

Deviant Anonymous: Single Mothers at the Hôpital de la Miséricorde in Montreal, 1929-1939

Andrée Lévesque

Volume 19, numéro 1, 1984

Guelph 1984

URI : <https://id.erudit.org/iderudit/030923ar>

DOI : <https://doi.org/10.7202/030923ar>

[Aller au sommaire du numéro](#)

Éditeur(s)

The Canadian Historical Association/La Société historique du Canada

ISSN

0068-8878 (imprimé)

1712-9109 (numérique)

[Découvrir la revue](#)

Citer cet article

Lévesque, A. (1984). Deviant Anonymous: Single Mothers at the Hôpital de la Miséricorde in Montreal, 1929-1939. *Historical Papers / Communications historiques*, 19(1), 168-184. <https://doi.org/10.7202/030923ar>

Résumé de l'article

Les historiens-nes du Québec ont depuis longtemps reconnu l'importance de la famille patriarcale et du rôle de la femme comme mère au foyer. On a cependant accordé peu d'attention au sort de celles qui défiaient les normes culturelles et convoient en dehors les liens de mariage. Selon l'idéologie religieuse de l'époque, ces personnes minaient l'ordre social et, par leur transgression, jetaient la honte sur elle-même et sur leur famille. Certaines solutions furent adoptées pour faire face au problème des mères célibataires: le recours aux maternités privées, l'exil chez parents ou amis-es éloignés, parfois l'avortement, ou les oeuvres de charité ou la soumission à leurs soins et à leur contrôle. Au Québec, pendant les années 1930, quelque 20 pour cent des naissances qu'on appelait illégitimes eurent lieu à l'Hôpital de la Miséricorde dont les dossiers détaillés sur les patientes constituent les sources privilégiées du présent article.

Les contemporains percevaient la vocation de la femme laïque soit comme mère à l'intérieur du mariage, soit comme prostituée. Les mères célibataires n'avaient pas de place dans cette vision polarisée du rôle des femmes. Elles ne pouvaient, par conséquent, se réintégrer à la société qu'en cachant leur condition. Dans cette perspective, l'Hôpital offrait un service tant à la société, qui cherchait à dissimuler les écarts de comportement, qu'aux femmes concernées.

Les dossiers révèlent que les candidates à l'admission étaient presque uniquement des Canadiennes-françaises catholiques. Souvent orphelines, elles étaient généralement jeunes (60 pour cent avaient entre 18 et 20 ans), étaient domestiques (47 pour cent) ou vivaient à la maison (31 pour cent) et souffraient souvent de problèmes de santé. À leur entrée, elles adoptaient une nouvelle identité, leurs pseudonymes reflétant parfois la honte qu'elles devaient subir. Les règlements de l'Hôpital accentuaient leur isolement: on ne leur permettait pas les visites, le courrier était censuré, et les patientes étaient largement privées de contact avec le monde extérieur.

Si les agences sociales encourageaient les mères célibataires à garder leur enfant, elles ne pouvaient choisir son nom et seulement 14,6 pour cent quittaient l'Hôpital avec leur enfant. Après l'accouchement, les paturiennes jouissaient de deux semaines de convalescence après quoi, si elles ne pouvaient s'acquiescer de leur compte envers l'institution - ce qui était le cas de la majorité de celles qui accouchaient à la Miséricorde - elles entreprenaient six mois de service à l'Hôpital. Pendant cette période de résidence, elles étaient traitées comme des mineures, parfois comme des criminelles, toujours comme des pécheresses repentantes. Certaines poursuivaient l'expiation de leur faute en devenant membre de la communauté religieuse, d'autres demeuraient dans l'institution au-delà de la période prévue.

La majorité des enfants demeuraient à la charge des institutions et 37,7 pour cent mourraient avant leur premier anniversaire, le plus souvent de maladies contagieuses. Les religieuses et les mères accueillaient habituellement ces décès comme une bénédiction.

Malgré l'importance essentielle de trouver un assise pendant leur grossesse, certaines patientes se soumettaient difficilement aux conditions qui leur étaient faites. Plusieurs réagissaient soit par une résistance passive soit par des actes de rébellion. Quelques unes épousaient le père de l'enfant mais la plupart devaient subir les conséquences de leur grossesse.

Deviant Anonymous: Single Mothers at the Hôpital de la Miséricorde in Montreal, 1929-1939

ANDRÉE LÉVESQUE

Résumé

*Historians of Quebec have long been familiar with the central importance of the patriarchal family and women's role as mother within the home. What has received little attention has been the fate of those who defied the cultural norm and conceived out-of-wedlock. According to contemporary Catholic mores, such individuals undermined the social order and, through their transgression, brought shame on themselves and their kin. Several solutions evolved to deal with this problem: privately managed maternity hospitals, exile to the geographically distant homes of friends or relatives, or submission to the care and control of religious orders. Roughly 20 percent of the illegitimate births in the province during the 1930s took place at the **Hôpital de la Miséricorde** in Montreal, whose extensive patient records provided the main source for this paper.*

*Contemporaries understood the vocation of adult women in one of two ways, either as mothers-within-wedlock (real or potential), or as prostitutes. Single mothers had no place in this polarized view of women's role, and in consequence, they could rejoin "normal" society only by hiding their condition and its results. Within this perspective, the **Hôpital** provided a service both to the society, which sought to hide deviate behaviour, and the individual.*

*Applicants for admission, the records show, were almost entirely French-Canadian Roman Catholics. Often orphans themselves, they tended to be young (60 percent were between the ages of 18 and 22), were either domestics (47 percent) or lived at home (31 percent), and often suffered from health problems. Upon admission they took on new identities; the pseudonyms sometimes reflected the sense of shame the nuns sought to impose. Hospital policies reinforced this sense of isolation: visitors were discouraged, questions from outsiders were rebuffed, and, to a large extent, the patient was cut off from contact with the outside world. Most tellingly, the mother was not able to name her child after birth. Though social agencies encouraged mothers to keep their offspring, most of the illegitimate children were put up for adoption: only 14.6 percent left the **Hôpital** with their mothers. Once the baby was born, the mother was allowed two weeks to recover before commencing six months of service. During her entire time in residence, she was treated sometimes as a child, often as a criminal, and always as a sinner. In some*

* I would like to thank Bettina Bradbury, Barbara Brookes, Geoffrey Ewen, Paul Lachance, Jane Lewis and Susan Mann Trofimenkoff for their helpful comments and suggestions. I, of course, claim full responsibility for errors of facts or interpretation. I am also very grateful to Odette Vincent Domey and Jacques Domey for their invaluable help in unravelling the intricacies of word processing.

