

THE JAPANESE CLINIC IN VANCOUVER, 1932 — 1942

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INTRODUCTION

The purpose of this paper is to trace the history of the *Nihonjin Kenko Sodansho* [Japanese Clinic] in its broad outlines, and to explore the features of its work. The Japanese Clinic was organized by the city of Vancouver and several Japanese women's groups in 1932 as part of a medical care movement.¹⁾ The clinic's work continued for ten years. It was forced to close in 1942 because of the Total Evacuation.

The World Depression in the 1930s severely affected lives of the Japanese in Canada. As businesses closed down and cut back, unemployment rose without mercy. According to the observation of the Canadian Japanese Association in 1931, there were more than 1,500 Japanese unemployed in Vancouver.²⁾ But even the Association was unable to grasp the actual number. In addition to this, the percentage of Japanese who contracted tuberculosis was higher than the other ethnic groups, 30 percent of the cause of death among Japanese was tuberculosis.³⁾ Thus, in the early 1930s, it was a matter of urgency for Japanese society to take proper relief measures for the unemployed and to take precautions which could protect against tuberculosis.

In those days, Vancouver had the Municipal Relief Office, the General Hospital, St. Joseph Hospital, and the Oriental Hospital. The Municipal Relief Office was founded in August 1931, and in the course of two years, it assisted more than 30,000 unemployed, including 200 Japanese.⁴⁾

All of the above-mentioned hospitals treated poor and tubercular Japanese free of charge. But it was difficult to maintain the General Hospital's level of services through the depression. In particular, the increase in the number of people with tuberculosis pressed heavily on the capacity of the hospitals in 1932.⁵⁾ In this critical situation, several Japanese women's groups began a movement to teach the principles of hygiene and to establish a clinic where Japanese could receive treatment.

1 . ORGANIZATION OF THE JAPANESE CLINIC

The Japanese United Church Women's Association set up a hygiene division on April 13, 1932, and elected Toshiko Hyodo as division head. Florence Bird, Nobuko Shimotakahara, and Mrs. Nishikawahara were also elected members of this division.⁶⁾ Simultaneously, the Health Office of the City of Vancouver worked out a policy which would reduce medical costs for the Japanese and began to organize a new clinic for Japanese. Some of the Japanese community leaders discussed this subject on May 3 and agreed on the following: the site for the clinic would be the parlor of the Gymnasium; the Health Office of the City of Vancouver would bear the cost of the operation and would send two nurses; Dr. Kozo Shimotakahara and Dr. Matasaburo Uchida would help once a week.⁷⁾ The Health Office appointed several people as members of the Health Office Japanese Division. The members who were appointed by Dr. MacIntosh, a superintendent of the Health Office, they were Toshiko

Hyodo, Florence Bird, a teacher of the Japanese United Church Kindergarten; Fumiko Komiyama, secretary of the Japanese United Church women's mission; Dr. Shimotakahara, the most renowned doctor in Japanese Canadian society; Nobuko Shimotakahara, wife of Dr. Shimotakahara and a missionary of the Japanese United Church; and Rev. Kosaburo Shimizu of the Japanese United Church.

A meeting of the arrangement committee of this clinic was held by the Health Office on May 14 at the parlor of the Gymnasium. A total of 26 people, including the representatives of various groups which were participating in this program attended the conference.⁸⁾ They were as follows:

Nihon Fujinkai [The Japanese Women's Association]: Mrs. Shigematu and Shinmi.

Kyoritsugogakko Boshikai [English - Japanese Language School Mother's Association] ; Mrs. Mitsui, Mrs. Takimoto and Tsutae Sato, schoolmaster.

Kitsilano Gogakko Boshikai [Kitsilano Language School Mother and Children's Association]: Mrs. Seo.

Fairview Gogakko Boshikai [Fairview Language School Mother's and Children's Association]: Mrs. Maekawa and Sasaki.

Seikokai Fujinkai [Anglican Church Women's Association]: Mrs. Nagano and Kodaira.

Honpa Bukkyo Fujinkai [Buddhist Church Women's Association]: Mrs. Mizuno and Satta.

Honpa Bukkyo Yochien Hahanokai [Buddhist Kindergarten Mother's Association]: Mrs. Ibuki and Nakamoto.

