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LA THÈSE A ÉTÉ
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A TALE OF TWO CITIES :
MONTREAL AND THE SMALLPOX EPIDEMIC OF 1885

by
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Studies and Research of the University of
Ottawa in partial fulfilment of the require-
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INTRODUCTION

On the night of February 28, 1885, a case of smallpox was discovered at Bonaventure Station in Montreal. The victim, a Pullman car conductor on a train from Chicago, could not be safely isolated at his local residence, a boarding-house. Nor could he enter the civic smallpox hospital which had been closed for four years. The Montreal General Hospital refused to admit smallpox patients. But at the Hôtel-Dieu, where the same policy usually prevailed, doctors succeeded in obtaining a bed for the sick man. They failed, however, to warn the hospital management of the exact nature of his malady; so mild was his case that it was treated as chicken pox. For three weeks he shared a room with other patients. Then, shortly after his release, an unvaccinated hospital employee fell ill with smallpox. After her death on April 1, the disease rapidly began to appear amongst the other hospital personnel and the patients, who numbered about 240 in all. The hospital undertook emergency vaccination of everyone within its walls and it sent twenty-one cases to the civic smallpox hospital once the latter had belatedly re-opened on April 7. But, despairing of ever properly isolating all the smallpox victims from other patients and the visiting public, the faculty and administration of the Hôtel-Dieu decided to close for two weeks of thorough cleaning and disinfection. After April 14, they sent home all but about fifty patients who exhibited symptoms of smallpox. It was

a fatal error, since many of those discharged bore the incubating germs of the disease within them.¹ Ironically, in trying to protect people from smallpox, the hospital had launched it upon a deadly assault of Montreal.

Then, as now, smallpox was considered one of the most highly contagious of all known diseases. Caused by the variola virus, it is spread by direct or indirect contact with the skin lesions and the nose and throat discharges of its victims. The exact origin of smallpox was as yet unknown in 1885 but the ease of its transmission was well recognized. A smallpox patient would soon contaminate the air surrounding him and any nearby object or surface: clothing, furniture, paper, pets and animals, food, water and soil. An infected object could remain dangerous for years.²

Once contracted, the typical case of smallpox followed a fairly well-defined course. Medical descriptions from the Montreal of 1885³ differ little from those of the present day.⁴ First there was an asymptomatic, incubation period of about two weeks duration. Then the earliest, premonitory symptoms appeared: head-aches, vomiting, back-pains, a burning fever, and lastly a reddish skin rash. From about the third to the seventh day of illness, small blisters or eruptions appeared on the skin and grew into large, liquid-filled pustules while the patients fever subsided. After the seventh day,⁵ the fever returned briefly and the pustules gradually



dried up, leaving scabs which would drop off, in turn often leaving deep scars as a life-long reminder of the disease. Although feeling better, the patient remained extremely contagious until the last scab had disappeared and his skin was entirely healed, a condition which usually took at least three or more weeks' convalescence.

While this was the average case of smallpox, in fact attacks of the disease varied a great deal in severity, according to the state of health and predisposition of the individual patient. As with the Pullman conductor, the disease could be mild enough to risk confusion with chicken pox. More severe cases might feature 'confluent' rashes in which the smallpox pustules ran together, forming continuous lesions across the patient's body. In such cases, the chance of death was much greater. At its worst, smallpox appeared in a fatal hypertoxic or 'hemorrhagic' form, sometimes called 'the black pox' or 'picote noire' because the victim's skin often darkened before death.⁵ This, then, in its various forms, was the disease which became epidemic in Montreal in 1885.

What impact did the epidemic have upon the city? How did its people and their leaders react to it? This thesis studies the response of Montreal — both the city proper and certain suburban municipalities since the disease did not respect political boundaries — to the smallpox epidemic. Contemporary accounts in the daily press of Montreal constituted the major primary source for the thesis;

reports of the city Health Department and the local medical press were also used. The newspapers were in effect a double entity in terms of research, since they were both reflectors and actors, both conveyors of information and participants in events in Montreal. The latter role, of course, affects the former to some extent, so that some care was required in using the 'news' as factual evidence. By studying events through the accounts of the several major papers together, one can at least hope to offset the distortion due to any one newspaper's bias or orientation, be it francophobia, for instance, or special interest in some particular course of action. Occasionally, evidence from other sources provided an additional measure against which to judge newspaper reports, and vice versa. Government statistics, for example, were inexact and marred by discrepancies and gaps; yet, taken as a whole, they presented a roughly consistent picture corresponding to the evidence in newspapers and elsewhere.

Sifting, weighing and piecing together such sources, the thesis argues that Montreal's response to the epidemic was marked by a basic division of the city's inhabitants between two contending sets of attitudes and approaches to the disease. On one side, anglophones and middle-class French Canadians generally feared smallpox and took precautions against it. On the other, lower-class French Canadians generally tolerated the disease and eschewed

precautions.* Because of the severity of the epidemic, the two approaches could not remain in peaceful coexistence. The part of Montreal where the former attitude prevailed sought with its power in business and government to impose its response upon lower-class French Canadian Montreal. The latter strongly resisted, sometimes even with the approval of some middle-class French Canadian voices in the press and the local political arena. Thus, several months of conflict ensued before anglophone and middle-class French Canadian Montreal finally succeeded in ending the epidemic.

Chronologically, the thesis falls roughly into two parts. The first four chapters portray the various protagonists in the conflict over the epidemic: chapter one, the municipal health organization as it existed and dealt with smallpox until the end of August, 1885; chapter two, the doctors, and the divisions amongst them concerning smallpox; chapter three, the people of Montreal as a whole,

*The terms used to describe the two elements of the French Canadian population may seem rather imprecise. The term 'working-class' might be clearer and more appropriate in most cases for those who avoided smallpox precautions, since it is by and large working-class or wage-earning families to whom I refer. However, I refer also to some people, neighbourhood shopkeepers, for example, who do not exactly fit that rubric. Hence the use of a more inclusive term, 'lowerclass'. As for the 'middle-class' French Canadians who sided with anglophones in pursuing measures against smallpox, they comprised businessmen, professionals and their families.

divided in their experience of and their attitudes and behaviour towards smallpox; and chapter four, the press and the business community and their changing stance regarding the disease. In tracing that change, the fourth chapter also marks a turning point, showing how the stage was set for the confrontation between the two parts of Montreal and their contrasting approaches to smallpox during the remainder of 1885. Chapters five and six deal with the conflict itself and its outcome regarding isolation measures and vaccination, respectively. The concluding chapter serves as both summary and epilogue, pointing out some of the implications of the conflict for Montreal civic politics.

CHAPTER ONE

SMALLPOX AND THE EARLY

PUBLIC HEALTH ORGANIZATION OF MONTREAL

Simple recette pour obtenir une épidémie durable,
franche, active, corsée: Rx Déchets de maison)
Excreta humains) quantité égale
Eau stagnante)

Laissez le tout se décomposer lentement, graduellement sur une certaine étendue de terrain recouvert en grande partie de logements habités d'une population insouciante des précautions hygiéniques. Laissez fermenter au milieu des gaz délétères qui s'échappent de dix milles fosses fixes et cinq milles bouches d'égouts, respirez à l'aise les émanations de ce produit complexe et quelques mois [sic] vous obtiendrez la série complète des épidémies de maladies contagieuses dans l'ordre suivant: rougeole, scarlatine, variole diphtérie et fièvre typhoïde. L'efficacité de cette formule a été éprouvée sur une grande échelle par la Ville de Montréal...

.....A Montréal, [cette recette] est généralement approuvée par le Conseil de Ville et officiellement autorisée par le Comité de Santé.....¹

So wrote a critic of sanitary conditions in Montreal in August, 1885.

In fact, poor sanitation was a minor ingredient in the mixture of factors responsible for Montreal's smallpox epidemic. But it was symptomatic of a crucial reason why smallpox did flourish in the city: the consistent, chronic ineffectiveness of municipal public health activities. This failure stemmed partly from the civic health organization itself, and partly from the inadequacy and flaws of the various responses to smallpox developed in the 1870s and relied

upon in early 1885. As a result the municipal authorities proved unable to prevent the rise of a severe epidemic by late August of that year.

Montreal developed its civic health organization during the 1870s. At the beginning of that decade, the city possessed a Board of Health comprising the mayor and the City Council's standing committees on police and health matters. It was chiefly responsible for removing unsanitary 'nuisances' and quarantining contagious diseases.² The Board had first named medical health officers on a permanent basis in 1868³ and thereafter it usually employed two full-time officials to implement its orders and superintend a small force of less than a dozen 'sanitary policemen'.⁴ However, this rudimentary structure was meagrely financed and the Board largely inactive because of lack of interest on the part of most city aldermen.⁵ In 1875, Dr. William H. Hingston won election as mayor partly on a platform of reforming the civic health organization.⁶ His efforts culminated in the adoption by City Council of a new, comprehensive health by-law in late 1876 and, with it, the creation of a full-fledged health department. By-law 105 made the Health Department, headed by the Medical Officer of Health, Dr. A.B. Larocque, responsible for sanitary inspection and control in a variety of areas and for the inspection and control of contagious diseases. It also altered the composition of the Board of Health, whose decisions the Department would implement, by allowing the City Council to appoint

as many qualified citizens as aldermen to regular membership on the Board along with the mayor ex-officio. Outsiders with medical expertise were expected to put new life into the health organization. Meanwhile, health department officials exercised increased influence on an executive sub-committee of the Board which met weekly and took effective charge of public health decision-making.⁷

However these organizational reforms barely outlasted Hingston's tenure as mayor and the City Council soon reassigned to public health questions their traditional low priority. In 1878, over six months went by before the Council even named a Board, while aldermen wrangled over the nature of its membership and even questioned the necessity of its existence. "Each time the question of reorganizing the Board was brought before the Council, there was such a confusion of ideas and such a want of understanding among the aldermen that they could never come to a decision."⁸ And while the City Council procrastinated, it steadily reduced the Health Department's annual allotments from the city budget.⁹ By the 1880s the Board of Health had reverted to an entirely aldermanic Health Committee.¹⁰ The Medical Health Officer complained that aldermen shunned their health duties in favour of other committee work and their private businesses.¹¹ Local medical critics continually charged them with medical ignorance, incompetence and inaction.¹² But the municipal politicians remained in firm control of the civic health organization.

In the spring of 1885, Montreal had basically the same health organization. Seven aldermen sat on the city's Health Committee. The committee chairman, pharmacist Henry R. Gray, was an advocate

of improvements in the civic health organization.¹³ Honoré Beaugrand, Montreal's newly elected mayor, had also expressed a concern for public health reform and attended Committee meetings.¹⁴ Nevertheless, the aldermen continued in the slow and indecisive pattern of the past.

In May, while smallpox slowly took hold in Montreal, Beaugrand persuaded the City Council to allow an experimental reform. He established an advisory commission composed of himself, Gray, the chairman of the Council's Finance Committee, and one doctor from each of the four medical faculties in the city, which would assist the Health Committee on questions of sanitation and contagious diseases.¹⁵ The commission's first task was to nominate a suitable candidate to head the Health Department, since by May, the Department's mishandling of smallpox had thrown its leadership into doubt. Dr. Lafoque, still the Medical Officer of Health, was dismissed for neglecting his duties¹⁶ and his temporary replacement was the object of criticism because of his work as a public vaccinator.¹⁷ As long as the leadership of the Health Department lay in limbo, no concerted initiatives against smallpox could be expected. It was not until June 22, however, over one month later, that a credible successor, Dr. Louis Laberge, was chosen. Beaugrand's advisory body approved almost a dozen applicants, the Health Committee wrangled interminably over which was most acceptable, and the aldermen had the final say, with the decision eventually emerging from a stormy Council session

during which the sole doctor on the Committee resigned in protest. The mayor's attempted reform had had little if any effect and no more was heard of the advisory commission.¹⁸

The lack of interest among aldermen at the top of the health structure often had its counterpart among the sanitary policemen at the bottom because of 'jobbery' and patronage. "[w]hile some ... are capable", one newspaper complained, "others appear to have been appointed on the same principle as members of the Board of Health, because they knew less about sanitary affairs than anyone else, and on account of their possessing in a high degree the faculty of getting tired."¹⁹ Newspapers also complained that there were too few sanitary policemen to perform the ordinary, everyday tasks of the Health Department,²⁰ let alone cope with burgeoning epidemics. But that again merely reflected the apathy, confusion and inertia of the aldermen in charge of Montreal's health.

Confronted with smallpox, the civic health organization responded in a number of ways, each of which proved ineffective. First it was necessary to keep informed of the location and extent of the disease. But, the Health Department could not yet adequately detect contagious disease. No one knew how many individual cases of illness occurred in Montreal each year. The health authorities often learned of sickness only after it had proven fatal.²¹ Indeed until 1885 the death statistics compiled from cemetery records were the most reliable indication of the extent of disease in Montreal. Although the health by-law of 1876 obliged doctors and householders

to notify the Health Department of contagious diseases within twenty-four hours of their appearance, that obligation had generally gone unenforced. To find smallpox, then, the Department depended largely on the investigative work of its sanitary policemen.

This method of detection had little success. The health officials did manage to keep a fairly accurate count of all the early cases in the vicinity of the Hôtel-Dieu until late May.²² Once the smallpox gained momentum, however, it easily outdistanced the sanitary police inspections. The Health Department sent special forms to doctors, school authorities and business firms in the hope that they would cooperate by voluntarily listing any cases that came to their attention.²³ But this effort was of limited use for the same reason that many searches by health officers were fruitless. Both the public and many doctors actively concealed cases of smallpox. Householders constantly rebuffed the sanitary police. "When they make enquiries about a case", the Star reported, "every one seems to do his or her best to throw him off the track, and very often pretend that they do not know the names of their next door neighbours."²⁴ Doctors, too, simply refused to report cases or would "give out that their smallpox patients are simply suffering from measles."²⁵ Although the Health Department issued periodic public warnings about the illegality of hiding smallpox,²⁶ it was not until mid-July that it took an offending physician to court. By the time it had won a successful judgment against him,²⁷

it was early August, smallpox had long been out of control, and officials had no sure idea of how many hundreds of cases existed in Montreal.

For those patients known to the Health Department, the next step was isolation from other Montrealers. Usually this was attempted by quarantining the sick in their homes until they recovered. Usually the home quarantines failed. At first, when there were few cases, sanitary policemen could be despatched to guard infected houses, though not always with success.²⁸ This soon became impractical as smallpox spread. In June, the Health Department began posting bright yellow signs or 'placards' bearing the warning "PICOTTE-SMALLPOX" on infected dwellings in order to keep people away from them.²⁹ In May and again in August it sent the occupants circulars reminding them of provisions in the health by-law which forbade them to frequent shops, churches, schools, working or any other public places. A further circular was distributed in August with detailed instructions on the correct home care of smallpox patients.³⁰

But circulars and placards were not enough to keep many of the sick confined to their homes, nor visitors away from them. Few people took kindly to the placards. Although some 260 houses were eventually placarded by the end of August,³¹ the placarders met with hostile receptions wherever they went. Often if they succeeded in posting a placard despite onlookers' threats, they would no sooner turn the corner than down would come the placard.

Health officers investigating and replacing the missing signs suffered verbal insults and sometimes even physical assault.³²

"Tearing down smallpox placards is such a common offense", the Star observed, "that many people do not regard it as an offense at all."³³

In fact, the destruction of placards, like most other infractions of the civic health by-law, was legally punishable by up to forty dollars in fine or two months in prison. But in practice the Health Department lacked the necessary manpower to enforce the law.³⁴ Moreover it was difficult to designate responsibility for the often surreptitiously committed offenses. No placard-tearers appeared in court until August. Few if any other people were prosecuted for defying quarantine regulations by moving about the city as usual. Consequently smallpox victims and people in contact with them mixed with other Montrealers openly and with apparent impunity. They were sighted in the streets, in cabs, and on streetcars. They turned up in crowded courtrooms, marketplaces, and almost every conceivable type of public gathering or place, even in the City Hall.³⁵ Ironically, while contagious people roamed the city at will, city health officers found their own movements scrupulously watched and sometimes restricted lest they spread infection by accident.³⁶

In some instances, the quarantine work of the Health Department was further hindered by a lack of legal authority. This was the case when smallpox occurred on the same premises as small shops or stores, or in the homes and families of tradespeople such as

seamstresses, carters, hairdressers, hackdrivers, milkmen and others. A proper quarantine would have entailed stopping their business activities and health officials did advocate such business closures.³⁷ But with no specific power to do so, it seems they could not act. The new Medical Officer of Health, Dr. Laberge, repeatedly complained that such necessary powers were missing from the Health By-law.³⁸

Unable to establish effective quarantine, the Health Department even had difficulty enforcing the complementary measure of disinfection. It supplied poor, smallpox-afflicted families with free disinfectant, but there was no guarantee that it would be used. The employees it sent to fumigate dwellings after the departure of the disease were welcomed with everything from brooms to pistols.³⁹ This problem was not new. In 1877, the Department had managed to disinfect only about one-eighth of the buildings thought to be contaminated by smallpox. In the same year, the Medical Officer of Health reported that home quarantines were generally non-existent.⁴⁰

As a means of isolating smallpox, hospitalization was a surer way than all but the strictest of home quarantines. But again the health authorities failed to use it as an effective response to the disease. First of all, they failed to provide adequate hospital facilities. Montreal had possessed a civic smallpox hospital since 1874. Before then, smallpox patients were sent to special

wards in the Hôtel-Dieu and the Montreal General Hospital. That arrangement endangered other hospital patients and so, despite "the constant and determined opposition manifested by citizens living in or owning property in the vicinity",⁴¹ the city had purchased a small stone building on the east slope of Mount Royal Park to care for smallpox victims. However the hospital was of no use the day that smallpox arrived in 1885 since it had closed four years earlier when the disease appeared finally to have left Montreal.

Then, after the belated reopening on April 7, it soon became obvious that the hospital was too small. Critics of the building dismissed it as "une espèce de grange"⁴² incapable of comfortably holding more than two dozen patients. By the beginning of August and with only thirty-seven patients, it was badly overcrowded. Although the Health Committee and the City Council anticipated the problem in July, they wasted a month vacillating between two solutions: enlarging the hospital or constructing an entirely new one on a different site. Some aldermen seemed more concerned for Montreal's park-users than for its smallpox patients. They wanted the hospital moved so that it could not endanger or frighten away people from Mount Royal Park. They rejected an alternate site on Ile Ronde because it might alarm visitors to the park on nearby Ile Ste-Hélène.⁴³ Finally the aldermen agreed upon a temporary sixty-bed, wooden addition to the existing hospital. Three weeks in building, it opened at the end of August,⁴⁴ relieving the overflow of patients

who by then were being kept in the hospital garret and in tents outside.⁴⁵ To the dismay of the health authorities, the new space filled almost immediately and even more was needed. At the same time, it became increasingly difficult to maintain a reliable hospital staff.⁴⁶ By September the hospital was so crowded and poorly administered that the Catholic clergy would not encourage parishioners to go there.⁴⁷ Thus six months after the arrival of smallpox, Montreal still lacked adequate hospital accommodation for its victims.

Perhaps it was just as well, then, that there was widespread public antipathy to hospitalization. Few people would willingly go to a smallpox hospital or send members of their family there. From the first of May on, the Health Department encountered an ever-growing number of families who stubbornly refused to part with stricken children.⁴⁸ In a few instances that summer, it removed smallpox patients by force or with the threat of legal punishment.⁴⁹ The Health Committee chairman proposed forced hospitalization wherever there was disease in multiple family dwellings.⁵⁰ However, the health authorities lacked the clear legal authority to remove a sick person from any type of dwelling.⁵¹ They thus had to be content with persuasion as a means of hospitalization. Persuasion was seldom effective.

The inadequate civic facilities and the scarcity of willing patients meant that by September few of Montreal's smallpox victims had yet seen the inside of a hospital. In fact the city had so far

merely repeated its previous experience with hospitalization.

During the 1870s it had hospitalized only a small fraction of all smallpox cases, perhaps little more than one-tenth. Even the great majority of fatal cases were never taken to hospital.⁵²

Montreal's failure to contain the spread of smallpox by home quarantines and hospitalization was especially serious since a large proportion of the population was unvaccinated, and this despite more than twenty years of municipal vaccination work. For the benefit of poor families, Montreal had provided free, public vaccination since 1862, following the passage of legislation requiring children in the larger cities of Canada to be vaccinated within three months of birth.⁵³ Each year the Health Committee would name as many doctors as it deemed necessary to serve as public vaccinators at various advertised places and times. Usually the doctors would regularly devote a few hours of their office time to vaccinating all who presented themselves there; sometimes they would go the rounds of neighbourhoods, schools, and factories and visit unvaccinated people found by sanitary police inspectors. The City reimbursed its vaccinators according to the number of vaccinations performed or at a flat monthly rate of payment.⁵⁴ Although the Medical Officer of Health eventually credited this system with ending the long reign of smallpox in Montreal during the 1870s,⁵⁵ his annual reports told another story. Despite the municipal involvement, vaccination had made little headway in Montreal. In the thirteen years from 1871

to 1882, only about 31,000 people were vaccinated for the first time. Meanwhile an estimated 60,000 children had been born in the city.⁵⁶ Rather than becoming generalized, vaccination lost ground relentlessly, especially among those most endangered by smallpox, the young.

There were several reasons for the lack of progress. One was the wavering interest of city aldermen, for the municipal commitment to vaccination was often inconsistent and usually inadequate. Until 1877 Montreal fielded from as few as two to as many as twenty-four public vaccinators, with results that varied wildly, from 140 vaccinations one year to 10,500 the next. After 1877 the city regularly named only four public vaccinators and after 1882, five. Together they seldom performed more than 3000 vaccinations annually.⁵⁷ Furthermore the public vaccinators' work was marred by a series of vaccine-related accidents, mishaps which inevitably played into the hands of anti-vaccinationists and limited the potential public acceptance and use of vaccination.⁵⁸ Above all, the practice lagged because of a largely uncooperative public. Getting vaccinated was a voluntary precaution; much of the population was indifferent if not hostile to it. Each year hundreds of families routinely declined the services of public vaccinators who called at their doorsteps.⁵⁹ If they did not profess outright disbelief in vaccination, they would instead insist that it was too dangerous when smallpox was already in their households, that their children were too young or unwell, that the weather was too unseasonable, that an absent family member had first

to be consulted, or that they preferred a family physician to perform vaccinations.⁶⁰ Untold numbers of Montrealers simply could not be lured to doctors' offices by the offer of free vaccination.

Moreover, mandatory vaccination seemed out of the question. First the idea was unpopular. Even Dr. Hingston, the mayor and reformer of the civic health organization in 1875, warned that "talk of compulsory vaccination was nonsense, for if the Police Force of Montreal were one hundred times greater it could not enforce it."⁶¹ When the City Council nevertheless considered the inclusion of a compulsory vaccination clause in preliminary drafts of the city health by-law, violent medical and popular opposition forced it to abandon the idea.⁶² Secondly, the absence of a compulsory birth registration system throughout the period up to 1885 made effective, general enforcement of an obligatory vaccination law next to impossible anyway. The existing vaccination law of 1861, for example, already obliged parents to see to their children's vaccination but without a central register of births, the obligation existed on paper only.⁶³ Civic health officials^s did seek new provincial legislation to ~~improve~~ the gathering of vital statistics and increase city powers in areas such as vaccination but to no avail.⁶⁴ Resigned to the impossibility of compulsory vaccination, the officials could merely hope that the public would be soon educated to accept the precaution voluntarily.

In early 1885, municipal vaccination proved equally unpromising and for the same reasons. The city aldermen, in their wisdom, ignored

the Medical Officer of Health's wish for more public vaccinators. Indeed the Health Committee began the year by reducing their number from five to two. On April 7, a French Canadian physician was appointed to vaccinate in the east end of Montreal and the west end was allocated to Dr. W. Bessey, the chief supplier of vaccine to the City and many private practitioners.⁶⁵ For not quite a month the two men worked in the vicinity of the Hôtel-Dieu and visited orphanages, asiles, convents, and schools in search of unvaccinated children. They performed about 3000 vaccinations.⁶⁶ Then their work came to an abrupt halt when it was realized that the municipal vaccinators were leaving a trail of well-publicized 'accidents' in their wake. By the beginning of May it was evident that Dr. Bessey's vaccine had produced severe reactions. The newspapers reported children with arms swollen from hand to shoulder following vaccination. At the Asile St-Bethléem twenty children lay in bed with rashes covering an entire side of the body.⁶⁷ The physician of the Hospice St-Joseph announced that twenty-one of its orphans had suffered a serious skin infection after vaccination and he warned the public to avoid the civic vaccinators.⁶⁸

Once more, as in the 1870s, vaccination became an object of medical controversy and popular aversion. The health officials first tried to deny, then to minimize the mishaps. There had been relatively few 'bad arms', they insisted, perhaps no more than 200 out of several thousand vaccinations.⁶⁹ But these assurances failed to dampen the

public furor over the accidents and the growing doubts about the safety of the civic vaccine or even of vaccination itself. Two adventuresome newspaper reporters volunteered for public vaccination only to end up with a rash resembling smallpox itself.⁷⁰ Some families launched suits against the City because of the apparent ill effects of its vaccine.⁷¹ The president of the 'Société d'hygiène de la Province du Québec' denounced the municipal vaccine and advised his fellow doctors to boycott it.⁷² And inevitably, Montreal's anti-vaccinationists entered the fray, seizing upon the accidents as an opportunity to discredit vaccination itself. So great did the outcry become that public vaccination was suspended on May 12 and Dr. Bessey forced to resign as public vaccinator.⁷³

The City was not ready to resume vaccination until the end of August. Little if anything was done to obtain a reliable new vaccine until Dr. Louis Laberge's appointment in late June as the new Medical Officer of Health. A further month and a half went by before fresh vaccine arrived from a reputable Boston firm. Then the Health Committee hired four new doctors to perform vaccinations at their offices for a three-month period beginning on September 1st.⁷⁴ But it was much too little and far too late to prevent a severe epidemic. Vaccination was still as remote from many Montrealers as ever, and probably even more so because of the springtime accidents. Throughout the critical summer months, while smallpox gradually gained momentum among non-immunized Montrealers, municipal vaccination had been at an absolute standstill.

Thanks to still prevalent notions of the miasmatic origins of disease, there remained one other assumed avenue of defense from smallpox : better municipal sanitation. In actual fact, good sanitation alone cannot prevent smallpox. But in the Montreal of 1885, it seems, any and all contagious, epidemic diseases, including smallpox, were readily associated in the public mind with such sanitary evils as unhygienic privies, inadequate drainage, malodorous or badly maintained sewers, and garbage left to rot in streets and yards.⁷⁵ Correcting problems like these, through sanitary inspection and regulation, was in fact the primary function of the civic health organization. By investigating complaints, carrying out regular inspections, and issuing warnings and court-imposed fines, the Health Department was supposed to ensure a healthful urban environment : the purity of food and milk sold in the city; the cleanliness, proper drainage and ventilation of housing, workplaces and public buildings; the maintenance of privies; the efficient removal of 'nuisances' from streets and private property; the safe operation or prohibition of slaughterhouses and such "unhealthy, unwholesome, dangerous and obnoxious" establishments as soap and candle factories.⁷⁶ By 1885 the Health Committee was also responsible for contracting out the city's 'scavenging' or garbage collection work.

In its early years, the civic health organization may have made considerable headway in cleaning Montreal. But to judge from the repeated calls for improvement which issued from local medical journals and newspapers,⁷⁷ sanitary conditions in the city remained far from ideal at the beginning of 1885. The Health Department, as usual, lacked

sufficient, competent manpower. Perhaps it was also hampered by the fact that some matters, such as drains and sewers, fell within the domain of other city departments.⁷⁸ However, Montreal's poor sanitation was ultimately due to the apathy of city aldermen. One target of public criticism, for example, the scavenging service, was notoriously sporadic and inefficient.⁷⁹ Yet it was with great reluctance that the Health Committee replaced incompetent contractors when forced to do so in early 1885.⁸⁰ Sanitation, like other public health activities, was simply not a priority item on City Council. And so, throughout the summer of 1885, newspapers filled with complaints of filthy streets, rotting garbage, poor sewers, and crowded, ill-ventilated housing, always emphasizing the disease threat posed by such conditions.⁸¹

While Montreal acted ineffectively against smallpox, the suburban communities on its perimeter did even less. They lay outside the city's jurisdiction and none had a regular, functioning health organization. Yet Montreal's public health was inextricably linked to that of its neighbours because the suburban inhabitants intermingled freely with the city population. The surrounding municipalities were in fact the last straw which ensured that Montreal would not escape lightly from smallpox in 1885.

The suburbs became involved with the disease almost as soon as Montreal. Some of the earliest smallpox deaths occurred in April and May in the town of St-Jean Baptiste, just north of the

city limits.⁸² But this suburb did not establish a board of health until June,⁸³ by which time a local epidemic had already developed. The board began to placard infected dwellings but soon stopped because of public opposition.⁸⁴ Vaccination was also unpopular and therefore unused by the authorities.⁸⁵ There was no smallpox hospital since, it was claimed, the municipality could not afford one.⁸⁶ Eventually the local officials confined their efforts to distributing disinfectants, providing home care for poorer smallpox patients, and organizing a hasty, haphazard clean-up of the village.⁸⁷ The other suburbs were equally inactive. Although smallpox invaded St-Henri in early July, a local board of health appeared only after another five weeks and then only to give away disinfectants to needy households.⁸⁸ Similarly, at the end of July Ste-Cunégonde formed a board of health which merely distributed free disinfectant and engaged in some desultory sanitary inspection.⁸⁹ As a result of such inactivity, smallpox flourished on Montreal's very borders. In the first week of August it actually killed more people outside the city than within.⁹⁰

The civic officials were generally helpless to intervene. The Medical Officer of Health, Dr. Laberge, complained that even Montrealers could escape the city health regulations simply by moving across the city limits.⁹¹ From this suburban haven, smallpox returned to Montreal in force, borne amidst the thousands of participants and spectators gathered from the entire Montreal area

by a series of massive public events: the Fête-Dieu celebration, the funeral of Archbishop Bourget, and the return of the North-West volunteers.⁹² The disease-ridden suburbs thus steadily replenished the smallpox in Montreal even as the city's public health defenses were proving inadequate and ineffectual against the disease.

And so, at the end of August, the city officials found themselves facing a serious, inexorably spreading epidemic. Montreal had been ill-prepared for an onslaught of smallpox. The civic health organization was weak and hampered by the cautious and indecisive leadership of apathetic city aldermen. Slow to react, it could neither detect all the sick, quarantine or hospitalize them, institute safe, general public vaccination, nor achieve more than a mediocre record of sanitation. Nor could it touch the smallpox thriving in the neighbouring suburbs, a constant threat to the city's health. As in the 1870s, the official civic response to the disease had been almost totally ineffective. Such was the menace and the magnitude of the epidemic of 1885, however, that the municipal approach to smallpox had to change. In doing so, it was to confront both medical and popular opposition which till then had stymied the civic health organization.

CHAPTER TWO
SMALLPOX AND THE DOCTORS

Gardez-vous

Gardez-vous de laisser vacciner vos pauvres petits enfants. La vaccination n'est pas seulement contre-nature, impur [sic] et sale, mais grandement dangereuse pour la santé et la vie même.

À Montréal, la vaccination a engendré chez une foule d'enfants le germe de cette maladie dégoûtante qu'on appelle picotte. Ne permettez pas qu'ils soient ainsi empoisonnés par la pourriture animale ou le poison syphilitique de personnes dégoûtantes.

Notre principal officier de santé eût mieux fait de laisser de côté sa chasse imaginaire au vaccin pur, pour gagner honnêtement son salaire en tenant la ville propre.... Pour les autres poisons il y a des antidotes, mais pour la vaccine, point! L'audace, ou de l'ignorance ou du charlatanisme avec lequel on recommande actuellement la vaccination à la ville est presque incroyable.

- from an anti-vaccinationist circular,¹
August, 1885.

Municipal efforts to combat contagious disease in Montreal depended very much upon the active cooperation of the city's doctors. Unfortunately, in 1885, local medical practitioners displayed neither a united and uniform response to the disease nor complete and constant support for the work of the civic health officials. The best cure for smallpox was, of course, prevention. For most physicians,

that meant careful isolation of the sick and early vaccination of the healthy. However disagreement arose over the necessity of reporting smallpox cases to the municipal authorities in order to ensure proper isolation. Many practitioners resisted any such obligation. More important, an acrimonious, decade-old controversy resumed about the merits of vaccination. For some doctors, vaccination was anathema; they rejected it on both medical and ideological grounds in favour of sanitary and environmental improvements to Montreal. By vigorously promoting that alternative viewpoint, the anti-vaccinationists had contributed immeasurably to the failure thus far of municipal attempts to generalize vaccination. Ultimately, the medical dissension over the reporting of disease and vaccination meant that there would be not only less collaboration between doctors and civic officials, but also less public compliance with the municipal response to smallpox.

In 1885, there was relatively little that doctors could do for anyone so unfortunate as to have contracted smallpox. The best recommended treatment consisted simply of alleviating the patient's discomfort as much as possible while keeping him in strict quarantine. Ideally he would be placed in an isolated, well-ventilated room which was stripped of all but essential furnishings and sprinkled with disinfectant. Everything the patient touched also had to be disinfected. When feverish, he would be bathed regularly with cold or lukewarm water. He would receive a liquid diet, along with such purgatives as salt and balsam or saffron, or cream of tartar and sweetened water. He

might be administered alcohol to 'feed the fever' and sustain his nerves; a sedative might also be prescribed to help him sleep.²

During the eruptive period of the disease, the patient would be kept out of all direct light, perhaps by wearing a mask or having ointment applied to his face, since this was thought to help prevent permanent scars.³ Young children might have their hands wrapped or bound to prevent scratching and so minimize serious marking. Extreme cleanliness, considered vital at every stage of the sickness, would be emphasized especially during the final recovery, when bathing in carbolic acid would help to dry up and remove smallpox scabs. After the convalescent's skin had at last completely healed, he could leave his quarantined room.⁴ Undoubtedly, this solitary, palliative care brought the victims of smallpox little relief. But, properly performed, it limited their contacts with other people and so at least lessened the possibilities of spreading contagion.

Improperly performed, in less than ideal conditions, the contemporary medical treatment for smallpox could be much less effective in containing it. To ensure that correct isolation and disinfection procedures were indeed followed, as well as to keep tabs on the progress of the disease, the Health Department urged doctors to report all smallpox cases under their care. However, a great many private practitioners refused to do so.

Doctors incurred certain risks by treating smallpox patients. One was the possibility of inadvertently conveying smallpox germs

from the sickroom to the public outside. Another, more important, danger was the fear of such accidental infection amongst the rest of a doctor's clientele. That fear might well rob him of his regular practice and income. He therefore had a strong economic incentive either to avoid smallpox cases entirely or to be as secretive as possible in handling them. Some physicians chose the former course. "[D]octors in general practice do not care to attend to smallpox patients", the Medical Officer of Health, Dr. Louis Laberge asserted, "their patients would not care for them to do so, nor in fact is it safe for them to do so."⁵ Dr. Laberge even suggested that physicians be appointed to tend exclusively to smallpox. Later in the summer of 1885, he endorsed an instructional pamphlet on the home treatment of smallpox which assumed the reluctance of doctors to deal with the disease.⁶

Many practitioners, in fact, preferred to treat smallpox victims in secret, thereby concealing the disease. Not only did the secrecy ensure the peace of mind of other patients, and so the security of the rest of their medical practices, it also satisfied the patients involved: as often as not, they did not want their affliction to become public or official knowledge. Thus, after civic officials threatened to enforce a clause of the Health By-law requiring doctors to notify them of contagious disease, one practitioner protested: "C'est tout simplement forcer le médecin à se faire délateur, et dans beaucoup de cas, lui faire perdre à jamais le patronage de ses meilleurs clients."⁷ Economics and medical ethics similarly figured

in the arguments which other doctors made against compulsory notification. The first to be prosecuted by the Health Department, a French-Canadian physician who had not reported a child under his care, maintained that the Hippocratic oath did not allow him to divulge the illness of patients.⁸ Other members of the profession agreed: the confidential relationship between doctor and patient was inviolable. Contributors to L'Union Médicale du Canada also warned that doctors would stop treating smallpox entirely if forced to report it, that families would dispense with medical aid rather than be denounced by a doctor, that the public would simply patronize the practitioner who least obeyed the law.⁹ People would be deprived of doctors, these critics implied, and doctors of business. The court nevertheless upheld obligatory reporting, ruling that physicians were not bound to professional secrecy under the circumstances.¹⁰ But the verdict hardly altered the economic conditions which motivated doctors to conceal smallpox. Many remained hostile to compulsory notification; undoubtedly many smallpox cases continued to be doctored, whether properly or not, far from the scrutiny of the health officials.

Given the limitations of even the best treatment available to smallpox patients, and the risks posed for attending physicians, it was fortunate that in vaccination an effective means existed to prevent the disease entirely. Vaccination involves the introduction into the skin of 'vaccinia' virus related to both smallpox and the

cattle disease, cowpox. Normally the virus or vaccine causes a mild, localized reaction producing protective anti-bodies which render a person immune to smallpox. However, an examination is necessary one week after vaccination in order to ensure that a proper reaction does occur and the vaccination 'takes'. Since the resulting immunity lasts for only a variable and limited period of time, vaccination must be repeated, sometimes after little more than one year, and at regular intervals thereafter. Unless quite recent, a vaccination may neither prevent nor significantly modify an attack of smallpox. Furthermore not everyone can be safely vaccinated. Serious and occasionally even fatal complications arise in a certain, small percentage of vaccinations, sometimes due to the vaccine or technique used but mostly because of the state of health of the person vaccinated. For anyone with eczema, allergies, or any other condition entailing the least abnormality of the skin or the immunological system, vaccination is dangerous and usually avoided.¹¹ Nevertheless, for most people, it remains a simple and sure protection against smallpox.

By the 1870s and 1880s, vaccination had been known in Canada for more than fifty years.¹² However some of its limitations and risks were not yet completely understood. For instance doctors were uncertain of and apparently tended to overestimate the duration of the immunity afforded by vaccination. Only one re-vaccination might be recommended and that at anytime up to a decade after

the initial¹² immunization, although by 1885 most of the local profession also endorsed the idea of re-vaccination whenever smallpox became epidemic.¹³ In general terms, doctors recognized the necessity of certain precautions in vaccination: healthy subjects, pure vaccine, a proper and sanitary technique.¹⁴ Unfortunately these conditions were frequently difficult to attain, perhaps even more so than doctors of the time realized.

Physicians in Montreal knew that certain types of people were susceptible to vaccination complications. An individual's physical reaction to vaccine was believed to depend, like his reaction to smallpox infection itself, on many predisposing factors: "the disposition, the temperament, the condition of health, ...the period of life...and the period of the year."¹⁵ Generally anyone in weakened health stood at some risk from vaccination. In particular, doctors considered it unwise, ordinarily, to vaccinate very young infants and any person suffering from a skin ailment or contagious disease.¹⁶ But whether doctors then could identify as many high-risk candidates for vaccination with as much certainty as their present-day counterparts seems doubtful. Since smallpox was epidemic in Montreal throughout much of the period, it is probable that many such people were vaccinated anyway. To physicians in those circumstances, the perils of smallpox outweighed the possible dangers of vaccination.

To obtain reliable vaccine was a continuing problem in itself for Montreal's doctors. Much of the commercially marketed vaccine of

the time was of doubtful quality and the use of the 'arm-to-arm' method of vaccination compounded the problem. Vaccine lymph from a cow was 'humanized' by injection into the arm of a person whose resultant eruption in turn supplied vaccine for use on other people. Such vaccine was thought to guarantee a milder reaction with more durable effects than the alternative 'animal vaccine', which was employed simply as it was, after extraction from a cattle-beast.¹⁷ However, 'humanized vaccine' was difficult to keep in constant, fresh supply, lost its potency after prolonged use, and, most important, it carried the inherent risk of spreading infectious disease from unhealthy donors.¹⁸ Accidents attributed to those shortcomings brought about the establishment in 1878 of a private, local stable to cultivate 'animal vaccine' for sale to the City of Montreal.¹⁹ But the Medical Officer of Health, Dr. Larocque, still favoured 'arm-to-arm' vaccination.²⁰ Doctors seemed to be shifting their preference to 'animal vaccine' by 1885 but medical opinion was not yet unanimous on the question.²¹

'Animal vaccine' was not necessarily a superior product in any case, since adequate methods of purifying and preserving it had yet to be developed.²² It was just such vaccine, from the Health Department's local supplier, which probably caused the vaccination accidents of early 1885. So great was the uncertainty afterwards about the quality of the vaccine available in Montreal that many private practitioners, especially French Canadian doctors, hesitated to perform vaccinations. Finding trustworthy vaccine too difficult and costly to import for themselves, they waited for the Health Department to provide a new

supply.²³ Several doctors began to promote the idea of a state-controlled, non-profit 'vaccine institute' as the best solution to the problem of the scarcity of reliable, economic vaccine.²⁴

Vaccination was, in sum, an imperfect and hazardous practice in the 1870s and still so in 1885. Yet few doctors questioned its basic value. For most of the profession in Montreal, it seems, its advantages were incontrovertible and its drawbacks of comparatively minor consequence. In retrospect, some advocates of vaccination probably exercised less than due caution in lauding its virtues, stressing the beneficial possibilities of the practice without sufficient acknowledgement of its limitations and risks. For enough unsuccessful vaccinations and accidents inevitably ensued in Montreal that vaccination became open to attack from a minority of local doctors categorically opposed to it.

Two men led the medical foes of vaccination in 1885: Doctors Joseph-Emery Coderre and Alexander Milton Ross. Of the two, Dr. Coderre was the more important figure. A former patriote and ex-president of the Institut Canadien, he was by then seventy-two years old and professor of medicine and surgery at the medical faculty affiliated with Victoria College in Cobourg, the Ecole de Médecine et de Chirurgie de Montréal.²⁵ Coderre had begun to doubt the merits of vaccination while in charge of the smallpox ward of the Hôtel-Dieu between 1867 and 1872²⁶ and had been an active anti-vaccinationist ever since. During the 1870s he had gathered a small coterie of like-minded French-Canadian doctors, the most prominent of whom was

the "médecin naturaliste", Dr. Joseph-Alexandre Crevier.²⁷ Dr. Ross was, by contrast, a relative newcomer to Montreal with a decidedly unconventional past. After an American education in the "allopathic, hydropathic, eclectic and botanic systems of medicine",²⁸ he had embarked upon a remarkable career of reform, associating with American abolitionists, Mexican anti-royalists, and the Italian Garibaldi. He then retired to Canada to pursue naturalist studies and eventually to become engaged in sex education work.²⁹ This self-styled "radical reformer in religion, medicine, politics, sociology and dietetics, and...total abstainer from intoxicants and tobacco"³⁰ was also a passionate anti-vaccinationist. Ross quickly allied himself with Dr. Coderre and his colleagues in 1885. For despite their rather disparate backgrounds, they shared many of the same objections to vaccination.

Medical reasons formed one basis for those objections. Dr. Coderre was convinced that cowpox, vaccine, and smallpox were not distinct though related diseases but one and the same entity. This affliction was by nature "inflammatoire, virulente et gangreneuse".³¹ and while it might assume a relatively innocuous guise in cattle and other animals, he believed that, once transferred to humans, it was quite capable of generating smallpox. Rather than preventing the disease, then, vaccination was an excellent means of propagating it.³² Indeed, according to Coderre, a healthy person might be in as much danger living amongst vaccinated people as in the midst of smallpox

patients. Thus he felt that the automatic reliance of doctors on vaccination to ward off smallpox explained in large part why the disease was endemic to Montreal throughout the 1870s and became epidemic again in 1885.³³

To Coderre, vaccination also offended common sense. It struck him as illogical and ludicrous to vaccinate, and so endanger healthy people whom fate might never menace with smallpox anyway:

L'idée d'introduire dans un organisme sain le virus d'une maladie inflammatoire et gangreneux pour le préserver d'une maladie qui n'a d'existence, quant à lui-même, que dans une crainte imaginaire, qui conduit à dire: Je vais empoisonner l'organisme d'un enfant en introduisant dans sa constitution le germe d'une maladie maligne, de crainte qu'il prenne cette maladie plus tard [sic] cette idée semble révolter le sens commun. Cette pratique a-t-elle quelque chose de rationnelle? La maladie est-elle inévitable? Le remède est-il certain? Dans le premier cas, l'on peut dire que le grand nombre de personnes ne prend pas la variole: [sic] et dans le second, au contraire, le grand nombre de variables a été vacciné.³⁴

The notion of individual 'predisposition' allowed Dr. Coderre to bridge any apparent exceptions to this last observation by reference to the relative constitutional strength of people. Not everyone caught smallpox. Therefore, when shown a patient who had either escaped or suffered only lightly from smallpox following vaccination, the doctor invariably reasoned that he would have been able to withstand the disease in any case, regardless of vaccination. If, on the other hand, the patient had been predisposed to contract smallpox, vaccination would merely have ensured that he did so.³⁵

Dr. Coderre claimed that vaccination not only spread smallpox but could also transmit other painful illnesses. "Le vaccin peut produire des affections tuberculeuses, scrofuleuses, cancéreuses, syphilitiques", he charged. "Depuis l'introduction de cette pratique la diphtérie, le choléra, le typhus, l'alienation mentale ont pris une extension funeste."³⁶ He had witnessed some of the hideous ravages of vaccination first hand:

J'ai observé plusieurs ulcères gangreneux au bras, au visage et erysipèle phlegmoneux du bras, s'étendant à tout le côté correspondant, causés par l'inoculation du virus vaccin, et laissant même les cicatrices profondes, et souvent amenant la mort comme conséquence de cette opération.³⁷

Dr. Coderre's followers echoed his medical opinions of vaccination. They observed, for example, that smallpox grew in tandem with vaccination in Montreal, and ridiculed, as he did, the idea of injecting animal disease into perfectly healthy individuals.³⁸

Dr. J-A. Crevier concluded from his studies that vaccine acted in the human body

comme un véritable poison, indépendamment des autres maladies contagieuses et épidémiques qu'il peut communiquer par inoculation, telles que la scrofule, la consommation tuberculeuse, l'erysipèle phlegmoneux, la variole ou picotte, le cancer, la gangrène, la pustule maligne, le charbon, les maladies dartreuses, la rougeole, &c., &c., et même la folie!³⁹

Other doctors claimed to have seen the ill effects of vaccination among their own patients and even within their own families.⁴⁰

Dr. Alexander Milton Ross based his medical opposition to vaccination on a different and simpler premise. His unorthodox medical training had imbued him with a supreme faith in "Natural Medical

Principles" which forbade treatments of any kind in favour of letting nature work its course. Vaccine was a drug and so, far from preventing smallpox, contributed to its spread "by creating a susceptibility to the disease".⁴² According to Ross, vaccination was also "absolutely dangerous" because it "frequently cause [d] troublesome swellings of the arms and glands, and filthy diseases of the skin, blood, hair and eyes."⁴³ Ross tended frequently to dwell upon the animal or "beastly" and unclean aspect of vaccine with overtones of the danger of syphilis.

