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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.

Children of Lararus: The Story of the Lazaretto at Tracadie

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CHILDREN OF LAZARUS

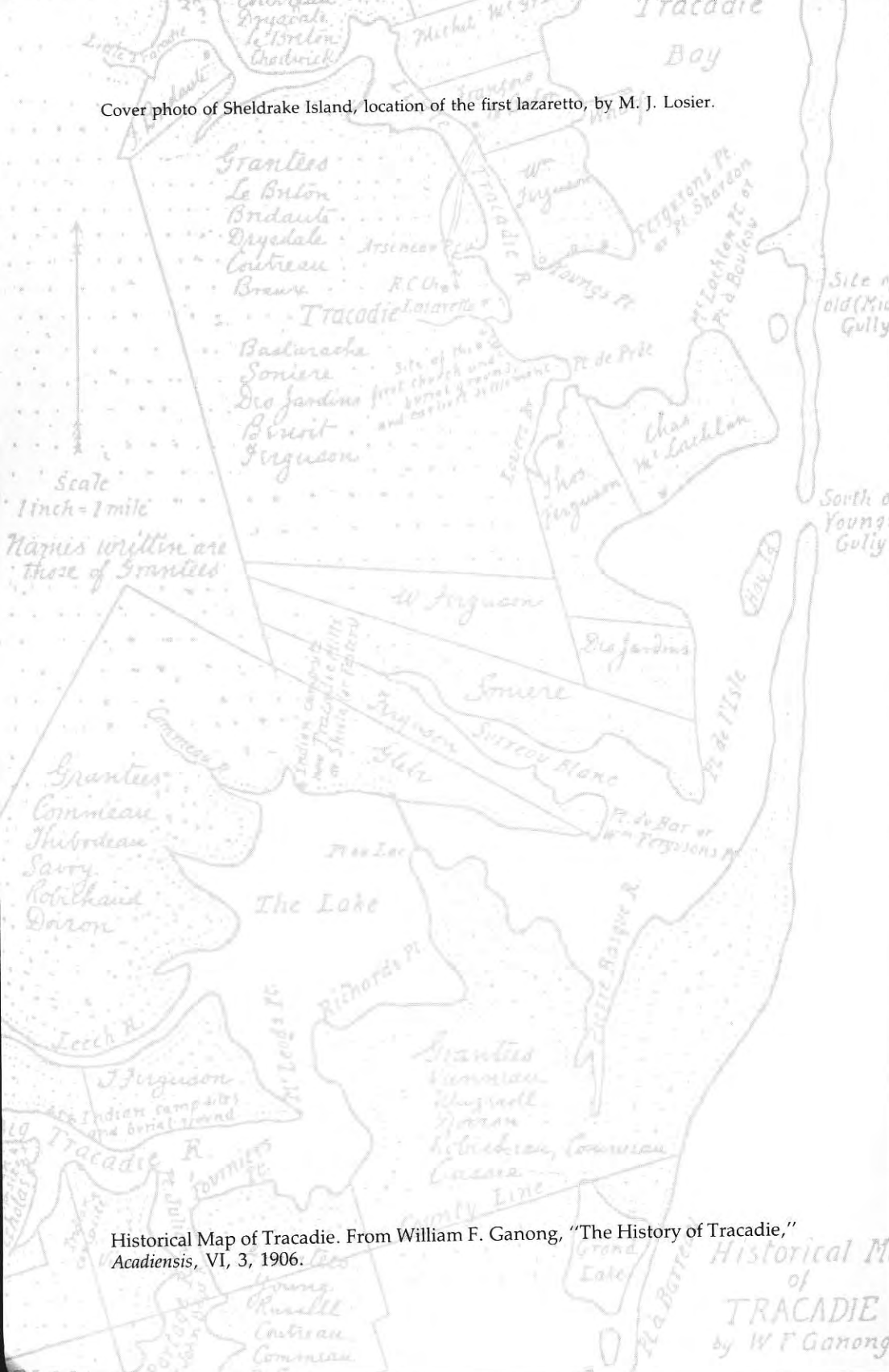
The Story of the Lazaretto at Tracadie

M. J. Losier

C. Pinet

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Cover photo of Sheldrake Island, location of the first lazaretto, by M. J. Losier.



Historical Map of Tracadie. From William F. Ganong, "The History of Tracadie," Acadiaensis, VI, 3, 1906.

New lazaretto and convent, circa 1900. The chapel was in the middle. P.A.N.B. P6 - 43.



CHILDREN OF LAZARUS:

THE STORY OF THE LAZARETTO AT TRACADIE

M. J. Losier
Research: C. Pinet



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Dedication

To all those who suffered and died from Leprosy Disease, that your lost years may be returned to you, and your places restored in family histories.

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FOR BEING A LEPER, I WOULD
BECOME A MANIAC

Fellow Citizens, duty imposes upon me the perilous necessity of being, whenever called upon, in close communication with those afflicted parishioners of mine. When they have arrived at their last struggle; when their bodies are already in a state of final decomposition, their flesh falling off in lumps of rottenness; when they can but whisper their broken and almost inaudible words into my ears, I have to be in close and dangerous contact with their revolting faces. I cannot then but inhale their pestitential breath into my breast, while I help them to make their lasting peace with the Supreme Judge of all men.

Under such a moving, but hazardous ministration, how can I help identifying myself with them? How can I turn a deaf ear to the just wishes and prayers of the survivors who are still at the charge of the Government?

Should God in His unsearchable justice or in His infinite mercy, be pleased to inflict me with this disease, I would have to share their captivity and company. Then I would have to spend the remainder of my days under the same restrictions and privations, but the most unbearable of all would be: *No physician, no Doctor at hand!* That despairing thought would be sufficient to carry my imagination away into the pathless regions of wild mental aberrations!

For being a Leper, I would become a Maniac!

Rev. Ferdinand Gauvreau,
Chaplain to the Lazaretto
The Morning Freeman (Saint John,
N.B.)
July 4, 1861

INTRODUCTION

They are particularly sensitive to the word 'leprosy' and we avoid using it within their hearing. They speak of the disease as "la maladie", the sickness.

Siska, "Les lépreux de Tracadie,"
Le Moniteur Acadien (Shediac, N.B.)
September 7, 1882

In the first part of the 19th century, Leprosy or Greek Elephantiasis broke out in two places in New Brunswick. A woman identified in the early medical records as a Mrs. Mary Gardiner, from the Miramichi, and another woman, Ursule Benoit, at that time living in Tracadie, were the first recorded victims. Neither of the women had relatives who had leprosy prior to the appearance of the disease on them. The women were not related to each other; it is doubtful if either of them had met even distant relatives of the other's family.

Both women manifested the first of their leprous symptoms around the year 1815, but both complained of feeling ill before that. Both died between 1828 and 1829. By the time death had claimed them, the disease had spread: in the case of Mme. Benoit, to her husband, sister, and a pallbearer at her funeral. In the case of Mrs. Gardiner, two of the sons and a friend of the family with whom she boarded developed the illness.

In the year 1852, a Mrs. Betsy McCarthy of Victoria County in Cape Breton exhibited the symptoms of leprosy; by the time she died of the disease, it had spread to some of her children. She, too, as far as investigations undertaken at the time could discover, had never been in contact with anyone who suffered from the disease.

This book deals primarily with the New Brunswick lepers. A few of them were of Scottish, English, and Irish descent, but the majority of them were of French origin.

We have written a social and political history, not a medical one, and we mention only those whose disease had reached the stage where clinical diagnoses were made. It is possible there were many more victims than were generally known. When we compare medical documents of the time with those of modern researchers, it is clear that the leprosy cases described by the former were in the last stages of the disease when their multiple symptoms and degree of progress left little doubt as to the disease's true nature.

"About nine in every ten people infected with leprosy bacteria do not show any signs of the disease; some of the remainder have a mild and self-healing infection; a few have more active and extensive disease," writes Peter Richards in his introduction to the book *The Medieval Leper and His Northern Heirs*¹. He says the leprosy bacteria is less virulent

than in other communicable diseases and most people have a high degree of resistance to it. However, "No bacterial disease is longer in its gestation, more variable in its expression or more mutilating in its fullness . . . The gross, classical forms of the disease are, in fact, just the tip of the iceberg of leprosy."²

Leprosy is not highly contagious. Prolonged contact is needed for its spread from one person to another. It is caused by a bacillus called *Mycobacterium Leprae* but how the bacillus gets into the body is not understood. Current researchers believe the germ is discharged in mucus from broken-down sores which invade the skin through cuts, scratches, or insect bites. When leprosy does develop, its incubation period is longer than that of any other disease, usually years rather than days, weeks, or months.

There are two principal forms of the disease and both were present in the New Brunswick victims. In Tuberculoid Leprosy, few bacilli are present. The victim will have pale, patchy spots on the face, hands, and feet. Paralysis of the muscles of the face, eye, and neck may occur. A strong antibody response in the person suffering from this form of the disease will eventually overwhelm the infection but only after widespread damage has occurred and tissue has been destroyed.

In Lepromatous Leprosy, many microorganisms are present. Patches and lumps can occur all over the body and facial lines tend to deepen. It spreads widely in the lymphatic channels. This type of leprosy often involves the face. Nodules appear on the ears, nose, and cheeks, sometimes breaking down into discharging sores. Leprosy can cause a numbness of the hands and feet, minor injuries pass unnoticed, large ulcers can form, accidents and mutilation can occur. This is the source of the myth that leprosy causes parts of the body to drop off.

There is no evidence to support a medieval belief that still lingers in the public mind that leprosy is a venereal infection, nor should there be any confusion between leprosy and syphilis. Part of the stigma of the disease, and one which contributed to the suffering of the victims, was the confusion of these completely different illnesses.

In Tracadie, the early victims of leprosy were mainly members of five families: Landry, Comeau, Savoie, Saulnier, and Robichaud. In 1847, Doctors Robert Bayard and William Wilson traced the consanguinity of the known victims to these families and their conclusion, later proved false, was that leprosy was an inherited affliction and not contagious. In New Brunswick, leprosy made its appearance in the town of Chatham, in the parishes of Nelson and Alnwick, but was more prevalent in Nanguac, Pokemouche, Shippagan, and Caraquet. The majority of the victims came from Tracadie.

The disease occurred among the ordinary working classes of varied means, but all the families had achieved the necessities of life. However, those families where leprosy involved one, two, or three generations were reduced in circumstances. This was due mainly to the social stigma inflicted by the illness which in turn resulted in the isolation of the family from the community and the inability of the men to find employment.

Today, leprosy victims are said to be suffering from Hansen's Disease after Doctor G. H. Hansen, a Norwegian physician who discovered and isolated the leprosy bacillus in 1874. Drugs help to arrest the disease and make the patient noninfectious. Reconstructive surgery can repair most of the physical disfigurement. No one is made to leave his home and live in seclusion in a lazaretto.

We think the time has come to look at the lives of the New Brunswick men and women, boys and girls, that leprosy took from their fishing nets and lumber camps, hearths and families, dolls and games, and placed in shame in a lazar house. We have used the fictionalized voice of Marguerite Robichaud to tell their story. Born in Tracadie in 1813, shortly before the symptoms appeared on Ursule Benoit, she was only twenty-five years old, the mother of two children, when she first noticed the ominous signs of the disease on herself. She lived with leprosy for nearly sixty years. She will tell what it was like for her and the others to leave their families and live in isolation, despised by strangers and feared by friends.

I

A SINISTER DISEASE: THE BEGINNING OF 'LA MALADIE' IN TRACADIE

One sultry August afternoon in the year 1828 the Rev. Mr. de Bellefeuille, a missionary priest visiting Tracadie, was called upon to bury a woman named Ursule Landry who died of a mysterious and loathsome disease to which none could give a name. Her flesh had become hard and scaly; hideous swellings distorted her face and form; spots of a brownish tint appeared upon her limbs; . . . in all the countryside there had never been seen the like. Rumor came from Newcastle that the wife of a Scotch resident in that town, named Gardiner, was similarly affected . . . Meanwhile Ursule Landry had died and her simple coffin was borne to its last resting-place in the graveyard by the sea, on the shoulders of four of her countrymen. The weather was very warm, and one of these . . . fisherman, Francis Saulnier, was in his shirtsleeves. The coffin weighed heavily upon his shoulders and cut through the thin woolen garment into the bare flesh . . . From the edge of the coffin . . . a discharge . . . inoculated the newly made wound of the pallbearer. He died a leper. The sister of Ursule Landry also became a victim . . .

A. M. Pope
Catholic World (Ramsey, New Jersey)
March, 1883

Pauvre Ursule! There are some in Tracadie who hate that woman, who say she brought a curse on all of us. But I don't blame her for 'la maladie' any more than I would blame the weather or the food that we ate . . . though there are those who believe the climate, cold and damp, brought it to our shores or that it is caused by the salted fish.

I was a girl of fifteen when Ursule died; so I knew her, a small woman with rounded shoulders who used two walking sticks to stand. Her face was hidden under a veil and she always wore a bonnet.

For the last year of the disease, she stayed in her cabin with only her husband and her sister Isabelle to tend her. The children were grown up.

It was said that she used to be a fine looking woman, that her skin was as smooth as a field of snow and her hair tumbled out from under her bonnet like curls of butter.

Her mother was Marie Brideau, born in Quebec. Marie came to Caraquet when she was twelve. Later the Brideaus moved to Tracadie but by that time, Marie was married to Anselme and they had Ursule and the others. Sixteen children were born to them.

Ursule's grandfather, Alexis Landry, fought the English at Fort Beauséjour. Later he and his family followed Charles Boishébert. There were three thousand Acadians who followed him and they were all in hiding around the Miramichi. Ah, they rambled then, feeding off the land, trying to find a place where they'd be safe.

They went to Caraquet once but they were scared off; then they went to Miscou and they stayed there a while; then to Gaspé. This was before they came back to Caraquet. Anselme and Marie Brideau were married there.

None of the people in Ursule's family had the disease before her. There were doctors, Bayard and Wilson, who said Alexis was born in St. Malo and that the disease came from there. That wasn't true.

Old Rémi, Anselme's brother, was ninety-nine years old when the doctors came. He told them Alexis was born in St. Malo because he didn't want them to know they were Acadians. He was scared, you see.

We were all scared of the English, all of us. We would agree to anything they said . . . as long as they left us alone.

Anyway, Ursule was twenty when she married Joseph Benoit and they came to Tracadie to live. Isabelle, her sister, three years younger, married Firmin Benoit, Joseph's brother and they were neighbours.

Ursule had five children, the youngest nearly ten, when she began to complain her legs ached. Then the spots and swellings started. Everyone in the village had something to say about it and all the remedies of the 'sage femme' were tried. She was fifty when the missionary said the prayers over her grave.

After Ursule caught it, Isabelle got sick. Joseph got the disease too but not Firmin. What was lucky for Joseph and Ursule was none of their children took it.

Francois Saulnier got it, like the papers say, from carrying Ursule's coffin; then his sister Adélaïde. I married Jean-Baptiste, their brother. He didn't get it but I did. I am Marguerite Robichaud. Whenever the authors seem like they're going to forget us, I'll tell you our story, the leper's story.

No one is quite sure why or how the disease developed on Ursule Landry. Many stories circulated to explain the mystery, but all were made up years after when it was impossible to check their veracity. One hypothesis was that the disease originated with sailors from the French vessel *L'Indienne* which ran aground at the mouth of the Miramichi River in 1758.

A version of this theory appeared in *The Daily Telegraph*, July 20, 1880. The author says the ship was laden with cargo and the fishermen in the neighborhood helped to save it before the ship broke up. The

crew were sheltered by the residents and the captain of the ship rewarded them with bundles of secondhand clothing shipped at Smyrna. The belief was that the natives of the district contracted leprosy from either the association with the crew who might have had lepers among their number, or from wearing the secondhand clothing.

The author said leprosy broke out in the spring of 1758. The town of Beaubear was dreadfully stricken and eight hundred persons or two-thirds of the population died. "At Point Beaubear, the intendant or government agent, after whom the town was named, was among the first victims. The survivors, many carrying the affliction, fled, some to the Miramichi others to Prince Édward Island but the majority to Carraquet, Pokemouche and Tracadie. Beaubear was buried on a small island outside of Newcastle which the Acadians call 'L'île du Gentilhomme Lépreux'."¹ The author of this story has woven together an interesting but implausible tale which could have been based in part on a history of New Brunswick written by Robert Cooney in 1832.

In the book, Cooney writes that there was a thriving community said to be the headquarters of the French and also the residence of Pierre Beaubair, their superintendent. This community was located opposite Beaubair's Island, less than a mile away, and about three miles from Newcastle. There were about 200 houses in the town and a strong battery, mounting 16 guns, located there. In the mid 1750's, trade with the town stopped because of the French and English wars. The inhabitants, who also endured crop failures, suffered from starvation and disease. In 1758, supplies for the townspeople were on their way when the two French transports carrying them were captured. In that same year, *L'Indienne* of Morlaix was wrecked near the entrance to the harbour.

A disease that Cooney doesn't identify had broken out among the sailors of *L'Indienne* and was transmitted to the inhabitants. One of the first victims was Beaubair himself. The surviving inhabitants, fearing both the disease and the approaching English, fled the town. Most of them settled around the Bay of Chaleur.²

There was a small French settlement in Baie du Vent, New Brunswick, and other scattered settlements on the Miramichi. At the time of the expulsion, in 1756, Charles Boishébert led a party of about three thousand Acadians to the Miramichi. Famine, disease, and other hardships followed. In the next few years, groups of Acadians left and went into hiding in the woods of northern New Brunswick until the political climate was safe for them to build more permanent communities.

The diseases that broke out among the Acadian refugees were more likely cholera, typhoid, smallpox, measles, and other illnesses that attack and kill quickly and that spread rapidly among the population. Leprosy develops slowly in the victim. Even with no medical treatment, people lived with it for an average of three to six years or more. It is not highly contagious. If it were, many more people living in northeastern New Brunswick at the time it appeared would have been affected. Of the 5,000 people in that region, the disease infected only 40 known victims between the time the first symptoms appeared on Ursule Landry and

the Bayard and Wilson investigation in 1847. Finally, while the gestation period of leprosy can be measured in years, even ten, fifteen, or twenty not being unusual, *L'Indienne* was wrecked in 1758, twenty years before the first known victim was born, and sixty years before the symptoms developed on her.

The earliest medical reports say that leprosy was introduced into the region by either Norwegians, who escaped from a leper colony and made their way to that part of the world, or by sailors. But details as to how or under what circumstances this took place were missing.

Placide Gaudet, a genealogist and historian, provided detailed accounts. His first information came from interviews he had with people from Tracadie. According to him, at the beginning of the 19th century, Michel Landry, a cousin of Ursule, was co-owner and captain of a schooner called *La Florida* that made regular sailings from the Bay of Chaleur to Quebec. On one of the trips, two Europeans asked Captain Landry to take them to the Bay of Chaleur. The Captain brought them to the Caraquet coast from where they made the trip to Tracadie on foot.

The two men were believed to be deserters from the Lazaretto des Fourches in Norway and were in the late stages of leprosy. During the crossing, Captain Landry noticed that they were covered with ulcers that gave off a fetid odor. He warned his crew to avoid them, "Presuming it was a shameful disease of the worst kind."³

When he learned the two had gone to Tracadie, Captain Landry regretted that he had brought them to the Bay of Chaleur. He feared they would contaminate some of the Acadian families living in Lower Gloucester, and with that in mind he set off to warn the inhabitants there. Unfortunately, he was too late. The Norwegians had stopped at the home of Joseph Benoit and had asked to sleep.

Mme Benoit gave her own bed to the Europeans and the strangers used the family's dishes and cups. Gaudet says it was not uncommon for a family to have only one drinking vessel; there was no way of changing bed linens. Since the ulcers on the strangers were in the stage of supuration, they contaminated the family's possessions.

This article appeared in *L'Évangéline* in 1892 and differs somewhat from an earlier report by the same writer that was published in 1882. In that one, Gaudet says the passengers in Captain Landry's boat were European sailors. On arriving in the Bay of Chaleur, the strangers got passage on a fishing boat that was sailing into the Gulf of St. Lawrence off Tracadie to fish. The crew of the ship had their washing done by three Tracadie families, those of Prosper Losier, Pierre Bastarache, and Joseph Benoit. The wife of Joseph Benoit washed the clothes of the European sailors.⁴

Besides the *L'Indienne* theory, two other attempts were made to explain how leprosy broke out on the Miramichi. Gaudet says the Norwegian lepers eventually went to that part of New Brunswick where they died. Doctor Alexander Key, who treated Mrs. Gardiner, says she contracted the disease in Tracadie after the ship on which she was a passenger was wrecked off the coast of that community and she was

sheltered there for the winter.⁵

It is possible that the disease broke out 'de novo' in Ursule, that is, with no external cause. Even today, how the illness is contracted is not fully understood. Nearly twenty years passed before any attempt was made to find the cause; by that time, the first victims, who might have been able to assist in an investigation, were dead.

It could also be that Ursule came in contact with leprosy while still living in Caraquet and that symptoms only appeared on her years later.

We have one other theory to add to those that circulated over 150 years ago. Leprosy might have had its roots in the expulsion of the Acadians from the Maritimes in the years 1755 to 1760. There was no leprosy among them before the deportation. William A. Mayer, a former Senior Surgeon, United States Public Health Service, Communicable Disease Centre, wrote in 1955 that leprosy in the southern states was introduced by slaves and by earlier settlers from Spain, France, the West Indies, and probably Mexico. The first four Acadian families arrived in Louisiana in 1764, when leprosy was already prevalent. The Spanish Governor, Antonio de Ulloa, attempted to prevent its spread by isolating the cases in 1766. Dispossessed, without food or shelter, the Acadians were prey to the diseases of the area and leprosy was one of the illnesses they developed.⁶ One of these people, carrying a mild version of the infection, could have arrived in Tracadie or Caraquet many years later. The case could have gone undiagnosed or the victim might have died from other causes before the disease had run its course.

Whatever the reason, slowly, leprosy spread like a vine, interconnecting family and friends and involving not only Tracadie but the nearby settlement of Néguaac. While in Miramichi, the disease was mainly limited. The two sons of Peter Brown, aged twelve and fourteen, and a nine-year-old neighbor, Mary Sweezy, were the only cases linked to Mrs. Gardiner.

The Miramichi area had several physicians. One, Quarantine Officer Dr. Alexander Key, helped to contain the outbreak even if he couldn't cure it. But the reason the disease merely brushed one community while it devastated another can best be understood by looking at the early history of Tracadie, the isolation of the people, their customs, and their insular attitudes.

'Un beau petit Village', Tracadie, like something placed by the sea itself; it rides so close to its cradle. Small rivers cut through it and 'la forêt' the forest wraps it close like a warm cloak.

When my father, François à Jean, came, they followed Indian paths through the woods. They built rafts to get across the waters. That was before we had a ferry at Néguaac and another on the Little Tracadie River. When they saw Tracadie, François à Jean said they decided to stay. They said they couldn't find their way out of there even if they had wanted to.

I guess they were tired. Old Jean, mon grand-père, he lived way up the Saint Jean River nearly in Quebec. It was hard to stay put in those years. Like all the Acadians, they were on the move. They went to Kennebecassis but the

English said they broke the continuity of the races, whatever that meant, so they moved to Madawaska. Their crops failed them so my grandfather and his sons and some others came to the Miramichi.

By 1807, they were in Tracadie. They weren't the first Acadians to get there. Michel Bastarache 'et les autres' were the first. Michel fought the English at Fort Lawrence and found himself deported with over nine hundred other Acadians to the Carolinas.

Bastarache used to say he didn't like the heat down there. Anyway the people in Carolina didn't like us Acadians any more than did the English. Some of us were even sold as slaves. So Bastarache and his brother, and anyone else who wanted to join them, walked all the way back to Acadie.

In 1785, they came to Tracadie. Michel, the founder, six of his young ones; his son-in-law, Joe Saulnier; Maturin Gautreau and his wife, Rosalie Daigle, their children; Alexis Comeau and his four boys.

There were French, Quebec French, who came right after. Robert LeBreton from Gaspé used to hunt there in the spring; but when he saw Bastarache and the others settle, he thought it must be a good place to live. So he brought his wife and children and they stayed. Prosper Losier came from Ste-Anne-de-la-Procatièrre, Quebec. Les Mazerolle were Acadians from Bay du Vin and Magloire Breau 'de' Memramcook. Soon we were all here, Quebec French, Acadians, all mixed up; 'les Comeau, Thibodeau, Robichaud, Arseneau, Brideau, Doiron, Vienneau, Savoie, Benoit, Ferguson', etc . . .

Well the Fergusons weren't French nor Acadian either. William and Thomas were Pats, Irish. Later the McGraws or McGrath, I'm not sure which, the name changed just like Bastarache who call themselves Basque now. Then we have the McGowans, Russells, McLaughlins, Drysdales, Richardsons, etc . . . They soon learned French. It's hard to tell one from the other now. Tracadie is like a pot of soup.

It was all of us, I guess, who drove the Indians away. They founded the land first. In fact, it was they who named it Tracadie, 'camping ground'.

Our men became fishermen, farmers, hunters and they work in the woods. We, the women, make their clothes; we are skilled with the looms. My mother, there was nothing she couldn't make, shirts and cloaks, stockings, medicines, tonics, bed covers; all these she did in the spare time after chores were done and the young ones seen to.

My father led us in prayers each night and my mother taught us our Catechism same as I taught our little ones. We had no priest. Once or twice a year, a missionary would come. He'd bless the couples who married without waiting for him and do the baptisms, hear confessions and give communion. The men folk would take over again after he'd gone. Later a priest came to Caraquet and he would get to Tracadie more often so we waited until he came to get married or we went to him.

Our houses were small, one room. The 'foyer' is the heart of it! In front of the fire is where we told our stories and sang our songs. My father played the fiddle and all of us learned to dance. Maman cooked over the foyer on big iron pots she used two hands to lift. We ate at a long wooden table papa made.

In one corner was the big bed papa and maman slept on unless there was

a visitor. Then they slept on the floor with us young ones. We all had a straw mattress that we put under the big bed in the morning. We changed the straw once a year.

We have big families, us Acadians. Jean-Baptiste and I had seven. There was Israel, Olivier, Luc, Marie, Jean-Baptiste [who came with me to Beccs-Scies], Marie-Anne, and Lucille. Ours was a small family compared to many. Of course, a lot of children died. Ah, that's a hard thing to lay your own child in the ground.

We visit each other a lot in Tracadie, even though our houses are far apart. Whoever knocks on your door is invited in. Everyone knows everyone else and nearly everyone is related. I married Jean-Baptiste and his sister, Adélaïde, we called her Ida, married my brother, François. It is like that all over.

We did the best we could to treat 'la maladie' with no doctor and no priest. Of course, the sick ones lay among us. Where could we put them, outside in the piggery?

Mr. James Young, he was the only one who could talk to the government in those days. He came to Tracadie in 1825. Even him, when he went to Bathurst and told the County Government there was a bad disease in Tracadie, no one listened; no doctors came.

What hurt us worse than 'la maladie' was the way they talked about us, like we were stupid, like the disease was a punishment for not being able to read or having no water in the house or for not speaking English or for being Catholic. They didn't understand us, I know that, but it hurts just the same.

2

AN ACT TO PREVENT THE SPREAD OF A DISORDER NOW EXISTING IN TRACADIE AND NEGUAC

Dr. Thompson gave a very lucid account of the effects of the mode of living and the habits of the French people among whom this disorder has appeared, which are filthy in the extreme and which not only predisposes their systems for this or any other scrofulous disorder but renders it more difficult to cure. He recommended that their habits of life and the food by which means nature is sustained should be changed, and that by education and amusement the minds of those poor people might be elevated and brought with their bodies into a more healthy and vigorous action . . .

The New Brunswick Courier (Saint
John, N.B.)
March 30, 1844.

Dr. Key, Skene, Toldervy and Gordon and the Rev. Mr. Lafrance left Chatham on the morning of Thursday last for the purpose of investigating the nature, origin and extent of the frightful . . . disease now existing in Neguac, Tracadie and Tabusintac . . . as a result of their investigation . . . they report that it is their opinion that it has no affinity to scrofula, and that the idea prevalent, that it is owing to the poor diet of the French settlers, and their filthy habits is not correct for they found it in some of the cleanest dwellings and most respectable families.

The New Brunswick Courier (Saint
John, N.B.)
April 13, 1844.

We were clean but no one believed it after that doctor in the government said we were dirty and that our habits were bad and that our minds were lower than his. Not all of us could read and write but our youngest children learned. Some families had a teacher living with them. When Father Lafrance came, he brought his brother Charles to open a school.

Even after the government doctors, who looked at our houses and our sick ones and told the others we were clean, no one believed them. I think they wanted Dr. Thompson to be right. Then if they kept their houses clean, they wouldn't get 'la maladie'.

I already had two babies when I saw the signs. My legs grew heavy and the spots came. At first, I said it cannot happen to me; it is something else. Then I showed Jean-Baptiste and as he looked at the spots, his eyes filled like they do when a new one is born to us, only not for the same reason.

We went on our knees in front of Jesus on the Crucifix over our bed and we prayed together that it would not be; but my hands grew stiff and I could not feel my fingers. I knew that God had not taken 'la maladie' away. I wept.

It was a hard thing to have 'la maladie' in my house. I saw how it was with the others. It grew on them like mold on bread: swellings here, spots there, sores that ran with poisons. It changes the sick ones so that not even a mother knows the face. The smell in the sick house is very bad. No matter how you clean, it will not go away.

For us with 'la maladie' the stories made things worse. Even in Tracadie, the ones I called my friends began to whisper about me, that I was not clean. Some families hid their sick ones and others said they did not have 'la maladie' even when all the signs were on them.

When I knew, I pushed my little ones from my skirt and I asked Jean-Baptiste to take them with him to the field. I could not look at him when I said this. I felt so shamed. What had I brought into our house. I put my arms over my belly and I knelt again in front of Jesus and asked one more favor from Him, that he take from me the new life now growing.

It was James Young, a Scottish immigrant, settled in Tracadie since 1825, who brought the disease to the attention of Sheriff Henry Baldwin of the County of Gloucester around 1841. At this time, the Sheriff recommended the community try to contain the disease by a voluntary contribution of funds to alleviate the poverty in which he said it flourished.

Young, a large-scale land owner, storekeeper, and ferryman, was known to be prejudiced against the French with whom he dwelt. His family did not mingle with the population as other Scottish and Irish settlers did. He did not have a knowledge of the people necessary to plead their case before the government in a way that would bring a positive response. It was not until Francois-Xavier Lafrance arrived in Tracadie, in 1842, that the affected population had someone who could represent them.

Reverend Lafrance was the first resident priest in the parish. He was only twenty-eight when he arrived, but he was well qualified to help the people he'd been appointed to administer. He was born in Quebec City. His mother, Marie Angélique Emilie McDonnell, was English-speaking, the daughter of a British Army Captain. His father, Louis Charles Hianvieux Lafrance, was a bookbinder by trade. Reverend Lafrance would have received from his mother, who supervised his early education, a well-developed ear for the English language as well as a knowledge of the tenets of the Catholic religion.

He had first planned on becoming a doctor and, with that in mind, studied medicine for three years before he decided he would be happier in religious life. He was ordained a priest on Prince Edward Island where he had gone to assist Bishop Bernard Donald McDonald. In this island province, he became acquainted with the Acadian people.

Like many of the priests of those years, his influence on his parishioners was considerable. One elderly gentleman later recalled, "You

couldn't contradict him too much because his temper was as quick as gun powder." This same man said Reverend Lafrance was a tireless worker who wanted to be everywhere at once. During an influenza epidemic, he worked for thirty hours straight.

Philius Bourgeois, his biographer, describes him as a man who was idealistic, energetic, and filled with the spirit of his religion but perhaps too zealous in carrying out his mission.¹

Even if he wasn't able to diagnose the illness, from his medical knowledge as well as from his own observations, Reverend Lafrance recognized the outbreak as a serious one. By March 1844, seven people had died of leprosy. Besides Ursule, there were Joseph, Isabelle, François Saulnier, and Adélaïde [Mme François Robichaud]; Cyril Austin, a first cousin of Marguerite, and Jean Robichaud, Marguerite's uncle, were the sixth and seventh victims. Early documents say the men contracted the disease by sharing sleeping accommodation with Saulnier in the lumber camps. In almost all cases, the victims were looked after at home by their families. Jean Robichaud was an exception perhaps because he was unmarried.

At the request of Young, Reverend Lafrance, and others, Sheriff Henry Baldwin came to Tracadie in March 1844 to investigate the disease. In his report, he said Jean Robichaud had been kept in a log enclosure that was erected for him a short distance from the river by the overseers of the poor. Contributions for his upkeep were made by the parish and his supplies were left at the door. Those who found his body concluded Jean Robichaud had died insane because the "turf about his hut had been rooted up in various places as if by the nails and fingers of a maniac." Baldwin added, "The appearance of what remained of his hands confirmed this impression."²

Cyril Austin and Jean Robichaud were still living when Reverend Lafrance arrived in Tracadie. In 1844, he reported to the provincial authorities that there were six new cases of leprosy in Tracadie in eighteen months. There was also one more case in Tabusintac and three more in Neguac. Among the Neguac cases were Françoise Landry [Mme Victor Savoy], youngest sister of Ursule and Isabelle, and two of her sons.

Reverend Lafrance began a campaign to get medical attention for the ill and to contain the disease. He solicited the help of influential people in the Counties of Gloucester and Northumberland. One of these was Doctor Alexander Key.

Doctor Key, a native of Scotland, arrived in New Brunswick in 1816. Besides his duties as a general practitioner, he was Health Officer in charge of quarantine for the Port of Chatham. After treating the first cases of leprosy in the Miramichi, he was determined to learn as much about the disease as he could. Based on his studies of the leading authorities on the subject and his own observations, he was convinced the disease was contagious. However, he recognized as well that certain people were more susceptible to it than others. Based on his previous experience with the disease he unofficially diagnosed the illness in Tracadie as Greek Elephantiasis or Black Leprosy.

Reverend Lafrance also won the support of the Justice of the Peace, Ian Blackhall of Caraqueet. Together the two men wrote to the Lieutenant-Governor of the Province of New Brunswick that, "Sufferers and their relatives have concealed the disease as much as lay in their powers until it has got so alarming that it can be concealed no longer, by which conduct it is to be feared many are infected who have as yet no symptoms."³

When the Legislature opened that February of 1844, Reverend Lafrance, with a delegation from Tracadie, addressed the House of Assembly on the need for a hospital and medical treatment for those with leprosy. Bourgeois says, "He carried a certain authority, his intelligence, his knowledge of English and the law of the country, his powerful speaking voice made him hard to resist."⁴

In March of that year, the government in Fredericton appointed a medical commission made up of Doctors Key, J.B. Toldervy, A. H. Skene, and Robert Gordon. The commission had the mandate to formally investigate the disease in Tracadie and neighboring areas and to make recommendations. The commissioners confirmed Doctor Key's diagnoses adding that the disease was contagious. They found eighteen confirmed cases and three highly suspicious ones. They wrote, "Had we possessed legal authority to search every house in the district other cases would have been detected."⁵ The district spoken of was an area of coastline from Neguac to Tracadie, a distance of about twenty-four miles along the Gulf of St. Lawrence. "Among the measures which are . . . necessary to arrest its progress . . . is the complete separation of the sick from the healthy and in order to carry this out in the most efficient manner, a lazaretto should be provided," the doctors wrote.⁶

While the medical commissioners were unanimous in their opinion and recommendations, there was considerable support for some doctors in the province who believed the disease was an inherited disorder. Doctors Alexander Boyle and Robert Bayard, both of Saint John, Robert Thomson M.L.A. from Charlotte County, and S. Z. Earle M.L.A. from Kings County were among these. The theory that the disease was hereditary was one that a minority of doctors in Europe had begun to believe as a result of the decrease in leprosy cases on that continent after the Middle Ages. The doctors in the House of Assembly who shared this view, and their supporters, were opposed to the isolation of the sick on the grounds that such action would be cruel and serve no useful purpose; also, it would be an unnecessary expense for the government.

The government was under pressure from public opinion to act. "The subject is one of paramount importance. The disease is rapidly approaching our most densely populated districts and is now only twenty-four miles from Chatham," *The New Brunswick Courier* wrote.⁷ Publicity about the disease had drawn the attention of other parts of the country. Alarm was expressed in Kingston, then capital of Canada, and a quarantine was proposed for ships coming from the Maritime Provinces. The Mayor of Quebec City said precautionary measures would be used there. A Chatham, New Brunswick paper, *The Gleaner*, reported that a Captain Harding had received a letter from Prince Edward Island which stated,

"It is currently reported here and in other parts of the island that your hospitals are crowded with persons labouring under the leprosy and that they were dying daily, owing to this report people were fearful of bringing over their produce.⁸ *The New Brunswick Courier*, which had published many of the articles, wrote, "The newspaper stories have the effect of causing a quarantine of vessels from the neighborhood of the districts to be talked of at Quebec and other parts of the colonies. These restrictions upon commerce, if adopted in Canada would doubtless be enforced in other places much to the injury of the trade of New Brunswick."⁹

On April 16, 1844, the government passed legislation entitled *An Act to Prevent the Spread of a Disorder now Existing in Certain Parts of the Counties of Gloucester and Northumberland*. This Act authorized the government to construct or obtain a lazaretto with the purpose of removing the sick from their homes and confining them there. A six-member Board of Health was named that had the power to visit, inspect, and examine any person suspected of having leprosy.

Board members were given the authority to appoint constables to assist them. They could break into homes if they believed a leper was being sheltered there. All reasonably thought to have leprosy would be taken to the lazaretto. People found sheltering or assisting the lepers to escape or in any way obstructing the Board of Health in its duties could be subjected to a fine of between five and twenty pounds. If the person fined were unable to pay, an equivalent amount of property would be confiscated. In want of property, the violator would be put in common gaol for twenty to forty days.

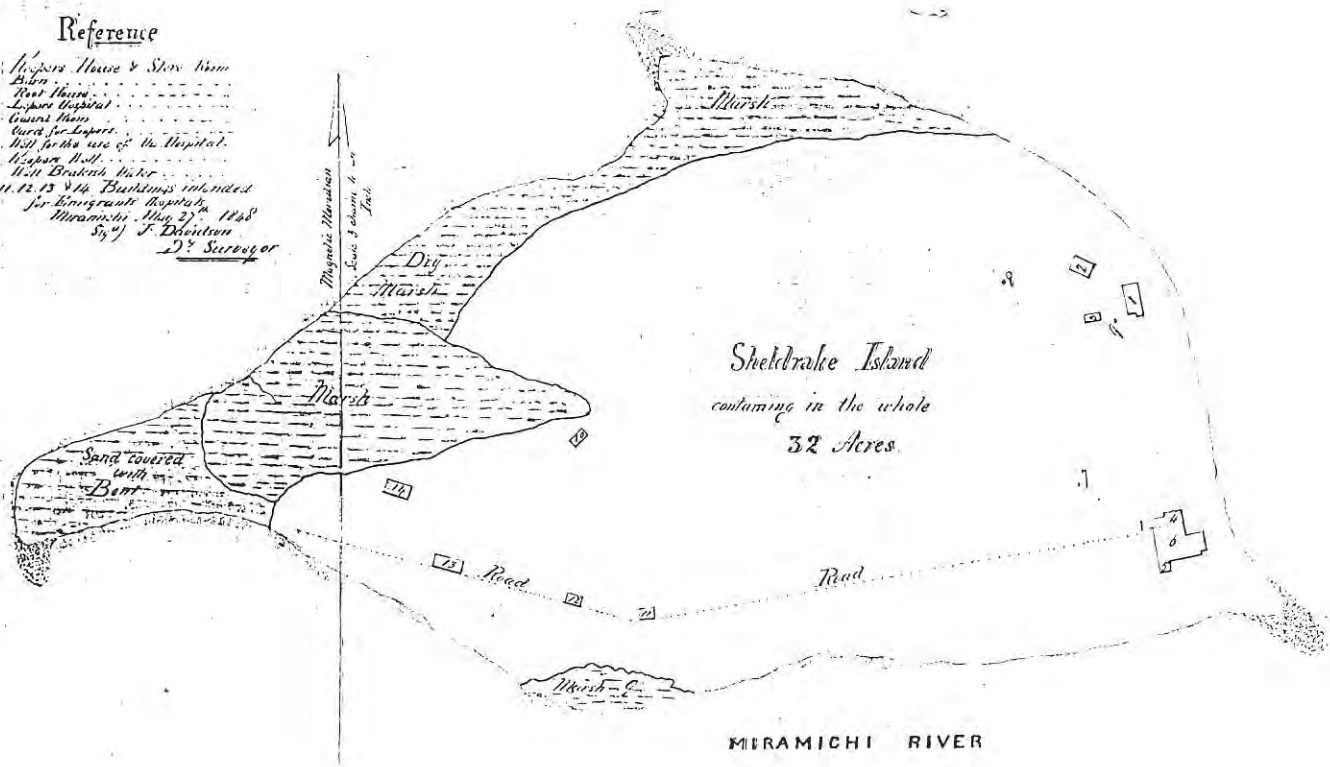
The Legislature appropriated the sum of 1,000 pounds to defray the expenses of erecting a hospital and to ensure the proper care of the sick. *The Gleaner* quoted *The Fredericton Loyalist* on the government's legislation: ". . . let who will be right, we think the government have taken the proper course. If it is not infectious those who are now afflicted will be taken proper care of and will either recover or die when it will become extinct. If it is infectious the course pursued will prevent its spread."¹⁰

Named to serve on the first Board of Health were Joseph Cunard, George Kerr, Charles Peters, and Alexander Rankin, Miramichi businessmen, together with Dr. Alexander Key and Reverend Lafrance. All of the members were English speaking except for Reverend Lafrance and all, except the priest, were from Northumberland, the county that was least affected by the disease.

