

“What can we say to the poor people now”: Environmental perspectives on public health  
rejection in Montreal’s 1885 smallpox epidemic

Gabrielle Taillefer McLaren

HIST 498: Honours Essay

Dr Mary-Ellen Kelm

April 17, 2020

## **Acknowledgements**

In writing this thesis, I am grateful to have worked with Dr Mary-Ellen Kelm, who launched me on the research path that led to this project, supported me as I wrote, and encouraged me to claim my work proudly. I am thankful to Dr Sarah Walshaw and Tessa Wright for creating space in which I could explore my interests and experience SFU History's honours program while managing a full-time job and concussion recovery. I have learned and laughed more than I could have possibly expected alongside the 2020 honours cohort. During the semester I wrote this project, I was supported and energized by a Hannah Studentship from the Canadian Society for the History of Medicine and AMS Healthcare. Above all, I am thankful to my family for valuing and encouraging compassion, curiosity, and creativity. Though my siblings and I are three time zones away from each other, they are lights in my life and constant reminders to work hard. I owe this thesis to a lifetime of loving my autistic little sister for who she is and being loved back, as our sisterhood ignited my curiosity about the history of vaccines and the controversies that surround them.

**“What can we say to the poor people now”: Environmental perspectives on public health rejection in the 1885 smallpox epidemic**

*Ald. Beausoleil [...] commented severely on the conduct of the City Attorney, who was going up to Ottawa to attend the Supreme court on business of the city and returned rather than be vaccinated.<sup>1</sup>*

*Ald Jeannotte – Good for him.*

*Ald Stevenson – What can we say to the poor people now when they have such an example to set them.<sup>2</sup>*

-Meeting of Montreal’s Health Committee, September 1885

When smallpox broke in Montreal in April 1885, the city’s Health Committee employed two physicians as public vaccinators; one French Canadian operating in the city’s East End, and one anglophone sent to the West.<sup>3</sup> This linguistic and spatial division reflects both the city’s segregated nature and the academic discourse on the 1885 smallpox epidemic. Previous academic work on the subject has largely focused on how linguistic-racial identity and (to a lesser extent) class influenced the rejection of public health measures throughout the epidemic. Special attention has been given to French Canadians’ rejection of the smallpox vaccine—which may have saved over 3,000 lives and prevented at least 19,905 other cases of the disease. The dominant narrative that has resultingly

---

<sup>1</sup> Turning away passengers who were unvaccinated and who refused on-the-spot vaccination had become a common protocol for transportation networks during the epidemic, particularly insofar as out of province and international travel were concerned.

<sup>2</sup> *Gazette*, September 29 1885, 2

<sup>3</sup> Donald Firth. “A Tale of Two Cities : Montreal and the Smallpox Epidemic of 1885.” Master’s thesis, University of Ottawa, 1983, 21.

emerged suggests that French-Canadian nationalism informed anti-vaccination movements. The Canadian Public Health Association notes, in its official historical ebook, that “French Quebecers associated vaccination with British surgeons and while many of them lived in filthy, overcrowded tenements in the poorest neighborhoods of Montreal, they were hostile to public health attempts to help them or to contain the disease.”<sup>4</sup> Instead, this essay argues that the rejection of public health measures by working-class French Canadians was an anti-establishment reaction to the interventions of a city whose industrialization and urbanization had worsened and ignored other pressing environmental and health concerns.

Looking at Montreal’s environmental history is a useful way to contextualize both the relationships that working-class French Canadians had with smallpox as a pathogen and with industrial Montreal as a place of rapid change and profound inequality. To this end, Rob Nixon’s concept of slow violence provides a useful lens through which to understand the profound effect of industrialization. In contrast to dramatic, visible, and immediately harmful violence, he points to: “a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all.”<sup>5</sup>

One of the keys to slow violence is the gradual and long-term effects of this violence on physical and societal ways of being. For example, dumping toxic materials in racialized neighborhoods may expose generations of inhabitants to toxins but only cause health problems after long-term exposure, thus making the violence difficult to see,

---

<sup>4</sup> Christopher Ruttly and Sue C. Sullivan. *This is Public Health: A Canadian History*. Ottawa: Canadian Public Health Association, 2010, 1.11

<sup>5</sup> Rob Nixon. *Slow Violence and the Environmentalism of the Poor*. Cambridge: Harvard University Press, 2011, 2.

process, attribute, and react to. Other relatively contemporary examples of slow violence which Nixon explores include the Bhopal Disaster's fallout, Agent Orange's use in the Vietnam War, the appearance of Gulf War Syndrome in the Middle East and in Gulf War survivors, and deforestation's effect on community health and sustainability. Another key tenet of slow violence is its disproportionate effect on marginalized peoples who do not have the resources to combat it.<sup>6</sup> Nixon takes from this inherently unjust angle of slow violence his book's subtitle, "the environmentalism of the poor." Throughout this essay, I will argue that the urban environment of 19<sup>th</sup> century Montreal, stratified by class and language as it was, exercised a slow violence on working-class French Canadians generationally.

As slow violence connects class, health, family, and environment in a cohesive way, Nixon's framework opens the possibility of reconstructing turn-of-the-century Montreal as an experience. Especially relevant here is sociologist Ted Skotnicki's work on how slow violence can be understood and expressed by activists and survivors. The burdens of slow violence, he writes, "become a part of the everyday struggle for survival, especially among dispossessed and often unseen populations. In contrast to the many

---

<sup>6</sup> Nixon, 4. This smallpox epidemic and the public health regime that followed was inevitably experienced along many other intersections that would be beyond the scope of this project to explore. Very little is said here, for example, of Montreal's Irish, Black, and Jewish communities. Another intersection which is inadequately explored here is women's experiences of the epidemic. Though I touch on women's roles as mothers, healers, and defenders of the home, much will be left unsaid about the gendered dynamics of compulsive measures (many of which affected or entailed interventions that occurred in the home) and ensuing protests. A more thorough review of how women were depicted by the press and the frequency with which they were on the front lines of anti-compulsion protests would be a valuable addition to understandings of this epidemic. Gender is an especially interesting intersection considering how deeply industrialization and urbanization changed gendered roles, as historians such as Bettina Bradbury have written. Nixon also comments on women's privileged place in understanding and responding to slow violence, given their often vulnerable positions in inhabiting "most directly the fallout from an environmental violence that is low in immediate drama but high in long-term consequences," and on the ways in which they are often depicted when they speak out (Nixon, 140 and 145).

spectacular violent events that bring attention to social injustices, the rot of slow violence does not lend itself to tidy visual representation."<sup>7</sup> Skotnicki proceeds to argue that slow violence is framed as a problem in ways that may seem unrelated to the core environmental issue at stake, in order to make it understandable and concrete. Working-class French Canadians in 19<sup>th</sup> century Montreal overwhelmingly opposed compulsive isolation, compulsive hospitalization, and compulsive vaccination—three measures that I will collectively refer to as compulsion or compulsive measures. Throughout the epidemic, compulsive measures were framed as trespasses onto the family domain, and the city’s concern with smallpox was consistently contrasted with other urban environmental concerns.

While the work of middle- and upper-class anti-vaccination activists (especially doctors) is relatively well-documented and accessible through their writing, situating what working-class Montrealers had to say about vaccination, smallpox, and the city it swept through is more difficult. In the literature on the epidemic, their voices are somewhat limited to the (often unsympathetic) media coverage of their protests against compulsive measures—which often hyper focused on the issue of vaccination. This flaw is carried over to this paper, though reading 19<sup>th</sup> century sources against the grain and with an environmental perspective strengthens and contextualizes them to mitigate the potential archival violence against working-class voices.<sup>8</sup> To reconstruct Montreal as an

---

<sup>7</sup> Tad Skotnicki, “Unseen Suffering: Slow Violence and the Phenomenological Structure of Social Problems.” *Theory and Science*, vol 42 (2019), 308

<sup>8</sup> For this reason and in acknowledgement of the fact that vaccination in 1885 was a very different and differently understood technology than contemporary vaccines, I will not use the term “anti-vaccination” to refer to Montrealers who chose not to be vaccinated. This both avoids any presentisms that may be evoked by current anti-vaccination movements (especially those in North America) and harkens back to this essay’s overall thesis that anti-vaccination was a manifestation of more deeply rooted environmental and health concerns. “Vaccine rejection” or “vaccine hesitancy” will be used to

experienced environment, this essay will turn to scholars such as labour historian Martin Petitclerc, family and gender historian Bettina Bradbury, and urban historian Dany Fougères whose work focus on Montreal and its working-class. Charles Rosenberg's insight on historical environmental understandings of health, and epidemiology in particular, are also critical to reconstructing the concerns of working-class Montrealers.

Montreal's sanitary conditions can also be roughly reconstructed through the annual reports that the city published on its sanitary state. *The Report on the Sanitary State of the City in 1885* was written by Dr Louis Laberge who became Montreal's municipal doctor in June 1885, just before the epidemic's morbidity and mortality surged. As managing sanitary conditions was understood to imply a range of issues, Laberge discussed sewers, garbage collection, temperature averages, public slaughterhouses, infectious diseases, and mortality statistics along geographic, linguistic, and religious lines. The information provided by the report is incomplete, but a mindful and critical reading of Laberge's assessment does help reconstruct the environment in which Montrealers met smallpox in 1885. Additionally, highlighting the silences and incongruities in Laberge's report does, in itself, offer a window into how municipal authorities operated.

The first section of this essay provides both an overview of the epidemic and a literature review on the subject. The following section contextualizes this with an urban environmental history of Montreal, which opens adjacent discussions of class, environmentally grounded views of health, and municipal responsibilities and failures regarding sanitary conditions. It is then easier to understand the relationships between

---

respectively describe Montrealers who rejected vaccines and those who were not immediately interested or confident in vaccines.

Montrealers and smallpox as a pathogen, and the prevalence of folk cures and remedies. Overall, in reintegrating slow violence and an environmental lens in the epidemic's story, this essay seeks above all to deconstruct culturally deterministic justifications for vaccine rejection which both lack in historical empathy and simplify our understandings of the epidemic.

### **“A mob’s reckless work”: Overview of the 1885 smallpox epidemic and its literature**

When an ill Pullman car conductor arrived from Chicago on February 28, 1885, Montreal’s permanent smallpox hospital had already been closed for four years. When Montreal General Hospital refused to admit him, doctors secured a bed for their patient at the Hôtel-Dieu Hospital. However, as they failed to communicate the severity and nature of his illness, the conductor spent three weeks undergoing treatment for chickenpox in a shared room. Only on April 1, when an unvaccinated hospital employee died of smallpox, was the illness recognized.<sup>9</sup>

A first wave of public vaccination ended shortly after it began when the city scandalously (and embarrassingly) distributed a vaccine that caused several adverse reactions. Dr Henry Gray<sup>10</sup> reported that this “produced such fear within the population [...] that it was impossible to continue this important work,”<sup>11</sup> and vaccination offices remained closed until August.<sup>12</sup> This early misstep points to the precarity of vaccination

---

<sup>9</sup> Firth, 1.

