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**The Committee of Management and the Montreal Maternity Hospital, 1893-1906**

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# “STRENGTHENING THEIR HANDS” The Committee of Management and the Montreal Maternity Hospital, 1893-1906<sup>1</sup>

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LAURA J. O'BRIEN is a Ph.D. candidate in architecture at McGill University in Montreal. Her research investigates the intersections of gender and class in benevolent institutions in Montreal at the turn of the twentieth century. Her research interests include gender and architecture, feminist human geography, cultural landscape studies, and the history of emotions. She holds an M.A. in Art History from Concordia University. Her research is supported by the Social Sciences and Humanities Research Council (SSHRC) and the Fonds de recherche du Québec – Société et Culture (FRQSC). She was a recipient of the Canadian Centre for Architecture (CCA) Collection Research Grant Doctoral Residency in the summer of 2018.

The Montreal Maternity Hospital (MMH) originated as a safe place for vulnerable women to give birth. Montreal desperately needed such an institution in the nineteenth century: the death rate in the 1890s was one of the highest in the world, and in 1897, infant mortality accounted for almost half of the total deaths in the city.<sup>2</sup> Between 1897 and 1911, one out of three babies died within a year of being born.<sup>3</sup> The MMH moved several times throughout its long history. It originated as a small dwelling, moved to a repurposed home, then to a purpose-built institution, and finally settled on Mount Royal, next to the Royal Victoria Hospital. This paper focuses on the final two iterations of the MMH: the hospital at 93 St. Urbain Street (which I will refer to as the old hospital) and the hospital built in 1905 by prominent architect Andrew Thomas Taylor at St. Urbain and Prince Arthur streets (the new hospital). Specifically, I investigate the role of the all-female Committee of Management in the realization of the new hospital, between the years 1893 and 1906. I mobilize alternative sources such as photographs, fire insurance maps, and Minute Books to gain insight into the spatial organization of the hospital, and, most importantly, in how the women of the Committee experienced this space.<sup>4</sup>

Histories of the MMH either focus on the medical men who practised at the hospital, celebrate the charitable contributions of the institution, or delineate the transformation of the hospital through technological advancements and infrastructural shifts.<sup>5</sup> Building on this research, I investigate the material, spatial, and geographic transition from an old repurposed

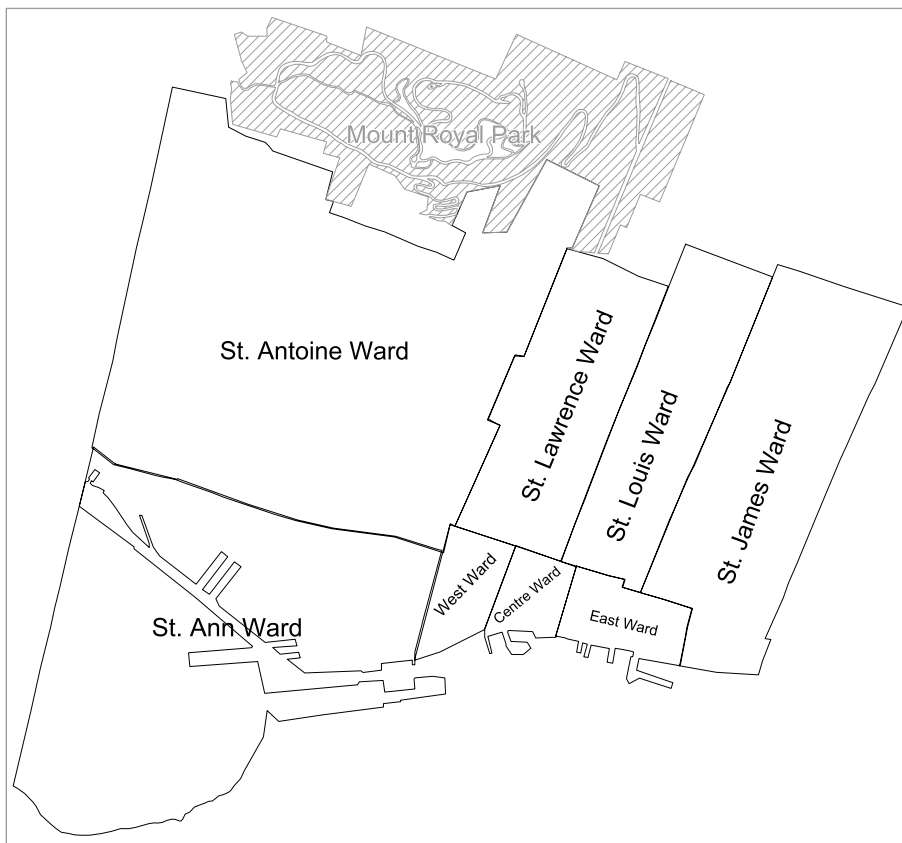


FIG. 1. CITY OF MONTREAL, SHOWING DIFFERENT WARDS. | TRACED BY AUTHOR FROM THE 1881 GOAD ATLAS.

dwelling in a working-class area of the city, to a new purpose-built hospital in an upper-class location. Based on a comparative architectural analysis of the old and new hospitals as well as a close reading of sources written by the Committee, I argue that the new hospital emerges as a site within which the all-female Committee asserted their authority through spatial tactics and alterations to the new hospital.<sup>6</sup> Further, situating these two hospitals within the visual and architectural landscape of nineteenth-century Montreal opens up a discussion of the intersection of class and gender within the history of the Committee of the MMH. The transition from old to new also precipitated a shift in patient demographics, from working-class women to bourgeois women.<sup>7</sup> The presence of both impoverished and elite women under the same roof presented challenges and a crisis in identity for the middle-class managers of the MMH. I contend that eventually their interest in their working-class charges waned in favour of the upper-class clientele.