The Board of Health had the mandate to select the site for a possible lazaretto and they were given a number of options. Tracadie would seem the more logical location since most of the victims came from there. This was the location favored by Reverend Lafrance. It was rejected as a site because the board would have to hire a resident physician which, members felt, was an unnecessary expense. Besides, there was no suitable building and one would have to be constructed.

Reference

1. *Hopson House & Store Room*
2. *Alley*
3. *Root House*
4. *Lepros Hospital*
5. *Quarantine House*
6. *Quarantine for Leprosy*
7. *Will for the use of the Hospital.*
8. *Hopson Well*
9. *Will Brakish Vicker*
- 10, 11, 12, 13 & 14. *Buildings enclosed*
for *Emigrants Hospital*
Miramichi, May 27th 1768
S^{rs} J. Davidson
D^r Surgeon



Neguac was briefly considered but rejected for lack of a building. Middle Island, in the Miramichi, was close to medical aid and had sufficient ground for cultivation but it was rejected because it was too close to populous areas. Chatham, too, was rejected for the same reason. Other possibilities were Grand-Anse, thirty-one miles from Bathurst, DeBois Island off Bathurst Basin, and Bathurst itself.

The Board decided on Sheldrake Island, known to the French as L'Ile-aux-Becs-Scies. Located in the Miramichi, about eight miles east of Chatham, the island had been designated as a quarantine station some years before and the buildings were still there. The island was the property of the County of Northumberland and consisted of thirty-two acres of land.

In 1835, the Justices of Northumberland, the legislative authority, had authorized the construction of a plank house forty by twenty feet. The building, with others on the island, was never used as a quarantine station. The site remained unattended. On April 27, 1844, the Justices allowed the Board of Health to lease Sheldrake for two years at an annual rate of five shillings.

Reverend Lafrance did not approve of the choice. The island would be completely cut off from the mainland during stormy weather and during the spring breakup. A further disadvantage that concerned the priest was that the lepers, all of whom were French and Catholic at this point, would not be able to have the services of a French-speaking priest because the island was closer to the mainly English-speaking regions of the Miramichi.

Father Lafrance sent a petition to the government in which he set forth these objections. The petition was signed by about three hundred residents of Gloucester County.

It was Gloucester County people who first recognized the gravity of the disease and sought help from the authorities. The citizens resolved to draw the attention of the Lieutenant-Governor to the fact that all persons appointed to the Board of Health, except Reverend Lafrance, resided sixty miles away from the district where the disease prevailed. These citizens held a public meeting in Bathurst to protest. "We have strong reason to believe that the terror and alarm of being separated from their home and friends, and carried to Sheldrake Island in the County of Northumberland, has caused those unfortunate persons to flee for refuge to the Acadian settlements on both sides of Bathurst, endangering the health of the whole county while no resident individual is empowered to notice or arrest the evil."¹¹ Their objections were overlooked by the provincial authorities and renovations were made to the Sheldrake Island buildings in preparation for the lepers.

The job of convincing the lepers and their friends and families to go to Sheldrake fell to the priest and the doctor. The victims were assured of comfortable accommodation, regular medical attention, and visits from a priest. When possible, at this time, their families were allowed to come and visit. Dr. Key himself hoped that, with regular treatments, he might succeed in curing some of them.

Jean-Baptiste and I asked Père Lafrance why we could not have a doctor here in Tracadie who could come to our houses and give us medicine and look after our sick ones. He said our houses were too small and with too many people living with those who had 'la maladie' others in our family would get sick.

Père Lafrance told Jean-Baptiste the government would look after us. We believed him.

Then the government made that law that said we with 'la maladie' were the same as thieves and murderers. For we who never broke a law, it was a bad thing to look after our own child if he had 'la maladie'. It was a bad thing for a man to stay in Tracadie and take care of his family if he had 'la maladie', and a woman like me, who had 'la maladie', would have to leave her young ones alone with no mother.

L'Ile-aux-Becs-Scies is where they are sending us. I thought if I went there I would never see my family again.

Jean-Baptiste didn't want to listen to the priest after that, but I told him it would be wrong to go against the priest who speaks for God.

3

THE LIBERALITY OF THE BOARD THEY DO NOT APPRECIATE

... the liberality of the Board they do not appreciate; on the contrary, they appear anxious to throw every obstacle in the way. As the Board cannot call in aid to keep the Lazaretto or the persons of the lepers in a satisfactory state of cleanliness, the nature of the disease rendering it unsafe for any one but themselves undertaking the task, the lepers make use of this circumstance, to its full extent, to give annoyance. The Medical Officer has been unable during the last twelve months to induce any of them to follow his prescriptions for the amelioration of the disease. They readily attend to his directions so far as external applications are recommended, but all internal remedies they refuse.

George Kerr,
Secretary to the Board of Health
February 18, 1846.
Public Archives of New Brunswick
House of Assembly Journal for 1846.

There have been frequent desertions from the island, and in several instances the Board have sent after and forced the return of the parties . . . It appears to me to be requisite that the Board should have the power of confining the lepers, and of otherwise punishing them for improper conduct; and also, power to prohibit persons landing on, or approaching the island without leave, under severe penalties . . .

George Kerr,
Secretary to the Board of Health
February 25, 1845.
Public Archives of New Brunswick
House of Assembly Journal for 1845.

L'Île-aux-Bec-Scies . . . it is a pretty place in summer. Marsh grass and wheat grow right to the water's edge and there is a soft sandy shore to walk on. Across the river, you can see a small white church. Some days I would see the sun shine on the church and it was like a light in the woods, like God saying, "I have not forgotten you, Marguerite."

It is not big, the island, just a short walk around the shore to see it all. Thick woods cover it and only a few trees have been cleared for us and for the keeper's house.

I did not go with the others on July 19, 1844. Jean-Baptiste told Père Lafrance my time was near. The priest did not want a new life to come forth on the boats to L'Île-aux-Bec-Scies.

Jean-Baptiste and I saw the others leave. My brother François lost the most in our family even though he never had 'la maladie'. Adélaïde was already dead. Now their boy, François, their only child, had 'la maladie'. He was only twelve years but he had to go to L'Île-aux-Becs-Scies with no mother and no father. They hugged each other, father and son.

It was I who took care of Adélaïde at the last months of her sickness. Young François stayed with us too. Jean-Baptiste says he is like our own boy because so much of our blood is in him.

Tranquille, my brother, is fifteen years. He is not afraid, that one. For him it is 'une aventure' to go to L'Île-aux-Becs-Scies.

My brother Israel is twenty-one years. He used to live with Adélaïde and François. He took young François and said he would take care of him.

My brother Olivier is twenty-five years. He does not talk that day. He looks only where the boats are. He does not say good-bye to us.

Olivier is like mon oncle Jean, who lived in my father's house until he saw 'la maladie' was on him. He went away to a cabin by the river. He went mad there; that is the story they tell in Tracadie.

But I think, when I see my brothers go, that I, too, will soon leave my husband and my young ones; and I think mon oncle Jean is not the only one with 'la maladie' who will go mad.

At least my brothers and mon oncle Jean, they have no children. Though it is not yet my turn to go, I am sick with worry. Luc is only five years and Marie is two; and this new life that I carry is ready to be born. Already I feel my body grip in that familiar pain.

Jean-Baptiste says he will learn to care for them as good as me and perhaps it will be as the doctor says. We will have good meals, lots of rest, medicine and we might be healed of 'la maladie'. I asked Jesus and Saint Joseph too, that this might be.

There were others from my family who were on the boats that day. My cousin, Louis Gould, is not lucky like my brothers. He has a wife and nine living children who he must say good-bye to and a large farm with no one to do the work on it.

Louis says to Jean-Baptiste that he does not know what will happen to him now that he's going away but he hopes he'll be better next spring. He waves to his wife and little ones but he does not touch them.

He told Jean-Baptiste that he did not touch any of his family since the disease showed itself on him. He sleeps by himself. He is afraid his wife and his little ones will take 'la maladie' from him.

When Louis gets on the boat, his face is very stiff. 'Sa femme', Geneviève, weeps; we all hear her. Their oldest puts his arm around his mother. I want to say something to her but I cannot; there are no words.

Julienne Gautreau, Madame David Ferguson, is Geneviève's sister. She is also going to L'Île-aux-Becs-Scies; a woman who has three little ones. She walks with David and her young ones; Charlotte and Esther run to keep up to them. Julienne carries the youngest, William, who is one year old.

Julienne, too, is expecting another young one but her time is not as near

as mine. She has to go now. She will give birth in a few months.

Julienne gives David the baby when she gets on the boat. Her nephews, Edouard twelve and Amant twenty-one, Joseph Savoie's children, will be with her. Their mother, Judith, asks Julienne to look out for Edouard. Joseph says nothing.

Fabien Gautreau comes with all his children. He is not afraid. He says he will stay one month to see what it is like on L'Ile-aux-Becs-Scies. That man has built a big farm, too, and his house is one of the nicest in Tracadie. He is Julienne's brother.

Fidèle Brideau has his arm around his wife. They have been married twenty-five years. It's hard for her to let him go but the children are grown and they will take care of their mother.

Thomas Comeau is another cousin to Julienne. He looks bad. 'La maladie' has made its marks on him. He tries to hide his face from us. He has a wife and seven young ones and I say to Jean-Baptiste that this is another family whose children will be hungry this winter.

There is on the boats to L'Ile-aux-Becs-Scies, Marie-Claire Breau, Madame Basque. She is the niece of Ursule and Joseph. Charlotte Benoit is Ursule's granddaughter. She is only fourteen. She leaves her mother and gets into the boat with the others.

Pierre Robichaud, Pierre à Joe, is a cousin to me. He has 'la maladie'. He goes to L'Ile-aux-Becs-Scies that day. Marie, Madame Fidèle Savoie, is his sister. She goes, too. She, too, has three young ones she must leave.

Marie Rose Robichaud is thirteen. She goes that day from Neguac. Françoise Landry, Madame Victor Savoie, will look out for her and her own son, Barnabé, who is the youngest going to L'Ile-aux-Becs-Scies. He is eight years. Those three all go from Neguac and we don't see them leave.

It is not only us who have families who go to see the sick ones leave. Some people in the village have come. When we pass by, they draw back. Some whisper. Some look as if they would like to talk to us but they are afraid. Some I know as well as I know my own brothers but they look away from my face when I stare at them. Some of those people with no families with 'la maladie' make jokes about us.

Father Lafrance has said a blessing on us. He asks everyone to pray for us who have 'la maladie'. When he says this, the laughing stops. He, too, is going to L'Ile-aux-Becs-Scies; only he is coming back.

When the boats leave, Jean-Baptiste and I hurry back with our young ones to our house.

Under the plans of the Board of Health, the hospital was to be run by the patients themselves, each with a special job to do. Some would cultivate the land and clear the ground of trees; others would look after the cooking and cleaning; others would take care of the laundry and look after wood for fires. The keeper and his wife, called the matron, would oversee the work.

Reverend A. Danel, who later became a chaplain of the Lazaretto, wrote that to attain this end, "It would be necessary that fraternal union

exist among the lepers and a solicitous charity on the part of the Board of Health to gain their confidence."¹

As soon as they realized the conditions they were expected to live in, the lepers began to distrust the Board of Health. Only a minimum of repairs had been made to the building that was their quarters. The barrack-type structure was divided inside into two wards—one for women and one for men. No provision was made to separate those in the worst stage of the illness from the others. Plank beds were built into the wall and covered with straw ticks. Each patient had one blanket. The dormitories were dark and ventilation extremely poor. The privies were outside and a wash house adjoined the lazaretto. Although promised regular visits from the doctor, the patients found they were left mainly to themselves. Even the priest could only make the trip a few times a year.

Dr. Key expressed the hope that he might be able to cure some of them with doses of bichloride of mercury and iodine. The patients took this vaguely-expressed hope as a promise. When it was evident that Dr. Key's remedies were no cure, they became disillusioned. Some continued to apply the ointments but refused to take the oral preparations.

In the heart of each one of them was the hope that they did not have the disease, or that they had a mild version of the infection that would soon be cured. At the same time, they were convinced their fellow sufferers were leprosy victims.² Some among them had few visible signs of the illness while others were in the advanced stage. The latter cases were aggravated by poor sanitary conditions. Their tubercles filled with infection and became infested with worms. Their hair, eyebrows, and whiskers fell off. They became blind. The disease attacked the mouth and the throat. Those whose disease had not reached that stage were revolted by the others, and afraid. They fought among themselves. They would not eat the food prepared by or use the linen washed by leprosy hands.

The Board of Health and the provincial government of the day were no more callous than European bureaucrats had been at an earlier time. Historically, the leper had always been ostracized. In Great Britain, as well as on the continent, leprosy victims were obliged to seclude themselves from society. In most cases, they were forbidden to own land or to inherit property. In Edinburgh, a gallows stood outside in the yard of one leper house: death by hanging was the punishment if an inmate tried to escape. In many countries, the victims had to carry bells or clappers to warn others of their approach. In Brittany, the Catholic Church performed the solemn ceremony of the Burial of the Dead over the leper. On that day, they were separated from their families and the rest of the community and consigned to a leper house. Dr. Key said of this practice, "He was from that moment regarded as a dead man among the living and legally buried though still breathing and alive."³

The victims of Hansen's Disease on Sheldrake Island would not stay buried though alive. In February, 1845, George Kerr complained to the provincial government, "There have been frequent desertions from the

island." He asked for permission to lock up those who attempted to escape and of "otherwise punishing them for improper conduct."⁴

One night in April, 1845, twelve people escaped from Sheldrake Island on horsedrawn sleighs provided by their relatives and friends. They brought with them bedding and other articles furnished by the Board of Health. The group made their way to their homes. Of these, some were forcefully brought back by Board of Health member Charles Peters and one appointed constable. A few returned on their own when they found their families refused to shelter them. Some remained at home and hid in the woods when authorities appeared to force their return.

In July, four men left the island on a homemade raft. The keeper and the matron of the lazaretto had no power to stop the escapes. George Kerr complained to the Lieutenant-Governor, "The lepers have been allowed to range over the island without control or restraint and they have never been confined or watched at night."⁵ Kerr asked for the authority to hire armed guards to patrol the island to prevent escapes and to assure only persons with written permission from a Board of Health member be allowed to land.

Once on Sheldrake, the individual became a leper: a being who was dangerous to the public, a person who was an enemy of the state. The tragedy of leprosy in New Brunswick was not so much the disease itself but the fear of the illness in the public mind.

Among the escapees was ten year old Barnabé Savoie. The terrified child was taken from his father at gunpoint, bound with ropes, and brought back to the island. Kerr asked for funds to construct a separate building to confine the "offending leper" and proposed to feed him "plane fare" as a means of preventing frequent desertions.

Contrary to some later newspaper accounts of this early history, in most cases, the escapees from Sheldrake found shelter and protection at home. Charles Peters, whose responsibility it was to bring back the fugitives, complained that he did so at a risk to his life. No only might he take the disease by coming in contact with infected persons, but, "Several times I contended against firearms and weapons such as axes, pitch forks, and clubs."⁶

In response to the concerns of the Board of Health, the House of Assembly passed a series of regulations that would restrict the movement of the patients and strengthen even further the powers of the Board of Health. All lepers were to be kept in one main building. The times when they could exercise in the fresh air would be specified by the physician. Boundaries were to be imposed around the lazaretto beyond which they could not go. An armed guard was hired to see that the new regulations were enforced. No one was allowed on the island without written permission from one of the Board members.

News of the restrictions angered and frustrated the residents of Sheldrake. Before the legislation was official, between four and five o'clock on the morning of October 16, 1845, the lazaretto burned to the ground. "No one was injured . . . the lepers saved most of their bedding

and clothing . . . the impression left with the members of the Board of Health, who were on the scene shortly after, was the fire was not purely accidental," Kerr wrote.⁷

Fourteen inmates remained, crowded into the wash house until new quarters were built. In a period of a little over a year, one man and three children had died. Three remained at large.

The new building, erected in November, was thought more appropriate than the old one. "It will not cost so much to heat." Cost, including furnishings, came to about 270 pounds.

In 1847, Doctors Bayard and Wilson wrote, "The lazaretto is surrounded by a high picket fence, enclosing a yard; to prevent the escape of lepers during the night . . . the gate is closed. The building is not well suited for the purposes of a hospital . . ." ⁸ In 1848, Dr. Henry Hart said of this second lazaretto that it " . . . should be enlarged and rendered commodious . . . care should be taken to secure a more thorough ventilation."⁹

In the meantime, there were eight new cases of leprosy among the affected population. James Young wrote, " . . . by their unrestricted intercourse with the inhabitants, the disease must continue to spread . . ." ¹⁰ The Board of Health took the brunt of the criticism for a situation no one in the province knew much about. Few had any insight into the effects of long-term incarceration of an innocent people and their families. The authoritarian regulations only served to make a bad situation worse.

In the weeks before I went to L'Île-aux-Becs-Scies, our house was a sad house. Even the children did not play or quarrel like before. On September 24, 1844, it was my turn. The constable had to pull me from Jean-Baptiste and push me on the boat. I thought nothing could be worse than saying good-bye.

But that was before I saw the hospital. It was late afternoon when I stood in the doorway and breathed, for the first time, air so putrid it weakened my stomach. Julianne Ferguson was by my side. Now she took the young one from my arms as my legs grew loose; the few objects I carried done up in a shawl slid from my fist. I did not know François. Lumps that ran with matter twisted his features. 'La maladie' had made him blind. He was lying on a wood bed; his breath was heavy and tainted, his body hot.

My brothers, too, did not look the same. Their hair was wild, their clothing soiled. Tranquille's face was covered with small spots I knew were 'la maladie'. They fought among themselves and with the others. At home, they were quick to bring wood when it was needed, or clear land or build a fence. Here they would do none of those things.

In the room for women, I put my things on a wood bed. There was a cradle on the floor beside it for my little one.

There was a window in this room, long and thin, through it a little light splashed on the floor. Two women, too sick to stand, were on their beds. Under a long table in the room, rats fed on a hunk of bread.

There was a stove in each room, some tin plates, and mugs. A wood pail held water.

Julienne and I, because we were less sick than the others, chopped wood, washed clothes and drew water for everyone. For this we were paid about one pound a month. But the spills, the dirt . . . it was worse than what I had ever seen. It grew daily worse while Julienne and I never stopped.

M. and Mme Coughlan, the keeper and his wife, were nice. They brought us supplies from Chatham. They would take a boat and go for the doctor when we asked. If fights started, especially among the men, the keeper tried to settle it.

It was not their job to clean or nurse inside the lazaretto. They were careful not to come too close to us. I did not blame them for that.

Julienne was brought to Tracadie to have her baby at the beginning of the new year. They have money, the Fergusons, and anyway, David, her husband, is a brother-in-law of James Young. You may be sure Mr. Young would not let a little niece or nephew be born on Becs-Scies. She returned, bringing her newborn daughter with her. Later in the spring, it was Mary Savoie's turn to give birth.

She bore her child in silence even when the labor was hard upon her. She did not want to wake the men in the next room and have them look at her. We fixed a birthing chair for her near the stove for warmth. A boy was born to her. She called him Bélonie.

There were now three babies with us on the island. Even the men loved them. They were so clear of skin, with bright pure smiles, even for the ugliest face.

A few days after I came, the keeper brought in another patient, a Scotsman named Alexander Stewart. He was the first to die on L'Île-aux-Becs-Scies. Julienne could speak some English but she did not understand what M. Stewart said. He died with words on his lips that no one understood.

Those with 'la maladie' died faster on L'Île-aux-Becs-Scies than the others before us, who died in Tracadie. The medicines of Dr. Key made us sick so that we couldn't swallow them.

The young people died the quickest. Each night, Charlotte Benoit cried for her 'maman'. She died before the year was done. So did François, my nephew, and Edouard Savoie.

It is not easy to lie on a straw bed and to hear the weeping and coughing of others; to smell death in the room with you, beside you, even on a wood bed like your own.

It is no wonder some ran from that.

My brothers stayed because of me. Because they knew I would take care of them. Fabien Gautreau left to take care of his family. The constable brought him back tied up like a thief but he left again. I was glad for him that the second time he did not come back.

Françoise died, but Barnabé was not alone. His brother, Stanislas, had come to L'Île-aux-Becs-Scies with 'la maladie'. When Stanislas escaped, he took Barnabé with him, but Stanislas could hide in the woods. Barnabé was too young to hide like that so he was caught.

"Dirty little leper," the constable said to him. He's such a little boy; a sick little boy.

It is a bad word 'leper'. It is a word full of hate and fear and ugliness. It isn't a word that should be used for any of us who had 'la maladie'. Barnabé did not live long after he was brought back.

The cold wind sweeps off the ice in winter. It finds the cracks in the boards of our hospital. We each have one blanket to hide ourselves from the cold. Some die of that, I think, and not of 'la maladie'.

That winter we have other sickness . . . nearly every one had 'résipère'. My skin burned with a red rash; my fever ran high.

There is no one to clean but we who are sick. When my brother, Tranquille, was too ill to leave his bed, he lay in his own dirt until I was well enough to help him clean. Others have no one to help them.

Those of us who can, go outside, even when it is so cold. Ice crystals form in the men's beards. We walk all over the island; it is not big. It doesn't take long. We do this to run from the smells, the sick people and the loneliness.

When we are told about the new regulations, I am angry but my anger is not as hot as the anger of some others. They said we were to be locked up in this outhouse of a building. That we could only go out if the doctor tells us we can.

We are all guilty of the fire. We all wanted the building to burn. We are all together now, men and women, in the same room. The Board of Health built a partition but where we stay, there is hardly room to pass between the beds.

They say we have brought this on ourselves. That it is us who will have to live with it. Perhaps they are right. I feel sad. I pray like Father Lafrance has told us that I may be patient.

CONTAGIOUS OR HEREDITARY: THE DOCTORS DIFFER

Dr. Boyle of St. John . . . sees no reason to believe that the disease is infectious, and is opposed to all measures of quarantine in reference to the districts where it prevails, as well as to the establishment of lazarettos especially dedicated to the accomodation of those labouring under it. We heartily concur with Dr. Boyle in all he has said . . .

The London Medical Gazette
August 9, 1844.

. . . with respect to the Leprosy, I think there is strong reason to believe that it is at least communicable by inoculation . . . If the lepers were allowed to mingle freely with their families, the propagation of the disease from this cause would be inevitable . . .

Dr. Henry A. Hartt
Public Archives of New Brunswick,
House of Assembly Journal (1849)
June 19, 1848.

All of us on L'Ile-aux-Bec-Scies knew 'la maladie' was taking. I had bathed the sores on Adélaide's body. I had breathed her breath. Her boy François would play by her bed. We got 'la maladie', him and I.

We women on Becs-Scies first got it by caring for the sick. The children got it from us. But where could we breathe if not towards their faces turned always our way? How could we wash or dress or feed and not touch the soft white skin?

The men took it from one another. Among my brothers, in the woods one blanket did for all, one dish, one cup; in the camps, one bed for two and sometimes three.

Some of the men here were fools. Even when 'la maladie' had showed itself to go from one to another, they went where 'la maladie' was, and they sat down beside it and dared 'la maladie' to come. Then we women had to open our houses to 'la maladie' and take care of it.

We on Becs-Scies knew that there were some doctors who said the disease, 'la maladie', was not taking; that it came from our parents or grandparents; a sickness that is in the blood of the family like the color of the hair and the shape of the nose.

Father Lafrance tells us that if this is true, we can go from Becs-Scies back to Tracadie, perhaps we can even go home.

I dream at night that Jean-Baptiste is beside me; that we are in our small house; that the young ones play in the yard. I awake and try to find their faces but I cannot. I want very much to go home.

I will tell the doctors that I never went near anyone who had 'la maladie'. I will ask God to forgive my small lie.

Frustrated by their inability to manage the hospital and confused by the criticisms leveled against them, George Kerr wrote to the Lieutenant-Governor and urged him to appoint a commission to investigate the situation.

Another issue of concern to the Lieutenant-Governor and the Legislature was the contagious or hereditary nature of leprosy. The debate by the province's doctors continued. The provincial press carried lengthy letters written by proponents of both sides.

In the summer of 1847, the House of Assembly appointed Doctor Robert Bayard of Saint John and Doctor William Wilson, M.L.A., to investigate these matters.

Doctor Bayard was born in Nova Scotia but he studied medicine in Edinburgh. For a few years, he was a professor of medicine at the University of New York where he specialized in midwifery. At the time he served on this commission, he was a practicing physician in Saint John. Doctor Wilson immigrated from Ireland to New Brunswick in 1827 and set up practice in Dorchester. At the time of the commission he sat in the Assembly as an M.L.A. from Westmorland.

The two doctors were to examine all the patients in and out of the hospital to determine the nature of the disease and its hereditary or contagious properties. They were to inspect the hospital and the island, question the Board of Health members, and visit the homes and families where the disease appeared. Based on their study, they were expected to recommend to the government how the diseased people could best be treated while, at the same time, safeguarding the public.

On July 13, 1847, the two men, accompanied by Dr. Key and the other members of the Board of Health, visited Sheldrake. They found that eight persons had died in the lazaretto and four had escaped from it. Several of the patients complained of the food and water, and of the work imposed on them. The doctors believed the complaints were the result of their discontent at being confined. Julienne Ferguson told them, "She would rather eat a potato or some meat at home with her family than the best food in the lazaretto."¹ Marguerite and Julienne both wanted to stop the work they were doing for themselves and others because of the condition of their hands. "Besides," they told the doctors, "it was not worth their while to earn money or worry with work if they were to be kept all their lives in a lazaretto."²

The doctors gave a medical history of each patient still living on Sheldrake. Pierre Savoie was 41 and of the eight years he had the disease, he believed it had not progressed as quickly since he'd been on the island. Pierre Robichaud, twenty-six, had had the illness four years. The doctors described him as a temperate man, a farmer who told them he'd

been very depressed since coming to the island. Israel Robichaud, twenty-five, was in his eighth year of illness but he told the doctors the disease was worse since he was brought to the island. Olivier Robichaud, twenty-seven, complained of a sore throat and pain in the stomach after eating. He had been ill for six years. Barnabé Savoie was covered with tubercles at the time the doctors saw him. He was eleven years old and had been ill for five years.

Marguerite Robichaud was thirty-four years old at this time. She believed the disease was brought on after the birth of her second child. A few weeks after that event, she fell on the ice. Her hands and feet began to swell and spots appeared on them. She had some small round tubercles on the cheeks, nose, and forehead. She lost the sense of touch and her hands were ulcerated; her fingers contracted and she lost the tips of them. She nursed her child for a year in the lazaretto. The doctors wrote, "Her disease seems stationary and she continues much as she has been for the past eight years."³ Marguerite told the commissioners she had never had any leprous person in her house from whom she could have contracted the disease.

Julienne Ferguson was thirty-eight. She had felt the first symptoms of the illness after childbirth four years earlier. She had few symptoms but her fingers resembled those of the other patients. She nursed her child for eighteen months in the lazaretto. Marie Savoie, forty, had had the disease for ten years. At this time, it was quite advanced. Her voice was reduced to a low whisper, her face and lips were swollen, her breath, "long, laborious and oppressed."⁴ Marie Rose Robichaud, sixteen, had been ill for six years. She was often in the home of Françoise Savoie and she believed she had contracted the disease there.

Following their visit to the lazaretto, the doctors went to the homes where others with the disease resided. At Rivière du Cache, they met Vénérande Savoie, twenty-seven. A niece of Victor Savoie, she had been ill for a year. She was depressed because of her fears about the disease. Stanislas, seventeen, and Marin Savoie, thirteen, hid in the woods and would not talk to the commissioners in spite of assurance from Victor and from Reverend Lafrance that they would not be taken to Shelldrake. The doctors said that Victor, their father, was a farmer and that his home was clean and comfortable. His daughters and grandchildren resided with him and appeared healthy.

In Big Tracadie, the doctors saw Louis Gould, forty-three, who had been in the lazaretto two years before but had escaped. He told them grief and dejection caused his illness to worsen while he was there. He couldn't endure being forcefully separated from his home and family. Fidèle Brideau, fifty-five, had also escaped from Shelldrake. He had been diseased for three years. He was a nephew of Marie Brideau and a cousin of Ursule, Isabelle, and Françoise. He slept in a camp near his home to lessen the danger of infection to his family. Fabien Gautreau, thirty-two, told the doctors he believed the disease was brought on after he walked for six miles in water. He entered the hospital for one month to try it and when he was refused a discharge, he escaped. He was retaken, then escaped successfully again. He told the doctors that grief and weep-

ing in the hospital aggravated the illness and that its progress was less rapid now that he was home.

Athanase Saulnier from Little Tracadie was thirty-five. He was married and the father of two children. However, he had been ill for four years and, from the doctors' description, the disease had progressed rapidly. He believed he caught it after exposure to cold as a result of being caught in a severe storm at sea. Also in Little Tracadie, they visited Olivier Gautreau, a nephew of Fabien and Julienne, who was eighteen. He had had the disease only twelve months but was badly marked by it. Tranquille Robichaud, twelve, is not to be confused with Marguerite's brother who was already dead. The Tranquille Robichaud who met Wilson and Bayard was, according to their report, son of a Frédéric Robichaud. Lawrence Comeau, fifty-five, was a cousin of Thomas Comeau who died in the lazaretto. He was married and the father of thirteen children. The symptoms of the illness had appeared on him about four years before.

In Pokemouche, the doctors saw two cases, Julia Landry, nineteen, and Darby Robichaud; both had only slight symptoms. There is little history about these cases.

In Caraquet, the doctors talked to Marguerite Robichaud Le-Bouthilier. She was the daughter of Joseph Robichaud and a twin sister to Marie Robichaud Savoie and Pierre (Bénonie) Robichaud, both on Sheldrake. She had had the illness for slightly over a year and she complained to the doctors that she could not get anyone to attend her during her approaching childbirth for fear of catching the disease.

In Grand Anse the doctors talked to Marie Brideau Landry, mother of Ursule, Isabelle, and Françoise. Anselme, their father, was dead. Marie was well over eighty years of age. She didn't know how the disease started. She told the doctors that a sailor did come to Caraquet but he had no disease on him. Ursule and Isabelle were her two oldest children; Françoise was her sixteenth child. It was at this time that ninety-nine year old Rémi Landry, Anselme's brother, told the doctors his father came from St. Malo in Normandy when leprosy was quite prevalent in that district of France.

As a result of their investigation, the doctors concluded that leprosy in Tracadie and the region had not shown any contagious character. They found the disease to be hereditary. Because of Rémi's information, they believed it might have descended from Anselme's father, Alexis Landry.

To support their claim, the doctors traced the consanguinity of the Tracadie lepers. They said the blood of Anselme Landry and Marie Brideau ran through many of them. The others were all members of the Robichaud family. The doctors said the low incidence of the disease among the affected population was further evidence of its hereditary and non-contagious properties. The total population at the time of the inquiry in Neguac, Tracadie, Pokemouche, and Caraquet was 5136. In the twenty-eight years since the illness had appeared, there had only been forty cases altogether.

According to Bayard and Wilson, François Saulnier was more likely to have gotten the disease because he was a blood relative of a leprous family. They didn't rule out the possibility that he became infected by carrying Ursule's coffin; but they said the cause was then direct inoculation, not contagion.

Bayard and Wilson did not see Mrs. Gardiner, the Browns, Mary Sweezy, or Alexander Stewart. All were dead. In their report, they imply that Mrs. Gardiner had syphilis and they say it is difficult for physicians to distinguish between the two illnesses.

They believed the illness lay dormant in the body of a susceptible person until circumstances such as excessive fatigue and exposure to cold, imperfectly cured fish, or overheated homes caused it to develop. The disease could skip one, two, or even three generations and appear suddenly in the fourth. Poor hygiene and inadequate diet could also be contributing factors in the development of the illness, but Bayard and Wilson said this was not a likely cause in Tracadie.

Among their recommendations, the doctors said marriage between leprous families should be forbidden. The present lazaretto should either be made more comfortable or suitable allowances should be given to allow the victims to be maintained at home. Because of the illness of the breadwinner, some families had been left destitute. Bayard and Wilson recommended that funds to help alleviate the poverty be given to these families. A commissioner, hired for the purpose, would oversee how the monies were spent.

In the table of consanguinity prepared by Bayard and Wilson, the doctors linked several victims of the disease whose connection with the Robichaud or Landry families was remote. For instance, Joseph Benoit's only relationship to the Landry family is through marriage. According to this table, the Comeau family is related to the Robichaud family. The doctors based this on the fact that Marie Levron, married to John Robichaud, was a half-sister of Anne Poitier who was married to Alexis Comeau. The Savoies, shown on the chart to be related to the Landry family, are in fact related to Victor Savoie's family. As the table shows, François Saulnier is a distant cousin of Victor on his mother's side but he has no kinship with the Landry family.

Some authorities have written that Bayard and Wilson were ahead of their time because they recommended that the lepers be treated at home. However, the two doctors made this recommendation because of their positive conviction that the disease was not contagious. Because of this, they did not see the necessity of isolating the victim from the rest of his family, his friends, or the community.

At this period of history, it wasn't unusual for ten, fifteen, or even twenty people to be living together in a home where there were only one, two, or three rooms. The prolonged contact with a leprous person under these circumstances would increase the number of people infected. It is likely this was one reason the disease had continued to spread.

CONSANGUINITY OF THE TRACADY LEPERS.

72 JOURNAL of the House of Assembly of NEW BRUNSWICK.

Anselm Landre, the Husband of		Mary Brideau, and the blood relative of		(1) Anne Landrie, the Wife of John Savoy,	
		the Sister of Lewis Brideau,		the Parents of Jos. Savoy, who was the Father of	
		the Father of * Fidelle.		Bonaventure and Victor.	
he had 19 Children, including		* Joseph Benoit, †		Antoine Benoit, the Husband of	
* Ursule † who married		the Son of		Mary Savoy, the Sister of Firman	
* Isabella †		the Grandfather of * Mary Julian, †		the first Cousin of	
		the Daughter of German, who		Joseph Savoy, the Son of	
		married Margaret Gotreau,		Anne Landre, 1	
				} the blood relative of Charlotte, the	
				} Mother of * Julia Landre.	
* Frances, † who married		Victor Savoy, the Brother of		Bonaventure, and second Cousin to	
		the Father of		the Father of	
		* Marin,		* Venerable.	
		* Stanislaus,			
		* Bernard.			
				(3) } Margaret, the Wife of Peter Sonier, the Son of	
				} the Parents of	
				} * Francis Sonier, †	
				} * Edith Sonier, †	
				(2) } John Baptiste Sonier, who married	
				} * Margaret Robicheau.	
Anglica, who married		Joseph Breau, the Father of			
		* Mary Clara. †			
John Robicheau, Sr. the husband of Mary Lavron, the half Sister of		Anne Pottier, the Wife of Joseph Comeau,		} Wife of Chas. Tribideau, her first Husband, and	
the Father of		the Parents of Etienne and Charlotte Comeau,		} Parents of	
* John Robicheau, †		and Grand Parents of		} Judith, the Wife of Joseph Savoy,	
Frederic Robicheau, the Husband of		* Thomas Comeau, †		} and Parents of	
the Father of		* Lawrence Comeau,		} * Amon, * Edward. †	
* Tranquille.		* Fabian Gotreau, } the Children of Charlotte Comeau,			
		* Rose Baske, 2		} by her second Husband, Isaac Gotreau. }	
				} Barbara, the Mother of * John Oliver Gotreau.	
Joseph Robicheau, the Husband of Anasthasia Sonier,					
the Father of					
} * Peter,					
} * Mary, Wife of Fidelle Savoy,					
} * Margaret, Wife of A. Bouffillier.					
Victoire Robicheau, Mother of * Cyril Austen, † a natural child.					
Mary Robicheau, Wife of Lewis Gould,					
the Parents of * Lewis Gould.					
Francis Robicheau, Husband of M. Savoy,					
the Parents of					
} Oliver,					
} Israel,					
} * Tranquille, †					
} * Margaret, Wife of John Baptiste Sonier. 3					

N. B.—The Asteric (*) implies that the individual has been, or is affected with Elephantiasis. The Cross (†) denotes that the person has died of the disease. Antoine Benoit was an Acadian, and came from Annapolis, Nova Scotia. John Savoy and Anne Landre were also Acadians from Annapolis. It may here be observed, 1st that nearly all the French in the Settlements (of Tracadie and thereabout) can trace relationship with one another, owing to their intermarrying, and few or no strangers coming among them since their first settlement; and this is so general in Caranquois, that few families there can intermarry without a dispensation, they being within the degree of kindred disallowed to marry by the Catholic Church. 2nd Extract from a Letter to Dr. Bayard from James Davidson, Esquire.

(Signed) W. WILSON, C. M. }
 ROB. BAYARD, M. D. & D. C. L. } Commissioners.

Table of the supposed consanguinity of the Tracadie lepers. Part of the Bayard and Wilson Report published in the Journal of the House of Assembly, 1848.

One person who was not pleased with the Bayard and Wilson report was Dr. Alexander Key. Key pointed out that because the patients were related it meant that they were more often in each other's company, and therefore more likely to get the illness through contagion. He had always recognized a hereditary factor in leprosy disease. To him this meant certain people were more likely to develop the illness than others.

He wrote, "I will not deny the possibility of its being occasionally hereditary . . . My belief is . . . a liability or predisposition may be engendered by the parent to the child, rendering it more liable to become affected when exposed to the contagion of the disease."⁵ Modern researchers still don't understand how the disease is transmitted but most agree with this statement Dr. Key made one hundred and thirty-five years ago.

Dr. Key believed the disease was contagious but not highly so. In order to be transmitted from one person to another, the victim's illness would have had to reach the stage at which the ulcers suppurate. ". . . it is the matter generated by the sores that is the principal medium of communication and that stage is, in many cases, years in arriving."⁶

More than thirty years had passed since Dr. Key had diagnosed the first case. In that time he had seen all the lepers except the first eight Tracadie victims. He did not like the implication that he had misdiagnosed the Gardiner case. He wrote, "Mrs. Gardiner had all the pathognomonic symptoms of Elephantiasis; it ran the same course and terminated in the same manner as the others, about the last of 1828. I attended her from May, 1816, until the time of her death; . . . she never had the venereal . . ."⁷

Key said the disease broke out on William Brown about ten months before Mrs. Gardiner's death. He was sixteen years old at the time. His brother John, aged twelve, developed the disease about two years later. William lived about eight years with the illness and died in 1835; John lived with the disease for six years. Mary Sweezey, the ten-year-old daughter of Reuben Sweezey, was living with the Brown family. She had the disease about six years.

To support Doctor Key, we have the evidence of Dr. John Thomson who had diagnosed Alexander Stewart and who had met Mrs. Gardiner. He was later asked to examine Stewart's nephews, John Tingley, who had lived with his uncle for a year, and his brother, Edward Tingley. Both boys had leprosy. Thomson writes, "The case of Alexander Stewart . . . proves the contagious nature of the disease . . . He was descended from a Scotch family who immigrated here . . . and consequently could have no alliance in kin with any of the French settlers . . . he lumbered in Tracadie some years before he was affected . . . he was of the opinion he got the disease in Tracadie."⁸ Doctor Thomson continued, "Alexander Stewart's case and that of Mrs. Gardiner, whom I had the opportunity of seeing 20 years ago, had a great resemblance and Mrs. Gardiner unquestionably died of Greek Elephantiasis."⁹

Doctor J. B. Toldervy was another doctor who agreed with Doctor Key. He said Bayard and Wilson had failed to prove the non-contagion

of leprosy. Doctor Toldervy had examined Mr. Stewart so he confirmed the diagnosis in that case. As for Mrs. Gardiner and the Browns, Toldervy writes, “. . . it has surprised me to find that Messieurs Wilson and Bayard have impugned the correctness of the diagnosis in these cases . . . Mr. Key, from his long acquaintance with the disease in question, was well qualified to distinguish it from any known form of syphilis.”¹⁰

From the beginning in 1844, views on contagion were questioned by influential doctors. In August 1844, *The London Medical Gazette*, a prestigious journal, published a lengthy article by Dr. Alexander Boyle of Saint John. Dr. Boyle believed the disease was hereditary and the editors of the journal agreed. Boyle had treated a leprosy case in Saint John. The man was looked after by his wife until his death. She never got the illness. Boyle used this example to prove that leprosy was not contagious. He also quoted European doctors who were of the same opinion.

Both *The New Brunswick Courier* and *The Daily Gleaner* carried the Bayard and Wilson report. Doctor Bayard followed his report with several letters of his own.

One of the strongest supporters of the hereditary theory was a person who signed himself Delta. In a letter that appeared in *The New Brunswick Courier* on March 11, 1848, Delta calls Doctor Key's reports “A mass of absurdities,” and he accuses Key of holding views “previously entertained in the dark ages.”¹¹ On March 18, in another lengthy letter, Delta urged the province to act on the Bayard and Wilson report at once and release the inmates of Sheldrake Island. He said, “. . . in the first place, the present system of forcefully excluding all persons found labouring under the disease involves the province in a large amount annually, without any corresponding benefits; while in the second place, it perpetrates a most cruel affliction on the personal liberty of the subject . . .”¹²

In the face of the conflicting opinions, the provincial authorities took no action on the Bayard and Wilson report. The lazaretto on Sheldrake was not improved; nor were the inmates there allowed to return to their homes. Had a way been found to provide medical care and isolate the sick in their homes, the disease would have been effectively controlled while causing the least amount of suffering. One man thought of that solution. It was Fidèle Brideau who had isolated himself from his family by building a camp some distance from his house.

