

The 1832 Montreal Cholera Epidemic: A Study in State Formation

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A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfilment of the
degree of Masters in History

September 1997

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0-612-37236-7

TABLE OF CONTENTS

Introduction	1 - 7
1. The Montreal Board of Health	8 - 23
I. Histories of Boards of Health	
II. Legislation	
III. Members of the Montreal Board of Health	
IV. Social Regulation	
V. Enforcement	
VI. Finances of the Board of Health	
2. Medicalization of Government	24 - 35
I. The Medical Profession	
II. Medicalization of the State	
III. The Cholera Hospitals	
IV. Ste. Anne's Cholera Hospital	
3. Voluntary Movement	36 - 45
I. Organizing the Movement	
II. Citizen's Committee	
III. Aiding Immigrants	
IV. Assisting the Poor	
V. Suburb Committees	
Conclusion	46 - 47
Bibliography	47 - 53

ABSTRACT

This study examines the cholera epidemic in Montreal during the summer of 1832, focusing on the Montreal Board of Health, the public health regulations, medical involvement on the Board, and the voluntary movement. Using newspapers, judicial documents, and correspondence, it seeks to re-examine the epidemic to further the understanding of the modernization of the Canadian state in the area of public health.

Many of the histories concerning the modernization of the Lower Canadian state have focussed on the 1837 rebellions as a breaking point between the 'old' state and the 'modern' state. If modernization can be equated with the process of increased state influence on society, then the 1832 epidemic provided an opportunity for the government to become more involved in the social regulation of individual lives. And the process was not solely influenced by the 'state,' as citizen committees played a role during the epidemic. Nor must Lower Canada be seen in a vacuum, as the shifts that occurred in Montreal during the epidemic coincided with those taking place in London, Paris and New York.

An analysis of the state during the epidemic suggests its growing significance in individual lives, particularly those of the poor. The appearance of cholera hospitals, the use and enforcement of public health regulations by a board of health, and the social assistance to the immigrants, orphans, and widows illustrate this modernizing state.

RESUME

Cette étude portera sur l'épidémie de choléra qui frappa la ville de Montréal durant l'été 1832. Elle se concentrera sur la Commission de Santé de Montréal, les règlements sanitaires imposés à la ville, la participation médicale émanant de la Commission ainsi que le bénévolat. A partir de journaux, de documents judiciaires et d'épistolaires, cette étude aura pour but de ré-examiner l'épidémie afin d'en évaluer les conséquences du à l'engagement de l'état dans le procès de modernisation du Bas-Canada.

Un nombre important d'études portant sur la modernisation du Bas-Canada mit en relief les rébellions de 1837 comme étant l'événement décisif entre le vieil état et l'état dit moderne. Cependant, si la modernisation de l'état équivaut à l'empiètement progressif du gouvernement dans la société, il apparaît donc que l'épidémie permit au gouvernement la possibilité d'imposer des règlements sociaux aux Montréalais. Or cette évolution ne fut pas seulement réalisée par le gouvernement, étant donné la participation considérable de bénévoles. De même, la situation au Bas-Canada ne peut faire figure de cas unique car, ce même phénomène eut également lieu à Londres, Paris et New York.

Une analyse des actions gouvernementales pendant l'épidémie suggère l'influence croissante de l'état dans la vie des individus, surtout chez les pauvres. Afin de mettre en exergue cet état en constante évolution, il suffit de s'attarder sur l'apparition des hôpitaux consacrés aux patients souffrant du choléra, l'emploi et l'application des règlements sanitaires par une Commission de Santé ainsi que sur l'aide sociale apportée aux immigrés, aux orphelins et aux veuves.

Introduction

Early in June 1832, Asiatic cholera arrived on the shores of Lower Canada. The first cases appeared in Quebec City and Montreal almost simultaneously. On the evening of June 7 1832, the steamer *Voyageur* left port at Quebec City heading for Montreal carrying a number of immigrants. During the voyage up the St. Lawrence River, John Kerr, an immigrant from Derryaghy, Ireland took ill and died before the vessel arrived in Montreal. Following Kerr's death, McKee, another Irish immigrant became violently ill on the afternoon of June 9. He was removed from the boat to a tavern near the wharf where he died. His mysterious death attracted crowds of people who came to gaze at the body. Cholera had arrived in Montreal and its presence would be felt for the remainder of the summer.¹

Within a matter of days, cholera created scenes of death and consternation. A local newspaper reported:

Women with terror in their countenances, and many of them weeping were to be seen on every street; ... carts with coffins containing dead bodies, each occupied with four or five persons, were passing frequently... Business seemed paralysed,... and many of our citizens left town, and in a fine panic of almost indescribable nature seemed to have taken hold of the whole body of citizens.²

A letter from a Montreal mother described the morbidity caused by the disease: "We were constantly witnessing funerals and the removal of the sick, who fell in a moment on the streets under our own eyes."³ Within the first few days cholera claimed two hundred and thirty victims.⁴

¹ Samuel Jackson, Charles Meigs and Richard Harlan, *Report of the Commission Appointed by the Sanitary Board of the City Council to Visit Canada For The Investigation of the Epidemic Cholera*: 1; Joseph Workman, "Medical Dissertation on Asiatic Cholera," *University of McGill College* 25 May, 1835; *Canadian Courant* 16 June, 1832.

² *Canadian Courant* 16 June, 1832; *La Minerve* 14 June, 1832.

³ *McCord Archives*, Haskell Family Papers, PO51 A/1-1 June 25, 1832.

⁴ Fernand Ouellet, *Lower Canada 1791-1840: Social Change and Nationalism* : 138.

Deaths surpassed 100 on 17 June and 149 on 19 June.⁵ According to the Montreal Board of Health, in the first ten days of the epidemic, 261 deaths occurred; by June 30 the number had risen to 1059.

Early deaths were concentrated among the poor and immigrants. According to one account, "the intemperate and dissolute have been swept off as with a flood."⁶ During the early stages, those who had the means fled the city to escape the mysterious disease.⁷ By the end of June, the upper classes, who had been "flattering themselves on a happy exemption from its ravage,"⁸ began to fall victim to the scourge. In the words of Joseph Workman, "cholera's death carnival was not complete and the devastations were now extended beyond the habitations of the indigent and the houseless."⁹

As summer drew on the initial panic eased as it became apparent cholera was not going to decimate the population. Citizens came to accept cholera as one more fact of life. The number of weekly deaths in July and August remained between 60 and 130. By September, numbers declined and by the end of the month, the Board of Health announced that cholera was no longer a threat to the population.¹⁰ The final number of dead in Montreal has been listed as 1904, but it has been speculated that number is above 2000 as many cases may have gone unreported.

Cholera is a disease caused by a micro-organism which enters the body through the mouth. It can develop without producing symptoms and can cause minor or severe illness which

⁵ Geoffrey Bilson, "The First Epidemic of Asiatic Cholera in Lower Canada, 1832," *Medical History*, vol 21, (1977): 419.

⁶ *McCord Archives*, Haskell Family Papers, PO51 A/1-1 25 June, 1832.

⁷ *Montreal Gazette* 16 June, 1832.

⁸ Joseph Workman, "Medical Dissertation on Asiatic Cholera": 11-2.

⁹ *ibid*: 12.

¹⁰ The statistics for cholera deaths were taken from Digest Records Issued by the Board of Health of Montreal, *Montreal Gazette* 10 September, 1832.

has the ability to kill more than one-half of those affected. The worst effects of the disease are caused by a toxin which makes the stomach wall very permeable to water. This produces vomiting and massive purging of liquid which quickly produces dehydration and upsets the chemical balance of the body. Symptoms of cholera include severe spasms and cramps, a sunken face, blue colouration, diarrhea and constant vomiting. As the disease intensifies, major organs in the body collapse. Cases can develop very quickly in apparently healthy people and death can occur in a matter of hours or a few days.¹¹ To both the medical community and the general population, cholera was a mystery that instilled fear and panic in every country in which it appeared.

The cholera epidemic of 1832 had important political implications in Montreal. It occurred in the midst of political and social tensions between English and French and followed by one month the Montreal West election riot of May 1832. Cholera had important effects on the Canadian state providing the opportunity for government to become more involved in regulating society. It led to the creation of a new government institution and illuminated the development of modern medicine within the state. Conversely, it allowed civil society to influence the development of a state system. The focus of this thesis is the Montreal Board of Health as part of the state system, the influence of medical personnel and medical technology within the Board of Health; and the relationship of the voluntary movement with the state system.

The cholera epidemics of the 1800s have provided historians with important local crises by which to study past societies. In 1961, British historian Asa Briggs applied social history to study the disease and society.¹² Focusing on the cholera attacks of the nineteenth century, Briggs wrote that, as cholera threatened European countries, it heightened social apprehension and tested the efficiency and flexibility of local administrative structures. Briggs advocated the study of cholera as something more than "an exercise in medical epidemiology;" that is to say, he saw it as an

¹¹ Geoffrey Bilson, *A Darkened House: Cholera in Nineteenth Century Canada*: 3.

¹² Asa Briggs, "Cholera and Society in the Nineteenth Century": 76-96.

important and neglected chapter in social history.¹³ Briggs outlined a methodological framework that focused on a combination of political, economic and social aspects of society during an epidemic to better understand society's economic and social relations and structures, government structures, political circumstances and medical knowledge.¹⁴ This approach, labeled as 'social constructionist' by medical historian Charles Rosenberg, placed disease within a social framework in which cultural and social constraints were active participants in the response to a disease and on the impact of a disease within society.¹⁵ Since Briggs' article, a number of historians have followed the 'social constructionist' approach in reconstructing political, economic, and social aspects of a society during cholera epidemics.¹⁶

In 1977, American historian Gerald Grob expanded upon the 'social constructionist' approach.¹⁷ He wrote that the excessive preoccupation of the social constructionists with socio-economic relationships has ignored any comparable concerns with the "complex relationship between disease patterns, social structures and environmental conditions."¹⁸ While realizing the importance of the social constructionists in expanding our knowledge of cholera epidemics, Grob emphasized the need to look more specifically at empirical data to answer questions concerning morbidity and mortality patterns, death rates by class, race, sex and ethnicity.¹⁹ By exploring these

¹³ *ibid*: 76.

¹⁴ *ibid*: 89.

¹⁵ Charles E. Rosenberg labelled much of the work done by social historians concerning disease and society between 1960-1980 as being social constructionist in his essay "Framing Disease: Illness, Society, History": xiv.

¹⁶ For example, Charles Rosenberg, *The Cholera Years*; Roderick E. McGrew, *Russia and the Cholera, 1823-1832*; Norman Longmate, *King Cholera: The Biography of a Disease*; Charles M. Godfrey, *The Cholera Epidemic in Upper Canada, 1832-1866*; Geoffrey Bilson, *A Darkened House*.

¹⁷ Gerald Grob, "The Social History of Medicine and Disease in America: Problems and Possibilities": 392.

¹⁸ *ibid*: 392.

