosis Control provides facilities within the budget allotted by the Provincial Government for the diagnosis and treatment of cases of tuberculosis referred to its clinics or institutions. Our Division is really a consulting Division to local health departments. The responsibility for initiating surveys belongs with the local health departments, although our Division attempts to stimulate local interest in tuberculosis in order to bring about as uniform methods of control as possible throughout the Prov nce.

With regard to our bed facilities, it must be realized that we have a very low ratio of beds and that it is not possible for us to admit all cases of tuberculosis to our institutions. We can only admit in so far as our bed facilities will permit and the decision as to whether a case can b e admitted must remain with our Division so that our bed facilities can be utilized to the best advantage of all.

If any patient refuses the bed allotted to him then the onus of protecting the public rests on the local health department.

WHH:HH

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

MEMORANDUM

TO Provincial MedicalDirector,
Tuberculosis Control,
Vancouver, B. C.

FROM Victoria Stationary Unit,
Richmond at Bay St.,
Sept. 24/43. 19

Re: Chinese case in Jubilee Hospital.

Herewith letter just received from the Victoria City Welfare Office as promised. My comments have been sent to you already.

FK/H.

Fred^k Kincaid

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

Rec'd by... Date... Sept 29/43
Referred to... Date... Sept. 30
Replied by... Date...
Filed... Oct. 3

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

CITY OF VICTORIA, B. C.

SEMPER LIBERI

WELFARE DEPARTMENT

CITY HALL, VICTORIA, B.C.

619 Johnson Street,
September 24, 1943.

Dr. F. Kincaid,
Unit Medical Director,
Tuberculosis Division,
Royal Jubilee Hospital,
Victoria, B. C.

Dear Sir: Re: LEE FOOK

Following our discussion of yesterday, September 23rd, we are writing this with the hope of clarifying the position of this Department in connection with the above named patient.

It was somewhat surprising to learn that an active T. B. patient was warded in the Royal Jubilee Hospital in some place other than the T.B. Unit. It is also somewhat surprising to learn that the Welfare Department is expected to remove a person suffering from a communicable disease from the Royal Jubilee Hospital and trans ship him to Vancouver when the patient has refused to consent to be moved. Under these circumstances this Department would be acting in a sphere entirely outside of our jurisdiction, however, in regard to this particular case we, as we have already notified you by telephone, are prepared to reinburse your Department for the expense of transportation from the Royal Jubilee Hospital to the T. B. Unit in Vancouver, B. C.

Yours truly,

E. Snowden

E. G. SNOWDEN,
Welfare Officer.

CITY OF VICTORIA
WELFARE OFFICE
E. SNOWDEN

EGS:S

Note: This patient was not hospitalized in the Jubilee Hospital by the Tuberculosis Division but by a private doctor.

K.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

MEMORANDUM

Rec'd by ..... Date July 23 43
Referred to ..... Date aug 7
Replied by ..... Date .....
Filed .....

TO Provincial Medical Director,
Tuberculosis Control ,
2647 Willow St. Vancouver, B.C.

FROM Victoria Stationary Unit,
Tuberculosis Control,
Richmond at Bay St. Victoria, BC

RE: Chinese Cases:

In view of your memorandum of July, 21st. I have taken up this matter with the Chairman of the Health Comittee of the City Council of Victoria.
I have asked for his co-operation and have suggested a meeting between his department, myself, and three or four influential Chinese.
I have also suggested, with his co-operation, a special x-ray survey by setting up our portable equipment in a suitable place in Chinatown.

I shall keep you informed of any developments.

Fred K. Kincaid

FK:MD

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA
Tuberculosis Division
MEMORANDUM

TO Prov. Medical Director,
Tuberculosis Control,
Vancouver, BC

FROM Victoria Stationary Unit,
Richmond at Bay St.,
Aug 3 1943

Re Chinese Tuberculosis

For your information copy is attached of reply which has been received to my suggestion for making a survey in the Chinatown district of Victoria.

FK:BS
Enc.

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

Rec'd by HW Date aug 4/43
Referred to [illegible] Date aug 9
Replied by ..... Date .....
Filed HK aug 4/43

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

(copy)

City Clerk's Office
Victoria, B. C.

