



## Leprosy in New Brunswick Historical Document Collection

### Note to Students

Working with primary documents is one of the most challenging tasks that historians undertake. As you read through these documents it is important for you to remember the type of text you are working with. In most cases, these documents were not written to provide you with information. As such, these documents need to be interpreted. You will need to read them carefully and to ask yourself questions about who wrote them, when, and why. You will also need to consider whether the author is a reliable or credible source of information. In order to help you with this task, each document is prefaced with a very brief background statement as well as some guiding questions.

### Document 1: New Brunswick Inquiry regarding leprosy

*The following document contains two excerpts from the New Brunswick Commission to Enquire as to Leprosy Disease from 1848. This provincial commission attempted to better understand the disease and the ill. Special attention was paid to understanding transmission, the report indicates that leprosy is non-contagious and hereditary. We now know this to be untrue. What do these documents tell us about perceptions of the ill in relation to public health?*

It is admitted both by the contagionists and the non-contagionists, that poverty and filth, with their common accompaniments, favour the outbreak of Leprosy, and increase the severity of its progress. We have had ample evidence of this truth in the course of our inquiries and personal observation; and such being the facts, we must endeavour:-

1<sup>st</sup>-To relieve the sufferings of the confirmed Leper.

2<sup>d</sup>-To ameliorate the condition of the destitute, who are the descendants of Lepers, and whose constitutions are consequently liable to hereditary taint.

3<sup>d</sup>-And lastly, to proclaim the moral turpitude of perpetuating by marriage in leprous families a race of beings who are likely to become loathsome to themselves and to society.

William Wilson, Robert Bayard. New Brunswick Commission to Enquire as to Leprosy Disease, Fredericton, 1848.

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The Tracadie Leprosy may have been produced in this manner, but the probabilities favor the belief in its hereditary importation.

We can recognize the effects of impure diet, impure atmosphere, and inattention to personal and household cleanliness upon a system vitiated with the latent taint of Leprosy; but we do not think that those causes have been sufficiently powerful in Tracadie to generate the disease in persons uncontaminated by any hereditary impurity. All the circumstances connected with the Elephantiasis in that part of the Province militate against this supposition of its origin.

It may be asked if the disease is hereditary and non-contagious, in what manner will it prejudice the welfare of society? Will it extend beyond the present unfortunate inheritors of it? And can this extension, and the accidental and occasional communication of it to others, be restrained? We reply this disease may be perpetuated from generation to generation by marriage and illicit intercourse, and in this manner a race of loathsome paupers will be a burdensome tax upon the community and a reproach to their parents and progenitors. Hitherto the curative efforts of Medical men have been unavailingly applied and Lazarettoes have proved imperfect securities.

William Wilson, Robert Bayard. New Brunswick Commission to Enquire as to Leprosy Disease, Fredericton, 1848.

### **Document 2: Living with leprosy**

*The following article from 1933 tells the story of a woman who chose to live with her husband in the Tracadie lazaretto. The article reads like an obituary, detailing who he was prior to the relocation. What does the tone and the description tell us about how leprosy can become central in a person's life?*

A devoted wife braved the most terrible disease of all, leprosy, and locked herself with her husband in the Tracadie Island colony. Accompanied by his wife and a nurse, the unfortunate man came to Moncton this weekend in a special rail car positioned between a locomotive and a boxcar.

He was reported to have contracted leprosy a few years ago in South America. A former Toronto athlete and a graduate of the University of Toronto, he is middle-aged and his wife is about 50 years old. His illness was diagnosed around Christmas.

"A woman follows her husband to the Tracadie leprosarium" *Evangeline*, Moncton, New Brunswick, 23 March 1933.

### **Document 3: The Tracadie lazaretto**

*The following exposé was intended to describe the Tracadie lazaretto, but contributes to the harmful perception surrounding the sick. How do the references to race and gender affect the discussion surrounding leprosy?*

The dangers resulting from the spread of the epidemic, the difficulty of curing scattered diseases, the need to isolate them and above all to prevent alliances whose result would have been the production of a race condemned in advance, were all serious causes that led[the authorities] to build a lazaretto intended to accommodate and treat the unfortunate victims of this terrible scourge.