For the anti-vaccinationist doctors, the only sure solution to smallpox lay in making Montreal a sanitary physical environment in which to live. They were amongst the staunchest adherents of the idea that 'miasmes' produced by decaying organic matter were the root cause of contagious disease. "Je crois que les maladies épidémiques sont produites par des exhalaisons de gaz méphitiques provenant des canaux ou des marais", Dr. Coderre wrote in 1876, "et qu'elles doivent leur existence et leur expansion à l'incurie des hommes..."⁴⁴

Vaccination, he suggested encouraged people to overlook the dangers of such unhealthy effluvia. What Montreal required, instead was effective sanitary laws and an adequate, regularly flushed sewer system.⁴⁵ In 1885, Coderre maintained essentially the same position: "[la] cause déterminante de la maladie est dans l'air, et les causes prédisposantes sont dues souvent à l'encombrement des habitations

et à la malpropreté des gens et surtout aux mauvais état de nos canaux et égouts."⁴⁶ He again advocated daily flushing of the sewers, in addition to the cleaning of streets and yards and the prevention of crowded housing.⁴⁷

Dr. Coderre's colleague of the 1870s, Dr. Crevier, offered a similar, though more general prescription:

Qu'on fasse disparaître les eaux corrompues et toutes les matières végétales et animales; en état de décomposition, qu'on purifie l'air de tous les miasmes et de toutes les effluves délétères, qu'on observe la plus grande propreté sur soi et dans sa maison, qu'on ne fasse usage que d'aliments sains et nutritifs, qu'on évite les excès dans le boire et le manger; de suite nous verrons disparaître toutes les maladies épidémiques et contagieuses.⁴⁸

Coderre's ally in 1885, Dr. Ross, recommended "personal and municipal cleanliness"⁴⁹ for smallpox, which he considered a 'filth disease' linked to poverty and wretched living conditions:

Enforced sanitation is the Sampson with which we can crush out small-pox and other filthy diseases.. Defective drainage, uncleanness, overcrowded and badly constructed dwellings, ill-ventilation and unwholesome food are the exciting causes of small-pox epidemics.⁵⁰

A look at the poorer sections of Montreal had, he claimed, convinced him that the city was ripe for smallpox:

I found ten thousand seven hundred cess-pits reeking with rottenness and unmentionable filth...left to poison the air of the city and make it a seed bed for the germs of zymotic [contagious] diseases. Further I found the courts, alleys and lanes in as bad a condition as they possibly could be - decaying animal and vegetable matter abounded on all sides. Everywhere unsightly and offensive objects met the eye, and abominable smells proved the existence of disease-engendering matter, which supplied the very conditions necessary for the incubation, nourishment and growth of small-pox.⁵¹

Education in personal and community hygiene, strict sanitary laws to provide better housing and sewers, ⁵² plentiful pure water, and proper food would, in Ross' view, ultimately eradicate such shocking conditions. ⁵² Vaccination was merely a shallow diversion in comparison. "If our city authorities will give one-half the time and energy they now devote to calf lymph vaccine politics and contracts to thoroughly clearing every lane, ally, street and premises [sic] in the city", he declared, "we may defy small-pox and other filth diseases." ⁵³ "Get the people interested and self-preservation, if nothing else, will incline them to help the authorities in sanitary efforts." ⁵⁴

The anti-vaccinationists were motivated not only by their medical convictions but also by a distinct ideological orientation. To a certain extent, Doctors Coderre and Ross seem to have shared a basic antipathy to arbitrary interference by vested interests or the state in people's lives, a hostility to encroachment upon individual rights and freedoms by powerful establishments not accountable to the public, particularly the medical profession and government officialdom. This cast of mind, which was more pronounced in Ross than Coderre, was consistent with the respective backgrounds of the two men. Along with their medical ideas, it also gave them a strong resemblance to anti-vaccinationists elsewhere in Britain and the United States. ⁵⁵ The ideological aspect of the local anti-vaccinationists' arguments appeared when they explained the continuing use of vaccination by most doctors and when they attacked the idea of compulsory vaccination.

Why did doctors persist in vaccination if the practice was medically irredeemable? Dr. Coderre asserted that vaccination was "une pratique d'erreurs médicales...qui n'a eu de bas que le charlatanisme d'abord, et la routine ensuite."⁵⁶ Traditionalism and indifference prevented the medical profession from curbing its obsession with vaccination. Sometimes Coderre and his French Canadian followers insinuated that those English-speaking supporters of the practice favoured it because its discovery was attributed to the Englishman, Jenner, and because it was "une institution du Old country."⁵⁷ More importantly, they alleged that mercenary self-interest blinded the medical profession to the faults of vaccination. "En effet il faut avouer que la vaccination remplit une lacune fort appréciable dans un clientèle un peu maigre", Coderre typically observed in 1885, asserting that practitioners once satisfied with thirty cents for a vaccination now charged up to two dollars.⁵⁸

Finally, Dr. Coderre implied, doctors still promoted vaccination because the public was kept in ignorance about the practice and therefore could not challenge them. It was up to citizens to defend themselves from a medical clique:

All the world has an interest in guarding itself against the false zeal of doctors who are often more officious than convinced of the truth of the principle which they invoke. Interest, more than conviction makes the doctors here...act as vaccinators...⁵⁹

If the civic and medical authorities preferred to contain controversy about vaccination within the ranks of the medical profession, then Coderre saw that as a clear infringement of the public's right to

know about things of vital concern to it. "[L]e Bureau de Sante est une institution publique", he reasoned, "les résultats de la vaccination doivent être connus sans par cela manquer a l'etiquette médicale."⁶⁰ Not only was the safety of the public at issue, but its democratic rights:

Si la vaccine est bonne ou mauvaise, n'est-ce pas le public qui paie pour, et vous, les vaccinateurs, qui recevrez le paiement de cette opération plus qu'imprudente?... [V]ous espérez que...vous continuerez à rester les seuls juges compétents des bons ou des mauvais effets de la vaccine et des bénéfices qui en découlent jusqu'à ce que le public change les rôles et devienne seul juge de ses véritables intérêts.⁶¹

Dr. Coderre did not limit himself to expostulating the evils of vaccination and its promoters. On occasion, in early 1885, he pronounced upon other issues. He declared himself against the compulsory reporting of smallpox cases.⁶² He condemned compulsory hospitalization as an usurpation of parental rights and individual liberties.⁶³ These views did not set Coderre apart from the rest of the medical profession as much as his denunciations of vaccination. But they may be seen as further evidence of his ideological inclination.

Dr. Ross expressed an even more radical outlook than Coderre. Ross was a declared enemy not just of vaccination but of the entire "monopolistic medical oligarchy"⁶⁴ to which he felt most of his colleagues belonged. He characterized contemporary medical practice as "a colossal system of humbug and self-deception".⁶⁵ According to Ross, vaccination was simply one of its many "fetishes" or "poisonous

drugs": barbaric remnants of the ignorant, tradition-bound medicine of the past, kept alive only by the superstition and venality of doctors.⁶⁶ In fighting the oppressive medical system, he saw himself as aiding the cause of freedom and progress.

Naturally the anti-vaccinationists found the notion of vaccination as a compulsory measure totally repugnant. Dr. Coderre declared that to impose upon people a medical fraud like vaccination constituted a "crime contre la société".⁶⁷ It would mean forcibly entering households and work places and manhandling unvaccinated people, all for highly dubious, if not harmful, effects. Any mandatory vaccination law and the physical violence required for its enforcement would in Coderre's view be an affront to the natural rights of each citizen and each parent.⁶⁸ For his part, Dr. Ross labelled compulsory vaccination the "Tyranny of Doctorcraft"⁶⁹ and an assault upon individual liberties, which the individual had the "right to resist, by all means in his power."⁷⁰

The anti-vaccinationists vigorously promoted their ideas, both within the medical profession and amongst the general public. They became involved in several types of agitation during the 1870s. Dr. Coderre formally argued his point of view before the local medical society.⁷¹ He and his colleagues contributed articles and letters to local medical journals until as late as 1880.⁷² In support of his medical contentions, Coderre usually offered doctors three sorts of evidence: examples from a stock of local cases, personally

accumulated since the 1860s, in which people seemingly suffered smallpox or other misfortunes because of vaccination; copious quantities of statistics, both local and foreign; and supportive quotations from presumably eminent British, Continental and American authorities. When the anti-vaccinationists went outside the profession, especially by means of letters to the daily press, they usually presented the same kinds of proof. Often they concentrated their attacks upon vaccination 'accidents'. Dr. Coderre would write to the newspapers, challenging physicians who favoured vaccination to explain instances in which recently vaccinated children suffered afterwards from ailments such as 'severe skin inflammation'.⁷³ Sometimes the anti-vaccinationists resorted to more sensationalistic tactics. In 1874 they apparently arranged to have rather vividly coloured sketches and suitably repulsive photographs of swollen arms, supposedly belonging to vaccinated children, displayed in groceries and shop windows around the city.⁷⁴

Dr. Coderre and his followers actively battled compulsory vaccination. They were probably the organizers of a local petition in 1872 for the repeal of the compulsory vaccination provision legislated in the Canadas in 1861.⁷⁵ In 1875, because a compulsory vaccination clause was under consideration for the planned city Health By-Law, the anti-vaccinationists staged a series of public assemblies to denounce the idea.⁷⁶ A 'Ligue contre la vaccination compulsoire' was created, to provide legal resistance to the measure,

and a citizens' association, to promote public health while protecting people against "tout réglemeⁿt ou acte vexatoire du Bureau de Santé".⁷⁷

The campaign culminated spectacularly. A stone-throwing mob numbering in the thousands sacked the Medical Officer of Health's residence and invaded the City Hall as the Council was about to vote on the vaccination proposal. The frightened aldermen hastily abandoned the vote.⁷⁸

New accidents in 1885 revived the anti-vaccinationist agitation. Dr. Coderre wrote to Le Monde to deride the official explanations of the mishaps. The authorities, he declared, might as well be permitted to build human slaughterhouses as to continue vaccination.⁷⁹ He preached open defiance of the Health Department:

Les parents, les tuteurs, les gardiens des enfants
sont donc libres et même tenus d'empêcher par tous
les moyens justifiables que leurs enfants ne soient
empoisonnés par les agents des autorités municipales.⁸⁰

Dr. A.M. Ross meanwhile authored a series of letters to the Herald and the Star in which he set forth repulsive descriptions of vaccine "pus", assertions of its utter worthlessness, and a similar appeal to parents not to let their children be vaccinated.⁸¹ Eventually Ross resorted to sensationalistic circulars to advertise his ideas. By August, 1885, at least one had already appeared in the city streets.⁸²

Neither the ideas nor the zealous proselytizing activities of the anti-vaccinationists won them any sympathy from the rest of the medical profession. Most doctors in fact rejected the evidence against vaccination. They preferred other logical explanations for

the supposed victims of vaccination cited by Dr. Coderre. Some, it was suggested, might not have been properly or successfully vaccinated:

"Souvent il ne se développe qu'un petit bouton qui n'a pas le vertu de préserver et les parents comptent leurs enfants bien vaccinés."⁸³

Many more were thought to have already contracted smallpox, harbouring it in its invisible, incubation stage at the moment of vaccination.⁸⁴

Still others might have been recently exposed to another disease; when it then made a coincidental and unrelated appearance following vaccination, the latter would be wrongly held to blame.⁸⁵

Doctors also questioned the statistical proof against vaccination. They noted, for example, that local parish and city records often listed many earlier vaccinated smallpox victims without making such vital distinctions as whether the vaccinations had been recent or old, or even successful or not.⁸⁶

As for the medical opinions quoted by anti-vaccinationists, these too were considered suspect and condemned either as predictable testimonials from other opponents of vaccination or as unrepresentative excerpts from reputable authorities. The advocates of vaccination frequently replied to such evidence with a barrage of their own statistics and selected, expert opinion.⁸⁷

Finally the medical profession proved to its satisfaction the innocence of vaccination in the unfavourably publicized accidents connected to the practice. In each case, a special medical enquiry or some other form of the "calm, scientific and patient investigation"⁸⁸ preferred by doctors would exonerate vaccination itself and lay the blame elsewhere: on coincidence, careless or improper methods of vaccination,

bad vaccine, on the 'predisposition' of the victims themselves, even on bad weather.⁸⁹

Not only did most doctors refute the evidence against vaccination but increasingly they also discounted the anti-vaccinationists' alternative: sanitation. By 1885, recent developments in bacteriology and the new germ theory of disease were enabling medical science to distinguish between unsanitary conditions as cause and as simple conveyor of infectious diseases, implying ultimately a much less important role for sanitation in their control. The Medical Officer of Health in 1882, Dr. A-B. Larocque, reflected this change when he complained:

An error...regarding contagious diseases is the constant attributing of their origin to the gases exhaling from drains. Such gases might bring on debility of the whole system and predispose to contagious diseases. But the gases alone can never cause a contagious disease unless they are the vehicle of germs of contagion.⁹⁰

While strict sanitation might reduce the extent of contagions, it would not necessarily eliminate them. Thus, in the Journal d'hygiène populaire, which devoted extensive commentary to Montreal's sanitary scourges, a physician who still considered the improvement of the lot of the poor as one means of fighting smallpox nevertheless pronounced vaccination "certainement le moyen le plus sûr et le plus radical pour échapper au danger."⁹¹

Few doctors, then, opposed vaccination in Montreal. In 1875, a follower of Dr. Coderre had claimed that a third of the local profession openly rejected it and that "un grand nombre d'autres,

fortement ébranlés dans leurs convictions, se montrent fort tièdes sur l'article de la vaccination".⁹² But the confirmed anti-vaccinationists were, numerically, probably never more than a small medical minority. Other physicians reprimanded Dr. Coderre for unprofessional conduct in directing his provocative appeals to the public in the 1870s.⁹³ The medical journals which printed his articles disavowed his ideas.⁹⁴ By 1885, the anti-vaccinationists were reduced to a small, rather isolated group of renegade doctors. At the beginning of September, two successive meetings of Montreal doctors endorsed vaccination as the best and only preventive for epidemic smallpox and condemned all opinion to the contrary.⁹⁵ Among those present at the second gathering, meant to represent all physicians in the city, only three men dissented: Drs. Coderre, Crevier, and Ross. The latter was formally censured for distributing his pamphlets; the others, politely ignored.⁹⁶

Because the anti-vaccinationists directed dramatic appeals to the public at large, however, they wielded a disproportionately greater influence in Montreal than their rather outcast status among doctors might otherwise suggest. By keeping the vaccination controversy alive and in the public eye intermittently for fifteen years, particularly through deft exploitation of vaccination accidents, the anti-vaccinationist doctors undoubtedly left a significant, deep mark on the minds of many of Montreal's inhabitants. Certainly other physicians, civic officials, and newspapers almost unanimously

accused them of fomenting popular hostility to vaccination. "[C]es médecins", wrote one doctor, "semblent se faire un plaisir de semer la défiance au sein d'une population qu'ils savent être peu éclairée, et leurs dires et racontars, colportés par le comérage des faubourgs constituent...une des causes les plus efficaces de la résistance..."⁹⁷

In 1885, then, doctors as a group made a far from entirely complementary or acquiescent ally for Montreal's public health organization in the battle against smallpox. If most local physicians acted in concert with the civic authorities most of the time, nevertheless there were significant exceptions regarding two smallpox measures: the reporting of the disease, and vaccination. In both instances, in varying numbers and ways, doctors challenged the official, municipal response to smallpox. Prevention was the only fully effective medical approach to this contagious disease, since it had no cure. In fact, the value of even the best contemporary treatment for smallpox lay less in the limited relief that it brought the sick than in the opportunity it offered to isolate the malady and so protect other people. However, while civic health officials concentrated upon maximizing that isolation in order to contain an epidemic, medical practitioners were first of all concerned with maintaining a clientele. This economic motivation made many doctors unwilling, even under legal pressure, to reveal the smallpox cases under their care, an action which would have better enabled the Health Department to bring its attention and powers to bear on smallpox in the city. In

addition, Montreal harboured a small faction of doctors who were fanatically opposed to vaccination. Medically, they claimed, it was not only useless against smallpox but actually conducive to it and a host of other afflictions; it was a lethal diversion from the various improvements in sanitation which were the real key to eradicating smallpox. Furthermore those doctors condemned vaccination as an ideological abomination representing the superstition and vested interests of an oppressive medical establishment with which the City was in league. They had successfully fought compulsory vaccination as a menace to individual liberty and parental rights. Most physicians in Montreal rejected the anti-vaccinationist arguments and supported the use of vaccination. But unfortunately, it remained a risky and rather accident-prone precaution in 1885. By exploiting the accidents in sensational appeals to the public, the anti-vaccinationists had over a period of fifteen years accumulated significant influence in Montreal. Thus, with doctors in Montreal divided in their response to smallpox, some aided and even encouraged public resistance to the civic health organization in the form of concealing disease, and avoiding vaccination. However such resistance was also rooted in the realm of popular attitudes and behaviour towards smallpox, the subject of the following chapter.

CHAPTER THREE

SMALLPOX AND THE PEOPLE

A lady residing in the upper part of the city found one of her children stricken with small pox. Instantly she had the sufferer isolated. The rest of the children were sent to the country. The devoted mother remained and nursed her child and kept everyone from entering her house. The day for the washerwoman's visit came around. When the washerwoman called, she was told by the lady that she was not to enter the house, there was smallpox in it. "I am not afraid of smallpox, my two children have it", returned the washerwoman.¹

In terms of the way its inhabitants experienced and reacted to smallpox, Montreal might well have been two separate cities. Moreover, for the municipal health officials, contending with outbreaks of smallpox largely meant contending with one of those cities: lower-class, French Canadian Montreal. The very incidence of the disease divided the people of Montreal, leaving anglophones and middle-class French Canadians relatively unscathed, while lower-class French Canadians bore the brunt of the epidemics. A striking difference in attitudes and behaviour towards smallpox set those sections of the population even further apart. For anglophones of all classes and for middle-class French Canadian families, smallpox was a fearsome and unnecessary scourge which they did their best to avoid. But lower-class, French Canadian Montrealers viewed and approached the disease differently. Their outlook and behaviour merit special attention; more than apathetic and ineffectual civic officialdom or uncooperative doctors, they were the

underlying reason why smallpox flourished in Montreal. A combination of economic and cultural factors inclined lower-class French Canadians in the city to accommodate their lives to the suffering and death occasioned by smallpox, rather than try to banish the disease from their midst. Consequently they were unreceptive and unamenable to most of the activities undertaken against smallpox by the civic health organization.

The people of Montreal did not share an equal acquaintance with smallpox, even though the disease was sometimes portrayed as the common enemy of all. Amongst the English-speaking population, 793 smallpox cases were reported in 1885;² 96 Protestants and 181 non-French Canadian Catholics died from the disease,³ the most prominent victim being 78 year old Sir Francis Hincks.⁴ Smallpox also brushed the estate of Hugh Allan, attacking a lodge-keeper at 'Ravenscrag'.⁵ As well, it attacked some middle-class French Canadian families.⁶ Sometimes the death of well-known or promising professional men would be noted in the French-language press.⁷ At such moments, newspapers were moved to comment that Montreal's epidemic sought its victims at all levels of society. The Star went so far as to declare:

Our calamity levels all conventional distinctions. It has borne to the grave a thousand infants from the suburbs, and laid low a venerable statesman in his mansion.

Infection conveyed by a servant has gone to the stately portals of a steamship king from a humble dwelling near a marketplace. No aristocracy of wealth or position exempts any citizen of Montreal from the universal loss and grief of its epidemic.⁸

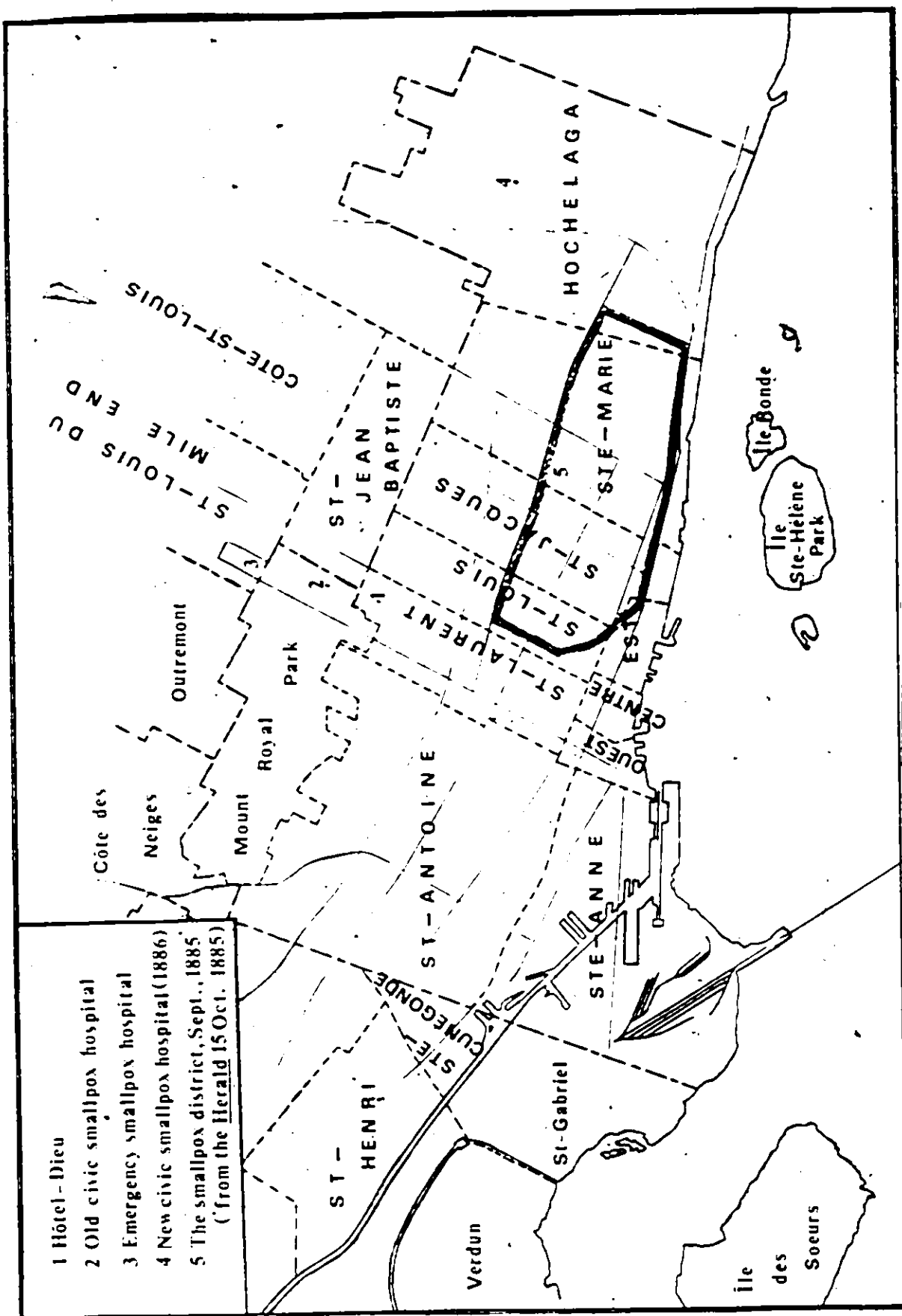


Figure 1.: MONTREAL AND ENVIRONS, 1885

But the evidence left in the wake of the epidemic points to a very different conclusion. Smallpox was in fact quite selective in its choice of prey.

Above all, smallpox was the disease of children of French Canadian families inhabiting the poorer, working-class districts of the Montreal area. Disease statistics were one indication of this. In 1885 the City Health Department recorded 4771 smallpox cases and of these, 3978 involved French Canadians and 3330, children under ten years of age. Most occurred in the poor, densely populated, French-speaking wards of the east end: St-Jacques and Ste-Marie.⁹ The number of known smallpox cases was only a fraction of the real total, which educated guesses based on the death toll placed as high as 12,000 cases.¹⁰ This was in an estimated total city population of 167,500.¹¹

The available mortality statistics present a similar picture of the physical impact of the epidemic upon the people of Montreal. According to the Health Department, there were 3164 deaths from smallpox in 1885. 2387 of the dead were French Canadians and 2547 were French Canadian children under the age of ten.¹² Urban 'mortality statistics' compiled for the Dominion government also indicate that the French Canadian child was the principal casualty.¹³ As well, the Dominion statistics suggest that more than three quarters of the smallpox fatalities in Montreal in 1885 came from families whose head was either an unskilled labourer or some other member of the city's industrial proletariat.¹⁴

Geographically, the deaths were concentrated in the east end. According

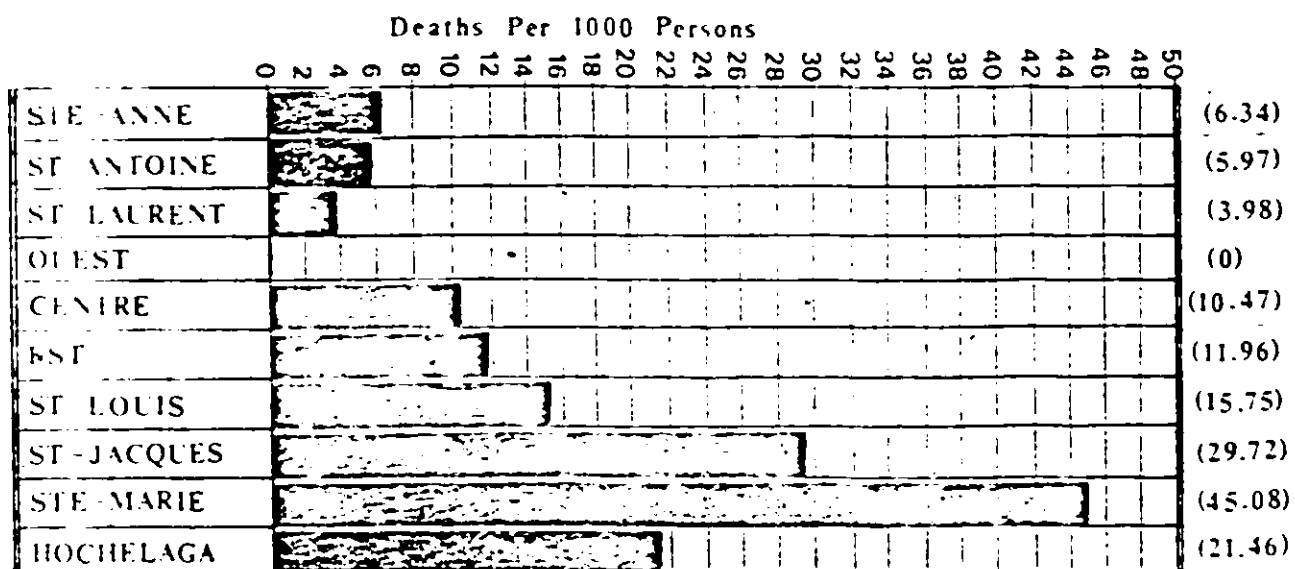


Figure 3 : SMALLPOX MORTALITY IN MONTREAL BY WARDS, 1885
 Source: Montreal, Rapport sur l'Etat Sanitaire de la Cite
 pour l'annee 1885, pp. 74-75.

to the City Health Department, 2057 people perished from smallpox in St-Jacques and Ste. Marie wards, where the respective mortality rates for the disease reached 29.72 and 45.09 per 1000 persons. In comparison, the combined death toll of the predominantly English-speaking, westernmost wards of Ste-Anne and St-Antoine was only 384; they experienced smallpox mortality rates of only 5.34 and 5.97 respectively.¹⁵

Contemporary newspaper accounts generally confirm the statistical evidence that the lower-class French Canadian neighbourhood was the typical haunt of smallpox. Routine reports placed the picotté in dingy, crowded tenements or districts of "small unhealthy dwellings and narrow streets",¹⁶ One case was discovered in a block of houses which sheltered more than 350 souls, including about 150 children.¹⁷ In such a setting, smallpox often claimed many victims at once. A single raid by health officers on one decrepit tenement building yielded one dead child and sixteen sick ones.¹⁸ At another location, eleven smallpox cases were discovered sharing a room space of about twenty by forty feet.¹⁹ The worst 'den' stumbled upon by health officers was a twenty-two room building in which eight rooms contained twenty-six unvaccinated children, half of whom had the disease.²⁰ The larger the household, the more casualties it could furnish. In one extreme instance, an entire family of eleven was hospitalized at once.²¹

The suffering and loss of life did not stop at the city limits for much of the impact of the 1885 epidemic also fell upon Montreal's suburbs. This is apparent from breakdowns of the regional death toll

which were printed regularly by the city press. In October alone, at least 239 and perhaps more than 300 smallpox deaths occurred in the adjacent municipalities.²² Worst hit were the lower-class, French Canadian suburbs of St-Henri and Ste-Cunégonde, to the west of the city, and St-Jean Baptiste and Côte-St-Louis, to the north. In St-Henri, according to the local curé, there were 115 smallpox deaths and 233 known cases up to the year's end.²³ By early November, only forty-five or fifty of all the families in St-Jean Baptiste were said to have escaped the disease.²⁴

One explanation for the prevalence of smallpox in the suburbs may well be migration. Many smallpox victims seem to have been relative newcomers to the Montreal area. In St-Jean Baptiste, according to a clergyman,

Most of the French Canadian families among whom the epidemic made ravages had but recently arrived from distant country parishes, whence they were driven by poverty next to starvation, and thus arrived ... quite ready to contract any disease, and ... so destitute as not to be able to change their clothes when needed.²⁵

In Hochelega, the easternmost and newest city ward, smallpox reportedly struck hardest amongst migrants of the last few years from Rimouski and Saguenay.²⁶ Nor was this a new phenomenon. In 1872, when smallpox broke out on the western limits of the city, a puzzled observer had remarked

que la population de la campagne qui s'établit en nombre dans cette partie est généralement la plus maltraitée. Est-ce dénuement, est-ce changement d'air et logements comparativement trop étroites. [sic] Peut-être les deux.²⁷

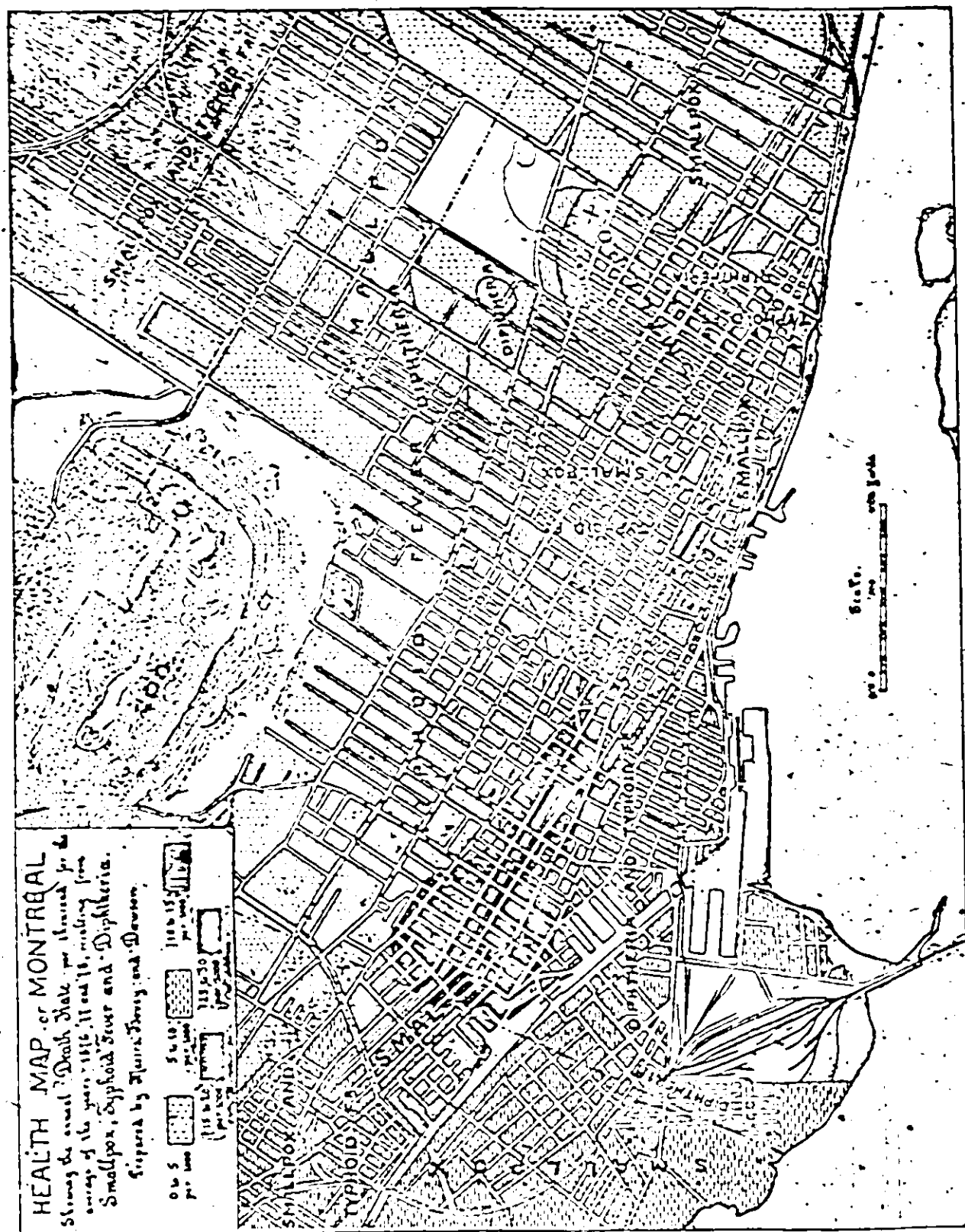


Figure 2 : COMBINED MORTALITY FROM SMALLPOX, TYPHOID FEVER, AND DIPHTHERIA for 1876, 1877, and 1878. Superimposed on the map are the names of the most prevalent diseases in particular areas of the city and environs. Source: the Witness, 21 October, 1885, p. 2.

A decade later, the Medical Health Officer considered the influx of large families to Montreal a threat to the public health, recalling that two-thirds of the smallpox hospital patients had been "unvaccinated and ... residing but a short time in the city".²⁸

In fact, in almost every aspect of its uneven distribution in 1885, smallpox followed a pattern established years before. During the 1870 s, when the disease was endemic in Montreal, it had ravaged the same portion of the population and much the same city and suburban districts. Of the 2554 smallpox fatalities in the six years, 1876-1881, 2166 were French Canadians and 1966 were French Canadian children.²⁹ Within Montreal,

the highest death tolls and mortality rates appeared

consistently in St-Jacques and Ste-Marie wards.³⁰ Outside the city proper, smallpox mortality was also significantly high, sometimes equalling and even exceeding that of east end Montreal. In 1877, when 506 deaths from smallpox occurred in Montreal, another 224 were reported beyond the city limits; most smallpox deaths in the city that year apparently occurred in areas adjacent to the suburbs.³¹ A 'health map' printed in the Montreal Daily Witness

(Fig. 2) illustrates, albeit imperfectly, the geographical concentrations of the disease in the Montreal region during part of the 1870 s. In 1885, the newspaper noted, smallpox infested the same areas as earlier, the only change being an even greater proportion of the city's smallpox found in the east end.³²

The people of Montreal, then, felt the impact of smallpox quite differently according to their ethnic group and class. Rather than being the common scourge of all, smallpox afflicted mainly the children of lower-class French Canadian families. Those families thus knew the disease as a familiar visitor to their homes, unlike other Montrealers who necessarily viewed it from afar. Paralleling this difference of experience and perspective was a stark contrast in attitudes and behaviour regarding smallpox. The people of the city were in fact divided by almost diametrically different reactions to the disease.

In English-speaking Montreal and in the city's middle-class French Canadian homes, smallpox generally provoked a mixture of fear and abhorrence. "Le seul mot de picotte", declared one doctor, "réveille la chair de poule aux deux tiers de la population."³³ This feeling was strongest amongst the anglophone population, verging upon a veritable panic. At one point in 1885, a newspaper felt it necessary to warn that undue fright itself might predispose people to smallpox attacks.

It is not wise to go in constant fear of the disease and having taken all possible precautions, the sooner the subject is dismissed from one's thoughts and the less it is made a topic of conversation, the better.³⁴

Indeed the fear was often as contagious as the disease. Imagined cases of smallpox flourished:

Si quelqu'un se sent malade il doit avoir la variole celui-là [sic] de suite la nouvelle se répand dans le quartier, les esprits s'excitent, le médecin est appelé et il constate qu'il n'en est rien du tout.³⁵

After the word 'epidemic' began to appear in newspaper headlines in 1885, the number of false cases reported to the Health Department soared, on some days far exceeding the total of genuine smallpox reports.³⁶

Anglophone Montrealers and middle-class Montréalais reacted to smallpox in ways that reflected their fear and repugnance. They treated the smallpox victim as an outcast, with results that were sometimes ludicrous, sometimes cruel. When a man on trial admitted to coming from an infected house, he caused an immediate commotion in the courtroom: "In a second lawyers and spectators cleared from their usual position and gave the man a clear berth. Even the clerk of the court did not appear at his ease".³⁷ When, as often happened, a sick person wandered into City Hall in search of help, she provoked "a regular stampede" to the exits.³⁸ On occasion, smallpox patients were abandoned and stricken families abruptly turned out of their lodgings into the street.³⁹ In one instance, a worker lay delirious and dying in a Griffintown street overnight while onlookers, passers-by and even policemen kept their distance.⁴⁰ On another occasion, municipal labourers could hardly be persuaded to continue work near the site of a recent smallpox death.⁴¹

Anyone and anything remotely associated with smallpox aroused terror. Thus a health officer who boarded a street car caused an uproar: "rien de plus comique ... que les gentlemen passagers; va sans dire [qu'il] a dû déguerpir".⁴² A quarantine sign disrupted pedestrian traffic on a busy street.⁴³ The appearance of a smallpox ambulance in busy streets led to complaints because "the very sight of the hideous thing [was] enough to frighten

people of weak nerves."⁴⁴ Parked ambulances and a disinfection shed at the east end of the Champs de Mars drew protests from prominent French Canadian residents in the area until ~~the~~⁴⁵ their local alderman had the offending objects moved.⁴⁵ The smallpox hospital naturally caused shudders on all sides. Some people felt "une espèce de saisissement indéfinissable" at the mere mention of the place.⁴⁶ It was, in fact, renamed 'St. Roch's Hospital' in the summer of 1885 "in order to remove the objections that some patients had to any place called a smallpox hospital."⁴⁷

Some of the fearful sought to flee smallpox entirely or at least to avoid the most likely areas of danger. Those who could left Montreal or sent children to relatives in the countryside.⁴⁸ The wealthy prolonged their stay at summer residences, resorts or hotels, some of which enterprisingly advertised local safety from picotte.⁴⁹ Many English Montrealers stopped using city streetcars rather than risk exposure to smallpox.⁵⁰ Similarly, some French Canadians in the west end of the city attended church with the local Irish Catholic congregation instead of going to their own church in an area rife with smallpox.⁵¹

For many of those terrified by smallpox, nostrums and home remedies were another way to cope with the disease. Newspaper advertisements touted the supposed miraculous powers of dozens of patent medicines and disinfectants, each invariably promising to alleviate suffering, to prevent disfigurement, to cure smallpox, or to prevent it altogether.⁵² The local press also published a variety of recipes and ideas to cure, mitigate or prevent smallpox. The quantity of such publicity alone suggests that there was an appreciable public demand for this sort of response to smallpox.

The remedies which Montrealers found in their newspapers were diverse. Many contained specific medicinal drugs. One cure, for example, called for a diluted solution of zinc sulphate, foxglove (*digitalis*), sugar, and water. A spoonful of this concoction once every hour would rid an adult of smallpox in half a day.⁵³ Most such formulas employed purgatives of varying strengths:

laxatives or cathartics such as brewer's yeast⁵⁴ and cream of tartar,⁵⁵ diuretics such as coffee⁵⁶ and saltpetre⁵⁷; substances to stimulate perspiration⁵⁸; even emetics such as zinc sulphate and tartarized antimony⁵⁹ to induce vomiting. Other smallpox remedies were less sophisticated. Onion slices hung above the bed of a patient would absorb the disease, hasten his recovery and protect other people in his household.⁶⁰ Plunging a sufferer's legs into a basin of cow-dung would bring relief by soaking up "l'humeur variolique".⁶¹

Whether these recipes were actually used is open to doubt. However people definitely did resort to other remedies. Alcoholic beverages, for example, seem to have been popular medicines. The temperance-minded Daily Witness complained that too many people were drinking liquor or applying it to their skin in the mistaken belief that this fortified the body against smallpox or hastened recovery from it.⁶² Camphor was another popular item. Both drugstores and street vendors enjoyed "a rushing trade" in the substance, whose pungent odour supposedly warded off germs.⁶³ But perhaps the most interesting smallpox remedy in use was derived from the plant known as sarracenia purpurea or pitcher plant, parts of which have stimulant, diuretic and laxative properties.⁶⁴ When boiled down and then drunk and washed with, it reputedly gave one quick, substantial relief from fever, hastened recovery

from smallpox, prevented permanent scars, and even protected one from contacting the disease in the first place.⁶⁵ Of Indian origin, this remedy had apparently seen use in Montreal before. Newspaper reports revived public interest in the plant in 1885, although they seem to have confused it with another wild flower, 'lady's slipper' or 'sabot de la vierge'.⁶⁶ In late August, after obtaining a sample and employing it successfully upon a sick child, the Oblate priests in Montreal arranged to make a supply available to the public.⁶⁷ Many druggists also sold a preparation made from the plant. News of the smallpox cure spread and a steady trade in the plant quickly developed.⁶⁸

Given the limitations of contemporary medical treatment for smallpox, cure-alls and nostrums had an understandable appeal to many people. Nevertheless the anglophones and middle-class French Canadians of Montreal responded to smallpox, above all, with the care and precautions recommended by physicians and civic health officials. Depending upon the circumstances, they conscientiously isolated sick family members at home or sent them to the hospital.⁶⁹ Most important, they had themselves and their families vaccinated as a matter of course when smallpox threatened. That, more than any other reason, explained the comparatively light impact of smallpox in the predominantly English-speaking west end, from the lowly Irish quarters of Griffintown to the affluent heights of St-Antoine ward.⁷⁰ In eastern Montreal, too, the disease seldom touched those streets such as St-Denis and St-Hubert which were "largely occupied by the higher class of French Canadians, almost all of whom [were] vaccinated."⁷¹

This did not mean that there was always full cooperation with municipal officials. From time to time, newspapers alluded to the fact that "respectable citizens" sometimes destroyed quarantine signs,⁷² concealed smallpox, and circulated in public despite sickness in their homes.⁷³ Some of these people rejected hospitalization out-right.⁷⁴ Health officials themselves complained about "rich families who would not let their relations go to the hospital, and yet persisted in going about the streets shopping and marketing."⁷⁵ Occasionally, too, such people balked at vaccination.⁷⁶

However, much of the middle-class resistance to the health officials did not reflect genuine opposition to smallpox precautions themselves. Rather, it stemmed from a concern for maintaining class prerogatives, especially that of privacy. Some wealthier citizens found placarding disagreeable because it rendered their misfortune public.⁷⁷ Indeed, the Health Department occasionally deferred to such feelings by placing placards on the back doors of houses in the west of the city.⁷⁸ Similarly, some of the well-to-do eschewed the hospital because it lacked the accommodation and comforts befitting their class. "I would sooner go to the hospital," remarked one manufacturer, "if I had a private ward and my own doctor. There are a great many like me, but we have no hospital and no private ward to go to."⁷⁹ Should that objection be overcome, middle-class sensibilities then made transportation a problem: "patients who absolutely refused to go to hospital in [an ordinary] ambulance had no objection to be removed there in a closed cab."⁸⁰ The same concern for privacy probably also determined when wealthier

Montrealers would willingly submit to vaccination.⁸¹ When the desired conditions of privacy or comfort were met, the middle-class defiance of civic officials disappeared.

In sum, shunning smallpox victims, avoiding persons, places, or things associated with smallpox, perhaps trying a patent or home remedy, carefully isolating one's own sick, and getting vaccinated, these were the essential, almost instinctive responses that most anglophone and middle-class French Canadian inhabitants of Montreal exhibited to smallpox.

Hardly a greater contrast can be imagined than the attitudes and behaviour toward smallpox which prevailed in lower-class French Canadian Montreal. Although the disease undoubtedly meant much grief for lower-class Montréalais families, paradoxically it did not cause them any great alarm. They were unafraid of smallpox and in fact often seemed quite at ease in its presence, as if it were simply an accepted part of everyday life. At most, lower-class French Canadians exhibited intense curiosity towards the disease. Usually they reacted to it with equanimity, nonchalance or just indifference. Never did they feel the terror which gripped so much of the rest of Montreal.

Lower-class Montréalais did not shun or flee the smallpox victim. Indeed, in a rather morbid way, they were sometimes attracted rather than repelled by the sight of a sick person. In 1885, crowds of jostling French Canadian spectators commonly formed around city ambulances. There they eagerly sought a glimpse of the scarred faces of smallpox patients leaving their homes.⁸²

Similar scenes occurred at the offices of the Health Department and elsewhere, in spite of official prohibitions.⁸³ Eventually this led to suggestions that the curious onlookers might have to be roped off as happened at fires.⁸⁴

At home, lower-class French Canadians did not keep the smallpox victim isolated from others in the household and neighbourhood. Instead, visiting was almost the order of the day. "[Q]uel est parmi nous", asked a doctor, "le médecin qui n'a pas vu au chevet d'un varioleux des commères du voisinage en visite de condoléance avec des enfants non-vaccinés suspendus à leurs jupes?"⁸⁵ Le Monde described a similar, typical scene: a mother rocking her sick child while other children played around her and women of the neighbourhood visited to gossip and knit, each with a child of her own in train.⁸⁶ According to another newspaper, people visited sick friends and relatives "tout comme il s'agissait d'une rhume ou d'une indigestion."⁸⁷ Likewise, the curé of St-Joseph parish observed that while some stricken parishioners were "abandoned by their friends", the homes of other afflicted families "were thronged every evening with the friends of the sick come to pay visits of condolence".⁸⁸ Not only did lower-class French Canadians freely call upon smallpox patients, but the sick themselves often circulated outside the home. Children with smallpox were allowed to play and mingle with other children in the streets.⁸⁹ Sick people strolled unconcernedly around the city, frequenting streetcars, stores, churches, parks and amusement places.⁹⁰ Far from being confined to solitary suffering, then, the smallpox victim enjoyed much sympathetic company and often considerable freedom of movement.

Not even in death were the victims of smallpox treated with caution or fear. Unlike the city health authorities, grieving parents were not necessarily interested in hasty burials. In one instance, despite official pressure for an immediate interment, a family which ran a grocery in a crowded part of the city kept a dead child at home overnight in an open coffin.⁹¹ On another occasion, a young victim received a street funeral.⁹² Often, friends and relatives of the dead, including children, escorted funeral processions to the cemetery.⁹³

Meanwhile the families of the sick were not necessarily deterred, from other social activities in the home. The occupants of one house held a wedding celebration lasting two days despite the fact that one child had already died of smallpox and two more were ill. Although the building bore a placard, La Presse reported: "ça n'a pas empêché plusieurs jeunes gens de faire à cette famille leur visite accoutumés; tous les jours, tous les soirs, ils se rendent là sans crainte, y causent et s'en vont sans peur et sans reproche."⁹⁴

More important, smallpox did not divert most lower-class French Canadian families from other normal activities outside the home, particularly their regular jobs. Family members and friends who were in close contact with the sick nevertheless continued to perform their work, whether in factories, at home, or elsewhere. Many had extensive contact with the public. Butchers, bakers, milkmen, washerwomen, carters, and hackdrivers, to name a few, continued to ply their trades, despite sickness in their homes.⁹⁵ Nor did they mind in the least serving infected customers or households containing

smallpox. Small shops in the east end often remained open despite the existence of smallpox on the premises.⁹⁶ In sum, it seems that for lower-class French Canadians, in sharp contrast to the rest of Montreal, the routines of daily life were little disturbed by smallpox.

Only in the realm of religion did these two very different approaches to smallpox overlap. There it seemed that Montrealers shared some common ground. According to religious interpretations, the smallpox scourge had been sent by God to test the faith of the city's people and to punish them for their sins.⁹⁷ A few interpreters were in fact, certain that the divine wrath had been incurred specifically by immorality and money-making associated with Montreal's last winter carnaval.⁹⁸ But whatever the reason for the epidemic, it required a proper spiritual response: public prayer and special acts of faith and contrition to win God's forgiveness. Some Protestant congregations shared in this response⁹⁹ but their doings were inconspicuous compared to the activities of Catholics in the city. On August 19, a special High Mass celebrated the feast day of St. Roch, the saint traditionally invoked against epidemics.¹⁰⁰ Thereafter, special public services, ceremonies, prayers, retreats, novennas, and vigils proliferated in order to obtain the intercession of the Virgin Mary or St. Roch against the smallpox and hasten its departure.

