

## From Empire to Colony: The Halifax Cholera Outbreaks of 1834 and 1866

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Résumé de l'article

Cet article explore le lien entre l'émigration et les épidémies de choléra à Halifax entre 1832 et 1866. Les pressions associées à la migration en provenance des îles Britanniques ainsi que la menace et l'existence de maladies transmissibles telles que le choléra révèlent la vulnérabilité et les contraintes ressenties en tant que ville portuaire coloniale située au bord de l'Atlantique Nord. Cet article présente les difficultés et les tensions évidentes suscitées par la gestion des émigrants, dont beaucoup se rendaient à un territoire au-delà de la Nouvelle-Écosse. Non seulement elle aide à comprendre l'histoire des mesures de gestion du choléra à Halifax, mais aussi elle procure une perspective unique sur les grandes difficultés de la vie coloniale au 19<sup>e</sup> siècle.

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MADELINE FOWLER

*Cet article explore le lien entre l'émigration et les épidémies de choléra à Halifax entre 1832 et 1866. Les pressions associées à la migration en provenance des îles Britanniques ainsi que la menace et l'existence de maladies transmissibles telles que le choléra révèlent la vulnérabilité et les contraintes ressenties en tant que ville portuaire coloniale située au bord de l'Atlantique Nord. Cet article présente les difficultés et les tensions évidentes suscitées par la gestion des émigrants, dont beaucoup se rendaient à un territoire au-delà de la Nouvelle-Écosse. Non seulement elle aide à comprendre l'histoire des mesures de gestion du choléra à Halifax, mais aussi elle procure une perspective unique sur les grandes difficultés de la vie coloniale au 19<sup>e</sup> siècle.*

*This article explores the relationship between emigration and outbreaks of cholera in Halifax between 1832 and 1866. Pressures associated with migration from the British Isles, as well as the threat and reality of transmittable diseases like cholera, reveal the vulnerability and strains felt as a colonial port town located off the North Atlantic. This article presents the struggles and tensions apparent with managing emigrants, many of which were bound for territory beyond Nova Scotia, and contributes not only to the historical understanding of how cholera was dealt with in Halifax but also provides a unique perspective on understanding the greater struggles of 19th-century colonial life.*

IN SEPTEMBER 1827, THE BRIG *JAMES*, DESTINED FOR QUEBEC, entered Halifax harbour from St. John's, Newfoundland, with 120 passengers "of the most wretched description."<sup>1</sup> The emigrant vessel originally left Waterford with 160 passengers but was forced to stop in St. John's after five passengers died at sea from typhus fever.<sup>2</sup> The *James* left St. John's on 29 August, its load lightened to 120 passengers. Thirty-five passengers, either already dead or too sick to continue the voyage, remained in Newfoundland to be buried or cared for by medical officers there, while the master of the *James* chose to carry on to Quebec.<sup>3</sup> Once the vessel

1 The following research was supported by University of Oxford's Beit Fund and Arnold Fund. I would like to thank Mark Harrison, Maggie Pelling, and Stephen Henderson for their early readings, contributions, and critiques of this article as well as the anonymous reviewers for their insightful and constructive comments.

2 James Kempt to Viscount Goderich, 7 September 1827, CO 217/147, The National Archives (TNA), Kew, UK.

3 Charles Wallace to Rupert George, 7 September 1827, CO 217/147, TNA.

left Newfoundland, typhus fever broke out again, forcing the ship to land in Halifax. Nova Scotia's Lieutenant Governor James Kempt, in a letter to Viscount Goderich, stated that all passengers, including the crew, were infected with typhus fever, blaming the "scanty nourishment during the voyage . . . the crowded and filthy state of the ship and . . . a want of medical assistance." Kempt later remarked: "I wish that this were the only case of a like nature that I could adduce."<sup>4</sup>

Kempt was definite in his criticisms of Irish ships and of the recent repeal in Parliament of the act "for regulating vessels carrying passengers," recounting that five other ships had arrived over the summer months, overcrowded and disease-ridden, forcing him to create a hospital "expressly for the reception of these poor emigrants."<sup>5</sup> He stated that several Halifax residents had already developed symptoms of "fever," expressing his overall concern for the health of the town's inhabitants. By November, it was clear why Kempt was so worried. The death toll in Halifax amounted to over 800 out of a population of 11,000, largely as a result of the typhus fever outbreak.<sup>6</sup>

The threat of transmittable disease in the 19th century forced Halifax, along with other ports in Nova Scotia and throughout British North America, to create measures to accommodate the disembarkation of emigrants carrying potentially infectious diseases in an attempt to protect the well-being of resident settlers as well as new arrivals. Although Kempt stated in November 1827 that the health of the town had improved, and that the emigrant hospital was no longer needed, he used the typhus outbreak to accentuate the need for more regulation regarding emigrant ships, ideally in the form of parliamentary acts. In November, a report from the Committee of His Majesty's Council in Nova Scotia bluntly predicted dire results in the absence of proper regulatory measures at the port of origin:

Under these circumstances disease is inevitable, and the wretched beings are not only thrown on shore in a state which renders them incapable of procuring their own subsistence, but they carry infection among those who may charitably receive them. – The law which restrained these evils is no longer in force in Great Britain, and we have no legislative enactment there to prevent the recurrence of the calamity which we have endured this year, or to punish the authors of it.

The committee understood that without the proper regulation of emigrant ships, Nova Scotia would have to develop its own policies and protocols as illnesses and

4 Kempt to Goderich, 7 September 1827, CO 217/147, TNA.

5 Kempt to Goderich, 7 September 1827, CO 217/147, TNA. Kempt quotes the Act of Parliament officially as the "17th Section of the 6th Geo: 4 Cap: 117."

6 Kempt to William Huskisson, 25 November 1827, CO 217/147, TNA. Moorsom also recounts this episode in his pamphlet *Letters from Nova Scotia*, adding that it was an unoccupied farm on the coast of Halifax that was turned into a lazaretto for the emigrants. He notes "that the system of emigration should be left open to such abuse, is a reflection that calls for a revision of the Imperial Code by which that system is regulated." See William S. Moorsom, *Letters from Nova Scotia, Comprising Sketches of a Young Country* (London, 1830), 73-4.

fatalities arose. This would require enhanced authority, control, and communication at the intended, or as was often the case, unintended port of debarkation.<sup>7</sup>

This article discusses the way in which emigration and cholera was managed in 19th-century Halifax. Although over half of British emigrants found ways to migrate and settle in the US, the pricey passage to New York or Boston meant that the first point of arrival for many was a British North American port. The frequency of the interactions between the Atlantic ports and their counterparts throughout Europe and the Caribbean meant that a town such as Halifax was used to receiving visitors long before the advent of mass immigration.

Historians such as Howard Markel, Alan M. Kraut, and Katherine Foxhall have taken particular interest in the study of the relationship between migration and the transmission of disease.<sup>8</sup> Understanding not only how diseases were transferred from the Old World to the New, but also the perceptions of migrants as carriers of disease, notions of blame, and effects of changing environments on migrants' bodies and constitutions are all topics that have gained historical ground over the past 20 years.<sup>9</sup> Mark Harrison, David Arnold, and Michael Worboys are notable scholars who have provided significant analysis on perceptions of 19th-century transmittable disease, colonial migration, and imperial medicine in India and Africa.<sup>10</sup>

The literature on cholera in Canada stems mainly from the work of Geoffrey Bilson in his comprehensive study *A Darkened House: Cholera in Nineteenth Century Canada* as well as Charles M. Godfrey's brief *The Cholera Epidemics in Upper Canada, 1832-1866*.<sup>11</sup> Bilson was mid-career when he died in 1987, and is still regarded as the major authority on 19th-century cholera in Canada.

