

**CERAMIC ASSEMBLAGE FROM THE OLD SHASTA COUNTY HOSPITAL
(CA-SHA-4321H), 1855-1900**

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This paper examines the ceramic assemblage from the excavation of the Shasta County Hospital site (CA-SHA-4321H) performed by the 2005, 2006, and 2008 Shasta College field archaeology classes. The hospital was established for the care of indigent patients in 1855 and closed in 1900. It was not a single building, but rather a complex of buildings including a boarding house, buildings for patient lodging, a dwelling for the hospital steward, a barn, a morgue, gardens, and two cemeteries. Historic records indicate that patients of many nationalities were treated here, including Chinese, African-Americans, and Native-Americans. The assemblage highlights the absence of traditional Victorian standards of gentility and domesticity and the lack of consumerism when the hospital is compared with contemporary sites, even those in other rural, isolated areas of northern California.

The 1848 discovery of gold at Reading's Bar, near the present-day town of Redding, California, brought a massive influx of miners. In a very short time, dozens of mining camps sprang up all over what would eventually become western Shasta County. The miners usually came as individuals and did not bring with them the social support systems they enjoyed at home. One thing they left behind was their health care delivery system.

In the 1850s the vast majority of the sick were cared for in private homes. There was no advantage in being admitted to a hospital. There was no medical technology that could not be carried in a doctor's black bag and virtually no trained nurses. Women of the family usually assumed nursing duties for relatives as the need arose. In the 1850s only those unfortunate enough to have no friends, no families, and no money to pay for care were admitted to hospitals.

However, many of the miners who came to Shasta County ended up sick and without resources. According to Dr. James Pelham, an early Shasta County physician, his patients were often "men who are overtaken by disease in a strange land, broken in constitution and spirits, mere wrecks of humanity, far away from friend or kindred, surrounded too frequently by a people whose God is Mammon, and without money sufficient to procure a draft to cool their parched fire" (*Shasta Republican* May 1, 1856). This was not a very satisfactory situation, so in the summer of 1855 Shasta County established a county hospital to care for the indigent sick.

The hospital was supported by both a state grant and county taxes. The Shasta County Board of Supervisors had ultimate control of the facility, but they in turn hired a hospital physician who was responsible for the day-to-day operation. He controlled both the medical care and hospital business operations. He supervised the other hospital employees, chiefly the steward and the cook. The steward and cook lived at the hospital site.

Although the majority of the patients were Euro-American males, hospital records list patients who were natives of at least 33 different countries, including the East Indies, South America, Mexico, Russia, the Sandwich Islands, and North Africa (*Shasta Republican*, numerous issues; Woodrum 1972).

Native Americans and African-Americans were also cared for at the hospital. There were also several known women patients.

The Chinese had their own, separate healthcare system and rarely used the hospital, even though they were required to pay the hospital taxes. Still, there are records of a few Chinese miners who, for whatever reason, were patients at the hospital. For instance, the 1869 Shasta County Grand Jury reported there was a Chinese patient at the hospital and the other patients “express dissatisfaction in being mixed with [a] Chinaman. We would recommend to the Board of Supervisors to remedy the nuisance...” (*Shasta Courier* February 6, 1869)

However, the hospital physician refused to evict the Chinese patient even though ordered to do so by the Board of Supervisors. In a statement to the Board he said:

[During the last eight years] the Chinese, mainly through the two dollar capitation tax, have paid into the Hospital Fund between 9 to ten thousand dollars, which is nearly twenty-five percent of all the moneys paid into that fund for the same period. I know your honorable Board will entertain no proposition to exclude a people from the benefits of the Hospital who are heavily taxed to support it.... Our dislike...is no excuse for cruelly treating them...[*Shasta Courier* February 6, 1869].

The Chinese man was allowed to stay.

The hospital was not a single building, but a cluster of buildings that burned and were torn down, rebuilt, and renovated throughout the hospital’s 45-year history. The most useful reference for the buildings located at the hospital site is an 1895 plat map, a sketch of which is shown in Figure 1. It identifies five lodges (or living quarters) for the patients, a boarding house (or dining hall), a morgue, a laundry, a dwelling for the steward, a storehouse, a barn, two cemeteries, a garden, and an orchard. Eighty acres of land were purchased for the hospital, but all existing maps show the hospital buildings located just east of a creek appropriately named Hospital Gulch. The Camden Toll Road, a major thoroughfare of the time, ran just to the north of the buildings.

