

"IGNORANT, DIRTY, AND POOR":
THE PERCEPTION OF TUBERCULOSIS
IN NEWFOUNDLAND, 1908-1912

CENTRE FOR NEWFOUNDLAND STUDIES

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**"Ignorant, Dirty, and Poor":
The Perception of Tuberculosis
in Newfoundland, 1908 - 1912.**

by
William Ronald Knowing

A thesis submitted to the
School of Graduate Studies
in partial fulfilment of the
requirements for the degree of
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Abstract

In 1908 the Association for the Prevention of Consumption was founded at a public meeting in St. John's, Newfoundland. This was the beginning of a systematic campaign by the volunteers of the APC often with the tacit support of members of the government, to create a government-funded anti-tuberculosis campaign in Newfoundland. Four years later this goal was achieved and the APC was disbanded. The APC's success was achieved because of a perceived crisis which expressed itself in high rates of tuberculosis and public apathy. "Apathy" linked the problems of tuberculosis to a larger perceived political crisis which could only be eliminated by finding ways to broaden the participation of the population in public debate.

However, this interpretation of the problem of tuberculosis was much more easily accepted in St. John's than in the outports where a more lively debate over the nature of the political crisis looked to the economic rulers of the island in St. John's for a solution. The inability of St. John's politicians and the APC to deal with the economic questions raised by the anti-tuberculosis campaign helped to strengthen movements such as the FPU. Thus, as the APC spread its message of tuberculosis prevention it also was helping to inform Newfoundlanders of the contradictions in their society which held up St. John's merchants as the apex of respectability without making them responsible for the social consequences of their decisions.

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I have also made a nuisance of myself over the past four years in several archives and libraries. I am indebted to the staff of the Provincial Archives of Newfoundland and Labrador, the Joseph R. Smallwood Centre for Newfoundland Studies, the Maritime History Archives, The Osler Library at McGill University and the Centres for Audio-visual Education, Information Services, and Inter-library loans at the Queen Elizabeth II Library. I also wish to thank the staff of the Institute for Social and Economic Research and the History Department for their patience and humour.

As I typed this thesis myself I have no one to blame for spelling mistakes but the software. The factual errors are mine.

**This thesis is dedicated to Peter Hart,
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Foreword

This thesis has gone through many changes in its development. Initially developing from an interest in the perception of the "environment" and in metaphors for purity and cleanliness it has turned into an examination of the metaphors and motivations used to justify the anti-tuberculosis campaign in Newfoundland in the early twentieth century. This transformation is largely the result of my own growing awareness of the historiography of tuberculosis and of the various debates going on within Newfoundland's historiography. In the last ten years the debates in the tuberculosis literature have increasingly turned away from the positivist narratives of the old historiography to attempts to analyze the objectives and meaning, within a broader political movement, of the anti-tuberculosis movement in North America and Europe.

The conclusions of the "modernizers" have not been too cheerful as they have succeeded in demonstrating the often arbitrary and manipulative forces at work in our institutions. Broader social and ideological agendas informed the policies and social action undertaken to fight tuberculosis. In England the adoption of the National Health Insurance Act in 1911 skewed the subsequent administration of tuberculosis care towards sanatorium treatment at the expense of broader socio-economic policies such as increasing public housing. Similarly, in the United States, the adoption of sanatorium treatment meant that doctors there were suspicious of preventative treatments, such as BCG vaccine, which acted as a firewall, keeping patients out of these institutions. Thus one of the primary conclusions from these two examples is that the development and entrenchment of the institutional treatment of tuberculosis often limited the application of other, possibly more

effective and appropriate solutions. This is a rather sad requiem for a movement whose primary objectives were plainly laudable.

This plays on a question which is often asked today with reference to AIDS, "How do you deal with the spread of an incurable chronic disease in your community?" It is not an easy question and gives rise to a series of others like, "How would you react to having an incurable disease?" or "What do you do when a friend has AIDS?". There is very little to be cheerful about in the reflections these questions promote. When I am pessimistic I believe that life is a zero-sum game. There are only winners and losers and no middle ground for the majority of the population. This is the beauty [sic] of the zero-sum game and part of its appeal to the pessimistic mind. By eliminating the middle ground such intellectual toys allow for the manipulation of human emotions by forcing people to choose between extremes. It also plays upon individuals by using overly simple assumptions to argue complex issues ("death is bad" "the unemployed refuse to work" "debt is the result of overspending").

This leads to the point that if we are to understand the anti-tuberculosis movement in Newfoundland we have to look at the range of issues which presented themselves to Newfoundlanders in the early twentieth century where disease was concerned. If Newfoundlanders failed to deal with the problem of tuberculosis perhaps we might take some comfort in knowing that they failed within their own terms rather than someone else's. Most importantly, I think we should remember that while Newfoundland and Newfoundlanders might not have made the "optimal" choice in 1912 and the anti-

tuberculosis campaign might not have been the solution we would want in hindsight, we might take some comfort in knowing that the solution was not the easiest or most ideologically convenient one available.

Introduction

On November 24, 1908 an obituary appeared in *The Evening Telegram* recording and reflecting on the death from tuberculosis of James Kavanaugh.

He was in his twenty third year - the bloom of youth. May God grant his soul eternal rest. Thou hast made us for thyself. o Lord. We are thy property - broken lights of thee. Thy will be done. This is the third member of this family that died of this disease during four years. Mary Kavanaugh died Oct. 16th, 1904, aged 21 years; Katie died Sept. 1906, aged 19 years; their father died in August, 1891, of the same disease, and now our hearts go out in heartfelt sympathy to the bereaved mother left alone.¹

This maudlin celebration was the only prominently published obituary for a tuberculosis mortality between 1908 and 1912 in either of the two major St John's newspapers, *The Daily News* and *The Evening Telegram*. Despite hundreds of deaths annually from the disease, Kavanaugh and his family were the only people particularly identified as victims of tuberculosis. This is peculiar as the obituary occurs in a period of Newfoundland's history when tuberculosis was a popular issue. The previous February the Association for the Prevention of Consumption (APC) had been founded in St. John's; in the summer of 1908 a teachers' conference had been held in St. John's to inform the island's educators of the dangers of the disease; and in June, 1909 the new government of Edward Morris set up a Royal Commission to investigate the state of public health. In short, tuberculosis appears to have been on the public agenda.

But this agenda did not include a discussion of the individuals who actually had the disease. In an age when documentaries spring up daily detailing the lives and deaths of "People Living with AIDS", the reticence, to which the Kavanaugh obituary is an

¹"Died of Consumption," *The Evening Telegram*, November 24, 1908, p. 6.

exception, is intriguing and it raises the question, "What were the people of Newfoundland talking about when they discussed tuberculosis if they weren't talking about its victims?"

The public campaign against tuberculosis began in 1908 with the founding of the APC. The initial meeting was held in February in the British Hall, now the Spencerian, at 77 Bond Street. Though there is no formal record of the objectives of the Association, a letter to *The Evening Telegram* in July, 1908, described its general plans:

1) The establishing of a travelling exhibit accompanied by an experienced lecturer. 2) The assembling in St. John's of all school teachers for a week of instruction and discussion in matters appertaining to the hygienic conditions of schools and children. 3) To endeavour to arouse public sentiment to the necessity of a properly endowed Department of Health which shall have suitable legal powers for enforcing its regulations.²

The Association appears to have generated considerable excitement in St. John's and the outlying communities. At a meeting the following May it boasted 931 members, 140 in St. John's and 791 in the outports. This membership included 25 doctors, 66 clergymen of various denominations and 113 school teachers. In addition, local branches of the APC had been formed in Carbonear, Greenspond and Wesleyville³. Part of the reason for this rapid expansion may have been that its board of directors read like a who's who of the local elite, including the governor, local politicians, the clergy of all denominations and a wide assortment of the local medical profession.

With a socially and geographically diverse membership, the APC found it necessary to attend carefully to publicity and public information. Until the government

² "Anti-Consumption Campaign," *The Evening Telegram*, July 4, 1908, p. 6.

³ "Anti-tuberculosis Meeting," *The Evening Telegram*, May 29, 1908, p. 4. Also "Anti-tuberculosis Meeting," *The Evening Telegram*, July 13, 1908, p. 6.

could be convinced to take over the responsibility, the association was dependent on donations. To keep money flowing in it had to keep the public and association members informed of its activities through regular columns published both in *The Evening Telegram* and *The Daily News*. Articles written, though rarely signed, by members of the association, described its activities, its receipt of recent donations, and its sponsored events.

The APC's campaign against tuberculosis concentrated primarily on the prevention of the disease through public lectures and individual consultations with anti-tuberculosis nurses. It was conducted both in St. John's, by nurses, and in the outports, by hired travelling lecturers. The Association also sponsored conferences designed to develop teachers' knowledge of public health and, in St. John's, implemented a home-care scheme for tuberculosis patients and a program to instruct women in the proper care of their homes to ensure the prevention of the disease. The Association also lobbied the government on health issues, circulated information pamphlets and stimulated an awareness of health issues relating to tuberculosis in school boards and elsewhere.

The Association's success between 1908 and 1912 can be measured from the rising levels of support which government was willing to devote to the activities of the APC. In 1908 it granted the Association free postage and an initial cash subsidy of \$1,000 to hold a teachers' conference in St John's. In 1909, the newly installed Morris regime established a Royal Commission to investigate the condition of public health throughout Newfoundland and appointed the APC many of the APC's executive its commissioners: John Harvey, President of the Association; and prominent local public health advocates

Doctors H. Rendell, N.S. Fraser, L.E. Keegan and R.A. Brehm. This tacit alliance between the government and the Association allowed the subsidy of APC activities while the commissioners made their studies and planned what should be done. The campaign peaked in 1912 with the donation of \$100,000 by the Reid family for the construction of a sanatorium in St John's and sixteen smaller hospitals around the island. This donation, combined with the Royal Commission/APC's final report of 1911, prompted the government to pass the "Tuberculosis Resolutions", officially creating a government program to fight the disease.

The passage of these resolutions signalled the success of the APC and also its demise. Soon after, the executive and board of directors of the APC concluded the Association's activities. In a final pamphlet to the public and to fellow APC members John Harvey, President, boasted of their achievements over the previous four years.

We have seen the Deaths from Consumption decrease from 933 in 1906 to 694 in 1911, and we have also seen a remarkable improvement in the schools throughout the Colony, while information regarding tuberculosis, its causes and prevention, is now much more general than it used to be.⁴

According to Harvey, the Association had made a direct impact on the incidence of tuberculosis in Newfoundland through its educational campaigns and prevention strategies. But the crown jewel of the achievements of the APC was the government's commitment to continue the fight against tuberculosis.

Harvey acknowledged that this commitment was a necessity for a continuing campaign against the disease, as only a central government had the resources and the

⁴John Harvey, "To the Members of the Association Prevention [sic] of Consumption," PANL GN 2/5, File 119a.

ability to coordinate such a campaign. Harvey noted, in the pamphlet, that over the course of its four-year life the needs of the anti-tuberculosis campaign in Newfoundland had outgrown the resources available to a private organization. Thus it was only correct that government should step into the gap which the APC had created. As Harvey put it,

...this stage has been reached and under the changed conditions which the Association itself has been so instrumental in bringing about, the A.P.C. must of necessity cease to be the predominating factor in the anti-consumption fight...

The APC had achieved its stated goal of successfully negotiating a government commitment to pursue an anti-tuberculosis policy.

This statement ended Newfoundland's first systematic campaign against tuberculosis and is a milestone in the battle against the disease. But, there has as yet been no attempt to place this movement in the larger context of local events and trends. Newfoundland in the early twentieth century was riding a magnificent wave of optimism based on local developments in transportation, communication and manufacturing. Technology transplanted from North America and Europe seemed to herald a new era of prosperity for the colony. While the majority of the population still relied on the fishery for its livelihood, a modern pulp-and-paper mill was opened in Grand Falls and the "smart money" guessed that soon Newfoundland would have its own industrial heartland like those of Canada and the United States. The anti-tuberculosis campaign launched by the APC and the government was a part of this new era.

This thesis is an attempt to understand the arguments used to justify the campaign and the various interests which they represented. In effect I am trying to answer the

⁵ *Ibid.*

question, "Why did Newfoundland need an anti-tuberculosis campaign?" While this may seem to be a juvenile question, the example of James Kavanaugh suggests that the battle against tuberculosis was not primarily concerned with individual mortalities. This in turn raises a series of other questions. What were the problems which tuberculosis represented? How were these problems identified and communicated to the population? The supporters of the APC were not only trying to fight a disease, they were selling a policy to the government and people of Newfoundland. This meant that, to be successful, they had find a way to appeal to the beliefs of ruling and subject Newfoundlanders. They had to enter into the political debate and make an argument for their policy. While we may assume that the simple objective of the government and the Association was to save lives and alleviate human misery, James Kavanaugh's obituary suggests that a more detailed explanation of the fight against tuberculosis is needed in order to understand a debate which aimed at swaying government and public opinion.

In addressing this issue I have written the first chapter as a basic examination of the literature on the history of tuberculosis. In it I try to explain the major debates in the literature and the main schools of thought within those debates and how they relate to relevant themes in Newfoundland's historiography. In Chapter Two I look at the general beliefs about disease in St. John's at the time of the APC campaign by following a debate in the St. John's press over the quality of the city water supply and its relationship to the incidence of disease. This chapter also tries to show how policies developed by Newfoundland's government were interpreted by public commentators and received by the public. In the third chapter I look at the origins and justification of the anti-tuberculosis

campaign both in government documents and in the press. While tuberculosis was a medical problem it was also a disease which had broad social implications. What were the perceived implications for Newfoundland? How did the disease reflect on the broader health of the community and its political condition? Finally, in the fourth chapter I examine the perceived results of the anti-tuberculosis campaign both in the St. John's and in the outport press. As the fight against tuberculosis moved out of St. John's into the outports, debate over the disease changed its tone as people there made their own suggestions on the causes and cure of the disease. This final chapter should give readers an idea of how the anti-tuberculosis campaign was implemented in Newfoundland and some of the social repercussions of the policy.

Chapter One

The Devil Inside

Tuberculosis is a particularly nasty disease. It is caused by contact with the *Mycobacterium tuberculosis*, usually through inhalation or the consumption of infected food, such as milk. The disease can manifest itself in a number of ways in the human body, depending on the site of infection. Recognised forms of tuberculosis occur in the bones, the organs and the lymphatic system of the body, though the most familiar form of the disease is pulmonary tuberculosis. Symptoms of pulmonary tuberculosis include coughing, spitting sputum and blood, fever, night sweats, general weakness, and weight loss.

After initial infection the disease usually spreads slowly. The body's immune response to the disease produces small yellow nodes called tubercles (hence tuberculosis) in the infected tissue. If the individual has a weak auto-immune response or is subject to repeated infection this "battle" between bacillus and antibody can persist over several years, subjecting the patient to a slow decline and death. However, if the patient is well-nourished or only subject to a slight infection the body's immune system may be able to isolate the infected tissue and prevent the onset of symptoms.

In the twentieth century several types of medical therapy were developed to deal with tuberculosis, though this could not change the basic fact that before the 1940's there was no consistently effective treatment for the disease. For those who could afford it, rest and a balanced diet, at home or in a private sanatorium, might arrest the disease in its early stages. But, these remedies were not generally available and individual patients responded

differently depending on the stage and severity of their infection.

In the meantime, the medical profession developed a wide range of treatments for tuberculosis. These varied from prescriptions to complete bed rest and relaxation or graduated levels of activity. They also included various surgical interventions such as collapse therapy or artificial pneumo-thorax, by which the infected lung would literally be imploded by injecting air into the area between the lung and the chest wall. This stopped the flow of oxygen to the lung and thus killed the aerobic tuberculosis bacilli in the infected tissue. This treatment in turn gave the tissue of the lung an opportunity to isolate infected areas. Doctors also removed heavily infected portions of lungs in an attempt to stem the disease. A victory over tuberculosis was achieved in the 1940's with the arrival of effective drug therapies. Although the early treatments, such as streptomycin, were highly toxic they were an improvement over the more invasive surgical treatments and after their introduction the number of tuberculosis mortalities fell dramatically.

Despite this simple narrative, within the historiography of tuberculosis there is considerable debate over the causes and cures of the disease. These competing positions fall into three main groups: the "interventionists"; the "historicists"; and the "epidemiologists". Each of these groups may be identified by their approach to a basic historical problem which has been described as one of the medical miracles of the twentieth century, namely the decline in the incidence and mortality of tuberculosis.

The first group, the "interventionists", is probably the most easily recognised. Invoking the achievements of the medical profession in the nineteenth and twentieth centuries, these medical historians have described the history of tuberculosis as a tale of

the heroic self-sacrifice and dedication of countless medical practitioners, scientists and clinicians who developed modern medical science and delivered its benefits to the public.

The philosophy of this type of history is probably best summed up by Henry Sigerist, the father of American medical history, in the introduction to his book *Civilization and Disease*. Sigerist is no shrinking violet when it comes to the fundamental structure of medical history. "No two phenomena could possibly be more different than disease, a material process, and civilization, the most sublime creation of the human mind".¹ For Sigerist, disease is the polar opposite of civilization in much the same way good exists as a polar opposite of evil. And just as "good" is the cure for "evil", so too, civilization is the remedy for disease.

Although this is fundamentally an optimistic message, as it implies that humanity has a high potential for the control of disease, the epilogue of *Civilization and Disease* places emphasis on the "potential" rather than the "will".

What happened in the limited field of medicine seems to have happened in the world at large: technology outran sociology. We have created ingenious machines but not the social and economic organization that an industrial society requires.²

We have the ability to eliminate many diseases, but Sigerist frets that we lack the political will to do so. At the time Sigerist was making a pessimistic statement about the ongoing international crisis in 1942. Thus one of the major questions which medical historians of this school have to deal with is the concept of "will". The story of the anti-tuberculosis movement before the 1940's is thus a dramatic narrative of people attempting to deal with

¹Henry Sigerist, *Civilization and Disease* (Ithaca, New York: Cornell University Press, 1943), p. 1.

²*Ibid.*, p. 243.

a disease despite their need for better tools.

The best example of the history of tuberculosis using this approach is René and Jean Dubos' *The White Plague: Tuberculosis, Man and Society*. The Dubos' book is a comprehensive history of the fight against tuberculosis from the ancient Egyptians to the twentieth-century United States. One of the overwhelming impressions conveyed by the Dubos book is the confusion which existed in the medical profession before Robert Koch isolated the tuberculosis bacillus. Diagnosis of the disease was sometimes hindered by the variety of symptoms it could exhibit depending on which part of the body it infected. Management was also hindered by the widespread belief that tuberculosis was hereditary rather than contagious. As late as 1881, the fifth edition of Flint's medical textbook, *The Principles and Practice of Medicine*, restated the general belief that tuberculosis was a non-communicable disease.³

In light of even these most basic barriers to understanding the disease, the "interventionists'" identification of Robert Koch as the father of the modern anti-tuberculosis movement makes perfect sense. After his discovery of the tuberculosis bacillus in 1882 it was possible to identify cases of the disease more readily and to carry out general testing campaigns to determine the extent of the problem posed by tuberculosis infections. Simply being able to define the extent of the problem was a major victory in the fight against tuberculosis and is rightly pointed to as a major turning-point in our

³Austin Flint, *A Treatise on the Principles and Practice of Medicine: Designed for the Use of Practitioners and Students of Medicine*. (Philadelphia: H.C. Lea's Son, 1881). Cited in René and Jean Dubos, *The White Plague: Tuberculosis, Man and Society* (London: Victor Gollancz, 1953), p. 69.

understanding of the disease.

However, one might pause after reading the statement, "Now that the fear has been personified and the tubercle bacillus is known to be the villain, measures designed to prevent its spread have acquired the compelling strength of common sense".⁴ This quote, more than any other, points to the major weakness of Sigerist's and the Dubos' approach to the history of tuberculosis. Justifying a course of action by calling it a recognition of "common sense" is at best condescending and at worst misleading. The question for the "interventionists" is not, "why did we fight tuberculosis?", rather it is "who fought tuberculosis, where, when, how and with what?". These are legitimate questions but do they supply all the necessary answers?

In Newfoundland's history of tuberculosis this type of analysis is represented by Edgar House's *Light at Last: Triumph over Tuberculosis, 1900-1975, Newfoundland and Labrador*. House's book is very much in the spirit of Sigerist as it describes the rising wave of public action and government commitment to fight tuberculosis, culminating in the successful introduction of chemotherapy of the 1950's. This steady progress against the disease is reflected in the graphs of tuberculosis mortalities for Newfoundland between 1901 and 1975. These show a steady decline. The defeat of the disease is also attributed, in House's dedication, "...to the huge team of 'ordinary' men, women and children who have given so freely of their time, talent and money to assist in the control of 'the Captain

⁴*Ibid.*, p. 172.

of the Men of death"⁵ For House the battle against tuberculosis in Newfoundland is the story of a community versus an arbitrary and heartless killer.