Dainigai Bukkyo Fujinkai [Second Street Buddhist Church Women's

Association]: Mrs. Ebata and Onjo.

Godokyokai Fujinkai [Japanese United Church Women's Association]:

Mrs. Arimon and Hamagaki.

Godokyokai Fujin Dendokai [Japanese United Church Women's Mission]:

Mrs. Yasunaka.

Godokyokai Yochien Hahanokai [Japanese United Church Kindergarten

Mother's Association]: Mrs. Yamashita and Inose.

Fairview Yochien Hahanokai [Fairview Kindergarten Mother's Association]: Mrs. Masuda

Observers: Mrs. Toshiko Susuki, Mr. Kokichi Umezuki and two other people.

Arrangement Committee: Dr. MacIntosh – a superintendent of the Health Office, Dr. Kozo Shimotakahara, Rev. Kosaburo Shimizu, Mrs. Tosiko Hyodo – chairperson, Mrs. Nobuko Shimotakahara and Mrs. Fumiko Komiyama – secretary.

Those who attended may be divided into four groups: language schools, Buddhist churches, Christian churches, and labor unions. All of those present were leaders of their associations and already knew one another.

At this conference, they named the clinic *Nihonjin Kenko Sodansho* (literally translated, this name means the Japanese Health Consultation Office, generally it was called the *Japanese Clinic*). The participants agreed to organize a Health Consultation Committee. The opening ceremony was held on May 31, at the gymnasium on Jackson street.⁹⁾

2. ACTIVITIES OF THE JAPANESE CLINIC

The primary purposes of this clinic were educational and preventive, that is, to instruct Japanese how to detect tuberculosis and other diseases in their early stages, and to encourage people to consult their doctors. Therefore, treatment itself was not carried out at this clinic. The main medical duty of this Consultation Office was to dispense preventive injections or medicine, and to hold public lectures where films were shown (see Table 1).

On the opening day, June 7, 1932, a total of 10 people visited the clinic and 3 patients were sent to the Rotary Clinic on suspicion of having tuberculosis. On June 14, 8 people came and 2 patients were sent to the Rotary Clinic. Dr. Kozo Shimotakahara and Dr. Matasaburo Uchida examined people with the assistance of Miss Chiyoko Kubo, who had obtained a nurse's license in Alberta, and the two nurses who were dispatched to the clinic from the Vancouver Health Office. Fumiko Komiyama, Nobuko Shimotakahara, Toshiko Hyodo, and Miss Bird assisted them in their work devotedly.¹⁰⁾

Because many Japanese had a superstitious fear of tuberculosis, the clinic had to publicize the importance of preventing tuberculosis in order to clear up people's fear and misunderstanding. On June 22, 1932, Dr. MacIntosh praised the great work of the clinic and urged the Japanese people to see a doctor. The gist of his statement was as follows:¹¹⁾

Among many diseases, it is tuberculosis that Japanese must take special care of. The rate of Japanese who die of tuberculosis is six times that of Anglo-Saxons. If the Japanese people would struggle with tuberculosis by responding to our call, we could almost exter-

minate tuberculosis like diphtheria and smallpox. I wish all Japanese people would make use of this clinic continuously, and carry out our purpose. I want to make this point perfectly clear. If you had your health checked at this clinic, you would never get sick. In case there is danger of infection, attendant doctors and the Health Office will take the necessary steps.

June 22, 1932 Dr. MacIntosh

Clearly, it was an important priority for the clinic to develop a popular concept of hygiene, and the Health Consultation Committee carried out various community activities towards this end.