¹⁹ *ibid*: 398-399.

questions in specific epidemics Grob intended to build upon the work of the social constructionists.²⁰

The most recent, and arguably the best representation of the social constructionist approach, was completed by historian Richard Evans. His book *Death in Hamburg: Society and Politics in the Cholera Years 1830-1910* is a very detailed account of cholera and its history in a city. As Evans stated:

The book is a horizontal cross-section through the structures of life in the city taken during six weeks in late summer of 1892, interlocking with a longitudinal analysis which traces back every causal element in the epidemic to its origins early in the nineteenth century.²¹

He examined the development of Hamburg's political and economic systems, the creation of a large working class, the urban environment within the city and the position of doctors in society, not simply in the context of the epidemic of 1892, but as a continual development over several decades. This permitted Evans to fit the epidemic into class reactions, administrative responses, mortality rates of age, sex, and occupational groups.

A recent examination of the historiography of disease and society is Charles Rosenberg's essay 'Framing Disease: Illness, Society, and History.'²² He argues that the social constructionist approach over-emphasizes functionalist ends. He offers a technique that is less "pragmatically charged because biology often shapes the variety of choices available to societies in framing conceptual and institutional responses to disease; Tuberculosis and cholera, for example, offer different pictures to frame for historians." Disease is a structuring factor in social situations, as a

²⁰ The best example of Grob's approach in a Canadian context is Louise Dechêne and Jean-Claude Robert's, "Le Choléra de 1832 dans le Bas-Canada: mesure des inégalités devant la mort": 229-56.

²¹ Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years 1830-1910*: ix.

²² Charles E. Rosenberg, "Framing Disease: Illness, Society and History," *Framing Disease: Studies in Cultural History*, Charles E. Rosenberg and Janet Golden ed.

social actor and mediator. As Rosenberg notes, diseases are "context-specific" and "context-determining." This means that when cholera was discovered as a discrete disease spread via water systems, political choices were re-drawn, not in practical engineering terms, but in political and moral ones. Disease then, whatever its biological character, is a configuration of social interactions. According to Rosenberg, historians need to research the individual experience of disease in time and place, the influence of culture on definitions of disease, the role of disease in the creation of culture and the role of the state in defining and responding to disease.²³

The 1832 cholera epidemic in Montreal has received limited attention from historians. Geoffrey Bilson's article and book emphasize that the 1832 epidemic occurred during a period of political and social turmoil. He argues that the Montreal Board of Health was ineffective in dealing with the epidemic and that a voluntary movement was instituted to supplement the work of the Board.²⁴

Louise Dechêne and Jean-Claude Robert examine mortality rates in the 1832 epidemic in Montreal and Quebec City on the basis of age groups, ethnic factions and class. They emphasize that a majority of those who died of cholera in Montreal were between the ages of twenty-one and sixty and that French Canadians had the highest mortality rates.²⁵ They also dispelled the myth that French Canadians who died were filthy, drunken, immoral people, while illustrating that many victims were artisans, such as carpenters.²⁶ The first two chapters will illustrate that the Board of Health was a 'modern' administrative institution created administer to the general health of the city during the epidemic. The first chapter will establish the links between the Board and the central administration and locate the institution within the local state system. Furthermore, it will be shown

²³ *ibid*: xiv-xxiii.

²⁴ See Bilson, *A Darkened House*, chapter 2; and Bilson, "First Epidemic of Asiatic Cholera...": 418-26.

²⁵ Dechêne and Robert: 240-243.

²⁶ *ibid.*: 243.

that the central administration recognized its limited control over a local board of health, so it created a system of checks and balances that prevented abuses of power and forced the Board to work within the already established legal system.

The second chapter will focus on the medicalization of government. Histories of boards of health in Europe and the United States have pointed to the cholera epidemic of 1832 as a pivotal period because it was the first time doctors and government officials worked together in an institutional structure. Influenced by Bruce Curtis and his interpretation of Michel Foucault concerning 'bio-politics,' I believe the 1832 epidemic in Montreal provided the opportunity for 'bio-politics' to emerge. The term bio-politics refers to political initiatives that originated out of a concern with 'life,' whose main object was the health of the general population. Using the cholera hospital as an illustration, it will be shown that medical and government officials worked together on the Board of Health to prevent the spread of cholera and provide assistance to the sick.

The final chapter continues with the theme of state formation by looking at voluntary organizations in order to gain a better understanding of civil society's role in the state system during the epidemic. Historian Jean-Marie Fecteau has indicated that voluntary organizations and private charities demonstrate the very weakness of the state prior to 1840.²⁷ This chapter will demonstrate that although the voluntary movement was initiated by civil society, the local and central administration had links with the movement. Civil society and the state are separated when discussing state formation, but the lines between the two are often blurred as the next chapter will show.

²⁷ *Un nouvel ordre des choses: la pauvreté, le crime, l'Etat au Québec, de la fin du XVIIIe siècle à 1840* (Montréal: VLB, 1989).

The Montreal Board of Health

Although histories of nineteenth-century boards of health have recently become more critical of public health initiatives, many of the histories concerning public health in Britain, France and the United States have depicted boards of health struggling to improve the health of the general population. In William Frazer's account of public health history in Britain between 1834-1939, he noted that "the greatest stimulus of all the sanitary reform in the early period came from the comparatively infrequent visitations of cholera..."²⁸ Frazer illustrated that the British government's solution to cholera was proper sanitation: "it was through sanitary measures that the Public Health Service, during the succeeding decades of the nineteenth century, was able to reduce general mortality rates and to combat, with some success, epidemic disease."²⁹ Medical historian George Rosen explained the history of public health since the Roman period as a continuous linear process that has evolved into the modern system now in place in Western society.³⁰ According to Dorothy Porter's critique of Rosen's work, Rosen's approach placed public health development as one of success of knowledge over ignorance and the emancipation of modern society from the grip of archaic disease.³¹ Rosen depicted public health development as a result of two factors: the development of medical science and technology and the application of this knowledge within the context of political, social and economic factors.³² Although both Frazer and Rosen do not explicitly explain the importance of public health development with respect to state formation, the subtlety of both works alludes to the idea of a modern state emerging which was closely followed by modern forms of public health.

Histories of public health in United States have followed the same approach as Frazer and

²⁸ *A History of English Public Health 1834-1939*: xii.

²⁹ *ibid*: 40.

³⁰ *A History of Public Health*.

³¹ *The History of Public Health and the Modern State*: 2.

³² *ibid*: 1.

Rosen. John Duffy's history of public health in New York City portrayed public sanitarians as leaders in the battle for improved health within all levels of society.³³ According to Duffy, cholera "presented the sanitarians with a major weapon, for it had led on occasions to drastic sanitary programs and it had helped to arouse a strong public health consciousness."³⁴ This arousal was manifested in boards of health as they continually worked to improve the health of the city's inhabitants. Following in the footsteps of Duffy, Betty Plummer's dissertation, "A History of Public Health in Washington, D.C. 1800-1890" examined the impact of epidemic diseases upon public health development in Washington.³⁵ Examining repeated cholera and yellow fever epidemics in the city, Plummer concentrated on the boards of health to illustrate the importance of boards on the improvement of public health. Whether confronted with an epidemic or sanitation problems, according to Plummer, public health officials acted in a philanthropic manner to the benefit of the city.

Two studies about cholera are useful in studying the development of boards of health. François Delaporte's *Disease and Civilization: The Cholera in Paris, 1832* and Catherine Jean Kudlick's dissertation, "Disease, Public Health and Urban Social Relations: Perceptions of Cholera and the Paris Environment 1830-1850," both view public health policies and boards of health as part of a larger historical process.³⁶

With the Paris epidemic, Delaporte exposed class divisions, medical modernization, government development and the rise of the bourgeoisie. His views concerning the Parisian boards of health influenced my approach to the Montreal Board of Health. However, in Kudlick's

³³ *A History of Public Health in New York City 1625-1866.*

³⁴ *ibid*: 446.

³⁵ "A History of Public Health in Washington, D.C., 1800-1890," unpublished Ph.D. (University of Maryland, 1984).

³⁶ François Delaporte, *Disease and Civilization: The Cholera in Paris, 1832*; Catherine Jean Kudlick "Disease, Public Health and Urban Social Relations: Perceptions of Cholera and the Paris Environment 1830-1850".

dissertation, she openly disagrees with Delaporte's social control theory, which was influenced by Michel Foucault. Yet, like Delaporte, she views 1832 as a pivotal period in the development of public health in France. What distinguishes these two works from literature on public health history is their emphasis on the development of the state. Their discussions of boards of health are placed in a framework that traces power, rather than simply providing an account of actions and responses. Their influence will be clear as I place the Montreal Board of Health within a state system which involved the local government in Montreal and the central government in Quebec City.

Legislation:

When news of the ravages of cholera in Europe reached Lower Canada in the autumn of 1831, the legislature began discussion of establishing boards of health and enforcing quarantine. The Quebec Medical Board was asked to prepare a report on Asiatic Cholera for the Legislative Council. In November, 1831, the Medical Board submitted a report outlining measures taken in Europe to combat the disease and offered precautionary measures.³⁷ In February 1832, Lower Canada passed an act "to establish a quarantine station at Grosse Isle and a board of health in Quebec City, with a provision to extend the act to Montreal."³⁸

The Act also set the parameters for boards of health in both Quebec City and Montreal. Appointed by the Governor, each board consisted of sixteen members: a senior justice of the peace; eight justices of the peace and seven citizens-at-large (men of property). Additional members could be appointed as ex-officio members. The board's responsibilities included: Appointing health wardens, who were authorized to enter and report on the state of dwellings; adopting measures to "cleanse and purify and preserve the health of the said city," and sending the sick to hospital, excluding the Hotel Dieu and the General Hospital.³⁹ These regulations were enforced by the act's

³⁷ *Journal of Legislative Council of Lower Canada*, 1831-1832: 225.

³⁸ *Provincial Statutes of Lower Canada*, February 25, 1832: 358-61.

³⁹ *ibid.*: 358-361.

stipulation that "any person who shall violate any Order or Direction made by the Board of Health... shall receive a Penalty not exceeding one hundred pounds currency and shall be imprisoned until the fine is paid or a term not exceeding six months."⁴⁰

Implementation of the act in Montreal was undertaken by the justices of the peace who administered the city. On March 31 1832, Dr. Andrew F. Holmes, magistrate and director of the Montreal General Hospital, alerted the magistrates of the need to prepare for the onslaught of Asiatic Cholera which was sweeping Europe and which would enter the Canadas once the navigation season opened.⁴¹ He resolved that:

With a view of more certainly preventing the Introduction and extension of the disease it is expedient to adopt energetic measures for the Purifying and cleansing of the Streets, lanes, court, Yards and Houses of this City and more especially those quarters Occupied by the Indigent classes of our Population."⁴²

Arguing that existing police regulations were "insufficient" for the magistrates to enforce cleanliness and good public health, they asked Governor Aylmer to establish a Board of Health in Montreal. By early April 1832 the Board of Health Act had been extended to Montreal.⁴³

Members of the Montreal Board of Health:

Governor Aylmer appointed all the members of the Board by May 10, 1832. It consisted of nine justices of the peace: Charles William Grant (chair), Louis Gogy, Louis Guy, John Molson, Pierre de Rocheblave, Dr. William Robertson, Adam Lymburner McNider, André Jobin and Joseph Roy; eight citizens-at-large: Olivier Berthelet, J. Guthrie Scott (secretary), Dr. John Stephenson, Dr. William Vallee, Henry Corse, John Turney and Andrew Doyle, and Jean-Marie Mondelet; two Protestant ministers, the Rev. John Bethune and Rev. Henry Esson were named ex-

⁴⁰ *ibid*: 362.