Catholics of every neighbourhood, ethnic group and class participated in these religious activities. Special High Masses were celebrated for different parishes, districts and streets in Montreal and the suburbs,¹⁰¹ for the members of such organizations as the Union St-Pierre, the Union St-Joseph, and

the Irish Catholic Society,¹⁰² and for various professional and occupational groups. The city's judges and lawyers sponsored the grandest church services.¹⁰³ Montreal's merchants and storekeepers also had a large service.¹⁰⁴ But if the "classes dirigeantes"¹⁰⁵ had special masses to attend, so too did many workingmen, often accompanied by their employers. Employees of the municipal waterworks,¹⁰⁶ the newspaper Le Monde,¹⁰⁷ the Richelieu Steamship Line,¹⁰⁸ and other firms¹⁰⁹ crowded into churches to pray for an end to the epidemic. The local organization of the Knights of Labour, the Société ouvrière de Ville-Marie, even arranged for an early morning service that workers could attend before their workday began.¹¹⁰

Street processions were surely the most impressive religious response of Catholic Montreal to the smallpox epidemic. On September 21, for example, some three thousand parishioners of Enfant-Jésus bore a portrait of St. Roch through the streets of Mile-End and Côte-St-Louis.¹¹¹ A week later more than three thousand people took part in a procession in the east end parish of St-Bridget¹¹² while two thousand men of St-Jacques made a special pilgrimage to Côte-des-Neiges cemetery to pray for a return to normal in Montreal.¹¹³ Further demonstrations occurred in October, the largest being the procession of the Holy Rosary in the parishes of Notre-Dame and St-Jacques. Before an immense crowd of spectators, an estimated five thousand persons led a statue of the Virgin Mary that Mgr. Bourget had carried through the streets almost forty years earlier during the 'grand choléra'.¹¹⁴ In Catholic Montreal, then, there was massive popular involvement in the religious response to the epidemic. Ironically many of the lower class French Canadians participating in these activities probably bore the smallpox contagion along with them, thus assisting its spread.

Besides displaying a complete and utter disregard for isolation precautions, lower-class French Canadians did not have their families vaccinated against smallpox. The latter fact was usually attributed to vaccination accidents and the malevolent influence of the anti-vaccinationist doctors. But the disuse of vaccination and indeed the entire lower-class French Canadian reaction to smallpox had deeper roots. They stemmed from a combination of economic and cultural factors.

Poverty and its attendant apprehensions played an important role in determining the response of lower-class Montréalais to smallpox. To the city's 'working poor', to the families that managed merely to subsist on the earnings of their members even in the best of times, epidemic disease always constituted a serious economic menace. Not only did smallpox maim and kill loved ones, it simultaneously robbed families of vital wage-earners, either temporarily or permanently. As well, the working-class family might easily see its income swallowed by expenses incurred while coping with smallpox: payments for medication, arrangements for the care of the sick, especially adult patients, and funeral costs. Thus driven into debt, the family fell prey to lawyers as well as smallpox. Jules Helbronner, the labour columnist for La Presse, was one of the few observers to draw attention to the fate of such people: "Les malheureux ouvriers qui ont vu la peste entrer chez eux, qui ont mangé jusqu'à leur dernier sou pour rendre l'agonie des leurs moins pénible, qui ont été privés de travail pendant des jours et des semaines, et qui seront poursuivis, traqués, vendus, ruinés sans miséricorde".¹¹⁵

Disastrous as smallpox itself might be to the lower-class family, the precautions espoused by city officials often implied greater hardship. This was especially true in the case of home quarantines. In the first place, effective quarantines were certainly unappealing, probably impractical, and frequently impossible for lower-class families because of the crowded, impoverished conditions in which they lived. "Poor people living in small houses, close and hot, and shut in from any strong breeze, can hardly be blamed for spending most of their time, whether sick or well, on the streets", one newspaper commented.¹¹⁶ Even the health authorities admitted that it was unrealistic to expect the poor to adhere to satisfactory quarantine procedures. "Suppose any members of the Health committee had a case of smallpox in his home, and had a family of six healthy children", its chairman, Henry Gray, asked, "could they keep them cooped up for seven or eight weeks?"¹¹⁷ But quarantined lower-class families also faced a greater, economic peril. Home quarantines inevitably entailed at least temporary unemployment and loss of income, and perhaps the complete loss of jobs. They therefore jeopardized the livelihood of working people. Thus a workingman who was barely able to maintain a family on his wages was unlikely to stay at home and willingly forfeit his job when smallpox invaded the household. Nor could he afford to live separately from his ailing family in order to protect fellow workers or the public.¹¹⁸

Help was sometimes available for quarantined families but only in certain circumstances. Some workingmen surmounted the economic difficulty of quarantines by means of mutual aid associations and in so doing became the few apparent exceptions to the general disregard for isolation in lower-class

French Canadian Montreal. The employees of one boot and shoe manufacturer, for example, agreed to contribute three percent of their gross weekly earnings to any of their number who had smallpox in his family, until the disease had gone and he could safely return to work.¹¹⁹ Cigar-makers at another factory each donated fifty cents a week to those among them with smallpox at home.¹²⁰ A similar benefit fund at a different factory was said to yield participants from five to ten dollars a week.¹²¹ But such recourse was probably available to only relatively few workers. Parish charity, when available, offered another way for the working family to observe home quarantines. For while the cure of St-Joseph persuaded stricken families to stay at home and accept support from a special collection raised by his congregation. But such an arrangement also had limitations:

For two weeks while this money lasted there was no increase [of smallpox] but people had to live. His parishioners were ashamed to ask for charity and so when smallpox came into their families they went on working....¹²²

Hospitalization was no easier for lower-class families to bear than isolation at home. Although the civic hospital was intended mainly for the poor because of the impracticality of quarantining their homes, few families would willingly send their sick there. Besides the important emotional trauma of dividing their families and having loved ones suffer and perhaps die¹²³ in a strange place, amid unfamiliar faces, there was a sound economic reason for avoiding the hospital. Civic health officials could well attempt to overcome the former cause of resistance by permitting a parent, usually the mother, to accompany any child to hospital.¹²⁴ But what, then, was to happen to the rest of the family? The workingman whose wife went to hospital with a child was faced with the problem of looking after the other children.

Il les enverra dans sa famille, il les mettra en pension? Qui voudra les recevoir-des enfants qui sortent de maison de-picotés? Il restera à la maison pour les garder, mais alors qui gagnera le pain quotidien?¹²⁵

Even the disinfection procedure that followed the departure of smallpox caused problems for lower-class families. It was a minor inconvenience in the large homes of the well-to-do. But when the small premises of the poor were fumigated, the occupants had no choice but to seek temporary shelter elsewhere.¹²⁶ Many families also feared that their possessions would be taken from them or ruined during fumigation.¹²⁷

Since detection by health officials might well be the first step towards home quarantines or hospitalization and disinfection for a sick family, smallpox cases were widely and diligently concealed. The Medical Officer of Health, Dr. Laberge, complained, for example, that many people hid cases out of fear that they would be forced to send them to the hospital.¹²⁸ A parish vicar was not even allowed in one house to see a dying patient "sous prétexte qu'il on aurait pu se douter de la chose et que cela [aurait] fait tort au père de la famille".¹²⁹ Footwear manufacturers worried that their shoemakers could not be expected to admit the existence of smallpox in their households "because they knew that they would be out of employment", an outcome which "literally meant starvation" to men with large families.¹³⁰ Nor were factory-workers the only ones to keep their smallpox secret; small shopkeepers, neighbourhood businesses, and tradespeople from milk-vendors to

seamstresses were just as likely to do so. The knowledge that their homes contained smallpox could either frighten away middle-class customers¹³¹ or cause the city to try to close down their businesses altogether. For all, it seems, there was less risk in concealing the disease than in letting it become known.

Finally, economic considerations probably also underlay some of the popular imperviousness to vaccination. At one dollar per vaccination and another dollar for each vaccination certificate, as some doctors charged, large, poor families would find the cost of the precaution prohibitive.¹³² Free public vaccination answered that objection. But it had been plagued by accidents and few people wished to be vaccinated by doctors they did not know or by total strangers.¹³³ Moreover, the motives of the vaccinators were suspect: "[T]he people . . . had got the idea that vaccination was simply a speculation of the doctors and some had even accused the priests of being in partnership with the doctors."¹³⁴ No doubt the anti-vaccinationists had helped to reinforce and popularize that notion.

Impoverished circumstances and attendant economic apprehensions were thus powerful inducements for lower-class families to avoid smallpox precautions. Yet these factors alone do not fully explain the reaction of lower-class French Canadian Montreal to smallpox. Montreal's Irish, just as poor and inhabiting "quite as undesirable neighbourhoods"¹³⁵ resorted so readily to measures such as vaccination that the contrast with the lower-class French-speaking population was quite apparent. The latter's approach to smallpox arose not only from economic

exigencies but from more basic causes at the level of culture and mentality. It was influenced by certain attitudes towards disease and death in general and towards smallpox in particular and, at the same time, perhaps reflected the simple desire of a community to cope with disease on its own and in its own way.

A fatalistic view of disease seems to have been widely held among lower-class French Canadians, especially when it was their infants and children who were afflicted. Doctors in the 1870s were frequently confronted with a popular belief that it was best simply to let disease take its course.

Mais, dit-on, à quoi sert de faire soigner notre enfant? Si son heure est arrivée, il mourra et le médecin n'y pourra rien. Cette idée de fatalisme est répandue partout. Il est rare d'avoir à traiter un enfant sans entendre murmurer ces choses autour de nous. On croit que les malades sont irrévocablement voués à telle ou telle terminaison dans leurs maladies, lorsqu'il s'agit de l'adulte on n'est pas conséquent avec ces principes, mais chez l'enfant, on les applique avec beaucoup de rigueur.¹³⁶

Since the usual victim of smallpox was the young child, the response of lower-class Montréalais to the disease could not help but reflect such fatalism. In addition, the very pervasiveness of smallpox over the years in their city neighbourhoods no doubt reinforced that outlook.

"Familiarity with the loathesome evil," as one newspaper observed, "[had] made a sort of tolerance for it."¹³⁷ Usually, it seems, the fatalistic acceptance of infant mortality was couched in religious terms, as being the will of God. According to a contemporary in 1885, many

French Canadians even considered the death of their young "a longed for joy" which spared them the trials and tribulations of this world and left them, all the sooner, "a great deal better off in heaven."¹³⁸

The mere appearance of smallpox, let alone its fatal outcome, would elicit similar expressions of resignation. When it entered a home after the occupants had visited a sick friend or neighbour, the outbreak was likely to be accepted "comme un mal envoyé par la Providence."¹³⁹ Although people might admit that the disease was contagious, still they would insist "que tout dépend directement de la volonté de Dieu et que si on a à l'avoir on l'aura."¹⁴⁰ Nor could they be dissuaded since they thought themselves "orthodoxes et en harmonie avec les enseignements de M. le curé."¹⁴¹ Such views, documented from the 1870s, had by no means vanished by 1885. Thus the women whom Le Monde described visiting a sick family with their own children in tow were deaf to reproach.

O! qu'est-ce que cela fait, répondent en même temps les femmes; il n'y a pas danger; si le bon Dieu veut que nous ayons la picotte quand même nous le voudrions pas, nous l'aurions. On n'a pas besoin de personne nous aurons bien soin de nos enfants. Vous [the health officers] êtes toujours avec les picottés vous autres et vous ne l'attrapez pas?¹⁴²

So common were such sentiments that they eventually drew clerical condemnation. "Nous ne devons pas raisonner comme suit: 'Ah! si j'ai à avoir la picote, je l'aurai quand même'," the abbé Sentenne preached. "Nous ne devons pas tenter la Providence."¹⁴³

From the perspective of such fatalism, there would indeed have been

little point in trying to protect oneself or one's family from smallpox. However, other aspects of the way in which lower-class French Canadians viewed that particular disease meant that they did not remain completely passive towards it. Contemporary observers sometimes decried the disregard for isolation precautions as proof of popular ignorance or misunderstanding about communicable disease. "[L]'ignorance est si grande chez un certain nombre," one doctor lamented, "qu'on en voit ne pas craindre d'exposer leurs enfants dans un lit commun avec des patients souffrants de maladies contagieuses."¹⁴⁴ But there is evidence to suggest that such behaviour was not always what it seemed. In the case of smallpox, lower-class French Canadians may not have understood exactly how easily it was spread but they were undoubtedly quite aware of its contagious nature. They surely knew as well that a single attack of the malady could confer upon those who survived lifelong immunity and protection from further attacks. It seems, moreover, that many lower-class Montréalais also credited smallpox with improving the physical well-being of its survivors. Recovery from the disease supposedly left one purged of all unhealthy substances, and perhaps even endowed with immunity to other afflictions.¹⁴⁵ Given such knowledge and beliefs, it would not perhaps have been surprising had smallpox victims been intentionally exposed to the disease so that they would contract it. That in fact seems to have happened in many families. In 1885, for example, a French Canadian maid shocked her sick English mistress by asking if she might bring her children to pick up the illness.¹⁴⁶ Other mothers had their sick and healthy offspring sleep together so that all might catch

it.¹⁴⁷ In effect, smallpox was treated as a childhood malady, a necessary evil which had to be caught and 'gotten over with', preferably at an early age. Lower-class Montréalais seem to have looked upon it much as we now regard chickenpox and until recently regarded measles.¹⁴⁸ Ironically, by allowing and even encouraging the spread of smallpox, they were in a sense applying a limited defense strategy of their own against it.

This strategy inevitably often failed, leading to death or severe disfigurement, but it did not involve doctors or civic officialdom. Therein perhaps lies a further explanation of the lower-class Montréalais' response to smallpox. The deliberate exposure of children to the disease was perhaps a folk medicine relative of inoculation,¹⁴⁹ the principal anti-smallpox measure before vaccination. Like inoculation, it could be accomplished by lay people.¹⁵⁰ It thus offered a way for members of a family, neighbourhood, community or class to conduct their own defense from smallpox without the intervention of strangers, without the intrusion of authority figures from outside their milieu who might seek to constrain or control them according to outside precepts and rules.¹⁵¹ By shunning isolation measures and vaccination in favour of its own approach to smallpox, lower-class French Canadian Montreal could hope to keep the control of an important aspect of its life within its own hands.

In 1885, then, Montreal faced smallpox as a divided city in which much of the population was at best apathetic about precautions against the disease. English-speaking Montrealers and middle-class French

Canadians, who were minimally touched by smallpox, generally abhorred it and did their utmost to elude its grasp. But Montreal's large lower-class French Canadian population, the group from whom smallpox exacted the most vicious toll, treated the disease quite differently. Culturally ingrained beliefs and attitudes, reinforced by meagre economic circumstances, inclined lower-class French Canadians in Montreal to assimilate smallpox into their midst, to tolerate it as an unpleasant but integral part of their daily lives. They were thus neither frightened by the disease nor attracted by preventative measures such as isolation and vaccination.

Here was the basis for massive, popular resistance to civic health authorities. Here also was the fertile ground upon which anti-vaccinationist agitation could thrive, adding to the strength of popular resistance. Until the mid-summer of 1885, that resistance had defeated the inadequate efforts of Montreal's civic health organization to combat smallpox. If the municipal response to the disease were to become effective in 1885, the approach of lower-class French Canadian Montreal to smallpox would first have to be seriously challenged. With the activities of businessmen and newspapers in the city, a challenge was indeed about to begin.

CHAPTER FOUR

SMALLPOX, BUSINESSMEN, AND NEWSPAPERS

Dire que Montréal est actuellement en état de quarantaine, c'est [se] servir d'une expression des plus modérée, vu la stagnation complète des affaires.... En effet, nos principaux hôtels sont vides, nos cochers de place n'ont plus rien à faire, tandis que nos marchands sont dans un état voisin du désespoir.... Dieu seul sait combien de temps durera notre isolement commerciale. Si l'on doit en juger par les moyens que prennent nos voisins et voisines, le tort causé à notre commerce sera incalculable.¹

Smallpox commanded the attention and concern of both the business community and the press of Montreal. It menaced the leading commercial and manufacturing interests with a potential loss of business. It occupied city newspapers with the threat it posed to both the human life and the economic welfare of Montreal. Initially, both businessmen and newspapers tended to deny that Montreal was in any unusual danger from the disease. But their response to the smallpox epidemic changed as the threat they perceived grew ever larger over the summer of 1885. Out of the resultant agitation and interaction of these two forces, a more aggressive approach to the disease would emerge. Businessmen would begin to impose smallpox precautions upon those in their employ and governmental health structures would be altered for an attempt to impose similar pre-

cautions upon the entire city.

The first instinctive impulse of the business community was to conceal the existence of Montreal's smallpox. If it became widely advertised, then business could suffer. Hence, as early as May 16, the Board of Trade protested against press coverage of smallpox cases in the city.² For the duration of the epidemic, businessmen consistently minimized the extent of the disease, seeking to drown out undesirable publicity with the refrain 'business as usual'. "Les pires ennemis de Montreal, sont les Montréalais, ce sont eux qui dénigrent notre ville, font courir les bruits absurdes et font le jeu de nos adversaires", scoffed a spokesman for Montreal's transportation companies in July. "La ville de Montréal est la plus salubre du continent et il est souverainement ridicule d'effrayer les visiteurs parce qu'il ya 20 cas de petite vérole sur 200,000 âmes..."³

Although the local press sometimes devoted more attention to smallpox than businessmen liked, it at first largely co-operated in downplaying the presence of the disease. Thus, while the newspapers urged their readers to take various smallpox precautions and heed civic health regulations, they also assured the public that Montreal was in no great danger. Smallpox, they agreed, was under control, or at least confined to "the remoter and poorer localities",⁴ "the quarters with which the general public never [came] in contact."⁵

Therefore the danger did not merit undue attention:

...the Alarmist, indeed, whether official or otherwise, does as much harm as the rash or negligent. What is wanted is the noiseless, confident and unceasing use of such skill and appliances as we possess in abundance to keep disease at bay and to make Montreal as much resorted to by the seeker of health as it has ever been by tourists in search of pleasure.⁶

In a similar vein, another newspaper suspended daily smallpox bulletins on the grounds that unnecessary publicity might only alarm the city's visitors "chose tout à fait contraire aux intérêts de nos citoyens".⁷

Such discretion was, however, of little avail in containing the growing threat of smallpox. Throughout the spring and summer, news of the disease in Montreal spread abroad. Increasingly newspapers elsewhere in Quebec, Canada and the United States printed sensational reports depicting the city as the scene of a terrible, raging epidemic. Montreal became a victim of a smallpox scare. Travellers from the city began to meet with rebuffs in other cities.⁸ But the most serious consequences of the unfavourable outside publicity began to appear in Montreal, in the form of lost business.

The tourist and travel industries were the first to feel the economic repercussions of the smallpox scare outside Montreal. In July, the city's large hotels and its transportation firms began to complain that the numbers of people visiting Montreal had dropped by as much as one-half.⁹ The owner of the Windsor Hotel reported that

his business had begun ailing in June and almost disappeared by August because "Americans dread[ed] small pox [sic] almost like leprosy."¹⁰ While his hotel failed to pay its usual yearly dividend, another had to lay off about forty employees.¹¹ Meanwhile both railway companies and steamship lines found their passenger trade reduced. Frightened travellers disembarked from the mailboats of the Richelieu and Ontario Navigation Company in New York State so as to avoid Montreal.¹² Because of the substantial drop in passenger and freight business after mid-August, the company discontinued its Ontario line for the remainder of 1885.¹³

The difficulties of the transportation companies were further complicated by travel restrictions imposed by public health authorities outside the province of Quebec. In the first week of September, the Ontario Provincial Board of Health dispatched officers to Montreal to inspect all passengers and baggage leaving the city by train or steamer. Thenceforth, travellers lacking proof of recent vaccination could not continue their journey unless they submitted to vaccination on the spot. In addition, facilities were established at the Ontario border for detaining sick or unvaccinated persons and disinfecting baggage.¹⁴ By September 17, the states of Maine, New Hampshire, Vermont, Massachusetts, New York, and Michigan had also begun border inspections for travellers from Montreal. One month later, a federal American quarantine on infected passengers and luggage from Canada came into force at the international border.¹⁶

To the east, within the province, Quebec City established similar defenses.¹⁷ In every direction, hindrances to travel from Montreal had sprung up.

To the city's business community it seemed that economic consequences of smallpox had only just begun. For in August regular and prospective customers began to cancel or forego orders to Montreal firms out of fear that their products would be contaminated by smallpox. One boot and shoe manufacturer reportedly lost a \$5000 order from Winnipeg this way.¹⁸ Another shoemaking firm was informed by a Brockville, Ontario buyer that he would not make any trips to Montreal because of the smallpox.¹⁹ Similar newspaper reports and manufacturers' complaints suggested that many more cancellations were occurring and that some goods were even being returned to Montreal unopened.²⁰

The loss of business was most pronounced in the clothing and dry goods industry. Probably that was because articles of clothing, and woollen goods in particular, were considered ideal vehicles for smallpox germs.²¹ Montreal firms lost orders from dry goods retailers in Quebec City²² and more still from Ontario customers. In that province, buyers refused to journey to Montreal and commercial travellers sent out from the city were reportedly "mis en quarantaine dans beaucoup de localités."²³ In Toronto, in fact, the local Board of Health warily considered prohibiting sale displays of Montreal clothing and one merchant advertised that his store contained

no Montreal-made merchandise whatsoever.²⁴ The Toronto press even carried rather dubious allegations that a local case of smallpox could be traced to a shipment of gloves from Montreal.²⁵ As a result of such incidents and cancellations, clothes-making and sales slackened. By October the movement of goods from wholesalers had fallen twenty-five percent below normal.²⁶

If this were not serious enough, it appeared that other Montreal industries might also suffer because of the smallpox. One of the health officers posted in the city by Ontario was instructed to examine all goods or merchandise destined for the province in order to certify it free of infection. The Toronto World blustered that Montreal would no longer be able to sell its cigar, shoe and other factory goods across Canada if it failed to stamp out its epidemic.²⁷ From the other direction, newspapers in the Maritimes urged their merchants to transfer their business from Montreal to local sources.²⁸ Even within the province of Quebec, so many merchants were boycotting Montreal goods and purchasing in the United States that customs duty revenue at one point on the Quebec-American border was reported to have multiplied four times by mid-September.²⁹

To Montreal's press, as well as its business community, the actions of outside newspapers, merchants, and governments posed a serious threat. The city's markets and its economic life were at stake. Local newspapers saw in these developments the sinister designs of distant commercial rivals. Montreal, they suggested, was the

victim of a cunning and unwarranted economic persecution. By the beginning of September, the papers suggested that a commercial crisis was imminent.³⁰ If the later comments of businessmen and newspapers are to be believed, the actual economic damage done by the epidemic was small and easily weathered.³¹ But even though no calamity materialized, in late August and early September, 1885, both groups feared the worst.

Meanwhile, throughout the early summer months, smallpox had been steadily spreading within the city, creating a second kind of threat. By August everyone seemed vulnerable to the advancing disease. In particular, the demise of Sir Francis Hincks, who caught smallpox from a maid,³² must have convinced many people that the disease could easily penetrate even the most cautious household. With every day that passed without effective municipal smallpox measures, the apprehension and uneasiness increased in English and middle-class French Canadian Montreal. Businessmen were also prey to the growing fear. Boot and shoe manufacturer James Linton admitted to becoming "somewhat scared" of the smallpox, to the point of being vaccinated and avoiding visits to his shops.³³ It seemed, as one newspaper soon claimed, that "the epidemic [had] obtained such headway that no one [was] safe from attack."³⁴

Smallpox had thus assumed a much more menacing guise. By mid-August, it had begun to cost Montreal business, with perhaps the worst to come. And it was spreading, invading those parts of

Montreal where it had been unknown. In the face of this double-edged threat, Montreal's businessmen and newspapers could no longer maintain their silence.

The English-language press, led by the Star, initiated the change. On August 15, professing alarm at the spread of smallpox and "the astounding apathy of a large section of [the] population",³⁵ that newspaper launched a campaign to publicize the gravity of the situation and urge smallpox precautions upon the public. The other English-language papers quickly followed suit with their own, often strident, variations on the theme. In the Daily Witness, for example, large headlines soon announced "The Dread Smallpox" and shouted "Vaccinate! Vaccinate! Vaccinate! - The Only Protection".³⁶ From each newspaper there issued a daily stream of death statistics, reports, letters, complaints, and horror stories about the risks of exposure to smallpox.

At the same time as they drew public attention to the epidemic, the English-language newspapers began to press businessmen and public officials to take a more aggressive approach to the disease. No longer, they insisted, could the problem be concealed or ignored. The Star claimed that, in the 1870s, smallpox had been "treated gingerly" in Montreal: "The health office was not anxious for publicity, and the press deferred to the feeling which was supposed to exist among the business public against any alleged 'unnecessary' ventilation of the facts".³⁷ If the same response prevailed in 1885,

the paper warned, Montreal could again face years of endemic smallpox. With the lives of Montrealers, the city's commerce, and even its civic reputation at stake, something new and effective had to be done.

For that something, the English-language press looked above all to the business community. The newspapers agreed that businessmen could effectively combat smallpox by themselves if they would only use their power as employers to impose precautions directly upon the working population of Montreal. This idea was most fully elaborated by the Star. Because another lengthy epidemic could reduce the size and productivity of the workforce, and thus the potential profits of employers, and because smallpox would continue to frighten away outside business orders, the Star insisted that businessmen had a natural interest in exerting their influence against the disease. It was their duty and responsibility to fight smallpox by maintaining clean and sanitary factories, keeping sick workers out of them, and requiring employees to be vaccinated. According to the Star, the least delay in doing so would be "suicidal folly".³⁸

The English-language press then sought the help of businessmen to push the municipal politicians and officials into a more effective response to smallpox. With growing frequency after mid-August, editorials demanded rigorous enforcement of civic health regulations, better detective work by health officers, stricter

quarantines, an adequate isolation hospital, and compulsory vaccination.³⁹ Increasingly, the papers dwelt on the defects of the civic health organization and particularly the aldermen on the Health Committee and the City Council. Again, the press looked to business to rectify matters by exerting appropriate influence on and through the municipal government. "We must put pressure on the Board of Health", the editor of the Gazette, Richard White, exhorted an audience of manufacturers on August 18.

Let them do away with the jobbery that is there now and there will be more hope. It is a plain fact talked about on the street that the Board of Health is run on jobbery principles, from the bottom right up to the top. It is necessary to push on these men, and then if they do not act, let the citizens combine themselves and take the matter out of their hands. If active measures are not taken, visitors will not come to the city, and the goods manufactured in Montreal will not be purchased.⁴⁰

Businessmen were not long reacting to the newspaper campaign against smallpox. Indignant protests quickly arose about the massive publicity now given the epidemic. One group of merchants called unsuccessfully upon advertisers in the Star to help them pressure the paper to cease its smallpox reportage.⁴¹ Another group, the 'Retail Dry Goods Merchants' Association', distributed circulars outside Montreal explaining that the smallpox danger had been blown out of proportion and that the city's manufactures were quite safe.⁴² Still other firms and industries began to advertise the distance between their premises and smallpox-ridden areas, and the special precautions or manufacturing processes which supposedly protected

their wares from contamination.⁴³ The organ of business in Montreal, the Journal of Commerce, also insisted that the epidemic remained "chiefly confined to the very poorest class of the population, people who in all large cities paid little heed to the ordinary rules of health...."⁴⁴ The business district and most of Montreal, it insisted, was as safe from smallpox as any other city. But although businessmen still strove to suppress or counteract unwelcome smallpox publicity, they also reluctantly began to acknowledge the disease and to assume an active role in fighting it, just as the English-language press had challenged them to. So grave had the threat from smallpox become that now, in the glare of additional local newspaper publicity, it could be no longer overlooked.irate manufacturers who complained to the Board of Trade about the publicity were soon advised by it to tackle the disease rather than simply remonstrate against the press.⁴⁵

Businessmen were generally receptive to the idea of enforcing smallpox precautions amongst workers. In fact, before the middle of August, some had already made precautions a condition of employment in their firms. Acting on their own, they had begun to disinfect workplaces; they ordered employees to be vaccinated; they instructed them to stop working if their families fell ill. A few employers even continued paying those whom they sent home, or advanced them money until it was safe to resume work.⁴⁶ After the English-language press started its campaign against smallpox,

large numbers of businessmen began to consider similar measures for their own employees. Many businessmen did so together, meeting within their industries to devise joint courses of action.

The first to confer were the twelve manufacturers of the boot and shoe industry, one of the largest in Montreal. In a letter to the Star, a 'Manufacturer' suggested that together they could ensure 25,000 vaccinations among their workers.⁴⁷ So, on August 18, at the behest of an alderman from the Civic Health Committee and Richard White, editor of the Gazette, the footwear manufacturers gathered to decide what to do. Within ten days, all but one agreed, everyone of their workers would have to produce a medical certificate proving that he was vaccinated and that his family was free of smallpox. Any worker who refused would be dismissed. Any prospective employee would have to obtain a certificate in order to be hired. In effect, uncooperative workers were to be blacklisted.⁴⁸

In the following days and weeks, other groups of employers announced different but comparable agreements. Among those who did so were the various companies of the 'paper trade' (book-binders, collar-makers, box and bag manufacturers, and allied firms);⁴⁹ manufacturers and wholesalers in the clothing industry;⁵⁰ the major transportation companies;⁵¹ the principal ironworks;⁵² printers;⁵³ tobacco and cigar manufacturers;⁵⁴ dry goods retailers;⁵⁵ and carriage and harness makers.⁵⁶ In many cases only a few employers were involved initially, to be joined later by fellow businessmen until

their anti-smallpox pact embraced most or all of their particular industry. Some businessmen organized joint action not only within their industries but beyond. Thus in late September, a 'West End Manufacturers' Association' appeared, which grouped all the major employers located along the Lachine Canal for the purpose of enforcing smallpox precautions amongst workers.⁵⁷ In the meantime, a good many other companies, both large and small, independently decreed smallpox regulations for their employees. Collectively or individually, a growing number of businessmen thus became engaged in making vaccination and isolation measures mandatory for workers, with dismissal and unemployment the ultimate penalty for the employee who would resist. The local press soon dubbed these activities an 'Employers' Movement' or 'League' against smallpox.

The business community was far from completely united or uniform in its new approach to smallpox. Often the specifics of business agreements concerning workers and smallpox varied considerably. While some employers, for example, left the onus on workers to obtain vaccinations and prove themselves safe for work, or were content to rely on civic health officers to perform vaccinations and warn them of disease in workers' homes,⁵⁸ others provided by themselves for the vaccination of workers and the inspection of their homes and families.⁵⁹

In some cases such variations stemmed from the nature or structure of the industries involved. Employers in the clothing industry, for instance, were faced with a different situation from

that of most boot and shoe manufacturers. Rather than being performed in centralized shops or factories, most of the work was contracted out to hundreds of individuals or families to be done at home on a piece-work basis. One large wholesaler, Hollis Shorey and Company, employed about 2500 persons this way.⁶⁰ Clothiers thus had to worry not only about enforcing precautions amongst store or warehouse employees but also about keeping work materials out of infected households in the Montreal area. Some firms began despatching agents to visit families so that work could be withheld from any with smallpox.⁶¹ Eventually the chief wholesale clothiers formed a 'Trade Sanitary Association' which hired doctors to vaccinate all their workers and check their households. Any sick outworkers discovered were dismissed and contaminated cloth was either destroyed or fumigated and stored off the market. Workers who resisted vaccination or home inspections could be fined, if they lived in Montreal, or blacklisted if they lived outside the city.⁶² Thus the structure of the clothing industry obliged its employers to go to greater lengths than other manufacturers in order to enforce smallpox precautions amongst its workforce.

Variations also occurred within the Employers' League because of the differing inclinations of individual businessmen. Many, for example, were willing to retain the positions and continue the wages of workers with sick families in order to encourage them to stay at home. The Health Committee and Mayor Beaugrand urged other

businessmen to follow suit.⁶³ But some thought such generosity too expensive or too likely to be abused by workers⁶⁴ and so the matter was generally left to the discretion of each employer. A less frequent point of disagreement was the degree of coercion to be used against workers. A few businessmen balked at the idea of forcing vaccination upon employees, especially since an 'accident' could be the result. For that reason, the 'paper trade' firms could not at first agree to lay off unvaccinated workers already in their employ.⁶⁵ Retail merchants also tended to be reluctant to compel employees to get vaccinated.⁶⁶ Because boot and shoe manufacturer Guillaume Boivin objected to the compulsory aspect of the agreement made by his fellow manufacturers it appears that he stayed out of it entirely.⁶⁷

As the Employers' League gathered momentum, however, the differences and dissension in the business ranks seem to have diminished. Attempts to regulate workers became more ambitious and more extensive in scope. Smallpox measures introduced by certain employers were subsequently adopted and expanded by others. Before long, for instance, systematic inspections of workers' homes were organized not only by clothiers but also by firms which handled related products and sometimes contracted work out: furriers, felt-workers, shirt and collar manufacturers, and even boot and shoe manufacturers.⁶⁸ Clothing firms were also among the earliest employers to require vaccination not only of workers but of their families as well. After late September, other businesses involved in the Employers' League generally enforced the same requirement.⁶⁹

While the Employers' League developed, the English-language press, with the Star in the forefront, maintained constant pressure on businessmen, alternately applauding their resort to force and prodding them to do more. At every step, the Star reminded businessmen of the threat to business and human lives from smallpox. Repeatedly, it articulated their feelings and fears and the justifications they needed in order to impose precautions upon the working-class families dependant upon their wages. To those who hesitated to force employees to be vaccinated, for example, the Star, having already vaccinated its own 150 workers,⁷⁰ insisted there was no problem. Compulsory vaccination was the law of the land, it asserted, and few workers really had strenuous objections to the measure. In any case, it was the employer's prerogative to set the terms of employment, including whether a worker should be vaccinated. In doing so, the employer also served the public interest.

It is a question if a man has a right to imperil his own life by his own ignorant prejudices but certainly he has no right to imperil the lives of other people. The manufacturers have a right and it is their bounden duty to protect their own lives, their own businesses and the lives of their employees and customers by insisting upon vaccination as a condition of retaining employment in their service.⁷¹

Was it not humane, rather than "tyrannical" of the employer to force upon his worker the same protection that he himself enjoyed, the paper asked.⁷² In the same vein it later urged businessmen to vaccinate their workers' families. "The households connected with their factories, mills and warehouses comprise almost every family in Montreal.

Let their influence and generosity extend vaccination to every man, woman and child eating their bread, and a fatal blow will be struck at smallpox."⁷³

Businessmen who were slow to respond to such exhortations or who remained aloof from the Employers' League soon came under fire from the newspapers. According to the Star, business hold-outs, who might hire the unvaccinated hands dismissed by other firms, were not only dangerous but also foolish, since a company's guarantee that its workers were completely vaccinated could constitute "a valuable document in the hands of a travelling agent or salesman".⁷⁴ The paper subsequently threatened to publish the names of businesses outside the League and of any participants within it who failed to regulate their workers as they had promised.⁷⁵ The same threat of exposure was also used by some employers as a way of enforcing smallpox agreements and punishing violations of them.⁷⁶

By late October, with the help of the English-language press, the Employers' League comprised some 200 firms running the gamut of business activities in Montreal. They ranged from the very small to the very large: from barbers, grocers, hardware merchants, or butchers employing ten or twenty workers at most, to the brewers, rubber manufacturers and other such concerns employing hundreds of people. The League encompassed most or all of several industries with many thousands of employees: eighteen tobacco and cigar manufacturers, eleven boot and shoe makers, twelve printers, twelve paper trades firms, twenty-six firms in the carriage and saddler trade, and many

more.⁷⁷ In sum, the Star happily declared, "The merchants, the manufacturers, the shopkeepers, and employers of labour generally [were] coming nobly forward in the crusade against smallpox."⁷⁸

The 'crusade' against smallpox did not consist of the Employers' League alone, however. For at the same time as businessmen, cheered on by the English-language press, began organizing the imposition of smallpox precautions on their workers, they also joined with the newspapers in agitating for more aggressive government action against the disease. Together, after mid-August, the two allies pressed civic officials and politicians to devote more resources to the municipal campaign against smallpox, to provide a better isolation hospital, to pursue more rigorous policies of disease detection, quarantines, vaccination and sanitation. They called, as well, for some means of enforcing similar measures in the suburban municipalities around Montreal. In little more than a month, their joint campaign brought about two important changes in Montreal's public health organization, changes which were expected to make it effective against smallpox at last.

The business and press agitation took several forms. On August 18, inspired by Richard White, the editor of the Gazette, Montreal's boot and shoe manufacturers named delegates to accompany him to City Hall to seek action against the epidemic. Except on some minor requests, they were rebuffed by the Mayor and the chairman of the Finance Committee, who refused to concede that the situation

warranted special action.⁷⁹ Implying that little more could be expected of the city aldermen, the Herald and the Star publicized the idea of a special 'vigilance committee' of citizens which would either reinforce, or supplant entirely the civic Health Committee in order to deal effectively with smallpox. If City Council would not authorize an increase in the staff and expenditures of the Health Committee, it was argued, then outside assistance could raise the necessary funds and 'public-spirited' volunteers to reverse the tide of disease engulfing Montreal, and set the city's health on a permanently sound footing.⁸⁰ In one newspaper, a 'boot and shoe manufacturer' suggested that a public assembly chaired by the Mayor establish a committee of businessmen to see to the task.⁸¹ And at the beginning of September, the Board of Trade organized a petition amongst businessmen, doctors, and prominent citizens in favour of just such an assembly.⁸²

By then, the business community was growing restless and impatient with the municipal authorities. Business and newspaper representatives met again with them on September 3. All that resulted was an agreement to solicit the aid of the Catholic clergy, the city's four medical faculties, and the French-language press in order to persuade more of the public to get vaccinated.⁸³ That no longer sufficed for a growing number of business leaders. "Have the people who made the trade of the city no power to see that the law for the protection of the people is honestly administered?" an angry manufacturer shouted, at a special gathering of Montreal's business interests

the next day.⁸⁴ His colleagues loudly attacked the City Council and demanded immediate, uncompromising measures which would oblige the population to submit to smallpox precautions. The English-language newspapers agreed, the Star, for example, urging businessmen to push for "prompt, decisive and revolutionary action".⁸⁵

Thanks to the Board of Trade's petition, on September 5 Mayor Beaugrand convened a large public meeting to reconsider the municipal response to the epidemic. More than one thousand people attended from the ranks of the political, social, religious, and business elites of Montreal. The meeting produced a series of resolutions calling for immediate, enforced house-to-house vaccination, beginning with the worst hit areas of Montreal and suburbs; a larger hospital and rigorous quarantines for those unable to be hospitalized; a clean-up campaign in the city and suburbs; and the full financial and legal co-operation of City Council during the course of these activities. To assist civic officials, the meeting also established a 'Citizens' Committee' dominated by businessmen and two newspapermen, Hugh Graham of the Star and Richard White of the Gazette.⁸⁶

After a further ten days passed with no apparent Council action on the resolutions of September 5, the business leadership of Montreal stepped up the pressure on the city aldermen. Supported by the new Citizens' Committee, a group of "notable citizens" representing the most influential commercial and industrial concerns in Montreal petitioned the City Council with a scheme to combat smallpox.

Among other things, they proposed to institute a city-wide inspection for unreported cases, build a large, temporary hospital within a week, hospitalize or strictly quarantine the sick, and carry out a systematic door-to-door vaccination of the population. In order to accomplish these measures, they would assume temporarily the full status and authority of the regular, elected Health Committee and would have a relatively free rein to spend city funds as they saw fit.⁸⁷

Because of the petition and its powerful business backers, the City Council was at last obliged to yield partially to its critics. Six representatives from the Citizens' Committee, Hugh Graham, Richard White, and four other businessmen, were allowed to join the seven aldermen on the Health Committee.⁸⁸ Although the new members were in a minority on the Committee and still had to look to City Council for money to combat smallpox, they were now in a better position to effect changes in civic health activity. They would act as a liaison between the aldermen and the Citizens' Committee, conveying the latter's criticisms and proposals and spurring the former on to action.

In the meantime, the newspaper and business agitation had achieved another important change, the establishment of an emergency provincial Board of Health. There had been mounting pressure from the press and from medical critics for something to be done about the unsanitary and diseased state of Montreal's suburbs, especially St -Jean-Baptiste. Some had suggested a quarantine or "sanitary

cordon...to prevent communication between the village and the city"⁸⁹
 while others felt that the ultimate solution lay in annexation.⁹⁰

But by the end of August, most newspapers had taken up the idea of a superior public health body to cope with the suburbs. Support for the idea existed among businessmen and in the Health Department as well.⁹¹ Moreover a provincial body might give the civic health organization more power to tackle smallpox within Montreal. Therefore, on September 4, city officials succeeded in having the Quebec government proclaim an emergency provincial health law unused since the last cholera epidemic.⁹² It created an emergency Central Board of Health with virtually unlimited powers to deal with the smallpox epidemic. The Board's decrees were to be enforced in each municipality through local boards of health which could be replaced if they failed to cooperate. Mayor Beaugrand, Henry Gray, chairman of the civic Health Committee, and seven doctors were named to the new Central Board. Dr. William Hingston became its chairman.⁹³ The enlarged civic Health Committee became the local board of health with which the provincial body would deal.

To the press and the business community, these developments spelled the beginning of a new and effective municipal response to smallpox. Newspapers hailed the infusion of new blood on the Health Committee. "The wealth, the enterprise and the intelligence of Montreal ha[d] never been so well represented in the [the Council] Chamber...", according to the Star.⁹⁴ And the formation of the Central

Board caused similar optimism. To the Star, it signified the long-awaited deliverance of power from local authorities with "small ideas of sanitation" and "profound respect for popular prejudices and suspicions" to men of expertise and action.⁹⁵

Initially the business community of Montreal had been determined to smother the city's epidemic in reassuring silence. Montreal's newspapers were a largely cooperative ally in that endeavour. But the growing threat of the epidemic, the harm done outside markets by publicity about the smallpox, and the seemingly relentless spread of the disease within Montreal, endangering everyone's life, made that response untenable. Led by the Star, the English-language press broke the silence to demand a more aggressive approach to smallpox. Though hostile to publicity, businessmen soon agreed that a change was necessary, and, encouraged by the Star, they organized the imposition of smallpox precautions upon the workforce under their control. At the same time, the English papers and the business community pressed for a similar change of approach by the City. Their agitation won them a place in and greater influence upon Montreal's public health structure and led to the formation of an emergency provincial health body. By mid-September, then, a new public health regime stood in command of Montreal's fight against smallpox. The stage was set for confrontation between this new regime and lower-class French Canadian Montreal.

CHAPTER FIVE

SMALLPOX AND THE NEW PUBLIC HEALTH REGIME: COMPULSORY ISOLATION

In the first week of November, 1885, a family named Gagnon held the attention of much of the public in Montreal. The Gagnons lived on Rolland Lane, near the Grand Trunk tracks at the northern end of Ste-Anne ward. Theirs was an impoverished neighbourhood, "a dirty, dingy infected hole inhabited by poor people who were literally crowded together."¹ The family had a child with smallpox but steadfastly refused to send it to the hospital. Brandishing a gun, the father had driven off first health officers, then policemen bearing arrest warrants. On November 3, while a sympathetic crowd gathered outside and womenfolk watched and shouted from nearby windows and doorways, Gagnon fired upon and successfully stopped a police detachment from forcing its way into his home. Determined to arrest the man at any cost, city officials dispatched detectives and policemen the next day to try to persuade him to surrender. But, instead, the sudden return of officials and police reinforcements threw the family into a panic. A gun battle ensued. While Gagnon was forcibly led away, his terror-stricken son exchanged shots with the police, the Mayor having ordered them to return fire if

necessary to defend themselves. Finally, the boy was also captured and the hysterical mother and four other children taken away in an ambulance to the hospital.²

The skirmish highlighted a period of open confrontation between the new public health authorities of Montreal and the city's lower-class French-Canadian population which had begun as early as September. Led by the representatives of the Citizens' Committee on the enlarged civic Health Committee, and aided by the new

Central Board of Health, city officials began imposing precautions which would eliminate all contact between smallpox victims and the rest of Montreal. Rather than one or two simple regulations, this new isolation offensive employed three basic strategies comprising a variety of measures. One strategy of isolation, the least used, lay in restricting the many public functions, events or gatherings to which people carrying contagion might be drawn or in which they might participate. Another approach to isolation consisted of limiting the circulation of the smallpox victims themselves by means of better detection and tighter home quarantines, complemented by the distribution of relief to the quarantined and by improved court enforcement of the health laws. The third and simplest strategy, an extension of the second, was to compel all the sick to enter hospital. Ill-disposed to the isolation measures imposed upon them, lower-class French Canadians were prepared to resist not only by covert, individual acts of evasion, as before, but also by

open, collective, and occasionally violent demonstrations. Sometimes, too popular feeling was reflected elsewhere, in the actions or stands taken by doctors, French-language newspapers and municipal politicians. Meanwhile the Central Board of Health carried the isolation offensive beyond the city limits to Montreal's suburbs, where there was also opposition. This chapter, then, deals with the intensified isolation activities of the new public health regime, the clashes to which they led with lower-class French Canadians, and the eventual impact they had on the epidemic.

Even before September, city officials had begun to restrict some public activities and gatherings which they feared would facilitate the spread of smallpox. At the request of businessmen in late August, for example, Mayor Beaugrand had cancelled an impending visit by the Barnum circus.³ In the months that followed, certain other kinds of gatherings were curtailed. Weekly concerts in Viger Square were stopped.⁴ The reopening of city schools was delayed two weeks.⁵ Once open, the schools were not allowed to admit any child without a doctor's certificate of health and some assurance that there was no smallpox in the vicinity of his home.⁶ The health-authorities restricted attendance at the funerals of smallpox victims and decreed that the burials had to take place within six to twelve hours of death.⁷ In November, after many complaints about crowds in the city's court-rooms, the Central Board of Health permitted judges to limit the numbers of spectators attending trials.⁸

However, the great majority of public gatherings went completely undisturbed, largely because public opinion would not countenance the drastic or widespread restrictions that might have been effective against the smallpox epidemic. This was particularly evident when, in October, the Health Committee voted to prohibit all gatherings in churches, amusement and other meeting places for a period of one month.⁹ The City had already tried and failed to have the street procession of the Rosary postponed.¹⁰ Now the idea of closing the churches brought an immediate protest from Catholics and Protestants, from French and English language newspapers, and from clergymen that this was the time when religion and church-going was most vital. So strong was the outcry that the Central Board of Health overruled the local officials.¹¹ The Citizens' Committee then entertained the notion of having policemen at every church entrance to turn away the sick.¹² But in the end the City had to be content with posting copies of the provincial health regulations on church doors.¹³

The defenders of religious gatherings insisted that there were more dangerous crowds elsewhere: in business and market places, at political meetings, in parks and at amusement spots, in Montreal's theatres, and in the bars, taverns and pool halls frequented by "the classes among whom the small pox [was] known to prevail."¹⁴ One newspaper even mentioned the spontaneous street crowds created by such unpredictable events as collisions, dog-fights, wandering maniacs or charlatans selling medicine.¹⁵ Although

the health authorities considered closing certain public attractions, they eventually did nothing. The closures would probably not have been popular. Moreover, the officials were reluctant to close some amusements while other places, and especially churches, remained open.¹⁶ As for events like the immense political rallies concerning the 'Riel question', which consistently drew many thousands of spectators during the epidemic, there appears never to have been any official thought of prevention or control. A general prohibition of all such gatherings would surely have been impossible to enforce.

Because a strategy of restricting public gatherings was unacceptable to too many citizens, and therefore impracticable, the new public health regime concentrated instead on controlling smallpox victims themselves. A decree of the Central Board of Health forbade anyone suffering from or in contact with contagious disease to frequent public vehicles, streets, schools, churches, theatres, and any other public place or gathering, indoors or out.¹⁷ Meanwhile, city officials, led by the business and press representatives on the civic Health Committee, made new and more ambitious attempts to detect and quarantine and eventually to hospitalize the sick.

As soon as the representatives of the Citizens' Committee had joined the Health Committee, they set about devising a new plan of action against the epidemic. In the process, Hugh Graham

and Richard White quickly made themselves the most influential of the new arrivals and became the driving force on the Health Committee. The two newspapermen wanted a concerted, house by house, municipal inspection of Montreal, followed by strict, twenty-four hour watches or by the compulsory hospitalization of every sick person found. Graham presented the Health Committee with a detailed, nine-point plan incorporating these proposals and, on September 24, the plan was officially adopted.¹⁸

In practice, Graham's plan meant that the City would concentrate first on finding and quarantining smallpox as effectively as possible within the homes of its victims. It would do so partly by enlisting the help of nuns and priests. The Grey Nuns had begun visiting and nursing smallpox patients in various neighbourhoods in mid-summer. Now, at the request of the Health Committee, both they and the Providence Nuns formally undertook to locate and report cases of the disease, and to isolate and care for them. The Grey Nuns carried out this work among Catholics west of St-Laurent while the Providence Nuns looked after eastern Montreal.¹⁹ Besides extolling quarantines from the pulpit, clergymen, too, were asked to alert the authorities to any infected families which they might discover.