First, they placed preliminary advertisements in the three Japanese newspapers, *Tairiku Nippo* [Continental Times], *Kanada Shinbun* [Canada Daily News], and *Minshu* [The People] inviting the Japanese people to take medical examinations. In addition to that, in 1935, Consul Yasushi Ishii and Mrs. Toshiko Hhodo, the chairperson of this committee, spoke over the radio to the community.¹²⁾

Second, the clinic held public lectures and showed films on hygiene with the cooperation of numerous organizations in the Japanese community. These meetings incorporated features through which children could also be reached: on February 16, 1933, the clinic helped to sponsor a movie meeting together with *Kitsilano Seikatsu Kaizenkai* [Kitsilano Society for the improvement of living], and screened comedy pictures and two pictures on hygiene entitled "The Secret of Longevity" and "Infant Care and Sunshine." On March 9, they added a comedy picture for children "The Cat of Captain Kid." These programs went well, and on February 4, movies shown at the Fairview night school were viewed by 250 people.¹³⁾

Third, the clinic discounted the charge for preventive injections and

tried to expand its enterprise in association with other Japanese organizations. The clinic reduced the charge of vaccination for children so that they might have preventive injections without placing any burden on the family budget. Normally the cost per child was two dollars and fifty cents, but at this clinic, the cost was only fifty cents per child, seventy-five cents for two children and one dollar for three.¹⁴⁾ Moreover, on July 3, 24, and August 14, 1934, the clinic gave free preventive injections against diphtheria, in cooperation with the Canadian Japanese Association and *Kyoritsugo gakko* [Japanese-English school] at the Japanese Hall.¹⁵⁾

The scope of these activities indicates that the clinic not only instructed the Japanese how to improve their health, but also made an effort to correct their misunderstanding about infectious diseases through concrete preventive measures. As a result of their effort, the phthisis mortality steadily decreased (see Table 2). In 1938, at the request of the Japanese, the clinic also started a consultation service for pregnant women and a program for the prevention of cancer.

3. SOME PROBLEMS CONCERNING ACTIVITIES

While activities of this clinic went well, it yet faced two practical problems. One was finding a permanent site for the clinic and the other was finding funds for its activities.

In the beginning, clinic examinations were held in schools in the Fairview and Kitsilano districts, and in the Jackson Street gymnasium. But athletic events and various meetings were also held in the gymnasium, making it difficult to hold examinations there regularly. Thus, the clinic moved to the United Church Hospital for Orientals (Oriental

Hospital) on Pender Street on October 3, 1932, and in the following year to the premises at 187 Main Street. In May of 1935, all patients at the Oriental Hospital were moved to St. Joseph's Hospital and Vancouver General Hospital. The premises of the Oriental Hospital were designated solely for the use of the Japanese Clinic.¹⁷⁾

The next problem was to collect the needed operating funds. Initially, the main activities of this clinic had been to examine people, and to reduce the outlay of large family expenses for medical examinations. But to hold the movie meetings and to discount the charge of vaccination, they needed enormous financial assistance. On April 24, 1933, a special session of the consultation committee was convened to discuss the cost of the maintenance of these projects. It was decided that (1) members should pay one dollar per year as dues, (2) members should try to help with contributions, and (3) members should recruit new members.¹⁸⁾ On June 30, at another special session, the third article of the organization was revised to the following effect.

The Japanese clinic is organized by Japanese women's groups who approve the purpose of this clinic in Vancouver, with the proviso that members pay one dollar as dues per year.¹⁹⁾

And the sixth article concerning finance was added.

A source of revenue ; (1) subsidy from the Health Officer of Vancouver (2) contributions from members of the general public.²⁰⁾

With the expansion of the work of the clinic, the scale of its operating expenses increased year after year, income and outgo changed three time in three years, and six times in five years (see Table 3). After 1934, the clinic was supported by the Vancouver *Nihonjin Hoshi Renmei* [the Vancouver Japanese Welfare Association]. This is why the clinic continued to function even though its expenses increased.

Vancouver *Nihonjin Hoshi Renmei* was a Japanese community chest organization which was organized on August 25, 1933,²¹⁾ and was admitted to the Vancouver Welfare Federation. The Federation was a charitable organization formed in 1929. It consisted of 41 organizations which carried out social service. This federation financially aided groups engaged in social service regardless of race. In 1934, the federation gave 750 dollars in assistance to the Japanese. With this allotted money, Vancouver *Nihonjin Hoshi Renmei* gave assistance to the returnees, paid for funeral services, visited Japanese people in the General Hospital, and assisted the Japanese clinic.