7 Report from "The Committee of His Majesty's Council appointed to examine the Accounts rendered for the expenses of the Hospital established at Bankhead for the reception and relief of the sick among the unfortunate emigrants who arrive during the season from Ireland," signed by James Stewart, Brenton Halliburton, and S.B. Robie, 20 November 1827, CO 217/147, TNA.

8 Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore: The Johns Hopkins University Press, 1997); Alan M. Kraut, *Silent Travelers: Germs, Genes and the "Immigrant Menace"* (London: Johns Hopkins University Press, 1994); Katherine Foxhall, *Health, Medicine and the Sea: Australian Voyages, c.1815-60* (Manchester: Manchester University Press, 2012). See also Philip D. Curtin, *Death by Migration: Europe's Encounter with the Tropical World in the Nineteenth Century* (Cambridge: Cambridge University Press, 1989).

9 In this article the term "emigrants" is used when referring to the specific research as those leaving the U.K and Ireland for British North America while "migrants" is used as a more generalized term when discussing overall disease transmission.

10 Mark Harrison and Michael Worboys, "A Disease of Civilisation: Tuberculosis in Britain, Africa and India, 1900-39," in *Migrants, Minorities and Health: Historical and Contemporary Studies*, ed. Lara Marks and Michael Worboys (London: Routledge, 1997), 93-124; David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993).

11 Geoffrey Bilson, *A Darkened House: Cholera in Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1980). See also Bilson, "Public Health and the Medical Profession in Nineteenth-Century Canada," in *Disease, Medicine, and Empire: Perspectives of Western Medicine and the Experience of European Expansion*, ed. Roy McLeod and Milton Lewis (London: Routledge, 1988), 156-75; Bilson, "The Cholera Epidemic in Saint John, NB 1854," *Acadiensis* IV, no. 1 (Autumn 1974): 85-99; and Charles M. Godfrey, *The Cholera Epidemics in Upper Canada, 1832-1866* (Toronto: Seacombe House, 1968).

Although there were towns in the Atlantic colonies comparable with towns in Upper and Lower Canada in terms of physical size, economic prosperity, and international connections, Bilson does not provide the same attention or detail about the Atlantic areas of British North America. Increasing political stresses, combined with rich sources available on cholera in Lower Canada and Upper Canada, undoubtedly made cholera outbreaks in that region an attractive avenue for scholarly research, and Bilson presents a well-documented analysis and interpretation of outbreaks in these areas.

Large cities such as London and Paris have long been in the limelight of historical research on cholera. The heavy death tolls, political turmoil, and social inequality, as well as the public health reforms that came about during that era, all make these urban centres popular case studies. Port towns like Halifax, however, although deeply involved with trade in goods, migration, and disease, have not been as closely studied, particularly during the later cholera outbreaks.<sup>12</sup> Not only does the examination of emigration and cholera in Halifax provide new evidence for how diseases were managed in the North American colonies, but it also illuminates connections with emerging towns in the Atlantic world as the expanding trade routes constituted traffic in disease as well as people, merchandise, and ideas.

Colonial Office and other government records figure prominently throughout this article, providing statistical information on emigrant ships, expense figures, and budgeting, as well as regular reports and correspondence between governors and the Colonial Office. Colonial government records give a sense of state activity – in particular, how municipal groups such as boards of health, emigrant hospitals, and charitable groups were formed in response to emigration and cholera. Newspapers as well as private journals and correspondence provide a sense of how emigration and disease were regarded amongst the resident population. The available statistics and commentary found in government records and newspapers can be unpredictable, and therefore have to be pieced together and cross-referenced. They represent the amount of data available during this time, but they must be assessed with care; in any event, a broader study into the social history of disease is required in order to understand the circumstances of those under the threat of cholera in British North American port towns.

Unlike Upper Canada and Lower Canada, Halifax escaped the first wave of cholera that came to British North America in 1832 as the disease did not appear in the city until two years later. At that time, the impact of cholera on a vulnerable and growing population in Halifax imperilled Nova Scotia's development and prosperity. Cholera threatened Halifax again in 1854, and a final time in 1866, when

12 Several historians and archivists have produced short, documentary accounts of specific Atlantic Canadian towns during a specific cholera year. Melvin Baker provides an account of cholera in St. John's in the *Newfoundland Quarterly* and J.S. Martell also provides a very useful account of the effects of immigration into Nova Scotia, with some reference to cholera and a compilation of important sources on the subject; this latter work was published by the Provincial Archives of Nova Scotia and supervised by archivist D.C. Harvey. See Baker, "Disease and Public Health Measures in St. John's, Newfoundland, 1832-1855," *Newfoundland Quarterly* 78, no. 4 (Spring 1983): 26-9 and J.S. Martell, *Immigration to and Emigration from Nova Scotia 1815-1838* (Halifax: Public Archives of Nova Scotia, 1942).

the last major outbreak in the British North American colonies came to McNabs Island in the town's harbour. Such calamities forced Halifax officials to devise policies and protocols as illnesses and fatalities arose, requiring enhanced authority, control, and communication. Constructing regulations to manage foreign disease, however, soon revealed ambiguities concerning who should be responsible for sick emigrants, and exposed the inadequacy of resources, physical and financial, for the relief of diseased newcomers and the protection of anxious residents.

### **Halifax as an international port town**

With their origins dating back as early as the 16th century, port towns located along the Atlantic coast of British North America were no strangers to foreign incursions. In one of the first modern Canadian histories focused exclusively on the Atlantic Provinces,<sup>13</sup> W.S. MacNutt claimed that the Atlantic Canadian territory acted as a transitional phase from the Old World to New, stating that "for geographic reasons alone, the region was destined to be passed by or passed through."<sup>14</sup> Similarly, Margaret Conrad and James Hiller discuss the influence of the Atlantic region during centuries of war and land negotiations as "testimony not only to the significance of the fisheries but also to the Atlantic region's strategic location at the junction of competing territorial claims for imperial control in North America."<sup>15</sup>

A great portion of the historical research on Atlantic Canada has focused on regional variations and local identities within distinct communities. As Phillip Buckner states: "Prior to Confederation how else can one study Canadian history except as a series of diverse geographical, economic and cultural regions, loosely united under the British flag after 1763."<sup>16</sup> David Alexander also discusses the power of "primary regional identit[ies]" in Canada and their influence on specific areas within the country, using the provinces of Quebec and Newfoundland as noteworthy examples. In her research on emigrants in Upper Canada, Jane Errington similarly emphasizes that in 19th-century British America "[emigrants] continued to identify themselves as English, or Irish, or Scots, or Welsh, and maintained close ties with communities on the other side of the Atlantic; but colonists also increasingly identified themselves as British and claimed membership in an Empire that spanned the globe."<sup>17</sup>

By the beginning of the 19th century Nova Scotia was organized under a township and county system, with a well-established garrison located in Halifax; by

13 James Hiller rightly points out that the term "Atlantic Canada" has only been in use since Newfoundland's confederation with Canada in 1949. He acknowledges David Alexander as one of the first to classify Newfoundland within a historical "Atlantic Canadian" framework. For more of a discussion on this topic, see James K. Hiller, "Is Atlantic Canadian History Possible?" *Acadiensis* XXX, no. 1 (Autumn 2000): 20.

14 W.S. MacNutt, *The Atlantic Provinces: The Emergence of Colonial Society, 1712-1857* (Toronto: McClelland and Stewart, 1965), 1.

