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Smallpox arrived in Montreal for the last time in February 1885 and caused 3,164 recorded fatalities after the city failed to control the virus's spread. Municipal authorities even suspended vaccination campaigns after scandalously—and embarrassingly—administering a botched vaccine. The subsequent rejection of the vaccine by the city's French-Canadian population would become the key factor in how historians remember and write on this epidemic. However, several medical and municipal documents give us a chance to read vaccine rejection against the grain and then glean that centering the rejection is an over-simplification that glosses over working-class Montrealers' concerns about sanitation, sewer management, waste disposal—all of which, as per 19th century miasma theory, were health hazards. The city's failure to address these concerns contributed to public health rejection during the epidemic.

One such text to read against the grain is Dr. Beausoleil's "Simple recipe to obtain a durable, free, active, and strong epidemic," which he published in August 1885 as part of a scathing satirical critique of Montreal's epidemic response. He prescribed "Equal parts: Household Waste, Human Waste, Stagnant Water" and instructed to:

"Leave everything to decompose slowly and gradually, on a certain stretch of land covered by housing occupied by a population who does not care much for hygienic precautions. Leave it to ferment...and in a few months you will obtain the complete series of infectious epidemics..."

Beausoleil, *Journal d'hygiène populaire* 2.7, 78

Beausoleil facetiously considered Montreal a case study in his recipe's effectiveness, noting that it was "approved by the City Council and official authorized by the Health Office," with devastating consequences for the city's most vulnerable inhabitants.

Concerns about urban environmental health do not hold as prominent a place in our contemporary retellings of the epidemic as the role of vaccination. This is true of Michael Bliss's monograph *Plague: A Story of Smallpox in Montreal* (1991), public health histories, and features looking to the past to puzzle out COVID-19. Bliss argues that linguistic tensions in Montreal, where a minority anglophone bourgeoisie had been overrepresented in municipal governance since the seventeenth century, primed the city's French Canadians to refuse vaccines as an English technology. With anti-vaccination sentiments and consequences in mind, the epidemic's story revolves around September 28, 1885. Two things happened: first, the city made vaccination compulsory despite warnings from francophone community leaders. Second, tensions around the routine placarding of an infected household in the overwhelmingly working-class, francophone East End burst into a riot. The *Montreal Weekly Herald* described a crowd of French-Canadians vandalizing health offices, doctors' residences, drug stores, City Hall, and newspaper offices that blamed francophones for the epidemic—ultimately causing \$2,221.21 of damage.^[1]

The September 28th riot was the most explicitly violent, and therefore the most remembered and archivally-accessible, protest. Often, the riot is associated with vaccination rather than placarding.^[3] However, compulsive vaccination was the last in a series of unpopular, severe measures, including forced isolation and hospitalization. Months before vaccine mandates were announced, newspapers reported mothers chasing away health inspectors with smallpox-infested blankets, and even axes, and tearing down signs that designated infected homes. The city even ran out of placards—multiple times. Health officials routinely attracted spectators while working, making protest a community affair. Sanitary police officers lamented the cold welcomes they received in working-class French-Canadian communities, which ultimately bore 91% of casualties according to the city's careful records of mortalities by religion, age group, ward, and linguistic group.

The overrepresentation of working-class French Canadians amongst the victims of epidemic diseases was not a new pattern. Social historians have written much about nineteenth-century Montreal's high mortality rates, endemic poverty, and poor housing.^[2] All of the ingredients for Beausoleil's recipe—poor waste management, unsanitary urban conditions, and subpar housing—were staples of working-class French-Canadian wards. Miasma theory, which linked diseases to toxic gases that could be detected by their noxious smells, still had a lingering influence and emphasized the connection between place and health. It also evidenced Montreal's unhealthiness, which was something of a national shame. When Montrealers spoke of the state of the city, they were speaking to issues of health, well-being, and disease. Protest, and a mistrust of public health, preceded vaccination.

Literary scholar Rob Nixon's slow violence framework is particularly useful in explaining why the riot is an inadequate fulcrum to understand working-class French Canadians' public health rejection. 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” (Nixon, *Slow Violence*, 2). This violence, and its effects on physical and societal ways of being, are gradual—making slow violence difficult to see, process, attribute and react to. For example, while health authorities showed little concern for housing conditions and urban environment in working-class wards, those conditions had real and imagined implications for community health—and weakened working-class French Canadians’ resilience when smallpox hit. Another key tenet of slow violence is its disproportionate effect on marginalized peoples who do not have the resources to combat it. While Montreal was more culturally complex than language-based divisions suggest, working-class French Canadians were far more vulnerable and precarious in the rapidly urbanizing and industrializing city of Montreal than their Anglophone counterparts.

