

A Visit to Bella Bella Hospital with Dr. Darby as Guide

LETTER FROM THE REV. G. E. DARBY, B.A., M.B., BELLA BELLA, B.C.

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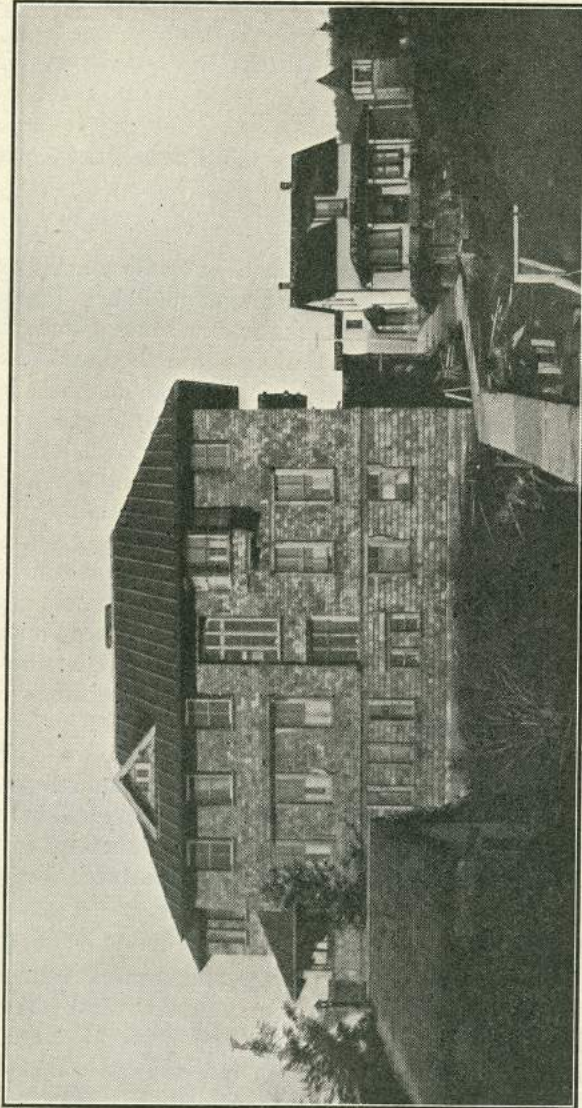
From Vancouver to Bella Bella by Boat.

DEAR FRIENDS:

If the reader will try to imagine himself a passenger on one of the big coastwise steamships en route from Vancouver to Prince Rupert or Alaska, and not so busy reading but that he takes an occasional glance from the windows of the observation room, he will notice that the steamer is continually changing its course as it winds about in the narrow channels between many little islands. He will also notice that what settlements there are are small and far apart. When about twenty-four hours out, if he will look to the port or left hand side, he will see a few houses nestled at the far end of a beautiful little bay, with the ruins of several more houses apparently a short distance away. This is Old Bella Bella, where our missionaries first ministered to these people. Then, as the steamer alters its course to dive through a channel so small that you wonder if it will make it all right, you see a comparatively large village of well built houses, some painted but others much in need of decoration. Standing out from the other buildings at about the centre of the village is a large greyish building with a red roof, which offers a marked contrast to the rest of the buildings. As it is on the side hill just a short distance from the water, you can see that there are three stories, with a glassed-in balcony above. Just beyond the north end is a large, white house and behind it a short distance can be seen a church and school house. The large building, of course, is the new hospital, erected by our Missionary Society, and the house beyond is the mission house and doctor's residence.

Arriving at Bella Bella.

Now, reader, if you want to see through the hospital at any time, remember that the steamers run up this way the same as trains: some run express, making only two stops between Vancouver and Prince Rupert, a distance of 500 miles; others local, stopping at every wharf and sometimes where there is no wharf at all. We at Bella Bella are like the people living near a flag station. Although we see lots of boats go past, we have only one or occasionally two, to bring our mail and passengers. Having made proper connections, we'll say you have arrived and the steamer is tied up, with the assistance of my bulldog, Ike, who as usual has caught the heaving lines and given them a good shaking up. You will have to wait a few minutes while I check up the freight



METHODIST HOSPITAL BELLA BELLA, B.C.
To the right is the Mission House, Dr. Darby's residence.

that has been put off and see that a few coal oil and gasoline barrels are put aboard. Then the whistle toots, the lines are thrown off and you are left to the mercy of the population, all Indians but the mission staff. I have already introduced you to a couple of the nurses who came down to get our mail sack and incidentally see what the visitor looks like. When we get up to the house we'll probably find everyone busy opening letters or parcels; with only one mail a week, everything drops till it is disposed of. But to start back at the wharf, as we walk to the shore we have to climb a short hill to the main street, which we see is a twenty foot plank sidewalk. The soil is so muskeggy that it is far easier to build a walk above it than to grade one so that it will keep dry. In the yard of the house at our right as we came up the hill there is a large tombstone, which is rather typical of an Indian village. They are very proud of their tombstones, for which they send to Vancouver. As a rule they are set up at the graves, but occasionally, as in two cases here, the highest chief's stone is set up in his yard.

The Building of a Comfortable Village by Indians with Little Training.