DEVIANT ANONYMOUS

cases the mother stayed with the nuns well beyond the normal term; in other cases, the records show, mothers endured their service against their will. A few atoned for their behaviour by joining religious groups.

After birth, most of the children remained within institutional care; 37.7 percent of these children died before their first birthdays, mainly of preventable diseases. Their passing, which was reported to the mothers, was regarded by the nuns as fortuitous. For many of the patients, however, the Hôpital did little to relieve the trauma of their plight. For some, passive resistance or outright rebellion constituted their response; for others, self-induced abortion, marriage to the father, or simple endurance of the consequences of their actions were the chosen alternatives.

Les historiens-nes du Québec ont depuis longtemps reconnu l'importance de la famille patriarcale et du rôle de la femme comme mère au foyer. On a cependant accordé peu d'attention au sort de celles qui défiaient les normes culturelles et convalaient en dehors les liens de mariage. Selon l'idéologie religieuse de l'époque, ces personnes minaient l'ordre social et, par leur transgression, jetaient la honte sur elle-même et sur leur famille. Certaines solutions furent adoptées pour faire face au problème des mères célibataires: le recours aux maternités privées, l'exil chez parents ou amis-es éloignés, parfois l'avortement, ou les oeuvres de charité ou la soumission à leurs soins et à leur contrôle. Au Québec, pendant les années 1930, quelque 20 pour cent des naissances qu'on appelait illégitimes eurent lieu à l'Hôpital de la Miséricorde dont les dossiers détaillés sur les patientes constituent les sources privilégiées du présent article.

Les contemporains percevaient la vocation de la femme laïque soit comme mère à l'intérieur du mariage, soit comme prostituée. Les mères célibataires n'avaient pas de place dans cette vision polarisée du rôle des femmes. Elles ne pouvaient, par conséquent, se réintégrer à la société qu'en cachant leur condition. Dans cette perspective, l'Hôpital offrait un service tant à la société, qui cherchait à dissimuler les écarts de comportement, qu'aux femmes concernées.

Les dossiers révèlent que les candidates à l'admission étaient presque uniquement des Canadiennes-française catholiques. Souvent orphelines, elles étaient généralement jeunes (60 pour cent avaient entre 18 et 20 ans), étaient domestiques (47 pour cent) ou vivaient à la maison (31 pour cent) et souffraient souvent de problèmes de santé. À leur entrée, elles adoptaient une nouvelle identité, leurs pseudonymes reflétant parfois la honte qu'elles devaient subir. Les règlements de l'Hôpital accentuaient leur isolement: on n'encourageait pas les visites, le courrier était censuré, et les patientes étaient largement privées de contact avec le monde extérieur.

Si les agences sociales encourageaient les mères célibataires à garder leur enfant, elles ne pouvaient choisir son nom et seulement 14.6 pour cent quittaient l'Hôpital avec leur enfant. Après l'accouchement, les paturiennes jouissaient de deux semaines de convalescence après quoi, si elles ne pouvaient s'acquitter de leur compte envers l'institu-

tion – ce qui était le cas de la majorité de celles qui accouchaient à la Miséricorde – elles entreprenaient six mois de service à l'Hôpital. Pendant cette période de résidence, elles étaient traitées comme des mineures, parfois comme des criminelles, toujours comme des pécheresses repentantes. Certaines poursuivaient l'expiation de leur faute en devenant membre de la communauté religieuse, d'autres demeuraient dans l'institution au-delà de la période prévue.

La majorité des enfants demeuraient à la charge des institutions et 37.7 pour cent mourraient avant leur premier anniversaire, le plus souvent de maladies contagieuses. Les religieuses et les mères accueillaient habituellement ces décès comme une bénédiction.

Malgré l'importance essentielle de trouver un assile pendant leur progresse, certaines patientes se soumettaient difficilement aux conditions qui leur étaient faites. Plusieurs réagissaient soit par une résistance passive soit par des actes de rébellion. Quelques unes épousaient le père de l'enfant mais la plupart devaient subir les conséquences de leur grossesse.

Historians and sociologists have stressed the prominence of the Catholic patriarchal family in Quebec society, women's role within that institution and the paramount importance of motherhood within marriage. Few scholars have so far studied the experience of women who did not fit the conventional model of married mothers at home. Childbearing was particularly honoured in Catholic society; yet women who were reproductive outside the bounds of marriage had no visible place in Quebec. The *revanche des berceaux*, so valued by the church and by Catholic nationalists, was to take place within the family. Illegitimacy** violated the moral and cultural ideal of the family defined by church and society. Consequently women who transgressed societal and familial norms disrupted the stability of the family and brought shame upon themselves, their immediate family and their kinship network. This shame had to be hidden, and single pregnant women who could not go to private maternity homes or be sent to distant friends or relatives concealed their condition amongst other women, nuns, who had themselves renounced family life, sexuality and motherhood for the higher calling of religious life. The hospitals provided by the nuns give us a microcosm of the world of the single mother: the conduct of the pregnancy, the conditions of stay, the submission and rebellion of the women and the contradictory demands of society regarding her child.

Each year, from 1929 to 1939, there were between 2,335 (1934) to 2,668 (1939) children born out of wedlock in Quebec.¹ Roughly 20 percent of these (an annual average of 560), were born at the Hôpital de la Miséricorde in Montreal.² There are no

** Throughout this article I have used the expression "illegitimate" to refer to births to single mothers. I understand that this term is obsolete and even insulting, but for the sake of convenience I have used it in its historical context.

1. Province de Québec, *Rapport annuel du ministère de la Santé et du Bien-être social pour les années 1935 à 1941* (Québec, 1944), p. 204.
 2. Compiled from the registers of the Hôpital de la Miséricorde, in Archives de l'Hôpital de la Miséricorde, Montreal (hereafter AHM).