My aim is not to subject these agents of social reform to anachronistic standards of feminist activism or denigrate the tireless work that the Committee contributed to the benevolent network of Montreal.<sup>8</sup> The Committee cared about the wellbeing of their patients, and their actions reflected what they thought was “good, right and necessary,”<sup>9</sup> both for their patients and the institution. My goal is to investigate the articulation of class and gender within the MMH through architectural analysis and material culture, to highlight the shift in priority of the Committee. It is my hope that with the study of this small piece of Montreal’s social and architectural history, I can begin to tease out and interrogate a few of these particularities.<sup>10</sup>

This research is greatly indebted to historian Rhona Richman Kenneally, whose

analysis of the hospital’s archival documents delineates the transition of the MMH from charitable institution to obstetric medical hospital through changes in management, medical advancements, and patient demographics. Kenneally’s rigorous investigation of the MMH is the foundation for my spatial and architectural analysis of the hospital. Architectural historian Annmarie Adams has investigated in detail the architectural and material divisions between private and public patients in the Royal Victoria Women’s Pavilion, where the MMH moved in 1926.<sup>11</sup> Neither a domestic residence nor a bourgeois hotel-like hospital, the new MMH was a transitional space within which the women of the Committee consolidated their identities as middle-class charitable women.

## MONTREAL IN THE NINETEENTH CENTURY

Over the nineteenth century, Montreal’s landscape underwent major changes. In 1840, Montreal incorporated as a city, and the faubourg plan of the city transitioned into wards (fig. 1).<sup>12</sup> In 1850, a major fire destroyed many houses and establishments. This resulted in a shift in housing typology, from affordable single-family wooden dwellings to more expensive multi-family stone dwellings.<sup>13</sup> Between 1840 and 1890, Montreal’s population boomed, increasing by 290 per cent.<sup>14</sup> By the end of the nineteenth century, the construction of the railway and the opening of two major train terminals—Windsor Station and Grand Trunk—resulted in an influx of people looking for work, the majority of whom were young women.<sup>15</sup> These developments are often celebrated as an exciting and prosperous time for the city, but they came at a great cost. Indeed, expensive housing and the influx of vulnerable populations resulted in a housing crisis and devastating poverty for many.

The affluent municipalities that surrounded the city, such as Notre-Dame-de-Grâce, Outremont, and the Town of Mount Royal, did not think it was necessary to share their resources.<sup>16</sup> Therefore, Protestant and Catholic religious organizations took it upon themselves to care for Montreal’s poor. The result was a well-intentioned but apparently disorganized network of benevolent institutions that helped the most vulnerable throughout the city.<sup>17</sup> These institutions had disparate approaches and various functions but were united by three characteristics: they were mostly run by women, they were segregated by religion,<sup>18</sup> and they all sought to provide some respite to women and children from the brutal conditions of industrial capitalism.

## THE COMMITTEE OF MANAGEMENT

Starting in 1843 (the same year that the hospital was founded), the Committee gathered monthly at meetings chaired by the First Directress, J.G. Gardiner. This group of women was one part of a two-tiered governing system. While an informal board of laymen and physicians from McGill University’s Faculty of Medicine also oversaw the management of the institution, they demonstrated little interest in this role during the early days of the hospital.<sup>19</sup> Indeed, the minutes of the monthly meetings, recorded by Florence Drummond, demonstrate that Dr. James Chalmers Cameron—the chief obstetrician between 1886 and 1912<sup>20</sup> and whose wife, Mabel Cameron, sat on the Committee—was the only doctor from the Board who communicated directly with the women. The division of labour between these two governing bodies was gendered: the women were given freedom to manage the hospital however they saw fit, whereas all medical and financial matters were decided by the Medical Board. While the women were responsible for raising funds

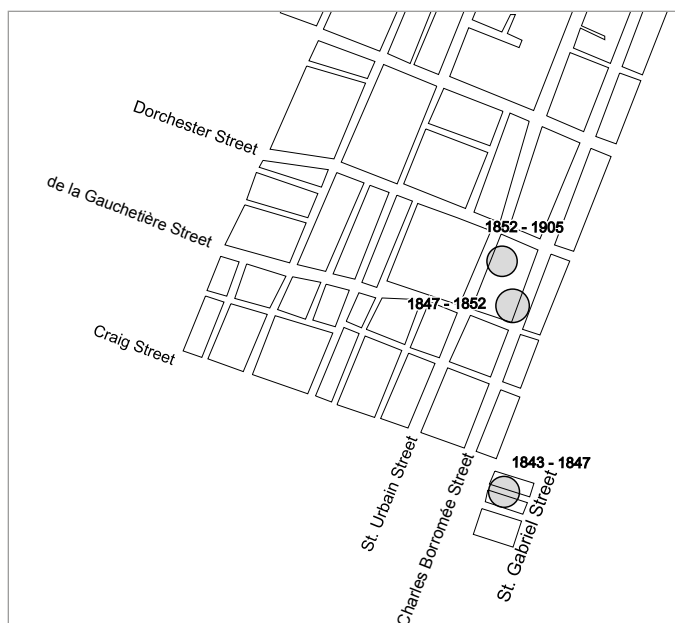


FIG. 2. LOWER HALF OF THE ST. LAWRENCE WARD, SHOWING APPROXIMATE LOCATIONS OF THE MMH BETWEEN 1843 AND 1905. | TRACED BY AUTHOR FROM THE 1881 GOAD ATLAS.