As well as relying on the work of nuns, the City expanded its own detective and quarantine activities. Sometimes the Central Board of Health helped, by increasing the powers of the local officials. One of its earliest regulations enabled the Health Department to close down or prosecute shopkeepers and tradespeople

who carried on business despite the presence of smallpox on their premises.²⁰ The Department continued to placard houses with smallpox and, using another provincial regulation issued at the request of the Citizens' Committee, made heads of households responsible for maintaining these signs, no matter who might tear them down.²¹ If there were any doubts about other isolation or inspection powers of the Health Department, these, too, were dispelled by decrees of the Central Board.

The most important element of the new civic isolation offensive was a systematic search and quarantine operation. This required a dramatic increase in the manpower of the Health Department. To the thirty-three men by now employed by the Department,²² were added fifty specially recruited 'isolation constables'.²³ Beginning in mid-October, in the districts of Montreal with the most smallpox, the new officers went from house to house, inspecting the occupants and posting guards outside whenever they found afflicted families who would not let their sick be hospitalized. The guards did not interfere physically with persons entering or leaving infected houses but warned them that they would be prosecuted for doing so.²⁴ As the campaign progressed, more special constables were hired until they eventually numbered between 150 and 250.²⁵ Then, at the end of October, the City began placing seals upon the doors of infected dwellings in order to tighten the quarantines and to allow individual officers to guard more buildings at once.²⁶ If a seal was broken by an unauthorized entrant -- anyone other than a doctor, nun, or

clergyman -- the occupants would be held legally responsible.

In a limited way, this isolation campaign also involved Montreal's French-language press. Hugh Graham and Richard White met with the French-language newspaper publishers in September to obtain their cooperation in promoting smallpox precautions.²⁷ And subsequently the papers printed editorials in support of such civic measures as placarding and quarantines and urged people to comply with them.

As a further inducement to the public to cooperate, the health authorities took two complementary moves. One was the establishment of a regular, civic smallpox relief system. Because parish charity, the assistance of fellow workers, or the help of a benevolent employer was unavailable to many working families with smallpox, municipal aid was seen as the necessary way to alleviate their financial worries and enable them to comply readily with health regulations.²⁸ Throughout the summer, civic officials, medical spokesmen, newspapers, and finally businessmen had suggested various relief schemes. But until September there had been only one tentative, semi-official effort to help smallpox victims, a public subscription fund initiated by the Mayor on August 19. The \$1800 which the campaign raised had permitted tiny disbursements by the Mayor, the Medical Officer of Health, the nuns and the St-Vincent de Paul Society but only for about three weeks.²⁹ With the advent of the new Health Committee, however, came a regular relief operation. At its first sitting, the Committee, led by Graham and White, requested \$5000 for smallpox relief.³⁰ And it gradually succeeded in getting that and more money

released in instalments by the civic Finance Committee over the following months. After a brief and unsuccessful experiment with the distribution of the relief by a group of aldermen and members of the Citizens' Committee, the task was entrusted to the nuns who were already visiting the sick and to committees organized by Montreal's Protestant clergymen.³¹

Thanks to the new relief system, needy families with smallpox could receive three, and later four, dollars worth of aid each week from the Health Department. To ensure that this assistance was used as intended, particularly in the case of families with drinking fathers, it usually took the form of food, medical supplies and perhaps clothing, rather than cash. These provisions were brought to quarantined homes twice weekly.³² The City also hired fifteen doctors to visit poor families in their homes free of charge.³³ In return for this largesse, the recipients were expected to observe health regulations and, above all, to stay in quarantine. "Families suffering from small pox," it was explained, "have no right to expect any help from the community unless they are prepared to do their duty towards the community."³⁴ At the request of the Citizens' Committee, the City hired an inspector to try to ensure that assisted families cooperated; otherwise they were to be deprived of the relief.³⁵

This municipal smallpox relief ultimately reached a considerable number of people. At the peak of the relief work, in the last week of October, the Providence Nuns alone assisted 310 families, or 1631 individuals, in eastern Montreal.³⁶ By December 5, the

Providence Nuns, the Grey Nuns, and the Protestant relief committees had together helped a total of 2480 families, or 13,751 persons.³⁷ Civic relief expenditures had surpassed \$7600.

The health authorities used not only the carrot but also the stick. For at the same time as they distributed relief, they established a special summary court for public health infractions. It was intended to solve two problems, first to remove smallpox-related cases from the crowded regular court-rooms, and second, to provide faster and less lenient verdicts than the City Recorder's Court which had dealt with such cases thusfar.³⁸ After the City obtained permission from the Central Board of Health to set up the court, and after a brief false start caused by an uncooperative magistrate, the new 'Sanitary Court' finally got underway on October 24.³⁹ Thereafter it meted out penalties according to each offender's economic circumstances, awareness of the law, and willingness to comply when given a second chance. For persons undeterred by warnings or suspended sentences, it issued fines generally ranging from two to ten dollars or alternatively prison sentences from five or seven days to two weeks in length.⁴⁰

The final element in the new civic campaign to confine smallpox to its victims' homes was the independent activities of the Citizens' Committee. With its own hired detectives and a special vigilance committee established at the beginning of October,⁴¹ the Citizens's Committee undertook to be both the unofficial auxiliary and the watchdog of the Health Department. On one hand, it looked

for smallpox cases and health infractions which the Department might have missed; on the other it scrutinized the performance of the Department itself, criticizing any work which it judged unsatisfactory. In doing so, it kept pressure on the civic officials to make the new offensive against smallpox as effective as possible.

In lower-class, French Canadian Montreal, however, the new municipal drive to find and contain smallpox within home quarantines met with more resistance than ever and this in spite of the counselling of clergyman and newspapers, the availability of relief, and the threat of the Sanitary Court.

Many families still managed to conceal their sickness. Some hid smallpox with such guile that official suspicions were never even aroused, while others who were suspected of having smallpox nevertheless contrived to keep inquiring health officers out of their homes.⁴² Sick people were also hidden from clergyman and nuns. One invalid visited by a priest denied having smallpox at first and kept his room deliberately darkened so as to conceal the evidence of his ailment.⁴³ There was, in fact, resentment at the help which the nuns gave the Health Department. At one point, on September 29, about 200 people gathered on Ste-Catherine street near the Sisters of Providence convent, apparently in anger that the nuns had been informing the authorities about smallpox cases.⁴⁴ The popular desire for secrecy was still reflected, as well, in the behaviour of a good many doctors. So many were there who still did not report cases that, under pressure from the Citizens' Committee, the City brought two

prominent offenders, Dr. Coderre and an anti-vaccinationist colleague, before the Sanitary Court as a warning to others.⁴⁵ Perhaps the persistence of health officers and nuns eventually paid off against the extensive concealment of smallpox and, in time, revealed most cases. In the last three months of 1885, the Health Department recorded about 2600 infected houses.⁴⁶ But at the height of the epidemic, in October, there were surely many others which never came to light.

By its very nature, hiding smallpox was a clandestine sort of resistance and one not readily apparent. But in other ways the popular reaction to civic quarantine activities was increasingly open and defiant. In particular, the destruction of placards reached enormous proportions. Some families covered them with newspapers or 'to let' signs,⁴⁷ but most tore them down with such unfailing regularity that it was suggested the warnings be painted on buildings.⁴⁸ The result was that, at any given time, only half of the infected houses known to the Health Department might bear placards. On many days in October and November, health officers spent more time replacing the signs than posting new locations.⁴⁹ It appears that the Sanitary Court was of little help. It dealt with fewer than 200 health infractions before the year's end,⁵⁰ whereas that many placards would be destroyed within two days. Nor does it seem likely that the clergymen and nuns had much success in persuading people to leave the placards alone. Their influence was limited and they recognized this. One priest who had personally

witnessed the destruction of quarantine signs stated that he felt powerless to intervene because "the office of priest and policeman could not be combined."⁵¹

Increasingly, popular resistance took the form of confrontations with health officers, accompanied by violence. An irate tenant, shop-keeper, or neighbour would curse and strike a municipal placarder.⁵² A housewife would toss red pepper in an officer's face, throw garbage at him, or chase him with an infected blanket.⁵³ Someone else would send an officer flying down a flight of stairs.⁵⁴ Above all, menacing crowds of angry women would gather to pour verbal and physical abuse upon the health officers. One such skirmish occurred on the afternoon of October 1, as sanitary police attempted to placard three houses containing twenty smallpox cases:

A peine le premier placard était-il posé qu'une armée de 200 femmes se rua dessus et l'arracha en un clin d'oeil; elles étaient toutes armées qui d'un seau d'eau, qui d'un baton, qui d'un balai, qui d'une lavette ou quelque'autre [sic] arme du même genre et elles se préparaient à faire partie chaude à la police. . . .

[The women jerred a well-known east-end physician who tried to reason with them. Eventually the Medical Officer of Health, the police chief and a twelve-man squad were summoned to the scene.]

A ce moment la rue était encombrée d'un bout à l'autre au point de rendre la circulation impossible. La police posait un placard et une seconde après, il était arraché et mis en pièces. Sur l'une de ces maisons pas moins de trente placards furent aussi posés et aussitôt enlevés.⁵⁵

The isolation constables guarding infected houses were also occasional target for physical attack. When one lost his temper at a family

which refused to stay at home, he was set upon by a crowd and it took the police chief and a squad of men to end the resulting mêlée.⁵⁶

Even if a placard or guard were left alone, that was no guarantee of an effective quarantine. Many families simply ignored the placards and some also managed to elude their guards. Nor did civic relief necessarily induce people to stay at home. Three or four dollars a week was a meagre sum, perhaps barely half the income that many families normally counted upon.⁵⁷ Moreover, it was apparently not too difficult to circumvent home quarantines while on relief, despite the coming and going of nuns and health officers. The occupants of one house receiving relief even took a child out for baptism and then, after returning, held a celebration, with their quarantine placard casually removed for the occasion.⁵⁸ So by casual subterfuges, as well as tense confrontations, lower-class French Canadians thwarted the health authorities and limited the success of their new quarantine strategy.

However, stricter quarantines were only a prelude to what was ultimately intended by the new public health regime: the compulsory hospitalization of everyone who could not be properly isolated at home. In practice that meant most lower-class victims of the epidemic, whatever their disposition toward quarantines, since the Health Department generally deemed the homes of the poor unsatisfactory for the safe treatment of smallpox. Compulsory hospitalization had been one of the first measures considered by the Central Board of Health⁵⁹ and the first item in the plan of action

devised by Hugh Graham and adopted by the new Health Committee. In mid-September, the Board authorized the City to hospitalize any smallpox case occurring in a dwelling inhabited by several families, tenants, boarders, or travellers.⁶⁰ But, as in preceding months, it was still only occasionally that the Health Department removed people to the hospital.⁶¹ General hospitalization was not possible until the City obtained more and better hospital facilities. This the authorities had set out to do, at the same time as they stepped up their efforts to find and quarantine smallpox.

First the City made improvements to the existing isolation hospital. Its administration was turned over to religious orders, the Grey Nuns for Catholic patients and an Anglican women's order for Protestants.⁶² Two further extensions were constructed in September.⁶³ But because these were filled almost immediately, they failed to alleviate the crowded state of the hospital. With an official capacity of 162 patients, the building still had to serve as many as 200 people. Inevitably, conditions in it remained far from pleasant.⁶⁴ And still there was not enough space to think of hospitalizing the thousands of other sick people.

So the Citizens' Committee and the Health Committee resumed the search for another building or site suitable for a hospital. At first it seemed they would have no more success than the previous civic health organization. One solution after another was taken up and then discarded. Sites on Ile Ste-Hélène, Ile Ronde, and Ile-des-Soeurs were too distant and impractical for winter use.⁶⁵

The conversion of a steamer into a floating hospital was similarly impractical, and too costly.⁶⁶ And yet no one wanted a smallpox hospital any nearer to himself or his property. A building in Longue-Pointe was ruled out not only because of distance but also because of protests from the local municipal council and residents, who claimed that it was already quite enough to have to contend with Montreal's refuse coming downstream, without having the city's smallpox patients as well.⁶⁷ The council of Outremont⁶⁸ and merchants in Hochelaga ward⁶⁹ protested that they did not want a hospital in their respective areas. When it became known that the Health Committee was negotiating with provincial officials for the use of the women's prison in east end Montreal, the local alderman and a priest led a delegation from the area to protest that it was too densely populated for a smallpox hospital.⁷⁰ Since August, some businessmen and newspapers had advocated the use of the relatively isolated yet convenient Provincial Exposition buildings just north of Montreal. But there were fears that future exhibition attendance would drop if the buildings were associated with smallpox and the Provincial Department of Agriculture refused to rent even one building to the Health Department.⁷¹ The Dominion Government, for its part, refused the City the use of an old barracks on Notre-Dame street.⁷² The chairman of the Health Committee, Henry Gray, lamented that only a hospital suspended from a balloon might be acceptable to everyone.⁷³

Left to the city aldermen, the search for a hospital would

probably have been abandoned again. The Finance Committee chairman, for example, proposed merely to continue building makeshift additions to the old smallpox hospital.⁷⁴ But Hugh Graham persuaded the Health Committee that it had to obtain the use of the exhibition buildings. With the support of the Citizens' Committee and most newspapers, and most important, with the authorization of the Central Board of Health,⁷⁵ civic health officials appropriated five of the buildings on September 30. Then, in little more than a week, with special permission from Mgr. Fabre for Sunday work,⁷⁶ and with the aid of a contingent of fifty workers contributed by the Grand Trunk Railway management,⁷⁷ the City turned the buildings into a well-equipped isolation hospital capable of holding 300 patients. This new 'Mount Royal' hospital opened with great fanfare on October 10.⁷⁸

With the new facilities, it was now possible to hospitalize many more smallpox victims. At first, the health authorities hoped that many families would send their sick to the hospital voluntarily. As encouragement, the City announced that a parent or relative could accompany any young child to the hospital.⁷⁹ Meanwhile the clergymen and nuns visiting sick families tried to allay their fears about the place. So did the health officers who, by now, were going from door to door inspecting and quarantining infected houses.⁸⁰ Despite some earlier reservations, the French-language newspapers now also promoted hospitalization as the best way for parents to ensure the recovery of sick children and the protection of the rest

of their family.⁸¹ However, admonitions, assurances, and persuasion were apparently not very effective in filling hospital beds and, in the last week of October, the new health regime resorted to legal force. The Central Board of Health authorized the compulsory hospitalization of patients wherever home quarantines were impractical or health officers were obstructed in the course of quarantine work.⁸² The Health Committee then announced that the City would arrest anyone who opposed the removal of a sick person from his home.⁸³

Like the civic efforts to find and quarantine smallpox, the hospitalization drive led to confrontations with lower-class French Canadians. Frightened parents would argue with and gesticulate angrily at health officers who appeared at their door with a hospital ambulance. Invariably, large crowds of curious and hostile neighbours from surrounding tenements would gather round to watch the arrival and the ensuing altercations. When health officers visited a house near the east-end MacDonald tobacco plant, for example, they found that "the succession of high and rickety backstairs and galleries in the same block were lined with men, women and children, while the adjoining streets also possessed their quota of spectators".⁸⁴ At the very least, large numbers of local womenfolk were sure to be present, glaring and jeering at the city officers from nearby windows and doorways. Sometimes the onlookers would trail behind a moving ambulance and, when it stopped, cluster around to await the appearance of the patient for whom it had come.⁸⁵

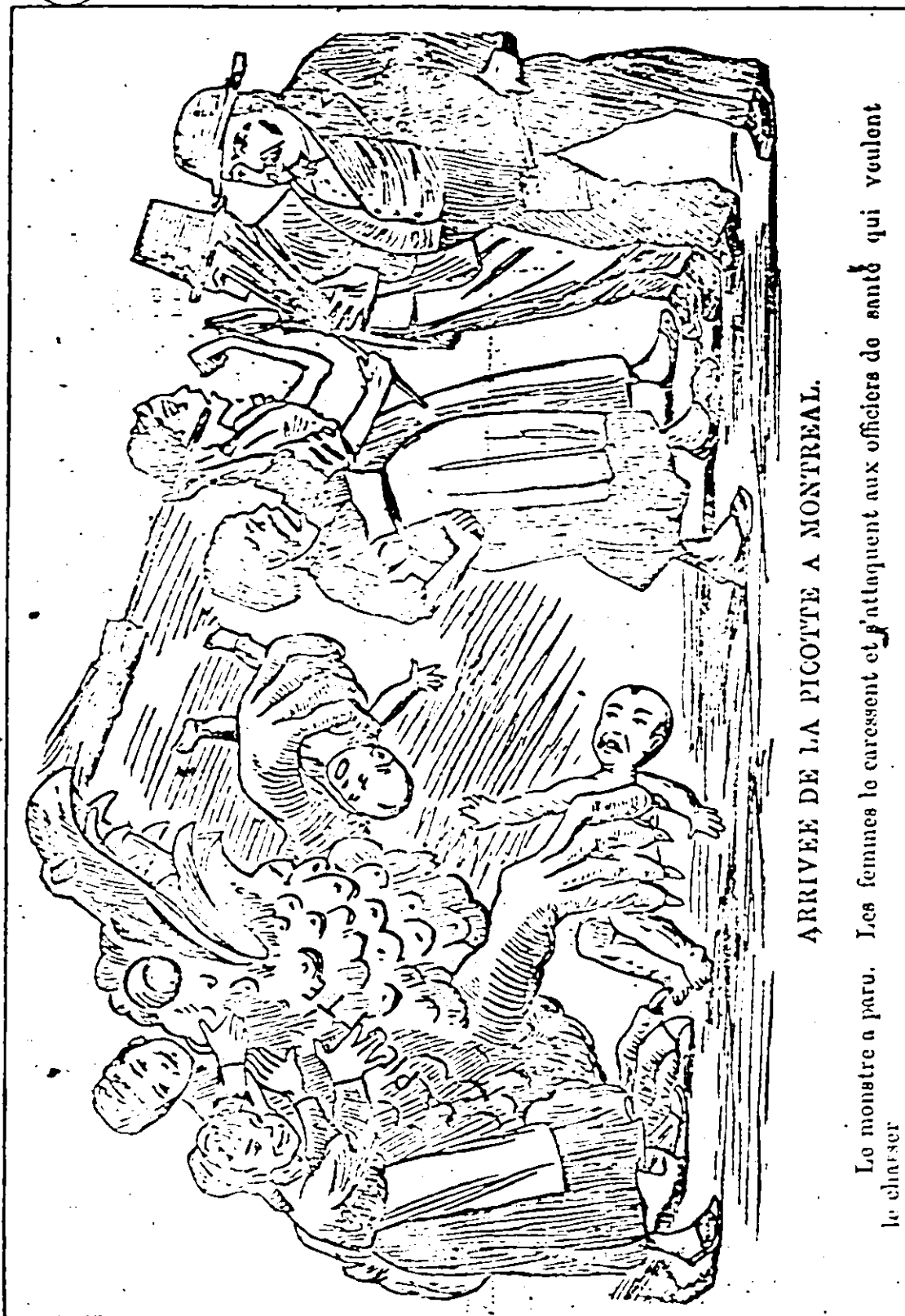


Figure 4 : TWO RESPONSES TO SMALLPOX
 Source: Le Vrai Canard (Montréal), 20 août, 1891, p. 1.

Occasionally hospital removals provoked outbreaks of violence. The first, and perhaps most dramatic of these, was the 'Gagnon Affair'. It was followed by others, most of which seem to have occurred in the same west-end district near the city limits and Ste-Cunégonde. In one instance, when health officers brought policemen to the house of a man who refused to part with a patient, they were met by about twenty women brandishing broomsticks and axe-handles. A large mob, of which the women were part, hissed and booed the officers, threw apples and stones at them, and jostled their ambulance.⁸⁶ A neighbouring grocer, "a man of considerable means and local influence", apparently encouraged the mob by offering to pay the fines of anyone arrested.⁸⁷ The officers had to leave and return later. In the following week, as many as 200 people gathered on the same street to watch another hospital removal. This time the parents of the smallpox victim did not resist the move but the crowd pelted the health officers with stones and mud anyway.⁸⁸ On yet another occasion, about 100 people surrounded a house for an entire night in order to prevent health officers from entering and taking a sick child. Eventually, a police squad ~~was~~ required to escort the patient and a parent to the ambulance.⁸⁹

In some of these and earlier confrontations, lower-class French Canadians were reacting not only to compulsory isolation measures themselves but also to the men carrying them out. Most of the temporary, extra employees of the Health Department had,

it seems, been hastily hired off the streets or through local patronage channels, with the result that many proved unreliable or ill-suited to the isolation work.⁹⁰ Because of the incompetence or negligence of some employees, ambulance requests went unanswered, houses unplacarded, relief sometimes undelivered, and other tasks were bungled.⁹¹ People who might otherwise have cooperated with the health officials were thus needlessly antagonized. The fact that many of the new recruits spoke no French was probably an even greater source of trouble:

Nombre de maisons canadiennes-françaises sont gardées par des individus qui ne comprennent que l'anglais et il s'en suit des ennuis de toute nature et parfois même des disputes.⁹²

Many employees were curt, tactless, or rough-handed in their treatment of sick families and often it was because these employees had been drinking. One newspaper complained, for example, of inebriated ambulance drivers who acted "comme s'ils conduisaient des pochards à la prison".⁹³ Such objectionable conduct led to repeated complaints from newspapers and groups of citizens.⁹⁴ It no doubt also stimulated and lent credence to atrocity rumours circulating in the streets. One story alleged that health officers had seized a child from its mother so roughly that it was torn in two.⁹⁵ After the Gagnon affair, another rumour had it that the Gagnon mother and children had been beaten and dragged by the hair to the ambulance.⁹⁶ Frightened and offended by the actual and rumoured behaviour of Health Department employees, lower-class French Canadians could only be more hostile to the civic isolation work.

While popular resistance to the official smallpox measures took the form of angry crowds and occasional violence, it was also reflected in newspaper and aldermanic criticism of the authorities. Almost immediately after the Gagnon Affair, one French-language paper, Le Monde, accused Mayor Beaugrand of "conduite inhumaine et barbare":

Vous avez jeté Gagnon, père et son fils en prison parce qu'ils ont défendu contre vos gendarmes, leur modeste et pauvre foyer.

Vous avez violement arraché à l'affection de leur père, de pauvres, petits enfants, une épouse effrayée.

Ce que vous avez fait est un crime. La force ne prime pas le droit. Charbonnier est maître chez soi. 97

The newspaper opened a subscription fund for the Gagnons and, in an office window, displayed a bullet supposedly fired by police at the family.⁹⁸ It interpreted subsequent confrontations over hospitalization as further atrocities for which the Mayor was to blame.⁹⁹

It distributed a circular announcing the advent of a 'reign of terror' with Beaugrand as presiding despot.¹⁰⁰ A second paper, La Minerve, began printing similar accusations.¹⁰¹ While Mayor Beaugrand bore the brunt of these diatribes, Le Monde also attacked the entire new public health regime and all of its coercive smallpox measures, particularly compulsory hospitalization. The Health Committee, it declared, had persistently and unnecessarily overstepped the bounds of its authority, even in appropriating buildings for an emergency smallpox hospital. The paper condemned Hugh Graham and the Star

for pushing the Committee into such arbitrary or coercive acts. Ultimately, Le Monde challenged the legality of the Central Board of Health, its regulations, and the emergency statute upon which they were erected.¹⁰²

Included in this attack on the health authorities were explicit appeals to the lower-class Montréalais. Le Monde contrasted the situation of the Mayor, the occupant of "un palais superbe sur la rue Sherbrooke au milieu des princes de la finance et du commerce", with that of Gagnon, "un pauvre et modeste ouvrier, vivant tranquille, sans ambition, et même au milieu de ses enfants, dans sa petite maison".¹⁰³ As the self-proclaimed defender of the people, "les faibles opprimés",¹⁰⁴ it charged that it was mainly the poor whose rights were ignored by health officials.

Pourquoi, M. Beaugrand, n'exercez-vous votre despotisme que contre les pauvres? Est-ce parce qu'ils sont faibles et sans influence? Pourquoi [ne] contraignez-vous pas le riche à laisser sa maison comme vous le faites [pour] les ouvriers? Il n'y a que ces derniers qui sont l'objet de votre solicitude tyrannique. Pourquoi ces distinctions?

....Pourquoi êtes-vous si superbe de dédain en présence du pauvre, quand vous êtes toujours prêt à courber l'éclat devant le riche.¹⁰⁵

Meanwhile, in City Council, the alderman for Ste-Marie ward, Hormisdas Jeannotte, also protested that the people of Montreal were being 'tyrannized' with health measures imposed by the Mayor, the Health Committee, and behind them, the Citizens' Committee. According

to Jeannotte, some smallpox regulations not only were unfair to working people but could be lucrative for unscrupulous new employees of the Health Department.¹⁰⁶

At the root of this burst of criticism, and especially the newspaper attacks, lay partisan political rivalry. Le Monde and La Minerve were Conservative newspapers; Mayor Beaugrand, upon whom their invective was concentrated, was a rouge; alderman Jeannotte was both a Conservative and a personal foe of Beaugrand.¹⁰⁷ The key to the situation, though, was the impending execution of Louis Riel. Until November, Le Monde, like most of the French-language press, had accepted compulsory hospitalization without protest and had even had occasional praise for the measure.¹⁰⁸ Then, in an effort to divert public attention from Riel's fate, the two Conservative papers had seized upon municipal health activities such as hospitalization. "On vous parle politique", La Presse complained to them, "et vous répondez en parlant de la picote."¹⁰⁹ The fact that they did so is important as further, albeit indirect, evidence of lower-class French Canadian feelings. So great was the popular animosity to compulsory measures like forced hospitalization that it afforded exploitable political opportunities.

In the end, however, the health organization prevailed. Despite argumentative parents, hostile and sometimes violent crowds, and politically-motivated criticism, it gradually succeeded in filling the beds of the smallpox hospital. Alternately coaxed, cajoled, and

threatened with persecution by health officers, and sometimes also intimidated by policemen accompanying them, most parents eventually¹¹⁰ relinquished their sick children or went with them to the hospital. Most of the unfriendly crowds who looked on did not ultimately interfere. So hospitalization made rapid progress in the first areas tackled by the authorities in late October. By the month's end, the smallpox hospitals contained more than 350 patients and relatives.¹¹¹ On one day alone, the City transferred forty-one cases to the hospital, most accompanied by a mother or relative.¹¹² But on other days, especially after the Gagnon Affair, the Health Department failed to move anyone slated for hospitalization and had to issue them all arrest warrants instead.¹¹³ For most recalcitrant parents, an appearance in and warning from the Sanitary Court probably brought about compliance with the health officials.¹¹⁴ For the rest, and for any interfering crowds supporting them, there would be repeated visits by health officers, police reinforcements, and eventual prosecution.

As the hospitalization campaign took effect, it was escalated. The City converted another exhibition building for the use of smallpox patients, making hospital space plentiful by the end of November.¹¹⁵ By then, every known case of smallpox in Montreal was either in hospital or in quarantine at home.¹¹⁶ Health officials began to phase out home quarantines and civic smallpox relief entirely. Only if a patient could not be safely removed to hospital would his family now be allowed to keep him at home, while receiving relief.¹¹⁷

By the year's end, only thirteen houses remained in quarantine.¹¹⁸ Once again, as had been the case eight months earlier, most of Montreal's smallpox was confined within hospital walls.

However the situation at Montreal's periphery, in the neighbouring suburbs, was still quite uncertain. Until smallpox was brought under control there, the city itself was not really safe from a resurgence of the epidemic. Ensuring that the suburban municipalities fought the disease was the task of the Central Board of Health. It had soon found that they required considerable prodding. First the suburbs were slow to establish the local boards of health which the

Central Board had required in September. Some municipal councils considered boards of health too expensive.¹¹⁹ Then, once the suburbs had appointed boards (usually consisting of the mayor, parish priest, and a councillor, doctor, or police chief) and even named medical officers of health, they did not necessarily begin applying the health regulations decreed by the Central Board. Official penuriousness only partly explained this lack of co-operation.

Equally important, isolation measures were as unpopular among the lower-class French Canadians predominant in such suburbs as St-Jean Baptiste and Ste-Cunégonde as they were among those in Montreal proper. However this situation did not give rise to the same sorts of crowds and confrontations with public officials which occurred in the city. At most, there were demonstrations against Montreal's smallpox hospitals,

whose proximity was universally resented. A public meeting in St-Jean Baptiste featured demands for the removal of the old civic hospital.¹²⁰ Rumours circulated that groups from the suburbs would try to destroy the new one.¹²¹ While it was being prepared for use, a stone-throwing mob of several hundred men and youths from north of Montreal actually made an abortive attack upon it.¹²² These displays of opposition were directed at the City rather than the suburban officials. Indeed the latter also took part in the protest against the hospitals. The council of St-Jean Baptiste wanted the old hospital moved and, when Montreal appropriated the exhibition buildings for its new hospital, officials in St-Jean Baptiste, Côte St-Louis and St-Louis du Mile-End used written protests, protest meetings and legal proceedings in an unsuccessful effort to stop it.¹²³

In the suburbs, the unpopularity of smallpox precautions was in fact faithfully reflected in the behaviour of the local officials. Few of them it seems, willingly contemplated enforcing any isolation measures if it meant offending the inhabitants. In smallpox-ridden Ste-Cunégonde, for example, the local board of health protested that it could not undertake effective isolation activities. One member of the board was a biscuit-maker, and another, a grocer. If they defied the public opposition, explained the local curé, who was also on the board, their businesses would suffer and the mayor would never win re-election.¹²⁴ For such reasons, the municipal authorities in Ste-Cunégonde, St-Jean Baptiste, St-Henri, St-Louis du Mile-End, and

and Côte St-Louis often seemed to do as little as possible to combat smallpox. Worst of all was Ste-Cunégonde. According to an investigation by the Citizens' Committee, the suburb still did little to detect or isolate the disease in December. Most smallpox cases there were unplaced; some were to be found in the homes of the mayor and councillors themselves. Placards, when used, were small and posted inside buildings where they could not be seen. The smallpox dead were carted indiscriminately to the cemetery in open sleighs. There was no hospital. Meanwhile the local board of health diligently disguised these shortcomings in misleading progress reports to the Central Board of Health. ¹²⁵

The Board responded to the inaction of suburban officials in several ways. It frequently served uncooperative suburbs with ultimatums, threatening to replace unsatisfactory boards of health, threatening to take legal action against officials, or warning that it might have the City enforce smallpox precautions at the suburbs' expense. ¹²⁶ The Central Board appointed a special inspector to reconnoitre the areas outside Montreal, investigate complaints, report deficiencies in local health organizations and, if necessary, enforce the laws personally. In St-Jean Baptiste, for example, the inspector led the local police chief from house to house posting placards. ¹²⁷ The Central Board put further pressure on the suburbs north and west of Montreal by ordering a halt to their streetcar service until they reduced their smallpox. ¹²⁸ From September 25 until about the year's

end, the local inhabitants had to find some other means of travelling into the city. Later, at the urging of Hugh Graham and Richard White, the railway companies were also asked not to allow passengers from infected areas outside Montreal access to incoming trains.¹²⁹

A further form of inducement came from City officials. In mid-November, they offered the suburbs, most of which had no hospital facilities, access to the civic smallpox hospital, provided they enforced every smallpox precaution.¹³⁰

The results of the pressure exerted by the Central Board and the City varied considerably from one suburb to the next. In St-Henri, placarding, relief work, and disinfection were soon underway, a hospital was improvised, and smallpox was relatively quickly eliminated.¹³¹ In neighbouring Ste-Cunégonde, officials still declined to take effective action against the disease and refused an offer by Montreal to send in its own officers to quarantine and hospitalize the sick.¹³² In December, the newspapermen Graham and White persuaded the city Health Committee to apply the ultimate pressure upon Ste-Cunégonde: a plan to close off the streets linking it to Montreal and to require health certificates of everyone wishing to cross into the city.¹³³ The Central Board approved the plan and, under pressure from the Citizens' Committee, set it in motion on the last morning of 1885. In no time at all, hundreds of angry people gathered at the western city limit, milling about, attacking the street barricades erected by the city, and throwing whatever was convenient at the police officers trying to turn them back.¹³⁴ This was the

last notable confrontation due to the smallpox epidemic and because of it Ste-Cunégonde finally capitulated to the wishes of the city and provincial health authorities. In the following days, it allowed city ambulances to remove almost all the sick in the suburb to the civic hospital.¹³⁵ When they had finished, most of the smallpox at Montreal's periphery as well as its centre was at last securely isolated.

From September 1885 on, a new public health regime had gradually succeeded in imposing smallpox isolation measures upon the unwilling lower-class French Canadian population in and around Montreal. This regime, the new Central Board of Health and the enlarged civic Health Committee, with Hugh Graham in the forefront and the Citizens' Committee behind it, placed some limits upon the movements and gatherings of the public at large but it did not and probably could not pursue that strategy fully enough to affect the spread of the disease very much. Instead, it concentrated upon the afflicted families themselves, combing the city with nuns and inspectors to find them, confining them as much as possible in strict home quarantines alleviated only by meagre civic relief, and finally, after arbitrarily seizing facilities for an adequate isolation hospital, compelling as many of the sick into it as possible. Anyone who resisted was liable to legal prosecution in a special summary court. Each of these acts of official coercion, occasionally rendered even more offensive by the city employees carrying them out, provoked

some sort of resistance in lower-class French Canadian Montreal. Not only did individual acts of opposition and zealous concealment of the sick continue on a greater scale than ever, but also larger confrontations and collective demonstrations of anger developed: the en masse destruction of placards, frequent and hostile neighbourhood crowds, occasional outbreaks of violence against health officers and hospital ambulances. However, even with the sympathy and support the resistance attracted from some political quarters, it was of little avail in the long run. Nor was the resistance which the provincial health authorities encountered in the suburbs: the inaction of suburban officials leery of unaccustomed expenditures and public antipathy to isolation precautions gradually ceded before the persistence of the new public health regime. Compulsory isolation won. Compulsory vaccination, however, presented another story.

CHAPTER SIX

SMALLPOX AND THE NEW PUBLIC HEALTH REGIME: COMPULSORY VACCINATION

On Monday morning, September 28, 1885, a city health officer attempted to placard a house beside the eastern branch office of the Health Department, on Ste-Catherine street. The occupant, a Mme Chaput, was indignant. She had destroyed previously posted placards and, despite a warning appearance in the Recorder's Court, had persisted in her usual sewing work. Now she confronted the officer, attracting a crowd of several hundred spectators. They began pitching stones at the adjacent health office windows, while taunting and threatening the employees inside. This crowd was soon dispersed by the police but, by seven o'clock that evening, another crowd of between two and five thousand people had gathered at the same place. They drove off a police guard, ransacked the health office and then, ignoring a local curé's plea to return home, headed westward along Ste-Catherine, gathering adventure-seekers, youths, and the curious as they went. "Ils envahirent les deux côtés de la rue et le mouvement avait été si spontané que tout le monde se demandait de quoi il s'agissait."¹ After stoning the residences of two doctors, one of them the Medical Officer of Health, Dr. Laberge,

the mob turned down St-Laurent, accompanied by cries of 'A l'Hôtel de Ville' and the sounds of shattering streetlights. It poured onto the Champs de Mars and began showering the City Hall with stones. Above the tumult, shouts of 'Pas de vaccination compulsive' and occasional gunshots could be heard. By now, the bells of Notre-Dame had rung to summon the police. An armed detachment arrived, encountered an immediate volley of stones, and fired over the rioters' heads. Some of the crowd left to attack the house of alderman Jacques Grenier on St-Denis; the rest surged along Notre-Dame and St-Jacques to Victoria Square, where they pelted the Montreal Herald building. Chased from the square by police, the crowd filtered northeastward through the city streets, converging at points along Ste-Catherine, St-Denis, St-Hubert, and Ontario. There, it stoned the residence of another alderman, the home of the former Medical Officer of Health, and three drugstores and attempted to set fire to the pharmacy and home of a public vaccinator. Finally the mob returned to the rubble-strewn health office, built a bonfire of placards and disinfectants in the street, and tried unsuccessfully to set the building alight. When the police intervened once again, a rioter promptly struck down the police chief with a plank. When firemen arrived and began directing water against the rioters, the mob attempted to cut their hoses. Not until one o'clock that morning was order restored and the last of the crowd dispersed at Ontario street.²

Of all the incidents marking the confrontation between the new public health regime and lower-class French Canadian Montreal, the riot of September 28 was the ~~most~~ important. Though some of its violence was directed at civic isolation measures, the riot served especially as a mass protest against the other major weapon chosen by the health authorities: compulsory vaccination. For once the English-language press and the business community had won themselves a larger place in the governing health structure of Montreal, they led it into an aggressive campaign to extend vaccination throughout the city. Public vaccination was resumed and the promotion of voluntary vaccination stepped up. But to reach all lower-class French Canadians, the health authorities decided they must resort to legal compulsion and enforce mandatory state vaccination. Foreshadowed by criticism of such a move among French-language newspapers and French-Canadian aldermen, the riot quickly demonstrated the hostile reaction of lower-class French Canadians. So threatening was that demonstration that, besides frightening city officials and encouraging critics of compulsory vaccination, it would cause a split in the forces behind the health regime, a repudiation of its more radical voices, and a change in the official vaccination strategy. Retreating from any immediate, general implementation of compulsory vaccination, the health organization would in effect rely more and more upon

businessmen to impose vaccination by themselves. If lower-class Montrealais could still successfully resist civic efforts they would find employers harder to defy.

By September, Montreal was in the midst of a vaccination 'boom'. The smallpox alarm sounded by the English-language press in mid-August had touched off a massive rush to get vaccinated among those who were terrified of the disease and who could afford the precaution. Pharmacists did a brisk trade in vaccine 'points', selling thousands every week.³ Doctors performed hundreds of private vaccinations each day and some were soon hard pressed to keep up with the demand.⁴ Some heads of families even purchased vaccine and immunized their households by themselves.⁵ On September 1, the City augmented the boom by resuming free public vaccination, with four doctors hired to do vaccinations at their offices during certain hours of the morning and evening. By the end of the month, because of the great demand, free vaccination was also available at nine other locations, including some Protestant churches, west end hospitals, and branch offices opened by the Health Department in the east and west ends of Montreal.⁶ However a major problem still faced health officials: few lower-class French Canadians were swept up in the rush for vaccination.

During their agitation for a new public health regime, businessmen and English-language newspapers had frequently advocated two ways for officials to reach the lower-class French Canadian population. One was legal compulsory vaccination; the other, a house-to-house campaign utilizing "persuasion", "reasoning", and "especially . . . the great influence of the clergy", in order to convince people of necessity of vaccination.⁷ City officials began implementing the latter approach even before representatives of the Citizens' Committee had joined the civic Health Committee and before the new health organization was entirely in place. Public vaccinators were tentatively dispatched to east-end neighbourhoods to offer their services free of charge.⁸ A pamphlet on vaccination was published for distribution among the poor.⁹ French-language newspapers were asked to emulate their English-language counterparts by disseminating favourable information about vaccination.¹⁰ Above all, appeals were repeatedly made to the Catholic clergy to convince their flock to be vaccinated. Although some aldermen disagreed, the business community and the English-language press assumed unquestioningly that the clergy wielded a decisive influence over French Canadians and could thus quickly win them over to vaccination. "The pulpit is the only way to reach them . . .", the Journal of Commerce would

assert, typically. "If the clergy will only do their share in the matter, the rest will follow."¹¹ Although clergymen answered that they could not "preach vaccination as a thing which [had] to be done as a matter of conscience",¹² some nevertheless gave it a very strong recommendation. According to abbé Sentenne of Notre-Dame church, it was God's will for Catholics to take every possible smallpox precaution, including vaccination; to refuse measures approved by medical science was to distrust and defy God.¹³ Archbishop Fabre and some priests in fact underwent vaccination as a gesture of support for the measure.¹⁴

However, none of these efforts at persuasion seemed likely to succeed in having many people quickly vaccinated. The new experiment with house to house vaccination failed miserably.¹⁵ Neither civic or press propaganda nor church sermons had a noticeable effect upon the widespread antipathy to vaccination. And not surprisingly, businessmen soon lost patience with that approach. At a meeting of the Citizens' Committee on September 22, they complained that, despite even the progress of their own Employers' League, too many people remained unvaccinated; perhaps 100,000, said one, were still "but fuel ready for the fire" of the epidemic.¹⁶ Some businessmen wanted closer, more conspicuous collaboration between clergymen and health officials, in a combination of persuasion and

compulsion. Manufacturer W. C. McDonald proposed that priests accompany every public vaccinator from door to door so that, "[w]here opposition would be met the priest would exert his influence to change the sentiment."¹⁷ But the clergy refused. Parish priests were unwilling to seem to be acting at the bidding of others and warned that, "the people would not listen to them," if they appeared alongside vaccinators.¹⁸ At most they might visit parishioners after a vaccinator had called and been turned away. To the anxious and impatient businessmen, increasingly adamant that something be done to vaccinate all citizens, that seemed to leave one alternative: compulsory municipal vaccination.

By late September the English-language press was also committed to that solution. Some papers had favoured it since August. "Certainly compulsory vaccination by the state is socialistic, and an interference with the liberty of the subject," the Star had editorialized, "but we are just socialistic enough to support it."¹⁹ With each passing day in September, confident that there was little serious public opposition to compulsory vaccination, the Star and its competitors grew more and more emphatic about the need for that measure, and more and more critical of civic officials for their hesitation and delay in introducing it. The most bellicose, the Herald, insisted upon "instant resolute decisive action" from the health authorities.²⁰

The new public health regime obliged the businessmen and newspapers. Compulsory vaccination was an integral part of the plan of action which Hugh Graham fashioned for fighting the epidemic, and which the new, enlarged Health Committee adopted on September 24.²¹ The Central Board of Health had meanwhile prepared a general compulsory vaccination regulation of its own. When this was proclaimed on Saturday, September 26, the City announced that it would begin enforcement of the law on the following Monday.²² On the intervening Sunday, clergymen were once again enlisted to help publicize the new city plans from their pulpits and to urge parishioners to get vaccinated voluntarily before the law took effect. What the authorities intended was a procedure similar to that used in England. Montreal would be divided into districts; in each district vaccinators would visit each household, ask if the occupants were vaccinated and, if not, offer free vaccination; a clerk accompanying each vaccinator would record the names of those who declined the offer; they would be taken to court and penalized with a possible fine of up to twenty dollars or, alternately, imprisonment for up to two weeks. The entire procedure could be repeated indefinitely against recalcitrants until they finally relented and accepted vaccination.²³

The planned campaign was welcomed by businessmen and enthusiastically applauded by the English-language press. However, such optimism was ill-founded for, by now, there had already been indirect signs that any compulsory vaccination 'crusade' would meet with potentially serious popular resistance. The signs came from French-language newspapers and French Canadian aldermen who consistently opposed compulsory vaccination.

The French-language press had reacted ambivalently to the agitation of its English-language counterpart and the business community for more effective official action against smallpox ever since that agitation had begun in mid-August. While admitting that something had to be done, French-language newspapers had criticized the increased publicity given the epidemic, the progressively harsher attacks made upon city officials and aldermen,²⁴ and the predilection of businessmen and English-language papers for instant, radical solutions, such as compulsory vaccination. Faced with official adoption of that measure, French-language papers did counsel readers to obey it.²⁵ But they preferred greater efforts to persuade and educate people to accept vaccination. Compulsion, most argued, would be an infringement of individual rights and liberties, an infringement made all the worse by the medical dangers of vaccination. "On admet que la vaccination peut causer des maladies incurables, et même la mort," reasoned La Presse. "La société ne peut pas exiger qu'on

s'expose à un pareil risque, si ce n'est pas volontairement."²⁶

More important, the paper condemned the overconfidence of the proponents of compulsory vaccination and predicted trouble if such zealots were given free rein.²⁷

French Canadian aldermen had also been critical of the agitation by businessmen and English-language newspapers. This was partly because they resented the attacks and interference of outsiders. At the first meeting of the newly expanded Health Committee, one alderman condemned the representatives of the Citizens' Committee for 'abusing' city alderman and exaggerating the epidemic for their own interests.²⁸ Alderman Jacques Grenier, chairman of the civic Finance Committee, repeatedly restricted allocations of money to the new Health Committee, alleging that its new arrivals were extravagant with city funds, or insisting that civic expenditures against smallpox could not be determined by non-elected, private citizens.²⁹ Alderman Grenier also carried on a running battle with the English-language press over the publicity it gave the epidemic.³⁰ Some French Canadian aldermen tried unsuccessfully to have the City Council punish one of his severest critics, the Herald, by depriving it of municipal advertising and barring its reporters from Council meetings.³¹

More important than this resentment of criticism and jealousy of power was the fact that French Canadian aldermen were apprehensive. They were uneasy about the intentions of the Citizens' Committee and the possible consequences, especially regarding vaccination. Acutely aware of the popular antipathy to vaccination, these aldermen favoured persuasion as the more humane and practical way to win the public over to it. Their concern had been evident even as the civic Health Committee was enlarged. The representatives added from the Citizens' Committee had been chosen not by that committee but by Mayor Beaugrand and Hugh Graham, presumably so as to exclude the more zealous or radical members.³² One of the chosen, Adolphe Levesque, was in fact so unrepresentative that, once on the new Health Committee, he rejected not only compulsory vaccination but forceful municipal action of almost any sort.³³ In addition, largely at the insistence of French Canadian aldermen opposed to compulsory vaccination, the City Council had limited the number of Citizens' Committee representatives to six, a minority on the new Health Committee as a whole.³⁴ Neither move had seriously hindered the new arrivals, however. Levesque's dissent caused only a token week's delay to Graham's plans³⁵; Graham and his colleagues dominated sub-committees and, by dint of steady attendance, seem to have wielded a majority at most Health Committee meetings.³⁶

When the Health Committee thus adopted compulsory vaccination, the aldermanic opposition was more forthright. One French Canadian alderman on the Committee resigned in loud protest.³⁷ On City Council, alderman Jeannotte and a colleague, H. Rainville, charged that compulsory vaccination would spark fierce civil strife.³⁸ Even the anglophone chairman of the Health Committee, alderman Henry Gray, considered the move ill-advised and worried lest it provoke violence in east-end Montreal.³⁹

With such warnings, the opposition to compulsory vaccination by French-language newspaper and city aldermen reflected the situation in lower-class French Canadian Montreal. There, in contrast to the enthusiasm of businessmen or English-language papers, an atmosphere of uncertainty and foreboding prevailed. An impression of impending violence was widespread since many people believed that compulsory vaccination entailed not legal procedures but sheer, brute physical force. As alderman Gray observed uneasily on the eve of the introduction of the measure:

Non seulement parmi le peuple, mais parmi les gens supposés bien instruits, on paraît croire qu'il s'agit d'un véritable attentat sur la personne; de saisir les gens et leur inoculer de force le vaccin. Rien ne serait plus absurde et révoltant.⁴⁰

He found many people "oppressed with a vague fear of what the Health Board were going to do. Demagogues had been among them, circulating the most extraordinary stories about vaccination and isolation."⁴¹

A newspaper reported the same phenomenon: "Les médecins-vaccinateurs, [dit-on], vont entrer dans votre maison pour vacciner de force votre femme et vos enfants, pendant que vous serez sortis."⁴²

The fears of physical coercion were most potent still because the many earlier accidents with municipal vaccination had not been forgotten. Rumours circulated about further, new mishaps. According to one, a workingman lay dangerously ill in hospital risking the loss of an arm because of vaccination.⁴³ In fact people still did suffer smallpox after, and therefore it seemed because of, vaccination. Although they were now relatively few in number, such cases could only reinforce the popular fear of the precaution.⁴⁴ The fear was such that even some physicians considered compulsory vaccination impractical and argued that the health officials should first concentrate on getting absolutely reliable vaccine and eliminating any chance of accidents.⁴⁵ Those advocates of persuasion instead of compulsory vaccination who wanted the City to advertise the safety and good quality of its vaccine⁴⁶ were, in a sense, also calling attention to the widespread fear of accidents.