We are appalled when we read that, during the Great War of 1914-1918, 1295 young men of the Newfoundland Regiment gave their lives in defense of freedom. In the same five year period, 3498 Newfoundlanders of all ages were killed by TB, the "Constant Invader," and thousands of others carried the scars for the rest of their days.⁶

This is a stirring account of the battle between biology and human determination but reads as a rather disjointed account of private and government agencies all attempting to move towards the same goal with greater and lesser degrees of success. The ultimate victor in the battle is the central government which by bringing to bear its organisational authority and resources, decides the battle.

The second school of thought on tuberculosis is the "historicist". This group is dominated by quantitative historians who have attempted to analyze statistical information on death rates and diseases from the nineteenth century. The most widely known application of this data is Thomas McKeown's *The Modern Rise of Population*. Looking at mortality rates from the nineteenth century, McKeown noted that while the "interventionists" claimed that the medical profession was responsible for the decline in disease mortality, in fact disease mortalities had been declining for most of the nineteenth and twentieth centuries on a curve which appeared to bear little relationship to medical and scientific developments. In this book McKeown argued that this steady decline in the mortality rate in England, and Europe, could be attributed to the economic growth of the

⁵Edgar House, *Light at Last: Triumph over Tuberculosis, 1900 - 1975, Newfoundland and Labrador* (St. John's, Newfoundland: Jesperson Press, 1981), p. v.

⁶*Ibid.*, p. 6.

eighteenth and nineteenth centuries and a concurrent improvement in the population's nutrition rather than any achievement of medical science.⁷

McKeown's work has attracted considerable attention and debate in history journals. Over the past decade several quantitative historians have questioned aspects of his analysis. One of the strongest attacks has been Simon Szreter's 1988 article, "A Re-Interpretation of the Role of Public Health" published in the first volume of *The Journal of the Social History of Medicine*. In Szreter's opinion, McKeown's mortality rates were flawed by an imbalance in the ratios between respiratory diseases and intestinal diseases. This is important as it hides improvements in municipal sanitation and water supplies which were funded through local public health grants from the British government.

Additionally, Szreter explained that in the late nineteen-forties and early fifties McKeown worked with the National Health Service in Great Britain. At the time he was engaged in a debate with physicians over the most cost-effective strategies for controlling disease in the English population. By proposing his thesis, McKeown was attempting to balance the advocates of expensive clinical intervention with more efficient macro-economic social forces. Szreter suggested that the application of this political agenda to medical history results in a narrative which obscures the impact on McKeown's statistics of a declining mortality from intestinal diseases. This declining mortality rate was due to greater investment in local water and sewage systems. To overlook this is to disguise the impact of local public health expenditure on the English death rate. The upshot of this was

⁷Thomas McKeown, *The Modern Rise of Population* (London: Edward Arnold, 1976), pp. 153-154.

that local public health expenditures and the policies of local governments were ignored by McKeown's thesis.⁸

As time has passed, other historians have entered the fray, and the confusion of their debate might be interpreted as a vindication of the saying "lies, damned lies and statistics". One of the main points of debate over McKeown is the ease with which mortality statistics from the nineteenth century may be manipulated as statisticians establish their preferred weighted averages. While intuitively it makes sense to attribute declining mortalities to improved nutrition it is almost impossible to prove a causal relationship between a particular rise in standards of living and a declining death rate. One example of this dilemma is Neil McFarlane's work on tuberculosis in Glasgow during the first half of the twentieth century. For much of this period Glasgow had one of the highest rates of tuberculosis in the British Isles. Government and doctors made a considerable effort to solve this problem. McFarlane notes that one of the problems policy-makers had to confront was studies which indicated that among populations resettled in government housing, tuberculosis rates actually increased despite the move to less crowded living conditions.

McFarlane is quick to point out that there could be many conflicting variables at work in such a situation; for example, higher rents may have forced the relocated tenants to skimp on their food budgets. But the cost of this ambiguity was the continued scepticism

⁸Simon Szreter. "The Importance of Social Intervention in Britain's Mortality Decline c. 1850 - 1914: a Re-interpretation of the Role of Public Health." *The Journal of the Social History of Medicine*, Vol. 1 no. 1. (April, 1988), pp. 1-37.

of medical officials regarding the influence of public housing (downwards) on the incidence of tuberculosis. As a result local officials continued to spend excessively on sanatoria to the point that Glasgow had the highest number of tuberculosis beds in Great Britain⁹. In McFarlane's opinion the "interventionists" used the ambiguity regarding housing in Glasgow to skew health policy in favour of sanatorium treatments at the expense of local public health measures such as public housing.

McKeown's thesis is also complicated by the weakness of many statistical sources which historians must resort to as they try to make arguments about nineteenth- and some twentieth-century demographics. An example of the problems which the nineteenth century can present to statisticians is discussed by Allen Mitchell in "An Inexact Science: The Statistics of Tuberculosis in Late Nineteenth-Century France". Mitchell's article describes some of the problems of nineteenth-century vital statistics and especially tuberculosis statistics. Part of the difficulty stems from the considerable stigma attached to the disease. Family shame over a tuberculosis death often prompted people to bribe doctors to change the cause of death on death certificates. Another factor was the late development of a legal structure in the French government supporting the collection of national vital statistics. Thus, while accurate figures might be available for many French cities, which kept track of deaths, births, and marriages at a municipal level, information from rural areas was

⁹Neil McFarlane, "Hospitals, Housing, and Tuberculosis in Glasgow, 1911 - 51," *The Journal of the Social History of Medicine*, Vol. 2, no.1 (April, 1989), pp. 59-85.

often undependable or simply non-existent.¹⁰ When Mitchell finally arrives at a point where he may compare economic indicators for the late nineteenth century in France with the disease rates, we are left feeling unsure of the value of any of the information we have been given on the tuberculosis rates, and its comparison with economic data. More generally it was not until well into the twentieth century that the organs of the state had developed sufficiently to begin to collect comprehensive statistical information on the population. Therefore nineteenth- and early twentieth-century statistics must be approached with some caution. Despite these problems there are still many historians who support McKeown's thesis.

As yet no history of Newfoundland's tuberculosis epidemic has been written using McKeown's thesis. Economic histories of Newfoundland and Labrador point to the Second World War as the economic turning point for the island. Before this, in the nineteenth century, the economy had been based on the fishery and characterized by low incomes and literacy levels. In the twentieth century, production expanded to include substantial mineral and forestry activity¹¹. However it was not until the Second World War that Newfoundland's economy began to experience substantial growth as a result of wartime investment and spending. By this time the colonial regime had created a fairly efficient

¹⁰A. Mitchell, "An Inexact Science : The Statistics of Tuberculosis in Late Nineteenth-Century France," *The Journal of the Social History of Medicine*, Vol. 3, no. 3 (December, 1990), pp. 387-403.

¹¹Janet E. Miller Pitt, "Economy," in J.R. Smallwood, ed. *Encyclopedia of Newfoundland and Labrador*, Vol. 1 (St. John's, Newfoundland: Newfoundland Book Publishers (1967), 1981), pp. 667-675. See also David G. Alexander, *Atlantic Canada and Confederation: Essays in Canadian Political Economy* (Toronto: University of Toronto Press, 1983).

civil service and vital statistics were generally reliable. After the war prosperity continued and was augmented by Confederation with the sister Dominion, Canada. This gave Newfoundland access to a vast supply of resources through government transfers such as baby bonuses and old-age pensions. Later came unemployment insurance and socialized medicine. A cursory review of tuberculosis mortality rates from the beginning of the twentieth century shows a downward trend during the years from 1900 to 1940. However, this decline accelerated dramatically after 1940 and suggests that at least in Newfoundland's case McKeown's interpretation of diseases and living standards warrants consideration.¹²

However, historians should be cautious when they attribute a definite cause to any series of events. This danger is demonstrated by the final group in this analysis. This group, the "epidemiologists", is marked by a more structural approach to the history of disease. In an attack on Simon Szreter's 1988 article criticizing McKeown, Sumit Gupta cites James C. Riley and proposes a third alternative for explaining falling levels of disease mortality.

Riley's work indicates that this improvement in longevity was attributable not so much to a reduction in the amount of illness suffered by the population, but rather to a reduction in the number of cases with a fatal outcome. It follows then that changes in the population's resistance to infection rather than changes in its exposure to it were the source of the reduction in mortality.¹³

This third group focuses on the biological relationship between organisms and their hosts.

¹²House, *Light*, p. 7.

¹³Sumit Gupta, "The Importance of Social Intervention in England's Mortality Decline: The Evidence Reviewed," *The Journal of the Social History of Medicine*, Vol. 7, no. 1 (April, 1994), pp. 89-113.

The best historical statement of historical/epidemiological laws is William McNeill's *Plagues and Peoples*. According to McNeill, one of the defining characteristics of an epidemic is that it is never 100% fatal. As it kills, the epidemic passes over those with greater resistance. McNeill explains this by using a host/parasite relationship as a metaphor for the relationship between people and diseases. The logic of this is that the aim of a parasite is not to kill, but to live off the avails of the host. The most "successful" diseases, or parasites, are those which manage to establish a continuing symbiotic relationship with their host. Any disease which kills the body it is inhabiting cannot be viewed as "successful" because it places its own existence at risk. Some parasites can postpone the ultimate logic of this dilemma by moving rapidly from one host to another. However, ultimately they must develop a stable relationship with a community of hosts or perish. Accordingly organisms which are initially fatal to a population are forced to gradually lose their virulence as they and their host populations adapt to each other. Over the course of three or five generations the most virulent strains of a disease die off (collapse under the weight of their internal contradictions?) while the less virulent strains survive and prosper.

In the case of tuberculosis the more epidemiologically-minded among medical historians note that while the disease has been endemic in the human population for thousands of years, within the past four hundred years a tuberculosis epidemic swept across the Europe and North America. In Europe especially this plague was felt when an increasing population and an increasingly urbanized one encouraged the spread of the disease. Looking at what statistics are available, the "epidemiologists" agree that through-

out most of the nineteenth century the incidence of tuberculosis was declining rather than increasing. They suggest that it is most probable that this was the result of organism and human adapting to each other rather than by any economic changes or specific measures taken by humans.¹⁴ Understandably this position is an anathema to many medical historians of Sigerist's leanings.

Combined, the positions above describe the main historiographical debate within the literature on tuberculosis. Each position comes with its own set of assumptions about the disease and each is valid in a limited sense. Yet none completely explains the decline in the incidence of the disease as each occupies an exclusive intellectual sphere. For the "interventionists" human action is the governing force in the history of tuberculosis. For the "historicists" it is the invisible hand of macro-economic factors which is the determining factor. For the "epidemiologists" the most important factor in the description of the history of tuberculosis is the biology of the bacteria itself. This diversity is probably the strength of this debate. Combined, the three hypotheses provide a broad canvas for the exploration of historical forces which have acted on tuberculosis.

This debate, however, has not addressed the more complex reason of why the anti-tuberculosis movement occurred when it did. But, in the last two decades a new discussion of tuberculosis has begun to evolve in the historical literature. This debate sees tuberculosis as part of a broader "modernization" movement in western society at the beginning of the

¹⁴Thomas M. Daniel; Joseph H. Bates; Katharine A Downes, "History of tuberculosis," in Barry R. Bloom, ed. *Tuberculosis: Pathogenesis, Protection, and Control* (Washington, D.C.: ASM Press, 1994), pp. 13-16.

twentieth century. "Modernization" is a term which popularly suggests machines and the use of machines for the measurable improvement of individual's lives. Historians, however, take a much broader approach to the subject.¹⁵ Jacques Ellul, in *The Technological Society*, describes a basic dichotomy in the definition of technology. On the one hand is the popular conception of technology as referring to machines. He observes that this is due to the "...fact that the machine is the most obvious, massive, and impressive example of technique...".¹⁶ But Ellul is more interested in the way the machine integrates with society, than in the artifact itself. He is exercised over what he describes as "technique". Technique is a much broader organising principle of which technology is the mechanical subset. It includes intellectual, economic, social and human subdivisions. Ellul describes these categories as similar in their goals but dissimilar in their organization. The point which links them is their application of human consciousness to the environment to find the "...one best means in every field".¹⁷ The point seems to be Ellul's expression of extreme pessimism about a future dominated by "technique". By allowing and even encouraging this application of technique to human communities we risk, Ellul fears, leeching out our humanity as calculation comes to dominate human life at the cost of sincere expression and emotion.

Similarly, William Leiss in *The Domination of Nature*, discusses the social impact

¹⁵For a more technological interpretation of "Modernization" in Newfoundland see: William Reeves, *Our Yankee Cousins: Modernization and the Newfoundland-American Relationship, 1898-1910*. (PhD Thesis) Orono, Maine: University of Maine, 1987.

¹⁶Jacques Ellul, *The Technological Society* (New York: Alfred A. Knopf, 1964), p. 3.

¹⁷*Ibid.*, p. 21.

of modern science and technology. As the title indicates, Leiss's book is a discussion of the "domination of nature" by humanity. It is an examination of the utopian visions of a modern world which harness nature for the benefit of society. Leiss describes it as, "...the analysis of some of the ways in which men have represented to themselves the relationship between the accomplishments and the dreams of their sciences on the one hand and their expectations of social improvement on the other."¹⁸ Leiss is disturbed by the unstated assumptions of these visions.

Concepts both clarify and conceal the nature of the phenomena which they are supposed to represent. For example, the idea of the "natural rights of man" announced the coming of a new political order and simultaneously helped to mask the reality of an economic system characterized by bitter exploitation and class conflict.¹⁹

He continues the example of the "natural rights of man" in the final chapter.

The legend of the equality of rights and individual freedom, however, together with the illusion of popular choice under the conditions of mass democracy, still veil the reality in which the decisions of the few govern the lives of the many. The contradictions between the abstract universal form of the doctrine - the universal equality of rights - and the concrete particular interests of the minority who rule capitalist society remains unresolved.²⁰

Leiss fears that the domination of nature will end up strengthening the dominant classes in a capitalist society rather than improving the general well-being. The "domination of nature" becomes the "domination of man".

The fears of Ellul and Leiss are the outer clothing of deep misgivings in western literature over modernisation. While their fears might be dismissed as the paranoia of

¹⁸William Leiss, *The Domination of Nature* (Boston: Beacon Press, 1974), p. 10.

¹⁹*Ibid.*, pp. 10-11.

²⁰*Ibid.*, p. 169.

the 1960's, a growing body of work identifies the deficiencies of modernisation in western society in terms of the definitions supplied by Ellul and Leiss, that is, in technique as destructive of individuality, as Ellul fears, or the entrenchment of an autocratic ruling elite, as Leiss fears.

One of the major deficiencies of the debate over the decline in the incidence and mortality from tuberculosis has been an examination of the reasoning behind that phenomenon and the effect it had on individuals. The "interventionists" approach to medical history is implicitly focussed on human actions and events, but it generally assumes the perspective of a victorious general surveying the field of battle. Similarly, the "historicists" and the "epidemiologists", though espousing interesting theories, are so locked into their analysis that there seems to be little room for the participation of individuals except as victims or non-victims of disease.

The book most often cited as the inspiration for the linkage of ideas about tuberculosis and society to modern disease is Susan Sontag's *Illness as Metaphor*. Her work is largely a polemic against the metaphors used to explain disease. In the introduction she states,

My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is not a metaphor, and that the most truthful way of regarding illness - and the healthiest way of being ill - is one most purified of, most resistant to, metaphoric thinking.²¹

Thus, in contrast to the "interventionists", "historicists" and "epidemiologists", Sontag is making the fundamental point that disease and our ideas of disease are two separate

²¹Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978), pp. 3-4. Sontag's work can be classified as an application of the ideas of Michel Foucault.

entities. For Sontag a disease is a label which suggests the features and personality of the afflicted individual. The problem is that these labels often take precedence over the basic fact that diseases kill people.

Sontag describes the popular views of tuberculosis and cancer. Both of these diseases have been subject to metaphor as people have tried to describe their symptoms. Sontag is intrigued to point out that while the two diseases are different, cancer holds a place once occupied by tuberculosis, a place that has now been surrendered to cancer as the former has become a treatable, and therefore non-threatening, disease.

TB is disintegration, febrilization, dematerialization: it is a disease of liquids - the body turning to phlegm and mucus and sputum and, finally, blood - and of air, of the need for better air. Cancer is degeneration, the body tissues turning into something hard.²²

The observer's awareness of the disease is governed by the images associated with the disease rather than with the afflicted individual. Metaphors, such as those cited above, become a script from which to act out social apprehensions about a particular disease. The cost of this is the sufferer's loss of humanity as he or she becomes an object for others.

In 1989 Sontag reiterated her point using AIDS as the example. She described in more detail her experience with and impression of disease and metaphor.

Twelve years ago, when I became a cancer patient, what particularly enraged me - and distracted me from my own terror and despair at my doctors' gloomy prognosis - was seeing how much the very reputation of this illness added to the suffering of those who have it.²³

Sontag's work is directly relevant to the experiences of gay men, drug users and hemophiliacs over the past decade and a half. The description of these "victims of AIDS"

²²*Ibid.*, p. 13.

²³Susan Sontag, *AIDS and its Metaphors* (New York: Farrar, Straus and Giroux, 1989), p. 12.

as contracting AIDS in the "good way" (blood transfusions) or the "bad way" (sexual intercourse or intravenous drug use) speaks to the subtle hypocrisies which pervade our lives and shelter us from the grim realities of terminal diseases and death. Sontag claims that petty evasions and "mysteries", which we build around terminal disease, create the justifications for interference in victim's lives.

Medical historians have not ignored the social implications of disease. These have been explored by Charles Rosenberg in his essay, "Framing Disease: Illness, Society, and History". Rosenberg's work is largely informed by an analytical debate in medical history over the nature of disease. This debate splits disease into two types, ontological and physiological. In the former, disease is an objective unit; in the latter, each disease and each case are unique events dependent upon the characteristics of the afflicted individual.²⁴ (This is roughly equivalent to debates between positivist and relativist historians.) For Rosenberg, disease is much more than simply a "less than optimum physiological state".

The reality is obviously a good deal more complex: disease is at once a biological event, a generation-specific repertoire of verbal constructs reflecting medicine's intellectual and institutional history, an occasion for and potential legitimization of public policy, an aspect of social role and individual - intrapsychic - identity, a sanction for cultural values, and a structuring element in doctor-patient interactions. In some ways disease does not exist until we have agreed that it does, by perceiving, naming, and responding to it.²⁵

Rosenberg is nothing if not inclusive. Disease, for Rosenberg, is a process which legitimates a broad series of formal and informal institutions from the medical profession to the use of cleaning fluids. Disease, rather than existing as a distinct essence, as Sigerist

²⁴Charles E. Rosenberg, *Explaining Epidemics and Other Studies in the History of Medicine* (New York: Cambridge University Press, 1992), p. 317.

²⁵*Ibid.*, p. 305.

would have us believe, is a process. It changes and is relabelled as the institutions around it change. Though Rosenberg might not agree with such a broad generalization, his statement suggests that "disease is not a problem until we say it is a problem".

The works of Ellul, Leiss, Sontag and Rosenberg are intriguing as they beg a question about the history of tuberculosis and the anti-tuberculosis movement. By the late nineteenth century, when the anti-tuberculosis movement was in its infancy, the disease had been a common feature of western life for hundreds of years. It was not new or unfamiliar and its mortalities could legitimately, and callously, have been seen as the expected operating cost of a community. It also appears that the mortality rate for tuberculosis was declining in Europe and North America by this time without any large-scale intervention by the state or voluntary organisations. This said, the question is, "what was the problem which tuberculosis represented to the anti-tuberculosis advocates of the late nineteenth and early twentieth centuries?". Tuberculosis was nothing new and the death rate in many cases was already in decline. What were the advocates of the movement trying to achieve and what were the problems they were responding to?

Historians have suggested that the discovery of the tuberculosis bacillus was the causal factor in the development of the anti-tuberculosis movement and have recounted the history of tuberculosis as outlined earlier in this chapter. However, in the past decade a new literature has begun to evolve which attempts to link the campaign against tuberculosis into the broader ideologies of modernisation which were current in Europe and North

America in the early twentieth century.²⁶ This was a campaign based on the knowledge provided by researchers such as Koch, but with additional social agendas added.

The social implications of the anti-tuberculosis campaign are explored in Linda Bryder's *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain*. Bryder's work is an attempt to fill in some of the broader experiences of this campaign and describe the ideology which promoted the prevention of tuberculosis in Britain but did not support the use of the BCG (*Bacille Calmette et Guérin*) vaccine (See below).