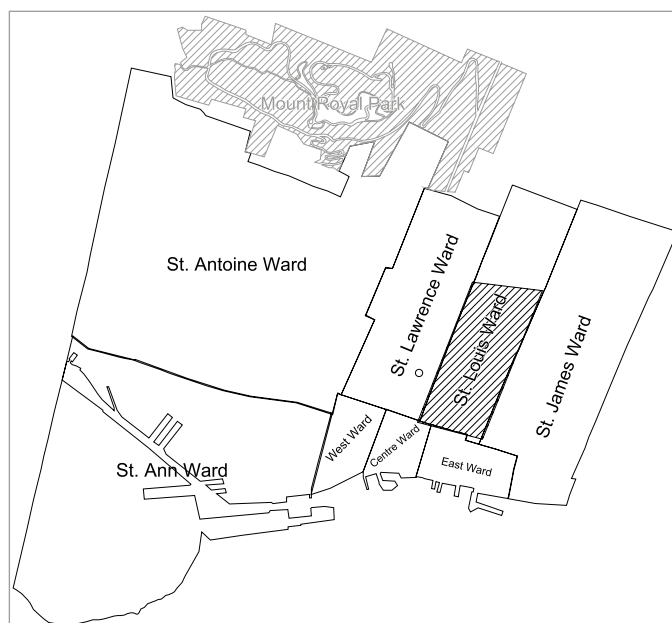


FIG. 3. CITY OF MONTREAL, SHOWING WARDS, THE RED LIGHT DISTRICT, AND THE APPROXIMATE LOCATION OF THE OLD MMH. | TRACED BY AUTHOR FROM THE 1881 GOAD ATLAS.

by organizing social events such as the annual Charity Ball, the management of these funds—outside of bargaining for wares and food at the lowest cost—was at the Board’s discretion.

The women of the Committee preoccupied themselves with the moral wellbeing of their patients. Each month, the Committee appointed two visitors who would make the rounds at the hospital, speak with the patients, and comment on the state of the institution at their meeting. These women subscribed to maternalist ideals, where marriage and motherhood were perceived as crucial to strengthening society. In other words, the birth of a “moral” future citizen was contingent on the spiritual health of the mother.<sup>21</sup> The women also stressed the importance of domestic work and sanitation.<sup>22</sup> Within the institution, the women of the Committee delegated tasks for which they would be responsible in their own homes to the working-class laundresses, seamstresses, and cooks

whom they hired. In this way, the women of the Committee engaged in a “dialectical process” with their charges, in which they consolidated their middle-class identities through projecting morals onto others.<sup>23</sup> Cleanliness—of the soul and the physical environment—was paramount within the MMH. Charitable work was also a form of social capital for women in that time and place.<sup>24</sup> In managing the hospital, middle-class women could experience the privileges and freedoms that their male counterparts enjoyed.

### THE WARDS OF MONTREAL

Over the course of its long history, the MMH slowly travelled north toward Mount Royal. This exemplifies architectural historian Shelley Hornstein’s observation that hospitals in Montreal literally climbed the mountain in a “quest to dominate the city.”<sup>25</sup> In this particular case, the hospital travelled from the southern end of the city—which was associated with unsanitary conditions

and unsavoury characters—to the northern end, closer to McGill University and the affluent St. Antoine ward. The institution originated as a small, multi-room dwelling on St. Gabriel Street near Champs de Mars at the southern end of the St. Louis ward.<sup>26</sup> “The MMH moved around the same area, and settled into its location at 93 St. Urbain Street in 1852 (fig. 2).” Caroline V. Barrett and John R. Fraser note that the move “proved an important step in the development of the institution, for the hospital activities were free to expand and the area selected was found most desirable for the many poor patients of the city.”<sup>27</sup>

The old hospital was located at the southern end of the St. Lawrence ward, which bordered the working-class St. Ann ward, and was close to the port and the Red Light District (fig. 3).<sup>28</sup> In the spatial imagination of middle- and upper-class Montrealers, the port was a site associated with disease and disorder, frequented by sailors, sex workers, and other supposedly



FIG. 4. MONTREAL MATERNITY HOSPITAL AT 93 ST. URBAIN STREET. | PHOTOGRAPH PUBLISHED IN BARRETT AND FRASER, *THE ROYAL VICTORIA MONTREAL MATERNITY HOSPITAL*, 1943, P. 9.



FIG. 5. ANDREW THOMAS TAYLOR'S RENDERING OF THE MONTREAL MATERNITY HOSPITAL. | FROM *LA PRESSE* OF FEBRUARY 13, 2019.

nefarious characters. Recent historical accounts describe the St. Lawrence ward as a mix between commercial and residential spaces.<sup>29</sup> Positioning the southern end of the ward in relation to the Red Light District, the port, and Dufferin Square (an “unsavoury hangout for down-and-outs in the 1880s”<sup>30</sup>), the social character of the ward emerges not as homogenous, but gradient; the southern end of the St. Lawrence ward can thus be seen as a “transition zone” between working and middle classes.<sup>31</sup> Thus, the trajectory of the MMH not only demonstrates an ascent, it marks a departure from the lower- and working-class women it once served.

### THE OLD HOSPITAL

The old hospital was a plain two-storey repurposed home with a basement and an attic, as well as a kitchen, servants’ quarters, and beds for patients. It was primarily a teaching hospital, where students could train in obstetric medicine

and witness live births.<sup>32</sup> The only known photograph of the institution at 93 St. Urbain shows that the façade of the hospital blended in with the surrounding residential buildings (fig. 4). It is important to note that there was an institution across the street that provided provisional shelter for impoverished women in need, and archival evidence shows that an overwhelming number of women from that shelter sought care at the MMH.<sup>33</sup> Cloaked by a domestic outward appearance, the institution was unobtrusive on the visual landscape of the city. The patients, once they entered the hospital, would also be removed from sight. The facilities of the old hospital were deemed suitable up until the 1890s, when overcrowding became an issue and the hospital fell into disrepair.