⁴¹ *AVM* "Special Sessions of the Justices of Peace", 31 March, 1832.

⁴² *ibid*.

⁴³ *Montreal Gazette* 9 April, 1832.

officio members.⁴⁴ The Board's first meeting took place on May 21, the very day of the infamous Montreal West Election Riot.⁴⁵

For the nine justices of the peace, public regulation was not a new responsibility. Prior to the incorporation of Montreal in 1833, they administered the city. In Montreal and Quebec, justices met in two formal courts, Courts of Quarter Sessions of the Peace, held every three months, and Courts of Weekly Sessions of the Peace, held every Tuesday.⁴⁶ The justices of the peace performed three different roles: performing the preliminary steps in most criminal cases; judging offenders in a variety of offenses; and acting as local administrator "in a wide range of low-level matters from the regulation of markets to the supervision of the poor."⁴⁷ In their judicial role, they had the power to bind defendants not only to appear in a court, but also to keep peace and good behaviour.⁴⁸ Justices of the peace were inevitably local notables, individuals with either political or economic power or both. Prior to the first cholera attack, the justices of the peace were the only body in the city constituted to address public health concerns.

The composition of the Montreal Board of Health was similar to those formed in Europe. In Paris, for example, the Commission de Salubrité was established to investigate the disease abroad and to provide preventive measures. This Commission consisted of similar influential members of society and other medical professionals.⁴⁹ According to Kudlick, the Commission

⁴⁴ This was taken from a list of persons to be appointed to from a Board of Health at Montreal in the "Solicitor General's Draught Commissions" *NA RG 4 A1 Vol 381*, 10 May, 1832; and *Montreal Gazette* 12 May, 1832. (The Board issued directions to the people of Montreal through the local newspapers, in which a list of members of the Board was also included).

⁴⁵ *Montreal Gazette* 3 July, 1832.

⁴⁶ Donald Fyson, "Criminal Justice, Civil Society and the Local State: The Justices of the Peace in the District of Montreal, 1764-1830": 38.

⁴⁷ *ibid*: 34.

⁴⁸ *ibid*: 35.

⁴⁹ Kudlick, "Disease, Public Health and Urban Social Relations": 66-8; Delaporte, *Disease and Civilization*: 28.

acted as an intermediary between the government and the population of Paris. In Britain, the creation of local boards of health by the Privy Council was based on the 1825 Quarantine Act. Once again local boards consisted of the magistrates, clergy, medical profession and other members of the elite.⁵⁰ In both countries, the boards of health were an extension of the central administration. In François Delaporte's opinion, it was not unusual for governments in this period to establish administrative machinery for public surveillance and social control.⁵¹ However, while a committee of notable citizens was a common form of governance, the use of a board to regulate public health was an important addition to the state structure.

Social Regulation:

In its first months the Board adopted a series of health measures and ordered them printed in *La Minerve*, *Montreal Gazette*, *Canadian Courant* and *The Vindicator*, as well as posted on public buildings throughout the city.⁵² Regulations represent an important component in the discussion of state formation. Since the Board was an institution of the state system, regulations represented the encroachment of government on civil society. An analysis of the regulations will demonstrate that although some public health regulations existed prior to the 1832, regulations issued during the epidemic stemmed from a state organization with a very specified objective: public health. The regulations were a primary means by which the Board of Health attempted to regulate the spread of cholera in the lower classes. In many ways the Board of Health regulations can be seen as the first concerted efforts of the state in socially regulating the public's health.

These measures extended regulations which dated from seventeenth-century directives to improve public health in New France. As early as 1663, Louis XIV established measures of

⁵⁰ Michael Durey, *The Return of the Plague: British Society and the Cholera 1831-2*: 21-2; Robert J. Morris, *Cholera 1832: A Social Response to an Epidemic*: 33; Anthony Wohl, *Endangered Lives: Public Health in Victorian Britain*: 123.

⁵¹ *Disease and Civilization*: 28.

⁵² *Montreal Gazette* 10 September, 1832.

hygiene in France and these were extended to New France by 1673.⁵³ Regulations of 1698 forbade the populace of Quebec City to throw filth into the streets.⁵⁴ In 1706, butchers were forced to register and police regulations were instituted to ensure the quality of meat.⁵⁵

In Montreal, justices of the peace were responsible for the maintenance of public health from 1764 to 1832. In 1766, they ordered inhabitants to clean the footpaths and streets before their houses and to carry filth to the riverside.⁵⁶ In 1810, a complete set of regulations was printed including directives that "dung, rubbish, and filth shall be removed through the streets only in closed carts or in closed box trains... under the penalty of five shillings..." and that "no person shall keep any hogs within the city or suburb so near to any square, street or lane, as to be offensive to the neighbours or passengers, under the penalty of ten shillings..."⁵⁷

In his observations of French health regulations, Delaporte noted that France lacked coherent regulations to protect the populace against diseases. Despite the sanitary laws of 1822, "by 1830 - mud and garbage removal was intemperate and many streets were ill-lit with poor sewer systems in some areas."⁵⁸ Delaporte continued by emphasizing the important extension of public health measures as a result of cholera epidemics in France. Public health was now extended to include personal hygiene and "inhabited" space within buildings.⁵⁹ Anthony Wohl agreed, noting that epidemics forced the state to inspect and ultimately control the excesses of unregulated urban

⁵³ Denis Goulet and André Paradis, *Trois siècles d'histoire médicale au Québec: Chronologie des institutions et des pratiques (1639-1939)*: 176-7.

⁵⁴ *ibid*: 178.

⁵⁵ *ibid*: 180.

⁵⁶ ANQM TL 32 S1 SS11 (Registers of the Quarter of Sessions of the Peace) 10 April, 1766.

⁵⁷ *Rules and Regulations of Police for the City and Suburbs of Montreal*, (Montreal: James Brown, 1810): 16, 22.

⁵⁸ *Disease and Civilization*: 21.

⁵⁹ *ibid*: 85-6.

growth.⁶⁰

Although public health regulations were ordered by justices of the peace in Montreal as early as 1766, the effect was less than desirable. According to a Grand Jury report in 1830:

... the filthy condition of the Creek or the Little River, from the port to the little seminary or College, is a nuisance and is another deplorable instance of the negligence with which the Police regulations of this City are enforced.⁶¹

Benjamin Workman, editor of the *Canadian Courant*, wrote that as a member of the Grand Jury prior to 1832, he witnessed the "most disgusting and filthy nuisances" which required immediate action. According to Workman, not one of the suggestions by the Grand Jury was adopted by the Magistrates and "since that period, as before, our city has remained one of the foulest haunts of men on the AMERICAN continent."⁶² The first cholera attack acted as a catalyst that forced local government to re-organize its approach to unregulated urban growth.

In Europe and North America, public health regulations stimulated by the cholera threats of 1832 took a different tone and language. Kudlick for example, shows that 'instructions,' that is, responses on how officials were to govern a population during an epidemic - had been written only for the town elders, justices, and civil servants.⁶³ In 1832, the 'instructions populaires' were presented in a language directed at the larger populace and were distributed in a manner which would reach them directly.⁶⁴ In Britain, the government reacted to cholera by printing handbills and posters which "showered a wide range of information, regulation and warning on the population in

⁶⁰ *Endangered Lives: Public Health in Victorian Britain*: 118.

⁶¹ ANQM TL 32, S1, SS11. Quarter Sessions of the Peace, 30 April, 1830.

⁶² *Canadian Courant* 1 August, 1832.

⁶³ "Disease, Public Health and Urban Social Relations": 86.

⁶⁴ *ibid*: 62.

general."⁶⁵

Montreal's Board of Health showed the same attention to the larger public. Its regulations, written in a succinct and straight forward manner, were published in all local newspapers and were posted on public buildings. The Board pledged "to use every precautionary means within its power to mitigate the calamity, and confidently relies upon the active cooperation of all classes in this object."⁶⁶

Named from among the elite by the Governor, the Board's regulations were aimed particularly at the lower classes. This was based on the notion that the lower classes had a tendency towards filth and immorality leaving them susceptible to cholera. 'Of Cleanliness' illustrates this as it ranged over the cleansing of houses and yards, the keeping of livestock in the city, and the location of privies.⁶⁷ Another section ordered that "no person whomsoever shall throw or cause to be thrown any dirty water, vegetables, ashes, soot, filth or dirt of any kind into the Streets of the City..." and refuse vegetable substances were to be removed, on Wednesday and Saturday in each week, in covered carts, to be furnished by the Board of Health. All other refuse was to be removed weekly by a cart at the expense of the residents.⁶⁸

The hog or 'poor man's pig' came under the attention of public health regulations surrounding cholera. In London, police and magistrates joined to eliminate the dwelling-house pigs kept by immigrant Irish who were supplementing their wages by selling the flesh and dung.⁶⁹ Anthony Wohl has shown that, "in the popular mind, domestic pig-keeping, like other sanitary

⁶⁵ Robert J. Morris, *Cholera 1832: A Social Response To An Epidemic*: 115.

⁶⁶ *The Vindicator* 12 September, 1832.

⁶⁷ *Montreal Gazette* 12 September, 1832; "Rules and Regulations, Orders and Directions, Made and Established by the Board of Health in and for the City, Port, and Harbour of Montreal".

⁶⁸ *ibid.*

⁶⁹ *Cholera 1832*: 176.

nuisances, was associated mainly with the Irish."⁷⁰ For Montreal in the mid-nineteenth century, Bettina Bradbury has shown that a pig represented cash or food in times of unemployment and need; it was a "valuable supplement to a low, unsteady and irregular wage income."⁷¹ Irish and French Canadian families in Montreal were continuing a practice that derived not simply from a farming background, but from a long tradition of having to supplement low wages.⁷² The prohibition of pigs within city limits, she argues, was a class-specific decision. The 1832 regulation concerning hogs was based on a class conscious bias aimed at the lower class and foreshadowed future permanent measures taken in the mid-1800s.

Public health regulations in 1832 anticipated the measures imposed on the Montreal working class in the 1860s: "No person," the regulations stated, "shall keep any hogs in dwelling houses nor in any building within twenty feet of such dwelling houses in the City, Banlieue, or Port of Montreal."⁷³

Other regulations passed in the summer of 1832 had a direct impact on the social life of the popular classes. For example, bathing and washing in the river between Point St. Charles and the Lachine Canal was prohibited by the Board because the water was used for consumption.⁷⁴ The regulations were the means by which the Board attempted to become more involved in society. In the growing urban environment of Montreal in the early 1830s, the cholera attack accentuated a need for regulating the urban environment.

Enforcement:

As the newly established Board of Health moved to intervene in society in broad areas of

⁷⁰ *Endangered Lives*: 82.

⁷¹ "Pigs, Cows, and Borders: Non-Wage Forms of Survival Among Montreal Families, 1861-91," 9.

⁷² *ibid*: 22.

⁷³ *Montreal Gazette* 12 September, 1832.