[...]

We then visited the rooms where women are treated. They are even more horrible to see than the men, and there are currently several cases that have reached the most intense level of the disease. An old woman with a

very decomposed face and no longer having hands, tells us with a certain pride that she has been suffering from this evil disease for thirty years. The case is, it seems, quite extraordinary, because usually when the disease occurs, the patient dies within ten years at most.

P. M. Sauvalle, « Le Lazaret de Tracadie », *Le Moniteur acadien*, Shédiac, Nouveau-Brunswick, 23 octobre 1884.

#### **Document 4: Dr Hingston Visits Tracadie Lazaretto**

*The following are two excerpts from a speech given by Dr. William Hales Hingston, an esteemed surgeon in Montréal, reported in an article about the history of the Tracadie lazaretto. The speech sets up a stark contrast between the pretty, devout, and near saintly nuns as opposed to the unclean victims of leprosy. The work the nuns did to care for those with leprosy was very important, and often underappreciated. However, is there a better way to tell this story?*

I could find from my own experience thousands of examples of heroism on the part of the nuns; I will only mention one. A number of years ago, a distinguished doctor from Saint John, N.B., Dr. Bayard, accompanied me on one of my hospital visits. He was struck, as are all those who visit the place, by the remarkable cleanliness of the house, in contrast to the lazaretto inhabited by the lepers in Tracadie. He told me that the government did not know what to do with lepers, that it was impossible to find good nurses to work there, and that the conditions in which the lepers lived were deplorable. The nun who accompanied us was a remarkably beautiful young person, from an excellent family. A member of her family had, many years earlier, made the city a gift of the square that still bears the family's name. Miss Viger, or Sister S. Jean, the name by which she has entered into religion, left us for a moment and soon returned with the Mother Superior.

[...]

By the terms of their commitment, ladies who enter the Hotel de Dieu cannot be transferred to another residence of their order without giving their consent. The Mother Superior submitted the matter to her community, highlighting the dangers and inconveniences of the endeavour, and asked for three volunteers. How many of them answered the call, do you think? A quarter of them? Half of them? No, gentlemen; each and every of them stepped forward.

« Héroïsme des Sœurs Hospitalières de Saint-Joseph : Un Petit Bout de l'Histoire sur le Lazaret de Tracadie », *Le Moniteur acadien*, Shédiac, Nouveau-Brunswick, 25 octobre 1887.

#### **Document 5: Inquiry into leprosy, 1857**

*This commission, whose report was written nine years after the previous one, presents a different opinion on the nature of transmission of the disease. How do you think the suspicion of disease would affect the lives of individuals?*

The system on which the Asylum is conducted indicates the disease to be contagious. The Commissioners therefore believe that no person suspected of being infected ought to be placed among the infected until carefully inspected by the Medical officer; and would suggest whether a French Canadian or other Medical practitioner might not be induced to reside in or as near as possible to the Lazaretto. In this way more frequent attendance would be insured to the poor sufferers, and we believe at no greater expense.

Richard Sutton, Laurence Maclaren. The Commission to Inquire into the Lazaretto, Fredericton, 1857.

## Document 6: Sister Monique Reid

*Letter from Sister Monique Reid to other Sisters in Tracadie in 1868. She was an educated woman who worked as a pharmacist for 30 years and was in charge of the nuns in Tracadie towards the end of her life. How is her language different than some other sources when discussing individuals with leprosy? Why do you think that is?*

'To our beloved sisters founders of the Hôtel- Dieu of Tracadie, New Brunswick  
Honourable and dear sisters,

I'm counting on your charity to excuse my boldness with which I dare to offer you this humble manuscript. I do not have the pretention of praising this work. You will all be easily able to convince yourselves that this is but an attempt or rather a rough draft of a collection in which I've attempted to gather the formulas of the most used medical preparations. They demand to be put in order by a mind and penmanship more skilled than mine. A great number of those formulas were taken from ancient manuscripts that we keep here as family relics.

By offering my humble work as a souvenir of an old and dear Hôtel- Dieu, I believe that by doing so, it will not be disregarded. This humble book will be more fortunate than me. It will have the honour of accompanying you to Tracadie and will hopefully serve in your hands to procure relief for a few of your dear lepers.