THE LAZARETTO IS RELOCATED

The committee of the Executive Council having had under consideration the Petition of the Justices of Northumberland praying that the lazaretto at Sheldrake may be abandoned and that the lease of the Island may be given up, cannot recommend that the prayer of the petition be complied with, but they are of opinion that the upper part of the Island which does not include the Building occupied by the Lepers might be given up to the sessions for the purpose of being used as a Quarantine Establishment . . . to such an extent as not to interfere with the accommodation required for the Lazaretto . . . therefore advise that a communication be . . . made to the Board of Health requiring the body to relinquish to the Justices of Northumberland the upper half of Sheldrake Island . . .

Public Archives of New Brunswick,
MNO 11/2/8 No. 14
In Council
March 31, 1848

Fools they were who thought of that. That's what we said on Becs-Scies when we heard 'les émigrés malades' were to come among us. They will breathe 'la maladie' and we with 'la maladie' will breathe cholera, typhoid, perhaps worse. Our water and our soil will carry infections.

Whoever thought of that, they do not care for us or 'les émigrés'. We were very angry when we heard about this plan. The men have said they will burn such a hospital to the ground if it comes here. I will help them.

We wait on the beach to tell Father Sweeney that we are angry and afraid. He is the priest for us on the island and he will help. I like Père John. He is an Irish priest from Chatham. His French is not good. We try very hard to understand him. He is a nice man.

We hear sleigh bells and across the ice, we see him coming. He waves to us on shore. Pierre throws a snowball at him. Father Sweeney laughs and catches it. He is not afraid of us or 'la maladie'.

He works with us. He melts ice over the fires to fill the wash house with clean water; chops wood; visits the bedridden and tells us stories.

He teaches us a game to play outside together; a game with sticks and ice chunks. Like children we are when he comes. He is like a child too. He is a boy to me, young, like Israel, my brother.

He tells us not to worry about the hospital. The immigrant sick will not be among you; it is a crazy idea of the government, he says. Many people, not just us, are against it.

Before he leaves, he visits each of the very sick. If he can do anything to make them suffer less, he will do so. He will straighten blankets and bring water like a servant. He does not mind the smell or the darkness.

We walk him to the beach. The sand is hidden by ice blocks. After he's gone, the sound of bells comes back to us like a whisper.

Indirectly, it was famine in Ireland that led to the conflict over who controlled Sheldrake Island—the Board of Health or the Magistrates of Northumberland. Sheldrake Island was the property of the County of Northumberland. It was they who managed it. It was they who leased it to the Board of Health.

In the summer of 1847, a year before the dispute erupted, a large influx of Irish immigrants arrived in the province through the ports of St. Andrew's, Saint John, Fredericton, and the Miramichi. Weakened by famine in their own country, they sought escape from deprivation only to find that illness and death stalked them even into the ships.

One of these ships arrived in the Miramichi in early June. The *Looshtauk* from Dublin anchored off the port of Chatham and the Captain, by the name of Thane, took the ship's boat to Henderson's wharf. Captain Thane told the people on hand that the 600-ton ship had left Liverpool seven weeks before with four hundred and sixty-seven passengers, that one hundred and seventeen had died on the passage, and that there were now one hundred unable to help themselves. The Captain said his crew were so exhausted they could no longer work. They needed medical attendance, fresh provisions, and medical supplies. The inhabitants donated what was needed. A steamer was sent to meet the ship and tow it to the quarantine grounds of Middle Island.

Since the accommodation on Sheldrake Island, previously reserved for a quarantine hospital, had been given up to the Board of Health for a lazaretto, no hospital had been provided for immigrants suffering from contagious illness. As a result, sheds had to be constructed while the sick passengers remained on board their ship another three days. In that time, forty more deaths occurred. Ninety-six more *Looshtauk* passengers died after landing. Over sixteen thousand Irish immigrants arrived on New Brunswick shores that year and close to two thousand of them died. For many of these, a wooden barrack on Middle Island was all they saw of the new world.

The Gleaner blamed the magistrates for the lack of preparation. They asked, "How is it that this port has not, like all other shipping ports of similar standing, a proper and permanent quarantine and lazaretto?"¹

The buildings put up on Middle Island to meet the emergency were the property of the Magistrates. Middle Island, however, belonged to the estate of Joseph Cunard, who had gone bankrupt late in 1847. The Magistrates at first thought of purchasing Middle Island and made inquiries in that regard. The trustees of the Cunard Estate were willing to sell. They wanted 350 pounds, plus the rights to boomage on the south side of the island for twenty-one years, and beach privileges to the high water mark. The Magistrates decided the conditions of sale were too

high. Besides, they believed Middle Island, only a quarter of a mile from Chatham, was too close to a densely-settled population; and besides, the water supply was bad.

In the meantime, *The Gleaner* continued to pressure them to establish a permanent quarantine hospital. On February 29, 1848, we read, “. . . there is no doubt, a large number of emigrants will be thrown on our shores, in early spring . . . Preparation ought therefore to be made for every emergency that may arise.”²

The buildings on Middle Island had been erected by the Magistrates “at considerable expense”. If they remained on the island, they would become a part of the Cunard estate by the end of March 1848. The Justices decided to move the buildings to Sheldrake Island.

The Board of Health had not paid the nominal fee for the lease of Sheldrake for the last two years. Since the Bayard and Wilson Report had established the non-contagious nature of leprosy, the Justices reasoned that the lazaretto could now be closed, or moved to Tracadie. The Magistrates forwarded a report to the House of Assembly. In this same letter, they say the lazaretto had been ineffective anyway since most of the lepers were still at large. A committee of the Executive Council was appointed to study the request and on March 31, 1848, this committee instructed the Magistrates to share the island with the Board of Health. The quarantine hospital was to be located at the opposite end of the island, away from the lazaretto.

While this solution satisfied the Magistrates, it didn't meet with the approval of the Board of Health. They argued that the contagious diseases the immigrants suffered from would endanger the lepers, who were already in a weakened condition. The Board of Health, at this time made up of Joseph Cunard, chairman, Alexander Key, Reverend John Sweeney, and James Davidson, decided that until they had word in writing from the Lieutenant-Governor himself, they had no authority to allow anyone to establish another hospital on Sheldrake.

By this time, April was approaching. The Magistrates had to either move the buildings or lose them. In spite of the objections of the Board of Health, the buildings were put on runners and hauled over the ice to Sheldrake by Alexander and David Goodfellow, who had the contract for the work.

The Gleaner of April 11 tells us that two of the Magistrates went out to Sheldrake to meet the team and tell them where to place the buildings. However, on the beach they were met by a party of men who were sent down by the Board of Health to prevent the buildings being placed there. “This guard was armed and to the breast of one Magistrate a pistol was presented; and on the other . . . two muskets . . .” The paper added that bayonets were fixed to the ends of the muskets. Blows were struck and as a natural consequence high words ensued on both sides. Finding they could not accomplish their purpose without a lot of bloodshed, the Magistrates withdrew. “. . . the one who received the wound, to get his head dressed as the blood was flowing copiously . . .” For the time being, the buildings remained on the ice opposite the island.

The Magistrates must have hoped a sudden mild spell wouldn't happen or their quarantine hospital would sail over the horizon with the ice flows.

The Gleaner questions the wisdom of the Executive Committee and the role it played in the dispute. They wrote, "Would it not have been better . . . if the Committee of Sessions manifested a desire to place the buildings on the Island—to have forbid them so to do—and if they persisted, to prosecute them for a breach of the Quarantine Laws? This is not only our opinion, but that of almost every individual with whom we have conversed on the subject."³ Several parties were arrested as a result of the incident and both agencies faced legal fees and court costs.

Following word of the violence that had occurred between the Board of Health and the Justices, the Lieutenant-Governor cancelled the instructions the Executive Council Committee had given them. The buildings were placed on Sheldrake but no further steps were taken to establish a quarantine hospital by force. The Executive Council appointed Dr. Henry Hartt of Fredericton to look into the matter.

In a tone of exasperation, *The Gleaner* writes that they did not doubt the commissioner's integrity nor desire to give the government and the country "the benefit of an unbiased judgment . . . We shall consider him fortunate indeed, if, by any investigation and decision which he can arrive at, this . . . question shall be finally set at rest . . ."⁴

There was a lot of pressure on Doctor Hartt to recommend the removal of the lazaretto. The business community in Chatham worried that the economy of the region suffered and trade was threatened because lepers were housed nearby. Father Lafrance still wanted the lazaretto relocated to Tracadie.

But Doctor Hartt was against bringing the lepers into settled communities, including Tracadie. "The whole management would fall into the hands of Rev. M. Lafrance, . . . his . . . opinions, with respect to the nature of the Leprosy, and the law of marriage, disqualify him, in my judgement, for acting as an Agent of the Government . . ." he wrote. "Yet, for the two hospitals to share the island would be an act of Medical insanity . . .," Dr. Hartt told the provincial authorities. He said the lepers themselves were frightened at the prospect. "This is now all their world; and yet most of them can walk abroad and enjoy the benefits of air and exercise. Is there a man . . . who would circumscribe within yet narrower limits the boundaries of their Island-home?"⁵

The proposed site for the quarantine hospital was on a marsh, a breeding ground for malaria-bearing insects. The distance of the island from the mainland would make it impossible to give the constant care required by people with diseases such as cholera and typhus. Finally, the tide of immigration would certainly slow when word got out that the quarantine hospital was located near a lazaretto for lepers. Whatever the opinions of the doctors, most people believed that leprosy was contagious.

Doctor Hartt advised the government that a new location should be found for the quarantine hospital, and that the lazaretto on Sheldrake

should be enlarged and made more comfortable. He said the island should be cultivated and efforts made to hire relatives of the residents to act as attendants. That way all would have an interest in the success of the institution.

The Hartt Report was tabled in June 1848, but the government did not act on its recommendations. Instead, it directed the Magistrates to allow the Board of Health to lease Sheldrake for another year.

The Magistrates were not pleased. They had a hospital but no where to put it. That July the ship *William Vail* arrived in the Miramichi with two cases of typhus fever on board.

The Board of Health continued to resist any efforts to land the sick sailors on the island. The people of Chatham refused to allow them in the quarantine hospital in town. Once again the Magistrates were obliged to rent Middle Island and put up a temporary shelter. The rest of the crew and the ship's doctor, twenty-four people in all, remained on board for the quarantine period.

On July 11, 1848, the Magistrates of Northumberland ordered the Board of Health to remove the lazaretto or vacate the premises by April 27, 1849, when their lease expired.

The Sheldrake Island Hospital was, in effect, in limbo. Since the Bayard and Wilson report, no new cases had been brought in because the building was too small. The Board of Health wanted to undertake repairs and improvements, but without assurance that the hospital could remain they were powerless to act.

That September, John and Edward Tingley were brought to Sheldrake. They had to be put in the guardhouse because there was no other room. On Saturday, September 19, 1848, Fidèle Savoie, husband of Marie, brought their two children Mélanie, ten, and Pierre, twelve, to Sheldrake. Both youngsters had leprosy. Of the Savoie children, only the baby, born on the island, was so far free of disease. Twelve patients in all were admitted that fall and winter, due, in part, to the poverty they found themselves in, severe weather conditions, and poor crops.

In November 1848, James Davidson, Secretary of the Board of Health, reported to the provincial authorities that the lazaretto was full and ordered temporary additional buildings. In January 1849, Davidson asked the Executive Council to give the Board "a more certain and fixed tenure", a necessary step if "possession of the Island is to be retained . . . , and litigation is to be avoided . . ."⁶

In the meantime, Reverend Lafrance had mounted a strong lobby to have the lazaretto brought to Tracadie. In February, he sent the House of Assembly a petition signed by himself, his brother, and one hundred and thirteen men of the village. They asked that the hospital be established in that community where the victims of leprosy would be sheltered "within sight of their Chapel and within hearing of its Bell." As for Sheldrake Island, "there exists among the French a great feeling of dislike to this Establishment, so much so that very few of the diseased will go there unless compelled by force . . ."

The petitioners wrote that, in spite of the fear people had of catching the disease, they would go to great lengths to hide and protect their family and friends. “. . . even after it becomes too notorious to be denied, they will still screen them and use every means to support them among themselves.”⁷ On the other hand, if the lazaretto were in Tracadie, those with leprosy would admit themselves at the first signs. Their families and friends could then continue, to a limited degree, to minister to their needs.

Rather than make a decision, the House of Assembly nominated a select committee to study the petition. Doctors William Wilson, Robert Thomson, Hon. James Ambrose Street, and William End, all M.L.A.s, concluded, “The lazaretto on Sheldrake Island has thus far, in a great measure, proved a failure.” They recommended that it be abandoned and another built in Tracadie large enough to accommodate all the lepers. One of their considerations was economic. They reasoned that it would be less expensive to build a lazaretto in Tracadie “with the assistance of the materials that could be taken from the Sheldrake Island Establishment . . .”⁸

By compiling the figures of the various reports, we see that in the five years the lazaretto had been on Sheldrake, approximately thirty-seven patients had been admitted: fifteen of them had died, and five had escaped permanently. Seventeen were transferred to Tracadie.

They call Becs-Scies a leper colony. It makes me think of ants, of worms, of things that live in the ground.

I walked to the place where we put our dead to sleep. Already the trees reached to have their land back. Aspen shoots grow between the crosses that mark their places. I sit down. These are my friends: Tranquille, François, Charlotte, Thomas, Edouard, Françoise, Marie-Claire, and the others.

Some died before a priest could come and no bell tolled for any of them.

Julienne says Tracadie will be no different. She says we are lepers and we are hated and that we are better here where no one stares at us.

I want to see Tracadie again; I want to see my people; I want to see my church. But I am scared. The boats are ready and the others are calling me. I leave the dead.

I watch Becs-Scies until I no longer can see the building; the line of water closes behind us as the boat passes over it.

DR. LABILLOIS: HEALER OR QUACK?

. . . to whatever cause it may be attributed, the pleasing fact is established . . . 'The lepers are cleansed.' For such good fortune, Dr. LaBillois will doubtless receive the congratulations of the public . . . but, for any substantial compensation, he must look . . . to a future, to a higher tribunal . . .

Miriam, Douglastown
 "The Tracadie Lepers,"
The Gleaner (Chatham, N.B.)
 January 18, 1850

Many of the patients appear to be cured, and others, to all appearance, may seem to be improving . . . time alone will tell, whether the disease, internally, is eradicated . . . the public may have cause to regret the injudicious haste of the Board of Health, in allowing them to quit the establishment.

W., Chatham
 "The Lepers,"
The Gleaner (Chatham, N.B.)
 March 11, 1850

Dr. LaBellois [sic] . . . states . . . that the disease is not leprosy, but inveterate syphilis, aggravated by being almost entirely abandoned to nature, under the absurd idea, that it was Greek Elephantiasis, and therefore incurable. Dr. LaBellois [sic] expresses his surprise, that the real nature of the disease should have escaped the keen observation of gentlemen eminent in the medical profession.

"Legislative Proceedings,"
The New Brunswick Courier (Saint
 John, N.B.)
 March 16, 1850

I am surprised at the language and character of Mr. LaBellois' [sic] Report, which is utterly destitute of clinical details, so indispensably requisite in establishing the true nature of the disease under consideration.

Robert Bayard, M.D.
 quoted in "The Tracadie Disease,"
The Gleaner (Chatham, N.B.)
 April 22, 1850

Doctor LaBillois was the only doctor who came to the hospital and took care of us every day. Of all the doctors who came to Becs-Scies, none of them stayed with us, not even Doctor Key.

Now in Tracadie, we had one who would stay; who could speak our language; who understood what we told him; who said we would get better.

Ahh . . . we couldn't believe our ears when we heard . . . and Père Lafrance? He couldn't stop smiling. He brought Dr. LaBillois among us and he was proud of that.

It is true Dr. LaBillois said we had syphilis but he told us the illness did not happen because we were bad. He said it was a sickness we could get just being near someone else who had it. We were good people; faithful to our religion and to each other. In Tracadie then, it was less a crime to have syphilis than to have 'la maladie'.

Whatever he thought we had, we were not going to say no to Dr. LaBillois' treatment. He found a cure for some of us at least. Dr. LaBillois gave me back my family.

But five years was a long time in the lives of children. Little Marie ran from my arms; Luc, eleven, stood like a man beside his father. He did not need his mother any more. Even young Jean-Baptiste had lost the cradle fat he had had on Sheldrake. Had he not been with the others, I would not have known him.

For many years, 'la maladie' did not return. I was cured. Others Dr. LaBillois returned to the world were not so lucky. 'La maladie' came back after a few months. Some never got out of the hospital at all. But everyone had improvement in their illness while he was there and if he had stayed . . .

It didn't matter how hard Père Lafrance fought for us and for Doctor LaBillois. The Board of Health and the government, excuse me if I spit on those words, the English doctors were jealous and they wanted him gone. They forced him to leave. A man cannot work long with no money for it; not when he has a wife and ten children. We who had 'la maladie' knew that.

Because of the increased numbers of patients, the building in Tracadie was made larger than the accommodation on Sheldrake. There were two floors. The upper floor was reserved for sleeping quarters. On the lower floor were a sitting room and dining area. Privies were outside, a short distance from the building.

A residence was built for the keeper. As on Sheldrake, the meals for the lepers were prepared by the keeper or his wife and brought over to them after they were cooked. The land was purchased from James Young and the buildings were constructed by Young and his son Robert.

The new lazaretto was located about a quarter of a mile from the church. It faced the Little Tracadie River, actually a wide body of water. To the right, separating the church and the lazaretto, was a brook. Until a small footbridge was built, the priest used a raft or row boat to cross over.

Mr. Davidson told the provincial authorities that all construction had to be completed before the lepers moved in because it would be

impossible to hire workmen afterward. The land plus the cost of construction came to about 290 pounds. A reorganized Board of Health oversaw the construction and the move. Appointed in April of 1849 were Roderick McLeod, Chairman; James Davidson, Secretary; Robert Robertson, and Reverend Lafrance. Doctor Key's health was not good enough to allow him to continue to serve.

In spite of the objections of the Justices of Northumberland, the lazaretto on Sheldrake Island remained open until the new building was complete. We are sure that Marguerite, Julienne Ferguson, Mélanie and Pierre Savoie, Edward Tingley, John Tingley, Pierre and Marie-Rose Robichaud were among the fourteen survivors of Sheldrake who were transferred to Tracadie on July 25, 1849. Another twenty-two victims from the affected region went into the hospital over the next six months.

The fact that the new institution was closer to their homes induced those with the disease, who were still living with their families, to enter. Another factor was the influence of Father Lafrance. He promised the sick and their families that he would use every means to have the services of a French-born Doctor, Charles LaBillois. Doctor LaBillois had cured patients affected with a disease similar to leprosy some years before in Caraquet.

In the previous winter, two relatives of the Tracadie victims journeyed to Miguasha, where Dr. LaBillois resided, to ask him to come to Tracadie and examine the leper victims. Dr. LaBillois told the men that he was not able to cure leprosy. The disease he had treated successfully in Caraquet in 1818 was inveterate syphilis misdiagnosed as leprosy.

In August, Bonaventure Savoy of Tracadie went to Miguasha with a letter for Dr. LaBillois from Father Lafrance. The letter asked Dr. LaBillois to "proceed at once" and treat the leprosy victims as the Board of Health had not "the power to employ a Medical man, neither had they funds for that purpose." Instead, Dr. LaBillois wrote down the symptoms of the disease he had treated in Caraquet. He asked the priest to examine the patients in Tracadie and if they had similar signs of the illness, he would come.

"I proceeded to examine very minutely all the cases. The nature of their sores, and the answers they gave to my questions convinced me that it was more syphilitic than anything else," Father Lafrance wrote.¹

Based on the priest's conclusions, Doctor LaBillois came to Tracadie on September 12, 1849, to examine the cases in the lazaretto. He wrote, "I never saw a spectacle more calculated to harrow the feelings of humanity. The stench was so intolerable from putrefaction, that it required the greatest determination even to undertake the treatment of the unfortunates so situate."² Dr. LaBillois said the disease, which he diagnosed as syphilis, was so far advanced that many suffered from consecutive fever. One patient, Marie-Rose Robichaud, died from tuberculosis shortly after his arrival.

Before Dr. LaBillois was given the official charge of the hospital, Reverend Lafrance brought the matter before the Board of Health. The board passed a resolution authorizing the doctor to take charge of the

patients and undertake their treatment, on the understanding that friends of the lepers would pay for his services. No arrangement had been made for Dr. LaBillois' salary. Father Lafrance told the doctor that he would do all in his power to have him paid by the government.

Charles-Marie LaBillois, who took charge of the hospital on September 16, 1849, was born in Morbihan, France. He had been a surgeon in the French navy before he settled in Miguasha. When he came to Tracadie, he was fifty-six years old and had been a practicing physician for thirty years.

Dr. LaBillois believed the illness could be transmitted through inoculation but to a greater extent than Bayard and Wilson believed. He denied that it had any hereditary characteristic. The disease had been aggravated by the conditions under which the patients lived. "I cannot allow this opportunity to pass, without drawing the attention of the Government to the wretched accommodations afforded in the so-called Hospital," he wrote.³

He noted that there were only two rooms, one for men and one for women. Without a convalescent ward those who were better ran the risk of being reinfected. The patients should have access to waterclosets without the necessity of going outdoors. The building lacked proper ventilation. The patients were not being fed an adequate diet.

For the first time, the leprosy victims had someone who undertook to give them regular treatment. The doctor arrived at the hospital each morning at nine and stayed til noon; he returned at two and remained each day until sunset. He introduced a regular program of hygiene, insisted on frequent changes of dressings, oversaw the diet and used "mercurial frictions."

The brief period Dr. LaBillois resided in Tracadie resulted in rapid improvement in the health of the patients. The progress of leprosy was slowed by the good hygiene and diet. Remedial treatment of common functional disorders, palliative treatment of the painful manifestations of leprosy, and attentive nursing were highly beneficial.

So great was the change in some of the patients, that Dr. LaBillois pronounced them either cured or nearly so after six weeks of treatment. Father Lafrance, afraid that these people would be reinfected if they remained in the lazaretto, authorized the release of Fabien Garbreau (Gautreau), Mrs. Sonnier (Marguerite Saulnier), and Mrs. Ferguson (Julienne). Mrs. Elexis Sonier (Charlotte Saulnier) was released in November. Fidelle Bredeau (Fidèle Brideau), Charles Comeau, Augustin Benoit (Benoit), Louis Gonier (Saulnier), Edward Vuneau (Edouard Vienneau), Mrs. Charles Comeau, Melina Sansie (Mélanie Savoie), Ellen Legee (Hélène Legere), Marie Robecheau (Robichaud), and Ann Gouthreau (Anne Gautreau) were said to be nearly cured and awaiting discharge.

James Davidson wrote that he had visited the hospital at this time and found that "In most cases the tubercles have wholly disappeared, the swelling completely removed, as well as the yellow spots on the skin; the whole of the sores or ulcers on their face, hands, feet, and other parts of the body, are completely cured, and the skin is whole and

returned to its natural colour."⁴ The other members of the Board of Health admitted there had been a decided improvement in the health of the patients. Still, they censured Father Lafrance for releasing patients without notifying the government of his intention to do so, or seeking the opinion of other medical men on the subject. The Board decided to seek permission from the government to hire two medical gentlemen to go to Tracadie and examine the patients who had been discharged and those cured who remained in the hospital.

Father Lafrance voted against the resolution; in a separate letter to the Lieutenant-Governor, he said the resolution was passed because of the influence of Dr. Key who had declared the disease to be incurable and his friend, the Board Chairman Roderick McLeod, who thought Dr. Key to be infallible. The priest accused the board of bowing to pressure from James Young who "has made all the noise possible which ended in the resolution in question calculated only to put the province to useless expense."⁵ Father Lafrance told the government that his services on the present board were of no use. He asked the government to appoint a board made up of people who lived in the region. "No other arrangement will satisfy me and the public who are beginning loudly to murmur at the sight of poor people cured and not allowed to be discharged . . ."⁶

A visitor to the hospital at this time was James F. W. Johnson, a guest in Tracadie at the home of James Young, whom Johnson described as "an old settler and apparently an energetic and prosperous one." The Young residence was located at Young's Point on the opposite side of the Little Tracadie River from the lazaretto. Johnson writes, "We ferried across the lagoon to the sight of the village, the church, the school, and the 'presbytère' and we paid a visit to a singular hospital for lepers . . . We found them to be thirty-five in number . . . children and grown up persons . . ." Johnson says a little hope had been brought to the hospital through the means of a French-Canadian doctor, who had brought about a remarkable change in the patients' physical condition. Doctor LaBillois' treatment consisted of "the use of mercury and prolonged, slowly induced, mild salivation." Now even the worst affected had the possibility of a cure and began to dream of a return home. "The fiddle, hanging from the wall on their sitting-room, showed that music and dancing, in which the Acadians delight, brought now an occasional interval to their cares . . ." Johnson added that he hoped the "Canadian Quack, as some had called him," might prove correct and his success in treating the disease may be fully realized.⁷

The medical profession of New Brunswick were less than enthusiastic about Dr. LaBillois' reported cures. If there was one thing the other physicians who had seen the patients had agreed on, it was the fact that the disease was leprosy. Dr. LaBillois, in effect, called them incompetent. "It is only surprising to me, that the real nature of the disease should have escaped the keen observation of Gentlemen so eminent in their profession . . ." he wrote.⁸

The New Brunswick Courier of March 16, 1850, printed that opinion, together with a summary of Dr. LaBillois' report and an account of the

discussion it provoked in the House of Assembly. The House resolved to continue the establishment two more years, by which time it was hoped the disease would be eradicated. Since a means had been found to cure the disease, all affected persons were now anxious to enter the hospital.

Dr. Robert Bayard was not impressed with Dr. LaBillois' diagnosis. He said that the symptoms of leprosy and syphilis were similar but a careful physician would be governed by the history of each case, otherwise, "a rash conclusion may subject him to difficulty, and destroy forever the peace and happiness of families . . . Mr. LaBillois . . . declares that the syphilis was syphilis, because it was cured by syphilitic remedies. This is a most unprofessional and dangerous conclusion . . ." Bayard said the LaBillois Report contained no mention of the Savoies or the Robichauds, some of whom presented "unequivocal characters of Greek Elephantiasis."⁹

While the doctors debated the merits of his claims and cures, Dr. LaBillois left shortly before Christmas 1849. He told the provincial authorities that he stopped his treatments on the approach of winter because the hospital was unfit, and because he lacked necessary articles. Even a warm bath for the patients was not possible under the conditions that existed. In the time he had been there, Dr. LaBillois said, "I found my health very much affected."¹⁰ Before he left Tracadie, the doctor gave Father Lafrance medicines and instructions on how to carry on the treatment. He told the Executive Council that he would return in the spring should the government require his services.

Dr. LaBillois still had not been paid for his three-and-one-half months of work. On January 28, Davidson told the Lieutenant-Governor that if he sent a medical committee to examine the lepers and confirm the cures, LaBillois would be remunerated.

No physician came to Tracadie at that point to examine the patients in or out of the lazaretto. However, the Executive Council seemed satisfied with Dr. LaBillois' work. That spring, Davidson wrote to him, "The Lieutenant-Governor wishes you to resume your function at the lazaretto as soon as possible . . . if you succeed in curing some of the patients, the Board will . . . notify the provincial government and you will be liberally recompensed." If he was not successful, Dr. LaBillois was told, he would be paid for his time. Davidson told the doctor, "The Board of Health will do all you ask."¹¹ Contracts for the construction of two annexes to the lazaretto, one to serve as a laundry, and the other for a convalescent ward, had already been given.

With not even an offer to compensate him for travelling expenses, and no insurance that he would be paid, Dr. LaBillois returned to Tracadie on June 29, 1850. Concern for his patients was more powerful than the advice of his friends, who told him he shouldn't risk his health and impose such sacrifices on himself.

The doctor found that the health of his patients had deteriorated in his absence. "The reason being they had all dwelt together in the same ward, many even having taken the disease anew," he wrote.¹² Besides

the ones who remained in the hospital, Fabien Gautreau, Charlotte Saulnier, Fidèle Brideau, and Charles Comeau had had to return. Julienne Ferguson also came back, accompanied by her daughter Christina, who exhibited symptoms of the illness. On the November following her readmission to the hospital, she gave birth to another child, a boy named Bernard. Julienne died in the lazaretto on January 13, 1854. Fabien Gautreau died August 13, 1850; Charles Comeau died in the hospital March 13, 1850; and Fidèle Brideau died of the disease July 15, 1850. All were patients Dr. LaBillois had pronounced cured or nearly so in 1849.

As Dr. Bayard pointed out, Dr. LaBillois gave few details about his methods. He was convinced that they worked, however, and that his patients needed him: "I cannot leave them to doctors who do not know my treatment, and who might, consequently, do more harm than good."¹³ In this same letter dated August 5, Dr. LaBillois, still unpaid, told the Board of Health that he would have to ask his friends to pay for his board and travelling expenses. He requested a small salary of 20 shillings a day, payable every three months. The Board of Health called Dr. LaBillois before them in person to repeat that they had no power to offer him a salary. They promised to at least supply him with the necessary remedies to cure the patients.

Still unpaid, Dr. LaBillois remained at the hospital throughout the rest of that year. In December 1850 he reported that, "All the sores of the old as well as those of the new cases are nearly all healed up."¹⁴ Patients in the convalescent ward were Mrs. Ferguson, Christina, Mrs. Légère, Marie Robichaud, and Mélanie Savoie. "They all presently enjoy perfect health, and are perfectly free from all the pains felt before treatment."¹⁵ Marguerite and Mrs. Charles Comeau remained at home free from disease for over a year.

On January 15, James Davidson reported to the Lieutenant-Governor that Dr. LaBillois was still in Tracadie attending the hospital. Nine new cases had been admitted in the past year. Thirty-seven patients were now in the hospital including fifteen children. Davidson wrote that, other than those who were in the convalescent ward, "in most of the other cases there is no visible improvement." He told the government the board "have not made any agreement with Dr. LaBillois, nor have they paid him anything for his services, but leave it wholly to the Government to give him such remuneration as they, under all circumstances may see fit."¹⁶

At this point, the government decided to send a medical team to Tracadie to look into reported cures. Dr. LaBillois requested that they send Dr. Robb, who had seen the patients the year before, and Dr. Carter of Dalhousie. Both doctors were "famed for their knowledge of venereal distempers."¹⁷ Instead, Dr. Key and Dr. Robert Gordon were given the appointments. Dr. LaBillois believed these doctors would be biased against the treatments and results since they were among the seven doctors who had diagnosed the disease as leprosy. He wrote, "If some of these gentlemen have abstained from declaring it incurable in word, they have done it indirectly, by classifying it Elephantiasis Graecorum, a truly incurable disease."¹⁸

Dr. Key was not able to come to Tracadie because of his health. He died on May 27, 1851. Dr. Gordon came to Tracadie on May 14, 1851, and examined the patients in and outside of the lazaretto.

Ellen Legee (Hélène Légère) and Marie Robecheau (Robichaud), Dr. Gordon said, had never had leprosy. Ann Gouthreau (Anne Gautreau), a patient in the female ward, admitted in 1850 by Dr. LaBillois, was also free of the disease. Anastasia Commeau (Comeau), who had been discharged, had never had leprosy. Of all the patients said cured by LaBillois, according to Dr. Gordon, only Marguerite Saulnier had had the disease. In her case, Gordon said, "the disease is making slow progress," but ". . . it is still going on to a fatal termination."¹⁹

Dr. LaBillois left Tracadie after nearly a year of full-time service. He spent about sixteen months altogether, for which, given indications based on all the accounts available, he was never paid.

Coincidentally, Dr. Gordon, who was still an M.L.A., was appointed Medical Officer to the lazaretto. He lived in Bathurst at that time, a sixty-mile trip from Tracadie. He came to the lazaretto about three or four times a year. Since he was not expected to treat the patients, his role was consultant and diagnostician.

Of the other patients said improving or cured by Dr. LaBillois, Augustin Benoit died in hospital May 7, 1856; Louis Saulnier died August 4, 1855; Edouard Vienneau died August 13, 1855; Mrs. Elexis Sonier (Charlotte Saulnier) died at home of the disease; and Mélina Savoy (Mélanie Savoie) died May 4, 1860.

Regardless of the dubious benefits of Dr. LaBillois' treatment, he was loved by the patients and he earned the respect and gratitude of the people of Tracadie. Perhaps the confidence he engendered among the sick accounted for the improvements, or perhaps the remissions had no known cause. Many years later, Soeur St.-Jean-de-Goto wrote that she had tried several remedies on the patients many of which resulted at first in remarkable improvements. But her hopes and those of their families and friends were dashed when the illness always returned a few weeks later worse than ever.

At this point in the history of the lazaretto, no other physician had given so much of himself to the service of his patients as had Dr. LaBillois; no other physician had been as accepted by them, and no other doctor before or since was so badly used by the government. The lazaretto accounts show that Dr. Key was paid sixty-eight pounds, seventeen pence, for the year 1845. In 1846, he was paid about seventy pounds. Dr. Gordon was paid about sixty pounds a year for the nine years he was associated with the hospital. The medical commissioners received as much as seventy-five pounds each.

We can only speculate that the government refused to pay LaBillois because he steadfastly refused to diagnose the disease as leprosy; or because he criticized the medical establishment in the province; or because he was a French-Catholic physician at a time when the English-language, mainly Protestant power structure felt little empathy or trust for the French-Catholic Acadians in the northern part of the province.

For many years after his departure, the patients and their friends in Tracadie continued to ask the government for Dr. LaBillois' return. In 1902, Father Danel wrote, "I have often spoken of him to some people in Tracadie . . . all were still under the impression that Dr. LaBillois had done the lepers the most good and that only the jealousy of the English doctors forced him to flee."²⁰

As if the lazaretto weren't isolated enough, that summer a twelve-foot-high fence was built around the property, "so as to prevent . . . all intercourse with the other part of the community."²¹ The Board met with strong opposition from the lepers when putting up the fence and had to employ guards to protect the workers. "Still they persevered until it was completed and the lepers are now completely under control."²²

The loss of Dr. LaBillois was a major blow for the lepers. The fence that cut them off completely from the community, the view of the sea, and the nearby church was the second. Finally, Father Lafrance was transferred to Memramcook in January 1852. His departure seemed to usher in a period of violence and discord unseen at any time before.

NEW BRUNSWICK:
THE LAND OF THE FREE

You have in New Brunswick the Marine Hospital, the Lunatic Asylum, the Penitentiary, and the Lazaretto of Tracadie as your main State institutions. The local Government . . . have with your money out of the Treasury, procured the grounds, and erected thereon the stately buildings which now are the homes of the disabled seaman, the culprit, the lunatic, the raptor, the muderer . . . and last of all the most unfortunate Leper.

Yet it appears that in the social scale in this Province the Leper is below the most nefarious outlaw if you only cast an unprejudiced eye on their contrasted respective conditions.

Father Ferdinand Edmond Gauveau
The Morning Freeman (Saint John,
N.B.)
May 28, 1861.

I was out of the hospital nearly three years the summer of 1852. I wanted to visit my brother Israel who was still there and who was very sick. First I had to get a letter from Father Gauveau to say that it was all right for me to go.

The lazaretto was not the way it was when Dr. LaBillois was there. No one wanted to leave until they were better. But he was sent away, Father Lafrance too . . . it was not like a hospital any more. Just a place of death.

Those with 'la maladie' began to run away again. The Board of Health said the escapes came after visitors had been to the hospital. They said supplies were taken. They said those with 'la maladie' gave more trouble after their visitors went home.

Those on the Board of Health, whose names I spit on again, they said that all persons in Tracadie who had friends or family in the lazaretto could only see them two times a year; then you needed to get a letter from the priest. If the person in the lazaretto was very sick, as Israel was, you could go more often but you still needed a letter from the priest.

The gate of the lazaretto was closed with an iron bar across it. Philius Losier, the keeper, took my letter and after he read it, he told the guard to let me in.

There is only a small yard around the building. The ground is bare of grass. It was early August and a lot of the sick ones were in the yard. No one could see them from outside the fence. From in here, with those with 'la maladie', you can see nothing through the fence; not a cow in a field, not a sailboat in the bay, not a wagon passing on the road.

One man sits against the building. He holds a piece of wood between his wrists. His fingers have gone and his palms are swollen and red. He holds a knife with his teeth and he carves the wood. A pile of chips is on the ground in front of him. His eyes stare and run with matter. Most of us with 'la maladie' have eyes like that.

Two boys with dirty faces chase each other. They bump into a woman who washes clothes over a fire. She says something to them but they don't stop.

'Une petite fille' holds a stick doll in her arms like it was a baby at the breast. 'La maladie' has marked her. Her skin is red-spotted and swollen; there is a large sore from under her nose to her upper lip. Her hair though is still pretty, brown like wet sand and curled. When I ask her name, she says nothing. She rocks her stick doll and she does not look at me.

I hear a shout and I turn to see some men throw rocks at the feet of the guard. The guard is mad but when he goes toward them, they smile. They want to fight the guard; to give the guard 'la maladie' with their fists. The guard says he will put them in the prison. The men curse at that.

I turn away, draw a great breath of fresh air into my belly and go inside where my brother is. His bed is soiled. Some of the matter from sores is crusted on the wood frame. There are thirty-eight people in the hospital and the room is crowded. There are more windows here than in the hospital at Becs-Scies but the air is thick, still with the smell of 'la maladie'.

I have brought a fresh straw mattress to put under him and I wash his bed when I do this. I bathe his sores and bandage him the way Dr. LaBillois showed us. After he is in a clean shirt, I lead him back to bed for he is blind. His voice is hoarse. He whispers that he wants me to come back tomorrow. I cannot promise this. I have the children at home and Dr. LaBillois has said there is a danger we who were cured could get 'la maladie' again.

I am not away from it anyway. Domithilde, 'la femme de François', has 'la maladie' on her. We in Tracadie know when the skin has a white cast that 'la maladie' has begun. Domithilde's skin was like that at first. She showed me on her legs patches of a light yellow color on each, just above the knees. 'La maladie' went quickly through her. Now she's here in the hospital badly marked and great with child.

Why is it, I ask 'la maladie' struck 'les deux femmes de François' and his first born son but not him? So far, Domithilde's children are well.

Julienne is also in the woman's room. I am ashamed that I am well and she has had to come back. "I told you it would be worse here than on Becs-Scies," she said. "There is nowhere to hide. Since they have chased Dr. LaBillois away, I have no hope. 'La maladie', for me it is worse than it ever was."

It was true for every one I saw that day in the lazaretto. All was sadness and anger that I had not seen since the first years at Becs-Scies. It was worse too, because here there were more people. "On Sheldrake 'on était comme une famille,'" Julienne said. "Here, there are people I am scared to go near. They have even built a prison."

I thought of the men outside cursing and taunting the guard and I was very glad that I did not have 'la maladie' that year.

While Father Lafrance was very young when he came to Tracadie, his forceful personality overcame his youthful appearance. Over the years, he proved that he could speak for the sick and their families even if it meant going against the Board of Health, or appearing before the Executive Council.

On the other hand, Reverend Ferdinand-Edmond Gauvreau, who replaced Reverend Lafrance in Tracadie, was not as strong. Named pastor in Memramcook, New Brunswick, in 1828, he had to return to his native Quebec suffering from physical and psychological exhaustion only three years after. When he recovered, he served as pastor in several small parishes in Quebec before returning to Memramcook in 1836.

The Catholic parishes of New Brunswick at the time covered wide geographic regions. Most of the French priests came from Quebec where the standard of living and the quality of life were much better. The Acadians of the Maritimes were barely getting on their feet again after the dispersion. Scattered among them were Irish Catholics driven from their homeland by poverty and disease. It took a strong person to tackle the work and suffering the clergy were confronted with daily.

Reverend Gauvreau had been in Memramcook sixteen years before he was appointed to Tracadie. He made friends with the Protestant community as well as with the Catholics in Memramcook. His friends said he was a scientific and practical farmer, instrumental in improving agriculture there. He must have felt quite lost in his new parish where agriculture was secondary to the forestry and fishery industries.

Reverend Gauvreau arrived in Tracadie in January 1852—a season when the usually pretty village is not at its best. The wind off the frozen gulf penetrates through the wool layers of clothing to the skin; snow and ice cover the land; gray skies and small gray houses tint the scenery like a monochrome print. In March a lonely Reverend Gauvreau wrote, "Since I have left the beautiful and rich county of Westmorland, not a day has passed without thinking of the absence of so many respectable friends whom I have left behind me."¹

In the lazaretto, the patients were angered by the removal of Dr. LaBillois. Even Reverend Lafrance had not been able to prevent them from running away or stoning the workmen who came to build the fence. That January, Father Gauvreau, short, plump, and rather shy, met his new parishioners. Among them, he saw for the first time a grotesque disease where the outward disfiguration of the sick was but a physical manifestation of the despair that had descended on them with the loss of the two people who had given them any hope.

Reverend Gauvreau served on the Board of Health and he acted as a liason between that body and the government with the lepers. He was not strong enough to control the anger that festered in the lazaretto. On the night of September 4, 1852, or the early morning of the 5th, it was burned to the ground.

Davidson wrote, "The majority of the lepers were sleeping . . . we found them almost naked rushing from their beds when the alarm was given. The flames spread rapidly . . . and nothing was saved. The more

helpless patients had great difficulty in escaping."²

The fire had been deliberately set: allegations were made that one of the Tingley brothers and two Vienneaus, the sons of Alexandre Vienneau, were responsible. Michel Doiron, another patient, was credited with saving the lives of the women who were sleeping on the second floor. "Tingley would have allowed them to burn. Michel knew what Tingley had perpetrated and insisted on awakening the women patients."³

For a month or more, all of the thirty-eight patients were housed in the small building used as a prison. By early November, an addition to this was made for the women. Davidson wrote, "Dr. Gordon is of the opinion that this will answer for the winter, although they will be very much crowded."⁴ The complete building with the addition measured only thirty-two by thirty feet, and was one story high.

