By 1866, a generation had passed since the cholera epidemic of 1834 had killed four-hundred people in Halifax. In that time, the disease had visited neighboring provinces, most notably in 1854 when 1,500 people had died in St. John, N.B., but it had left Nova Scotia untouched. Early in 1866, news from Europe and from England told of fresh attacks of cholera there and with the trading and emigrant seasons drawing close the Nova Scotia Medical Society urged the government to take preventive action.\(^1\) Thirty years of experience with the disease had brought no significant improvement in the ability of doctors to cure it, but it had brought a greater understanding of how it could be controlled. The Nova Scotia government had earlier recommended quarantine and sanitary measures as the best defence against cholera, laying major emphasis on measures of public sanitation.\(^2\)

In June, 1866, a circular letter from Downing Street to the Lieutenant-Governor of Nova Scotia enclosed a report of the British Cholera Commissioners at the Constantinople Cholera conference. The conference had met in May to discuss international co-operation against cholera and its recommendations re-emphasised the importance of quarantine. The report represented the best information then available on the disease and showed how far understanding had advanced since cholera first appeared in Europe and Canada. The Commissioners unanimously agreed that cholera was communicable, which many doctors had denied in earlier days, and that it was communicated not only by the sick but also by apparently healthy persons who were in the first stages of the disease. They said that the discharges of the
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sufferers were the chief source of infection and that from those discharges “the cholera poison escapes...and...mingling with the air or water, diffuses the disease”. The atmosphere of buildings containing cholera patients was dangerous as were “emanations” from the patients’ clothes and bedding. If articles or places which had been infected were not well ventilated, they remained dangerous for some time. The commissioners disagreed on the period of incubation for the disease. While the report gave equal weight to the air and to water as the vehicles for transmitting the disease, it did allow specific recommendations to be made on how communities could avoid attacks of the cholera.

The Commissioners came out firmly in support of strict quarantine as a preventive. This, too, had been a matter of long debate between governments and within the medical profession. The report laid down an elaborate procedure for effective quarantine. It required the removal of all passengers from diseased ships, and the separation of the sick and the healthy. Careful inspection and supervision of the healthy were necessary for some days before they could be safely released and that in turn required a permanent reception centre, preferably on an island, to house the passengers. The sick passengers needed separate facilities which could be kept isolated from contact with the healthy. Rigorous measures of disinfection were needed for the ships and the effects of the passengers, and careful attention had to be paid to disinfecting the intestinal discharges of sick patients before burying them well away from the water supply of the establishment. The measures of quarantine should be backed up in the community with careful attention to hygiene which would make the transmission of the disease, should it escape quarantine, less likely. 3

Even before the report reached the province, the local government had acted, and Nova Scotians would soon learn how closely they could meet the ideal. In April, 1866, the Council acted on the advice of the Nova Scotia Medical Society and proclaimed quarantine against infected ports. The regulations provided for inspection of ships and their passengers and the cleaning and disinfecting of dirty and diseased vessels. The Health Officer of a port could order a ship into quarantine and decide how long it should remain there. 4 The main flaw in that
provision was that in the harbour of Halifax there was no place fitted up as a permanent quarantine station with the kind of facilities necessary for effective control of the disease. Quarantine was backed by public health provisions. Boards of Health were set to work to clean up the communities. The Medical Society warned of the dangers in Halifax and the mining communities arising from inadequate water supplies, inadequate sewerage, overcrowded houses perched over uncleaned and overused privies and cesspools and slaughter houses within city limits discharging blood and offal to mingle with the general filth of the streets. The Society urged the setting of standards of air and ventilation for lodging houses, the establishment of wash houses for the poor, the provision of a general hospital and an improvement in the general cleanliness of communities including widespread use of disinfectant and even a scheme to draw sewer air through a furnace to destroy noxious effluvia. While some of the solutions were novel, the problems in 1866 were precisely those of 1834 and showed the failure of the communities to keep pace with growth. The Health Inspector in Halifax began a clean-up campaign, demanding that citizens clean their premises before 25 March, and providing a regular garbage pick-up service from the end of May. A local newspaper praised the clean-up campaign as a way to “disarm” the cholera should it come and the citizens, having done their best, waited to see what the shipping season would bring. It brought cholera, and Nova Scotia soon learned how dangerously inadequate were its defences.

