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Introduction
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Public Health in the City

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Introduction

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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. European historians, such as Richard Evans, have argued cogently for the connection between cholera outbreaks and subsequent major political uprisings that affected European capitals. Meanwhile popular bestsellers on specific diseases or epidemics continue to spark the public imagination. So vast is the literature on the history of urban epidemics that historians—from Michael Bliss to Charles Rosenberg—have demonstrated 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 question 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. 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). Their work on the geographical backgrounds...
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 pandemics 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 continuing AIDS tragedy, and the threat of a future “bird” or “swine” flu pandemic justify and heighten the importance of historical perspectives on the relationship between urban history and the history of health and medicine.

Notes
5. See, for example, Heather MacDougall, Activists and Advocates: Toronto’s Health Department, 1883–1983 (Toronto: Dundurn, 1990).