Would I admit it to you? that by writing for you, I dare to comfort myself in the hope to share your solitude, your poverty and your devotion with them in this future hospital!  
Presumptuous thought! The Almighty has chosen more worthy of such a beautiful sacrifice. May his Holy name be blessed and His will be accomplished forever!'

Musee historique de Tracadie, "Letter from Sister Reid and pharmacy book", accessed at:  
[http://www.virtualmuseum.ca/sgc-cms/histoires\\_de\\_chez\\_nous-community\\_memories/pm\\_v2.php?id=record\\_detail&fl=0&lg=English&ex=00000629&hs=0&rd=148301#](http://www.virtualmuseum.ca/sgc-cms/histoires_de_chez_nous-community_memories/pm_v2.php?id=record_detail&fl=0&lg=English&ex=00000629&hs=0&rd=148301#)

## Document 7: The chaplain at Tracadie

*The following document was written by Ferdinand Gauvreau, chaplain to the lazaretto in Tracadie. He implores the province for medical aid to be sent to those with leprosy to ease their suffering. He also attempts to understand the perspective of someone with leprosy, and offers his sympathies. Is a text written on behalf of a disadvantaged group as important as the group's own writings? Why?*

Under such a moving, but hazardous ministrations, how can I help identifying myself with them? How can I turn a deaf ear to the just wishes and prayers of the survivors who are still at the charge of the Government?

Should God in his unsearchable justice, or in his infinite mercy, be pleased to inflict me with this disease, I would have to share their captivity and company. Then I would have to spend the remainder of my days under the same restrictions and privations, but the most unbearable of all would be: *No Physicians, No doctor at hand!* That despairing thought would be sufficient to carry my imagination away into the pathless regions of wild mental aberrations!

For being a Leper, I would become a Maniac!

Gauvreau, Ferdinand- Edmond, "For being a leper, I would become a maniac", *The Morning Freeman*, Saint John, New Brunswick, 4 July 1861.

### **Document 8: Archbishop John Lynch**

*This article is an 1885 lecture from an Archbishop John Lynch, a well-known figure in Toronto. What circumstances made it "necessary" to treat those with leprosy as "wild animals"? How does illness affect the perception of humanity?*

They established a lazaretto on a small island called Sheldrake, in the middle of the river Miramichi, about 18 miles below Chatham. To compel those attacked with this dreadful malady to go to this island it was necessary, in many instances, to employ force and lasso them like wild animals, to drag them by cords and beat them with long poles to drive them into the lazaretto, for none would touch them for fear of the disease. Fathers were separated from their families, mothers from their children, and children from their parents. No wonder that with all the precaution of the Government many of those unfortunate people escaped to return to the bosom of their families. There was little comfort in the lazaretto, for one less afflicted leper had to take care of the others.

LEPROSY IN AMERICA. (1885, Aug 24). *The Globe* (1844-1936)

### **Document 9: Campaign for those stricken by leprosy**

*Few people campaigned for the rights of people with leprosy. The following section of an article asks for a "champion" of those with leprosy, an outsider willing to help the individuals with the disease gain better facilities, while still maintaining they should be locked up. The nuns caring for the ill are also portrayed as being disadvantaged. Why does campaigning for the sick matter in the context of public health?*

The nuns work at a great disadvantage. They spend everything they receive for the imprisoned lepers. They built a dormitory for themselves at their own expense. Isolation in the lazaretto is so extensive and visitors so rare that the needs of the sick do not reach the public's ears. Certainly, there must be a man in the Parliament of Canada who will champion the unfortunate lepers whose imprisonment for life is not punishment for a crime, even though they are confined for society's protection.

Siska, « Les lépreux de Tracadie », *Moniteur acadien*, Shédiac, Nouveau-Brunswick, 7 septembre 1882

### **Document 10: Leprosy beyond New Brunswick**

*Outside of New Brunswick, leprosy could still represent the other, a mysterious and dangerous visitor. In this case, there is a family who were thought to have brought the disease from the Caribbean. How does race affect the perception of sick people?*

Leprosy in Louisiana

New Orleans, May 3, - Three cases of leprosy and three suspicious cases have been found at St. Martinsville. The disease is confined to one family, which inherited it from their ancestors, who came from San Domingo sixty years ago.