Upset by the even harsher conditions their friends and relatives were now subjected to in the lazaretto, Bonaventure Savoy and eighty-one other residents of the district sent a petition to the government asking the House of Assembly to make things more comfortable for them.

They complained that their friends in the lazaretto were "confined in narrow limits, occasioned by some Evil doers and those that always behaved themselves as the rules of direction given them by the Board of Health, they are suffering as much as them that was always disobedient to the rules of their solitary confinement." The doctor who now attended them "does not give them any medicine that is any relief to them . . ." To add to the poor conditions of the hospital, they complained, the Board of Health had put the cooking contract up to public auction instead of trying to find someone specifically suited to the job. The person selected was the lowest bidder. The petitioners told the House of Assembly that "the people that has their friends confined there is desirous of liberty to speak to them and enquire how they are, say once a month, its the opinion of many, that Doctor Lebilawa's attendance at the hospital in Tracadie would be great service."⁵

Around this time, Alexandre Vienneau, on behalf of his sons in the lazaretto, asked the Lieutenant-Governor for the return of Dr. LaBillois as "he is the only Doctor who does them any good." Vienneau complained that his sons were insulted and treated like criminals by the guard. In a second petition Vienneau asked if "he might see his children in the hospital at Tracadie at least once a month."⁶

On behalf of the Board, James Davidson told the House that the only complaint the lepers had about the guard was that "he now prevents all intercourse with them and their friends." The only positive response from the Board to these petitions was the agreement that a full-time doctor was necessary. "If a medical man were stationed there, besides attending to the Hospital, he might visit the poorer classes and such as are predisposed to the disease . . ." Davidson wrote the Legislature. Dr. LaBillois had put people in the hospital who never had the illness, Davidson said, supposedly to pretend that he had cured them.

Therefore, he was unsuited to the appointment.⁷

Doctor Gordon had discharged only three patients who did not have the disease. Six years later in 1857, he released two more of Doctor LaBillois' patients. The fact that six years elapsed between the time of their admission and their discharge by Dr. Gordon shows that a mistake in diagnosis was not easy to recognize.

From September to July the sick were confined to these "narrow limits". Seven people died under these circumstances. Davidson wrote, "The number of deaths for the past year has been greater than at any former period . . . owing to the crowded state they were in after the fire."⁸

During this period, when Father Gauvreau was called to administer the last rites of the Catholic religion to a dying person, he had to step over a dead body lying in the ward in the midst of the others. On another occasion, "An old patient of that time, still living, relates how once the good father found a dying girl in such a state of filth that with his own hands he took a sponge and washed and dressed her sores before giving her the last consolations of the church."⁹

The new lazaretto was completed in July of 1853. Again, James and Robert Young were the contractors. The building was a single story, wooden structure with windows furnished with strong iron bars. The interior was divided into two large rooms, one for men and one for women. The beds were along the sides of the walls, while a large stove stood in the centre of each room; each room had a table and some stools and benches. Besides the lazaretto itself, the convalescent ward built for Dr. LaBillois was now a wash house. The house used by the cook and keeper was outside of the enclosure. A short distance from the keeper's house was a small jail. A woman hired by the Board of Health lived with the sick and did their cleaning.

The Board of Health had apparently decided to reinforce the fence. According to a description by Father Gauvreau it was "formed with upright cedar poles twenty feet high, and its summit, in all its contour, is garnished with iron spikes at short distance from each other. A strong folding-door, secured by an iron bar and heavy padlock is managed through these poles to communicate with the Lazaretto."¹⁰ Davidson wrote that the lazaretto had been made properly secure ". . . and the patients are locked up every night sundown and dark."¹¹ Father Gauvreau resigned from the Board of Health around this time. He cited his other responsibilities that required his attention; but his disagreement over Board of Health policies was a more likely cause.

After the fire, the Board of Health decided to keep quiet about any incidents that happened in the lazaretto, but rumours that all was not right in the institution continued to circulate. *The Gleaner*, on July 14, 1855, reported that one of the lepers who escaped the lazaretto had worked his way to Boston. He was presently a patient in the Boston Hospital where physicians of the Medical College of Cambridge were trying to cure him. Reverend Gauvreau wrote that the person in question had gone to Boston and hired on as a merchant seaman. He hoped the

fresh air and the medicine he had bought for himself would make him better but his condition became worse. He returned to the city and died at the Boston Hospital "far from his parents and friends."¹² More than one leprosy victim fled Tracadie before their symptoms were generally recognized. Some boarded the steamers in the Miramichi for Rivière-du-Loup, Quebec, or Montreal. Here they found work and remained until the symptoms of their illness could no longer be hidden.

Dr. Gordon was not well received by families where leprosy victims were suspected. Some refused to allow him entrance. In other homes, the victims remained hidden until he left.

In the meantime, those who stayed in Tracadie continually looked for and hoped for a cure. In the summer of 1860, three of the lazaretto patients were allowed to go by boat, under restrictions, to Prince Edward Island to visit a mineral spring near Hillsborough. They had heard the water would be of great benefit to them. They returned disappointed as they didn't notice the slightest improvement in their condition.

In November of 1861, Davidson reported that four people suffering from leprosy were under the care of an Indian doctor. "They and their friends earnestly implored the Board to allow them to remain under the then treatment . . . the Board now regret to say that the efforts of the Indian Doctor has proved unavailing, and the unfortunate lepers will ere long be taken and confined within the Hospital . . ."¹³

Economy and security rather than treatment, however, were the main objectives of the Board of Health. They were not entirely to blame for this. In the spring of 1853, when nearly all supplies had been lost in the fire, the Committee on Public Accounts found the 539 pounds the Board had paid for food, clothing and bedding was too high. They also found the expenditure for a medical attendant, about 70 pounds a year, unnecessary since his chief occupation was in diagnosing cases and he lived a considerable distance from the hospital.

The Public Accounts Committee reduced the Board of Health budget. "The sum asked for the current year is 800 pounds for the ordinary expenses and for the new clothing and 300 pounds to replace the Buildings destroyed by Fire in September last. The committee recommend that the sum of 800 pounds be granted for all the purposes of the Institution, and hope that this sum will answer for all its wants and leave it free of debt at the end of the year."¹⁴

In 1857, Laurence MacLaren and Richard Suttan were appointed by the House of Assembly to look into the state of the Tracadie lazaretto with a view of lessening the expenses if possible. They said the secretary's books were in good order and showed provisions were "laid in at a very cheap rate."¹⁵ Though not part of their mandate, these commissioners recommended that the government hire a French Canadian or other medical practitioner to reside in or near the lazaretto. They believed this could be done with little or no additional expense.

For the well-being of his sick parishioners, as well as for the success of the institution, Reverend Gauvreau thought it essential that a resident physician be found, one who would have the trust of the patients. In

August 1860, he sent a petition to the Honorable John Henry Manners Sutton, the Lieutenant-Governor of the province. He asked that Dr. LaBillois be returned to the lazaretto. There were 204 names on the petition. Included were John Moody, Pastor of Shippagan; James Daley, Pastor of Chatham; Michael Rivers, P. McNaughton, Louis Robichaud, all Justices of the Peace; Edouard Gauvreau, John McNaughton, Laurent Tremblay, and Oliver Basque.

With the request were testimonials from three people. Joseph Robichaud wrote on behalf of his son. Dr. LaBillois had told him the boy was not suffering from the disease for which those in the lazaretto were being treated. However, after LaBillois left and Dr. Gordon was in Tracadie, he ordered the child put into the lazaretto. The father wrote, "Six years later he recognized his mistake and sent him home without any kind of treatment."¹⁶ Marguerite Saulnier wrote she had been cured by Dr. LaBillois in just two months. Alexis Saulnier wrote that his wife Charlotte was cured in eighteen months by Dr. LaBillois. "From the time she left the hospital until her death, three years later, she exhibited no sign of the disease."¹⁷

James Davidson replied to the testimonials on behalf of Dr. Gordon. He said the Robichaud boy was admitted to the hospital on the father's insistence. Charlotte Saulnier had been removed from the hospital by her husband when still diseased and died at home of leprosy. Dr. Gordon was still convinced Marguerite had a slow but progressive form of leprosy.

Several months passed and Father Gauvreau heard no word on the results of his petition. For the first time in his nine years in Tracadie, he decided to reveal the conditions inside the lazaretto.

Two newspapers, *The Colonial Empire* and *The Morning Freeman*, ran ten articles by Father Gauvreau between May and July of 1861. The priest proved to be a power with his pen. ". . . at this very moment, fifteen minutes after three o'clock p.m., on the 2nd day of May, 1861 has just died at the lazaretto of Tracadie . . . a leper, Tranquille Savoie, without even having had the medical attendance of a Physician, no more than all those who died there the last ten years . . . the lepers of Tracadie are neither maniacs nor felans . . ." he wrote.¹⁸ "They are in full possession of their minds and senses, and consequently feel most keenly the loss of their freedom, conscious as they are of . . . their families still contributing to the Provincial Revenue, paying their taxes, and being loyal subjects of the Queen; besides, as a body, they are as honest, moral and peaceful as any people in the world."¹⁹

Father Gauvreau described their suffering in words that are almost painful to read. At the last stage of the illness, he wrote, the person's ". . . features are now but deep furrows, the lips are big running ulcers, the upper one greatly puffed and turned up towards the seat of the nose which has disappeared, the lower one hanging over the glossy chin." Reverend Gauvreau said the illness completed its ravages inwardly: ". . . his breathing is whistling and so painful that he expects every moment to choke . . ."²⁰

Yet, "... the disease in its worst forms, and even when almost touching to its end . . . leaves their brain intact, lucid, and master of itself, to the last."²¹ For this disease, Father Gauvreau said, the Board of Health supplied the patients with "... castor oil, sticking plaster, lint, Holloway's ointment and pills, etc., . . . as much as they please . . ."²² The leper's agony is generally withstood only by a few of his comrades in misfortune, and the Chaplain . . . *No doctor there; no medicine nor opiate drops, to pacify in the least the increasing and insupportable irritation of the nerves; he is abandoned to his miserable lot.*"²³

Father Gavreeau said that in all countries where infectious disorders threaten a community, Boards of Health besides sheltering, clothing, and boarding the afflicted, procure them the immediate medical attendance of a resident physician whether the disease is pronounced curable or not.

Because of the disease and the lazaretto in the community, Reverend Gauvreau said the 250 families that made up the population of Tracadie were looked upon with mistrust and almost aversion wherever they went. "After some of them stepping over the threshold of hospitality, bedding, plates, linen, etc, are often destroyed . . ." Yet, the provincial government looked upon this most destructive public plague "apparently with indifference."²⁴ He appealed to the public conscience and their sense of British justice when he asked, "You, fellow-citizens, who know how to value British Liberty, obedience to the laws, British rights and privileges, and fair play, what do you think of all this?"²⁵

On March 11, several months later, *The Morning Freeman* reported that the House of Assembly unanimously agreed that a physician should be provided for the lazaretto and the members of the government assured the house this would be done.

THEY DO NOT MINGLE WITH HEALTHY PERSONS

One old man, whose features were so disfigured as to be barely human, and who appeared in the extremity of dotage, could hardly be roused from his apathy sufficiently to receive the Bishop's blessing, which was eagerly sought on their knees by the others. But there were also young men, whose arms seemed as strong, and their powers of work and of enjoyment as unimpaired, as they had ever been . . .

I was especially touched by the appearance of three poor boys between the ages of fifteen and eleven years. To the ordinary observer they were like other lads . . . but the fatal marks which sufficed to separate them from the outer world were upon them . . .

There is something appalling in the thought that . . . a man . . . is condemned to pass from youth to middle life, and . . . to old age with no society but that of his fellow sufferers, with no employment, no amusements, no resource; with nothing to mark his hours but the arrival of some fresh victim; with nothing to do except to watch his companions slowly dying around him.

Governor Arthur Hamilton Gordon
Wilderness Journeys, 1864.

The young ones who met Governor Gordon that day in the lazaretto were John and Charles McGraw and Bélonie Savoie. I knew their names. Bélonie was Marie's son, an infant born among lepers on Becs-Scies. What chance did he have? We, who had 'la maladie' in our families, know who else has it; anyway most people in Tracadie know who has 'la maladie' and who has not.

Some who had the disease in their family cannot find work. They had to move away or starve. There were those I called my friends before who have never spoken a word to me since I went to Becs-Scies. I, who had been home ten years since that time, who had birthed two more healthy daughters. I, who no longer had signs of 'la maladie'.

Jean-Baptiste and I went with our young ones to see the Lieutenant-Governor. It was the first time a man of his importance in the province had come to Tracadie. James Young had a reception for him at his house and the important people of Tracadie were there.

We went with the others, 'le monde comme nous autres', and waited in the field on the lazaretto grounds. Bishop Rogers from Chatham and Monseigneur Paquet from Caraquet stood on the steps on the lazaretto. It was exciting to have so many important ones come to our village.

We watched as Governor Gordon rode up the lane in a handsome carriage, as fine or finer than Mr. Young's. With him were Father Gauvreau and Dr. Nicholson. Dr. Nicholson was taller than everybody else. In another carriage were Mr. Davidson 'et d'autres personnages'.



Dr. A. C. Smith.
Musée Historique de Tracadie.



Dr. James Nicholson.
Musée Historique de Tracadie.



I could see those with 'la maladie' standing in the yard. The inside fence had been torn down since Dr. Nicholson arrived. Now those with 'la maladie' could see these important people ride up in their carriages.

Before Dr. Nicholson came, those on the Board of Health hardly ever went to the lazaretto. When they did, it wasn't without a guard.

I stand with 'ma belle-soeur Monique, la troisième femme de François'. She is a brave woman to marry François after he has already buried two wives. She is a good mother to the three children Domithilde has given him. They, thanks be to God, have no sign of 'la maladie'.

Even in this group of people, I hear the whispers about us. One woman calls her child away from Marie-Anne and Lucille, my young ones. No other children play with those of François except mine. It is as though all of us in our small group have 'la maladie'. I am glad that I have a big family with brothers and sisters who still allow me in their homes.

Dr. James J. Nicholson of Bathurst was appointed physician to the lazaretto and he arrived in Tracadie in May of 1862. The office suited the young doctor. He specialized in internal medicine and had applied for the appointment in order to study leprosy disease, especially the hereditary factor.

When the Lieutenant-Governor of the province, Sir Arthur Hamilton Gordon, visited the lazaretto on August 6, 1862, three months had passed since Dr. Nicholson had arrived. Already changes had been made that had a profound impact on the morale of his patients. The large barricade had been torn down and most of the bars on the windows removed.

While Governor Gordon sympathized with the patients and the long empty hours of their days, there were in fact more activities than there had been previously. Dr. Nicholson organized outdoor games and exercises to lessen the tedium. Later he arranged for them to have a boat for sailing and fishing.

In the year that Dr. Nicholson arrived, there were nine admissions, the largest number since Dr. LaBillois was in residence. The total number of patients was at that time twenty-two.

From the time the first hospital had been built on Shel Drake Island in 1844 until November 1863, ninety-six people had been confined. Of these seventy-two had died and three had been released. Throughout the 1850's, the number of cases had declined. From a high of thirty-eight after the fire in 1852, there were thirty-two in January 1855. Six people died that year and there were no admissions. The number of patients between 1856 and 1860 fluctuated from eighteen to twenty-one. In 1861, the number of patients in hospital reached a low of fourteen. Each year throughout the 1850s and early 1860s, the number of deaths remained high. In 1855 there were six deaths; in 1858 there were five; in 1860 there were five; and in 1861 seven. Until 1862, there were always at least two, three, or four deaths a year. Not all these people died of leprosy disease but causes of death were not given in the annual reports.

The effect of a resident physician on the quality of patient care can

be shown in the statistics. In 1862 and 1863, when Dr. Nicholson's health permitted him to carry on his work, there was only one death each year. The lowest number recorded since Dr. LaBillois' first few months in Tracadie. In 1864, the year of his final illness, there were three.

Unlike Dr. LaBillois, Dr. Nicholson made no attempt to treat the disease itself. Dr. Smith, who was appointed physician to the lazaretto after Dr. Nicholson's death, wrote, "My predecessor used coloured water accompanied by strong assurances of benefit therefrom, and in every instance found a temporary improvement, equal in degree to any apparent benefit he found from the use of medicinal agents."¹

Father Danel talked to people who remembered Dr. Nicholson as a man who was much appreciated by his patients but who had an unfortunate habit. "He frequently got drunk and presented himself a few times at the lazaretto in a state of complete inebriation. Then he would throw himself down on a leper's bed and sleep until reason returned to him."²

Dr. Nicholson never took a single precaution against leprosy, which he considered hereditary. Legend says he went so far as to inoculate himself with the bacteria. Whether or not the disease would have developed in him was never known. He died of tuberculosis probably in 1864 or early in 1865. In spite of numerous requests to do so by the Lieutenant-Governor, he never did leave a written report on his work in the lazaretto.

Between the time of Dr. Nicholson's illness and death and the arrival of his successor, Dr. Smith, Reverend Gauvreau, at his own request, was permitted to undertake the treatment of some of the less serious cases. One of the out-buildings on the lazaretto grounds was set aside for the purpose. Father Gauvreau was given a supply of medicines. Seven patients, six men and one woman, were put in his charge. With the dream of "eradicating the disease from the human system," he devoted himself to his patients. Even after the arrival of Dr. Smith as resident physician to the lazaretto, Father Gauvreau continued his work.

Unfortunately, by November 1865, four of the priest's patients were sent back to the main lazaretto building. Father Gauvreau continued treating the other three but again without success. All patients were back in the hospital by the spring of 1866. There is no information on the details of the treatment used by Father Gauvreau.

Dr. Alfred Corbett Smith began his forty-four years of association with the lazaretto in Tracadie on May 25, 1865. Born in 1841 in Bathurst, New Brunswick, he was only twenty-five years old, a recent graduate of the Harvard Medical School. The appointment would be a good opportunity for a young doctor to study a disease almost unknown in North America. Besides, he would have a general practice in Tracadie, a region where he would be the only physician in a fifty-mile radius. Along with the priest, he would be the most educated person in the community. In spite of his youth, he could expect to have a great deal of influence.

There was always a distance, however, between Dr. Smith and the Francophone population he worked among. For one thing, he was non-Catholic; for another, he was English speaking. A natural shyness was part of his personality. In an age when nearly everyone belonged to a church of one denomination or another, Dr. Smith, though philosophical by nature, belonged to no organized religion. His great-niece, the late Mrs. Dorothy (Young) Fitzgerald said, "To a lot of people he was eccentric or he appeared that way because he had ideas of his own. He was a student and he loved to investigate all kinds of things that went on."³

It was more than language and religion that separated Dr. Smith from the people. In his many years of association with the patients of the lazaretto, he never ceased to think of them as members of a poorer, somewhat inferior, class. In one of his earliest reports, he wrote, "The disease, as it exists here, is, with the exception of three or four English persons who were affected in consequence of residing for a short time in Tracadie, confined exclusively to the lower order of French."⁴

At the same time, he seemed convinced that people of other nationalities who got the disease did so by some unfortunate turn of nature. Of leprosy in Cape Breton, which he investigated, he refrained from making his reports public. This was at the request of the Nova Scotia government, because descendants of the first victims had reached prominent places in the economic, social and political spheres. When leprosy was discovered among Icelandic immigrants and four were brought to Tracadie, he wrote that the Icelanders were a hard-working, industrious race and leprosy could never make headway among people such as these. In the meantime, the descendants of leprosy victims in Tracadie were also reaching prominent places in the economic and political life in New Brunswick and abroad. Yet, as late as December 1891, he wrote, "Leprosy never appears in the better class of our French population."⁵

Dr. Smith was not the only one to look down on the Acadians. Most of the priests who came from Quebec found the standard of living and the level of education of New Brunswick French generally lower. One priest wrote to the Archbishop of Quebec that his parishioners were "Acadian fools who live in disorder . . . being a racial mixture of Indian, Negro, French, Spanish and even Italian with all the natural and intellectual defects of their origins . . ." ⁶ And some of the sisters, when they came, tended to laugh at the language, expressions, and customs of the people they found themselves among.

Dr. Smith's ideas were probably influenced by his first impressions of the lazaretto patients. Apathy, which effects people faced with a debilitating and disfiguring illness, was made worse by their long-term incarceration and enforced idleness. This might have given the young doctor the impression that his patients were dull or stupid. Few, if any, of his patients could speak English and Dr. Smith could not speak French. Most were poor and uneducated. Bayard and Wilson had already written, nearly twenty years before, that because of the disease in families, breadwinners were finding it difficult, if not impossible, to find employment. Still, a surprising number of patients were educated. And

every year there were admissions to the lazaretto of people from families who were at least comfortably off by the standards of the time.

Dr. Smith himself was to blame for much of the poverty a leper's family was subjected to. On finding the disease, he would warn the neighbors and advise them to avoid contact with the person or his relatives until the victim agreed to be admitted to the hospital. He visited sea-food processing plants, lumber and grist mills, and fruit and berry packing establishments to examine the workers. He singled out for special attention any one from a family where the disease was known to exist. He said of leprosy that it was "the most horrible malady which can affect our race".⁷ It appears he had a single-minded dedication to stamping out the disease through a ruthless isolation of the sick.

Given his views, it is little wonder that we read in one of his reports that patients were "shunned by even their relatives." ". . . They do not mingle with healthy persons. The Lepers now find here a home, without which they would quickly perish," he wrote.⁸ Dr. Smith acted with no intended malice. It appears he was warmly remembered in Tracadie as a very kind man. He was known to diagnose and treat the poor free of charge. He took the money from his own funds to pay for medicines if they were needed.

With regard to leprosy, he agreed with the doctors of the time that it was incurable. He was not interested in searching for a cure at this point. He concentrated instead on ameliorating the symptoms. "As the disease affects every part of the body, the Lepers are continually suffering from many ailments . . . such as dropsy, temporary insanity, chronic diarrhea, paroxysms and difficult breathing, almost amounting to suffocation, burning pains in the limbs, especially at night, foul ulcers, etc., all of which are amenable to treatment."⁹

There were twenty-one patients in the lazaretto when Dr. Smith arrived. These were Mary Savoy 17, Nancy Boutlier 41, Jane Brideau 27, Judith Arseneau 39, Catherine Brideau 19, Marie Commeau 19; the men were Xavier Brideau 56, Olivier Shearson 18, James 38, Stanislaus 18, and John McGraw 15, Auxibe (Eusèbe) Brideau 26, Charles Mazerolle 28, Eli Brideau 53, Victoire Bass (Basque) 33, Christopher Drysdale 14, Frederick Savoy 28, Charles McLaughlan (McLaughlin) 25, James Richard 35, Romain Doiron 15, and Felois (Philius) Brideau 38. That summer, Olivier Brideau 36, and Anastasia Robichaud 78, were admitted and James and John McGraw both died.

Dr. Smith said that because of the lack of medical attendance during Dr. Nicholson's illness and death, the patients' health had deteriorated. Several were bedridden. Nearly eight months after his arrival, however, all but one of the patients were up and able to enjoy outdoor exercises.

In his first year in Tracadie, Dr. Smith made several visits in the parish to examine and report on persons "supposed to be affected with leprosy." As a result, seven people were admitted to the hospital, bringing the total number of patients to approximately twenty-six. He wrote, "Although the population of the Parish is increasing, this number has been exceeded in some former years."¹⁰ The isolation of the sick was

one reason for the decrease. A higher standard of living was another.

Compared to earlier years, conditions in the lazaretto had improved considerably with the arrivals of Drs. Nicholson and Smith. Governor Gordon found the hospital "perfectly clean and neat".¹¹ Smith reported the establishment was orderly and the Board of Health cooperative in matters of cleanliness.

It appears, however, that only the surface of the establishment was washed. Father Gauvreau and later the sisters considered the hospital building to be in a state of squalor. The Board of Health hired one woman to live in with the patients and clean for them. She was usually a relative of one of the lepers. It is doubtful if one person could do more than a minimum of the large number of chores required in such an establishment.

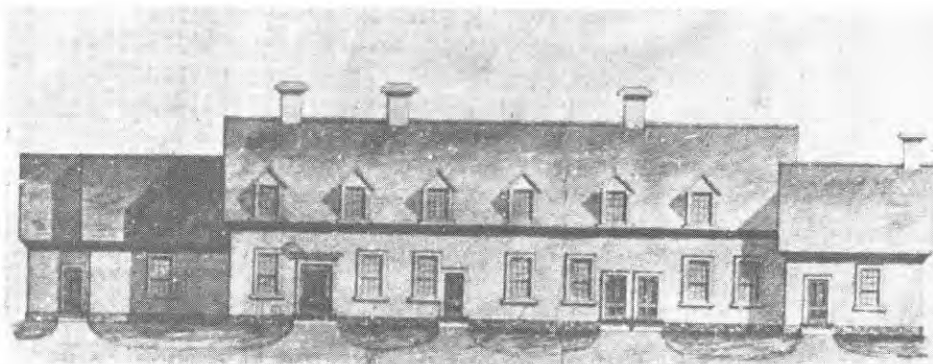
The doctors' attendance brought improvements in patient care, but regular nursing and supervision were still missing. The Board of Health had frequently complained of the difficulty of finding people who were willing to do this work because of the risk involved. Perhaps a religious community, known for their nursing skills, could better manage the lazaretto and care for the patients. Who but they would do all this and yet not represent a costly drain on the public purse.



Place setting in the Sisters' dining room, with the dishes and furniture they brought with them in 1868. Musée Historique de Tracadie.



The first Sisters and their patients, circa 1870. P.A.N.B. P67-3.



Lazaretto Hotel-Dieu in 1868. P.A.N.B. P4-5-73.

9

FATHER GAUVREAU WEPT

Some years ago I was accompanied in one of my visits to the hospital (Hôtel-Dieu Hospital, Montreal) by Dr. Bayard, a distinguished physician of Saint John, N.B. He was struck . . . by the remarkable cleanliness of the institution as contrasted with the lazaretto occupied by the lepers at Tracadie. He said the Government was at a loss what to do with the lepers, it was impossible to get service, and their condition was deplorable. The sister who accompanied me in my visits was a remarkably beautiful young lady . . . Miss Viger, or Sister Saint John, as she was known in religion, left us for a movement and returned with the Superioress, and the conversation still turning upon the lepers, she said to Dr. Bayard: 'Do you think we would be allowed to take charge of them?' The question was put by Dr. Bayard on his return to New Brunswick and an invitation to the Sisters of the Hôtel-Dieu was the result . . .

Dr. Hingston
The Daily Sun (Saint John, N.B.)
October 25, 1887

The thought of a lady, beautiful, educated, and refined being immured in the Lazaretto seemed horrible, and I could not help pointing out to her the loathsomeness of the disease, and the terrible strain it would be upon the nerves of a delicate sensitive woman . . . 'I think it is my duty,' she said to me, 'and perhaps I can do something to relieve their sufferings.'

Dr. Bayard
The Daily Sun (Saint John, N.B.)
October 25, 1887

'La maladie' crept about my house like a dark ghost. It lingered in forgotten corners and it swept up Lucille. It was the same all over Tracadie. No one dared say that they would never get it.

For many Sundays, when we all gathered for Mass at the church, Father Gauvreau asked us to pray that sisters would be found who would come and take care of our sick. Our voices rose together as one so that our prayer could be heard even on the water, perhaps even by the sisters themselves.

Jean-Baptiste said if only sisters came they would bring good luck with them. 'La maladie' would be chased from our village by their sacred presence.

I think only that if sisters come, my Lucille will have someone to care for her in the hospital and I ask God just for that one gift.

The arrival of 'Les Hospitalières de Saint-Joseph' in Tracadie was not as simply arranged as *The Daily Sun* article implies. In the mid 1860s, the idea of approaching a religious community to see if one would be willing to send nursing sisters to care for the lepers was discussed in a number of places. *The Daily Sun* article indicates Dr. Bayard first brought the issue before the provincial government.

The Board of Health's secretary, James Davidson, asked the House of Assembly for permission to find a religious community in 1866. Reverend Gauvreau of Tracadie and the Vicar General of the diocese, Reverend Joseph-Marie Paquet of Caraquet, both wanted nursing sisters to take on responsibility for the lazaretto.

Once permission from the government was given to find a religious community to take charge of the hospital, it then fell to Bishop Rogers of Chatham to find such an order, and to bring them to Tracadie. The Bishop's authority covered all actions of the clergy within his diocese and no sisters could set up a community without his approval.

The Bishop had visited the lazaretto in Tracadie and was familiar with the situation there. He wrote to the Lieutenant-Governor and asked if the authorities would support the sisters financially and pay their moving expenses if a congregation were found who would undertake the work. However, an election brought about a change of government shortly after and Bishop Rogers received no reply to his inquiry.

Bishop Rogers had written to the Gray Nuns of Montreal and had asked them to consider the work. The Gray Nuns were a non-cloistered order who went into communities as missionaries. They had one central motherhouse. The Bishop believed this type of a congregation was preferable because of the uncertain status the sisters would have in Tracadie. He was afraid the Protestant majority in the Legislature could dismiss the sisters whenever they wished.

A cloistered order, such as 'Les Hospitalières de Saint-Joseph', were required by their rules to establish foundations where they went; that is, to set up a permanent religious community and open a noviciate to train new entrants. The Bishop believed it would be harder for such a community to leave should the government dismiss them from the lazaretto, for the sisters would have no means of support in the remote village. In any case, after these efforts, Bishop Rogers dropped the matter

as he had not heard from the government, and "more pressing needs" claimed his attention.

In 1860 when James Rogers was made a Bishop of the newly-formed diocese of Chatham, there were only seven priests in the entire territory. These seven men served a total of sixty missions scattered in the woods from Richibucto to the Quebec boundary. Eight years later there were twenty-one priests for a total Catholic population of 40,000 people. Bishop Rogers decided that he should build more churches and Catholic schools and concentrate on increasing the number of priests. Had the Bishop not been called to Rome in the fall of 1866, several more years might have passed before the sisters would arrive.

When the Bishop left for Europe for a period of nearly two years, his Vicar General, Reverend Paquet, was put in charge of the diocese. Perhaps because he was French or perhaps because some of the victims were from his parish, he was more attuned to Acadian needs. Whatever the reasons, he was sympathetic to the leprosy victims and determined to find sisters who would care for them.

On June 11, 1867, the House of Assembly voted unanimously to authorize the Board of Health to make the changes necessary "to place the establishment under the care of the Sisters of Charity provided the expenses didn't exceed 400 pounds (about \$1,600)."¹

That summer, accommodation for the sisters was constructed adjoining the lazaretto for a total cost of \$915. A. K. McDougall, newly elected Secretary of the Board of Health, told the government that the necessary furniture, sinking a well, and adding some small out-buildings would come to an additional \$480. Outfit and passage money from Montreal for the sisters would come to about \$200 more. McDougall wrote, ". . . if three of those charitable women were established there as nurses, it would be the greatest boon the unfortunate Lepers could have, and in the course of a short time would be a saving in the expenditure, as they make no charge for their services, except their food and clothing, which . . . is of the plainest description."²

When these preparations were made, Reverend Paquet felt the government was sincere in wanting sisters in the lazaretto. He, too, was familiar with the Hôtel-Dieu in Montreal and with the work of 'Les Hospitalières de Saint-Joseph'. The dedicated congregation of sisters had come to the hospital in 1659 at the request of the founder, Jeanne Mance. He was impressed with their nursing skills.

In 1868, the Mother Superior of the congregation in Montreal was Marie Julie Marguerite Céré, whose religious name was Mère Mance after Jeanne Mance. Reverend Paquet wrote to her on January 10 of that year. He told her about the lazaretto. On the authorization of Bishop Rogers on whose behalf he made the request, he asked that at least four sisters come to Tracadie. He concluded, ". . . this disease, which is called leprosy, is not contagious, but hereditary."³ If *The Daily Sun* account is accurate the 'Hospitalières' might have already heard of the lazaretto from Dr. Bayard.

Mère Mance discussed the matter with the community. It was de-

cided to send two sisters to New Brunswick to visit Tracadie and the lazaretto in order to have a clearer idea about the situation. Before any such trip could be undertaken the congregation needed the approval of the Bishop of Quebec, Bourget, in whose diocese the 'Hospitalières' congregation resided.

The Quebec Bishop agreed to the idea in principal and sent a priest to accompany the two sisters on their trip. Soeur Marie Pagé, Soeur Davignon, and Reverend Plamondon arrived in Chatham by steamer on May 16, 1868. Bishop Rogers had not yet arrived back from Europe. They spent the night at the Bishop's residence and the next day journeyed to Tracadie by carriage. On their way they stopped at the home of James Davidson, the former secretary, in Oak Point. Mr. Davidson gave them the ledgers containing the minutes of the Board of Health.

The Vicar General Paquet was ill in Caraquet and so was unable to meet them. The three did see Reverend Gauvreau and Mr. McDougall, and they toured the establishment. They also had the ledgers to refer to. The minutes would give the sisters some idea of what conditions they would be working under. They concluded that the sick people would have to be tended day and night. Several were blind. Many were confirmed smokers. With stoves and gas lamps in the residence, there was a continual danger of fire.

When the two sisters returned to Montreal, they not only had to report to their Mother Superior and the others in their congregation, but to Bishop Bourget as well. He journeyed from Quebec City to hear what the sisters had to say. Monsignor Bourget was disappointed by the fact that the two sisters had not been able to meet with either Bishop Rogers or his assistant, Reverend Paquet. He believed the sisters needed more assurance that they would be able to do this work and still follow the rules of their community.

On his advice, Mère Mance wrote again to Reverend Paquet. She insisted that it was a monastery, not a mission, they would found, and that the existence of a noviciate must be foreseen. Of extreme importance to the Mother Superior was the question of authority. Could Reverend Paquet make such a decision in the absence of the Bishop.

"In all the correspondence relative to the hospital in Tracadie be convinced that it is the Bishop who speaks, it is the Bishop who writes and it is the Bishop who requests this of you," Reverend Paquet replied. He told her the authority to conduct this affair had been given to him from the Bishop in two letters dated December 5 and 26, 1867. He also assured Mère Mance that he was well aware of the Hospitalières' type of community and told her the sisters would be able to follow their rules.⁴

With this written assurance in her hand, the Mother Superior called her community together and asked for volunteers among them to go to Tracadie. A box was placed in a convenient spot and those who wished to go were told to put their names in it. When the box was opened, the name of every sister in the community was found there. Six sisters, including Soeur Marie Pagé, were chosen from among them to become

founders of the Tracadie community. The number was more than requested by the Board of Health but necessary according to the sisters. Six would allow the continuance of religious observations while carrying on their nursing duties.

Mère Mance now looked to the provincial agencies of New Brunswick to determine how the sisters were to be supported. She believed they would need an annual grant of 200 pounds, or about \$800, independent from the funds allocated from the lepers. With this in mind Mère Mance wrote to Mr. Davidson of the Board of Health and sent a copy of her letter to Reverend Gauvreau. Father Gauvreau advised the sisters not to ask for a distinct allocation from the government “. . . for fear that this vote might bring up a discussion and some unforeseen trouble on the part of a House of mostly protestant members, the most prudent way would be to allow the house to vote, as it has always done, one lump sum for the hospital.”⁵ Mr. Davidson, too, advised the Mother Superior that this request for separate funds would probably cause a delay.

Nevertheless, the matter was brought before the House by Mr. McDougall, Board of Health Secretary, in a letter dated June 25, 1868. He told the authorities that the two hundred pounds could be found within the allocation for the lazaretto. As the disease was incurable and the sisters trained in pharmacy and able to give palliative treatment, the services of a doctor could be eliminated. The doctor's salary came to 160 pounds (\$640) a year. An inspector for the lazaretto was paid 18 pounds (\$72) and his services would no longer be needed once the sisters came. If these steps were taken, the salaries for the six sisters would be within the budget.

Dr. Smith agreed that the religious ladies would improve the quality of care for his patients but he was not prepared to lose his job. The doctor and his brother-in-law, John Young, a member of the Board of Health at this time, argued that six sisters were too many, three would be enough. They felt that the lepers themselves could supervise one another at night. Young accused the Board of acting too quickly. He and Dr. Smith did not oppose the salary requested by the sisters, but they believed a doctor was still needed.

While the debate on their salary continued in the Legislature, the sisters began to prepare for their voyage. In spite of the uncertainty, “There was a kind of attraction . . . towards New Brunswick that overcame the reasons to be on one's guard, to doubt the future, and the caprices of the politicians.”⁶

Besides Mère Pagé, the founders included Eulalie Quesnel (Soeur Quesnel), Delphine Brault, 29 (Soeur Brault), Amanda Viger, 23 (Soeur St. Jean-de-Goto), Clémence Bonin (Soeur Clémence), and Philomène Fournier, 28 (Soeur Lumina). Mère Pagé was fifty-six years old when she came to Tracadie. She had been a religious for twenty-three years and during that time had served her congregation in many positions of responsibility. She had been Mother Superior in Montreal from 1857 to 1861. During that time a new Hôtel-Dieu Hospital was built, the moth-

erhouse and convent were relocated, and an orphanage constructed. Directing her community through those difficult years of construction and change prepared her for the arduous task she would have to face in Tracadie. She was strong-willed, energetic, and had a highly developed sense of duty.

As their preparations continued, Bishop Bourget was not ready to give his consent. "The sisters must proceed with the greatest caution," he wrote to Mère Mance. They must not find themselves in Tracadie like "a bird on a branch." If the government does not agree to pay their salaries, the Vicar General Paquet, M. Gauvreau, and the others should guarantee that the "sisters who devote their services to the lazaretto will have the means to survive with dignity . . ." he added. "Then and only then will the founding sisters leave under the wings of Providence."⁷

To complicate the issue even further, Bishop Rogers returned from Europe. A self-willed administrator who wished to control all that went on in his diocese, he took up the project before Reverend Paquet could see it completed. Consequently, a document prepared by Mère Mance remained unanswered. In this document, the Mother Superior asked for guarantees that the sisters would have the freedom to exercise the rules of their order and be assured of the offices of a priest to direct their spiritual duties. Second, if the government failed to grant the required allocation, provisions should be made for their temporal want. This paper was to be signed by the Diocesan Authority.

Bishop Rogers was agreeable to the first request but, because the government failed to pass the necessary legislation, he would not make such a commitment to the second. He had, however, allowed Father Gauvreau to travel to Montreal to escort the sisters on their journey. He was there in September when Mère Mance, pushed by Bishop Bourget, sent the following telegram to Bishop Rogers: "Does your Lordship think it prudent for the sisters to leave Montreal before the Government makes an allocation to them."⁸

Bishop Rogers replied, "If government will not give allocation, impossible for me to support sisters at Tracadie. But if your Sisters wish to establish themselves at Chatham, I will give them a position near my residence and all the aid in my power. Therefore, if you think well, let Sisters come, in God's name, and leave to Providence the completion of their charitable enterprise."⁹ On the strength of this telegram, Bishop Bourget gave the sisters his blessing.

The sisters did not want to stay in Chatham, but with faith that all would work out and that they would eventually get to Tracadie, they went ahead with their final preparations. Anyway, even before the Bishop's telegram arrived, they had sent their luggage.

On the morning of the 16th of September, 1868, the six religious, accompanied by Father Gauvreau and Father Thomas Barry, Bishop Rogers' secretary, left Quebec City on the sailing vessel *Le Secret*. The last days before their departure had been filled with special religious observations, benedictions, and the prayers of their sisters in religion.

They were not far from land before the sisters found themselves

seasick. One in their numbers who wrote an account of the passage said Father Gauvreau assisted them. While the sea was rough the first day, the passengers did not expect the terrible storm that came up during the night. "In the evening of the 16th, near eleven o'clock, the sea was agitated as though on flame," the sister wrote. "The ship was battered violently; water came through the portholes of the cabins and our beds were soaked."¹⁰ Sister Lumina was thrown to the floor by the violence of the storm; she was so sick she could not get up unaided.

As the storm worsened, doors slammed, lamps broke, and the odour of oil "almost suffocated us." Casks, which were supposed to be fastened down, came loose, rolled across the bridge, and broke the skylight of the women's salon where the female passengers and children had gathered. "Broken glass fell on our heads. But what was more frightening for the passengers was the profound darkness the ship was thrown into when the lamp was knocked over and broken."¹¹ Panic gripped some. "We only heard weeping and noise." The sisters believed any instant they were going to the bottom of the sea but, "we were all so sick, that death which threatened us caused us no fear. Sister Quesnel alone invoked all the saints in paradise: happily for us who had not the courage."¹²

Fortunately, the storm abated about three in the morning. The sisters huddled together on deck wrapped in blankets loaned to them by the other passengers. Two who assisted them were "protestant gentlemen", one of these being a minister.

Throughout the trip, the sisters and the priests hoped the government would come through with the needed allocation. Perhaps no one wanted the sisters in Tracadie more than Father Gauvreau who had made the cause of the sick his own for the last sixteen years. It was at his request that the Bishop allowed him to escort the sisters. For nearly a week in Montreal, he had waited uncertainly for the Bishop's authorization of the voyage. Now, he looked forward optimistically to the successful completion of his mission.