DEVIANT ANONYMOUS

statistics for pregnancies out-of-wedlock but they were surely more numerous given the number of miscarriages and abortions. The reported illegitimacy rate in Quebec was slightly lower than the national average by .3 to .7 percent. From 2.9 to 3.4 percent of total live births were to single mothers in Quebec.³

The Hôpital de la Miséricorde had been performing a service to single mothers and illegitimate children since the mid-19th century. In 1840, Mgr. Bourget asked widow Rosalie Jetté, née Cadron, to take a young single pregnant woman into her home. This request was followed by others until he asked her to leave her own children, rent a house and manage it as a home for unmarried pregnant women. This was the beginning of the Refuge Ste-Pélagie in 1845. Three years later, Rosalie Jetté and seven other women founded the Congregation of the Sisters of Misericordia to look after women who "needed to hide."⁴ The babies were then looked after by the Grey Nuns. This arrangement lasted until 1889 when the Sisters of Misericordia set up their own crèches. By 1920 the hospital had a school of nursing and was used by the students of the school of medicine at the University of Montreal for their training in obstetrics.⁵

As long as some women had to conceal their pregnancies, the hospital fulfilled a genuine need. Single pregnant women's imperative to hide their condition highlighted society's orthodox view of the role of women, a role they had failed to follow. In the interwar period the clergy, the politicians and the doctors all entertained a rigidly polarised view of lay women: they were either mothers-at-home, or their antithesis, prostitutes.⁶ The woman who found herself a prospective mother, after exercising her sexuality outside the bounds of matrimony, literally had no place in this dichotomised representation. She was an outcast from the time her condition was obvious; her chance of regaining a place in her milieu was linked to the success with which her fault could be concealed from those around her.

The woman who registered at the Dorchester Street hospital was usually French Canadian and Catholic; only exceptionally was an Italian, an Irish or a Lithuanian woman admitted. A close female relative, her mother, aunt or cousin, was likely to accompany her to the admission. Often an orphan, since 27.7 percent of single mothers had lost their own mothers and 25.8 percent their fathers,⁷ she was usually a young

3. *Recensement du Canada*, 1931, Vol. XII; M.E. Fleming and M. MacGillivray, *Fécondité de la femme canadienne* (Ottawa, 1936), p. 262.

4. Sr. Saint-Jean-Vianney, s.m., M.S.S., "Un peu d'histoire," paper presented at the Journée d'étude tenue à l'occasion du 10^e anniversaire de l'incorporation du service social de la Miséricorde, le 17 novembre, 1955, pp. 4-5.

5. *L'Union médicale*, Vol. LXI (1932), pp. 179-80. In Quebec City, the Hôpital de la Miséricorde, under the direction of the Soeurs du Bon Pasteur, performed the same function as its homologue in Montreal and recorded an average of 457 deliveries a year between 1929 and 1933; see Albert Jobin, "Hôpitaux de la Miséricorde et de la Crèche St-Vincent-de-Paul," *Bulletin de la Société Médicale des Hôpitaux Universitaires de Québec* (1934), p. 304.

6. For the medical discourse and prescriptions on women, see A. Lévesque, "Mères ou malades," *RHAF*, Vol. 38 (été, 1984), pp. 23-37.

7. Statistics compiled from AHM register, 1929-39.

HISTORICAL PAPERS 1984 COMMUNICATIONS HISTORIQUES

domestic servant. Statistics show that 60 percent of the women were between 18 and 22. Before their admission, 47 percent were domestic servants and 31 percent lived with their family. Only 5.7 percent worked in factories or in offices. Occasionally a schoolgirl, a nurse or a school teacher sought admission.⁸

The occupations entered in the register may give us a false impression regarding the number of domestic servants: the women may have come to Montreal to work as servants once they became pregnant, or they may already have been domestics when they became pregnant. Similar problems concern the place of residence: of all the women who gave Montreal as their last address, some had only been there a short time. The medical records contain information concerning the patients' health. The weight is meaningless because it was taken when the women were pregnant and we are not given their usual weight. A large number had bad teeth that necessitated extraction in the hospital. During the whole decade, an average of 30 percent had gonorrhea and 3.7 percent a positive Wasserman test indicating syphilis. For 16 percent of the women this was not their first pregnancy.⁹ Undoubtedly, the stay at the hospital gave many inmates an opportunity of obtaining a diagnosis and some treatment.

During the period of isolation at Miséricorde, a period which could last as long as a year, the new boarder was to assume a new identity. The first step, upon registration, was to receive an "imposed name" from an existing bank of names.¹⁰ The names were not ordinary ones but highly unusual and sometimes conveyed a meaning, such as Humiliane or Fructueuse! The names were assigned in alphabetical order and when the list was exhausted, after many months, the process started over again. Along with her new name, the boarder acquired, at the cost of \$2., a uniform. In exceptional cases, some paying boarders occupying a private room would be veiled for the length of their stay to ensure greater secrecy. From the moment of registration until her departure, the *repentante*, or penitent, as she was to be known, was shut off from the world and could trust that the nuns would ensure complete discretion. Except during Lent or Advent, she could receive

8. Ibid. Given the small percentage of women who entered La Miséricorde, it does not seem that illegitimacy was linked to industrial work. It is not the purpose of this article to add one more footnote to the modernization debate. E. Shorter's hypothesis has been answered by J. Scott and L. Tilly, and J. Gillis has analyzed the pregnancy of servants in London. A study of the social origins of the patients at La Miséricorde as well as the father of their children will be the subject of another article. E. Shorter, "Illegitimacy, Sexual Revolution, and Social Change in Modern Europe," *AHA*, 1970, in *The Family in History*, eds. T.K. Rabb and R.I. Rotberg (New York, 1971), pp. 48-84; J.W. Scott and L. Tilly, "Women's Work and the Family in Nineteenth Century Europe," *Comparative Studies in Society and History*, Vol. XVII (1975), pp. 36-64; J. Gillis, "Servants, Sexual Relations and the Risks of Illegitimacy in London, 1908-1900," *Feminist Studies*, Vol. 5 (Spring, 1979), pp. 142-73.

9. Ibid. While no conclusion regarding the health of the mother can be drawn from her weight statistics, neither can any be drawn from the infant weight since it was seldom recorded. Lack of adequate data prevents us from making a comparison with Patricia Ward and Peter Ward's findings in "Infant Birth Weight and Nutrition in Industrializing Montreal," *American Historical Review* (April 1984).

10. AHM. Here are just a few of these unusual names: Héraïs, Calithène, Potamie, Rogata, Macédonie, Gemelle, Nymphodore, Extasie, or Symphorose.