One has to walk carefully on the sidewalk, especially if it is wet, as the planks are so old that they are very slippery. Also on account of age, many are broken; and if you are fortunate enough not to step into a hole, you may, however, step on a weak board and make another hole. As it is three feet above the ground in some places it's not very nice to go through. For two years I've been trying to persuade the people to rebuild it, and I expect that they will do so next year. As we walk along and get a closer look at the houses, you probably wish that you were able to keep the impression you got when you saw them from the water. However, although most of them need painting very badly and patching up, too, it is remarkable that the Indians, with what little training they had about twenty years ago when most of the houses were built, were able to build so many one-and-a-half or two-storey houses of such varied designs. It is all the more remarkable when we consider that they sawed and planed the lumber in their own mill. You notice the people, even the oldest ones that we meet on the street, are well dressed and are wearing shoes and stockings. If you were ashore at any other of the villages farther south, you probably saw the old people barefooted and with shawls about them, or blankets, as in the olden days.

There at the right is the mission house, and this walk that turns here goes up to the church and school. Beyond the mission house is the old hospital and across the street, toward the beach, is the new hospital. It is about sixty feet by thirty-two, with the long way parallel to both sidewalk and shore line. With its red roof and French gray shingled exterior, it presents quite a nice appearance. A sidewalk slopes down the hill past the basement door to the beach, where the fire wood is piled up and where the launch tender is kept. The remains of a former wharf are still to be seen there too, and riding at anchor a short distance out, the hospital launch *Kla-quaek*.

The Plan of the Hospital Building, Ground Floor.

Another walk on the same level as the street leads to the front door, which is at the north end of the building. As this is the middle or main floor and most of the patients are on this floor, steps are avoided, which is an advantage when carrying stretcher patients to the hospital. Upon entering through the double set of glass doors, you find yourself in an oblong hallway, which when all the doors are shut serves the purpose of a waiting room. The stairs lead from this at one side to both upper and basement stories. At the other side is a nice, large, brick fireplace. Double doors lead into the operating room at the northwest corner, and next to it is a small room for sterilizers and lavatories. On the other side are two private wards which look out over the water, thus having a splendid view. The rooms are warmed by radiators heated by a hot water system. The walls are plastered throughout, and with the electric lights one gets the impression of being in a very comfortable and up-to-date institution. In fact most visitors express their surprise at finding such conveniences in such a wilderness and compliment us on having the nicest hospital along the coast. Of course I agree with them.

Beyond the stairs is a small office for the nurses, which is also used as a charting room. Windows in the partition enable the nurse who may be on duty and busy in the office to see any one coming into the building, going upstairs or from one ward to another. The south end of the building is split into two large wards, one for white men, the other for Indian men. The Indians' bathroom opens off their ward, while the one for whites opens off the hall. We are fortunate in having a water system that, although it fails us at times, yet is sufficient ordinarily for us to have a good plumbing equipment. We have a Victrola in the hall and are kept supplied with records by the storekeeper at Old Town. We also have a little organ and after service Sunday nights we have a song service in the hall for the patients.

Upstairs, Two General and Two Tubercular Wards.

As we go upstairs, a large window gives us a splendid view of the water and mountains. There are two wards upstairs for general cases, then a double set of doors for more easy isolation and two wards for male and female tuberculous patients. Both of these open by double French doors into a balcony which is walled in by large windows, so that when closed there is just as much light as if open, and when open as much air as if right outside. As this is the south exposure, the rooms and balcony are bright and sunshiny, when the sun shines. I forgot to speak of the verandah at the south end of the main floor. It runs around the corner to the west side and affords ample room for as many beds as we care to put outside. As double doors from both white and Indian wards open into it, it is a very simple matter to put a patient out. As the inside doors were made large enough to let a bed through, we can easily move any patient out without lifting from the bed.

The Nurses' Quarters.

There is a bathroom for the upstairs patients, and then we come to the north side of the stairs, which is the nurses' own. They have a complete bathroom for themselves, a sitting room which is also used as study and library, and three bedrooms. As we have three nurses as a rule, this gives each a room by herself.

Kitchen, Laundry and Storerooms. Labor Saving Devices.

The kitchen, nurses' dining room and housekeeper's room are in the basement, also laundry and storerooms and furnace room. In a little place by itself is our electric lighting plant, a Delco, consisting of a little engine and a set of storage batteries. As we can burn coal oil in the engine and it is very simple to operate, we have all the light we need in both mission house and hospital; and I expect in the church soon, for about the same cost as lamps and with all the extra convenience. We use an electric washer and an electric iron in the laundry. I am looking forward to an X-ray outfit before long. A dumbwaiter takes the food trays up and down and a linen chute conducts the linen to the laundry. We are trying to have every modern convenience that is necessary and practicable, as help is hard to get.

God has been with us.

The total cost was approximately \$20,000.00, about twice what we expected when we first got out the plans. We have an institution, however, of which we may be proud and in which we can do justice to the patients who come to us, most of whom would have to go without hospital treatment, as they could not go the two hundred miles that lies between us and the nearest hospital (except the Company Hospital at Ocean Falls). I feel that God has been with us in our undertaking, as we have not lacked for funds, friends all over Canada having helped so generously. It is interesting to note that we will have the names of two of our earlier missionaries kept always in mind, Dr. Large and the Rev. C. M. Tate each having furnished a ward.

Trusting that our friends will pray for our success in ministering to both the physical and spiritual needs of those who may have to be patients in this building, I remain,

Yours faithfully,

GEORGE E. DARBY.