On 28 March, the steamer England left Liverpool bound for New York. The next day, she stopped at Queenstown to take on passengers. Four days out of Queenstown, a young boy died and the next morning a second passenger died. The three doctors who chanced to be travelling on the ship recognized cholera. Just as the epidemic took hold, the ship ran into a storm and laboured on for three days with the steerage passengers confined below decks. The disease took a virulent form and on some days as many as fifteen people died. Faced with this disaster, and with his crew sickening, the Captain headed for Halifax which he reached on 9 April. Four boat loads of coffins were put ashore the day the ship reached port. Forty-nine of the England’s 1202 passengers had died on the voyage, and although a Halifax doctor volunteered to sail with the vessel to New York, it was impossible
for her to leave as the ship’s engineers had come down with the disease. Halifax was faced with “the Cholera at our doors...raging almost within a gunshot of the city”. The ship was anchored at McNab’s Island and stayed there until 18 April, when she sailed for New York with her healthy passengers, leaving behind fifty convalescent cases. While she was at the island, more than two-hundred of her passengers died.

The health services of Halifax were unable to deal with an epidemic of this virulence. The strenuous efforts of the medical men on the Island could not overcome the inadequacies of the provisions there. The Health Officer of Halifax, Dr. Slayter, moved onto McNab’s Island along with Dr. Garvie and Frank Garvie, a medical student. They were joined by a Roman Catholic priest, Reverend McIsaac, and seven Sisters of Charity who came to nurse and to care for the orphans created by the epidemic. The doctors and a German clergyman travelling on the ship assisted Dr. Slayter. A party of labourers were drafted to the island to help clean the ship and bury the dead. With this help the epidemic had to be fought.

A camp was quickly built at Green Hill and Thrum Cap, which were separated from the rest of the Island by a narrow neck of land. In the camp, two tents were set aside for a cholera hospital while offshore a naval hulk, the Pyramus, was towed to a mooring to serve as a hospital ship. More than one-hundred patients died on board the hospital ship. It proved totally impossible to separate the sick from the well, and there were a number of cases in which the victims died in their tents unattended or fell on the open ground and died there, unnoticed. Nor could the levels of sanitation and disinfection have been especially high, for the bodies of victims lay unburied for days, or were pitched into a trench which was not finally filled in until a party went to the island early in May on a clean-up operation. Conditions quickly deteriorated in the camp; snow and rain set in and the struggle for survival became fierce. The male passengers began to turn the women and children out of the tents and seize their food. Discipline was restored to the camp only when a detachment of twenty-five men of 2d/17th regiment was sent, against the advice of the military surgeon, to keep order at the quarantine ground.
Amidst these scenes of riot and horror the doctors and sisters could do little to check the spread of the disease. On 16 April, Dr. Slayter died of cholera after a six-hour illness. He rightly became a hero in Halifax and was widely remembered for many years. The kind of fear that cholera provoked is shown in an account of his death given by an old lady in 1936. She had been with Mrs. Slayter the night the doctor died:

“No one was willing to tell her. At last the Archbishop of the Roman Catholic Church came to the house. He said, ‘Mrs Slayter, I am sorry to bring you bad news. Your husband passed away. They are bringing the body on shore tonight, but you won’t be able to see him.’ Dr. Slayter’s remains were taken to the cemetery and buried in the small hours of the morning.”

It was a suitably awful story. In fact, Dr. Slayter was buried in a special metallic coffin shipped to the Island. His funeral took place at high noon, witnessed by the doctors and passengers of the steamship. He was buried, with full Masonic ceremonies, between two willow trees on the shore in a “very impressive” ceremony. Some time later, the metal casket was dug up and the doctor reinterred in a Halifax cemetery.

If the disease could not be checked on the island it might at least be contained there. It was for that reason that a detachment of city police was sent to cut off communication between the quarantine ground and the rest of the island and to prevent illegal contacts between the mainland and McNab’s Island. They were obviously unsuccessful, for later correspondence with the master of the England suggested that at least one-hundred passengers had fled the camp and disappeared. After the epidemic was over, local newspapers urged that parties search the woods for bodies of runaway emigrants who might have died there. Terrifying as was the prospect of cholera contacts escaping to Halifax it was matched by the fear that the disease could be brought into the community by rubbish from the quarantine island. Before Dr. Slayter took charge there were widespread rumors that “clothing, bedding and even coffins containing dead bodies” had been dropped into the harbour to float ashore with their cargoes of disease. Things improved under his management, but when Dr. J. Gossip took charge after Slayter’s death the protests
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were renewed. Dr. Charles Tupper, Provincial Secretary, complained to Gossip on a number of occasions that reports were coming in from communities of clothing and bedding drifting ashore and that bedding from the *Pyramus* had been thrown into the harbour. Tupper warned Gossip that should the pestilence spread it would be “a fearful responsibility for those who allowed this”.22 Dr. Gossip supervised the station until the disease was checked and free communication restored with McNab’s Island on 1 May 1866.23 The doubts about his abilities would be confirmed five years later.