According to Bryder, in the early twentieth century tuberculosis was not just a medical problem, it had also a larger dimension. Thus, Bryder points out,

For some sufferers from tuberculosis, the social consequences of the disease were far worse than its physical manifestations. In the first half of the twentieth century tuberculosis was not only a major killer, it also became a social problem.²⁷

Any long-term cure for the disease had to address the social as well as the biological causes of infection. Bryder points to the various strategies used by the medical profession in Britain to demonstrate the ideologies at work within the anti-tuberculosis movement. These often emphasised the need to regulate the lives of tuberculosis patients and

²⁶This is a rapidly expanding field of historiography. The North-American experience of the anti-tuberculosis movement has been discussed in Michael E. Teller, *The Tuberculosis Movement: A Public Health Campaign in the Progressive Era* (New York: Greenwood Press, 1988); and in Georgina D. Feldberg, *Disease and Class: Tuberculosis and the Shaping of Modern North American Society* (New Brunswick, New Jersey: Rutgers University Press, 1995). The British experience has been discussed in: F.B. Smith, *The Retreat of Tuberculosis, 1850 - 1950* (New York: Croom Helm, 1988); and in Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford: Clarendon Press, 1988).

²⁷Linda Bryder, *Below the Magic Mountain: A Social History of Tuberculosis in Twentieth-Century Britain* (Oxford: Clarendon Press, 1988), p. 6.

"inoculate" them against the possibility of further infection. This was a process of education carried out ideally in the sanatorium where several treatments were available to heal the body and build the character of tuberculosis patients.

One such strategy was work therapy. This was a tuberculosis treatment which was designed to strengthen the constitution of the patient and prevent the development of idleness during an extended convalescence in a sanatorium. Patients would be prescribed tasks ranging from gardening to heavy construction work to assist their recovery and reinforce their work ethic. These regimes, however, were not applied consistently across the spectrum of tuberculosis patients. Sir Clifford Allbutt, an authority on the treatment of tuberculosis and Regius Professor of Physic at Cambridge University in the early twentieth century, discussed one of the problems of work therapy:

...patients who paid from a pound upwards for maintenance [in a sanatorium] could not be induced to engage systematically in manual labour. He [Allbutt] explained that patients of this class were not used to labour with their hands, it wearied them, and they soon tired of it.²⁸

Apparently, those who paid the piper could call the tune, or, more to the point, those who paid the doctor could fill out the prescription.

The "social problem" which, Bryder believes, was being addressed by the anti-tuberculosis movement in Britain was national efficiency. National efficiency is a vague concept covering a broad variety of social ideals popular at the beginning of the twentieth century. G.R. Searle defined it as "...an attempt to discredit the habits, beliefs and

²⁸ *Ibid.*, p. 63.

institutions that put the British at a handicap in their competition with foreigners...²⁹. It was an attempt to combine the goals of empire with the principles of accounting. By eliminating the "expenses" of a society, such as disease, poverty, and ignorance, the proponents of "efficiency" hoped to make Britain better society. The ultimate goal of this movement was to foster the growth of the domestic economy and population and thus the growth of national power. By reducing the mortality from tuberculosis, authorities hoped to encourage the population to grow more quickly. Expenses "wasted" on caring for the sick could be directed to more profitable activities. The institutions created to "cure" tuberculosis also served as an opportunity to inculcate social virtues in the population, such as thrift, patience and docility.

Bryder's attention to national efficiency gives a political dimension to the scientific advances of Robert Koch and the campaign against tuberculosis.

It did not take the bacteriological revolution to point to a connection between tuberculosis and the conditions (or habits) of the poor, which was the basis of the preventative work. A more important factor in the rise of the anti-tuberculosis campaign appeared to be a heightened concern in the late nineteenth and early twentieth centuries for the physical conditions of the people as it affected national efficiency.³⁰

The knowledge of germs created a system of knowledge which was able to explain the incidence of disease and link it directly to a social cause. But knowledge of the cause of tuberculosis did not guarantee that measures would be taken to prevent its spread, until a reason for such action was found. National efficiency was a manifestation of the period's

²⁹G.R. Searle, *The Quest for National Efficiency: A Study in British Politics and Political Thought, 1899 - 1914* (Los Angeles: University of California Press, 1971), p. 54.

³⁰Bryder, *Below*, pp. 21-22.

nationalism which was based on ideas of "race" and national culture. It was intimately intertwined with the anti-tuberculosis movement, which was directly concerned with altering the behaviour of the population to strengthen the nation by improving the health of individual citizens.

One episode in the history of tuberculosis which is often used to point out the ideological underpinnings of the anti-tuberculosis campaign for the "modernisation school" is the rejection of BCG (*Bacille Calmette et Guérin*)³¹ vaccine by the mainstream medical profession in Great Britain and the United States between the two World Wars. BCG vaccine came into general use in France in the 1920's, but was greeted with considerable suspicion in Great Britain and the United States, where a considerable medical infrastructure had been developed to treat tuberculosis. This suspicion was bolstered by the research and francophile attitude of Albert Calmette³² one of BCG's developers. Combined with poor publicity over the following decade, this discouraged the widespread use of the vaccine outside France. However, as time passed, a growing body of literature began to demonstrate that BCG was an effective prophylaxis against tuberculosis.

Smith suggests that if British medical authorities had decided to adopt BCG vaccine earlier, thousands of deaths could have been avoided. The point made by authors such as Smith, Feldberg and Bryder is that an effective treatment was not adopted because of a deep-seated scepticism in British and American medical establishments which represented

³¹Bryder, *Below*, pp. 243 - 245; F.B. Smith, *The Retreat of Tuberculosis, 1850 - 1950* (New York: Croom Helm, 1988), pp. 194 - 203.

³²Smith, *Retreat*, p. 194.

the vested interests of the anti-tuberculosis industry. The specific interest was the sanatorium treatment which had fostered the careers of thousands of medical professionals. Once these resources had been allocated it was difficult to change the emphasis placed on one component of the anti-tuberculosis strategy, such as placing greater emphasis on prevention over treatment.

Turning to the historiography of Newfoundland the issue of modernisation has yet to be fully investigated. David Alexander's last article, "Literacy and Economic Development in Nineteenth-century Newfoundland", addressed the issue of ideology and government spending on programs for the public "good". Before his untimely death Alexander wrote extensively on the history and problems of Newfoundland's economy in the nineteenth and twentieth centuries. After having analyzed various explanations of Newfoundland's persistently poor economic performance he attempted to plot a relationship between the levels of literacy on the island and government spending on education. If government spending had been higher, would Newfoundland have been better able to exploit economic opportunities as they appeared? There is no answer to this question but in the conclusion to his article Alexander ponders the domestic implications of a society polarised between a literate élite and an illiterate majority.

Wide differences in educational skills and information between a governing élite and the mass of the population can breed an unwarranted deference on the one hand and a selfish *noblesse oblige* on the other. It also breeds a sluggish intellectual life and an unimaginative and ineffective debate about the goals of the society and how they must be realized. Anyone who surveys the economic and political history of Newfoundland cannot escape the impression of a political culture which was sunk in a mediocrity which the country and

its people did not need.³³

Alexander's point echoes S.J.R. Noel's, in *Politics in Newfoundland*, that one of the weak links in Newfoundland society has been its elected leaders.³⁴ Alexander goes on to suggest that an intellectual portrait of the island might help to explain the allocation of resources in Newfoundland society and clarify this failure.

The failure of Newfoundland's economy, institutions, and leaders is a frequently recurring theme in the island's historiography. Thus any examination of the development of an anti-tuberculosis campaign on the island has to deal with a very small secondary literature and a tradition which is highly sceptical of Newfoundland society. One contribution is Patricia O'Brien's entry on tuberculosis in *The Encyclopedia of Newfoundland and Labrador*. O'Brien's description of the early anti-tuberculosis movement in Newfoundland uses Bryder's concept of national efficiency to explain the motivations driving the campaign. Newfoundlanders perceived the disease as a drain on the local economy. By eliminating this drain the government and members of the Association for the Prevention of Consumption hoped that Newfoundland's aggregate national wealth could be increased and its health education bettered.³⁵ This in turn would result in a stronger population, because it would be healthier, and a stronger nation, because its economy would be more prosperous.

³³David G. Alexander, *Atlantic Canada and Confederation: Essays in Canadian Political Economy* (Toronto: University of Toronto Press, 1983), p. 136.

³⁴S.J.R. Noel, *Politics in Newfoundland*. Toronto: University of Toronto Press, 1971.

³⁵Patricia O'Brien, "Tuberculosis," *Encyclopedia of Newfoundland and Labrador*, Vol. 5, pp. 430-432.

These intentions suggest a degree of planning and foresight not usually found in Newfoundland's politicians. They also raise questions about the arguments used to justify the campaign and the methods of the early volunteer campaign. Instead of looking at Newfoundland and seeing the deficiencies in its past can we identify the patterns in local debate which connect an issue like tuberculosis into the larger issue of health and through that to the welfare of all the citizens of the colony? If we can we would be better able to understand what motivated Newfoundlanders during this period and how they viewed their society and the various parts of that society.

The literature, I think, illustrates some of the challenges which face historians as they try to understand tuberculosis. The disease is subject to a wide variety of forces as its historiography attests. It was "defeated" by doctors and scientists, by improving socio/economic conditions and by its own contradictory nature. At the same time it is used and one might almost believe sustained by political agendas which seek to organize and control individuals. How did policies which represented the long term commitment of resources negotiate their acceptance in these environments? While there is an established literature and debate which addresses the major question in the field (why has the incidence and mortality from tuberculosis declined so remarkably?) serious questions can be raised about the motives and ideologies which created and sustained the anti-tuberculosis campaigns in Europe and North America.

Chapter Two Lily Blooms and Rose Bushes

Mere decay
produces richer life; and day by day
New pollen on the lily-petal grows
And still more labyrinthine buds the rose.

Robert Browning, "Sordello", I: 472-6.

According to Linda Bryder and Pat O'Brien "national efficiency" was the governing ideological orientation of the anti-tuberculosis movement of the early twentieth century.¹ However, before jumping into the murky waters of this ideology and how it was manifested in Newfoundland's anti-tuberculosis campaign it is necessary to discuss the medical, political, and social circumstances of the idea of disease. This will allow us to generate a picture of St John's in the early twentieth century and establish, in general terms, the meanings associated with disease. This is probably best accomplished by looking at a debate over municipal sanitation and the water supply which was concurrent with the public debate over tuberculosis.

In 1908/9 the St. John's city council and the government of Newfoundland resolved to expropriate the land around Windsor Lake to prevent the city's water supply from being polluted. The lake had been St. John's main source of drinking water since 1863. However, in 1906 and 1907 cases of typhoid fever were reported on farms at the edge of the lake and this raised fears that the disease might be communicated to the city's water supply and thus to the general population.

At the time of their occurrence the cases of typhoid had been investigated by Dr.

¹Bryder, *Below*, pp. 21-22. Patricia O'Brien, "Tuberculosis," *Encyclopedia of Newfoundland and Labrador*, Vol. 5, pp. 430-432.

Almon Brehm, the Public Health Officer, who submitted a report to the St. John's Municipal Council.

The water of Windsor Lake, while it is naturally pure and wholesome is much exposed to the danger of occasional and accidental pollution, owing to the close proximity of the public roads on both sides of the lake and to the several farms and dwelling houses which are situated within a few yards of the lake-side.²

Although Brehm was cautiously in favour of some action to limit this danger of exposure it appears to have been the Governor, Sir William MacGregor, who spearheaded the effort to control the risk of infection.

It is necessary to pause for a moment to introduce MacGregor, since he appears again later in this thesis. A colonial civil servant, MacGregor was originally trained as a medical doctor. He was governor of Newfoundland from 1904 to 1909 and is vividly remembered by Newfoundlanders for his role in the constitutional crisis of 1908-09 when he gave the government to opposition leader, Edward P. Morris, a decision which led to the defeat of Sir Robert Bond's administration in the election of 1909. MacGregor was an active governor with a variety of interests and abilities. As governor of New Guinea, before being posted to Newfoundland, he had taken a strong interest in local public health issues and continued this interest after his arrival. He is described by the *Encyclopedia of Newfoundland and Labrador* as follows,

[MacGregor] took a keen interest in Dr. Wilfred Grenfell's medical mission and in 1905 was the first governor to visit the northern coast and Labrador. MacGregor was instrumental in settling the long-standing dispute between Britain and the United States over American fishing rights in Newfoundland, mediating between Prime Minister Robert Bond, who was determined to protect the Newfoundland fishing industry, and a home

²Dr. Almon Brehm to the St. John's City Council. "Our Water Supply," *The Evening Telegram*, January 18, 1909, p. 4.

government reluctant to press the Americans.³

In 1908 MacGregor wrote a series of letters concerning the quality of the city water supply. He echoed Brehm's sentiment that the farms were an undue risk to St. John's and suggested that tests be made conducted on the water to ensure its safety. These tests were carried out at the Methodist College by Charles N. Dodd. MacGregor appears to have been on very good terms with Dodd who corresponded with the Governor during the course of the experiments.

I have the honour to thank your Excellency for your enquiry relative to microscope. I have the use of the instrument of Dr Macpherson and it is quite satisfactory. I expect to send in my report this evening, as there is evidently no chance of making a bacteriological test as there is no electric current to work the incubator, so that it will not be possible to make a culture. I should esteem it a great favour if your Excellency could loan me one or two prepared slides of bacilli.⁴

Despite the lack of an incubator Dodd continued his tests. The results showed levels of ammonia and nitrogen in the water to be above normal but nothing which could be construed as life-threatening. In the absence of Dr. Brehm, the acting Medical Officer Dr. N.S. Fraser attributed these levels to the warmth of a particularly long summer and did not feel that the data warranted condemning the supply.⁵ However, he did regret not seeing the results of a bacteriological analysis of the water as it might have shown colon bacillus.

At this point the correspondence between Fraser and MacGregor becomes confused. Responding to Fraser, MacGregor wrote, "I concur with you that this water is

³Fay Paddock. "William MacGregor," *Encyclopedia of Newfoundland and Labrador*, Vol. 3, p. 411.

⁴Charles N. Dodd to Sir William MacGregor. September 27, 1908. PANL GN 1/3/A, 1908, File 175.

⁵Dr. N.S. Fraser to Sir William MacGregor. October 1, 1908. *Ibid.*

not of satisfactory quality; and I agree with what Dr. Brehm has suggested in his reports of December 29, 1906 and of December 13, 1907.⁶ The suggestion MacGregor referred to was the expropriation of farms (a "trifling expense" according to the governor) located around the perimeter of Windsor Lake. Either MacGregor was ignoring the information and analysis provided by Dodd and Fraser or there was an additional correspondence, now lost from the file. Whatever the actual exchange, little time was wasted on the matter. Less than a week later the Committee in Council of the government (i.e., the Executive Council sitting without the governor.) passed a motion to bring the matter to the notice of the St. John's Municipal Council.⁷ This appears to have prompted St. John's Municipal Council to commission a scientific study of Windsor Lake.

The results of this study were published in both *The Daily News* and *The Evening Telegram* in early 1909. T.A. Starkey of the Department of Hygiene, McGill University, had been hired to test samples of water from a hydrant and a faucet in St. John's and from the lake itself. The results of the study were generally favourable and Starkey described the city's water as "excellent water for drinking and domestic purposes". But he also noted that small amounts of bacteria were present at the intake from the lake. These were predicted to grow over time unless steps were taken to remove the habitations in the vicinity of the lake. The accompanying editorial in *The Daily News* echoed the conclusions of the study and called for the city to immediately purchase the lands surrounding Windsor

⁶Sir William MacGregor to Dr. N.S. Fraser. October 7, 1908. *Ibid.*

⁷Arthur Mews to Sir William MacGregor. October 13, 1908. *Ibid.*

Lake.

If St. John's is to be saved from the terrible epidemic, which she has been courting for years, there is only one way to escape, and that is the municipal ownership of all lands on the lake side of the watershed.⁸

The Evening Telegram was slightly less impressed by Starkey's results and similarly less committed to the idea of expropriation. In its editorial the paper pointed out that specific results of the study showed that while the bacterial levels of the water from Windsor Lake were very low, the levels in the water from St. John's faucets and hydrants showed a much higher bacteria content. Thus, the water must have been polluted somewhere between Windsor Lake and the city; thus expropriation of land around the perimeter might not be an appropriate response to the problem.⁹ However this doubt does not seem to have crossed MacGregor's mind.

In a letter to Mayor Gibbs a couple of days before the release of the study, MacGregor addressed the issue of the city water supply and the responsibilities of municipal government. He apparently wished to make Gibbs and his colleagues remove the offending homesteads.

It is precisely what I have pointed out to your predecessor, to yourself, and the government. A very grave and serious responsibility rests on those that are answerable for a continuance of the present state of matters which are these: St. John's has within convenient reach a natural water supply that could barely be surpassed. A certain number of homesteads, some of them only a few yards from the lake, exist on the border of the lake in such positions that it is a physical impossibility that the drainage from them can go elsewhere than into the lake, which without any filtration, supplies this town with water.¹⁰

⁸"City Water Supply," *The Daily News*, January 15, 1909, p. 4.

⁹"Our Water Supply," *The Evening Telegram*, January 15, 1909, p. 4.

¹⁰Sir William MacGregor to Michael P. Gibbs, January 12, 1909. PANL GN 1/3/A, 1908, File 175.

MacGregor was clearly feeling victorious and pressed home the point that responsibility for the welfare of the citizens of St. John's and the colony rested with the members of the government. If the city were going to minimize the risk of disease and epidemic then the city fathers and the government in the House of Assembly would have to remove the farms from around the lake.

However, before he could see his policy fully implemented, MacGregor was transferred from Newfoundland and Sir Ralph Williams was made Governor of the colony. Still, the bill to expropriate the farms around Windsor Lake and compensate the owners passed through the upper and lower houses of the Legislature in the winter of 1910 without much notice. Then controversy overtook the expropriation in June of that year when an anonymous correspondent, writing under the pseudonym "Reform", began a systematic attack on the policy in *The Evening Telegram*.

"Reform's" position on the expropriation of the farms was fairly simple. If the rationale for the expropriation was to prevent the spread of disease in St. John's then the government had to prove that a threat to public health existed. However, bacteria levels in the water of Windsor Lake were much lower than those levels found in water coming from taps in the city. This suggested that the problem was in St. John's and not Windsor Lake and should be addressed through additional public health measures in the city. Thus, spending money to secure the water supply without addressing the causes of disease within St. John's seemed at best a pale policy.

Instead of spending \$20,000 for the land around Windsor Lake, "Reform" suggested that the money should be spent on building concrete drains to replace the

cobblestone drains in the city. The cobblestone drains were essentially ditches on the sides of St. John's streets lined with beach rocks. Their stated disadvantages were that the stones caught any dirt or refuse thrown into the streets rather than encouraging it to flow into the storm sewers. Also because they were composed primarily of compacted earth and beach rocks they allowed the water which carried dirt to be absorbed into the ground and thus create a breeding ground for disease. As "Reform" described it,

The cobble-stone drain is the nursery of the disease germ; it acts as a colander to collect the impurities and discard the water only. It can never, even when in a state of repair, be purified if filth is thrown into it. Indeed its office is to employ the filth to germinate the seeds of consumption, typhoid, scarlet fever, diphtheria, and other foul and pestilential diseases.¹¹

In contrast, concrete drains directed dirt and water into the city storm sewers without allowing them to collect along the edges of city streets. They also prevented the foul water from being absorbed into the ground. This stopped the propagation of disease in the city. Thus, because concrete drains were more efficient in draining and removing water and from the city's streets they prevented disease and helped to ensure the health of the community.

[T]his filthy water was less harmful to public health remaining in a concrete drain, than the collection of the same quantity of dirt in a cobble-stone drain could possibly be. The concrete did not provide the dirt with the darkness and secrecy and with the mould in which the germs of disease germs breed; the cobble-stone drain would furnish all the requisites for the speedy and prolific propagation of such germs.¹²

The stated disadvantage of concrete drains was their cost.

"Reform's" proposal must be viewed in relation to its time. In the early twentieth

¹¹"Municipal Matter: The Loveliness of Decay," *The Evening Telegram*, August 20, 1910, p. 7.

¹²"Municipal Matters," *The Evening Telegram*, September 2, 1910, p. 4.

century, St. John's, like other cities in Europe and North America, was anything but clean. Residential connections to the water and sewer system were still exceptional and the majority of urban residents were obliged to use local public taps or wells to obtain water. Outhouses and chamber pots were still the rule for most St. John's homes. In addition to this most houses were heated by, and food was cooked on, stoves burning wood or coal which in turn produced considerable amounts of smoke and ash. Finally, most transportation was provided by animals which had to be fed, housed and generally accommodated within the city to allow its continued normal operation. This produced large quantities of dirt of all sorts which had to be dealt with.

These considerations presented considerable challenges to the householder and city officials. Confronted with the problem of disposing of their garbage, many city residents simply burnt what they could in their stoves and threw the rest into the street. Similarly, waste water was also often simply dumped into the streets. This created some amount of risk as pails of water could be tossed without regard for their destination or the pedestrians nearby. On at least one occasion *The Evening Telegram* mentioned the hazards of projectile sanitation.