⁷⁴ *Montreal Gazette* 26 September, 1832.

sanitation, public health and social life, its legal status became important. Michael Durey has shown that in England local boards were rendered ineffective because of their limited power over nuisance removal. The Boards were still required to work with the local magistracy and other established authorities and were hampered by finances and by the "obstructive antiquated relevant authoritative body's attention."⁷⁵

The same situation occurred in Montreal where the Board was aware of its limited powers. As early as May 22, J. Guthrie Scott, secretary for the Board, wrote to the Governor requesting copies of the Provincial Statute under which the Board had been established. Two weeks later he wrote to "obtain legal advice for their guidance under the Act, - to obtain information from His Majesty's Solicitor General or other Law Officers of the Crown, such legal advice as the Board from time to time may require."⁷⁶ On June 11, he questioned the Governor concerning the Board's powers to enforce the law.⁷⁷

The Board was soon at loggerheads with Law Officers of the Crown. Receiving complaints of infractions to the health regulations, the Board attempted to act. However, it found that "without the assistance of the Law Officers of the Crown to prosecute, under the requisition of this Board, persons offending against regulations must remain unpunished and thereby expose the regulations and the Board itself to public contempt."⁷⁸ When the Board sent applications to the crown officers to prosecute and was refused on the pretext that it required special orders from the Governor, the Board undertook prosecutions on its own. Their summonses were, however, declared illegal.

This forced the Board to approach the Governor again and on June 26, Scott proposed that,

⁷⁵ *Return of the Plague*: 79.

⁷⁶ NA RG 4 A1 vol 383 (June 5-9, 1832) June 9, 1832: 80.

⁷⁷ NA RG 4, C2 June 11, 1832 Letter Books of the Provincial Secretary, Canada East vol. II 1831-1832 No 3. (Microfilm 10464).

⁷⁸ *ibid.*

"in all prosecutions ordered by the Board, information should be given to a Law Officer of the Crown, with instructions to sue for the penalty as imposed by the Provincial Statute 2 William 4 Chapter 16, for the benefit of His Majesty."⁷⁹ Scott informed the Governor that Montreal prosecutors, David Ross, Michael O'Sullivan and Jules Quensel had refused to enforce the Board of Health regulations noting that "without special authority from His Excellency, prosecutions under the act above mentioned cannot be commenced by any Officer of the Crown now in Montreal."⁸⁰ The Board insisted that the Governor authorize prosecutions to enforce public health regulations. In July, the Governor regulated the dispute between the Board and the prosecutors, - the Board was to initiate prosecutions under the Public Health Act in the name of the crown and only when authorized by a Crown officer.⁸¹

Court records show that, through the month of June, prosecutions for uncleanness were made under police regulations rather than under the Board of Health Act. On June 5, Henry Solomons was charged by the High Constable of Montreal, while Benjamin Delisle was apprehended for throwing "excrements and other filth and dirt" onto Commissioners Street on June 2. On June 12, Jacques A. Cartier was found guilty of throwing filth from his privy onto Commissioners Street. Thomas Nixon was also found guilty of throwing dirt and filth onto St. Constant Street. These cases all arose from violations of the police regulations.⁸²

While the Board sought clarification of its legal power, cholera was, of course, ravaging Montreal and the public was demanding action. A writer to the *Canadian Courant* demanded that the Board examine the state of several houses that were hotbeds for nourishing pestilential disease: "unless proper measures be promptly adopted to ensure its suppression," cholera would become an

⁷⁹ NA RG 4 A1 vol 384 June 26-27, 1832 (June 26, 1832).

⁸⁰ NA RG 4 A1 vol 384 June 26-27 1832, (June 26, 1832).

⁸¹ NA RG 4 C2 "Letter Books of the Provincial Secretary, Canada East 1831-1832" vol 381 (Microfilm 10464) July 18, 1832.

⁸² ANQM TL 36 S1 SS11 "Proces Verbaux" 1832 Montreal, Court of Weekly Sessions of the Peace.

epidemic.⁸³ For his part, the editor of the *Montreal Gazette* reinforced this call for immediate action:

As to the inefficiency of the present Board of Health they have passed rules, no doubt, and have appointed Wardens, to see them enforced... but we see no symptoms of the order being respected?... A Board constituted as they have been, for the public good must bear in mind that their duty is not spending time in idle speculation,⁸⁴ but to be engaged in prompt action.

Benjamin Workman, editor of the *Canadian Courant*, wrote in the same vein: "If the Board continued to neglect the cleansing of the streets, Police regulations of the city, which impose fines for all nuisances, would be enforced by Mr. Delisle, High Constable of Montreal."⁸⁵

According to the records of the Court of Special Sessions of the Peace, the first case concerning a violation of the Board of Health regulations was stopped by the crown prosecutor. On July 28, tanner, Jolin Armstrong, was charged with keeping a large number of raw hides in his tannery in the Saint Antoine Suburb. The raw hides, including carcasses and dung within his building and in the yard, created offensive odours in the neighbourhood. In stopping the action, crown prosecutor, Michael O'Sullivan, noted that he did not have it "in his power to disapprove of Armstrong's plea of vague regulations and irregularity of enforcement."⁸⁶

By August, however, convictions were being made for violation of Board of Health regulations. John Carrol was found guilty of keeping hogs at his dwelling house and of lodging "a great number of persons to which thirty persons and more, exceeding the rates of four persons to a room of twelve square feet...contrary to the Rules and Regulations of the Board."⁸⁷ Michael Burns was found guilty of keeping hogs, of not cleaning his yard and of lodging illegally more

⁸³ *Canadian Courant* 21 July, 1832.

⁸⁴ *Montreal Gazette* 21 July, 1832.

⁸⁵ *Canadian Courant* 4 August, 1832.

⁸⁶ ANQM TL36 S1 SS11 "Court of Special Sessions of the Peace," July 28, 1832.

⁸⁷ ANQM TL36 S1 SS11 "Court of Special Sessions of the Peace," August 7, 1832.

than twenty persons.⁸⁸ Samuel Boustead was found guilty of not cleaning his yard on the corner of Notre Dame St. and Saint Peters St. and of refusing to clean his privy. Boustead was fined seven pounds and ten shillings and was ordered imprisoned until he paid.⁸⁹

Financing the Board of Health:

Similar to its difficulty in establishing its legal authority, the Board of Health struggled on the issue of finances which remained controlled by an external body. By the same act that established the Board, a Health Commissioner was created to oversee the finances of local boards of health and to provide medical reports to the Governor.

In England, medical inspectors appointed to local boards of health by the Central Board of Health were, according to Durey, the means by which the central government "penetrated the fortresses of localism."⁹⁰ These medical inspectors were responsible to the government and not to the local authorities. This structure was replicated in Lower Canada and in Montreal as two Health Commissioners were appointed by the Governor: Dr. Robert Nelson and Dr. F.J. Arnoldi.

In June, the Board requested £1000 from the government to undertake its responsibilities under the act. The Provincial Secretary responded with a grant of £500 promising another £500 "will be issued provided it can be done consistently with other objects contemplated by the Legislature in the Act under which the Board of Health has been established."⁹¹ Two weeks later the Board was informed by the government that as the cholera epidemic diminished - "the expenditures will diminish in a corresponding ratio."⁹²

Use of these funds by the Board of Health was under the absolute control of the Health

⁸⁸ ANQM TL 36 S1 SS11 "Court of Special Sessions of the Peace," August 7, 1832.

⁸⁹ ANQM TL36 S1 SS11 "Special Sessions of the Peace," August 21, 1832.

⁹⁰ *Return of the Plague*: 96.

⁹¹ NA RG 4, C2 "Letter Books of the Provincial Secretary, Canada East, 1831-1832," no 3, (microfilm 10464) June 14, 1832.

⁹² NA RG 4 C2 vol 381 "Letter Books of the Provincial Secretary, Canada East, 1831-1832," (microfilm 10464) June 25, 1832.

Commissioners who drew cheques for all expenditures. On June 20, Dr. Robert Nelson, chief Health Commissioner, notified the Board that it was not to "contract new debts unknown to the Commissioners of Health, seeing that the law renders these latter responsible for all expenditures."⁹³ A month later, a crisis broke out over an application by John C. Carpenter for monies due to him for the erection of a water closet on the Wharf which he had undertaken on directions of the Board. His application was approved by Board members Olivier Berthelet and Andrew Doyle. Dr. Nelson, however, refused to pay this account. The Board secretary wrote the Governor asking for authority to pay the account, "as well as of all monies ordered by the Board to be expended for Sanitary Purposes without reference to the sanction of the Commissioners of Health."⁹⁴ On August 14, Dr. Nelson refused another account on grounds that it was not necessary for the preservation of public health.⁹⁵

On September 6, the Board wrote the Governor again concerning the £500 that had been issued to Dr. Nelson for the "general purposes of the board..."⁹⁶ It complained that "such a misunderstanding between the Board and its principal officer must impede its operations."⁹⁷ With no response from the Governor, the Board refused to proceed with any business involving expenditures of public funds.

The Boards of Health were local agencies appointed by the government to regulate health in the city, particularly during a cholera attack. They represent important local institutions and manifestations of state formation in response to crises in public health. The Lower Canadian response, as we have seen, had many parallels with European examples. It may well represent a strong attempt to control local administrations by extending the power of magistrates and others in

⁹³ NA RG 4 A1 vol 390, (September 5, 1832).

⁹⁴ NA RG 4 A1 vol 388, (August 4, 1832).

⁹⁵ NA RG 4 A1 vol 390, (September 5, 1832).

⁹⁶ NA RG 4 A1 vol 388, (September 6, 1832).

⁹⁷ NA RG 4 A1 vol 390, (September 5, 1832).

the local elite. At the same time, the government did not give the Board financial or legal autonomy and allowed the Board in Montreal to struggle with both medical and legal officers. Therefore, it is to doctors and to the role of medicalization resulting from the cholera crisis of 1832 to which we now must turn.

Medicalization of Government

In 1965, medical historian Charles Rosenberg suggested that the study of the behaviour of society during an epidemic, such as cholera, provides an effective tool for identifying social change and of examining medicine as a social function.⁹⁸ The 1832 cholera epidemic in Montreal provides a case study of Rosenberg's claims. This chapter focuses on the inclusion of medical personnel on the Board of Health and on the establishment of cholera hospitals. As part of the underlying theme of state formation, these two examples of medicalization are significant. The development of a temporary cholera hospital resulted from a new alliance between the medical community and the government and ultimately led to the creation of government hospitals.

Historians have shown that in several European cities the cholera epidemic was a pivotal moment in the relationship between the medical profession and the state. Participation of the medical profession in boards of health was, according to Michael Durey, a new phenomenon in Britain.⁹⁹ The inclusion of physicians on the Central Board of Health "caused the influence of antiquated medical science to be shrugged off as professional expertise replaced status as the main criterion in public health."¹⁰⁰ Catherine Kudlick has shown that in Paris, the emergence of new government intervention resulted from the unprecedented co-operation between the city administration and the medical profession in anticipation of the epidemic.¹⁰¹ In her view, cholera encouraged the medicalization of state power by demonstrating the need for the increased participation of doctors.¹⁰² François Delaporte confirmed that in Paris "the needs of medical

⁹⁸ "Cholera in Nineteenth-Century Europe: A Tool for Social and Economic Analysis," ed. Charles Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine*, : 135-162.

⁹⁹ *The Return of the Plague: British Society and the Cholera 1831-2*: 12.

¹⁰⁰ *ibid.*: 78.

¹⁰¹ Kudlick "Disease, Public Health and Urban Social Relation: Perceptions of Cholera and the Paris Environment, 1830-1850," : 14.