Montreal's anti-vaccinationist doctors were, of course, actively nourishing the popular anxiety about what was to come. In a series of letters to Le Monde, Dr. Coderre reiterated his arguments against vaccination, reminded readers of its bad effects that spring, and warned them to expect more of the same.⁴⁷ Dr. Ross had meanwhile turned his energies to pamphleteering. From mid-August onward, there had appeared in streets and shops a series of tracts in which he denounced vaccination. One of them, embellished with funereal/black borders, skeletal death-figures and other eye-catching illustrations, conveyed a vivid impression of the helpless workingman being forcibly vaccinated.⁴⁸

Fears about the intentions of the health officials were probably heightened also by English-French animosities generated during the business and press agitation for a new health regime and compulsory smallpox measures. Often the rhetoric of the Citizens' Committee and, even more, that of the English-language press, had strong anti-French Canadian overtones. French Canadians were variously accused of apathy, ignorance, and intransigence concerning proper smallpox precautions, even of poor personal hygiene.⁴⁹ French-language newspapers and politicians would reply with heated denunciations of English 'fanaticism'.⁵⁰ Despite sporadic appeals by the Mayor,

clergymen and others for moderation and unity in the face of the epidemic,⁵¹ the undercurrent of mutual antagonisms persisted, showing even when every one was essentially in agreement. Because some English-language papers singled out Dr. Coderre in order to ridicule anti-vaccinationists, French-language newspapers would concentrate their criticism upon Dr. Ross, an Anglais.⁵²

In the volatile atmosphere which thus enveloped lower-class French Canadian Montreal, the official move to compulsory vaccination sparked a swift and violent reaction: the riot of September 28. Unlike other demonstrations of opposition provoked by official smallpox activities, the riot went beyond the limited size and scope of a local, neighbourhood protest. With its many participants, it directly threatened City Hall and city health officials themselves. Moreover, in the days immediately after the riot, with tensions remaining high, it seemed that there might be further, comparable violence. Throughout the 29th, curious crowds thronged the city streets, particularly near Bonsecours market and the City Hall. Isolated incidents of stone-throwing and lamp-smashing occurred.⁵³ Riot leaders in east-end Montreal were reported to be adamantly opposed to the vaccination law: "if they refuse to be vaccinated they are fined twenty dollars and being poor and unable to pay it, they will be sent down to prison. They say they cannot and will not stand that."⁵⁴

For several days, it was widely rumoured there would be more violence against the authorities. According to one persistent story, quarry workers living north of the city would march into Montreal, "armés de fourches, de revolvers, de poignards, etc.," and demand the repeal of the compulsory vaccination law or attack the residences of health officials.⁵⁵ Threatening letters were in fact sent to Mayor Beaugrand and several aldermen.⁵⁶

The riot and the possibility of further violence had crucial consequences for the new public health regime. The first, immediate effect was to frighten city officials badly. They had some rioters arrested and quickly sentenced to prison.⁵⁷ They kept city firemen on alert the day after the riot and distributed arms and ammunition to the Health Department's sanitary police.⁵⁸ Most important, Mayor Beaugrand had contacted local militia commanders the night of the riot and asked for their aid. Within a day, hundreds of troops from battalions in the Fifth Military District were stationed at various points around Montreal. Military patrols in the city and suburbs helped policemen to disperse any suspicious gatherings. Other troops stood on guard for several days at the residences of the Mayor and other civic or health officials.⁵⁹

Meanwhile the riot also caused immediate recriminations in the Montreal press and in City Council, and with them renewed attacks upon compulsory vaccination and its advocates. While English-language newspapers fumed at the apparent weakness of civic authorities before "the unwashed of the East end,"⁶⁰ or "a few demagogue aldermen and their ragtag and bobtail following,"⁶¹ French-language papers viewed the riot as a vindication of their earlier criticism. La Presse, for example, blamed the violence most of all on Hugh Graham, the Star, and the members of the Citizens' Committee who had insisted upon "vaccination de gré ou de force."⁶² It and its fellow papers reiterated the necessity of a policy of persuasion and gradual popularization through the combined efforts of newspapers, businessmen, doctors, and clergy.

In the City Council, too, accusations were exchanged. An English-speaking alderman attacked two French Canadian opponents for fomenting the riot. One of them, alderman Jeannotte, retorted that compulsory vaccination alone was responsible for it. The Finance Committee chairman, alderman Grenier, blamed the 'imprudence' of the Citizens' Committee.⁶³ Another dissident French Canadian alderman refused to vote with the majority of the Council to endorse the handling of the riot and the use of troops.⁶⁴ Adolphe Levesque, the maverick

representative of the Citizens' Committee, even opposed any official censure of the rioters.⁶⁵ The riot seemed to have strengthened the feeling among French Canadian aldermen against radical demands or criticism from outside the Council. Perhaps the best indication of this was that, in mid-October, by voting en bloc along with alderman Henry Gray, they succeeded in a second attempt to punish the Montreal Herald.⁶⁶

Besides scaring city officials, and reinforcing the critics of compulsory vaccination, the riot brought about a rift in the forces which had pushed the health organization to take that step. On one side were those who remained undaunted by the events of September 28. Two English-language papers, the Herald and the Witness, continued to pursue a radical line concerning the epidemic, printing scathing condemnations of aldermen and city officials, and demanding various immediate, uncompromising solutions. Eventually the Herald decided that the new members of the civic Health Committee had failed to transform it into as effective a body as hoped, and that it would be better to divert the City Council's funds directly to the Citizens' Committee or to call in the Dominion government to combat the epidemic.⁶⁷ The Witness suggested that the Health Committee act as if it were doing the majority's will, on behalf of all Canada and its trade,

rather than pay any heed to the "unreasoning obstinacy" of French Canadians.⁶⁸ Then it called for a "sanitary dictator" to replace the Health Committee.⁶⁹ Though the Citizens' Committee was more restrained, it maintained a similar sort of unrelenting agitation and criticism. Attendance at its meetings dwindled in October,⁷⁰ probably as the initial enthusiasm or fright of many businessmen flagged, reducing the size of the Committee but not its zeal.

However the riot made a noticeable impression upon the supporters of the new public health regime, especially the leading figures, Hugh Graham and Richard White, and their respective newspapers, the Star and the Gazette. In October they began to assume a more moderate line concerning official measures against the epidemic, gradually putting distance between themselves and the radicals. The Gazette now warned that the tasks of the health authorities "required patience, persuasion and incessant labour."

Those who write glibly of taking the disease by the throat and choking it out, of overriding any open or veiled opposition that may be offered to the application of drastic measures, of ignoring prejudices are pursuing the very course most calculated to create new difficulties and thwart the work of the authorities. Patience, conciliation, persuasion, the advice of those in authority, have been needed to pave the way to the enforcement of proper and adequate measures for the eradication of the disease. . . .⁷¹

The Star, too, displayed a new found sensitivity to popular opinion. It urged every knowledgeable or influential citizen to do his utmost to persuade people to get vaccinated, an approach it likened to businessmen soliciting customers.⁷² The paper lectured the more extreme newspapers to take heed of the "want of sympathy between certain of the poorest classes of Montreal and the sanitary authorities," to eschew "castigating official incapacity or rebuking popular folly," when that was irresponsible and counterproductive.⁷³ Eventually it also found fault with the Citizens' Committee, calling it "an amateur criticizing organization," which might better be dissolved.⁷⁴ With each comment, the influence of radicals on the new public health regime waned a little more.

Even before such repercussions were fully evident, the riot had had one further, important consequence: a quick change in the official vaccination policy. Compulsory vaccination would still be implemented but only after a long, initial period in which as many people as possible would be won over by calm reasoning and persuasion.

L'expérience des autres, la lecture, la conversation, auront converti les plus récalcitrants. La rue entière, la ville entière aura été vaccinée. Le spectre hideux se retirera. Le commerce reprendra. Les fabriques résonneront de nouveau. La prospérité et le bonheur renaîtront parmi nous. Ce sera la douceur, la charité, le raisonnement, la persuasion qui auront accompli l'oeuvre.⁷⁵

So the health authorities promised in a special message passed on by the Catholic clergymen to their congregations the Sunday after the riot.

Beginning the next day, public vaccinators were dispatched on systematic house to house visits throughout Montreal. They would offer once again to immunize the unvaccinated, leave vaccination literature at households where their offers were refused, and return later when the occupants had had time to reconsider.⁷⁶ The vaccinators were instructed especially to be tactful, and admonished to "ne pas agir grossièrement comme on a fait quelquefois"; "tout le monde doit être traité poliment comme cela doit se faire entre gens bien nés [sic]."⁷⁷ The Health Committee invited complaints concerning any city doctor's behaviour and allowed families who so wished to be vaccinated by doctors of their own choosing instead.⁷⁸

Because of the new policy, it would be nearly three months before the City began enforcing compulsory vaccination. The first vaccination 'canvass' of Montreal was not complete until November 20.⁷⁹ Then the vaccinators began a second, during which the Health Department distributed copies of the Official Gazette to recalcitrant families so that none could plead ignorance of the law as an excuse for remaining unvaccinated.⁸⁰ As the distribution neared completion, city doctors were sent out again to offer hold-outs a last chance to submit voluntarily. Finally, on December 17, prosecutions under the compulsory vaccination law began in the Sanitary Court.⁸¹ The first

conviction occurred on December 24, to be followed in the next three weeks by twenty-eight others.⁸²

While vaccinators were combing Montreal, the Health Department and the press waged a propaganda war against anti-vaccinationists. Dr. Ross had begun to publish a series of circulars entitled The Anti-Vaccinator after the riot. In some issues, he and Dr. Coderre jointly presented lists of supposed, recent victims of vaccination.⁸³ The City countered with 22,000 copies of an illustrated broadsheet, 'L'Ami du Peuple', extolling vaccination.⁸⁴ City physicians investigated cases cited by the anti-vaccinationists and ascertained that the persons involved had not been truly vaccinated, or had already contracted smallpox before being vaccinated.⁸⁵ By the end of October, French-language newspapers had, like their English-language counterparts in August, stopped printing letters from the anti-vaccinationist doctors.⁸⁶ Now the newspapers depicted them as an unrepresentative, misleading medical minority. Some even tried to discredit them personally by questioning the honesty or sincerity of Drs. Coderre and Ross.⁸⁷

While persuasion and propaganda were being applied to lower-class French Canadians in general, the health authorities directed additional efforts at certain, particular groups. All school children were supposed to have vaccination certificates and, although

that requirement was not strictly enforced in Catholic schools at first,⁸⁸ the City later sent vaccinators to the schools to help enforce it.⁸⁹ Vaccinators also called upon the occupants of other public institutions. The earliest visited were prison inmates, most of whom were assumed to come from smallpox-afflicted areas of Montreal.⁹⁰ Then came the inhabitants of other correctional, charitable, or religious institutions: reformatories, the House of Industry, the Y.M.C.A., hospices, asiles, seminaries, hospitals, convents.⁹¹ It appears that city vaccinators also approached some tradesmen such as butchers and hackdrivers, whose occupations put them in constant with much of the public.⁹² The health authorities encouraged an initiative of one group, the Montreal Hackmens' Union, to have members and their families observe smallpox precautions including vaccination.⁹³ Finally, prompted by English-language newspapers and the Citizens' Committee, the City turned to its own workers. Beginning with the police, the employees of various city departments were ordered to obtain vaccination certificates for themselves and their families or else be dismissed.⁹⁴ Some other government employees in the Montreal area received similar orders,⁹⁵ orders which were in fact the same as those issued by businessmen active in the Employers' League.

The Employers' League was itself the major, if unofficial, component of municipal vaccination policy following the riot. Before September 28, it had been gaining momentum, independent of civic activities. Now, with health officials forced to retreat from any quick enforcement of compulsory vaccination, it became even more important. English-language newspapers decided that employers were, after all, best able to impose vaccination upon lower-class Montréalais. The Star, for example, repeatedly emphasized that the businessmen were "to a large extent masters of the situation themselves."⁹⁶ It urged employers, as it had other influential citizens, to use persuasion in dealing with workers. But, clearly, what counted most to the paper and its colleagues was the economic leverage that the employer could exert upon wage-earning families, the employer's ability to threaten workers with immediate unemployment if they did not have themselves vaccinated. Compared to that "business-like method of attack,"⁹⁷ the Star suggested that civic efforts would be much less satisfactory.

Organizing house to house vaccination will take time, and, with its inadequate civic approach, can only be partial. Let its field be that mere [sic] of gleaning after the vaccinators sent by employers the length and breadth of the city.⁹⁸

City health officials soon came to agree with that assessment. When the earliest results of their vaccination 'canvass' proved meagre in comparison to the accomplishments of some company doctors, the Health Committee readily acknowledged that employers were now the principal agents of vaccination.⁹⁹ The Health Department acted accordingly, by advising firms on vaccination procedures, recommending doctors for companies to hire, and even offering large companies the services of publicly paid vaccinators. From some businesses, it accepted lists of employees who were to be vaccinated.¹⁰⁰ Thus, rather than assuming the major responsibility for immunizing the people of Montreal, the new public health regime in a way ended up playing a largely supplementary role, as a mere assistant to the vaccination work of the business community.

There was no recurrence of rioting while the City's new vaccination strategy took effect but lower-class French Canadians still resisted efforts to vaccinate them. They were, to start with, unreceptive to the new house-to-house vaccination campaign. On the first 'canvass', people in areas lightly touched by smallpox received the public vaccinators with politeness or total indifference; the inhabitants of the worst affected areas of the city displayed considerable hostility toward them.¹⁰¹ It seems that only a fraction of those visited consented to vaccination and at least six thousand persons refused vaccination outright.¹⁰² One wonders how many more

might have simply avoided any direct meeting with the vaccinators.

For the health authorities, some of the most worrisome resistance apparently came from hackdrivers and carters and such tradesmen as bakers and butchers, who persistently refused vaccination.¹⁰³

The hackdrivers and carters were especially intractable. Most refused to participate in the voluntary scheme of the Hackmen's Union, despite official and business encouragement. They would not be vaccinated and so did not wear the badges which, according to the plan, would signify to the public that they were safe to patronize. Some were more devious and managed to obtain badges without being vaccinated.¹⁰⁴

Many lower-class French Canadians also resisted vaccination at the hands of employers and had done so almost from the beginning of the Employers' League. There were some workers who simply forfeited jobs and income rather than be vaccinated.¹⁰⁵ Probably many more tried to retain their jobs yet avoid vaccination by means of various ruses: self-inflicted arm scratches resembling vaccination marks,¹⁰⁶ certificates excusing them from vaccination for dubious reasons of health,¹⁰⁷ and, above all, false vaccination certificates. The proprietor of a saw-mill complained, for example, that his employees bought false certificates for fifty cents each from an anti-vaccinationist doctor in Ste-Cunégonde.¹⁰⁸ These might be no more than blank documents bearing a doctor's signature. In some cases, workers might pass a single certificate amongst themselves to make it serve them all.¹⁰⁹ The traffic in such certificates was significant enough

that the Star cautioned employers to question any dirty, poorly written or otherwise suspicious specimens presented to them.¹¹⁰ Finally, some workers actually submitted to vaccination and then tried to prevent the vaccine from taking effect by wiping or washing it off; one workingman rubbed the site of his vaccination with tobacco juice, the result being a badly swollen arm.¹¹¹

Still other workers expressed their defiance of employers collectively by striking. On September 4, about one hundred French Canadian ironworkers departed en masse from the factory of Peck, Benny and Company, demanding the removal of newly posted vaccination orders.¹¹² On the same day, there was a similar strike of between thirty and one hundred workers at the Pillow, Hersey and Company ironworks.¹¹³ About two hundred employees struck the Adams Tobacco Company on the morning of September 8.¹¹⁴ On September 30, about forty out of eighty men opposed to vaccination at a large lumber firm, Henderson Brothers, went on strike.¹¹⁵ It seems that there was also a strike at the large, east-end Hudon Cotton Mills, with about sixty weavers leaving to protest vaccination orders.¹¹⁶

Lower-class Montréalais thus resisted the attempts of both City officials and employers to have them vaccinated. However, in the short term at least, they fared better against the former. The civic house to house campaign did take effect, as successive rounds by vaccinators gradually reduced the numbers of hold-outs against vaccination. During the last 'canvass' before legal enforcement began

in earnest, 451 people relented within ten days.¹¹⁷ By the year's end, the campaign had produced 8442 vaccinations directly. More importantly, the visiting health officers seem to have persuaded many families to be vaccinated by their own doctors. The result, according to official estimates, was a further 25,326 immunizations, almost equalling the 26,150 performed in public vaccinators' offices in 1885.¹¹⁸ This was a substantial accomplishment but one qualified by the fact that it had required almost three months. Moreover, in spite of it, many lower-class French Canadians in the city undoubtedly remained unvaccinated, having in one way or another eluded the house to house canvassers.

In contrast, resistance to the Employers League met with complete and abrupt failure. Each of the anti-vaccination strikes proved short-lived and futile. The rebellious workers of Peck, Benny and Company all returned to their jobs, and thus certain vaccination, within three days.¹¹⁹ The striking Adams tobacco workers were persuaded to return to work after only half a day.¹²⁰ Henderson Brothers merely closed its doors until the next day, when some of its workers returned, and then dismissed the rest.¹²¹ Thirty-six of the departed weavers at the Hudon Cotton Mills soon returned to their jobs. The threat of dismissal gradually melted any other potential resistance among the more than nine hundred workers there.¹²² Elsewhere strikes

may have been considered but failed to get off the ground. At one, unnamed firm, a spontaneous walk-out by several hundred workers was reportedly averted at the last minute by the owner, foremen, and some willing workers personally demonstrating the safety of vaccination.¹²³

Not only was this resistance unsuccessful against employers, but workers also received next to no sympathy or support from other quarters. The anti-vaccinationists naturally opposed the Employers' League and Dr. Coderre even advised workers to strike rather than give in to an employer's demand to have themselves vaccinated.¹²⁴ But the French-language newspapers which attacked compulsory state vaccination so vigorously were virtually silent about the vaccination being imposed by employers directly upon lower-class French Canadians.¹²⁵ Only Jules Helbronner in La Presse, commented at length on the matter and even he explicitly approved of the employers' actions, admonishing the worker who resisted that he had no right to complain.

[O]n ne le moleste pas, on ne lui impose aucune dépense, on ne fait violence à aucun de ses sentiments, on lui dit simplement: allez travailler ailleurs. Les patrons sont libres d'employer qui bon leur semble, tant qu'ils offrent le salaire honnêtement dû à l'ouvrier pour ses peines et qu'ils respectent ses droits de citoyen; et lorsque les ouvriers parlent de se mettre en grève sur la question de la vaccination ils ont tort et ce sont eux qui font acte de tyrannie.¹²⁶

To the wage-earning French Canadian, however, vaccination, by an employer was surely every bit as much an imposition as compulsory vaccination by the City. The Star summed up the situation of many workers with the comment that they could not hope to escape vaccination easily except by going jobless: "They will have to choose between starvation in Montreal and seeking employment in the United States, and the latter will involve vaccination."¹²⁷ Rather than be deprived of their livelihood, thousands of workers and their families submitted to their employer's will. According to the claims of several large firms, the overwhelming majority of their employees cooperated when ordered to be vaccinated. Of 2500 Grand Trunk railway employees, about half of whom are French Canadian, supposedly only nineteen refused vaccination.¹²⁸ When entire families were immunized, each of Montreal's largest employers undoubtedly brought about thousands of vaccinations. As a result of orders given nine hundred workers at W. C. MacDonald's east end tobacco plant, for instance, it was thought that more than 5000 persons might be vaccinated.¹²⁹ Estimates of the total number of people vaccinated because of the Employers' League ranged from 17,000 by October 12, to 21,000 by the end of 1885.¹³⁰

Some of those people lived in Montreal's suburbs, where employers probably played an even more important role as agents of vaccination than they did in the city proper. The Central Board of Health tried to make suburban officials promote vaccination more actively in the same ways that it had pressed them to pursue isolation measures. But they apparently did little except perhaps to make free public vaccination available at offices,¹³¹ and it is unlikely that that had much effect. The situation was complicated by the uncooperativeness of many suburban doctors. Some opposed vaccination entirely; others perhaps did not but nevertheless advised people that vaccination during an epidemic was unsafe.¹³² Most of the physicians in St-Jean Baptiste agreed amongst themselves not to accept work as public vaccinators.¹³³ The mayor of that suburb had thus probably been right when, at the end of August, he had warned that he counted more upon the Employers' League than upon any municipal efforts to vaccinate his fellow residents.¹³⁴

Even with the vital help, both outside and within Montreal, of the employers, vaccination ultimately fell far short of success, failing to reach large numbers of lower-class Montréalais. In December, civic health officials guessed that there were as many as 15,000 people still unvaccinated, a large number of them being children.¹³⁵ The officials admitted that of the approximate

total of 80,000 vaccinations performed in the city in 1885; only one-quarter were first or 'primary' vaccinations, less than the estimated total of births in Montreal over the previous three years.¹³⁶

In the new year, the Citizens' Committee went even further, estimating the number of unvaccinated persons at between 30,000 and 40,000.¹³⁷

The new public health regime which appeared in Montreal in September, 1885, proved unable to impose vaccination upon lower-class French Canadians in the same, steady, progressively more effective fashion in which it imposed isolation measures. The health organization began with renewed attempts to persuade the lower-class Montréalais to be vaccinated voluntarily. But these were unpromising and therefore brief preliminaries to a more aggressive approach. As the epidemic neared its peak, the public health organization decreed the compulsory vaccination law for which businessmen and English-language newspapers had increasingly clamoured, confident that, with it, vaccinators could sweep through the lower-class French Canadian population, snuffing out smallpox by depriving it of further victims. However, thanks to popular misconceptions of what the law entailed, the accident-strewn record of vaccination itself, the zealous work of anti-vaccinationist doctors, and the frequent anti-French Canadian

tone of the agitation for compulsory smallpox measures, lower-class French Canadians were swept instead by fears of what was to come and greater hostility towards the city authorities. The result was the largest demonstration of resistance to health officials: the riot of September 28. That single, relatively short event, along with the possibility of further violence, was of vital importance. It frightened city officials into summoning military protection. It strengthened criticism of compulsory vaccination and its advocates by French-language newspapers and French Canadian aldermen. Both had consistently opposed compulsory vaccination and predicted it would cause trouble. The riot led the two most influential men in the new health regime, Hugh Graham and Richard White, and their respective newspapers to adopt a more moderate stance regarding official smallpox measures, thus gradually repudiating the radicalism of other English-language papers and other members of the Citizens' Committee. Finally, because of the riot, the health authorities delayed enforcing compulsory vaccination until almost the year's end, by which time the epidemic would be all but over. Instead they reverted, to persuasion, propaganda and, house to house vaccination on a voluntary basis. In the meantime, though, they relied upon employers to carry out the most rapid and efficient enforcement of vaccination. Their

suburban counterparts probably did so even more. With legal compulsion postponed and a 'no' still being sufficient to turn away public vaccinators, lower-class French Canadians had in a sense won their confrontation with the public health regime. Employers and the threat of immediate unemployment were harder to defy. If surreptitious resistance might succeed, open defiance by workers did not. And so compulsory vaccination in another form did reach much of lower-class French Canadian Montreal. Even then, however, thousands of lower-class Montréalais remained untouched by the vaccinator's needle, proof that compulsory vaccination had never fully succeeded.

CONCLUSION AND EPILOGUE

Is the city to be governed in a manner to suit the Mob to please the least intelligent and most disorderly, the most vicious and violent, the rowdies, the loafers and low demagogues; or....the men who made Montreal what it is -- the peacefully disposed, the law abiding, the thrifty, industrious, the energetic and enterprising, the capitalists, the bankers, the manufacturers...?

At the end of 1885, smallpox was no longer epidemic in Montreal and the city was gradually returning to normal. However the disease had left its mark, not just by killing or disfiguring thousands of people but also by pushing to the forefront questions about public health activities and the government of the city, questions such as the angry outburst of a newspaper after the riot of September 28, quoted above. The epidemic had highlighted a division of the population of Montreal regarding smallpox and it had brought about a clash in which one part of the city tried to impose its response to the disease upon the other, with varying results. In some respects, later developments in 1886 would confirm or reinforce the outcome of the events of 1885. They would show, too, that the essential dichotomy of Montreal concerning smallpox remained unresolved.

In mid-November, while health officials were occupied with isolating the victims of smallpox and vaccinating its potential victims, Montreal's epidemic began to wane. Newspapers soon dispensed with such grim reminders of its presence as the daily mortality statistics. On December 16, for the first time since June, a day passed without a single smallpox fatality in the city. December 24 went by without any newly-reported case of the disease. Though lives were still to be lost to smallpox, though cases would still

appear sporadically as late as June, 1886, though smallpox was still rife in areas beyond the city, the epidemic was over in Montreal by the end of 1885.

As the epidemic subsided, its threat to business in Montreal faded and spirits rebounded within the business community. Businessmen and health officials had already begun in early November to press for an easing of the smallpox measures in force at Quebec's boundaries.² From December onward, outside governments gradually relaxed, then lifted their border inspections, quarantines, and other restrictions on the movement of travellers and freight from Montreal.³ The Ontario-run inspection of outward-bound Montreal goods ended in late January, to fulsome praise from city businessmen. Since November, it had been increasingly apparent that the businessmen had not suffered nearly as much as feared from the smallpox scare and they now credited Ontario's activities with reassuring and thus keeping or recovering most of their customers.⁴ Only in the Maritimes was there still at the year's end, much serious resistance to Montreal products.⁵ Even tourism, the industry worst hit by the epidemic, was fast reviving with the advent of the Christmas season. Businessmen, their confidence and optimism regained, discussed how they might hasten the revival by advertising across Canada that Montreal had conquered its dreaded scourge.⁶ There was talk of another winter carnival to seal the city's return to normal.

Because smallpox was disappearing, civic health activity against it also gradually declined. As more and more of the sick were hospitalized, the Health Department slowly shrank to its former size by dismissing its temp-

orary employees. From as many as 200, the number of 'isolation constables' fell to twenty-four by mid-December and to two by the end of January.⁷ By then, the last house in Montreal known to have contained smallpox had been fumigated. The remaining smallpox victims, recuperating in hospital, numbered only seventy-seven.⁸ Already part of the smallpox hospital had been closed. Meanwhile, compulsory vaccination, having only just begun at Christmas, remained in force. The house-to-house visits by vaccinators, which were necessary to give the law any effect, seem to have continued until March.⁹ One public vaccinator in the east end reported that he now encountered fewer overt rebuffs because of convictions under the law.¹⁰ Since health offences declined along with the incidence of smallpox, the Sanitary Court was able to close on February 17.¹¹ With the up-coming March municipal elections, the enlarged civic Health Committee reverted to its normal size and aldermanic membership. The Citizens' Committee continued to meet for at least another month.¹² Of all the elements of the new public health regime, the emergency Central Board of Health lasted longest. Occupied elsewhere in Quebec, it was not dissolved until September, 1886.¹³

Montreal's return to normal was necessarily anti-climactic, so great had the impact of the epidemic been upon the city: Central to that impact was the fact that Montreal was sharply divided in terms of the way its inhabitants experienced, viewed, and responded to smallpox. Anglophone Montrealers of all classes and middle-class French Canadians were, as a group, relatively untouched by the disease. It aroused in them feelings of fear and abhorrence and they generally responded by trying to avoid it, by taking any precaution

which promised escape from its dreaded clutches. However, lower-class French Canadians, the principal victims of smallpox, reacted very differently. They were not frightened by the disease. Instead, because of a combination of economic and cultural factors, because of poverty and especially because of certain set beliefs and attitudes about smallpox, disease and death, lower-class French Canadians tended to tolerate smallpox as a necessary, if disagreeable, part of life. Preventative measures such as isolation and vaccination therefore held little if any attraction for them.

Self-interest and disunity among doctors, and particularly the profession's problems with vaccination, added immeasurably to the initial disinclination of the lower-class Montréalais to take smallpox precautions. First, the necessity of maintaining a clientele made many physicians willing to aid anyone who wished to conceal smallpox from civic health officials. Secondly, there was controversy about vaccination, which, in 1885, was still a risky and accident-prone measure. Accidents and misunderstandings concerning vaccination undoubtedly caused much popular aversion to it. Moreover, Montreal had a small but dedicated band of doctors, most of whom were French-speaking, who were violently opposed to vaccination on both medical and ideological grounds. For fifteen years they had publicly promoted their ideas, deftly exploited vaccination mishaps, and nourished the popular antipathy to the practice.

To compound the problem of lower-class French Canadian opposition to smallpox precautions, an opposition abetted by some doctors, the

city also had an inept public health organization headed by apathetic and chronically indecisive aldermen. That organization had been ineffective against smallpox in the 1870s and it repeated the pattern of failure in early 1885. Slowly but surely, civic health officials lost track of the spreading smallpox and failed to isolate its victims. They managed only a brief, disastrous, and accident-stewn campaign of vaccination. They watched helplessly as smallpox flourished in Montreal's suburbs and was borne back into the city. In sum, the municipal health organization presented little real challenge to the lower-class French Canadian approach to smallpox. Thus, seven months after its arrival in Montreal, the disease had attained the proportions of a major epidemic.

Such was the magnitude of the epidemic, however, that in August it did spark a serious challenge to the lower-class French Canadian attitudes to smallpox. Outside Montreal, across North America, publicity about the epidemic generated a commercial scare which jeopardized business interests in the city. Inside Montreal, smallpox spread sufficiently for anglophones and middle-class French Canadians to begin feeling physically endangered. Aroused by the dual threat of the epidemic, the English-language press and the business community, led by the Star, launched a more aggressive attack on smallpox. First businessmen organized amongst themselves in order to force their workers and workers' families to observe smallpox precautions. Then, with this 'Employers' League' under way, the newspapers and businessmen turned to City Hall. By mid-September, their agitation there had produced a new public health regime: an enlarged civic Health Committee on which

they had a special place and influence, an emergency Central Board of Health with virtually unlimited powers, and an unofficial, militant 'Citizens' Committee' dedicated to ending the epidemic as quickly as possible.

Propelled by the English-language press and the Citizens' Committee, the new public health regime set about enforcing smallpox precautions among lower-class French Canadians. Within Montreal, it gradually developed a comprehensive system of compulsory isolation, detecting sick families, quarantining them as effectively as it could at home, assisting them with civic relief, and, after appropriating a suitable facility, progressively hospitalizing as many of the sick as possible. Even before undertaking most of that activity, the new regime decreed compulsory vaccination. And it created a special court for the summary prosecution of those who did not comply with any of its measures. Meanwhile, outside the city, the new public health regime applied various kinds of pressure to suburban officials in order to make them pursue similar action. Thus did one part of Montreal seek to translate its fears and economic interests into an effective way of ending the epidemic by imposing precautions upon the rest of the city and its environs.

However, the imposition of smallpox precautions was neither peaceful nor always successful, because lower-class French Canadians resisted. Within Montreal their resistance took many forms, individual and collective, covert and open, verbal confrontation and physical violence. Ultimately, it did not stop the new public health regime from succeeding in isolating

virtually all smallpox in Montreal. But it was a different story with vaccination because the highpoint of all resistance to the health authorities was an early and massive show of opposition to compulsory vaccination, the riot of September 28. That event, and the threat of its repetition, deterred the new public health regime from even trying to enforce mandatory state vaccination until the epidemic was all but over. In contrast, lower-class French Canadian resistance to vaccination by employers was ineffective, defeated, when not discouraged from the very outset, by the powerful economic leverage which businessmen had over their workers. However, despite even the Employers' League, a sizeable number of lower-class French Canadians, including many children, had still not been vaccinated by the end of the epidemic. In an important sense, the new public health regime had thus failed in Montreal. Meanwhile, outside the city, in those suburbs with predominantly lower-class French Canadian populations, popular resistance appeared in a more indirect manner, as an inconspicuous but ever-present stimulus for local officials repeatedly to dilute or ignore decrees from the new health regime, so that its success there was seldom quick or certain.

While lower-class French Canadians outside the city limits were in effect helped by suburban officialdom, those within Montreal received a limited sort of support from other quarters, above all from French-language newspapers and French Canadian aldermen. If one assumes these expressed an essentially middle-class outlook, then it would seem that middle-class Montréalais held an uneasy, ambivalent, intermediary position in the con-

frontations between their lower-class brethren and the new public health regime. For although they feared smallpox and believed in smallpox precautions, they were often lukewarm, aloof, or critical towards the new regime, its measures and its adherents. Often they expressed sympathy or support for lower-class French Canadians who resisted it. Sometimes, as with the 'Gagnon affair', this criticism and support was not altogether genuine but an expression, rather, of partisan politics. At other times it was consistent and sincere. This was especially true concerning compulsory state vaccination, the safety of which was at issue. Perhaps the most important cause of ambivalence among middle-class French Canadians, though, was the very nature of the agitation which surrounded the new public health regime. The impatient, vehement demands of English-language newspapers and businessmen for instant solutions and, if necessary, the use of force, as well as the anti-French Canadian sentiment which sometimes coloured those demands, disturbed middle-class French Canadians, who knew that they might well only cause more trouble. As La Presse commented:

On a vu dans le zèle que la terreur seule leur inspirait un parti pris de mépriser notre origine et certaines imprudences; certaines manières de faire outrecuidantes, ont exaspéré la population que des mesures très difficiles à accepter et qui ne s'imposent aisément nulle part ailleurs, avaient déjà sérieusement indisposée.¹⁴

In the end, however, such criticism benefited lower-class French Canadians very little. Except when political motives intervened, most of the critics seem ultimately to have gone along with the imposition of smallpox precautions, accepting official measures of compulsory isolation and even the de facto compulsory vaccination carried out by employers.

There was one further aspect to the clash which the smallpox epidemic precipitated in Montreal. At the same time as the new public health regime tried to enforce isolation measures and vaccination, it largely ignored sanitary and environmental improvements, a type of activity which lower-class French Canadians might have welcomed more. Sanitation was widely, if wrongly, thought to have a bearing on the incidence of smallpox. It was an article of faith to Montreal's anti-vaccinationist doctors that a clean city was the only true solution to the epidemic. But other voices also repeatedly broached the idea of improved sanitation as middle-class Montréalais opinion turned critical of the new public health regime. When French-language newspapers reported a complaint about some specific instance of poor sanitation, a garbage-littered street or vacant lot, for example, they seldom failed to connect it to the existence of smallpox nearby. More important, these newspapers, as well as French Canadian aldermen and other francophone observers, frequently linked smallpox to certain long-standing grievances about the physical environment in which lower-class French Canadians in both city and suburbs had to live.

Poor or non-existent sewers, garbage dumps, and air pollution from factories were the problems most frequently mentioned. Where sewers existed in the lower, east end of Montreal, they were all too often old, inadequate and overwhelmed by sewage from the higher, better serviced west end;¹⁵ the suburbs north of the city, particularly St-Jean-Baptiste and Côte St-Louis, lacked sewers entirely.¹⁶ In addition, for years, legally or not, garbage contractors, butchers, and others had dumped Montreal's refuse in

fields and old quarries north of the city limits and in the east end beyond St-Denis street.¹⁷ Aside from the health hazard these accumulations of garbage represented as they rotted, they also caught fire from time to time, subjecting parts of the city to a haze of rank smoke. In late summer, 1885, one such fire burned for more than two months in the east end.¹⁸ Meanwhile, a more regular form of air pollution issued from city factories, the worst offenders being the malodorous establishments which produced tallow, soap, and glue.¹⁹

Each time these problems were mentioned, it was asserted or implied that they at least partly explained why smallpox struck lower-class French Canadians so severely: the 'poisons' emanating from ill-drained sewage, from dumps, from factories, had made lower-class Montréalais especially susceptible to disease. La Presse, for instance, blamed the flourishing smallpox in St-Jean Baptiste on the garbage dumped there:

Qu'on dépose les mêmes ordures près du Beaver Hall; qu'on leur donne le temps de fermenter et de procréer les myriades de microbes qui s'en dégagent, on verra si les anglais résisteront mieux que les canadiens. [sic]²⁰

Moreover, it was English Montreal which La Presse and other francophone critics ultimately held responsible for the sanitation problems. They charged that it had deprived the east end of civic expenditures and thus such things as better sewers;²¹ it had thwarted the northern suburbs' desire for sewers, whether built on their own or through annexation to Montreal;²² it had seen to it that the city's garbage ended up around eastern Montreal;²³ and its businessmen owned most of the factories polluting the atmosphere there.²⁴ According to such reasoning, then, the very

people who were most frantic about the smallpox epidemic, and also given to blaming lower-class Montréalais for it, had, in fact done their share to bring it about.

The sanitation critics suggested that health officials could fight smallpox differently. Why, French-language newspapers asked, did the new public health regime not devote at least as much attention to the pressing sanitation problems as it did to isolation and vaccination? Why did it not even do more just to clean and disinfect streets and yards?²⁵ An untypical, French Canadian member of the Citizens' Committee suggested that it create a special sub-committee to study sanitary conditions in Montreal, including the city's sewers and factories and their effects in relation to smallpox.²⁶ A French Canadian alderman from the east end pressed the civic Health Committee to have noxious glue, tallow and soap factories within the city limits closed.²⁷

However the new public health regime virtually disregarded the desire for increased sanitation measures. English-language newspapers, businessmen, and city health officials did express concern about Montreal's various sanitation problems and acknowledge the need for improvements.²⁸ But they did not consider sanitation vital for combatting smallpox and, medically, they were right. Newspapers pointed out areas of the west end where sanitation was a serious problem but the disease was not. The Star condemned those who would "confuse the unquestioned value of pure air, cleanliness and good drainage with the necessity for the specific safeguard vaccination against the specific poison smallpox."²⁹ Vaccination and isolation, it insisted, were the top priorities; better drainage and other such improvements could be considered

later. Similarly, the Citizens' Committee apparently did not think sanitation problems urgent enough to warrant a special committee. The Health Committee and the Central Board of Health passed the request for factory closures back and forth between themselves without ever coming to a decision.³⁰ Nor did they undertake any other important sanitary measures. Thus the health regime discounted a type of activity which might well have won it support from lower-class French Canadians, unlike the determined opposition that compulsory isolation and vaccination gave rise to.

The next year, in a sense, confirmed the results of the conflict between the new public health regime and lower-class Montréalais in 1885. Some further developments, stemming at least partly from the epidemic, reinforced the former's accomplishments and potentially strengthened Montreal's future defenses against smallpox. First the City built a new, permanent isolation hospital. The decision to do so had in fact come in September, 1885, while the civic Health Committee cast about for a temporary, emergency facility.³¹ Health officials, doctors, businessmen and newspapers all supported the idea. And so, although the City first wasted several months trying to find a site outside its boundaries, it finally erected a building in an isolated area of easternmost Hochelega Ward. With space for 130 patients normally, or 230 in an emergency, the new hospital was intended to remain open at all times so as to allow quick and effective isolation of future smallpox cases.³²

Equally important, in the long run, was the passage at Québec City of a provincial public health act. With the epidemic as impetus, support for some sort of health legislation had been mounting steadily amongst the local medical pro-

fession, health officials, members of the Citizens' Committee and the press. By February, 1886, representatives of these groups as well as of the clergy were considering a proposed public health bill.³³ For good measure, the Star urged Montreals "railway, manufacturing and merchant princes" to exert their influence to have such a bill passed.³⁴ Thanks to such pressure, the provincial government adopted the Public Health Act in June. Despite important shortcomings, the act provided the basis for a permanent Provincial Board of Health, a public health organization which, being dominated by medical men, promised to be less beholden to public opinion than its municipal counterparts.³⁵

A third development, the annexation of St-Jean Baptiste to Montreal, also had important public health implications. Of the various factors involved in annexation, one of the most important was the desire of anglophone aldermen to maintain their numbers and influence on City Council. Thus far, they had generally resisted the annexation of French-speaking suburbs when that would mean new francophone wards and aldermen. As recently as October, 1884, because of their resistance, the Council had rejected a request by St-Jean Baptiste to join Montreal.³⁶ Twelve months later, however, at the height of the smallpox epidemic, it seems that the idea appeared less objectionable to anglophone aldermen. Although some remained opposed, the City Council established a special committee which recommended annexing the surrounding municipalities and prepared to negotiate with them.³⁷ English as well as French-language newspapers supported annexation, the latter emphasizing the sanitation benefits to be obtained by the suburbs, the former stressing the

need to deprive smallpox of outside sanctuaries-- particularly St-Jean Baptiste --from which the city might again be invaded. At the year's end, Council finally approved the annexation of St-Jean Baptiste.³⁸ By mid-January, 1886, it was officially a city ward and could no longer harbour smallpox beyond the jurisdiction of Montreal's health officials.

If the new year reinforced some of the successes of the new public health regime in 1885, it also confirmed its relative failure regarding vaccination. Because there were still thousands of unvaccinated people in Montreal, health department officials and supporters of the health regime wanted to continue compulsory vaccination in one form or another, whether by maintaining the system of house-to-house visits and prosecution of families refusing vaccination or by having schools and factories continue to require vaccination certificates, or simply by ensuring that all infants were vaccinated.³⁹ The Citizens' Committee in fact advocated compulsory birth registration and vaccination as part of the new public health act.⁴⁰ But important obstacles still stood in the way of any sustained vaccination work.

Montreal's anti-vaccinationists continued campaigning against the precaution and particularly all attempts to make it compulsory. For three months, beginning in December, 1885, Dr. Coderre and a colleague maintained a journal devoted to their cause, L'Anti-vaccinateur Canadien-Français.⁴¹ Meanwhile Drs. Coderre and Ross and several medical and lay colleagues founded an 'Anti - Vaccination League' both to promote their ideas and to provide legal defense for any of their number who were brought to court because of

their activities.⁴² The anti-vaccinationists contested compulsory vaccination in the courts, sometimes appearing in order to defend people charged with refusing vaccination and other times trying to prevent such trials from taking place.⁴³ On yet another front, the anti-vaccinationists campaigned against compulsory vaccination legislation, requesting the Lieutenant-Governor of Quebec to revoke the existing legal basis of the measure, circulating a petition against its proposed inclusion in the forthcoming Public Health Act, and finally, mounting a delegation under Dr. Coderre to meet with the government in Quebec City.⁴⁴

The anti-vaccinationists were not, however, the greatest hindrance to vaccination in Montreal. It was probably more important that French-language newspapers and French Canadian aldermen were still averse to compulsory state vaccination. They could now argue that the end of the epidemic made such drastic action unnecessary. La Presse, for example, advised that, with the epidemic over, the authorities should act more cautiously; persuasion, above all, would win people over to vaccination.⁴⁵ Also, reasoning that the epidemic was no longer serious, a francophone alderman on the Health Committee tried repeatedly to stop compulsory vaccination.⁴⁶ The ultimate obstacle to vaccination, though, was the continuing antipathy of lower-class Montréalais to the measure. So strong and unshaken was the hostility that the Health Department reported 253 refusals of vaccination in 1886.⁴⁷

Given these obstacles, civic vaccination work soon lost any momentum gained in late 1885. Actively enforced vaccination does not seem to have outlasted the special public health organization which initiated it. Comp-

ulsory vaccination was not mentioned in the new Public Health Act. By the end of 1886, public vaccination had returned to pre-epidemic levels, where it would languish for years to come.⁴⁸

Whatever 1886 augured for Montreal's future defenses against smallpox, it showed that the division in the city regarding the disease remained. Indeed, the conflict set in motion by the epidemic reverberated in the March civic election. The attacks upon Mayor Beaugrand and compulsory smallpox measures, which had begun with the Gagnon Affair, had, by the new year, developed into a campaign against Beaugrand's re-election. Le Monde repeatedly called upon those workingmen fortunate enough to have a vote to exercise it against "M. Maire-Picote" so that he would no longer 'tyrannize' their class.⁴⁹ At election meetings, Beaugrand's opponent for the mayoralty, one A -C. Décary, accused him of firing upon poor French Canadians.⁵⁰ Rumours were spread that, if re-elected, Beaugrand would force everyone to be vaccinated next spring.⁵¹ Meanwhile, in the east end, at least one alderman faced a similar challenge. F -D. Martineau, a candidate supported by Le Monde, opposed the one incumbent alderman for Ste-Marie who was up for re-election, accusing him of having supported the closure of churches, the moving of the smallpox hospital to the ward and, worst of all, compulsory vaccination. Instead of such 'tyrannical' measures, Martineau wanted health officials to use only reasoning and persuasion; in any case, he added, their first priority must be improved civic sanitation and sewers.⁵²

Responding to the opposition, supporters of the new public health regime championed Beaugrand as the reform hope of Montreal. The Star dismissed

Décary and Martineau as representatives of a "Jeannotte-Monde-Picote clique," who appealed to the 'last-educated' classes; the 'worst' elements of the population. If they won, and Beaugrand were defeated, the paper warned, the outside world would see Montreal as a city dominated by "anti-vaccination cranks".⁵³ It printed a letter from a 'manufacturer: "On the one side, we have Beaugrand, law and order, and sanitary and municipal reform; on the other side, Décary, smallpox and mob rule."⁵⁴

Thanks primarily to the anglophone voters of the west end, Beaugrand won re-election, and with a larger majority than the year before.⁵⁵ But east end Montreal gave his opponents a measure of victory too, because F.-D. Martineau won the aldermanic election in Ste-Marie. Clearly, the division of the city regarding smallpox was deep enough to affect the electoral fortunes of its politicians.

Besides influencing the municipal elections of 1886, the conflict over the epidemic may well have had a more lasting political consequence. By raising questions about the distribution of political power and control in the city it helped to establish a fledgling 'municipal reform' movement in Montreal. One observer, the labour columnist Jules Helbröner, viewed the events of 1885 as proof that lower-class Montréalais should be more involved in the governing of the city. He noted that they had been left out of the new public health regime, just as they were usually excluded from municipal affairs in general by franchise restrictions such as the corvée or statute of labour tax. Had they been properly represented in the new public health structure, he suggested, they might have tolerated anti-smallpox measures

more, allowing the epidemic to be ended with much less conflict. It was equally important that lower-class Montréalais have a greater presence and say in their regular municipal government.⁵⁶

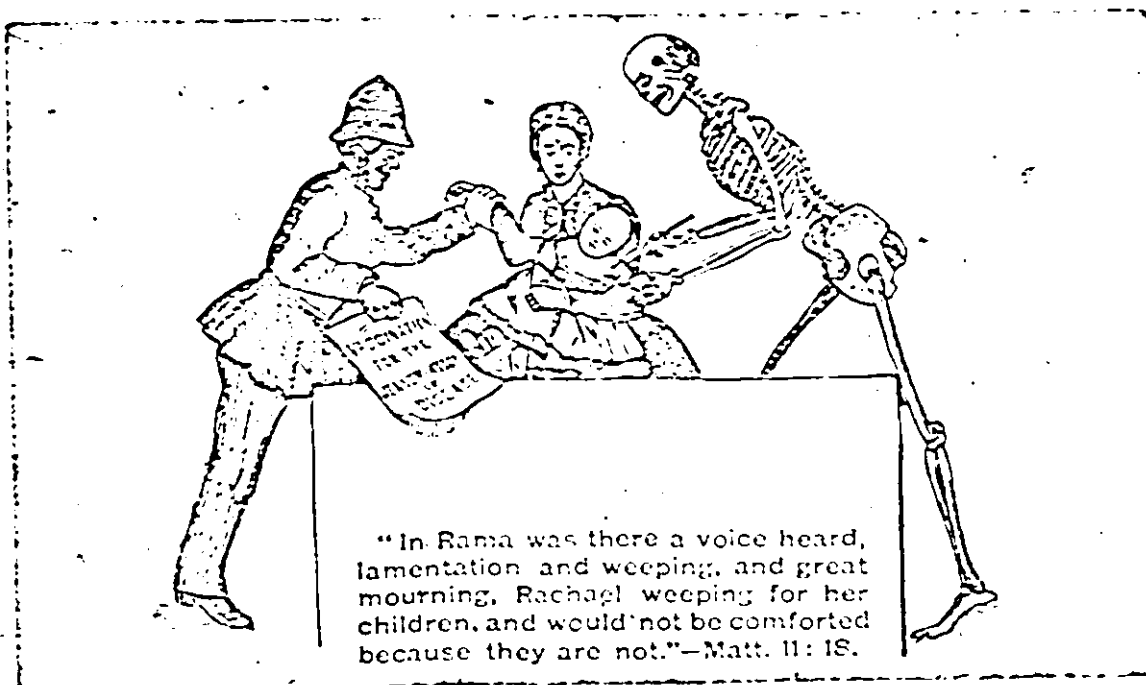
Among those Montrealers represented by the new public health regime, the Employers' League and the Citizens' Committee, the events of 1885 served as an argument for greater involvement in civic government by the business elite. English-language newspapers asserted that the epidemic was a consequence of the neglect or indifference shown municipal affairs by "the better class of citizens", "the men of capital and influence",⁵⁷ "the businessmen, the tax-paying elements, the citizens who value[d] the reputation and prosperity of the city."⁵⁸ Other voices, from a Protestant minister to the Mayor himself, expressed the same opinion.⁵⁹ The newspapers argued that because of the apathy of the businessmen, City Council had been abandoned to the 'jobber' intent only on graft and corruption, to the politician who would risk nothing unpopular, or even worse, to the demagogue who pandered entirely to popular prejudices;⁶⁰ in other words, to men incapable of dealing with problems like smallpox. Now, however, having had to intervene against the epidemic, businessmen could see the error of their ways. "After this year's experience", the Star editorialized, "surely our businessmen... will take sufficient interest in civic affairs to see that the men to whom they entrust the control of the city are enthusiastic sanitarians."⁶¹ In fact businessmen would have to become more involved in city affairs generally, as they came to recognize that their interests and municipal government were inseparable:

...one of the departments of a successful business must concern itself with keeping City Hall in charge of the best obtainable men. The atmosphere of the civic council chamber will become fresher when our railroad magnates, great shipping firms, manufacturers, and merchants exert themselves to make it so.⁶²

It seems that the business community took to heart such exhortations. For it was surely no coincidence that, in late 1885, there appeared the first noteworthy, business-based civic reform organization in Montreal, the Municipal Reform Association, which one English-language newspaper promptly endorsed as the best way for businessmen to reassert their influence.⁶³ Perhaps, for the anglophone business elite which had run the city virtually unchallenged until the 1880s, the entire experience of the new public health regime and its war against smallpox in lower-class French Canadian Montreal was a taste of power regained, and ultimately an important incentive to pursue the return of its power on a more permanent basis. The conflict waged during the epidemic of 1885 can then be seen as a significant precursor of another: the coming, long political battle in Montreal between the predominantly English- and business-based municipal reformers and the machine and ward politicians supported by lower-class Montréalais.