July 30, 1943

Dr. F. Kincaid,
Unit Medical Director,
Tuberculosis Control,
Richmond at Bay St.,
Victoria, B. C.

Dear Sir: Re Tuberculosis amongst Chinese in Victoria.

I wish to acknowledge with thanks the receipt of your letter of the 22nd instant in the above matter.

Your communication was considered by my Committee at its meeting held on the 29th instant when it was decided to ask our Acting Medical Health Officer to get in touch with three or four influential Chinese with the object in view of arranging for a meeting to be held between them and the Health Committee, yourself and Dr. David Berman, the Health Officer, at which this whole question could be discussed.

As soon as a definite date has been fixed for the holding of the meeting you will be further advised.

Yours very truly,

(signed) P.O. George,
Alderman,
Chairman, Health Committee of
Victoria City Council.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA

Tuberculosis Division

MEMORANDUM

TO Prov. Medical Director,
Tuberculosis Control,
Vancouver, BC

FROM Victoria Stationary Unit,
Richmond at Bay St.,

Mar 25 1943

I cannot understand the reason for the letter received by you from Dr. Berman, Acting Victoria Health Officer.

He reported to the City Conncil recently on the bad housing conditions in Chinatown and the amount of tuberculosis being spread through that cause. The Health Committee passed a resolution that I be asked to confer with them on what could be done in relation to the tuberculosis and the Health Officer, Dr. Felton, who had returned to duty, called on me and we discussed the matter.and planned a meeting. Since then Dr. Felton went on the sick list again and a week ago Dr. Berman called on me and discussed the matter. It was arranged that we would have further discussions after he had investigated in more detail the possibilities of the so-called Chinese Hospital here.

Why he has written to you in the meantime is not clear as I have already offered our fullest co-operation in every possible way.

I have repeatedly urged the Municipal Authorities that houses in Chinatown should be condemned and that a by-law should be passed prohibiting the employment of any persons in food stores and restaurants without a clearance through our Clinic.

We keep a Chinese Minister and a leading Chinese citizen very busy on our behalf hunting up cases and contacts ~~for us~~. This whole matter will continue to receive all possible attention from us.

FK:BS

Rec'd by..... Date.....
Referred to..... Date.....
Replied by..... Date.....
Filed.....

Fred K Kincaid

MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

TELEPHONES: OFFICE . . GARDEN 7722
RESIDENCE EMPIRE 5918

D. BERMAN, B.A., M.D., C.M., D.P.H.
PHYSICIAN

OFFICE HOURS 2:30 - 6
AND BY APPOINTMENT

112-14 PEMBERTON BLDG.
VICTORIA, B.C.

March 19th, 1943.

Rec'd by JG Date 3-22-43
Entered by WHH Date 3-22-43
Replied by 11 Date 41
Filed AY 13

Dr.W.H.Hatfield,
2647 Willow St.,
Vancouver, B.C.

Dear Doctor:-

Re: Yuen Chuen Shek:

The above mentioned was discovered by the Police in a starving condition in one of the Chinese hovels, of which this City abounds, and in my capacity of acting Health Officer I sent him into the Hospital, where he finally died. There is absolutely no information from his Chinese friends as to how or where he contacted the disease. I made the diagnosis in the Hospital and he was isolated there until he died.

The same information will apply to another chinese found under similar circumstances on March 4th, by the Police, and who has been admitted to Jubilee Hospital and died on the 16th, His name was Doo Kih Hoy. There is even less information available about him. I have never seen the above mentioned before. I would, however, appreciate your cooperation in cleaning up a most disgraceful condition which exists in our local Chinatown, where no doubt other similar cases are to be found, and are a menace to the local population.

Yours truly,

D. Berman

DB/MW

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Dr. W. H. Hatfield,
2647 Willow Street,
Vancouver, B.C.

Fairmont 6644

March 16, 1943.

Dr. D. Berman,
625 Fort Street,
Victoria, B.C.

Died Jan 28

Dear Dr. Berman:

Re: YUEN CHUEN SHEK

We do not yet appear to have received from you notification of the above named case, who was reported as having tuberculosis and about whom our Victoria Unit wrote you on January 26, last.