¹⁰² *ibid.*: 252.

technology converged with the needs of political reform."¹⁰³

The Medical Profession:

In Montreal the epidemic also provided the opportunity for doctors, via boards of health, to increase their power. Led by doctors William Caldwell and William Robertson, several physicians had been working for a decade to improve the status of their profession in Montreal. Among the most influential anglophone practitioners in Montreal, they participated in the establishment of the Montreal General Hospital in 1819. Built in response to the inability of the Hotel Dieu to handle the expanding population, the Montreal General moved into its Dorchester Street building (now boulevard René Lévesque) in 1821.¹⁰⁴ A private hospital, the Montreal General became the focus for development of the 'professional' medical community during the 1820s.¹⁰⁵ In 1822, John Stephenson and Andrew Fernando Holmes joined Caldwell and Robertson on staff and the following year, Henri-Pierre Loedel, a French Canadian, was added to the Medical Board of the hospital.¹⁰⁶ All three had trained in Britain, and, with Caldwell and Robertson, formed the nucleus of the effort to professionalize medicine in Montreal.

In 1823, the Montreal Medical Institution, which in 1829 became the McGill College of Medicine, was established by Robertson, Caldwell, Stephenson, Holmes and Loedel.¹⁰⁷ In addition, Governor Dalhousie approved Stephenson's and Holmes's suggestion that medical examiners in Montreal should be drawn from the hospital staff.¹⁰⁸ This influence of the Montreal General medical staff was contested by French Canadian doctors, who complained that they were

¹⁰³ Delaporte, *Disease and Civilization: The Cholera in Paris, 1832* : 175.

¹⁰⁴ Sylvio LeBlond, "La médecine dans la Province de Québec avant 1847," : 69-95.

¹⁰⁵ The term 'professional' refers to the medical physicians in Montreal that were educated in the empirical-science based medical theory that emerged in the late 1700s and early 1800s Europe.

¹⁰⁶ Alan Ridge, "The Minute Book of the Montreal Medical Institution": 437.

¹⁰⁷ Geoffrey Bilson, *A Darkened House*: 146.

¹⁰⁸ Charles Roland, "John Stephenson," *Dictionary of Canadian Biography*, vol 7: 824.

prevented from participating on the Montreal Medical Board and from selecting medical doctors in the city. Dr. Xavier Tessier, editor of the *Quebec Medical Journal*, expressed the ambiguous feelings of some French Canadian physicians:

We have the pleasure to witness the efforts which are making to render the profession respectable and truly useful to mankind. Four medical Gentlemen. viz: Drs. Caldwell, Robertson, Stephenson, and Holmes have been engaged in giving lectures on various departments of Medical Science. We must, however, deplore that some defect complained of by the great majority of the Profession in Montreal, should have given rise to a spirit of division, which we fear is to be referred to political dissensions kept up by national prejudices.¹⁰⁹

With the opening of McGill College in 1829, friction mounted further as French Canadian doctors charged that the McGill group were undermining their training and skills.¹¹⁰

In 1831, members of the medical communities in Montreal and Quebec City had united successfully to lobby the government to pass an act that restricted those who could practice medicine and raised entry standards for the study of medicine.¹¹¹ The act also provided for the election of medical boards by licensed physicians. This proved detrimental to the McGill group which was soundly defeated by the French Canadian medical community in 1831. But, whatever the tensions between doctors of the two ethnic communities, they united to obtain professional status for doctors in Lower Canada.

Medicalization of the State:

Michel Foucault has argued that the emergence of modern medicine in the late 18th century ushered in a period of the involvement of medical doctors in the state. Late eighteenth-century changes in medicine led to a convergence of political ideology and medical technology. He believed

¹⁰⁹ *Quebec Medical Journal* ed. Xavier Tessier vol 2 (January, 1827): 116-7. (The Journal was established in 1826 by Dr. Tessier in Quebec City and was published in english and french. It only lasted for two years. It was the first medical journal in Canada).

¹¹⁰ Bilson, "The First Epidemic of Asiatic Cholera in Lower Canada, 1832,": 415; LeBlond, "La médecine dans la Province de Québec,": 59-69.

¹¹¹ Bilson, "The First Epidemic of Asiatic Cholera,": 414.

that new concerns by authorities for the health of expanding populations in capitalist societies provided medicine with new meaning and roles in the state. Political authorities and doctors, using different vocabularies, now attacked the space in which disease matured. The ideology of economists and physicians coincided in broad terms as the space in which disease was isolated and reached fulfillment as an absolutely open space, one which had to be contained to prevent the spread of the disease. Medicine was no longer solely confined to a body of techniques for curing ills and the knowledge to accomplish this; it now embraced the knowledge of the 'healthy,' that is study of the 'non-sick' and included a definition of the model individual. It revealed ways in which a group, in order to protect itself, practised exclusions, established forms of assistance, and reacted to poverty and the fear of death. Foucault called this 'tertiary' spatialization by which all gestures relating to disease in a given society were medically vested and isolated, divided up into closed, privileged regions, and distributed throughout cure centres.¹¹²

This new power was accentuated by the emergence of 'noso-politics,' the politics of medical classification, which defined objects of medical intervention in ways which rendered them amenable to treatment.¹¹³ According to Bruce Curtis, "noso-politics was subsequently re-worked as 'bio-politics,' all those political initiatives concerned with 'life,' whose particular object was population."¹¹⁴ The result was the medicalization of government as medical technology and ideology was integrated into state initiatives.

Kudlick pushed Foucault's theory further showing that it was the unprecedented crisis of the cholera epidemic of 1832 which served as the pivotal moment of medicalization.¹¹⁵ In Montreal, the uneasy collaboration between the doctors and the Board of Health authorities was

¹¹² *Birth of the Clinic: An Archaeology of Medical Perception*,: 34.

¹¹³ Bruce Curtis "Studying the State as Process": 20.

¹¹⁴ *ibid.*: 20.

¹¹⁵ "Disease, Public Health and Urban Social Relations": 24.

manifested in the appearance of cholera hospitals.

Collaboration concerning cholera between the medical profession and the government of Lower Canada first occurred in 1831, when the Executive Council asked the Quebec Medical Board to appoint a committee to report on cholera in Europe.¹¹⁶ The Board recommended that a quarantine system be instituted and a board of health established "constituted on the principles of those lately established in some of the principle towns and cities in Europe."¹¹⁷ This led to the act establishing the quarantine station at Grosse Isle and boards of health.

Although the Act did not stipulate their inclusion, doctors were named to both the Montreal and Quebec City Boards. Medical professionals were of course well-informed of medical advancements in Europe and Rosenberg has shown the ease with which information "was diffused within the European medical community - including its provincial outposts in the Western Hemisphere."¹¹⁸ In 1826, the inaugural issue of *the Quebec Medical Journal* analyzed literature "relative to various branches of Medical Science," including *London Medical and Physical Journal* and *the Edinburgh Medical and Surgical Journal*.¹¹⁹ As early as 1826, the Journal provided brief descriptions of cholera within discussions of public health in Lower Canada.¹²⁰

The Montreal medical community was represented on the Board by doctors John Stephenson, William Robertson and William Vallée.¹²¹ Robertson and Stephenson were educated at the University of Edinburgh, reputedly the best medical school in Britain.¹²² Dr. Robertson was

¹¹⁶ Bilson, "First Epidemic of Asiatic Cholera," 414.

¹¹⁷ *Journal of Legislative Council of Lower Canada* vol 41, 1832: (Appendix N.n.n.)

¹¹⁸ Rosenberg "Cholera in 19th Century Europe": 116.

¹¹⁹ *Quebec Medical Journal*, vol 1 (1826): 17-8.

¹²⁰ *ibid.*: 184, 216.

¹²¹ *Montreal Gazette* 10 June, 1832.

¹²² *Cholera 1832*: 159.

appointed medical examiner in Montreal in 1816 and became a senior member of the Montreal General Hospital and McGill College.¹²³ Dr. Stephenson graduated from Edinburgh and completed his apprenticeship under Dr. Robertson. He joined the Montreal General Hospital in 1822 and by 1832 was a prominent professor at McGill College.¹²⁴ Little is known about Dr. William Vallée.

Cholera Hospitals:

When Montreal's first cholera victim fell in June 1832, the local Board of Health had been in operation only a few weeks, barely enough time to devise a coherent set of responses. The institution of temporary cholera hospitals signified the emergence of 'bio-politics' in Montreal as medical technology and political ideology converged as a means to protect the 'healthy' population from the 'unhealthy'. According to Robert Morris, cholera hospitals were related to the contagion theory, built as much to stop the spread of the disease as to cure the sick.¹²⁵ Medically, they served to calm patient fears, provide rapid treatment, and minimize the risks of infection by concentrating cholera victims in a limited space, and therefore minimalizing contact with healthy individuals.¹²⁶ Politically, the hospitals represented a state institution with the double aim of providing free medical aid to the lower classes while protecting the larger population from cholera.

These responses were typical across Europe before 1832. Russian cholera regulations of 1823, 1829, ordered that "persons attacked by the disease must be separated from the healthy."¹²⁷ A report in Orenburg noted "very doubtingly as to the infectious power of cholera... but accepted measures of seclusion which are usually adopted under the idea of it being dangerously infectious," and that "all cholera patients must be kept apart from the other sick persons, and in as spacious

¹²³ E.H. Bensley, "William Robertson," *Dictionary of Canadian Biography*, vol. 10: 750-1.

¹²⁴ Charles Roland, "John Stephenson," *Dictionary of Canadian Biography*, vol. 7: 824-5.

¹²⁵ *Cholera 1832*: 173.

¹²⁶ *Disease and Civilization*: 39.

¹²⁷ "Instructions on the Treatment of Cholera by the Supreme Medical Board of St. Petersburg," (1823, 1829). *Cholera 1832-1834* : 8.

apartments as possible."¹²⁸ In Poland, a doctor observed that "when the disease (cholera) is confined to a small place which can be effectively cut-off and easily supplied with provisions and other necessities, it may be right to make the attempt to hem in the infection."¹²⁹ In Scotland, the Edinburgh Board of Health established measures that separated the sick and suspected sick from the rest of the population.¹³⁰ In France, authorities argued in favour of isolating cholera patients in special hospitals to be located on the outskirts of the city.¹³¹

The Lower Canada medical community was well aware of these cholera hospitals. In 1831, the committee made specific mention of "salutary precautions recommended relative to the best means of preventing the spreading of contagion by removing infected persons."¹³² And recommended that:

The Board be furnished with every official document published in England on that most interesting subject, and that they should be translated into French, so as to enable the Board to circulate them with more effect among the Medical Practitioners of the Country, and more particularly among those who are established on the borders of the River St. Lawrence.¹³³

Ste. Anne's Cholera Hospital:

As was the case with private hospitals in France and England, Montreal was not able to utilize the Montreal General Hospital during the epidemic. Although it was the only hospital in the city capable of coping with a relatively large number of patients during a crisis, the Hospital

¹²⁸ *ibid.*: "Regulations of the Medical Board of Orenburg," (1829): 54.

¹²⁹ *ibid.*: Dr. M. Brierre de Boismont, "Description of the Epidemic Cholera in Poland," (1831): 217.

¹³⁰ *ibid.*: Dr. Robert Christison, "Account of the Arrangements Made by the Edinburgh Board of Health Preparatory to the Arrival of Cholera in the City," (1831): 261.

¹³¹ Delaporte, *Disease and Civilization*: 74.

