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Introduction

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Introduction

David Wright and Michael E. Mercier

The history of epidemics has been a staple of academic inquiry over the last generation. From "King Cholera" to the "White Plague," there has been a morbid fascination with the grim realities of modern disease outbreaks, whether epidemic or endemic. In North America, many prominent medical historians—from Michael Bliss to Charles Rosenberg—have made their reputation analyzing societal responses to pestilence.[1] European historians, such as Richard Evans, have argued cogently for the connection between cholera outbreaks and subsequent major political uprisings that affected European capitals.[2] Meanwhile popular bestsellers on specific diseases or epidemics continue to spark the public imagination.[3] So vast is the literature on the history of urban epidemics that historians of health and medicine could well conceive of an "epidemiological nineteenth century," from the pandemic of cholera in 1832 to the Spanish flu in 1918.

It was during this epidemiological nineteenth century that municipal authorities began to organize comprehensive responses to infectious diseases—responses that would be central to the construction of new administrative states. Officials enacted sanitary reform measures that sought, through local boards of health, to rectify the presumed causes of the diseases: overcrowding, human and animal waste, malnourishment, and tainted water supplies.[4] Permanent medical officers of health became the cardinal agents through which municipalities organized scarce resources, persuaded a reluctant public, removed "nuisances," and mapped the landscape of mortality. This complex of urban responses—varied and often contradictory in ideology, if not in aims—forms the backbone of the history of public health.[5] The degree of success (or failure) of these measures also fuels debates over their contribution to the decline in mortality that would so dramatically alter the demographic context of modern Western society.[6]

The four articles in this special issue provide fresh perspectives on this history of nineteenth-century urban epidemics. Julia Irwin challenges a dominant thesis of recent medical historiography—that urban epidemics necessarily inflamed ethnic tensions. Articles on the history of urban epidemics in North America, from San Francisco[7] to Winnipeg,[8] have detailed the extent to which specific groups were targeted as the source of infection, leading to ethnic quarantines in the early twentieth century. Irwin's article about the famous 1918 Spanish flu pandemic asks the counterintuitive question, why did New Haven, Connecticut, have an "epidemic *without* enmity" when the situation was ripe for scapegoating of the poor Italian-American working class? Irwin contends that it was a combination of Italian-American leaders (desperate to show their American-ness during the First World War) and the foresight of public health leaders connected to Yale University that helped shape cooperative responses to influenza.

John Osborne examines another paradigmatic event in the history of medicine—the 1832 cholera epidemic that swept through Europe and North America. He adopts a comparative approach to show the interurban cooperation that occurred as the North American municipal leaders saw the coming plague on the horizon. He demonstrates how city officials from Philadelphia consulted with homologues in Montreal and Quebec to learn the most effective responses to cholera, the archetypal shock disease of the Victorian era. His contribution demonstrates clearly that there was no uniform public health response. Philadelphia would escape relatively unscathed in 1832, whereas Montreal would ultimately suffer tragic losses from the pandemic. In part, the difference was plain luck—Philadelphia had the advantage of a relatively stable and clean water-management system; but it was also a function of municipal foresight, where Montreal's tortured politics undermined preventive measures. So bad was the situation in Lower Canada, Osborne informs us, that New Yorkers collected money in order to pay for doctors to travel north of the border and assist the victims.

Irwin and Osborne both demonstrate the interconnectedness of the epidemiological, the political, and the economic. Public health decisions—such as the controversial decision to quarantine districts or whole ports—could have devastating repercussions on the economic vitality of whole regions. Kuecker's article on Tampico demonstrates this in spades. Industrialization and nationalism went hand in hand in nineteenth-century Mexico. The expansion of the railway network out to the Caribbean advanced economic efficiency and state expansion; it also posed dangers for the transmission of infectious disease. With yellow fever an ever-present danger, the response of both local and central officials had profound implications for the future of the Mexican state. Sanitary reform, as Kuecker points out, arose from a reluctance to impose quarantine on port cities. Such a measure was considered to be economic suicide and a sign that Mexico was not a "modern" nation state. As a consequence, urban sanitary reform was as much a political and economic decision as one that was concerned with the health of the populace.

Wright's article illustrates how mental hospitals were the largest and most visible of medical institutions, indeed the first free public institutions in many jurisdictions. Towards the end of the nineteenth century, medical discourses announced an "epidemic" of insanity affecting North American urban centres.[9] These authors contend, therefore, that the history of the confinement of the insane can also be characterized, in part, as a public health response of the Victorian era, one that was centred (at least physically) in urban environments. Indeed the contemporary preoccupation with immigration as leading to an increase in insanity in North America makes the connections to the other three papers quite germane. On the other hand, these authors suggest that the situation of lunatic asylums in or on the edge of urban centres has led historians to overemphasize the urban-ness of asylum patients (and insanity).[10] Their work on the geographical backgrounds

concludes that the asylum, although situated on the edge of the emerging industrial cities, continued to serve a remarkable number of rural patients. Their paper concludes by revealing the Janus-like state of the Victorian asylum as an institution looking towards the new urban existence of North American society, and yet attempting to maintain a pre-industrial rustic idyll, where the insidious effects of urban living could be banished or reversed.