<sup>10</sup> It was Gray, the Chair of the Health Committee, who wrote the section in the municipal report on the epidemic’s origin since Laberge was only appointed to his position in June 1885.

<sup>11</sup> Louis Laberge, « Rapport sur l’état sanitaire de la cité de Montréal pour l’année 1885. » [Report on the Sanitary State of the City of Montreal ] Montreal: La compagnie d’imprimerie Perrault, 1886, 26

<sup>12</sup> Laberge, 31.

as a new and developing technology. While Jenner’s smallpox vaccine was distributed as of 1794, vaccination remained controversial and imperfect.<sup>13</sup> Of the 4,771 Montrealers who became infected in 1885, the Health Committee tallied that 1,187 had been vaccinated in the past (some up to three different times according to the marks on their arms), while an additional 1,113 patients had “questionable vaccination” status because their vaccination marks seemed faded, unproperly executed, or were perhaps self-inflicted in an effort to feign and avoid vaccination.<sup>14</sup> Since vaccines were inconsistent and unstandardized, both in composition and effectiveness, accidents remained common well into the 20<sup>th</sup> century. This sparked furious debates, partially because children were frequently the victims of these accidents or test subjects seemingly (or actually) endangered by researchers.<sup>15</sup>

Smallpox spread through Montreal and its suburbs throughout the summer of 1885.<sup>16</sup> Figure 1 shows how, according to municipal records, mortalities rose over the summer and spiked in

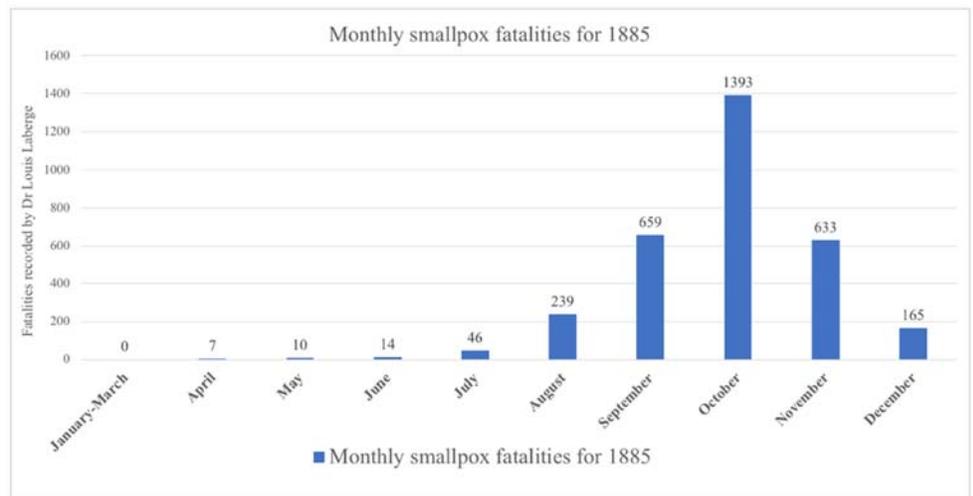


Figure 1: Monthly smallpox deaths from April to December 1885. Compiled with data from Laberge, 74

<sup>13</sup> Richard J Altenbaugh, *Vaccination in America: Medical Science and Children’s Welfare*. Palgrave MacMillan. 2018. 38

<sup>14</sup> Laberge, 46

<sup>15</sup> Altenbaugh, 133

<sup>16</sup> Montreal’s suburbs had their own interesting and unique experiences with the 1885 smallpox epidemic, though this project will only focus on the city itself.

October.<sup>17</sup> As the epidemic grew, so did the pressure that the city's Health Committee placed on citizens. Compulsive measures escalated from forced isolation to hospitalization, and finally compulsive vaccination. Despite warnings from francophone politicians and community leaders that compulsive vaccination would be intolerable, vaccination was made compulsive as of September 28.<sup>18</sup> That same day, tensions about the routine placarding of an infected house burst into a riot. *The Montreal Weekly Herald's* report, in "A Mob's Reckless Work, the Majesty of the Law Upheld," described a crowd of French Canadians from the East End who targeted and vandalized health offices, doctors' residences (including Dr Laberge), municipal representatives, drug stores, City Hall, and newspaper offices. Eventually they, "passed back to the East End, made a bonfire of the Health office furniture and somewhat injured the Chief of Police before they were dispersed."<sup>19</sup> Uncoincidentally, this outbreak of violence targeted medical officials and other institutions emblematic of or facilitating compulsive measures. Rioters ultimately caused \$2,221.21 of damage.<sup>20</sup>

While the riot was the most explicitly violent protest (and thus the easiest to find in the archive), each compulsive measure was met with resistance.<sup>21</sup> Newspapers reported mothers chasing away health inspectors with smallpox-infested blankets and tearing

---

<sup>17</sup> As will be explained further in the essay, both medical practitioners and everyday citizens had reasons to either omit reporting smallpox cases to municipal officials or hide ill family members from authorities. Furthermore, Laberge's report does not cite his methodology or comment on the comprehensiveness of this tally. Thus, it is important to consider these numbers as helpful though perhaps incomplete.

<sup>18</sup> Firth, 133

<sup>19</sup> "Anti-Vaccination Riot : A Mob's Reckless Work—The Majesty of the Law Upheld." *Montreal Weekly Witness*. September 30 1885, 1

<sup>20</sup> Laberge, 69

<sup>21</sup> As these forms of resistance were often centered in the family home—a place where Bradbury demonstrates mothers and daughters alike worked as parents, homemakers, and by fulfilling homework (sewing work outsourced from factories)—many of these conflicts involved women.

down signs noting that their homes were infected to the extent that the city ran out of placards.<sup>22</sup> In one particularly dramatic report, a woman threatened an inspector with an axe when he attempted to remove sick children from the family home.<sup>23</sup> The spectacle of watching health officials at work was routinely reported to attract spectators and hecklers from around the neighborhood, making protest something of a community affair.

Vaccination certificates were forged or fraudulently bought (sometimes by multiple workers splitting the cost) or scars were self-inflicted to mimic vaccination marks and avoid compulsive vaccination. More explicit resistance, such as strikes, tended to be short-lived due to their economic consequences on workers.<sup>24</sup>

In response, the Health Committee established a specialized sanitary court as of October 24. The most frequented infractions brought before the court included: “refusal to send an infected individual to the hospital when at-home isolation is impossible, refusal to disinfect a house, removal or vandalism of an official placard identifying infected homes, breaking the isolation seal placed on an infected house, obstructing the work of sanitary police, refusing a doctor entry into a home, partaking in work likely to disseminate smallpox,” and “refusal to get vaccinated or allow one’s children to be vaccinated.”<sup>25</sup> These preventative measures demonstrate the tremendous amount of pressure compulsion placed on individuals—individual bodies were to be vaccinated, individuals were responsible for forfeiting employment, and access to “appropriate” housing was highly contingent on class. Furthermore, Laberge’s report paints the court as

---

<sup>22</sup> Firth, 113

<sup>23</sup> *The Gazette*, September 29 1885, p 2.

<sup>24</sup> Firth, 156

<sup>25</sup> Laberge, 67

a somewhat paternalistic body designed to “reform” Montrealers by making an example out of dissenters. He noted that:

...the good council of the judges and their common sense had a better effect than we ever could have obtained from the most severe condemnations. The indicted then understood that it was in their own best interest and in that of the public that sanitary laws were imposed. Sentences were generally delayed until the next day to give convicted offenders a chance to conform to the law and avoid paying a fine, which they nearly all did.<sup>26</sup>

As a result of this paternalism and perceived generosity, the court only ever collected \$318 of the \$917 it fined.<sup>27</sup>

Ultimately, Montreal’s business class took control of public health, concerned with financial losses should the epidemic continue to taint public images of Montreal and the quality of its products. Employers<sup>28</sup> became the principal agents of vaccinating by requiring employees and their families to submit to vaccination or face unemployment. Ultimately, this economic pressure on the working class resulted in 21,000 vaccinations, which Donald Firth calls “every bit as much an imposition as compulsory vaccination by the city.”<sup>29</sup> Municipal employees and their families, those in religious institutions, and institutionalized populations in prisons, orphanages, and asylums were also vaccinated (likely without consent) by the city.<sup>30</sup> While sporadic cases continued into January 1886, daily deaths came to an end on Christmas Eve 1885.<sup>31</sup>

---

<sup>26</sup> Laberge, 66

<sup>27</sup> Laberge, 66-67

<sup>28</sup> Especially those organized through the Employer’s League.

<sup>29</sup> Firth, 160

<sup>30</sup> Firth, 152

<sup>31</sup> Firth, 165

With Michael Bliss' book *Plague: a Story of Smallpox in Montreal* (1991) as the keystone text on the epidemic, its portrayal of anti-vaccination as a byproduct of linguistic tensions within Montreal dominates the discourse on the history of anti-vaccination in Canada, and French Canada in particular. As Bliss explains in his introduction, "What happened in Victorian Montreal in the mid-1880s was, in a way, a relic of barbarism more primitive than any event on the Western frontier. It was a visitation of a plague, and it opens a window on the life of a community caught between tradition and modernity, rent by fear and ignorance, forced to reckon with human frailty and disease."<sup>32</sup> Later, Bliss situated Montreal's epidemic as primitive by concluding that "[...] the real march of history was the slow, halting progress of intelligent medicine and public health. Fear and ignorance and superstition about vaccines were overcome. Fear and knowledge of smallpox grew."<sup>33</sup> These two passages, while likely sensationalized to open and close *Plague* memorably, reflect Bliss' overwhelming association of anti-vaccination with backwardness or medical illiteracy, a problematic connection as Bliss' book also associates anti-vaccination largely with French Canadians more generally.

Statistically, French Canadians were indeed overwhelmingly affected by smallpox in 1885, accounting for 2,887 of 3,164 recorded fatalities.<sup>34</sup> Preexisting linguistic tensions in Montreal did come to a boil during the 1885 epidemic when language became an easy way to rationalize disagreements about how best to control smallpox in the city. A particularly scathing article published in May escalated linguistic tensions in the city through what Bliss calls "a populist, nativist crusade against French influence in Canada

---

<sup>32</sup> Michael Bliss. *Plague: a story of smallpox in Montreal*. Toronto: Harper Collins Publishing, 1991, xiii.

<sup>33</sup> Bliss, 264.

<sup>34</sup> Laberge, 74

[...] apparently in tune with many of its readers.”<sup>35</sup> French Canadians in turn grew resentful of this correlation.<sup>36</sup> However, the demographic outcome of the epidemic cannot be taken to represent the epidemic’s progression and course.

