Disease and Public Health Measures in St. John's, Newfoundland, 1832-1855

by

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In the years from 1832 to 1855, when a disease threatened to reach epidemic proportions in St. John's, the usual public health procedure was for the Newfoundland Government to have the streets cleaned and the houses of the poor limed. This was in keeping with contemporary British practice. This stress on sanitary measures reflected the commonly held view of the origin of disease. Disease, most people then believed, was caused by the decay of vegetable and animal matter through the action of heat and moisture. This miasmatic theory contrasted with the contagion theory, whose adherents argued that disease was passed on by physical contact with some article an infected person had touched. (1)

The advocates of public cleanliness could, of course, find support in either of these views; yet it was one thing to see the advantage of good sanitation and quite another thing to achieve it - especially in a rough and ready town like St. John's. When nuisance regulations were promulgated by the colonial legislature after 1832, they were frequently ignored by residents. (2) Sanitation was taken more seriously, however, when disease threatened to spread to St. John's from some foreign port. When this threat arose, the practice of successive governments, beginning in 1832, was to appoint an an hoc "board of health" to deal with it. When a board was not in place, the welfare of St.John's was looked after by a public salaried medical officer known as the district surgeon, the first such official, Dr. William Warner, having been appointed in 1826. The duty of the district surgeon was to attend on the sick poor and government-supported paupers and lunatics both in the St. John's Hospital and in the town and nearby outports. Under this responsibility, he commonly provided medicines to needy persons with communicable diseases such as measles, typhus, diarrhoea, consumption and smallpox. Considering the general view of the cause of disease at this time and, after 1834, the smallness of the salary attached to this office, no general practitioner could be expected to work at it full time. (3)

In any case, the outbreak of an epidemic disease (or the threat of one) required remedial expensive measures which could best be provided by both residents and the government.

The disease that stirred the greatest fear in St.John's - and evoked the most systematic administrative response - was cholera. Word that cholera had appeared in Great Britain in 1831 quickly spread to Newfoundland; but the colonial government did not act until the following year, when the alarming news was heard in St.John's that the disease had crossed the Atlantic to Quebec. On July 2 the High Sheriff, Lieutenant David Buchan, convened a public meeting to discuss what measures the government should adopt. Resolutions were unanimously passed at this meeting calling for the appointment of a Board of Health to advise the government on what measures to take; at the same time a 40-member committee drawn from the business community was formed to inspect and clean the town under the Board's guidance and to raise money by a public subscription to supplement whatever funds the colonial government allocated to fight the disease. The meeting also called for the outfitting of some public building for use as a cholera hospital. (4)

Since Governor Sir Thomas Cochrane was temporarily absent from the colony, the Administrator of Newfoundland, Chief Justice Richard Alexander Tucker, (5) answered this appeal, selecting a Board of Health from among the town's chief professions. All local medical practitioners, clergymen, and lawyers were named to this body, which also included Attorney General James Simms, High Sheriff Buchan, and Stipendiary Magistrates James Blaikie, John Broom, and Peter Weston Carter. (6) Tucker had acted with dispatch; but he quickly found his hands tied with regard both to the expenditure of public funds for cholera prevention and the enforcement of quarantine regulations. In the case of the former, the colony had just been granted representative government, but was still dependent upon the Imperial Government for revenue, a colonial legislature not yet having been elected. In these circumstances Tucker had to exert the "most rigid economy in every arrangement" since the funds were small. (7) He was, for example, able to put only about £252 at the disposal of the committee that had undertaken to clean the town. On the other hand the government undertook to establish a cholera hospital. (8)

With regard to the promulgation of quarantine regulations, Tucker was unable to apply to Newfoundland the existing Imperial legislation on the subject. The problem here, of course, was an old one in Newfoundland: the legal uncertainty about which English Criminal Laws could be enforced in Newfoundland because of the vagueness of the Newfoundland Judicature Acts of 1791 and 1824 as to which laws applied to the colony. Tucker and the Board of...
Health he appointed framed quarantine regulations but these did not have the full backing of law known elsewhere. (9) In adopting such regulations Tucker was simply following the lead of the other colonies and of the Imperial Government itself which, in June, 1832, had reluctantly quarantined its ports on the recommendation of the Royal College of Physicians. The reluctance shown in London was owing to the great disruption in Imperial shipping that would naturally follow such a ban. (10) Disruption of shipping was also a problem for St. John's; but the losses owing to quarantine had to be balanced against the catastrophic decline in trade a reputation for cholera would bring. Fortunately for the Water Street merchants, they had in Tucker a public official who was determined both to keep the cost of quarantine down and to ensure that the new regulations would not unduly disrupt commerce. (11)