DEVIANT ANONYMOUS

visitors at the parlour once a week, but those visitors had to be close relatives who were given a card with the “imposed name” of the boarder on it. Without this card no visit was permitted, as in the case of one out-of-town mother who could ill-afford the transportation costs and had left her card at home.¹¹ Discretion was assured even in the case of a mother enquiring whether her thirty-four-year old daughter was a patient. Sister Tharcisius, in charge of the women, answered: “If the young girl was always good, why fear or doubt?”¹²

The anonymity extended to the child from the moment of her/his birth. It seems that the mother had little say in the name given her child. The surname was the same for all babies born each month; it might be that of a nurse or an intern on duty. As for the first names, they were attributed in alphabetical order. To a mother who asked for a note in order to see her child in the crèche in Trois-Rivières and who enquired about the godparents’ names, Sister Tharcisius wrote that their names were not required; “Anyway, they are pure strangers, a nurse and one of our interns.”¹³

La Miséricorde was a peculiar institution in that boarders usually entered voluntarily — if we ignore social pressures for the moment — but once inside they lived in a state of sequestration. They were not free to leave at will and they were subject to strict discipline. A short, one-page prospectus described the terms of admission, the cost for single or double rooms or wards (\$90, \$60 or \$8 a month) and \$155, \$130 or \$120 for adoption fees and the cost of the delivery.¹⁴ The new boarder was told that she would have to spend six months of service at the hospital after the birth of the child and after her two-week period of recuperation. Only thus could she refund the costs of delivery and treatment and the adoption fees. Any time spent working at the hospital before the delivery could be deducted from the six months term of service. Death of the child at birth or later did not change the conditions of admission; indeed a sepulchre charge of \$25 was added to the amount owing.¹⁵ Even though the terms were explained at admission, the length of time to be served surprised many, particularly if the baby died.

Although 47 percent of the women were under the age of 21, all boarders whatever their age were considered minors. Visits were controlled and mail was censored. Letters could be written only on Sunday and not during Lent or Advent. If a patient tried to escape she was brought back by a detective. In fact, the status of pregnant single women was similar not only to that of children but also to that of criminals: the father of the child was referred to as “the accomplice” by the nuns.¹⁶ Deemed to have committed an offence, some of the women were themselves the victims of crime. In about 3 percent of the cases when the young woman was under sixteen, “and of previously chaste

11. Information taken from the correspondence found in a patients’ files will be identified by the date or the registration number.

12. 1932.

13. Sr. Tharcisius to A., 12637.

14. AHM. *Prospectus*, Hôpital Catholique de la Maternité de Montréal, sous la direction des Soeurs de la Miséricorde.

15. Sr. Tharcisius, 30 September 1935; 21 October 1935; 7 November 1935.

16. 32653, 32771.

character," according to section 301 of the Criminal Code, the baby's father was guilty of seduction and subject to five years imprisonment. If the woman was 16 or 17 years old, as 11 percent were, "and of previously chaste character," he could receive a maximum of two years in prison. If the man were over 21 and the woman under 21 and he promised to marry her, he was nonetheless guilty of seduction punishable by one year in prison under Section 210 of the Criminal Code.¹⁷ Very few of the cases of seduction which were brought to court each year resulted in a conviction.¹⁸ It was also a crime to seduce a feeble-minded woman or an employee but one can only guess at the number of single mothers who were victims of these crimes or of incest.

Whatever the circumstances surrounding the pregnancy of the single woman, great care was taken to preserve the outside world from her presence. Some patients' mothers begged the hospital to let their daughters go before their six months were up because people would start talking if their daughters were missing for too long. In another case, the mother argued that if the father came down from the shanties and realised that his daughter had been gone for so long he might guess the cause of her absence.¹⁹ Younger siblings had to be protected from the truth since their sister was an object of scandal.²⁰ A father wrote that he could not telephone the hospital and did not want the nuns to contact him to announce the birth of his grandchild since people listened on the party line he shared with twenty families. He also requested that letters not bear the hospital's return address as the staff at the post office would then "find out."²¹ One patient is known to have left the hospital immediately when she recognised a new boarder.²²

While the world was protected from her presence, the single mother went through a state of infantilism or "minorisation." Depending on her behaviour she could earn good marks which could shorten her stay by as much as two weeks, or bad marks, which had the opposite effect. Attempts to smuggle letters out of the hospital resulted in bad grades.²³ One patient was kept an extra month for having hit a child and having kept a pacifier for her own child.²⁴ The parents of another inmate came from out-of-town only to find that their daughter was being kept an extra fortnight.²⁵ Marks were earned by giving a blood transfusion to one's own child, or by breastfeeding several babies.²⁶ Good behaviour was also rewarded with responsibilities such as supervising a

17. Canada, Public Archives, MG30 E256, Vol. 20, John Kerrey, "The Legal Status of the Unmarried Mother and Her Child in the Province of Quebec," 1926.

18. Montréal, Archives judiciaires, Cour des Sessions, Cour du Banc du Roi, 1929-39.

19. Sr. Tharcisius refused the request. 24 July 1937.

20. 1933.

21. 20 June 1936. A mother also wrote, "nous avons des parents de prêtre, des cousines religieuses dans plusieurs communautés à Montréal aussi ne donnez de réponse à personne, ni prêtre, ni religieuse." 2 March 1933.

22. 35181, 10 May 1937.

23. When caught, a patient had to serve an extra month, altogether she worked seven months after her delivery; 34502, 30 March 1936.

24. 32542, 1933.

25. As a mother from St.-Hyacinthe put it, "je ne voudrait pas voyager pour rien le temps est trop dur." [sic] 32000, 1933.

26. The blood transfusion was assessed at \$20 or one month of service; 32537.

DEVIANT ANONYMOUS

ward. Such activity could in turn be transformed into good points toward an early release.

The image of the single mother justified this treatment. She was considered weak and ignorant, strong-minded and wicked, or simple-minded. Perhaps because mentally handicapped women were more vulnerable to abuse, single mother were often believed to be of inferior intelligence. A doctor writing in a Quebec medical journal in 1932 stated that “natural [i.e. illegitimate] children seem particularly exposed to madness.... It is probable, in fact, that the parents of a natural child are often abnormal.”²⁷ In the register, one finds such comments as “stupid” or “idiot” written in by the nuns. The nuns may have been exaggerating at times but one cannot rule out passive resistance from the women who wanted to be expelled before their term was up or, if brought in forcibly by their parents, before their delivery.

