The present-day Saint John Regional Hospital is the premier tertiary care facility for the province of New Brunswick and is its only Level I Trauma Centre. Offering a full complement of specialized medical services, such as neurosciences and critical care, it is also home to the New Brunswick Heart Centre, providing cardiovascular surgery, interventional cardiology, and electrophysiology procedures. The hospital has a long history as a training site for numerous health professions and has contributed to Atlantic Canadian medical education for almost a century.

This article summarizes the history of the General Public Hospital in Saint John, which in a later incarnation would be renamed the Saint John General Hospital, and is now the Saint John Regional Hospital. Though its importance to the local community was never in question, the unsteady evolution of health care in New Brunswick would at times challenge its primacy as the leading hospital in the province. The decades-long yearning for a medical school in New Brunswick, with obvious implications for the hospital and the city of Saint John, is also described.

Bayard’s Campaign
An account of the General Public Hospital would be incomplete without introducing the Bayards, a noteworthy physician family in Saint John, whose lineage could be traced to the renowned French knight Chevalier de Bayard. This ancient ancestor was martyred in 1524 defending a bridge against 250 Spanish knights, a heroic feat immortalized in the family’s motto, “Sans peur et sans reproche” (Without fear or blame).1 Many generations later, Nova Scotian-born Dr. Robert Bayard daringly left behind a lucrative practice in Kentville to break into the relatively hostile and insular Saint John medical community, becoming a key figure in the movement to organize and regulate the medical profession in New Brunswick.2 His son, Dr. William Bayard, attended medical school in Edinburgh, Scotland and was acquainted with antisepic pioneer Lord Lister; this younger Bayard would become the driving force for a hospital in Saint John.3

Despite being home to a population of around 30,000, the city and its surrounding county lacked a public hospital through most of the nineteenth century. Wealthy citizens were able to hire nurses and physicians for private care in their own homes, while sailors were treated at the Kent Marine Hospital, which opened in 1822. The majority of Saint Johners, however, could only rely on family and friends for aid when unwell. Without formal social supports in place, acute illness or infirmity from chronic disease frequently led old and sick alike into the poor house. Worse yet, as New Brunswick’s largest city and a major port of entry for immigration, Saint John was occasionally subject to devastating epidemics.1,2,4

During a cholera outbreak in 1854 Dr. W. Bayard, as physician for Saint John’s poor house, saw firsthand the calamitous impact of disease on Saint Johners, and this experience was his inspiration to campaign for a proper public hospital.5 After becoming chairman of the Saint John Board of Health the following year, he appealed to the city and to local businessmen for funds toward constructing a hospital, but received little commitment from would-be philanthropists. Undeterred, he lobbied the legislature in Fredericton for a tax to fund its establishment. Primarily focused on land holders, this proposed tax was subject to vociferous protestations, but was ultimately passed on April 9, 1860.4

Dr. W. Bayard served on the Board of Commissioners for the hospital during its planning, and later became president of the Board, a position he would hold until 1902.1 His political acumen and organizational prowess would also be invaluable as he championed a number of other medical causes: as the first president of the New Brunswick Medical Society (1867-1871; 1880-1881; 1899-1900), the first president of the Maritime Medical Association (1879), the first president of the Medical Council of New Brunswick (1881), and also as president of the Canadian Medical Association (1894).6

The General Public Hospital was built on a 3-acre plot between Waterloo Street and City Road, opening to the public in June 1865, and admitting 135 patients by the end of the calendar year (Figure 1).4 At the time of opening, the hospital had a single operating room, and no specific provision for pediatric patients; admitted children were housed along with adults. In addition to a Resident Physician, the General Public Hospital employed a rotating Visiting Surgeon, a Visiting Physician, and an Oculist. Dr. James Sinclair acted as its first Superintendent and Resident Physician, while Mary Craig was its first Matron, overseeing the institution’s nursing and general housekeeping. Unfortunately, both would be dead within a year, likely due to typhus.3

The spectre of infectious disease would linger
menacingly well into the twentieth century. In 1872, the Kent Marine Hospital expanded its scope, adopting a leading role in treating civilian patients with communicable illnesses in Saint John. This continued until 1885, when reports of major smallpox epidemics in neighbouring provinces provided an impetus for construction of a new annex Epidemic Hospital on the grounds of the General Public Hospital. Opened in August 1885, this building was affectionately referred to as the “Pest House.” A bacteriological laboratory was later added in 1899.

Even in the absence of epidemics, the hospital did not want for patients, as the population of Saint John continued to grow in excess of 50,000. By 1929, over 3,000 patients were admitted to the hospital per year. Aside from overcrowding, the General Public Hospital had become obviously antiquated after decades of service, and its outmoded construction also presented a serious fire hazard. Recognizing the need for a much enlarged and modern facility, plans were drawn up for a brand new hospital on the same plot. Starting in the spring of 1930, patients were temporarily housed next door in the nurses’ residence while demolition and redevelopment were underway.

