



**The *Great* Canadian
Catholic Hospital History Project**

Documenting the legacy and contribution of the
Congregations of Religious Women in Canada,
their mission in health care, and the founding and operation of Catholic hospitals.



**Projet de la *Grande* Histoire
des hôpitaux catholiques au Canada**

Retracer l'héritage et la contribution des
congrégations de religieuses au Canada,
leur mission en matière de soins de santé ainsi que la fondation et l'exploitation des hôpitaux catholiques.

**Les Religieuses Hospitalières de Saint Joseph
and the Typhus Epidemic,
Kingston, 1847-1848**

by

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Like all major port towns in British North America, in the summer and fall of 1847, Kingston received thousands of European immigrants, most of them Irish and many of them suffering from malnutrition and typhus. The magnitude of the migration combined with the severity and pervasiveness of the disease had a profound effect on a town whose population might have numbered 10,000. At any time, the arrival of such a large number of immigrants would have demanded some response from municipal and church authorities to address the problems associated with an expanded population, albeit viewed as a transient one. The typhus epidemic made the need for action all the more pressing. In examining how the town dealt with the huge influx of malnourished, sick Irish immigrants, one can, among other things, test the extent to which the disease affected the organization and institutions of Kingston. This paper examines the responses of the municipal officials to the epidemic, particularly how the measures taken affected the nature of health care in the town. As well, to the extent possible through existing records, it will detail the response of a small group of Catholic sisters, les Religieuses Hospitalières de Saint Joseph (Religious Hospitallers of Saint Joseph), who had arrived in Kingston in 1845 and who were dedicated to the establishment of a hospital in the town.

While the epidemic was extensive and profound in its effect, it is not clear that the reaction of either civic or religious authorities reflects any continuing adherence to, or the development of, principles of public health. It is difficult to confirm any long term impact by the epidemic on the rather itinerant presence of the general hospital. Nor is it clear that any link exists between response to the outbreak of pervasive illness and any accelerated development of Hôtel Dieu, the Religious Hospitaliers' fledgling hospital. Second, this study seems to show that contemporary newspaper reports probably exaggerated sharp divisions between the

Protestant and Catholic factions in the community. While these divisions undoubtedly existed, the municipal authorities and the Hospitaliers of St. Joseph took fairly similar, in fact, often united, approaches to treatment and intervention in dealing with the problems of a sick and greatly swelled population. Accounts of the epidemic's course in Kingston are fragmentary and this study relies on a variety of sources – newspapers, council records and the records of the Religious Hospitaliers.

At the height of the epidemic in the summer and fall of 1847, many Kingston residents obviously feared and rejected the immigrants because of the disease and attendant death they brought to the town. Moreover, the immigrants presented some threat to the existing societal structure. Their numbers alone meant that their maintenance as the year wore on would be a financial burden; the chronic illness slowed most commercial endeavours as travellers and residents from the hinterland by-passed Kingston for fear of contracting the disease; the apparently overwhelming number of Roman Catholic immigrants threatened to tip the balance between Catholics and Protestants in the town. And, as it became apparent that many families were ravaged by illness and were unable to support themselves, the very existence of single adult, orphaned, and widowed immigrants in the town became the most serious consequence of the epidemic. Those Irish immigrants “left behind” by the disease in effect became the inmates of two enduring institutions: Kingston's first permanent House of Industry and the orphanage established by the Religious Hospitaliers, supported initially by colonial government funds and Protestant churches.

Throughout the winter of 1846 and the spring of 1847, Kingston residents were clearly aware of the plight of the famine victims in Ireland and the Scottish highlands. Rumours of impending migration in unprecedented numbers from Britain were accompanied by reports of widespread disease throughout Ireland. In May, the *British Whig* reported, “All over Ireland, typhus fever spreads its ravages, sparing no rank or condition of life.”¹ Yet little was done in the early months of 1847 to prepare for the possibility of illness in the colony.² While Kingston had weathered widespread terror and death during the cholera epidemics of the 1830s, the experience did not prompt marked improvements in general public health measures. Although the town had passed a by-law in 1838 requiring a Board of Health to be appointed annually from members of Council, between 1842 and 1847, the Board had met only once. Understanding of how disease spread was rudimentary at best and the Board of Health normally only oversaw attempts to establish a basic level of cleanliness in public places. As well, the notion

¹ *British Whig*, 24 May, 1847, p. 2.