For one person who empties a pail carefully into a drain, nine throw it out "Splash"; so that only a portion goes to the drain and the balance is spread over the street and sidewalk. Many do not go to the drain at all, but, with a woman's proverbial bad shot, cast the water from the door at the drain. A few weeks ago one of our dailies printed a account of how a pail of dirty water, so thrown, gave a passing Council Employee an unexpected shower bath.¹³

This use of the streets and drains for waste disposal was not encouraged by city officials

¹³The Sanitary Inspectors, ' *The Evening Telegram*, August 29, 1910, p. 6.

who regarded the drains as primarily for the control of rain water. Thus, Mayor Gibbs announced at one council meeting:

Drains were only meant to carry off surface water and people should remember that they were never intended to convey washing and scrubbing water and the various kinds of offal one sees thrown in them everyday.¹⁴

The problem of dirt and garbage in the streets was further complicated by the vagaries of the seasons. In winter the rapid freezing of waste water and feces, and the accumulation of snow allowed layers of refuse, animal and human, to accumulate in the streets until the spring thaw. In a speech, John Harvey, president of the APC, mentioned the problem this posed to the community.

[He]...remarked the abnormal prevalence of infectious diseases during the past winter, the filth and accumulations which are now drying up in the streets and which even now occasionally serve to impregnate clouds of dust with myriads of dirt microbes. From this time forward as the weather becomes warmer, more and more will the dust clouds prevail, and deadlier and steadier will become their ravages as they settle in the shops, in hotels, in offices, in clothes, in hair, in whiskers, in mouth and the nose, and on food and drink offered for sale, or spread in houses near the streets.¹⁵

The result of such a winter accumulation was that as the snow melted in the spring the layers of refuse were revealed. This created strong odours as the material rapidly decayed, and dried. In the summer the resulting dust was picked up by the wind in large clouds, essentially composed of the powdered accumulation of feces, ashes from kitchen fires and household dirt from the previous year and blown about the city. This accumulation of "matter" would eventually impregnate all parts of the community. Naturally it was perceived to spread disease.

¹⁴"City Council: Meeting Last Night --- Landlords Must Connect Their Houses With Sewer," *The Evening Telegram*, August 27, 1910, p. 5.

¹⁵"Clean up the City," *The Evening Telegram*, May 5, 1911, p. 4.

In short, the streets of St. John's in the early part of this century were filled with blowing ashes, shit, and pulverized dust from the traffic on unpaved streets. This problem could also be exacerbated by the odiferous qualities of these particles, especially in the summer months.

The warmth of the last two days has had the effect of drying up the city drains and gullies, and in consequence, it is almost impossible to pass along some streets because of the offensive odour arising. From the man holes the stench is unbearable, due it is said to the sewers being choked with sand, to which the excrement adheres, instead of passing out to the sea.¹⁶

Some people however, just did not get the point of drains and their connection to the control of dirt and disease in the city. When St. John's City Council discussed the problem of sanitation and the state of College Square one councillor had a unique perspective.

Councillor Myrick thought that Carew Street was as clean as any in the city, and it had no drain at all; as a result, the women all went to the grating at the end of the street with dirty water, etc., and he thought if the drains were removed from College Square, it would have the same effect.¹⁷

However, Councillor Myrick appears to have been a voice in the wilderness on this subject.

The idea which summarised the danger of the multiple threats of dust, dirt and filth in St. John's streets was the germ. The press in Newfoundland in the early twentieth century was conversant with the basic attributes of germs. Articles appeared regularly detailing the danger of germs and the diseases they caused. In the following article Dr. Arthur Wakeham, a public health educator with the APC, explained germs to the readers

¹⁶"Offensive Sewers and Drains," *The Daily News*, July 9, 1907, p. 1.

¹⁷"City Council: Meeting Last Night — Landlords Must Connect Their Houses With Sewer," *The Evening Telegram*, August 27, 1910, p. 5.

of *The Fisherman's Advocate*. Wakeham was a doctor who donated a year of his time to the APC to promote public health by lecturing around the island and writing articles. He published several of these articles in *The Fisherman's Advocate* in which he explained the prevention of tuberculosis to members of the Fisherman's Protective Union.

Germs are nothing more or less than little tiny, tiny, tiny vegetables, so small that it will take thousands and thousands of them to make a heap as big as a pin's point, and the heap is only a tiny speck, scarcely big enough for a man to see. But these germs can be clearly seen through very, very strong magnifying glasses, and in this way they have been watched and studied by hundreds of doctors and scientists all over the world.¹⁸

Wakeham's article is condescending in its tone but essentially accurate. It also focussed on one of the major themes in the description of germs and the threat they posed to people. Because of their size it was basically impossible to detect them. Disease was caused by germs which were impossible to see. At the same time the organisms were prevalent throughout the environment and thereby posed a threat to people's lives.

The majority of articles about disease were unflinching in condemning the dangers of hidden and omni-present germs. For example, an object as innocent and necessary as a gentleman's handkerchief could carry deadly germs into his body.

A perfectly clean handkerchief will become immediately infected the moment it is put into the pocket. Now, whenever a man blows his nose he naturally draws in a deep breath immediately afterwards, the handkerchief still being held to his face. Consequently he inhales innumerable germs more or less poisonous which may bring about serious illness.¹⁹

Similarly, contact of the most casual nature between people could result in the spread of infection and demanded a high level of caution.

¹⁸“The Association for the Prevention of Consumption,” *The Fisherman's Advocate*, January 27, 1912.

¹⁹“Deadly Germs in the Pockets,” *The Evening Telegram*, April 13, 1911, p. 3.

Avoid handshaking and kissing. These customs are dangerous to you as well as to others. They may give others consumption; they may bring you colds and influenzas which will greatly aggravate your disease and may prevent your recovery.²⁰

The potential for the spread of tuberculosis, or any disease for that matter, was a serious matter. The danger of disease could also result from contact with animals or insects. One example of this was the common housefly:

...the period when most of the flies were about there also existed the greatest prevalence of fatal epidemic summer diarrhoea and enteritis. For instance in a week when only three thousand flies were caught, there were six deaths from these diseases; but when the bag exceeded eight thousand the death toll reached forty-two. In fact it was shown that the incidence of the disease and the prevalence of flies correspond somewhat closely.²¹

Again a relatively common household phenomena, the fly, drew attention to the prevalence of germs and the seemingly innocent manner in which they could spread. A simple breach of the rules of hygiene could have life-threatening results.

Not surprisingly in this sort of environment there was little discussion of the benefits of micro-organisms to life. If organisms were present around us at all times they might also serve a useful purpose. Some experts appear to have reached a perspective on the problem roughly similar to contemporary ecological thought. One article described the necessary benefits of micro-organisms.

Few persons have realised at first what an immense number and variety of microbes there are, not only around us, in air and dust and water, but also in us and on us and in and on every living thing. The work, the huge system of chemical change and the circulation of the elements carbon, oxygen, hydrogen, nitrogen and sulphur which they carry on is incessant, varied and complex. Those five elements are the main and essential constituents of all living things.

The article goes on to describe the necessity of microbes for the recycling of dead animal

²⁰ "How to Fight Tuberculosis," *The Daily News*, January 9, 1908, p. 3.

²¹ "House Fly on Trial," *The Evening Telegram*, August 15, 1910, p. 4.

and vegetable matter. Without this,

...the earth would be cumbered with dead bodies of past generations of animals and plants - undecomposed. And very soon all organic elements, all the carbon and nitrogen, if not all the hydrogen and oxygen, on the face of the earth would be fixed in these corpses and the green plants would perish from the whole world for want of sustenance.²²

Without the micro-organisms popularly believed to be dangerous, life on the planet would be impossible. This view of microbes and the environment however was exceptional - there seems to have been little awareness of the message in H.G Wells' novel, *War of the Worlds*.²³ For the most part the message given by the media was that diseases in general and tuberculosis in particular, were caused by germs and the only way to prevent them was to ensure that germs and people were not in close proximity²⁴.

The emphasis on the omnipresence of germs in the urban environment also raised questions about the manner of their control and removal. In general this was associated with the standard laboratory techniques for the control of organisms. An article entitled, "When Microbes Run Amok" described the deaths of several laboratory workers from infection from bacterial cultures and proposed a solution to the problem of infection by germs. At the end of the article the author stated:

Nor do the above examples exhaust the list of these disquieting accidents. There have been, in fact, quite a score of similar ones. That there are not even more, is owing to the extraordinary care which is un-remittingly exercised in all laboratories where pathogenic (that is disease-producing) microbes are cultivated and studied. The secret of the bacteriologist's immunity, such as it is, from infection may be summed up in one word,

²²"How Doctors are using Microbes," *The Evening Telegram*, April 22, 1910, p. 7.

²³H.G. Wells, *War of the Worlds* (London: Harper, 1897). Wells' famous novel describes an invasion of the earth by Martians. Although the humans are powerless against them, the alien invaders are eventually defeated by the microbes in the earth's atmosphere to which they have no resistance.

²⁴"Greenspond," *The Daily News*, August 4, 1908, p. 3.

Sterilization.²⁵

Prevention of the dangers posed by germs was ensured through sterilization. As the article indicated, the fatalities were due to the failure of bacteriologists to use proper sanitary procedures.

"Reform" appears to have been aware of some of the basic facts of biology as he used this fact to point out that the mere presence of organisms in Windsor Lake's water did not indicate that it was polluted.

It is, of course, quite generally known that most clear water contains a large number of exceedingly minute living organisms, but the nature of these organisms is not at all so well known. It is not true that water, to be perfectly pure and wholesome, must be wholly free from these organisms, for there are large families of them which abound in pure water and have no injurious effect whatever upon the human beings who imbibe them with their drink.²⁶

The presence of organisms in the city water was not, of itself, a reason for alarm. However, the larger number of organisms in the water samples collected in St. John's suggested that at some point between the lake and St. John's the water was coming into contact with additional organisms which Reform associated with the condition of the city's drains and streets.

One of the major assumptions which supplemented the discussion of disease was that disease and germs were synonymous with dirt. By removing dirt from the home and the streets one was assured of reducing the presence of germs in the environment and therefore the threat of disease.

Outbreaks of some of the other diseases are notoriously associated with filth and lack of

²⁵"When Microbes Run Amok," *The Evening Telegram*, July 24, 1908, p. 5.

²⁶"Municipal Matters: Mainly About Microbes," *The Evening Telegram*, September 30, 1910, p. 7.

sanitation. These were the notorious circumstances surrounding most of the typhus cases. Insanitary local circumstances are the chief means of spreading typhoid fever. Diphtheria is due to a bacillus which has been identified. The infection may hang persistently about a house and its belongings in the absence of complete purification.²⁷

This assumption was one of the major forces which propelled discussion of disease in St. John's. The grim associations evoked of sickness and death allowed advertisers to use the danger of dirt/germs to sell goods. The guarantee of factory production ensured a sterile product which was security for the consumer. Thus, an advertisement for Caribou brand condensed milk emphasized that it was sold in sterilized containers.

On your milkman's hands, -unless he uses the care of a surgeon about to perform an operation, -there are millions of germs. When you remember that thousands of these infinitesimals can cluster with ease on the point of a needle, you can imagine what a milkman's hands look like under a microscope. Suppose when your milkman picks up an empty bottle to fill it at the dairy, he happens to grasp it in such a way that his finger touches the inside? Suppose when he is putting in the paper cap his hand rubs the underside! The only consolation one has is that the great majority of germs about us are not the germs of malignant disease. But some day -! Why- think of it, -in 1908 the Medical Health Officer of the city of Montreal seized and condemned 32 lids of milk cans and 68 cans themselves as being in a foul and unsanitary condition. How many of these germ laden containers do you suppose are doing duty in St. John's undiscovered - distributing bacteria and spreading disease?²⁸

For the author of the advertisement a milkman's hands under a microscope appear to have been a terrifying prospect. The implication of this was that germs were being introduced to the home, endangering the family and the fabric of the community. The implication was that by purchasing Caribou brand milk the reader could control and eliminate this danger.

In this context the street became the centre where concentrations of dirt could be found. This posed a grave threat to the homes of St. John's families, as the dirt which

²⁷"An Unhealthy Winter," *The Evening Telegram*, March 21, 1911, p. 4.

²⁸"Your Milkman's Fingertips are Dangerously Full of Bacteria," *The Evening Telegram*, July 1, 1910, p. 1.

naturally carried disease, spread out from the streets into the houses and shops of St. John's.

In these cases some other cause must be assigned, and the belief that if this cause could be definitely determined it would be found in many of them to be due to careless spitting about the streets: the infection may occur from the sputum drying and becoming powdered and carried by the winds, the germs being then inhaled, or the adult who comes in from the street carries mud or dust on his shoes or her skirts, some of it being deposited upon the carpet or floor it is a simple matter for the young child playing upon that floor to carry the infection to its lips.²⁹

"Reform" explained the danger this posed to the St. John's public by discussing the location of public cisterns and taps in relation to the sewers and cobblestone drains.

To begin with, all, or nearly all these tanks are placed in a situation most dangerous to the public health, namely over an opening of a sewer. This sewer-mouth is covered with a grating of iron and it is upon this grating that the worst filth of a dirty neighbourhood is usually cast. It is bad enough that the water as it flows from the tap should absorb the foul germs which are bred in the sewer and are continually being circulated around its mouth, but when you add to these the germs which are bred of the festering corruption of garbage lying on the grating and on the adjacent ground, you may imagine how liable to infection the water must be which is procured from such a locality.³⁰

Resting on these foul gratings near the septic cobblestone drains, the water bucket touched dirt which adhered to it. This was in turn transported back into the home by its bearer, who "was seeking only that supply of water upon which she confided for the comfort, refreshment and cleanliness of her home." Thus the threat to public well-being was transported by the "innocent" wife or maid into their homes.

The logic of "Reform's" conclusion that the city drains were causing disease was based on the assumption that nothing came in contact with the city water supply between Windsor Lake and the tap or hydrant. While Starkey's analysis had shown a higher level

²⁹ A.P.C. Notes, "The Evening Telegram, February 2, 1912, p. 7.

³⁰ "Municipal Matters: The Gossip at the Tank," *The Evening Telegram*, October 12, 1910, p. 5.

of bacteria in the water taken from city taps this did not necessarily indicate a problem in St. John's. Flaws in the pipes between Windsor Lake and the city could have introduced matter into the city water supply. However, "Reform" believed that the most serious threat to St. John's' citizens was the presence of decaying material in close proximity to the public water supply. The flaws in the water supply were in St. John's.

Assume now that the very smallest defect exists in that pipe or that the smallest corrosion of the metal takes place, and we see how the convenient opportunity is immediately offered to colonies of these germs of disease to enter the pipe itself, propagate there and thus infect every bucketful of water which is drawn from the tap.³¹

"Reform's" obsession with the danger of decaying matter around the public taps was not without its due cause. As described above, the streets of St. John's were a dirty and germ-ridden environment and while "Reform's" fears might have smacked of paranoia their general purport was not far from the truth.

But at the same time, "Reform's" attacks on the politics and ineptitude of sanitation in St. John's spoke to a broader political crisis in the community of which dirt and tuberculosis were merely symptoms. "Reform" perceived a crisis in the participation of individual citizens in the organization of their community.

I say that though everybody knows the town stinks, nobody says so. Or if anybody does venture to allude to so disgusting a state of affairs he does it in the language of the nicest propriety. This is a desperate condition of affairs. When people suffer nastiness in their midst and only speak about it in delicate language, it is a certain sign of degeneracy in morals. When not the thing itself but the word that expresses it must be clean and nice we see a sure token of moral perversion. The first sign of a revival of public decency is the tendency to speak of ugly things in coarse and opprobrious language. We shall do well if we now begin when we have to speak of nasty things, to strip out language of its niceties and delicacies and give an ugly fact the ugly name that rightly belongs to it. I therefore say that **THIS TOWN STINKS**.³²

³¹"The Menace of the Tank," *The Evening Telegram*, October 18, 1910, p. 6.

³²"Municipal Matters: Will This Council Act?," *The Evening Telegram*, July 29, 1910, p. 5.

The warped sense of proportion on the part of the St. John's citizenry which allowed noxious smells to pollute the streets, also allowed disease to run rampant in the population. These misplaced priorities were in turn reflected in the political leadership of the colony. As "Reform" put it, "Dirt means disease and disease is the forerunner of death...". Under these conditions it was apparent to "Reform" that the politicians of the municipal and colonial governments were deliberately allowing the murder of hundreds of Newfoundlanders annually. Talking about the question of expropriating land around Windsor lake, "Reform" expressed directly his scorn for the city government:

...but to compare the dangers of our water supply with the dangers of our drains, sewers, cesspools and general insanitary conditions is a height of folly to which none but our City Fathers could ever rise.³³

If the municipal council were going to address the issue of disease in St. John's it would have better results if it spent its money on improvements within the city. In one letter "Reform" quotes Browning's poem "Sordello" (see the epigraph of this chapter) which describes the beauty of flowers growing up out of decaying matter:

The verse is pregnant with thought and poetry, and its recital has stirred the hearts of Council to their depths. Nowhere are such possibilities of beauty ready to the hand of the experimenter as in this town of St. John's. Decay is all around us - heaps of it at every corner, material for it in every drain. Why then should we not make the most of these opportunities? Why should not our drains be rank with lily blooms and rank with rose bushes?³⁴

Decaying matter, dirt and dust surrounded the citizens of St. John's, but they could not see it.

³³*Municipal Matters: Concerning Twenty Mile Pond,* *The Evening Telegram*, August 23, 1910, p. 3.

³⁴*Municipal Matters: The Loveliness of Decay,* *The Evening Telegram*, August 20, 1910, p. 7.

"Reform" also dwelt on the extravagant character of this failure in both the Municipal and Colonial governments. The expropriation was a spendthrift policy which ignored the real source of the problem it was designed to correct. While people in St. John's were daily being exposed to a multitude of infectious agents and disease which were costing Newfoundland thousands annually, agents of the city were spending \$20,000 to buy land. If the results of the Starky study were correct then "Reform" suspected it was money thrown down the drain.

Until we have made the town clean and wholesome to live in we can afford to run the unlikely risk of suffering from any pollution of the waters of Twenty Mile Pond. When we are able to fight the disease which is always breeding under our very noses we may reasonably take our measures against the peril which looms dimly up in the very distant future; but not till then. Let us prepare to meet the enemy which is at our gates before we enroll ourselves in opposition to the enemy which is not yet recruited.³⁵

As *The Evening Telegram's* editorial had pointed out earlier, infection was not occurring at the source of the city's water but in the city itself. To this end "Reform" suggested an alternative policy of replacing the cobble stone drains around the city with concrete ones, and sterilizing the streets. This plan seemed to offer greater opportunity for savings than the expropriation proposed by Governor MacGregor.

"Reform's" ideology stressed the necessity of an active and sober citizenry to ensure good government.

I raise my voice against the death rate, against the sacrifice of life and health in order to provide the thoughtless with stupid recreation. We are poor and we should learn to eschew want or extravagance. Let us be decent before we begin to put on frills. Let us be practical before we try experiments. Let us learn our own duty before we expect our rulers to

³⁵"Municipal Matters: Concerning Twenty Mile Pond," *The Evening Telegram*, August 23, 1910, p. 3.

perform theirs.³⁶

It was a deficiency of responsible participation by the population which led directly to extravagant projects, such as expropriating the land around the city water supply, and indirectly to Newfoundland's high urban death rate. With more active and popular participation "Reform" felt assured that better government and therefore a more rational and harmonious community would evolve.

*If any easy-going citizen of St. John's who is in the habit of growling at the miserable results achieved at the price of high taxation wishes to rouse his sluggish blood into an active circulation, let him spend a portion - even a very small portion - of his time in investigating the methods of our municipal Councillors. He will first of all be dumb with amazement, then he will find his tongue and talk, then perhaps he will persuade some friend to investigate on his own account. He in his turn will be amazed and get talking and convert another inert citizen to activity, and so in the course of a little time a healthy public spirit will be aroused which must do notable things for the town.*³⁷

With greater attention to public affairs priorities would be properly identified and efficient means would be used to implement policies. In the face of this type of belief apathy was the main barrier to the creation of a better society. Simply by exercising rational thought "Reform" believed that citizens could be made aware of their interests. Under these ideal conditions apathy would fall away from the body politic and people would rush to solve their social problems.

The theme of apathy recurred regularly in the letters and editorials of the St. John's press. While the death rate was perceived to be a serious issue, apathy was generally acknowledged to be its broad underlying cause.

The most serious question which can occupy the minds of any town is that of the death

³⁶"Reform's Last Word Before the Election," *The Evening Telegram*, June 25, 1910, p. 6.