The nineteenth-century city was thus a centre of nation-building dynamism and epidemiological danger, eliciting excitement about the future and nostalgia for the past. The "urban penalty" of excess mortality, as contemporary commentators often termed it, was very real. Death and disease were very much part of the landscape of North American urban environments during the epidemiological nineteenth century. With the current globalization of commerce, the acceleration of international travel, and the migration of foreign workers throughout the world, the potent mix of demography and disease will continue to elicit interest throughout the academic community and the general public. The recent outbreak of SARS, the continued AIDS tragedy, and the threat of a future "bird" flu pandemic justify and heighten the importance of historical perspectives on the relationship between urban history and the history of health and medicine.

Notes

1. See such classic works as Michael Bliss, *Plague: A Story of Smallpox in Montreal* (Toronto: Harper Collins, 1991); and Charles Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866* (Chicago: University of Chicago Press, 1962). For the Canadian literature on urban epidemics and mortality, see Logan Atkinson, "The Impact of Cholera on the Design and Implementation of Toronto's First Municipal By-Laws, 1834," *Urban History Review* 30, no. 2 (2002): 3–15; Geoffrey Bilson, *A Darkened House: Cholera in Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1980); Catherine Braithwaite, Peter Keating, and Sandy Vigor, "The Problem of Diphtheria in the Province of Quebec," *Histoire Sociale/Social History* 29, no. 57 (1996): 71–96; Terry Copp, "Public Health in Montreal, 1870–1930," in *Medicine in Canadian Society: Historical Perspectives*, ed. S.E.D. Shortt, 395–416 (Montreal: McGill-Queen's University Press, 1981); Bruce Curtis, "Social Investment in Medical Reforms: The 1866 Cholera Scare and Beyond," *Canadian Historical Review* 81, no. 3 (2000): 347–379; A. Murray Fallis, "Malaria in the 18th and 19th Centuries in Ontario," *Canadian Bulletin of Medical History* 1, no. 2 (1984): 25–38.
2. Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830–1910* (Oxford: Clarendon, 1987); Evans, "Epidemics and Revolutions: Cholera in Nineteenth Century Europe," *Past and Present* 120 (1988), 123–46.
3. See, for example, John M. Barry, *The Great Influenza: The Epic Story of the Deadliest Plague in History* (New York: Viking, 2004).
4. This introduction will focus on the Canadian literature. See Megan J. Davies, "Night Soil, Cesspools, and Smelly Hogs on the Streets: Sanitation, Race, and Governance in Early British Columbia," *Histoire Sociale/Social History* 38, no. 75 (2005): 1–36; Georges Desrosiers and Benoit Gaumer, "Les débuts de L'éducation sanitaire au Québec: 1880–1901," *Canadian Bulletin of Medical History* 23, no. 1 (2006): 183–207; Catherine Grance, "Public Works in the Canadian City: The Provision of Sewers in Toronto, 1870–1913," *Urban History Review* 23, no. 2 (1995): 33–44; C. MacNaughton, "Promoting Clean Water in Nineteenth-Century Public Policy: Professors, Preachers, and Polliwogs in Kingston, Ontario," *Histoire Sociale/Social History* 32 (1999): 49–61.
5. See, for example, Heather MacDougall, *Activists and Advocates: Toronto's Health Department, 1883–1983* (Toronto: Dundurn, 1990).
6. Risa Barkin and Ian Gentles, "Death in Victorian Toronto," *Urban History Review* 19, nos. 1/2 (1990): 14–29; M. Mercier & C. G. Boone, "Infant Mortality in Ottawa, Canada, 1901: Assessing Cultural, Economic and Environmental Factors," *Journal of Historical Geography* 28, no. 4 (2002): 486–507.
7. Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001).
8. Esyllt W. Jones, *Influenza 1918: Disease, Death, and Struggle in Winnipeg* (Toronto: University of Toronto Press, 2007).
9. E. Fuller Torry and Judy Miller, *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present* (New Jersey: Rutgers University Press, 2002).
10. For a survey of the Canadian historiography, see James E. Moran and David Wright, "Introduction," in *Mental Health and Canadian Society: Historical Perspectives*, ed. James E. Moran and David Wright, 3–18 (Montreal: McGill-Queen's University Press, 2006). For a recent publication that addresses much of the French-language historiography, see André Cellard and Marie-Claude Thifault, *Une toupie sur la tête: visages de la folie à St Jean de Dieu* (Montreal: Boréal, 2007).