In his 1983 MA thesis, Donald Firth<sup>37</sup> provides a more nuanced analysis by accounting for class. First, Firth points that compulsive isolation and hospitalization were also unpopular and widely disregarded showing that the dissatisfaction was not exclusive to vaccination policies. Secondly, Firth’s analysis factors in the very real material circumstances and pressures on working-class Montreal more precisely. Working-class Montrealers were both discouraged and perhaps incapable of working with the city given the costs of vaccines and vaccination certificates during the public vaccination hiatus, the potential wage losses that isolation periods would entail, and concerns about homelessness and theft should they be evicted from their homes during disinfection processes.<sup>38</sup> For example, he explains that quarantine was “certainly unappealing, probably impractical, and frequently impossible for lower-class families because of the crowded, impoverished conditions in which they lived.”<sup>39</sup> Furthermore, with class in mind, Firth carefully differentiates the realities and reactions of anglophones, middle-class francophones, and lower-class French Canadians. The latter, he writes, “were not frightened by the disease. Instead, because of a combination of economic and cultural factors, because of poverty and especially because of certain set beliefs and attitudes

---

<sup>35</sup> Bliss, 136

<sup>36</sup> Léon Ledieu, *Le monde illustré*, September 29, 1885, 162

<sup>37</sup> Cited by Bliss (see works cited, 294)

<sup>38</sup> Firth, 72-73. While Firth reports homelessness as a consequence, according to municipal health officials temporary housing was provided—though they do not comment on the quality, comfort, location, or capacity of these quarters. More research is needed on this subject

<sup>39</sup> Firth, 70

about smallpox, disease, and death, lower-class French Canadians tended to tolerate smallpox as a necessary, if disagreeable, part of life. Preventative measures such as isolation and vaccination therefore held very little if any attraction for them.”<sup>40</sup>

The next section of this paper builds on Firth’s class-based understanding of vaccine hesitation to refocus on Montreal as an urban space that was, as industrialization transformed the city, deeply divided by class.

### **Montreal as a “man-eater”: Industrialization, class segregation, and slow violence**

Montreal’s traditional role under British colonial and mercantile policies was as a hub of commerce and transportation,<sup>41</sup> but by the turn of the century Montreal was an incredibly changed place. Urban historian Dany Fougères describes late 19<sup>th</sup> century Montreal as a “functional and segregated land settlement with distinct physical characteristics.”<sup>42</sup>

Understanding the city on its own terms thanks to his work, and that of other economic and social historians, provides insight on how Montrealers related to their physical environments, and thus to other actors within it including disease.

As the fur trade petered off, it left behind a prevalent merchant class in Montreal and allowed for lumber and wheat to become key commodities.<sup>43</sup> When the British Empire moved towards a free-trade system in the 1840s, throwing a wrench in British North America’s economic wheels, Montreal survived and continued to grow thanks to

---

<sup>40</sup> Firth, 168

<sup>41</sup> Annie-Claude Labrecque and Dany Fougères, “The Montreal Economy during the Nineteenth Century.” In *Montreal: the history of a North American City*, edited by Dany Fougères and Roderick MacLeod, 474-525. McGill-Queen’s University Press, 2017, 477

<sup>42</sup> Dany Fougères, “The Modern City: 1840-1890.” In *Montreal: The History of a North American City*, edited by Dany Fougères and Roderick MacLeod, 380-424. McGill-Queen’s University Press, 2017, 383.

<sup>43</sup> Labrecque and Fougères, 494

capital investments that secured its traditional economic function as a trade center.<sup>44</sup> At this point, Montreal's bourgeoisie was primarily anglophone—a demographic correlation that would persist as their investments and governance shaped the city.<sup>45</sup>

Though the city retained its bread-and-butter function as a center of commerce and trade, by the 19th century Montreal was the birthplace of Canadian heavy industry and the young country's economic heart.<sup>46</sup> Industrialization diversified and expanded Montreal's economic development. While skilled tradesmen, such as shoemakers and cigarmakers, did not vanish overnight, they were particularly threatened as they competed with mechanization.<sup>47</sup> Manufacturing sectors that appeared in Montreal included tobacco, leather and shoes, textiles and clothing, metalwork, shipbuilding, railway workshops, and construction.<sup>48</sup> Still, Martin Petitclerc notes that while industrialization changed the nature and cost of labour, its benefits did not trickle down to workers. Most of the working-class population lived precariously and earned less than \$300,<sup>49</sup> a precarity reflected in the profound inequalities in the city's spatial development.

Language and industry worked together to shape Montreal given the city's spatial economy and the establishment of key economic activities along transportation routes in specific areas (such as the Lachine channel or the St. Lawrence boulevard).<sup>50</sup>

Linguistically, the city was divided with francophones in the East End and anglophones in the West,<sup>51</sup> though individuals neighborhoods were further fissured by industry and

---

<sup>44</sup> Labrecque and Fougères, 498-99

<sup>45</sup> Petitclerc, 534

<sup>46</sup> Labrecque and Fougères, 518

<sup>47</sup> Petitclerc, 535

<sup>48</sup> Labrecque and Fougères, 502-504

<sup>49</sup> Petitclerc, 539.

<sup>50</sup> Fougères et Labrecque, 506

<sup>51</sup> This generalization does not mean that other languages were not spoken in Montreal within these larger communities.

class. In the West, St. Antoine was a new, wealthy neighborhood dominated by middle- to upper-class anglophones, St. Laurent was known for its textiles and home to a large Jewish community, while St. Anne's proximity to the Lachine Canal made it ideal for heavy industry—leading the neighborhood to attract both Irish Catholic and francophone workers.<sup>52</sup>

The East End's working-class wards were generally the most populated in the city, which was reflected in community health outcomes. By the 1890s, 81% of the city's population clustered in the Eastern wards including St. Louis and Ste. Marie. 90% of these three wards' population was francophone, thoroughly linking class and language.<sup>53</sup> The population boom of Montreal as a whole worsened the overcrowding of specific neighborhoods, as the city's population essentially quadrupled between 1825-1871. This too was linked to industrialization, as it kindled new employment opportunities that encouraged migration from Québec's countryside and abroad.<sup>54</sup> Duplexes and triplexes began to characterize the East End's landscape, as developers and landlords aimed to house as many workers as possible as cheaply as possible.<sup>55</sup> Montreal was becoming a "city of tenants" as the earning and saving power of laborers combined with rising land values made home ownership unattainable.<sup>56</sup> As rent remained high, shared and overcrowded accommodations came to characterize working-class districts.<sup>57</sup>

---

<sup>52</sup> Fougères, 388

<sup>53</sup> Fougères, 389

<sup>54</sup> Jean-Claude Robert. "The City of Wealth and Death: Urban Mortality in Montreal, 1821-1871." In *Essays in the History of Canadian Medicine*, edited by Wendy Mitchinson and Janice Dickin McGinnis, 18-38. Toronto: McClelland and Stewart, 1988, 18.

<sup>55</sup> Paul-André Linteau, "Montreal 1850-1896: The Industrial City." Musée McCord.

<sup>56</sup> Bettina Bradbury. *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*. Toronto: University of Toronto Press, 2007, 72

<sup>57</sup> Bradbury, Bettina. "The Fragmented Family: Family Strategies in the Face of Death, Illness, and Poverty, Montreal 1860-1885." In *Childhood and Family in Canadian Society*, edited by Joy Parr, 109-129. Toronto: McClelland and Stewart, 1982, 112.

Additionally, renters in the East End frequently found themselves in subpar housing; the city's East wards generated only 26% of Montreal's total property taxes in 1890 though they contained over half of the city's housing.<sup>58</sup>

Mortality rates show that overpopulation and housing were challenges that Montreal struggled to cope with. As Jean-Claude Robert writes, "industrialization, by accelerating urban overcrowding, only exacerbated all sorts of existing tensions. The spatial distribution of mortality across the city reflects its increasingly hierarchical socio-economic landscapes. Cities had always been 'man-eaters' and only gradually would urban mortality be brought under control."<sup>59</sup> Bettina Bradbury in particular notes that industrial (and frequently francophone) working-class districts were associated with both the highest mortality rates and the poorest housing—something medical officials easily linked to overcrowding.<sup>60</sup> "Unsanitary housing" more generally was also recognized as both a source of illness and a result of neglectful landlords.<sup>61</sup> The spatial distribution of mortality was well-known to city officials, as Laberge's 1885 report tallies deaths related to several infectious diseases along neighborhood lines. Recorded fatalities for the 1885 smallpox epidemic (reproduced in Figure 2) recall this tendency. Over a third of smallpox losses occurred in Ste. Marie, with St. Jacques falling shortly behind with over a quarter

---

<sup>58</sup>Fougères, 391

<sup>59</sup> Robert, 18.

<sup>60</sup> Bettina Bradbury. "The Fragmented Family: Family Strategies in the Face of Death, Illness, and Poverty, Montreal 1860-1885," 112.

<sup>61</sup> Laberge, 95

of total losses.<sup>62,63</sup> Overcrowding became especially concerning in 1885 given smallpox’s high contagion level. Contemporary estimates suggest that one patient infected an average of 4-10 others, either through direct contact with an infected person or with contaminated air droplets or objects.<sup>64</sup> Living in inadequate, overcrowded housing would also have made many of the recommendations on

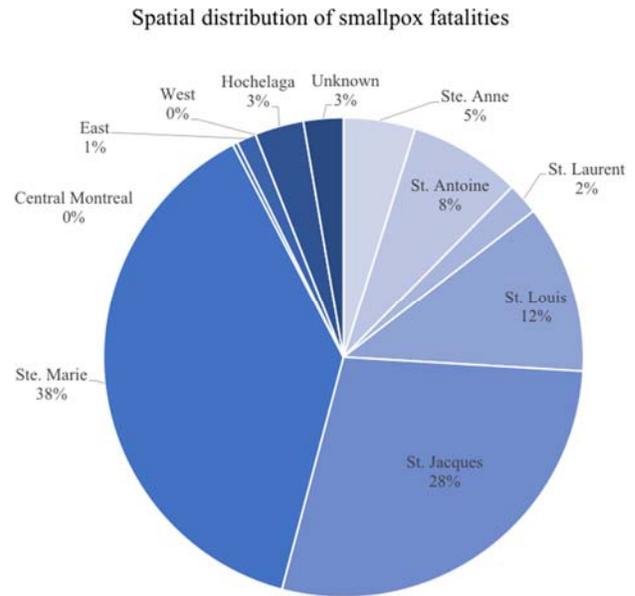


Figure 2: Smallpox fatalities for 1885 by neighborhood, Laberge 74

behalf of the city untenably (for example, those that assumed that an ill family member could occupy their own room)<sup>65</sup> while simultaneously aggravating Montrealers’ risk for smallpox.