³⁷"Municipal Reform," *The Evening Telegram*, June 22, 1910, p. 5.

rate: it is precisely this question which seems never to give the least concern to the people of St. John's. Year in and year out scores - perhaps hundreds - of the inhabitants of this town meet untimely deaths from diseases which are readily preventable, and this lamentable circumstance troubles the minds and consciences of no one.³⁸

Editorialists placed significant weight upon the concept of citizenship and personal responsibility to prick the public conscience. Not only by paying attention to the death rate, but by understanding the relationship which existed between disease and dirt, citizens were encouraged to understand the environment around them. This understanding in turn laid the foundations for a cleaner and therefore healthier community.

It was these germs in the form of germs or dirt which had to be controlled in order to begin the fight against disease. "The moral of all this is : Destroy dirt, clean up and get fresh air. The City Council, the Health Officers and the citizens generally are all responsible for permitting such a pest spot to exist".³⁹

In this context any death was seen as another sign of intellectual and moral bankruptcy within the community and was the moral equivalent of a public endorsement of murder.

It may be taken as a fact that 300 persons are put to death annually in St. John's by dirt, foul air, bad food and contagion and infection from diseased persons and things. If one person was done to death by the hand of an assassin there would be a trial and execution. Why do we take the slaughter of 300 by preventable diseases so calmly?⁴⁰

And finally, if the water supply was being polluted then it was the fault of St. John's' citizens and particularly its leaders. The solution which the leaders were supposed to implement, according to "Reform", was the concrete drain. In turn the citizens of St. John's had to learn to act collectively to fight the dirt on public streets. One of the strategies adopted to promote this kind of action was a Municipal "Clean-up Day".

³⁸* An Appeal," *The Evening Telegram*, October 24, 1910, p. 5.

³⁹* Clean up the City," *The Evening Telegram*, January 24, 1911, p. 4.

⁴⁰* Death Rates," *The Evening Telegram*, June 13, 1910, p. 4.

Much can be done by giving the city streets and drains a good scraping on Monday and by removing the refuse to a place where it can be destroyed. If that is done the city will have made a good start before the warm weather sets in, and then if householders, shopkeepers and businessmen generally cooperate heartily in future with the council and the health authorities, we may keep the city clean.⁴¹

This attitude carried strong moral sanctions with it, some of which can be inferred from the following quotation. In 1911 an outbreak of typhoid fever occurred on Pope Street in St. John's. Fortunately the homes were quickly quarantined and the disease appears to have been controlled before it spread into local water sources. However this outbreak of disease attracted a lot of attention and caused considerable debate in the press. The people of Pope Street must have felt this keenly, as soon afterwards they petitioned the city council to have the name of their street changed.

Residents of Pope Street petitioned the Council to have the name of Pope Street changed to Burke Square. Consideration deferred. Councillor Channing protested strongly against the report that the disease of typhus on Pope Street had been caused by dirt and filth there in the people's houses. He would like to have the public to know that the residents of the houses referred to are clean and respectable people and did not deserve the allusions that had been made to them. The dirt was really to be found at Pope's Lane and these people should get the blame.⁴²

We can only guess at the reactions and the treatment which the events on Pope Street created in the rest of the city. Certainly the residents appear to have wanted to put them away. Councillor Channing appears to have been in agreement and sympathy with them to the point of trying to shift the blame for the outbreak onto the residents of Pope's Lane. This above passage more than any other illustrates the effect disease had on people in St. John's. Fear of typhoid drove citizens apart and motivated them to shift the blame for

⁴¹"Clean-up Day." *The Evening Telegram*, May 18, 1911, p. 4.

⁴²Pope Street ran east/west from Barter's Hill to Sebastian Street. This is an area of St. John's which was cleared for "Urban Renewal in the 1970's. At present the site is unoccupied. There is no record of the location of Pope's Lane. "Municipal Council." *The Evening Telegram*, January 21, 1911, p. 5.

events onto others. This in turn fostered complacency as people allowed themselves to believe that collective social problems were not their problems. This attitude was the foundation of "Reform's" argument.

But while "Reform's" attacks might have been based on a serious social problem they might also have been based on the history of the expropriation plan and its origins in the Governor's office. In 1908 and 1909 Governor MacGregor was at the centre of a political storm. Since the elections of 1908 had sent equal numbers of Edward Morris' People's Party and Robert Bond's Liberals to the House of Assembly, the government was essentially hamstrung. Neither party had a clear majority and therefore neither could rightfully claim to form a government. But as the Liberal party had not been clearly defeated at the polls it retained the offices of the government.

Faced with a deadlock in the House of Assembly, Robert Bond asked the Governor to dissolve the house and call another election. However, MacGregor rejected Bond's opinion that a deadlock was inevitable and refused to dissolve the Assembly, instead calling on Morris and his party to form the government although they did not have the majority necessary to elect a speaker of the house, let alone pass legislation. Unable to perform even the most rudimentary functions of an elected assembly, Morris quickly asked the Governor for a dissolution which, after MacGregor consulted with Whitehall, was granted.

The decision by MacGregor to grant dissolution to Morris and not Bond meant that Morris and his party were given the discretion of the powers of the state, a considerable advantage in the run-off election of 1909. This must have been additionally irritating to

the Liberals as Morris had been Bond's lieutenant in the government until he defected to form his own party in 1907. In their turn, the Liberals took MacGregor's decision to heart and attacked the Governor and their opponents repeatedly on the topic. As S.J.R. Noel described it:

All such protests had about them an air of apoplectic impotence, for nothing could alter the fact that in an unprecedented situation the Crown had exercised its unhindered discretion. The dissolution could have been given to either Bond or Morris and justified with equal plausibility. By giving it to Morris the governor, and his superiors in the Colonial Office, made a political choice, but one which in the circumstances was legitimately theirs to make.⁴³

The extent to which "Reform's" attacks on the expropriation policy can be viewed as attacks on the former Governor (MacGregor had been replaced in late 1909 by Sir Ralph Williams) can only be guessed. *The Evening Telegram* was the unofficial paper of the Liberal Party and thus might be expected to attack decisions and policies which ran against party interests. However, the Governor was rarely mentioned in the debate and even then "Reform" only described him as "irresponsible".

Now I am far from underrating the value of the opinion of that distinguished gentleman, the exalted position he occupied here and his known scientific attainments forbid such a thing. But as compared with newspaper editors and correspondents Sir William MacGregor is an irresponsible person. He was never a citizen of this town, and could not be. He had no vote and paid no taxes, nor did he ever contemplate a protracted residence in the town, and he owned no property there. He was a man of eminence who expressed an opinion which should be received with deference, but not with subservient obedience.⁴⁴

"Reform's" basic point in the passage is that the words of a governor should not be given more weight than a local citizen's. The article was a description or complaint about the

⁴³Noel, *Politics*, p. 75. A more recent and complete account of this crisis may be found in J.K. Hillier, "The political Career of Robert Bond," pp. 11-46. In J.K. Hillier and P. Neary, eds. *Twentieth Century Newfoundland: Explorations*. (St. John's, Newfoundland: Breakwater, 1994).

⁴⁴"Municipal Matters: Mostly about the Mayor." *The Evening Telegram*, September 2, 1910, p. 4.

behaviour of Mayor Ellis, the successor to Gibbs, and his advocacy of the expropriation. Ellis had apparently justified this policy by saying that MacGregor had approved of it, in essence hiding behind the Governor's judgement. This weak argument, combined with the events of the previous year, probably account for the sarcasm in "Reform's" tone conveyed by his use of words such as "distinguished", "exalted", and "eminence" to describe MacGregor.

Despite this, "Reform's" attacks reflected many of the concerns of daily life in St. John's as they related to disease. One of the most prominent was a deep distress about the physical state of the urban environment. The medical sciences helped public commentators like "Reform" to identify public health risks and build organized arguments for the implementation of government policy. However as risks were identified and linked to the occurrence of disease individual behaviour also became an issue. This highlights the perception of a political crisis in the body politic which was believed to be the underlying cause of the poor state of the streets. If people understood the connection between their "sloth" and the deaths of friends and family they would act rationally to change their behaviour, was the implicit assumption in "Reform's" argument. This crisis was seen to be the result of a public which did not understand the connections between the conditions of their environment and the diseases which daily afflicted Newfoundlanders. This lack of understanding was expressed in terms of a discussion of a moral decay in the population which was the ultimate cause of the apathy afflicting the population and endangering its health.

Chapter Three From a Commercial Point of View

"Reform's" charges maintained a fiercely moral tone to make the point that a political crisis was upon the community. The central assumption which held this line of thought together was that this crisis was the product of a moral decay in the population which in turn produced symptoms such as the high rate of disease, unsanitary conditions in St John's and around the island generally. To demonstrate that it would be effective, a campaign against tuberculosis had to address these issues as it attempted to deal with the disease. But at the same time as it tried to eliminate moral decay a campaign against tuberculosis had to attract the attention of the mandarins of Newfoundland's political system to fulfil its primary objective. This chapter is an examination of the reasoning used by advocates of the anti-tuberculosis campaign in Newfoundland during this period. By following these discussions we should be able to understand the specific strategies which the leaders of the APC felt were the best justification for fighting the disease.

By the early twentieth century most nations were issuing annual vital statistics which counted the birth and deaths in their population. While the death rate was a simple statistic aggregating the deaths within an administrative area it was subject to a great deal of interpretation. It was a measure of the overall "health" of the community for a variety of issues ranging from regional climate to individual quality of life and imperial power. This in turn became a justification for additional domestic policies to control problems such as poverty and disease.

In Newfoundland the collection of vital statistics in the early twentieth century was

neither efficient nor dependable. Little legislative force backed the Registrar-General; thus information on births and deaths in the colony flowed into St. John's at a rate governed by the priorities of local individuals appointed to record births, deaths and marriages, rather than the needs of the central government. As a result the annual vital statistics were often incomplete. In 1906 the Registrar-General described this system as, "inefficient and entirely unsatisfactory".

Reports have been received from all the Registering officers except those of Salmonier, Conche and Glovertown; many arriving very late, and therefore several births for the quarter ended Sept. 30th, 1905, did not reach this office till the months of January and February, 1906, and this will doubtless be sufficient to show that it is almost impossible to furnish any statistical information from this department with any degree of promptness.¹

In spite of this weakness, or possibly because of it, in the early twentieth century members of Newfoundland's government and the public began to perceive the death rate as a serious problem. Although several anti-tuberculosis campaigns were unsuccessfully proposed in Newfoundland in the previous decade, the creation of the APC and the Royal Commission on Public Health appear to have had their roots in the events of early 1906. At that time a series of communications began between the Colonial Office in London and Governor MacGregor, discussing the mortality rate in the colony. These letters are interesting as they help to establish the government's attitude to public health in Newfoundland in this period.

Notes in the Governor's letter books indicate that Sir William MacGregor was alarmed by the *Report of the Registrar-General for 1905*. That year was a particularly bad

¹*Report of the Registrar General of Births, Deaths and Marriages for the year ended 30th September, 1905* (St. John's, Newfoundland : Times Print, 1906), pp. 2-3.

one for tuberculosis, with 804 deaths attributed to the disease or 29.2% of all reported deaths in the colony (*Table I*). The Governor was appalled by these statistics, especially as they seemed to indicate a rising mortality rate for the disease. While the overall death rate between 1901 and 1905 showed a slight downward trend, the numbers of tuberculosis deaths seemed to be rising consistently. Soon after the release of the vital statistics MacGregor wrote to the Prime Minister, Sir Robert Bond, complaining about the state of

Table: I Comparison of Newfoundland's mortality rate and tuberculosis mortalities, 1901 - 1908.

	1901	1902	1903	1904	1905	1906	1907	1908
TB Deaths	654	705	769	698	804	933	801	802
TB Deaths as a % of Total	16.9%	18.7%	19.5%	18.4%	20.5%	20.0%	19.4%	19.3%
Total Deaths	3865	3765	3938	3800	3925	4663	4122	4143
Total Death Rate (/1000)	17.54	17.03	17.64	16.70	17.03	20.13	17.60	17.74

Source: *Report of the Registrar General of Births, Deaths, and Marriages, 1902-1909.*

public health and entreating him to take some action on the matter.²

However, much of MacGregor's correspondence indicates that any enthusiasm for public health fell on deaf ears in the Newfoundland government. Repeatedly during his tenure as governor, MacGregor forwarded invitations to sign Public Health Conventions or attend international conferences on hygiene, to the government. The Prime Minister and his Cabinet persistently declined these opportunities. In 1904 the government declined to join the International Sanitary Convention. In September, 1906 it declined to send representatives to the International Congress on Tuberculosis. In 1908 it refused an invitation to send

²Sir William MacGregor to Sir Robert Bond. March 22, 1906. PANL GN 1/3/A. 1906. File 56.

representatives to the International Health Congress.³ No reason was given for these declined invitations and we can only guess at the government's rationale for this course of inaction.

In the meantime, however, Bond replied to MacGregor's letter on the death rate by blaming it on the habits of the population:

...since the introduction of stoves into the houses, and the consequent stopping, to a great degree, of the natural ventilation by the open hearth and wide chimney, the danger of infection has been greatly increased and the people cannot be brought to what large risks they are running.⁴

Stoves in the poorly ventilated homes of Newfoundlanders were widely regarded as an evil which promoted the spread of disease by encouraging families to stay in the single heated room of a house, usually the kitchen. It was also perceived as a concession to the creature comforts which, some believed, corrupted the outpost character. The Prime Minister appears to have used this justification to rebuff MacGregor's suggestions.

The governor was not pleased. He sent the letter on to the Colonial Office with his own covering letter.⁵ In this MacGregor, citing Bond's correspondence as evidence, condemned local public health policies. MacGregor also mentioned a new position created by the government as an example of local incompetence. In 1905 the government had created an office for a Medical Health Officer after reaching a cost-sharing agreement with the St. John's municipal government. MacGregor was less than impressed by this

³This trend continued under the Morris government. In 1910 the government declined to send representatives to conferences on Physical Education, Alimentary Hygiene, Industrial Diseases and Hygiene. PANL GN 1/3/A, 1904, File 160; 1906, File 118; 1908, File 61; 1910, File 93, 97, 98 & 111.

⁴Sir Robert Bond to Sir William MacGregor. April 3, 1906. PANL GN 1/3/A, 1906, File 56.

⁵Sir William MacGregor to the Earl of Elgin. April 14, 1906. C.O.194. Vol. 262. 1906, Dis. #44, pp. 301-5.

appointment and wrote in his letter:

A Public Health Officer was appointed for this place last year, but he has neither staff, office, nor laboratory by which to carry on his duties. In fact he scarcely seems to know what his duties really are. Typhoid fever is common, and is very fatal all over the colony; and phthisis [tuberculosis] is present in all parts of the country, and is very lethal. I am not aware that the government has done anything to meet it beyond distributing a learned technical dissertation on tuberculosis which must be unintelligible to the ignorant fishermen of this colony.⁶

The high mortality rate in the 1905 vital statistics was simply another sign of the government's lack of interest in the problems of public health and confirmed MacGregor's general lack of confidence in the abilities of the local administration.

There appears to have been no practical fallout from MacGregor's complaints and little appears to have changed by the following year when the Registrar-General issued the vital statistics in the Report of the Registrar-General for 1906. When MacGregor saw these he was again appalled and wrote to the government and the Colonial Office.

Under any circumstances the existence of such excessively high mortality from consumption would challenge attention; but this has become greatly more imperative now that it is known to every civilized community that consumption is an infectious, and therefore preventable disease. The full weight of responsibility that in this matter rests on the local government is seen from the above figures, and I shall bring it to the notice of my ministers.⁷

⁶Sir William MacGregor to the Earl of Elgin, November 28, 1906, CO 194, Vol. 264, 1906, Vol. Dis. #133.

⁷Sir William MacGregor to the Earl of Elgin, March/April, 1906, PANL GN 1/3/A, 1906, File 56. It should be pointed out that death rates in Newfoundland did not vary greatly from many rates in Europe in 1906.

Nation	Death Rate	Nation	Death Rate	Nation	Death Rate
Serbia	24.5	Portugal	22.0	Germany	18.2
Romania	23.9	Italy	20.9	Ireland	16.9
Austria	22.6	France	19.9	Switzerland	16.6
Bulgaria	22.2	Finland	18.2	Norway	13.7

Source: B.R. Mitchell, *European Historical Statistics, 1750-1970* (New York: MacMillan Press, 1975), pp.

Unfortunately, no part of MacGregor's communication with the Newfoundland government has survived on this particular occasion and thus we have no record of the reaction his letter generated.

Though we can speculate on the feelings of Newfoundland's government to the statistics and the governor, in the St. John's press the report created a sensation. Under the headline "Awful Death Rate", *The Evening Telegram's* editor decried the unexpectedly high rate. The general opinion suggested that the death rate was a terrible cost to the community and that this was the result of the low level of sanitation in St. John's. It was this condition which led to rising levels of disease and mortality.⁸ In *The Daily News*, the vital statistics were taken as portents of serious problems for Newfoundland and possibly the British Empire.

An increase in the death rate and decrease in the birth rate is the inevitable forerunner of national decay, and what is true of a nation is true to a greater or less extent of the countries and communities which make up that nation.⁹

The alarm aroused by the vital statistics echoed in the St. John's newspapers for the rest of the summer.

It was not until the following September that the impetus for some sort of public campaign appears to have seriously taken root. In that month John Harvey wrote a letter to *The Evening Telegram* detailing the problem of tuberculosis in Newfoundland and proposing some solutions. Harvey was a son of the St. John's family which owned Harvey and Co., an important salt-fish exporting company and manufacturing concern. He was also a member of

114-120.

⁸"Awful Death Rate." *The Evening Telegram*, June 19, 1907, p. 4.

⁹"Thou Art the Man." *The Daily News*, June 24, 1907, p. 4.

the Upper House of the Newfoundland Legislature and a significant local voice for social reform.

Harvey's letter deplored the annual loss of life in Newfoundland and pointed to consumption (tuberculosis) as its major cause. Using figures taken from the vital statistics (*Table 2*) he argued that between 1899 and 1906 consumption had caused between 22% and 26% of all mortalities in Newfoundland¹⁰ and estimated that these deaths represented a loss to the community of a sum in the order of \$250,000 per year. This cost was amplified by the additional expenses of caring for people incapacitated by the disease. This calculation tripled Harvey's estimate.

The economic loss caused to this Colony by consumption, if it could be accurately estimated, would be found to be certainly not less than three-quarters of a million dollars per annum. Irrespective, therefore of humanitarian motives it will pay the Colony to reduce the spread of consumption.¹¹

This was (and still is) a very considerable amount of money at a time when government

Table 2. Harvey's figures for tuberculosis mortality and total mortality in Newfoundland, 1901 - 1906.

	1901	1902	1903	1904	1905	1906
Tuberculosis deaths	654	710	709	698	804	933
# of Deaths	3003	2900	2949	2771	2959	3567
Percent of Total	22%	24.5%	26%	25%	27%	26%

Source: "The White Plague." *The Evening Telegram*, Sept. 28, 1907, p. 6.

revenues were in the order of \$3.5 million. Harvey argued this justified a reasonable expenditure on a campaign to fight the disease.

¹⁰"The White Plague." *The Evening Telegram*, September. 28, 1907, p. 6.

¹¹*Ibid.*

Some months later, in February, 1908 the APC was founded at a meeting jointly chaired by MacGregor and Harvey. Soon after that the government entered a constitutional crisis which froze all political decision-making until the middle of 1909 when Sir Edward Morris's People's Party was elected. In June of that year the Royal Commission on Public Health was created by the newly-installed regime and Harvey, as President of the APC, was appointed its Chief Commissioner.

The Commission's work covered a wide variety of areas ranging from reforming the collection of vital statistics to investigating the living conditions of Newfoundlanders and the quality of food imported into the colony. One of the major accomplishments of the Commission was improving the collection of vital statistics. This allowed for a more complete estimate of the causes of Newfoundland's death rate. The resulting figures showed that consistently the most serious problem facing Newfoundland was infant mortality; second was tuberculosis.

Table 3. Comparative of tuberculosis and infant mortality figures in the Report of the Royal Commission on Public Health, 1911.

	1905	1906	1907	1908	1909	1910
Infant Mortality	1028	1195	1015	1062	1032	1017
% of total	26.2%	25.6%	24.6%	25.6%	28.0%	27.7%
Tuberculosis Mortality	804	933	801	802	736	692
% of total	20.5%	20.0%	19.4%	19.4%	19.9%	18.8%
Total Mortality	3925	4663	4122	4143	3683	3673

Source: *Royal Commission on Public Health, 1911*. PANL GN 2/5, File 119-a

Without the burden imposed on the colony by tuberculosis the death rate in Newfoundland would have fallen below that of England. As was observed by the Commissioners in their

final report,

...it is interesting to note that the death rate of Newfoundland, eliminating our excess in the items of Tuberculosis and Infantile Mortality (which in both cases will fortunately readily respond to judicious effort), will probably compare quite favourably with that of any other country. Thus, while our general death rate is 15.2 per thousand living, against 14.8 in England, or only slightly in excess, our Tubercular rate is approximately 4 against 1.52 showing of what vital importance to this colony is the fight against consumption and its predisposing causes.¹²

However, while eliminating tuberculosis might possibly have caused a laudable drop in the death rate, it did not explain why tuberculosis was a more serious problem than infant mortality.