When the hospital was first established in 1855 it was intended as an acute-care facility. The patients were admitted with a specific medical problem and were expected to either get better or die. But the hospital also provided shelter for people who had nowhere else to go. In 1861 the hospital physician reported that Peter Thompson had been admitted for five days with the diagnosis of “beggar.” He was discharged, “cured” (*Shasta Courier* November 16, 1861). The hospital never lost its function as an acute-care facility, but with time there were more long-term patients.

Toward the end of the nineteenth century, the county’s healthcare needs and expectations seemed to outgrow the cluster of buildings along Hospital Gulch. There were several problems with the site itself, such as a tenuous water supply and the “woeful” state of the buildings (*Daily Free Press* December 24, 1898). Another problem was air pollution from the Keswick copper smelter which opened about three miles away. The Keswick and other nearby copper smelters caused great environmental damage, but they also provided an economic stimulus for the county which had languished after the Gold Rush. Because of the smelters the county had some capital with which to build a new hospital. A site was chosen in the town of Redding and construction of a new hospital was finished in December, 1900. The old hospital was closed and the site along Hospital Gulch was largely abandoned.

After World War II, California State Highway 299 was constructed just south of the Camden Toll Road. The highway destroyed part of the northern edge of the site, but the southern part of the site still had integrity.

EXCAVATION

During the spring of 2005, 2006, and 2008, the Shasta College archaeology field class excavated at the site of the old Shasta County Hospital. The excavation units were 5 ft. by 5 ft. Excavations were done in arbitrary 6-in. levels. Quarter-inch screens were used.