Within the old hospital, the women of the Committee were the symbolic and physical gatekeepers for the nurses and medical students who wished to gain

work experience at the MMH. Kenneally remarks that in some cases, doctors’ wives took places on the Committee, and were “channels through which their husbands could exert influence” on decision-making within the all-female governing body.<sup>34</sup> Though this may be true to some extent, the archive also reveals several instances of resistance against the board of physicians on behalf of these women. Revealed in the Minute Books of the institution, these instances of dissent are subtle and spatial. In 1894, financial and spatial crises in the hospital came to a boiling point. The Committee sent a letter to the Faculty of Medicine, threatening to resign if the financial needs of the present hospital were not met, and unless a new hospital was promised. The argument was centred on a lack of funds and the unsuitability of the current building. The following year, when the hospital was still in a dilapidated state, the Committee once more challenged the Faculty using another tactic. The secretary of the Committee drafted

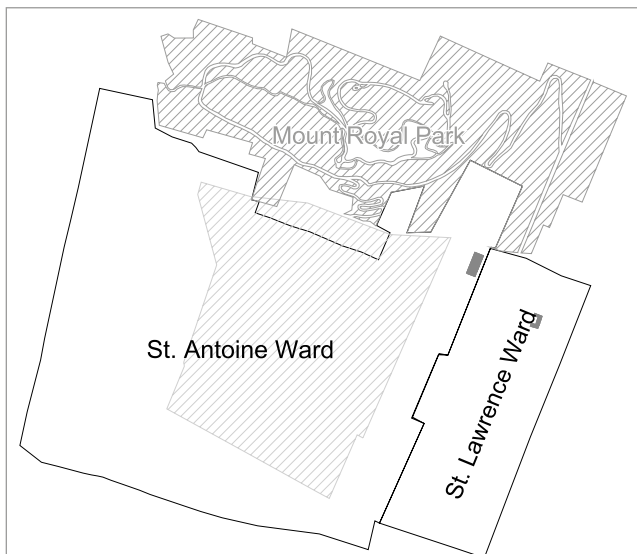


FIG. 6. CITY OF MONTREAL, SHOWING ST. LAWRENCE AND ST. ANTOINE WARDS, THE AFFLUENT SQUARE MILE NEIGHBOURHOOD, THE MCGILL MEDICAL FACULTY (LEFT), AND TAYLOR'S MMH (RIGHT). | TRACED BY AUTHOR FROM THE 1881 GOAD ATLAS.



FIG. 7. WARD AT THE MONTREAL MATERNITY HOSPITAL, MONTREAL, QC, 1925-1926. SILVER SALTS ON PAPER MOUNTED ON CARD – GELATIN SILVER PROCESS, © MCCORD MUSEUM. | BLACKBURNS. IMAGE COURTESY OF THE MCCORD MUSEUM ARCHIVES AND DOCUMENTATION CENTRE.

a letter to the Faculty, expressing that they would hesitate “to issue tickets of admission to any fresh students, until some assurance of assistance could be had.”<sup>35</sup> This event underlines the actual power of the Committee to admit or deny medical students to the premises. The Committee therefore demonstrated their power over the administration of the enterprise, including the proposal to commission a new building. Eventually, the Medical Board acquiesced to the Committee’s demands and a new building was promised. In 1895, Dr. Cameron wrote to the Committee on behalf of the McGill Medical Faculty, stating that they “look[ed] confidently to the strengthening of their [the Committee’s] hands, in the efforts they will not cease to make for the welfare of their institution.”<sup>36</sup> From that point forward, the new building became a major preoccupation of the Committee. From the site, to the architect and insurance, the Committee followed the progress of the new building intently.

### THE NEW HOSPITAL

“L’édifice sera de pierre et de brique,” read a front-page article in Montreal’s francophone newspaper *La Presse* in February 1903, “et en traçant les plans, l’architecte a prévu tous les changements que subiraient certains détails quand l’édifice devra être agrandi pour répondre aux besoins des temps.”<sup>37</sup> The image that accompanies the article presents the hospital, a two-storey brick building with a limestone base (fig. 5) on a large plot of land surrounded by green space. The façade, oriented toward St. Urbain Street (one of the main thoroughfares in Montreal both then and now), presents three Palladian windows and a raised portico. The new hospital was situated at the northern end of the St. Lawrence ward, only a few blocks east from the affluent St. Antoine ward which included McGill University and the Square Mile neighbourhood (fig. 6). While the old institution was across from a women’s shelter, the new one faced an apartment

complex. In 1905, Trefflé Berthiaume—who owned *La Presse*—commissioned a six-plex across the street designed by prominent francophone Montreal architect Louis-Roch Montbriand.<sup>38</sup> This development underlines the burgeoning appeal of the northern end of the St. Lawrence ward to the middle classes, and a departure from the hospital’s charitable origins.

Taylor’s 1903 plan of the MMH indicates that the hospital was supposed to contain thirty teaching beds organized into public and private wards, case rooms, a small operating theatre, and a large hall for teaching.<sup>39</sup> Since this plan was produced two years before construction of the new hospital began, it is unclear how the hospital was eventually organized. However, looking at Taylor’s original plan for the hospital along with photographs of the hospital and descriptions from the archive sheds some light on the layout of the new hospital. According to the *Minute Book*, there were two main public wards, eight