This justification was supplied in Appendix A of the Royal Commission's final report. In the appendix the commissioners outlined the financial cost of each tuberculosis infection and death in Newfoundland. As tuberculosis was the primary killer of adults between the ages of twenty and forty-five, the report developed a crude equation demonstrating the annual cost of each mortality from the disease. According to the Commissioners each death caused by tuberculosis represented a loss of approximately \$30 in annual revenues to the government. Assuming that the individual would have lived another 20 years this became an aggregate loss of \$600 in taxes. Using the mortality figures from 1907 (800 deaths due to consumption) as an average, the report concluded (\$600/death x 800 deaths) that the government lost potential revenues of nearly \$500,000 from consumption annually. An amount which, the authors grimly observed, "...will eventually have to be made good by the survivors."¹³

The rather bloodless extrapolation of this explanation of the battle against tuberculosis

¹²*Royal Commission on Public Health, 1911*, PANL GN 2/5, File 119-a.

¹³*Ibid.*

was that each death from tuberculosis was a loss of revenues and capital investment to the community. In this light the death of a new-born infant was "less serious" than the death of an adult. An infant was a continuing expense which was not expected to yield a return for many years. Additionally, if there were still a high mortality rate from tuberculosis when the child matured, that investment might never be made good as the child itself might succumb to the disease before generating enough new revenue justify the initial investment. Thus, the commissioners felt that it was fiscally prudent to concentrate Newfoundland's resources on fighting the deaths of adults from tuberculosis rather than infant mortality.

But this chance for a collective benefit through collective action was far from being as clear-cut as it might appear. For many public officials the problem of public health generally and tuberculosis particularly was an intractable one. Harvey's analysis offered little in terms of measurable short- or medium-term gains to the elected official trying to balance a budget. While public health might have been a vote-getter it also represented a sink-hole for government funds without offering any guarantees of improvement. One editorial in *The Daily News* pointed out, at the height of the debate over the vital statistics for 1906, that although the expense of municipal sanitation was rising rapidly there was little apparent change in the sanitary state of the city.

Whilst there has been no manifest improvement of our system of sanitation, if such can be so termed, and whilst we are today face-to-face with a fever epidemic of magnitude, the cost has increased enormously. In 1900, \$18,605 was paid to cleanse the city; in 1906, \$25,828; an increase of \$7,223, or almost 39 per cent, and despite this expenditure the city has not been cleansed.¹⁴

The editorial referred to a letter printed in the same edition which questioned the cost and

¹⁴"Hon. John Anderson's Letter," *The Daily News*, July 5, 1907, p. 4.

quality of sanitation in St. John's. Faced with rising costs of public sanitation, the municipal government appears to have been cautious about committing itself to the additional expense of an anti-tuberculosis program without a show of public concern and support. In short many people saw that Harvey's financial argument was a double-edged sword.

Many St. John's politicians found themselves confronting the conundrum of having to spend more money to save money. The problem was noted by the commissioners who pointed out in the preliminary report of the Royal Commission on Public Health:

They have found the subject an exceedingly involved and difficult one, touching the life and habits of the people of the colony at many points, and it became early apparent that a large and expensive organization is required to deal with it at all effectively.¹⁵

The mounting of an effective anti-tuberculosis campaign would be a costly undertaking. To ensure that it was effective Newfoundlanders would have to deal with a broad range of topics relating to the disease, such as urban poverty, malnutrition and other general measures of the welfare and quality of life. The commissioners were correspondingly cautious about endorsing a particular course of action.

Another problem which some considered was the potential effect of an anti-tuberculosis campaign on Newfoundland's image among other nations. During the debates over the Tuberculosis Resolutions in 1912 the topic was raised by George Knowing, a St. John's merchant, my great-grandfather and Leader of the Opposition in the upper house. Knowing spoke against the institutionalisation of an anti-tuberculosis campaign in government. While he supported the management of a campaign against tuberculosis through a private organization he felt government involvement would turn it into a source of

¹⁵*Report of the Commission on Public Health, 1909, PANL GN 2/5, File 119-a.*

patronage for political lackeys. Knowing feared that the resulting scandals would generate publicity in Newfoundland's markets notifying them of our need for such a campaign.

Now what will be the feeling of people in these places when they read that this country is infected with consumption to such an awful extent as has been represented? May not the people in these countries hesitate before taking our fish, dreading whether a certain amount of infection may not be brought with the fish?...How easy it would be for our Norwegian opponents to spread a report that consumption is very bad in Newfoundland, that the people are saturated with it and probably the products brought from Newfoundland are infected with it.¹⁶

Thus, the fear of lost revenues from the mortality rate was balanced, in Knowing's case, by the apprehension that Newfoundland's competitors might use the fact of an anti-tuberculosis campaign against her.

Knowing's fears reflect our conventional perception of merchant thought regarding disease as opposed to a capitalist's. In Europe and North America before the nineteenth century wealth was generated in cities mainly through the exchange of goods rather than the alteration and processing of goods to add wealth to them. Thus the merchant is not dependant on a domestic labour force to create his wealth through processes which add value to goods as is the capitalist. The merchant simply exchanges goods in the market and his success or failure rests on his skill in anticipating changes in the market's demands. Under these economic conditions an epidemic will prompt the merchant to implement a quarantine as he attempts to wait out the crisis. In contrast a capitalist cannot afford the potential loss of his labour force and attempts to implement preventative policies to avert epidemics. Thus when Knowing was anticipating embargoes of Newfoundland's products in foreign markets he was literally anticipating the reaction of the island's competitors to new market information.

¹⁶*Proceedings of the Legislative Council during the Fourth Session of the Twenty-second General Assembly of Newfoundland, 1912* (St. John's: Robinson & Company Press, 1912), p. 51.

However, his apprehensions do not seem to have been echoed in the speeches of his compatriots in the upper house. It should also be noted that he also ignored the fact that by the early twentieth century, active anti-tuberculosis campaigns were underway in most Western nations.

The fear of publicity regarding tuberculosis warrants consideration as it raises another issue central to the discussion of the public health. The knowledge that tuberculosis was rife in their communities hurt the pride of Newfoundlanders, or more particularly the pride of the St. John's middle class. Tuberculosis was a disease which was associated with the poor and the lazy. The information presented in the vital statistics presented St. John's and the entire colony as little better than the (so-called) primitive societies of the South Pacific. Using accepted concepts of geography and race, editorialists and correspondents expressed their consternation at this condition while affirming a strong belief in the basic wholesomeness of St. John's and its geography. Often letters to the editor would preface descriptions of the problems of tuberculosis and the death rate with descriptions of the otherwise healthy and beneficent climate of St. John's.

...there is hardly an advantage which nature could offer for the site of any town which is denied to St. John's. It lies full in the eye of the sun and catches every one of its vitalizing beams. It embraces a valley whose outlet is the wide ocean, so that it is never without a current of refreshing and vivifying air, and stagnation of its atmosphere is a thing impossible to imagine.¹⁷

These descriptions served to highlight the seriousness of the problem of tuberculosis by explicitly stating that the local environment should not produce such diseases.

This same point was also made by comparing Newfoundland's death rate with that of

¹⁷"Municipal Matters: Concerning Twenty Mile Pond," *The Evening Telegram*, August 23, 1910, p. 3.

the tropical colonies of the Empire.

Our death-rate would not greatly discredit a settlement on the pestiferous coast of Guinea. And it all comes from the one cause, dirt. Nature has done her best for us; air, ocean and land have entered into a conspiracy to afford us a situation unequalled in the New World for the wholesome upbringing of a hardy race.¹⁸

A high death rate might be expected in the tropical parts of the Empire which were regarded as unhealthy owing to their hot and humid climates, but it was not expected in St. John's which with its colder climate should have had a lower death rate. While people expected the tropical climates to take their toll on the local white population, they did not expect to find a white colony equally subject to epidemic diseases. At the General Meeting of the APC in 1911 Sir Ralph Williams addressed the issue of tuberculosis and local conditions.

Pulmonary disease here was far in excess on the basis of population of any English speaking country in the world, and this excess showed itself particularly in St. John's which nature had so bountifully provided with the auxiliaries of good health. The air was healthy, the climate good, natural drainage excellent. Here were all the accessories of a natural sanatorium and advantage had been taken of it by many men who had been broken down by the climates of West Africa and British Guiana and elsewhere to seek recuperation here and had benefited by a stay here under favourable conditions.¹⁹

Newfoundland's climate was not supposed to be a terminal affliction. But while the residents of St. John's may have aspired to a state of grace in a municipal paradise the belief that any urban setting could be a pleasant and healthy one ran counter to practical experience and popular belief.

By 1910 the Royal Commission on Public Health had enough reliable statistics to identify demographic trends in the various districts of the island. Their conclusion was that while the tuberculosis death rates were falling in the outports, the death rate in St. John's

¹⁸"An Appeal," *The Evening Telegram*, October 24, 1910, p. 5.

¹⁹"The APC Annual," *The Evening Telegram*, May 5, 1911, p. 6.

remained stationary.²⁰ Thus, while St. John's laboured under the burden of a higher death rate the outports were somehow gaining an upper hand. This trend played on the romantic ideal that saw cities as centres of infection and decay in contrast to rural areas which were centres of strength and growth. In 1912, speaking in the assembly Sir Robert Bond described life in St. John's during the debate over the Tuberculosis Resolutions. "Here in this city our nostrils are filled with villainous odours arising from the gutters, the side walks of some streets, and the houses in the prevailing slums, but this is not one's experience in the outports."²¹

Similarly the daily regime of hard work and fresh air associated with rural areas and outports was believed to create stronger and healthier Newfoundlanders while the sedentary lives of "townies" created weak-willed individuals easily susceptible to disease. An article from *The Fisherman's Advocate* extolling the virtues of fresh air and open windows stated that the "strongest and healthiest people are those that work or live in the fresh air. Invalids and sickly people go to live in the fresh air in order to be cured."²² In the early twentieth century this formula seemed to be playing itself out in Newfoundland. The city was corrupt and enervating: Sodom and Gomorrah on the Atlantic shore. *The Evening Telegram* discussed the problem.

...although St. John's possesses more health and more intelligence than the rest of the Island its death rate is enormously worse and that while the rest of the island shows a marked improvement in the death rate from tuberculosis. St. John's has remained stationary.²³

²⁰*Royal Commission on Public Health, 1910*, PANL GN 2/5, File 119-a.

²¹*Proceedings of the House of Assembly during the Fourth Session of the Twenty-second General Assembly of Newfoundland, 1912* (St. John's: Robinson & Co. Press, 1912), p. 109.

²²"How to get Fresh Air Without a Draft," *The Fisherman's Advocate*, February 24, 1912, p. 1.

²³"Housing and Public Health," *The Evening Telegram*, January 14, 1911, p. 7.

In this case "townie" intelligence does not seem to have been any match for the "strength" of the outports. The grim implication of this was expressed in 1911 by Sir Ralph Williams, Governor of Newfoundland.

The men, women, and children in the city should be a healthy and stalwart race, but owing to the conditions under which many were living a puny pinched pale class of children were growing up in many of our streets, and when he visited the general hospital he found every fourth or fifth patient was suffering from tuberculosis other than pulmonary.²⁴

Williams then continued: "In the outports a healthier race was growing up than in the city." and presumably this stalwart race would eventually overrun St. John's!

Much of the discussion of tuberculosis assumed that this environmental approach explained the incidence of the disease. However at the same time a slow but steady stream of articles and reports painted a much different picture of the squalid living conditions and poverty of many Newfoundlanders. A certain amount of this type of information was already available to the commissioners and the public from perennial sources, such as the newspapers which occasionally carried stories of destitution in the St. John's area. The following example from *The Evening Telegram* described a family living in St. John's.

Those who visited the unfortunate people first said that they never imagined human beings could live under such awful conditions. They reside in the upper flat of the house, which was open in several places and in the under flat all the windows were out and the winds had full sway in it and sent draughts up through the open seams of the floor overhead. This under portion of the building was in a terrible condition of filth, and the wonder is that some disease had not broken out in the house long ago.²⁵

Poverty was rife in St. John's in this period and the above description was far from being unique. Many accounts referred to the links between disease and poverty.

Another item which pointed to the problem of poverty was the first report of the

²⁴"The APC Annual," *The Evening Telegram*, May 5, 1911, p. 6.

²⁵"That Destitution Case," *The Evening Telegram*, February 7, 1911, p. 7.

Royal Commission on Public Health. This report directly addressed the issue of living conditions in St. John's.

A very large number of tenements throughout the town are totally unfit for human habitation. They are so bad that they cannot but degrade those who live in them physically, mentally and morally. These dwellings are from year to year getting steadily worse. They grow more rotten, more leaky, more unsanitary, and more infected with Consumption and other germ diseases.²⁶

The Commissioners were unambiguous on the problems posed by housing in St. John's. However this recommendation and several others regarding housing in St. John's appear to have been a bit too pointed and direct; the government suppressed those clauses of the report and did not include them in the *Journals of the House of Assembly*.

In a letter to John Harvey, Robert Watson, the Colonial Secretary, referred to clauses 26 - 29, and the first paragraph of clause 38, and suggested that a published version of the report omit these sections, "...until such time as the government are in a position to give further consideration to the recommendations of the commissioners."²⁷ The other omitted clauses recommended sweeping improvements to housing in St. John's and the regular inspection of all rental properties, the improvement of accommodations in the lunatic and poor asylums and the creation of a Department of Public Health. The language of the report was unambiguous on these points and stressed their importance for the continuing improvement in the public well-being. The reaction of the government to this is some measure of its willingness to cooperate with its own commissioners

John Harvey appears to have been undaunted by this setback. He recognised the

²⁶Report of the Commission on Public Health, 1909, PANL GN 2/5, File 119-a

²⁷R. Watson to John Harvey, May 23, 1910. PANL GN 2/5, File 119-a.

problem and its connection with the spread of disease in St. John's. In 1912 he gave a presentation on the problem of housing in the city and how this influenced the incidence of disease.

Mr. Harvey went on to say that there could be very little hope for improvement in St. John's while the houses were getting worse and the children were being brought up under conditions which precluded their having an ambition for anything better where they grew up. He then produced a map of St. John's showing that nine-tenths of the consumption in the city was confined to a certain area west of Long's Hill, and that this area was also the area of the poorer houses, and he said that these houses were all getting constantly worse.²⁸

Harvey's solution to this was to propose that the municipal government set up a building society and guarantee a 4 percent return on investment as a strategy for improving local housing. If the commissioners and the commentators in the newspapers were to be believed the high death-rate in St. John's was the result of over-crowding and poor housing and if the proper capital could be applied then the problem could be corrected in a financially prudent manner.

But, in addition to the distressing living conditions which existed in St. John's, accounts of life in the outports, beyond the helpful eye of the APC, indicated that the problem of poverty and disease was far from being merely an urban phenomena. In one report, John B. Wheeler, a Justice of the Peace, described consumption and living conditions in Musgrave Harbour.

I find many fishermen and salmon catchers and others living in very small houses; the ceilings very low, close unventilated rooms with a huge stove of Waterloo type filling a large part of the room. I tried to reason with them upon the impossibility of being ever healthy, or of rearing strong healthy, rosy children in such close unventilated rooms. Some pleaded poverty as a reason why they could not build larger and more healthy houses. There may be some truth in this statement in some cases.²⁹

²⁸"Housing and Public Health," *The Evening Telegram*, January 14, 1911, p. 7.

²⁹"Curing Consumption," *The Evening Telegram*, March 1, 1909, p. 3.

Wheeler's account is a rather restrained description of the conditions in rural Newfoundland where diseases from malnutrition were endemic. This was especially true in the years immediately before 1912 when depressed economic conditions caused an epidemic of beriberi, a disease resulting from general poverty and a lack of fresh food, along the northern coast of Newfoundland.³⁰

The purpose of these reports was often to emphasize the behaviour of the residents of the outport and the necessity of their changing that behaviour rather than the problem of poverty in an under-developed economy. It was not unusual for a letter writer to mention over-heated, under-ventilated kitchens of outport homes as a major cause of tuberculosis. Another outport observer was Ches Roberts, a health educator who travelled around the island for the APC. Roberts gave a similar impression of the unnecessary risks taken by outport residents when he discussed the dirt and sanitation in some communities.

There are no outhouses for any of the schools, hence a glance at some of the immediate surroundings tell a tale. It is quite a common thing for some person living in those places to detail a pitiful story of such and such a family being swept out of existence by consumption. I have had several houses pointed out to me where from three to seven members have died of consumption during the past decade.³¹

Other problems connected with tuberculosis were publicized by another APC employee, Sophie Anderson, a nurse hired in 1909 by the Association to treat people with tuberculosis in their homes and to instruct and lecture on public health and domestic hygiene. Anderson is a good example of an APC staff member who helped to direct information to the government on the living conditions of the poor and diseased. As a nurse for the Association

³⁰W.R. Knowling, "Lifestyles of the Poor and Destitute: Beriberi in Northern Newfoundland from 1905 - 1934" (St. John's, Newfoundland: Memorial University of Newfoundland, 1991).

³¹"APC." *The Evening Telegram*, July 30, 1910, p. 5.

she reported on her work in articles published by the local papers as part of the APC's overall publicity campaign. In one of these she described her work.

Began work June 17th, 1909. as Visiting Nurse and Social Worker for the A.P.C. Method of work was by making house calls looking up Consumptive Cases, examining into their history and environment, their need of assistance, etc., and giving help and advice. The cases were then visited regularly in their homes once or twice weekly, and those who were ill, once and sometimes twice daily.³²

Over the course of the year 1909/10 Anderson logged 3,447 calls and attended 293 patients; 72 in St. John's and 221 in the outports. She fumigated 69 rooms, reported 36 houses to the Board of Health for fumigation, gave 8 lectures on the prevention of consumption and conducted three cooking classes. Anderson can be described as working tirelessly on the front lines of the anti-tuberculosis campaign in Newfoundland.

Sometimes articles were also laced with a degree of sexual tension which many social workers implied in their descriptions of the sleeping arrangements in the homes of the poor. In one appeal to the public Anderson gave a frank description of the sleeping arrangements in some of the homes of the poor.

The A.P.C. nurse is continually meeting with consumptive cases in homes where adults who are more or less advanced cases are habitually sleeping with children. The latter are thereby placed in great danger of contracting the disease. The nurse has to insist that separate beds and bedding must be provided so that the sound members of the family shall not be obliged to share the same bed and bedding as the consumptive. It is often impossible for these families to obtain such beds and bedding and one of the greatest needs to be provided for is therefore beds and bedding of any kind.³³

The risk of contracting tuberculosis from a bed-mate was a very real one which should not be dismissed. However, Anderson's apprehension's can be read in two ways and at least one observer, Marianna Valverde, has noted that social workers and public health nurses in

³²APC." *The Evening Telegram*, July 15, 1910, p. 5.

³³The APC Work." *The Evening Telegram*, June 8, 1910, p. 4.

Canada often attempted to provide separate beds for the poor in an attempt to prevent the social problem of incest and by implication the rampant reproduction of the lower classes.³⁴

As the activities of the Royal Commission and the APC expanded, the links between tuberculosis and poverty became more apparent. The staff hired by the APC worked among the afflicted and carried their impressions back to the commissioners and the government. This strengthened the persuasive argument that, whatever the responsibility of individuals for their problems, some action had to be taken by the government.

In early 1910 Nurse Anderson requested additional powers from the government to provide relief to the destitute cases she encountered in her daily routine. To support this request she submitted descriptions of some two dozen patients to the Morris government. The following are three selected examples of the conditions which existed in Newfoundland's capital city.

John Griffen. 4 Stephen Street. Aged 73 years. Wife died of Consumption last Friday. Lives alone and has nobody to do anything for him. Received \$1 worth of groceries from St. Vincent's Society, which I gave out in small portions.

Mrs. Mary Ann Mansfield. Pulmonary Tuberculosis. Battery Road. Aged 53 yrs. Married. Confined to bed for 3 months. 8 persons in the family, father, mother and 6 children of which 2 stay with a married daughter. Husband carpenter by trade. Gave up work last week on account of his wife being sick. Live in a poorly built new house. Sanitary conditions not good. Patient in a dying condition. Some of the other members of the household do not look well. Family seems to be in fairly comfortable circumstances.

Mrs. Ivany. McNeal St. Filthy. No good can be done there. (Margin note (handwritten): This is the case I told you of. The woman is sick and ought to be in hospital, is mistreated by husband. Order was got to take her to the hospital but she would not go, evidently in fear of her husband. I think the police should quietly keep an eye on this case.)³⁵

These were probably extreme examples of living conditions in St. John's which Anderson

³⁴Marianna Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885 - 1925* (Toronto: McClelland and Stewart, 1991), p. 139.