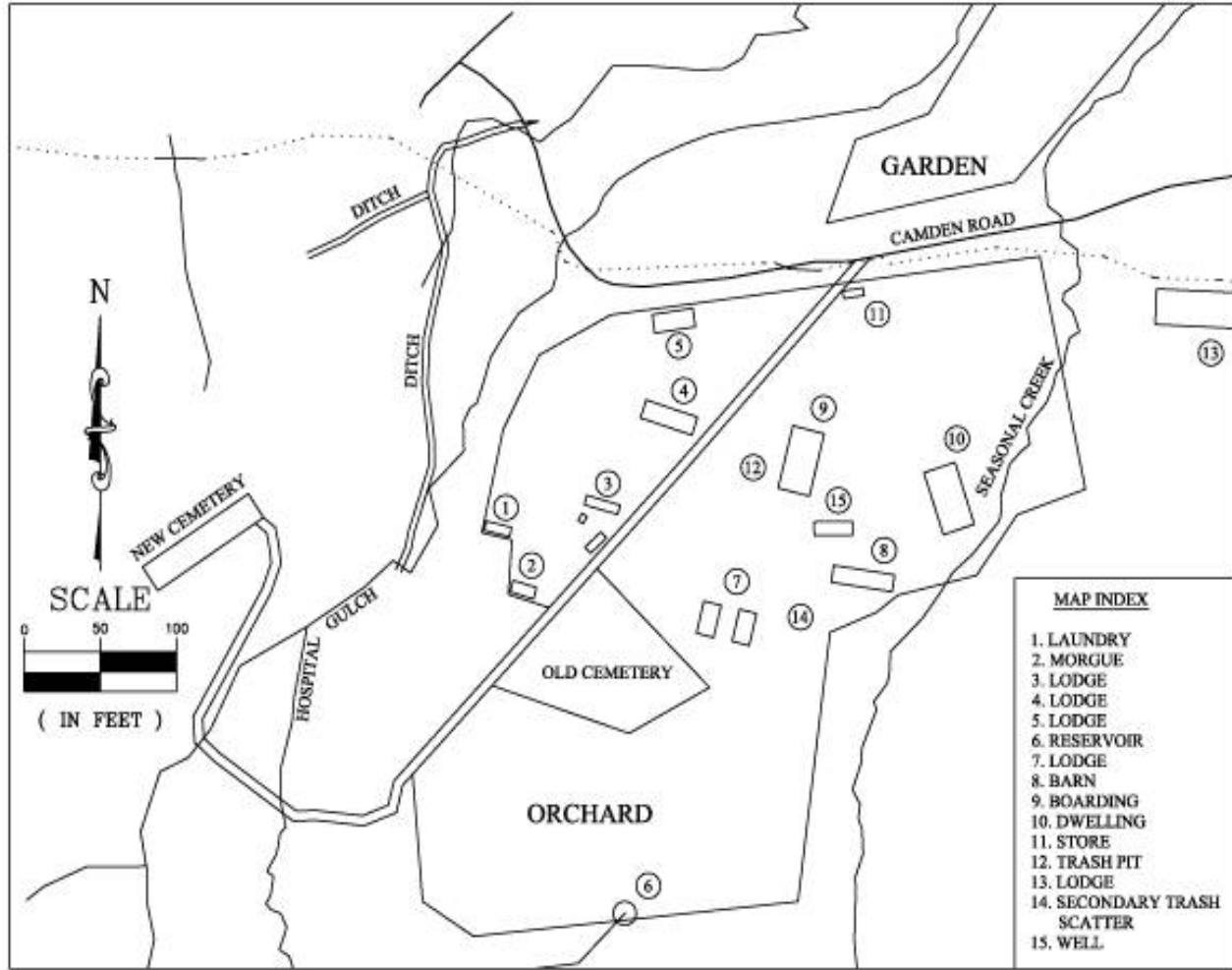


Figure 1. Sketch of 1895 plat map of Shasta County Hospital (1895 plat map of hospital, map book 1, number 8 located Shasta County Recorder's Office, Redding, California.). The locations of the well, trash pit, and secondary trash scatter have been added.

Nine locations were excavated. Six were depicted on the 1895 map: the boarding house (or dining hall), two lodges or living quarters for the patients ("lodge" and "west lodge"), the barn site, the morgue, and the cemetery. A well, a secondary trash scatter, and a trash pit were also excavated. Surface collection was done in the area of the steward's dwelling, but no excavation was done in this area.

The most prolific location was the trash pit, located 20 ft. west of the boarding house. In contrast to much of the rest of the site, which had thin, rocky soil, the trash pit was a midden-like feature excavated in some places to 44 in. (sterile). Large amounts of table ceramics, butchered bone, bottle glass, and utensils for food cooking and storage were recovered from the trash pit.

ARTIFACTS

Of the 2,945 artifacts recovered (excluding faunal remains), 1,226 (42 percent) were ceramic. Only the ceramic artifacts will be discussed here. Figure 2 shows the number of total artifacts in each location and the number of ceramic artifacts recovered from each location. The largest number of total