¹³² *Journal of Legislative Council of Lower Canada* vol 41 1831-1832 (Appendix N.n.n.).

¹³³ *ibid.*

refused admittance of cholera patients during the epidemic, stating that it was already filled with patients with other illnesses.¹³⁴ Since it was a private institution, the Board of Health could not force it to accept cholera patients. The Hospital did however appoint a committee to find accommodations for cholera victims and in November 1831, it recommended repair of the Ste. Anne emigrant sheds as a cholera hospital.¹³⁵

Within days of the arrival of cholera to Montreal in June 1832 the Montreal Board of Health took possession of the sheds, converting them into a temporary cholera hospital. This action was not unique to Montreal. According to Michael Durey, in England temporary hospitals were to be at the forefront of local board activity in 1832.¹³⁶

Geographically, the temporary hospital was isolated from the city. The sheds were located in Ste. Anne suburb, an area of industry and popular housing along the Lachine Canal and accessible to the city along Wellington Street. The majority of the Ste. Anne population was Irish, who moved into the area after the completion of the Lachine Canal in 1826.¹³⁷

Early in 1831, sheds had been constructed on the west side of the Lachine Canal as temporary accommodation for immigrants transiting through Montreal on their way west. The *Quebec Gazette* described the intrusion of immigrants as a "passage of an immense army, much exposed and ill-equipped, leaving the inhabitants to take care of and provide for the sick, wounded, disabled, and bury their dead."¹³⁸ The sheds were built by the Montreal Emigrant Society, which had been established to assist destitute immigrants with food, lodging, and medical

¹³⁴ *McGill Archives*, RG 96 C1 2007B, Register of Proceedings Governors of Montreal General Hospital, vol 1, 1822-1832.

¹³⁵ *McGill Archives* RG 96 C15, Report of the Committee of Management of the Montreal General Hospital, 1 November, 1831.

¹³⁶ *Return of the Plague*: 90.

¹³⁷ *Philadelphia Commission*: 10; Gerald Tulchinsky, "The Construction of the First Lachine Canal, 1815-1826," 95; Lorne Ste. Lacroix, "The First Incorporation of the City of Montreal, 1826-1836," 21.

¹³⁸ *Quebec Gazette* 11 November, 1831; see also Bilson *A Darkened House*: 8.

aid. These were the sheds that the Board of Health took over with the onset of the epidemic.

The decision to locate the cholera hospital on the plains of Ste. Anne was contentious. In England, the establishment of cholera hospitals aroused feelings from local people fearing infection.¹³⁹ In Boston, the vestry refused funds for leasing of the most suitable building (a corn warehouse) forcing the Board of Health to install the hospital in a storehouse.¹⁴⁰ One report concerning Montreal noted that the Montreal Board of Health had been offered "the seminary, a large, airy, and commodious building in the town...", instead, the Board opted for the emigrant sheds, located among poor Irish, who were themselves blamed for the introduction of cholera to the city.¹⁴¹

Indeed, contemporary observers connected cholera with the lower classes. Perceptions of the disease were moulded by the press reports which accentuated class attitudes:

The profligate, the drunkards, the gluttons, the lazy, the dirty, the quarrelsome, may be sure I will find out their abode. And I never fail to fix on those constitutions that have been enfeebled by debauchery or undermined by the infallible poisons, which are such favourites in your country, under the name of quack medicines... But this I must observe, that if a man be industrious, sober, and temperate, I shall have nothing to say to him.¹⁴²

These impressions of cholera as a disease of the unclean and immoral have their counterparts elsewhere. A report from Great Britain observed "the places where cholera has broken out are all inhabited by the lower classes."¹⁴³ In London, *The Medical and Surgical Journal* noted "there is no proof of it [cholera] being imported, or communicable from one to another; it is clearly developed

¹³⁹ Durey, *Return of the Plague*: 90.

¹⁴⁰ *ibid.*: 91.

¹⁴¹ *Report of the Commission*: 11.

¹⁴² "Cholera Personified," *Montreal Gazette* 24 February, 1832.

¹⁴³ *Montreal Gazette* 29 March, 1832.

in filthy unwholesome districts, and generally among distressed poor..."¹⁴⁴

Traditionally, hospitals were institutions that treated people who could not afford private home care. These hospitals, according to Kudlick, "reached new heights during the first cholera epidemic because only the wealthy could afford services of the private physicians."¹⁴⁵ Conditions in these hospitals confirmed that they were destined for the poor and the immigrants. In England most temporary hospitals were "were unsuitable, inefficient and uninviting buildings."¹⁴⁶ While in France the hospitals were nothing more than death traps: "The large and insanitary institutions had become the repository of the forgotten poor, places equated with disease and death at the hands of strangers."¹⁴⁷

Similar conditions and death awaited patients in Montreal:

...and, the emigrant sheds, one of which had not even flooring, which were mere shelters from the weather, without the least arrangement for comfort, and most inconveniently situated, were taken possession of and converted into hospitals. These were at first without beds and bedding; the sick were laid on straw spread on the floor, without blankets or other covering. Even to the period of our arrival more than half the patients were without beds, and the extent of their covering a single blanket... Instead of hospitals they could in reality be regarded as mere charnel houses, where the destitute and houseless might die beneath a roof instead of the canopy of heaven.¹⁴⁸

Benjamin Workman, editor of the *Canadian Courant*, wrote after a visit to the cholera hospital that:

They [cholera hospital] are mere temporary sheds closed in with rough deals, with here and there a hole cut in the wall to serve as a window, and in most instances straw for bedding, no farmer would consider them as comfortable accommodation for his cattle and yet

¹⁴⁴ *Montreal Gazette* 26 April, 1832.

¹⁴⁵ "Disease, Public Health and Urban Social Relations," 203.

¹⁴⁶ Durey, *Cholera 1832*: 104.

¹⁴⁷ Delaporte, *Disease and Civilization*: 37; Kudlick, "Disease, Public Health, and Urban Social Relations," 203

¹⁴⁸ Samuel Jackson, Charles Meigs and Richard Harlan, *Report of the Commission Appointed... : 11.*

these miserable sheds are persons brought labouring under a malady which, for all others that afflict the human frame, requires warmth, prompt attention and comfortable beds. They might as properly be called dying houses...¹⁴⁹

A few days later he wrote:

We could not conscientiously give consent to any measures of cooperation with the Board of Health, believing as we do, that, owing to the wretched accommodations afforded by the sheds under its care, and by the defective system of attending and prescribing to the sick in these places many have died who, under better management might have been restored to health... We are of the opinion that instead of saving lives these miserable places are the causes of loss of lives.¹⁵⁰

Workman was not the only person to criticize the conditions of the sheds. The editor of *La Minerve* wrote:

Il est penible, c'est une spectacle révoltant pour les coeurs sensibles et humains de voir les émigrés et la partie le plus pauvre de notre population, exposés a périr, et périr en effét, faute de soins, dans les hopitaux temporaires...¹⁵¹

An article in the *Montreal Gazette* stated "there can be no comfort for the patient who is unhappily taken there. There are no beds - nothing but straw on the bare ground to lie on."¹⁵² A few days later the *Gazette* reported "the cholera sheds, which have been the subject of increasing complaints since their establishment on the score of the complete want of all comfort and attention to the poor inmates."¹⁵³

The cholera epidemic marked the emergence of 'bio-politics' in Montreal. The cholera hospital project undertaken is an example of state formation as the medical community and

¹⁴⁹ *Canadian Courant* 20 September, 1832.

¹⁵⁰ *Canadian Courant* 23 June, 1832.

¹⁵¹ *La Minerve* 18 June, 1832.

¹⁵² *Montreal Gazette* 21 June, 1832.

¹⁵³ *Montreal Gazette* 28 June, 1832.

government officials attempted to construct a new alliance through a state-funded hospital and marked an important period in the development of relations between the medicine and the state. Subsequent cholera outbreaks saw the repeated use of temporary cholera hospitals. As municipal government developed in Montreal 'bio-politics' became entrenched in public health policies of city councils. The importance of physically separating the sick from the healthy remained a central component of cholera precautionary measures as late as the last major attack in 1854.

The Voluntary Movement

There are conflicting interpretations concerning the role of the state and civil society in the establishment of public health in Canada. According to Jay Cassels, life in Canadian cities during the 1800s was dominated by a commercial elite which did not think in terms of collective social welfare: "unlike the United States, pietism or philanthropic traditions do not seem to have played a significant role in the early development of Canadian public health programmes."¹⁵⁴ For his part, historian Jean-Marie Fecteau is one of the few to emphasize the importance of civil society in the development what would later become the twentieth-century welfare state in Quebec.¹⁵⁵ In studying institutions that dealt with poverty and crime, Fecteau isolated Irish immigration, together with the public health crisis caused by the cholera attacks in the early 1830s, as crucial factors that forced the government into regulating social problems. The voluntary movement is an excellent case study of Fecteau's interpretation.

Voluntary organizations existed in Lower Canada long before 1832. It was only natural - threatened by an epidemic that many considered as emanating from the lower classes - that the elite would establish committees to protect their health. What is particularly striking in the 1832 committees was their important links to the state. Examination of the Citizen's Committee for Sanitary and Emigrant Purposes and the suburb committees demonstrates the collaboration between government and civil society.

Antonio Gramsci spoke to the importance of this alliance of the civil and political. According to Bruce Curtis, Gramsci argued that an understanding of the process of governance is furthered by an analysis of the 'two major superstructural "levels": the one that can be called 'civil

¹⁵⁴ "Public Health in Canada," 280.

¹⁵⁵ Jean-Marie Fecteau, *Un nouvel ordre des choses*; (see also his "Etat et associationnisme au XIXe siècle Québécois," eds. Allan Greer and Ian Radforth, *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1992); "Between the Old Order and Modern Times").

society' that is the ensemble of organisms commonly called 'private,' and that of 'political society' or 'the State.'¹⁵⁶ Gramsci noted the function of the two levels was primarily organisational and connective. Curits wrote that Gramsci believed "the two levels corresponded on the one hand to the function of 'hegemony' which the dominant group exercises throughout society and on the other hand to that of 'direct domination' or command exercised through the State and 'judicial government.'¹⁵⁷ Gramsci characterized civil society's contributions to the State as:

The spontaneous [i.e., organized] consent is given by the great masses of the population to the general direction imposed on the social life by the dominant fundamental group; this consent is 'historically' caused by the prestige (and consequent confidence) which the dominant group enjoys because of its position and function in the world of production.¹⁵⁸

Citizen's Committee:

On June 22, 1832 a group of prominent Montrealers met at the Montreal Court House to consider the "proper means to provide for the comfort" of immigrants within the city that were unable to continue on their way to Upper Canada; and "likewise to consider in what manner the general health of the City might be best promoted..."¹⁵⁹ Speaking in French, Charles Mondelet told the meeting that a committee was needed "to restore the shaken confidence and courage of the public."¹⁶⁰ He was followed by Peter McGill who stated that he felt "no disposition to occupy time by questioning what the Board of Health had done"; what was needed was action by the public.¹⁶¹ McGill went on to present several resolutions. The first called for:

¹⁵⁶ Bruce Curits, "Class, Culture and Administration: Educational Inspection in Canada West": 106-7

¹⁵⁷ *ibid*: 107

¹⁵⁸ Cited in Greer and Radforth eds. *Colonial Leviathan*: 107.

¹⁵⁹ NA RG 4 vol 384 (June 24, 1832).