In 1937, the money which was assigned to the clinic from the Vancouver *Nihonjin Hoshi Renmei* came to \$611.76 (65% of the clinic's revenues),²²⁾ and with the additional \$327.53, the balance on hand, the total amounted to \$939.29 (99.7% of the revenues). The percentage of the money assigned by *Nihonjin Hoshi Renmei*, having increased to 65%, the clinic decided to form a department of relief, which would extend a helping hand to patients and their families.²³⁾

4. TWO DISTINCTIVE FEATURES

With respect to its organizational work and problems, I would like to take note of two distinctive features of the Japanese Clinic.

First, although the Health Office led the clinic, it was jointly managed by Japanese and Canadians, and was concerned with the hygiene problems of the Japanese community in Canada. The reason the city of Vancouver adopted an aggressive policy on the prevention of tuberculosis was because the rate of phthisis mortality in Vancouver was twice that of other cities. Consequently, the City Council, the Federation of In-

insurance and the city hospitals decided to establish a Vancouver branch of the Canadian Society for the Prevention of Tuberculosis in July of 1932. The general meeting for its establishment was held on July 27. Among others, Dr. and Mrs. Shimotakahara and Mrs. Toshiko Hyodo attended the meeting. At the meeting Dr. Kozo Shimotakahara was elected councilor.²⁴⁾ His work clearly exemplifies the standpoint of this clinic. We must remember that this clinic tried not only to reform Japanese society but to advance Canadian society at large including its Japanese constituency.

Second, it was women who had actually maintained and developed the clinic. Recall that this clinic was both started and maintained by numerous women's groups. At first, the number of groups was twelve, later it increased to twenty-three. Moreover, several Canadian women, such as Miss Bird and Miss Austen, participated on the health Consultation Committee along with Japanese women. Mrs. Toshiko Hyodo, Mrs. Nobuko Shimotakahara, and Miss Etsuko Yamashita, who were the key figures behind this clinic, belonged to the Japanese Church in Vancouver. However, the members of the Health Consultation Committee were not limited to the Christian church: the Japanese and Canadian women who gathered around the clinic were people who were motivated to achieve a good life and good health for the Japanese people of Canada.

There are no existing records of the clinic besides the minutes book of the tenth general meeting which took place on February 13, 1942.²⁵⁾ The Second World War ended the history of the Japanese clinic as well as that of the prewar Japanese Canadian community.

NOTES

- 1) *Kanada Nikkeijin Godo Kyokaiishi* [A History of the Japanese Congregation of the

- United Church of Canada 1892-1959] (1961), Tadashi Mitsui, "The Ministry of the United Church of Canada amongst Japanese Canadians in British Columbia 1892-1949" (Vancouver, STM Thesis, Union College of British Columbia, 1964).
- 2) "Kanada ni okeru Hojin Shitsugyosha Jokyo" *Honpo Shitsugyosha oyobi Kyusaikankei Zakken*, Japanese Foreign Ministry Archival Documents, I-4-2-0-6.
 - 3) *Tairiku Nippo* [Continental Times], April 1, 1930.
 - 4) *Zaigai Honpojin Shakaijigyokankei Zakken*, Japanese Foreign Ministry Archival Documents, I-5-0-0-3.
 - 5) *Tairiku Nippo*, April 26, June 19, 1930.
 - 6) *Ibid.*, April 14, 18, 1932.
 - 7) *Ibid.*, May 4, 1932.
 - 8) *Ibid.*, May 16, 1932.
 - 9) *Ibid.*, May 30, 1932.
 - 10) *Ibid.*, June 8, 23, 1932.
 - 11) *Ibid.*, June 23, 1932.
 - 12) *Ibid.*, July 13, 1933.
 - 13) *Ibid.*, February 9, 1933.
 - 14) *Ibid.*, March 23, 1933.
 - 15) *Ibid.*, June 29, 1934.
 - 16) *Ibid.*, June 30, 1938.
 - 17) Shimizu Diary, February 5, 1935 (UBC). And see Mitsui, *op.cit.*, p. 190.
 - 18) *Tairiku Nippo*, April 25, 1933.
 - 19) *Ibid.*, July 4, 1933.
 - 20) *Ibid.*, July 4, 1933. Also see Nihonjin Kenko Sodansho Inkai kaisoku, September 1933. Yamaga Paper, Japanese Canadian Research Collection in the Library of the University of British Columbia, Special Collections.
 - 21) *Tairiku Nippo*, August 29, 1933.
 - 22) *Ibid.*, June 30, 1938.
 - 23) *Ibid.*, June 30, 1938. And see Nihonjin Kenko Sodansho Kaikei Hokoku, January-December, 1938, Yamaga Paper, *op. cit.*
 - 24) *Tairiku Nippo*, July 6, 1932. And see "Research Association for treatment of cancer, Japanese division," *Tairiku Nippo*, March 17, 1939.
 - 25) Yamaga Paper, *op. cit.*