² *Ibid.*, 31 July, 1847 p. 2

of establishing quarantines for the obviously ill had gained public support through the 1830s. Yet, as Kingston braced for a huge influx of immigrants in 1847, little public discussion on the subject of quarantine preceded the opening of the shipping season in June.

Kingston had established a seasonal hospital in the 1820s which eventually became known as the Kingston General Hospital. Like most hospitals of this period, the institution was as much involved with poor relief as it was with medical treatment. The hospital's operation depended mainly on the work of the Female Benevolent Society and was usually open only through the winter season. Only those who were unable to receive treatment in their homes sought refuge in the hospital. Treatment in the hospital was overseen by a single matron, hired by the Benevolent Society. City doctors treated patients there, to the extent that they were capable, at no charge.

The Religious Hospitallers of Saint Joseph had arrived in Kingston in 1845 to found a mission and initiate Hôtel Dieu. Their order was established at La Fleche, France in 1636 and was devoted to the care of the sick poor. Members of the order first arrived in Montreal in 1659 and established a medical facility there. The arrival of the adherents in Kingston signalled their desire to extend their mission. The women were located in buildings at the junction of Brock and Sydenham streets. While their hospital was actually established in September of 1845, the building inhabited by the Hospitallers was not large enough to accommodate their own requirements and that of a public hospital. Almost immediately, subscriptions were sought to renovate a building adjacent to the sisters' establishment for a separate hospital. In calling for donations for the building, this description of the hospital was offered: "A Large and Commodious Wing, Three Stories high, is to be erected immediately, by means of subscriptions, and the donations of the charitable and humane, for the relief and benefit of the Destitute Sick of All Denominations."³ The sisters – or at least the Vicar General of Kingston, Angus Macdonell – believed that over \$4,000 dollars would be needed to complete and furnish the building, and the call for subscriptions encouraged the clergy of the diocese, captains of steamboats and the businessmen of the town to support the project. The hospital was intended to comprise a men's ward and a women's ward but in the spring of 1847, the building remained under construction. In July, the men's ward was actually without a roof.⁴

³ Archives of the Religious Hospitaliers of St. Joseph, 84.5, Temporal Affairs Series, subscriptions, p. 1.

⁴ *Ibid.*, Accession 84.5, Office of the Superior, Correspondence, Bishops, Patrick Phelan, Bishop of Carrhae to the Very Reverend Angus Macdonell, Vicar General of Kingston, 3 July 1847.

As well as treating the sick, the sisters also cared for a small number of orphaned girls – less than five in early 1847. Their establishment included a pharmacy, which was the responsibility of Sister Bourbonnière, the order’s mother superior. Kingston physicians treated patients at Hôtel Dieu as they did in the general hospital but the overall operation was the responsibility of the mother superior. There were approximately eight members of the cloistered order at this time, most of them young French-speaking women from Montreal but the number also included a few novices who came from the Kingston area. Thus while the general hospital had a physical presence which Hôtel Dieu lacked in 1847, neither was a well established or a widely accepted institution at the time of the typhus epidemic.

By the middle of June, Lord Elgin, the Governor General, advised all colonial port towns that hospitals or sheds be acquired or built and that each corporation appoint a Board of Health from its elected representatives. The Board of Health was to take responsibility for supplying the needy immigrants with bread and meat for six days; an appointed physician was to administer direct medical attention to those requiring it. The costs incurred in establishing and maintaining the facilities would be covered by the Government of the United Canadas.⁵ Kingston responded to the directive by reconstituting the Board of Health which was “authorized to make such sanitary regulations with respect to the Emigrants as they may deem necessary.”⁶ The general hospital building, administered by the Female Benevolent Society, was acquired for the purpose of treating typhus victims. Only straying from the official directive in one respect, the Council decided that rather than supply 3/4 lb. of meat and 1/4 lb. of bread per day for each adult (1/2 lb. of each for children), it would establish a soup kitchen.⁷

The directives of the Governor General coincided with the arrival in Kingston of great numbers of immigrants, many of whom were already ill with typhus and many more who carried the disease but who had not yet succumbed to the symptoms. Reports of the extent of illness in Montreal had reached Kingston as early as May when the first ships from Britain brought the immigrants to the quarantine station at Grosse Isle. Almost immediately, that city’s medical superintendent had requested funds from the Executive Council in order to build additional hospital sheds.⁸ By comparison, the civic

⁵ City of Kingston Archives, Queen’s University, Minutes of Town Council, 14 June 1847.