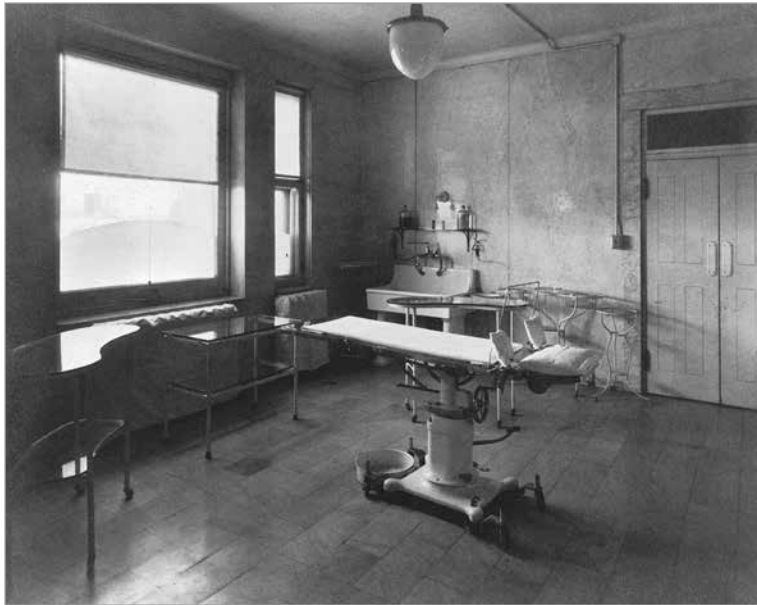


FIG. 8. DELIVERY ROOM, MONTREAL MATERNITY HOSPITAL, MONTREAL, QC, 1925-1926. SILVER SALTS ON PAPER MOUNTED ON CARD – GELATIN SILVER PROCESS, © MCCORD MUSEUM. | BLACKBURNS. IMAGE COURTESY OF THE MCCORD MUSEUM ARCHIVES AND DOCUMENTATION CENTRE.

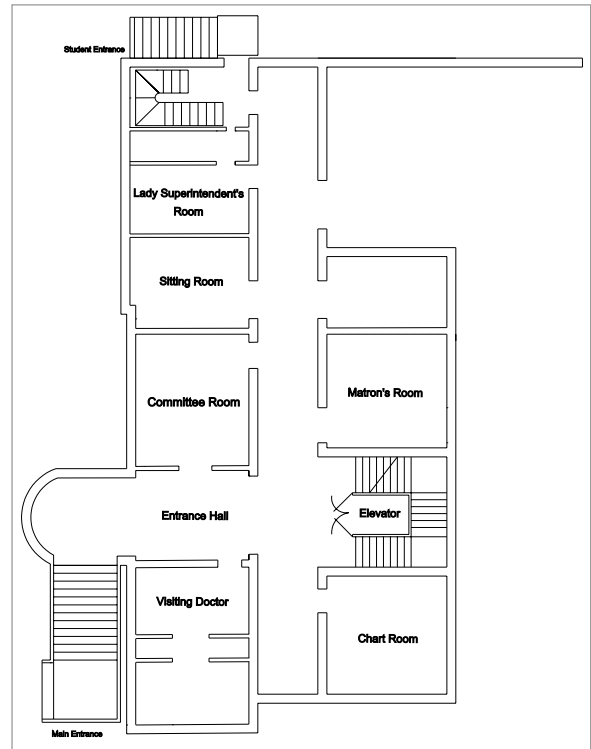


FIG. 9. SEQUENCE OF ROOMS AROUND THE MAIN ENTRANCE OF THE NEW MMH. | TRACED BY AUTHOR FROM 1903 FLOOR PLAN BY ANDREW THOMAS TAYLOR.

private wards, and “separation” wards for women who were thought to be contagious. A photo album from 1925 (the last year that Taylor’s MMH was in use) shows a sun-filled and tidy private ward, which showcases a thriving fern (fig. 7); and a sterile, streamlined delivery room for private patients (fig. 8), where the covered radiators and mirror-like glass surfaces promise a sanitary and safe childbirth. In terms of site, design, material, and spatial organization, the new hospital clearly signified a departure from the charitable origins of the MMH.

The new hospital coincided with a reorganization of the two administrative bodies of the MMH, the Committee and the McGill Faculty of Medicine. However, the former set the precedent for the reorganization of the latter. Indeed, upon the opening of the new hospital, what had previously been

a disorganized committee of physicians and laymen was now a proper Medical Board that mirrored the organization of the Committee.<sup>40</sup> This reorganization emerged spatially through the sequence of rooms around the entrance on the first floor, where the Committee room and the Visiting Doctors’ quarters flank the main entrance (fig. 9). Next to the Committee Room was the Lady Superintendent’s room, which was adjacent to the student entrance. Since the Lady Superintendent was hired by, and reported to the Committee, the proximity of the student entrance to that room indicates the prevailing surveillance and control over the medical students on behalf of the women administrators. Once again, the Minute Book animates this plan: the gender symmetry of that space was temporarily upset in February 1906, when the Medical Board tried to move the Lady Superintendent’s

room up to the first floor, which would effectively limit her supervision and therefore her control over the medical students. She refused and insisted she be moved back to the main floor.<sup>41</sup> This sequence of rooms thus emerges as an important site for negotiating power between the physicians and the Committee.

In the new hospital, patients were either paying or non-paying (“waiting”) patients. The paying patients would receive care either in a private ward where the patient would be attended to by a licensed physician—some women were even permitted to bring their own family doctor<sup>42</sup>—or a private ward, where the patient would be tended to by medical students. The appeal of the private wards did not only come from the quality of care. The women of the Committee played a direct role in manufacturing the material worlds of patients



FIG. 10. NURSES, CRIBS, AND BABY TROLLEY, MONTREAL MATERNITY HOSPITAL, MONTREAL, QC, 1925-1926. SILVER SALTS ON PAPER MOUNTED ON CARD – GELATIN SILVER PROCESS, © MCCORD MUSEUM. | BLACKBURNS. IMAGE COURTESY OF THE MCCORD MUSEUM ARCHIVES AND DOCUMENTATION CENTRE.

