

Health and Hard Time

Newfoundland and Labrador Adult
Basic Education Social History Series

A Joint Project of
The Writers' Alliance of
Newfoundland and Labrador
and Cabot College Literacy Office

In This Series...

Book 1 - Timelines of Newfoundland and Labrador

Book 2 - Facing the New Economy

Book 3 - Learning About the Past

Book 4 - Desperate Measures *The Great Depression in Newfoundland and Labrador*

Book 5 - Health and Hard Time

Book 6 - Multicultural History

Book 7 - Surviving in Rural Newfoundland

Book 8 - The Struggle for Work in the Great Depression

Book 9 - How Long do I Have to Wait?

Book 10 - William Pender *The Story of a Cooper*

Book 5: Health and Hard Times

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Foreword

In 1994, the Writers' Alliance of Newfoundland and Labrador and Cabot College Literacy Office combined to produce a series of Newfoundland books on tape. Under the general title *Increasing Access to Newfoundland Literature*, the tapes and accompanying book *A Woman's Labour*, offered ABE Level 1 students and instructors, as well as the blind and the general public, an accessible and proven set of local literacy materials. The success of that project led to a second collaboration: the *Newfoundland and Labrador Adult Basic Education Social History Series*.

A major difference between the two projects is that while Newfoundland Books on Tape dealt with previously existing material, the essays in the *Social History Series* have been newly created by five professional writers. The prime objective, however, remains the same: to provide adult learners with meaningful literacy materials drawn from their own vibrant culture.

Topics in the series were chosen for their human and social interest and their importance in shaping who we are today. In addition to historical topics, current social and economic issues such as the closure of fish plants are also examined in an attempt to provide a contemporary perspective.

The five writers employed on the project carried out extensive research in public and university archives and libraries. Some also conducted personal interviews. Many of the essays contain new and fascinating historical research. Often the pieces deal with controversial subject matter: the Great Depression, Commission of Government, workfare, the erosion of social programs, poaching and the future of our rural communities. In an effort to dispel the notion that history is "dry and dull," the approach is fresh and provocative. The object is to inform, entertain and, in conjunction with the accompanying notes and questions, to effectively stimulate lively discussion among literacy students. Consequently, this series will also be of interest and practical use to the general public and, especially, to students.

The intended audience for the *Social History Series* is ABE Level 1 students. Because of the disparate subject matter, however, the essays are written in varying degrees of reading difficulty. In particular, students may need help with some of the quoted source material as this sometimes involves archaic syntax and vocabulary.

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The essays and accompanying notes and questions in the *Newfoundland and Labrador Adult Basic Education Social History Series* were researched and written by Ed Kavanagh, Carmelita McGrath, Janet McNaughton, Kathryn Welbourn and Kathleen Winter. The series was edited by Marian Frances White.

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The *Newfoundland and Labrador Adult Basic Education Social History Series* is a joint project of the Cabot College Literacy Office and the Writers' Alliance of Newfoundland and Labrador.

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"God Took Our Little Darlings"

Child Health in Newfoundland
1860s to 1950s

by Janet McNaughton

Introduction

People who are alive today can expect to live longer than their grandparents did. Almost all of the children who are born in Canada today will live to become adults. But just 100 years ago, that was not true. Lots of people died when they were young. Children died. Even babies.

Why did so many children die in the past? How did things change? This booklet will give you some answers by looking at the way things were in Newfoundland and Labrador.

When people want to learn about the past, they sometimes look at things that were made or used by the people who lived in that time. We will begin by looking at some pictures that women made by sewing.

Section One

Looking Ahead: What is a Sampler?

About 100 years ago, women would sew pictures and letters on to cloth or paper mats. What they made was called a sampler. Samplers were framed and hung on the wall. Some people still have samplers made by their grandmothers or great-grandmothers.

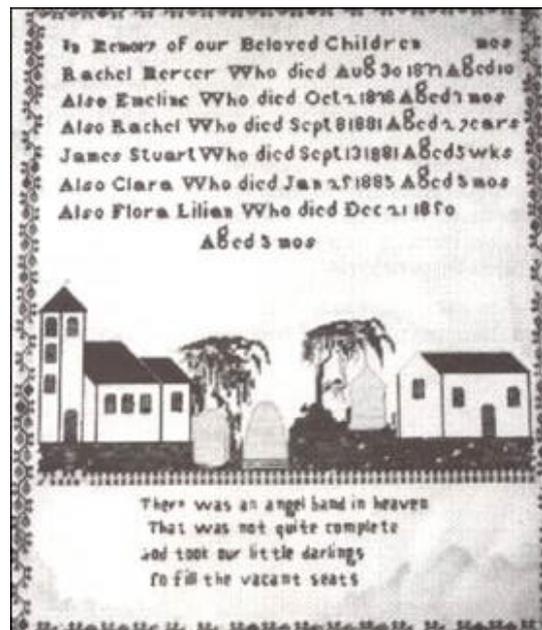
Women sometimes made samplers to remember family members who had died. Here are pictures of two samplers. They were made in Newfoundland in the late 1800s.



Credit: Michael Wallack. Used with permission of the Newfoundland Museum.

Picture One

This sampler was made by Annabella Butt for her son. It is in the Newfoundland Museum collection, catalogue number 984.72.



Picture Two

This sampler was made to remember six children in one family who died between 1877 and 1890. It is in the Newfoundland Museum collection, catalogue number 979.238.

The Sampler

Late in the spring in 1879, in St. George's on the west coast of Newfoundland, Mrs. Annabella Butt walked into her kitchen. It was the end of the day. Her dishes were washed and put away. Her mending was done. She opened a cupboard and pulled out a few handfuls of dark brown and grey wool. Then she carefully lifted a paper mat onto her kitchen table. This special, strong paper was filled with small, evenly spaced holes. It was made to have pictures sewn onto it.

Annabella sat near the window to catch the last light of day. She threaded her needle. If we could look over her shoulder, we could read the words she had already stitched on to the paper:

*In Memory of my Son
James Henry Butt
Who died September 18 1878
Aged 3 years and 17 days*

*Jesus said Suffer little
children and forbid them not
to come unto me for such is
the Kingdom of heaven.*

Annabella was tired after her long day of hard work. But she did not rest. She looked at the picture she was adding to her sampler. It was a picture of a tree in a graveyard. She wondered if she would have enough wool to finish the tree. Then she began to sew.

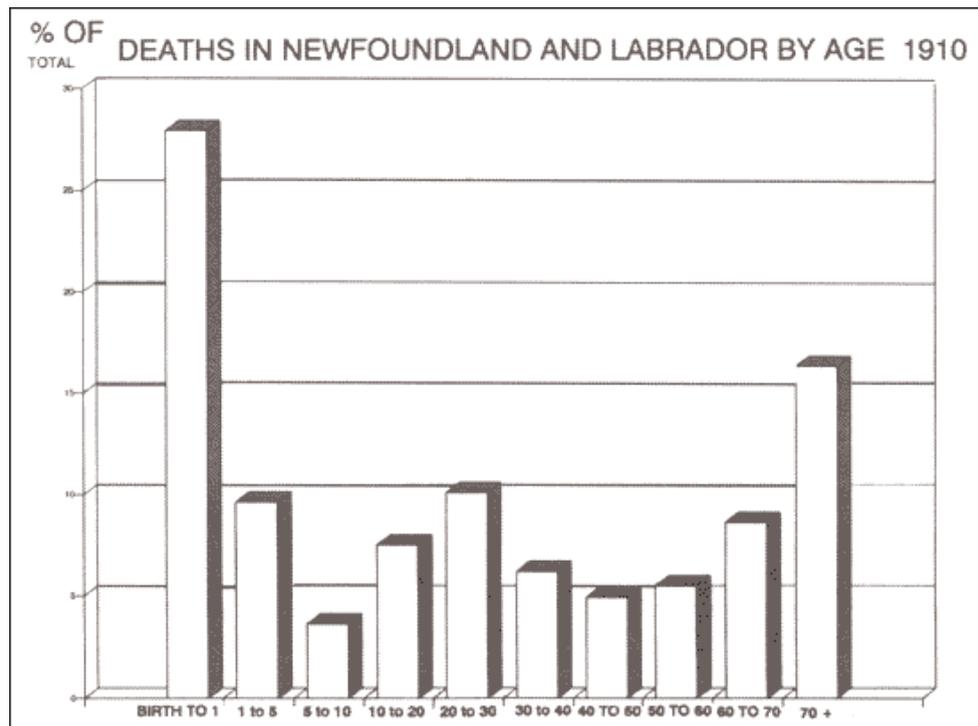
We know very little about Annabella Butt, only her name and where she lived. But we do know that she took time to sew this sampler for her small son who had died. Maybe her family could not afford a gravestone. Or maybe she just wanted everyone who came into her house to know that she did not forget little James. Today, the sampler she made is in the Newfoundland Museum.

We do not know why little James Henry Butt died just 17 days after his third birthday. We do know that many children lived very short lives in the 1800s. This was true in the early 1900s too. In fact, in 1910, about one quarter of all the people who died in Newfoundland were less than one year old. The graph on the next page shows that babies were more likely to die than people of any other age.

In those days, the mother who could say all her children were alive had something to boast about. Most families lost at least one small child to illness.

Some lost many. Newfoundland was not unusual. Many small children also died in Canada, Britain and the United States. Why did so many children die?

Today, it is easy to think that children's lives are saved because we have better medicines and better doctors. This is true, but it is not the whole story. To find out what happened in the past and how things changed, let's take a closer look.



Deaths by Age in Newfoundland and Labrador, 1910

This graph was made using numbers from the Journal of the House of Assembly, 1911. Every year, the Journal of the House of Assembly printed the numbers of people who had died in Newfoundland and Labrador, and their age groups.

Section Two

Looking Ahead: Things to Know About the Past

In the next section, you will find out how people lived in the past. Things have changed a lot in the past 100 years. Here are some questions and answers to help you understand.

What Is A Nightsoil Cart?

"Nightsoil" is another word for raw sewage. A nightsoil cart was a wagon that took raw sewage away from houses that had no toilets. Nightsoil carts were used in cities.

What Is An Icebox?

An icebox kept food fresh before people had refrigerators. An icebox works just like a camp cooler. It keeps a block of ice cool for a few days. Food kept near the ice stays cool as well. The icebox only works until the ice melts. Then new ice is needed.

What Is A Root Cellar?

A root cellar is a small room dug into the earth. The walls and ceiling are made of stone or cement. Root cellars stay cool in the summer and do not freeze in the winter. People who lived outside cities used root cellars to keep food fresh before there were refrigerators.



Credit: Copied by Photographic Services at Memorial University of Newfoundland Folklore and Language Archive, collection 85-336, photo number 10108.

Picture Three

This picture was taken in front of the Roman Catholic Basilica in St. John's around 1910. If you look carefully at the front of the cart near the woman's feet, you can see milk cans. This woman delivered milk door to door. She probably lived on a dairy farm.

What Is Raw Milk?

"Raw" milk is milk that has not been pasteurized. Most raw milk has bacteria in it. Milk is a protein. Bacteria grow well in proteins. In several provinces it is against the law to even give raw milk away. Today, we do not see many health problems because of raw milk, but they do happen. In Peterborough, Ontario in 1981, eight newborn babies in one hospital got salmonella (a type of food poisoning). Doctors later found that one of the mothers drank raw milk during her pregnancy. She got salmonella, but did not show any signs of illness. She passed the sickness to her newborn child, who also showed no signs of illness. He passed the infection to other babies who became ill. One of these babies died.¹ There were many problems like this before milk was pasteurized.

What Is Pasteurization?

Pasteurization kills bacteria and makes milk safe to drink. When milk is pasteurized, it is heated very quickly to a temperature of 63 degrees celsius (145 degrees fahrenheit) for 30 minutes. Then it is cooled. If pasteurized milk is kept at a temperature of less than ten

¹ "Back from Nature: New Worries About the Safety of Unpasteurized Milk," by Elizabeth Long, Harrowsmith Magazine, Number 60, Volume IX:6, April/May 1985, pages 58 to 63.

degrees celsius, it stays fresh for a few weeks.² In Canada, it is not legal to sell unpasteurized milk.

Milk is an important food for children because it provides protein and calcium. They help muscles and bones to grow properly. Today, we take fresh, pure milk for granted. In the past, parents could not. It was hard to keep unpasteurized milk fresh and safe to drink.

Living Conditions in the Past

If you could visit St. John's in the early 1900s, you would find a very different city. There were no cars. Most streets were not paved. Horse drawn wagons were everywhere. You would recognize many of the houses downtown because they are still standing today. But inside the houses, life was very different.