15 Margaret R. Conrad and James K. Hiller, *Atlantic Canada: A History* (Oxford: Oxford University Press, 2010), 52.

16 Phillip A. Buckner, "'Limited Identities' Revisited: Regionalism and Nationalism in Canadian History," *Acadiensis* XXX, no. 1 (Autumn 2000): 11.

17 Elizabeth Jane Errington, "British Migration and British America, 1783-1867," in *Canada and the British Empire*, ed. Phillip Buckner (Oxford: Oxford University Press, 2008), 141.



1800 the town had a population of around 8,000.<sup>18</sup> As industrial and commercial initiatives strengthened in the Atlantic region, emigration became essential to the overall enhancement of life in the colonies. Over 17,000 Highland Scots arrived in Nova Scotia and Prince Edward Island between 1783 and 1803, bolstering especially the population in eastern Nova Scotia.<sup>19</sup> Prior to 1815, according to H.J.M. Johnston in his important study on emigration from the British Isles entitled *British Emigration Policy, 1815-1830: "Shovelling Out Paupers,"* Nova Scotia, Cape Breton Island, and Prince Edward Island were the only colonies to attract a regular number of British emigrants on an annual basis by the late 18th century.<sup>20</sup> Emigrants from the British Isles continued to follow and identify with connections and opportunities available in the Atlantic region, an area that contained a collective population of roughly 200,000 by 1815 – a population that quadrupled in size over the subsequent 50 years.<sup>21</sup>

As early as 1792 a naval hospital had been constructed in Halifax, servicing sick and disabled seamen in need of medical treatment or burials.<sup>22</sup> The rigorous voyage, the overcrowding of emigrant ships, and inadequate resources within the receiving ports were formidable obstacles for emigrants hoping to create a new beginning for themselves and their families. By the 1820s Halifax officials were experienced in caring for the health of newly arrived emigrants, many of whom sought relief from diarrhoea, dysentery, pneumonia, and chronic hepatitis amongst other conditions.<sup>23</sup> In 1827, an emigrant hospital was established for those disembarking from typhoid-ridden vessels.<sup>24</sup> And during the 1830s diseases such as typhoid, smallpox, and cholera led to the creation of a Board of Health system in Nova Scotia. It was comprised of the Central Board of Health located in Halifax, and at least nine local boards of health scattered throughout the province.<sup>25</sup> Areas that required service, but

18 Graeme Wynn, "1800-1810 – Turning the Century," in *The Atlantic Region to Confederation*, ed. Phillip A. Buckner and John G. Reid (Toronto: University of Toronto Press, 1994), 212. For more information on the history of the garrison in Nova Scotia, see Jeffers Lennox, "An Empire on Paper: The Founding of Halifax and Conceptions of Imperial Space 1744-55," *Canadian Historical Review* 88, no. 3 (September 2007): 381 and David Sutherland, "Halifax Merchants and the Pursuit of Development, 1783-1850," *Canadian Historical Review* 59, no. 1 (March 1978): 2.

19 Conrad and Hiller, *Atlantic Canada*, 99.

20 H.J.M. Johnston, *British Emigration Policy, 1815-1830: "Shovelling Out Paupers"* (Oxford: Clarendon Press, 1972), 7.

21 Conrad and Hiller, *Atlantic Canada*, 107.

22 John Halliburton, Surgeon, "An Account of the Names and Numbers of such Sick and Wounded Seamen and Others, as have been Received on Shore from His Majesty's Ship *Dover* and Quartered at this Port . . .," 28 June-7 October 1796, ADM 102/266, TNA. In this instance, the account came to £169.8s.0d. for tending to the sick and finding appropriate funeral arrangements for the dead onboard the *Dover*.

23 Dr. John Lawlor, "An Account of Sick Officers daily victualled at sick quarters in the Naval Hospital at Halifax in the months of April, May and June 1827," 8 June 1827, ADM 102/266, TNA.

24 Kempt to Goderich, 7 September 1827, CO 217/147, TNA.

25 "Chart of Expenses under the new Quarantine Laws passed in the Last Session, 19 February 1833 Appendix No.3," *Public Health and Welfare Records Collection*, RG 25, series "C," vols. 2-4, Nova Scotia Archives (NSA), Halifax.

which were not allocated a board, were provided with medical officers.

The frequency of international contact from trade and emigration, coupled with increased congestion in ports and on vessels, created an ideal breeding ground for the transmission of disease. Yellow fever, typhus fever, and smallpox had arrived in the New World as early as the 16th century, initially via slave trade vessels, and continued to produce outbreaks with heavy mortality figures amongst Native and settler populations for centuries.<sup>26</sup> By the 19th century, the unprecedented increase in human beings travelling vast distances in confined spaces greatly enhanced the threat of global infection. Cholera, a disease previously considered endemic to the Ganges Delta region of India, rapidly spread along international trade routes in the 1820s, infecting Baltic ports and continuing westward to reach continental Europe and the British Isles by 1831 and finally crossing the Atlantic and into North America in June 1832.<sup>27</sup>

Cholera is now known to be a water-borne illness; but at the time there was great uncertainty over its causes and transmission. Its effects were shocking, and included uncontrollable and painful purging that destroyed the lining of the intestines and dehydrated the body. Its appearance reignited debates over contagion because, while European and North American cities began to mount their traditional defence through ship inspection and passenger quarantine, many people who were carriers did not display symptoms.

The rise in transmittable disease outbreaks in the western world fuelled debates over the contagious nature of certain diseases and brought to a head a long-running debate over the effectiveness of quarantine. Plague and yellow fever were two diseases singled out in The Quarantine Act of 1825 as they were considered highly threatening, along with “other infectious disease or distemper highly dangerous to the health of His Majesty’s subjects.”<sup>28</sup> Contagion theorists, such as Sir Gilbert Blane, who along with the Royal College of Physicians, supported isolation and quarantine laws, argued that quarantine was an essential procedure in guarding Britain’s health and safety.<sup>29</sup> Anti-contagionists, however, believed the procedure to

26 Mark Harrison, *Disease and the Modern World: 1500 to the Present Day* (Cambridge, MA: Polity Press, 2004), 78. Harrison claims that large mortality figures amongst the Native populations were not from one specific disease, but were instead caused by a number of different “pathogens.” He mentions that 90 per cent of the New England Natives died from smallpox and other diseases during the first attempts at settlement in 1607 and 1620 (73). The first outbreak of yellow fever in the New World was in Barbados in 1647 (79). For more information on cholera specifically, see Christopher Hamlin, *Cholera: The Biography* (Oxford: Oxford University Press, 2009), as well as Hamlin, “Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought,” *Society for the Social History of Medicine* 5, no.1 (April 1992): 43-70.

27 Harrison, *Disease and the Modern World*, 97; Kenneth F. Kiple, *The Cambridge World History of Human Disease* (Cambridge: Cambridge University Press, 1993), 646. In the summer of 1817, Calcutta alone suffered 4,000 deaths due to cholera and 25,000 underwent medical treatment for the disease.

28 Krista Maglen, “‘The First Line of Defense’: British Quarantine and the Port Sanitary Authorities in the Nineteenth Century,” *Social History of Medicine* 15, no. 3 (2002): 417.