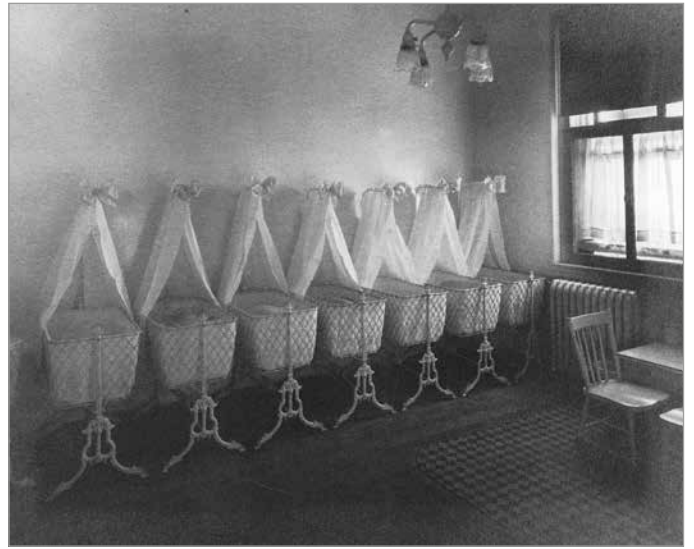


FIG. 11. CRADLES, MONTREAL MATERNITY HOSPITAL, MONTREAL, QC, 1925-1926. SILVER SALTS ON PAPER MOUNTED ON CARD – GELATIN SILVER PROCESS, © MCCORD MUSEUM. | BLACKBURNS. IMAGE COURTESY OF THE MCCORD MUSEUM ARCHIVES AND DOCUMENTATION CENTRE.

of different social classes within the hospital. As noted by architectural historian Lizabeth Cohen, material culture was a way in which middle-class reformers attempted to impress Victorian standards of femininity on working-class subjects.<sup>43</sup> Certain members were charged with decorating the private rooms for comfort, while others were responsible for bargaining with local manufacturers for the cheapest items with which to furnish the public wards.

The spatial and material distinctions between the private and public wards illustrate Adams' observation that "[e]very aspect of the architecture of private patients pavilions stressed separation and differentiation."<sup>44</sup> This is particularly salient in comparing photographs of the public and private nurseries. The public nursery (fig. 10) is flanked by wall-to-wall bassinets, separated from one another by wire caging. Two nurses, each holding an infant, stand behind a rolling trolley in which three other babies lay. The private nursery (fig. 11) shows individual

rocking bassinets outfitted with canopies. In a photo album from the MMH at the McCord Museum, the ribbons on top of each bassinet are tinted either blue or pink, suggesting that the "private" babies were perhaps further differentiated by gender. The private bassinets are physically separate and lined with fabric, ensuring no physical or visual connection between the babies. Further, private patients' babies could wear their own clothes, whereas public patients' babies had to wear garments provided by the hospital.<sup>45</sup> A table and two chairs are positioned next to the window in the private nursery, perhaps for a happy couple to visit their new baby. Interestingly, no patients are pictured with their babies, and only one woman's face is visible in the photograph of the private ward (see fig. 7), a phantom head floating on a pillow. The garments, bassinets, and physical separation of the private babies indicate individuality and control on behalf of the paying patient. As can be seen in the collective experience of the public ward and nursery, the hospital seems to stand in

for the parent: the newborns are handled by the hospital's nurses and carted off in groups to the public nursery.

While there were costs associated with staying at the old hospital, the fees were rarely paid in full simply because the hospital served such a destitute demographic. The material comforts of the paying patients wards came at a price: these patients paid between twenty-five and forty dollars per fortnight for the private rooms. In the new hospital, so too did admission into the public ward.<sup>46</sup> In 1905, likely due to financial difficulties, the Committee raised the price of beds in the larger public ward to six dollars for the fortnight. Within a few weeks of these new admission fees, the public wards with students were empty—six dollars was more than poor patients could afford, and the price was thus reduced to three dollars.<sup>47</sup> In 1906, the secretary reported that a waiting patient in the public ward had complained to the Society for the Protection of Women and Children about





FIG. 12. WILLIAM NOTMAN AND SON, *MONTREAL MATERNITY HOSPITAL, MONTREAL, QC, 1906*. SILVER SALTS ON GLASS – GELATIN DRY PLATE PROCESS, © MCCORD MUSEUM. | IMAGE COURTESY OF THE MCCORD MUSEUM ARCHIVES AND DOCUMENTATION CENTRE.

her treatment in the new hospital, and the Maternity had to reimburse her the eleven dollars she had paid for her stay.<sup>48</sup> It is rare to read about the waiting patients in the Committee's Minute Books. The patient's discontent signifies that the conditions within the wards for the waiting patients were not ideal. By decorating the rooms according to social class, the Committee retained their roles as social arbiters within the new hospital.

In 1906, William Notman photographed the institution (fig. 12). Perhaps the prospect of a famous photographer documenting the hospital stirred some concerns about the public perception of the MMH, for this led to a discussion about a series of material alterations to facilitate control of the optics of the building. In the years leading up to the construction of the hospital, a site on St. George Street was considered,

but the bid on the land was ultimately rejected due to objections from the neighbours. These were based on apprehensions over the moral character of the patients.<sup>49</sup> The concern over the appearance of the building, particularly the visibility of the waiting wards from the street, suggests that the Committee was taking action to shake this public perception by simultaneously concealing the waiting patients from view and communicating the appearance of a reformatory institution from the outside. Drawings of a wire trellis to cover the waiting patient's verandahs were presented to the Committee, as they had decided the verandahs were "too open."<sup>50</sup> Further, the Committee expressed that the double windows of the public wards were to be taken off, and blinds put on. With material interventions on the exterior, the Committee of Management simultaneously concealed the waiting patients

from view and created the appearance of a reformatory institution from the outside. The selective concealment of the waiting patients ward, the material furnishings of the private and public wards, and the spatial organization of the new plan point to the contradictions and complications of the role of the Committee of Management within the new hospital.