Smallpox aside, Montreal and its working-class neighborhoods in particular frequently grappled with other illnesses. Martin Tétrault’s statistical analysis of mortality in late 19<sup>th</sup> century Montreal, with a focus on “the illnesses of poverty,” further links class to the prevalence of diphtheria, cholera, typhoid, diarrheal diseases, and tuberculosis. He concludes that: “Whether one approaches this question through an

<sup>62</sup> Laberge, 74

<sup>63</sup> St. Anne’s absence from this list can perhaps be explained by its multilingual/multinational identity. As Fougères explains, St. Anne’s heavy industry attracted both French Canadian *and* Irish Catholic laborers creating a densely populated but diverse working-class neighborhood (Fougères, 388). While Irish Catholics and French Canadians lived in comparable socioeconomic conditions, undesirable as they were, Irish Canadians tended to tolerate and even seek out vaccination opportunities (Firth, 73). That being said, the sources used to support this claim are unclear and more research on the subject would be enlightening.

<sup>64</sup> Rebecca J. Frey. “Smallpox” in *The Gale Encyclopedia of Environmental Health*, 2 ed, edited by Jacqueline L Longe, 818-824. Gale, 2019, 820

<sup>65</sup> Laberge, 43-45

economic, geo-economic, or cultural factors such as religion, ethnic origin, or linguistic identity, one constant emerges: Montreal’s French Canadians paid a death tribute considerably higher than other groups: invariably, they die younger and of contagious diseases.”<sup>66</sup> And this, outside of the particularly difficult context of epidemic. Even in 1885, Laberge’s report on infectious diseases overall (summarized in Figure 3) show that Montrealers were juggling many different public health hazards at once; cholera amongst children and diarrheal diseases notably spiked in the summer just before smallpox did. Many of these illnesses were linked at least partially to the urban environments they occupied. While the number of fatalities tallied in Figure 3 are significantly lower than smallpox-related fatalities for the year, these illnesses were (and had more consistently been) faced by Montrealers. In turn, they presented a more common and immediate threat linked to housing and sanitary conditions.

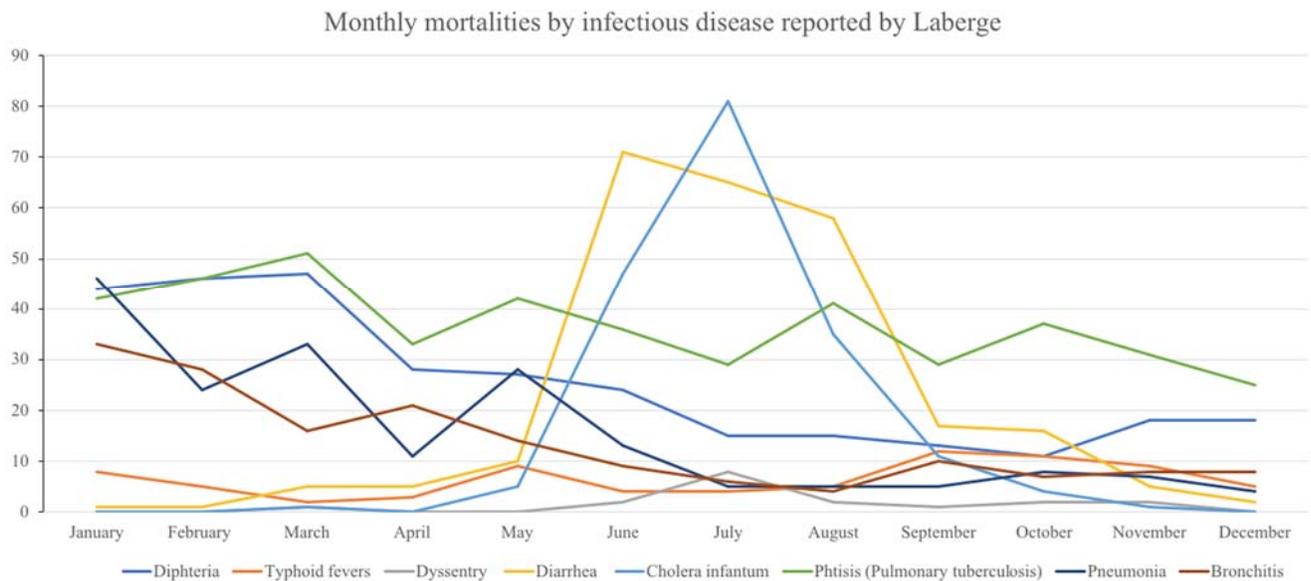


Figure 3: Deaths by infectious disease excluding smallpox for the year 1885, Laberge, 108

<sup>66</sup> Martin Tétrault “Les maladies de la misère — aspects de la santé publique à Montréal — 1880-1914.” [Illnesses of Poverty — Aspects of Public Health in Montreal — 1880-1914] *Revue d’histoire de l’Amérique française* 36, no 4. (March 1983), 526.

Working-class Montrealers could also turn to grassroots mutual aid societies designed to “fight against the risks associated with the illness, old age, or death of [a family’s] male breadwinner.”<sup>67</sup> While these were later taken over and administered by the Catholic Church,<sup>68</sup> the existences of mutual aid societies demonstrate how tightly knit and internally supportive working-class communities were. While unionization was not banned in Montreal per se, unions and labour movements were weakened by ethnolinguistic or skill-based divisions, legal and structural threats, stigma, and the continual intervention of the church.<sup>69</sup>

However, the main social support systems for working-class Montrealers were real or imagined kinship networks. Bettina Bradbury’s work explores the many ways in which working-class families adapted to survive in industrial Montreal. She notes in particular that factory work changed the way that labour was gendered, and that women’s work and labour began more commonly taking place outside the home.<sup>70</sup> Within the home, women’s unpaid labour continued to support wage-earners but changed to adapt to economic hardship—for example, by incorporating new strategies to stretch those wages.<sup>71</sup> Home life and waged labour collided with the advent of “homework” or “putting out” as factories began outsourcing hand-sewing work. Homework became particularly popular for families who worried about working conditions in factories, and for mothers who were also tasked with running a household.<sup>72</sup> By 1881, Montreal’s

---

<sup>67</sup> Petitclerc, 542

<sup>68</sup> Petitclerc, 543

<sup>69</sup> Petitclerc, 531.

<sup>70</sup> Bradbury. *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 30

<sup>71</sup> Bradbury notes that these tasks ranged from conventional domestic tasks (cooking, cleaning, childrearing, running errands) to more complex and unseen activities that maximized other family members’ wages or maintained kinship networks.

<sup>72</sup> Bradbury *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 137

largest employer, the sewing trades, had a workforce composed 70-80% of women or children.<sup>73</sup> Also significant here is that the establishment and success of Montreal's sewing industries partially came from perceptions that women (and French Canadian women in particular) had few options and thus constituted a pool of cheap labour.<sup>74</sup> While many women had worked outside the home prior to the late 19<sup>th</sup> century, industrialization accelerated change within families.

For families whose father's income was insufficient, sending children into the workforce often became necessary. Bradbury notes that this too was gendered, as daughters were more likely to remain in the family home and contribute to the family economy through unpaid domestic labour.<sup>75</sup> While parents appear to have been involved in collecting their children's wages and negotiating their employment,<sup>76</sup> factory work separated children from their parents and "removed a measure of authority and control over their children from working-class parents and placed it in the hands of manufacturers."<sup>77</sup> Industrialization thus changed the relationship between children and parental authority by "[endowing children's employers] with the patriarchal and disciplinary powers usually attributed to the father."<sup>78</sup> As such, families themselves changed as industrialization advanced—especially along the same class lines that constructed Montreal's urban environment and its social disparities. In the same way that

---

<sup>73</sup> Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 30

<sup>74</sup> Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 32 and 139

<sup>75</sup> Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 133

<sup>76</sup> Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 128

<sup>77</sup> Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 147

<sup>78</sup> Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 130

industrialization's slow violence threatened and worsened working-class Montrealers' environments, the family unit itself was subjected to incredible pressure.

Thus, the space where Montrealers met smallpox and rejected vaccination in 1885 was characterized by profound inequality, derived from simultaneous urbanization and industrialization. Inadequate and insufficient housing created deplorable living conditions that put working-class French Canadian Montrealers in close proximity to illness on a regular basis. With this in mind, the next section explores how this lived experience affected the environmental relationship working class French Canadians had with smallpox as a pathogen and Montreal as a space. This, in turn, would affect their relationships with municipal and health officials.

### **“The Environmentalism of the Poor”: Environmental concerns of working-class French Canadians**

In the closing pages of his thesis, Donald Firth briefly touches on the environmental concerns of lower-class Montrealers. While Firth does not explore this topic in depth, he notes that the public health regime catered to the emergency situation of epidemic and “largely ignored sanitary and environmental improvements, a type of activity which lower-class French Canadians might have welcomed more [...] [Newspapers], as well as French Canadian aldermen and other francophone observers, frequently linked smallpox to certain long-standing grievances about the physical environment in which lower-class French Canadians in both city and suburbs had to live.”<sup>79</sup> This section argues that working-class French Canadians were not uncaring about the sanitary conditions of their

---

<sup>79</sup> Firth, 173

neighborhoods and the health of their families, as much of the epidemic's contemporary coverage suggests.

While medical understandings of epidemics have changed over time, by the 19<sup>th</sup> century, disease as a whole and epidemics especially were largely understood to be environmentally based. Medical historian Charles Rosenberg writes that the increasingly visible association between morbidity, mortality, urban centers, and population density cemented what he calls the “configurational view” of health. This perspective claimed that health represented a “balanced... relationship between humankind and its environment,”<sup>80</sup> and guided much public health policy and most medical specialties.<sup>81</sup> By the end of the 19<sup>th</sup> century, germ theory and a growing awareness of contamination, configuration's contrasting epidemiological theory, began circulating within the scientific community. Still, Rosenberg writes that physicians continued to cling to the configurational view of health, especially when it came to infectious and epidemic disease.<sup>82</sup>

Ultimately, Rosenberg argues for “an ethnography as well as an ecology” of health, thus advocating that both configuration and contamination play a part in explaining how epidemics unfold.<sup>83</sup> However, for Montreal's medical authorities (and, by extension of public education and knowledge, the city's citizens) illness was viewed as environmental in nature. In August 1885 (a month during which smallpox deaths significantly rose),<sup>84</sup> *Le journal d'hygiène populaire [The Journal of Popular Hygiene]*

---

<sup>80</sup> Charles Rosenberg. *Explaining Epidemics and Other Studies in the History of Medicine*. Cambridge: Cambridge University Press, 1992, 298

<sup>81</sup> Rosenberg, *Explaining Epidemics*, 301

<sup>82</sup> Rosenberg, *Explaining Epidemics*, 299

<sup>83</sup> Rosenberg, *Explaining Epidemics*, 304

<sup>84</sup> Laberge, *Explaining Epidemics*, 74

published a satirical article by Dr Beausoleil recommending a “Simple recipe to obtain a durable, frank, active, and resilient epidemic.” The recipe prescribed an equal quantity of household garbage, human waste, and stagnant water. In Montreal, Beausoleil writes that it was “generally approved by the City Council and is officially authorized by the Health Committee. I can certify its immense success. *Let us admit it.* [original italics]”<sup>85</sup> The correlation of unsanitary conditions with the spread of other diseases (including cholera, one of Montreal’s most frequent ordeals) led to a confused understanding of the link between smallpox and environmental conditions.