29 Blane was famous for his work in discovering the efficacy of lime juice as a treatment for scurvy amongst the navy in the late 18th century; see Gilbert Blane, *Observations on the Diseases of Seamen* (London, 1799).



be futile, if not a contributing factor in endangering the lives of healthy passengers, while stressing the damage allegedly inflicted on British commerce.<sup>30</sup>

Without an established scientific grasp on the way diseases such as typhus fever, yellow fever, and eventually cholera infected individuals, quarantine continued to be the required protocol in the event of an outbreak.<sup>31</sup> Although quarantine had been a precautionary measure for ports in the Mediterranean and Britain since the 14th-century plague outbreaks, prior to 1785 there were no established quarantine stations in British North America. In contrast, US ports had begun adopting quarantine measures beginning in the 17th century, initially on ships arriving from the West Indies and then later during the threat of diseases like yellow fever.<sup>32</sup> Perhaps due to American influence in New Brunswick, Partridge Island was designated a quarantine station in 1785 as part of Saint John's Royal Charter. In 1831, a hospital was constructed in Halifax to receive smallpox patients on Melville Island.<sup>33</sup>

By 1832 emigration was at its height, with a recorded 51,746 emigrants arriving at British North American ports that year.<sup>34</sup> With the threat of cholera creating panic throughout the world, officials in port towns, many of them having witnessed the effects of other diseases on transatlantic ships, became increasingly aware of their vulnerability. In Halifax, three hospitals were created and staffed with two physicians and an assistant physician.<sup>35</sup> With cholera ravaging British and Irish ports, and Halifax a gateway to British North America and the United States, there was pressure in the town to ensure that all necessary protocols were made to contain, and ideally avoid, cholera.

Throughout the summer of 1832 official protocols and heightened quarantine measures were introduced in Halifax and in ports around Nova Scotia. Once cholera was reported on the North American continent, however, Haligonians questioned the extent to which quarantine was being properly conducted.<sup>36</sup> On 27 June 1832 the *Novascotian* published the following:

It has been stated that there is less effective Quarantine at present in our harbour, with all the noise which has been made concerning it,

30 John Booker claims that during wartime it could cost upwards of £6 per day to maintain a ship in the process of quarantine; see John Booker, *Maritime Quarantine: The British Experience, c.1650-1900* (Aldershot, UK: Ashgate, 2007), 385.

31 The debate over quarantine would continue throughout the period covered by this article. In 1849, the General Board of Health's first Report on Quarantine "dwel[lt] on the system's injustices and its failure to succeed in its own terms; see Pelling, *Cholera Fever and English Medicine*, 29. Gavin Milroy was a physician who also pushed for the abolishment of quarantine in the 1840s; his study, *Quarantine and the Plague* (1846), claimed that it was clear the process did not work in cases of plague and cholera outbreaks.

32 Harrison, *Contagion*, 22.

33 Bilson, *Darkened House*, 91.

34 "Buchanan's Report Respecting Emigration to the Canadas," CO 42/241, TNA.

35 Bilson, *Darkened House*, 93.

36 The implementation of isolation and quarantine restrictions on vessels was historically an advised protocol, particularly in Britain. By the 1820s, however, there were sceptics not only among the merchant class but also among the medical profession. Nevertheless, in the absence of firm knowledge of the way cholera infected individuals, quarantine would remain the trusted remedy. For more information, see Booker, *Maritime Quarantine*, chap. 12: "Anti-contagionism in Britain 1804-1825," 367-403.

than had previously existed for several years back; and that the Health Officer takes no pains whatever, unless going through the form of boarding vessels, and ordering them to short performances of Quarantine. It is also said that there is no instance of any vessel having been scrubbed, white washed, or fumigated, and that the most important part of this officer's duty is altogether neglected.

If this is the case, sir, it is quite time that this gentleman should be reminded of his duty, and that the public rely on his exertions, and require of him to take every precaution which human foresight has hitherto put in force, in order to secure the general safety.

The writer was worried that health officers did not understand the severity of cholera, arguing that their neglect endangered the health of the community. He ends with a rhetorical question: "If we know that a third, and even two thirds of a community have been swept away by it, are we on the eve of such an attack, to sit silently and see our [s]entinel half a sleep on his post?"<sup>37</sup>

Cholera made its way to Saint John, York, and Montreal as well as several smaller cities and towns of British North America; however, contrary to expectations and fears, Halifax was left untouched in 1832. Once the threat of the epidemic passed, preparations made by Lieutenant Governor Maitland, the House of Assembly, and the Board of Health in Nova Scotia were praised by other British North American governments, and Halifax was credited with being one of the cities in British North America to succeed in "warding off" cholera that year. In reality, cholera's timing was largely inexplicable. Halifax Harbour's disease-free status in the summer of 1832, like that of many other ports, may have been a matter of luck.

### **"An inquiry into the truth of the rumour"<sup>38</sup>: cholera's impact – 1834**

In February 1834, Nova Scotia's House of Assembly addressed the issue of the construction of a lighthouse on the islands of Scattarie and St. Paul's.<sup>39</sup> Although Britain had informed the government of Nova Scotia that it would not provide financial assistance for a lighthouse, an address made in the House of Assembly by S.G.W. Archibald on 4 April 1834 urged the imperial Parliament to re-consider. The address provided information on the number of ships, brigs, and schooners lost at sea near the Atlantic colonies in recent years, estimating 2,766 tons of cargo lost and 603 deaths. After a notably bad season for shipwrecks off the coast of Cape Breton, it argued that British and Irish vessels would be in significantly less danger if there were lights.<sup>40</sup>

Although the assembly argued that Britain and Ireland would gain more from the erection of lighthouses than Nova Scotia, there is no doubt that Nova Scotia had much to benefit from another lighthouse as the care for emigrants fell largely on the colony; this was a situation in which "instant attention and grants from the public

37 *Novascotian* (Halifax), 27 June 1832.

38 *Novascotian*, 27 August 1834.

39 Signed by A. Stewart, Chairman, Committee Room, 4 February 1834, CO 217/156, TNA.

40 House of Assembly to His Majesty, 4 April 1834, CO 217/156, TNA.

treasury are constantly required to support the healthy, to give medical relief to the diseased and afford shelter to all, and in many instance to provide the means of forwarding them to their places of destination.”<sup>41</sup> Shipwrecks would only add to these problems.

Later that summer, on 2 August, the *Acadian Recorder* announced the “melancholy intelligence” that cholera had again found its way to Quebec, Montreal, and in the vicinity of Cincinnati.<sup>42</sup> Four days later, the *Novascotian* announced deaths from cholera in Lower Canada, remarking that the “Canadian papers do not say more about it than they can help” – a reticence that came to characterise the response of many British North American ports to a cholera outbreak.<sup>43</sup>

Nearly two weeks later the *Novascotian* announced, with scant detail and sceptical language, that over the past week deaths had occurred in the Halifax Poor House. The disease was described as having “exhibited some of the symptoms of asiatic cholera” but residents were assured that some physicians believed it to be “common cholera,” a disease of “usual” presence that time of year. Following those remarks was a direct quote taken from the minutes of Sir James C. Hume at a Board of Health meeting on 12 August, stating that after consultation with medical officials: they “have no account of any case of *Malignant Cholera* at present in existence, in any part of the town.”<sup>44</sup>

The 16 August edition of the *Acadian Recorder* published the same announcement from Hume, reporting that there were sicknesses “rumoured” to be Asiatic cholera in the Poor House but that the paper was unable to acquire a statement from the Board of Health on recent numbers.<sup>45</sup> On 23 August, the *Acadian Recorder* published an in-depth article entitled “Health of the Town” on the status of cholera in Halifax and its infection of the Poor House, the garrison, and other parts of town – a featured column that was updated regularly in the weeks that followed.