When the ship landed in Chatham, Bishop Rogers himself came on board to greet the group. Giving a hand to Father Gauvreau, he said, while smiling, "Well, dear sir, you won't have the sisters in Tracadie. Since the government has not done its duty we will keep them in Chatham."¹³ The disappointment was almost too much for the sixty-two-year-old priest to bear. Mère Pagé wrote to her community in Montreal, "Father Gauvreau wept."¹⁴

'LES HOSPITALIÈRES' WERE WANTED AND
NEEDED IN TRACADIE

I forgot to tell you that there was nearly a war in Tracadie to have us. All the inhabitants and the lepers were aggravated . . . 'Give us our holy sisters. We can care for them as well as the people of the Miramichi,' they cried. 'We will support them,' the lepers said and they extended their arms towards heaven and wept 'Lord let us have our sisters. Why have you shown us them. Now we have seen them, we won't be able to live without them.'

Mère Marie Pagé
Archives of the R.H.S.J. in Tracadie
September 25, 1868.

There was great rejoicing in Tracadie when Father Gauvreau left for Montreal to get the sisters and much sorrow when he came back without them. I could not believe that the Bishop would keep them in Chatham, 'six Religieuses Françaises', of what use were they there?

Jean-Baptiste said the Bishop was Irish. He didn't like us Acadians. I told him to be quiet, it was as Father Gauvreau said in church on Sunday, the government wouldn't pay their keep. It is the Protestants in Fredericton who do not like us, I said.

But I did not understand why the Bishop had the money to keep the sisters in Chatham but no money to give them in Tracadie. Maybe Jean-Baptiste was right.

We were all very angry when Father Gauvreau told us what happened. After Mass, people gathered together in front of the church, on the lanes towards home, even those in boats and carriages stayed to talk and to see what we could do.

The next day, word went around that the Bishop and two of the sisters were in Tracadie with Father Gauvreau. I looked at Lucille. The symptoms of 'la maladie' were hidden by her long skirt and the sleeves of her vest. Her face was as pretty as the faces of the rest of our children, but for how long.

We must bring Lucille to the Holy Sisters, I tell Jean-Baptiste.

"The Bishop is going to say Mass at the lazaretto chapel in the morning," Jean-Baptiste says. "The sisters will be with him."

We were not the only ones who waited for them. The lane going from the priest's house to the lazaretto on both sides was lined with people. Some had come from as far as Neguac and Pokemouche; some had walked all night to get there.

While we waited for the sisters to come outside, we talked about the Bishop and what he was doing to us. The story went around that even Father Gauvreau was angry with him.

The Bishop came outside first. He's very tall and full in front. "As though he were with child," Jean-Baptiste said. He's much younger than Father Gauvreau, who looked like a little old man beside him.

Like many of the others, I was curious to see the sisters. We have never had religious ladies in Tracadie. The two wore long dresses and veils that nearly hid their faces, but they looked so beautiful to me that tears came to my eyes. The crowd closed in around them and some of the people shouted to the Bishop.

"Give us our Holy Sisters. We can support them ourselves."

"I will bring firewood," François shouted over the heads of the others for he isn't tall. I heard Jean-Baptiste say, "I will give potatoes, all they need." Another man offered a cow.

I made my way through the group until I was in front of the sisters who stood together and looked, I am ashamed to say, frightened by the noise. "Please," I said, "just touch her hair." And I gently pushed Lucille forward.

One sister looked long into Lucille's face and cupped her cheek in her hand.

I could not help myself then. I fell on my knees before her and kissed the hem of her skirt.

"Who is this woman?" I heard her ask Père Gauvreau.

"She's an old leper," he replied.

Others in the crowd brought their children to be blessed; some held up Crucifixes; one man asked the sisters to heal a cut on his face.

The Bishop started to tell us why he wanted to keep the sisters in Chatham, but the crowd drowned out his voice with their own shouts.

It had been said to me that the Bishop has a black temper. Now, because I stood in front of him, I could see him boiling up like a pot over a fire. His face got red. He drew himself up to his full height and directed the others to the lazaretto.

People hurled insults after him. Some picked up rocks. It was all that Father Gauvreau could do to keep the Bishop from being stoned.

After Bishop Rogers had announced his decision to Father Gauvreau, shortly after the party landed in Chatham, he led the group to his residence. On the way, Mère Pagé says, "The good Reverend Gauvreau wanted me to say this or that to the Bishop to convince him to let us go but I didn't say a word."¹

When they were settled, the Bishop told the sisters that in Tracadie they would always be under the thumb of a government who was against them, and who had proved it by its failure to grant an appropriation. "I can't give you anything for your needs because I am not able to. Besides, even if I could I wouldn't for an establishment that is the property of a government we can't count on for the future," he said.²

"It was for that reason too that I wanted a non-cloistered order because I thought that in a mission, it would be easier to withdraw the

sisters if things didn't go well . . . that is why my plan was to have the Gray nuns for this difficult task which will require a change in personnel . . ."³ Bishop Rogers felt the sisters in that congregation would alternate so that they didn't have to care for the sick all the time. Finally, he concluded, if Mère Pagé would agree to stay with her band of founders in Chatham, he would provide a house for them nearby. "I will arrange a structure to take care of the sick; if the lepers want to come here and if the government does not oppose the move, they can."⁴

"What troubles us is that we came to serve the poor and to be useful," Mère Pagé said. "In staying here we'll be a burden to Your Grace because there are no sick . . . besides we weren't chosen for your city where the population is English."

"It is not the language you need for looking after the sick, it is the heart," Bishop Rogers replied.

Mère Pagé answered, "My sisters and I came here not to carry out our own wishes but to obey you. That which you ordain is that which we desire."⁵

That Saturday morning, an embittered Father Gauvreau said goodbye to the religious women he had devoted himself to for the last three weeks. He returned to Tracadie where he had to break the news of his failure to the lepers and to the rest of his parishioners.

While the six founding sisters spent Saturday meditating, a joyful Bishop Rogers set about to put in order the house reserved for them. Besides his concerns about the government and its lack of financial support; besides his fear that the strain of caring for the lepers would be too much for them: he wanted to keep the sisters in his episcopal town. He knew the arrival of a religious community anywhere meant development, education, and medical care for the Catholic population. There was only one more problem for the Bishop at this point—how to break the news to the Vicar General Paquet that he had decided to keep the sisters in Chatham.

"Ma Mère, I ask you to come with me to Caraquet and visit my Vicar General who is not able to come here because he is ill. I think your visit will be useful in unscrambling this business," he asked Mère Pagé.

She reluctantly agreed. Late on Sunday afternoon, Bishop Rogers with Mère Pagé and Soeur Quesnel left for Caraquet. At the home of Mr. Davidson they stopped for the night. Mère Pagé wrote, "We talked a lot about our business but nothing was concluded." On Monday, the party arrived in Tracadie where they were met by Father Gauvreau, "who wasn't in a good humour. I tried to calm him down . . . but he wasn't my friend at all . . ." Mère Pagé said.⁶

On Tuesday morning, Reverend Gauvreau conducted them to the lazaretto where Bishop Rogers was to say Mass in the lepers' chapel. Here they met with a strong demonstration by the patients and the villagers who lined the path to the hospital. Bishop Rogers was apparently unmoved by their protests.

The party, now including Father Gauvreau, arrived in Caraquet

Tuesday night. The Vicar General Paquet, nearly sixty-four years old, suffering from a terminal illness, was still able to carry on an animated conversation. Bishop Rogers, in his usual brisk manner, told his assistant that the sisters would stay in Chatham. He brought out all of his reasons and his method of conclusion seemed to invite the Vicar to agree.

Reverend Paquet was not about to comply with the Bishop's decision. Mère Mance in Montreal had letters from him in which he had stated the sisters were wanted and needed in Tracadie. He was not about to break his word. How would it be possible to forget that request made just a short time ago?

"Whether the sisters were gray or black, what difference does it make? No," the Vicar General added, "now that the 'Hospitalières' are here, there is no question of sending them back to Montreal or into a region where there is no sick to look after." Mère Pagé wrote, "In Caraquet I saw a man exactly as I wanted, a man of judgement . . . capable, a man of his word."⁸

After talking to the Bishop, Reverend Paquet sought out Mère Pagé for a private conversation. "Écoutez ma Mère," he said, "you didn't come here with a purse to ask for charity . . . Don't worry, go to Tracadie. Try it for one year and I promise you I will support you and your sisters until the government gives help. If the grant doesn't come it will be time to accept the Bishop's offer."

With assurance that she and her fellow sisters would be guaranteed some support, Mère Pagé agreed to Reverend Paquet's plan. If conditions were right and they had land of their own, they would stay in Tracadie "always". To encourage them further, Reverend Gauvreau promised to give them a farm he owned, about fifteen acres in size. The practical Mother Superior said, "I took his promise down in writing with Soeur Quesnel as a witness."

Bishop Rogers was not ready to capitulate completely. He asked Mère Pagé to remain in Chatham with one other sister and send the others to Tracadie. Soeur Quesnel said "no" to that request. Besides, Reverends Paquet and Gauvreau wanted all six in Tracadie, at least, at first.

Mère Pagé said, "It was up to me and I didn't know what to do. For the winter there was nothing to do in Chatham while in Tracadie there was work."

"Open a noviciate to occupy yourself," the Bishop said.

In a town where only English is spoken we have to have a mistress of novices who understands that language," Mère Pagé replied.⁹

Mère Pagé decided that all six sisters would go to Tracadie. To appease the Bishop, she assured him that the 'Hospitalières' would send English-speaking religious from Montreal to establish a second foundation in Chatham that spring.

While Bishop Rogers didn't exactly drop his opposition, he did not make the issue a question of obedience. Had he done so, Paquet, Gauvreau, and Pagé would have had no choice but to acquiesce to his wishes.



Sisters St. Jean-de-Goto and (Marie Anne) Doucet. Musée Historique de Tracadie.



Sister St. Jean's motto, with Sister Dorina Frigault, curator of the Musée Historique de Tracadie. Photo M. J. Losier.

He showed his disapproval by refusing to conduct the installation ceremony that would officially confirm the new foundation. He also refused to grant his blessing on the chosen leader among them, Mère Pagé.

From September 25th until the 29th, when they left Chatham, the sisters prepared themselves. Positions were chosen for the first few months they would be in Tracadie. Soeur Quesnel was elected assistant to the Superior, purser, and seamstress. Soeur Breau was head nurse. Soeur Clémence was third nurse and in charge of all works to do with the poor. Soeur Lumina was the cook, but besides that, she did other small tasks including shoe repair. Soeur St. Jean-de-Goto, or Soeur St. Jean as she was called, was the pharmacist and assistant to the head-nurse.

On the morning of September 29, 1868, the Bishop's Secretary, Thomas Barry, celebrated Mass for the sisters and wished them well. Accompanying them on their trip to Tracadie were two members of the Board of Health, A. K. McDougall and Mr. Ferguson. "From time to time along the road, guns were discharged, a signal of rejoicing and welcome."¹⁰

They arrived in Tracadie triumphantly. About 200 people were gathered along the path that led to the church. The bell tolled and with difficulty they were lead through the crowd. The sisters were escorted in procession to the altar where Father Gauvreau conducted Benediction.

Whatever the Board of Health had done to prepare for their arrival the accommodation was far from adequate. The sisters stayed at the priest's residence while their apartments were arranged. They commandeered two outbuildings belonging to the lazaretto, one a bathhouse, the other the doctor's office, to serve as laundry and refectory. Fifty men, volunteers, placed these buildings on the back of the new convent.

Soeur St.-Jean was to have the greatest impact on the history of the lazaretto and the growth of a medical centre in Tracadie. At twenty-three years of age and while still in Montreal, she had gained a reputation as a healer. On leaving Quebec, the sisters were given \$700 to open a medical dispensary in Tracadie. Of this sum, \$120 was donated by an uncle of Soeur St.-Jean's, Reverend Narcisse Trudel. One of the first tasks the young sister undertook on her arrival was to open this apothecary. An area was found in the old chapel of the lazaretto. The appendage measured eleven and one half square feet and the wood for a time was left unpainted. The annals say Dr. Smith paid for the necessary materials to do the work. As soon as the pharmacy opened, a great number of people started coming. They believed the sisters brought special blessings from heaven on the medicines. Most of the cases were not serious.

The people of Tracadie and regions, true to their word, arrived daily to help the sisters. Mère Pagé surveyed the work and encouraged the men. "Don't work so fast you will wear yourself out," she said to one of them.

"Ah, Ma Mère," he said, wiping a sweaty brow, "we couldn't work hard enough for you."¹¹

A lot had to be done to the buildings. The attics had been converted by the lepers into henhouses. It is easy to imagine the smells and the dirt. They cleaned up the mess, put in windows and stairs, fortified the floors, and renewed the plaster. In the new convent, smoke was everywhere because the chimney wasn't finished. The volunteers worked very hard in the first six weeks after the sisters arrived as winter was approaching.

Gifts and donations arrived. Those who could, gave money; others brought furniture, firewood, and food. Some brought livestock. Many who could not afford such gifts gave of themselves, helping with the cleaning and construction.

In the meantime, the sisters were the objects of curiosity and veneration. One woman held out a coin to a bewildered nun as payment. "It is to see you that I give you this," she said.¹²

From their first days in Tracadie, the sisters visited the lazaretto as often as they could. However, the work of getting their own quarters in order took priority at this time. When they finally turned their attention to the lazaretto, they would instigate a number of changes. Not all of them were popular with their patients.

THE SISTERS FACE STRESSFUL SITUATIONS OF VARIOUS FORMS

... there was at the time four rooms in the hospital two for men and two for women; this order was never kept. The sexes mingled indifferently in each room as much at night as during the day. Some of them even put holes in the walls so they could pass in the night without being seen . . .

It was urgent therefore to remedy the situation and make the upstairs apartments those of the women and those downstairs for the men, with express orders not to go from one floor to the other without permission. This rule seemed like a severe rule for the lepers, jealous of the little bit of freedom they had. They complained a lot under their breath. One tried a revolt, refusing first to transport his bed, and threatening to hit those of his companions who touched it; when he saw the sisters weren't afraid he conceded. This first success established the authority they needed to be obeyed . . .

Annals of the Hôtel-Dieu de
Montreal
Vol. 3 (1860-1881)

Even the best medicine leaves a bitter taste. So what if the men and women lingered in each other's rooms. What could happen in such a group but a little talk . . . a little laughter sometimes. Even we with 'la maladie' must laugh at something. As soon as the sisters came they put a stop to that. The way they did it, it was as though they thought those with 'la maladie' had committed a great sin; as though men and women together was something evil.

But the order they brought to the hospital was good, especially for the children. A few months after they came, we had to bring Lucille. She was only fourteen. I didn't want to send her but we had grand-children now, Jean-Baptiste and I. I was afraid Lucille would give the illness to one of them.

The sister who came to the door was kind and as young as my own Marie. It was like leaving her with family.

The sisters taught the children who were well enough to read and write. Besides that, the girls learned to card wool and to weave; the boys to make farm tools and shoes.

They nursed the sick gently. 'La maladie' does not cause a lot of pain at first, but later when the sores run with matter, it hurts. The sisters were careful when they dressed these to keep from causing any more pain. They used an ointment made by Soeur St.-Jean. Sometimes it took them two hours just for this work. They would stay with the dying night and day; the dying were no longer alone.

For most, the prayers were wonderful. They made you feel close to God and His Mother. Each morning, a sister would come to the women's room for sacred reading before breakfast. Her voice soft and clear would wake Lucille. "It's like listening to the brook at home, Maman," she would say.

Sometimes one of the women would be very angry at God for having sent 'la maladie' to her. She would turn her face away from the sister's voice. Most women accepted the disease better than the men did. After all, the next life will be a better one.

The men, taken from the land or the sea and shut inside, many still with muscle and energy to spare . . . it was a different thing for them. 'Quelquefois', many a time, the words of the sacred reading fought with the sounds of curses.

Some found the rules hard to follow. There were places where you couldn't go; times for rest; everyone together like a line of dolls. A bell ringing, dividing up the day into tight little cupboard shelves; doors locked at night as though you were in jail . . . the young men, they had a hard time to take that.

'Une fois', once a fight started in the men's ward; a patient took a knife after another. A sister came between them and stood in front of the man with the knife. He waved it at her and then he dropped it to the floor. You had to respect their courage.

You know, almost every year one of the patients would go mad. It was not 'la maladie' that did it; it was the loss of everything; home, family, freedom, looks, respect. Once you went to the hospital, that was the end of you. Relatives and friends did not come. Children forgot their parents and parents forgot their children . . . brothers and sisters, their names were no longer heard outside the lazaretto . . . so some went mad with that. If they were dangerous, they would be put in a room, or in a little jail. The sisters still cared for them, bandaged their sores, brought their food, cleaned their cell.

The sisters converted the attic of the lazaretto, where the patients had raised chickens, to a ward for women. After they were moved upstairs, an opening was made in the floor so they could see and hear Mass without going downstairs. The wards on both floors consisted of two rooms, each measuring twenty-nine feet by twenty-four feet. The ceilings in the women's apartments were only seven feet, four inches high and sloped downward giving them somewhat less airspace.

The patients were further annoyed when the sisters got rid of the boxes they had over their beds for their personal possessions. They were about one or two feet square and the sisters found them "all in disorder, dirty and disgusting." Locks were put on exterior doors and in different offices of the house. The patients complained that they had been imprisoned. Finally, some of them threatened to break down the doors and insulted the sister on duty. Reverend Gauvreau was called and he "gave them a good talking to."¹

It appears that the members of the Board of Health seldom, if ever, visited the institution. Besides chickens, the lepers, unknown to the Board of Health, raised pigs. Now a pig is not an easy animal to hide. "When they learned the sisters were coming, they slaughtered them . . . and stored the meat in barrels and hid these under their beds." It didn't

take long for the sisters to discover the source of the intolerable odour. Surely if Dr. Smith had visited the wards he would have objected to the condition they were in. The sisters said the patients' beds were "covered with dirty straw mattresses without sheets or pillows, only covered with a few wool blankets, all this on wooden frames and filled with vermin." In certain areas the sisters had to use knives to scrape off the dirt. At one point, as the sisters were cleaning, a few of the patients, somewhat surprised, said, "We had already cleaned to receive you."²

It is unfortunate that Father Gauvreau, who wrote with such compassion and understanding about the situation of the patients in 1861, now seemed to lose touch with this sensitivity. In a letter to Mère Mance of Montreal, dated April 1869, he wrote that before the sisters came the lepers "were insubordinate before the legal authority, defied the chaplain," and were ungrateful for the kindnesses of the Board of Health who "spared nothing to make them happy . . . In a word the hospital had become like a cavern of thieves and bandits". The patients "were held in chains by every sort of crime but murder." In spite of all the charity lavished on them, "these beings were rotten to the core and more than their skins were insensitive to everything . . ." All of this changed with the arrival of the 'Hospitalières'. "What has contributed a lot towards keeping them under submission and to discipline themselves, has been the humble habit of the sisters, their modesty, their reserve, their . . . peace of mind, their most tender care for all the sick but more especially for those who are bedridden."³

Because he wanted the work of the sisters to be appreciated, he abused those he himself had nursed with tenderness in earlier times. While some were rebellious, the people in the lazaretto were more a cross-section of individuals from the region than a gang of thieves and bandits. At least six of the twenty patients in the hospital when the sisters arrived were children or teens. Soeur St. Jean wrote of the lazaretto patients that the sisters were "shmed by their obedience and their desire to please us."⁴

It is not likely Reverend Gauvreau intended that letter for publication but later researchers chose to quote extensively from it. The inaccurate perception of the patients served to add an extra burden of shame for the leprosy victims and their families.

After some delays, the House of Assembly passed an Act to incorporate the sisters under the title The Tracadie Hospital Sisters of the Hôtel Dieu Saint Joseph, on April 21, 1869. Under the Act, the sisters had the power to hold any real or personal estate that might be given to them for their own support or for the benefit of the patients. They were allowed to make any necessary regulations that would improve the situation of the patients or themselves. The Legislature retained the power to rescind or amend the Act if it were expedient to do so. The sisters took steps to make sure that money or property donated for their own use would not be forfeited should their services be cancelled. They had deeds of property and grants made out to individual sisters rather than in the name used in the Act of incorporation.

In January of 1869, Dr. Smith was informed his position as medical superintendent would be terminated as of March 14th. He and his wife Helen, daughter of James Young, moved to Chatham where he opened a general practice. He retained his interest in leprosy and continued to make it the subject of research over the next few years.

At the same time, the government granted \$800 a year for the sisters' support. Out of these funds they were to include the amounts needed for remedies for the lepers. From this, the sisters bought the medicines they stocked in their pharmacy.

The medical program for the patients at the lazaretto was now in the hands of Soeur St. Jean. One of the medicines she used was a preparation called Fowle's Humor Cure, a patent medicine of the time. She gave it to "all the sick who had never taken medicine before . . . This medicine in all of them caused certain pains in the limbs, still it appears to give them more energy and strength and all found improvement in the condition of their mouths and throats."⁵

"All the lepers were filled with joy, and Fowle himself on learning his medicine had a positive effect, sent box after box." Liberal use was made of the mixture but unfortunately in every case, the symptoms returned.⁶

"A little while after our arrival in Tracadie, a man, a leper sick for six years, came and asked to be admitted . . . The poor man was covered with wounds . . . After a few days rest, I gave him liquid arsenic five drops . . . all his wounds are better except one on the foot and his lips are still a little sore, but he is strong and vigorous, the red spots on his legs are disappearing . . . Two others also new patients have taken liquid arsenic and they have found relief," Soeur St. Jean said.⁷ Liquid arsenic, used with caution, was considered an acceptable and useful medicine in the treatment of skin diseases. She also gave bichloride of mercury, thirty-two coarse grains a dose, to those she considered in the worst state. This metal was used extensively in medicines and both Drs. Labillois and Key had used it. Even strong tea was considered beneficial. It appeared to cause amber spots to fade. However, none of the treatments brought lasting relief. Eventually, Soeur St. Jean had to conclude that the disease was incurable and to stick with palliative remedies like chloral, when the sick were in pain or couldn't sleep, and cough mixtures and gargles.

She wrote with compassion about her patients. A letter to Mère Mance begins, "As I watch over my poor sick I am profiting from a quiet moment to come and rest with you for a while . . . Little William is dying; he suffers like a real martyr, he is extremely oppressed, we have two others who are very sick, we have been up with them all night . . ."⁸

In spite of Soeur St. Jean's efforts, the number of deaths among the patients remained quite high. During the first fourteen months after the sisters arrived, there were four deaths out of twenty-seven patients; but there had been seven admissions. There were three deaths in 1870, four in 1871. From November 1871 to November 1872, nine patients died. A. K. McDougall attributed this to a large number of advanced cases.

It was several months after their incorporation before the sisters received the first installment of the government appropriation—a sum of \$200 that didn't arrive until June of 1869. For their first three months in Tracadie, Reverend Paquet had paid for their necessities; however, that winter, his health deteriorating, he went to Montreal where he entered the Hôtel-Dieu Hospital. The sisters were forced to stretch the small amount of cash they had on hand. What little 'extras' they were given in the form of food they shared with their patients. "The alms they received in the forms of cords of wood couldn't heat the places where the winter winds penetrated."⁹

For several months after their arrival, they were a source of wonder in and out of the lazaretto. One little boy had the habit of genuflecting everytime he saw one of them, even if he were running at top speed. On one occasion, when a sister was talking to a priest, an elderly man ignored the cleric and fell on his knees in front of her. "I come to your Holiness in perfect confidence," he said.¹⁰

Along with their medical attendance, the religious instruction of the patients became a large part of the daily routine. It is not surprising that by their first Christmas, nine patients, most of them children, were ready to receive their first communion. Because of the special occasion, the sisters wanted their patients to have new clothes.

The Board of Health distributed a change of clothes every six months and these the patients wore continually. At the end of six months, old articles of clothing were burned. The resourceful sisters sewed together strips of cotton they had on hand for the menstrual needs of the women and made shirts for the children. The annals say the youngsters were proud of their new clothes, and the nuns enjoyed a quiet chuckle.

Before their first year in Tracadie was over, Mère Pagé was recalled to Montreal. She suffered from exzema. Mère Mance was afraid her condition would make her more susceptible to leprosy infection. Soeur Monique Reid was sent to Tracadie in place of Mère Pagé. She became Mother Superior in July of 1869. Soeur Sicotte accompanied Mère Reid. In July of 1869, Reverend Paquet died. His body was returned to Caraqueet for burial but his heart for many years was encased in the altar of the sister's chapel in Tracadie. In his will he left the community \$400.

In spite of the hardships, "The Tracadie Foundation seemed to be founded on a rock. It is the little seed that springs up in among thorns and which shows promise of becoming a large tree," Soeur St. Jean wrote. In one six-month period, the young sister had seen 1,695 people in the pharmacy. "They come looking for remedies . . . rather than annoy us, on the contrary, they bring us closer to God . . ."¹¹

In the two years she had been in Tracadie, Soeur St. Jean had observed the disease. She wrote on the randomness with which it selected its victims. The second wife of François Robichaud, Domithilde Brideau, was a patient in the lazaretto when she gave birth to a child, a son, in June 1853. She nursed the baby herself while covered with leprosy and died a short while later in the hospital. Since that time, the child had had no symptoms of the disease. Monique Rousselle, François

Robichaud's third wife, was in the lazaretto. Two of their children, Augustin and Judith, also had leprosy. Soeur St. Jean said that one woman employed in the lazaretto had lived in the hospital for eight years, eating and sleeping with the patients, and yet had never taken the disease. The laundress at the time had been living with the patients for two years. Previous to this she had taken care of her husband who died of leprosy. This woman as well remained free of the illness.

Soeur St. Jean was strongly persuaded that "the illness . . . is caused by the type of life style of the inhabitants of Tracadie. Nearly all of them are fishermen or sailors, their principal food is fish, especially herring, potatoes, and turnip. I am able to tell you there isn't ten families in Tracadie who eat bread, because the poverty is so extreme."¹² Because much of the land around Tracadie was not suitable for farming, and because of their fear of being driven from their homes again, the early Acadian settlers were slow to cultivate large tracts. However, almost every family had a garden. Wheat bread was eaten only a few months a year. The rest of the time, bread was made with barley, buckwheat, or oats.

Doctors Bayard and Wilson thought improperly-cured fish and overheated homes were factors that helped the disease develop. From time to time, salted fish and meat were also blamed. Dr. J.C. Taché disagreed. He said, ". . . the idea that the eating of a particular article of food, the use or non-usage of certain articles of habiliment, can influence the production and spread of leprosy, is, in my humble opinion, quite inadmissible."¹³

Many researchers found the inhabitants of Tracadie an extremely hardy people. ". . . they seem well-made, healthy, and have a well-to-do look," wrote W. H. Thornton.¹⁴ Dr. Taché wrote, "The population is well-behaved, intelligent, laborious, remarkably healthy, robust and long-lived."¹⁵ A. M. Pope said, "Writers who assign the cause to be the poverty of the place are simply talking nonsense . . . The district has not one family who are not comfortably housed and clothed."¹⁶

The close intimacy of family life was still a lifestyle factor that did favor the continuance of the disease in some. Unless the sick were separated from the well, there were sure to be others. In the Drysdales, seven children fell ill after the father refused to send the first victims to the hospital. Other families in which the sick remained in close contact with the others suffered a similar fate.

The patient lists and doctor's reports show that when the sick person was cared for at home, the one responsible for such care sometimes took the disease. Very often this person, most likely a woman, took the illness from a father-in-law, uncle, or husband, and then she herself transmitted it to the children.

Although there was never in New Brunswick a marriage contracted by known lepers, nothing was done to discourage infected spouses from co-habiting with their unaffected partners. Several women in the advanced stage of the disease birthed children.

A dermatologist, Dr. J. E. Graham, was among the first to suggest

that the disease could be effectively contained at home if the patients were "careful to keep themselves separate from the family."¹⁷ No one connected with the Tracadie lazaretto gave the idea any serious consideration. All believed prompt removal to the hospital was the only way to contain the outbreak.

The sisters had many responsibilities but few real powers. For several years they were not allowed to open a noviciate, a step that was crucial if the new foundation were to last. Only at the intercession of Mère Pagé during an official visit to the Chatham house in 1873 did Bishop Rogers finally allow the Tracadie community to open one.

To help the Tracadie community, several houses of 'Les Hospitalières' in France contributed financially to the new foundation. The money was given to Bishop Rogers who visited the different communities during his trip to Europe in 1871. Instead of turning the funds over to the sisters, however, the Bishop sent the money to his secretary, Reverend Barry. The sisters of Tracadie had little choice but to grant the Bishop "permission" to use the money for diocesan work.

In spite of the difficulties, the community grew. In December 1873, the sisters opened a school; in 1877, the noviciate had to be enlarged. In 1875, Mère Reid had served as Mother Superior for six consecutive years, the longest period one could occupy the post. Although technically too young, thirty-year-old Soeur St. Jean was elected to the office.

Before the 1870s were over, the authority the sisters had in connection with the lazaretto was reduced. Dr. J. C. Taché, who visited several times in the 1870s, said there was one girl by the name of Comeau in the hospital who had never had the disease. His finding was confirmed by Dr. Smith who said she had been admitted on the certification of "an inexperienced physician in another county."¹⁸

Dr. Smith also told the provincial authorities that a boy had to be discharged after a year in the lazaretto. He had no sign of the illness. "I would respectively urge the necessity of having an experienced physician appointed, at a small salary, for the purpose of quarterly visits to the lazaretto . . . The ladies in charge are confessedly unable to diagnose the disease in its early stages and decline the responsibility for attempting to do so."¹⁹

Dr. Smith's request was granted. He was appointed Consulting Physician to the lazaretto in October 1878. While he had no jurisdiction inside the hospital itself, he now was free to carry on his work of visiting the affected parishes, inspecting homes and factories, and by 'moral suasion' removing people to the hospital when necessary. He also examined the patients and advised on their care.

As had always been the practice, all the money used to run the lazaretto, excepting the sisters' allocation, was given to the Board of Health. The supplies, including food for the patients, were purchased by that body.

The method of preparing meals for the patients had never been convenient. The food was still being cooked in the keeper's residence

some distance away and brought to the lazaretto. In earlier years the keeper, Philius Losier and his wife, managed this department and the couple got along well with the sisters. In 1874, the Board of Health dismissed Losier on the grounds that a "competent person could be secured at a much less salary."²⁰ The action was taken by a newly-organized Board of Health whose manipulations resulted in a series of scandals.

In Losier's place, no less than two keepers were hired each year and sometimes their wives and children. The sisters were told that they could not obtain the smallest quantity of food for their patients unless they gave written instructions to the cook. Very often the cook couldn't read, casting doubt on the effectiveness of the written orders. And, the new cooks were accused of entertaining themselves and their friends on provisions set aside for the patients.

The Secretary of the Board of Health, A. K. McDougall, was not party to these actions of the Board, but he seemed powerless to control them. In 1875, he told the Lieutenant-Governor that the expenses would be considerably reduced and the patients better fed if "the cooking department came directly under the control of the Sisters . . ."²¹

The excesses of the Board continued. Unpopular people were hired as guards. The disruption spread into the hospital itself, causing discord among the patients and new problems for the sisters.

12

CHARGE AND COUNTERCHARGE: A BOARD DIVIDED

I think it is my duty therefore to give the alarm and protest against the extravagance which is manifested in the administration of the institution, the Tracadie Lazaretto and against the government for giving power to the majority of the Board of Health to dip their hands at will into the public chest. I am prepared to show what has been done.

Informer
Tracadie
February 10, 1879

Your correspondent wishes to go back over a few years to expose the expenditure I would wish to conceal, on the contrary, I want the whole thing brought out. He may go back as far as he chooses and if anything indefensible is found it will be on his own part or on the part of the party in whose interest he writes.

John Young
February 15, 1879

A member of the Board says that the votes were six to three for my dismissal, misrepresents the facts in this as in all other cases. The votes were five to four as follows.

Yeas: John Young, William Archer, William Walsh, Fidèle Savoy, Oliver Robichaud.

Nays: Rev. J. A. Babineau, William Ferguson, William Davidson, A. K. McDougall.

A. K. McDougall
Oak Point
March 13, 1879
All three from "The Tracadie
Lazaretto" articles,
The Miramichi Advance (Chatham,
N.B.)

If Jean-Baptiste were alive, he would have laughed at the scandal on the Board of Health. He would have said it was politics.

I don't understand politics but I know that those who were on the Board of Health did business with the lazaretto. 'C'était la même chose', it was the same when we were on Becs-Scies and it has not changed.

Now they had three merchants, John Young, William Ferguson, and William Davidson, and they all wanted to do business with the lazaretto. The hospital

gave big orders in Tracadie. A merchant could be very rich if the hospital bought all its goods from him.

Jean-Baptiste, it is still hard for me to say this, Jean-Baptiste died in 1874. He had rheumatism very bad. We think it killed him. Anyway, I was now living with Luc, my son, he would tell us what was happening.

"Young won control of the Board of Health and McDougall opposed him, that was why Young had him fired," Luc said.

"But Olivier told me it was because McDougall lived too far from Tracadie" I answered. Olivier Robichaud is my nephew. He is a very smart man, a teacher, and now he was the new secretary of the Board of Health. He replaced Mr. McDougall. I am very proud of Olivier a Jani.

"That was just an excuse. McDougall was on the Board for ten years and he has always lived forty miles away," Luc said. He is not proud of Olivier and he never liked the Young family much.

"It was because McDougall wouldn't let the Youngs put all of Gloucester and Northumberland in their pockets that he got fired," Luc continued.

I yawned. He was going to talk politics.

"McDougall had Robert Young's name taken off the voting list for . . ."

I didn't hear the rest. I don't understand politics. Just the same, I'm proud of Olivier.

The Board of Health had traditionally been made up of individuals, businessmen generally, who had a vested interest in the institution. Contracts were parcelled out among them more or less amicably through public auction. The lowest bidder would win but successful submissions came from members of the Board or their friends. The priests who served on the Board were paid for chaplain duties and sold items to the hospital from time to time.

The scandal that finally brought this method of administration to a halt began on September 30, 1868. The Board of Health appointed members William Ferguson and John Young, who were cousins, competitive merchants, and political rivals, to form a supplies committee. They had the mandate to order any provisions that might be required by the hospital between meetings of the Board. The action was most likely taken to assure that the sisters, who had just arrived, would not run out of essential supplies.

Without consulting his colleague, Mr. Young began to send large quantities of provisions to the lazaretto and to bill the Board for the orders. As a result, two amendments were added to decrease the powers of the supplies committee on February 3, 1869. Young could no longer send supplies without the sanction of his colleagues or the goods would not be paid for by the Board. Further, the power of the committee was limited to supplies alone and only enough of these to last until the next meeting.

This seemed to curb the excesses of the supplies committee for the next few years. In 1871, Reverend Gauvreau, who had served on the Board of Health off and on in his twenty years in Tracadie, returned to



Rev. Joseph-Auguste Babineau, pastor of Tracadie 1871-1903. Musée Historique de Tracadie.

the province of Quebec. The transfer was made at his own request. He was tired and in poor health. He died in St.-Flavien in 1875, at the age of 69. On reporting his death, *Le Moniteur Acadien* said, he is "recognized by the Acadians for his devotion to the poor lepers . . . he worked constantly to improve their condition."¹

Reverend Father Joseph Auguste Babineau was appointed to take his place. Born on April 29, 1844, in St-Louis-de-Kent, New Brunswick, the fiery priest was the first Acadian pastor of Tracadie. Among his duties were chaplaincy to the lazaretto and membership on the Board of Health.

By the end of 1873, the members of the Board were Father Babineau, Alex McDermitt, John Young, William Ferguson, William Davidson, and A. K. McDougall. McDougall, the secretary-treasurer, was from Oak Point, forty miles from Tracadie. This inconvenience did not seem to bother the other members. In 1874, the government appointed four new members, William Archer, Fidèle Savoy, Olivier Robichaud, and Justinian Savoy, bringing the total number of Board members to ten.

After the new appointments, it became evident that Young controlled the majority on the Board of Health, with all the new members and Alex McDermitt supporting him. One of his first actions was the motion to dismiss Philias Losier. When this had been passed, the new keepers hired to replace him were chosen by Young. According to McDougall, they were usually persons indebted to Young in some way.

After this, Young used his position on the supplies committee to send in provisions or order repairs, sometimes without calling meetings. Charges for these orders were set at his own discretion and since the majority on the Board were his supporters, his bills were paid. This table shows a comparison of Young's accounts granted at public competition and his total accounts for these years:

	Public Account	Total Accounts
1874	\$105.40	\$384.75
1875	197.00	370.00
1876	154.70	388.12
1877	78.40	360.07

The minority members on the Board, headed by A. K. McDougall, protested but seemed unable to control the situation, partly because of Young's powerful friends in Fredericton: his brother, Robert, President of the Executive Council, and the Surveyor General, Mr. Adams. If McDougall had not angered Robert Young, it appears John could have continued to control the lazaretto fund indefinitely. The matter had nothing to do with the hospital.

In October 1878, A. K. McDougall was one of the revisers of the voters' list for the county of Northumberland. He had Robert Young's name and those of several of his friends removed from the electoral lists of the Parish of Alnwick on the grounds that they did not own property in the district.

The Miramichi Advance said in an editorial, "A deliberate attempt was made to swamp the genuine electorate of a large parish by adding to its electoral lists names which had no right to be upon it. It is a credit to Mr. McDougall that as a municipal councillor and revisor, he acted the part of an independent, honest man."²

The Youngs wanted A. K. McDougall removed from his position on the Board of Health. In December 1878, Justinian Savoy, Board Chairman, Olivier Robichaud, John Young, and William Archer wrote to the Provincial Secretary, Mr. Wedderburn. They requested that McDougall

be dismissed on the grounds that he lived too far from Tracadie. "The government thought at first to entertain the application and afterwards rejected it," wrote the editor of *The Miramichi Advance*. "They told the applicants they must themselves displace him." It was then discovered that "half the members of the board would not lend themselves to the injustice."³

It was charged that, to ensure the motion in favour of A. K. McDougall's dismissal would be carried, the government had added two more Young supporters to the Board, William Walsh and Dr. A. C. Smith. Dr. Smith and Alex McDermitt did not attend the meeting, but Walsh did—he made up the majority of one necessary to dismiss McDougall. Justinian Savoy, as Chairman, did not vote. *The Advance* says, "Mr. McDougall was one of the members of the Board who always has had a great deal to say in checking undue expenditures for a good many years . . . His greatest enemy on the Board has never yet hinted at any neglect of duty or error of administration on his part."

The unjust dismissal of Mr. McDougall sent Father Babineau running for his quill. In a series of nine lengthy letters, colorful in style and graphic in detail, he exposed John Young and his friends on the Board. Under the pen name "Informer", Father Babineau's letters appeared in *The Miramichi Advance* beginning in February of 1879. Besides Babineau's letters, *The Miramichi Advance* published two letters from A. K. McDougall. The editor of the paper, G. D. Smith, wrote six editorials in support of Babineau and McDougall. The paper also published one letter from John Young under his own name.

After his first letter, John Young sent the rest of his correspondence to *The Union Advocate* in Newcastle. Four letters from Young appeared in that paper under the *nom de plume*, "A Member of the Board." *The Union Advocate* carried one editorial on the subject.

The correspondents accused one another of manipulating the Board and of unfair hiring practices. McDougall said repairs ordered by John Young were conspicuous "for little work being done and large amounts paid."⁴ Young accused Babineau of trying "to write up the purity of the Grit wing."⁵

In an era before radio and television, the antics of the Board of Health must have provided much entertainment for the New Brunswick reading public. They learned from Father Babineau that a Mr. Didyme Losier sold an entire beef carcass to the lazaretto at five cents a pound. When the beef had been delivered, John Young sent his men who took away half of the meat. Later, he resold it to the lazaretto at six cents a pound. The readers were told by Mr. Young to ask Father Babineau about an excessive amount of wine being sold to the hospital. "Forty dollars at one point and lesser amounts frequently since."⁶

The patients in the lazaretto were also involved. One night, the lower window of the men's ward was opened and a note was thrown in urging one of the patients to discipline another "in a Christian manner". This action kept the sisters busy and the patients stirred up. The note was signed by William Archer, Justinian Savoy, and Olivier Robichaud, all Board members.

Father Babineau questioned the wisdom of hiring a constable whose main function was "to walk about the grounds at 8 p.m. solemnly ringing an old cowbell, a signal for the inmates to retire,"⁷ which they had done anyway ever since the sisters arrived. Even the washerwomen had their day in print. Mr. Young named two of them in one of his letters. One of these, he said, was "a silly and quarrelsome person unfit for the position, and the only qualification she could have in Mr. Babineau's eyes was that she delt entirely with Mr. Ferguson." The other, Young said, was "an old servant who had done her work faithfully . . . she saved up her earnings and spent them where she pleased."⁸

Underneath the tone of self-righteous indignation that characterized all the letters were some interesting points. For one thing, in defending himself, Young altered the lazaretto accounts for the year 1868 as follows: Ferguson \$443.20; Davidson \$384.47; Young \$184.97. The correct accounts for that year were: Ferguson \$373.69; Davidson \$362.16; and Young \$184.97. Young also stated in one of his letters that his own account for 1878 was only \$179.13 but *The Advance* says, "he conveniently forgot to add another \$180.94 due to him at the close of the fiscal year." This meant that his entire accounts to the lazaretto for that year came to "a total of \$360.07," while Ferguson's were \$392.71, and Davidson's \$129.26.⁹

Using the corrected figures for 1867 plus the rest of the figures as given by Young, we see that from 1867 to 1878 inclusive, Ferguson's accounts with the lazaretto came to a total of \$3,814.65; Davidson's to \$2,852.33; and Young's to \$3,332.85. One thing is clear: all the merchants were doing a good business with the government.