"Leprosy In Louisiana." 1887 *The Globe* (1844-1936), May 04.

### Document 11: The legend of the outsider

*This newspaper article from the Globe and Mail published in 1883 shows that the legend of a sailor with a dangerous disease crossed both time and space to continue on. However, the author of this article does not believe the legend and states that the dangerous stranger myth is likely untrue. Why is an outsider believed more easily than the Acadian community?*

Nothing is known for certain as to the manner in which leprosy was introduced into New Brunswick. It was believed that a vessel from the Levant was shipwrecked in Miramichi Bay in the beginning of winter; that some of the sailors who spent the winter near the scene of the wreck were infected; and that they communicated the disease to the people with whom they dwelt. Dr. Tache who was sent some years ago at the instance of the Imperial Government, to make enquiry into the origin and character of the disease, who had the advantage of learning all that was known of some of the older inhabitants who remembered when the leprosy first made its appearance into the district. Stated that this and other stories respecting the manner of its introduction had no foundation in fact, Indeed.

THE TRACADIE LAZARETTO. (1883, Jul 28). The Globe (1844-1936)

### Document 12: Leprosy in 1952

*Leprosy in Canada was treated in a few isolated areas. This publication presenting the disease in Canada in 1952 shows three communities' efforts to treat the disease. This section provides a breakdown of who the infected were. Why would this type of information have seemed important? What does it tell us about how leprosy was seen? Was leprosy a "Canadian" problem?*

Tracadie, N.B. - From the first recorded case in 1815 until 1952 the records of this hospital show 318 cases, originating as follows: New Brunswick 290, Nova Scotia 4, Prince Edward Island 1, Quebec 5, Ontario 6, Manitoba 5, Saskatchewan 6, and Bermuda 1. Two hundred and eighty-three are described as of French racial origin, 11 as English, 5 as Chinese, 5 as Russian, 4 as Irish, 4 as Icelandic, 3 as Scottish, 1 as Negro, 1 as Maltese, and 1 as Assyrian. The disease was contracted in Canada as follows: in New Brunswick, French 281, Irish 4, English 3, Scottish 1 ; in Nova Scotia, English 3, Scottish 1 ; in Saskatchewan, Russian 1. Two native-born Canadians developed the disease while in the foreign mission field. As far as is known, the remainder of these patients brought the infection with them when first entering Canada.

Bentinck Island , B.C. - From 1892, when the first cases were definitely diagnosed, until 1952, 51 cases have been recorded. They originated as follows: British Columbia 46, Ontario 1, Saskatchewan 1, Alberta 1, and Quebec 1. Forty-seven were Chinese, 2 were Russian, and 2 were Canadians. One of the latter contracted the disease in the foreign mission field. The other was the son of one of the missionaries mentioned as patients at Tracadie. Whether he contracted the disease abroad or in Canada is not known.

Cape Breton Island, N.S. - A foci [leprosy] among native-born in Cape Breton was investigated by Fletcher in 1881 and reported by Rogers and Muir. It is also described in the Tracadie hospital records. The first known case was a woman who developed the disease at 52 years of age. Five of her children, two grandchildren, and three others were infected. They were isolated in their homes and the disease did not spread.

C.P. Brown, "Leprosy in Canada", Canadian Journal of Public Health / Revue Canadienne de Santé Publique, Vol. 43, No. 6 (JUNE 1952), Ottawa, Ontario, 252-253.

### Document 13: A cure for leprosy

*In the 20<sup>th</sup> century, doctors were using many different techniques to attempt to cure leprosy. One such treatment, Nastin injections, was popular in areas ranging from the Indian subcontinent to Atlantic Canada. What does broadcasting stories of individuals cured of leprosy do for the sick?*

Ottawa - Dr. Langis, Superintendent of the Tracadie Lazaretto, in New Brunswick, reports to the Federal Bureau of Health that two lepers were cured last year by Dr. Deyeke's treatment, which they have been undergoing since May 1911. Both of them were at the beginning of the disease. Another patient shows such improvement that it is hoped he will be cured soon.