Local criticisms arose at the end of August 1834, when government and the Board of Health finally sounded the alarm. the *Novascotian* described the Board of Health as a “body composed of rather *discordant* materials,” without any money at its disposal. Inevitable comparisons were drawn between the cholera preparations in 1832 and 1834:

Two years ago the most ample preparation was made and very heavy expenses incurred, for the reception of Cholera, but the Cholera did not come. In voting the money, Members of Assembly

41 House of Assembly to His Majesty, 4 April 1834, CO 217/156, TNA. The assembly claimed that over the previous two years they had already used the £700 raised from a tax on emigrants, and £1,056, granted from the colony itself, in order to support “those objects.”

42 *Acadian Recorder* (Halifax), 2 August 1834.

43 *Novascotian*, 6 August 1834.

44 *Novascotian*, 13 August 1834 (italics in original). The Board of Health also recommended for residents to keep clean, healthy, and sober as a precautionary measure against cholera.

45 *Acadian Recorder*, 16 August 1834. When the Board of Health records during this time period are found to be scattered, mislabelled, or lost, the quotations of their minutes in the local papers are quite helpful in piecing together information.

declaimed against what appeared to have been a lavish expenditure. It is probable enough that the whole thing might have been managed with more economy; and if any body could have foreseen that the disease would have been two years travelling from Canada here, several thousands might have been saved.<sup>46</sup>

Distress and vacillation became themes of local commentary on cholera in Halifax, as the town struggled with an epidemic that seemed to have caught the community completely off guard.

While papers stressed that those inclined to debauchery and drunkenness would be the most susceptible to disease, associating infection with moral weakness, Halifax's first victims were its soldiers. Between 5 and 28 August, 34 of the garrison perished, unnerving many in the community. The *Acadian Recorder* questioned: "The military are supposed to be kept clean, well clothed, and regularly fed. These particulars are acknowledged preventatives of cholera, why then, according to the nature of things, should those enjoying them be selected as victims?"<sup>47</sup> The contradictions generated confusion, speculation, and general loss of morale as Haligonians attempted to rationalise cholera's virulence and its capacity for destruction.

At the Exchange Coffee House in Halifax on 6 September, a meeting was held in an attempt to pool funds for cholera relief. Chaired by the Hon. H.H. Cogswell, president of the Halifax Banking Company, the meeting discussed Lieutenant Governor Campbell's offer to donate "liberally" in support of those affected by cholera. The meeting raised £200, with the acknowledgement that, in the face of disease, the poor emigrants in Halifax needed representation and relief.<sup>48</sup>

Colonial officials now needed to source funding for those affected by cholera. On 2 September Campbell wrote a private letter to Spring Rice, explaining the severity of the outbreak and the need for funds for the relief of emigrants, the military, and the "lower" classes. He blamed the outbreak on earlier shipwrecks and Irish emigrants "who were cast away upon Cape Breton . . . and who came here in the hope of procuring work or assistance." His letter asked that he be allocated the same grant as Governor Maitland in 1832 from the Treasury for cholera relief in order "to assist the unfortunate strangers and lower classes who are suffering under the disease."<sup>49</sup>

In a follow-up letter on 30 September 1834 Campbell reminded Spring Rice of the request for £500, noting that the king's casual revenue and provincial treasury in Nova Scotia did not have the funds and that the halt in trade had greatly affected the ability of residents to contribute to a subscription. "I consider I am acting in the spirit of the despatch," he argued, "and that it would not be just and fair towards the community here to throw the whole burthen of the expense upon them, when it is known and ascertained that the disease was first brought into the Province by the

46 *Novascotian*, 27 August 1834 (italics in original).

47 *Acadian Recorder*, 30 August 1834.

48 *Novascotian*, 8 September 1834.

49 Campbell to Rice, 2 September 1834, CO 217/156, TNA. In his attempt to secure funds with the Colonial Office, Campbell re-emphasized the grant allocated to Maitland while clarifying that most of the "lower-class" residents he was seeking to help were emigrants.

shipwrecked emigrants from Ireland and from Canada and that no Quarantine regulations or precautions would have averted the disease.”<sup>50</sup>

Campbell’s focus on shipwrecked emigrants may well have been strategic in that it diverted attention and criticism away from the lack of official quarantine and precautionary measures practiced in Nova Scotia that summer. He also continued to state that he did not believe he was over-extending the permissions placed by Goderich in 1832 and that the total colony’s expenses surpassed £1500, with over two-thirds covered by the government and residents of Nova Scotia.<sup>51</sup>

In a letter dated 2 October 1834, Campbell was informed that the £500 would be made available to Nova Scotia.<sup>52</sup> Although Campbell claimed that the Lords of the Treasury were supportive and understanding of the predicament in Halifax, Martell argues that the good feelings were not mutual. Convinced that emigrants were the fly in the ointment of an otherwise healthy community, Campbell sent nearly 80 unemployed English pensioners, widows, and children back to England after the epidemic in 1834.<sup>53</sup> Martell claims that this did not go down well with Treasury officials, who, in concurrence with the Secretary of War, were of the opinion that those sent to the colony, at the expense of the state, should not be able to return.<sup>54</sup>

Not surprisingly, and like much of the rest of the world, once cholera subsided in 1834 other diseases such as smallpox, measles, and fever took precedence. In 1840 the Central Board of Health in Halifax met in order to discuss the need for a “suitable establishment” to help treat sick emigrants and the local poor. They resolved that the masters of emigrant ships from the British Isles should bear more of the financial responsibility for the support of their passengers while in Nova Scotia.<sup>55</sup> The reality, however, was that unexpected emigrant ships kept arriving, and most were desperate for relief.

In 1854 significant cholera outbreaks occurred throughout the world, and Nova Scotians were again threatened with the possibility of outbreaks. Halifax implemented quarantine restrictions on vessels arriving from domestic and international ports infected with cholera. Isolated reports of cholera came in from areas around Nova Scotia and throughout the rest of the Atlantic region – both Saint John and St. John’s were struck with cholera outbreaks that summer. Any vessels arriving from Quebec or Boston, infected with cholera at that time, were quarantined in Halifax Harbour, with their status announced and updated in the *Acadian Recorder*. Despite widespread fears, the disease was contained. Halifax would remain cholera-free until 1866, when the last major outbreak in the British North American colonies came to McNabs Island in the town’s harbour.

50 Campbell to the Treasury, 30 September 1834, CO 217/157, TNA.

51 Campbell to Rice, 12 November 1834, CO 217/156, TNA. Campbell points out that he had drawn just under the £500, which was used in full by Maitland two years earlier. He stated that the rest of the payments would be made by the province and from the “liberal contributions of the inhabitants.”

52 Treasury Chambers to R.W. Hay, 5 November 1834, CO 217/157, TNA.

53 Martell, *Immigration to and Emigration from Nova Scotia*, 29.

54 Stewart to Henry Grey, 24 June 1835, CO 217/159, TNA.

55 James Hume, “Meeting of the Central Board of Health,” 19 June 1840, *Public Health and Welfare Records Collection*, RG 25, series “C,” vols. 2-4, NSA.

**Cholera on McNabs Island – 1866**

On 9 April 1866, the *England* arrived in Halifax Harbour from Liverpool via Queenstown (a major port in southern Ireland) and bound for New York. According to Nova Scotia's Governor W.F. Williams, the vessel left Ireland with 1,260 passengers and 100 crewmembers and, after a few days at sea, cholera was found onboard. Provincial Secretary Charles Tupper, who later played a significant part in the colony's decision to join Confederation in 1867, and became prime minister of Canada in 1896 – observed that cholera was discovered after the hatches had been barred for three days during a severe storm on the Atlantic.<sup>56</sup> Several of the vessel's engineers were infected, leading the captain to land in Halifax for fear that without assistance they would not make it to New York.<sup>57</sup> Of those passengers listed on board, Halifax officials reported 160 cases of cholera and 46 deaths.<sup>58</sup>

Having arrived in port, the ship went straight to a designated quarantine station in the outer area of Halifax Harbour – Meagher's Beach, a lowland cove on McNabs Island. Chief Health Officer for the Port of Halifax Dr. Slayter was there to meet the *England*. Given the large number of passengers and crew onboard, many of them exhausted, ill, and infectious, Slayter and his team – comprising two medical officers, Dr. Gossip and Dr. Garvie – had their work cut out for them.<sup>59</sup> Tupper, himself a physician, was in close communication with Slayter as the crisis unfolded.