Beausoleil’s recipe unfairly blames the difficulties of controlling disease on “a population who does not care much for hygienic precautions,” but the ingredients he lists for this epidemic speak to the municipal health, sanitation and waste management, crowded housing, and other infrastructural problems that had existed in Montreal long before smallpox arrived in February 1885. The ingredients were all in the pot, so to speak, long before the crisis of the epidemic.

Slow violence invites us to look beyond the most obvious moment of crisis or violence—like a single riot on a single day of a months-long public health crisis. It invites us to watch a boiling pot before it boils over and pushes us to question the timelines of crises in unexpected ways. While the first and last smallpox cases in the city might seem like the obvious timeline for the epidemic and the resistance embedded within it, slow violence tells us otherwise. Perhaps most importantly for historians going forward, slow violence also prompts historical empathy by drawing our attention away from individuals and towards the contexts we cannot easily recognize.^[3] Reframing the historical narrative of diseases this way may be particularly valuable in our current circumstances, as people who have lived through a pandemic characterized by deeply divisive and complicated attitudes towards public health mandates and technologies.

When Dr Louis Laberge, Montreal’s municipal doctor, sat down to write the 1885 *Sanitary Report on the State of the City*, he offered the Health Committee “congratulations for the clear, precise, and efficient measures taken during the fight against the formidable smallpox epidemic that just visited the city.”^[4] Meanwhile, the municipal subcommittee charged with tracing the original cause of the disease painted a different picture—one that showed how badly the municipality was left scrambling to manage this crisis. Investigators concluded that: “Regardless of the apathy or even the disgust of certain segments of our population towards vaccination...the chief fault was to allow a foreign case of smallpox enter our city and one of our largest charitable institutions...”^[5] This conclusion reveals a contemporary attitude that differs from the subsequent discourse on the epidemic that emphasizes individual choice over institutional and structural factors that aided the epidemic.

Ultimately, as Donald Firth pointed out in his thesis on the epidemic, economic pressure on workers to get vaccinated and the disease’s natural progression marked the end of the epidemic.

Smallpox did not end because of a rekindled positive relationship between the city and its most vulnerable inhabitants, nor because of effective public health and education, nor any long-term changes to undermine Beausoleil's "recipe."^[6] Slow violence, and its effects on public health and city-to-citizen relations, went unaddressed. The end of the 1885 epidemic was not a victory for public health by any means, as contemporary narratives suggest. Rather, the epidemic ended as it began; facilitated by long-term and deeply embedded structural inequities that continued to characterize Montreal long after municipal authorities congratulated each other.

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Image Source: Montreal, Quebec: elevated view of the city taken from Mount Royal Park. Photograph, ca. 1880.. Credit: Wellcome Collection.

[1] "Anti-Vaccination Riot : A Mob's Reckless Work—The Majesty of the Law Upheld." *Montreal Weekly Witness*. September 30 1885, 1 and Louis Laberge, « Rapport sur l'état sanitaire de la cité de Montréal pour l'année 1885» Montreal: La compagnie d'imprimerie Perrault, 1886, 69

[2] For example, see: Bettina Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal* (Toronto: University of Toronto Press, 2007); Bettina Bradbury, "The Fragmented Family: Family Strategies in the Face of Death, Illness, and Poverty, Montreal 1860-1885" in *Childhood and Family in Canadian Society*, ed. Joy Parr (Toronto: McClelland and Stewart, 1982), 109-129; Dany Fougères, "The Modern City: 1840-1890," in *Montreal: The History of a North American City*, ed. Dany Fougères and Roderick MacLeod (Montreal: McGill-Queen's University Press, 2017), 380-424; Jean-Claude Robert. "The City of Wealth and Death: Urban Mortality in Montreal, 1821-1871," in *Essays in the History of Canadian Medicine*, ed. Wendy Mitchinson and Janice Dickin McGinnis (Toronto: McClelland and Stewart, 1988), 18-38; Martin Tétrault "Les maladies de la misère — aspects de la santé publique à Montréal — 1880-1914," *Revue d'histoire de l'Amérique française* 36, 4. (March 1983), 514-529; Martin Petitclerc, "Labour and the Montreal Working Class in the Nineteenth Century" in *Montreal: the History of a North American City*, ed. Dany Fougères and Roderick MacLeod (Montreal: McGill-Queen's University Press, 2017), 526-560

[3] For more on the trouble with articulating slow violence, see: Tad Skotnicki, "Unseen Suffering: Slow Violence and the Phenomenological Structure of Social Problems," *Theory and Science*, vol 42 (2019), 299-323.

[4] Louis Laberge, 1.

[5] Adolphe Lévêques and Hugh Graham. *Rapport du sous-comité du Conseil d'Hygiène de Montréal sur l'origine de l'épidémie de la variole*. Montreal: Montreal Hygiene Council, 1886, 12

[6] Donald Firth. "A Tale of Two Cities : Montreal and the Smallpox Epidemic of 1885." Master's thesis, University of Ottawa, 1983.