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“Truly Alarming”: Cholera in 1832

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Today, as citizens and health professionals debate the range and type of preparations being made to fight a possible influenza pandemic,¹ there may be lessons to be learned by examining the impact of the 1832 cholera epidemic in Upper (Ontario) and Lower Canada (Quebec). Epidemics are episodes in the social and political history of nations and communities² that “represent a natural experiment, a kind of strength-of-materials test of the precise relationships among society’s social values, technical understanding, and capacity for public and private response...”.³ Arguably, the many contemporary concerns about issuing warnings and advice; crafting pandemic plans for allocating personnel, facilities, vaccines and equipment; addressing ethical issues; and determining whether preventive or curative measures will be most effective – part of 21st century control efforts – have deep historical roots.

In 1832, the two colonies along the St. Lawrence and Great Lakes were facing the largest potential influx of immigrants since 1825. But the appearance of cholera in Great Britain in October 1831, after it had caused riots and disorder in Russia and the Baltic ports,⁴ meant that a new disease would travel the Atlantic along with the newcomers. Although the 550,000 Lower Canadians and their 220,000 counterparts in Upper Canada were accustomed to aiding immigrants after the long and debilitating voyage,⁵ the initial reports of cholera’s high death rate and random transmission patterns raised great concern. What could or should the colonial administrators and colonists do to prepare and to respond if the disease arrived? By analyzing the ways in which roles and responsibilities were divided, describing the logistical challenges and evaluating the impact of social values in shaping the public’s reaction to and the extent of support or resistance to government edicts, we will discover that history reveals multiple layers of epidemics recorded as a single event: the one experienced by leaders, the one experienced by health professionals and the one experienced by citizens and immigrants.

When colonial newspapers reported on the 1831 cholera epidemics in western Europe, Lord Matthew Aylmer, the Governor of Lower Canada,⁶ began preparations for its arrival. After persuading Bishop Panet to issue a pastoral circular warning habitants not to interact with newcomers who arrived in late fall 1831,⁷ Aylmer asked the Quebec Medical Board (QMB) to evaluate options to prevent or control a disease outbreak,⁸ including two policies recommended in circulars from the British central board of health – quarantine and sanitation.⁴ (p.32-34) The QMB supported both, and in February 1832 Aylmer signed legislation passed by the Assembly to create a quarantine station under military direction at Grosse Île, 30 miles upriver from Quebec City.⁹ In addition, boards of health were to be appointed in Quebec City (population 28,000) and Montreal

(population 27,000) to encourage the public to clean their premises and to provide hospital care for the sick poor.* This combination of prevention and control measures reflected the unresolved conflict between contagionist and anti-contagionist views of cholera’s causation.⁴ (p.33-35)

To fund the various activities, the Assembly appropriated £10,000 (approximately CAD\$50,000) to pay for the immigrants’ medical care and to provide transportation to Upper Canada.⁸ (p.6) Handbills listing cholera symptoms in both languages were prepared, and local papers reported on rumours that cholera had appeared in Upper Canada in late March. To combat the rising anxiety that both colonies were experiencing, official days of “Prayer, Fasting and Humiliation” were held in Lower Canada on May 4 and in Upper Canada on May 16. Although these ritual actions were intended to create community cohesion, they did not mask ongoing political opposition to the impact of immigration, especially in Lower Canada.¹⁰

The arrival of 400 ships with 25,000 passengers at the beginning of June quickly overwhelmed the limited facilities at Grosse Île. As the British had already discovered, quarantine failed to prevent cholera from spreading into the host population. Rumours of cases fueled fear and flight, which took the disease from Quebec City into the countryside, where it killed randomly and speedily.⁸ (p.7-12) In the capital itself, the four small hospitals and tents on the Plains of Abraham accommodated the sick and dying. The apparently healthy were sent to Montreal, where lack of available hospitals meant that the board of health took over the Emigrant Sheds to care for those who had become ill in transit. The rest of the newcomers were put on lake boats and sent on to Upper Canada while the disease erupted in Montreal.⁸ (p.14-35)