Water And Sewage

St. John's has had a public water supply since the 1860s, but even in 1915 there were about 2,000 houses in the city that did not have running water or sewer connections for toilets. Many people had to carry all their water from pumps on the streets. If you have ever had to go without running water, you know what that is like. It is hard work to carry every pail of water used for drinking, cooking and washing.

In some parts of the city there was room for outhouses. But in the downtown, houses were crowded together. Many people had no toilets of any kind. They would use a chamber pot or a bucket. Nightsoil carts came around to collect raw sewage from people who had no toilets, just as household garbage is collected today. But some people just threw their sewage into the streets. Many streets had lots of raw sewage, waste left by horses and household garbage. These are all good places for bacteria to grow. The flies that carry bacteria around grow in the same places. Diseases can spread very quickly when raw sewage and garbage is left lying around.

Electricity

St. John's did not have electricity until the 1880s. At first, electricity was only used for lighting. There were no washing machines. People did not have refrigerators until much later. Most people did not have them until after the 1930s. It was hard to keep food fresh without refrigerators. Some people had iceboxes. But many people could not afford an icebox, or the ice that had to be replaced every few days to keep it working.

Housing

In those days, there were no laws to make landlords repair the houses they owned. Many houses people rented were not fit to live in. In fact, when the first housing inspections were done in 1916, the city inspector found people living in 369 houses that should have been torn down. The people who rented these houses could not make the landlords fix them.

Gilbert Gosling was mayor of St. John's from 1914 until 1920. In his New Year's message for 1915, he wrote about this problem.³ Gosling worried about the way poor people had

² Information about pasteurization was taken from the article "Pasteurization," in the *Microsoft Encarta Encyclopedia*.

³ There were no radios or televisions in those days. This message was printed in the newspapers. After Gilbert Gosling died, his wife wrote a short book about him. This information is taken from that book.

to live. There were hundreds of houses in St. John's with leaking roofs and walls that did not keep out the wind. Many of these houses were falling apart. Some houses on hill sides were always damp because water from the houses above ran through them. The basements of some of these houses were rented to poor families. Mayor Gosling ended his New Year's message with this story:

A short time ago, a man who had been living in a very poor house I often pass, told me he could not get his landlord to repair it though he always paid his rent, and that one morning last winter he found his young child covered with snow that had drifted in during the night.⁴

While he was mayor, Gilbert Gosling tried to make things better for the poorer people in St. John's. For three months in 1918 he donated the money he made as mayor so that the city could pay a public health nurse. His city council also built the very first public housing in Newfoundland.⁵

Milk

Miss Rogers, a public health nurse, came to St. John's from New York city in the summer of 1918.⁶ Her salary was paid with the money Mayor Gosling donated. Miss Rogers was not happy with the way that milk was kept in corner stores in St. John's. She found the milk in open containers. In warm weather, flies were always around the milk.⁷

There were so many problems with fresh milk that some mothers were afraid to feed it to their children. Miss Rogers said that many mothers "feared to trust the milkmen" and that their children got rickets and scurvy because they were not eating properly.⁸ (Rickets and scurvy are explained in the next section.)

Miss Rogers was not the only one to notice dirty milk. The public health inspector for St. John's was a man named Mr. O'Brien. In 1916, he wrote a report about how milk was sold in the city.⁹ In those days, there were two ways to buy milk in St. John's: you could buy it at the corner store, or straight from the farmer, who delivered it house to house. (See [Picture Three](#).)

Inspector O'Brien began checking the milk in corner stores in 1916. Like Miss Rogers, he found that the milk in these stores was often dirty. He said in his report that he had to speak to the shopkeepers in just about every store he visited about keeping dust and flies out of the milk.¹⁰

Most dairy farms were quite small. In fact, there were 956 small dairy farms in and around St. John's. Inspector O'Brien said that most of these farms only had two cows.

⁴ Armine N. Gosling, *William Gilbert Gosling: A Tribute*, New York: The Guild, 1935, P.104. This is the book that Mrs. Gosling wrote about her husband after he died.

⁵ Public housing is built, owned and maintained by the government of a city or a province.

⁶ We know what Miss Rogers did because her report was published in the newspapers in St. John's.

⁷ J. Rogers, "Child Welfare Report of Community Nurse Rogers," (St. John's) *Daily News*, 14 September 1918, p.2.

⁸ J Rogers, p.2.

⁹ The report that Inspector O'Brien wrote for the government of Newfoundland was published in the *Journal of the House Of Assembly*, 1917, pp. 520 to 522.

¹⁰ Inspector O'Brien's report, *Journal of the House of Assembly*, 1917, p.522.

Many farmers who sold milk door to door tried to keep the milk clean. This was hard to do. In the 1920s, Elizabeth Spracklin was a young mother in St. John's. She always bought her milk from one farm family because they also sold milk to a butter company. She thought their milk would be safe for her children to drink. Some of the people who ran this farm got scarlet fever, but they still sold their milk. This was probably the only way they could make a living. Scarlet fever is caused by a kind of bacteria that can live in milk. Soon, three of Elizabeth Spracklin's four children got scarlet fever too. The youngest child, a little girl, died. After this happened, the Public Health Office had the barns pulled down and this dairy farm was closed.¹¹

Summary Of Life In St. John's

People living in a city like St. John's had many problems. It was hard to keep clean without running water. Many of the houses that people rented were not fit to live in. Raw sewage and garbage lay in the streets, making it easy for diseases to spread. Food could not be kept fresh. The milk that they bought might be unsafe to drink. It was very hard, or even impossible, to keep children clean and healthy.

Life in the Outports

Water and Sewage

People who lived outside St. John's had to carry water from streams, ponds or wells. Many did not have good drinking water. Wells can go dry, or get bacteria in them. People could build outhouses, but if an outhouse is put in the wrong place, it can ruin someone's drinking water. There are also lots of places in Newfoundland where you cannot dig an outhouse because of the rocks, so some people did not make outhouses. One woman remembered:

There were no washrooms or even outdoor toilets, in those days, almost seventy years ago. Girls were compelled to hide under a fish flake or behind an old building. It was not too comfortable with a gale of north wind and snow blowing straight in from the bay.. .but it had to be done and no one died on the job or went on strike.¹²

This raw sewage made it easy for diseases to spread.

Housing

In outports, people built their own houses and could keep them repaired if they could afford to. But houses were shut up tight in the winter. Diseases like tuberculosis and the flu pass easily from person to person in closed spaces.

Food

Many people built root cellars to keep their vegetables fresh. Some people also kept a cow or a goat for milk, but these animals only gave milk for part of the year. Milk was

¹¹ This story was collected in an interview with Elizabeth Spracklin by Janet McNaughton in St. John's on May 16, 1986.

¹² Rhoda Maude Piercy, "True Tales of Rhoda Maude, Memoirs of an Outport Midwife", Janet McNaughton, (Occasional Papers in the History of Medicine, number ten, St. John's: Faculty of Medicine, Memorial University, 1992), p.10. Mrs. Piercy is retired, a store owner and a midwife who lived in Winterton most of her life. In her book, she writes about life in Winterton and how it changed over the years.

often made into butter because butter keeps better than fresh milk. But butter is only made with milk fat. It does not have the calcium and protein that children need to grow.

Section Three

Looking Ahead: Strange Diseases

When Miss Rogers visited mothers and children in St. John's in 1918, she found that some children had diseases called rickets and scurvy. These diseases are almost never seen in Newfoundland today. Many people have never even heard of them. They are not caused by bacteria or viruses. You can not catch them. These are deficiency diseases. They only happen when people do not eat well for a long time. When people do not get the vitamins and minerals that their bodies need, they get sick. (Deficiency means that something is missing.)

Because they are growing, children need more vitamins and minerals than adults. So children are more likely to get deficiency diseases. Now, we know that children who had rickets, beriberi and scurvy were starving. Here is some information about deficiency diseases.

What Is BeriBeri?

Beriberi happens when people do not get enough vitamin B₁. This vitamin is found in fresh vegetables and whole grains, such as whole wheat bread and cereals. Beriberi makes muscles weak. After a long time, the muscles waste away. People with beriberi have problems with coordination, so it is hard for them to work. (People who have problems with coordination are more likely to fall, and their muscles do not always do what they want them to.) If beriberi goes on for a long time, it can cause heart failure and death.

What Is Rickets?

Rickets happens when the body does not get enough vitamin D. Vitamin D helps the body use calcium to make bones. When children have rickets, their bones do not form properly. A child who has not learned to walk gets a curved spine. A child who has already started to walk gets curved legs. Our bodies can make vitamin D in sunlight. It is also found in nuts and seeds. Today, vitamin D is added to milk to make sure children do not get rickets.

What Is Scurvy?

Scurvy happens when people do not get enough vitamin C. Vitamin C is found in fresh fruits and vegetables, especially oranges, grapefruit and lemons. Scurvy causes bleeding gums and loose teeth. People with scurvy also have trouble fighting infections.

Nutrition and Health

When Miss Rogers found children with rickets and scurvy, she also saw problems with their teeth. She wrote:

Children often lose their first teeth under three years of age.. .while many of eight and ten years have the second teeth hopelessly decayed.¹³

¹³ Nurse Rogers, p.2.

When Miss Rogers visited newborn babies, she saw that most mothers, even the younger ones, had already lost most of their teeth. These serious dental problems also tell us that people could not afford good food. The fresh food they did eat was often old by the time they bought it. When fresh foods get old, they lose most of their vitamins.

In outports, people would buy all their food for the winter when they sold their fish in the fall. They dug the vegetables out of their gardens and put them into root cellars before the ground froze. Many families ran out of food by the end of the winter. This is why older people talk about "the long, hungry month of March." By March, many families would have nothing left but flour and tea. Any vegetables they had were old. It was hard to live on the food people had in the spring.

In some parts of Newfoundland, people got beriberi every spring. Beriberi can make people too weak to work. When that happened, a fisherman might "lose his summer." He would be too weak to catch enough fish to buy food for the next winter. The whole family would go hungry.

When people do not eat well, their bodies can not fight infectious diseases. Children are not as strong as adults. A hungry child gets sick easily and stays sick longer. As we have seen, poor living conditions, unclean food and dirty water helped to spread infectious diseases. Now, we will look at some of these diseases.

Section Four

Looking Ahead: Catching Your Death

What Is An Infectious Disease?

Deficiency diseases like rickets and beriberi can not be caught. Diseases that can be caught are called infectious diseases. They are caused by bacteria or viruses that live and grow in our bodies. The flu is one infectious disease that almost everyone gets at some time. Mumps, measles, chicken pox, whooping cough and scarlet fever are also infectious diseases. Cholera, dysentery and tuberculosis are more serious infectious diseases. Diphtheria is a dangerous disease that is spread by coughing and sneezing. Children now get shots to protect them from diphtheria, mumps, measles and whooping cough.

How do Infectious Diseases Spread?

Some infectious diseases, like tuberculosis, are not easy to catch. A healthy person can live with someone who has tuberculosis without getting sick. But many infectious diseases are caught easily when sick people cough or sneeze or share food.

This is not the only way these diseases get around. Many of the bacteria that cause infectious diseases can live outside of people's bodies. These bacteria are happy just about anywhere that is warm and damp. We have already seen that milk can be a good place for bacteria to grow. Garbage is too. So is water that is not moving.

Raw sewage has many kinds of bacteria in it. Some of these are very dangerous. The bacteria that cause cholera and dysentery are found in raw sewage. This is why there are problems with cholera and dysentery when floods or earthquakes break water or sewer lines. People can help to stop infectious diseases from spreading by getting rid of garbage and standing water, and by making sure that raw sewage is not left lying around.

What Is An Epidemic?

Sometimes, lots of people will catch the same disease around the same time. This is called an epidemic.

What Is "Summer Complaint"?

Every summer, before drinking water was purified, the water that people drank would grow many kinds of bacteria. When the weather was hot and dry, more bacteria would grow. Some of these bacteria did not make adults very sick, but they caused babies to vomit and have diarrhea. Because this happened in the summer, this sickness was called "summer complaint."

Infectious Diseases

Children who are underfed and unhealthy will die of a sickness that would not kill a stronger child. Almost every year, there were epidemics of infectious diseases. In 1916, for example, at least 5,000 people in St. John's got sick during an epidemic of measles.¹⁴ In 1937, mumps caused the deaths of many children.

Other illnesses caused diarrhea and vomiting. Cholera and dysentery are very dangerous diseases that live in unclean drinking water. In St. John's, epidemics of cholera and dysentery began with bad water. But, because people lived in poor housing without running water and proper sewage, these diseases also spread from person to person. In 1928 an outbreak of cholera killed many children in St. John's.