Rec'd I would point out, therefore, that it is necessary for you to comply with the Health Act by returning, duly completed, the enclosed "Notice of Tuberculosis" to this office.

Yours truly,

Provincial Medical Director,
Tuberculosis Control.

Encl.
WHH/G

Dad Kik Hay dd Mar. 16 - see letter from Dr. Berman to Dr H. Mar 19.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Tuberculosis Division

Dr. D. Berman,
625 Fort St.,
Victoria BC

Victoria Stationary Unit,
Richmond at Bay St..

Jan 26 43

YUEN CHUEN SHEK
of 544 Cormorant St., Victoria, BC
At present patient onAnnex, Royal Jubilee Hospital.
Aged 65 1873

It is understood that the above-named patient is hospitalized under you for pulmonary tuberculosis.

Since tuberculosis is reportable by law we must ask you to complete the enclosed Notification Card and to forward it at your earliest convenience in the envelope provided.

Should you wish him hospitalized under the Tuberculosis Division kindly have the attached Application Form completed and returned to this office. All Chinese vacancies are now in our Vancouver Unit so that it will be necessary to admit him there if application is made.

FK:BS
encs.

Copy to Vancouver Records
Victoria Unit PHN
Victoria files

VICTORIA UNIT,
TUBERCULOSIS DIVISION,
PROVINCIAL BOARD OF HEALTH.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Dr. Frederick Kincaid,

Medical Director,

Victoria Unit.

Dr. W. H. Hatfield,
Provincial Medical Director,
Tuberculosis Control.

March 22 42.

I have to-day received a letter from Dr. Berman, Acting Health Officer for Victoria, in which he states that he would appreciate our co-operation in cleaning up "a most disgraceful condition which exists in our local Chinatown".

I have written Dr. Berman, stating that I would ask you to consult with him and that we would render whatever assistance possible to the local health department in aiding them with the tuberculosis situation amongst the Chinease.

As you know, our policy is to act as consultants and provide facilities for local departments and we feel that the local health department should take a responsibility in the health situation in their communities. From time to time, however, it is necessary for us to give stimulation to their programmes. If there is anything that you feel that our Division can do from a survey standpoint in Victoria I would appreciate you letting me know.

WHH:HH

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

March 22, 1943.

Dr. D. Berman,
Acting Health Officer,
Victoria, B. C.

Dear Doctor Berman:

In reply to your letter of March 19th, I am writing Dr. Frederick Kincaid to-day asking him to confer with you to see if there is anything further that we can do to co-operate with the City Health Department in Victoria in connection with the work amongst the Chinese.

Yours truly,

Provincial Medical Director,
Tuberculosis Control

WHH:HH

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Growers Wine ---------- 115

T.B. Rate of Chinese Worries Health Board

Concerned over the relatively high incidence of tuberculosis among Victoria's Chinese, the city health committee at a meeting today decided to interview Dr. F. Kincaid, provincial authority, on the question.

At the interview with Dr. Kincaid the suggestion will be advanced a nurse, preferably Chinese, be engaged in Chinatown to maintain a continued check on conditions there, and to conduct an educational campaign among the older men and women.

"It is a provincial matter," Ald P. E. George, health committee chairman, said. "But it affects us directly, since virtually all the 4,000 Chinese in Greater Victoria gather in Chinatown.

"We have been securing full co-operation from native-born Chinese in this matter, but a number of the older generation, unable to read English, have not been able to follow educational literatur on the subject."

all A.R.P.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

GOVERNMENT OF BRITISH COLUMBIA
Tuberc~~ulosis~~ Division

MEMORANDUM

Rec'd by H.W. Date Feb 4/43
Referred to W.H.W. Date Feb 5/43
Replied by " Date "
Filed H.W. Feb 5

TO Provl. Medical Director,
Tuberculosis Control,
Vancouver, B.C.

FROM Victoria Stationary Unit,
Richmond at Bay St.,

Feb 3 1943

Re Chinese Patients

The City of Victoria is concerned about the incidence of Tuberculosis in the City.

We have a much larger Chinese percentage of population here than in Vancouver.

Most of the cases, by the time we find them, are quite hopeless. They are of poor class and uneducated and will not report symptoms.

We do our best to drag them up for Clinic examination through missionaries, etc.