Central to the quarantine regulations was the establishment of an inspection station at the Narrows, the entrance to St. John's harbour. An incoming ship had to anchor here until the Board of Health gave its captain written permission to enter. While his ship was at anchor, the captain was queried by a specially appointed health officer or his assistant from a list of questions compiled by the Board. In short, the Board wanted to know the ship's last port of departure and whether cholera was prevalent there, the passage time to reach St. John's, and the general state of health of all crew members and passengers. Each morning one of the two health officers - either Frederick Elliott or George Gaden - reported to the Board of Health on all vessels arriving the previous day. In general, if a ship had been 14 days out from an infected port, it was subject to at least six days quarantine. If no disease had appeared on the ship by the end of this time, the Board gave the vessel a clean bill of health. All ships placed in quarantine were charged a tonnage fee to pay for the new medical service. In September, with the busiest shipping months of the year approaching, Tucker altered this scheme at the behest of the town's merchants. Henceforth, all vessels with 30 or more days passage from an infected port were to be quarantined for only 48 hours. (12)

In December, with no sign of the disease in the colony, Governor Cochrane reduced the size of the quarantine establishment and dismissed the two health officers and the medical officer, Dr. Joseph Shea, whose duty it was to examine anyone on board an incoming vessel whose health was suspect. With fewer ships also visiting St. John's and the filth and nuisance lying in the streets now covered with snow, Cochrane believed the community was safe from cholera. In January, 1833, he approached the town cleaning committee for the balance of the public grant Tucker had given it; this money he now prepared to use to relieve distress in other parts of the island. (13)

The spring of 1833, however, brought another burst of quarantine activity. When the legislature met for its first session, Cochrane had a quarantine law passed which was modelled on that of Nova Scotia, an act founded in turn on the Imperial quarantine legislation. (14) The new legislation gave the stipendiary magistrates the authority to impose penalties, forfeitures, and punishments for violations of quarantine and for regulations approved by the governor regarding the throwing of garbage into the streets. These regulations were in addition to a general act the legislature passed in the same session for the regulation of waste disposal in the colony. A weakness in the 1833 quarantine legislation was that it was effective for only one year. With cholera persisting overseas in 1834, the legislation was renewed for another year but, although St. John's successfully evaded the cholera scourge during the 1830s, situations eventually arose when quarantine could not be put into effect because the legislature was not sitting. (15) Accordingly, Governor Sir John Harvey had the Act made permanent in 1843. Thereafter, the governor could enforce quarantine by simply issuing a proclamation. (16)

The advantages of having a permanent quarantine law were made apparent by a mid-1847 incident which one newspaper labelled the "Quarantine Burlesque". (17) On this occasion, typhus fever, which had broken out at sea on Irish immigrant ships, was the main concern of Newfoundland officials. In May, in anticipation of the arrival of several ships from Ireland, Governor Sir Gaspard Le Marchant, a keen supporter of sanitary reform, who had arrived in the colony the previous month, acted on the recommendation of District Surgeon Samuel Carson and appointed a medical health officer for the port. Unfortunately, no one felt that it was necessary to proclaim quarantine, and this proved a serious mistake. When the Margaret Parker arrived towards the end of May, not only did some residents board her before the medical of firer arrived but some passengers were allowed to disembark. When several cases of typhus fever subsequently appeared in the town, the whole community was thrown into a panic. (18)

Le Marchant immediately quarantined the port and appointed a Board of Health consisting of five Executive Councillors, the leader of the Liberal Party, five clergymen, and three members of the Chamber of Commerce. There was no medical representation on the Board but a number of practitioners were employed to look after the fever patients, who were placed either in the St. John's Hospital or in an auxiliary fever hospital, a farmhouse also located on the western outskirts of the town. Le Marchant had acquired the latter facility some time before to relieve the
overcrowding in the main Hospital. (19) The new Board of Health under its Chairman, Patrick Morris, now appointed Health Wardens whose duty it was to clean the streets. Under the supervision of Stipendiary Magistrates Carter, Patrick Doyle, and Charles Simms, St. John's was divided into three wards and each was inspected by the police constables familiar with its neighbourhoods. The Health Wardens built pounds to receive filth and rubbish and hired contractors to cart it away. (20)

On the whole, the government's efforts appear to have been successful; by the end of September the epidemic had subsided and the auxiliary hospital could be closed. Although the number of deaths from the outbreak is not known, the figures for the fever hospital shows that 23 of a total of 126 patients admitted during the months of June, July and August died. (21) Not surprisingly, the epidemic spurred Le Marchant to greater efforts on behalf of sanitary reform.