⁶ *Ibid.*

⁷ *Ibid.*, Papers of Council, Box for 1846-7, Reply to Secretary Daly from City of Kingston, 19 June 1847. Where exactly the soup kitchen stood is not clear. It was perhaps never established.

⁸ Kingston *Herald*, 12 May 1847, p. 2.

leaders in Kingston were remarkably slow in attempting to plan for what was inevitable: large numbers of sick and dying immigrants.

The Hospitallers of Saint Joseph, too, were aware that typhus was widespread in Montreal. Their order and others, such as the Grey Nuns, were attempting to aid civic authorities there in the care of the sick immigrants as well as the townspeople who were discovering that they were not immune to the disease.⁹ In fact, by early July the Religious Hospitaliers knew that nuns and priests caring for the sick were dying themselves. That spring, however, their primary focus remained the care of individuals within their establishment. They were, after all, a cloistered order. As well, with their small hospital under construction at the time there was a limited amount they could accomplish given their numbers. At this stage, it appears that they had received no specific instructions from the bishop.

In late June, a general meeting was held in the town in order to achieve some consensus on the best method to cope with the sick immigrants.¹⁰ While various schemes to establish quarantines and acquire sheds were put forward, the only reported accomplishment of the evening resulted in the establishment of a citizens' committee to work in conjunction with the Board of Health. The primary purpose of the committee seems to have been the protection of property and the business interests of the twenty-one members appointed to it. Kingston, however, seems to have been generally apathetic in its response as "the meeting ... became small by degrees ... so that it was with difficulty that the Chairman [the mayor], and the Secretary, [Mr. Cull] could find voices enough to declare the Resolution carried."¹¹ The firm objective established that evening was to acquire the wharf adjacent to a brewery about a half mile from the general hospital. The town government's plan appears to have been to channel as many steamers as possible to this wharf rather than have them docking at the commercial wharves further along Ontario Street, thus protecting private property there. The wharves and property the citizens' committee wished to acquire had housed cholera victims during the 1832 and 1834 epidemics.

It would seem, however, that the citizens' committee was also actively looking for help in caring for the immigrants. In late June, the *Annals* of the Religious Hospitaliers indicate that Sister Bourbonnière was visited by the Reverend Angus Macdonell, Vicar General of Kingston, accompanied by someone referred to only as "a Protestant gentlemen." This individual, who

⁹ Religious Hospitaliers of Saint Joseph, Accession 84.5, Office of the Superior, Correspondence, Bishops, Patrick Phelan to Angus Macdonell, 3 July 1847.

¹⁰ *British Whig*, 22 June 1847, p. 2.

¹¹ *Ibid.*

was possibly Thomas Kirkpatrick, mayor of the town and chairman of the citizens' committee, requested that the Religious Hospitallers take a major role in caring for the sick, who, according to the order's *Annals*, were already arriving by the hundred at the "English Hospital"¹² as the sisters referred to the general hospital. The Hôtel Dieu, even in its unfinished state, was already overcrowded with patients and the general hospital was no doubt filled beyond capacity. Obviously, the Female Benevolent Society could not keep up with the task of feeding the sick immigrants in the hospital and were seeking the help of the sisters.