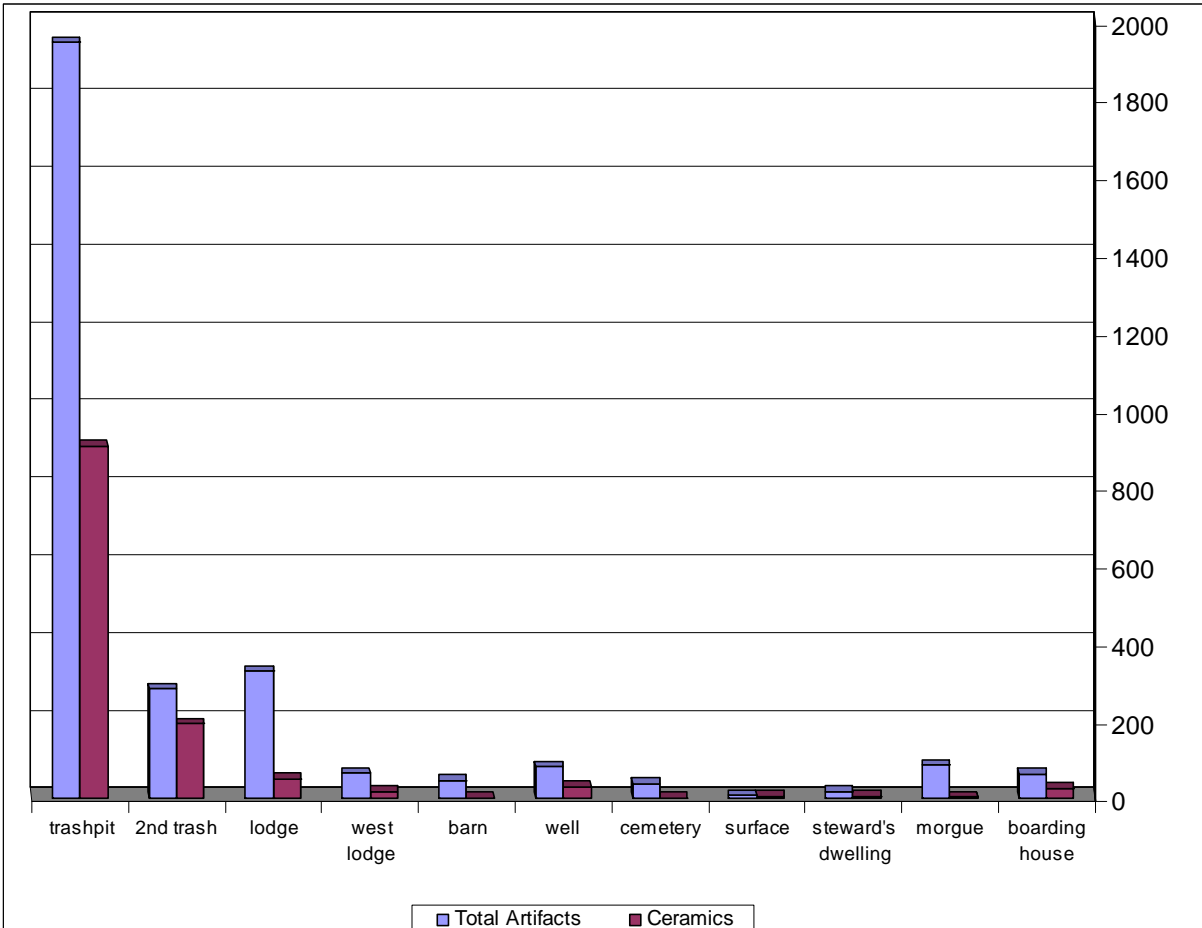


Figure 2. Shasta County Hospital total artifacts and ceramic artifacts by location (excluding faunal remains).

artifacts and also the largest number of ceramic artifacts was found in the trash pit and secondary trash scatter, located near the boarding house, or dining room. Other artifacts in the trash pits were largely kitchen refuse. Ceramics were also recovered from the units from the lodges, the well, the boarding house, and there were two small pieces of white improved earthenware from the morgue. No ceramics were recovered from the cemetery or the barn.

The units with the highest percentage of ceramic artifacts were the units clustered around the boarding house (dining room), as shown in Figure 3. Since the majority of the ceramic items appear to be tableware, it would seem the patients gathered to eat as a group in or near the boarding house but that meals were taken to the lodges for those too ill to be moved.

Ninety-four percent of the ceramic artifacts were white improved earthenware. There was one single fragment of blue transferware in the area of the steward's dwelling and one single fragment of decalware from surface collection that was not near any known hospital structure. Most of the vessel types that can be identified are plates of some type. Only 69 out of more than 1,000 pieces of white improved earthenware appeared to be fragments of bowls, cups, or mugs. Very few pieces of the total assemblage could be serving vessels. There is one piece that may be a lid to a serving dish, but it may be a lid to a chamber pot.