Besides altering accounts, Young was also accused of altering the vote in favour of Mr. McDougall's dismissal so as to make it appear that the motion could have been carried without Walsh's vote. In one letter to *The Union Advocate*, Young claimed the vote in favour of McDougall's dismissal stood at six to three. In a later letter he amended this and said the vote was six to four. It was the latter version that the newly elected secretary-treasurer of the Board of Health, Olivier Robichaud, had certified and sent to Mr. Wedderburn, the Provincial Secretary. The dispute centered on whether or not Board chairman Justinian Savoy voted on the motion. Young and Robichaud said that he did. A. K. McDougall, who had recorded the meeting and kept the minutes with him, was proven correct: Justinian Savoy did not vote. Walsh voted in favour of the resolution and the motion carried five to four.

Robichaud said the mistake occurred because, in the absence of the minutes, he took what material he had on hand such as drafts of resolutions and notes taken by himself. He had these certified by the Board chairman and forwarded them to the Provincial Secretary as correct extracts from the minutes.

With all the dirty linen swinging on the line, the dust balls hit the wind and before the motes had settled, the provincial government finally decided an investigation was necessary. On May 27, 1879, the Attorney General, John James Fraser, the Minister of Public Works, P. A. Landry,

and the Solicitor General of the province, J. H. Crawford, were named to investigate the management of the Tracadie lazaretto. Another three months went by, however, before the commissioners came to Tracadie.

When they finally arrived in September, they found that "nearly every member of the Board was or had been in some way a contractor for the furnishing of supplies or the doing of work in connection with the institution."¹⁰ That practice had caused an undue rivalry between the members and marred the harmony necessary for effective management.

The wrangling brought any kind of management of the hospital to a standstill if the condition of the lazaretto is any indication. The hospital was in an inferior state, in need of repair, and inadequate for the number of patients. The distance between the cookhouse, located in the keeper's residence, and the lazaretto meant the food was often cold and unpalatable when it was served. The want of proper food storage was a source of waste. It appears few if any repairs had been made to the lazaretto since the sisters arrived. In 1871, McDougall had said the hospital was over-crowded and that wards were needed for the worst cases.

In 1872, Dr. Samuel Lewin had been sent to inspect the lazaretto. Besides finding the hospital too small and deploring the lack of a ward for serious cases, Lewin said a morgue was necessary. "When an inmate dies they are so much diseased that mortification immediately sets in and the stench is intolerable. The corpse is laid out in the wards where the others sleep and kept twenty-four hours or more . . ."¹¹

McDougall asked for a new hospital again in 1873. When Dr. J. Baxter was sent to Tracadie to inspect the lazaretto in September 1874, the hospital still had no ward for the worst cases, or a morgue. Baxter told the government that one person had recently been admitted who was in such bad condition the other patients could not remain in the same room with him. Baxter found the air in the wards poor. The women's ward and workroom were particularly bad. The ventilators served only to let in the rain. The window sashes were rotted, and rain and snow drifted into both the men's and women's quarters.

Dr. Taché, too, found the hospital in poor condition. As Deputy Minister of Agriculture, he helped arrange a grant of \$1,500 for the lazaretto from the federal government. The money was given directly to the sisters in October 1878, "To help you make all necessary repairs and improvements in the lazaretto for the comfort of the poor patients entrusted to your care."¹²

The sisters received the necessary permission from the provincial government before going ahead with the work. By that time, the rancour among Board of Health members had become so bad that the sisters banked the money until the situation had settled down.

Thus in September 1879, when the committee from the provincial government conducted its investigation, the lazaretto had the appearance of a slightly-built wooden barrack erected in haste. Like another visitor, they must have wondered how the twenty-six-year-old structure

"has stood so many winter gales blowing over the frozen surface of Tracadie Bay."¹³

In their report to the government, the committee members found inaccuracies in secretary Robichaud's report, but they refused to single out any of the members of the Board for poor conduct. Instead, they recommended that all the present members of the Board be removed from office. This recommendation was accepted by the government and an interim Board was set up. *The Miramichi Advance* called the committee report a "whitewashing effort." The paper protested against the dismissal of the whole Board, "those guilty of charges as well as those who contended against these men in the public interest."¹⁴

The new members were all from the Legislature of New Brunswick and included the Surveyor General Adams, P. A. Landry, and the Provincial Secretary, William Wedderburn. Father L. A. H. Allain, Reverend Babineau's assistant, was appointed secretary-treasurer.

The appointments were temporary in any case. By July of 1879, both governments had reached the decision to transfer the hospital. It would come under the direction of the federal Department of Agriculture. Ferdinand Robidoux, editor of *Le Moniteur Acadien*, wrote, "The decision is one of those rare transactions where all parties will benefit . . . First of all the allocation voted on . . . will allow for the construction of a wing for the lepers without further delay. After that we hope a greater latitude will be given to 'Les Hospitalières' in the employment and dispersal of funds."¹⁵

A new wing for the lepers was still a long way off. Actually, under the terms of the federal agreement, the sisters had direction and management of the hospital; but their allowance (it was too small to be considered a salary) remained at \$800 a year. There were now eleven sisters in the Tracadie Foundation who had charge of sixteen patients.

Father Babineau stayed on as chaplain and received \$100 annually. The visiting physician, Dr. Smith, came four times a year and was to receive \$200, plus travel expenses. A document accepting the terms of the changeover was passed in the New Brunswick Legislature November 9, 1880.

With the fifteen hundred dollars given by the federal government in 1878, the sisters were now able to build a kitchen, laundry, and storeroom. They built a morgue but there were no funds left for further improvements. A new wing for the patients was out of the question. A. M. Pope wrote, "The hospital can scarcely be called a triumph of architecture, nor has it any of the stately solidity that one expects to see in a government institution."¹⁶ In 1881, Dr. Smith reported that one of the sick had developed typhoid fever and that there was no isolation ward. The sisters managed to separate him from the others but only at great inconvenience. An isolation ward for the worst cases was finally built in 1882. The allocation from the federal government remained at or near \$3,000 annually, about the same as what it had been under the provincial authority.

Nearly forty years had passed since the first tentative attempts were made to control the disease and care for the victims. The federal takeover of the lazaretto seemed to result in a renewed curiosity on the part of the general public. Throughout the 1880s, a steady stream of reporters, politicians, and clergy made their way to the Tracadie hospital.



A woman patient, 1886. Musée Historique de Tracadie.



A woman patient, circa 1900. P.A.C. PA-135723.

13

FEW UNDERSTAND OUR POSITION

There is, in fact, about the whole landscape—the dwellings—their inmates—their surroundings, such a cold, hopeless, all-pervading sense of dejectedness, that a traveller journeying through this dismal country might be tempted to exclaim: "Is not this place accursed?" . . .

Reader, the funereal village we have just sketched is that of Tracadie . . .

J. M. LeMoine

The Chronicles of the St. Lawrence, 1878

Tracadie is very quiet in its lovely beauty. Across the entrance to the bay stretches a high, red ridge of sand called the Dune; on this is a cluster of large white buildings that seem to rise abruptly from the waves. A little steamer plies busily from the harbour bar to a saw-mill on the shore. Here and there a sail-boat glides over the blue water. Great flocks of wild fowl fly screaming out to sea, and across the shining sand come the voices of children at play.

A. M. Pope

Catholic World, Vol. XXXVI

March 1883

Tracadie is a small and dismal village lying in the marshes of the County of Gloucester . . . The houses are small and poverty stricken, and the shore facing the Gulf of St. Laurence is a dreary waste of sand and quagmire . . . The village itself is deserted and the waters of the gulf keep up an everlasting sobbing on the bleak shore so the Acadians say it is 'a settlement of misery'.

The Daily Telegraph (Saint John, N.B.)
July 10, 1880

I visited Tracadie Sunday, July 16. Honorable Athur D. Williams of New York accompanied me . . . There was no hotel in Tracadie. We took advantage of the goodness of Mr. John Young, the richest citizen for supper and lodging. At sunrise the next morning the small bell in the belfry of an ancient Roman Catholic chapel facing the wide blue bay announced the first mass . . . At 10 the dusty roads were filled with French Acadians going to church. A small number came in rickety carriages but most were on foot. They came in groups young and old . . . A few of them were up at dawn and had walked ten or twelve miles. One man who walked with crutches lived seven miles from there. It was warm. The air was filled with mosquitos and blackflies. The

devoted sat on a large pile of corded wood near the priest's house and waited for the ringing of the bell.

Siska
Le Moniteur Acadien (Shediac, N.B.)
September 7, 1882

The lazaretto [is] a bleak and gloomy edifice, with sombre and dismal surroundings. In the upper window the lepers who have not yet been rendered sightless by the disease keep watch on the fishing smacks as they ply between the beach and the fishing banks; but the lower windows are darkened, for the inmates of that section of the building do not know night from day.

The Daily Telegraph (Saint John, N.B.)
July 10, 1880

There is the muffled toll of the convent-bell. From the hospital door, across the green lawn, and out to the gate moves a procession of men; they are lepers, and they carry a coffin. At the gate they stop: they may go no further. Hired hands then seize the coffin and bear it over the little bridge and along the stony beach. In one corner of the cemetery is an open grave; around it are many mounds, each marked by a simple wooden cross. The coffin of this last victim is lowered, the earth thrown in, the men turn away, and the blue waves splashing against the grass-grown bank sing the last requiem of the little sufferer.

A.M. Pope
Catholic World, Vol. XXXVI
March 1883

While we crossed the small rustic bridge near the lazaretto we could hear the plaintive notes of the violin. The melody was sweet and sad, the musician was a leper who passed the long hours this way.

Siska
Le Moniteur Acadien (Shediac, N.B.)
September 7, 1882

In the evening, as we left the place, the men were coming up that Via Dolorosa from the shore, slowly and painfully making their way back to spend another long night in their living tomb—a line of God's images disfigured and defiled.

Beachcomber
The Halifax Chronicle (Halifax, N.S.)
After 1897

After mass we visited the lazaretto. Mgr. Rogers, Mgr. Sweeny, the former Chaplain, Mgr. Duhamel, the apostolic prefect from Newfoundland, Vicaire General Langevin, the Chaplain of the lazaretto and another priest . . . The lepers were sitting down in front of us. Each of

the Bishops addressd them briefly, exhorting these unhappy people to have patience and to join their sufferings with that of our Holy Saviour . . .

After this one of the gentlemen in a respectable manner addressed Bishop Rogers. He thanked him for the zealous way he worked . . . by bringing the good sisters to take care of them.

John Joseph Lynch,
Archbishop of Toronto
Le Moniteur Acadien (Shediac, N.B.)
September 10, 1885

'C'est assez', it is enough that I am surrounded by 'les malades', the sick ones, with all their infections and odours, their distortions. It is enough I can no longer walk into my own yard or cook over my own fire or sit in my own doorway and watch the road. It is enough the sound of my grandchildren's voices has been denied me. They will not learn their prayers at my skirts or listen to the stories I have to tell. It is enough, all these things, without having to put up with the stares of strangers.

Always they look at me. Always Soeur St. Jean tells them about my hands. I try to hide them under my apron but it's no use to do this. The writer keeps staring until I forget and the hands are out. There they are, I hold them up for them to look at, just stumps but they have been that way since Becs-Scies.

I am still free of 'la maladie' but I have little sores on my feet that will not heal. I knew they are not like 'la maladie'. I have seen enough of that illness to know the signs but no one will listen to me, an old woman of over seventy years.

Anyway, I could not walk about the way I once did; nor work with energy at a time when energy was needed. Luc was ill. My daughter-in-law, Isabelle, had to care for him and keep her six young ones fed and clothed. I decided it was best for me to come here. I was only three months in the lazaretto when they told me Luc had died. I had expected it would happen.

At least I have Lucille. I am proud of her. Her face is clear and beautiful. Fourteen years have gone by since Jean-Baptiste and I brought her to the lazaretto door. Maybe she was not so sick; maybe she could have been home with us.

In here, the days are long. Time to sit and think about the past. In the summer there is more to do. Lucille and I and some of the other women have a garden away from the men's yard. We grow potatoes and some turnips just for our own use. We can walk down to the shore, those who want to. I like wild-flowers, the buttercups and daisies and forget-me-nots. I pick those for the altar in our chapel. Even with my hands injured, there is a lot that I can do. There is a boat and the men can fish if they want or hunt.

Winters are long. The wind off the ice is sharp, the building old. Soeur Lumina put warm ashes in her shoes to keep her feet from freezing. The walls shake in the wind and there is hardly a corner where you don't feel the cold. I sit wrapped in a blanket and I wait for the hours to go by.

Lucille helps in the lazaretto. She is cheerful and a favorite with the sisters. She can knit and card wool but she cannot weave. She learned to read but there are no books or papers.

The young ones go out when they can, even in the cold. They have too much energy to stay locked up in a hospital. Others are bedridden, or blind, or have sore legs and cannot walk.

Of course, it is much better for us than it ever was when we were on Becs-Scies; and you cannot know how bad it was when those with 'la maladie' had no one to care for them here in Tracadie. I try to tell the others sometimes but if you were not there, if you did not see yourself these things . . . it was a long time ago.

Anyway, I won't let anyone complain about the sisters. They listen to me, the others, because I am the oldest; the papers say 'the oldest leper' in the Tracadie lazaretto.

It was the custom for visitors to introduce themselves to Father Babineau first. The priest's residence and the small wood frame church were only a short walk from the hospital. Father Babineau would escort the guest over the footbridge and down the path to the lazaretto. All the buildings were beside the shore. People who came to visit the lazaretto entered the main door that faced the sea. Father Babineau would ring the bell and a sister would open a wicket in the door. After a few words of introduction from the priest, she would usher everyone into a reception room. It was usually Soeur St. Jean and Father Babineau who gave their guests a general history of the lazaretto and leprosy disease in New Brunswick; but, it appears, they knew little or nothing about the Miramichi cases. After this, the guests were given a tour of the hospital. The results of these visits were a series of first-person accounts as varied as the personalities of the visitors.

Some painted Tracadie, the church, the people, the hospital, and the sea in a single shade of slate gray. Others washed the village in rosy tones with lots of artificial sweetener on the landscape.

Beachcomber, who wrote in *The Halifax Chronicle*, hardly allowed a dose of reality to mar the somber beauty of his prose. "There is a local story well-known and the saddest of all," he writes at one point, and proceeds to recount a tale of a young woman engaged to a "seafaring man." While at sea, the young man developed leprosy and word was sent to the priest to break the news to the young lady, but he hadn't the heart. "The maiden, watching eagerly for the ship and her lover saw it coming . . . and ran joyously to the priest to tell him the good news . . ." When she learned that "she and her lover were dead to each other forever on earth," the heartbroken lass went off to Montreal and entered a convent. Later she returned to Tracadie to nurse lepers and, you guessed it, among them was her lover.¹ That tale must have been a total revelation to the sisters, the lazaretto patients, and the people of Tracadie.

Other articles took a less romantic turn. "It was a harrowing sight to look upon the lepers. Hideous distortions, dreadful swellings and sores were visible, and the dull sodden hopeless look on some faces was pitiful in the extreme," wrote a reporter from *The Daily Sun Saint John*.²

Few reporters captured the atmosphere of the lazaretto as well as Siska, a writer from *The New York Sun* who visited on July 16, 1882. When Siska, accompanied by the Honorable Arthur D. Williams of New York, entered the men's ward, several patients got up from the table where they were enjoying a meal. Others "stood in line, heads lowered, appearance pitiful. Two of these were children." One man, Michel Doiron, not the same Michel Doiron who had been in the lazaretto at the time of the fire in 1852, a fisherman who lived for twenty years in a cabin by Tracadie Bay, sat and faced the sun coming in from the doorway. When the priest had asked him to go to the lazaretto, Michel's only objection was the loss of his solitude. Now he sat silently, a big man, with a black beard, smoking a pipe and "looking for the company of nature . . . Not long ago a young man of 19 escaped the lazaretto and walked twenty-five miles to see his mother. He stayed several hours in his parents' home and returned less troubled."³

Only one patient spoke English—Pierre Noël, a twenty-eight-year-old wood cutter and ferryman. "You seem surprised to see me here because you can't see the marks of 'la maladie,' " he said to Siska. "Look at my hands." The lines of his hands seemed laced in silver. The pores of his skin shone as if they were silver powder. His forehead was swollen. Mr. Noël said, "All of your doubts would disappear if you could see my body." Mr. Noël told the visitors that he first noticed the symptoms in the spring. "I worked on a woodlot on the northwest Branch of the Miramichi River, and once after I went to bed I saw a yellow spot on my leg." At first he paid no attention to the symptoms but his condition became worse. "I came here on the advice of a friend, to see the sisters and to find out what I had. She told me I had 'la maladie' and there you have it. I'm here for life." Mr. Noël said that he missed not having books and newspapers and Siska promised to send him some.

Upstairs in the women's ward "fourteen women in different stages of the disease sat in a line, their hands crossed and eyes lowered. There were sisters and cousins among them . . . They were non-communicative." One of the women heard Soeur St. Jean remark that she was hiding her hands under her apron. "She pushed aside her apron with an angry gesture and brought forward two dried stumps." Siska does not identify her but from his description, he had met Marguerite. After this, Siska said, the old woman called her daughter over. "She had a charming face . . . but she was losing the extremities of her fingers one by one like her mother."⁴

Also in the women's ward, Siska met Elizabeth McGrath, a twenty-eight-year-old dwarf. "She was attacked with the worse form of leprosy." Blind and severely handicapped, she insisted on standing up to receive visitors "in spite of our protests."

Siska said the men on one floor and the women on the other rarely saw each other. "There wasn't a man in the hospital who isn't a leper." A laundress and a young female were employed there, but other than these two, the sisters did all the work.

In the wards, the beds were lined on each side as in a regular

hospital. The floors were washed every day. Each dormitory had a prayer-stool "where the afflicted ones say their prayers on getting up and before going to bed." The walls were covered with pictures of saints and with slogans such as "Pour un moment de sacrifice une éternité de jouissance." (For a moment of sacrifice an eternity of joy.)

Throughout the hospital, the floors were "as white as marble." The large stove shone; not a spot of grease appeared on the lepers' clothing. "Their aprons and handkerchiefs were as white as snow. The windows sparkled . . . There was just one obstacle to their comfort . . . The buildings are a disgrace . . . The ceilings are low and the apartments poorly aired."

Outside Siska met Mr. Noël again and four of his companions. The young man spoke on behalf of one of his friends, "He thinks one of you is a doctor and will be able to tell him what to do. He was on the sea but he can no longer endure the ocean air because his lungs are so weak." Siska was not able to give any encouragement and the man separated himself from his companions and walked towards the fence that faced the bay.

"Noël accompanied us to the end of the narrow lane which leads to the open road . . . Two little lepers walked beside us. One of them said, 'If you please sir give me a penny.'" Siska gave each of them a coin. "They couldn't have been more surprised if they had fallen into a bag of gold. They flew like the wind into the lazaretto."

Mr. Noël saw the visitors were about to leave. "My God," he cried. "Why can't I be well again. I worked hard. I never acted irresponsibly. I take a bath every day. I am clean. I cannot see why I am not cured. Sometimes I think it is not leprosy . . ."

Mr. Noël had been told by one man, who said he had the same disease, that he had been treated and cured by a doctor who said it was scrofula. "If I were treated for scrofula I believe I could be cured. They say there is a doctor in Chatham who would cure us. I have spent sleepless nights thinking of a plan by which I could go and find him and ask him to cure me. I have no money but I would work hard to pay him if only he would make me well again."

As they lingered at the edge of the lazaretto grounds, Mr. Noël continued, "Sometimes I find it hard not to believe that they do not cure us because they are interested in keeping us here." Then he seemed to think about what he said because he added, "I know it isn't as bad as it was when the yard was surrounded by a spiked fence. A few of the men have told me how they were treated then. The sisters changed all that. I have no complaint against them . . . It is not their fault or ours that we are here."

The time had come for Siska and his companion to leave. Mr. Noël excused himself for having delayed them. "We see so few who understand our position," he said.⁵

A. M. Pope, who visited the lazaretto a month or two after Siska, met Elizabeth McGrath shortly before her death. She was completely

bedridden. While "suffering most intense and unceasing agony", she never murmured or complained.⁶ She prayed for the nurses who cared for her, for the priest, and for her fellow-sufferers. "The sister in charge was reading the prayers for the sick at her bedside, and as we looked, she held up her little hands and smiled . . . overcome, we turned away. With Elizabeth in the hospital was her sister, "a young married woman of gentle and melancholy mein." She left a five-month-old baby to go into the lazaretto.

Pope said of the men's wards, "there is a look of listless sadness that one is glad to find absent from the faces of the women who . . . have managed to give their apartments somewhat of a homelike aspect. Here they sew, knit, weave and spin, and when the strength permits, assist in the washing and nursing, for which work they are always paid." Among all the patients, Pope found a "wonderful spirit of resignation." The priest and the sisters have "instilled a spirit of meekness and fortitude very foreign to their natures."⁷

Resignation and acceptance of an incurable insidious disease would be foreign to all natures including Pope's. Only a great deal of faith in an afterlife and future glory would have made the hardship bearable at all. As it was, the patients, some of them, could play the violin and on winter evenings they enjoyed dancing and singing. One of the patients who entertained his fellow-sufferers with violin music was Pierre Noël.

Many of those who met Siska and Pope died over the next few years. Among them was Lucille Saulnier who was nearly thirty-one at the time of her death in May 1885. Michel Doiron died in 1887 at the age of thirty-two. Pierre Noël also died in 1887. He was twenty-nine years old.

In August 1885, three years after Siska's visit, Rev. John Joseph Lynch, Archbishop of Toronto, along with other members of the Catholic clergy, visited the lazaretto. There were twenty-five patients in the hospital, "boys and girls, old people of both sexes, young men and women." All were gathered in one of the dormitories to meet the dignitaries. The visit was long, with each priest saying a few words to the sick.

At the time of this visit, Lucille had been dead three months. For Marguerite, it must have been a sad period. Archbishop Lynch writes, "When called to salute the most Rev. John Sweeney who was formerly her chaplain, she threw herself on her knees before him to ask his blessing and she used the stumps of her hands under her apron to wipe away her tears." At this point most of the others began to weep.⁸

On his return to Toronto, Archbishop Lynch wrote to Sir John A. McDonald, the Prime Minister. "I wish to lay before you the miserable level in which the poor lepers are housed in Tracadie," he began. The ceilings were low enough that his secretary could reach up and touch them. "I gave a little lecture to those poor afflicted people in their dormitory, and I found the smell intolerable; inasmuch as I was sitting among them." In the chapel, with the sisters on one side, the lepers on the other, and the clergy and lay people, "the heat and odour was oppressive." Twenty to thirty thousand dollars, "a mere trifle for the

Dominion government," would build not only a new hospital for the lepers, but also a house for the sisters with a wide corridor between. He wrote "Superintendents of gaols, reformatories, asylums, etc., have houses to live in apart from these institutions."⁹

While Dr. Smith's salary as visiting physician had been increased from two to three hundred dollars a year, and Rev. Babineau, on his own initiative, succeeded in having his salary doubled to two hundred dollars yearly, no salary increase had been given to the religious community since 1868. This was in spite of the fact that they bore the greatest responsibility.

There were now sixteen sisters in the convent. Archbishop Lynch wrote, "The sisters for many years at the commencement had to be supported in part from alms donated by the mother house in Montreal and from other charitable persons." The sisters taught school in a building separate from the hospital. This school was paid for by the parish. "I would take the liberty to suggest a larger remuneration for the sisters, for I am quite sure none will envy their position . . ." ¹⁰

McDonald forwarded the Archbishop's letter to the Minister of Agriculture, J. H. Pope. Pope replied to the Archbishop that from the reports he received from Tracadie, and from his Deputy Minister, Dr. Taché, "I find the condition (in every respect) of these sad sufferers had been greatly improved; while . . . I have to say to Your Grace, that I have not had any official representations made to me calling for change."¹¹

In spite of the negative tone of Pope's letter to Mgr. Lynch, the federal government allocated funds for some necessary repairs. In the summer of 1886, Dr. Smith reported, "The whole interior of the lazaretto has been sheathed in boards and painted." Verandahs had been added to both floors with doors opening into the interior. These improved the ventilation and "added much to the comfort of the inmates."¹²

Dr. Taché sent a gift to the patients on his own, a second-hand boat, reconditioned and newly painted, and big enough for all. Soeur St. Jean wrote to thank him. "Naturally the first sail was in your honour."¹³ No further repairs were made to the lazaretto. The question of an increased allocation for the sisters was not considered, and would not be for another fifteen years.

In the meantime, leprosy disease was a cause for concern elsewhere in the Maritimes. Several times during the 1880s, Dr. Smith made trips to Cape Breton Island, to a remote part of that district known as Lake Ainslie. His purpose was to observe and control the outbreak and, if necessary, to bring the afflicted to Tracadie.

LEPROSY IN CAPE BRETON

I visited and examined carefully several cases reported to me in the following districts, viz.: Lake Ainslie, Egypt, Lake of Law in North East Margaree and the Little Narrows. The parties affected with this disease, and their relations appeared unwilling to give full particulars of this malady. I found their neighbors and others very willing to help me with the history of each case and apparently very anxious that the Government should take some steps to remedy the present evil.

First, I visited a family of the name MacArty at Lake Law, notorious for the existence of leprosy . . . Old MacArty said that he was 97 years of age, a native of Ireland . . . His wife, Betsy Hardy, came from Yorkshire, England; married her in Prince Edward Island. She is dead; was aged 64; was ill with leprosy for about five years which caused her death. She had five sons and three daughters. Some of his family with the same complaint, viz.: Richard died from leprosy, aged 50; John died from leprosy, aged 30; William died from leprosy, aged 24; Mary died from leprosy, aged 40.

Albert S. Ashmead,
 "Introduction of Leprosy into Nova
 Scotia and the Province of New
 Brunswick. Micmacs Immune,"
Journal American Medical Association,
 Vol 2-XX 28 (1896)

Duncan McKinnon, 'un écossais', a Scotsman, he was the first stranger to be brought among us since the Tingleys came to Sheldrake. Dr. Smith and he came by schooner all the way from Cape Breton. A wagon from the hospital went down to meet the boat. We at the hospital 'on était curieux'; I and the other women waited on the balcony and the men were outside when M. McKinnon arrived.

He looked sad and he was badly marked by 'la maladie'. He did not look at us and no one spoke to him. We didn't know what to say. He limped into the lazaretto like those do who have 'la maladie' on their feet.

Sometimes I would feel sorry for him here among people whose language and ways he did not understand. Even our religion which brings so much comfort to us seemed a strange thing to him.

Even those who could speak English could not understand him. Anyway his voice was nearly gone. He came in July and he died in September. He was what the sisters called an advanced case. He must have been lonely, far from his own people with no one to talk to.

Leprosy existed in Cape Breton for more than thirty years before Duncan McKinnon was brought to the Tracadie lazaretto on July 15, 1889. As in Tracadie, the cause of the outbreak was unknown. One theory circulated by the inhabitants of Lake Ainslie, a Scottish settlement, was that "the disease originated first from one or more parties who served as soldiers in the plains of Egypt, and had carried the disease into this country, about 1825."¹

The disease was known to exist in Scotland and Dr. Smith implied that ancestors of the Cape Breton victims might have had the illness. Most doctors in Canada, including Dr. Smith, although they recognized a contagious factor as well, still believed in the hereditary properties of leprosy.

According to researcher William Fletcher, Betsy Hardy, the first victim, never came in contact with any cases of leprosy prior to her own illness. She first noticed symptoms in 1852. Eventually the local doctors and a priest who had been a resident in Tracadie diagnosed it. She died in 1864. Five of eight McCarthy children became ill and died of leprosy: Richard, after an illness of 20 years; John who had been sick twelve years; Mike (not mentioned by A.S. Ashmead), after an illness of ten to twelve years; and William and Mary, who were also ill about twenty years. Betsy's husband, Justin McCarthy, was born in Newfoundland but his parents were from Ireland. Mrs. McCarthy was a native of Lincolnshire, England. They were married in Prince Edward Island in 1836. The couple settled in Lake O'Law, Cape Breton.

There is a pattern of similarity between the Cape Breton victims and those of Northeast New Brunswick. In Cape Breton, the first cases were children and grandchildren of Scottish and Irish immigrants. They were likely from families who went through the long period of economic hardship common to new settlers. Lake O'Law, like Neguac, Tracadie, and Pokemouche, was a remote area described as "weirdly beautiful among the highland scenery, and unsurpassable in romantic charm." As in New Brunswick's northern and coastal regions, the climate was cold and damp with snow that sometimes lasted into June. Here too, the inhabitants led simple lives, "rising and retiring with the daylight." Their houses were heated with stoves and the old-time hearth; their diet was fish, potatoes, oatmeal, flour, beef, mutton, tea, and milk.

As in Tracadie, the disease attacked family members and friends at random. Besides the five McCarthy children, Mary McCarthy's husband, John Doyle, and two of their seven children became infected. Another daughter, Susannah, escaped the disease but her husband, John Cameron, became a victim. Their two children, both girls, remained well. Catherine, a third daughter, escaped the disease but her husband, John Conner, became a victim. Joseph Brown, a farmer, the son of Irish immigrants, attended William McCarthy during part of his illness. At McCarthy's death, Brown washed and laid out the body. He was the next victim of the disease and before he died, his niece, Mary Rachel Harris, picked up the virus. "Brown was blind and deaf and she was constantly at his bedside reading to him."²

Finally, as in New Brunswick, communication was a problem. The people in some cases spoke only Gaelic. Mr. Fletcher had to conduct some of his interviews with the aid of an interpreter.

East Lake Ainslie, a second focus of the illness in Cape Breton, is some miles from Lake O'Law. Here again the disease struck in an isolated but particularly scenic area. The lake "is twelve miles long by two to four broad, surrounded by high hills . . . Its waters are clear and limpid supplied by many small brooks from the surrounding hills, and drained by a small river, the Margaree."³

William Fletcher was among the first to investigate the Cape Breton outbreak in 1880. He said the victims from Lake Ainslie had the disease before they even heard of the Lake O'Law cases. Fletcher found six people in this region had already died "of a disease exhibiting the characteristic symptoms of leprosy." John McLean, a farmer, was one of these. Archie, Donald, and Sarah McKinnon, brothers and sisters, were also farmers. They too died of the illness. Donald Gillis and Archie McLean were victims five and six. Both men were farmers. These people had no trace of leprosy in their families prior to its appearance on them. Besides the dead, there were three people currently suffering from the illness. Neil, 39, Margaret, 35, and Christina McLean, 40, brother and sisters of Archie, all had developed the symptoms of the disease while still in their teens.

Four years after Fletcher's visit to the region, in 1885, Dr. Smith went to Cape Breton. He reported to the federal authorities that he found only one person who exhibited symptoms of leprosy. He added that after a careful study of the case and family background of the individual involved, he was convinced, "it was not leprosy but another disease." He concluded "Leprosy no longer exists—if it ever did exist—in Cape Breton."⁴

His report was a contradiction not only of Fletcher's findings, but of those of Doctor John Cameron from Port Hood, Cape Breton. Only three years later, in 1888, Cameron visited the area. He found six people with the illness, including the McLean sisters.

Dr. Cameron met the forty-two-year-old shoemaker, Duncan McKinnon, who, a year later, went to Tracadie with Dr. Smith. McKinnon's sister Flora, the mother of six children, the youngest only a few months of age, exhibited the symptoms. Cameron wrote, "Her illness . . . is of a milder character than any of the rest."⁵

Mary Rachel Harris, the twenty-nine-year-old niece of Joseph Brown, refused to allow Dr. Cameron to examine her. His conclusion that she was in the advanced stage of leprosy was based on a description of her symptoms given him by her mother. Cameron also talked to a neighbor who had seen her a few months earlier. "Her eyes appeared sunk and inflamed; face swollen, tubercular and ulcerated."

John Gillis was fifty years old and had had the disease since he was eighteen. His brother, Donald, had died of leprosy many years earlier. "John Gillis' neighbors report to me that he wore some of his brother's clothes . . . John Gillis denies this; says he never took any of his clothes."

Families with members suffering from leprosy disease were subject to the same social treatment from their neighbors that was given to those in New Brunswick. Dr. Cameron said that many in the immediate neighborhood believed the disease to be contagious and were "alarmed at the proximity of the disease to their house." The John Gillis family, for instance, was in very poor circumstances. "No outsider will approach his house, mingle with them or assist them in putting the crop down . . ." There were ten in the family aged from eight to twenty-one. Some were not allowed to go near him. Two were working for the Cape Breton Railway and sent what money they could.⁶

Some years earlier, Fletcher had written, "The people look upon the disease as contagious and are very much afraid of it, so much so that the charitably-disposed have been in the habit of aiding the Cameron family by leaving their offerings in a barrel placed at the roadside."⁷

In 1889, Dr. Smith had confirmed the existence of leprosy on the Island. He brought McKinnon to Tracadie and he took steps to alert the already-wary public. Reports of the disease reached the press. One Cape Breton paper, *The Island Reporter*, accused him of negligence for not placing all the cases in the lazaretto. The paper said the victims of this disease were at liberty near Englishtown and were coming in contact with other people. "These lepers make and sell butter to the merchants . . ."⁸ Dr. Smith replied that the disease in Cape Breton had nearly disappeared and fears of contagion were groundless.

Still, he wrote to the federal government, "There are two 'suspected' persons living at Lake Ainslie, who refused to be examined . . . In my last report I recommended the passage of an Act authorizing the enforced examination and segregation of leprosy persons . . ."⁹

Dr. Smith undertook the management and control of the disease in Cape Breton with the same dedication he showed in New Brunswick. Of the several cases on the island in 1893, he reported that one was a sixteen-year-old ferryman whose condition was dangerous and the "travelling public was alarmed." Before the opening of navigation in the spring, he would have seen that the young man was no longer employed in that position. In 1897, the doctor prevented "The keeper of a grist mill from ever again visiting the mill."¹⁰ When he was not in Cape Breton, he appointed others he called "reliable friends" in the district to monitor the activities of those he thought had leprosy.

John Joseph Dunber from Scotsville, Cape Breton, was one of the 'friends.' He wrote with regard to one individual, ". . . the precautions you gave the family re Hector is not as strictly carried out as they promised you, they still I understand, sell whisky, and you might warn them not to let him play any other Bagpipe. Very few people see him only intimate friends . . . still he is able to be out around the farm."¹¹

Dr. Smith complained that he had a great deal of difficulty in dealing with the Cape Breton cases. "They refused to be removed to the lazaretto and I have isolated them under threat of forcible removal."¹²

In New Brunswick, the only legal power Dr. Smith possessed was given him by the Board of Health before the federal authorities took

over the hospital. He was authorized to break into any house containing a suspected case of leprosy. "This power I still have," he wrote in 1906, "but only on two occasions have I used it. I have had guns fired at me in a menacing manner, have been threatened with physical violence, and have sat listening by the hour to abusive language. But I have always managed in the end to examine the suspected person."¹³

In Cape Breton, Dr. Smith had no such authority. However, the Honorable Mr. Fielding, the premier of Nova Scotia, in response to a request from Dr. Smith for a stronger mandate, "had an act passed giving me powers of a Board of Health in dealing with these cases . . . In the meantime, I had all the cases corralled and proclamation was found unnecessary."¹⁴

In both provinces, once a diagnosis of leprosy was made, Dr. Smith said, "My next step was to prevent the giving of employment to the leper, or any member of the family while he remained with them. To those who wished to give them employment I threatened public disclosure and ruin of business."¹⁵ It is not surprising that poverty and deprivation followed a diagnosis of leprosy in Cape Breton, just as it had in New Brunswick.

In 1893, Neil McMillan, a municipal councillor from South Lake Ainslie, wrote the Nova Scotia government for financial assistance on behalf of Margaret and Christie McLean who were "living in a poor miserable hut, not fit for living beings . . . and as to their maintenance it is far from being what it should be. Supported principally by the neighbors helping them in food and clothing."¹⁶ The two women continued to live in this way for some years. Margaret died in 1899. Christie, whose disease was apparently arrested, lived alone in her cabin until 1907. At that time, Dr. Smith made arrangements to bring her to the lazaretto but since these were not carried out, we presume she died shortly before she was to leave. The municipal council and charitable neighbors had continued to pay for her support.

It is hard to believe that Dr. Smith could write in one report, "An individual has rights even though he be a leper";¹⁷ while one Cape Breton victim named Gillis was segregated by him for several years on a mountain "where he died—a leper."¹⁸ A Cape Breton youngster was confined to an upper room. His mother, also a leper, was similarly segregated. When the boy's mother died two years later, Dr. Smith urged upon "the husband and father the need of caution." In response, the "woman's bed and bedding, clothing, dishes, her rocking chair, etc. . . . were taken outside and burned. The top floor was taken up and burned; a new one put in its place—all this at no expense to the Department."¹⁹

These measures were no less drastic than those recommended by him in New Brunswick. He once ordered the complete destruction of bed, bedding, table, chair and dishes—all fixtures in a cell of the Gloucester County Jail. He gave the directive because he said the patient was a mass of discharging sores and after hasty examination presumed him to be leprous. On another occasion, when a schoolhouse was to be

erected in a "leprous district" he made a thorough house-to-house inspection of all children. "The school trustees will exclude those not recommended by me," he wrote.²⁰

It is not surprising that with the threat of imposed isolation or enforced incarceration, several people in both Cape Breton and in New Brunswick left the area when they realized their symptoms could no longer be hidden. "About three years ago one of the Cape Breton lepers . . . left for the United States," Dr. Smith wrote in 1896. The person left to avoid segregation. "He is at present in the State of Maine and I am keeping track of his whereabouts . . ." ²¹ The doctor never specified who kept track of this individual but a private investigator hunted down Julie Savoie who left the Tracadie area.

Fleeing did not guarantee liberty to leprosy victims. Two young girls fled from Tracadie in the late 1870s. One died in Providence, Rhode Island. The other, Caroline Brideau, was sent back to the lazaretto under escort. "We will endeavour to keep her here by force if no other way will do," Father Babineau wrote.²²

There is some question whether or not Julie Savoie, who also escaped, even had leprosy. She was only seventeen when she left Tracadie with the help of her parents to prevent Dr. Smith from putting her in the lazaretto. She went to the Hôtel-Dieu Hospital in Montreal where her condition was diagnosed as caries of the bone. Doctors amputated her fingers and toes. When she recovered she went to work as a servant in several homes in the Lévi, Quebec area.

Dr. Smith took several steps to try to find her, including visiting Quebec. However, he had to give up; later he was informed that she had died. In 1906, twelve years later, a detective Hurly of Quebec informed him that Julie Savoie had been located. Dr. Smith went to the police station in Lévi to get her. In the lazaretto she was "put under lock and key, as we were afraid she would try to escape if she were given the opportunity . . ." ²³ For three years she was kept in this room. Dr. Antoine Langis, who replaced Dr. Smith on the latter's death in 1909, released her. He said he found only the effect of leprosy on the patient and mentioned her amputated extremities.

Dr. Langis wrote, "Miss Savoy has no parents nor anybody who wants and would be able to take care of her so that we will have to keep her here."²⁴ She died on July 19, 1927 of heart disease. However, the Cape Breton man who left for the State of Maine was allowed to stay "so long as the Americans do not complain. I will keep quiet but the time must come when he will be a source of danger to the community," Dr. Smith wrote.²⁵

By the 20th century, leprosy had all but died out in Cape Breton. What cases remained were thoroughly isolated; no new outbreaks were reported. In terms of effectiveness, it appears isolation within the home was as successful a policy as enforced incarceration in hospital.

In 1904, Dr. Smith wrote, "Of Cape Breton leprosy, I shall say little. I wish to respect a request made by Honorable Mr. Fielding, when Premier of Nova Scotia, that I would refrain from giving any publicity

to the existence of leprosy on the Island. Besides, many of the descendants of those who were lepers now occupy important positions in Society and are very sensitive to any reference made concerning the disease of their forefathers."²⁶

In Tracadie, too, the disease was in decline. By 1895, Dr. Smith said, "There is not now one case of leprosy (outside the hospital) in this village. None have been admitted to the lazaretto from this parish for many years; newcomers are invariably from outlying districts."²⁷ Thirteen men and boys, six women and girls were confined in the lazaretto, now more than forty-three years old. Nineteen sisters occupied adjoining quarters. All suffered diseases other than leprosy brought on by living conditions that were deplorable.



Nuns with two children patients. P.A.N.B. P20-281.

A NEW BUILDING IS A MATTER
OF SPECIAL URGENCY

It is fair to assume that even a leper would shrink from becoming an inmate for life of a low-ceilinged, squalid and rotting structure squatting on a site so flat that there is no drainage from it and whose atmosphere within and without it is impossible to purify, not only on account of the peculiar disease of the inmates but because exhalations from the sewage-soaked soil are constant suggestion of pestilence. The demand for new buildings . . . is a matter of quarantine and therefore of special urgency.

The Miramichi Advance
July 14, 1892.

That segregation of our lepers is rapidly stamping out the disease admits of no doubt. For several years past, no leprous persons have been admitted to the lazaretto from Tracadie, so long a hiding place of the malady. Recent additions to the ranks are from outlying districts to which relatives of leprous individuals have removed from Tracadie years ago . . . in a very few years leprosy with us will be a thing of the past.

Dr. A. C. Smith
Public Archives of New Brunswick
December 31, 1891

'Une fois', I once heard Dr. Smith say most of us were better off here and more comfortable than we were in our own homes. Sometimes I would like to take that man and lock him in one of the wards for a week. Then I would ask him if he had ever visited a home that was like that.