APPENDIX

An Anti-Vaccination Broadsheet



Cover of Envelope Accompanying the Broadsheet

STOP!!

Quinine
1881

A PITIABLE SIGHT!

PEOPLE DRIVEN LIKE DUMB ANIMALS TO THE SHAMBLES!!

TYRANNY OF DOCTORCRAFT!!!

The people of Montreal gone Mad!! Lashed into fear and dread by the insane ravings of a MAD PRESS. THOUSANDS of PEOPLE heavily rushing to the shambles of the vaccination, as the people of the dark ages did to the wizards and miracle workers for protection against evil spirits. And this is Montreal in 1881. STOP! and think, what are you doing? you are trusting to a BAUBLE, that has no more influence in preventing you from losing the small-pox, than the "OHARMS" and INCANTATIONS of an African savage have to ward off the hulkets of their enemies. Fathers and Mothers of Montreal, you are committing a crime against your innocent and helpless children by forcing this FILTHY, USELESS and DANGEROUS RITE upon them. YOU are aiding and abetting an outrageous crime against those who look to you for protection from disease and impurity. YOU are contaminating the bodies of your children with the rotten pus of a diseased beast; for this PUS (*varicella lymph*) is the product of disease. The prevailing talk about *your vaccine* is deceptive; you might as well talk of *pus, kish*. The introduction of this filthy, putrid pus, into the body of a pure and helpless child, is a CRIME.

I maintain that any substitute for OLEANLINESS, PURE AIR, PURE FOOD and PURE WATER is but a delusive and delugating expedient. Small-pox is a filthy disease, and Nature's antidote is OLEANLINESS.

Small-pox can no more be "damped out" by Vaccination than SIN can be by penitence.

VACCINATION IS POISONOUS. For other poisons there are antidotes; for vaccine poison, NONE.

For more than a hundred years ARM TO ARM inoculation was practised and recommended (as Vaccination is to-day) by the most eminent (?) physicians as a sure preventive of Small-pox; now it is a *pus* office to practise it in England; as Scrofula, Syphilis, and other foul diseases of foul men were transmitted by inoculation. Tens of thousands of victims of this delusion were swept into untimely graves.

When inoculation, like other abandoned medical delusions, was relegated to the same tomb with the "Dried Blood of a Black Cat;" "Infallible Vaccine" made from the tails of lizards, snakes and white puppy dogs; "King's Vaccine" made from dried toads and the spittle of a reigning king; bleeding; calomel; and other modern delusions; then that monstrous father of Vaccination (which now holds high carnival in Montreal) was introduced, substituting the foul *pus* of diseased cattle for the filthy *pus* of diseased men. *Amputa, O Montreal!*

"For a thousand years during the middle ages," says Dr. Lyon Playfair, "there was not a man or woman in Europe that ever took a bath; hence the terrible plagues and epidemics of those times." And yet doctors at this day are so blinded by superstition that they gull the public into a belief that Vaccination is a preventive of Small-pox, when they know that thousands of vaccinated people have died from Small-pox, and this a large proportion of those who recently died in this city had from *pus* to *three* marks on their bodies.

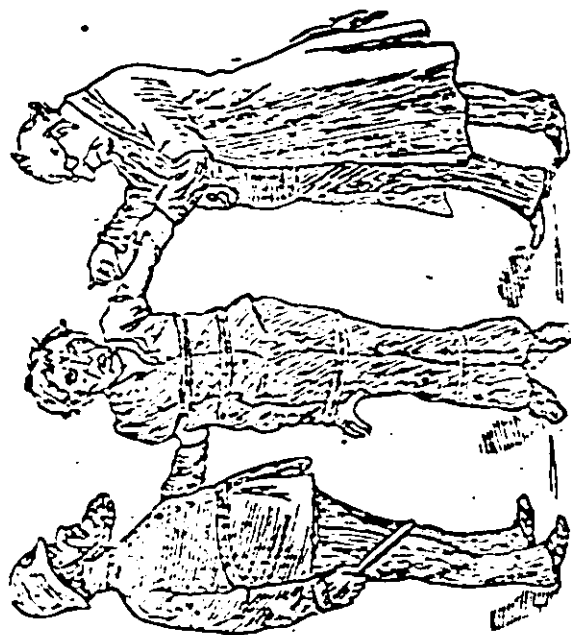
Though the Press and Profession cry Vaccinate! Vaccinate!! Vaccinate!!! and the people in thousands follow their blind leaders, --I still say, DONT.

MAD!!

Our City Authorities and Press are MAD. Their insane cry of ALARM!! "VACCINATE!!" "VACCINATE!!" has driven thousands of our usual summer visitors away from the city, and injured our trade and commerce to the extent of millions of dollars by their senseless ravings. Small-pox is not epidemic in Montreal at present; it is sporadic and in general endemic, but considering the density and character of our population of 200,000 people of mixed nationalities, there have been very few cases, not exceeding 500 at any time in the city, and these generally in the most ill-conditioned localities. The last Report of our Board of Health says:—"Up to date (Aug. 17) there have been 133 PATIENTS admitted into the Civil Hospital suffering from small-pox, of these SEVENTY-THREE WERE VACCINATED, FIFTY-SIX had ONE mark on the arm, THIRTEEN TWO marks, and FOUR THREE marks. In all 44 DIED; of these, EIGHTEEN WERE VACCINATED." There is no reason for this SENSELESS PANIC. Montreal should be one of the healthiest cities on this continent, and it would be if our authorities would enforce thorough SANITATION instead of blindly trusting to the miraculous potency of a USELESS, DANGEROUS, and filthy RITE like Vaccination.

Dr. Garth Wilkinson, the eminent English physician and author, stated before a Committee of the English House of Commons, 1871, that "a small-pox panic in London is worth *one million pounds sterling* to the profession!" If so, what is our *pus* worth?

OUTRAGE ON PERSONAL LIBERTY!



MONTREAL WORKING-MEN AND WOMEN

FORCED TO BE VACCINATED!!

No work for those who refuse to have the mark of the BEAST on their bodies! TALK NO LONGER OF RUSSIAN TYRANNY! Tyranny is detectable in any shape, but in none so formidable as when it is assumed and executed by a number of petty tyrants. It is in vain for working-men and women to plead that they do not believe in the efficacy of Vaccination. They are told that they may believe what they like, but that Vaccinated THEY MUST BE, or leave their employment, which to many of them means STARVATION!!

PROF. FRANCIS W. NEWMAN, of Oxford University, says:—
 "Nothing is clearer to anyone who will open his eyes than that what is now called vaccination has no effect in lessening small-pox, and has frequent and terrible effect in doing much harm."

DR. NIEMEYER, of Tubingen, in his Text Book of Medicine, 14th, says:—
 "It cannot be denied that vaccination endangers life, and in many cases causes permanent impairment of health, especially infectious diseases and other serofolous affections, due to the debilitating influence of the fever accompanying the vaccination."

DR. JOSEF HERMANN, Chief of the Imperial Warde Hospital, Vienna, from 1858 to 1861, (*Ueber die Variaculose*), says:—
 "When a man has treated hundreds of cases of small-pox, both under epidemic and epidemic conditions, through many years and at all seasons, he comes to the decided conclusion that vaccination has not the remotest effect on the outbreak, course, or issue of the disease. Vaccinated persons, bearing unrecognizable marks of the process on their arms, frequently have confluent small-pox."

SIR THOMAS CHAMBERS, M.P., RECORDER of London, says:—
 "I have received most too long letters from all parts, complaining of the grievous sorrow and suffering inflicted on families through the Vaccination Act."

SIR THOMAS WATSON, M.D., of London, Eng., says:—
 "I can strongly advise, and even appeal, a father who, with the presumed dread in his mind, is willing to submit to judicial penitence rather than expose his child to the risk of an infection so gladly as Vaccination."

HON. THOMAS BRETTE, M.D., of London, Eng., says:—
 "After many years' experience, I arrived at the conclusion that Vaccination was not only useless as a preventive, but dangerous. I decline the risk of Vaccination, and would not vaccinate my bitterest enemy."—*Yearly*, April 15th, 1861.

DR. A. H. GARNON, Paris, Chevalier of the Legion of Honor, and Member of many learned Societies, says:—
 "For my own part, it is long since I have positively refused to vaccinate at any price. Vaccination is a bubble, gilded over by Act of Parliament, but a bubble still, with which doctors risk two often to a fatal shipwreck—the gullible children of the world."—*Letter to Dr. Carey, Portland Square, London*.

SIR HENRY HOLLAND, Bart., M.D., F.R.S., says:—
 "It is no longer expedient, in any sense, to argue for the present practice of Vaccination as a certain preventive of small-pox. The truth must be told, as it is that the object and intentions on this point have not been realized. Whether small-pox may ever be wholly eradicated is a very doubtful question, and the probability is on the negative side."—*Medical Notes and Reflections*, London; pp. 401, 425, and 416.

DR. B. F. CORNELL, M.D., President of the Homoeopathic Medical Society of New York, says:—
 "It is my firm conviction that Vaccination has been a curse instead of a blessing to the race. Every physician knows that infectious diseases have increased in frequency, severity, and variety, to an alarming extent. To what is this increase owing? Contagion may account for some of the variation; in a large majority, however, to no medium of transmission is the widespread disease not of this class of diseases so largely imputed as to Vaccination."—*Letter published before the Homoeopathic Medical Society of New York*, February 11th, 1868.

LONDON "STANDARD," February 24th, 1868:—
 "It is well known that the small-pox patients in the hospitals of the Metropolitan Asylums Board are three-fourths of those persons who had been successfully vaccinated in infancy; and amongst such vaccinated persons there occur some of the worst cases of small-pox, in which the eruption is confluent."

COMPULSORY VACCINATION.—The next move will be to attempt the enforcement of COMPULSORY VACCINATION or of *take or pay*. In fact, an immediate law—some rule of a clerk and general in the law—has been brought from the family and may yet be introduced in the form of MADNESS. As the people of this noble city so contrary and deniant in spirit and mind, and as to submit family to this contemptible TYRANNY of DOCTORRAFT? if so, they do not deserve the blessings of FREEDOM.

The Medical Profession have determined that the Press have furnished my views of vaccination, and to the casual and vulgar and refuse to reply. I am I WILL BE HEARD! This is a struggle of health against disease. I am seeking to disseminate views which I am convinced are beneficial to mankind. I believe in what I utter, and believing, mean to live up to it. Although alone in this fight against vaccination, I believe the cause I advocate will finally triumph. Personal animosity and persecution are the weapons my opponents rely upon to defeat my purpose—which is to expose the light of reason, this vaccination at its only time may be dedicated at present, but the cause will live, and in less than twenty years I may be dedicated at present, but the cause will live, and in less than twenty years from now, the people of this city will look back with feelings of horror at the outrage upon health and life perpetrated by the vaccinators of this day.

CAUTION.

DO NOT BE ALARMED BY THE SMALL-POX.

1.—Vaccination has been weighed in the balances, and found wanting.
 2.—Vaccination does not prevent Small-pox in any case.
 3.—Vaccination *destroys* health, and therefore have their health ruined by it. Many children are killed outright, and those who have their health ruined by it.
 4.—Vaccination *destroys* life, and therefore have their life ruined by it. Many children are killed outright, and those who have their life ruined by it.
 5.—Vaccination *destroys* life, and therefore have their life ruined by it. Many children are killed outright, and those who have their life ruined by it.
 6.—Vaccination *destroys* life, and therefore have their life ruined by it. Many children are killed outright, and those who have their life ruined by it.
 7.—Vaccination *destroys* life, and therefore have their life ruined by it. Many children are killed outright, and those who have their life ruined by it.
 8.—Vaccination *destroys* life, and therefore have their life ruined by it. Many children are killed outright, and those who have their life ruined by it.
 9.—Vaccination *destroys* life, and therefore have their life ruined by it. Many children are killed outright, and those who have their life ruined by it.
 10.—Vaccination *destroys* life, and therefore have their life ruined by it. Many children are killed outright, and those who have their life ruined by it.

ALEXANDER M. ROSS, M.D.
 Member of the Colleges of Physicians and Surgeons of Quebec, Ontario and Manitoba.

227 University Street,
 Montreal, August, 21, 1868.

PROOF.

For proof that VACCINATION is both USELESS and DANGEROUS, read the following medical evidence from the most eminent physicians in Europe:—

DR. W. J. COLLINS, M.R.O.S., Eng., for TWENTY years PUBLIC VACCINATOR of London, says:—
 "After twenty years' experience as a public vaccinator, I am convinced that no amount of care or attention to detail, nor cautious selection of lymph, can obviate the risk of Vaccination being followed by erysipelas inflammation. In fact there is no CERTAINTY IN THE OPERATION."

DR. JOHN EPPS, after 25 years' experience as Director of the Imperial Institute of London, Eng., after vaccinating about 120,000 people, finally declares in 1861:—

"Vaccine virus is a poison. As such it penetrates all organic systems. It is either *antibiotic* or *not* corrupt, not does it neutralize the small-pox. Nobody has the right to transplant such a mischievous poison into the life of a child."

NOTES

N.B. All newspaper references are from the year 1885, unless otherwise indicated.

INTRODUCTION

¹Montréal, Rapport du Sous-comité du Conseil d'Hygiène de Montréal sur l'origine de l'Epidémie de la Variole (Montréal, 1886), pp. 4-11. See also: "L'Epidémie de variole," L'Union Médicale du Canada, v. 15, no. 2 (fév., 1886), pp. 91-93; "Origin of the Smallpox Epidemic," Canada Medical and Surgical Journal, v. 14 (Feb., 1886), pp. 439-40; and the Montreal Gazette, 18 April, p. 8.

²Dr. J. I. Desroches, "La Variole," Journal d'Hygiène Populaire, v. 1, no. 24 (1er mai, 1885), pp. 286-87; Le Monde, 6 août, p. 2. (reprint of another article from the above journal); Dr. W. H. Hingston, Remarks on Vaccination (Montreal, 1876), p. 7.

³See for example: 'Un Practicien', La Picote et Son Traitement (Montréal, 1885), pp. 7-12; Thos. Nicol, Smallpox and Its Prevention (Montreal, 1885), pp. 33-36.

⁴V. A. Fulginiti, "Variola (Smallpox)," in D. J. Demis, R. L. Dobson, J. McGuire, eds., Clinical Dermatology, rev. ed. (Hagerstown, Md., New York, London; 1976), vol. 3, unit 14:8, pp. 1-5; and R. T. D. Emond, A Colour Atlas of Infectious Diseases (London, 1974), pp. 298-301.

⁵The variations of the disease are illustrated in Emond, Colour Atlas, pp. 300-11 and Cyril W. Dixon, Smallpox (London, 1962).

CHAPTER ONE

¹Dr. J. M. Beausoleil, "Quinzaine Hygiénique," Journal d'Hygiène Populaire (hereafter cited as JHP), vol. 2, no. 7 (15 août, 1885), p. 78.

²C. Glackmeyer, comp., The Charter and By-Laws of the City of Montreal (Montreal, 1865), pp. 259-61; C. Glackmeyer, comp., Appendix to the Charter and By-Laws of the City of Montreal (Montreal, 1870), pp. 140-43. See also E. Gagnon, "Notes on the Early History and Evolution of the Department of Health of Montreal," Canadian Public Health Journal, vol. 29, no. 5 (May, 1938), pp. 216-17. The fullest account of Montreal's early civic health activities is found in Michael Farley, Othmar Keel et Camille Limoges, "Les commencements de l'administration montréalaise de la santé publique (1865-1885)," HSTC Bulletin, vol. 6, no. 1 (Jan., 1982), pp. 24-46 and no. 2 (May, 1982), pp. 85-109.

³Canada Medical Journal and Monthly Record of Medical and Surgical Science, vol. 6 (1869-70), p. 91.

⁴Montréal, Rapport sur l'Etat Sanitaire de la Cité de Montréal pour l'année 1879 (Montréal, 1880), pp. 3-4; "Du Bureau de Santé," L'Union Médicale du Canada (hereafter cited as UMC), vol. 1, no. 6 (juin, 1872), p. 253. There were sometimes as few as four of these 'sanitary policemen'. Montreal, Board of Health, Minutes, vol. 1 (6 Nov., 1871 - 4 Dec., 1876), pp. 60-65.

⁵Regarding the civic health budget, see Farley et al., "Les commencements," p. 30. The aldermanic apathy provoked a constant stream of criticism from the local medical press, for example: "The Board of Health," Public Health Magazine and Literary Review (hereafter cited as PHM), vol. 2, no. 3 (Sept., 1876), pp. 92-93. These critics were not disinterested observers, since doctors stood to gain much in the way of stature and power in society by means of public health reforms. See Farley et al., "Les commencements" and Claudine Pierre-Deschênes, "Santé publique et organisation de la profession médicale au Québec 1870-1918," Revue d'histoire de l'Amérique française, vol. 35, no. 3 (déc., 1981), pp. 355-75. Nevertheless, the doctors' complaints effectively highlight the attitude of most of Montreal's politicians.

⁶"The Board of Health," PHM, vol. 2, no. 3 (Sept., 1876), p. 93.

⁷ Montreal, By-Law No. 105 concerning Health (21 Dec., 1876). As first adopted, the by-law actually required as many outsiders as aldermen on the Board. A subsequent amendment removed the requirement. Montreal, By-Law No. 106 to amend section two of By-Law No. 105 concerning Health (19 Jan., 1877). The Board of Health named under the Health By-Law in 1877 included six physicians from outside the Council. On Hingston's reforms, see Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1879, p. 4 and Farley et al., "Les commencements," p. 35.

⁸ Montreal, Report of the Sanitary State of the City of Montreal for 1878 (Montreal, 1879), p. 3. The aldermen actually voted the Board right out of existence for two months. "Le Bureau de Santé," UMC, vol. 7, no. 7 (juillet, 1878), pp. 329-31 and "Le Bureau de Santé," UMC, vol. 7, no. 9 (sept., 1878), pp. 428-29.

⁹ Montreal, Rapport sur l'Etat Sanitaire de la Cité . . . 1879, p. 5; and "Bibliographies," L'Abeille Médicale, vol. 2, no. 8 (août, 1880), p. 373.

¹⁰ Montreal, By-Law No. 114 to amend By-Law No. 105 concerning Health (12 Aug., 1878). Section two of this by-law allowed the City Council to exclude outsiders completely from the Board.

¹¹ Montreal, Report of the Sanitary State of the City of Montreal for the Year 1880 (Montreal, 1881), pp. 3-4.

¹² See, for example, JHP, vol. 1, no. 13 (15 nov., 1884), pp. 146-47, 148-49.

¹³ Montreal, Herald, 18 March, pp. 4, 8; J. C. Lamothe, Histoire de la Corporation de la Cité de Montréal (Montréal, 1903), pp. 807-09. The aldermen on the Committee were two contractors, Charles Berger from St-Louis ward and Denis Tansey from Ste-Anne; wool merchant J. H. Mooney, from St-Laurent; lumber merchant Adolphe Roy and Dr. J. W. Mount, both from Ste-Marie; and lawyer Cléophas Beausoleil of St-Jacques. Dr. Mount was later replaced by grocer E. Mathieu. Brief biographies of all can be found in Lamothe, Histoire de la Corporation.

¹⁴ JHP, vol. 1, no. 21 (15 mars, 1885), pp. 245-46; Gazette, 21 March, p. 3.

¹⁵ Gazette, 19 May, p. 2; La Patrie (Montréal), 19 mai, p. 4.

¹⁶ Montreal, Witness, 19 May, p. 5.

¹⁷ Le Monde (Montréal), 22 mai, p. 2.

¹⁸ Witness, 20 June, p. 4; Gazette, 23 June, p. 3; La Patrie, 23 juin, p. 4 and 25 juin, p. 4; Herald, 24 June, p. 4.

¹⁹ Montreal, Star, 15 May, p. 2.

²⁰ Ibid., and Le Monde, 22 août, p. 2. In early 1885, the entire personnel of the Health Department consisted of only seventeen men, of whom nine were sanitary policemen. Montreal, Board of Health, Minutes, vol. 3 (12 Sept., 1884 - 31 Oct., 1885), p. 58.

²¹ Cf. a doctor's comments in JHP, vol. 1, no. 6 (1 août, 1884), p. 65.

²² The earliest cases are listed in Montreal, Rapport . . . sur l'origine de l'Epidémie, p. 3.

²³ JHP, vol. 1, no. 18 (1^{er} fév., 1885), pp. 209-10.

²⁴ Star, 5 June, p. 4.

²⁵ Ibid.

²⁶ La Presse (Montréal), 16 mai, p. 7 and 9 juin; Le Monde, 18 août, p. 4. Ironically, the health officials were, themselves, guilty of concealing smallpox insofar as they tried to deprive it of publicity. First, they announced that they would not divulge information about the disease so as not to alarm the public or people outside Montreal. Star, 16 June, p. 1. Then they issued 'corrections' of reports about the smallpox in outside newspapers. See, for example, La Patrie, 20 juillet, p. 4.

²⁷ For details of the case, see La Presse, 18 juillet and 7 août, and the Gazette, 8 August, p. 3.

²⁸ By guarding infected houses, the Health Department quickly stopped the spread of smallpox from a second sick railwayman who had arrived in February. Montréal, Rapport . . . sur l'origine de l'Epidémie, pp. 11-12. But health officers sometimes found it impossible to keep sick families under guard. Gazette, 23 May, p. 3.

²⁹ Gazette, 3 June, p. 3; Witness, 30 June, p. 8.

³⁰ La Presse, 16 mai, p. 7; La Minerve (Montréal), 14 août; Gazette, 18 August, p. 5.

³¹ Herald, 29 August, p. 8.

³² See, for instance: Star, 5 June, p. 4; La Minerve, 31 juillet, p. 1; Gazette, 3 August, p. 8; Le Monde, 6 août, p. 4; La Patrie, 22 août, p. 4.

³³ Star, 27 August, p. 2.

³⁴ Montreal, By-Law No. 105 concerning Health, Section 56; Gazette, 5 June, p. 3.

³⁵ See, for example: Gazette, 22 June, p. 3; La Patrie, 6 juillet, p. 4; Le Monde, 20 juin, p. 2 and 18 juillet; Star, 13 August, p. 4 and 15 August, p. 6; La Minerve, 17 août; Gazette, 21 August, p. 5, 27 August, p. 3 and 31 August, p. 5.

³⁶ Health officers were not even allowed to ride streetcars. La Patrie, 27 août, p. 4.

³⁷ La Patrie, 2 juillet, p. 4; Gazette, 3 August, p. 8.

³⁸ La Presse, 1 juillet; Herald, 1 August, p. 8 and 5 August, p. 5.

³⁹ See, for example: Gazette, 14 July, p. 2; La Patrie, 15 août, p. 4.

⁴⁰ Montréal, Rapport sur l'Etat Sanitaire de la Cité de Montréal pour l'année 1877 (Montréal, 1878), pp. 22-23. The Health Department had in fact had only one very notable success with home quarantines of smallpox before 1885: in 1881, it had managed to confine a fresh outbreak of the disease to about fifty people. Montreal, Report of the Sanitary State of the City . . . 1882, p. 37.

⁴¹ Montreal, Report of the Medical Officers of Health of the City of Montreal for the Year 1875 (Montreal, 1876), pp. 19-22; R. C. Stewart, "Hospital Care of Smallpox in Montreal," Canadian Medical Association Journal, vol. 43 (Oct., 1940), pp. 381-82.

⁴²Dr. J.M. Beausoleil, "Quinzaine hygiénique," JHP, vol. 2, no. 5 (15 juillet, 1885), pp. 51-52.

⁴³La Patrie, 8 juillet, p. 4; La Presse, 16 juillet.

⁴⁴La Patrie, 3 sept., p. 4.

⁴⁵Gazette, 17 August, p. 3, 25 August, p. 5, and 27 August, p. 3.

⁴⁶Le Monde, 21 août, p. 4; Gazette, 9 Sept., p. 5.

⁴⁷Star, 7 Sept., p. 2. Priests complained that when they went to the smallpox hospital, they ended up doing nursing chores instead of visiting patients. Witness, 7 Sept., p. 4.

⁴⁸Some examples: Star, 1 May, p. 3; La Minerve, 2 mai, p. 1; La Patrie, 28 mai, p. 4 and 29 mai, p. 4; Gazette, 3 June, p. 3; Le Monde, 26 juin, p. 4. Paradoxically, the hospital was plagued with the problem of fending off the relatives and friends of those who did go there. A special constable had to be posted at the hospital because of the numbers of unauthorized visitors who stole into the building, or conversed or clambered over the fence around the hospital grounds where convalescents were permitted to stroll. La Minerve, 15 juillet.

⁴⁹La Presse, 15 mai, p. 4; Star, 15 June, p. 3 and 30 June, p. 4.

⁵⁰La Patrie, 2 juillet, p. 4.

⁵¹Le Monde, 6 juin, p. 8. The health by-law empowered health officials to hospitalize only those smallpox cases found in such places as rooming-houses, hotels, and ships.

⁵²At least 12,000 cases of smallpox occurred in Montreal in the 1870s but in the approximately six years that the civic isolation hospital was open, it admitted only 1,312 patients. During the same period, only about 400 of more than 3,100 smallpox deaths in the city occurred within the hospital walls. Montreal, Report of the Sanitary State of the City of Montreal for the Year 1882 (Montreal, 1883), pp. 44, 31, 33, 35.

⁵³Montreal, Annual Report of the Public Vaccinators for the Year 1867 (Montreal, 1868). The law, An Act to Provide for the More General Adoption of the Practice of Vaccination, Statutes of the Province of Canada, 24 Victoria (1861), chap. 24, is reprinted in the Gazette, 20 August, p. 5.

⁵⁴ Montreal, Report of the Sanitary State of the City . . . 1882, pp. 30-31, 37-38; "Mortalité de la ville de Montréal," JHP, vol. 1, no. 2/3 (15 juin, 1884), p. 34.

⁵⁵ Montreal, Report on the Sanitary State of the City . . . 1882, p. 37.

⁵⁶ Ibid., p. 31.

⁵⁷ Ibid., pp. 30-31.

⁵⁸ J. J. Heagerty, Four Centuries of Medical History in Canada (Toronto, 1928), vol. 1, p. 90; Canada Medical and Surgical Journal, vol. 13/14 (May, 1885), pp. 637-38.

⁵⁹ On a single street in 1878, more than eighty children remained unvaccinated because their parents turned away the public vaccinators. [Dr. A. Larocque], "Statistiques vitales de la Cité de Montréal pour le mois de novembre 1879," L'Abeille Médicale, vol. 1, no. 12 (déc., 1879), p. 599.

⁶⁰ Montreal, Report of the Sanitary State of the City . . . 1878, pp. 23-25.

⁶¹ "Sanitary Reports: Mayor's Public Meeting," PHM, vol. 1, no. 1 (July, 1875), pp. 10-11.

⁶² Heagerty, Four Centuries of Medical History in Canada, vol. 1, p. 91. For more on the opposition to compulsory vaccination in the 1870s, see chapter two, pp. 45-46.

⁶³ See, for example, the comments of medical officers of health in Montréal, Rapport sur l'Etat Sanitaire de la Cité de Montréal pour l'année 1876 (Montréal, 1877), p. 45; Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1877, pp. 22-23; Montreal, Report of the Sanitary State of the City . . . 1882, pp. 39-40; Gazette, 29 August, p. 2.

⁶⁴ For some proposed changes, see Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1876, pp. 47-50; Montreal, Report of the Sanitary State of the City . . . 1878, p. 25; Montreal, Report of the Sanitary State of the City . . . 1880, p. 5; Montreal, Report of the Sanitary State of the City . . . 1882, pp. 40-43.

⁶⁵ La Minerve, 8 avril, p. 1; Le Monde, 13 avril, p. 1 and 17 avril, p. 3.

⁶⁶ Montréal, Rapport sur l'Etat Sanitaire de la Cité de Montréal pour l'année 1885 (Montréal, 1886), p. 26; La Minerve, 2 mai, p. 1.

⁶⁷ La Patrie, 13 mai, p. 1. Other accidents are noted in Star, 2 May, p. 6; La Presse, 5 mai, pp. 3, 4; Le Monde, 11 mai, p. 4; La Presse, 22 mai, p. 4 and 27 mai, p. 4.

⁶⁸ L'Étendard (Montréal), 6 mai, p. 2 and 9 mai, p. 2.

⁶⁹ Gazette, 8 May, p. 5 and 11 May, p. 8; La Presse, 1 and 2 juin; La Patrie, 8 juin, p. 4.

⁷⁰ La Presse, 21 mai, p. 4.

⁷¹ La Minerve, 30 mai, p. 1; Gazette, 23 June, p. 5.

⁷² JHP, vol. 2, no. 1 (15 mai, 1885), pp. 2-3.

⁷³ La Presse, 13 mai, p. 2.

⁷⁴ Gazette, 15 August, p. 3; La Presse, 15 août.

⁷⁵ See, for example, a typical editorial in Le Monde, 1^{er} avril, p. 2 or the Herald, 16 April, p. 5.

⁷⁶ Montreal, By-Law No. 105 concerning Health, and By-Law No. 135 to amend By-Law No. 105 concerning Health (27 Feb., 1883).

⁷⁷ See, for example, almost any issue of the Journal d'Hygiène Populaire; the Herald, 17 April, p. 4, 24 April, pp. 4, 7, and 16 May, p. 8; or Le Monde, 20 juin, p. 2.

⁷⁸ Montreal, By-Law No. 114 to amend By-Law No. 105 concerning Health (12 August, 1878): Section 3 transferred responsibility for drains and sewers to the Roads Committee. The Board of Health had to contend with competition for the control of other health-related jurisdictions as well. Farley et al., "Les commencements," pp. 31-32, 86. The results were not always bad however. While other public health activities lapsed or stagnated in the decade before 1885, Montreal made solid progress in improving its sewer system. Ibid., p. 87.

⁷⁹ JHP, vol. 1, no. 14 (1^{er} déc., 1884), pp. 157-58; Witness, 23 April, p. 8.

⁸⁰ Committee chairman Henry Gray had to resign briefly before his colleagues would consider changing the garbage contractor. La Presse, 13 mai, p. 4; La Patrie, 19 mai, p. 4.

⁸¹ Some typical examples: Le Monde, 15 juillet, 16 juillet, 15 août, p. 4, and 22 août, p. 2; La Presse, 17 août and 22 août.

⁸² Montreal, Rapport . . . sur l'origine de l'Epidémie, p. 3.

⁸³ The board consisted of the mayor, some local councillors and doctors. La Patrie, 9 juin, p. 4.

⁸⁴ Ibid., 4 juillet, p. 4; Star, 27 August, p. 4.

⁸⁵ Gazette, 28 August, p. 5.

⁸⁶ Ibid.

⁸⁷ Star, 27 August, p. 4; La Patrie, 3 sept., p. 4; La Presse, 19 août.

⁸⁸ La Minerve, 11 juillet, p. 1; Le Monde, 19 août, p. 2 and 29 août, p. 4.

⁸⁹ Le Monde, 27 juillet; Star, 15 August, p. 6.

⁹⁰ Le Monde, 11 août, p. 3.

⁹¹ Le Monde, 29 août, p. 4.

⁹² La Patrie, 17 août, p. 4; Gazette, 15 Sept., p. 2.

CHAPTER TWO

¹Dr. J.-E. Codérre's translation of a broadsheet by Dr. A. M. Ross. Le Monde, 27 août, p. 3. La Minerve, 13 oct., offers a slightly different translation.

²'Un Practicien', La Picote et son traitement (Montréal, 1885), pp. 6-10.

³Dr. J. M. Beausoleil, "Quinzaine Hygiénique," JHP, vol. 2, no. 10 (1er oct., 1885), p. 111. Reprinted in Le Monde, 9 oct., p. 2. See also, Dr. Severin Lachapelle, La Santé pour tous, ou notions élémentaires de physiologie et d'hygiène à l'usage des familles, suivies du Petit guide de la mère auprès de son enfant malade (Montréal, 1880), pp. 275-76.

⁴'Un Practicien', La Picote, pp. 11-12.

⁵Star, 15 August, p. 6.

⁶'Un Practicien', La Picote, pp. 3-4. The endorsement is also noted in Le Monde, 12 sept., p. 1.

⁷"L'Epidémie de variole," UMC, vol. 14, no. 8 (août, 1885), p. 382. Cf. comments in Canada Medical and Surgical Journal, vol. 13/14 (April, 1885), p. 569, and (Sept., 1885), pp. 122-23.

⁸La Presse, 18 juillet.

⁹"La Variole et le Bureau de Santé," UMC, vol. 14, no. 9 (sept., 1885), pp. 428-30. See also Dr. J. I. Desroches, "La Variole," JHP, vol. 2, no. 6 (1er août, 1885), p. 62.

¹⁰La Presse, 7 août.

¹¹On vaccination and its complications, see: Fulginiti, "Variola (Smallpox)," pp. 7-8; V. A. Fulginiti, "Complications of Smallpox vaccination (vaccinia)," in Demis, Dobson, and McGuire, eds., Clinical Dermatology, vol. 3, unit 14:9, pp. 1-10; Emond, Colour Atlas of Infectious Diseases, pp. 308-27.

¹²Maude E. Abbott, History of Medicine in the Province of Québec (Montreal, 1931), pp. 41, 61.

¹³Edward Jenner, the medical discoverer of vaccination, wrongly believed that it gave one immunity for life. In late nineteenth-century Britain, the necessity of periodic revaccination was still not universally recognized. Dixon, Smallpox, pp. 285-86, 292-93; F. B. Smith, The People's Health 1830-1910 (New York, 1979), p. 165. For contemporary opinion in Montreal regarding immunity and revaccination, see: Dr. Laramée, "De la Vaccination," JHP, vol. 2, no. 12 (1er nov., 1885), pp. 133-39 (reprinted in Le Monde, 21 nov., p. 5); Dr. C. Saffray, "La Vaccine," JHP, vol. 2, no. 10 (1er oct., 1885), p. 119; Wm. H. Hingston, Remarques sur la Vaccination (Montréal, 1885), pp. 4, 19; 'Un Practicien', La Picote, p. 5.

¹⁴See, for example: Hingston, Remarques sur la Vaccination, pp. 4-6.

¹⁵Wm. H. Hingston, Remarks on Vaccination (Montreal, 1876), p. 29.

¹⁶Laramée, "De la Vaccination," pp. 133-39; 'Un Practicien', La Picote, pp. 5-6; Lachapelle, La Santé pour tous, pp. 271-72.

¹⁷Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1876, pp. 45-46; Witness, 4 Sept., p. 2.

¹⁸Saffray, "La Vaccine," p. 119; Hingston, Remarks on Vaccination, pp. 36, 42; [Dr. A. B. Larocque], "Correspondance - La question sanitaire," UMC, vol. 4, no. 5 (mai, 1875), pp. 195-97; Nicol, Smallpox and its Prevention, pp. 53-54. On the problems associated with 'arm to arm' vaccination, see also Smith, The People's Health, pp. 162-65, 169 and Frederick F. Cartwright, A Social History of Medicine (London and New York, 1977), p. 89.

¹⁹"Vaccine," UMC, vol. 7, no. 11 (nov., 1878), pp. 511-12.

²⁰Montreal, Report of the Sanitary State of the City . . . 1882, p. 40.

²¹For opinion in Montreal on methods of vaccination, see: J. I. Desroches, "La Vaccine," JHP, vol. 2, no. 11 (15 oct., 1885), pp. 121-23; Laramée, "De la Vaccination," pp. 133-39; Hingston, Remarques sur la Vaccination, pp. 4, 26; Dr. M. L. Palardy, "Etude sur la variole - Moyen de préservation - Vaccine," UMC, vol. 14, no. 11 (nov., 1885),

21. (cont'd). pp. 491-92; Witness, 4 Sept., p. 2. In 1885, one local doctor reportedly used vaccine lymph from a single person's arm to vaccinate ninety-two other people. Nicol, Smallpox and Its Prevention, pp. 54-55. Arm-to-arm vaccination was also the preferred technique of a Quebec City public vaccinator. Dr. Ls. Dion, Memoire sur la Vaccination (Québec, 1887), pp. 4-5, 9-11. The technique remained in use in other countries as well. In Britain it was not officially prohibited until the end of the century. Derrick Baxby, Jenner's Smallpox Vaccine. The Riddle of Vaccinia Virus and Its Origin (London, 1981), pp. 179-80.

22 Vaccine was supposedly kept out of contact with light or air by storage in wax, between glass plates, or on ivory 'points'. But its long-term quality could not be reasonably assured until the advent of treatment with glycerine in the 1890s. Cartwright, Social History of Medicine, p. 89; Smith, The People's Health, pp. 162-65.

23 Star, 15 August, p. 6, 18 August, p. 4 and 20 August, p. 4.

24 Laramée, "De la Vaccination," pp. 133-39; Palardy, "Etude sur la . . . Vaccine," pp. 492-94; UMC, vol. 14, no. 11 (nov., 1885), p. 526; Dr. M. L. Palardy, "Vaccination et Revaccination - Procès de la Vaccine," UMC, vol. 14, no. 12 (déc., 1885), p. 543.

25 Rev. J. Douglas Borthwick, Montreal, Its History, to Which is Added Biographical Sketches with Photographs of Many of Its Principal Citizens (Montreal, 1875), p. 60; "Memento nécrologique," UMC, vol. 8, no. 10 (oct., 1888), pp. 558-59.

26 Dr. J-E. Coderre, "Correspondance," JHP, vol. 2, no. 14 (1er déc., 1885), pp. 162-63.

27 Borthwick, Montreal, Its History, p. 60.

28 G. M. Rose, ed., A Cyclopaedia of Canadian Biography, Being Chiefly Men of the Time (Toronto, 1886-88), vol. 2, p. 121.

29 Ibid., vol. 2, pp. 118-21; Michael Bliss, "Pure Books on Avoided Subjects: Pre-Freudian Sexual Ideas in Canada," Canadian Historical Association, Historical Papers, 1970, pp. 104-05.

30 Rose, ed., Cyclopaedia of Canadian Biography, vol. 2, p. 121.

31 Coderre's emphasis. J-Emery Coderre, Vaccination (Montréal, 1872), p. 9.

³²Ibid., pp. 5-12.

³³Ibid., pp. 5, 7, 12. See also a letter to Le Monde, 25 août, p. 2.

³⁴Coderre, Vaccination, p. 19. Again the emphasis is Coderre's.

³⁵Ibid., pp. 4, 12, 14, 20. Cf. "Société Médicale de Montréal [Procès-verbaux]," UMC, vol. 1, no. 5 (mai, 1872), pp. 213-14.

³⁶"Société Médicale de Montréal," UMC, vol. 1, no. 5 (mai, 1872), p. 214.

³⁷Coderre, Vaccination, p. 14.

³⁸[Dr. A. Dagenais], "Lettre au Docteur Coderre," UMC, vol. 4, no. 2 (fév., 1875), pp. 56-57, 59.

³⁹Crevier's emphasis. Dr. J-A. Crevier, "Des effets du virus vaccin ou variolique sur l'Economie de l'Homme," UMC, vol. 4, no. 3 (mars, 1875), p. 151. For further conclusions by Crevier which resemble those of Coderre, see ibid., pp. 157-58 and Dr. J-A. Crevier, "De la nature du virus variolique," UMC, vol. 4, no. 2 (fév., 1875), pp. 49-50.

⁴⁰In 1886 one doctor testified that he had turned against vaccination because fourteen years earlier, two children had died after he had vaccinated them. Star, 20 Jan., 1886, p. 1. In the 1870s, another anti-vaccinationist, a former public vaccinator, stated that he had begun to question the practice "when I saw many persons whom I had carefully vaccinated sick with small pox [sic], when I saw many of them die from small pox. . . ." Herald, 24 July, 1875, p. 2. The same man claimed to have lost a child of his own from vaccination. "Lettre au Docteur Coderre," UMC, vol. 4, no. 2 (fév., 1875), p. 60.

⁴¹According to Ross, drugs would only impede the 'vital forces' of the body in their efforts to throw off the impurities causing disease. Correct medical treatment consisted rather in reinforcing these forces by supplying favourable natural conditions or "NATURE'S PROPHYLACTICS AND RESTORATIVES . . . [:] FOOD, WATER, AIR, REST, HOPE, PEACE, TEMPERATURE, EXERCISE, and other NATURAL AGENCIES." A. M. Ross, Memoirs of a Reformer (1832-1892) (Toronto, 1893), pp. 224-27.

⁴²Ibid., p. 221.

⁴³Ibid., p. 221. Cf. Herald, 15 May, p. 5, and the circular translated in Le Monde, 27 août, p. 3. Like some other anti-vaccinationists, Ross, too, may have been motivated partly by unhappy personal experience with vaccination. At one point in 1885, he claimed to have lost two children twenty years earlier from the effects of vaccination. Herald, 28 Nov., p. 6. However, the truth of his claim is uncertain. Star, 13 Oct., p. 4 and 14 Oct., p. 3.

⁴⁴[Dr. J-E. Coderre], "Lettre au maire W. H. Hingston," UMC, vol. 5, no. 6 (juin, 1876), p. 252.

⁴⁵Letter to La Minerve, 17 avril, 1872, reprinted in Coderre, Vaccination, pp. 33-34.

⁴⁶Le Monde, 25 août, p. 2.

⁴⁷Ibid.

⁴⁸Crevier, "De la nature du virus variolique," pp. 53, 54-55. But Crevier also promoted a plant remedy for smallpox. La Patrie, 16 oct., p. 2; and he endorsed a patent disinfectant as a means of correcting any harmful individual predisposition to the disease. La Presse, 21 sept.

⁴⁹Ross, Memoirs of a Reformer, p. 241.

⁵⁰Herald, 15 May, p. 5.

⁵¹Ross's emphasis. Ross, Memoirs of a Reformer, pp. 218-20. Cf. his circular, Le Monde, 27 août, p. 3.

⁵²Ibid., pp. 220-21.

⁵³Star, 20 May, p. 7.

⁵⁴Ibid.

⁵⁵On British anti-vaccinationists, see: Ann Beck, "Issues in the Anti-Vaccination Movement in England," Medical History, vol. 4 (1960), pp. 310-21; Roy M. Macleod, "Medico-Legal Issues in Victorian Medical Care," Medical History, vol. 10, no. 1 (Jan., 1966), pp. 44-49; and R. M. Macleod, "Law, Medicine and Public Opinion: The Resistance to Compulsory Health Legislation 1870-1907," Public Law (1967), pp. 107-28 and

55. (cont'd). 189-211. On the United States, see Martin Kaufman, "The American Anti-Vaccinationists and Their Arguments," Bulletin of the History of Medicine, vol. 41, no. 5 (Sept.-Oct., 1967), pp. 463-78.

⁵⁶[Dr. Coderre], "Lettre au Dr. A. Dagenais," UMC, vol. 4, no. 3 (mars, 1875), p. 105.

⁵⁷[Dagenais], "Lettre au Docteur Coderre," UMC, vol. 4, no. 2 (fév., 1875), pp. 55-56. See also, [Dr. Coderre], "Correspondances - Vaccination," UMC, vol. 3, no. 12 (déc., 1874), p. 545, and Hingston, Remarks on Vaccination, p. 21.

⁵⁸Le Monde, 23 sept., p. 2. Cf. Le Monde, 20 juin, p. 5; Coderre, La Vaccination, p. 25; "La Vaccination à Montréal," UMC, vol. 3, no. 9 (sept., 1874), p. 418.

⁵⁹[Dr. Coderre], "Anti-vaccination in Canada," The Anti-Vaccinator and Public Health Journal (London), vol. 1 (1872-73), p. 230. Coderre was a subscriber of this British journal.

⁶⁰[Dr. Coderre], "Correspondance - Vaccination," UMC, vol. 3, no. 11 (nov., 1874), pp. 490-91. Emphasis is Coderre's:

⁶¹[Dr. Coderre], "Correspondance - La Vaccination," UMC, vol. 3, no. 10 (oct., 1874), p. 440.

⁶²Le Monde, 25 août, p. 2.

⁶³Le Monde, 25 juin, p. 2. Coderre also questioned hospitalization on a medical basis, suggesting that gathering smallpox patients together promoted the spread of the disease ("je le compare à l'incendie: plus le foyer est vaste plus le feu s'étend"). Le Monde, 25 août, p. 2.

⁶⁴Ross, Memoirs of a Reformer, p. 228.

⁶⁵Ibid., p. 223.

⁶⁶Ibid., pp. 219, 223; Herald, 15 May, p. 5.

⁶⁷[Dr. Coderre], "Lettre au Maire W. H. Hingston," UMC, vol. 5, no. 6 (juin, 1876), p. 253.

⁶⁸ See, for example: [Dr. Coderre], "Lettre au Maire W. H. Hingston," UMC, vol. 5, no. 4 (avril, 1876), pp. 148-53 and vol. 5, no. 5 (mai, 1876), pp. 200-04; "La question sanitaire," UMC, vol. 4, no. 4 (avril, 1875), p. 186; [Coderre], "Lettre au Dr. Dagenais," pp. 106, 111; [Coderre], "Correspondances - Vaccination," UMC, vol. 3, no. 12 (déc., 1874), p. 545.

⁶⁹ The phrase is taken from an anti-vaccinationist broadsheet written by Ross. See Appendix.

⁷⁰ Ross, Memoirs of a Reformer, p. 222.

⁷¹ Coderre's book, Vaccination, began as a series of papers read at meetings of the Société Médicale de Montréal.

⁷² Besides the articles and letters cited above, see J-E. Coderre, "La Vaccination," L'Abeille Médicale, vol. 2 (1880), pp. 106-15, 148-55, 203-09, and 259-65.

⁷³ One such letter appeared in La Minerve, 25 juillet, 1874. Regarding it, see "La Vaccination à Montréal," UMC, vol. 3, no. 9 (sept., 1874), pp. 417-18.