Bigger and Better

The $1.6-million Saint John General Hospital was completed in November 1931, to tremendous enthusiasm (Figure 2). With its central tower standing at 12 storeys, the hospital was visible from miles away. Along with other details of its construction, its lofty entranceway, featuring a grand marble mantelpiece, engraved ornamental columns, and lush, dark walnut panelling is breathlessly described in contemporary reports. Against the backdrop of the Union Jack hoisted atop a distinctive copper dome marking the highest point of the hospital, an executive of the American Hospital Association declared at the opening ceremony:

“[This] hospital is designed to minister to the needs of the body, while at the same time to give a tranquility to the spirit so the patient entering feels he is entering the home of a friend...It is the hope and confident expectation of the architects that those who behold this structure shall recognize it as a place where human beings may rest in comfort, where peace reigns and where broken bodies are mended and drooping spirits revived.”
The General Hospital boasted a greatly expanded obstetrical department, that would perform 539 deliveries in its first year (Figure 3). A prenatal clinic was then introduced the following year. Another innovation at the Saint John General Hospital was the opening of a multidisciplinary cancer clinic in 1932, where a variety of tumours could be treated through nascent techniques in radiotherapy.

The next few decades brought further sophistication of medical care, and ongoing improvements to the General Hospital. In 1952, a neurosurgery division was introduced. Capacity in the hospital was further improved in 1959 with the construction of an additional 240-bed wing, extending south toward Waterloo Street (Figure 4). That same year, the old wooden epidemic hospital was demolished. By then, the annex was mainly a convalescent ward for patients requiring long-term care.

A coronary care unit was established in 1970, followed in 1971 by the opening of a dedicated dialysis unit; the Saint John General Hospital apparently was the first institution in the Atlantic provinces to provide renal dialysis, having done so since the 1960s. 1973 saw 12 263 admissions to the General Hospital, 1 220 live births, 12 753 operations, and the opening of a neonatal intensive care unit that quickly improved neonatal mortality rates in Saint John from among the worst in the country to among the best.

A new burn unit and medical intensive care unit were also set up around that time.

During the 1970s, two nearby facilities (i.e., Saint John Tuberculosis Hospital and West Saint John Community Hospital) were amalgamated with the Saint John General Hospital, resulting in the formation of a new organization, the Saint John Regional Hospital. 1973 saw 12 263 admissions to the General Hospital, 1 220 live births, 12 753 operations, and the opening of a neonatal intensive care unit that quickly improved neonatal mortality rates in Saint John from among the worst in the country to among the best.

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During the 1970s, two nearby facilities (i.e., Saint John Tuberculosis Hospital and West Saint John Community Hospital) were amalgamated with the Saint John General Hospital, resulting in the formation of a new organization, the Saint John Regional Hospital. On a broader scale, this decade brought a concerted effort by the provincial government to reorganize and regionalize health care, as New Brunswick had accumulated during the post-war years an overabundance of small, inefficient community hospitals. With intentions for Saint John to further develop as a tertiary care center, plans were made to once again build a new, and even more expansive hospital complex in the city.

Originally budgeted at $35 million, the new hospital was officially announced in August 1971. Since redevelopment around the existing hospital site in the city center was deemed prohibitively expensive, an alternative location was chosen in the nearby community of Millidgeville, in close proximity to the University of New Brunswick Saint John campus. Excavation of the site began in 1975, with an official opening and cornerstone-laying ceremony on September 11, 1981. The six-storey complex featured about 1 million square feet of usable floor space, making it the largest building in the Atlantic provinces at the time (Figure 5). It had beds to accommodate 700 patients, comparable to the capacity of the old location. The final cost for construction was approximately $125 million.

October 31, 1982 was moving day for patients still housed in the old Saint John General Hospital. In total, 187 adult and pediatric patients, plus 27 infants, were transferred to the new Millidgeville facility via specially-equipped transport trucks. Later in the evening, the old emergency department shut its doors for the last time. It was hoped that the stately General Hospital building could be repurposed for other uses; however, after briefly serving as the athletes’ village in the 1985 Canada Games, numerous schemes to redevelop the site came to naught. The looming complex sat dormant and in disrepair, contributing to a picture of urban decay in Saint John until it was felled by controlled implosion on December 10, 1995, an event that drew spectators from afar (Figure 6). Unexpectedly, the hospital’s majestic copper dome survived the demolition, and it is now on display in a public park (Figure 7).

Healthcare organization in New Brunswick continued to evolve in the 1990s under the McKenna government, with the replacement of numerous independent hospital boards by eight Region Hospital Corporations, in order to improve coordination between the 32 remaining hospitals in the province. That decade, specialty services in the Saint John area continued to be consolidated at the Saint John Regional Hospital. St. Joseph’s Hospital, which had opened in 1914, ceded its obstetrics, pediatrics, burn care, and psychiatry services to the Saint John Regional Hospital, shifting its focus to ambulatory care, convalescent care,
and elective surgeries. 38,39

The inauguration of the New Brunswick Heart Centre at the Saint John Regional Hospital in 1991 cemented the institution’s pre-eminence in the province; for the first time, New Brunswickers requiring cardiac procedures could be treated in their home province, instead of traveling to Quebec or Nova Scotia. 40-42