Rats are everywhere. The cupboards and tables are full of holes. They would steal the bread from our plates if we let them. We check our beds before we go to sleep to see that none are hidden under the blankets. The racket they make at night keeps us awake.

The outhouses adjoin the lazaretto and the pit is filled. 'Personne', none in Tracadie can be found to clean this out. The rats have been there, too, and the whole building is slanting downwards so that one day it might fall over with one of us in it. We laugh at that sometimes; how we would probably be left there because no one could be found who would pull us out.

In the spring, when the snow and ice melts and when high tides wash over the land to our door, sewage-soaked water spills over the lower floors of the

lazaretto kitchen. In summer the hot weather makes the odour from the pits worse. The men's ward and dining room, 'ça pue', it stinks.

In winter, if I could keep the doctor here, I would show him how the water freezes in the pitchers, even in the daytime. I would show him how low and dark are the women's quarters when the windows and doors are closed against the cold. I would ask him how we, who are not badly marked with 'la maladie', could stay day after day, in the same ward, with those whom 'la maladie' has rotted, even as the weather decays the place where we live.

There is no use for me to complain. My days are short and soon I will be with Jean-Baptiste, and Luc and Lucille. I pray though for the others . . .

Some, like my Lucille, spent their youth here. Maurice Benoit was only sixteen years old when he came. He is thirty now. Dr. Smith let his sister, Judith, go home a few years ago. Maurice should go home as well; just his hands, like mine, are marked. Their father, Xavier, died of 'la maladie' a long time ago. Their mother used to work here as a cleaning lady.

Marcel LeBlanc is thirty-three now but he has been here since he was eighteen. His sisters, Marie and Adeline, died in this place. They are from Shippagan. Joseph Comeau is only twenty-one, yet, he has been here for ten years. He had a brother, Charles, and a sister, Marie Gillette; they were both young when they died in the lazaretto.

Sometimes, I tell stories to the little girls who are here now. Suzanne Légère is only twelve and Marie Power is eleven. Marie's mother, Malvina, keeps me company in the ward and her brother Bernard is downstairs with the men. They are from St. Isidore.

There are others who are here with their families. Olésine Plourde, she is sixteen. Her father, Bélonie, is here; her brothers Théotime, twenty-one, and Joseph, twenty-nine, are here. A brother, Guillaume, and a sister, Lucille, died in the hospital. They are from Pointe Marcel near Caraquet.

Hélène Ferré is eighteen. She has been in the hospital since she was thirteen years old. Madame Forbes, she was Marie Légère before she married, she has been here for two years. She is twenty-eight. Gillette Parisé, she was a Gionnais from Pointe Marcel, she is fifty-six years old. Next to me she is the oldest woman here.

Let me think who else is in the hospital. It is a game I play with God. When I say my prayers for the others, I name each one and what I know about them. It is a way to make the hours go by.

Justine Comeau is forty-four years old and she has been here for twelve years. She is not married and she comes from Tracadie. Olivier Basque is twenty-three. He's just been here a few months. Ulderic Doucet is nineteen. He comes from Caraquet and he also has been here only a few months. François D'Assise Basque is twenty-eight. 'Je crois', I believe he is from Shippagan.

Philippe Plourde is thirteen and already he has been here for two years. Stanislas Plourde is fifty-six, one of the old ones but not as old as me. He is from Pointe Marcel.

François-Zavier Plourde is only seventeen. He is from Lamèque. His sister Marie Anne died of 'la maladie' last year. Raymond Duguay, thirty-three, is

another strong man shut away. He is married but his wife and children are on the outside.

Now, let me tell you about the sisters. It is good for me this exercise; it keeps me busy; it keeps me from going to sleep.

Mère Marie-Anne Doucet is the Mother Superior. I like her name for it is the same as that of my second youngest, born after I got out of the hospital. How long has it been since I saw her last . . . oh, that is another story . . .

Mère Doucet is not yet forty but this is her sixth year as 'Mère Supérieure.' She is from Bathurst and she trained as a teacher before she came here. She is a smart woman, that one.

She told me that her brother brought her to the Tracadie convent by horse and carriage. When he returned home, he told his mother "she won't last one day." That was a long time ago. Mère Doucet has spent more nights here than I have.

Soeur St. Jean is my favorite, the favorite of all of us who have 'la maladie' for she has the gift of healing in her touch and of soothing pain with the sound of her voice. It is only that she is so busy in the pharmacy that we can't see her as often as we would like. It worries me too that her long hours and little rest will make her ill. She only laughs when I say this to her.

Soeur Maillet, she is the head nurse; Soeur Landry is in charge of giving out supplies; Soeur Daigle is in charge of the women's wards . . .

Soeur Sormany, she is one of the young ones but she will go far in religious life. I have known her since she was a little girl, when she came here to study. I called her Amanda at that time. Her father is a very important man in Lamèque like the Young family in Tracadie. Soeur Sormany assists Soeur St. Jean in the pharmacy.

Soeur Robichaud is mainly with the orphans but sometimes she comes to visit us in the wards. Soeur Elizabeth is not in the wards much; she is a baker and a shoemaker, a gardener, and sometimes she does the cleaning in the convent. Soeur Marguerite is the cook so we don't see much of her either, just at Mass.

Soeur Marie-des-Anges is our cook. She was cured from consumption a few years ago and that is why the sisters took in orphans. They said it was a miracle, her cure, and that was a promise they made. Now twenty-five little children live in the attic above the convent. She is well named, Marie-Des-Anges, she has the gentle face of an angel that one.

Soeur Louise Légère is the tallest of the sisters. She walks like a queen. She is another young sister, just twenty years old. She was professed last year. Sometimes they bring the organ into the men's ward and they sing for us. Soeur Légère's voice is the sweetest, like the sounds of the sea on the shore and the wind through the trees; you can hear it in your heart a long time after the song is over. She is with the orphans most of the time.

Soeur Hedwige is also one of our nurses. Soeur Octavie is in charge of the sacristy, and sometimes she lets me help her decorate the altar for Mass.

Besides caring for us and the little orphans, the sisters have a school. They make the priest's vestments and altar clothes for the churches around Tracadie. They make the wafers, the little communion breads. They give food and clothing to the poor; make clothes for us; make shoes.

Once there was a measles epidemic and two of the sisters had to go to Caraquet to help look after the sick.

They have a large garden. They raise chickens. They have a cow. They knit, card wool, weave, make bandages, sing and pray . . .

'Les pauvres petites soeurs', I often think of them as I sit here. Their building so near to ours, only the chapel separates us. The rats run from one apartment to the other and in winter, ice freezes in their water pitchers, even in the day, too.

In summer they have to leave the doors open to cool the place. Sometimes hens go into their sleeping quarters; even a cow went right into their parlor. One night, they all awoke when a rooster who had hidden behind a curtain, crowed.

In our wards and theirs, disease like 'résipère', consumption, influenza, sore throats, measles, and chicken pox infect us. Some have died. Soeur Sicotte and Soeur Blanchard both died last year. The only illness they haven't taken is 'la maladie' and I thank God for that.

The nursing skills of Soeur St. Jean attracted people not only from Tracadie and the communities along the Gulf of St. Lawrence and the Bay of Chaleur, but throughout the province. People came from as far as Saint John and Madawaska to consult with her.

Louise Légère was a child of seven growing up with her brothers and sisters in Caraquet, twenty miles away, when her father injured his arm while cutting wood. It was swollen and black with infection, when he sought help at the Tracadie lazaretto. "Soeur St. Jean cut open the wound and scraped out the infection. She applied some ointment and re-banded it. A few days later, when the dressings were removed, the cut was healed," Soeur Légère recalled. "Everyone knew of the healing skills of that nun."¹ Sister Légère was one hundred and four years old at the time of this interview in 1976. The boundaries of her world had shrunk to the four walls of a small room on the top floor of the Hôtel-Dieu St.-Joseph in Tracadie, a hospital that had been founded by her community a little over three quarters of a century earlier. She remembered Soeur St. Jean as " 'une femme exemplaire', gifted temporally and spiritually."

She was only fifteen when she saw Soeur St. Jean for the first time. She had been brought to the convent to visit her aunt, Soeur Blanchard. "Soeur St. Jean stood in the doorway, her head reaching nearly to the top of the frame. I looked up into her face and I knew I wanted to be like that woman."² It was around this time she began to play the organ for the sisters on special occasions.

In 1889, at the age of seventeen, Louise Légère left Caraquet and entered 'Les Hospitalières de St.-Joseph'. Soeur Légère recalled what life was like for herself and her colleagues. She took turns with the other sisters rising at four-thirty in the morning to light the fourteen stoves in the institution. It was very cold; sometimes in the winter, frost covered the downstairs floors. Her breath made a steam in the air as she chipped ice from the wash basin to get enough water to splash her face and

hands. Carrying a candle and a basket of wood shavings, the sister made her way through the dark silent building.

The patients were awakened at six. All the sisters who were not busy elsewhere went to the wards to recite morning prayers. Beds were made and the floors were swept by the nuns. The air early in the morning was very poor and when possible, the windows were opened. After this, the sisters served breakfast.

The sisters shared the duties on the wards on an alternating schedule. At eight-thirty and again at four-thirty, those patients who were unable to care for themselves were washed and groomed. The wounds were dressed. In the old lazaretto, there were no baths in the wards. Disinfectants were aslo rare; carbolic acid and creoline were all that were used. In order not to infect themselves, the sisters worked with steel pincers. The sores of the lepers were so painful that this work was done slowly. Every precaution was taken to keep from causing further suffering. There was no room in the narrow wards to do the dressings so the sisters worked in the dining room. Here was a cupboard where the medicines and ointments were kept.

It took a great deal of courage to undertake such a task. One sister was on duty when a new arrival was brought in. To bandage his legs, she put a basin of warm water on the floor and put his feet in it. As she uncovered the old dressings worms fell from his wounds into the water. "Thankfully," she told Father Lajat, "the Good Lord had rendered him blind."³

For some, their first days in the lazaretto wards were very difficult. One sister had to leave several times to regather her courage. Another sister, on her first day in the ward, became physically ill herself after feeding a very ill patient. "The food went into her mouth and out through her nose." All the sisters said they became used to the work after the first couple of days. "I didn't find the work difficult," Soeur Légère said. "We all worked like that. We didn't think anything of it."⁴

It was Doctor A. J. Losier, a practicing physician in Chatham, born and raised in Tracadie, who taught the sisters how to use disinfectants; and he started them on the practice of using gloves. Dr. Losier came to the lazaretto a few times when Dr. Smith was away or when he was ill.

The wards were seldom without one or more of the sisters. In addition to morning prayers in the wards, "twice a day a few moments were spent in spiritual reading." Those likely to remain in the hospital any considerable time were taught to read, if necessary. The sisters attended to the laying out of the dead and it was they, with the help of some of the men in the wards, who lowered the body into the casket.

All clothing, bedding, and bandages had to be washed by hand. The patients' laundry was done separately from the community wash. One of the patients usually helped with this chore. Washing was done over a scrub board and later boiled in a cauldron over an open fire. In summer, this work was done outside but in winter, the sisters' community room was used. The soap was made from boiled animal fat mixed with ashes. In summer, the well supplied them with all the water they

needed. In winter, some of the men in the lazaretto would go to the river and fill barrels with ice water. When the weather was so bad the men could not go to the river, the sisters melted snow. It took two women to lift the wet sheets, wring them out, and drape them over a line.

Several times a year, carpets from inside the lazaretto were taken outside to be aired. The sisters shook these in the wind, or beat them with branches. Soeur Légère laughed to recall that the dust would fly in their faces but none of them were afraid of catching 'la maladie'.

None of the sisters got leprosy but tuberculosis exacted a terrible toll. In one year, three sisters died; all were in their twenties. On January 15, 1885, Soeur Marguerite Haché passed away. The twenty-six year-old woman had spent most of her years teaching. Eight months later, Soeur Marie-Anne Losier, the daughter of the former keeper, Philius Losier, died. She had been the first pupil in their school and the first to be professed in the Tracadie foundation. In October 1885, Azilda Houde, another young sister, became the third victim.

Dr. Smith, in his annual report to the government, penned this tribute to them: "While in life it was theirs to soothe the suffering and comfort the sad hearts of those upon whom a mysterious Providence has laid an afflicting hand; now it is theirs to sleep their last sleep by the lonely shore, near to those for whom they died. Earth may erect no monument to such unselfish devotion, but across the ages comes a voice: 'Inasmuch as you do it for the least of my little ones you do it unto me.'"⁵

Their strong religious convictions often succeeded in an age when medical knowledge was scant. Two sisters, Marie-des-Anges and Luce Blanchard, also had tuberculosis. They made a sacred promise that should they be cured, they would start an orphanage. Soeur Marie-des-Anges was cured and Soeur Blanchard's illness went into a remission. As a result, in 1888, a section of the attic over the convent was curtained off and about a dozen homeless children were taken in. Soeur Légère slept on a small bed nearby. The care of the orphans was one of her first assignments.

The sisters were subject to other diseases besides tuberculosis. Erysipelas frequently broke out in the lazaretto. The painful streptococcus infection, characterized by a deep inflammation of the skin, infected the sisters and their patients. Sore throats, influenzas, and fevers were other illnesses that recognized no boundaries.

By 1891, two other sisters, Soeur Sicotte and Soeur Blanchard, were seriously ill. Father Babineau wrote, "I consider that those self-sacrificing ladies are more particularly exposed to contagion on account of the unwholesome conditions of the buildings."⁶

Father Babineau had been in Tracadie for twenty-two years. An active, ambitious administrator, he had just witnessed the completion of a large stone church. Located on a crest of a hill, it was some distance away from the small wood frame chapel that faced the sea. Before the work was quite done, he turned his attention to the lazaretto.

In March of 1892, he personally presented a memorial to the Minister of Agriculture. That year fourteen men were crowded into one ward that measured only nineteen by twenty-four feet. "I preach to the lepers in this ward," he wrote.⁷ The other ward, on the same floor, was used for a sitting and dining room, and as a workshop for carpentry and shoe repairs. A half story above, eleven women slept in a ward that was the same size as the men's dormitory. A sitting and dining room of the same dimensions was equipped with a loom and materials for sewing, weaving, and other occupations. In both rooms of the women's floor, the ceilings sloped and the light was dim.

When the buildings were constructed, no provision had been made for ventilation. After the sisters arrived, "one wooden pipe was run from the ceiling of each ward to the roof." The air in the building was even more unhealthy because of the outhouses adjoining. These were built on a wooden foundation thrown over the ground. "The earth around . . . had been aided in its downward tendency by the action of numberless rats."⁸ As a result, the whole structure was sinking into the caved-in pit. The residence built by the Board of Health for the sisters in 1868 had been enlarged at their own expense to accommodate the growing community. "But," Father Babineau said, "these buildings were intended to be temporary, so that none of them are convenient or comfortable."⁹

Three New Brunswick members of parliament, K. F. Burns from Gloucester, M. Adams from Northumberland, and John McAllister from Restigouche, supported Rev. Babineau's brief and presented a memorandum to it on their own. They wrote, "In conclusion, we beg to say, advisedly, that unless a new building is provided very soon the nuns may be compelled, for the protection of their own lives, to consider whether or not they should any longer remain in charge."¹⁰ *The Miramichi Advance* published Father Babineau's brief as well as the statement from the M.P.s. Father Babineau was quick to respond. The sisters had never and would never consider withdrawing their services. ". . . the words are a misrepresentation of the spirit of the Sisters, who do here a work of charity and would continue it even at the cost of their lives."¹¹

Father Babineau returned from Ottawa to Tracadie optimistic about the success of his trip. He reported to *Le Courrier des Provinces Maritimes* that he had interested the government in the construction of a new lazaretto, and that he had obtained a promise from the authorities that a grant of twenty-five thousand dollars or more for a new building would be forthcoming.

Mère Doucet, Soeur St. Jean, and Soeur Sicotte, who died on November 3, 1891, had already prepared plans and specifications for a new building. Soeur Sicotte had been particularly anxious. She would encourage the patients that things would be better, "when they are in the new lazaretto." She told the others that if there were not enough men to help, "we will carry the stones in our aprons." The sisters were scrimping, saving money any way they could; the sacrifice was justified as far as Soeur Sicotte was concerned. Until the new structure was complete and paid for, she said, "We must be satisfied to eat old potatoes

and treacle."¹² In May, Ottawa sent an architect, Mr. Watts, to Tracadie to look over the sisters' plans.

However, in spite of all the work and the high hopes for success, they were disappointed. "It is with deep dismay that we learned by telegraph that the federal government did not vote the funds," *Les Courrier des Provinces Maritimes* announced July 7, 1892. "The refusal to vote the money for such a worthy cause is to shame our country in front of the eyes of the entire world."¹³ *The Miramichi Advance* wrote that the appropriation was turned down because the plans and specifications submitted by Father Babineau would have cost an estimated eighty thousand dollars. "Whoever prepared the estimates could not have known much about his business."¹⁴

Father Babineau admitted he had given a rough sketch of what was needed in the way of a new building in Ottawa that March. However, that was before the government architect had come to Tracadie. "We presume that the government architect made plans and specifications and estimates based on the sketches and other data furnished by the sisters . . ." ¹⁵ Father Babineau said that if anyone should be blamed for the lack of an appropriation, it was Dr. Smith. Just before the priest had presented his memorandum to the government, the doctor's report for the year 1891 was tabled. The doctor painted an optimistic picture and concluded ". . . in a very few years leprosy with us will be a thing of the past."¹⁶

It is quite likely that some members would think twice before allocating funds for a building that would soon be obsolete. The tone of Dr. Smith's report changed drastically in 1892. That December he wrote, "I found the disease cropping out in unexpected places, and I fear that for years to come we may expect to meet with new cases . . ."¹⁷

Prophetically *Le Courrier* said the inadequate quarters were a constant source of danger from disease to those who had to live and work in them. At the start of the winter of 1893, nearly seventy people, men, women and children, were crowded into the convent and the lazaretto, a structure father Babineau said was "old, cold, and a pile of decaying wood."¹⁸

That year an epidemic of erysipelas broke out. In one eight-day period from March 5 to 14, five patients, Joseph Comeau, H  l  ne Ferr  , father and daughter, B  lonie and Ol  sine Plourde, and Francois-D'Assise Basque, died. "Before these deaths," Father Babineau said, "the men's ward was so crowded that no new cases could have been admitted."¹⁹

Doctor Smith said thirteen patients had been ill with erysipelas, some several times in succession. In addition there were cases of typhoid and rheumatic fever. The sisters had been up night and day during the worst of the epidemic. They, too, suffered repeated bouts of erysipelas and other illnesses. Maybe because they were so terribly needed there were no deaths among them that year.

In the meantime, the sisters revised their plans. This time the new building was "perhaps more convenient and not quite so large . . ."

Father Babineau wrote.²⁰ The priest sent a steady stream of letters to Ottawa. He followed up his correspondence with frequent personal visits to the Minister of Agriculture's office. After each trip to Ottawa, he billed the government for his expenses.

The unrelenting pressure from Father Babineau, plus the reports of so many deaths caused by infection unrelated to leprosy, moved the government. By the end of March, parliament had approved a grant of fifteen thousand dollars. The amount would have been sufficient for a modest wood frame structure but that was not what Father Babineau wanted or believed was necessary. A stone building would wear better over the years and the danger of fire would be considerably reduced. The rock could be quarried nearby.

A letter that Rev. Thomas A. Dwyer, a Brother of Charity in Boston, sent to 'Les Hospitalières' in January 1893 contained an offer that neither the priest nor the sisters wanted to refuse. The Brother was attracted by the works the sisters did "in favor of the poor lepers . . . so much so that I thought of making your work known to the Catholics of the United States to edify them as much as to invite them to come to the aid of your community. I have decided to write an article on the lazaretto of Tracadie in which I know all our readers will take a great interest."²¹

The sisters were quite willing to grant an interview. This way the \$15,000 allocated by Ottawa could be used entirely for the lazaretto. What funds were raised by the Catholics of the United States would pay for a new convent and their other charitable interests. Mr. Angers, the Minister of Agriculture, vetoed the plan. The government would be severely criticized if the sisters did not take from the \$15,000 what was required for their maintenance.

No large allocation was forthcoming that year but the government did approve the revised plans submitted by the sisters. Architectural drawings were made, and Father Babineau, on behalf of the government, purchased twelve acres of land a short distance away. The new building would not be threatened with high tides and spring run offs. The lazaretto and the adjoining convent grounds were to have frontages of 300 feet by 350 feet, respectively, on the village main road and shore. The boundary of the property extended 11,622 feet from the main road to the beach.

In 1894, another \$26,000 was voted for the building by parliament. In March tenders for construction had been called and the contract was awarded to William Stewart of Ottawa. Father Babineau had won another concession. The building, consisting of basement, ground floor, first floor, and attic would have walls of stone. Floors, partitions, and roof would be wood.

As construction got underway, another new structure, about 200 yards from the old lazaretto, opened. Dr. Smith had finally moved from Chatham. He had dropped his private practice to "devote my whole time to the subject of leprosy."²²

The sisters still had some problems to consider. The new lazaretto would accommodate themselves and their leprosy patients but no pro-

vision had been made for the orphans. Nor was there space available for elderly people, to several of whom they had recently given shelter. As well, another need had presented itself to them and they were determined to meet it. Tracadie and the surrounding regions had no general hospital. The nearest one was fifty miles away. How convenient if they could open a hospital wing adjacent to the new lazaretto, one large enough to accommodate the orphans and elderly people as well as the sick.

THE NEW BUILDING AND A PERIOD OF CHANGE

It is a massive stone structure comprising basement, two clear stories and mansard roof. The work of excavating for the foundation was begun on May 15th last, and the work on the building June 12th.

The structure is cruciform in shape. The main section being 193 feet 6 in. x 39 feet and the cross section 90 x 39 feet. It is situated some distance from the old buildings and occupies a commanding position, with a magnificent seaward view, as well as a view of the settlement and miles of shore on either hand. There is excellent draining, as the ground slopes downward toward the shore and a large sewer has been dug.

The centre of the structure will be surmounted by a bell tower.

The material used in building is a handsome durable gray sandstone, quarried some twelve miles distant and taken to the shore below the lazaretto in large scows. The sides of the roof are shingled, the top covered in galvanized iron.

There is a well in the basement sunk 25 feet below the floor, and supplying pure water. The basement floor is of concrete, Portland cement to the level of the ground floor. There are five globe ventilators in the structure running throughout, a furnace in the basement will supply heat.

The south wing of the main section will be the home of the lepers the north wing that of the nuns.

The cross section will contain in its front wing the reception room, drug room etc, and the rear wing will be a vestry, one story high. That central portion of the building . . . will be the chapel, a square room, which will take in the height of two stories and will be separated from the north and south wings by glass partitions, and will be lighted by a window directly over the roof of the vestry.

In the lepers' wing the dining room and smoking room will be on the above. There will be a room with two beds for very severe cases. This wing is provided with bathroom and all needful appliances.

There is also in the wing a small mortuary chapel.

The wing that will be devoted exclusively to the use of the nuns will be thoroughly fitted up . . . Verandahs run along the sides and ends of the building, where the nuns may take a little needed exercise in the fresh air during the period of their lonely vigils.

A. M. B.
The Daily Sun (Saint John, N.B.)
 October, 1894.



Women's room in the new lazaretto, after 1896. From Fr. Lajat, *Le Lazaret de Tracadie* (1938). The elderly patient sitting could be Marguerite.



Sisters Héloïse Holmes and Marie de la Ferre with patient Hum Lee. Musée Historique de Tracadie.

On the day we moved to the new lazaretto, we were excited, 'nous autres'. Soeur Marie-des-Anges put a rocking chair for me in the doorway of the women's ward. It was only the first week in April; Soeur Marie tucked a blanket around my knees and I had a thick wool shawl around my shoulders.

When she finished with me, she brought Malvina Power and Théotiste Duguay over; we sat in a half circle around the spot of sun that came in. Outside on the balcony, Marie-Ange Chiasson looked down at the workers. Odile LeClair and Justine Comeau were allowed to help and they are downstairs.

The moving had begun. We could see two wagons rolling over the road past the new lazaretto and into our yard. The horses pulled in their harnesses and the wheels groaned. The road was rutted with ice and patches of snow and mud.

We, who sit in the doorway, are the worst cases now but I am only old. Madame Power is blind and Madame Duguay is unable to walk. There are wheels on her chair. There has been a flu on the men's ward and the sisters are afraid the women will take it. I heard them speak of this.

Soeur Marie leaned over the railing and watched what was happening. She tells us who is doing what. We can hear the voices. It seems everyone has an order to give. Three little boys dance about on the grounds like butterflies.

After we are settled, Soeur Marie-des-Anges and another sister, a new one who is not yet professed, pack our belongings. There is not much that belongs to me. Only the wooden cross that hung over our bed at home. It was made by my father and I always have it near. "Be careful," I tell the young sister. "Wrap it in paper before you put it in the box or you will break it." Of course, it is already scratched and worn. I would carry it myself but I am afraid I will drop it along the road.

"Look Marguerite, I have packed it as though it were of glass." The sister holds up a package and I can see it is my cross inside. I smile at her.

I cannot believe that we are moving at last. For two years, we spoke of little else. "When we are in the new building, we will be warm," Malvina whispers to me. She pulls her shawl closer to her. "I will always feel the cold of this place," she says.

Théotiste sits with her head lowered so it is hard to hear her. She wants no one to see her face. "They say we will have each our own chair and table in the new lazaretto," she whispered. I nod my head. She says something else but I can't make out her words.

It is true. Surely in the new building we will be warm and we will have a table for our things and there will be no smell of the outhouses. Even the stink of 'la maladie' will lose itself in those big rooms, and surely no rats will find their way between the walls.

"Perhaps," Malvina says again in her hoarse whisper, "Perhaps our sores will get better in that clean air." Maybe she is right. Maybe 'la maladie' is made worse by the bad air of this old building.

The sisters too talked of nothing but the new lazaretto these last few months. It will be so much easier for them to treat us in our own wards, with hot water and baths nearby. Soeur Maillet told us sore throats and infections will not

spread so quickly among us as they do here. And Soeur Sormany said it will be good for all of us to breathe deeply and not have the smell of rotteness fill our lungs.

Outside I hear Mère St. Jean's voice, "Be careful with that crate. It is filled with the jars we brought with us from Montreal." For her those jars and bottles are like my cross. I don't blame her either for her care. They are quite beautiful, blue, like a summer sky; they have been in her pharmacy since I can remember.

For the past few days, we have not seen much of Soeur Doucet or Mère St. Jean. They have been busy. The ointments, powders, and medicines had all to be brought to the new building. They had to get the wards in order to receive us and divide the spaces in the new building so that everyone would know where to put things when they were moved in.

When the time has come for us to go, we are put on plank boards and wrapped in thick woolen blankets. Some men come to carry us downstairs. We are put on one of the wagons and Soeur Marie-des-Anges climbs up beside us and sits on the straw.

I did not want to go into the new lazaretto lying down like a dead person. Soeur Marie-des-Anges puts pillows at my back so I can sit. Ahead of us the orphans are lined up two by two. Soeur Légère is with them. The little girls wear long wool skirts and thick stockings underneath. I have watched the sisters knitting them sometimes when they had to stay up through the night. The sisters knit the caps and mittens the children wear as well.

Malvina weeps. She is a descendant of Fidèle Brideau and last year her little girl, Marie, died of 'la maladie'. Her two young boys, Charles and Bernard, play about the wagon and I hear a sister scold them.

Those with 'la maladie' walk behind the two carts that carry the worst cases. Father Babineau goes down the line of children and sick and sisters and when he is sure we are all ready, he begins to say the Hail Mary and we all respond.

The horses strain in their traces. The wagon I am in rolls over the road and I hear Father Babineau begin another prayer. It reminds me of the day I went to Becs-Scies, 'petit' Jean-Baptiste cradled in my arms. I turn to wave to my husband and little ones but no one waves back to me.

The news that Ottawa had decided to build the new lazaretto had hardly been published before the sisters and their chaplain began expansion plans of their own. Soeur St. Jean wrote, "We are counting on the help of Divine Providence to build our orphanage and our room for sick other than lepers. Just the same we know it is necessary to take the matter in hand."¹

To launch their financial campaign the sisters held a bazaar. Baked goods, hand made items, and a variety of concert programs plus meals highlighted the event. Cost of admission to the concerts was only 20¢ while admission to the grounds was free. The sisters managed to raise only \$750.00. This plus private contributions came to a total of \$2,850.

In the meantime Father Babineau had permission from the federal authorities to build the new wing on government land, provided the cost of construction was borne by the clergy and the parishioners. Bishop Rogers supported the idea of a general hospital and an orphanage but

he wanted it built on land owned by the congregation, not on government property. "The orphanage attached to the leprosy lazaretto . . . would always be an object of attack on the part of those . . . who do not wish well to our religious institutions."² Father Babineau managed to convince Bishop Rogers to withdraw his objections.

To help pay for the work the sisters hoped to receive either a loan from their mother house in Montreal, or permission from Bishop Rogers to borrow from the bank. The Tracadie Foundation did not receive a loan from their motherhouse and Bishop Rogers told them, "There must be no debt; we should pay as we go."³ With what funds they had the sisters ordered the necessary stone for the structure. After this they temporarily put the matter aside.

In the late winter and early part of the spring, influenza broke out in the lazaretto wards. One patient, twenty-five year old Théotime Plourde from Pointe Marcel died of the illness. The disease spread to the orphanage. The sisters, fearing the infected air and the insupportable cold threatened the whole community, moved everyone into their new quarters in spite of the fact the new building was not quite complete. The date was April 8, 1896.

In a symbolic act of purification, the old buildings burned to the ground that May after some of the sisters had gone there to wash clothes. The fire started in the chimney and spread to the attic. There were no injuries or loss of life.

Even at the time the new lazaretto opened, the disease in New Brunswick was on the decrease. From 1868 to 1880 inclusive, of the 54 admitted, ten patients were from outside Tracadie. From 1881 to 1890, of 31 admitted only 7 were from Tracadie: the rest were from outlying districts. From 1891 to 1900 only 1 patient was from Tracadie. In 1853 there were 37 known cases; in 1897 there were 20.

Dr. Smith said the disease had been carried to outlying regions from the sites of the original outbreaks in Tracadie and Néguaq. In a 19-year period, from 1882 to 1900 inclusive, 18 persons, mainly members of one family, came from Pointe Marcel, a settlement too small to be considered a village. 8 people came from Caraquet, 6 from Lameque, 5 from St. Isidore, 3 from Pokemouche, 2 from Shippagan, and 1 from Lower Caraquet. After 1900, 27 patients admitted were from New Brunswick, and 22 others were from outside the province.

An interesting change that took place over the years was an increase in the average age at the time of admission. In women the age had gone from twenty-five, from 1868 to 1900, to thirty over the next fifty years. In the same time frame the age for men at admission went from twenty-seven to forty. The new lazaretto could accommodate about 50 patients but it never housed more than 22.

In the new edifice the orphans were again put in the attic over the sisters' convent. However, the proximity of the children to the lazaretto was a cause of concern. Efforts to have a new orphanage and general hospital were renewed in 1897. On hand the sisters had \$3,000. Father Babineau felt the sisters could pay for the masonry and perhaps the roof without contracting any debt.

In 1897 construction of the new wing began. Father Babineau supervised the work and made contracts. He personally donated \$5,000. He convinced the parish priest of Neguac, Father Th  berge, to contribute \$4,000. He canvassed throughout the parish, including the lumber camps, to raise the necessary funds. The total cost of construction came to \$12,500 but there was no debt.

Even as the orphanage was under construction, other changes were taking place. On April 15, 1897, twenty-seven-year-old Thordur Thorsteinsson, Jon Gudmundsson (Gimmisson) age thirty-three, and Elein (Jurnisth) Freeman were admitted to the lazaretto. The three Icelandic patients, strangers to each other, were among the new Canadians who arrived in the country that winter. They were living in Western Canada when leprosy was suspected and Dr. Smith was called in to investigate.

As in New Brunswick and Cape Breton, the victims were from a recent immigrant population. It is possible that economic deprivation was a motivating force behind their decision to leave Iceland. And, as in Cape Breton and New Brunswick, a great deal of publicity surrounded the discovery of leprosy among the Icelandic population of Western Canada.

A Montreal reporter wrote that leprosy was common in Iceland and "hereafter this fact will have to be reckoned with more seriously."⁴ A letter from Mr. Volmer F. Moller appeared in a Winnipeg paper, saying, "The Icelander should be severely scrutinized before allowed to enter Canada. Leprosy has a great hold on Iceland, though much has been done in latter years by the Danish government, the disease is spreading."⁵

Unlike the Cape Breton sufferers, the patients from Western Canada were given little choice in the manner of their treatment. An effort was made by some of their friends to have them sent back to Iceland but because they were of a class whose presence in Canada had been especially solicited by immigrant agents, this request was refused. The unhappy trio, accompanied by Dr. Smith, were forced to journey across the country in a placarded freight car next to the engine. Elein Freeman who left behind her husband and three young children including a baby, died only a few months later in Tracadie. The sisters reported that she never spoke after her arrival.

Dr. Smith visited a fourth Icelandic immigrant, Gudmundur Kristjansson (Goodmander Christiansson), in Selkirk, Manitoba, but the nature of his illness was not certain. In a case like that the doctor would send smears from the patient for bacteriological examination. For the time being Mr. Kristjansson was allowed to remain in his home.

Those who had leprosy in their families, or who lived in regions where the illness had been found and/or suffered from a noticeable skin condition were sometimes suspected of having the disease. Relatives or neighbours or a parish priest would ask Dr. Smith to examine them. Dr. Smith said these persons were occasionally the victims of a malicious whispering campaign. Thus, the certificate of Freedom from Leprosy given to those so suspected meant a lot. Gudmundur Kristjansson was

one of these people. He wrote Dr. Smith, "I hope you will send it as soon as you can as people are making such a farce about me talking and guessing that you will never send it . . ."6

Instead of sending the Certificate of Freedom, Dr. Smith replied, "I would advise you to lay quiet, and as quickly as you can, make such arrangements for your family as you can make, because you must leave them soon."7 Dr. Smith would have gone for Gudmundur that May. However, Soeur St. Jean was very ill with neuralgia of the heart and he asked the government if he might postpone the trip. It was not until that July the fourth Icelander was admitted. Soeur St. Jean recovered. But she had several bouts of illness over the next few years that seemed to parallel periods of turmoil, disputes, and controversy both in the lazaretto and within the religious community.

Relatives of the new patients were concerned about their family members and confused about the nature of the illness. Mr. Kristjansson's daughter wrote that her father had never been away from his family before ". . . now leaving them in his old age, I feel he must take it hard, but we live in hope of his recovery."8 Mr. Freeman wrote, "Will you please tell me how long you think it will take my wife to get better and why you do not give her more medicine, and I hope you will use every effort for a speedy cure?"9

A fifth victim, Harold Roberts, was living in Saint John when Dr. J.W. Daniel diagnosed his disease. The young man was a recent immigrant from Bermuda. Dr. Daniel brought him to a medical society meeting in the city where the other doctors agreed that he was suffering from leprosy. One doctor startled his colleagues by saying a Saint John woman had the illness in much worse form yet she went about the city without exciting any fear or spreading the illness to anyone else.

Harold Roberts was isolated until Dr. Smith arrived to bring him to Tracadie. A few months later through the efforts of his parents in Bermuda transportation was arranged for his return home. Dr. Smith escorted him to New York where he was met by the patient's father. Father and son went back to the West Indies. In the five months he had been in Tracadie he made a lot of friends among the patients and Soeur St. Jean said "He appeared cheerful, satisfied and polite and in one word very nice."10

Rumours of discontent among the patients began to circulate over a year before the new lazaretto opened. In the next few years there were few patients who were "cheerful, satisfied and polite."

DAYS OF DISCORD AND AN INVESTIGATION

I did not send for Pierre Plourde he came to me . . . He wanted me to write to the government and see if they could not get better grub than the stuff they were getting. I told him that he had better put his complaint before the ladies of the hospital . . . His reply was that when the lepers complained they were threatened with Mr. Babineau, who generally came down and "lectured" them . . .

A few days afterwards Olivier Plourde, a leper from the hospital dropped into my office and confirmed all that was told me . . . and declared that he couldn't stand it any longer and was going home to stay. I have since learned that complaints against the victuals were sent out to parties in Tracadie during the summer—but it seems with little effect . . .

I appreciate all you said in reference to the good mother Superior, who I have known for many years, and I am the last person who would cause her annoyance, or worry.

Robert Young to Dr. Smith,
Centre de documentation de la
Société Historique Nicolas-Denys
January 13, 1897.

'Eh bien!' Of what use is it to complain. We are here and we cannot go home again. 'Mais les jeunes', the younger ones, they are more impatient than me. Some do not eat the food that is brought to them and they tell the sister to take it back to the kitchen. There have been letters sent out of the lazaretto that the sisters didn't get to see and now some important people know that we have trouble here. The sick had to go downstairs to see the priest. 'Pas moi', I cannot walk that far. Olive told me all that happened.

Father Babineau said we would bring bad luck on ourselves if we continue. "To complain is to hit the government in the face for all that has been given you when you should thank the Almighty Father you have been treated so kindly," he said to us.

"Who do we thank for the watery tea, the thin molasses, the mouldy bread?" Olive asked . . . but there was no answer to that question.

"Today the meat was sour. We could smell it before it was put on our table. What does your government say to that?" asked Joseph Plourde. "I have pain in my stomach because I am hungry yet I cannot eat this stuff." He held up a small round loaf of black bread. "It was half raw inside and full of maggots," Olive told me.

The priest got angry then and said the Plourdes were always causing trouble for the clergy and that those of us who agreed with them were working on the

side of the devil. Marie-Anne wept. Some of the men looked down at the floor as though ashamed. The priest always wins when he says those things; who wants to walk with the devil when you are already on your way to the grave?

The Plourdes are fighters but they aren't the only ones who are hungry. Even if we eat all that is served to us, the portions are small and a young person cannot feel full. Today we had porridge for breakfast, beef soup for dinner, and pies for supper. Some nights we have only doughnuts, or pies or fried leftovers. The food was not as bad as this a few years ago.

I do not speak what is on my mind. I am an old person and I don't eat much anyway. Besides, I do not want to hurt the sisters. Most of them are kind and none of them can change the food.

'Alors', I swallow my anger, like the young Icelandic woman, Elein, who rests on the bed next to mine. Her breasts still drip with milk for her baby. Yet no tears fall. Night and day she lies awake and silent.

Once Marie-Anne touched Elein's should but the woman drew away. She was scared of the marks of 'la maladie' I suppose. I understand what it is to leave young children and the warmth of a husband's arms. I have spoken to her softly; said her name but she does not reply. Only Justine does not seem to bother her. She sits near her bed and talks to Elein as if she were one of us and understood our language.

The men downstairs who came when she did are not like that. Those Icelanders! They have a temper! One of them threw his food on the floor in front of the sister. He said the meat was rotten and he couldn't eat it. That wasn't right. The sister has to bring what is given her to bring. She should not have been insulted like that.

The only one who could help Elein is Mère St. Jean. But Mère St. Jean has not been well and no one will tell us how she is or what is wrong with her. When we ask they say only that she is tired and resting. I have heard that it is her heart and I am worried.

The sisters are frightened too. They are upset about the complaints. They used to tell us stories about their home and the brothers and sisters they left behind when they came in here. Now when they comb my hair and give me my bath, they are silent.

The ward is large and spaces are wide between our beds. At night, a curtain separates me from the others. It scared me at first to be closed off like that but now I don't mind. Each bed has a Saint's name above it. I always forget who my Saint is but I wanted Saint Theresa, the Little Flower; my Lucille, she was a little flower.

On the wall in the back of our sleeping quarters, a curtain hides the window through which we can look down into the chapel and hear Mass. Our walls have holy pictures on them and printed messages; only I cannot read them.

For many weeks now, I lay in my bed mostly and I look at the holy pictures. My eyesight is very bad, and the images are blurred but I remember what they look like, especially one of Jesus curing the lepers.

Here, even when lepers are cured, they cannot go home. Maurice Benoit, he has been here twenty years; he is well; yet he's been here through his childhood, through his youth, and he is now in his middle years. He hands are like mine; old marks of 'la maladie' show on him.

Another picture is of Jesus surrounded by little children. The apostles tried to keep the young ones back but Jesus says to allow the little ones to come to him. Some times 'je pense', I think the sisters, Father Babineau and Dr. Smith, are like the apostles.

OBITUARY

The oldest leper in the Hôtel-Dieu Lazaretto, Tracadie, Marguerite Saulnier née Robichaud, died May 22, 1897, at the age of eighty-three. She had suffered from leprosy disease most of her adult life and had been a patient in the lazaretto since November 3, 1880. Her quick wit and her readiness to help her fellow patients endeared her to all. The length of time she suffered from leprosy disease was a source of wonder both in and out of the medical community.

Until recent weeks she had enjoyed relatively good health. Her illness was complicated by an influenza prevalent in the wards this spring, a spokesman from the lazaretto said.

Mrs. Saulnier was the third child and eldest daughter of François and Marie Savoie. One of eleven children, she was born in 1813. On July 16, 1832, she married Jean-Baptiste Saulnier who predeceased her in 1874. The couple had seven children. A son, Luc, died several years ago, a daughter, Lucille, died in the lazaretto in 1885.