Further confusion may have resulted from perceived links between sensory experiences and health. For urban dwellers, the sensory experiences triggered by inadequate facilities and living conditions would have been especially upsetting or noteworthy. Montrealers with the means to leave the city as it industrialized did, either by moving away from industrial quarters or to the city’s newly annexed suburbs. As Bradbury writes, “the wealthier industrial capitalists and merchants would have scorned life among factories, noise, and pollution. Nor would they, or their wives, have relished life too close to the ubiquitous taverns, staggering drunkards, leaking sewers, outside toilets, and roaming gangs of boys, wandering pigs, and other animals that characterized daily life...”<sup>86</sup> Additionally, medical thought at the time still somewhat associated health and disease to “the moral and material character” of the spaces in which they occurred.<sup>87</sup> Urban historian Nicolas Kenny has taken particular interest in the sensorial and

---

<sup>85</sup> This is a translation of “Qu’on se le dise,” which would literally be translated to “Let us talk about it” or “Let us discuss it.” Tone-wise, it is direct, frank, and appeals for honesty and truth; Beausoleil. “Quinzaine Hygiénique.” *Journal d’Hygiène Populaire* [“Hygiene Fortnightly.” *Journal of Popular Hygiene*], 7, no 2 (1885), 78.

<sup>86</sup> Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*, 35

<sup>87</sup> Rosenberg, 299.

experiential dynamics of industrial cities (Montreal being one of his book's case studies), noting that they would have been unprecedentedly intense ways to experience city life.<sup>88</sup> He takes care to consistently reinforce that these are experienced along class lines (as slow violence is). Montreal's working-class urban environment thus affected not only the physical spread of disease, but also perceptions of disease and its origins. Kenny continues by noting that:

Smells were omnipresent markers of conflict in industrial cities, where the fumes emanating from factory chimneys, stagnant waterways, refuse-littered streets, and outdoor privy pits infused the environment. [...] Late into the nineteenth century, there remained a widespread popular acceptance of miasma theory, which held that the odours given off by decomposing organic matter carried diseases. Working-class districts, which typically revolted middle-class olfactory sensibilities, were thus seen as centers of infection, a condition exacerbated by the perceived immorality of their inhabitants. [...] olfactory repugnance predates germ theory, and the slow acceptance of bacteriology meant that foul odours encountered in [industrial districts] continued to be perceived as signs of immorality and disease throughout the period, unpleasant smells remaining central to the class-based distinctions and stigmas that contributed to conceptions of urban space.”<sup>89</sup>

This discussion of smell is especially relevant as Montreal was frequently understood to be an especially dirty and unhealthy city. A history of the epidemic written at the time

---

<sup>88</sup> Nicolas Kenny. *The Feel of the City: Experiences of Urban Transformation*. Toronto: University of Toronto Press, 2014. 10.

<sup>89</sup> Kenny, 13

encapsulates the shame around Montreal's ill-health, bemoaning that "all over the continent it was thought that the people of Montreal were dying like sheep in the streets."<sup>90</sup> Laberge also highlights this backwardness by contrasting the city's poor sanitary conditions with its general prosperity, writing that: "Other cities have understood; only Montreal, the metropole of Canada, is behind in [sanitary] regards."<sup>91</sup>

While dirtiness was considered shameful for all Montrealers, the burden of poor sanitary conditions was not equally shared. Laberge's 1885 report indicates an awareness that Montreal's sanitary conditions left much to be desired by acknowledging infrastructural issues in addition to high mortality rates. Amongst concerns affecting working-class neighborhoods specifically, Laberge's report touches on industrial and air pollution as well as an abundance of "maisons malsaines,"<sup>92</sup> or housing that was inherently harmful to health due to the negligence of property owners.<sup>93</sup> Unlike his discussions of vaccination or permanent smallpox hospitals, however, Laberge offers no next step for the Health Committee to take.<sup>94</sup>

Laberge also admits in his report that during the smallpox epidemic, the city's sanitary police prioritized smallpox measures at the detriment of their regular duties.<sup>95</sup> The statistics offered in the report (summarized in Figure 4 below) demonstrate a drastic decline in the sanitary police's environmental surveillance and maintenance activities. For example, 222 defective sewers were reported in July and August 1885 while 174

---

<sup>90</sup> M Guyot. "A Brief History of the Small Pox [sic] Epidemic in Montreal From 1871 to 1880 and the Late Outbreak of 1885." Montreal, 1886, 16

<sup>91</sup> Laberge, 99

<sup>92</sup> Translates to "sick house" or "unhealthy house," though "malsain" carries the same connotations as "unwholesome"

<sup>93</sup> Laberge, 95-97

<sup>94</sup> Laberge, 97

<sup>95</sup> Laberge, 14

were tended to and brought back to regulation. Meanwhile, from September to December (a period of time twice as long but during which the epidemic peaked), 175 defective sewers were reported and only 117 were repaired.

Out of the total number of defects signaled by authorities in the city’s municipal sanitary infrastructure (2,276), 1,108 took place before the epidemic. Out of all total reparations (1,822), only 926 took place in the last four months of the year.<sup>96</sup> The fact that Laberge chose to group together the autumn months may also point to an awareness that the sanitary police was reporting low numbers, or signal that record-keeping and administrative work was neglected during this time.

The information provided by these figures are incomplete and make it difficult to evaluate the department’s efficiency and the spatial distribution of their efforts. The data does not communicate where in the city maintenance occurred, whether defects were reported

multiple times,

what kinds of

delays

separated

reported

problems and

maintenance,

and what the

Activities of the sanitary police, as reported in the Report on the Sanitary State of the City of Montreal for the Year 1885 (L. Laberge)

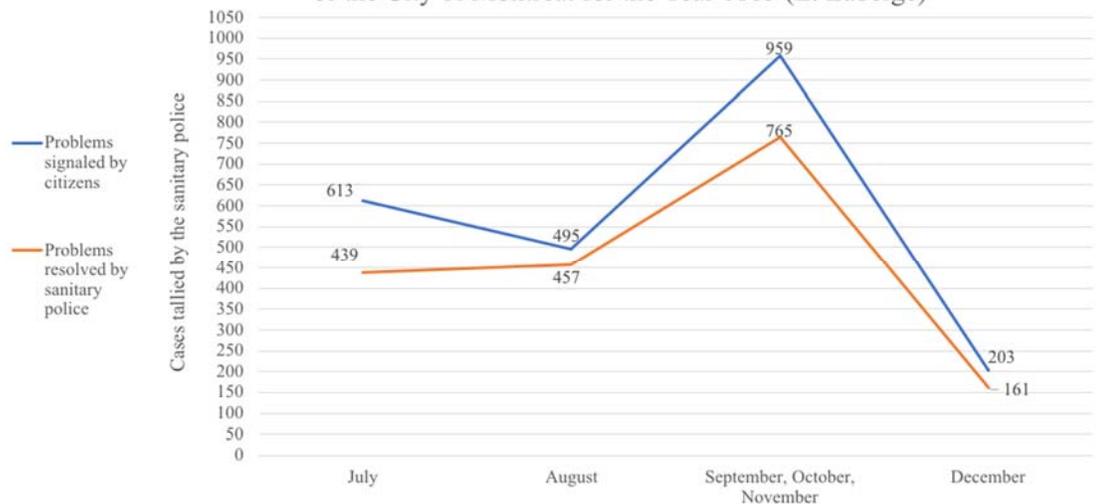


Figure 4: Activities of the Sanitary Police as recorded by Louis Laberge, 15

<sup>96</sup> Laberge, 15. Also worth noting is that figures for June are not accounted for in Laberge’s report given the fact that he only assumed his position in June 1885, as he explains in the introduction of his report.

sanitary police considered a “good sanitary condition,” to use the report’s language. However, this discrepancy suggests a change in municipal priority and resource distribution from regular maintenance to unpopular smallpox measures, which is supported by further information provided by Laberge.

This dip in activity can be associated to the rise of other activities of the sanitary police, as Figure 5 demonstrates. The city enforced compulsive measures most aggressively in September, October, and November. Public vaccination offices reopened to the public in August (though, as Laberge’s report points out, private physicians had been vaccinating their patients beforehand and continued to do so). On October 17, the city’s Isolation Committee was founded; meaning that disinfection, enforced isolation, and forced hospitalization (which had been happening beforehand) intensified and were more judiciously recorded.

Another important note is that while Laberge admits that the speed with which sanitary officers worked complicated record-keeping, he estimates that about 75% of

Sanitary activity	August, 1885-January 1, 1886	October 17, 1885 (creation of the Isolation Committee)-January 1, 1886
Disinfected homes	NA	1,974
Enforced isolation (per household)		676
Forced hospitalizations (per households; Laberge provides no average )		219
Vaccination and re-vaccinations	80,918	

Figure 5: Compulsion-related activities of the Sanitary Police recorded by Laberge, 35-36

vaccinations that occurred at this time were re-vaccinations.<sup>97</sup> This means that one of the sanitary police's most important activities primarily concerned Montrealers who were already open to vaccination (and perhaps by extension the city's smallpox measures more broadly). Other citizens did not necessarily benefit from this work while also seeing cuts to other services crucial to upkeeping their urban environments.

The imposition of unpopular health measures at the expense of everyday operations concerning the state of the city's sewage system, latrines, and general cleanliness could easily have entailed or heightened frustration and feelings of neglect.<sup>98</sup> Firth notes that the Health Committee, even before it escalated compulsive measures, was more generally falling from the grace of lower-class French Canadians due to the unpopularity of (largely anglophone) temporary workers hired to deal with the crisis.<sup>99</sup> An article in *Le monde* published on October 3<sup>rd</sup> (the first issue after the September 28 riot) condemned the rioters and claimed that they would "only shame our [French-Canadian] race," but concluded by holding the municipal authorities equally responsible. After reminding its readers to remain calm and "get vaccinated with good vaccine," the author writes that: "As for the sanitary committee, may it show more sense, and may the corporation secure us suitable sewers."<sup>100</sup> While the article's author may not have been working-class himself, his reflection shows that configurational concerns loomed large in the minds of

---

<sup>97</sup> Laberge, 31

<sup>98</sup> Furthermore, in the debates on vaccination amongst doctors, a common critique by anti-vaccination doctors was that pro-vaccination doctors, by promoting vaccination, neglected the social and environmental causes of illness; Heather MacDougall and Laurence Monnais. «Jamais sans risque : résister à la vaccination dans le centre du Canada, 1885-1960 » in *La santé publique à une ère marquée par le doute – Origines religieuses et culturelle de l'hésitation des Canadiens face à la vaccination* [Public health in an era marked by doubt — Religious and cultural origins in French Canadian vaccine hesitancy], edited by Paul Bramadat, Maryse Guay, Julie A. Bettinger and Réal Roy, 116-146. Sherbrooke : Les Éditions de l'Université de Sherbrooke, 2019, 120

<sup>99</sup> Firth, 120

<sup>100</sup> Léon Ledieu, *Le monde*, October 3 1885

Montrealers through environmental cleanliness. While the burden to get vaccinated rested on individuals, sanitary concerns had to be addressed by the city—which was neglecting to do so, as it had established a pattern of doing. In short, unpopular smallpox measures may have exacerbated pre-existing problems vis-à-vis Montreal’s sanitary conditions, both in the city’s material conditions and in the minds of its citizens.