Even if it was recognized that many of the women had been abused, sometimes by a relative — while recommending a patient, the parish priest would occasionally make a point of writing that she came from a very poor but good family and had been taken advantage of — most were deemed to have fallen and hence needed to repent. This feeling was sometimes shared by the inmates’ mothers. One wrote that she hoped that her daughter’s stay of one year and three months would be a good lesson for her.²⁸ In a few cases, the parents or the parish priest requested that a young woman be kept after her six months until the age of 21, or even later, working in return for room and board as well as protection from the outside world and her own weakness.²⁹ These cases were referred to the Sisters du Bon Pasteur d’Angers who had a home for young delinquent women. Some of them were taken there most reluctantly.³⁰

The women were confined not only to avoid causing scandal but also to reform. Attendance at chapel was required three times a day. The whole atmosphere was designed to induce humility, repentance and penance. Sr. Tharcisius, for instance, wrote to a woman coming back for the second time: “Poor lamb wounded on the thorns along the path, you will have no reproach if you show yourself to be repentant, submissive and humble.”³¹

The work the single mothers performed at La Miséricorde was both a means of atonement for sin and an economic duty. The avowed purpose of the six months of

27. C.A. Décarv, “Maladies mentales,” *Annales Médico-chirurgicales de l’Hôpital Ste-Justine*, Vol. 1 (mai 1932), p. 126.

28. 1939.

29. A curé wrote Sr. Tharcisius, “que je serais content pour les parents et leur fille Y., si vous pouviez décider cette dernière à demeurer chez-vous comme une autre des soeurs, parmi les filles repentantes. Là seul elle serait sauvegardée contre de nouveaux malheurs qui la guettent chez elle, j’en ai la ferme conviction.” 17 October 1933, 32760. Similar requests from the patients’ mother are in 32357, 17 October 1933, and 32578, 19 November 1933.

30. 32509, May 1937; a 17 year old “fait une scène pour ne pas rester, prétend être amenée de force.”

31. Sr. Tharcisius, 10 August 1938.

HISTORICAL PAPERS 1984 COMMUNICATIONS HISTORIQUES

service was to refund the cost of the delivery and medicine and to pay for the child who was abandoned. If the baby was placed and adopted, the service was reduced to three months. If the baby died, six months work remained owing to pay for the cost of sepulchre. If the child was kept in the crèche, the daily board was \$1. The work was assessed at \$20 a month, but days of sickness were not counted.³² Clearly it was not simply economic considerations that dictated the length of service; the good or bad marks also affected the time spent in the institution. In 1933, when a large number of beds were needed some inmates were given a months grace. According to the correspondence found in the files, there was much confusion regarding the counting of the days of service. Inmates wrote notes to Sr. Tharcisius asking how long they still had to serve, relatives were uncertain as to the date of discharge and there was much pleading to let a daughter out either because she was needed to help her mother or because there was sickness at home. There were cases of members of the family trying to raise sufficient sums so that a sister or a daughter could be let out early. One woman implored the nuns to let her sister go and asked if the government could not help: "I understand," she wrote, "that it is not your fault nor that of the government" and offered to pay \$75 a month. Sr. Tharcisius answered that the patient could go only when her account was reduced to the last \$75 and that "one should not forget that this child is hers and not the government's nor ours although we will keep him for six years."³³ A letter from the parish priest, if it could be obtained, proved the surest way of getting an early dismissal. Women who had nowhere to go went on serving the nuns for many months, sometimes years, in return for room and board. They thus had the spiritual and material benefits of living in a religious community without being committed to vows.

There were other instances, however, when women had to work against their will to pay off a nonexistent debt. Someone who cared for the patient, in some cases a priest, or another nun from her home town, sent money but asked that the inmate not be told "so that she can prolong her time for a complete recovery if possible."³⁴ Recovery here seems to mean moral recovery. When the father of an eighteen-year-old patient successfully sued the baby's father, the hospital got \$300 but the family was not refunded the account of \$126.50 for the woman's board before delivery, \$50 for abandoning the child, and \$44 for doctor's fees and treatment.³⁵

Whether for penance or to refund a debt, service in the hospital consisted of general housework, such as washing furniture; kitchen work, like peeling potatoes; laundry work, diapers being the most arduous; and work in the nursery or the crèche: feeding, supervising and changing the babies or children. One mother breastfed three or four babies and exhausted herself to the point of anemia and then was discharged because she

32. Sr. Tharcisius, 30 September 1935, 21 October 1935, 15 October 1937.

33. 22 July 1938.

34. 3 November 1937. Even women over the age of 21 were sometimes kept against their will. To a hotel keeper who had brought his 27 year-old employee, an orphan, to the hospital Sr. Tharcisius wrote, "she wants to leave the hospital at all costs ... she believes she is in prison.... If we keep her here it is only in answer to your desire which you have expressed so clearly already." 12 April 1932, 31557.

35. 32460 and 35175, May 1937 who had an account of \$97.

DEVIANT ANONYMOUS

was incapable of doing her work. A few days before delivering, a boarder wrote: "I spend all day ironing."³⁶ The doctor asked that an inmate who had developed a skin irritation washing furniture should stop work for forty days. She was then given damp clothes to fold and the doctor told her to stop if she felt weak and to take her tonic three times a day.³⁷ It is difficult to argue that this kind of work was solely for moral reform when women in private rooms were exempt from all work before their delivery (nor did they work afterwards since they paid the fees) except for "des ouvrages de fantaisie pour elles-mêmes, des lectures..."³⁸ And yet, one Protestant woman was discharged after three months of service because "puisque protestante ne peut tirer aucun profit spirituel."³⁹

The penitents were also the objects of rescue work. The most devout could join the Madelon, named after St. Mary Magdalen, and become Oblates. The condition of admission, according to Sr. Tharcisius, was good health and good will. After spending a few months as a Daughter of St. Marguerite, the candidate was issued a uniform and given a new name; she then entered the order on 22 July, feast day of St. Mary Magdalen. The Oblates did not have the strict discipline of the ordained nuns: they did not have to fast, but they could not go out and had parlour only once a month. They worked for the nuns, the stronger ones in the kitchen, the others sewing or performing housework.⁴⁰ Thus they would atone for their sins for the rest of their life. At least one mother wrote advising her daughter to expiate her fault by renouncing her life and entering the order.⁴¹