They all object strenuously to hospitalization in St. Joseph's Vancouver and hide their disease, and themselves, for fear they would be sent there.

Would you be prepared to consider a per capita rate for cases in a special ward in the so-called Chinese Hospital if the City is prepared to make this suitable for not more than 5 or 6 patients?

I have arranged to interview one or two of the leading Chinese here to get their views preparatory to meeting the City Health Committee as proposed to me today by the City Health Office, following a meeting of which I saw the enclosed report in last night's paper.

Our present visiting nurse does as well as possible in Chinatown and she has the call on the City interpreter when she needs him. I doubt very much whether a Chinese Nurse would do anybetter.

Would you consider the printing of one or two of our pamphlets in Chinese? This is suggested by the City Medical Health Officer, but I feel it is very possible that many of these patients are unable to read even Chinese.

FK:BS Enc.

Fred^k Kincaid
MEDICAL DIRECTOR, VICTORIA UNIT
PROVINCIAL TUBERCULOSIS CONTROL, B. C.

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

Dr. Frederick Kincaid,

Medical Director,

Victoria Unit.

Dr. W. H. Hatfield,
Provincial Medical Director,
Tuberculosis Control.

February 5 43.

Re: Chinese

I quite agree with you that the tuberculosis incidence amongst the Chinese creates a serious situation. It is one that I have tried to approach in Vancouver and find it very difficult to get anywhere with it.

I have discussed the situation with the Chinese Consul and he is not very sympathetic. He goes off into the wider ideals of the general economic situation of Chinese in this country, the Dominion Government's immigration policy, etc. I asked the Consul to give leadership to a campaign amongst the Chinese in Vancouver to reduce tuberculosis amongst their group and tried to get together a group of leading Chinese to do something. All of this so far has been a complete failure.

I had the three local Chinese doctors in my office and suggested that we set up a clinic in Chinatown and pay the Chinese doctors to handle it. Their only interest appeared to be as to how much money they would get out of it and after settling on a definite amount they all wrote to me stating that they could not undertake any of this work unless they were paid a larger amount.

I disagree with the statement of Alderman P. E. George in the clipping you forwarded to me that this is a Provincial matter. We are taking the stand that local health departments must take the responsibility for public health problems within their area and that we are providing consultive services, diagnostic facilities and treatment facilities, co-operating with the local authorities in every way in any plan that they may have for the control of tuberculosis in their given area.

With regard to the question of putting up beds in the so-called Chinese Hospital in Victoria, as I recall that building it was a pretty poor type of place. We are certainly anxious to get extra beds and the general bed situation is becoming so acute in British Columbia, not only with tuberculosis but with general hospitals, military hospitals and mental hospitals, that I have asked our Minister to call an emergency meeting to consider the whole problem of bed accommodation.

If you feel that a real survey could be conducted amongst the Chinese in Victoria I think it would be wise to try and formulate some definite plans in conjunction with the City Health Officer as to how this would be done and if you can locate suitable bed accommodation for cases found I see no reason why we should not enter into some agreement as to the operation of such beds.

(OVER)

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

If you can formulate some such plan I would appreciate hearing about it as we will discuss it at the meeting regarding the bed situation in general.

I hope to be in Victoria in the near future and will be able to discuss this in more detail with you at that time.

WHH:HH

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Chinese.

Dr. Kincade

Number of Chinese attending Clinic
from September 19/42 to October 5/42
inclusive.

Date	Kept Appointment	Broke or Cancelled Appointment
Sept. 19	1	7
21	5	1
22	2	
23	3	1
24		
25	4	
26		3
28	4	1
29	7	6
30	9	2
Oct. 1	1	1
2		
3	6	
5		1
Total	42	23

The average attendance for the above period was three Chinese each day.

Dr. Hatfield

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BRITISH COLUMBIA. TUBERCULOSIS CONTROL DIVISION.
Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.

chairman
Mr. Kwan Sung Wing,
× Kwong Yee Leung Co. Ltd.,
135 E. Pender.

Treasurer
Mr. James Lim
+ Gim Lee Yuen Co Ltd.,
15 E. Pender St.

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Correspondence and files of the Director of the Tuberculosis Control Division.
Chinese.