In early July, Bishop Patrick Phelan, gave his permission to the Religious Hospitallers to break cloister and care for the sick in the general hospital and immigrant sheds.¹³ The annalist wrote:

Our Mother accepted the offer with joy, immediately. His Lordship [Bishop Phelan] who had been previously consulted sent at once obedience to our Mother and all the Sisters. Our Mother made it her duty and honour to be the first to go and every day from that, two or three sisters went there turn about. Our Mother went not only to the Hospital and sheds but also to ... attend a young priest stricken with the disease and who died in a few days sickness.¹⁴

In working with the Female Benevolent Society and the town's physicians, the sisters were extremely busy through July trying to cope with the sheer numbers. While interventionist techniques such as bleeding may have been tried with the extremely ill, general treatment involved establishing basic levels of cleanliness, providing food for those well enough to eat and separating the ill from the apparently well. As typhus is spread by lice, which was not clearly understood by medical practitioners at the time, the treatment followed was reasonably sound. Unfortunately, the deluge of immigrants and the inability of the municipal or the colonial government to effectively segregate the sick meant that the disease spread wildly, not only among the immigrants but through the town as well.

¹² St. Joseph Province Archives, Accession 84.1, folder 12, box 2, Annals of the Hotel Dieu, Kingston, "English and French, 1845-1887," "Translation of the Annals of our dear House of Kingston from 1845 to n.d.," dated 3 February 1891, p. 16. For the period 1845 through 1851, the original *Annals* do not seem to exist. This English translation, dated 1891, is based on the original *Annals*.

¹³ St. Joseph Province Archives, Accession 84.5, Kingston Correspondence, Bishop Patrick Phelan to Sister Bourbonnière, 2 July 1847

¹⁴ St. Joseph Province Archives, Accession 84.1, folder 12, box 2, Annals of the Hotel Dieu, Kingston, "Translation of the Annals of our dear House of Kingston from 1845 to n.d.," transcribed 3 February 1891, pp. 15-16.

By August, the situation was acute. In July, one of the two local newspapers, the *British Whig*, attempted to play down the incidence of disease, and reported that the symptoms among residents were distinct from those suffered by the Irish immigrants in the general hospital and in the immigrant sheds. These townspeople merely experienced mild forms of typhoid, obviously believed to be less serious than the typhus which was rapidly killing immigrants. While the newspapers at this point tried not to fan hysteria, the Emigrant Agent, Anthony Hawke, worked to move as many people as possible on to towns such as Hamilton and Toronto. Many hundreds remained, however, and whatever the *Whig* reported to the contrary, the disease was spreading through the town. The *Annals* of the Religious Hospitaliers indicate that even though their own hospital remained unfinished, it was full to overflowing so that some of the sisters slept on the floor, even though they too were ill with typhus. The general hospital quickly became a health hazard. Passersby commented on the sounds of human misery emanating from the building: "The hospital and adjoining shed were literally crammed with these helpless persons; they were keeping up such a perpetual moaning that it was utterly impossible to stand and listen."¹⁵ The death rate through July from the disease, typified by a rash, high fever and delirium, was appallingly high. During the week of July 17, the hospital population jumped by 100 to just over 400 patients as 150 new cases were admitted and 53 others died.¹⁶ During the week of July 31, another 46 died in the hospital but the number of sick admitted continued to rise so that 465 patients remained by the end of the week.¹⁷ The death rate was sometimes as high as a dozen people a day. Throughout the summer, care was provided mainly by four of the Religious Hospitaliers, working in rotation and assisted by whatever volunteers the Female Benevolent Society could provide. Only four physicians would treat patients in the hospital and two quickly became ill with the fever.

Belatedly, the town council petitioned the colonial government to help them in establishing a true quarantine on Garden Island for the immigrants.¹⁸ The Board of Health's report to town council stressed,

In making the recommendation to the Council your committee beg to remark that whatever doubt may exist as to the danger to the Inhabitants of the city attendant in the use of the City Hospital for the Emigrants, they are of the opinion that none can exist as to the additional advantage and

¹⁵ Kingston *Herald*, 14 July 1847 p. 3.

¹⁶ *British Whig*, 28 July 1847, p. 3.

¹⁷ *Ibid.*, 11 August 1847, p. 2.