The governor was dismayed at how little interest the residents of St. John's had shown in regard to waste disposal. The coincidence of his governorship with the rebuilding of the town after the great fire of 1846 offered, he thought a superb opportunity for a new beginning. Accordingly, one of his first acts in Newfoundland was the nomination of a two man commission, consisting of Surveyor General Joseph Noad and St. John's District Road Board Chairman James Douglas, to devise a sewerage and drainage system for the capital. As things stood, St. John's had no underdrains and sewers, and residents threw all their filth and garbage into surface drains that flowed down the slope of the hill to the harbour. What Le Marchant envisaged was a system which would give St. John's residents the same benefits which urban reformers had already brought to the larger towns in England. (22) In 1848 the English reform movement secured a new Public Health Act which empowered local boards to pave streets and install whatever sewers were needed to maintain public health. (23)

But this approach was impossible in St. John's because of a longstanding opposition by residents to the imposition of any property assessment. (24) In June the commission he had appointed put before the Executive Council an elaborate plan for the construction of drains and sewers to be paid for by a property assessment to be administered by a local governing body. This scheme was rejected by the Council on the grounds that St. John's residents could not afford the burden of direct taxation in the existing depressed economic state of the town following the 1846 fire. Le Marchant subsequently used funds both from the general revenue, and from the funds the colonial government had received from Imperial authorities to assist victims of the fire, to build sewers; but he was unable to effect the systematic reform program he had envisaged. (25) The consequences of this were made clear in 1854 when cholera finally reached St. John's.

The progress of the new outbreak elsewhere in North America and in the West Indies was followed closely by the St. John’s newspapers and in July, 1854, the Newfoundland Government imposed a quarantine on all ships arriving in the harbour from infected regions. District Surgeon Samuel Carson was named quarantine health officer. (26) Under the supervision of the six medical practitioners comprising the Board of Health, which had been appointed on May 23 together with a committee of Health Wardens consisting of the stipendiary magistrates and local merchants, new drains were made, old drains were cleaned, and scavengers were hired to collect the night-soil from homes, residents being forbidden to throw any garbage into the streets. (27)

Several deaths were reported in August; then there was no sign of the disease for about six weeks. Suddenly the full fury of the epidemic broke. In this period of remission preventative work being undertaken was viewed with some suspicion by some local residents, one prominent citizen writing in his diary that it was widely believed the doctors wanted to keep the Board of Health alive for their own financial gain. (28) While some of the cholera patients were treated in their homes, others were sent to a hospital facility quickly established near Fort Townshend. When the military objected to their presence, they were transferred to the St. John's Hospital, where many died within hours of admission. During the months of October, November and December, 212 patients were admitted to the Hospital, 88 of whom died. By the end of December the epidemic had run its course, leaving in its wake, according to Governor Ker Baillie Hamilton, about 500 deaths. (29)

The cholera experience demonstrated for all to see that the colonial government would have to take sterner public health measures. A study of the town undertaken by the 1854 Board of Health showed that cholera prevailed only in areas "already pestilent with 'foul air' arising from sewers or stagnant filth"; in such localities the epidemic had spread "as a fire would do in the midst of fuel." (30) On the basis of his experience in fighting cholera, District Surgeon Carson urged several reforms on the new Liberal Government of Premier Philip Little in July, 1855, the first ministry under the recently instituted responsible system of government. The first of these was the appointment of a permanent
Board of Health or a health officer, with authority to have patients afflicted with serious disease removed to the Hospital if the attending medical practitioner recommended such action. During the cholera epidemic, the inability of the Board of Health to do this resulted in a further spreading of the disease; for many sufferers had refused to go to the Hospital, knowing how many deaths were occurring there.

The government did not act on Carson's suggestion; however, in 1856 the Liberal Government did increase the number of district surgeons from one to four in order to improve medical attendance on the sick poor. (31) Carson's other recommendations simply reiterated what Governor Le Marchant had earlier attempted to achieve by way of sanitary reform. The needs of St. John's were manifold: building regulations to prevent overcrowding; the construction of a sewerage system; a system for removing night-soil from streets; and the development of a larger and cleaner water supply. (32) The agenda put forward by Carson would occupy the attention of the capital's politicians long after Little left the Newfoundland political scene in 1858.

Notes


2. See, for instance, Provincial Archives of Newfoundland and Labrador, hereafter PANL, GN2/2, incoming correspondence of the Colonial Secretary's Office, Stipendiary Magistrates Blaikie and Carter to Colonial Secretary James Crowdy, December 23, 1833.


6. PANL, GN2/17, Quarantine Books, 1832-1836, Crowdy to High Sheriff Buchan, July 5, 1832, and to Aaron Hogsett, Secretary to Board of Health, July 24, 1832. For the proceedings of the Board of Health, see GN2/2 for July, August and September, 1832.

7. "Memoranda on the Judicature of Newfoundland and on other subjects connected with that Colony" by Governor Cochrane, printed in the Gazette, January 22, 1833; and PANL, GN2/17, Crowdy to Hogsett, July 24, 1832.