The treatment consists of nastine injections. Older anaesthetic cases are not much improved; we continue to treat them with the ordinary methods: chaulmoogra oil, strychnine, etc. In five patients with nodular leprosy, symptoms regressed for some time. Three are very improved, but the other two have reached the last stage.

There are 21 patients in the lazaretto, including 11 men and 10 women; 17 French Canadians, 2 English, 1 Irish and 1 Russian. There were no new cases or deaths last year.

« *Les lépreux de Tracadie* », *Evangeline*, Moncton, Nouveau-Brunswick, 23 juillet 1913.

### Document 14: Fear of leprosy

*The fear of people with leprosy centered on the fear of unknown exposure of a healthy person to someone with the disease. At the turn of the 20<sup>th</sup> century, New Brunswickers were still afraid of the unknown "leper". How does the fear of accidental, or covert, infection affect the discussion surrounding public health and the treatment of those with leprosy?*

A new case of leprosy has just been discovered in Gloucester. A young Acadian, about 21 years old, had been sentenced to prison by a magistrate from below the county. The offence for which he was convicted was only [light]. The young man's physical appearance attracted attention, and Dr. Meahan was called. He strongly believes that the convicted young man is a [leper]. If this is the case, it would be awful, because this young man, who already has parents at the Tracadie institution, has been out in public for a long time.

*Moniteur acadien*, Shédiac, Nouveau-Brunswick, 16 août 1900.

### Document 15: British response to leprosy

*Reporting on leprosy in New Brunswick reached as far as London, England. In this piece, the author discusses ways of enforcing treatment of those with leprosy. The author was, likely unknowingly, almost exactly describing an Act already in existence from 1844 titled *An Act to Prevent the Spread of a Disorder now Existing in Certain Parts of the Counties of Gloucester and Northumberland*. What does this tell us about how the situation in New Brunswick was understood by outsiders?*

As leprosy in every country spread from centres steps should be taken to stamp it out at these districts. On one of the visits referred to above, the chaplain of the lazaretto kindly accompanied me : but it was made so alarmingly unpleasant for both of us that we hoped the Government would secure the passage of an Act, authorising the inspecting physician to enter the houses of suspecting persons for the pursued [paid] examination, and, if such be found diseased, warn their neighbours, and at the same time take gentle steps towards segregation, all enforcements of the act to be under the direction of the Department if such an Act

were on the Statue Book, it would prevent violent resistance to the discharge of a duty owed both the living and generations to come.

"Leprosy in Canada," Times [London, England] 24 Apr. 1890: 9. The Times Digital Archive. Web. 13 Aug. 2018.

### **Document 16: An individual with leprosy speaks**

*People with leprosy are rarely able to tell their own story. In the following excerpt, a person with leprosy tells the story of when he knew he had to go to a lazaretto. John E. Davis was a missionary who contracted leprosy and spent the last few years of his life in the Tracadie lazaretto. This is one of the few firsthand accounts of leprosy as told by someone with the disease. Do Davis' beliefs match with other beliefs presented? What can we ascertain from this text about why this author was able to tell his story?*

I could not tell my children anything about the nature of my affliction: they were too young. I could not show them my love: I could not take my little girl in my arms and carry her about on my shoulders, as I used to do. The older ones could never know me, for I could never be intimate with them. They would never know how much I loved them, and why I was there on that farm. I was in a false position. In September of 1906 I had a good offer for the place. I wanted to sell and let my wife take the money and buy a house for herself and the children in some town, and let me go to the Hospital, where I am now, at Tracadie. At first my wife consented to this arrangement, but when the man came back the second time to close the bargain, she broke down, and wept and said if I left her she would go out of her mind. My wife had been in a hot climate so long that she was very nervous. She had not been accustomed to doing hard physical work, and the care of the six children and myself was too much for her. Up to the time of my sickness I had always managed the outdoor affairs, and she had never had a worry or a care about anything of that kind: but now she had to do the buying for the family, look after the accounts, and do all her own housework. The strain was too great for her. That, together with my sickness, cast a gloom over her, and she was often melancholy. I was afraid to leave her: and though I had my hours of doubts and fears, I spent them alone with the Lord, and always kept bright and cheerful in her presence. She couldn't understand the Lord's dealings with me, and was not so able to bear up as I was: for in the depth of my sorrow I poured out my heart to God in prayer and found relief. One thing became clear to me – that I must remain on the farm until the Lord permitted me to leave it.