¹⁸ City of Kingston, Papers of Council, Committee Reports, 22 July 1847.

safeguard to the Citizens of Kingston which would accrue from the removal of the sheds and Hospital to Garden Island.¹⁹

A 55 acre site had been identified for the purpose and the Board of Health envisaged that a hospital, houses for surgeons and for clergy could be accommodated in the empty buildings on the property. The Board also recommended to council that all vessels be forced to stop in order to have immigrants disembark there, thus establishing a quarantine similar to Grosse Isle. The town council did negotiate with the colonial governor well into August in order to achieve the plan, yet they were ultimately unsuccessful. There was simply no money for such a plan. In July, Lord Elgin had requested additional funds to deal with the epidemic from the Colonial Secretary, Earl Grey. In reply, the Colonial Secretary had observed, “especially when you have to deal with the Irish ... it is far better to do too little than to do too much, and rather then, allow a good deal of suffering to take place than to take away the motive of exertion.”²⁰ In the end, no quarantine was established. As the editor of the *British Whig* observed, “If the taking of the Island [Garden Island] had been proposed when the town was healthy, it would have been a very proper measure; but now that the disease has spread itself all over Kingston and its suburbs, it cannot possibly be of other use than a mere bill of expense without any corresponding benefit.”²¹ Without the establishment of a proper quarantine, those involved in caring for the sick and controlling the spread of the disease could do little more through the balance of the year than continue to build holding sheds for the ill on town property. Special constables were deployed in order to forcibly restrict the immigrants to particular areas – the hospital buildings, the sheds near the docks and along the waterfront.²²

The town's efforts at confinement were not entirely successful and the late summer and fall were marked by tension. In August, a riot broke out on Kingston's main dock when an altercation developed between a local priest and a steamer captain. Father Higgins had attempted to visit a dying immigrant he believed to be on board a steamer owned by a Kingston resident, Donald Bethune.²³ In the course of searching for the sick man, who was not on board the vessel, Higgins bore the brunt of some abusive language

¹⁹ *Ibid.*

²⁰ Sir A. G. Doughty (ed), *Elgin-Grey Papers*, vol. I (Ottawa, 1937), Grey to Elgin, 19 July 1847, p. 57.

²¹ *British Whig*, 7 August 1847, p. 3.

²² City of Kingston Archives, Queen's University, Minutes of Town Council, 4 August 1847.

²³ *British Whig*, 25 August 1847, p.3. Attempting to ignore the incident at first, by the end of the month, the *Whig* ran stories on the riot for a week.

from the steamer's crew. While little transpired that evening, the next morning, the priest decided to question the captain about his right to visit dying immigrants.²⁴ Apparently rebuffed by the captain, the priest went with him to the town hall to register a complaint with the head constable. Nothing was immediately settled and the priest left to visit another sick parishioner while the captain returned to his steamer. By this time, a group of townspeople, angered by the apparent infringements of Father Higgins' rights, had gathered on the wharf. They hurled stones at the captain and took possession of his steamer. The ensuing scuffle between the crew members and rioters brought out the mayor, members of the Board of Health, Vicar General Macdonell, various lesser religious figures, other steamer captains, as well as fifty members of the regiment from Fort Henry.²⁵

This incident indicates how the epidemic strained the social fabric of the town. The manner in which steamers transported immigrants from lake port to lake port was similar to the atrocious conditions of the ocean vessels. The *British Whig* reported, "Complaints are made that the decks of the steamboats bringing emigrants to [Toronto] are suffered to be crowded almost to suffocation without the slightest reference to the health of the emigrants. If, as alleged, 1000 human beings have been crowded on the deck of one steamer, it is high time this barbarous cruelty, arising from the cupidity of the steam boat proprietors, should be put a stop to."²⁶ The supposed rough handling of a priest intent on visiting a dying man was enough to raise the ire of fellow immigrants, as well as Roman Catholic residents, against the steamer captain. That the mayor apparently attempted to quell any official investigation indicates that the laying of charges might have led to further violence, involving both Protestant and Catholic townspeople as well as the immigrants. Any religious tensions present were no doubt heightened by overtones of class conflict. In the fall, a group of the wealthy residents of King Street brought suit against the town council and the Board of Health for endangering their health by allowing containment sheds to be built too close to their homes. The council was found guilty of creating a public nuisance and the entire Board of Health resigned en masse.²⁷

Both of these incidents were reported in great detail in the town's two main newspapers, the *Herald* and the *British Whig*. The trial involving the

²⁴ *Ibid.*, 23 August, 1847, p. 2.

²⁵ National Archives of Canada, Record Group 8, I, Volume 317, p. 116. Letter dated 3 August 1847, from Lt. Col. R. Garret to the Commandant at Kingston.