Summer complaint usually happened in the warm months of July to September because more bacteria grew in the drinking water. Summer complaint was still a problem in St. John's in the 1930s in hot, dry summers. Adults could get sick from summer complaint, but they almost never died. It was different with children. When people vomit and have diarrhea, they lose water. If the body loses too much water, the person dies. Babies are so little that this can happen very quickly. Summer complaint killed many babies, especially in 1919, 1921 and 1937. Little James Henry Butt, the child whose mother made the sampler at the beginning of this booklet, died in September. He may have died of summer complaint.

Section Five Voices from the Past

Today, it may be hard to imagine how people felt when so many children died and parents could not do anything to help. We can find out by looking at old letters and magazine articles written by people who were there.

Anna Smith, Trinity, 1860s

Anna (Annie) Smith was the daughter of the Reverend Benjamin Smith, an Anglican minister in Trinity, Trinity Bay in the 1860s. She was 21 when she wrote this letter to her older brother Walter. Two of their younger brothers had just died of diphtheria. Arthur Herbert (Hebe) was eight years old. The boy she writes about in this letter, Warwick, was just four.

¹⁴ *Journal of the House of Assembly*, 1917, p.513.

December 18, 1861

My Own Beloved Brother,

This morning the "Alert" brought us your dear letters.. .We do indeed feel the loss of both the darling little ones very much indeed. Our own little affectionate dear one almost more than dear little Hebe...

The last thing he held in his little hands for any length of time was an apple. On Sunday morning he had one but couldn't eat it until Monday night. He kept it in his dear little hands. If it chanced to fall while he was dozing he asked for it directly [when] he woke. Oh! I am so glad you sent them. He was so delighted...

He seemed to fear death. He seemed to think of death as he had seen dear Hebe, cold and still and hearing and seeing nothing. "Cover me up Ma, else I'll get my dess [death] of cold. I wish I could get better," [he said.] When it suddenly occurred to me to tell him, the night before he died, that dear little Hebe wasn't a bit as he was in the study [where he was laid out] but could hear and see and speak and was happy [in heaven]...I thought I couldn't do wrong if I described [heaven] to him in a way to make it most pleasing to his imagination, and spoke of us all meeting him there and never being parted again. After a while in which he seemed to be listening very intently he turned his little head to me, put his loving little arm about my neck and said in a tone I shall never to my dying day forget, "I wish I was dead, Annie."

He died in Dear Momma's arms.. .even when his little hand was stiffening in the cold clasp of death he tried to rub Momma's with it. It is very, very hard to think that he can never fondle us again. Dear little creatures, they were very fond of each other and always together and in death they were not divided.

Your loving sister,
Anna¹⁵

Three years later, in 1864, Annie Smith died of diphtheria too. She was 24 years old. She was buried with another brother, Charles Edward, who died at the same time.

Norman Duncan, Notre Dame Bay, About 1900

Norman Duncan was a Canadian writer who wrote books and magazine articles about Newfoundland. He wrote this in a magazine article in 1901 after a trip to Notre Dame Bay:

When we stepped ashore, an old fisherman with seven children tagging after him came down to greet us.

"Good even, sir."

"Good evening."

¹⁵ This was taken from a letter in the papers of the Reverend Benjamin Smith, Trinity, MG 25, Provincial Archives Of Newfoundland and Labrador.

"Be you a doctor, sir?"

"No, sir."

"No? Isn't you? Now, I though maybe you might be." Disappointment first showed in his voice when he said, "But you isn't, you says."

"Sorry-but, no."

"Sure, I thought you might be a doctor. They be great need of a doctor on this coast, sir. Sure, the nearest do be at Tilt Cove and 'tis 60 miles away. We do be too poor to send for him. But you isn't a doctor, you says? Is you sure, sir?"

He looked at me-wistfully, half doubtingly. He waited for me to answer.

"I thought you might be," he went on. "Perhaps you might know something about doctoring. No?"

"Nothing."

"I thought, now, that you might. 'Tis my little girl what's sick. Sure, none of us knows what do be the matter with she. Won't you come up and see she, sir? Perhaps you might do something-though-you isn't a doctor."

The little girl was lying on the floor-on a ragged quilt, in a corner. She was covered to her chin, and the covering quivered now and again as though she were shaken with cold. She was a fair child-a little girl of seven. Her eyes were deep blue, wide and fringed with long, heavy lashes. Her hair was flaxen, abundant and all curly and tangled.¹⁶ She was so winsome and lovely!

"I think she do be going to die soon," said her mother. "Tis queer. She do be all swelled in the legs. Sure, she can't stand. We been waiting for a doctor to come, and we thought perhaps you was one."

"How long have you waited?"

"Twas in April she took. She've been lying there ever since. 'Tis near August now, I'm thinking. We've been waiting-sort of expecting a doctor would come. There was one here about two years ago."

"Think they'll be one coming soon?" said the old man.

I took the little girl's hand. It was dry and hot. She looked in my face...

She did not smile—nor did she fear me. Her fingers closed over mine. I do not know what she meant by that tight clasp. She was a beautiful child, a blue-eyed, winsome little thing; but pain had driven all the sweet roguery out of her face.

¹⁶ Flaxen means blond. Flax is the plant that linen cloth is made out of. Before it is made into cloth, it looks a lot like long blond hair.

"Does you think she'll die, sir?" asked the woman, anxiously.

I did not know.

"Sure, sir," said the man, trying to smile, "I thought you might be a doctor when I seed you coming ashore."

"But you isn't?" said the woman. "Is you sure you couldn't do anything? Be you no kind of a doctor at all? We don't—we don't—want she to die."

In the silence—so long and deep a silence—melancholy shadows crept in from the desolation without.

"I wish you was a doctor," said the man. "I—wish—you—was." He was crying.¹⁷

Section Six

Looking Ahead: Basic Social Security

What Is A Minimum Wage?

Minimum wage is the lowest amount of money that an employer is allowed to pay a worker under the law. This is usually an hourly rate. In Newfoundland, in 1995, the minimum wage was \$4.75 an hour. For more information about minimum wage, see the profile of Karen Westcott in the booklet *Facing the New Economy*.

What Is The Poverty Line?

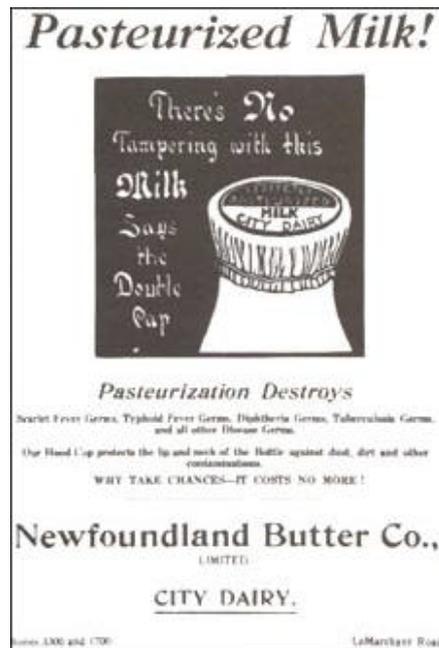
The poverty line tells us how many people live in poverty. In Canada, the government uses something call "low income cut-offs" to set the poverty lines. Low income cut-offs are decided by looking at two things. First, what percentage of a person's or family's income is spent on food, housing and clothing. If more than 54% of income goes to these things, the family or person has a low income. Secondly, levels of income are measured against the population of the place where people live. This is because bigger cities can be more expensive to live in.

In 1994, a single person living in a city the size of St. John's (30,000 to 99,999 people) had a low income if they received less than \$13,596 a year. For single parents with one child, the low income level was anything less than \$18,430. A family of four had a low income if the total family income was less than \$26,969.¹⁸ Anyone who has an income below these levels is living below the poverty line.

Single people and single parents (especially single mothers) are more likely to live below the poverty line than other people. If the head of the household is under 25, a family is also more likely to live below the poverty line. But the number of low income families with two parents has gone up steadily in Canada since 1979.

¹⁷ Norman Duncan, "Newfoundlanders of the Outports," *Outing, Magazine*, Volume 41, Dec 1901, 271-278.

¹⁸ Information about low income is explained in a booklet published every year by Statistics Canada called *Income Distribution by Size in Canada*, (Bulletin Number 13-207).



Credit: Centre for Newfoundland Studies Archives, Memorial University of Newfoundland.

Picture Four

This ad for pasteurized milk was printed in *Newfoundland News Magazine* in the 1930s. By 1945, about 70% of the milk sold in St. John's was pasteurized.

How Things Changed

Today, we take it for granted that almost all children will live to become adults. But that change did not come until after World War II ended in 1945. How did it happen? It took a lot of work over a long time.

Charitable Groups

From the time of World War I, around 1915, people began to understand that children would go on dying unless important changes were made. First, private organizations tried to help. The Child Welfare Association was one such group in St. John's. It employed visiting public health nurses to give mothers free advice. The Child Welfare Association also ran a free milk station to give children fresh, pure milk. Another private group, NONIA (the Newfoundland Outport Nursing and Industrial Association), tried to earn salaries for nurses in outports by selling knitted clothing that women made.

But the problems were just too big to be solved by small groups. People began to think the government should help. Labour unions such as the Fisherman's Protective Union (FPU) and the Newfoundland Industrial Workers Association (NIWA) asked for new laws to set standards for pure foods.

Public Health

Around the same time, people became more aware that clean housing, clean water and proper sewage disposal helped to stop diseases from spreading. The city of St. John's

made a new law in 1915 to make sure that new houses had water and sewer connections. The city also began to clear some streets that were filled with bad housing.

From the 1920s, people realized that a poor diet causes poor health. Scientists discovered that vitamins help keep people healthy. Doctors began to understand that some diseases only happen when people do not get enough vitamins in their food, and that people will not be healthy if they can not eat well.

Social Assistance

Labour unions began to talk about the amount of money people needed to survive. In the 1920s, this was \$20 a week for a family.¹⁹ Today, we call this the poverty line. This idea is important. In those days, people who were old or did not have an income could get some government relief. But it did not provide enough money to keep people alive. The government was afraid that people would never get off relief if it did. In the 1930s, the old age pension and the allowance for widows was \$50 a year. It would have been hard for anyone to live on even twice as much money.

Changes After World War II

By the time World War II ended in 1945, some things were better. All the milk sold in Corner Brook and Grand Falls was pasteurized. So was about 70% of the milk sold in St. John's. (See Picture Four.) Bad housing was still a problem in St. John's though. In 1945, there were still about 900 houses in the city that did not have sewer connections.

In the same year, about three times as many people died from tuberculosis in Newfoundland as did in Canada.²⁰ Two doctors from England, Thomas Garland and P. D'Arcy Hart, tried to decide why tuberculosis was such a problem in Newfoundland. In other countries, tuberculosis was spread in milk, but in Newfoundland this was not a problem. Bad housing helped to spread tuberculosis in St. John's and also on Bell Island. But in most of Newfoundland, bad housing was not a problem either.

Doctor Garland and Doctor Hart found that many people could not afford to eat well. This was because the amount of money paid to people on relief was too small. If the person who earned most of the money in a family got tuberculosis, government relief did not give enough money to allow the other members of the family to eat well. Soon, they became weak and caught tuberculosis too. These doctors believed that better social assistance would help prevent sickness.²¹

Unions, private charities and doctors all began to understand that the government could solve many health problems by protecting people from poverty and starvation. When Newfoundland joined Canada in 1949, unemployment insurance programs and new social assistance programs were set up. These provided people with enough money to survive. Laws were made about minimum wages for workers. Other laws were made to prevent landlords from renting houses that are not fit to live in. Today, people can complain if the housing they rent is bad. Landlords can be fined. Public health programs also make sure that children get shots to protect them from infectious diseases.

¹⁹ James Overton, "Brown Flour and Beriberi: The Politics of Dietary and Health Reform in Newfoundland in the First Half of the Twentieth Century," unpublished paper, 1992, p.6.

²⁰ Newfoundland did not become part of Canada until Confederation in 1949.

²¹ T. O. Garland and P. D'Arcy Hart, *Tuberculosis in Newfoundland*, St. John's Trade Printers and

Publishers, 1946, p.32. This report was made by two British doctors who toured Newfoundland just after World War II to investigate tuberculosis.

These laws and programs are based on the idea that everyone has a right to a basic standard of living. Article 25 of the United Nations "Universal Declaration of Human Rights" says:

Everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.

When the standard of living falls below this basic level, the same problems that caused children to die in the past will return again.

What About Today?