A very small number entered the Madelon. Those who did not hear a religious calling had to deal with the immediate responsibility for their offspring. Single mothers were generally encouraged to keep their child. Already in 1915, the Women's Directory of Montreal, engaged in reform work for single mothers, aimed at keeping mother and child together to encourage breast feeding, partly in order to cut down on infant mortality.⁴² In 1931, the feminist Idola Saint-Jean recommended to the Royal Commission on Social Services (the Montpetit Commission), that the single mother keep her child "as a safeguard for her." She also argued that it would not only be beneficial for the mother but would also allow children to enjoy the warmth and maternal care that no institution could provide.⁴³ While the experts recommended that mothers keep their child either for their own or for the child's welfare, only 14.6 percent of patients actually did leave the hospital with their child. Legally, the so-called illegitimate child was the

36. 32662, 1932. In 1938, a twenty-year-old anglophone of Lithuanian origin was "acquitted" after four months as a wetnurse. In a note to Sr. Tharcisius, she wrote, "my mother thinks I only do 6 babies, she doesn't know I have been doing 13 babies for 3 months, washing them, feeding them and scrubbing." How many was she breastfeeding? 35436, 1938.

37. 1932.

38. Sr. Tharcisius to the curé of Ste-Justine-de-Dorchester, 18 April 1939.

39. 33660, 2 October 1935.

40. St. Tharcisius to E.P., 15 July 1937.

41. 2 March 1933.

42. *First Annual Report of the Women's Directory of Montreal* (Montreal, 1915).

43. *La Presse*, 13 January 1931.

HISTORICAL PAPERS 1984 COMMUNICATIONS HISTORIQUES

mother's responsibility; it was a crime for her to neglect or abandon her offspring. She was bound to support it, though the law allowed her to avail herself of adoption.⁴⁴

By leaving her child at La Miséricorde a mother indicated that she wished it to be adopted. The mother would pay a lump sum of at least \$50 for the upkeep of the child at the crèche until adopted. If, instead of leaving the child to be adopted, she could afford the daily fee of \$1, she could keep her child at the crèche and retain visiting rights on the first Thursday of the month.⁴⁵ A number of women intended to look after their child when their financial situation improved or if they married. They would send money for months, sometimes years, although they usually stopped gradually when personal circumstances changed. In some cases, the child was indeed claimed after the mother married. In other cases, the babies left the hospital with their grandmother, but a large number were destined to spend their childhood in institutions.

The nuns exercised great powers over the relations between the mother and her child. The hospital's desire to avoid a new infant charge led the nun to trace a patient who had deserted, placing the baby in her arms and sending both along after extracting a promise from the mother to send the payments.⁴⁶ Another woman came back to get her child, but she was refused on the advice of a priest and the Children's Aid Bureau.⁴⁷ Mothers who left their children at the crèche often wrote to enquire about their health and wellbeing: "Let her take fresh air outside. I would so much like her to enjoy good health."⁴⁸ Many sent money for photographs to be taken and one mother, noticing that her child had bandy legs, sent money for a pair of boots.⁴⁹ Even three years after she had left the hospital, one mother was encouraged to come and pick up her child. An anglophone patient wrote: "If your answer to me would be that my baby had died and God had taken him to Heaven, I would be so much happier. I am so lonesome for him."⁵⁰

For over a third of the mothers, long-term responsibilities for the care of their child did not pose a problem since it died during its first year. At the beginning of the decade, Montreal had the unfortunate reputation of having one of the highest infant mortality rates in Canada if not in the western world: it fell from 12.5 percent in 1931 to 7.2 percent in 1938.⁵¹ At La Miséricorde, 37.7 percent of the infants born between 1929 and 1939 died in their first year, mostly from preventable diseases such as gastroenteritis or pulmonary infections.⁵² For the sisters and some mothers, the death of a child was almost a cause for rejoicing since the infant would be spared a life of misery. To a mother who wrote that she could not forget her child and wanted to know its complete name, Sr.

44. Kerry, pp. 9-10.

45. Parlour on a week day was very inconvenient for working mothers, especially if they lived out of town. 4 July 1940.

46. 30590, 4 October 1930. Also 33919, 2 September 1935.

47. 33296, July 1934.

48. 1935.

49. 1937.

50. 27 June 1940 when the child was one year old.

51. *Annuaire statistique du Québec*, 1940.

52. Statistics compiled from AHM, the registry, 1929-39.

DEVIANT ANONYMOUS

Tharcisius answered, "Our good Mother in Heaven has taken care herself of little Adrien. She came and got him last May. It is a little Angel who is up there watching over his maman." This was written in November, six months after Adrien's death.⁵³ In the same vein, the sister wrote to a grandfather: "Dear Sir: We regret to say that the baby born to E.C. is dead. Thank God for this great favour."⁵⁴

To concerned mothers, the sisters gave news regarding the child's weight and behaviour. Sometimes this information appears to have referred to the wrong child. One mother asked whether her child was dead so that she could stop worrying. In April, she was informed that "elle va bien et est toujours gracieuse;" shortly after this, she was notified that the child had died the previous December.⁵⁵

While Sr. Tharcisius personally encouraged mothers to keep their child, most of them could not do so and a large number left the hospital to take up a position as a domestic. It was a special favour to be chosen by a doctor to serve his family.⁵⁶ Many left for another city, as far away as Ottawa, to make a new start and forget their past. Others tried to save money in order to claim their child one day and kept in touch even when they had signed the "abandonment" form.

There are difficulties in assessing the changes that took place during the period under study. The number of admissions was limited by the number of beds; yet we know that the total number of births from single women in Quebec rose from 2.9 percent of live births in 1931 to 3.4 percent in 1939, that is a 17 percent increase.⁵⁷ In 1933, both the Miséricorde in Montreal and the one in Quebec City were full and turning women away. In Montreal, La Miséricorde began to restrict admission to women from the city in their seventh month of pregnancy or later. Was there an increase in illicit sex? The illegitimacy rate did go up from 3 percent in 1932 to 3.2 percent in 1933, but the main reason for the rise in demand for admission was that, in both cities, private maternity homes were closing because of the depression and the overflow was going to the Miséricorde hospitals.⁵⁸

What did decrease during the period were the rates of syphilis and of infant mortality. The rate of positive Wasserman tests which was 8 percent in 1930, never went above 6 percent after January 1936.⁵⁹ An active antivenereal disease campaign had been

53. 27 November 1939.