³⁵Selections from "Miss Anderson's Daily Report". January 17 - 19, 1910. PANL GN 2/5, File 18-a.

selected to support her request. Nevertheless they speak to the misery in which many people lived at the time and to the conditions which fostered tuberculosis.

To her credit Anderson's strategy appears to have been successful as her request was granted. She was given the authority to recommend, "medical assistance, medicines, clothing, etc.", where she felt the situation was warranted: "The government trust that, while due regard to economy is practised, yet that many of these sick people may be helped and benefitted in this way".³⁶ This is in strong contrast to Sir Edward Morris's comments during the debate of the tuberculosis resolutions in 1912 when he stated,

It is not a question of what it is going to cost, for the money has got to be found. Again, apart from the humane side of the question the best thing a government can do is to save its people. The people are the assets of a country, and every life saved is a help, and we should do battle for it.³⁷

While Anderson's evidence appears to have moved the government, Morris's statement in 1912 suggests a more altruistic commitment to the policy than the cabinet's correspondence.

The overall impression one gets from looking at the justification for an anti-tuberculosis campaign is that it was easier to talk about tuberculosis as a problem which caused financial difficulties and was the result of dirt in the streets, than it was to talk about the acknowledged social causes of the disease, such as poor housing and poverty. Thus while some Newfoundlanders appear to have been ready to confront the problem of tuberculosis many others were not. The result of this was a series of conflicting signals

³⁶R. Watson to R.A. Brehm. January 28, 1910. PANL: GN 2/5, File 18-a.

³⁷*Proceedings of the House of Assembly. 1912.* p. 97.

over the government's fiscal commitment to fighting the disease. One was the suppression of parts of the Royal Commission on Public Health's 1909 report, another the granting of limited authority to Sophie Anderson to give relief to the poor. The fiscal common sense of Harvey's social balance sheet appears to have been a weak foundation for the creation of an anti-tuberculosis campaign run by government. While it provided the promise of reduced costs in the future it seemed designed to increase expenses in the present. But Harvey's work was only one part of a much more extensive campaign which was attempting to spread information about the prevention of tuberculosis throughout the colony and until we have looked at that campaign we cannot understand its significance.

Chapter Four A Few Simple Hygienic Laws.

The death rate and John Harvey's social balance sheet sat uncomfortably at the head of an organised campaign against tuberculosis. While the residents of the outports were perceived to have a wide variety of options available to them for their public health measures, such as moving a well or an outhouse, in St. John's the density of population forbade any great variation in sanitary behaviour¹. Despite this advantage in rural Newfoundland the APC undertook an educational campaign which targetted rural areas. This is made all the more peculiar by the knowledge that St. John's consistently reported higher statistics for the disease than the outports (Table 4). Thus, though the main source of the problem was in St. John's, the APC appears to have spent a considerable amount of its resources teaching tuberculosis prevention in the outports.

Table 4: Comparison of St. John's district death rates (per thousand) with death rates for the entire colony(including Labrador), 1901 - 1908.

	1901	1902	1903	1904	1905	1906	1907	1908
St. John's	21.87	22.73	21.92	23.45	21.23	25.25	21.07	22.95
Colony	17.54	17.03	17.64	16.70	17.03	20.13	17.60	17.47

Source: *Report of the Registrar General of Births, Deaths and Marriages, 1905-1908*

When the APC was founded in 1908 one of its primary objectives was to raise public awareness of tuberculosis. As the authors of the *Royal Commission on Public Health* stated in their first report,

The Commission are of the opinion that there are at least 1000 deaths per annum in this country from tubercular diseases of all kinds, and by far the greater part of these are directly or indirectly due to the failure on the part of our people to observe a few simple

¹*Proceedings of the House of Assembly, 1910, pp. 386-387.*

hygienic laws.²

However, even a campaign to teach "simple hygienic laws" required a staff, a curriculum and resources. These were provided by the tacit government sponsorship of the association through the Royal Commission on Public Health and through public donations. In St John's the APC nurses went from house to house inspecting and directing the hygiene of its residents. One of these was Sophie Anderson whose work was described in Chapter Three. The following quote is a more detailed description of her work in St John's.

The great thing aimed at in the work is simple education, consisting in the instruction of the patients and their families in the hygiene of the home, the importance of open air and rest, and the value of food, proper disposal of sputum and the use of cups and napkins and the necessity of sleeping alone. If the patient is bed-ridden the family is taught how to give bed baths, and instructed in the prevention of bedsores, the necessity of separate dishes, also the proper method of dusting and sweeping the patient's room.³

Anderson's work would have been conducted in people's homes as she circulated around St. John's and the surrounding communities. While there is no account of the actual content of Anderson's lectures the following quote might give some idea of the general themes which they pursued. This quote is taken from *The Fisherman's Advocate* and was written by Dr. Wakeham.

...dust taken from the houses of consumptive people who are dirty and spit on the floor nearly always contain Consumption germs in large numbers. Dust taken in the same way from the houses of Consumptive persons who take some precautions but are not sufficiently careful, less frequently contains Consumption germs. Dust taken from the houses of Consumptive persons who take every possible care, very rarely contains Consumption germs, and dust taken from the houses where there has been no Consumption for three years has not been found to contain any Consumption germs at all. Dirty houses where there is much dust and dirt are always much more dangerous than clean homes

²Report of the Commission on Public Health, 1909. PANL GN 2/5, File 119-a.

³"APC," *The Evening Telegram*, July 15, 1910, p. 5.

where dust and dirt is cleaned up as often and thoroughly as possible.⁴

While Anderson and the other APC nurses were circulating through St. John's, other health educators, usually men, travelled to the more remote outposts and informed residents *in situ* of how to prevent the spread of tuberculosis. These people travelled from community to community by whatever means available to spread their message of tuberculosis prevention. They arranged meetings in any available space: local halls, churches, and stores, and gathered Newfoundlanders together in an attempt to make them aware of the threat of tuberculosis and the relative ease of its prevention. Regular accounts of the work of these dedicated men and women were reprinted in St John's newspapers and were a major part of the press coverage of the APC. The articles were generally simple narrative descriptions of the tasks officially undertaken by the lecturers and provide a valuable source of information on the activities of the APC between 1908 and 1912.

Among these articles, the reports of Ches Roberts are prominent. Roberts was one of the first lecturers hired by the APC. He was described as,

...an enthusiastic supporter of the association...Mr. Roberts was once a Newfoundland teacher and became a consumptive. He entered a sanatorium at Trudo [sic], in New York State, and has spent considerable time studying the subject. He is now in Philadelphia acquainting himself with the latest phases in the treatment of tuberculosis. He has been engaged to come here and teach what he has learnt.⁵

Accounts of Roberts' work show the deliberate strategies he and other health lecturers used to attract local attention and establish credibility. Even before his arrival in a community Roberts coordinated his movements with other members of the medical profession in the

⁴"The Association for the Prevention of Consumption," *The Fisherman's Advocate*, February 10, 1912, p. 4.

⁵"Anti-tuberculosis Meeting," *The Evening Telegram*, May 29, 1908, p. 4.

area to maximize their impact and coverage.

Mr Roberts will get into touch with the committee of Teachers who meet in St John's tomorrow, and after conferring with them he proceeds to Clarendville, and will then visit the south side of Trinity Bay where Dr. Anderson and Dr. Plewes will give him effective support. As Miss Anderson will also be at work there, the districts can hardly fail to be awakened to the main facts of the situation. Mr. Roberts will then proceed to Greenspond and later to Notre Dame Bay, taking with him a lantern for the purpose of illustrating his addresses.⁶

On arriving in an area Roberts would enlist the support of the local opinion leaders such as the merchants, priests and teachers. These people were encouraged to attend the local health lecture and by their example show the rest of the population the need to fight tuberculosis. The lecturer also used this meeting to arrange for a local venue for his presentation. This sometimes posed a problem as the buildings large enough for such assemblies often did not meet the standards for hygiene and ventilation of the APC. This placed Roberts and other lecturers in the ambiguous position of possibly encouraging the spread of tuberculosis by holding large public assemblies in poorly ventilated buildings. Roberts agonized about this on at least one occasion in his report.

The text of Roberts' lectures seems to have been a simple description of the cause and cure of tuberculosis. Accounts of the lectures emphasize the displays and the lecturer's attempts to impress on the locals the necessity of basic sanitary measures to fight the spread of tuberculosis. The basic message was people were to avoid the germs which caused tuberculosis by getting plenty of sunshine, fresh air, good food and rest. All of these would strengthen the body against the disease and cure tuberculosis, if it was caught,

⁶ "APC Campaign," *The Evening Telegram*, July 5, 1909, p. 5.

in its early stages.⁷

In addition Roberts used displays and the most advanced teaching tools of the day, such as the "pathological table", "pin charts", and a "stereopticon", a type of slide projector, to make his points about the dangers of tuberculosis. While there are no pictures of the displays, descriptions of exhibits at Roberts' lectures give an idea of its main theme. These included messages such as, "The correct and incorrect way of coughing", a pin chart showing the death rate by streets in St John's, and a bottle containing "the liver of a child who had died from tuberculosis". All of these must have made strong, if morbid, impressions on the audience.⁸

However the morbidity seems to have been lost on at least one observer. Mr. J.B. Wheeler, Justice of the Peace in Musgrave Harbour described one of Roberts' presentations with the stereopticon.

The views thrown in succession upon the screen were of such an entertaining nature that besides instructing, they afforded a source of enjoyment to the people present. Roberts dwelt largely on the different stages that destroy the organs of the body and cause a wasting lingering death. Mr Roberts was at his best showing how to prevent the increase of the disease and entreated the mothers and fathers to assist the A.P.C. by doing all in their power to save the children from its clutches.⁹

There are no detailed descriptions of the slides from the stereopticon and we can only speculate on their content, using Wheeler's enthusiastic endorsement as a guide.

Roberts' anti-tuberculosis work also included some rudimentary community

⁷"Greenspond," *The Daily News*, August 4, 1908, p. 3.

⁸"APC Exhibits," *The Daily News*, July 2, 1909, p. 3.

⁹"The White Plague and its Ravages," *The Daily News*, September 8, 1909, p. 3.

planning. A representative of the APC, he acted as a sort of Public Health Officer travelling from community to community. He appears to have made a concerted effort to go around each community he entered, inspecting their sanitary arrangements and offering advice for changes where he felt it necessary. In one community he described an encounter with a poorly-placed well.

I made enquiries about the water, and noticing a well on the side of the road asked if the water contained therein was used for drinking purposes. They said it wasn't except when everything was clean around. I couldn't conceive when that was and several pigs are at large here. I pointed out clearly tonight the evils of such water and the great danger of typhoid, and made it all the more emphatic as at the present time in this arm there is a case of typhoid. I also had something to say about garbage disposal and the filthy habit of standing in back doors and throwing all dirty water out.¹⁰

Roberts' advice seems to have been an attempt to bring greater local attention to the problems posed by unhygienic practices, but his action does not seem to have evoked any result beyond an assurance from the population that the well would be moved. There is no certainty that this ever took place after Roberts' departure.

This point raises the question of the actual effect which Roberts or the other APC lecturers had on a community. It is difficult to know whether any of them were able to change the behaviour of Newfoundlanders through their work. To some extent the arrival of an APC lecturer in a community must have been regarded as much as a social event by the residents as it was seen to be part of a public health crusade by the lecturer. An excerpt from Chris Brookes' book, *A Public Nuisance*, possibly gives some insight on the reaction a public lecture might have generated in communities around Newfoundland.

Brookes describes touring through Newfoundland in the early nineteen-seventies

¹⁰ APC, "The Evening Telegram, July 30, 1910, p. 5.

with the Mummers Troupe, sixty years after Roberts and the other health lecturers spread their messages for the APC.

Most of the smaller communities we toured through had never been played by a theatre company. Many of them rarely even had the opportunity to see films, except when some travelling movie man came through and showed an old print in the parish hall. So we were a phenomenon.¹¹

Brookes and the players found themselves the centre of great curiosity and hospitality as they toured. The shows were viewed as community events which all shared in whatever their age. In retrospect Brookes describes a community in the moments preceding a Mummers Troupe show.

The scene in Grey River was typical: a low sunset gilding a long winding line of people, everyone from grandmothers to babes in arms, slowly making their way up the hill to the two room school, each person carrying a chair, stool, barrel or cushion (the little primary-grade desks were too small for sitting). Somehow the entire community, chairs, stools, barrels and all, squeezed into a schoolroom designed for thirty of their children.¹²

Historians might question the comparison between a public health meeting in 1910 and a Mummer's Troupe play in the early 1970's. But Brookes' writing evokes the excitement generated by a public entertainment in outport Newfoundland in an era when outports were considerably less isolated. It also suggests that the attention which Brookes and the Mummers received was probably somewhat less than that which Roberts generated and that many people might have viewed a lecture by Roberts more as an entertainment than an information meeting.

These speculations aside, there is very little information about the content of

¹¹ Chris Brookes, *A Public Nuisance: A History of the Mummers Troupe* (St. John's, Newfoundland: Institute for Social and Economic Research, 1988), p. 76.

¹² *Ibid.*, p. 76.

Roberts' lectures and it is almost impossible to know what impact they had on listeners. The common belief in the St John's press was that the APC's campaign was having a great influence on the people of Newfoundland. The success of the lecturers was described in several articles and was actively promoted by the lecturers themselves in their APC reports. Here is how Roberts describes his observations of the campaign's effect in several communities.

Driving through Joe Batts Arm and Barrel Harbor between four and five o'clock this morning, I had a good opportunity to view the windows. There was scarcely a bedroom window that was not open, some a little, some a great deal. The impression was a desirable one. Driving through Fogo between six and seven the window showing was just as good, and some were as wide open as could - all over the house; the bedroom windows were open. The above goes to show that our people are all awakening to the necessity of having plenty of pure air in the houses both day and night.¹³

The work of the APC to promote health and prevent tuberculosis was a great success, according to the APC. This happy thought was also supported by declining statistics for

Table 5: Tuberculosis mortalities, 1905 - 1912.

	1905	1906	1907	1908	1909	1910	1911	1912
TB Deaths	804	933	801	802	736	692	694	714

Source: *Report of the Registrar General of Births, Deaths and Marriages, 1905 - 1912.*

tuberculosis mortality, which supposedly showed Newfoundlanders' growing awareness of the hygienic laws necessary to fight the disease.

Too much cannot be said in praise of the splendid way in which the various societies and lodges, and the clergymen and teachers of all denominations, come to the aid of work of this kind. Such actions do quite as much as the lectures, to impress upon the people the urgent necessity of such work. It is felt very strongly that the stamping out of this terrible scourge of consumption depends not alone upon the doctors or on the efforts of any society, but upon the intelligent co-operation of the people themselves.¹⁴

¹³The Fight Against Consumption, *The Evening Telegram*, August 28, 1909, p. 6.

¹⁴A.P.C. Notes, *The Evening Telegram*, December 22, 1911, p. 6.

The APC and its employees seem to have thought they were well on the way to achieving their implicit goal of bringing Newfoundlanders closer together though the anti-tuberculosis movement. The various forces of society were being brought to bear on the problem and it seemed that these efforts were having an effect. This opinion was echoed by the editorials which complimented the association and its efforts to fight tuberculosis. An editorial in *The Evening Telegram* probably summed up much of the official opinion on tuberculosis and the APC.

Everything tends to show that the people throughout our whole Island are now awakening to the effects of consumption, and are now doing their best to prevent it both by opening their windows, and other methods and there is no doubt that much good will result. The present conditions are without doubt due to a lack of knowledge and not to unwillingness to follow the education they receive.¹⁵

Newfoundlander's were a cooperative, if undereducated, people who acted rationally when instructed properly. The victory was of education and compliance over apathy.

This was an important theme in the discussion of tuberculosis, and in the discussion of the necessity of an education campaign to fight tuberculosis. In 1908 a Teacher's Conference was sponsored by the APC in St. John's to emphasize the importance of the Public Health curriculum to the teachers around the island and make the moulders of young minds aware of the necessity of including health lessons in their daily curriculum. The conference was one of the first events planned by the APC when it was formed in February, 1908. It received considerable support from the Roman Catholic, Anglican and Methodist churches, and in addition, the Reid Newfoundland Company, which operated

¹⁵"The Fight Against Consumption," *The Evening Telegram*, July 29, 1909, p. 4.

the coastal boats and railway, provided free transit for all the conference participants.¹⁶ The government also, donated \$1,000 to the Association to assist in organising the event.

The conference was held in St. John's during the first week of August, 1908, (coinciding with the annual regatta) and was attended by over five hundred teachers. It was composed of a hectic programme of speakers and events including a variety of local speakers and a lecturer from the United States paid to attend the convention. The American, Alexander Wilson, spoke on "Teachers and the Prevention of Tuberculosis" and "The Social Aspects of Consumption". These speeches were illustrated by charts and slides which showed the seriousness of the tuberculosis epidemic and the menace of spitting or a sedentary lifestyle to a person's health¹⁷. Wilson emphasized the importance of bodily exercise to give tone and elasticity to the chest, lungs and limbs and sounded a hopeful note for Newfoundland and its fight against tuberculosis.

His address was one of hopefulness. Newfoundland had no foul surroundings. With fresh air in houses and other buildings and plenty of window lights, she could combat the disease speedily. Her people were mostly outdoor people, and as a commencement of a fight against this disease, he did not know of any country which had made such a good beginning as this convention proved had been made.¹⁸

Wilson's hopeful prognosis for Newfoundland combined with his conventional solutions to the problem of tuberculosis played well to the assembled audience.

However the keynote for the conference was struck at the opening session. On the first day several speakers outlined the problem of tuberculosis in Newfoundland and the

¹⁶"Teacher's Convention," *The Evening Telegram*, July 23, 1908, p. 4.

¹⁷"Teachers' Convention," *The Evening Telegram*, August 7, 1908, p. 4.

¹⁸*Ibid.*, p. 4.

objectives of the assembly. Dr Herbert Rendell, a local physician and member of the board of Directors of the APC, talked about measures which could be taken by government to fight tuberculosis. John Harvey, President of the APC, explained his social balance sheet to the assembly and stressed the relationship between mortality rates and lost efficiency and revenues in the colony. Following this the Mayor of St. John's, Michael Gibbs, later a minister in Sir Edward Morris' government, spoke about the problem of tuberculosis in the St. John's area.

We, Newfoundlanders are an apathetic and careless generation, but this thing has got to a point which the intelligent people among us can no longer ignore; and first and most urgent of all, as the growing generation must be given a fair chance, it lies with you teachers to see that they do not grow up in ignorance of these matters. We want you as the strongest wing of this movement. The proper application of the lesson you will be taught: to the conditions in which you live and labour is in your hands and upon you and your efforts the ultimate weal and woe of the Colony will largely depend.¹⁹

Gibbs was not a particularly striking public figure but on this occasion he appears to have exceeded all expectations. Newfoundlanders and especially Newfoundland's teachers had to put aside their apathy and think of the future. If the ignorance and apathy which created the death rate were allowed to continue then the children would never have a fair chance in life. By eliminating ignorance, members of the APC hoped to give Newfoundlanders the necessary tools to fight disease in general and tuberculosis in particular.

These accusations of widespread apathy called for a political solution to the problem. It supposed the creation of an alliance between the opposing interests in society to fight against disease for a greater good. The numbers quoted in the vital statistics and in the Commission's reports represented the "objective" manifestation of this greater good,

¹⁹"Teacher's Convention," *The Evening Telegram*, August 4, 1908, p. 6.

the combined interests of all Newfoundland's society. The editor of *The Daily News* explained the necessity of this alliance explicitly in terms of the financial benefits which everyone would derive from it.

It is well worth acting from a commercial point of view, apart altogether from the pain and loss to the family. But to hope for anything like success, it must be attacked on all sides; by the joint action of the government, the medical profession, the different boards of health, the press, the platform, Society at large. Without this united action we cannot hope to remedy the wholesale poisoning of the people that is going on to-day.²⁰

This theme was also echoed by the members of the House of Assembly when they debated the Tuberculosis Resolutions in 1912.

Public officials were not shy in pointing out examples of the "simple hygienic laws" which they felt were being ignored and the self-destruction which this behaviour promoted. One cause of tuberculosis which was often cited as an example of the need for more local education of Newfoundlanders in public health was the poor ventilation and overheating of many outport homes.²¹ In his autobiography, Sir Ralph Williams, Governor of Newfoundland, 1909-1914, described the causes of tuberculosis in Newfoundland.

It [tuberculosis] springs from their hatred of fresh air in their houses, which is universal, and from the use of the abominable American stoves which render the living-room of the home almost uninhabitable to those unused to them. Their ideas of sanitation remind me of the story of a mother who on taking her child to the hospital was told by the doctor, "You must take his clothes off so that I may examine him;" to which the reply was, "Oh, doctor, I cannot do that as I have already sewn him up for the winter."²²

Williams' opinions reflect as much the popular beliefs of the day as a general condescension to the plight of people who came from worlds radically different from his

²⁰"Tuberculosis," *The Daily News*, March 16, 1908, p. 5.