John E. Davis. The life story of a leper; autobiography of John E. Davis, Canadian Baptist missionary among the Telugus, Toronto Canadian Baptist Foreign Mission Board, Toronto, 1918, 230-231.

### **Document 17: Leprosy in the 21st Century**

*Leprosy remains a contemporary problem. There are places in the world such as India and Brazil where leprosy remains a significant health concern. Currently, leprosy is a treatable disease and is much better understood. How does the following explanation of leprosy vary from the historical examples? Although the disease remains the same, how does changing understanding affect victims of the disease?*

Leprosy is caused by infection with the bacillus *Mycobacterium leprae*, which multiplies very slowly in the human body. The bacterium has a long incubation period (on average five years or longer). The disease affects nerve endings and destroys the body's ability to feel pain and injury.

Leprosy is curable. Treatment provided in the early stages of infection averts disability. Multidrug therapy is available free of charge through WHO and has been donated to all patients worldwide by Novartis since 2000 (and by The Nippon Foundation since 1995). It provides a simple yet highly effective cure for all types of leprosy.



Continued discrimination has deterred people from coming forward for diagnosis and treatment and encouraged cases to remain hidden, indirectly contributing to transmission.

Social stigma also facilitates transmission among vulnerable groups, including migrant populations, displaced communities, and the very poor and hard-to-reach populations. Combating stigma and ensuring early diagnosis through active early case-finding is critical to making progress.

World Health Organisation, “WHO to publish first official guidelines on leprosy diagnosis, treatment and prevention”, 28 June 2018, Geneva. Accessed at: [http://www.who.int/neglected\\_diseases/news/WHO-to-publish-first-guidelines-on-leprosy-diagnosis/en/](http://www.who.int/neglected_diseases/news/WHO-to-publish-first-guidelines-on-leprosy-diagnosis/en/)

### **Document 18: The end of leprosy in New Brunswick**

*The following text closes an article on the end of leprosy in New Brunswick. Saying that the era of leprosy in New Brunswick finished in 1965 in this case means that the disease was no longer infecting people in the province. However, what does this mean for the historical “era of leprosy”? Is the history of leprosy finished when there is no one living with the disease?*

The last two cases from New Brunswick entered the hospital in 1937. Both were elderly people. One died three months after admission and the other in 1948. No new cases have been admitted since 1962, and there are none now. The last patient was discharged in 1965, which marks the end of an era of endemic leprosy in New Brunswick. The Leprosarium is closed, but the physical facilities still remain for general services of the Hotel-Dieu Hospital.

F. L. WHITEHEAD, M.D., “Leprosy in New Brunswick: The End of an Era” Medical Association Journal, Vol 97, November 18 1967, East Riverside, N.B., Canada, 1300.

### **Document 19: Leprosy in poetry**

*Leprosy occupies a space in the collective imagination into the 20<sup>th</sup> century. The longevity of the myth surrounding leprosy is presented in this poem by well-known New Brunswick poet Alden Nowlan. How does the imagery in the poem connect with that found in the earlier documents? What does this tell us about fear?*

The Last Leper

Deep in the woods of Restigouche,  
so legends say, a leper lives,  
the last in Canada. He fled  
far from the white nuns of Tracadie.

And every spring, they say, he drives  
a cart drawn by a blinded horse  
into a village near the woods,  
his coming signaled by the bells,  
of every church along the way.

Women who hear the bells run out  
to fetch their children in, and men  
bring out moosemeat and venison,

baskets of onions, flasks of wine,  
to leave behind the gate for him.

Then all curtains are drawn, all doors  
bolted, the inhabitants  
kneeling before a crucifix,  
praying in silence, so they'll hear  
those hoofbeats die away again.

Alden Nowlan, "The last leper" in *The mysterious naked man*, Clarke, Irwin, Toronto, 1969.