## CONCLUSION

Although Taylor's plan promised flexibility and expansion, the demand for in-hospital births continued to rise and eventually overwhelmed the institution. In 1925, the MMH continued its ascent up Mount Royal, and took its final iteration next to the Royal Victoria Hospital. I have argued that the new hospital was an intermediary space within which the Committee of Management negotiated their identities and established their authority through spatial tactics and alterations to the new hospital. As negotiators and communicators, they used their privileges within the old hospital to demand a new one. Once the Medical Board formed at the new institution, the women found other ways to assert their authority through space. Even though the new hospital attracted an upper-class clientele, the Committee tried to recreate the image of a reformatory institution with material interventions to the exterior of the building. The women of the Committee manipulated their surroundings in the new hospital to assert their authority despite the changing role of the institution itself. Most importantly, I hope I have demonstrated how alternative sources can be read spatially, to glean information about how the women of the Committee experienced and manipulated space. The conscientiousness of the Committee of Management and their efforts to record the minutes of the meetings offer a glimpse into their spatial and material worlds over a hundred years later.

## NOTES

1. I extend my gratitude to Tanya Southcott, Michael Windover, and Jessica Mace for their excellent feedback on this essay. I am equally grateful to the McCord Museum Archives and Documentation Centre, especially Heather McNabb, whose expertise in Montreal social history was invaluable to this research. Many thanks to the Society for the Study of Architecture in Canada for giving me the opportunity to present this paper at the 44<sup>th</sup> Annual SSAC Conference. Finally, I thank my colleagues and friends, Youki Cropas, Ipek Mehmetoğlu, and Magdalena Miłosz, for their feedback during the preliminary stages of this research.
2. "The death of children under one year made up 43 percent of the total deaths in the city in 1897. These statistics were largely the result of unsafe water, impure milk, and the limited use of vaccination against smallpox and diphtheria." Copp, Terry, 1974, *The Anatomy of Poverty: The Condition of the Working Class in Montreal 1897-1929*, The Canadian Social History Series, Toronto, McClelland and Stewart, p. 25-26.
3. *Id.*, p. 93.
4. Cohen, Lizabeth A., 1986, "Embellishing a Life of Labor: An Interpretation of the Material Culture of American Working-class Homes, 1885-1915," in Dell Upton and John Michael Vlach (eds.), *Common Places: Readings in American Vernacular Architecture*, Athens, University of Georgia Press, p. 752-775, at p. 261. This work is especially influenced by Adams's innovative "spatial biography" method, where she disrupts the gender hierarchies that usually plague women's biographies through a spatial reading of alternative visual sources, material culture, and counter-narratives. See Adams, Annmarie, 2018, "Encountering Maude Abbott," *Feminist Encounters: A Journal of Critical Studies in Culture and Politics*, vol. 2, no. 2, art. 21, [<http://www.lectitopublishing.nl/viewpdf/encountering-maude-abbott-3889.pdf>], accessed June 2019.
5. See Barrett, Caroline V. and John R. Fraser, 1943, *The Royal Victoria Montreal Maternity Hospital, 1943: The Hundredth Anniversary of the Founding of the Hospital*, Montreal, Royal Victoria Montreal Maternity Hospital; Kenneally, Rhona Richman, 1983, *The Montreal Maternity, 1843-1926: Evolution of a Hospital*, master's thesis, Department of History, McGill University, Montreal.
6. For a study on the link between identity formation and place in nineteenth- and twentieth-century Montreal, see The Montreal History Group, 2005, *Negotiating Identities in 19<sup>th</sup>- and 20<sup>th</sup>-century Montreal*, edited by Bettina Bradbury and Mary Anne Poutanen, Vancouver, University of British Columbia Press.
7. For more on patient demographics of the MMH, see Kenneally, Rhona Richman, 1983, "The Transformation of the Montreal Maternity: Charity Functions Predominate," in Kenneally's thesis, *The Montreal Maternity, 1843-1926*, p. 23-44.
8. For more on the network of benevolent organizations in Montreal, see Fecteau, Jean-Marie and Janice Harvey, 2017, "Montreal's Network of Social Regulation," in Dany Fougères and Roderick MacLeod (eds.), *Montreal: The History of a North American City*, vol. 1, Montreal, McGill-Queen's University Press, p. 670-708.
9. Kenneally, *The Montreal Maternity, 1843-1926*, p. 10.
10. This research deals with White women of different social classes. Between 1887 and 1906, there is only mention of one Black woman who was admitted to the MMH. This absence can be attributed to the fact, as art historian Charmaine Nelson points out, that the colonization of North America was contingent on the erasure of Indigenous populations and the white-washing of the landscape. Further, the lack of evidence of Black patients at the MMH and the small numbers of Black women in the benevolent network of Montreal in general do not mean that Montreal did not participate in the transatlantic slave economy: Montreal and all of its inhabitants were complicit in the colonial/slave economy, overtly through owning slaves, or covertly by producing and profiting of the circulation of goods such as cotton and sugar. For a ground-breaking study on landscape, geography, and slavery in British colonies, see Nelson, Charmaine A., 2016, *Slavery, Geography and Empire in Nineteenth-century Marine Landscapes of Montreal and Jamaica*, London, Routledge; New York, Taylor & Francis Group.
11. Adams, Annmarie, 2008, "Patients," in *Medicine by Design: The Architect and the Modern Hospital, 1893-1943*, Minneapolis, University of Minnesota Press, p. 33-70.
12. Fougères and MacLeod, *Montreal: The History of a North American City*, p. 381.
13. Hanna, David B., 1986, *The Layered City: A Revolution in Housing in Mid-nineteenth-century Montreal*, Montreal, Department of Geography, McGill University, coll. "Partage de l'espace," no. 6, p. 3.
14. Fougères, Dany, 2017, "The Modern City," in Fougères and MacLeod, *Montreal: The History of a North American City*, *op. cit.*, p. 383.
15. Gauvreau, Danielle, Sherry Olson, and Patricia Thornton, 2007, "The Harsh Welcome of an Industrial City: Immigrant Women in Montreal, 1880-1900," *Histoire sociale / Social History*, vol. 40, no. 80, p. 346.
16. Copp, *The Anatomy of Poverty*, p. 147.
17. "[B]ecause of religious segregation, it is illusory to speak of a true unified citywide 'network,' especially as the private management of various organizations made it very difficult to make joint decisions in the Protestant community, each association jealously guarding its independence and decision-making autonomy." Fecteau and Harvey, "Montreal's Network of Social Regulation," p. 670-708.
18. According to Fecteau and Harvey (*id.*, p. 680), religious segregation was the defining characteristic of Montreal's "network of social regulation."
19. Kenneally, *The Montreal Maternity, 1843-1926*, p. 21.
20. *Id.*, p. 31.
21. For a longer discussion on maternalism and middle-class charitable women in nineteenth-century Montreal, see Kirkland, Elizabeth, 2011, "'N'oublions pas que la famille est le royaume de la femme': Marriage, Maternity, and the Home," in *Mothering Citizens: Elite Women in Montreal, 1890-1914*, Ph.D. dissertation, Department of History, McGill University, Montreal, p. 34-98.
22. Minute Book of the Committee of Management of the Montreal Maternity Hospital (from hereon referred to simply as Minute Book), June 1893, Osler Library Archive, the Royal Victoria Hospital Women's Pavilion Collection, box P037.
23. Valverde, Mariana, 2008, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925*, Toronto, University of Toronto Press, p. 29.
24. Kirkland points out that women's involvement in charitable work, which was perceived as non-threatening to the patriarchal social order, allowed them to expand their worlds beyond the home. Kirkland, "N'oublions pas que la famille est le royaume de la femme," p. 110.