We might think that we will never need to worry about the problems that people faced in the past. But is this true? In most of Canada now, social assistance does not keep people above the poverty line. In fact, in Newfoundland, social assistance only provides a single, employable person with 33% of the money needed to reach the poverty line.²²

Recently, the number of people in the United States who have tuberculosis has grown for the first time in many years. Most of these people are homeless. They live like people used to in the past. They do not have running water or proper sewage. They do not get enough good food to stay healthy. Whenever people live below a basic standard of living, the same old problems return.

In Canada now, few children die before their first birthdays. But children in lowest income families are still twice as likely to die before the age of one as children in the families with the highest incomes.²³ More than 25% of all homeless people in Canada are now children.²⁴ What do all these things tell us about the standard of living in our country?

Notes for Instructors

This booklet will take time to work through, but it addresses many important issues. By looking at a time when there was virtually no social safety net, students will see the significance of current social programs. One of the main goals of this piece is to create a sense of history. Students should develop an understanding that things can and do change over time, and that they change for better or worse as the result of conscious decisions made by people in power, and in response to public pressure.

Section One introduces the subject of child mortality by looking at the sampler made by Annabella Butt. This sampler, and the Mercer family sampler in Picture Two, are in the Newfoundland Museum on Duckworth Street. They are not normally on display, but you may arrange to see them by contacting the Collections Manager for History at the Duckworth Street museum. For students in St. John's, a field trip to the Duckworth Street

²² *Welfare Incomes*, 1994, by the National Council of Welfare, 1995, p.27.

²³ This information was taken from the article, "Highlights from a New Study of Changes in Mortality by Income in Urban Canada," by Russell Wilkins, Owen Adams and Anna Brancker, in the publication *Chronic Diseases in Canada*, Volume 11, Number 3, May 1990. *Chronic Diseases in*

Canada is published by Health and Welfare Canada.

²⁴ "More Facts About Child Poverty," a fact sheet from NAPO (National Anti-Poverty Organization), May 1994.

museum would add greatly to an understanding of many topics covered in this booklet. Trips to smaller community museums in other parts of the province may be useful as well. The graph in Section One, "Deaths by Age in Newfoundland and Labrador, 1910," provides an opportunity to discuss the idea of using graphs to make statistics easier to understand.

Section Two, "Living Conditions in the Past," can spark a discussion of government services and standard of living. *The Illustrated History of Newfoundland Light and Power* by Melvin Baker, Robert D. Pitt and Janet Miller Pitt, contains some wonderful photographs of St. John's in this time period, as well as pictures of early electrical appliances.

Section Three, "Nutrition and Health," relates to the section "Nutrition" in the Integrated Unit HEALTH, pp. 95-96 in the ABE Level I *Instructor's Handbook*. *The Canada Food Guide* is a good resource for this section. Eating habits and nutrition have changed dramatically in Newfoundland and Labrador since Confederation with Canada. Many older Newfoundlanders can remember when people did not get enough to eat. Stories about hunting, fishing, berry picking, food preparation and "the hungry month of March" are common. Students could be encouraged to talk to older friends and relatives about food in the past. This would make a good focus for an interview project. (See the notes to instructors for the piece "Learning from Interviews" in the booklet *Learning About the Past*.)

Section Four, "Infectious Diseases," raises many basic public health issues. Some of these are also covered in the section "Disease," pp. 97-99 in the *Handbook*. Students who appreciate the difference between bacterial and viral infections will understand why they cannot go to the doctor for antibiotics when they have the flu. It is important to know that basic hygiene can stop the spread of many infectious diseases. Public health officials say that about half the colds young children get can be prevented by regular, careful hand washing. To understand how public water supplies and sewers protect us from diseases such as cholera and dysentery, you may wish to follow the aftermath of a natural disaster, such as a flood or an earthquake, in the news if the opportunity presents itself. Where hygiene is lax, outbreaks of these diseases are inevitable. However, students should also know that some serious infectious diseases, such as tuberculosis and AIDS, are not spread through casual contact, and there is no reason to be afraid of people who have them.

A discussion of the public health vaccination program is also relevant to this section. Students may be interested to know that the very first vaccinations in North America were given in Newfoundland (see the year 1788 in the section "Early Exploration and Settlement," in book 1 *Timelines of Newfoundland and Labrador*.)

Section Five is emotionally charged. It was included to add a human face to the historical data. Students who have experienced a loss may react strongly to this section. If this is likely, group reading may not be appropriate. One of the problems with using primary sources such as these is the vocabulary. You may wish to have students plan language "translations" of one or both of these pieces, either in groups or alone depending on their levels and abilities.

Section Six takes us up to the present. Students should be encouraged to discuss which aspects of our social safety net protect us from the problems experienced in the past. This section relates to the discussion under "Government Programs and Services" in the Integrated Unit GOVERNMENT AND THE LAW, pp.43-44 in the *Instructor's Handbook*. You may wish to look at The United Nations "Universal Declaration of Human Rights" when discussing this section.

Topics for Discussion

Section One: The Sampler

1. Women's work and how it has changed.

Section Two: Living Conditions in the Past

2. Municipal laws that protect our right to a basic standard of living (by-laws about housing and garbage collection).
3. Provincial laws that protect our right to a basic standard of living (the Landlord/Tenant Act, Sanitation).

Section Three: Nutrition and Health

4. Eating a balanced diet. What constitutes good nutrition.

Section Four: Infectious Diseases

5. Public health vaccination programs.
6. Problems that develop with infectious diseases after natural disasters (newspaper stories may be useful).
7. The difference between viral and bacterial infections.
8. The difference between highly communicable diseases, and those that do not spread easily from person to person.

Section Five: Voices From the Past

9. Some historians say that people were not as bothered by children's deaths in the past, because children died so often that parents did not become as attached to them as we do today. Discuss this idea.

Section Six: How Things Changed

10. The increasing role of government in ensuring a basic standard of living in the 20th century.
11. Where that idea is headed today.

Questions for Discussion

Section One: The Sampler

1. What is a sampler? Look at the samplers in Pictures One and Two. Both were made for the same reason. What was that reason?
2. Graphs make numbers into pictures so that they are easier to understand. Look at the graph "Deaths by Age in Newfoundland and Labrador, 1910." Each bar in the graph shows the number of deaths of people in different age groups. Which bar is the biggest? How old were the people in this group? The numbers on the left hand side of the graph are the percentages of deaths (or parts per hundred). What percentage of deaths does the largest bar represent? Find out how this compares with the percentage of deaths in this age group today.

Section Two: Living Conditions in the Past

3. Make a list of all the topic headings in Section Two, beginning with "Water and Sewage." Under each heading, write "Then" and "Now." Under "Then," list the things that people did in the past. Under "Now," list the things that we do now. Compare lists and talk about how things have changed.

Section Three: Nutrition and Health

4. What is a deficiency disease? Can you catch one? Why did children get rickets? What did rickets do to them? What is done to keep this from happening today?

Section Four: Infectious Diseases

5. What is an infectious disease? Make a list of all the infectious diseases you can think of. Are they spread in different ways? How do they spread from person to person?
6. Why do raw sewage and garbage help infectious diseases to spread?
7. What is the difference between raw milk and pasteurized milk? Look at [Picture Four](#), an ad for pasteurized milk. Find the list of diseases spread by unpasteurized milk. Are any of these diseases still a problem today?

Section Five: Voices From the Past

8. In the months that I spent writing this booklet, I had to read these two pieces over and over, and they always made me want to cry (and sometimes I did). Was it a good idea to put these pieces in this booklet? Why or why not?
9. Did people in the past write differently from the way that people write now? If so, what differences do you notice? Make a list of all the words that are hard to understand in one of these pieces. Can you think of simple words that have the same meanings? Use a dictionary if you want.

Section Six: How Things Changed

10. What are the most important changes that have been made in the twentieth century? Make a list. After you have made your list, put it in order, beginning with number one, the change that you think is most important. If you are working alone or in small groups, compare your list with those made by other students. Did everyone list the same things? Did everyone think the same things were important? Discuss the differences.

"More Sinned Against than Sinning"
Single Mothers and the Law in the Past

by Janet McNaughton

Introduction

Single mothers have always needed extra help. They are more likely to be poor than most people. It is hard to raise children alone.

Today, a woman can make choices about becoming a mother. Some of these choices are hard, especially for unmarried women. But at least there are choices. If an unmarried woman is unhappy about being pregnant, she can think about having an abortion, or giving her child up for adoption. If she decides to become a single mother, she can get some help from the government. If she has a job, she can put her child in daycare or find a baby sitter.

None of these choices were possible 100 years ago. What did women do then? Some of their choices were not happy ones. These women sometimes broke the law and ended up in court. We can find out quite a lot about single mothers in the past by looking at letters and court records in the Provincial Archives of Newfoundland and Labrador and in old newspapers.

Today, if a woman is unable to care for her children, she can give them up for adoption or put them in foster care. There was no such thing as legal adoption in the past. In fact, the first adoption laws were not passed in Newfoundland until 1940. Before that, a doctor, a judge, a minister or priest would sometimes arrange an adoption for an unmarried mother.¹ Babies were not usually adopted by strangers though. Of course, many single mothers gave their babies to other family members-their mothers or aunts in most cases. These relatives would look after the child, sometimes until it was grown, sometimes until the mother could care for the child herself.

Unmarried mothers had few places to go 100 years ago. If a woman was working and she became pregnant, she could lose her job. Many women were servants. They lived in the homes where they worked. People did not want women with babies working in their houses. A servant who became pregnant would lose her place to live when she lost her job. Then, she was homeless.

In 1894, the Salvation Army opened a home for unwed mothers in St. John's. It was called the Cook Street Rescue Home. Unwed mothers could live there. They could also get medical help while they were pregnant and for a short time after the baby was born. We know that some women who wanted to give their babies up for adoption at the Cook Street Rescue Home were not able to. Maybe the number of couples who wanted to adopt babies was smaller than the number of babies being put up for adoption. There were also orphanages, but some of these did not take the children of unwed mothers.² Most of the children who grew up in orphanages came to them as older children after one or both of their parents died.

Young, unmarried women depended on their families for help. What happened to a woman who had no family to support her and take her child? Life was so hard that some

¹ Stuart R. Godfrey, *Human Rights and Social Policy in Newfoundland: 1832-1982*, p.161. This book gives the history of many different types of social policy in Newfoundland.

² The Church of England Orphanage in St. John's did not accept "illegitimate" children (the children of single mothers) even as late as 1966. Stuart Godfrey, p.147.

of these women tried to run away, leaving the baby behind. The legal term for this is abandonment.³

Abandonment

In 1901, an 18-year-old unwed mother named Jane Porter appeared in court in St. John's. She was charged with abandoning her baby. She had left the child at the home of the man who was the father and run away. She was sentenced to 30 days in jail, but when she said she would take her baby back the sentence was suspended. This meant that she did not have to go to jail.

In November of 1923, a 20-year-old former house maid "escaped" from the Cook Street Rescue Home, leaving behind her 15-day-old baby. Readers of the *St. John's Daily News* were asked to contact the Cook Street Rescue Home if they knew where this girl was.⁴ We do not know what happened to this young mother, or the baby she left behind.

These single mothers had few choices. Women who knew they could not raise a child alone had no way out.



Credit: Centre for Newfoundland Studies
Archive, Collection 200, unnumbered,
circa 1908.

Picture One

Domestic Servants

Women who went far away from their homes to work as servants could not turn to their families for help if they became pregnant. Many of the unmarried women who came before the courts were servants like these.

³ All the names have been changed in the stories that follow, except the names of government officials.

⁴ This story was printed in the *Daily News*, 8 November 1923, p. 6.

Attitudes Towards Single Mothers

To understand why life was so hard for pregnant women who were not married, it is useful to know how people felt about these women in the past. We can find out by looking at letters people wrote to newspapers.

In 1919, some doctors in St. John's began to raise money to build a maternity hospital—a place where women could go to have babies. At that time, almost all women in Newfoundland gave birth in their own homes. The Cook Street Rescue Home was the only place where doctors and nurses delivered babies and looked after women outside their own homes. People knew that women in other parts of the world were beginning to go to hospitals to give birth. Some thought that women in Newfoundland should have this choice as well.

The maternity hospital these doctors wanted to build was going to be run by the Salvation Army, just like the Cook Street Rescue Home. In fact, this maternity hospital later became the Grace General Hospital. The doctors wanted a home for unmarried mothers in the same building. But the idea of putting married and unmarried mothers in the same place really upset some people, even though the unmarried mothers would be in a different part of the building. Many letters were written about this to the *St. John's Daily News* in March of 1919.

One person, who did not sign his name to his letter, said,

...to link together a Rescue Home and Maternity Hospital is decidedly objectionable under any arrangement... True wives and expectant mothers should abhor the idea and should not be asked to reside anywhere in the atmosphere of the fallen.⁵

"Abhor" means to hate. "The fallen" means fallen women. This was a name for unwed mothers. Prostitutes were also called fallen women. Fallen women were thought to be sinful or bad.