⁷⁴ Herald, 15, 16, 17 Sept., 1874, p. 2; "La Vaccination à Montréal," UMC, vol. 3, no. 10 (oct., 1874), pp. 465-71; [Coderre], "Correspondance- Vaccination," UMC, vol. 3, no. 11 (nov., 1874), p. 490; Gazette, 7 Nov., p. 5.

⁷⁵ "Petition against Compulsory Vaccination," The Anti-Vaccinator and Public Health Journal, vol. 1 (1872-73), p. 311.

⁷⁶ UMC, vol. 4, no. 4 (avril, 1875), pp. 186-88; Herald, 24 July, 1875, p. 2; La Minerve, 6 août, 1875, p. 3.

⁷⁷ "La question sanitaire," UMC, vol. 4, no. 4 (avril, 1875), pp. 186-88.

⁷⁸ The riot is described in the August 10, 1875 issues of Montreal's daily newspapers.

⁷⁹ Le Monde, 20 juin, p. 5.

⁸⁰ Le Monde, 25 juin, p. 2.

⁸¹ Herald, 15 May, p. 5, 19 May, p. 3, 23 May, p. 6, and 10 June, p. 3; Star, 20 May, p. 7.

⁸² See the translation in Le Monde, 27 août, p. 3. Another of Ross's ~~broadsheets~~—perhaps the only one extant—is reproduced in the Appendix.

⁸³ "Société Médicale de Montréal [Procès-verbaux]," UMC, vol. 1, no. 5 (mai, 1872), pp. 214-15.

⁸⁴ See, for example: Star, 26 Dec., p. 2 and 12 Dec., p. 3; L'Etendard, 5 oct., p. 4; Laramée, "De la Vaccination," pp. 133-39. The latter cites the Belgian, Dr. Evariste Warlomont, one of the leading experts on vaccination in 1885.

⁸⁵ Star, 12 Dec., p. 3. Cf. Dion, Memoire sur la Vaccination, pp. 2-3.

⁸⁶ "Société Médical de Montréal," UMC, vol. 1, no. 5 (mai, 1872), p. 217.

⁸⁷ See, for example: Hingston, Remarks on Vaccination, pp. 10-22, and Laramée, "De la Vaccination," pp. 133-39.

⁸⁸ One public vaccinator's phrase. Gazette, 11 May, p. 8.

⁸⁹ For explanations of accidents in the 1870s, see: "La Vaccination à Montréal," UMC, vol. 3, no. 9 (sept., 1874), pp. 418-21; [Dagenais], "Lettre au Docteur Coderre," UMC, vol. 4, no. 2 (fév., 1875), p. 61; [Dr. A. B. Larocque], "Remarques," UMC, vol. 3, no. 10 (oct., 1874), p. 476. In 1885, some doctors attributed the earliest vaccination mishaps to a "low condition of public health" brought about by a recent measles epidemic. Star, 17 Aug., p. 4. For other explanations, see: La Patrie, 11 mai, p. 4; La Presse, 7 mai, p. 4, 11 mai, p. 4, and 1^{er} juin; Le Monde, 8 sept., p. 4; L'Etendard, 5 oct., p. 4. See also Hingston, Remarques sur la Vaccination, p. 22.

⁹⁰ Montreal, Report of the Sanitary State of the City . . . 1882, p. 47.

⁹¹ Dr. J. I. Desroches, "La Variole," JHP, vol. 1, no. 24 (1^{er} mai, 1885), pp. 286-87.

⁹²[Dagenais], "Lettre au Docteur Coderre," UMC, vol. 4, no. 2 (fév., 1875), p. 55.

⁹³"La Vaccination à Montréal," UMC, vol. 3, no. 9 (sept., 1874), p. 421; Herald, 15 Sept., p. 2.

⁹⁴"Variole et vaccination," UMC, vol. 6, no. 3 (mars, 1877), p. 160, n. 1; L'Abeille Médicale, vol. 2, no. 10 (oct., 1880), pp. 434-35.

⁹⁵³Le Monde, 3 sept., p. 4; La Presse, 5 sept.; Hingston, Remarques sur la Vaccination, pp. 27-29. At the end of September, the Collège de Médecins et Chirurgiens de la Province de Québec also passed a resolution in favour of vaccination. La Patrie, 3 oct., p. 4.

⁹⁶La Presse, 5 sept. Montreal's French Canadian physicians were as united in support of vaccination as their English-speaking counterparts, contrary to the suggestion of Raymond Duschesne, "Problèmes d'histoire des sciences au Canada français," in R. A. Jarrell and N. R. Ball, eds., Science, Technology and Canadian History (Waterloo, 1980), p. 24.

⁹⁷"La Variole," UMC, vol. 14, no. 10 (oct., 1885), pp. 478-79. Cf. Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1876, p. 19.

CHAPTER THREE

¹ Gazette, 18 August, p. 5.

² Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 46.

³ Ibid., p. 74.

⁴ La Minerve, 19 août, p. 1; Mrs. M. Guyot [Mme. A. Morel de la Durantaye], A Brief History of the Small pox Epidemic In Montreal, From 1871 to 1880 and the Late Outbreak of 1885 (Montreal, [1886?]), pp. 15-16.

⁵ Star, 20 August, p. 4.

⁶ See, for example: Star, 9 Oct.; p. 4; La Patrie, 31 oct., p. 4; La Presse, 4 nov.

⁷ La Presse, 26 oct.

⁸ Star, 10 Oct., p. 4.

⁹ Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 46-47.

¹⁰ Herald, 28 Nov., p. 8. Ontario health officials estimated that altogether there were at least 9,000 smallpox cases in Montreal in 1885 Ontario, Sessional Papers, 1886, No. 74 (Fourth Annual Report of the Provincial Board of Health for 1885 Toronto, 1886), p. 30.

¹¹ Montréal, Rapport sur l'Etat sanitaire de la Cité . . . 1885, p. 70

¹² Ibid., p. 74.

¹³ Canada, Sessional Papers, 1886, No. 10 (Abstracts of the Returns of Mortuary Statistics for the Year 1885 [Ottawa, 1886]), pp. 2-3, 200-01.

¹⁴Ibid., pp. 314-15. Aside from 'labourers', the occupational categories employed in these statistics are those of the Dominion census of 1881. See Canada, Department of Agriculture, Census of Canada, 1880-81, vol. 2 (Ottawa, 1884), pp. 440-43.

¹⁵Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 74-75.

¹⁶Witness, 6 August, p. 5. For some descriptions of places harbouring smallpox, see: Star, 30 June, p. 4; Witness, 3 June, p. 8; Gazette, 25 Sept., p. 5.

¹⁷L'Etendard, 27 juillet, p. 4.

¹⁸Star, 15 Sept., p. 4.

¹⁹Star, 31 August, p. 4.

²⁰Le Monde, 12 sept., p. 1. For more examples, see the Star, 23 Oct., p. 4, and Le Monde, 15 sept., p. 3.

²¹La Minerve, 24 oct.

²²The lower figure is given in the Herald, 28 Nov., p. 8, but a higher figure can also be found in most of the newspapers, for example, the Witness, 2 Nov., p. 8.

²³Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 34-35.

²⁴La Presse, 2 nov.

²⁵Star, 7 Sept., p. 4.

²⁶La Presse, 19 oct.

²⁷"Editorial," UMC, vol. 1, no. 4 (avril, 1872), pp. 145-46.

²⁸Montreal, Report of the Sanitary State of the City . . . 1882, p. 21.

²⁹ Montreal, Report of the Sanitary State of the City . . . 1882,
p. 32.

³⁰ See Montreal, Reports of the Sanitary State of the City, for the
years 1875-1880.

³¹ Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1877,
pp. 32-34.

³² Witness, 21 Oct., p. 2.

³³ Dr. J. M. Beausoleil, "Quinzaine Hygiénique," JHP, vol. 2, no. 4
(1er juillet, 1885), p. 39.

³⁴ Star, 11 August, p. 2.

³⁵ Le Monde, 22 juin, p. 2.

³⁶ Star, 25 August, p. 4.

³⁷ Gazette, 19 August, p. 5.

³⁸ Gazette, 27 August, p. 3. Similar scenes occurred on trains in
the Montreal area when actual or suspected cases of smallpox were found
to be on board. See, for example, ibid., 10 Sept., p. 2; Le Monde, 8
sept., p. 4, and 26 oct., p. 4; Herald, 6 Nov., p. 8.

³⁹ Examples: Witness, 29 August, p. 8; L'Etendard, 21 sept.; La
Presse, 29 sept. Some people were refused lodgings just because they
had recently been discharged from the smallpox hospital. La Patrie,
11 nov., p. 4; Star, 2 nov., p. 4, and 21 nov., p. 8. Many others
found themselves without jobs or shelter merely because they were sus-
pected of having smallpox. Gazette, 19 Sept., p. 2.

⁴⁰ Star, 23 Sept., p. 4, and 24 Sept., p. 1. The city police were
so reluctant to deal with smallpox patients that the mayor and City
Council had to threaten to dismiss any policeman who refused to help
health officers when requested. La Patrie, 24 sept., p. 4; Witness,
28 Sept., p. 8; La Presse, 28 sept.

⁴¹ La Presse, 16 juillet. Similarly, few workers wanted construc-
tion jobs at the civic smallpox hospital. La Patrie, 28 août, p. 4.

⁴²La Presse, 4 nov. Another employee of the Health Department, unable to obtain lodgings because of his association with smallpox, was temporarily forced to live in one of the Department's offices. La Minerve, 14 oct.

⁴³Herald, 20 August, p. 8. Pranks involving quarantine placards exploited the fear of smallpox. La Presse, 27 oct. So did some false reports of the disease, made out of malice or as practical jokes. Star, 31 August, p. 4.

⁴⁴Star, 19 August, p. 1.

⁴⁵Le Monde, 6 nov., p. 4; La Presse, 7 nov., and 10 nov.

⁴⁶L'Etendard, 2 fév., 1886, p. 3.

⁴⁷Star, 21 Sept., p. 4. So strong, in fact, was the fear of the smallpox hospital that a baker who contracted to supply it with bread lost all his normal business when the contract was publicized. Gazette, 23 Nov., p. 2.

⁴⁸See, for example: Star, 15 August, p. 6, and 20 August, p. 4; Gazette, 18 August, p. 5; Herald, 24 Sept., p. 3; La Presse, 2 oct. The sending of children from Montreal was one cause of the epidemic's spread to other parts of the province. Gazette, 2 Dec., p. 3.

⁴⁹See, for example, a Sorel hotel's advertisement which appeared in La Presse from August 19 onward.

⁵⁰Star, 15 Oct., p. 4. The loss of passengers on the Ste-Catherine West and St-Laurent lines caused the City Passenger Railway Co. a significant drop in revenue after August. La Presse, 16 oct.; La Minerve, 26 janvier, 1886.

⁵¹Witness, 11 Sept., p. 2.

⁵²Even a local tobacco company advertized its cigars as "vrais destructeurs de microbes". Le Monde, 3 sept., p. 4.

⁵³Star, 21 August, p. 4; Gazette, 20 August, p. 5.

⁵⁴Gazette, 15-Sept., p. 2.

- ⁵⁵ Gazette, 23 Sept., p. 5, and 26 Oct., p. 2; Star, 31 July, p. 2.
- ⁵⁶ La Presse, 29 oct.
- ⁵⁷ Le Monde, 19 oct., p. 2.
- ⁵⁸ L'Etendard, 12 sept., p. 3.
- ⁵⁹ Star, 21 August, p. 4; Witness, 2 Sept., p. 8, and 28 Sept., p. 4.
- ⁶⁰ Witness, 11 Sept., p. 2. A variation of this cure called for persons to carry sliced onions in their pockets while in the presence of smallpox patients. Star, 7 Oct., p. 3.
- ⁶¹ This remedy, supposedly of Belgian origin, was said to be recommended by Redemptorist priests at Ste-Anne's church, in Montreal. Le Monde, 27 oct., p. 4.
- ⁶² Witness, 26 Sept., p. 4, and 6 Oct., pp. 4, 8. A policeman posted at the civic smallpox hospital spent part of his time chasing away people bringing liquor to the sick. Le Monde, 20 oct., p. 4.
- ⁶³ Gazette, 24 August, p. 5; Herald, 22 August, p. 8.
- ⁶⁴ Dorland's Illustrated Medical Dictionary, 25th ed. (Philadelphia, London, Toronto, 1974), p. 1380.
- ⁶⁵ La Minerve, 10 juin, p. 1; Gazette, 29 August, p. 2; L'Etendard, 16 sept., p. 2; La Patrie, 16 oct., p. 2.
- ⁶⁶ L'Etendard, 17 sept., p. 2. The confusion over the plant's identity is also noted by Emile Gaumond, "La 'Petite Verole'," Laval Médical, vol. 18, no. 1 (janvier, 1953), pp. 125-26.
- ⁶⁷ Le Monde, 5 sept., p. 1.
- ⁶⁸ La Presse, 17 sept., and 25 sept., p. 4.
- ⁶⁹ See, for example, the reaction of the unnamed lady noted in the Gazette, 18 August, p. 5, or that of the de Montigny family, in La Patrie, 23 sept., p. 4. A letter to the Herald, 1 Oct., p. 3, describes the considerable precautions taken by another middle-class family.

⁷⁰On Irish Montrealers and vaccination, see the comments of a parish priest in La Minerve, 3 sept., and the Star, 29 Sept., p. 2. Cf. Nicol, Smallpox and Its Prevention, p. 57, and the Witness, 12 Sept., p. 4.

⁷¹Nicol, Smallpox and Its Prevention, p. 57. The Herald, 15 Oct., pp. 4-5, made a similar observation about these streets and Viger Square as well.

⁷²Herald, 6 August, p. 8. The most conspicuous example was that of a Lieutenant-Colonel Hughes who was taken to court for destroying placards despite warnings from both the Medical Officer of Health and the city Recorder. La Presse, 5 sept.

⁷³Examples are noted in Le Monde, 27 oct., p. 4, and 2 nov., p. 2, and L'Etendard, 18 sept., p. 4.

⁷⁴One of the earliest smallpox fatalities in 1885 was an Anglican clergyman who had "refused point blank to go to the hospital." Gazette, 21 August, p. 5.

⁷⁵Gazette, 21 Oct., p. 5.

⁷⁶In one instance, a manufacturer's wife tried to bribe a health official in order to obtain vaccination certificates for her unvaccinated children. La Patrie, 10 oct., p. 4. Cf. a report in the Star, 9 Oct., p. 4.

⁷⁷One citizen wrote a newspaper to recommend that the placards be smaller, and posted inside porches whenever possible, so as not to "avert[ir] inutilement tout le public que cette maison contient un pestiféré." L'Etendard, 30 oct., p. 3.

⁷⁸Gazette, 30 Sept., p. 2. Some residences were perhaps simply allowed to remain unplacarded. Le Monde, 9 oct., p. 4.

⁷⁹Gazette, 21 August, p. 5. See also Herald, 26 Sept., p. 8.

⁸⁰Star, 16 Oct., p. 4.

⁸¹For example, a city official travelling to Ottawa by train refused to be vaccinated en route, but only because of doubts about the vaccinator and because he had just been preceded by some "filthy lumbermen." Gazette, 1 Oct., p. 3, and 13 Oct., p. 2. Similarly, an 'English

81. (cont'd). lady' refused vaccination at a train station before leaving Montreal but was willing to go home and be vaccinated by her own doctor. La Presse, 1er oct.

82 Some examples: Gazette, 22 August, p. 7; La Presse, 5 oct.; La Patrie, 1er juin, p. 4, and 4 sept., p. 4. In the latter two cases, the crowds reportedly contained as many as two hundred people.

83 See for instance: Star, 15 August, p. 4, and 16 Sept., p. 4; La Patrie, 2 oct., p. 4; La Minerve, 27 oct.; L'Etendard, 7 nov., p. 4.

84 La Presse, 24 oct.

85 "Variole et Solement," UMC, vol. 9, no. 2 (fév., 1880), pp. 91-93.

86 Le Monde, 6 juillet.

87 La Presse, 24 sept., p. 2.

88 Star, 22 Sept., p. 3.

89 See, for example: Gazette, 18 August, p. 5, and 17 Sept., p. 5; Herald, 3 Oct., p. 8.

90 For example, see: Star, 13 August, p. 4; Gazette, 21 August, p. 5, and 25 Sept., p. 5.

91 Gazette, 3 August, p. 8.

92 Witness, 12 Sept., p. 8.

93 Undertakers, carters and hackdrivers were frequently admonished by health officials for permitting or assisting such funeral escorts. See, for instance: La Minerve, 28 sept., and La Presse, 1er déc. At least one instance was reported of people catching smallpox after attending a funeral. La Minerve, 21 sept.

94 La Presse, 28 sept. La Patrie, 24 oct., p. 4, recounts a similar story about a family which was afflicted with smallpox but nevertheless had a child baptized at church, followed by festivities at home.

⁹⁵ The situation is described in general terms in "Variole et isolement," pp. 91-93. Specific examples of individuals whom smallpox did not stop from working in 1885 are legion. To cite only a few, see: Herald, 29 Sept., p. 8 (a policeman); ibid., 7 Oct., p. 7 (a laundress); ibid., 17 Nov., p. 5 (a butcher); Star, 29 Sept., p. 4 (a dressmaker); ibid., 28 Oct., p. 4 (a blacksmith); ibid., 3 Oct., p. 4 (a saloonkeeper and a milkman); La Patrie, 12 oct., p. 4 (a carter); ibid., 26 oct., p. 4 (a streetcar conductor); Gazette, 21 August, p. 5 (a female factory worker).

⁹⁶ Gazette, 10 Sept., p. 2. It seems that grocery shops were the worst offenders. For some specific examples, see: Gazette, 3 August, p. 8; La Patrie, 23 sept., p. 4; Le Monde, 3 oct., p. 8, and 21 oct., p. 4.

⁹⁷ See, for example: La Semaine Religieuse de Montréal, vol. 6 (25 oct., 1885), pp. 324-25; Star, 19 August, p. 4; La Minerve, 29 oct.

⁹⁸ Gazette, 15 Sept., p. 2. Cf. L'Etendard, 19 oct., p. 2.

⁹⁹ See, for example: Witness, 28 August, p. 8, and Gazette, 5 Oct., p. 5.

¹⁰⁰ Le Monde, 19 oct., p. 2.

¹⁰¹ Some examples: La Minerve, 4 sept., and 15 sept.; La Presse, 17 oct., and 22 oct.; La Patrie, 22 oct., p. 4; Le Monde, 13 nov., p. 4.

¹⁰² La Presse, 12 oct., and 14 oct. See also La Patrie, 7 nov., p. 4.

¹⁰³ La Presse, 16 oct.

¹⁰⁴ La Minerve, 12 oct.

¹⁰⁵ Phrase used by Le Monde, 16 oct., p. 2.

¹⁰⁶ Star, 22 Oct., p. 4.

¹⁰⁷ Le Monde, 16 oct., p. 4.

¹⁰⁸ La Presse, 3 nov.

- 1109 Examples: Le Monde, 16 sept., p. 2; La Minerve, 25 sept.
- 1110 La Presse, 3 nov.
- 1111 L'Etendard, 22 sept., p. 2.
- 1112 Witness, 28 Sept., p. 8.
- 1113 Star, 28 Sept., p. 8.
- 1114 Star, 12 Oct., p. 3; Le Monde, 12 oct., pp. 1, 2.
- 1115 La Presse, 10 oct.
- 1116 Witness, 18 August, p. 5.
- 1117 Gazette, 15 August, p. 3.
- 1118 La Patrie, 1er août, p. 4; Star, 17 August, p. 4. The neighbours of an afflicted family in one tenement were advised by Gray to vacate the building. Where, he was asked, were such poor people, with only six or seven dollars a week on which to live, to get the means to move and who would take them in, knowing why they were moving? Herald, 25 Sept., p. 8.
- 1119 Star, 20 August, p. 4.
- 1120 Ibid., 24 August, p. 4.
- 1121 Gazette, 9 Sept., p. 5. Other examples of benefit funds can be found in: La Presse, 16 sept.; Gazette, 28 Sept., p. 5; Star, 12 Oct., p. 4.
- 1122 Star, 22 Sept., p. 3.
- 1123 Some parents, in fact, believed that their children were sure to die if taken to the smallpox hospital. See, for instance: the Gazette, 6 Nov., p. 5.
- 1124 Montreal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 42.

¹²⁵ La Presse, 7 nov., p. 2.

¹²⁶ Gazette, 22 August, p. 5; Star, 12 Oct., p. 4. The Health Department's disinfection procedure is described in Montreal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 36-38.

¹²⁷ Witness, 26 June, p. 8. In fact, possessions of the poor were sometimes destroyed during disinfection. Gazette, 19 Nov., p. 5.

¹²⁸ La Presse, 26 juin.

¹²⁹ Le Monde, 14 août, p. 4.

¹³⁰ Gazette, 19 August, p. 5.

¹³¹ For examples of people who lost customers because of smallpox, see: La Patrie, 19 juin, p. 4, and 1er août, p. 4; Gazette, 20 August, p. 5, and 27 August, p. 5. A probably typical attempt to hide smallpox, rather than suffer lost business, is noted in the Herald, 10 Nov., p. 8.

¹³² Star, 23 Sept., p. 5.

¹³³ Ibid. For a few workers, there was a rare, third option: vaccination provided by a workingman's association. Members of the local typographical union, for example, agreed to undergo vaccination by the union's hired doctor. Gazette, 7 Oct., p. 2. Such agreements were the only discernable exceptions in 1885 to the general disinclination of lower-class Montréalais to be vaccinated.

¹³⁴ Star, 22 Sept., p. 3.

¹³⁵ Witness, 12 Sept., p. 4.

¹³⁶ Dr. George Grenier, Quelques considerations sur les Causes de la Mortalité des Enfants (Montréal, 1871), p. 26. Cf. Lachapelle, La Santé pour tous, pp. 249-50:

Il est une croyance erronnée bien grave
parmi nous, qui est d'autant plus répandue
et enracinée dans nos familles, qu'elle est
partagée par beaucoup de médecins. On
croit qu'il est absolument inutile de soigner
les maladies des enfants. . . .

136. (cont'd).

Les enfants sont malades, et on les laisse mourir sans opposer aucune résistance ni à la maladie ni à la mort!

137 Witness, 18 August, p. 5.

138 Star, 29 August, p. 6. Cf. C-H-P. Gauldrée-Boilleau's comment on rural French Canadian attitudes to infant mortality: "Dans les campagnes on se réjouit plutôt qu'on ne s'afflige de la mort d'un enfant de bas âge, parce que c'est 'un ange acquis au ciel'." Charles-Henri-Philippe Gauldrée-Boilleau, Paysan de Saint-Irénée de Charlevoix en 1861 et 1862, reprinted in Paysans et ouvriers québécois d'autrefois, P. Savard, intro. Les Cahiers de l'Institut d'histoire No. 11 (Québec, 1968), pp. 23-24.

139 Dr. George Grenier, Contagion de la Variole (Montréal, 1872), pp. 36-37.

140 "Variole et isolement," UMC, vol. 9, no. 2 (fév., 1880), pp. 91-93. The emphasis is the author's.

141 Ibid.

142 Le Monde, 6 juillet. Cf. an editorialist's comments in La Presse, 23 oct., p. 4.

143 Le Monde, 26 oct., p. 4.

144 "Editorial," UMC, vol. 1, no. 4 (avril, 1872), p. 146.

145 Gazette, 9 Nov., p. 2; Witness, 12 Sept., p. 4. Cf. a mother's comment that if her daughter recovered from smallpox, "she would get up from the disease 'purified' and in better health than ever before," from an American description of Montreal's smallpox district, reprinted in the Herald, 7 Oct., p. 7.

146 Gazette, 21 August, p. 5. See also ibid., 15 August, p. 3.

147 Star, 29 August, pp. 5, 6, and 12 Dec., p. 3. The American report carried by the Herald, 7 Oct., p. 7 also alludes to this practice. The deliberate exposure of children to contagious disease, and the often medically valid logic underlying it, has been noted elsewhere. (See for

147. (cont'd). example: Cartwright, Social History of Medicine, p. 80, and Smith, The People's Health, pp. 141-42.

¹⁴⁸ Gazette, 9 Nov., p. 2; La Presse, 17 déc.; Ontario, Sessional Papers, 1886, No. 74 (Fourth Annual Report of the Provincial Board of Health for 1885), p. 4.

¹⁴⁹ Kenneth B. Roberts, Smallpox: An Historic Disease (St. John's, 1979), pp. 12-13; Dixon, Smallpox, p. 216. Innoculation entails the transfer of actual smallpox matter from someone with a mild case of the disease.

¹⁵⁰ Roberts, Smallpox, pp. 21-22; Barbara R. Tunis, "Public Vaccination in Lower Canada, 1815-1823: Controversy and a Dilemma," Historical Reflections/Réflexions historiques, vol. 9, nos. 1 & 2 (spring & summer, 1982), p. 266.

¹⁵¹ F. B. Smith suggests that English working class people preferred traditional practices to vaccination partly because they rejected just such outside interference. Smith, The People's Health, p. 158.

CHAPTER FOUR

¹Le Monde, 8 sept., p. 2.

²La Presse, 16 mai, p. 8.

³La Minerve, 31 juillet.

⁴Gazette, 16 July, p. 4.

⁵Ibid

⁶Gazette, 13 June, p. 4.

⁷La Presse, 30 juillet.

⁸Le Monde, 25 août, p. 4; Gazette, 3 Sept., p. 5; La Minerve, 3 sept.

⁹See for example: La Patrie, 13 juillet, p. 4; La Presse, 17 juillet; La Minerve, 31 juillet.

¹⁰Star, 31 Oct., p. 6.

¹¹Regarding the dividend, see the Herald, 2 Dec., p. 8. The lay-off is noted in the Gazette, 2 Sept., p. 5.

¹²Herald, 25 August, p. 8. In St-Lambert, on the south shore of the St-Lawrence, opposite Montreal, American visitors were reportedly so afraid of catching smallpox from across the river that they wore camphre-soaked cloths around their necks. La Patrie, 3 sept., p. 4.

¹³La Presse, 19 sept. The company's dividend also suffered accordingly. La Minerve, 26 janvier, 1886, p. 1.

¹⁴These measures followed two emergency visits to Montreal by Ontario health officials, and a meeting there with health officials from nearby American states and representatives of the major transportation companies. The sequence of events is set out in P. H. Bryce,

14. (continued) "Small-Pox in Canada, and the Methods of Dealing with it in the Different Provinces," American Public Health Association, Public Health: Reports and Papers of the American Public Health Association, vol. 11 (1885), pp. 171-75. Regarding the meeting, see also La Presse, 4 sept., and 8 sept. More details about the Ontario Board of Health's activities may be found in the Board's annual report for 1885. Ontario, Sessional Papers, 1886, No. 74.

¹⁵ La Presse, 17 sept. See also, La Presse, 2 oct.

¹⁶ La Presse, 15 oct. The American authorities even ordered the disinfection of all mail coming from Canada. La Presse, 11 sept.

¹⁷ La Presse, 8 oct. and 19 oct.

¹⁸ Gazette, 29 August, p. 2.

¹⁹ La Patrie, 24 août, p. 4.

²⁰ See for example, the Star, 24 August, p. 2 and 4 Sept., p. 4.

²¹ Gazette, 10 Sept., p. 2. The local rag trade, the most suspect germ-carrier of all, was halted completely by health officials. Gazette, 9 Sept., p. 5 and 10 Sept., p. 2.

²² Star, 27 August, p. 4.

²³ L'Etendard, 14 sept., p. 1.

²⁴ Star, 2 Sept., p. 4; L'Etendard, 21 sept., p. 1.

²⁵ Le Monde, 26 sept., p. 1.

²⁶ L'Etendard, 12 oct., p. 1. Throughout September and October, business columns in the Montreal press continually noted the stagnation of the local clothing industry.

²⁷ Regarding the World's threat, see the Star, 24 August, p. 4. Details of Ontario's inspection system, which eventually involved a team of inspectors visiting factories and warehouses in Montreal, can be found in the Gazette, 10 Sept., p. 2; Star, 5 Dec., p. 3; and Bryce, "Small-Pox in Canada," pp. 172-76.

²⁸Le Monde, 8 sept., p. 2.

²⁹Witness, 14 Sept., p. 8. Even some Montreal merchants began avoiding their own city's products. One went so far as to advertise that all of his goods had been made in Hamilton, Ontario, "od il n'y a pas un seul ças de picotte." Le Monde, 5 sept., p. 4.

³⁰See, for example: Star, 1 Sept., p. 2; Le Monde, 8 sept., p. 2; Gazette, 8 Sept., p. 4. Cf., La Presse, 26 sept. and 21 oct.

³¹For instance, Le Monde, 18 déc., p. 2, and Star, 21 Nov., p. 4. The Journal of Commerce consistently maintained that the business losses were relatively limited.

³²Witness, 26 August, p. 5. It was probably with this in mind that one worried citizen wrote to a newspaper to complain about servants being allowed to go wherever they wished in their free time. Witness, 8 Sept., p. 4.

³³Linton employed a largely French Canadian workforce from the east end of the city. Star, 18 August, p. 4.

³⁴Herald, 19 August, p. 4. Letters to the English-language papers conveyed the same mounting anxiety about the smallpox epidemic. See, for example, those of one Wm. W. Robertson, whose maid had caught smallpox and who now frantically denounced city officials for their inaction against the disease. Witness, 15 August, p. 4, and 17 August, p. 5.

³⁵Star, 15 August, p. 2.

³⁶Witness, 18 August, p. 5.

³⁷Star, 19 August, p. 2. Nevertheless, enough smallpox news had previously escaped Montreal that the city was at least briefly threatened with the loss of its Maritimes markets in the mid-1870s. That threat had produced business pressure on the City Council to increase its public health activities, and may thus have been instrumental in setting in motion William Hingston's reform campaign. If so, the entire episode could be considered a precursor on a smaller scale of the events of late summer, 1885. "Mesures sanitaires," UMC, v. 4, no. 2 (fév., 1875), pp. 90-92.

³⁸Star, 18 August, p. 2 and 1 Sept., p. 2.

³⁹ See, for example, the Star, 26 August, p. 2; and Gazette, 1 Sept., p. 4. The same demands appeared almost every day in letters to the newspapers from worried readers.

⁴⁰ Gazette, 19 August, p. 5.

⁴¹ Le Monde, 17 sept., p. 4.

⁴² Ibid., 23 sept., p. 1.

⁴³ L'Etendard, 21 oct., p. 4; Canadian Journal of Commerce (Montreal), vol. 21, no. 20 (Nov. 13, 1885), p. 1001.

⁴⁴ "The Small-Pox Scare," Journal of Commerce, vol. 21, no. 9 (August 28, 1885), pp. 386-87.

⁴⁵ For the Board's reply to one complaint, see Montreal Board of Trade, Letter Book (22 March 1883-16 March 1887) (PAC, MG 28, III 44, Reel M-2796), pp. 462-63.

⁴⁶ Some of the earliest employers to take precautions against smallpox are noted in the Star, 18 August, p. 4 and 19 August, pp. 1 and 4. One employer, clothier Hollis Shorey, had had his workers vaccinated during the smallpox epidemic of the 1870s too. Star, 5 Sept., p. 6.

⁴⁷ Star, 17 August, p. 4.

⁴⁸ Ibid., 19 August, p. 1; Gazette, 19 August, p. 5.

⁴⁹ Star, 20 August, p. 4; Gazette, 21 August, p. 5 and 22 August, p. 5.

⁵⁰ Gazette, 22 August, p. 5 and 10 Sept., p. 2.

⁵¹ La Presse, 4 sept.

⁵² Star, 3 Sept., p. 4. The owner of a related firm, the Hochelega Steelworks, closed down his factory until every employee agreed to have himself and his family vaccinated. Star, 22 Sept., p. 2.

⁵³ Star, 2 Oct., p. 4.

⁵⁴Le Monde, 6 oct., p. 3 and 9 oct., p. 4.

⁵⁵Star, 20 Oct., p. 4; Gazette, 20 Oct., p. 2.

⁵⁶Star, 9 Oct., p. 4.

⁵⁷Star, 30 Sept., p. 4 and 1 Oct., p. 4; Gazette, 2 Oct., p. 5.

⁵⁸The former was the case with the footwear manufacturers. Star, 19 August, p. 1. The latter approach was taken by the 'paper trade' companies, despite the fact that health officers were already overworked and had no authority in the suburbs where so many workers lived. Gazette, 22 August, p. 5.

⁵⁹This was the case with the wholesale clothiers. Gazette, 22 August, p. 5.

⁶⁰Star, 19 August, p. 4. Regarding the organization of the clothing industry, see also the Gazette, 10 Sept., p. 2; Jean Hamelin and Yves Roby, Histoire économique du Québec: 1851-1896 (Montreal, 1971), pp. 270-71; and Bettina Bradbury, "The Family Economy and Work in an Industrializing City: Montreal in the 1870s," C.H.A., Historical Papers, 1979, pp. 87-88.

⁶¹Star, 19 August, p. 4. It seems that many city merchants began to reject outright any piece-work originating in St-Jean-Baptiste. Le Monde, 5 sept., p. 4.

⁶²Gazette, 10 Sept., p. 2. At least one clothier clearly thought that even these measures might not suffice to save his business. Fearing that the epidemic might last all winter, Hollis Shorey eventually opened a branch in Ottawa to produce goods for the Ontario market. Star, 30 Oct., p. 4; Herald, 31 Oct., p. 8 and 26 Nov., p. 8.

⁶³Gazette, 21 August, p. 5; La Minerve, 9 oct. and 15 oct., p. 3.

⁶⁴Gazette, 21 August, p. 5 and 22 August, p. 5. One employer suggested that workers might deliberately contract smallpox if they knew that they would be paid while off work. Ibid., 22 August, p. 5.

⁶⁵Ibid., 22 August, p. 5.

⁶⁶ Witness, 19 August, p. 8.

⁶⁷ La Patrie, 20 août, p. 4. Boivin knew that the possibility of a vaccination 'accident' frightened some of his workers. Herald, 18 Sept., p. 5.

⁶⁸ Bryce, "Small-Pox in Canada," p. 176. The shirt and collar makers devised a system of weekly health permits for their factory workers and hired three doctors in Montreal and one outside the city to inspect every worker's home. Star, 23 Sept., p. 3. Thanks in part to the stimulus provided by Ontario officials, eventually more than eighty companies with business in that province undertook such measures. Ontario, Sessional Papers, 1886, No. 74, p. 11.

⁶⁹ Vaccination of workers' families was one of the most important measures undertaken by the West End Manufacturers Association. Star, 30 Sept., p. 4.

⁷⁰ Star, 19 August, p. 4.

⁷¹ Ibid., 19 August, p. 1. Cf., Herald, 5 Oct., p. 4.

⁷² Star, 21 August, p. 2.

⁷³ Ibid., 29 Sept., p. 2. See also ibid. 16 Sept., p. 4 and 22 Sept., p. 2.

⁷⁴ Ibid., 3 Oct., p. 4.

⁷⁵ Ibid., 15 Oct., p. 3.

⁷⁶ See, for example the tobacco and cigar manufacturers' pact. Le Monde, 6 oct., p. 3.

⁷⁷ The most comprehensive lists of the employers requiring smallpox precautions are found in the Star, 10 Oct., p. 6 and the Gazette, 12 Oct., p. 2. The newspapers printed additional employers' names almost every day until November. Among the later groups of employers to join the movement were the St-Anne's Market butchers (Star, 17 Oct., p. 6), and a group of barbers and hairdressers (Star, 22 Oct., p. 4 and 27 Oct., p. 3).

⁷⁸ Star, 2 Oct., p. 4.

⁷⁹ Star, 19 August, p. 1; Gazette, 21 August, p. 5.

⁸⁰ Herald, 19 August, p. 4; Star, 22 August, p. 4 and 26 August, p. 2. The Star even offered to organize by itself the vaccination of the city's people, provided the City would authorize it to do so. Star, 31 August, p. 2.

⁸¹ Herald, 22 August, p. 1.

⁸² Star, 2 Sept., p. 4 and 4 Sept., p. 4.

⁸³ La Presse, 4 sept.

⁸⁴ Gazette, 5 Sept., p. 2.

⁸⁵ Star, 4 Sept., p. 4.

⁸⁶ La Presse, 5 sept. This account suggests that the Citizens' Committee initially consisted of about thirty men. At subsequent meetings of the Committee over the next two weeks, dozens more businessmen joined it so that the eventual total membership probably approached one hundred. A few Catholic clergymen were also invited to join. La Presse, 22 sept.

⁸⁷ La Presse, 14 sept.; Gazette, 15 Sept., p. 2.

⁸⁸ The four others added to the Health Committee were: printers Louis Perrault and G. E. Desbarats, architect Adolphe Levesque, and butcher William Masterman (later replaced by financial administrator Nolan Delisle). La Presse, 15 sept.; La Patrie, 16 sept.

⁸⁹ Herald, 28 August, p. 4. Cf., Star, 3 June, p. 3.

⁹⁰ JHP, vol. 1, no. 3 (15 juin, 1885), p. 28, and ibid., vol. 1, no. 5 (15 juillet, 1885), p. 52 (reproduced in Le Monde, 21 juillet).

⁹¹ See for example: Herald, 2 Sept., p. 4; Star, 29 August, p. 4 and 1 Sept., p. 2; Le Monde, 29 août, p. 4; La Minerve, 3 sept.

⁹² Star, 2 Sept., p. 4; Gazette, 2 Sept., p. 5 and 3 Sept., p. 5. The law, An Act respecting the preservation of the Public Health, Consolidated Statutes of Canada, 1859, chap. 38, actually dated from the cholera epidemic of 1849. It can be found reprinted in the Gazette, 9 Sept., p. 5.

⁹³ Except for two Quebec City physicians, all the Central Board members were from Montreal. La Presse, 5 sept. and 8 sept.

⁹⁴ Star, 15 Sept., p. 2.

⁹⁵ Ibid., 3 Sept., p. 2. See also ibid., 5 Sept., p. 4.

CHAPTER FIVE

¹Star, 7 Nov., p. 4.

²Descriptions of this incident can be found in Montreal newspaper issues for either 4 or 5 November. See especially La Presse, 4 nov.; Le Monde, 4 nov., p. 4; and the Star, 4 Nov., p. 4.

³Gazette, 21 August, p. 5; and La Presse, 21 août.

⁴Le Monde, 19 sept., p. 7.

⁵La Presse, 26 août.

⁶Ibid., 26 août and 5 oct.

⁷Ibid., 17 sept. and 25 sept. Eventually the health officials tried to restrict the handling of smallpox funerals to a few designated undertakers with specially painted and numbered hearses. Ibid., 15 oct.; La Patrie, 13 nov., p. 4.

⁸Le Monde, 7 nov., p. 4.

⁹Star, 20 Oct., p. 4.

¹⁰Church officials opposed any such postponement. See for instance, the comments of abbé Sentenne in the Star, 1 Oct., p. 3.

¹¹Gazette, 21 Oct., p. 5; Herald, 21 Oct., p. 8. For opinion against closing the churches, see: Star, 22 Oct., p. 3 and 27 Oct., p. 3; Witness, 21 Oct., p. 4; Le Monde, 22 oct., p. 4 and 26 oct., p. 4; L'Etendard, 26 oct., p. 2.

¹²Herald, 21 Oct., p. 6.

¹³La Presse, 24 oct.

¹⁴Star, 27 Oct., p. 3.

¹⁵La Minerve, 29 oct.

¹⁶ Health officials thus decided against closing theatres and the Mount Royal incline railway. Star, 22 Sept., p. 4 and 23 Sept., p. 4.

¹⁷ La Presse, 6 oct.

¹⁸ Star, 17 Sept., p. 4 and 24 Sept., p. 4; Montreal, Board of Health, Minutes, Vol. 3 (12 Sept., 1884 - 31 Oct., 1885), p. 194.

¹⁹ Star, 18 Sept., p. 4. For details of the nuns' activities, see La Patrie, 23 sept., p. 4; Gazette, 19 Sept., p. 2, 23 Sept., p. 5, and 26 Sept., p. 2.

²⁰ La Presse, 17 sept.

²¹ Gazette, 7 Oct., p. 2. After the Central Board's regulations were proclaimed by the Lieutenant-Governor in Council and published in the provincial Official Gazette, they were usually reprinted in the Montreal press. The most comprehensive newspaper summaries of the regulations are found in the Star, 9 Nov., p. 4, and La Presse, 28 nov.

²² La Patrie, 14 sept., p. 4.

²³ La Presse, 22 sept. and 7 oct.

²⁴ Gazette, 8 Oct., p. 2 and 22 Oct., p. 5.

²⁵ La Presse, 29 oct.; Star, 30 Oct., p. 3; Montréal, Rapport sur l'Etat Sanitaire de la Cité de Montréal pour l'année 1885 (Montréal, 1886), p. 50.

²⁶ Star, 2 Nov., p. 4; La Presse, 30 oct.

²⁷ Montreal, Board of Health, Minutes, Vol. 3 (12 Sept., 1884 - 31 Oct., 1885), p. 194.

²⁸ For examples of this view, see: La Patrie, 25 juin, p. 4; La Presse, 2 sept.; Star, 7 Sept., p. 2.

²⁹ La Presse, 19 août; Star, 9 Sept., p. 4. Even families with as many as ten members received only two dollars a week from the fund. Witness, 19 Aug., p. 8.

³⁰ La Presse, 16 sept.

³¹ The initial distribution of relief by the Citizens quickly floundered, it seems, because of the fear and reluctance of the businessmen to deal directly with sick families. Le Monde, 6 oct., p. 1.

³² For details of the relief operation, see: Le Monde, 17 sept., p. 4 and 21 sept., p. 1; Gazette, 21 Sept., p. 2; La Patrie, 27 oct., p. 4.

³³ La Patrie, 3 oct., p. 4.

³⁴ Star, 17 Oct., p. 3. Sick families had also been expected to stay at home in order to receive parishional charity, before the advent of the civic relief operation. La Minerve, 8 sept.; Star, 22 Sept., p. 3.

³⁵ Star, 24 Sept., p. 4.

³⁶ Gazette, 14 Nov., p. 5.

³⁷ Star, 21 Jan., 1886, p. 2; Gazette, 25 Nov., p. 2. The total relief expenditure for the epidemic reached at least \$11,500. La Presse, 14 and 15 janv., 1886.

³⁸ On the problem of smallpox in the regular courts, see La Patrie, 6 août, p. 4; Le Monde, 2 sept., p. 4. The leniency shown some offenders had provoked mounting newspaper complaints, as in the Star, 27 Aug., p. 2 and 31 Aug., p. 2, but delays in handling smallpox infractions were a more important problem. Star, 15 Sept., p. 4 and 19 Sept., p. 4.

³⁹ L'Etendard, 29 oct., p. 2. The court was established in September but remained inactive until a legal challenge to its existence was quashed. La Patrie, 14 oct., p. 4, 15 oct., p. 4, and 16 oct., p. 4.

⁴⁰ Cases and sentences in the Sanitary Court were routinely reported in the press. The maximum possible penalty was a twenty dollar fine or fourteen days in jail.

⁴¹ Witness, 24 Sept., p. 3; Gazette, 1 Oct., p. 5. For some examples of the vigilance activity, see the Star, 6 Oct., p. 4; Herald, 14 Oct., p. 6.

⁴² La Presse, 5 nov. See also, "Une épisode égayante," Le Monde, 5 nov., p. 4, which describes one housewife's use of reverse psychology to prevent a health officer from finding her sick child.

⁴³ The cure of St. Joseph's assumed that many smallpox cases also successfully escaped detection by the nuns in his parish. Star, 22 Sept., p. 3.

⁴⁴ La Presse, 30 sept; Star, 30 Sept., p. 2.

⁴⁵ Star, 2 Oct., p. 2. On the two doctors' trials, see the Gazette, 21 Nov., p. 5, 25 Nov., p. 5, 26 Nov., p. 5, and the Star, 24 Nov., p. 4.

⁴⁶ Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 50.

⁴⁷ Le Monde, 4 sept., p. 4; Star, 2 Oct., p. 2.

⁴⁸ La Minerve, 14 sept.

⁴⁹ See, for example, the daily Health Department statistics in La Presse, 13 oct. On one day, November 5, only 305 of more than 600 infected houses bore placards. La Patrie, 6 nov., p. 4.

⁵⁰ Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 66-67.

⁵¹ Star, 22 Sept., p. 3.

⁵² For example: L'Etendard, 6 oct., p. 4; La Presse, 28 sept.; Herald, 29 Sept., p. 8 and 30 Sept., p. 5.

⁵³ Examples: La Patrie, 12 oct., p. 4; Le Monde, 6 août, p. 4.

⁵⁴ Gazette, 20 Oct., p. 2.

⁵⁵ Le Monde, 2 oct., p. 4. An equally violent demonstration of opposition to the placards occurred during the anti-vaccination riot of September 28. In fact, it was a typical confrontation over placarding that touched off the start of the riot. See Chapter 6, pp. 131-32.

⁵⁶ La Presse, 9 nov.; Le Monde, 9 nov., p. 4. On another attack on an isolation guard, see La Presse, 29 oct.

⁵⁷ On workers' wages in this time period, see Jean de Bonville, Jean-Baptiste Gagnepetit: les travailleurs montréalais à la fin du XIXe siècle (Montréal, 1975), pp. 85-89, and Jacques Bernier, "La condition des travailleurs, 1851-1896," in Les Travailleurs québécois 1851-1896, J. Hamelin, dir. (Montréal, 1973), pp. 36-41. Considering that many working-class families would have more than one wage-earner idled by a home quarantine, the civic relief must have seemed very little indeed. Some contemporary observers sympathized with their plight and questioned the adequacy of the relief money. JMP, vol. 2, no. 10 (1er oct., 1885), p. 112 (reprinted in Le Monde, 9 oct.); Witness, 7 Nov., p. 4. Others were concerned only about possible abuse of the public purse. One Health Committee alderman even suspected people of deliberately exposing their families to smallpox simply to get the City's money. Gazette, 19 Nov., p. 5.

⁵⁸ La Patrie, 24 oct., p. 4.

⁵⁹ Gazette, 10 Sept., p. 2.

⁶⁰ La Presse, 17 sept.

⁶¹ The most notable forced hospitalization thus far seems to have been the result of pressure from businessmen in the vicinity of the smallpox case. Le Monde, 17 sept., p. 4.

⁶² Le Monde, 15 sept., p. 4; La Patrie, 22 sept., p. 4.

⁶³ La Patrie, 25 sept., p. 4 and 6 oct., p. 4; Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 51.

⁶⁴ Herald, 30 Oct., p. 8; Star, 31 Oct., p. 6. Mounting complaints about the hospital, a series of extremely sensationalistic newspaper articles (Herald, 8 Oct., p. 5; Witness, 27 Oct. to 5 Nov., also reprinted in the Herald), and finally medical condemnation (La Patrie, 30 oct., p. 4) eventually brought about its closure. La Patrie, 7 déc., p. 4.

⁶⁵ Star, 8 Sept., p. 2; Le Monde, 30 sept., p. 1.

⁶⁶ Gazette, 16 Sept., p. 5.

⁶⁷ Le Monde, 22 sept., p. 4 and 24 sept., p. 4; La Presse, 25 sept.

⁶⁸ La Presse, 24 sept.

⁶⁹ Ibid., 17 sept.

⁷⁰ Le Monde, 28 sept., p. 4; Gazette, 29 Sept., p. 2.

⁷¹ La Patrie, 21 sept., p. 4; Star, 19 Sept., p. 2.

⁷² Gazette, 4 Sept., p. 2.

⁷³ Ibid., 29 Sept., p. 2.

⁷⁴ Le Monde, 28 sept., p. 4.

⁷⁵ Herald, 29 Sept., p. 8; Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 28-29.

⁷⁶ Le Monde, 3 oct., p. 8.

⁷⁷ La Presse, 10 oct.

⁷⁸ Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 52. For descriptions of the new facility, see La Presse, 10 oct.; Star, 12 Oct., p. 1. Its name was carefully chosen "so as not to cause any feeling of repugnance outside the city to future exhibitions." Star, 30 Sept., p. 4.

⁷⁹Star, 8 Oct., p. 2; Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 42, 64-65.

⁸⁰La Presse, 16 oct.

⁸¹See, for example: Le Monde, 24 oct.; La Presse, 13 oct., 27 oct., 3 nov.; and the comments of Jules Helbronner, ibid., 7 nov. The newspapers had previously questioned hospitalization because of the possible separation of children from their mothers and homes. See, for instance, La Presse, 26 sept.