¹⁶⁰ *Montreal Gazette* 23 June, 1832.

¹⁶¹ *Montreal Gazette* 26 June, 1832.

Every citizen, as well in his individual and collective capacity, to use the greatest personal exertions, and to contribute a portion of his means, if necessary, to aid in arresting, as far as human expedients are calculated to do so the further progress of this dreadful disease.¹⁶²

After unanimous acceptance of this resolution, a second resolution was proposed:

The efforts and contributions of the citizens should mainly be directed and applied to prevent the further spreading of the disease; and that nothing will be more conducive to this wished for end, than the unswerving attention to cleanliness in and about their persons and dwellings.¹⁶³

This resolution was also unanimously accepted. The final resolution called for the appointment of committees in the city's thirteen wards to gather information, to suggest measures for the common safety of the city, and to carry out directions of the Board of Health.¹⁶⁴

It was members of the elite - both francophone and anglophone - who dominated the committee. The committee was chaired by George Moffatt, wealthy merchant, member of Legislative Council and magistrate.¹⁶⁵ Charles Mondelet, a prominent Montreal lawyer, was the son of Jean-Marie Mondelet, a member of the Board of Health. Peter McGill was a merchant, bank director, justice of the peace and member of the Legislative Council.¹⁶⁶ The committee secretary was Pierre Edouard Leclerc, owner of *L'Ami du Peuple* and later, a prominent loyalist and head of the police during the rebellions. Others on the committee included Jacob DeWitt, a hardware merchant, justice of the peace and member of the assembly; Horatio Gates, a merchant, member of the Board of Directors of the Committee of Trade, and justice of the peace; John Charles Forbes, a

¹⁶² *Montreal Gazette* 26 June, 1832; *La Minerve* 25 June, 1832.

¹⁶³ *Montreal Gazette* 26 June, 1832; *La Minerve* 25 June, 1832.

¹⁶⁴ *Montreal Gazette* 26 June, 1832; *La Minerve* 25 June, 1832.

¹⁶⁵ Gerald Tulchinsky, "George Moffatt," *Dictionary of Canadian Biography*, vol 9, (1976): 553-6.

¹⁶⁶ Robert Sweeny, "Peter McGill," *Dictionary of Canadian Biography*, vol 8 (1985): 543-4.

military officer and politician; and justice of the peace Thomas Bouthillier.¹⁶⁷

The first action of the Citizen's Committee was to address the problem of immigration. In 1831 50,000 immigrants entered Lower Canada and another 70,000 to 80,000 were expected in 1832.¹⁶⁸ Although many had at least some means, a large number were forced to stay in the overcrowded port of Montreal. Within the first week of June, approximately 3,000 immigrants arrived in Montreal.¹⁶⁹ For many of these immigrants, the only recourse was charitable assistance from the Montreal Emigrant Society, which was established in 1831 to provide temporary accommodation and sometimes funds and travel beyond Montreal. As cholera threw the city into chaos, the efforts of the Montreal Emigrant Society were insufficient to sustain the mass of stranded immigrants.

As they crowded the wharves and riverside in Montreal and died of cholera, their plight did not go unnoticed. A report in the *Montreal Gazette* on June 23 stated:

An interesting conversation took place at Joseph's Reading Room concerning the poor emigrants, who are daily exposed on our wharves to the heat of the scorching sun... To protect the poor creatures from this exposure and consequent greater liability to disease, orders have been given for a building of considerable size, which is now in progress of erection close to the Windmills in St. Ann's suburb.¹⁷⁰

The Committee selected a nine member sub-committee to handle the immigrant problem. This sub-committee was chaired by Colin W. Forbes, a highly respected local merchant, and the other members included Peter McGill, George Moffatt, Jacob Dewitt, Thomas Bouthillier, Alexis Laframboise, Horatio Gates, Thurton Penn, and Colin McDonald. The committee was directed to

¹⁶⁷ Jean-Claude Robert, "Horatio Gates," *Dictionary of Canadian Biography*, vol. 6. (1987): 277-9; Jean-Claude Robert, "Jacob DeWitt," *Dictionary of Canadian Biography*, vol. 6. (1987): 219-20; Jean-Paul Bernard, "Thomas Bouthillier," *Dictionary of Canadian Biography*, vol. 9. (1976): 73-4; John Beswarick Thompson, "John Charles Forbes," *Dictionary of Canadian Biography*, vol. 9. (1976): 265-7; Francis J. Audet *Les députés de Montréal 1792-1867* (Montréal: Les Éditions des dix, 1943).

¹⁶⁸ Bilson, *A Darkened House*: 7.

¹⁶⁹ Samuel Jackson, Charles Mergs and Richard Harlan, *Commission Appointed: 2*.

¹⁷⁰ *Montreal Gazette* 23 June, 1832.

secure housing for immigrants on the wharves and river side.¹⁷¹ McGill and Moffatt advised that a shed be erected near the windmills to shelter the homeless emigrants and to remove them from the wharves.¹⁷² The Citizen's Committee chose a site and began building on lands of the Grey Nuns as the "most healthful and eligible, on the account of the pureness of air and proximity of the river."¹⁷³ The sub-committee also negotiated with Charles Richard Ogden for occupation of a store at St. Mary's Current and Horatio Gates donated a large store formerly occupied by the Canada Ship Building Company. Both buildings were repaired at the expense of the Committee.¹⁷⁴ Once the sheds on the Grey Nuns lands were ready, the Committee placed advertisements advising immigrants that the sheds were open and established regulations for the preservation of order, and decency and the promotion of health.

The committee also had to deal with a large number of orphaned and widowed inhabitants. According to the *Canadian Courant*, cholera had been more destructive of males than females, and "although its footsteps can be traced through all ranks of life, yet its lowest blows have fallen among the poor labourers."¹⁷⁵ The Citizen's Committee applied to Governor Aylmer for financial aid "to enable the Citizens to provide the means of shelter for the friendless Emigrants that are now here, and are daily arriving...: And likewise for the support the Orphans and Widows of such as are and may hereafter become Victims of the existing Calamity."¹⁷⁶ Colin Forbes added a few observations to Governor Aylmer, noting that charity would be provided by the citizens of the city, who "have never been known to falter whenever their consideration has been excited," but their

¹⁷¹ *Montreal Gazette* 23 June, 1832; *La Minerve* 25 June, 1832.

¹⁷² *Montreal Gazette* 21 June, 1832; *La Minerve* 25 June, 1832.

¹⁷³ *Montreal Gazette* 26 June, 1832.

¹⁷⁴ *Montreal Gazette* 26 June, 1832 and 2 July, 1832; *La Minerve* 25 June 6, 1832.

¹⁷⁵ *Canadian Courant* 7 August, 1832.

¹⁷⁶ NA RG 4 A1 vol 384 (June 24, 1832).

contributions would not be enough to care for the great number of widowed and fatherless in the city. This situation would "not be a temporary tax upon the City of Montreal - it may endure for Years, and having an organized means of relief in such cases, these unfortunate Beings must infallibly become the care of the Survivors."¹⁷⁷ Forbes appealed for "an extraordinary diversion of the Public Funds to assist the benevolent efforts of the Citizens, in order that the whole burden should not fall upon them." He added that this view was accepted at the public meeting and within the Committee, and "there was not a dissenting Voice on the subject."¹⁷⁸

The Provincial Secretary responded by placing £300 at the Committee's disposal "to be expended in supplying provisions for the Widows and Orphans and Emigrants who may have fallen Victim to disease at Montreal."¹⁷⁹ In addition, another £150 was provided "to any Society duly appointed for supplying provisions to the Widows and Orphans of the permanent inhabitants of that City and Suburb who may stand in need of such assistance."¹⁸⁰

Bourgeois women played an important role in the volunteer committees formed to help cholera victims and, once again, the epidemic served to bring state and voluntary organizations together.¹⁸¹ Granted £150 by the Citizen's Committee, the Ladies Benevolent Society decided to grant relief to those who presented certificates to Catholic or Protestant clergymen, who would then approach the Ladies Benevolent Society for aid.¹⁸² The ladies also distributed clothing and

¹⁷⁷ *ibid*: 3.

¹⁷⁸ *ibid*: 4.

¹⁷⁹ NA RG 4, C2 "Letter Books of the Provincial Secretary, Canada East" vol 381 (1831-1832) no. 3 June 27, 1832 (Microfilm 10464).

¹⁸⁰ NA RG 4 C2 "Letter Books of the Provincial Secretary, Canada East," vol 381 1831-1832 no.3 (Microfilm 10464) June 27, 1832.

¹⁸¹ *La Minerve* 5 August, 1832: (Included in the report of the meeting were "Miss McCord," "Mrs. Arnoldi," "Ang. Cotté Laframboise" (secretary), "Mrs. Jules Quesnel," and "Mrs. Fleming").

¹⁸² *Montreal Gazette* 2 July, 1832.

blankets donated from other communities in Canada and the United States. In the face of the magnitude of the epidemic, the government financed local voluntary committees of men and women.

The Citizen's Committee third resolution called for action within respective wards and, by late July, sanitary committees had been organized in the suburbs of Montreal. Benjamin Workman, editor of the *Canadian Courant* had warned, that "the inefficiency of the Board of Health has rendered it imperative on the citizens to take the management of affairs into their own hands..."¹⁸³ On the surface, these sanitary committees in the suburbs were small, ad hoc committees with no link to government. Yet, similiar to the Citizen's Committee, many members of the suburb sanitary committees had connections to the central government and some were even on the Board of Health.

Late in July 1832, the St. Lawrence Sanitary Committee was established. Its mission was "to clean the suburb of the impure atmosphere produced by the filthy conditions of the town, and more especially by the effluvia arising from the Little River which passes through Craig Street."¹⁸⁴ This Committee was led by Anglican minister John Bethune, who also served as an ex-officio member of the Board of Health. One day after its establishment, the St. Lawrence Sanitary Committee informed the Board of Health that it had appointed thirty Health Wardens to enforce sanitary regulations.

On August 2, the West Ward Sanitary Committee was formed, largely on the initiative of Dr. William Robertson, member of the Board of Health and resident of the ward. The meeting was held at the store of Peter McGill on Fortification Street with Horatio Gates in the chair and Robert Armour Sr. as secretary.¹⁸⁵ The first meeting resolved that cholera was partly caused "by the impure state of the atmosphere, produced by the filthy conditions of the town...", and that it was the "duty of every citizen to come forward, in such a crisis as the present, to give his assistance in

¹⁸³ *Canadian Courant* 27 June, 1832.

¹⁸⁴ *Montreal Gazette* 31 July, 1832.

¹⁸⁵ *Montreal Gazette* 11 August, 1832.

promoting cleanliness and consequent salubrity of the city.¹¹⁸⁶ The meeting called for a sub-committee of at least thirty-six members, "who shall act gratuitously as Health Wardens, two at least for each street or division."¹¹⁸⁷ Members were to visit their assigned streets three times a week, and to report to the Committee Secretary.