²⁶ *British Whig*, 17 July 1847, p. 3.

²⁷ *British Whig*, 6 October 1847, p. 2. Descriptions of the trial and its aftermath may be found in the 6 October 1847 and the 13 October 1847 editions of the *British Whig*.

town council and the Board of Health, in particular, caught public attention and focused discussion on the rights of Kingston residents versus the rights of the sick immigrants. The concern of those bringing the suit centred as much on aesthetics and fear of damage to private property as it did on concern for public health. By September, there were three main locations for the immigrant sheds – at the general hospital, at the brewery wharf to the west of the hospital, and along Emily and King streets, near the present day band shell on the lake front. This last location was the major issue in the law suit. The plaintiffs believed the town council had no right to build a shed, measuring some 90 feet by 18 feet, so close to their homes along King Street.

There can be no question that the trial – and its lurid coverage in the newspapers – tended to polarize opinion in the town, to a greater extent even than the minor riot involving the priest in the summer. The rhetoric of the trial underlined the ambiguity with which the immigrants were viewed. The defence lawyers stressed the aid supplied to the sick and largely helpless Irish by Board of Health members and the town council, while the prosecution underlined the malevolent nature of the immigrants who had no right to be situated close to the homes of the plaintiffs.

While the defence lawyers argued that the Board of Health members spent a great deal of time visiting the ill, the townspeople knew by now there was no effective treatment for typhus. Undoubtedly the Board of Health members did spend time in the general hospital and in the sheds. It is curious, however, that the newspapers made no reference to the Religious Hospitaliers who assisted civic authorities in these visitations. In fact, the sisters probably spent more time with the ill than most Board members. Certainly as concerned with the spiritual well-being of the immigrants as with the physical, the sisters themselves suffered heavily for their involvement. From the transcribed *Annals*, it appears that all of the Religious Hospitallers were ill with typhus at some point during the epidemic. They eventually requested and received help from their mother house in Montreal when two additional nuns arrived in the fall. Nonetheless, one postulant – Sister MacGorrian – died from the fever in December.

While there can be no question that typhus continued to infect both the immigrants and the townspeople through the fall and early winter, a change in the colony's policy toward the transient population tended to eclipse even the rudimentary attempts at treatment of the obviously ill. In mid-October, the Emigrant Agent, Anthony Hawke, informed the Provincial Secretary that all "emigrants who are in a condition to be moved" were to be sent to Kingston from the surrounding towns, including Brockville, Prescott,

Cornwall, and Bytown.²⁸ The existing sheds in Kingston were to be winterized and the town would maintain the entire group to permit the dissolution of other local Boards of Health. Kingston became the colony's eastern centre for indigent and sick immigrants.

Hawke believed that 7,000 immigrants remained in the Canadas after the settling of two thirds of the year's influx and the death of thousands of others. He was particularly concerned about the number of widows and orphans present in the colony. Kingston, in receiving the immigrants from other centres, faced a winter of undertaking the maintenance of those deemed incapable of looking after themselves. In response, the town government initiated its most aggressive measure to address the problem: the mayor, continuing to work with the old Board of Health, developed a work house. The Committee of Management for the new institution was essentially a scaled down roster from the Board of Health. As they had for the general hospital, the Female Benevolent Society provided assistance in the day to day running of the operation. No longer aiming simply to sequester the immigrants – sick as well as healthy – the town's leading citizens decided it was time the Irish went to work.

A house of industry for the area had long been discussed in the town's newspapers. Legislation in the colony had been brought forward in 1837 to establish guidelines for the introduction of institutions to house the deserving poor. In that year, a proposal favouring the creation of a house of industry had been made by the Grand Jury of the Midland District.²⁹ Indeed, poor relief had been identified as a chronic problem for most towns in the Canadas as early as the 1830s.³⁰ The crisis perpetrated by the typhus epidemic in a year of record immigration may be viewed then as a high point in an on-going problem in colonial society. By 1847, the disease, the number of immigrants gathered in Kingston, and the resident population's desire to influence their activities, resulted at last in the founding of a house of industry in the town.