A Methodist minister named T. B. Darby, wrote:

We must do our best for the unfortunate victims of men's lust until such time as we can make these men share the shame which their victims suffer, but we must not, dare not, throw around this unfortunate Institution any mantle of honor and this is done when we couple it with a Home where true wives who are expectant mothers seek help in a trying time. I venture to say that the very idea is repugnant to a very large majority of the mothers in this city. For their sakes, for the sake of common morality, we cannot afford to do this thing...⁶

Concealment and Infanticide

These unkind attitudes made life hard for unmarried mothers. Some women were so ashamed and afraid that they tried to hide their pregnancies as long as possible. It may

⁵ *The St. John's Daily News*, March 13, 1919, p.2.

⁶ Letter to the editor by T. B. Darby, *The Daily News*, March 11, 1919, p.5.

be hard to believe that anyone could keep a pregnancy secret for nine months while such big changes happened to her body. But we know this did happen. Some women gave birth in secret if they could. If the child died at birth or shortly after, the mother could hide the baby's body. She might even cause the baby's death. The legal terms for these acts are "concealment of birth" and "infanticide."

Babies who are born without medical help sometimes die, especially if the baby is premature, or if the mother has not seen a doctor and if she worked hard all through her pregnancy.⁷ Young women who gave birth in secret almost always said that the baby had died in birth or shortly after. If there were no marks on the body to show that the baby had been killed, it was very hard to know if the mother caused the death.

This happened so often that there was a special crime called "concealment of birth." This only meant that a woman kept her pregnancy a secret and gave birth without telling anyone. Concealment of birth allowed the courts to deal with these women without having to decide if they had killed their babies. Concealment charges could be brought against any woman who gave birth in secret, but it was only used when a baby died. If a woman kept her pregnancy a secret, but the baby did not die, she was not charged with concealment of birth.

The more serious crime was called "infanticide." Women who were charged with this crime were thought to have killed the baby on purpose. Women were only charged with infanticide when there were signs of violence, or if it was possible to prove that the mother intended to harm the baby.

How often did this happen? Between 1885 and 1930, at least 57 women were tried for concealment of birth or infanticide in Newfoundland and Labrador. Some of the court records are missing, so there may be more cases we do not know about. Others may have remained secret and never came before the courts.

Here are some cases taken from court records, old letters and newspaper reports. They help us understand what happened to young women who found themselves pregnant and had nowhere to turn.

⁷A premature baby is one that is born before nine full months. Babies who are premature have a lot of health problems and need special care.



Credit: Centre for Newfoundland Studies Archive, Collection 137, photo number 0008

Picture Two

Grace Maternity Hospital

This picture of the Grace Maternity Hospital was taken some time after it opened in 1923. This is the same building that holds the Grace General Hospital today, but the top storeys and peaked roof have been removed.

Sarah Penny

In the fall of 1905, Sarah Penny gave birth alone on a schooner returning from Labrador. The child died. Sarah was 17 and unmarried. Later, she was charged with concealment of birth in St. John's. Sarah pleaded guilty and was sentenced to six months with hard labour in the Penitentiary in St. John's. (Most women who were found guilty of concealment got a sentence of six months to one year.)

Judge Johnson, the judge in this case, wrote to Governor William MacGregor about Sarah. Judge Johnson believed the baby was probably dead when it was born. He wrote that Sarah "may have been prompted by feelings of modesty in the presence of a crew of sailors and fishermen" to hide what happened. But he did not think he could give her less than six months in jail because cases that looked like concealment of birth sometimes really were infanticide.

It sounds as if Judge Johnson felt sorry for Sarah. He wrote, "I did my best to impress on her mind that... she deserved all our pity under the circumstances and that when she had served her sentence...I hoped she could face the world with a feeling that she had atoned

for her offence and that... she should forget and amend the past."⁸ (To atone means to make up for. To amend means to fix.)

Sarah impressed the prison staff so much that they did something very unusual. A few weeks after she was sent to prison, they asked the governor for permission to release her. In a letter dated December 19, 1905, Alex Parsons, the Superintendent of the Penitentiary, wrote to Governor MacGregor: "The conduct of this girl since her commitment here...on a charge of concealment of birth has been remarkably good. Mentally, she is much superior to the average female prisoner. Matron speaks well of her and says 'she is respectful, obedient, industrious and well-behaved generally'." (Industrious means hard working.)

The governor wrote back to Alex Parsons. He asked Mr. Parsons to write to Sarah's father. The governor wanted to know if her family would let her come back home if she was released from prison.

Her father wrote back to Alex Parsons saying,

I beg to say that I am very thankful to His Excellency the Governor for being willing to release her, and I am also thankful to both you and the Matron for speaking so well of her. She was always a good daughter and we were fond of her... We have spent a very uneasy winter, both her Mother and myself, and we will feel only too happy to take her back to her home and treat her well as ever we did. I cannot help forgiving her, she being my own flesh and blood. Please let me know when you're sending her and I will meet her at the Station... Again thanking you for your kindness,

James Penny

Soon after, Sarah was released from prison. We do not know what happened to her after that.

⁸ This letter was dated December 16, 1905. This letter, and the letters that follow, are found in the governor's correspondence in the Public Archives of Newfoundland and Labrador (GN 2/1A).



Credit: Centre for Newfoundland Studies Archive, Collection 200, unnumbered photo.

Picture Three

The Crew of a Fishing Schooner

Many young women worked in the fishery. Some went away to work "on the Labrador." Some worked as part of the crew on a fishing boat, as this young woman did. Women who worked alone among men had no one to help them if they became pregnant. In 1897, five young women who had worked in the summer fishery in Labrador were charged with infanticide.

- - -

Sally Thorne⁹

Sally Thorne returned from Halifax to her parents' home in a small southwest coast outport in 1909. She acted like any other young, single girl. She helped at home and spent her free time visiting with her girlfriends. Her mother, Helen Thorne, thought that Sally had gained a bit of weight, but did not suspect she was seven months pregnant.

About two months later, Mrs. Thorne got up very early in the morning to get some clothes for her own baby from Sally's bedroom. She saw the light under the door before she opened it, and found Sally lying on the bedroom floor. When her mother asked what was wrong, Sally said, "Oh mother, I have had a baby."

⁹ Information about this case is taken from court records in the Public Archives of Newfoundland and Labrador (GN1/3a 1909). The quotes from Sally's mother are taken from her statement to the court. The names have been changed.

"Oh my God," her mother said. "What have you done with it?" Sally told her the child had died and she had put the body in her trunk. When Helen Thorne looked in the trunk, she found the body. She later said, "I made Sally get up and go to bed. It was near daylight. I did not go back to bed. I went down and put a fire in the kitchen stove and walked the house. I was nearly crazy." Finally, she sent for a neighbour and told her what had happened. Later that day, this neighbour came back and got the child's body ready to be buried.

Sally was sick after her delivery and needed a doctor. After the doctor treated Sally, Helen Thorne showed him the baby's body. Later that day, the doctor returned with the local magistrate and took the child's body away. When the doctor examined the body, he found that Sally had carried her baby for nine months. (Babies who are born before nine months are more likely to die.) The baby had breathed, but not for long. There was a bruise on the back of the head. The doctor felt this was caused by the difficult birth. There were no fractures or other signs of violence, except for four scars on the child's neck. These seemed to have been caused by the mother's fingernails. The doctor could not tell how they happened. Were they there because Sally had to deliver the child herself, or were they a sign that she had harmed her baby?

Sally was tried in court for concealment of birth. Because she was charged with concealment, the court did not need to find out if Sally had killed her baby. She was found guilty of concealment, and sentenced to nine months in prison in St. John's. Near the end of her prison term, her family petitioned the governor to let her out of jail early. But this was not done because her sentence was almost over. We know that Sally's family cared about her because they tried to have her released from jail. We do not know what happened to Sally after she got out of jail.

Many other young women in this situation had some help from their families, just as Sarah and Sally did. Friends or relatives made petitions to try to get these young women out of prison early. One young servant was convicted of concealment of birth in St. John's. She was released from prison soon after her trial because her employer got up a petition. This woman asked her friends to sign the petition. They were all wives of important businessmen in St. John's. But what happened to women who had no one to help them?

Emily Best

One night in June of 1898, a woman sent for the police because she heard a baby crying in the street outside her house. Police found the body of a newborn baby in a tub of ashes in the corner of a lane. *The Daily News* called this "another of those horrible affairs, the murder of a new born infant." The Evening Telegram said there were "details too horrible to mention." Emily Best, a 23-year-old former house maid, was later arrested and charged with murder.

If Emily Best had been found guilty of murder, she would have faced the death penalty. The jury could have reduced the charge to a less serious crime such as infanticide. This usually happened, but in Emily's case it did not. So the court withdrew the charge of murder, and charged Emily with manslaughter instead. Manslaughter is a less serious crime than murder. It means that the person did not intend to cause death. Emily Best pleaded guilty to manslaughter on the advice of her lawyer.

Before her sentence was passed, her lawyer asked for mercy, considering "her youth, the circumstances of the case and her previous good character." She was sentenced to five years in prison. In delivering his sentence, Chief Justice Emerson said this:

According to your own voluntary statement, freely made before the Magistrate, you placed your infant child in an ash tub shortly after its birth. By medical testimony it was shown that the child's mouth, when found, contained ashes and coals, from the effects of which it died. The Crown in its wisdom and clemency has considered that the ends of justice will be met by abandoning the graver charge [of murder] against you, in which your life was involved, and [has] accepted your plea of guilty to the lesser offence of manslaughter...Your council has wisely advised you to plead guilty to the minor offence and I trust...in that time [in prison] you will have opportunity to consider the escape you have made from the due punishment of your offence and that it will enable you to reform your future life.¹⁰

Five years is the longest prison sentence any woman was ever given in Newfoundland for this type of crime. But this case shows that the courts did not want to hang a single woman for killing her newborn baby. That was why the charge of murder was reduced to manslaughter. Emily Best served four years of her jail sentence. She was let out a year early for good behaviour. Perhaps the saddest thing about this case is that Emily seems to have been totally alone, with no one to turn to for help.

Bastardy Cases

It would be wrong to think that every unmarried mother tried to hide her pregnancy. In fact, some women did the opposite. They told everyone they were pregnant and asked police to bring charges against the father of the child. In these cases, the courts would sue the father for support. This was called a "bastardy case." From the 1830s on, it was against the law in Newfoundland for a man to refuse to provide support for a child he had fathered.

Sometimes, when a young woman spoke out about being pregnant, the police would begin by putting the man she said was the father into jail overnight. Perhaps this was to force him to solve the problem by himself—to marry the woman or support the child.

If the man did nothing, he was called into court with the woman who charged him. To win a bastardy case, a woman had to prove that this man was the father of her child beyond any reasonable doubt. Today, this is done with medical tests, but that was not possible then. If the unwed mother had only been seen going out with one man, and if she was generally thought of as a "good" girl, the courts usually believed her. It also helped if she could swear that the man had promised to marry her.

But if the man could find other men who would come in to court and swear that they also had sex with her, or if she was known to be a girl of "bad character," the case could be dismissed. Also, if the man claimed that he had given her money for sex, her case could be lost. Sometimes, even the threat of bringing other men into court to testify against a woman was enough to force her to drop her charge. Also, if the girl admitted that she had other sexual experience, the case was usually dismissed. Unmarried women who had other children or pregnancies found it very difficult to win a bastardy case.

If the court was satisfied that the man was the father of the child, he would have to swear a "Bond of Affiliation." This was an agreement to provide financial support until the child turned ten. If the child died before that time, the father was released from the bond. The support payments were small—as little as \$20 a year. The father could also be

¹⁰ *The Evening Herald*, 19 November, 1898 p.3.

released from the bond by paying \$100 in cash. This meant that anyone with money could get out of this situation. If a man refused to sign a bond of affiliation, or if he said he could not afford to, he was sentenced to jail, usually for six months.

In 1928, one man was charged by two different women, one who had already given birth, and another who was eight months pregnant. In that case, the man was required to swear a bond of affiliation for each child. Sometimes a man agreed to marry the woman. When that happened, the charges were dismissed. In 1927, one man decided to marry the woman after he had been sentenced to six months in jail. The couple went directly to church with a police constable and the man did not have to serve his jail sentence.

The bastardy laws only worked for young women who were thought of as "good girls." These laws were sometimes used to pressure young women into naming the fathers of their children. Relief officers knew they could get a woman off the welfare rolls if the father of the child provided some support. So, even if a woman wanted to keep this a secret, she might be forced to name the father. The bastardy laws were enforced by the courts because they saved the government money.