When news of the epidemic reached Upper Canada, district magistrates closed access to the colony. This self-protective measure was compounded by the flight of river boatmen, who abandoned passengers on the Lachine Canal and upper St. Lawrence. With commerce and immigration halted, Upper Canada’s Lieutenant-Governor, Sir John Colborne,¹¹ reacted to the crisis on June 20 by providing the magistrates with £500 (CAD\$2,500) to set up boards of health to create hospital facilities and provide assistance for emigrants to travel to their final destinations. Public meetings led some towns and villages to

* In the early nineteenth century, hospitals looked after the sick poor who lacked space in their rented dwellings or did not have family or neighbours to care for them. These institutions were funded by local notables, churches, women’s groups, and they occasionally received government donations.

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prohibit vessels from landing the sick and their baggage while others instituted shipboard medical inspections before permitting docking. But the disease continued to spread and arrived in the capital, York (Toronto, population 6,000), on June 19, where its initial appearance prompted the same reactions that had occurred in Lower Canada: panic, flight and widespread rumours.⁸ (p.52-64)

Merchant James Lesslie's diary entries for the epidemic¹² noted that daily reports of cases and deaths resulted in "but few persons... coming in from the Country but many leaving & going to a distance." Lesslie also commented that the York Board of Health urged cleanliness, sobriety, cleansing and whitewashing homes, and burning tar, pitch and rosin "as an anti-Contagion."¹² Similar measures had been adopted in Lower Canada earlier but did not stop the epidemic. Only the realization that cholera did not kill all its victims prompted a return to normal routines and the resumption of business and politics.

What did this epidemic reveal about the reaction of administrators, health professionals, immigrants and the colonists? Both governors took an active role in combating cholera using their executive powers to implement the advice provided by the British government. But Aylmer and Colborne were also facing significant opposition from the elected assemblies, with the result that their actions were roundly criticized in reform papers and at meetings called to discuss whether immigration helped or hindered economic and population growth.¹⁰ (225-7),¹³ The colonies did not possess many well-trained doctors or medical students, and this shortage meant that apothecaries, priests, nuns, Protestant ministers and volunteers provided much of the medical care and nursing that both colonists and newcomers received. Conflict among medical practitioners over hospital appointments, therapeutic practices and the expectation by local boards that they would visit the sick poor in their homes *gratis*, as well as limited reporting of cases and deaths, especially during the height of the epidemic, did little to enhance the stature of the profession.¹⁴ With such limited expertise available, health boards appointed lay health wardens to conduct sanitary inspections and provide medical supplies to the sick.

As the health wardens were generally middle class and most of their activity focused on indigent immigrants and the poor, class and ethnic stereotypes often overrode humanitarian impulses. This led to stringent regulations pertaining to burial and the prohibition of traditional mourning practices. Reacting to these violations of long-established norms and fears of premature burial, immigrants and colonists in both the Canadas dug up family corpses buried in unconsecrated ground. They also refused to go to the hospitals and hid their sick. In response, Colborne had Bishop McDonnell consecrate the cholera cemetery, but he did not agree to the York Board of Health's request for a temporary facility to alleviate the well-founded belief that patients were only sent to Toronto General to die. Echoing policies of the British leaders, who

believed in the miasmatic theory that foul-smelling places caused disease, Colborne voiced concerns that the proposed temporary hospital was located in a highly unsanitary section of York.⁸(p.57-60),¹²(p.247-53) Although there appears to be no final resolution of all issues raised, by September the epidemic had ended, and as James Lesslie recorded:^{*} "Confidence is now restored – people visit Town from distant parts – and all moves on as if it [cholera] had not been."¹² (p.245)

The first cholera epidemic provided the template for future disease prevention and control efforts when cholera returned in 1834, 1849, 1854 and 1866. Lessons learned from 1832 efforts included the importance of strong leadership at the central and local levels, clear communication about the nature of the disease and the steps required to prevent or control it, adequate legal and financial support for front-line workers and volunteers, and recognition that each outbreak would generate a social response commensurate with society's cultural values and perception of danger. These remain the foundation for current policies and programs.

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* Lesslie also noted: "It is cheering that no cases of cholera are now heard of... the period of this terrible visitation is perhaps now terminated... Fruit and vegetables are seen in abundance in the market."