In attempting to address the particular problems associated with the widows and orphans created by the epidemic, the immediate object of the Kingston House of Industry was to place as many inmates as possible in positions of employment. In its first months of service to the community, the House ran an inmate as well an outdoor relief system. Most of the recipients of the outdoor relief, which consisted of a 1/8 of a loaf of bread each day for

²⁸ National Archives of Canada, Colonial Office Papers, 42, volume 543, Anthony Hawke to T. E. Campbell, Civil Secretary, 16 October 1847, p. 170.

²⁹ *British Whig*, 20 October 1837, p. 2.

³⁰ Rainer Baehre, "Pauper Emigration to Upper Canada in the 1830s," *Social History*, 14 (1981), pp. 340-367. See p. 355.

adults and 1/16 for children, were families with two parents. No one received relief for more than two weeks and all families were referred by the mayor or one of the aldermen.³¹ The records of the House of Industry indicate that thirty-two families received relief between February when the service began and the 17th of April when it apparently ended.

Of the 312 widows and orphans registered at the House of Industry between December 1, 1847 and July 12 of 1848, 250 were Roman Catholic, 57 were members of the Church of England and five were Presbyterian. All but a handful were originally from Ireland. The matrons of the House had a fair success rate in placing their younger charges with area farmers and businessmen, at least initially. As there are no follow-up records, the actual success of the placements is unclear. Furthermore, it appears about the same number were hired out as simply “left.” That illness combined with malnutrition continued to affect the immigrant population is clear from the fact that 42 of the 183 were transferred to the general hospital during this period.³²

The House of Industry was not the only institution coping with the aftermath of the epidemic. Typhus significantly altered the Religious Hospitaliers’ establishment. When they arrived in 1845, their numbers and fledgling facilities limited their impact on the town. Throughout 1847, Hôtel Dieu had been only of marginal use in serving as a refuge for the sick. Nonetheless, in responding to the request from the town government in helping to care for the ill in the general hospital and in the immigrant sheds, the sisters had established themselves as an integral part of the broader community. Indeed, the order began to attract a small number of postulants from the town. Yet the most profound effect of the epidemic for the Religious Hospitaliers – as it had been for the town, generally – concerned the care of orphans. On Christmas eve, Vicar General Macdonell arrived at the sisters’ door with about 70 orphans, making child care the predominant work of the Religious Hospitaliers for the ensuing months.

The orphans were placed in the hospital wards. These rooms were spartan at best. Although they had been used during the epidemic, they provided little comfort to the victims of the virus. They provided no more to their offspring. The annalist wrote,

... we were happy to have these large rooms to save the poor children from misery and the danger they were in of losing their souls. We placed the girls upstairs and the boys downstairs. The only furniture were [was] a stove, two barrels and two boards on top of them to serve as tables and one

³¹ Queen’s University Archives, House of Industry, Box 8, Book 1.

³² *Ibid.*

chair for the sister. The walls were not plastered yet and rough boards served for protection around the staircase, and the windows were fastened with nails.³³

The orphans had been gathered from the immigrant sheds around the town, perhaps under the direction of Vicar General Angus Macdonell, with the financial support of the colonial government and moral support, at least, from the town's Protestant churches. The arrival of so many children at one time presented a true challenge to the Religious Hospitallers. The bedding that accompanied the children was dirty and full of vermin.³⁴ Initially, the sisters could gather only 30 cots and the children slept two and three to a bed. The *Annals* also provide a wonderful description of the sisters lining up the children 10 at a time for dinner that first night simply because they had only a limited amount of crockery.

The register of the orphanage indicates that 70 children arrived that Christmas Eve. They ranged in age from a few weeks to 20 years.³⁵ It appears that another 36 arrived during the course of the next year. Relying on the order's *Annals*, one can derive some sense of the community support given to the Religious Hospitaliers in caring for these children. Initially, the order retained the help of two nurses who seem to have been previously in the employ of either the Board of Health or the Female Benevolent Society.³⁶ Furthermore, cloth was provided by townspeople. Women from the community came each day in the early weeks of 1848 to help sew clothing. The *Annals* indicate that a Protestant minister's daughter sent linen for the sick and visited regularly with other women, always leaving some money for the children.