How Things Changed

In the twentieth century, attitudes towards unmarried mothers began to change. The idea that an unwed mother is a sinful "fallen woman" has pretty much disappeared. Single women who are pregnant can now make choices for the future. In 1940, the first adoption laws were passed in Newfoundland. After 1944, the government set up a system of foster care for children, although we know this system did not always protect them from mistreatment and abuse.

Until 1970, the number of children born to unmarried women rose in Newfoundland. More of these children were born to teenagers under the age of 18.¹¹ At the same time, more unmarried mothers asked for some type of government help than ever before. Perhaps this was because teenaged mothers are more likely to need help than older women. But this was also because the government began to play a bigger role in social assistance, foster care, and adoption services. People came to expect this kind of help from the government.

After 1970, fewer unmarried mothers asked for government assistance in Newfoundland and Labrador. This is partly because birth is more likely to be a choice today. Women can use birth control or decide to have an abortion. If a woman does go through with her pregnancy and she cannot raise the child, she can give it up for adoption. Today, because women have those choices, we almost never see infanticide, concealment of birth or abandonment. These changes have made a big difference. In the early part of the twentieth century, no woman would choose to become an unmarried mother. Now, some women do.

¹¹ Stuart Godfrey, p.171.

Notes for Instructors

Although this essay focuses on Newfoundland, abandonment, concealment of birth and infanticide were common throughout North America and Europe well into the twentieth century. In contrast, bastardy laws and their use differed from place to place. Little research has been done in this area, but it seems as if women in Newfoundland were more forthright in claiming support under the bastardy laws than women in other places were.

Looking at one small part of the past is often the best way to understand how greatly attitudes and ways of doing things change over time. The role of single mothers has changed dramatically in the past 100 years. Students should be encouraged to think about and discuss how and why these changes took place. You may wish to discuss how changes in attitudes relate to changes in laws and services.

This essay is suitable for use when looking at family law. (See the Integrated Unit GOVERNMENT AND LAW, p. 48 in the ABE Level I *Instructor's Handbook*.) Adult students who have experienced the current family court system may wish to discuss how approaches to child custody and child support have changed. Many aspects of criminal law are discussed in this piece as well. Using the list of terms at the end of the essay, you may wish to look at specific aspects of the legal system, such as suspended sentences, and the differences between the crimes of manslaughter and murder. Examination of individual cases leads to the issues of prenatal health care, government services and individual choice. The final section, "How Things Changed," relates to the study of government services for single parents.

Word List

Abandonment: to abandon is to leave behind. It is a crime for parents to leave a child. This is called abandonment.

Bastardy Laws: bastard is an old word for the child of parents who are not married. The bastardy laws were made so that men who fathered children with unmarried women would have to support their children.

Bond of Affiliation: to be affiliated with someone is to be connected with or related to them. A bond of affiliation was a legal paper that said a man was the father of a child. This was used to make the man pay child support under the bastardy laws.

Clemency: kindness or mercy.

Concealment of Birth: the crime of hiding the fact that a woman has given birth to a baby. Women were only charged with concealment of birth if the baby died. Charging a woman with concealment of birth let the courts deal with these cases without having to find out if the woman had caused the death of her baby.

Infanticide: the killing of a baby (or infant). This is the crime of killing a baby, most often at birth.

Premature: means something happens before it is supposed to. A premature baby is one that is born before the full term (nine months) of a normal pregnancy. Premature babies have more health problems than full term babies.

Manslaughter: the crime of killing someone without meaning to. It is a less serious crime than murder.

Suspended Sentence: when a court punishes someone by sending them to prison, that is called a sentence. When the sentence is suspended, the person does not have to go to prison. This is a way to reduce the punishment.

Topics for Discussion

1. The changing role of women in society.
2. How attitudes change over time.
3. Current support and services available for single parents.

Questions for Discussion

1. How did people feel about single mothers 100 years ago? Is this different from the way people feel today? If so, why do you think attitudes changed?
2. When single women became pregnant 100 years ago, what choices did they have? What choices do single mothers have today? How are these choices different?
3. What does abandonment mean? Is this something that happens today? Why or why not?
4. What is a bastardy case? Why did the courts enforce the bastardy laws? How do the bastardy laws compare to the current system of child support? Which system do you think is better? Are there any parts of the old system that might be useful today? If so, explain.
5. Single fathers are not talked about in this essay. Why do you think that is so? What roles do single fathers play in raising their children today?

The Silent Menace
TB in 20th Century Newfoundland
by Ed Kavanagh

August, 1950

Tessie's Story

Tessie Murphy walked slowly up the steep path that led to Old Man's Lookout. The path was dusty and dry. It had been a hot summer. Her parents didn't mind: it was perfect weather for drying fish. Now and then in clearings, or where the trees were thin, Tessie could see the blue ocean. It rolled gently between the tall fir trees or above the blowing, yellow grass. Even in places where she couldn't see the ocean, she could hear it. It roared and crashed on the sharp rocks below. Sometimes it boomed and thundered as the water pushed into the deep caves that reached far into the headland. When Tessie was little, her Uncle Tim had told her that the caves were haunted by drowned sailors. Tessie had listened with wide eyes. But now she was 19. She didn't believe in ghosts.

The sun burned brightly in the clear sky. It was nearly noon. Tessie was getting tired. A hundred yards up the path was Kissing Rock. Tessie wiped the sweat from her forehead. She took a deep breath and continued on until she reached the rock. Kissing Rock had a flat place near the top that was good to sit on. She climbed up and made herself comfortable. She opened the lunch bag she had brought and took out a molasses sandwich. The last time she had visited Kissing Rock her boyfriend, Charlie, had been with her. Now he was fishing with her father up on the Labrador.

Tessie finished her sandwich. She stood up and looked out over the bay. Far below, gulls and small boats rode gently on the waves. She climbed down and continued up the path. Kissing Rock had a good view, but Old Man's Lookout had the best view in all of Eddy's Cove. From there you could see the whole harbour and even all the way to Deep Cove, the next community to the east.

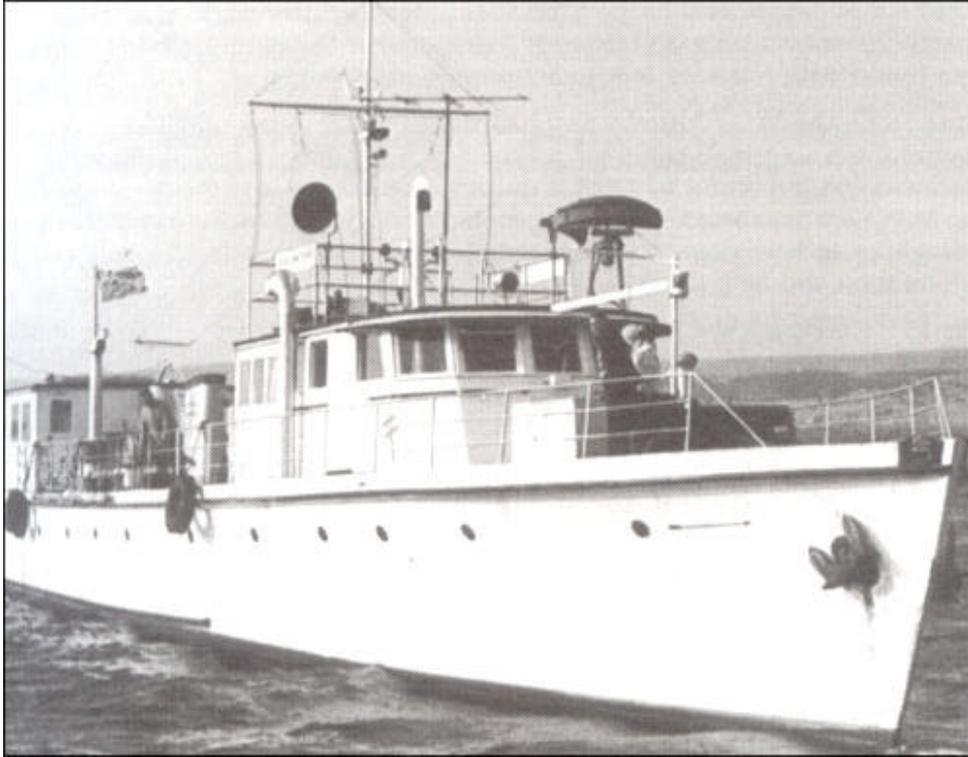
When Tessie reached the Lookout she shaded her eyes and looked out over the water. On the horizon she saw something white. An iceberg? No. It was a boat. It was coming towards Eddy's Cove. Tessie watched it closely. Soon she knew what boat it was. She could tell by its shape. She knew its sharp prow and the way it cut through the water.

The boat was the *M.V. Christmas Seal*. Tessie had first seen it three weeks before. She had been waiting for its return. It was bringing news for her. Whether the news was good or bad she did not know. Well, she would soon find out. Tessie took a deep breath. She felt dizzy. She waited a moment for her head to clear. Then she turned and hurried down the path to Eddy's Cove. She wanted to be at the wharf when the boat tied up.

As Tessie ran down Murdoch's Lane she heard the music. Now she was sure what boat it was. The *M.V. Christmas Seal* was the only boat she knew that played music when it came into port. She arrived just as Captain Peter Troake was easing the *M.V. Christmas Seal* into the wharf. Everyone was there—children, mothers with babies and even the very old. Tessie saw her grandfather Sam leaning against a barrel. He nodded at her, tapped his pipe against the barrel and searched his shirt for tobacco. Her mother stood next to him. She waved Tessie over. Tessie joined them. Her mother smiled and squeezed Tessie's hand. Tessie saw her little brother Joe running up and down the wharf. He loved boats and he had never seen one quite like the *M.V. Christmas Seal*.

Ropes were thrown and caught. The music was loud and cheerful. It came from two speakers on deck. In spite of her nervousness, Tessie smiled. She liked music. The *M.V. Christmas Seal* wasn't at all like the boats she was used to. It was so clean and white. It

didn't smell of fish. The smiling people gathered on deck were not fishermen. Even though its mission was serious, a carnival feeling surrounded the boat.



Credit: Newfoundland and Labrador Lung Association.

The M.V. Christmas Seal

The *M.V. Christmas Seal* was indeed special. There was no other boat like it in Newfoundland. It travelled all around the coast and visited hundreds of communities. But it did not load fish or drop off supplies like most boats. It had a different mission. It was a battleship and its enemy was tuberculosis. Newfoundland had the highest rate of TB in all of North America. Every year hundreds of people died of the "The Silent Menace." Hundreds more had operations or became too ill to work. Families were broken up. Children were sent to live with relatives and, sometimes, to orphanages.

Since 1947, the *M.V. Christmas Seal* had visited many Newfoundland communities so people could get a free chest x-ray. If someone did have the disease it was important to catch it quickly. The doctors and nurses on board the *M.V. Christmas Seal* also taught people about TB. They vaccinated children and adults. In later years, they also tested people for diabetes and gave information and help to the disabled.

The *M.V. Christmas Seal* had first visited Eddy's Cove three weeks before. Tessie remembered the day well. As the ship pulled into the wharf the music drew everyone's attention. And then the voice of Captain Peter Troake came over the loudspeakers inviting everyone to come aboard "for a free chest x-ray." Just about everyone in Eddy's Cove had come down to greet the ship. Like Tessie, they had stood patiently in line. Tessie had been a little frightened. It was her first x-ray. She wasn't sure what to expect. The doctors and nurses were nice. The x-ray did not hurt. She was surprised when it was over so quickly. But Tessie was worried. In February, her grandmother had died of

"consumption" as the old people called it. Was that TB? Tessie wasn't sure. Just about everyone in Eddy's Cove was related to or knew someone who had died of consumption. Even her Uncle Tim had died from a lung disease. In the last six months Tessie herself had developed shortness of breath. She was often tired and coughed a lot. Sometimes she spit up blood. She had also lost weight. There was no doctor or nurse in Eddy's Cove to tell her what was wrong. But the *M.V. Christmas Seal* had come and given her an x-ray. Three weeks later, it was back with the results.

After Tessie's x-ray she had been given a card with a number on it: C-6412. Now she held the card in her hand. A nice looking doctor with wire glasses stood on deck and spoke through a microphone. "Those people whose numbers we call should come on board," he said. "If your number is called, it doesn't necessarily mean you have TB. Your first test may have been unclear. We may need to take a second x-ray. Or there may be an old scar on your lung from something else." Tessie stared at the doctor as he opened a file and began to read the numbers. The doctor called six numbers. Tessie's number was the third. She didn't need to check her card. She knew it by heart.