Furthermore, working-class Montrealers expressed urban environmental concerns through their desires to protect their communities from further pollution or perceived degradation, notably when the city began discussing a new smallpox hospital. The lack of facilities in which to house smallpox patients halted the city’s isolation and hospitalization efforts enormously. Despite the re-opened smallpox hospital’s capacity for 162 patients, as many as 200 patients were served at once.<sup>101</sup> In addition to complicating isolation, this gave hospital conditions bad reputations that the Catholic clergy and French-language newspapers struggled to lessen.<sup>102</sup> When municipal officials finally discussed the construction of a new smallpox hospital, local councils, merchants, provincial and federal authorities, and citizens rejected a variety of possible locations. Firth sums up the stigma surrounding the hospital and the long search for an acceptable location, saying that “no one wanted a smallpox hospital any nearer to himself or his property. [...] When it became known that the Health Committee was negotiating with provincial officials for the use of the women’s prison in east end Montreal, the local alderman and a priest led a delegation from the area to protest that it was too densely populated for a smallpox hospital. [...] Henry Gray lamented that only a hospital

---

<sup>101</sup> Firth, 115

<sup>102</sup> Firth, 116-117

suspended from a balloon might be acceptable to everyone.”<sup>103</sup> That Montrealers were so deeply displeased by the potential arrival of a smallpox hospital in their immediate environments is worth noting. The stigma, perceived risk, and increased presence of smallpox in their neighborhoods was unwelcomed.

This much was clear to the municipal politicians representing Eastern wards, though they themselves were middle- to upper-class, and community leaders. The Grey Sisters, who were more closely connected to the community, sent a report to the Health Committee stating that they “had come to the conclusion that they could not consent to the proposal to allow the [East End women’s] jail to be used as a smallpox hospital.”<sup>104</sup> During a discussion on the hospital placement documented in *The Gazette*, Alderman Grenier (who had a long career representing the East End) told his peers that: “he was satisfied that the St. Benoit Joseph asylum [near the francophone village of Hochelaga] could be obtained if they city bought it, but they could not take possession of it unless they were prepared to send an army to take it by force.”<sup>105</sup> In a similar vein, Gray noted that he had received petitions from concerned citizens “urging the institution to be preserved in its present purpose and opposing the idea of converting it into a hospital...”<sup>106</sup> Both these officials, without being working-class themselves, sensed that placing the hospital in the East End within unwilling communities would be more troublesome than it was worth.

---

<sup>103</sup> Firth, 116

<sup>104</sup> *The Gazette*, September 29, 1885, 2

<sup>105</sup> Ibid

<sup>106</sup> Ibid

Eventually, the hospital was placed in St. Jean-Baptiste, a former village that had recently been annexed to the city.<sup>107</sup> Still, hospitalizations remained unpopular avenues of treatment though this began to change when city officials transferred healthcare responsibilities to the Grey Sisters. The Grey Sisters, a French Catholic order founded in Montreal itself, in 1738, had a long history of benevolent work in Montreal, especially in healthcare.<sup>108</sup> These traditional caretakers and relief workers were welcomed by the French-Canadian press, as the September 14 issue of *La Patrie* celebrated by writing that: “We have said for a long time now that the Grey Sisters were looking for cases of smallpox. They have found and cared for the sick in their homes, and now they are taking charge of the hospital.”<sup>109</sup> *Le Monde* too expressed relief and pleasure that the sisters had been given control of the hospital, and similarly spoke of how: “they have for some time been devoting themselves to smallpox victims, going door to door to soothe the ill, giving to the rich all the treasures in their hearts and to the poor, the treasures of their purses. Brave girls!”<sup>110</sup> The next section of this essay will continue to explore how traditional ways of handling smallpox and illness more appreciated and favoured.

---

<sup>107</sup> Bliss, 111

<sup>108</sup> «Notice sur l’Institut des Sœurs de la charité de l’hôpital général de Montréal dites vulgairement Sœurs grises.» [Notice on the Institute of the Sisters of the charity of Montreal’s general hospital commonly named the Grey Sisters] Montréal : Hôpital Général, 1877, 4.

<http://www.canadiana.ca/view/oocihm.93050/13?r=0&s=1>

<sup>109</sup> *La Patrie*, September 14, 1885, 4

<sup>110</sup> *Le monde illustré*. 26 September, 1885, 1

**“Each had their own so-called infallible recipe”: Folk cures and healing within the home**

English-language newspapers were devastated to report that despite the epidemic, daily life in Montreal’s East End seemed undisrupted. Firth cites a few examples of East-Enders blatantly disobeying isolation orders—the most colorful being a two-day wedding celebration held in a house where a child had previously died of smallpox and two remained ill.<sup>111</sup> Homes in which smallpox was known to be present were not perceived to be, or treated, as particularly *more* dangerous than others—showing a high tolerance for the introduction of smallpox in familiar environments. If French Canadians seemed undisturbed by smallpox, this section seeks to disentangle the reported laissez-faire attitude from a lack of concern about environment and health overall. Ultimately, the fact that working-class French Canadians seemingly disregarded municipal authorities’ regulations did not signify that they were not dealing with smallpox in their own ways.

Acknowledging that the 1885 epidemic was not Montreal’s first encounter with smallpox is key to contextualizing the epidemic. Smallpox was endemic to Montreal from 1871-1880, meaning that its appearance in 1885, while dramatic, was not unprecedented.<sup>112</sup> Figure 6 shows the plunge in smallpox fatalities for the four years preceding the epidemic.<sup>113</sup> This period

Year	Recorded smallpox fatalities
1875	509
1876	703
1877	506
1878	728
1879	472
1880	140
1881	5
1882	0
1883	0
1884	0
1885	3164

Figure 6: Smallpox fatalities from 1875-1885 as reported by Laberge, 76

---

<sup>111</sup> Firth, 66

<sup>112</sup> Guyot, 8

<sup>113</sup> Laberge, 79. As previously noted, Laberge’s report must be taken with a grain of salt given the likelihood of cases being unreported. Furthermore, the city of Montreal grew to annex other localities in the latter half of the 19<sup>th</sup> century, meaning that losses in areas that would have been part of Montreal in 1885 may have been unknown to the city in 1875.

of absence, during which no immunity to the illness was acquired, is reflected in the ages of the 1885 victims. The Health Committee reported that 1,821 of the 4,771 Montrealers who got sick were under the age of 5, while another 1,509 were under the age of 10. Consistently with smallpox's usual tendency to overwhelmingly affect children,<sup>114</sup> 2,036 of the epidemic's 3,164 fatalities were children under the age of 5. An additional 189 children between the ages of 10 and 15 lost their lives.<sup>115</sup>

Many adults and young people who had been in Montreal at this time may have had acquired immunity and, if nothing else, knowledge and experience with the disease. As Charles Rosenberg writes, the discovery of germ theory created a split in medical knowledge by providing a new intellectual frame through which to understand illness. In previous centuries, the overlap of what he calls "lay and medical views of disease" equalized the interactions between doctors, patients, and families by providing a shared understanding of illness.<sup>116</sup> As medical institutions modernized, this mutuality dissolved. The extent to which public health officials focused on public education and awareness<sup>117</sup> suggests that vaccination would have fallen outside of this shared knowledge.

How everyday Montrealers dealt with smallpox outside of the medical establishment is difficult to reconstruct as much of this knowledge would have been orally transmitted. It is possible to read backwards from the instructions of city officials to try and gather what everyday Montrealers were doing. In the case of non-compliance with isolation, Firth advances a theory that for many families,

---

<sup>114</sup> Frey, 818

<sup>115</sup> Laberge, 74

<sup>116</sup> Charles Rosenberg and Janet Golden. *Framing Disease: Studies in Cultural History*. New Jersey: Rutgers University Press, 1992, xviii

<sup>117</sup> A pamphlet designed for this purpose will be considered shortly.

The deliberate exposure of children to the disease was perhaps a folk medicine relative to inoculation, the principle anti-smallpox measure before vaccination. Like inoculation, it could be accomplished by lay people. It thus offered a way for members of a family, neighborhood, community or class to conduct their own defense from smallpox without the intrusion of authority figures from outside their milieu who might seek to constrain or control them according to outside rules. By shunning isolation measures and vaccination in favour of its own approach to smallpox, lower-class French-Canadian Montreal could hope to keep the control of an important aspect of its life within its own hands.<sup>118</sup>

The history of inoculation precedes the development of formal vaccines and commonly features parents and families, both as research subjects and as the first “vaccinators” through community exposure. As an editorial celebrating two-hundred years of public health in Canada put it, Jenner is memorialized in medical history not because he was the first to practise inoculation but because he was the first to apply scientific methodology to the process.<sup>119</sup> Building up a herd immunity to smallpox, as Firth hypothesizes, would have been crucial to a community in an environment where smallpox had long been endemic. It would also be a key measure to ensuring long-term community health, should the disease return.

Furthermore, sanitary policemen in Montreal reported instances in which families attempted to use the traditional knowledge they held in lieu of the municipal health regime. Laberge notes that the disinfection of infected homes was occasionally met with

---

<sup>118</sup> Firth, 77

<sup>119</sup> R.G. Mathias, “Deux cents ans de santé publique.” *Canadian Journal of Public Health/Revue Canadienne de Santé Publique* 87, no 2, 1996, 79

resistance because, “While everyone knew that something had to be done, each had their own so-called infallible recipe” for their preferred disinfectant.<sup>120</sup> Though the city of Montreal opted for a standardized sulfuric acid solution, they were clearly met with more trusted alternatives—whose actual efficiency mattered very little to the Montrealers who bore that knowledge, in comparison with their lived experiences.