²¹"Decline," *The Daily News*, February 28, 1908, p. 4.

²²Ralph Williams, *How I Became a Governor* (London: John Murray, 1913), p. 406.

own.

However, discussion in the press made it clear that tuberculosis was "different" from other diseases and this made it more difficult to deal with. A contagious disease such as typhoid or smallpox was a relatively rare germ in the environment. Although a case of such a disease might pose a great threat to the community it could be controlled by quarantine; because of its ability to spread and kill rapidly the disease could be controlled through a quick response. Tuberculosis, however, although known to be contagious was known to be linked to a variety of intermediate factors and also to be a relatively slow killer. In the House of Assembly Sir Edward Morris raised the question.

What then is the secret of our apathy and indifference in relation to this disease? The only answer can be that owing to the insidious nature of the malady, our attention is not arrested to its danger until it is too late, and then nothing can be done. A case of smallpox is on us and over in a few days, and we not alone take every precaution and safeguard to protect ourselves, but the authorities placard our houses and quarantine us in order to protect the public.²³

Thus, the main threat posed by tuberculosis was the slow and insidious manner in which it could infiltrate and infect individuals until they were beyond help. This made the disease doubly dangerous as it was generally acknowledged that an individual in the early stages of infection could be helped with the proper treatment. As Sir Edward Morris described it in the House of Assembly.

Now we know that no child is born a consumptive. It is one thing less that we have to blame on the Creator, to whom plagues of this nature were usually attributed. Consumption is no longer sent by Providence as was at first supposed, but is a germ, and it must enter the body, be retained there, entertained there, fed there and live there for years and multiply before the seed of consumption is sown.²⁴

²³ *Proceedings of the House of Assembly, 1912*, p. 90.

²⁴ *Ibid.*, p. 83.

Thus tuberculosis became a marker for public apathy as much as it was a sign of poor living conditions and the presence of the bacillus causing the disease.

The necessary companion to the simple knowledge referred to by the Royal Commission was the will to learn and to improve oneself. This was the quality that many observers of Newfoundland society felt was lacking. While other more contagious diseases such as smallpox or typhus received attention, tuberculosis was rampant in Newfoundland and perceived as being relatively ignored by the public.²⁵ Faced with such a dilemma commentators attempted to define an overarching cause of the apathy which created the situation. One explanation promoted to explain tuberculosis in the outports was geography.

Their isolation has rather militated against the spread of modern ideas. The tendency to attribute all things directly to the Lord's will is striking. Often in promoting the campaign against consumption the first remark would be: 'Tis the Lord's will that we have the affliction amongst us, and it is no use in us fighting against what he wills.' It is rather surprising how this conception really sticks, and a great deal of sledge hammer talking is necessary to eradicate this delusion.²⁶

While the people might have been good and God-fearing and possessed of a multitude of other virtues they were also in need of instruction to correct misapprehensions about their environment. Another commentator blamed the people's religion.

Attributing all things to divine will seems to be a species of fatalism among them, and it is often difficult to combat the belief that in the matter of disease their hands are clean and they are justified in disclaiming the obvious fact that bad habits and their mode of living are largely contributory to disease.²⁷

Fatalism about tuberculosis allowed people to dismiss the possibility that the disease was

²⁵ *Ibid.*, p. 90.

²⁶ "A.P.C. Report," *The Evening Telegram*, September 17, 1910, p. 3.

²⁷ *Ibid.*, p. 3.

a product of their behaviour and part of their daily lives. People had to accept responsibility for their situation in life and cease to use their religion as a crutch. In another article, from *The Fisherman's Advocate*, Dr Arthur Wakeham discussed the intellectual state of many people living in the outports who ignored the dangers of tuberculosis.

After travelling in a good many parts of the world I have noticed almost universally this spirit of casting about for causes of failure, disease, wrongs, etc., in other people or in conditions outside ourselves over which we have no control. Before starting to hunt thus vaguely for causes of trouble outside our own control, would it not be better always first to carefully criticize ourselves and our own actions in search of such cause? I venture to say that in many cases we do not need to look further afield, and when we do need later to look, for further causes elsewhere, we should be in a better position to find and fight them.²⁸

In short the attitudes of individuals allowed them to dismiss the effects of their actions. Wakeham's solution was to have people begin to more closely examine their own lives and conduct before they tried to shift blame for the disease onto others.

But, whatever the reason for the moral decay of the community - isolation, fatalism or irresponsibility - it had to be eliminated by a collective act of Newfoundlanders. Editorials regarding the anti-tuberculosis campaign often focused on the participation of the community as the necessary ingredient for successfully fighting apathy and therefore tuberculosis itself.

But it is not in the power of the A.P.C. or even of the government, or of any institution to solve these problems. It rests in the first place with THE PEOPLE. We must have the co-operation of all thoughtful and intelligent people to back us up, and then schemes will soon be devised for killing out the White Plague, and it will become a thing of the past.²⁹

²⁸"The Association for the Prevention of Consumption," *The Fisherman's Advocate*, February 3, 1912, p. 4.

²⁹"The Association for the Prevention of Consumption," *The Fisherman's Advocate*, January 13, 1912, p. 1.

Only through the complete participation of Newfoundlanders would tuberculosis be eliminated. The ideal which the campaign aspired to was the development of an alliance between the various classes in society.

Humanity first, mutual safety second, calls for united action between the north and south poles of society. Capitalist and workingman, master and servant, are equal in this greatest of modern missions; there is no distinction of class or quality; disease and death bring all men to a common level; we cannot, by united or any other effort defeat death ultimately, but we have it in our power to combat disease, some kinds partially, some effectively.³⁰

The power which this unity created would be sufficient to lower the rates of mortality from tuberculosis in the colony and eventually eliminate it.

But at the same time as St. John's editors and the APC attempted to bring to bear the power necessary to eliminate tuberculosis, or at least reduce its incidence, they also placed heavy sanctions on individuals who did not conform or were perceived not to conform. An article in *The Daily News* described a meeting at Greenspond where Mr. M.C. Roberts gave a lecture on the causes and prevention of tuberculosis. At the end of the article the author went into a general description of the state of affairs in Greenspond and the general progress of the campaign against tuberculosis in the community. While the campaign was generally acknowledged to be a good thing the author remarked:

It is true that apathy and hostility is rife among a great many of our people, but, by the use of common sense and carefulness, the Board may soon have many of these to swell the ranks of this contingent of Greensponders which has enlisted in the fight for health and happiness of Newfoundland.³¹

The anti-tuberculosis campaign in Greenspond appears to have come up against some ill-defined resistance.

³⁰ *Proceedings of the House of Assembly, 1912*, p. 96.

³¹ "Greenspond," *The Daily News*, August 4, 1908, p. 3.

The following article appeared in *The Evening Telegram* in 1911 and gives a more detailed idea of the reaction of one charwoman to the advice of the APC.

We have it -on the best authority- that owing to the char-woman's negligence in not using a sprinkler when sweeping the East End Post Office (although repeatedly told to do so), parties wishing to get at their boxes for mail matter are frequently obliged to pass through a cloud of germ-laden dust. This we understand, has been going on for some time and demands immediate attention, if for no other reason than from a hygienic stand point.³²

There was no apparent reason for the Greensponders to listen to Mr. Roberts' advice. But in the case of the char-woman in the Post Office, the situation was probably complicated by the fact that her employer could exercise a certain amount of influence over how she conducted her daily work.

What seems to have created a greater reaction in the press was when the various elements of the APC started to bring their messages to the outports. Shortly after the teachers' conference held in St. John's in August, 1908, an article from Harbour Grace offers some rather sarcastic observations on the sanitary conditions in St. John's.

As cleanliness is next to Godliness, we would suggest that the Anti-tuberculosis Association pay a visit to the different fish markets of St. John's. Unless they are much cleaner than some of them, at least, were on Friday last, they will find room for improvement. Pardon our references to your "beautiful" city, but while they are endeavouring to remove the mote (tuberculosis) from the eye of their brothers in the outports, they should not forget the beam that is in their own eye.³³

The author's obvious disgust with St. John's appears to be as much a reaction against the complacency of an entrenched élite as against the unsanitary conditions of the city itself.

Most of the objections to the anti-tuberculosis campaign came from *The Fisherman's Advocate*, the official mouthpiece of the Fisherman's Protective Union. The

³²*A Germ Laden Atmosphere," *The Evening Telegram*, August 22, 1911, p. 6.

³³*Notes from Second City," *The Evening Telegram*, August 12, 1908, p. 6.

Union had been founded in 1908 by William Coaker in an attempt to unite Newfoundland's fishermen against the established interests in the outports and St. John's. The Union quickly became an effective organisation, forcing St. John's merchants to charge less for food and pay more for fish. By 1912 the Union was firmly entrenched along the north-east coast and was its political stars were on the ascendent.³⁴

Some of the objections and attacks which were published by the FPU's paper might have been inspired by a simple resentment of St. John's position as distribution nexus for the outports and the consequent control it maintained over the livelihood of fishermen. As one editorial in *The Advocate* put it,

Life in St. John's is full of sham. The upper class live entirely for pleasure and sport; one would think, that there was a fountain running gold dust continually, to supply the vanity, and the waste of those people. Men who are called businessmen, leave their offices in midday and enjoy their afternoons playing golf, while those who are compelled to do business with them must suffer great annoyances and inconveniences.³⁵

But while there were resentments and rivalries to which could be attributed the criticism of the government and the anti-tuberculosis campaign, there were also valid points raised on the pages of *The Advocate*. Interestingly it seems to have been one of the few papers which assumed a relationship between standards of living and wages paid to individual workers. One article published shortly after a spring meeting of the APC left little doubt as to the causes of tuberculosis.

On Thursday May 4th a meeting of the A.P.C. was held at St. John's; the Governor

³⁴Ian MacDonald *"To Each His Own": William Coaker and the Fisherman's Protective Union in Newfoundland Politics, 1908 - 1925.* (St. John's, Newfoundland: Institute for Social and Economic Research, 1987), pp. 1 - 33.

³⁵"Where is St. John's and Whither Tending?." *The Fisherman's Advocate*, September 23, 1911, p. 1.

presided. Several speeches were made: all true as far as they went, but only a portion of the facts were touched on. Mr. Harvey didn't tell the meeting of the wretched stuff called forest and oleo, manufactured by a factory controlled by him, to sell to the poor fishermen at a very large margin of profit. He did not say that some large mill owners had men working in the lumber camps all winter giving them this pig fat upon their bread one meal a day and two meals without any. He did not say loggers were weeks without this oleo and sometimes without molasses. He did not say thirty men were compelled to eat, drink, smoke, chew, live, sleep, dry sweaty clothes, in a tilt 30 feet long by 15 feet wide. Let the A.P.C. send Dr. Roberts or some other doctor into the lumber camps and publish their reports and the colony will soon discover why so many of our splendid types of toilers find premature graves.³⁶

If Newfoundlanders were dying of tuberculosis the blame could be laid squarely at the feet of men like John Harvey. The merchants who controlled the capital on the island and the fishery were to blame for the low standards of living which caused tuberculosis.

Similarly, in a letter to the editor of *The Advocate* a reader commented on the donation of \$100,000 for the construction of sanatoria around the island by the Reid family. Instead of complimenting the railroad barons for their munificent gift, the author attacked their parsimony. If the Reids paid decent wages maybe there would be no need for the sanatoria.

If these gentlemen want to do some real good let them remember the proverb, "An ounce of prevention is worth a pound of cure," and that the best way to prevent the ravages of consumption or other diseases is to give wages that will enable men to live in decent houses, provide nourishing food and proper clothing for themselves and their families. Then and not till then will they accomplish anything of a tangible nature.³⁷

The upshot of comments such as this and the editor's comments had been neatly summed up in an editorial the previous year.

The men who rule, the men who have ruled, the men who pretend to speak for the people from public platforms at St. John's, know nothing about the conditions existing amongst the toilers of the colony. They do not know their wants or what their grievances are: they are not in touch with the people; they never intermingle with the masses; they never hear

³⁶*Editor's Notes,* *The Fisherman's Advocate*, May 13, 1911, p. 1.

³⁷*...thing Criticism,* *The Fisherman's Advocate*, February 24, 1912.

their appeals for rights or the story of their wrongs.³⁸

As the assumed cause of the poverty in the outports, St. John's merchants had little right to criticize the victims of their policies. In fact the act of instituting an anti-tuberculosis campaign became an act of deliberate hypocrisy which ignored the role which they played as the owners of capital.

The anti-tuberculosis campaign's message was spread to the outports by hired teachers and public health educators despite the knowledge that the primary site of tuberculosis infection in Newfoundland was in St. John's. This campaign was perceived in St. John's as a way of arresting the moral decay which was the ultimate cause of the disease. While the St. John's middle class saw this message of moral conduct and tuberculosis prevention as the simple communication of information necessary for the prevention of disease, in some quarters the APC's message generated considerable resentment.

In the outports the APC's message was felt deeply and people used the association to highlight the hypocrisy of St. John's residents who lobbied for cleaner and healthier communities without looking to the economic causes of many of these complaints. Attacks on John Harvey and the Reids pointed out that the decisions made by these people materially affected Newfoundlander's economic well-being. One organization which was able to benefit from this class and regional animosity was the Fisherman's Protective Union. While the leaders of public opinion strove to create a more unified community of

³⁸*Editor's Notes,* *The Fisherman's Advocate*, May 13, 1911, p. 1.

Newfoundlanders to fight tuberculosis, they were essentially "blindsided" in the outports. Their unwillingness to address the economic issues of tuberculosis fed support for the FPU, increased debate over economic issues and reduced the political homogeneity of the colony.

Conclusion

In chapter one I attempted to explore the main debate in the historiography of tuberculosis which I summarized in the question, "what caused the decline in the incidence of and mortalities from tuberculosis?" There is no definitive answer to this question in this thesis or the existing literature and the debate does not seem to be designed to produce one. The three schools of thought are based on sets of categories which do not create an overlapping set of discussions. Despite this, the "interventionist", "historicist", and "epidemiologist" groups are involved in an active and continuing discussion of the importance of the various historical forces in the defeat of tuberculosis.

Instead of pursuing this discussion I have followed a developing body of literature that is re-examining the anti-tuberculosis movement. Rather than asking what caused the decline in the number of tuberculosis deaths, it is more concerned with the ideologies which created the anti-tuberculosis movement. Questioning the political, social and economic theories which motivated the movement has revealed some of its more unpleasant aspects. Examples, such as the failure to implement BCG vaccination and the treatment of individual patients by their physicians, as described by Smith, Bryder, and Feldberg suggest that the altruism displayed by many anti-tuberculosis medical crusaders reflect that therapy and public health are commonly shaped by ideologies which emerge outside of medicine. In this context the question I have been asking might be phrased, "Why did the anti-tuberculosis movement occur in Newfoundland between 1908 and 1912?"

The evidence presented in this thesis on perceptions of disease and tuberculosis

shows that in the early twentieth century Newfoundlanders found it exceedingly difficult to talk about individuals and disease. Newspapers could discuss such issues as disease and education, disease and dirt, and disease and economics, but were unable to develop a consensus in the colony. While commentators discussing tuberculosis took strong stands on the problems of "ignorance", "dirt" and economic under-development, they were unable to debate issues which recognised that to prevent tuberculosis deaths methods of distributing more resources to the poorest members of the community had to be developed. In this respect Newfoundland's anti-tuberculosis campaign strongly resembles those in Great Britain and the United States.

It is not surprising that the whole foundation of the debate of tuberculosis, government statistics, has recently been questioned by Linda Bryder in the pages of the *Journal of the Social History of Medicine*. Bryder states that there was considerably more difficulty and debate over the symptoms of tuberculosis during this period than is suggested in Newfoundland's newspapers. These discussions were both medical and social in their character. In terms of medical science it was often difficult to conclusively diagnose a person as having tuberculosis because the symptoms of several chest complaints were similar. Thus, cases of pleurisy, pneumonia, bronchitis and tuberculosis were often confused. The result was false positive and false negative diagnoses. Additionally, medical practitioners often mis-reported cause of death to allow families to collect on life insurance policies which would have been invalidated if the individual were found to have had

tuberculosis.¹

Tuberculosis, and disease generally, were part of a much wider debate on "modernisation". I have chosen to use this term as I feel it is less loaded with connotation than a term like "National Efficiency". This is not to say that "modernisation" did not contain prejudicial social agendas which created their own special forms of misery. The discussion in the Newfoundland press of "modernization" covered a variety of topics from editorials on public parks and macadamized roads to advertisements for gas stoves and sanitary milk. Tuberculosis figured here as a symptom of an older society which had to be swept away for the creation a new type of community based on the assumptions of paternalistic democracy and science. Tuberculosis was a concrete problem which needed to be corrected and anticipated a society based on social assumptions similar to those already in existence but with the addition of new technologies, such as electric power and automobiles, allowing for the reduction in the operating expenses of the community.

This positivist approach to tuberculosis helps one to understand phenomena like the APC, the Reid's gift of sanatoria to the government and John Harvey's social balance sheet. Once identified as a concrete problem, the vital statistics linked the incidence of the disease to the well-being of colony through the death rate and the budget. If the death rate went down then the expenses of the colony were reduced and "profits" increased. Thus the cycle of growth would continue and "modernization" would be assured.

¹Linda Bryder, "'Not Always One and the Same Thing': The Registration of Tuberculosis Deaths in Britain, 1900-1950," *The Journal of the Social History of Medicine*, Vol. 9, no. 2 (August, 1996), pp. 253 - 265.

This message was backed by a strong moral argument which looked to the individual, as the foundation of the community, for support. The role of the citizen was central to developing a response to tuberculosis. The educational campaign against the disease persistently emphasized its preventable nature and the corresponding "simple hygienic laws". The occurrence of the disease was explained in the press through the use of terms such as "apathy" and "ignorance" which played on the guilt of readers. This message then also translated into observations on the living conditions of individuals and shifted responsibility for the disease onto the patient.

However, the St. John's middle class faced problems when it tried to implement solutions to tuberculosis. Outside "the city" people had different ideas about the ancillary debates on the tuberculosis problem. There was no disputing the problem of tuberculosis or the need for a political as well as a medical solution, but there was a considerable debate over how this was to come about. While the educational campaign of APC and the Royal Commission on Public Health pointed a finger of responsibility at the outports, the FPU pointed at the government and rich families in St. John's. If the residents of Newfoundland's outports were ignorant and irrational then they responded in kind, calling the residents of St. John's immoral swindlers. Thus, instead of uniting Newfoundlanders under the leadership of the St. John's business class, the anti-tuberculosis campaign and the resulting Tuberculosis Resolutions seem to have created more political tension between the city and the outports than they resolved.

At the same time as the anti-tuberculosis campaign was being fought in the outports and "Reform" was bombarding the readers of *The Evening Telegram* with his invective we

should also consider the activities of the medical professionals in St. John's. Many of them took part in the campaign against tuberculosis. However, their role appears to have been fairly marginal compared to the work of the lecturers and public health nurses such as Ches Roberts and Sophie Anderson. The exception to this seems to have been Dr. Arthur Wakeham who donated his time to fight tuberculosis and appears to have made it a special project to write articles for *The Fisherman's Advocate*. Despite the relatively large number of medical professionals who signed up to the Board of Directors of the APC in 1908 only Wakeham appears to have been publicly engaged in the Association's campaign.

One possible indication of the reason for this occurred in late 1910 when the doctors in St. John's attempted to raise their fees. This "Doctor's Strike" was shouted down in the St. John's press fairly quickly. Yet, the strike was significant as it suggests that the doctors of St. John's perceived themselves as underpaid. A government-sponsored anti-tuberculosis program would allow the medical professional to become a public servant, a position which offered security, authority and personal financial rewards. In short, for the medical professional in St. John's in the early twentieth century there was little incentive to become directly involved in the anti-tuberculosis movement, but there was a considerable incentive to foster such a movement as a way to gain access to government resources.

But where do these themes leave James Kavanaugh whose obituary notice is at the beginning of this thesis? At the end of the February 28, 1908 meeting which created the APC Sir William MacGregor made a short speech patting the assembled crowd on the back for their good sense in creating the association. At the end of the speech MacGregor revealed to the assembly that earlier in his life he had been afflicted with tuberculosis and

had recovered. Thus, the Governor was gratified to see the public extending their helping hand to the victims of the disease. Tuberculosis could be beaten, and the Governor was the living proof. In *The Daily News*, *The Evening Telegram* and *The Evening Chronicle* there was little or no mention made of MacGregor's affliction beyond a simple account of the statement. It warranted almost no comment in the press.

The over-arching silence regarding personal experiences with tuberculosis is broken only by Kavanaugh's defeat. In a paternalistic community such as Newfoundland in the early twentieth century the image of a dead James Kavanaugh was more powerful and validated the beliefs of a literate middle class more than a living fisherman, or a Governor for that matter. In death Kavanaugh was as quiet and obedient as the silence which surrounded other Newfoundlanders living with tuberculosis.

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