Tessie sat across from a doctor and nurse on the *M.V. Christmas Seal*. She was wearing her best dress. Her hair had been newly washed. She bit her lower lip and smiled weakly. "I'm not surprised," she said. "I was pretty sure there was something wrong with me. I just didn't feel myself."

The doctor smiled. "Well, you're lucky we found it," he said. "It's much better to know what you've got. We call cases like yours incipient TB."

"What does that mean?" Tessie asked.

"It means that your TB is in the early stages," said the nurse. "It's good that we caught it. Now you can be treated."

"What will happen to me?" asked Tessie. "Will I have to go away?"

The doctor nodded. "Yes," he said. "We have to make sure you don't give the TB to someone else. You wouldn't want your little brother to catch it, would you?" Tessie shook her head. "We'll see if we can find a bed for you in the sanatorium in St. John's."

Tessie felt a lump rise in her throat. The sanatorium! What would her parents say? And what about Charlie?

The doctor sighed. "But it may be difficult to get you in. We have too many patients and too few beds." He smiled. "Anyway, we'll do our best. What you need is plenty of rest, fresh air and good food. You need to be strong to fight tuberculosis." said the nurse. "We have every reason to believe you'll make a full recovery."

"How did I get TB?" Tessie asked.

"We can't say for sure," said the doctor. "But from what you've told me, you probably got it from your grandmother. You say you spent a lot of time around her?"

"Oh, yes," said Tessie. "Everyone did. Last winter when it was so cold, she slept on the daybed in our kitchen. It was the only warm place in the house."

"And she coughed a lot?" said the doctor.

Tessie nodded. "All the time. She was really sick."

"That's why you have to go away," said the doctor. "The TB bacteria is carried in the air through coughing and sneezing."

Tessie got up. "I guess I'll have to be brave," she said smiling.

The doctor took her hand. "You're going to be all right," he said.

Introduction

Throughout most of the 20th century, many Newfoundlanders like Tessie became infected with tuberculosis. Newfoundland had the highest rate of TB in the western world. From 1901 to 1975, 31,824 Newfoundlanders died of the disease. In 1906 alone, there were 933 deaths. Just how common the disease was is made clear by Edgar House:

We are appalled when we read that, during the Great War of 1914-1918, 1295 young men of the Newfoundland Regiment gave their lives in defence of freedom. In the same five year period, 3498 Newfoundlanders of all ages were killed by TB, the "Constant Invader," and thousands of others carried the scars for the rest of their days.¹

The average age of people who died from TB was 33. More women became infected with the disease, but more men died from it. In 1935, for every 10,000 people, 18.9 males and 21.2 females became infected.² The males who died were usually between 15 and 45 years old. Because so many parents died, many children were brought up by others. The effect on small communities was very serious. TB remained the leading cause of death in Newfoundland until 1947.

What is TB?

Tuberculosis is an old disease. Even the ancient Greeks suffered from it. But it did not get its name until 1882. In that year a scientist named Robert Koch discovered the germ that causes tuberculosis. He named it the "tubercle bacillus." From that we get the word "tuberculosis." Before 1882 most lung diseases were called "consumption." It took nearly 20 years before the terms "tuberculosis" and "TB" were commonly used.

Some people think that tuberculosis is only a lung disease. This is not true. TB can affect any part of the body. Many people in Newfoundland, for example, had TB in their kidneys, bones, stomachs and spines.

How is TB Spread?

Most people get TB by breathing air that carries the TB microbe. How does the microbe get into the air? People who already have the disease cough, sneez, or spit. While the

¹ Edgar House. *Light at Last: Triumph over Tuberculosis in Newfoundland and Labrador 1900-1975*. Jespersion Press, 1981. p. 6.

² T.O. Garland and P. D'Arcy Hart. *Tuberculosis in Newfoundland*. Trade Printers and Publishers, 1945. p. 21.

practice is no longer common (except among baseball players), many men used to chew tobacco. They would spit the tobacco juice into a container called a spittoon. But sometimes they would not use the spittoon. Sometimes they missed. This was very unhealthy. Every time someone with TB spit, they spread millions of TB microbes. In 1908 in Bonavista, a Doctor Rutherford had this to say about tobacco spitting:

It should be enough that a habit is disgusting for those who practice it to give it up for decency's sake....And it should be *more* than enough that a practice is dangerous, for it to be shunned for Health's sake, but when a habit is both disgusting and dangerous, it must be stopped for the Country's sake.³

But it was hard to make people stop. In a story told by Dr. Rutherford, a man who had the disease refused to use the spittoon in his hospital room. When asked why, he said he didn't feel right using it because it had "such a pretty floral design."

There are also other ways to get TB. Sometimes children got it by drinking infected milk. When this happened they would get TB in their stomachs.

Treatment

Before effective medicines were invented, TB was treated with bed rest, fresh air and good food. These things helped the body's defenses fight the disease. Many people went to live in a sanatorium. There, patients could get the care they needed without danger of infecting anyone else. People stayed in the sanatorium for as long as five years.

Sometimes people had operations. When a person had a part of the lung removed it was called a *lobectomy*. Some other operations were done to relax or collapse the infected lung so the body's defenses could work better against the disease. One of these operations was called a *phrenectomy*. Today, some doctors think that this type of operation was not very helpful. But in Newfoundland a great many people had them.

The first drug found to be effective against TB was called *streptomycin*. The Newfoundland Department of Health started using it in 1947. Although it had some side effects, such as hearing loss, it helped a great many people. Over the next few years more and better drugs were introduced.

The Battle Against TB in Newfoundland

The Beginning

In 1899 the population of Newfoundland was 212,000. In that year 655 people died of tuberculosis. This was the highest death rate in North America.⁴ It caused a lot of public concern. But it would still be a few years before the fight against TB finally began.

In 1907, the Honourable John Harvey took the first steps to form an association to fight tuberculosis. In February, 1908, he organized a meeting in St. John's. From that meeting

³ "The White Plague in Newfoundland" *Medical and Social Issues c. 1900 to 1970 and Beyond*. Compiled by J.K. Crellen. (Co-sponsored by the Nfld. Lung Association) St. John's, 1990. p. 16.

⁴ Edgar House. *Light at Last*. p. 5.

the Newfoundland Association for the Prevention of Consumption was formed. Soon there were 932 members: 141 from St. John's and 791 from the outports. 23 were doctors, 66 were members of the clergy and 113 were teachers. The association formed branches throughout Newfoundland. They sent out information all across the island to help educate people about TB.

In August, 1908, a teachers convention was held in St. John's. Over 500 teachers attended. During the five day conference they were given a great deal of information about TB. The teachers then went back to their home towns to educate people about the disease.

In 1909, a law was passed that required doctors to report cases of TB to the "Medical Health Office" at St. John's:

Neglect to do so involves a penalty of not less than 10 or more than 40 dollars. A fee of 30 cents is paid for each case of notification. These reports are to be entered in a register provided for the purpose, and not open to public inspection.

Doctors must also notify the death, or removal from any house of any tubercular person in order that the premises may be disinfected.

Burials are not permitted unless a certificate of cause of death is handed in.⁵

The government wanted this law to keep track of the number of TB cases. But many people worried about how they would be treated if people knew they had TB. Some were afraid of being quarantined.⁶ It is not clear whether these rules were actually carried out by doctors.

Why was TB so Common in Newfoundland?

Living conditions and general health played an important role in whether people got TB. People who were healthy and had plenty of good food, fresh air and vitamins did not get the disease as easily as those who were run down and had poor diets. Overwork, worry and stress also led to infection.

In Newfoundland, during the Great Depression of the 1930s, the number of TB cases rose. During 1933-37 one third of the Newfoundland population was on Public Relief (the dole). Because of worry and poor diets, these people were weak and had little resistance to the disease. Poor people got the disease quicker than rich people. Dr. James McGrath had this to say about TB and the poor in 1939:

There is no doubt...that in every country, Newfoundland included, poverty and tuberculosis go hand in hand. In the more progressive countries tuberculosis has almost become a class disease, the well-to-do being comparatively free and the poor being susceptible almost in direct relationship to the degree of poverty.⁷

⁵ "The White Plague in Newfoundland" p. 19.

⁶ *Quarantined* means separated from other people. People with highly infectious diseases are often quarantined.

⁷ Dr. James McGrath, *Notes on the Epidemiology of Tuberculosis*. 1939.



Credit: Newfoundland and Labrador Lung Association.

Getting an x-ray, *circa* 1950.

Poor people had worse food, less medical attention, less education and often lived in overcrowded and poorly ventilated houses. All of these things contributed to the spread of TB.

The climate was another reason why so many Newfoundlanders got TB. Many people spent a lot of time indoors during the winter because of the harsh weather. As in Tessie's story, they often gathered in one heated room. If a person had TB and did not cover their coughs and sneezes, it would be easy for someone else to pick up the disease.

In cities, the situation could be even worse. In 1945 two English doctors, T.O. Garland and P. D'Arcy Hart, came to Newfoundland to do an independent study of tuberculosis. They found that 12.5% of registered deaths in Newfoundland were from TB. In England, during the same period, only 5.5% of deaths were from tuberculosis. Garland and Hart were convinced that living conditions played an important role in the high incidence of TB in Newfoundland. They found the slums of St. John's—with over 900 houses without sewage connection—particularly bad. Garland and Hart pointed out that low living standards provided a breeding ground for tuberculosis. They said that TB was a social disease that something could and should be done about. They thought the government could work harder to improve the standard of living in Newfoundland by providing better housing, sanitation and nutrition:

A policy for high standards of living conditions may be expected...to affect particularly the incidence of tuberculosis, apart altogether from the effect of treatment of those stricken with the disease. Indeed, a policy for the abolition of slums and overcrowding, for a piped water supply and decent sanitation standards in all houses, for a nourishing diet for the

whole population, for good wages and adequate holidays and for a reasonable level of maintenance for the destitute, will reduce the incidence of tuberculosis more surely, in our opinion, than the provision of sanatoria and clinics, essential as it is to increase these treatment facilities at the same time.⁸

Despite Garland and Hart's suggestions, not much changed in Newfoundland. Living conditions remained poor. TB continued to strike people down.

For most of the 20th century there were also very few sanatoria beds for those who had TB. Here is how an *Evening Telegram* editorial described the problem in March, 1937:

The deaths from tuberculosis last year were something like 550. In nearly every civilized country today it is agreed that two beds should be provided for every death in the country. At the present time we have 175 beds where we should have 1000.⁹

Because there were so few hospital beds, most people with tuberculosis were forced to stay at home. But this was not the best way to treat the disease. Dr. E.S. Peters, a well respected doctor, had this to say about home treatment in 1939:

Home treatment of tuberculosis in this country is, in most cases, a grim joke. Neither the housing, the diet, the sanitation, the habits, and the social customs of our people are favourable to its success.¹⁰

Doctor Peters was especially concerned about people with advanced tuberculosis living at home:

This type of patient is the spreader of tuberculosis; they spit countless tubercle bacilli for years; they are almost invariably entirely dependent on their children, and are therefore frequently in contact with their young grandchildren. They do not personally feel ill enough to go to bed, and as a matter of fact bed rest does not seem to give any beneficial results, and they feel so miserable they love company, and so come in contact with great numbers of people.¹¹

In Newfoundland, people were also poorly educated about TB. Sometimes they did not know that it could be spread by sneezing and coughing. In 1908, a medical student named J.M. Little worked with Sir Wilfred Grenfell on the Labrador coast. Although he sounds a little snobbish, this is what he had to say about the people he met there:

The people seem to be peculiarly unintelligent with regard to medical matters and it is impossible to elicit an intelligent history, or get an idea of symptoms from them unless you have them under observation in a hospital. It is a good deal like treating children only without the intelligent watchfulness of the parents.¹²

⁸ T.O. Garland & P. D'Arcy Hart. *Tuberculosis in Newfoundland*. Trade Printers and Publishers, 1945. p. 32.

⁹ *Evening Telegram*, March 27th, 1937.

¹⁰ Dr. E.S. Peters. Unpublished Paper, 1939.

¹¹ Peters. Unpublished Paper, 1939.

¹² J.M. Little. "A Winter's Work in a Subarctic Climate." *Boston Med. Surg J*1908; 158 (26): 996-7.

TB and Native People

TB is often called the "white person's disease." This is because there was no TB in North and South America until white explorers came. When white people passed on the disease to the native people, the results were terrible. Because the native people had never had TB before, their systems could not fight the disease. They had no natural defenses. Thousands died.

TB was probably one of the reasons the Beothucks died out. Three well known Beothucks all died of TB: John August in 1788, Demasduit (Mary March) in 1820, and Shawnadithit in 1829. The Innu and Inuit of Labrador, as well as the Micmacs on the island, also suffered greatly from TB. Sometimes whole villages were wiped out.