Remarkably few children died. The *Annals* suggest two deaths; the register, three for the year. Furthermore, it is misleading to refer to the children as "orphans." The register shows that 50 out of 106 children were placed with either a father, mother or both parents. An additional six were placed with a close family member such as a sister or uncle. While the register does not specify the country of origin of the children, it seems clear that they were all recent immigrants, mainly from Ireland.

By August of 1848, government funds to support the sisters' home for the children began to run out. Bishop Phelan directed the Religious

³³ St. Joseph Province Archives, *Annals*, transcribed in *1891*, Accession 84.1, folder 12, box 2, p. 21.

³⁴ *Ibid.*

³⁵ St. Joseph Province Archives, Register, the Hotel Dieu Orphanage, 1845 to 1883, Accession 84.5, Office of the Secretary, Register.

³⁶ *Annals*, p. 23.

Hospitallers to attempt to place those children who had no family support. Individuals seeking a child would receive a note of recommendation from Bishop Phelan or Vicar General Macdonell. After receiving the recommendation, the Sisters would line up the children in order for the individual to choose one. The *Annals* stress that the experience was wrenching for the sisters and for the children.³⁷ By year end most children were placed in homes in the region, most likely in domestic or farm service. Of those who remained with the Hospitallers, the five or six boys worked in the kitchen and 15 girls were placed in the care of one sister. Like the House of Industry, the orphanage continued to serve a purpose after the typhus epidemic had run its course. The sisters continued to shelter children for many years.

The typhus epidemic, then, changed Kingston and, to some extent, the role of the Religious Hospitaliers in the community. It is estimated that by the early months of 1848, 1200 had died in the hospitals and immigrant sheds in the town.³⁸ Coping with the epidemic had taken a heavy financial and emotional toll. Nonetheless, using the epidemic as a flash point to assess the nature of change in a colonial society is not without its problems. Crises may impose change which is short-lived. While the general hospital did not clearly emerge from the crisis as an institution of health care, the epidemic affected how the institution was viewed in the community. When town council made the decision to establish the House of Industry, devoted to housing and feeding the poor, it would seem that by default, the role of the hospital changed. From its inception it had been a refuge for the destitute as well as for the ill. By 1848, its focus was sharper; care of the sick, with less reference to the poor, had become the hospital's concern.

For the Religious Hospitallers, the epidemic clearly raised their profile in the community. For them, too, the epidemic had forced a clear separation between care of the sick and the ongoing sheltering of children. While they

³⁷ *Annals*, p. 25.

³⁸ P. Malcolmson in "The Poor in Kingston, 1815-1850," links the figure to a cholera epidemic this year. While there was general confusion over the type of fever raging in the city and hinterland in 1847, few contemporary observers named it cholera. Margaret Angus links the number to the typhus epidemic and she apparently bases the figure on E. E. Horsey's study of hospitals in Kingston. See: P. Malcolmson, "The Poor in Kingston, 1815-1850," in *To Preserve and Defend: Essays on Kingston in the Nineteenth Century*, ed. G. Tulchinsky (Montreal, 1976), p. 288; M. Angus, *Kingston General Hospital* (Montreal, 1973), p. 24; E. E. Horsey, *Care of the Sick and Hospitalization in Kingston, 1783-1938* (Kingston, 1939), p. 20-21. Where Horsey gets the figure is unclear. In a report in the *British Whig*, 3 November 1847, p. 3, by the end of October the Roman Catholic Diocese reported 886 Roman Catholic immigrants had been buried. It is difficult to estimate how many Protestant Irish died. The report claimed just over 300 Catholic townspeople died as well.

had cared for orphans prior to the epidemic, the events of 1847 made that part of their mission larger than they could have anticipated. More important, their work in the community during the summer and fall no doubt reinforced their own sense of mission and perhaps broadened what they believed possible to accomplish. But what is most striking about the epidemic and its aftermath in Kingston is that civic authorities and the Religious Hospitaliers worked in concert in providing health care and poor relief. While not startling, it was a noteworthy feat for a small, cloistered order who had arrived there only two years earlier. While the typhus epidemic provides a narrow focus for evaluating change in a colonial society, it does allow a perspective on the Religious Hospitaliers at work and involved in that community.