Over the ensuing days, the situation was chaotic as health officers strove to care for sick emigrants; Tupper focused on ensuring that cholera kept its distance from Halifax. Some of the passengers had already begun to escape the island, and it became apparent that, with over 1,000 human beings in quarantine, reinforcements were necessary. Another pressing issue was burying the dead. Government official J.P. Marrow informed Tupper "Slayter is so busy with the living he has had no time to attend to the dead."<sup>60</sup> On 12 April, Tupper contacted Hastings Doyle, Major General Commander of the military, and Doyle ordered several members of the "2/17<sup>th</sup> Regiment" in Halifax to the island.<sup>61</sup>

That same day Tupper confirmed that the military were ready to act under Slayter's orders, but reminded him of the need for around-the-clock surveillance of the *Pyramus* (a converted hospital ship), in order to guard effectively against "anything being done to endanger the health of the community." Whether by

56 Tupper to Dr. R.J. McDonnell, "Shipping" – *Miscellaneous Manuscripts Collection*, 17 April 1866, MG 100, vol. 222-4, NSA. Tupper became provincial secretary in 1857 and was appointed a medical officer in Halifax in 1859. He worked towards increasing Nova Scotia's influence within the British Empire and by 1860 was actively promoting the Union of Canada. For more information on Charles Tupper, see Phillip Buckner, "Sir Charles Tupper," *Dictionary of Canadian Biography Online* 1911-1920 (vol. XIV), [http://www.biographi.ca/en/bio/tupper\\_charles\\_14E.html](http://www.biographi.ca/en/bio/tupper_charles_14E.html).

57 Williams to Edward Cardwell, 12 April 1866, CO 217/238, TNA.

58 J.P. Morrow to Tupper, 9 April 1866, MG 100, vol. 222-4, NSA. The "Cove of Cork" or "Cove" was re-named "Queenstown" in 1849. Its original name was reinstated in Gaelic, "Cobh," in 1922.

59 Dr. Garvie was training as a medical student at that time.

60 Morrow to Tupper, 10 April 1866, MG 100, vol. 222-4, NSA.

61 Doyle to Tupper, 12 April 1866, MG 100, vol. 222-4, NSA.



“community” he meant McNabs Island or Halifax or both, Tupper was direct in his orders for cholera’s full containment. On 13 April, Slayter remarked to Tupper that although the disease had not spread to the island, the sick were quick to die. They had constructed tents for the healthy emigrants on the island, but the German and Irish emigrants were not getting along and had divided themselves into their own quarters.<sup>62</sup> A large number of children were infected with cholera while others had become orphans, left “clinging to their dead mother.” Slayter finished the correspondence on a bleak and exhausted tone, stating bluntly: the “emigrants are filthy.”<sup>63</sup>

On 17 April, it was Garvie who wrote to Tupper informing him that Slayter was ill. Before he was able to send the letter, he was forced to append a further message: “Dr. Slayter died at a quarter to 10 o’clock this morning. Send a lead coffin from Halifax at once.”<sup>64</sup>

Dr. Slayter’s death at the age of 37 set off an outpouring of grief in the community. The *Weekly British Colonist*, *Acadian Recorder*, the *Novascotian*, and the *Morning Chronicle*, all printed lengthy and emotional accounts of the story that a Nova Scotian native had lost his life in the struggle to contain disease on McNabs Island. Under the heading “The Pest Ship,” the *Morning Chronicle* paid tribute to Slayter’s heroism:

Dr. Slayter himself fell a victim to this dreadful disease. Dr. Slayter was the possessor of a warm and generous disposition. He has died in a good cause – that of aiding and relieving his stricken fellow man. His name will long remain green in the remembrance of all who appreciate genuine worth as exhibited in a philanthropic gentleman who failed not to come boldly forward to do as his kind heart prompted him, even though “in the day and the hour of danger.” We, in common with the entire community, deeply sympathize with his wife, his mother, and his children.<sup>65</sup>

A wave of patriotic sentiment filled local newspapers with the announcement of Slayter’s death. By 1866, the city had become large, diverse, and increasingly independent. A generation had come and gone since its initial surge of growth in the early 19th century, which meant that more residents considered themselves natives to Nova Scotia. Articles and letters to the editor emphasized Slayter’s exceptional character, his successful career, and his loyalty to Nova Scotia, with one correspondent reasoning that the patriotic sentiment stemmed from the fact that “Nova Scotia has given birth to *one* who was endowed with such bravery and judgement as to take charge of a forlorn hope to meet the most desperate and

62 Gossip to Morrow, 1 May 1866, MG 100, vol. 222-4, NSA.

63 Slayter to Tupper, 13 April 1866, MG 100, vol. 222-4, NSA. Slayter also mentions that there were two priests, one Irish and one French, from the *England* who were helping out considerably with panic-stricken individuals.

64 Garvie to Tupper, 17 April 1866, MG 100, vol. 222-4, NSA.

65 *Morning Chronicle* (Halifax), 18 April 1866.

relentless foe which, on any previous occasion, has attempted to invade our happy and healthy country, and in the attempt has been successful altho' unfortunately with the sacrifice of his own life."<sup>66</sup> On 26 April, the Nova Scotia Legislature voted unanimously to donate \$2,000 to his wife and family.<sup>67</sup>

Pressures rose, however, particularly from Slayter's death and from a small number of outbreaks of cholera in Portuguese Cove, located on the western side of the outer opening of Halifax Harbour.<sup>68</sup> These events defined Halifax's physical proximity to the disease, which only intensified with reports of emigrants trying to escape the island. Newly arrived emigrants, worn out from the arduous journey, traumatized from being on a cholera ship, and strangers to their new surroundings, were desperate to flee the situation. Reports of emigrants found missing from their tents in the mornings were not infrequent, and became a typical reason given by Gossip when unable to state precise numbers.<sup>69</sup>

A lack of understanding about the needs of the emigrants, the requirements of public health officials, and the reputation of the provincial government during the threat of cholera all came to a head in Halifax and on McNabs Island in April 1866. The *England* left McNabs Island for New York on 19 April, with the master, 115 crewmembers, and 901 passengers.<sup>70</sup> After 19 April, "healthy" patients were discharged from the *Pyramus* to the island where they remained in tents.<sup>71</sup> The "storekeeper" from the *Pyramus*, 19 city volunteers, and one steward from the *England*, who chose to remain, stayed to help tend to the remaining sick on the island and on the *Pyramus*, which amounted to 52 patients.<sup>72</sup> As cholera abated, however, Gossip began to report an array of other illnesses in the remaining patients, including "fever" and typhus fever. He observed that an amputation would be performed on at least one of three cases of gangrene.<sup>73</sup>

66 *Morning Chronicle* (Halifax), 18 April 1866 (italics in original).