25. Hornstein, Shelley, 1990, "The Architecture of the Montreal Teaching Hospitals of the Nineteenth Century," *Journal of Canadian Art History / Annales d'histoire de l'art canadien*, vol. 13-14, no. 2-1, p. 12-24, at p. 14.
26. Barrett and Fraser write that the hospital was located on Main Street at the lower end of the St. Lawrence ward. Barrett and Fraser, *The Royal Victoria Montreal Maternity Hospital*. The Lovell's directory from 1843 states that the MMH (then called the "University Lying-in Hospital") was in fact on St. Gabriel. Bibliothèque et Archives nationales de Québec, "Annuaire Lovell I Collection numérique," [<http://bibnum2.banq.qc.ca/bna/lovell/>], accessed June 7, 2019.
27. Barrett and Fraser, *The Royal Victoria Montreal Maternity Hospital*, p. 10.
28. The historical Red Light District, as it is reflected in the image, is delineated by historian Tamara Myers. Myers, Tamara, 1996, *Criminal Women and Bad Girls: Regulation and Punishment in Montreal, 1890-1930*, Ph.D. dissertation, Department of History, McGill University, Montreal, p. 66.
29. Fougères, "The Modern City," p. 388.
30. *Id.*, p. 378.
31. The southern part of St. Antoine Ward was a less affluent "transition zone" that bordered on the working-class Ste. Ann's ward. I suggest that this transitional character extended laterally along the St. Lawrence ward. Fougères, "The Modern City," p. 388.
32. The Montreal Maternity Hospital was one of the first hospitals in North America to let students observe live births. Kenneally, *The Montreal Maternity, 1843-1926*, p. iv.
33. Woman's Christian Temperance Union, Sheltering Home, *Register, 1887-1897*, Montreal, McCord Museum, McCord Archives, Microsoft Excel database on CD-ROM.
34. Kenneally, *The Montreal Maternity, 1843-1926*, p. 32.
35. Minute Book, March 1, 1895, box P037.
36. Minute Book, March 25, 1895.
37. "L'Hôpital de la Maternité," 1903, *La Presse*, February 13, p. 1.
38. Communauté urbaine de Montréal, 1987, *Architecture Domestique II – Les Appartements*, Montreal, Le Service, p. 342.
39. Wagg, Susan W., *The Architecture of Andrew Thomas Taylor: Montreal's Square Mile and Beyond*, Montreal, McGill-Queen's University Press, p. 154.
40. Kenneally notes that this new Medical Board appropriated the organizational structure of the Committee of Management. Kenneally, *The Montreal Maternity, 1843-1926*, p. 26.
41. Minute Book, February 9, 1906, box P037.
42. Kenneally, *The Montreal Maternity, 1843-1926*, p. 37.
43. Cohen, "Embellishing a Life of Labor," p. 764.
44. Adams, "Patients," p. 35-36.
45. Kenneally, *The Montreal Maternity, 1843-1926*, p. 37.
46. While patients were supposed to pay fees at the old hospital, few of the needy patients could, and they were therefore allowed to stay free of charge as "waiting patients." Kenneally, *The Montreal Maternity, 1843-1926*, p. 4-7.
47. Minute Book, October 24, 1905, box P037.
48. Minute Book, February 9, 1906, box P037.
49. Barrett and Fraser, *The Royal Victoria Montreal Maternity Hospital*, p. 10.
50. Minute Book, May 4, 1906, box P037.