Oddly, during a brief period of capriciousness, the provincial government threatened the relocation of Saint John’s neurosurgery division to Moncton, though this controversial plan was reconsidered after much public outcry. 43-45

In 2008, the provincial government further combined its health authorities, with the Saint John Regional Hospital becoming a part of the resulting Regional Health Authority B (later renamed Horizon Health Network). 46 Then, in 2010, the hospital’s emergency department underwent an extensive expansion. 47

However, this development was overshadowed by an even more momentous milestone, the opening of the New Brunswick campus of Dalhousie Medical School adjacent to the hospital. 48,49 Though the hospital had trained interns and residents for decades, the dream of a medical school in Saint John had long proven elusive and is worth mentioning.

Medical Education in Saint John

In the early years of the General Public Hospital, anglophone physicians in Saint John, and across New Brunswick in general, predominantly trained in the United States or in Europe. It was not until after the infamous 1911 Flexner Report that the quality and accessibility of medical training in Halifax would improve and become more attractive for prospective students from New Brunswick. 50 An independent, hospital-based internship year was established at the General Public Hospital around 1929 and, over the next decade, the Saint John General Hospital started hosting interns from Dalhousie Medical School. 51

Calls to open a medical school in Saint John began in the 1930s, but there would be ongoing reluctance from the New Brunswick Department of Health to increase support for either undergraduate or postgraduate medical training. Indeed, in the 1960s, funding negotiations between the provincial government and Dalhousie Medical School reached such a nadir that the school almost ceased to accept New Brunswick applicants. 23,48 However, a brief glimmer of hope arose when the 1964 Hall Commission on universal medicare in Canada also called for the construction of several new medical schools in the country. 51

Although the commission had specifically suggested the establishment of a francophone medical school at Université de Moncton and an English-language school at Memorial University, the Saint John Medical Society appointed Dr. Eli Davis to head a committee advocating for a medical school in Saint John. As the largest medical centre in the Atlantic provinces outside of Halifax, the Saint John General Hospital was well poised to increase its role in medical education. With preliminary support from the Federal Ministry of Health and the Dalhousie Medical School Dean, Dr. Chester B. Stewart, the committee made overtures to philanthropist Lord Beaverbrook to fund a potential “Beaverbrook School of Medicine.” 23,52,53

Unfortunately for Saint John, Lord Beaverbrook rebuffed this plan. 54 Moreover, both Fredericton and Moncton raced to offer competing proposals to the provincial government, while the New Brunswick Medical Society was non-committal in supporting any of the three sites in particular. 23, 55-57 Subsequently, the decision was put off. After the completion of a medical school at Memorial University the initiative
lost momentum, and none of the three cities would be home to a medical school for decades to come.58

In the meantime, the Saint John General Hospital formalized an affiliation with Dalhousie Medical School on July 1, 1971, in response to a Royal College move to abolish independent, hospital-based residency programs lacking university affiliation.23 The hospital continued to be a training site for residents and visiting medical students after its move to Millidgeville. In 2000, the Saint John Regional Hospital’s then-parent organization, the Atlantic Heath Sciences Corporation, entered into a teaching agreement with Memorial University.59

A French-language undergraduate medical program in Moncton was announced by Université de Moncton and Université de Sherbrooke in the mid-2000s, leading to another campaign for a medical school in Saint John.60,61 This time, a committee made up of local physicians and the Saint John Board of Trade met in collaboration with representatives from other health regions, offering a compelling case and a united front for the government and for Dalhousie University.58 While providing a potential supply of future physicians for the province, the school would act as an important institution to foster medical research and innovation, both in Saint John specifically and New Brunswick in general.62 The Saint John Regional Hospital currently remains a major site for clinical teaching, but this task is shared with other communities in the province. Dalhousie Medicine New Brunswick now accepts 30 students from New Brunswick per year.62,63

Looking to the Future

Today, the Saint John Regional Hospital is still an integral part of the city of Saint John, and serves patients from across the province. With an aging, comorbid, and increasingly obese population in New Brunswick, it is imperative for the hospital to continue in this capacity.64 However, as with other institutions, it is continually challenged by competing requirements for infrastructure maintenance and cost containment.65 Nonetheless, work is now underway on an ambitious $106-million expansion, which will house improved critical care, oncology, and surgical services.66,67 Furthermore, with Dalhousie Medicine New Brunswick in close proximity, the Saint John Regional Hospital seeks to build a reputation for itself as an up-and-coming academic center in the years to come.68

Acknowledgements

Many thanks are extended to the New Brunswick Museum – Musée du Nouveau-Brunswick (http://www.nbm-nmb.ca), for the use of their extensive photographic holdings.

References

37. Department of Health and Community Services. Mastro
52. Davis ER. Letter to Lord Beaverbrook on the committee for the establishment of a medical school in the province of New Brunswick. 1963.
55. Fredericton Medical School Committee. Submission on behalf of the city of Fredericton to the Medical School Survey Committee. Fredericton, N.B.: Fredericton Medical School Committee; 1966.