The *M.V. Christmas Seal*

As the 20th century wore on, treatment centers and sanatoria were built. But Newfoundland's population was widely scattered over 6000 miles of coastline. There were 1200 settlements in Newfoundland with between 50 and 300 people. The only way to reach these people was by boat.

In 1947, a boat was bought from the US government for \$14,500. She had been used at the Argentia Naval Base in Newfoundland. The boat was 111 feet long and 104 tons. She was outfitted with x-ray machines and other medical equipment. The sale of Christmas Seals (colourful stamps) was one way the Newfoundland TB Association raised money. The boat was given the new name the *M.V. Christmas Seal*. For the next 23 years she travelled around Newfoundland providing free x-rays and other medical services for the people of Newfoundland. Geraldine Rubia, who worked on the boat, wrote a poem about it. The poem mentions some of the work other than x-rays carried out by the *M.V. Christmas Seal*. It also tells how the boat met her end. Here are some stanzas from the poem:

The M.V. Christmas Seal

Close on five hundred died some years
Of the dreaded scourge TB
When a new association
Was formed by Rotary
But just to reach the harbours
And uncover this disease
Could only be accomplished
By a sturdy boat with ease.

They got her in Argentia at
The U.S. Naval Base
She stayed in search and rescue
In a different kind of race
Renamed the *M.V. Christmas Seal*
Marked by the double-barred cross
For twenty-three years she dogged the foe
Along our rocky coast.

(Chorus)
This is the *M.V. Christmas Seal*
In Hermitage today
So come on board just as you are
For your free chest x-ray
The nurses are here to give BCG
We'll test your water too
And if you have a handicap
There's someone to talk with you.

In nineteen hundred seventy
She took her last x-ray
For now the roads and causeways
Were linking up the bays
And Tuberculosis was vanquished
A death from it was rare
The dollars raised by Christmas Seals
Had more than done their share.

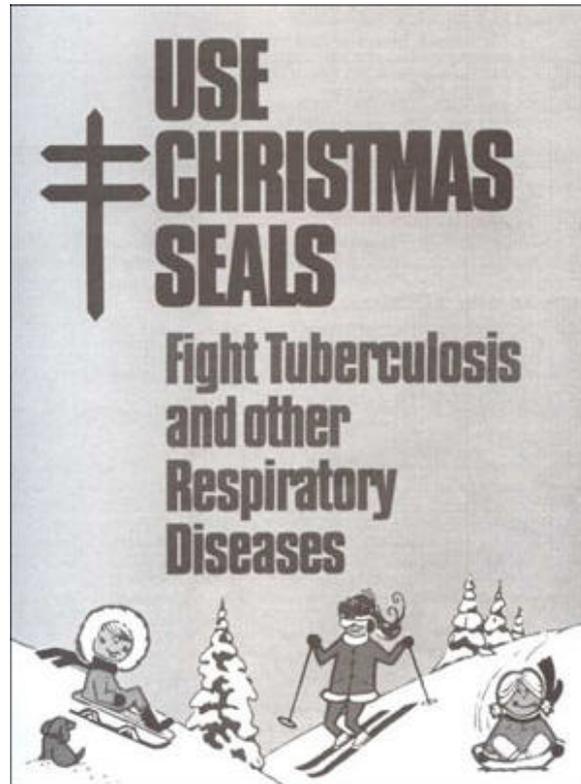
The *M.V. Christmas Seal* would make
A shrine for all to see
But she was sold to Mullett
And once more put to sea
Near Halifax in seventy-six
She sadly burned and sank
But for her years of saving lives
Newfoundlanders all give thanks.

The captain of the *M.V. Christmas Seal* was Peter Troake.



Credit: Newfoundland and Labrador Lung Association.

Captain Peter Troake and some young admirers.



Credit: Newfoundland and Labrador Lung Association.

Captain Peter Troake

Captain Peter Troake was born in Durrel, Twillingate on June 16th, 1908. For over 20 years he was the captain of the *M.V. Christmas Seal*. Captain Troake was a well respected sealing captain. He was very familiar with the waters of Newfoundland. As captain of the *M.V. Christmas Seal*, Peter Troake was the perfect person to help educate people about TB. People trusted him. Captain Troake once had TB himself. Part of the lower lobe of his left lung had been removed. People felt that if Captain Troake said it was important for them to get an x-ray, then they should do it.

The *M.V. Christmas Seal* was a busy boat. During one three year period it visited 1300 communities.¹³ Troake took it upon himself to encourage people to get an x-ray. In a book about his life, he described how he convinced people:

On the *Christmas Seal* we had to persuade. There was the x-rays. The younger people didn't have that much ado about it, but their parents! There was the middle aged, you might have to do some talking to those. Talk about fishing and things, and then about TB. But the toughest we had was people my age--75 to 80 years of age.

¹³ Captain Peter Troake. "No One Is A Stranger..." *Reminiscences on tuberculosis, traditional medicine and other matters*. Compiled and edited by J.K. Crellen. Occasional Papers in the History of medicine: No. 8. St. John's, 1989.

"Skipper, you know this is not for me. I'm too old to get an x-ray."

And then I'd say, "You know, it's for everyone. It's a duty." I said, "If you call yourself someone, you make sure that you come. You could have chronic tuberculosis." And after I had my lower lobe removed, I told them how it saved me.... I gave them a strong pitch. I said, "Look, if you got tuberculosis you can have it in your lungs. You could cough, spit or blow into someone's face, and even your little one could get it. And the little ones would die of tuberculosis and perhaps TB meningitis. You don't have to listen to me, this is what the doctors told me."

Some would say, "Boy, if it's like that, I'll have an x ray."¹⁴

Captain Troake helped to save many lives. But the *M.V. Christmas Seal* was not just concerned with tuberculosis. Here is a story from the *Evening Telegram* in 1963:

Also this year there are two workers with the Society for the Care of Crippled Children and Adults as well as a technician from the Newfoundland Diabetic Association [on board the *M.V. Christmas Seal*]. The crippled children and the adult association have a technician and a social worker on board the boat on the South Coast cruise. These two people are completing a list of people who have disabilities. Also they are administering the new oral Sabin vaccine [for polio] to communities where there are no doctor or nursing stations....¹⁵

The staff on board the *M.V. Christmas Seal* told the disabled about the services that were available to them. They helped many people with physical problems lead fuller lives. They also showed health education films. Sometimes they even showed cartoons for the children on the wharf!

Captain Troake and the *M.V. Christmas Seal* had many adventures in their more than 20 years together. They often ran into bad weather. Sometimes the communities they visited had no harbour. People would come out to the *M.V. Christmas Seal* in small boats. Sometimes the *M.V. Christmas Seal* was called upon to help in emergency situations. It often took sick people to hospital.

When the *M.V. Christmas Seal* was taken out of service in 1970, Captain Troake went back to being a sealing captain. In 1987, he was awarded the Order of Canada for his work in the fight against TB.

Vocational Training and Rehabilitation

People involved in the fight against tuberculosis knew that it wasn't enough to just worry about the disease. It was important that once people were cured, they could then return to the work force. Doctors recommended that ex-TB patients stay away from heavy work like fishing or mining. Programs were set up to train people in "light" occupations such as watch repair and bookkeeping. This is how the rehabilitation program worked:

¹⁴Captain Peter Troake. "*No One Is A Stranger...*" p. 32.

¹⁵ *Evening Telegram*, 14th June, 1963.

Training may take any of the following forms: A: complete training for an occupation other than one in which the patient was formerly employed. B: Refresher training to brush up on his former occupation. C: Completion of training for which the patient was preparing before his entry into the sanatorium.

If training is begun in the sanatorium, the patient either receives private instruction from the Adult Education Teacher or through correspondence schools or agencies.

After discharge he may receive assistance to attend public schools, colleges, or vocational training schools. When his training is completed or nears completion he is referred to an employer for suitable work. Not any work, but work in which he can assert himself to the best of his ability, in which he is happy and can achieve success, and in which he is not hazarding his health.¹⁶

TB Today

The battle against TB in Newfoundland was won. By 1970 the *M.V. Christmas Seal* was no longer needed. New roads made communities less isolated. Education programs, new medicines, vaccinations, x-rays and improved living conditions had just about wiped out the "Silent Menace." But does this mean we are finally free of tuberculosis? Here is a quote from a story in the *Evening Telegram*:

The numbers tell the story. No infectious disease is as extensive and as devastating as tuberculosis. For every one person who died of Ebola or the Plague...over 12,000 people died of TB. Every single year, nearly three million people die of the disease, eight million become sick, and at least 30 million become infected. This makes tuberculosis the leading infectious killer in the world.¹⁷

The numbers in the story may sound like they come from the past. But this is not true. This story was published in April, 1996. TB still exists in many countries throughout the world. Where ever there is poverty, there is TB.

As with other diseases, new forms of TB are developing. Some of these cannot be killed by the drugs we have always used to fight the disease. Because of this, we cannot give up the fight. Even in Canada the number of TB cases is rising. They were 3.6% higher in 1992 than in 1991.¹⁸

Hard work and education won the first round in the battle against TB. But if we are not careful, if we do not remain on our guard, round two may be just around the corner.

¹⁶ From *Resume of the Work of the Rehabilitation Office for the Period January 1-October 31 1950*. p. 69. Newfoundland Tuberculosis Association.

¹⁷ *The Evening Telegram*, April 10th, 1996, p. 4.

¹⁸ *The Evening Telegram*, April 10th, 1996, p. 4.

Note to Instructors

"The Silent Menace: TB in Twentieth Century Newfoundland" is appropriate for Social Studies and discussions on health. Students should be encouraged to think about the necessity of health services and the current erosion of these services. There are also many obvious comparisons between the history of tuberculosis and the current AIDS epidemic.

Students can also be asked to write their own conclusion to the fictional story of Tessie Murphy which opens this piece. How did her life turn out? Why?

Students may need help with some of the source material, especially the section taken from Captain Peter Troake. Some of the other source material uses slightly archaic language.

This piece will be especially effective when used in conjunction with "God Took Our Little Darlings: Child Health in Newfoundland 1860-1950s" also in booklet 5.

Issues for Discussion

1. The psychology of testing for TB. How did health care workers convince people to be tested? How successful were they?
2. The value of education in fighting an epidemic.
3. Social practices and customs in the spreading of a disease.
4. The high rate of TB in Newfoundland as compared with other countries.
5. The impact of isolation on the health of people in small communities.
6. The need for people to work together to solve problems.
7. Living conditions in the past as compared to today. The possibility of another Depression.
8. A comparison between the tuberculosis and AIDS epidemics.
9. The relationship between poverty and disease.
10. The presence of TB in the world today.

Questions for Discussion

1. What do you think happened to Tessie Murphy? Why?
2. Is there a difference between "consumption" and TB?
3. How did a TB diagnosis affect a person's life? Was it different for children and adults?
4. Did the Newfoundland governments of the time do enough to stop the spread of TB?
5. Was TB a medical problem or a social problem?
6. How did TB affect the poor as compared to the rich?
7. How important was the *M.V. Christmas Seal* in the 1940s, 50s and 60s? Why?
8. Why did the *M.V. Christmas Seal* play music as it came into port?
9. Describe some of the activities carried out by the *M.V. Christmas Seal* other than x-rays.
10. What were some of the ways in which TB was spread?
11. Discuss the impact of tuberculosis on families.
12. What did older people think about TB and x-rays. Did they feel differently than the young? If so, why?
13. In the early years of the 20th century Newfoundland had the highest rate of TB in the western world. Why?
14. What parts of the body can be infected by TB?
15. Describe some of the ways in which TB is spread.
16. Describe how TB was treated. What was the most common way?
17. In August, 1908, a teachers' convention was held in St. John's. Why was it a good idea to educate teachers about TB?
18. Why did some people hide the fact that they had TB?
19. Why did so many people get TB during the Great Depression of the 1930s?
20. How did the Newfoundland climate affect the spread of TB?
21. Because there were never enough sanatoria beds for those with TB many patients were forced to stay at home. Was this a good idea? Why?

22. Describe how TB affected the native peoples of Newfoundland and Labrador. Is the same true today?
23. Describe the work of Captain Peter Troake. Why was he a good choice to be the captain of the *M.V. Christmas Seal*?
24. How did the *M.V. Christmas Seal* meet her end?
25. Describe what happened once someone had been cured of TB.
26. Although the battle against TB was won in Newfoundland and the western world, the disease is making a comeback. Why? Is there a need to be seriously concerned about TB in the 1990s?
27. Why do poor countries continue to have high rates of TB?