54. 1934. A 19 year-old who left the hospital just two weeks after her child's birth, wrote Sr. Tharcisius, "Si le bon Dieu venait la chercher pour faire un petit ange au ciel à que je serais heureuse car qui dit plus tard qu'elle n'aura pas de misère, je sais qu'elle me maudira peut-être un jour, mais il me faut subir mon sort que j'ai voulue [sic]." She need not have feared being damned one day, as the baby died at nineteen days. 35065.

55. 32634, April 1934 and 9 September 1934.

56. 32192, April 1933.

57. Province de Québec, *Rapport annuel du ministère de la Santé et du Bien-être social pour les années 1935 à 1941* (Quebec, 1944), p. 204.

58. Ibid. C. Joncas to Sr. Tharcisius, 20 February 1933. Sr. Tharcisius to the curé B., January 1933.

59. Statistics compiled from AHM, the register.

HISTORICAL PAPERS 1984 COMMUNICATIONS HISTORIQUES

launched in the early twenties, but Premier Bennett's government had cut the federal funds in 1931. More refined studies are needed to provide a satisfactory explanation for the decreasing rate of syphilis. The drop in infant mortality, from 43 percent in 1930 to 27 percent in 1939,⁶⁰ follows the trend in Quebec and Canada. As physical conditions inside the institutions did not change noticeably, the decrease can only be attributed to traditional causes which have been identified by other historians: better nutrition and a better understanding and application of measures of hygiene.⁶¹

The treatment of single mothers at the Hôpital de la Miséricorde raises a number of questions. The letters intercepted and kept in the dossiers may give us a biased picture of the living conditions since the majority were written by dissatisfied boarders. There were, however, some letters from grateful expatients to Sr. Tharcisius. Besides the correspondence, comments written in the patients' records by the supervisors provide some insights into the reaction of the boarders, the extent of submissiveness or rebellion. While the nuns commented on the patient's stubbornness or insubordination, inmates' letters repeatedly mention tears, tiredness, suicidal thoughts and general depression. Unhappiness was expected by the authorities and interpreted as a sign of repentance. Sr. Tharcisius wrote to an exboarder with whom she kept up a warm correspondence and who planned to come to Montreal for a visit: "Il vous sera sans doute agréable de revoir la chapelle où vous avez tant de fois prié et pleuré."⁶²

Except for women who had nowhere to go, with no family or friends, and for whom the hospital was indeed a haven from a corrupt world,⁶³ we can assume that most women were anxious to leave as soon as possible. The majority appeared to be resigned, some trying to get good marks in order to be let out early, others begging their parents, relatives or boyfriend to find some money to pay off their debt.

Comments by the nuns would lead us to believe that there was some silent sabotage and passive resistance. One patient was deemed not to be very bright because she took so long getting her work done. Yet her intercepted letters are very coherent and show no signs of dimness of wit. Out of desperation, some women threw letters out of windows, attempted to smuggle them out with visitors or entrusted them to companions leaving the institution. We only know of those who got caught.⁶⁴ The supervisors reported misde-

60. Mortality rate of infants born at the Hôpital de la Miséricorde: 1929: 39.6 percent; 1930: 43 percent; 1931: 44 percent; 1932: 51 percent; 1933: 59 percent; 1934: 37 percent; 1935: 34 percent, 1936: 35 percent; 1937: 29 percent; 1938: 17 percent; 1939: 27 percent. Statistics from AHM, the register, 1929-1939.

61. See Terry Copp, "The Health of the People: Montreal in the Depression Years," in *Norman Bethune, his time and his legacy, son époque et son message*, eds. David A.E. Shepard and Andrée Lévesque (Ottawa, 1982), pp. 129-31.

62. 34378 stayed a year and a half.

63. 24 June 1937.

64. Having tried to send a letter "en cachette," 34502 had to work an extra month in the nursery, altogether she had already served seven months after her delivery. 32771; 35217. 29 May 1937; 35840, 14 May 1938, were also caught and punished.

DEVIANT ANONYMOUS

meanours, but were all cases detected and reported? We know that some 4 percent of the women were discharged for being insubordinate, stubborn or vulgar.⁶⁵ The best way to get expelled quickly was to be an object of scandal, to use foul language and hold conversations on scandalous subjects.⁶⁶ At least one young woman may have tried to injure herself voluntarily since she needed an operation on a finger “infected by guilty negligence.”⁶⁷ A small minority managed to escape without being brought back. Others attempted escape but were captured by the detective called by the authorities. In the case of minors, the nuns presumably had the help of the police because they acted in loco parentis. In other cases, they were on shaky grounds, as in the case of an inmate who was discharged under orders from her lawyer.⁶⁸ Closely guarded, often foreigners to the city, perhaps without sympathetic relatives nearby and threatened with capture by a detective and an extended stay if caught, rebellious women were discouraged from actively reacting to their situation.

Open rebellion, at great risk, was only the most overt manifestation of resistance. In most cases, even passive resistance was out of the question. Depressed women, often coping with the trauma of having been deserted by their lover and being cast out from their familiar surroundings, busy all day and bearing the discomforts of pregnancy, had little energy left for rebellion. Like their mothers, most would have internalized the religious, traditional and patriarchal values which justified their punishment. Society’s rules had been transgressed by them and their child’s father. They, and later their child, were to pay the price.

Women had to come to terms with the social consequences of out-of-wedlock pregnancies. Given the contradictory demands made on single mothers — to hide their shame and to keep their child — anonymity provided an escape route if the child died or if, transgressing the usual prescription, the mother left it with the nuns. This dissimulation, during and after pregnancy, could only be accomplished with the complicity of other women, nuns or mothers. Nuns offered shelter, discretion, correction and rehabilitation. Mothers had to protect their daughters from the danger of losing their honour. Yet in many cases mothers were not there since over a quarter of single mothers had lost their own mothers. As this seems higher than for the majority of women their age, their mothers’ absence may have been in part responsible for their situation. Mothers of single mothers showed their concern for their daughters, suffered great sorrows and often blamed themselves for their children’s faults. This feeling of guilt was reinforced by some popular writings of the time. In a collection of morality tales, the chaplain of the Hôpital de la Miséricorde in Quebec City, Father V. Germain, maintained that if a single woman became pregnant it was usually a sign that her own mother had previously sinned either by having had an illicit love affair before her marriage, or by

65. Statistics compiled from AHM, the register.

66. 33275, 1934.