As it happened, despite the runaways and the rubbish, there were few cases of cholera off the island. At Portuguese Cove, the pilot who had brought the *England* into harbour contracted the disease and infected his family. He and two of his children died. At Point Pleasant and Freshwater, there were cases of cholera amongst people who had picked up infected goods that drifted ashore.24 Against these cases, luckily not in the heart of Halifax, the authorities were able to adopt strict isolation measure, cut off contact, disinfect and fumigate the houses and contain the disease within a family.25 The provincial authorities despatched crews to search the shore line and burn or bury any debris that might have come from the *England*.26 While the quarantine station had not been well run, the authorities were successful in isolating the disease when it escaped the island. That suggested that they were able to put the growing understanding of cholera to practical use.

The outbreak required a post mortem. The provincial authorities were inclined to lay much of the blame on the Imperial government. Tupper believed that the crowded conditions on the *England* were responsible for the disease.27 The Lieutenant-Governor complained that the crowding was a consequence of “the cupidity of her owners (which) unfortunately endanger(ed) the lives of a large and populous community”.28 A sharp correspondence followed between Provincial and Imperial authorities. The British pointed out that the *England* was a new ship, well ventilated and carrying fewer passengers than her legal limit. She was the first ship from the U.K. to be attacked by cholera since 1854. The cholera was not caused by bad air but was brought on board by German passengers in a latent state, impossible to guard against. The Imperial government pointed out that in future most
emigrants would be carried to North America in large numbers in big vessels. They were more economical and safer than the alternatives of small steamers of sailing craft. After some curt exchanges, the correspondence ended. The implications were clear. Halifax could expect to shelter large vessels with many passengers over the next years; scientific enquiry suggested the means for dealing with infectious disease and Nova Scotia would be safe only if she made provision for putting those principles to work. It was a solution recognized by the local residents in the months after the England episode. The council began a search for a suitable site for a permanent quarantine station. The choice fell on Lawlor’s Island, which was thought more secure than McNab’s Island, and negotiations began for the purchase.

Those negotiations dragged on for years. After confederation, the Dominion government became responsible for Quarantine matters and it continued the negotiations. The delays merely indicated to anti-Confederationists how little Ottawa cared for Nova Scotia. Dr. Gossip had been made Health Officer of the port, and his performance in the role reinforced some people’s fears that quarantine was not being seriously pursued. Gossip seems to have handled his duties as questionably as he had those at the station on McNab’s Island. In April 1871, the R.M.S. Dublin steamed into harbour flying the plague flag and headed for the wharf. She was barely intercepted in time and sent to the quarantine ground. Smallpox was discovered on board. Despite that, sailors established contact with the shore, linen was sent ashore to be washed and some of the steerage passengers were landed. The next month there was another smallpox scare. With no permanent quarantine hospital and a lax administration, Halifax had reason to fear for its safety, and that fear was deepened by the knowledge that no progress had been made in improving the sanitation of the city since the earlier cholera scare.

This background explains the outburst of fear and anger that exploded late in 1871. The summer had passed with no further reported instances of near breaches of quarantine. As the frost set in, men relaxed, for it was generally believed that the cold weather reduced the likelihood of infectious disease. On 6 November 1871, the Franklin, bound for New York, steamed into harbour. Dr. Gossip went on board to enquire into the health of the ship. The captain told
him that the steamer had exhausted her supplies of coal and water. With water running low, he had been forced to use condensed water and sea water. Nine passengers had died, most of them children, from seasickness and dysentery which the captain attributed to the bad water. Dr. Gossip gave the ship a clean bill of health, she landed one passenger, and on 8 November sailed for New York. 33

On 7 November, rumours began to circulate that there was cholera on the Franklin and that three bodies had been put overboard during the night. One newspaper checking the story reported that Dr. Gossip had told the Customs Officer that there had been twenty-eight deaths from cholera on the ship, but that as there was no contagion on board he had allowed the passengers to land. 34 This statement was so much at odds with the Doctor's official report that the Mayor called him in to explain. Gossip stuck by his official report and denied saying that there had been cholera on the Franklin; "so much for the Sensational Cholera story" said one paper. 35 Three days later, news came from New York. The Franklin was in quarantine with cholera; there had been over twenty deaths on her voyage from Stettin. According to a Boston newspaper there had been one-hundred cases and forty deaths on the voyage. 36 The city council received a letter from some of the Franklin's passengers declaring that bodies had been thrown overboard while the ship was in Halifax. 37