Additionally, failures and mistrust in the medical establishment underscore the importance of folk cures and attempts to heal within the home. Montreal as a city had failed lower-class French Canadians environmentally by failing to address environmental concerns, even before the public health regime of 1885. Previous smallpox experiences in Montreal inspired little confidence in the city’s health infrastructure, with one contemporary observer noting that the 1871-80 and 1885 epidemics would make a great example for anybody curious about “the way in which a large wealthy and comparatively enlightened community, in a position as regards social and material interests other than sanitary, second to none in this country, can mismanage an epidemic of smallpox...”<sup>121</sup> Simply, Montreal had set a bad precedent for itself and their failures regarding epidemics and illnesses of poverty alike would have stressed the need for community care that did not rely on the city and its establishments.

The individual failures of doctors are emphasized in the pamphlet *La Picote et son traitement par un praticien* [*The pox and its treatment by a practitioner*]. Though the pamphlet is published anonymously by “a practitioner,” it begins with endorsements from the well-known (and well-liked)<sup>122</sup> Municipal Health Committee Chair Dr Henry Gray

---

<sup>120</sup> Laberge, 37

<sup>121</sup> Guyot, 7

<sup>122</sup> Bliss, 62

and Montreal's municipal doctor Dr Louis Laberge, an equally established and respectable physician.<sup>123</sup> The latter's endorsement of the pamphlet notes that he is "pleased to declare that this information will be useful to those who will have the misfortune of having this affliction in their family."<sup>124</sup> The pamphlet positions itself much differently than the lawful and patronizing sanitary court or the various authoritative compulsion-related legislation. While the pamphlet is endorsed by medical and municipal professionals, readers are given agency and empowered through its use. As *their* families and *their* homes would be most affected by smallpox, the pamphlet aimed to help them as individuals manage it.

The pamphlet is printed through Montreal's general printer alongside advertisements submitted by local pharmacies. Lavolette & Nelson advertised "Norwegian tar" to prevent smallpox,<sup>125</sup> Pharmacie St-Catherine boasted "the best disinfectants against the pox" while also advertising that it gave "particular attention to prescription medicines and family recipes,"<sup>126</sup> and Pharmacie St-Jacques had created its own line of disinfectants which warded smallpox amongst a laundry list of other infectious diseases.<sup>127</sup> The abundance of aggressive and unregulated pharmaceutical advertising in the 19<sup>th</sup> century<sup>128</sup> may have, in its attempts to promote consumer goods and capitalize on ill-health, seemingly contradicted municipal efforts to locate smallpox measures outside of the individual home. Newspapers exemplify the proliferation of advertising; as it is

---

<sup>123</sup> Bliss, 81

<sup>124</sup> *La Picotte et son traitement*, Montreal, 1885, 2

<sup>125</sup> *La Picotte et son traitement*, image 5

<sup>126</sup> *La Picotte et son traitement*, image 9

<sup>127</sup> *La Picotte et son traitement*, (Montreal, 1885), image 24

<sup>128</sup> Denis Goulet, *Le commerce des maladies : la publicité des remèdes au début du siècle*. [The business of sickness: advertising medicine in the early century]. Trois-Rivières: Institut Québécois de recherche sur la culture [Quebec institute for cultural research], 1987

nearly impossible to read about smallpox without encountering ads offering or promising cures, vaccines, or vaccination certificates.<sup>129</sup> While these consumer goods embodying modern health would have been unattainable to many working-class French Canadians, the ideology of self-preservation and at-home care that they carried remained.

The anonymous physician's pamphlet targets a general audience to "complete the defense system [against smallpox] and assure an efficient protection by instructing our families and teaching them the ways to care for and heal, convinced as we are that the pox is so often fatal because the ill, the nightmare of all, are abandoned and helpless."<sup>130</sup> This same concern, that neglect and a lack of supportive care are at the root of smallpox fatalities, acts as a deck on the pamphlet's actual cover. The author outlines that many doctors "are obliged to abstain from treating" smallpox "to conserve the clientele they need to survive."<sup>131</sup> Laberge's 1885 report collaborates doctors' tendencies to avoid treating smallpox patients or to only do so in secret, labeling this legal infraction as a major flaw compromising the city's surveillance infrastructure and epidemic response.<sup>132</sup> As the anonymous physician writing this piece notes, this failure makes it "necessary to replace, for the patient, the doctor who stands afar; this is what we propose to do in the few pages that we will read."<sup>133</sup> While the pamphlet supports the city's activities and advocates strongly for isolation and vaccination, acknowledging doctors' negligence would have been damning to readers already mistrustful of the city's infrastructure and inclined to deal with smallpox on their own terms.

---

<sup>129</sup> *La Patrie*, 24 octobre

<sup>130</sup> *La Picotte et son traitement*, 3

<sup>131</sup> *Ibid*

<sup>132</sup> Laberge, 88

<sup>133</sup> *La Picotte et son traitement*, 3

The idea of “replacing” physicians present throughout the pamphlet privileges at-home treatment over the interventions of unreliable municipal and medical authorities. The use of the inclusive “we”<sup>134</sup> in the text amplifies this equivalence by presenting the pamphlet and the care it prescribes as a collaboration between caregivers reading the pamphlet and officials. Replacement is evoked again on the following page, when the writer establishes that: “thanks to the work that we are today offering a devastated public, our poor *picotés*<sup>135</sup> will no longer be abandoned, for the father or the mother will be able to replace the doctor at their side.”<sup>136</sup> Again, this call to action evokes traditional caregivers in working-class homes while dismissing the continual interventions of municipal and healthcare professionals.

The pamphlet breaks down and prescribes treatment options for all three stages of smallpox, structurally reinforcing its usefulness and by consequence the adequacy of at-home treatment. Many of the prescribed actions and treatments the author advises are within the means, and quite possibly the habits, of readers. On the subject of disinfectants, the author notes that it is useless to delve into the details on the dosage and instructions of cleaners since they are mostly included on the labels of products available for purchase—again, giving agency to everyday Montrealers.<sup>137</sup> Simple instructions (such as isolation within the home, keeping food and drink away from a sick family member’s quarters or providing frequent foot baths to avoid brain injuries), many of the ingredients

---

<sup>134</sup> In French: “nous” and “on.”

<sup>135</sup> To my knowledge, there is no equivalent English term for “picoté,” a word derived from smallpox’s informal French name “la picotte” which comments on the spot-shaped marks left by the pox. The noun is constructed from ‘picotte’ the same way that the word ‘blessé’ (wounded person) is constructed from the word ‘blessure’ (wound).

<sup>136</sup> *La Picotte et son traitement*, 4.

<sup>137</sup> *La Picotte et son traitement*, 6

in homemade purgatives or healing beverages,<sup>138</sup> and even recommended pharmaceutical products would have been familiar to many readers, if not financially accessible or practical. Still, the user-friendly nature of the pamphlet and the author's previous call to caregivers would have made skimming and skipping sections of the pamphlet easy and convenient (including the three pages which convey in layman's terms the science, methodology, and benefits of vaccination). In short, the prescriptive nature of the pamphlet reinforced notions that the work of municipal and medical officials was inadequate, and that smallpox was to be dealt with and treated within the home by everyday Montrealers.

Control and agency over individual and family health is a recurring issue that seemingly underlies what outwardly appear to be concerns over vaccination. Skotnicki has made the argument that those who agitate against slow violence "must convince others that difficult-to-see issues require comparatively urgent redress"<sup>139</sup> and "find ways to represent them," often visually.<sup>140</sup> He therefore suggests that we can look at the ways with which activists frame difficult-to-see issues "to ascertain analytically distinguishable—but not strictly independent—features of social problems."<sup>141</sup> In the case of the epidemic, frustrations about public and environmental health were often framed by traditional family values.

One alderman at a Health Committee meeting shared the experience of one health inspector in the East End who was "besieged by a crowd and the officials driven off. [The

---

<sup>138</sup> Including herbal tea, salt, saffron, tartar cream, sweetened water, milk, limewater, lemonade, alcohol, and egg whites.

<sup>139</sup> Skotnicki, 302

<sup>140</sup> Skotnicki, 304

<sup>141</sup> Skotnicki, 302

father of the family] was vaccinated himself, for he was in favor of it, but he would allow no one to vaccinate his family against his will.”<sup>142</sup> While the father had willingly been vaccinated, and thus could not be labeled as an anti-vaccination, he was unwilling to submit to a compulsive measure and the loss of agency that it entailed. He, like many other Montrealers, did not want his family’s health to be controlled by a city whose record and practices they mistrusted.

French Canadian politicians seemed to have understood the distinction between anti-vaccination and anti-compulsion, as they too toed that line in city council meetings. During one late September meeting, two French Canadian aldermen tried to push the Health Committee away from compulsion. As *The Gazette*’s transcript reads:

Ald. Rainville moved in amendment, seconded by Ald. Beausoleil, that this council while approving of vaccination does not approve of forcing it upon the people.

Ald. Stevenson wondered how the men representing the wards where the disease was at its worst could take such a course.

The point Stevenson raises in reaction is a fair one; as the representatives of the hardest-hit wards, the two East End aldermen should understand the importance of vaccination. The wording of the motion suggests that Rainville and Beausoleil do; they simply refuse to impose vaccination on unwilling bodies. Ultimately, the motion was defeated 11-6, with all 6 aldermen supporting the motion representing French Canadian East End wards.

The importance of respecting familial choice and authority is also articulated by public vaccinator Louis Dion in his *Memory on Vaccination* (1887). Dion was a public

---

<sup>142</sup> *The Gazette*, September 29, 1885, 2

vaccinator, tasked with going door-to-door to visit “families that desired my visit, regardless of whose doctor’s practice they frequented.” This short summary of Dion’s position in his own words reflects his memoir’s overarching message; while he is a medical professional and believes in the importance of vaccination, he is firmly anti-compulsion. He observed an increase in hostility against vaccination and health care workers which accompanied the establishment of compulsive vaccination, noting issues with the quality of vaccines (real or perceived) and lamenting how even free vaccination in public schools “tends to take from parents the control of their children’s vaccination.” “Vaccinating children in this way,” he writes, “seems to be a trespass into the family’s domain.”<sup>143</sup> He continually notes the need to “respect the opinions of families, without looking to impose one vaccine or one vaccinator over another,” framing this through the perspective that “The father and the mother are more interested than anybody in the well-being of their children.”<sup>144</sup> The allusion to both mothers and fathers (and the use of ungendered language that is particularly noticeable in the text’s original French) further enforce the centrality of the family in vaccine rejection. Dion’s experience testifies that the fight of many Montrealers was not against vaccination but against the loss of control entailed by compulsive measures.

In short, by the time smallpox came to structure life in Montreal, illness had structured the lives of working-class French Canadians long enough for outside measures to be perceived as both unnecessary and unwelcome. Mistrust in the city’s health infrastructure made working-class French Canadians wary of municipal authorities,

---

<sup>143</sup> Louis Dion. “Mémoire sur la vaccination.” [“Memories on Vaccination”], Québec: C. Darveau. 1887, 6

<sup>144</sup> Dion, 14

especially when they infringed upon the family domain and authority. Experience with various other illnesses and with smallpox itself equipped working-class French Canadians to respond to the epidemic in their own ways—allowing them to exercise agency over their healths and families in a way that slow violence otherwise limited.