⁸²La Presse, 26 oct.

⁸³Ibid., 30 oct.

⁸⁴Star, 28 Oct., p. 3.

⁸⁵Removals of patients are described in the Star, 24 Oct., p. 6 and 26 Oct., p. 4; and the Witness, 23 Oct., p. 8, 24 Oct., p. 8, and 27 Oct., p. 8.

⁸⁶Star, 13 Nov., p. 4; La Presse, 12 nov.; Le Monde, 12 nov., p. 4.

⁸⁷Star, 14 Nov., p. 6.

⁸⁸Gazette, 20 Nov., p. 2; Herald, 20 Nov., p. 5.

⁸⁹La Presse, 23 déc.; Le Monde, 23 déc., p. 4. Other violent incidents related to hospitalization are reported in Le Monde, 5 nov., p. 4; Star, 11 Dec., p. 4; ibid., 21 Jan., 1886, p. 1; La Patrie, 22 janv., 1886, p. 4.

⁹⁰Le Monde, 7 nov., p. 8.

⁹¹See, for instance, complaints in Le Monde, 26 oct., p. 4; 27 oct., p. 2; and 9 nov., p. 4; La Presse, 27 oct., 30 oct., and 4 nov.

⁹²La Presse, 3 nov. See also, ibid., 30 nov., and 22 déc.; Le Monde, 27 janv., 1886, p. 4.

⁹³ Le Monde, 7 nov., p. 8. Cf., L'Etendard, 14 oct., p. 4.

⁹⁴ La Presse, 13 oct. and 3 nov.; La Patrie, 4 nov., p. 4.

⁹⁵ La Presse, 6 nov.

⁹⁶ Ibid., 5 nov. and 10 nov.

⁹⁷ Le Monde, 4 nov., p. 2.

⁹⁸ Ibid., 7 nov., pp. 2, 8, and 11 nov., p. 4; La Presse, 12

nov.

⁹⁹ Le Monde, 5 nov., p. 4.

¹⁰⁰ La Presse, 7 nov.

¹⁰¹ See, for example, La Minerve, 7 nov. and 9 nov.

¹⁰² See editorials in Le Monde, 6 nov., p. 2; 7 nov., p. 2; 9 nov., p. 2; 10 nov., p. 2; 11 nov., p. 4; 12 nov., pp. 2, 3; and 16 nov., p. 2.

¹⁰³ Ibid., 17 nov., p. 2.

¹⁰⁴ Ibid., 7 nov., p. 2.

¹⁰⁵ Ibid. The fact that some middle-class Montrealers did not always comply with civic smallpox regulations naturally lent credence to accusations of favouritism towards the rich. Moreover, the health officials were well aware of this. Some, referring to un-cooperative middle-class families, complained that "there should not be two laws, one for the rich and one for the poor." Gazette, 21 Oct., p. 5. Indeed, the chairman of the Health Committee had cited the City's treatment of the Hincks family, particularly the small, hasty funeral allowed it, as proof against "the ignorant notion that it [was] only the poor the department harries." Gazette, 20 Aug., p. 5.

¹⁰⁶ La Presse, 10 nov.; Herald, 10 Nov., p. 8; in particular Jeannotte attacked the regulation making people responsible for maintaining placards on their dwellings: "Et qui donc me paye, moi

106. (continued) pauvre ouvrier, pauvre journalier, pour perdre mon temps à courir au bureau de santé? pour venir avertir jusqu'à deux ou trois fois qu'on a arraché le placard?" Le Monde, 10 nov., p. 4.

107 Herald, 6 Mar., p. 7; Le Monde, 15 juin, p. 2. As chairman of the civic Police Committee, Jeannotte had previously clashed with Beaugrand over the degree of assistance the police were to offer sanitary policemen. La Patrie, 29 sept., p. 4; La Minerve, 29 sept., p. 1.

108 See, for example: Le Monde, 23 oct., p. 2; 24 oct., p. 8; and 27 oct., p. 2.

109 La Presse, 1er déc. In retaliation, some Liberals tried to turn the smallpox issue back against their adversaries. Beaugrand's paper, La Patrie, likened the opponents of civic smallpox measures to the executioners of Riel. La Patrie, 11 nov., p. 1.

110 The volatile but ultimately peaceful scenes described by newspapers in late October seem to have been much more typical of the hospital removals than the later episodes of violence. See, for example, the Witness, 23 Oct., p. 8; 24 Oct., p. 8; 27 Oct., p. 8; and the comments of the Star, 26 Oct., p. 4; and Le Monde, 26 oct., p. 4.

111 Le Monde, 28 oct., p. 4. In the easternmost ward, Hochelega, the City had by then successfully hospitalized the sick members of all but six of the thirty-one families with smallpox. Ibid., 2 nov., p. 3.

112 Herald, 27 Oct., p. 8.

113 Star, 17 Nov., p. 4. Even so, the daily Health Department statistics printed in La Presse, suggest that there was seldom more than one refusal of hospitalization on most days.

114 Most offenders were allowed a chance to comply with the health regulations and most seem to have done so. Of the more than \$900 in fines imposed by the Court by the year's end, only a third was collected. Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 66-67.

115 Le Monde, 7 déc., p. 4.

¹¹⁶Star, 20 Nov., p. 3.

¹¹⁷Ibid., 28 Nov., p. 6.

¹¹⁸Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 50. From mid-October to the year's end, the hospitalization campaign removed smallpox victims from 219 households in all. Ibid. Following each removal (or the death or recovery of patients left at home) dwellings were routinely fumigated. Poor families temporarily displaced by the disinfection process could stay in special shelters provided by the Health Department. If the City encountered any resistance, it seems nevertheless, that it succeeded in disinfecting all the infected houses known to it. Ibid.

¹¹⁹Le Monde, 18 sept., p. 4. Boards of health were not established in most of the suburbs until the last week of September. Ibid., 25 sept., p. 4; La Presse, 25 sept.

¹²⁰Le Monde, 5 sept., p. 4.

¹²¹La Presse, 30 sept.; Le Monde, 15 oct., p. 4.

¹²²Star, 7 Oct., pp. 2, 4; La Presse, 7 oct.; Le Monde, 7 oct., p. 4 and 8 oct., p. 2.

¹²³Le Monde, 1er oct., p. 2; 13 oct., p. 4; Star, 12 Oct., p. 4; 14 Oct., p. 4; Le Monde, 19 oct., p. 3.

¹²⁴Gazette, 17 Dec., p. 5. The Star commented sarcastically that the suburb needed a new board, "composed of men who [had] made their pile and [would] not shrink from placarding a home or isolating a patient from fear of losing the sale of a box of biscuits or a pound of raisins." Star, 17 Dec., p. 2.

¹²⁵Gazette, 10 Dec., p. 5; 16 Dec., p. 3; 17 Dec., p. 5; Star, 28 Dec., p. 2.

¹²⁶See for example: Star, 18 Sept., p. 2; Le Monde, 19 sept., p. 7; 14 oct., p. 1; and 30 oct., p. 4.

¹²⁷Le Monde, 22 sept., p. 4.

¹²⁸ La Patrie, 25 sept., p. 5. The streetcar service was not allowed to resume until the new year. Ibid., 5 janv., 1886, p. 4.

¹²⁹ Gazette, 25 Nov., p. 5; Star, 24 Nov., p. 3 and 28 Nov., p. 6.

¹³⁰ Star, 18 Nov., p. 4.

¹³¹ Le Monde, 29 sept., p. 4; La Presse, 7 oct.; Le Monde, 23 oct., p. 2.

¹³² Le Monde, 23 déc., p. 4.

¹³³ La Patrie, 2 déc., p. 4; Star, 1 Dec., p. 4 and 15 Dec., p. 4.

¹³⁴ La Presse, 31 déc.; Star, 31 Dec., p. 4; Witness, 31 Dec., p. 6.

¹³⁵ La Presse, 4 janv., 1886; La Patrie, 4 janv., 1886, p. 4. As an additional encouragement to cooperate, the Central Board also summoned Ste-Cunégonde's board of health and medical officer of health before the Sanitary Court. Le Monde, 30 déc., p. 4 and 31 déc., p. 1. Two other suburbs, St-Louis du Mile-End and Côte St-Louis, seem to have been almost as inactive against smallpox as Ste-Cunégonde. Gazette, 2 Dec., p. 3 and 29 Dec., p. 5. The Board dealt with them less severely however, probably because by then the disease had largely disappeared from the area north of Montreal. Star, 6 Jan., 1886, p. 1.

CHAPTER SIX

¹ Le Monde, 29 sept., p. 1.

² Accounts of the riot can be found in the September 29 issues of Montreal's newspapers. In particular, see La Presse, 29 sept., and the Star, 29 Sept., pp. 2, 4. One target of the rioters, the public vaccinator, may have incurred their wrath because of rumours that he supported compulsory vaccination and had personally tried to force the precaution upon people. La Patrie, 1er oct., p. 4.

³ Gazette, 24 August, p. 5; La Patrie, 14 sept., p. 4.

⁴ Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 31. One doctor reported vaccinating sixty people at his office in a single day. Le Monde, 22 août, p. 8.

⁵ Gazette, 22 August, p. 5; Star, 1 Oct., p. 2.

⁶ La Presse, 25 sept.

⁷ Star, 1 Sept., p. 2.

⁸ La Patrie, 14 sept., p. 4.

⁹ Available in both English and French versions, this was a revised edition of William Hingston's 1876 booklet, Remarks on Vaccination. Star, 26 Sept., p. 6.

¹⁰ La Presse, 4 sept.

¹¹ Journal of Commerce, vol. 21, no. 9 (28 August, 1885), pp. 386-87.

¹² Star, 23 Sept., p. 3. Even the doctors, they noted, were still not unanimous about vaccination. Rather than refer to the practice directly, a pastoral letter from Archbishop Fabre merely counselled people to follow the advice of medical science. La Presse, 7 sept.

¹³ Le Monde, 26 oct., p. 4; La Presse, 9 nov.

¹⁴ Star, 7 Oct., p. 4 and 9 Oct., p. 4.

¹⁵ One public vaccinator managed in three hours to vaccinate only three children in east end Montreal. Gazette, 12 Sept., p. 5. Another could vaccinate only four adults in nine hours of work. Ibid., 15 Sept., p. 2.

¹⁶ Star, 23 Sept., p. 3.

¹⁷ Ibid.

¹⁸ Gazette, 23 Sept., p. 5 and 25 Sept., p. 5.

¹⁹ Star, 21 August, p. 2.

²⁰ Herald, 22 Sept., p. 4. Herald's emphasis.

²¹ Montreal, Board of Health, Minutes, vol. 3, p. 194; Star, 24 Sept., p. 4.

²² Le Monde, 30 sept., p. 4.

²³ La Patrie, 26 sept., p. 4; Gazette, 25 Sept., p. 5.

²⁴ See for example: La Minerve, 29 août; La Presse, 3 sept. and 11 sept.

²⁵ La Presse, 28 sept.; Le Monde, 26 sept., p. 8 and 28 sept., p. 2.

²⁶ La Presse, 26 sept.

²⁷ Ibid.

²⁸ Star, 16 Sept., p. 3; La Patrie, 17 sept., p. 4.

²⁹ See, for example, Star, 22 Sept., p. 2.

³⁰ See, in particular, ibid., 9 Sept., p. 2 and 22 Sept., p. 2; La Presse, 11 sept.

³¹ La Presse, 22 sept.

³² Herald, 12 Nov., p. 5.

³³ Levesque even opposed placarding any infected house without the occupants' prior consent. Star, 17 Sept., p. 4.

³⁴ Ibid., 15 Sept., p. 2; Gazette, 15 Sept., p. 2.

³⁵ The Health Committee agreed to a one-week trial of Levesque's persuasive approach. Gazette, 16 Sept., p. 5.

³⁶ Herald, 29 Oct., p. 6; Witness, 31 Oct., p. 4. The quorum on the thirteen-man body was now seven. La Presse, 15 sept.

³⁷ Gazette, 29 Sept., p. 5.

³⁸ Ibid.

³⁹ Star, 23 Sept., p. 3. Gray had warned against compulsory vaccination almost from the start of the business and press agitation for it. La Presse, 4 sept.

⁴⁰ La Patrie, 26 sept., p. 4.

⁴¹ Star, 30 Sept., p. 4.

⁴² Le Monde, 30 sept., p. 2.

⁴³ Witness, 19 Sept., p. 8.

⁴⁴ See, for instance, the case of a smallpox death after vaccination noted in La Presse, 2 oct. and the Star, 2 Oct., p. 4. Anti-vaccinationists compiled a list of other such cases. Star, 12 Dec., p. 3.

⁴⁵ La Presse, 19 sept.; La Minerve, 9 oct. Newspapers also called attention to the problem of unsatisfactory vaccines. See for example: La Presse, 1er oct.

⁴⁶ This was part of Levesque's plan. La Patrie, 25 sept.; p. 4.

⁴⁷ Le Monde, 5 sept., p. 7 and 23 sept., p. 2.

⁴⁸ On the first of Ross's circulars, see ibid., 18 août, p. 4; Star, 5 Sept., p. 6. Partial translations of it are found in Le Monde, 27 août, p. 3, and La Minerve, 5 sept., p. 2. Another circular is reproduced in the Appendix.

⁴⁹ For two of the more offensive accusations, see the Star, 11 August, p. 2; Herald, 2 Sept., p. 1.

⁵⁰ See for example: La Patrie, 4 sept., p. 1; L'Etendard, 5 sept., p. 2 and 2 oct., p. 2; La Presse, 3 sept. and subsequent issues.

⁵¹ La Presse, 5 sept. and 28 sept.

⁵² La Minerve, 5 sept., 14 oct., and 16 oct.

⁵³ Le Monde, 29 sept., p. 4; Le Presse, 30 oct.

⁵⁴ Star, 29 Sept., p. 4.

⁵⁵ L'Etendard, 1er oct., p. 4. Cf., Star, 30 Sept., p. 2.

⁵⁶ La Minerve, 30 sept., p. 1.

⁵⁷ La Patrie, 30 sept., p. 4 and 1er oct., p. 4.

⁵⁸ Le Monde, 29 sept., p. 4.

⁵⁹ Star, 29 Sept., p. 2; La Patrie, 30 sept., p. 1; L'Etendard, 1er oct., p. 4.

⁶⁰ Gazette, 29 Sept., p. 5.

⁶¹Star, 29 Sept., p. 2..

⁶²La Presse, 30 sept.

⁶³Ibid.; La Minerve, 29 sept., p. 1.

⁶⁴La Presse, 30 sept.

⁶⁵Le Monde, 29 sept., p. 4.

⁶⁶La Presse, 13 oct.; Le Monde, 13 oct., p. 2.

⁶⁷Herald, 3 Nov., p. 4 and 2 Nov., p. 4.

⁶⁸Witness, 22 Oct., p. 4.

⁶⁹Ibid., 3 Nov., p. 4.

⁷⁰La Patrie, 16 oct., p. 4.

⁷¹Gazette, 20 Oct., p. 4.

⁷²Star, 10 Oct., p. 4.

⁷³Ibid., 2 Nov., p. 2.

⁷⁴Ibid., 3 Nov., p. 4.

⁷⁵La Presse, 5 oct.

⁷⁶Ibid. The new campaign began with eight public vaccinators. Star, 12 Oct., p. 4. Their number was soon increased to fifteen. La Patrie, 20 oct., p. 4.

⁷⁷La Minerve, 30 sept., p. 1.

⁷⁸Star, 26 Oct., p. 4.

⁷⁹La Presse, 21 nov.

⁸⁰Gazette, 23 Nov., p. 2 and 25 Nov., p. 5.

⁸¹Star, 16 Dec., p. 1.

⁸²Ibid., 13 Jan., 1886, p. 4. Regarding the first conviction see ibid., 26 Dec., pp. 6, 8.

⁸³Ibid., 12 Dec., p. 3 and 17 Dec., p. 1. An excerpt from another of Ross's circulars appears in La Minerve, 13 oct.

⁸⁴Le Monde, 26 oct., p. 4; La Patrie, 20 oct., p. 4.

⁸⁵Star, 12 Dec., p. 3 and 26 Dec., p. 2; Herald, 2 Dec., p. 3.

⁸⁶Gazette, 26 Oct., p. 2.

⁸⁷See for example, La Presse, 14 oct.; Star, 13 Oct., p. 4; 14 Oct., p. 2; Herald, 20 Oct., p. 8.

⁸⁸Star, 14 Sept., p. 4.

⁸⁹Le Monde, 19 nov., p. 4.

⁹⁰Star, 19 Sept., p. 2; La Presse, 29 sept.

⁹¹Star, 29 Oct., p. 2.

⁹²Ibid., 2 Nov., p. 4; La Minerve, 13 oct.

⁹³La Presse, 8 oct. and 12 oct.

⁹⁴La Minerve, 29 sept., p. 1; Gazette, 12 Oct., p. 2; La Presse, 16 oct.; La Patrie, 29 oct., p. 4 and 6 nov., p. 4.

⁹⁵Star, 6 Oct., p. 2; Herald, 3 Nov., p. 8.

⁹⁶Star, 2 Oct., p. 2.

⁹⁷Ibid., 29 Sept., p. 2.

⁹⁸ Star, 29 Sept., p. 2.

⁹⁹ Ibid., 10 Nov., p. 1. A single doctor at the Canada Rubber Company, it was noted, accomplished more in ten hours than all the Department's vaccinators in a full day of house visits. Gazette, 20 Oct., p. 2. Health officials had considered one other way of compelling people to be vaccinated: having landlords and property-owners refuse to rent their houses and stores to unvaccinated families. Indeed, a city notice appeared in newspapers requesting such cooperation from landlords. La Patrie, 29 sept., p. 4; La Presse, 29 sept.; Gazette, 6 Oct., p. 5. But aside from one owner of thirty-five houses in Ste-Marie ward who acted on his own initiative, it appears this strategy was never seriously pursued. Star, 9 Oct., p. 1 and 23 Jan., 1886, p. 2.

¹⁰⁰ Star, 10 Oct., p. 4.

¹⁰¹ La Presse, 26 oct.

¹⁰² Ibid., 21 nov.

¹⁰³ Gazette, 27 Oct., p. 2. See also, La Patrie, 20 Oct., p. 4; Star, 2 Nov., p. 4.

¹⁰⁴ Le Monde, 15 oct., p. 2. There were more than 800 hackmen or cabdrivers in Montreal. La Minerve, 27 oct. Only 262 eventually cooperated by getting vaccinated. La Patrie, 28 janv., 1886, p. 4.

¹⁰⁵ Four millers who had been employed at A. W. Ogilvie & Co. for more than ten years gave up their jobs rather than submit to vaccination. Gazette, 3 Sept., p. 5. Other examples are noted in the Witness, 3 Sept., p. 5; La Presse, 7 oct.; Herald, 15 Oct., p. 8; Gazette, 18 Nov., p. 3. Some city employees also left jobs to avoid vaccination. Herald, 30 Nov., p. 8.

¹⁰⁶ Star, 1 Sept., p. 4.

¹⁰⁷ La Presse, 3 oct.

¹⁰⁸ Herald, 30 Oct., p. 6 and 17 Oct., p. 4.

¹⁰⁹ La Presse, 20 oct.

¹¹⁰Star, 8 Oct., p. 2.

¹¹¹Ibid., 8 Sept., p. 4. For other examples, see the Witness, 3 Sept., p. 5 and 7 Sept., p. 8.

¹¹²Gazette, 7 Sept., p. 5.

¹¹³Witness, 5 Sept., p. 8; Star, 7 Sept., p. 2.

¹¹⁴Gazette, 9 Sept., p. 5.

¹¹⁵Star, 30 Sept., p. 4; La Presse, 1er oct., p. 3.

¹¹⁶Star, 27 Oct., p. 3.

¹¹⁷Ibid., 26 Dec., p. 2.

¹¹⁸Montréal, Rapport sur l'Etat Sanitaire de la Cité . . .
1885, pp. 35-36.

¹¹⁹Star, 7 Sept., p. 4. According to the Star, the Pillow, Hersey & Co. strikers had also given up by then. But other newspapers reported that they still remained off work. Gazette, 9 Sept., p. 5.

¹²⁰Gazette, 9 Sept., p. 5.

¹²¹Star, 1 Oct., p. 4.

¹²²Ibid., 27 Oct., p. 3.

¹²³Ibid., 29 Sept., p. 4.

¹²⁴Le Monde, 25 août, p. 2.

¹²⁵The only newspaper to editorialize on an anti-vaccination strike ultimately expressed disapproval of it. Ibid., 10 sept., p. 2.

¹²⁶La Presse, 3 oct.

¹²⁷ Star, 30 Sept., p. 2.

¹²⁸ La Presse, 4 sept.

¹²⁹ Herald, 5 Oct., p. 4.

¹³⁰ Star, 12 Oct., p. 4; Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 35-36.

¹³¹ Le Monde, 29 sept., p. 4; Star, 16 Nov., p. 8. St-Henri was the only suburb where much vaccination seems to have occurred at all. La Presse, 7 oct.; Le Monde, 23 oct., p. 2.

¹³² Witness, 14 Sept., p. 8; Le Monde, 2 oct., p. 4.

¹³³ Star, 5 Oct., p. 2.

¹³⁴ Ibid., 27 August, p. 4.

¹³⁵ La Patrie, 4 déc., p. 2; Gazette, 16 Dec., p. 3.

¹³⁶ Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, p. 32.

¹³⁷ La Minerve, 4 fév., 1886, p. 1.

CONCLUSION AND EPILOGUE

¹Herald, 1 Oct., p. 4.

²Star, 5 Nov., p. 4.

³Reductions of the border quarantines are noted in Le Monde, 4 déc., p. 1 and 31 déc., p. 7; La Minerve, 25 janv., 1886, p. 1.

⁴Star, 5 Dec., p. 3. The Ontario health officials had also stopped local bans on Montreal products in the province. P. H. Bryce, "Small-Pox in Canada, and the Methods of Dealing with it in the Different Provinces," American Public Health Association. Public Health, Reports and Papers of the American Public Health Association, vol. 11 (1885), p. 176. In gratitude, Montreal businessmen eventually presented the chief Ontario inspector stationed in the city with a gift of money. H. J. Morgan, ed., The Dominion Annual Register and Review for 1886 (Montreal, 1887), p. 301.

⁵Gazette, 24 Dec., pp. 3, 5.

⁶La Presse, 10 déc.

⁷Le Monde, 30 janv., 1886, p. 8.

⁸Ibid.; La Patrie, 27 janv., 1886, p. 4.

⁹Star, 24 Feb., 1886, p. 4.

¹⁰Ibid., 13 Jan., 1886, p. 4.

¹¹Le Monde, 18 fêv., 1886, p. 4. The Court had by then dealt with 256 cases altogether. Montreal, Report on the Sanitary State of the City of Montreal for the Year 1885 (Montreal, 1886), p. 48. (Information omitted from French version of the report.)

¹²It was expected to remain active until a new smallpox hospital was built. La Patrie, 28 janv., 1886, p. 4.

¹³ Québec, Documents de la Session, 1895, No. 6, Appendice No. 28 (Rapport du Conseil d'Hygiène de la Province du Québec pour 1895 [Québec, 1895]), p. 13.

¹⁴ La Presse, 10 déc.

¹⁵ Ibid., 28 sept., and 2 oct.

¹⁶ La Presse, 1er oct. and 9 oct.

¹⁷ Ibid., 9 oct.; L'Etendard, 15 sept., p. 2; Le Monde, 1er oct., p. 2 and 14 oct., p. 4.

¹⁸ Star, 7 Sept., p. 4. Cf., La Presse, 28 sept.

¹⁹ Le Monde, 28 sept., p. 4; Gazette, 29 sept., p. 2.

²⁰ La Presse, 3 sept. Even the civic health officials sometimes offered this explanation for St-Jean Baptiste's smallpox. La Patrie, 31 août, p. 4.

²¹ La Presse, 28 sept.; Dr. J. M. Beausoleil, "Quinzaine Hygiénique," JHP, vol. 2, no. 11 (15 oct., 1885), p. 124.

²² L'Etendard, 8 sept., p. 2; La Presse, 9 oct.

²³ Beausoleil, "Quinzaine Hygiénique," p. 124.

²⁴ Ibid.; La Presse, 28 sept. Alderman Jeannotte, the most vocal opponent of compulsory vaccination on the City Council, complained that there were a dozen soap and candle factories in his east end ward, most of them owned by 'Anglais'. Gazette, 15 Sept., p. 2.

²⁵ Le Monde, 9 nov., p. 2. See also the series of letters printed in Ibid., 7 nov., p. 7; 10 nov., p. 3; 12 nov., p. 3; and 14 nov., p. 2.

²⁶ Gazette, 18 Sept., p. 5.

²⁷ Star, 21 Sept., p. 4; La Patrie, 22 sept., p. 4.

²⁸Sanitary reforms were proposed, for example, at the meetings which led to the formation of the Citizens' Committee. Star, 4 Sept., p. 4; La Presse, 5 sept.

²⁹Star, 23 Feb., 1886, p. 2.

³⁰La Patrie, 23 sept., p. 4. The Citizens' Committee quickly dropped the idea of a sanitation committee as irrelevant. Gazette, 24 Sept., p. 2.

³¹Gazette, 9 Sept., p. 5 and 10 Sept., p. 2.

³²Montréal, Rapport sur l'Etat Sanitaire de la Cité pour l'année 1886 (Montreal, 1887), pp. 62-64, 67; R. C. Stewart, "Hospital Care of Smallpox in Montreal," Canadian Medical Association Journal, vol. 43 (Oct., 1940), p. 382.

³³Star, 5 Feb., 1886, p. 4.

³⁴Ibid., 23 Feb., 1886, p. 2.

³⁵The first Provincial Board was named in 1887, and its powers were initially very limited. Pierre-Deschênes, "Santé publique et organisation de la profession," pp. 365-66; Terry Copp, The Anatomy of Poverty. The Condition of the Working Class in Montreal, 1897-1929 (Toronto, 1974), p. 91. Despite this, it would prove effective against smallpox when the disease again struck the province in 1891. It would also provide a valuable service by ensuring the future quality of vaccine available in the province. Québec, Documents de la Session (Rapport du Conseil d'Hygiène), pp. 26-27.

³⁶La Presse, 29 déc.

³⁷Ibid., 15 oct.

³⁸Ibid., 29 déc.

³⁹See, for example: the Star, 23 Feb., 1886, p. 2; Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1885, pp. 30, 91; Montréal, Rapport . . . sur l'origine de l'Epidémie de la Variole, p. 13.

⁴⁰Herald, 26 Nov., p. 8.

⁴¹The journal's appearance is noted in La Presse, 21 déc. On its contents, see Charles-Marie Boissonnault, "La lutte contre la vaccination au XIXe siècle," Laval Medical, vol. 32, no. 2 (sept., 1961), pp. 178-84.

⁴²Star, 30 Dec., p. 4; Boissonnault, "La lutte contre la vaccination," p. 182. It seems that some anti-vaccinationists were in fact singled out for early attention in the Sanitary Court. Star, 26 Dec., pp. 6, 8.

⁴³See, for example: Star, 30 Dec., p. 4; La Minerve, 11 janv., 1886, p. 1; La Patrie, 19 janv., 1886, p. 4; Star, 20 Jan., 1886, p. 1. Anti-vaccinationist doctors had also previously appeared in court to contest compulsory hospitalization. Star, 9 Dec. As a result, the Sanitary Court gave official preference to the testimony of Health Department physicians in such cases. Ibid., 11 Dec., p. 2.

⁴⁴Star, 18 Feb., 1886, p. 4; Boissonnault, "La lutte contre la vaccination," p. 183.

⁴⁵La Presse, 5 dec., p. 2.

⁴⁶Dr. J. W. Mount first attempted to prevent compulsory vaccination on the eve of its enforcement. Gazette, 16 Dec., p. 3. A month later, he tried again. La Minerve, 18 janv., 1886, p. 1 and 1er fev., 1886, p. 1.

⁴⁷Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1886, p. 11.

⁴⁸Already, by the end of 1885, the number of doctors' offices performing public vaccination had shrunk to four. La Presse, 31 déc. In all of 1886, public vaccinators visiting schools and homes managed to immunize only 2,215 people. Montréal, Rapport sur l'Etat Sanitaire de la Cité . . . 1886, p. 50. Regularly enforced vaccination would not occur until after the turn of the century. Copp, Anatomy of Poverty, p. 91.

⁴⁹Le Monde, 1er déc., p. 4.

⁵⁰Star, 15 Feb., 1886, p. 4.

⁵¹Ibid., 27 Feb., 1886, p. 6.

⁵² Ibid., 9 Jan., 1886, p. 8; La Presse, 14 janv., 1886; Le Monde, 15 fev., 1886, p. 4.

⁵³ Star, 27 Feb., 1886, p. 6. See also the paper's comments in the Star, 9 Jan., 1886, p. 8 and 23 Feb., 1886, p. 2.

⁵⁴ Star, 27 Feb., 1886, p. 6.

⁵⁵ Décaré did, however, carry the three easternmost wards. Michel Gauvin, "The Municipal Reform Movement in Montreal, 1886-1914," unpublished M.A. Thesis, University of Ottawa, 1972, p. 19. The events of 1885 had at least two other specific electoral consequences: a newspaper campaign by Hugh Graham to defeat one of the patronage politicians on the Health Committee (Star, 19 Nov., p. 4), and the launching of Richard White on an aldermanic career. G. M. Rose, ed., A Cyclopaedia of Canadian Biography, Being Chiefly Men of the Time (Toronto, 1886-1888), vol. 1, p. 794.

⁵⁶ La Presse, 14 nov.

⁵⁷ Star, 5 Dec., p. 4.

⁵⁸ Herald, 11 Dec., p. 5.

⁵⁹ For the clergyman's remarks, see the Gazette, 12 Oct., p. 5. For Beaugrand's, see the Herald, 3 Nov., p. 8.

⁶⁰ Herald, 11 Dec., p. 5.

⁶¹ Star, 5 Sept., p. 4.

⁶² Ibid., 5 Dec., p. 4.

⁶³ Herald, 11 Dec., p. 5.

Bibliography

PRIMARY SOURCES

I. Manuscripts

Montreal. Board of Health. Minutes. Vols. 1 (6 Nov., 1871 - 4 Dec., 1876), 3 (12 Sept., 1884 - 31 Oct., 1885), and 4 (2 Nov., 1885 - 26 July, 1886). Located on microfilm at Montreal Municipal Archives.

Montreal. City Council. By-Law No. 105 concerning health (21 Dec., 1876).

----- By-Law No. 106 to amend section two of By-Law No. 105 concerning health (19 Jan., 1877).

----- By-Law No. 114 to amend By-Law No. 105 concerning health (12 August, 1878).

Montreal Board of Trade. Letter Book, 22 March, 1883 - 16 March, 1887. Located on microfilm at the Public Archives of Canada, MG. 28, III, 44, Reel M-2796.

----- Minute Book 7, 3 May, 1881 - 8 May, 1888. Located on microfilm at the Public Archives of Canada, MG. 28, III, 44, Reel M-2786.

II. Published Documents

Canada. Department of Agriculture. Census of Canada, 1880-81. Vol. 2. Ottawa: McLean, Roger & Co., 1884.

Canada. Parliament. Consolidated Statutes of Canada 1859. Toronto: S. Derbyshire & G. Desbarats, 1859.

Canada. Parliament. Sessional Papers, 1886, No. 10 (Abstracts of the Returns of the Mortuary Statistics for the Year 1885. Ottawa: Maclean, Roger & Co., 1886).

Canada. Parliament. Sessional Papers, 1887, No. 12 (Abstracts of the Returns of Mortuary Statistics for the Year 1886.
Ottawa: Maclean, Roger & Co., [1887]).

Montreal. "Annual Report of the Public Vaccinators for the Year 1867," in Montreal. Reports on the Accounts of the Corporation of Montreal and Reports of City Officials for the Year 1867. Montreal: By Order of City Council, 1868.

Montreal. Appendix to the Charter and By-Laws of the City of Montreal. C. Glackmeyer, comp. Montreal: La Minerve, 1870.

Montreal. The Charter and By-Laws of the City of Montreal. C. Glackmeyer, comp. Montreal: J. Lovell, 1865.

Montreal. Reports on the Accounts of the Corporation of Montreal and Reports of City Officials (title varies). Montreal: Various publishers, 1871-75, 1885.

Montreal. Reports of the Sanitary State of the City of Montreal. Montreal: Ls. Perrault & Co., 1875-86. These annual reports of the City Health Department can usually be found bound with the reports of the other city departments for the same years, in the above-noted Reports on the Accounts of the Corporation. . . .

Montréal. Rapport du sous-comité du Conseil d'Hygiène de Montréal sur l'origine de l'épidémie de la Variole. Reçu et adopté unanimement à l'Assemblée du dit Conseil tenue samedi le 9 janvier 1886 et imprimée par ordre du dit Conseil. Montréal: [n.p.], 1886.

Montréal, Service de Santé. Evolution et organisation actuelle. Ed. rév. Montréal: Publication du Service de Santé, 1954.

Ontario. Sessional Papers, 1886, No. 74 (Fourth Annual Report of the Provincial Board of Health for 1885. Toronto: Warwick & Sons, 1886).

Québec. Documents de la Session, 1895, No. 6, Appendice No. 28 (Rapport du Conseil d'Hygiène de la Province du Québec pour 1895. [Québec: Langlois, 1895]).

"Smallpox in Montreal," in Maine, State Board of Health. First Annual Report of the State Board of Health of the State of Maine [for 1885]. Augusta, Me.: Sprague & Son, 1886. Pp. 54-70.

III. Newspapers

L'Etendard (Montréal), 1885-86.

Montreal Gazette, 1885-86 and selected dates, 1874-76.

Montreal Herald, 1885-86 and selected dates, 1874-76.

La Minerve (Montréal), 1885-86 and selected dates, 1875.

Le Monde (Montréal), 1885-86.

Le Nouveau Monde (Montréal), selected dates, 1875.

La Patrie (Montréal), 1885-86.

La Presse (Montréal), 1885-86.

Montreal Star, 1885-86 and selected dates, 1875.

Montreal Daily Witness, 1885-86.

Medical Press.

L'Abeille Médicale (Montréal). Vols. 1-3 (1879-81).

The Anti-Vaccinator and Public Health Journal (London). Vol. 1
(1872-73).

Canada Medical Journal and Monthly Record of Medical and Surgical
Science (Montreal). Vols. 6-8 (1869-72).

Canada Medical and Surgical Journal (Montreal). Vols. 13-14
(1885-86).

Journal d'Hygiène Populaire (Montréal). Vols. 1-2 (1884-86).

Public Health Magazine and Literary Review (Montreal). Vols. 1-2
(1876-77).

L'Union Médicale du Canada (Montréal). Vols. 1-15 (1872-86).

IV. Other Periodicals

The Canadian Journal of Commerce (Montreal). Vol. 21 (1885).

La Semaine Religieuse de Montréal. Vol. 6 (1885).

V. Contemporary Accounts

Borthwick, Rev. J. D. Montreal, Its History, to which is added Biographical Sketches with Photographs of Many of its Principal Citizens. Montreal: Drysdale & Co., 1875.

----- History and Biographical Gazetteer of Montreal to the Year 1892. Montreal: J. Lovell & Son, 1892.

Bryce, P. H. "Small-Pox in Canada, and the Methods of Dealing with it in the Different Provinces," American Public Health Association. Public Health: Reports and Papers of the American Public Health Association, vol. 11 (1885), pp. 166-81.

Coderre, J. Emery. Vaccination. Montréal: La Minerve, 1872.

Desroches, J. I. Traité élémentaire d'hygiène privée. Montréal: W. F. Daniel, 1888.

Dion, Dr. Louis. Memoire sur la Vaccination. Québec: C. Darveau, 1887.

Grenier, Dr. George. Contagion de la Variole. Montréal: Typographie Le Nouveau Monde, 1872.

----- Quelques considerations sur les Causes de la Mortalité des Enfants. Montréal: E. Sénécal, 1871.

Guyot, Mrs. M. [Morel de la Durantaye, Mme. A.]. A Brief History of the Small Pox Epidemic in Montreal, from 1871 to 1880 and the late outbreak of 1885. Montreal: [n.p., 1886?]. Much of this account is taken verbatim from editorials of the Montreal Star.

Hingston, Wm. H. Remarks on Vaccination. Montreal: L. Perrault & Co., 1876.

Hingston, Wm. H. Remarques sur la Vaccination. Montréal: Compagnie d'imprimerie Perrault, 1885.

Lachapelle, Dr. Severin. La Santé pour tous, ou notions élémentaires de physiologie et d'hygiène à l'usage des familles, suivies du Petit guide de la mère auprès de son enfant malade. Montréal: Compagnie d'imprimerie Canadienne, 1880.

"Memento nécrologique," L'Union Médicale du Canada, vol. 8, no. 10 (oct., 1888), pp. 558-59.

Nicol, Thos. Smallpox and Its Prevention (Montreal Tracts on Homeopathy - No. 2). Montreal: W. Drysdale & Co., 1885.

'Un Practicien'. La Picote et son traitement. Montréal: Imprimerie Générale, 1885.

"Proceedings and Discussions of the Thirteenth Annual Meeting," American Public Health Association. Public Health: Reports and Papers of the American Public Health Association, vol. 11 (1885), pp. 310-46.

Ross, Alexander M. Memoirs of a Reformer (1832-1892). Toronto: Hunter, Rose & Co., 1893.

----- Stop!! A Pitiabie Sight! People Driven Like Dumb Animals to the Shambles!! Tyranny of Doctorcraft!!!
[Montreal: n. p., 1885]. An anti-vaccinationist broadsheet located in the Lawrence Lande Collection of Canadiana, Redpath Library, McGill University, Montreal.

Savard, Pierre, ed. Paysans et ouvriers d'autrefois. Québec: Les Presses de l'Université Laval, 1968.

Warlomont, Dr. Evariste. A Manual of Animal Vaccination preceded by Considerations on Vaccination in General. A. J. Harries, trans. & ed. London: J. & A. Churchill, 1885.

----- Traité de la Vaccine, et de la vaccination humaine et animale. Paris et Bruxelles: J. B. Baillière et fils, 1883.

VI. Directories, Guides, Biographical Dictionaries

Lovell's Montreal Directory for 1885-86. Montreal: John Lovell & Son, 1885.

Morgan, H. J., ed. The Canadian Men and Women of the Time: A Handbook of Canadian Biography. Toronto: Wm. Briggs, 1898.

----- The Dominion Annual Register and Review for 1885. Toronto: n. p., 1886.

----- The Dominion Annual Register and Review for 1886. Montreal: E. Senécal et fils, 1887.

Rose, G. M., ed. A Cyclopaedia of Canadian Biography, Being Chiefly Men of the Time. Toronto: Rose Publishing Co., 1886-1888, 2 vols.

SECONDARY SOURCES

I. Books

Abbott, Maude E. History of Medicine in the Province of Quebec. Montreal: McGill University, 1931.

Atherton, W. H. Montreal, 1534-1914. Vol. 2. Montreal: S. J. Clarke Publishing Co., 1914.

Baxby, Derrick. Jenner's Smallpox Vaccine: The Riddle of Vaccinia Virus and Its Origin. London: Heinemann Educational Books, 1981.

Cartwright, Frederick F. A Social History of Medicine. London: Longmans, 1977.

Cooper, J. I. Montreal: A Brief History. Montreal & London: McGill-Queen's University Press, 1969.

Copp, J. T. The Anatomy of Poverty: The Condition of the Working Class in Montreal 1897-1929. Toronto: McClelland & Stewart, 1974.

Cushing, Harvey. The Life of Sir William Osler. Vol. 1. Oxford: Clarendon Press, 1926.

De Bonville, Jean. Jean-Baptiste Gagnepetit: Les Travailleurs Montréalais à la fin du XIXe siècle. Montréal: Les Éditions de l'Aurore, 1975.

Dixon, Cyril W. Smallpox. London: J. & A. Churchill, 1962.

Dorland's Illustrated Medical Dictionary. 25th ed. Philadelphia, London & Toronto: W. B. Saunders, 1974.

Emond, R. T. D. A Colour Atlas of Infectious Diseases. London: Wolfe Medical Books, 1974.

Hamelin, Jean & Yves Roby. Histoire économique du Québec: 1851-1896. Montréal: Fides, 1971.

Heagerty, J. J. Four Centuries of Medical History in Canada. 2 vols. Toronto: Macmillan of Canada, 1928.

----- Small-Pox and Vaccination. (Publication No. 32) [Ottawa]: Canada, Department of Health, [1924].

Jones, K. L. & L. W. Shainberg. Communicable and Noncommunicable Diseases. San Francisco: Canfield Press (Harper & Rowe), 1970.

Lamothe, J. C. Histoire de la Corporation de la Cité de Montréal depuis son origine jusqu'à nos jours. Montréal: Montreal Printing and Publishing Co., 1903.

Leavitt, Judith W. The Healthiest City. Milwaukee and the Politics of Health Reform. Princeton, N.J.: Princeton University Press, 1982.

Linteau, Paul-André, René Durocher & Jean-Claude Robert. Quebec, A History 1867-1929. Robert Chodos, trans. Toronto: James Lorimer & Co., 1983.

Roberts, Kenneth B. Smallpox: an historic disease. St. John's: Memorial University of Newfoundland, 1979.

Rumilly, Robert. Histoire de Montréal. Tome 3. Montréal: Fides, 1972.

Smith, F. B. The People's Health, 1830-1910. New York: Holmes & Meier, 1979.

Spinks, Wesley W. Infectious Diseases, Prevention and Treatment in the Nineteenth and Twentieth Centuries. Minneapolis: University of Minnesota Press, 1978.

II. Articles

Baehrel, René. "La haine de classe en temps d'épidémie," Annales. Economies. Sociétés. Civilisations., 7e année, no. 3 (juillet-sept., 1952), pp. 351-60.

Beck, Ann. "Issues in the Anti-Vaccination Movement in England," Medical History, vol. 4 (1960), pp. 310-21.

Bernier, Jacques. "La condition des travailleurs, 1851-1896," J. Hamelin, dir. Les Travailleurs québécois 1851-1896. Montréal: Les Presses de l'Université du Québec, 1973, pp. 31-60.

Bliss, Michael. "Pure Books on Avoided Subjects: Pre-Freudian Sexual Ideas in Canada," Canadian Historical Association. Historical Papers, 1970, pp. 89-108.

Boissonault, Charles-Marie. "La lutte contre la vaccination au XIXe siècle," Laval Médical, vol. 32, no. 2 (sept., 1961), pp. 178-84.

Bradbury, Bettina. "The Family Economy and Work in an Industrializing City: Montreal in the 1870s," Canadian Historical Association. Historical Papers, 1979, pp. 71-96.

----- "The Fragmented Family: Family Strategies in the Face of Death, Illness and Poverty, Montreal, 1860-1885," Joy Barr, ed. Childhood and Family in Canadian History. Toronto: McClelland & Stewart, 1982, pp. 109-28.

Copp, J. T. "The Condition of the Working Class in Montreal, 1897-1920," Canadian Historical Association. Historical Papers, 1972, pp. 157-80.

Desjardins, E. "La grande épidémie de 'picote noire'," L'Union Médicale du Canada, vol. 99, no. 8 (août, 1970), pp. 1470-77.

Duffy, John. "Social Impact of Disease in the Late Nineteenth Century," Bulletin of the New York Academy of Medicine, vol. 47, no. 7 (July, 1971), pp. 797-810.

Duschesne, R. "Problèmes d'histoire des sciences au Canada français," R. A. Jarrell & N. R. Ball, eds. Science, Technology and Canadian History. Waterloo: Wilfrid Laurier University Press, 1980, pp. 23-32.

Farley, Michael, Othmar Keel & Camille Limoges. "Les commencements de l'administration Montréalaise de la santé publique (1865-1885)," HSTC Bulletin (Journal of the History of Canadian Science, Technology and Medicine), vol. 6, no. 1 (Jan., 1982), pp. 24-46 and no. 2 (May, 1982), pp. 85-109.

Freour, P., M. Serise & P. Coudray. "Réactions des populations atteintes par une grande épidémie," Revue de Psychologie des Peuples, 15e année, no. 1 (1er trimestre, 1960), pp. 65-78.

Fulginiti, V. A. "Complications of Smallpox Vaccination (Vaccinia)," Demis, D. J., Dobson, R. L., McGuire, J., eds. Clinical Dermatology. Rev. ed. Hagerstown, Md., New York, & London: Harper & Rowe, 1976, Vol. 3, Unit 14: 9, pp. 1-10.

----- "Variola (Smallpox)," Demis, D. J., Dobson, R. L., McGuire, J., eds. Clinical Dermatology. Rev. ed. Hagerstown, Md., New York & London: Harper & Rowe, 1976, Vol. 3, Unit 14:8, pp. 1-8.

Gagnon, E. "Notes on the Early History and Evolution of the Department of Health of Montreal," Canadian Public Health Journal, vol. 29, no. 5 (May, 1938), pp. 216-23.

Gaumont, Emile. "La 'Petite Vérole'," Laval Médical, vol. 18, no. 1 (janvier, 1953), pp. 120-30.

Groulx, Dr. A. "Bribes d'histoire," Montréal. Service de Santé. Bulletin d'hygiène, vol. 33, no. 4 (juillet-août, 1947), pp. 4-12.

Kaufman, M. "The American Anti-Vaccinationists and Their Arguments," Bulletin of the History of Medicine, vol. 41, no. 5 (Sept.-Oct., 1967), pp. 463-78.

Kramer, H. D. "Early Municipal and State Boards of Health," Bulletin of the History of Medicine, vol. 24, no. 6 (Nov.-Dec., 1950), pp. 503-29.

Lafrenière, T. "Evolution des lois provinciales d'hygiène," Revue trimestrielle canadienne, vol. 1, no. 1 (mai, 1915), pp. 67-74.

Leavitt, Judith W. "Politics and Public Health: Smallpox in Milwaukee, 1894-1895," J. W. Leavitt & R. L. Numbers, eds. Sickness and Health in America. Madison: University of Wisconsin Press, 1978, pp. 403-13.

Macleod, R. M. "Law, Medicine and Public Opinion: The Resistance to Compulsory Health Legislation, 1890-1907," Public Law, vol. 12 (1967), pp. 107-28, 189-211.

----- "Medico-Legal Issues in Victorian Medical Care," Medical History, vol. 10, no. 1 (Jan., 1966), pp. 44-49.

Pierre-Deschênes, Claudine. "Santé publique et organisation de la profession médicale au Québec 1870-1918," Revue d'histoire de l'Amérique française, vol. 35, no. 3 (déc., 1981), pp. 355-76.

Robert, J.-C. "Les notables de Montréal au XIXe siècle," Histoire sociale/Social History, vol. 8 (no. 15) (mai, 1975), pp. 54-76.

Rutherford, Paul. "Tomorrow's Metropolis: The Urban Reform Movement in Canada, 1880-1920," Canadian Historical Association. Historical Papers, 1971, pp. 203-24.

Stewart, R. C. "Hospital Care of Smallpox in Montreal," Canadian Medical Association Journal, vol. 43 (Oct., 1940), pp. 381-83.

----- "The Montreal General Hospital and the Care of Contagious Diseases, 1822-1897," Canadian Medical Association Journal, vol. 43 (Sept., 1940), pp. 282-84.

Tétreault, Martin. "L'inégalité sociale devant la mort et la perception de la santé chez les contemporains à Montréal pendant la seconde moitié du XIXe siècle, ou le discours sur la santé publique comme discours idéologique," Nouvelles recherches québécoises, vol. 1, no. 2 (1978), pp. 59-81.

----- "Les maladies de la misère. Aspects de la santé publique à Montréal 1880-1914," Revue d'histoire de l'Amérique française, vol. 36, no. 4 (mars, 1983), pp. 507-26.

Tunis, Barbara R. "Public Vaccination in Lower Canada, 1815-1823: Controversy and a Dilemma," Historical Reflections/Réflexions historiques, vol. 9, nos. 1 & 2 (Spring & Summer, 1982), pp. 264-78.

III. Theses

Bance, Pierre. "Beaugrand et son temps." Unpublished Ph.D. Thesis, University of Ottawa, 1964.

Gauvin, Michel. "The Municipal Reform Movement in Montreal, 1886-1914." Unpublished M.A. Thesis, University of Ottawa, 1972.