Table 1
Activities of the Japanese Clinic

Item / year	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942
Free Medical Examination	43	44	46	45	48	48	51	52	49	46
Attendance	371	474	475	523	430	318	536	871	455	411
Introduction to the City Clinic	79	79	-	169	-	-	5	-	-	-
Introduction to X-ray Exam.	-	-	-	-	113	29	19	43	21	9
Fluoroscopy in the Clinic	-	-	-	-	-	-	32	11	14	16
X-ray treatment in the Clinic	-	-	-	-	-	-	17	48	-	17
Introduction to Eye Doctor	-	-	-	-	1	-	12	15	16	13
Introduction to Enter Hospital	-	-	-	-	4	-	-	8	-	-
Special Medical treatment	-	-	-	-	-	19	163	9	6	4
Introduction to Relief Office	-	-	-	-	-	-	6	4	8	-
Pulmonary Tuberculosis	12	3	18	-	-	-	-	-	-	-
Inoculation against Diptheria	405	-	806	237	92	52	35	168	-	-
Vaccine Inoculation	29	28	21	-	50	16	17	84	11	27
Examination of the Urine	-	61	-	38	21	20	15	75	52	38
Blood Test	-	16	-	15	3	20	13	28	19	11
Applying Medicine	-	72	-	105	69	82	139	234	159	209
Supplying Medical Necessities	-	-	-	-	24	-	52	37	45	94
Dental Examination	-	1	-	-	-	-	3	-	-	4
Treatment of Tonsils	-	-	-	-	-	-	3	-	-	-
Visits to Hospitals	-	-	101	-	59	-	801	836	738	522
Visits to Homes	-	-	1496	-	-	600	1070	734	759	1046
Movie Meetings on Hygiene	2	2	4	-	-	-	-	-	-	-
Lectures on Hygiene	5	-	-	5	-	-	-	-	-	-
The Radio Broadcasts	-	-	-	2	-	-	-	-	-	-
Miscellaneous Matters	-	-	-	-	-	7	16	-	46	50
Research Meetings	5	-	-	2	-	-	-	-	-	-
Executive Committee Meetings	6	4	4	7	2	-	-	-	-	-
Sources: <i>Tairiku Nippo</i> , Nos	7949	8254	8556	8865	9165	9470	JCRC	9997	10303	JCRC

JCRC = Japanese Canadian Research Collection, Yamaga Paper, in the Library of the University of British Columbia, Special Collections.

Table 2
Phthisis Mortality in British Columbia

Year	Japanese		Chinese		Whites	
	Mortality No.	out of 1000 People (1000)	Mortality No.	1000	Mortality No.	1000
1934	25	1.45	28	1.09	290	0.45
1935	26	1.06	41	1.65	331	0.50
1936	25	1.00	37	1.57	312	0.46
1937	26	1.02	28	1.26	309	0.46
1938	19	0.73	39	1.80	274	0.40
1939	17	0.64	42	1.98	294	0.42

Source : Report of the Health Office of the City of Vancouver
Tairiku Nippo, No. 10301, March 20, 1941.

Table 3
Financial Report of the Japanese Clinic (\$)

IN = Income ; EX = Expenses

Item / Year		1933	1936	1938	1941
IN	Balance on Hand	0	4.82	116.58	19.14
	Income	159.75	453.00	971.99	1307.00
	Total Income	159.75	457.82	1088.57	1326.14
EX	Total Expense	158.09	417.17	1057.42	1325.79
	Balance Carried Forward	1.66	40.65	31.15	0.35

Sources: *Tairiku Nippo*, Nos. 7949, 8865. JCRC.