## Conclusion

Laberge began his 1885 report on the sanitary state of Montreal by offering “his congratulations for the clear, precise, and efficient measures taken during the fight against the formidable smallpox epidemic that just visited the city.”<sup>145</sup> However, the municipal subcommittee charged with tracing back the cause of the disease painted a different picture; one that begun with a deadly mistake in a busy hospital and worsened as the municipality scrambled. The report concluded that: “Unfortunately, and for reasons that we shall not discuss here, our population last spring was not in suitable condition to receive this scourge and resist it.”<sup>146</sup> The lead investigators, Graham and Lévêques, go on to write that: “Regardless of the apathy or even the disgust of certain segments of our population towards vaccination, to the point of being ill-prepared for an epidemic of smallpox, the chief fault was to allow a foreign case of smallpox enter our city and one of our largest charitable institutions...”<sup>147</sup> This conclusion showed a departure from the prevalent discourse on the epidemic, which placed more blame on individuals and their choices than larger institutions and structural factors that enabled the epidemic.

---

<sup>145</sup> Laberge, 1

<sup>146</sup> Adolphe Lévêques and Hugh Graham. *Rapport du sous-comité [sic] du Conseil d'Hygiène de Montréal sur l'origine de l'épidémie de la variole*. [Report of the subcommittee of Montreal's Hygiene Council on the origin of the smallpox epidemic] Montreal: Montreal Hygiene Council, 1886, 12

<sup>147</sup> Lévêques and Graham, 12

This essay has argued that by looking at Montreal's urban environmental history we can think of vaccine rejection during the 1885 smallpox epidemic as an anti-establishment movement. We can understand how turn-of-the-century Montreal was experienced by working-class French Canadians, the demographic group which most openly opposed vaccination, through Rob Nixon's lens of slow violence. The city's spatial economy contributed to creating socioeconomically stratified and linguistically divided neighborhoods. In turn, working-class French Canadians were overwhelmingly affected by industrialization, overpopulation, and resulting poor health outcomes.

Working-class French Canadian families struggled to survive in industrial Montreal, and the living conditions of the East End wards brought them into close, frequent contact with disease. Confidence in their city's medical and health infrastructure was jeopardized by perpetual illness and previous failures to cope with epidemics. Additionally, in the 19<sup>th</sup> century illness was frequently understood to be linked to environmental wellness—another area in which municipal authorities failed to satisfy Montrealers. Failures to maintain Montreal's urban environment worsened during the 1885 epidemic, when the city redirected its resource from maintenance to unpopular compulsive measures. These failed to address popular concerns while simultaneously trespassing on the already threatened agency and family domain of Montrealers. Instead of submitting to these unpopular and unfamiliar measures, enforced by municipal authorities who had failed to secure public trust, working-class French Canadians turned to folk cures and traditional ways of understanding and managing smallpox during the epidemic.

In this way, while smallpox mortality, morbidity, and vaccine rejection can be statistically associated to Montreal's francophones, constructing language as the root of vaccine rejection is an inadequate culturally deterministic frame. Ultimately, as Donald Firth pointed out, it was economic pressure on workers and the disease's natural progression that marked the end of the epidemic. The end of the 1885 epidemic was not a victory for either public health or public education by any means. Rather, the epidemic ended as it began; facilitated by long-term and deeply embedded structural inequities that continued to characterize Montreal long after Laberge congratulated his colleagues.

## Works Cited

### Primary sources

“Anti-Vaccination Riot : A Mob’s Reckless Work—The Majesty of the Law Upheld.”

*Montreal Weekly Witness*. September 30 1885.

<http://numerique.banq.qc.ca/patrimoine/details/52327/1834163?docpos=0.7896386675520115,0.12613296812748925,0.40606909966969723,0.16817729083665336>

Beausoleil. “Quinzaine Hygiénique.” *Journal d’Hygiène Populaire* [“Hygiene Fortnightly.” *Journal of Popular Hygiene*], 7, no 2 (1885), 78.

Dion, Louis. “Mémoire sur la vaccination.” [“Memories on Vaccination”], Québec: C.

Darveau. 1887. <http://www.canadiana.ca/view/oocihm.03917/5?r=0&s=1>

*The Gazette*, September 29 1885, 2.

<https://news.google.com/newspapers?nid=Fr8DH2VBP9sC&dat=18850929&printsec=frontpage&hl=fr>

Guyot, M. “A Brief History of the Small Pox [sic] Epidemic in Montreal From 1871 to 1880 and the Late Outbreak of 1885.” Montreal, 1886.

<http://www.canadiana.ca/view/oocihm.05135/2?r=0&s=1>

Laberge, Louis. « Rapport sur l’état sanitaire de la cité de Montréal pour l’année 1885. »

[Report on the Sanitary State of the City of Montreal ] Montreal: La compagnie d'imprimerie Perrault, 1886.

*La Patrie*, September 14, 1885. <http://numerique.banq.qc.ca/>

*La Patrie*, October 24, 1885. <http://numerique.banq.qc.ca/>

*La Picotte et son traitement*. Montreal : 1885.

<http://www.canadiana.ca/view/oocihm.61028/1?r=0&s=1>

*Le monde illustré*, September 1885.

Ledieu, Léon. *Le monde illustré*, September 29, 1885.

Ledieu, Léon. *Le monde*, October 3, 1885.

[http://www.canadiana.ca/view/oocihm.8\\_06290\\_74/3?r=0&s=4](http://www.canadiana.ca/view/oocihm.8_06290_74/3?r=0&s=4)

Lévêques, Adolphe and Hugh Graham. *Rapport du sous comité [sic] du Conseil d'Hygiène de Montréal sur l'origine de l'épidémie de la variole*. [Report of the subcommittee of Montreal's Hygiene Council on the origin of the smallpox epidemic] Montreal: Montreal Hygiene Council, 1886.

<http://www.canadiana.ca/view/oocihm.04727/1?r=0&s=1>

«Notice sur l'Institut des Sœurs de la charité de l'hôpital général de Montréal dites vulgairement Sœurs grises.» [Notice on the Institute of the Sisters of the charity of Montreal's general hospital commonly named the Grey Sisters]. Montréal : Hôpital Général, 1877. <http://www.canadiana.ca/view/oocihm.93050/13?r=0&s=1>

### **Secondary sources**

Altenbaugh, Richard J. *Vaccination in America: Medical Science and Children's Welfare*. Palgrave MacMillan, 2018.

Bliss, Michael. *Plague: a story of smallpox in Montreal*. Toronto: Harper Collins Publishing, 1991.

Bradbury, Bettina. "The Fragmented Family: Family Strategies in the Face of Death, Illness, and Poverty, Montreal 1860-1885." In *Childhood and Family in Canadian Society*, edited by Joy Parr, 109-129. Toronto: McClelland and Stewart, 1982.

Bradbury, Bettina. *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*. Toronto: University of Toronto Press, 2007.

Firth, Donald.

Master's thesis, University of Ottawa, 1983.

Fougères, Dany. "The Modern City: 1840-1890." In *Montreal: The History of a North*

*American City*, edited by Dany Fougères and Roderick MacLeod, 380-424.  
McGill-Queen's University Press, 2017.

Frey, Rebecca J. "Smallpox" in *The Gale Encyclopedia of Environmental Health*, 2 ed,  
edited by Jacqueline L Longe, 818-824. Gale, 2019.

Goulet, Denis. *Le commerce des maladies : la publicité des remèdes au début du siècle*.  
[The business of sickness: advertising medicine in the early century]. Trois-  
Rivières: Institut Québécois de recherche sur la culture [Quebec institute for  
cultural research], 1987.

Kenny, Nicolas. *The Feel of the City: Experiences of Urban Transformation*. Toronto:  
University of Toronto Press, 2014.

Labrecque, Annie-Claude and Dany Fougères, "The Montreal Economy during the  
Nineteenth Century." In *Montreal: the history of a North American City*, edited by  
Dany Fougères and Roderick MacLeod, 474-525. McGill-Queen's University  
Press, 2017.

Linteau, Paul-André. "Montreal 1850-1896 : The Industrial City." Musée McCord.

[http://collections.musee-  
mccord.qc.ca/scripts/viewobject.php?lang=2&tourID=vq\\_p2\\_14\\_en](http://collections.musee-<br/>mccord.qc.ca/scripts/viewobject.php?lang=2&tourID=vq_p2_14_en)

MacDougall, Heather and Laurence Monnais. «Jamais sans risque : résister à la vaccination dans le centre du Canada, 1885-1960 » in *La santé publique à une ère marquée par le doute – Origines religieuses et culturelle de l’hésitation des Canadiens face à la vaccination* [Public health in an era marked by doubt — Religious and cultural origins in French Canadian vaccine hesitancy], edited by Paul Bramadat, Maryse Guay, Julie A. Bettinger and Réal Roy, 116-146. Sherbrooke : Les Éditions de l’Université de Sherbrooke, 2019.

Mathias, R.G. “Deux cents ans de santé publique.” *Canadian Journal of Public Health/Revue Canadienne de Santé Publique* 87, no 2, 1996. 79-80.

Nixon, Rob. *Slow Violence and the Environmentalism of the Poor*. Cambridge: Harvard University Press, 2011.

Petitclerc, Martin. “Labour and the Montreal Working Class in the Nineteenth Century.” In *Montreal: the History of a North American City*, edited by Dany Fougères and Roderick MacLeod, 526-560. McGill-Queen’s University Press, 2017.

Robert, Jean-Claude. “The City of Wealth and Death: Urban Mortality in Montreal, 1821-1871.” In *Essays in the History of Canadian Medicine*, edited by Wendy Mitchinson and Janice Dickin McGinnis, 18-38. Toronto : McClelland and Stewart, 1988.

Rosenberg, Charles. *Explaining Epidemics and Other Studies in the History of Medicine*.  
New Cambridge: Cambridge University Press, 1992.

Rosenberg, Charles and Janet Golden. *Framing Disease: Studies in Cultural History*.  
New Jersey: Rutgers University Press, 1992.

Rutty, Christopher and Sue C. Sullivan. *This is Public Health: A Canadian History*.  
Ottawa: Canadian Public Health Association, 2010, 1.11.

<https://www.cpha.ca/history-e-book>

Skotnicki, Tad. “Unseen Suffering: Slow Violence and the Phenomenological Structure  
of Social Problems.” *Theory and Science*, vol 42 (2019): 299-323.

Tétreault, Martin. “Les maladies de la misère — aspects de la santé publique à Montréal  
— 1880-1914.” [Illnesses of Poverty — Aspects of Public Health in Montreal —  
1880-1914] *Revue d’histoire de l’Amérique française* 36, no 4. (March 1983),  
514-519.