67. May 1939.

68. According to the registry, she still owed the institution \$97; see 35173, May 1937. In October of 1935, the police were called to put 34168 to bed. When 30621 threatened to desert in August of 1930, a detective escorted her to the sisters’ other crèche in Sault-aux-Récollets, a Montreal suburb.

HISTORICAL PAPERS 1984 COMMUNICATIONS HISTORIQUES

practising birth control.⁶⁹ The inmates' mothers did not only take moral responsibility for their daughters but, within their means, they also showed concern for their material well-being. They sewed clothes for their daughters, wrote them letters and covered up for them. Of the patients who had a mother — this applied to 72 percent — 5 percent took charge of their grandchildren, usually adopting them.⁷⁰

Confronted with an unwanted pregnancy many women attempted some form of abortive procedure, from taking hot mustard baths to inserting an instrument into the cervix. Presumably not all of them admitted this to the examining doctor at the hospital, but this information appears on 5.1 percent of medical records.⁷¹ Short of aborting, the surest way of escaping the social consequence of single motherhood was to marry the father. Canada and Quebec do not keep statistics on births occurring within six months of marriage and, except by consulting parish records, we cannot estimate the incidence of extramarital pregnancies. The correspondence found in the hospital reveals that some fathers claimed that they intended to marry the mother when their financial situation allowed it, when they found a job for instance. Some kept their word and the child was claimed later on. Some parents forbade their daughter to keep in contact with her lover and their mail was intercepted even when the woman was over 21 years of age.⁷² The nuns took note of at least one woman who married a drunk she did not love only to give her child a name.⁷³ A few times a year women married in the chapel of the hospital, either before the birth or, more often, upon leaving with her child.⁷⁴ If the father was acceptable, both the parents and the nuns viewed marriage as the best solution short of entering the convent.⁷⁵ Thus the woman could reenter society in the role prescribed for her, that of a married mother.

Starting anew as if nothing had happened was the other route back into "the World." Women faced a paradox here: the best way to hide their past was to hide their child. Yet the law, the experts and the nuns all made mothers responsible for their child. This contradiction could only engender feelings of guilt and inadequacy.⁷⁶

In order to survive economically and socially, the single mother had little choice but

69. V. Germain, *Contes de la crèche* (Québec, 1939).

70. Statistics compiled from AHM, the register.

71. *Ibid.*

72. 36523, 9 October 1939. John Gillis has already shown that, in 19th century London, men who might have considered caring for their girlfriends and their children were often prevented by circumstances from doing so. John R. Gillis, pp. 157-63.

73. AHM, 30377.

74. Statistics compiled from AHM, the register.

75. To a patient's mother who asked some advice as to whether her daughter should correspond with the young man who promised to marry her. Sr. Tharcicius answered, "le meilleur conseil est de la laisser marier puisque le jeune homme le désire.... c'est son désir aussi.... Ce serait la meilleure solution car elle ne montre pas d'attrait pour le couvent. Et le travail est très difficile à trouver." *Ibid.*, 19 November 1933, 32578.

76. Seventeen years later, parents wrote enquiring about their child, adding: "plus nous vieillissons, plus nous y pensons, sa ne se passe pas [sic]." *Ibid.*, 17 December 1956, 36571.

DEVIANT ANONYMOUS

to abandon her child. Jobs were difficult to get during the depression and domestic service was the main occupation for single women. Few employers were willing to hire a woman and her child. In 1937, single mothers who tried to subsist on welfare were denied this means of survival in Montreal when the city, to comply with orders from the Quebec government, cut single mothers off the relief lists.⁷⁷ Economic conditions forced many mothers to institutionalise their children and make them available for adoption. An institutionalised illegitimate child had a minimal chance of being adopted during these years of depression when adoption rates were dwindling.⁷⁸ The social stigma attached to illegitimacy would pursue such a child for the rest of her/his life. The label was in the parish registers and some religious orders did not accept bastards, hence denying then the highest aspiration of a Catholic. A mother could well feel guilty for condemning her child to a life of discrimination by putting her own welfare first. In this context, the expressions of relief at the death of the child are not surprising. As one grandmother wrote Sr. Tharcisius, "we are satisfied. The baby is dead, the past erased."⁷⁹ But the past was erased only after the single mother had undergone a period of anonymity, in isolation, in penance, as atonement for her sin and just retribution for her delinquent behaviour.

Appendix

PROSPECTUS

Hôpital Catholique de la Maternité
de Montréal

Sous la direction
des Soeurs de Miséricorde
Fondée en 1845.

Le but de cette Institution est de fournir un asile aux femmes qui sont sur le point de devenir mères, et de leur offrir, avec les soins corporels requis, le moyen de sauver leur honneur et celui de leur famille.

Les religieuses qui ont l'administration de cet hôpital se dévouent pour le bien moral et spirituel des hospitalisées, tandis que d'habiles gardes malades sont chargées de leur donner les soins que réclame leur position.

Dans l'admission des patientes aucune distinction n'est faite à cause de la religion, de la nationalité ou de la résidence de celles qui font application, et aucune n'est refusée à cause de sa pauvreté. Seulement, celles atteintes de quelque maladie contagieuse sont exclues.

77. *Le Devoir*, 18 May 1937.

78. AHM, C. Joncas to Sr. Tharcisius, 20 February 1933.

79. *Ibid.*, 31541, April 1932.

HISTORICAL PAPERS 1984 COMMUNICATIONS HISTORIQUES

Les patientes privées sont libres d'appeler un médecin autre que celui de l'Hôpital, si elles le désirent.

Les patientes doivent fournir leur propre linge et tous leurs objets de toilette.

Les conditions de l'admission sont comme suit:

SALLE COMMUNE

Pension par mois	\$8.00
Adoption de l'enfant et frais de maladie	\$120.00

PENSION PRIVEE

Chambres doubles, par mois	\$60.00
Adoption de l'enfant et frais de maladie	\$130.00
Chambre strictement privée, par mois	\$90.00
Adoption de l'enfant et frais de maladie	\$155.00

Les remèdes sont chargés au compte de la patiente.

La pension est payable chaque mois et les autres charges sont exigibles à l'entrée.

Le décès de l'enfant à la naissance ou plus tard ne modifie en rien les conditions ci-dessus mentionnées.

Porte d'entrée pour patientes, 440, rue Dorchester Est.

Pour conditions et informations, adressez,

SECRETAIRE DES PENSIONNAIRES,
440, rue Dorchester Est,
Montréal, P.Q.