The immediate reaction was panic and a demand by some aldermen and newspapers that Dr. Gossip resign. The Board of Health resolved that there should be an investigation of the case and that the results be sent to Ottawa. 38 The consequences of Gossip's carelessness were soon brought close to home. It was said that a Halifax man who had worked on the Franklin had died after a brief illness that looked like Asiatic cholera. From the nearby community of Chezzetcook came news that a coalheaver named LaPierre had been taken ill after working on the ship. He was recovering at home but some of his relatives were sickening and one had died. Drs. Rigby and Jennings were sent from Halifax to treat the cases and investigate the disease. 39

In sending the doctors, the local government preempted the dominion government whose responsibility it was to deal with such matters. The local government did so because Ottawa was too far
away to act quickly enough. Not until 24 November was Ottawa able to issue the necessary proclamation to establish a Central Board of Health and suspend Dr. Gossip from his duties. By then, Drs. Rigby and Jennings claimed to have the outbreak at Chezzetcook under control. There had been two deaths, and five cases remained. The settlement was a widely scattered one which made it easy to isolate the houses in which cholera had occurred. The now standard isolation and disinfection procedures were followed, and the provincial government sent blankets and material to replace the clothing that the doctors had burned. The community was cut off from the outside world and for three weeks Dr. Rigby lived there until it was voted safe for him to return to Halifax. Dr. Rigby presented a bill for $575, and Dr. Jennings, who had visited Chezzetcook twice during the outbreak, presented one for $2000. The bills were referred to Ottawa, which later paid Rigby $385 and Jennings $300.

While the disease was contained in Chezzetcook, the Internal Health Committee set to work to clean up Halifax and to provide the poor with disinfectants. Two major scares within five years served to point up the weaknesses of Halifax's defences against diseases. Those weaknesses were more apparent now that there were clearly understood techniques for preventing importation of disease and containing its spread. Halifax had not been successful in preventing its import but had had some success in isolating cases which occurred as a result of the failure of quarantine. The solutions were obvious: first Dr. Gossip had to go, and he was removed by Ottawa following an inquiry by the Central Board of Health into his examination of the Franklin. A permanent quarantine station had to be erected, and one soon was on Lawlor's Island. Most importantly, the struggle against infectious disease had to be put on a more permanent basis than that of reaction to particular events. One paper demanded that the Federal government establish a Minister of Public Health to coordinate the Dominion's efforts in the field. All agreed that the public health of Canada demanded the regular, not spasmodic, applications of increasingly clear rules of public health. That proved to be a longer battle.
FOOTNOTES


5. Minutes NSNS, 2 January 1866, 6 March 1966, 20 March, 1866, PANS MG20, No. 181.

6. *Acadian Recorder*, 18 May 1866. The clean-up notice continued to be printed for some time after 25 March.


12. Vice-Admiral to Lieutenant Governor, 21 May, 1866, PANS RG2, vol. 5.


15. Major-General Hastings Doyle to Lieutenant-Governor, 13 April 1866, PANS RG, Vol. 5.


17. *Acadian Recorder*, 20 April 1866.

18. Provincial Secretary to Dr. John Slayter, 11 April 1866, PANS RG1, Vol. 162.


22. Provincial Secretary to Dr. Gossip, 24 April 1866, PANS RG1, Vol. 126.


25. Provincial Secretary to Dr. Pryor, 20 April 1866, PANS RG1, Vol. 126.


27. Charles Tupper to Dr. R.T. McDonnell, 17 April 1866 PANS RG1, Vol. 162.
28. Lt. Governor to the Secretary of State, 12 April 1866, PANS RG1, Vol. 162.
31. Ibid., 25 April 1871.
32. Ibid., 8 May 1871.
33. Halifax Evening Reporter, 8 November 1871.
34. Acadian Recorder, 7 November 1871.
35. Halifax Evening Reporter, 8 November 1871.
36. Ibid., 17 November 1871.
37. Morning Chronicle, 22 November 1871.
38. Ibid., 22 November 1871.
40. Ibid., 24 November 1871.
41. Ibid., 24 November 1871. Halifax Reporter, 28 November 1871.
42. Halifax Evening Reporter, 2 May 1872.
43. Acadian Recorder, 22 November 1871.
44. Evening Recorder, 5 March 1872.
45. Acadian Recorder, 24 November 1871.