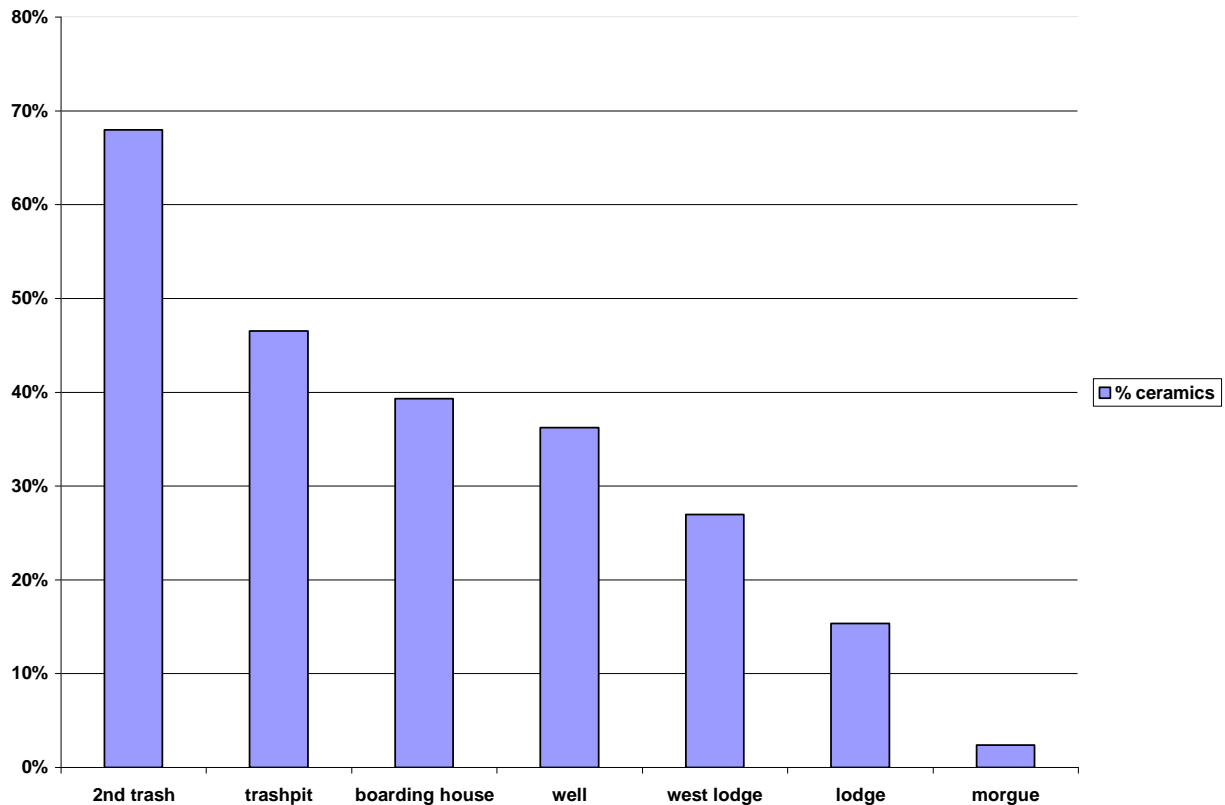


Figure 3. Percentage of ceramic artifacts as compared with total artifacts from different loci. Highest percentages are from areas around the boarding house/dining hall.

From the maker's marks, there appear to be 19 different manufacturers (Birks 2007; Gates and Ormerod 1982; Godden 1964; Praetzelis et al.1983). The white improved earthenware that was datable by the maker's marks had possible dates of manufacture from 1818 to 1925. All of the manufacturers were from Staffordshire, England, except for two. One manufacturer was the Potter's Cooperative from East Liverpool, Ohio (Gates and Ormerod 1982), and one manufacturer was Robert Cochran from Glasgow, Scotland (Praetzelis et al. 1983).

It is a daunting task to estimate the minimum number of white improved earthenware vessels, because of the fragmented nature of the artifacts. Instead of trying to estimate minimum number of vessels, an estimate was made of the number of sets. For instance, Godden (1964:339) states that Thomas Hughes was simultaneously using a printed and an impressed mark, and both of these were found at the hospital. It was assumed these pieces of ceramic represented vessels from two different sets although they were from the same manufacturer. From the maker's marks and other features, there are pieces from a minimum of 28 different sets used at the hospital, possibly more. Probably portions of several sets were being used simultaneously.

The trash pit was the only locus at the site that could be excavated deeper than 12 in. Most of the site had thin, rocky soil, but the trash pit was excavated to 44 in. in some places. *Terminus post quem* is not particularly accurate when using maker's marks. However, the *terminus post quem* for the levels of the trash pit are roughly chronological and are given in Table 1.