The West Ward Sanitary Committee re-convened on August 3 with Horatio Gates as president, Charles Mittleberger as vice-president and Armour as secretary. To cover foul water and rubbish, the Committee asked the Board of Health for lime. When the Board of Health refused, Charles Mittleberger bought lime at his own expense, placing it at deposits established by the Committee. Although a small fee was asked for the lime, a portion was "distributed gratuitously to those houses that require purification and cleansing."¹¹⁸⁸

A week later, the East Ward Sanitary Committee was formed at a meeting held at the Old Circus. Again the city's elite dominated, with Joseph Shuter in the chair and Lieutenant William Clarke of the Royal Navy as secretary.¹⁸⁹ Other members included T.B. Anderson, John Jamieson, J.D. Bernard, and William Lunn. Like the other suburb committees, the ward was subdivided into small sections with members volunteering as Health Wardens.

These suburban committees fulfilled the role that had initially been the responsibility of the Board of Health. The *Gazette* reported: "We now see a prospect of improvement in the salubrity of the town from the appointment of voluntary health wardens, acting under Sanitary Committees, which are forming in the different divisions of the city."¹⁹⁰ Although the health wardens acted on behalf of the Sanitary Committees, they enforced regulations of the central Board of Health.

The St. Lawrence Sanitary Committee for example, responded to a report from voluntary

¹⁸⁶ *Montreal Gazette* 11 August, 1832.

¹⁸⁷ *Montreal Gazette* 11 August, 1832.

¹⁸⁸ *Montreal Gazette* 11 August, 1832.

¹⁸⁹ *Montreal Gazette* 9 August, 1832.

¹⁹⁰ *Montreal Gazette* 4 August, 1832

health wardens by appealing to the Board:

We are harrowed at the frightful details which they contain...while the wardens are engaged in ferreting out these nests of abominations, we hope the executive power will be severely and unreservedly hard upon all who yet refuse or neglect a compliance with the Sanitary regulations.¹⁹¹

A *Gazette* editorial reported in the same vein:

The exertions now making by the various Sanitary Committees in the purification of the city are highly laudable... Committees have reported several individuals for glaring infractions of the Sanitary Regulations, and it is to be hoped that the Board of Health will fully and effectually follow up to prosecution these complaints.¹⁹²

The *Canadian Courant* concurred:

The efforts of the volunteer Health Wardens have done more in one week, towards cleansing our city, than the Wardens employed by the Board of Health could have done in one month. This we hope will convince the advocates of "Authority" that it is best administered with in the hands of citizens, who will take pains in giving the inhabitants proper information on the object in view.¹⁹³

While the Board was the legitimate means to punish offenders, some volunteer health wardens took enforcement into their own hands. Health wardens in the East Ward for example:

Finding some of the inhabitants refractory in cleansing their houses, hit upon an expedient of a laughable nature. After expostulation and persuasion had entirely failed, they turned out one of the city fire engines, supplied it abundantly with water, and played into the houses in question, till they were thoroughly drenched from the garret to the cellar.¹⁹⁴

¹⁹¹ *Montreal Gazette* 7 August, 1832.

¹⁹² *Montreal Gazette* 11 September, 1832.

¹⁹³ *Canadian Courant* 15 September, 1832.

¹⁹⁴ *Canadian Courant* 18 September, 1832.

In studying the 1832 cholera epidemic in America, Rosenberg noted that "temporary committees, organized and led by the more courageous members of the community, exercised the functions of a paralyzed municipal government."¹⁹⁵ The voluntary committees in Montreal filled this role. Faced with the growing menace of cholera, an ineffective Board of Health, an increasing number of destitute immigrants and inhabitants, and a serious sanitation problem, prominent individuals organized volunteer organizations such as the Citizen's Committee for Emigrant and Sanitary Purposes.

¹⁹⁵ *Cholera Years: 82.*

Conclusion

This study examined elements of institutional change and state formation in the 1832 cholera epidemic. By focusing on the Montreal Board of Health, the medical community's involvement on the Board, and the voluntary movement, I have shown that important elements in the formation of both the modern state and civil society emerged from the epidemic - these predated the rebellions of 1837 and the movement of state formation, 1839-41, usually associated with the Special Council. The Board of Health was established by the government and yet incorporated elements of the local governing apparatus via local justices of the peace. Prior to 1832, public health was not a primary concern of government; it was considered a local matter controlled by justices of the peace. Pre-1832 public health regulations were not enforced vigorously. The 1832 epidemic forced government to react to public health matters, particularly as cholera was thought to be spread through filth and unsanitary conditions.

The Board of Health attempted to address the public health problems of the city by social regulation. From a social perspective, these regulations were an example of class-consciousness with the lower classes as the primary target of the regulations. From a state formation perspective, the regulations were the first examples of a concentrated effort to improve the public health of the city and one can view the regulations of 1832 as precursors of future public health policies.

Establishment of the Board of Health initiated problems of bureaucracy and jurisdiction. The health commissioner had to approve all requests of government funds to the Board. He was not responsible to the Board, only to the Governor. Although this system created conflict, it was duplicated in public health structures established in 1847, 1849 and 1854.

Further legal confusion resulted from conflict between traditional law officers of the crown and the newly-established Board of Health. The legal powers of the Board of Health were not defined by the government. When the Board attempted to prosecute offenders, law officers challenged the Board's jurisdiction. The Board's powers were, as a result, limited both legally and financially.

As in France and England, the cholera epidemic and the establishment of boards of health

gave new powers to the medical profession. Doctors played a particularly important role on the Board of Health in Montreal; this led to 'bio-politics,' the medicalization of government. In Montreal, as the health of the population became a pressing concern of the Board, the cholera hospital illustrates the emergence of 'bio-politics.' By looking at the treatment of patients and the location of the temporary hospital, it was shown the Board's priority was to protect the 'healthy' from the sick. In addition, with funding for the cholera hospital coming from the government, it marked the appearance of a 'public' hospital.

Development of the Citizen's Committee and its sub-committees illustrated that the elite had a strong influence on public health during the epidemic. Although the charitable work of the voluntary movement could have been dismissed as a traditional means of dealing with the poor and sick, the magnitude of the epidemic forced society to act in a different way. Women played an important role distributing grants and aid to widows, orphans and immigrants. With the help of state funding, the Citizen's Committee provided shelter and aid to the immigrants, an area that had been the sole responsibility of private charity prior to the epidemic.

By looking at the suburban sanitary committees and funding for the various voluntary committees' initiatives, we saw that the boundaries between the state and civil society had become blurred. Volunteers for the suburb committees fulfilled roles designed for the Board of Health wardens; at times, the volunteers took disciplinary matters into their own hands. Yet, state funding allowed these committees to play an expanded role.

Finally, this study has examined an epidemic in Montreal that lasted for just four months in the summer of 1832. Those historians who see state formation as a linear process miss the importance of the epidemic. At one level, events and institutions that occurred as a result of cholera - the Board of Health and their regulations, the temporary cholera hospitals, and volunteer committees - might have disappeared once the cholera subsided. But cholera returned several times between 1832-1854 and actions taken in 1832 were duplicated and expanded with every attack.

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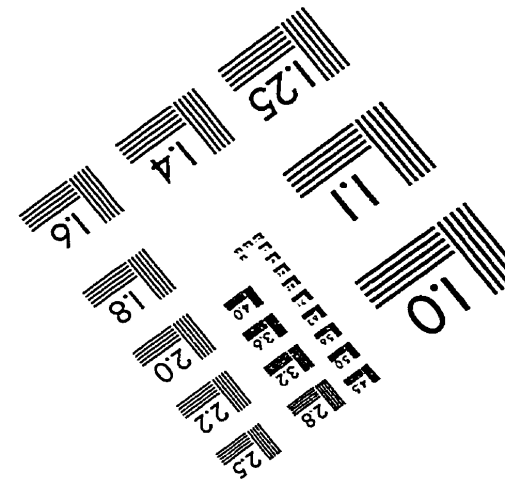
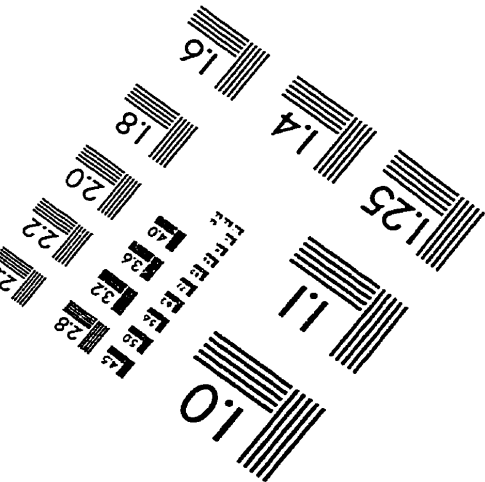
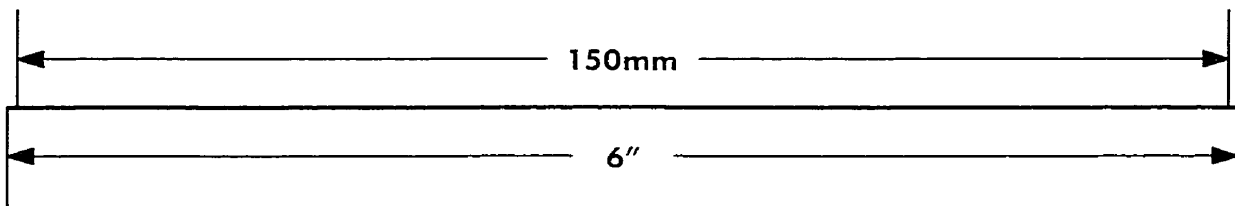
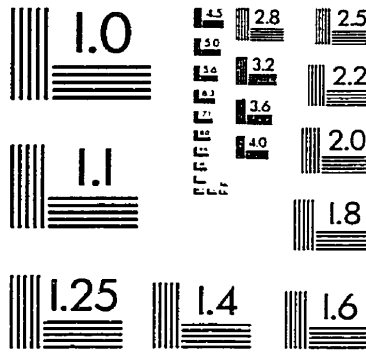
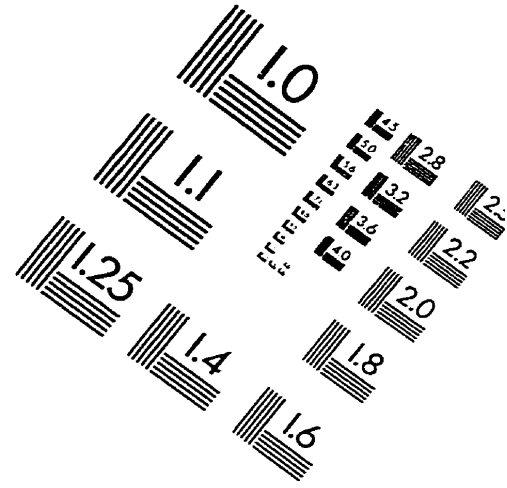
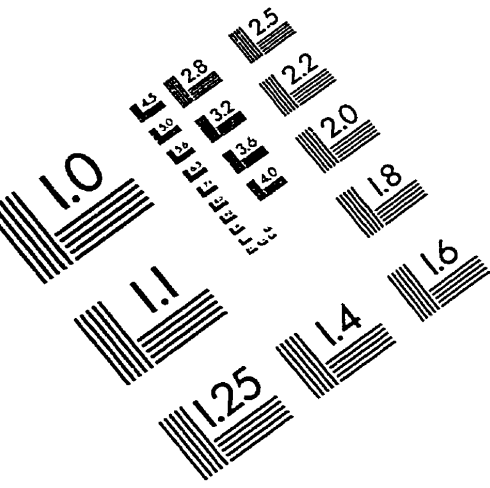
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