67 Williams to Cardwell, 26 April 1866, CO 217/238, TNA.

68 A pilot, James Terrence, who had guided the *England* safely into port, became sick from cholera. Dr. Thomas Pryor, the health officer at Portuguese Cove, reported that Terrence's two children, an infant and a nine year old, had also fallen ill, as well as a thirteen-year-old girl from the Purcell family; see Thomas Pryor to Tupper, 21 April 1866, RG 7 vol. 57, NSA. On 25 April, it was announced that Terrence and his two children had died of cholera in Portuguese Cove; see *British Colonist* (Halifax), 25 April 1866.

69 Statement by Gossip. "The following is the report of cases on the island at 5 PM, and onboard the *Pyramus*," 19 April 1866, MG 100, vol. 222-4, NSA; Gossip to Tupper, 20 April 1866, MG 100, vol. 222-4, NSA. One of Gossip's explanations was as follows: "The only way in which a report can be obtained of the state of the people on the island is by a personal visit through the tents counting as you go. This is very subject to fallacy as I have counted them five or so times today and every time with a different result."

70 Gossip to Tupper, 19 April 1866 (10 AM), MG 100, vol. 222-4, NSA.

71 Gossip to Tupper. 26 April 1866. MG 100, vol. 222-4, NSA.

72 *Novascotian*, 23 April 1866. Technically there were 49 passengers alive at McNabs Island and on the *Pyramus*. The article published a report from Gossip at 5pm on 19 April, claiming "10 sick, 30 well, 1 dead [on the Island]. On board the *Pyramus* – 2 deaths, 5 sick, 4 well."

73 Gossip to Tupper, 20 April 1866, MG 100, vol. 222-4, NSA; Gossip to Tupper. 23 April 1866, MG 100, vol. 222-4, NSA. There were two reported cases of gangrene, which Garvie was scheduled to operate on the following morning (24 April). On 26 April, Gossip reported to Tupper that there was now a third case of gangrene, of which he anticipated "a fatal result"; see Gossip to Tupper, 26 April 1866, MG 100, vol. 222-4, NSA.

On 12 April 1866, Governor W.F. Williams informed the Colonial Office of the serious problems posed by the arrival of the *England*. His correspondence with Secretary of State for the Colonies Edward Cardwell provided a factual report of the situation; however, he did not hold back in placing blame on the “Imperial Authorities”:

Although the Imperial statutes in this case may have been complied with, there can be no doubt that the crowded state of the vessel and the necessarily confined and impure atmosphere in which so many human beings were compelled to live were the primary causes of the breaking out of the epidemic, and I would beg very respectfully to suggest that it hardly appears to be safe or wise to allow such numbers to be crowded into one vessel as to require them to be packed or huddled together on one deck above the other, so that the tainted atmosphere breathed by those below must of necessity also affect those above.

Williams criticized the “cupidity” of the ship-owners and the current passenger laws, arguing that although technically the amount of cubic space per passenger was legal onboard the *England*, when storms occur at sea and passengers are forced together, the amount of available space is cut significantly – claiming that “no better example of the truth of these remarks can be adduced than the one which I now have the honor of reporting.”<sup>74</sup>

Clearly upset by the condition of the *England* and the predicament in Nova Scotia, Williams later remarked in a letter to Cardwell: “I would respectfully suggest that the Emigration Officers of Liverpool and Cork be admonished to do their duty thoroughly and that every possible precaution be taken to prevent a similar occurrence.”<sup>75</sup> The Colonial Office, however, provided a largely defensive and dismissive response. On 26 April, T.W.C. Murdoch acknowledged receipt of Williams’s letter to Cardwell in correspondence to T.F. Elliot. Murdoch claimed he called upon the two emigrant agents at Liverpool and Queenstown, who were quick to quote Section 14 of the 1855 Passenger Act and assert that the number of passengers onboard was within the legal limit. He also re-stated the act, which required at least 15 feet of space in the upper deck, and 18 feet in the lower deck of a vessel, for each adult. The *England*’s upper deck measured 11,041 feet in length, and its lower deck was 7,579 feet, which meant that they could technically hold upwards of 1,156 ½ “adult” passengers on board. Murdoch claimed that 1,202 “souls” converted into 1,080 “adults” – figures apparently adjusted to account for infants and small children onboard. Murdoch concluded that the agents had acted in a perfectly legal manner, arguing that they would have had no reason to object to the status of the *England* and stressing that no one could be blamed for cholera onboard the vessel.<sup>76</sup>

While Williams’s criticisms and frustrations were understandable, if emotionally charged, the response from the Colonial Office was bureaucratic and procedural,

74 W.F. Williams to Edward Cardwell, 12 April 1866, CO 217/238, TNA.

75 Williams to Cardwell, 26 April 1866, CO 217/238, TNA.

76 Murdoch to Elliot. 26 April 1866, CO 386/85, TNA. Murdoch insisted “If blame attaches anywhere it is scarcely to the [ship] owners still less to the Emigration Officers.”

and did not address Williams's criticisms of the laws themselves. Murdoch emphasized technicalities and re-stated official acts of Parliament – information with which Williams was undoubtedly familiar – allowing the laws to speak for themselves: officials had done nothing illegal in Britain, and the state of the *England* in Nova Scotia was not their problem. Although Murdoch's use of evidence ended the immediate discussion over who was technically to blame, his response ignored the greater issue of why, after decades of experience, emigrant vessels were still arriving unexpectedly in the Atlantic colonies in such poor condition and under the care and responsibility of whoever was there to provide for them.

Whatever the stance taken by officials in the Colonial Office, Halifax deserved some credit in confining cholera to the quarantine station that spring. As cholera continued to affect ports throughout the United States, the British Isles, and continental Europe over the summer months, Tupper proceeded to publish proclamations on behalf of Williams on disease prevention in Halifax.<sup>77</sup> Once the impact of cholera at the quarantine station was assessed, the provincial government provided \$7,000 in compensation to the residents on McNabs Island in August 1866, "for all damages and injuries sustained by their properties."<sup>78</sup>

### **Reliance and self-reliance in Nova Scotia**

By the 1860s, particularly with germ theories gaining scientific prominence and understanding, the etiology of cholera had evolved. By the 1866 cholera epidemics, "the emphasis was not so much on spiritual corruption as on practical sanitary action."<sup>79</sup> The continued correlation between migration and the spread of disease meant that quarantine was considered a useful screening method for an emigrant's entry into society. Katherine Foxhall's work on convict and emigrant voyages to Australia, for instance, demonstrates an emigrant's entry or re-negotiation into Australian society relied largely on their health and well-being on arrival. As Alison Bashford, in her work on Australian quarantine explains, "Like immigration regulation, public health in the modern period is about the shaping of national and colonial populations."<sup>80</sup>

At a time when colonies strove for greater autonomy, the management of events in Nova Scotia whose origins occurred largely outside their realms of jurisdiction continued to expose their vulnerability and test their ability to assume control and rectify problems as they occurred. Those responsible in the receiving ports were appalled by the condition of the emigrants, fearful about the long-term burden that they could place on their communities, and outraged at the inhumanity and deception underlying the process. After the 1834 cholera epidemic in Lower Canada, the Montreal Sanitary Committee observed:

<sup>77</sup> *Acadian Recorder*, 8 June 1866.

<sup>78</sup> Provincial Government, "Statement to James McNab," August 1866, MG 100, vol. 222-4, NSA.

<sup>79</sup> Harrison, *Disease and the Modern World*, 139.

<sup>80</sup> Foxhall, *Health, Medicine and the Sea*; Alison Bashford, "At the Border: Contagion, Immigration, Nation," *Australian Historical Studies* 33, no. 120 (2002): 348. See also Amy L. Fairchild, *Science at the Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force* (Baltimore: Johns Hopkins University Press, 2003).