Table 1. *Terminus post quem of ceramics in trash pit by level. The surface collection was not counted.*

LEVEL	TERMINUS POST QUEM	NUMBER OF ARTIFACTS
6-12 in.	1883	275
12-18 in.	1871	132
18-24 in.	1876	40
24-30 in.	1861	16
30-36 in.	1818	19
36-42 in.	Nothing datable	6

For comparison, the *terminus post quem* for the other locations range from 1865 to 1883. Although some of the units were excavated deeper than six inches, no datable ceramics were recovered below that depth in any of the other locations. It is possible the ceramics found in the other areas are not table ceramics but rather toilet articles. However, the marks and shapes of the fragments appear to be very close to those found in the trash pit, which is mixed with other kitchen refuse. In addition to the white improved earthenware, there were seven fragments of Chinese ceramic that appear to be part of a bamboo-pattern rice bowl and also a brown Chinese ceramic jar.

There were a minimum of four vessels most likely used for food preparation or storage. Two of these were yellow ceramic rectangular baking dishes. Several fragments were a yellow and brown ware consistent with a Rockingham pattern, including portions of a “Rebecca at the Well” teapot. The yellow and Rockingham ceramic fragments were located near the boarding house; there were none in the living quarters.

DISCUSSION

Klein (1991:78) argues that in order to place ceramic analyses within an historical framework, researchers should ask the question: “Who purchased, used, and discarded the ceramic assemblages recovered from 19th-century sites?” In many cases the answer to this question is “women” (Klein 1991:78) During this time period domesticity was an important feminine virtue. Meals became more ritualistic with attention to more elaborate table service. Numerous different plates each with different functions were required for gentility (Wall 1991).

Women, however, were missing from the hospital administration, especially in the first half of its existence. The first woman officially involved in the hospital was Jane Gleason, the wife of steward John Gleason, who was hired as the cook in 1884. It is possible that the hospital stewards’ wives, especially Jane Gleason, were involved in purchase of the ceramics used at the hospital. However, even if the stewards’ wives were involved in purchase of the ceramics, they were probably not purchasing them to confirm their own domesticity or their social standing.

Another institutional ceramic assemblage of the same time period as the hospital was examined by Daniel Elliott (1995). He analyzed the ceramics associated with a saloon/hotel dating from the late 1850s to the early 1860s at Forks of Butte, a rural Gold Rush-era settlement. This assemblage was overwhelmingly white improved earthenware, similar to the hospital. However, the Forks of Butte assemblage had a variety of plates, saucers, cups, bowls, deep dishes, Sydenham shapes, molded rims, baker’s bowls, decorative molded forms, and serving vessels. Very little of this variety of white improved earthenware is seen at the hospital.

A rural miner’s camp in Shasta County occupied slightly later than Forks of Butte (ca. 1877-1900) was excavated by Vaughn (1986). This site, too, probably lacked feminine input on ceramic

selection. Compared to the hospital there were few ceramic artifacts. It was all white improved earthenware but with various pieces noted—cups, saucers, plates, a bowl, platters, etc. Again, this variety of form was not found at the hospital.

CONCLUSION

This excavation was a unique opportunity because civilian hospitals in this era were rare. The locations of the artifacts indicate communal dining and a central cooking area near the boarding house. Food was probably taken to the living quarters, or lodges, for those patients too ill to come to the dining room. Little or no attention was paid to conventional Victorian meal service.

The Chinese ceramic may have been used or purchased specifically for the Chinese patients. However, patients of many nationalities were cared for at the hospital, and with this single exception there is no evidence of ethnicity in the ceramic assemblage.

Ceramic assemblages of the same region and time period were predominantly white improved earthenware. However, whereas the hospital assemblage was monotonous, with unadorned plates, few cups or saucers, and fewer serving pieces, the other assemblages had a variety of different pieces, often sold in a set. The hospital did not participate as extensively in consumerism as did even rural, isolated mining camps. Utilitarianism, conformity, and economy were the norm.

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