8. PANL, GN2/17, Crowdy to N. W. Hoyles, Chairman of Town Committee, August 16, 1832, and to Buchan, July 5, 1832.

9. E. M. Archibald, Digest of the Laws of Newfoundland (1847), 66; "First Report of the Commissioners for adapting the Criminal Law of England to this Colony," JHA, 1843, Appendix, 444-51; PANL, GN9/1, Minute of Executive Council, March 29, 1832; and GN2/17, Crowdy to Hogsett, July 24, 1832.

10. Longmate, King Cholera, 7.

11. PANL, GN2/17, Crowdy to Hoyles, August 21, 1832.

12. Ibid., instructions to the Health Officers for St. John's, August 9, 10, 1832, April 20, 1833, June 30, 1834. See also GN2/17, Crowdy to Buchan, July 5, 1832; GN2/2, Town Committee to Crowdy, August 10, 1832, and Hogsett to Crowdy, July 18, August 14, September 17, 1832; public proclamation issued by Administrator Tucker, July 4, 1832, printed in Gazette, July 10, 1832; and John Joy, "Survey of Newfoundland Health Services until the beginning of the 20th Century" (paper prepared for the Department of Health, Newfoundland, 1971), 35-41.
13. PANL, GN9/1, Minute of Executive Council, December 10, 1832; and GN2/17, Crowdy to Joseph Shea, Frederick Elliott, and George Gaden, December 10, 1832. See also Crowdy to Hoyles, January 31, 1832.


15. PANL, GN2/17, quarantine proclamation, April 10, 1833; 1833 Quarantine Act printed in Archibald, Digest, 198-201; 1834 Quarantine Act published in Gazette, September 30, 1834; and public notice issued by stipendiary magistrates, August 22, 1834, printed in ibid. See also the 1833 Nuisances Act published in ibid., June 18, 1833.

16. 1841 Throne Speech as reported in Ledger, January 5, 1841; 1843 Quarantine Perpetuation Act printed in Gazette, June 20, 1843; and Newfoundlander, May 27, 1847.

17. Newfoundlander, May 27, 1847.


19. Gazette, May 21, 1847; Newfoundlander, May 27, 1847; PANL, GN9/1, Minutes of Executive Council, June 5, October 14, December 11, 1847; and GN2/2, Dr. Rochfort to Crowdy, November 1, 1847, and Drs. Tullidge and Walsh to Crowdy, October 13, 1847.

20. PANL, GN2/2, Proceedings from the Journal of the Board of Health, May 22, 1847, to September 15, 1847, and Stipendiary Magistrates Simms, Doyle, and Carter to Crowdy, May 24, June 1, 1847.

21. Ledger, August 6, 1847; British Parliamentary Papers, Colonies, General, vol. 4, 435, Le Marchant to Earl Grey, May 4, 1848; and PANL, GN2/2, Dr. Rochfort to Crowdy, November 1, 1847, with accompanying statement showing the number of typhus fever patients in the auxiliary hospital from June 4 to September 30, 1847.


25. PANL, GN9/1, Minute of Executive Council, June 5, 1847; British Parliamentary Papers, Colonies, General, vol. 5, 94, Le Marchant to Earl Grey, April 28, 1849; Gertrude Gunn, The Political History of Newfoundland, 1832-1864 (Toronto, 1966), 105-07; and "Letter from James Douglas in reference to Drains, Sewers, Wells, and Tanks in St. John's," 244-46.


27. PANL, GN9/1, Minute of Executive Council, May 23, 1854; GN2/2, Reports of Health Wardens on the State of sanitary conditions in St. John's, July 12, 13, 14, 1854; rules and regulations of the Board of Health printed in the Express, July 13, 1854; Newfoundlander, August 31, 1854; and reports of the Board of Health published in the Express, January 2, 18, 1855.

28. British Parliamentary Papers, Colonies, General, vol. 8, 35, Hamilton to Lord John Russell, April 26, 1855; and Edward Morris Diary, September 9, 1854 (transcript in the possession of Professor James Hiller, Memorial University).

29. British Parliamentary Papers, Colonies, General, vol. 8, 35, Hamilton to Lord John Russell, April 26, 1855;
Newfoundlander, December 11, 1854; PANL, GN2/1, outgoing correspondence of the Colonial Secretary's Office, Crowdy to Board of Health, October 14, 1854; 1854 Hospital Report in JHA, 1855, 180-81; and "Report of the District Surgeon, St. John's, for the year ending 1st July, 1855," ibid., 1855, Appendix, 192-94.

30. Dr. Henry Stabb to Times, January 12, 1861.

31. The new district surgeons were Charles Crowdy and Charles Renouf in St. John's East and Henry H. Stabb and James N. Fraser in St. John's West. See PANL, GN9/1, Minute of Executive Council, July 27, 1856; and Express, March 5, 1856.