Common avarice, and the desire of gain prevailing over every other consideration, has led many captains, owners, and agents of worthless old vessels, more particularly in the seaport towns of Ireland, into a most horrible traffic in human life, that should be immediately arrested by the urgent voice of humanity and the strong hand of power.<sup>81</sup>

As Helen Cowan points out: “The emigrant agent at Quebec . . . was inclined to believe that the encumbrance had merely been transferred to Canada.”<sup>82</sup> Nearly ten years earlier, Lord Dalhousie made comparable remarks concerning the influx of Irish in Upper Canada: “I have already said that I do not think this system will answer the purposes intended. It gains no other end than relieving the South of Ireland of a burthen [*sic*] which is thrown upon the industrious classes of this young country.”<sup>83</sup>

Frustration expressed in local newspapers was often focused on the state of the town and on the conduct, or misconduct, of local government officials. In 1834, when cholera arrived in Nova Scotia, local officials were quick to realize that the disease was no longer a distant foreign concern, but had now become a crucial local issue. Newspapers were highly critical of the levels of filth and unhealthy conditions in their own towns and communities. In Halifax, the *Acadian Recorder* claimed:

A town of the same size of less energetic local government perhaps nowhere exists, or one where it is more difficult to get authoritative interference for the suppression of evil, *except* money to be made by the transaction. We fervently hope that, as regards individuals and public bodies, the lesson now enforced will not be neglected; that none will make themselves stiff-necked when the cause of terror has passed by; and that future inattention will not occasion a renewal of the scourge.<sup>84</sup>

Most residents were deeply invested as natives of their colony, and communities observed and criticised discrepancies between government protocol and what occurred on the ground – forcing an acknowledgement that things needed to change.

Newspapers were vital to the dissemination of information in the colonies, and this, in turn, shaped public knowledge. Although stories of arriving emigrants were highly valued by resident populations, reports on how other North American colonies were managing emigrants and disease became increasingly heeded once cholera appeared. In 1834, the state of emigrants on arrival in Lower Canada was noted in the *Novascotian*:

PASSENGER SHIPS. – A Montreal Paper has the following reference to two of those infamous “man traps” called passenger

81 *Report of the Special Sanitary Committee of Montreal upon Cholera and Emigration, for the Year 1834* (Montreal: James and Thomas A. Starke, 1835), 6-7.

82 Helen I. Cowan, *British Emigration to British North America: 1783-1837* (Toronto: University of Toronto Library, 1928), 193.

83 Lord Dalhousie to Wilmot Horton, 12 November 1824, CO 42/204, TNA.

84 *Acadian Recorder*, 13 September 1834 (emphasis in original).

ships. The government ought surely to take some decisive steps to prevent the sewage of human beings in bulk – if one or two vessels were burnt to the water's edge, it would perhaps set a good example.<sup>85</sup>

Re-publishing information and remarks from Montreal newspapers helped locals perceive the ways in which Lower Canadians were coping with sick emigrants and cholera, and made them aware of advised methods for relief if an outbreak were to occur in their community.

Confirming Benedict Anderson's analysis of the role of the press in the hinterland, Alan Lester points out that newspapers "did not simply give expression to the united 'we' of their readership; they actively helped to forge such a collective identity."<sup>86</sup> Although a sizeable portion of their newspaper coverage concerned itself with local experience and that of neighbouring colonies, Halifax also relied heavily on information emanating from connecting British and Irish ports as well as updates from large North American ports such as New York and Boston. Among the most prominent British trading centres for the Atlantic colonies was Liverpool, one of the cities "hardest hit" by cholera in England in the 19th century, with a recorded 1,523 deaths during the 1832 outbreak and 5,308 deaths during the outbreak of 1849.<sup>87</sup> Cargo, human and otherwise, arrived from Liverpool in substantial quantities, with local papers like the *Acadian Recorder* re-printing information and correspondence from the *Liverpool Mercury*. During the cholera outbreak in 1854, Saint John's *Morning News* published information giving practical advice on cholera from Liverpool:

Some sea captains who sail out of Liverpool, assert that they care no more for Asiatic cholera than for an ordinary cholic or sickness of the stomach. They have a remedy which they pronounce infallible, and so accessible and simple as to relieve all apprehensions of fatal results. We shall probably tell our readers nothing new when we start the prescription: - Common salt, one table spoonful; red pepper, one tea-spoonful, in half a pint of hot water. The New York Times has heard innumerable instances of its use, and not one of its failure.<sup>88</sup>

In all cases, whether through vague rumour or verifiable fact, port towns desperately sought the latest information, whether from word of mouth or newspaper reports, which helped lighten the burden of stress, strain, and fear associated with disease.

The way in which emigration and disease arrived in Nova Scotia caused colonial governors, such as Kempt, Maitland, Campbell, and Williams, to speak out against

85 *Novascotian*, 8 September 1834.

86 Alan Lester, "British Settler Discourse and the Circuits of Empire," *History Workshop Journal* 54 no. 1 (January 2002): 30.

87 Asa Briggs, "Cholera and Society in the Nineteenth Century," *Past and Present* 19, no. 1 (April 1961): 79.

88 *Morning News* (Halifax), 4 September 1854.



the heavy burdens placed on the colony. At the same time, it provoked debate amongst colonial residents, most of whom were all too aware of the connection between emigration and transmittable disease. Regular outbreaks of transmittable disease and the ongoing struggle to accommodate and assist unexpected emigrants ultimately reinforced the colonies' responsibilities to themselves. While a distant Colonial Office sometimes saw these crises as minor issues in the context of the overall imperial project, officials and residents in the colonies bore witness to the brutal impact of disease, shipwrecks, and sick emigrants on the prosperity of their ports and surrounding areas. During a cholera outbreak discrepancies between the needs of the colony, its own bureaucratic weaknesses, and the larger objectives of British administrators were clarified, forcing communities to seek a greater degree of control, albeit with varying levels of success, over their own predicaments and situations.

Governor Williams's correspondence with the Colonial Office in 1866 over emigrant ships and cholera in Halifax raises the greater point that, regardless of the technical compliance with passenger act regulations, ships frequently arrived in Nova Scotia loaded with destitute and sick passengers. Despite his status as governor, Williams's concerns were greeted with a politely dismissive response. Peter Dunkley suggests that the "tendency in the colonial office to temporise, to balance conflicting interests, and to consider wider ramifications stemmed from a recognition that imperial considerations might not always prove compatible with strictly humanitarian reform."<sup>89</sup> By the late 1860s, emigration was ultimately regulated by the growing trend away from out-migration in Britain and Ireland, leading to a natural petering out of emigrants travelling annually along the transatlantic route.

The Halifax cholera outbreaks of 1834 and 1866 are noteworthy examples of the disconnect between those ruling imperially from London and those having to lead a community on the ground. Although emigration and outbreaks of cholera did not spark mass political upheaval or rebellion in any areas of the Atlantic region, evidence does suggest that colonies did feel vulnerable, frustrated, and increasingly cut off from the main. Colonial residents welcoming sick passengers into the ports of British North America witnessed first-hand the horrific conditions on board emigrant ships and, in many instances, the effects of neglect prior to their departure from Britain. The outbreaks forced those living in Halifax to re-evaluate the adequacy of public health and the value of emigration as they strove to ensure the health of their citizens as well as the health of foreigners arriving in port.

89 Peter Dunkley, "Emigration and the State, 1803-1842: The Nineteenth-Century Revolution in Government Reconsidered," *Historical Journal* 23, no. 2 (June 1980): 375. Dunkley mentions Hay, Stephen, and Elliot as administrators with a "certain bureaucratic detachment that reflected not only their insulation but also their views on what government could reasonably be expected to accomplish."

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