A funeral Mass was said in the lazaretto chapel. Burial was in the parish cemetery in Tracadie on May 23, 1897.¹

The first indications to the public that conditions in the hospital were not right began to surface around 1894, and coincided with the ambitious expansion program envisioned by the Tracadie clergy. *The Daily Sun* said the lazaretto residents were complaining about the food. The journalist was of the opinion they had no right to remonstrate as they were supported at public expense and they should feel obligated to the benefactors.² Around this same period a certain number of patients sent an anonymous letter out of the institution which came into the possession of a Senator Burns. He sent it to Father Babineau for an explanation. The priest said "One of the lepers was taking lessons in writing from one of the sisters and he was desirous of showing the Minister how he was improving."³

The complaints escalated. In January of 1897, Robert Young, who was now living in Caraquet, was visited by Pierre Plourde. He had relatives in the lazaretto and he told Young the food was bad. He asked Young to help him get the sick better 'grub.' Some time later Oliver Plourde, a patient, left the lazaretto and told Mr. Young that unless the conditions improved he was going home to stay. Robert Young wrote to Dr. Smith about these visits and threatened to go to Ottawa if something was not done. When Dr. Smith discussed the matter with Father Babineau the priest replied he thought it would be a mistake to take any action. "The Plourdes will have their time and will get tired of these complaints or people will get tired of listening to them."⁴

Although the sisters had the responsibility for the care of the sick

they had no real power. The administrator was Father Babineau. The government gave two thousand dollars which was to be used exclusively for the needs of the sick. The sum worked out to approximately one hundred dollars per patient per year. Included in that was not only food but the cost of heat, shelter, clothing, and medicine. The twenty-nine religious on the other hand had much less to live on. A report sent to Bishop Rogers in 1896 shows the community took in \$1,500 from donations and from the sale of vegetables. They received \$800 in wages from the government and they had in the bank a total of \$1,899 for their building fund. They also possessed property valued at \$2,182. Besides themselves they were also expected to feed and clothe fifteen orphans.

The Flourdes did not get tired of complaining nor did others in the lazaretto. The Icelanders criticized their treatment in the letters they sent to relatives and friends in Western Canada. Two of these were translated into English and brought to the attention of the federal government by F.W. Colcleugh of Selkirk, Manitoba. In one, Jon Gudmundsson dubbed the lazaretto a nunnery. "We can't call it anything else as it is so different from any other hospital that I have ever seen or heard of."⁵

Gudmundur Kristjansson wrote that the meat was so bad it gave off an odor that could be smelled from a distance and was served sometimes only half cooked. ". . . our bread is very brown and black looking and sometimes so raw that it can be made over again. We get tea to drink but sometimes only water."⁶ The Icelanders, the Flourdes, and others said they were served spoiled meat, that there were maggots in the bread, and that when they complained to Father Babineau their concerns were not dealt with.

In one incident Gudmundsson threw his plate of food on the floor in front of the sister. Father Babineau was sent for and he ordered the patient to be served only bread and water. The Icelanders said the sisters read the letters the patients sent out of the hospital. Gudmundsson said, ". . . we are used as men that had done a Big Crime of some kind and were getting our punishment . . ." His letter was witnessed by Thordur Thorsteinsson, G. Kristjansson, Tranquille Leclair, and Oliver and Joseph Flourde.⁷

The Icelanders believed they had been misled by the physician. "When Dr. A.C. Smith came for me in Winnipeg he told me he had something to do with the institution. But when he came here he said he had nothing to do with it . . . that the government did not look after it and that therefore the treatment could not be better than what it is."⁸ Mr. Kristjansson wrote "Dr. Smith hardly ever comes to see us." Everything the doctor had told him in Winnipeg about the hospital was false.⁹ The Icelanders also expected to be cured. According to the Kristjansson family, Dr. Smith promised Mr. Kristjansson would be cured in about a year's time. Yet, in a private communication the doctor asks that he be given time to provide for his family before leaving them forever. Mr. Kristjansson's son-in-law asked, "If it is a prison for life to them that go there why did you not say so and then we would not expect so much of you?"¹⁰

Dr. Smith did very little to help the patients in their difficulties with the administration. He could not visit the wards without permission and, when he did come, one of the staff members always accompanied him. It was not until 1900, after an office had been made for him in the lazaretto, that he could see his patients alone. Even at that he was spied upon by Father Babineau who, he said, watched him through the slats in the door.

The only written reference we have that indicates he was aware problems existed is in an undated communication to the government. "On the removal of the lepers to the new building I intend to advise the priest and the nuns of the imperative necessity of changes on the lines which I submitted to you . . . non compliance will necessitate a special report to the department . . . and would bring the whole matter before the public."¹¹

When it came down to choosing the defence of the patients against the administration Dr. Smith was with the status quo. His relationship with the clergy, especially Father Babineau, had always been cool. Father Babineau was often in competition with the doctor over controlling the disease and admitting patients, at least those from the region. Dr. Smith was no longer the only medical man who could do the job. There were French-speaking doctors now living in Caraquet. By the turn of the century, two French-speaking doctors were established in Tracadie. Dr. Smith certainly did not want the administrators of the hospital against him. Besides, he was often absent from Tracadie to investigate the disease, to attend medical conferences, and to keep up to date on new treatments. While he had the highest regard for the sisters, he referred to the patients in most general and dehumanizing terms. He wrote in 1896, "Today we have registered on the books . . . as inmates fifteen males and six females. Of these three are aged ten; one eleven, one fourteen and two seventeen."¹²

The priests and the sisters were never required to furnish yearly reports or detailed accounts, and no federal inspector had appeared on the scene, since they had the management of the lazaretto. They had total control of the patients once they were admitted.

The unhappiness among the patients was caused in part by their disappointment after the move to the new quarters. The new building was incomplete, cold, and drafty. To make matters worse, a large number of deaths occurred from October 1896 to October 1897. Raymond Duguay, thirty-six years old, from St. Isidore; Philippe Plourde, aged eighteen, from Pointe Marcel; Xavier Plourde, twenty-one, from Lamèque; David Plourde, fifty-seven, from Pointe Marcel; Marcel LeBlanc, thirty-six, from Shippagan; Elein (Journisth) Freeman; Malvina (Brideau) Power, forty-five, from Tracadie; Théotiste (Chiasson) Duguay, forty-five, from Shippagan; and Marguerite (Robichaud) Saulnier, eighty-three, from Tracadie—all died in this period. Dr. Smith wrote ". . . all who died had been attacked by 'la grippe' last winter and were in consequence enfeebled."¹³ In spite of the evidence to the contrary, he reported in 1897 that all the patients, including the Icelandic ones "seemed surprisingly contented. The bright, sunny influence of the kind sisters ac-

counts for the patient resignation which our poor lepers exhibit."¹⁴

Nearly one year after the Icelanders' letters were sent out, Joseph Gionet and six other patients sent Robert Young a document. It said the patients were pressed for hunger because the food was so bad they were not able to eat it. Pies that had recently been served them were over eight days old, moldy, and full of worms. "We would thank you to represent our case to the government as we do not know whom to address ourselves . . . the lepers are on the eve of going into the woods."¹⁵ Young sent the disposition to the lazaretto and threatened to bring the patients' complaints to Ottawa if a satisfactory explanation were not given within ten days.

Around the same time Oliver Plourde sent a letter to Bishop Rogers, asking him to come to the lazaretto and visit the patients, "If not for the love of the sick at least for the love of God."¹⁶ Bishop Rogers had also been informed of the document sent to Young. Father Babineau replied to the Bishop's inquiries. He said he had read the petition to the sick in the presence of Mère St. Jean. "They said they didn't make a certain number of complaints but they didn't deny they hadn't complained. Anyway they complain everyday."¹⁷

To Robert Young Father Babineau replied, "It must strike many as being strange that our lepers have to travel twenty-four miles before they can find a man who will attach any importance to their *untruthful* complaints . . . I have it from Joseph Gionet himself . . . that some at least of the charges I find in your typewritten document *were never made* and are untrue . . . your attitude towards the lepers has the effect of inciting them to insubordination."¹⁸

This time the priest thought the matter serious enough to warrant a trip to Ottawa. He took documents that he said proved the sick were complaining without cause, encouraged by people outside the lazaretto. In one of these certificates, Dr. Smith wrote that he had examined and eaten bread from the supper table of the lazaretto that the lepers had complained of as being unfit. ". . . the bread is well made, wholesome and all that could be desired by the most fastidious." In a pencilled note to the copy of this certificate he kept among his papers he added, "Father Babineau brought me a piece of bread saying he had taken it from the lepers' table and requested me to taste and certify."¹⁹

In the face of mounting criticism, the Dept. of Agriculture in Ottawa appointed Dr. E.P. LaChapelle to head a commission to investigate complaints at the lazaretto. The Minister, S.A. Fisher, told Dr. Lachapelle not to order any changes. "You should report here in regard to the charges made and in regard to the conduct of the institution." Fisher pointed out "It would be much easier to let it (the lazaretto) go on the way it is going on."²⁰

Dr. Lachapelle was a Professor of Medicine at Laval University, President of the Council of Health for the Province of Quebec, and Superintendent of Notre-Dame Hospital. Other members of the commission were Dr. A. Vallée, Superintendent of the Beauport Lunatic Asylum, and Dr. E.P. Benoit, Medical Service Attaché at Notre-Dame Hospital and Editor-in-Chief of *L'Union Médicale*.

The commissioners arrived in Tracadie November 1, 1898, and, unannounced, they presented their credentials to Mère St. Jean. They began their inspection immediately. They found the food abundant and of good quality. The meal prepared was well-cooked and appetizing. The lepers' quarters were clean and well ventilated. The next day the commissioners talked to Father Babineau. He wrote, "I had time to explain the principal charges the sick had the habit of making . . . In my interview I gave them a biography of Mr. Young from the time the sick were under his government just to our day. What I have told them eliminates all fear about their visit to him."²¹

The sisters admitted there had been a few problems with the food. One batch of bread was not as well done as the others. Fresh fish purchased during the week took on an odor by the time it was served. Salted beef was used when fresh was not available and it had a tendency to turn black. Because the sick had tubercules in their mouths their sense of taste was affected, and the sores made it impossible for the cook to add seasoning like salt and pepper. Food storage was a problem; the commissioners recommended the construction of an ice house. They also believed the barn should be enlarged to shelter enough cows to ensure a sufficient supply of milk.

Later the doctors talked individually to Jon Gudmundsson, Joseph Gionet, Gudmundur Kristjansson, Thordur Thorsteinsson, Oliver Plourde, Jean Baptiste Plourde, Joseph Plourde, Joseph Dignard, Maurice Benoit, Marcel, LeBlanc*, Tranquille Leclair, Olive Légère, Justine Comeau, Geneviève Drysdale and Marie-Anne Chiasson, a total of fifteen of the twenty-one patients. They also met the sisters, Dr. Smith, and later Robert Young.

In view of the fact they had been requested to make no charges in their report, and that they had been *prepared* in advance by Father Babineau before meeting the sick, it isn't surprising the commissioners concluded "The complaints of the lepers . . . are not substantiated . . . by our inspection, our interviews, our investigation."²²

Included in the report was a three-week menu that showed that, whatever the quality, the meals were quite meagre by today's standards. Suppers often consisted of doughnuts or a pastry served with bread. Sometimes the menu for the whole day, including the bread that accompanied each repast, came to hardly more than one substantial dinner.

A comparison between the 1898 menu and the one in use at the time Dr. Labillois was in residence, 1850, shows that in quantity and in nutrient content, the earlier one was superior.

*we are baffled by how they managed to talk to this individual as, according to the hospital records and burial list, he died Jan. 31, 1897.

1850			
	Sunday	Monday	Tuesday
Morning	bread, fish, potatoes	porridge & milk	fish & potatoes
Noon	soup, meat & potatoes	soup, meat & potatoes	soup, meat & potatoes
Night	porridge & milk	porridge & milk	porridge & milk ²³
1898			
	Sunday	Monday	Tuesday
Morning	meat patty	porridge	cod & grilled lard
Noon	rice soup & steak	soup, boiled beef & turnip	fricot (a boiled chicken dinner)
Night	doughnuts	pies	pouding creuse (a type of deep-dish fruit pie) ²⁴

The sisters said the sick were served three meals a day plus lunch. They had a choice of molasses or sugar in tea and porridge. Never had they been served spoiled or unclean food.

Besides their complaints about the food, the patients denounced Dr. Smith. They had heard tales of cures possible which they magnified among themselves. "Dr. Smith visits from time to time, and gives good care for all the symptoms of their disease but they reproach him bitterly for not trying to cure them."²⁵

The inmates charged the sisters with reading the letters they sent out. The sisters denied this: they said the postal authorities asked that the nuns put the letters in a second envelope and address it themselves. The patients could hide their correspondence if they wanted to by sealing it in an inner envelope.

The patients told the commissioners they had nothing to do with their time. The commissioners wrote that they could work if they chose: but the garden was abandoned, the tools idle, because the inmates thought it was the government's job to feed them. On the other hand the doctors admitted that most of the patients could not work because their hands and feet were deformed, their fingers mutilated, their muscles atrophied: "work at first painful, becomes impossible."²⁶

The strongest recommendation contained in the report was for the appointment of a medical superintendent, namely Dr. Smith. The doctors said he should have his office in the institution with keys to the wards so he could visit at any time. All the sick should see him at least once a week. He would have to keep detailed medical records and personal histories beginning when a person was admitted and kept up to date. The Dept. of Agriculture should be notified whenever a new patient arrived.

Until 1900 the registers gave little more than the name of the patient and the place of residence at the time of entry. Ages are missing in many cases, and even as late as 1897, the sex of individuals was not designated properly. Thus, Elein Jurnisth Freeman was listed as a man. Before the sisters arrived the list of patients' names was full of spelling errors; ages, places of residence, and other details were left out. Causes of death were never listed. Dr. Smith attributed them all to leprosy. When so many other illnesses were prevalent on the wards, it seems unlikely that everyone died of leprosy.

The commissioners also wanted the hospital put on a more professional level of management. To assure the level be maintained they recommended that the lazaretto be inspected every year.

The government was slow to act on the report. Father Babineau concluded that the administration had been completely exonerated. However, he agreed to one change desired by the commissioners. "They want us to open a cemetery for the lepers on the lazaretto near the shore . . . I will have to announce this to the sick and they will understand the exclusion of their remains from the parish cemetery is the first consequence of the inquiry their complaints resulted in."²⁷ The change of burial grounds was carried out as a precaution. Dr. Smith wrote "Bacteriologists have shown that the bacilli of leprosy . . . resists putrefaction . . . at present it is not known how long."²⁸ In the spring of 1899 Jacob Dignard 12, Marie-Anne Chiasson 19, and Bernard Power 13 were laid to rest in the new cemetery near the shore. All these young people had died within a few days of each other.

Peace was not restored in the hospital. On August 24, 1899, Thomas Savoy wrote to Prime Minister Sir Wilfred Laurier on behalf of his wife Tharsile, a lazaretto patient. He said he had asked Father Babineau "if they could give my wife a cup of tea once a day. . . . he did not answer me—so I was obliged to go to the hospital and bring my wife some tea and something to carry water in to use for herself." Mr. Savoy attempted to buy some meat and sugar but was told they had no sugar and "were keeping the meat to make soap."²⁹

Mr. Savoy included a petition signed by himself as witness and by Oliver, Joseph, Cerenus, and Jean-Baptiste Plourde, Joseph Gionet, Thordur Thorsteinsson, and Gudmundur Kristjansson. They said they were imprisoned and starved and that they only saw Dr. Smith about once a year. They also claimed they were "tied and beaten."³⁰ Father Babineau said those who signed the letter were told it was simply a request for a doctor who would cure them. "Two of the Icelanders would probably put their names to any document, including a petition to get themselves hanged."³¹

The problems in the lazaretto were not going to go away until the government had control of the medical direction of the institution. Dr. Lachapelle wrote, "The doctor should have the powers necessary and be the only one responsible for the treatment of the patients including their dietary needs."³² Finally, in spite of some resistance from the priest and the nuns, Dr. Smith was appointed the superintendent in the fall of 1899. A room to the left of the entrance was assigned to him.

One of the last acts Father Babineau performed before his retirement as administrator was to secure a small raise in salary for the sisters. "These ladies should not be allowed or permitted to struggle for a living while engaged in this humane work," he wrote.³³ In the 1899-1900 supplementary estimates, an additional \$200 was set aside, a sum quite a bit lower than the priest's request of \$1,600. However it was their first increase in thirty years. One year later another \$200 was given, again because Father Babineau had requested it.

Father Babineau's authoritarian nature did not take well to retirement—especially since his job had been taken over by his old rival. He turned his energies toward internal matters of the convent, matters that were the jurisdiction of the sisters. Before long a dispute between the priest and the Mother Superior, Mère Marie-Anne Doucet, broke out.

The Mother Superior angered the jealous priest by allowing two of the sisters to go to confession to his curate instead of to him. This and other slights to his authority caused Father Babineau to call the religious community together and, in front of all her sisters in religion, the priest read a list of grievances he had against the Mother Superior. This action caused an uproar in the convent. Several nuns felt the priest had gone too far: they wanted him removed from his office. A second group believed the Mother Superior, Mère Doucet, should submit to Father Babineau's authority because the rules of obedience called for her to do so. Soeur St. Jean headed the latter group.

The controversy spread outside the walls of the convent. Bishop Rogers sided with Father Babineau. Other clergy in the region tended to sympathize with Mère Doucet. The dispute threatened the very existence of the Tracadie foundation. Finally Mère Brousseau, Mother Superior of Les Hospitalières de St.-Joseph in Montreal, was informed of what was happening. She in turn notified the Apostolic Delegate, Mgr. Diomede Falconio, the highest-ranking cleric in the Roman Catholic Church in Canada.

Father Babineau was forced to resign from his position as Chaplain to the sisters. However, his animosity to the congregation was such that this was not sufficient to keep him from meddling in their affairs. Finally, in the spring of 1903 he was transferred from Tracadie, after thirty-two years in the parish. He was appointed pastor of St. Leonard in Northern New Brunswick. Here he undertook the renovation of the parish church and oversaw the construction of a spacious presbytery. He remained in St. Leonard until his death on March 31, 1915.

After thirty-four years in Tracadie, Soeur St. Jean was transferred to Arthabaska, Quebec where, on the heels of her arrival in August 1902, the sick began to line up outside the convent door. She was soon elected Mother Superior; true to her character, she launched a financial drive to raise money for a hospital. In a letter to her old friend Dr. Smith, she assured him that in spite of missing Tracadie a great deal, she was happy.

Shortly after being elected Mother Superior for a second term, Soeur St. Jean learned she had cancer on her left side. She was operated on in Montreal, recovered, and returned to Arthabaska. She borrowed the rest of the money she needed to complete the hospital she wanted so

much but before she could see the work finished the cancer returned. She was tormented by the debt she had caused.

Towards the end of her life, the Bishop of Quebec visited her bedside, blessed her and relieved her of her secular responsibilities. Comforted by this gesture, she died in peace May 8, 1906. She was 61 years old. When word of her death was received in Tracadie a solemn service was held for her. Later in July, on his return from Rome, Bishop Thomas F. Barry, who had replaced the late Bishop Rogers of Chatham, came to Tracadie and celebrated a Pontifical Mass for Soeur St. Jean. Assisting him were six other priests, an indication of the high regard in which she was held.

Today her motto is still displayed in the little Tracadie museum operated by the sisters. It reads "Je cherche partout dans ma solitude les croix que l'on me disait devoir y recontrier et nulle part je ne les trouve." In my solitude I have looked all over for the crosses they told me I would meet and none of them could I find. The annals say Soeur St. Jean was the soul of the Tracadie community and its many good works.

*DON'T BE AFRAID OF ME,
I DON'T HAVE CHICKEN POX*

Strange to say the people of this village of Tracadie where the leper lazaretto is situated, and the people of the surrounding country do not seem to mind the disease in the least . . . the idea of possible contagion or infection does not seem to enter their minds.

"Saddest Spot in North America,"
Montreal Star (Montreal, P.Q.)
no date—between 1899 and 1902

"Nobody had any fear of the disease in Tracadie," Dorothy Fitzgerald told us.¹ And Dr. Smith complained in 1904, "I have difficulty preventing the boys from the village coming into the grounds to associate with our younger patients."²

Mrs. Delphine (Arseneau) Lockhart, who was brought to the orphanage in 1898 at the age of four, told us the orphans were hardly aware of the leprosy patients. They could see them behind the glass window in the chapel or through the fence that separated the orphans' yard from theirs; but when the children teased one another they would say things like, "Don't be afraid of me, I don't have chicken pox," a much more fearful illness to them than leprosy.³

By the 20th century the number of cases had been reduced. *The Daily Sun* reported in 1902 that there had been 37 lepers in the Tracadie-Caraquet communities in 1875 and 14 by 1901. The total population of the infected region in 1901 was 10,868. The population had increased since 1891 by 725 so the decrease in cases was all the more marked.

Over the next decades the number of patients in the lazaretto steadily declined. Improved health care prolonged lives, remissions occurred, several persons were cured, and some of these returned home. Others, though cured, remained incarcerated many years, because there was nowhere else for them to go. Diseases such as pneumonia, heart attacks, uremia, and stroke caused as many deaths among the patients as leprosy.

Even before the 20th century some cures were possible. Dr. Smith wrote, "Leprosy occasionally tended to spontaneous cessation . . . Judith Benoit entered the lazaretto in 1879 and left in 1889. Augustin Losier was admitted in 1879 and went out in 1885. Louis Mazerolle went away in 1890. These patients were discharged by me, the disease in each case having entirely disappeared."⁴

Maurice Benoit, who was admitted in 1878, left the hospital of his own accord in 1899, apparently cured. He found work at a local lumber

mill, married, and lived to a ripe old age. "He was a very nice man," his friend Jim Losier recalled.⁵ It was a happy ending for a man who had spent most of his childhood and young adult years in the lazaretto. Maurice Benoit's sister Judith presumably married and led a normal life after her release. Augustin Losier stayed a bachelor. For several years he was employed doing odd jobs on the lazaretto grounds.

In 1900 Chaulmoogra oil was introduced with promising results. The oil was expressed from the seeds of the chaulmoogra tree, and was taken internally. Dr. Smith had experimented with it twice earlier but the results were negative.

Apparently encouraged by reports elsewhere, he tried the oil for a third time. By October 31, 1901, Dr. Smith wrote that in all those patients who took the chaulmoogra treatment "the general health improved; ulcers on the limbs healed rapidly, tubercles disappeared, and swollen faces and hands became reduced to a nearly normal condition. In the cases of those who used the remedies only intermittingly, but little improvement was noticeable."⁶

Over the next few years, Dr. Smith continued with the oil in combination with quinine or syrup of wild cherry in the hope of reducing its most serious side effect—nausea and indigestion. By 1914, the oil was refined and the product, called antileporal, was in general use at the lazaretto. By 1919, the oil was given by injection as well as in capsule form. "It is sore, especially the young ones find it so," Dr. Joseph-Antoine Langis said.⁷

Sister Victoria Branch was the first registered nurse assigned to the lazaretto. "Before I went there, you know, there were no nurses, just sisters trained on the job." She remembered that the injections were given once a month. "Chaulmoogra oil was very thick and you had to have a great big needle. Nowadays, you have a fine needle; you hardly feel it when it goes in. In those days, the injections were painful and you hated to give them because they weren't muscular these people and you had to give them deep in the muscle of the hip."⁸ Some patients refused the treatment because it was too painful. Others became deathly sick after an injection so it had to be stopped. Then there were those who were unable to take the injections but could take the oil in capsule form.

In the years when it was first introduced in Tracadie, both Dr. Smith and later Dr. Langis had a chance to compare the results with patients who could not tolerate the medicine and those who could. Dr. Langis agreed with Dr. Smith. "With all our inmates who are taking advantage of this treatment, there is a notable improvement . . ." He found similar cases who did not receive the oil "were getting worse everyday."⁹

With better health care generally among the population, the disease occurred rarely and few people outside of the lazaretto thought much about it. The Fransblow family have had a retail store in Tracadie since 1898. Joseph, who with his brother now operates a similar establishment in Bathurst, was born in the village. "People weren't against having the lazaretto there. They accepted it. They never passed a petition or pro-

tested to have it taken out. When we settled down there, Tracadie was just a small village and the reason so much business was done there was it was so far from a town, it became a centre. People came from all around to do business there." There were a few stores and Fransblow's was the third largest after the W.S. and N. & R. Loggie Companies.

In the village itself were quite a few people who were, if not well off, at least comfortable. "Fishing, farming, and lumbering, those were the main industries." The two Loggie companies, ". . . sold general merchandise but mostly groceries and they would buy railway ties, pulpwood, fish, lobsters . . . they also canned blueberries, on their labels they would never put Tracadie . . . People outside, when you mentioned Tracadie, that's what they thought; that the lepers were there," Mr. Fransblow said.¹⁰ Jim Losier, a retired fisheries officer confirmed, "If you put Tracadie on a product you wouldn't be able to sell it at all."

Sister Branch said the younger people in the village were more afraid than the older ones—they were more opposed to the lepers. Some shopkeepers, because of the stigma abroad, also protested from time to time. Sister Branch told us: "But still they loved to sell. You had to ask for quotations every month before you bought your supplies. So you sent your quotation list to the stores and everybody was competing to have our trade. Of course, we'd always go to the lowest bidder. Sometimes the merchandise wasn't just so and of course, you wanted the best for the lepers. After all, they had enough trouble without giving them inferior food." In fact, there were so few cases from the region, that Mr. Fransblow, like several others we talked to, believed, "The lepers that were in the lazaretto, they didn't belong in Tracadie. They came from places outside the country."

As the century progressed, however, people in Tracadie became more aware of the nature of the illness. With this knowledge they adopted some of the attitudes common to those outside the community. Most of the victims were now immigrants who had settled in western Canada. The younger generation of villagers knew little about the disease in their ancestors. Some believed the lazaretto had been imposed on Tracadie because of its isolation and lack of political power. Sister Branch said, "We had one Russian who went to town, got some booze and got drunk. The cops brought him back. Well, that made a big furor. The people in the village started making petitions to Ottawa to bring the lepers out of Tracadie."

When a Catholic missionary, who had contracted the disease, was admitted in 1957, Dr. Paulin, a general practitioner in Tracadie, gave him and the other patients a motor boat. They were allowed to take it to Dr. Paulin's cottage, located on a point of land some distance from the lazaretto. Since early times the patients had been allowed to sail across the bay and picnic on the sisters' land on the other side of the lagoon. Dr. Langis used to take the patients from the lazaretto out sailing in the 1920s. On other occasions, said Mrs. Lina Losier, who was a child in the orphanage at the time, he brought the children out as well. Hygienic standards must have been maintained because none of the children got leprosy.

In the 1950s views were different. Sister Branch said people "were saying the lepers had been seen all over town, you know they made it worse than it was . . . that they had permission to do anything . . . We had to deny it all the time . . . anyway they put the rules stricter, Ottawa did. The lepers weren't allowed any more to go on land, our own land. Depressing, it made them feel like outsiders . . . But they kept going on the lobster boat. We told them the water was for everybody."

But the positions taken by the people in Tracadie were quite tolerant when compared to the attitudes of those outside the region. Mrs. Fitzgerald said, "People would drive right through. They wouldn't stay in Tracadie for anything. They told weird stories . . ." Sister Branch told us, "You could always tell visitors to Tracadie because they would detour over to the left side of the highway when they passed in front of the lazaretto. She also said she attended a medical convention in the mid-fifties where several in the health profession refused to shake her hand once they learned she worked with leprosy patients.

Jim Losier once accompanied a government official who wanted to visit the lazaretto graveyard. "There was a gate and the gate was tied up with a rope. The fellow wanted to look at the graveyard to make a report to the government or something . . . anyway they couldn't untie the knot. He had a little pocket knife . . . he cut the rope and after . . . he took his knife and threw it in the river well, he was scared." When the government man had gone, Jim Losier's friend took a boat and retrieved the knife which, he pointed out, was brand new.

At the turn of the century, Dorothy Fitzgerald's mother used to play the piano for the lazaretto patients and in later years, her sister, Patricia, played as well. At Christmas, the sisters would lay out a red carpet and the orphans would be allowed to visit the lazaretto. "The nuns would tell us not to touch anything. We would sing songs for them. To us, lepers was leprosy, that was all," Mrs. Lockhart said. Mrs. Lina Losier visited the lazaretto with her classmates. "They (the lepers) enjoyed that very much. One Chinese man would sway to the music and smile and smile." "The lepers would love to see the children come," Sister Branch said. "They would talk to them." As for the children, some didn't come because they were afraid but most wanted to visit the lazaretto wards. "It was promised them as a treat."

Sometimes the lazaretto patients were allowed off the grounds. Mrs. Fitzgerald recalled, "When I was a kid I used to sit out there on the sidewalk with the two Icelanders. My great aunt, Mrs. Smith, had invited them up. She had two chairs at the end of the driveway and she had cookies and lemonade; and we'd be invited over too to sit there and listen to her read the Bible to those two lepers."

Dr. Smith thought the danger of catching leprosy so remote that he encouraged his wife and daughter, Annie, to visit the English-speaking patients. Annie became friendly with Muriel Middleton, a young woman from Hamilton, Bermuda. Helen Smith was friends with Louise Hyson, the mother of several children from Annapolis, Nova Scotia whose youngest child, Arthur, also took the disease.

To the general public, even doctors, in spite of evidence to the contrary, the belief was that the disease could be easily caught and rapidly spread. This fear seemed to increase with the discovery of leprosy among the immigrant population. Members of the LaChappelle Commission in 1898 wrote, "This horrible disease, far from disappearing appears to be gaining ground . . ." They recommended that, "Precise instructions be given quarantine officers to prevent lepers entering the country and creating new focus for disease."¹¹

In 1907, the Federal authorities ordered that railway cars used to transport people with leprosy be fumigated. Jim Losier worked as a fireman at the lazaretto. One he fumigated a train car with sulfur smoke. After the car had been disinfected it was taken to Moncton. "In Moncton they heard about that. That it was the train that had taken lepers to Tracadie. There was an awful storm in the papers."

Until 1906, the sisters and their servants still washed the lazaretto laundry by hand, over a scrub board. However, in that year a modern steam laundry was installed. The machine was used for the lazaretto and the hospital but lazaretto laundry had to be loaded from that side and washed separately. The men wore special clothes, "big coat, pair of pants, big gloves . . . the machine was heavy made of steel . . . it took two men to open it and shut the doors. We had to go to the other side to take the clothes out." Mr. Losier also said that when work inside the lazaretto was done, the men shed the protective clothing and washed themselves with disinfectant.

Twenty-five years had gone by since the federal government took control of the lazaretto, yet Dr. Smith still used the authority conferred on him by the Boards of Health when the lazaretto was under the jurisdiction of the province. Now legislation was before Parliament. By this time, Dr. Smith considered the proposed act unnecessary. "As leprosy is dying out with us and as I see no greater difficulty with regard to the segregating of such cases as may arise in the future, I fear it would not be wise to return to the old and very unsatisfactory state of affairs in which force was used under the machinery of Law . . ."¹²

Dr. Smith's objections notwithstanding, the federal authorities enacted the most repressive legislation against the sick people since the Leprosy Act was passed in the New Brunswick Legislature in 1844. An Act Respecting Leprosy became law in 1906. Under it, every person in Canada found to be so afflicted could be confined in a lazaretto establishment. "Discretionary power" was given to allow certain victims to remain at home, provided the illness had not reached the communicable stage, and the person was assured of isolation, medical treatment, and sanitary care.

"Suspected lepers", to use the term contained in the act, could be made to submit to an examination by a qualified doctor and forced to be incarcerated if believed to be afflicted, or else face court proceedings. If two doctors or the medical superintendent swore a person was a leper, judges could issue a warrant for his or her arrest and subsequent confinement to a lazaretto. Anyone who harboured a leper was laible to a

fine of up to one hundred dollars and/or up to six months in jail. Warrants could be issued authorizing a constable or other persons to enter a house, room, or place at any time in search of a suspected leper and such a person could be forced to submit to an examination.¹³

In spite of the act's provision to allow isolation at home, up until the lazaretto in Tracadie closed its doors in 1965, the only persons given that privilege were the Cape Breton victims. ". . . it has never been found that a leper has sufficient funds to care for himself in his home for the period of years, sometimes a lifetime, during which treatment is necessary," wrote Dr. J. J. Heagerty of the National Health Department in 1932.¹⁴

S. J. Smyth was certainly in a position to pay for his own medical care. A Canadian engineer employed in Rio de Janeiro, he caught the disease while in Brazil. When it was diagnosed at the out-patient department of Toronto General Hospital, company representatives asked the government for permission to build a cottage for Mr. Smyth in an isolated area in Canada. Married to a professional nurse, Julia Smyth, he was guaranteed around-the-clock medical attention. His request was turned down. Mr. Smyth, like other victims, found himself a lonely passenger in a car "between the engine tender and the baggage car, as far away as possible from the passenger coaches," on his way to Tracadie "where a colony of lepers is established."¹⁵

A private room with bath was provided for Mr. Smyth by dividing a section of the large ten-bed men's ward. A room for Mrs. Smyth was found in the section of the convent, outside the sisters' cloister, reserved for visiting priests. On March 23, 1933, Julia Smyth wrote, "we were agreeably surprised with things in general at the hospital. I cannot call it "lazaretto", a word Webster's Dictionary defines as a pest house . . ." ¹⁶ That summer Mr. Smyth paid for the Bathurst Citizen's Band to come down and entertain the "lepers" on the lawn of the lazaretto. "Sure we all went out to that," Mrs. Fitzgerald recalled. Following the concert, band members were allowed to tour the establishment. Mr. Smyth stayed only a few months. "Not liking the climate nor the circumstances of his surroundings, Smyth obtained permission to journey to England at his own expense," the sisters' annals say.¹⁷

Mrs. Fitzgerald said, "Dr. Ryan and my brother and James Robichaud, they escorted him on board the train in Newcastle and they escorted him to Halifax. He boarded a boat in Halifax for England. They're allowed to live in their own homes in England." He died two years later of Bright's disease. Julia Smyth wrote to Sister Branch, "He was only a young man, under forty."

Mr. Smyth wasn't the first patient to have special privileges if he or she could afford them. Muriel Middleton had her own room in the lazaretto and her parents sent her gifts of clothing and money.

The federal government paid for Rev. J. E. Davis's children to come to visit him. The Baptist Minister caught the disease in India where he worked for seventeen years. He was admitted to the lazaretto in November 1910. When the minister's condition worsened, the Department

of Public Health responded to a request from Evelyn Davis, his daughter. Dr. Montizambert wrote to her, "I have the pleasure in informing you that the minister has consented that your expenses in making a visit to your father at the Tracadie lazaretto shall be defrayed by this department . . . The amount will cover all your travelling expenses at Tracadie where the medical superintendent has been instructed to do everything in his power towards your comfort while there."¹⁸

Miss Davis did not come to see her father but her brother, George, made the trip during the Christmas holidays in 1914. His expenses came to \$40.25. A year later, Stanley Davis, a second son, was given the same privilege. Dr. Montizambert said the favor was "Strongly recommended as an act of charity and compassion."¹⁹ Rev. Davis died on April 29, 1916. Instead of interment in the lazaretto cemetery his body, laid in a sealed metal casket, was transported to Wicklow, Ontario, for burial.

The government's treatment of the minister who had devoted 17 years of his life to caring for lepers in a foreign country was commendable. In seeing his children, Rev. Davis was accorded a favour many did not have. A lot of men and women left spouses and youngsters at home never to see them again.

One Russian woman sat day after day unable to put into words her loneliness for her children. A young sister who missed her mother very much befriended her. Each day during recreation, she sat beside her, "Pretend I am your daughter," she told her. Across the wide gap of language and culture, a warm friendship developed between them."²⁰ Many years later, another sister, the late Louise Légère recalled the children, now grown up, came to the lazaretto door to visit their mother "but she had died the year before. The sisters showed them where she was buried."

Nor did the compassion shown by the federal authorities to Rev. Davis extend to the sisters who were doing the same work for Canadian citizens. In November 1915, a month before Stanley Davis visited Tracadie, Dr. Langis wrote to Dr. Montizambert on behalf of Soeur Marie Bariault and Soeur Marie-Anne Doucet. They needed surgical treatment in Montreal—Soeur Marie for cancer, Soeur Doucet for cataracts. Their medical care, to be given in the Hôtel-Dieu Hospital, would be free. However, the sisters wanted the government to pay for their travelling expenses which would also include those of Dr. Langis and Mère Sormany who would accompany them. The total requested was \$170. "Les deux soeurs . . . sont des personnes qui ont use leur santé au service des lépreux," Soeur Sormany wrote.²¹ They had impaired their health in caring for lepers. Both had been members of the Tracadie foundation for over thirty years.

Since 1912, the congregation had received only \$1,500 a year from the federal authorities in salaries, whereas Dr. Langis earned a basic salary of \$1,600. yearly. There were always four sisters on full-time duty in the lazaretto, plus several who served there on a rotation basis. Every novice was required to spend six months in the leper wards. Mère Sormany wrote that not only did the sisters have to economize severely,

they had to go into debt. Recent salary increases had been used to pay off that debt and the congregation could not afford to send the sisters to Montreal for the necessary treatment. The Minister of Agriculture, Martin Burrell, replied curtly, "not in my power to grant same."²²

We do not know if the sisters found the money for the necessary voyage but we do know that Soeur Marie-Anne's condition progressed. By 1919, at the age of sixty-five, an extremely painful glaucoma deprived her of her eyesight altogether. She died in 1934 after fifty-seven years in religious life. Soeur Marie Bariault who eventually died of cancer, had done many of the manual tasks from nursing to shoemaking to laundry, in the lazaretto wards and in the community.

Another privileged patient was Vashti DeLeon who had been raised on a Jamaican plantation. Her parents were reportedly well-off. She was working in a chocolate factory in Toronto when the disease was diagnosed. She was only twenty years old when, like Mr. Smyth, she arrived by train. The date was January 26, 1921.

Mr. Losier recalled that there was a blizzard the day she arrived; the station was snowed in. The train stopped at Six Roads, about twenty kilometers or twelve miles from the lazaretto. "They had to fix a sled, mattresses on both sides, mattresses under her . . . She was nice and well-covered so she wouldn't catch cold. The roads were plugged . . . it took them about half a day to bring her . . . to the hospital . . . She was a young woman. Her face was nice looking . . . she was well dressed up . . . I looked at her when she climbed the steps—her feet, her ankles, they were swollen." Sister Branch said Miss DeLeon was "really frantic when she landed coming from Toronto and landing in Tracadie . . . so they prepared this unit and made her a private room so that made her happier . . ."

Miss DeLeon, a Catholic, left the church for two years, Sister Branch said. "If God was that way she couldn't stand him any more. The Mother Superior, Mère Ladauvèrsière . . . a very clever woman, she brought her back and when she came back to the church . . . she got resigned. She learned to . . . live with us. The sisters were her friends and she used to have great fun with the other patients . . . She had the first radio. Her brother brought her one right away . . . we used to go there for the news . . . The sisters didn't have any (a radio)." Miss DeLeon had lovely clothes sent to her by her sister and every year her brother and sister came to visit her. She was also introduced to young people in the village by the younger nuns. "Those girls could visit as often as they liked, more often than me," Sister Branch recalled.

Patricia Young remembered her. "Towards the end she talked behind a screen. She'd say 'now I don't want anybody to look at me.'" Well-educated and popular among the staff and patients as well as visitors, she was still remembered by many we talked to. She died of pneumonia on October 8, 1949

While Dr. Smith warned visitors "do not call before ten, do not touch anything they have been using, do not even sit down upon their chairs, above all do not inhale their breath,"²³ privately, he once said to

a friend, "I have come to the conclusion that the only way to become a victim of this terrible illness is by inoculation."²⁴ The more he thought about it the more he was attracted to this idea. "It isn't a question of personal inconvenience or of suffering, it is more a question of knowing if such an action on my part would be in the interest of medical science."²⁵ There is no evidence that Dr. Smith carried this out. Perhaps the promising results with chaulmoogra oil convinced him that such heroics were not necessary.

Mrs. Fitzgerald said of him, "He loved to investigate all kinds of things that went on." The library in his office was stacked with books and papers on the subject of leprosy. Frequently, he corresponded with other doctors and researchers in the field. With all this, he still had time to explore the sites of Indian encampments around Tracadie and to put together a collection of Indian artifacts. He took up photography as a hobby. Elizabeth Kristjansson (Christianson) wrote to him, "Accept my sincere thanks for the photograph of my father . . . he looks well and full in the face."²⁶ Several of the photographs of Tracadie and the lazaretto in this book were taken by him.

Of the three, Soeur St. Jean, Reverend Babineau, and Dr. Smith, only Dr. Smith was to stay associated with the lazaretto until his death.

Who is to say how long 'la maladie' would have lingered in the region without Dr. Smith's uncompromising, sometimes ruthless methods of segregation? Even with his vigilance, the illness occasionally flared. During the latter part of the 19th and the early part of the 20th century, five of ten children of Jean and Henriette Dignard from Lamèque died in the lazaretto. The mother and two more of the children were admitted within a one-year period. Eventually, the father as well became a victim. In other cases too, when a victim succeeded in eluding detection, the results were disastrous for his family.

Dr. Smith took over Father Babineau's duties as well as his own. He wrote to government officials on behalf of the sisters. He also corresponded with patients' families and found time to help celebrate the birthdays of the lazaretto residents and to attend the sisters' celebrations on their feast days or anniversaries.

Every day, besides visiting the lazaretto, he made his rounds in the general hospital. In the year ending August, 1904, one hundred and thirty people had been treated there. If a patient was poor and in need of medication, Dr. Smith paid for the medicine himself rather than see the sisters go without their money. "He was a great favorite with everyone," Sister Branch said of him. "The doctor was always kind and good to us," a lazaretto patient, Joseph A. Buttler wrote.²⁷

Mrs. Fitzgerald, sitting the front room of what used to be his office, remembered him in his latter days. He loved to have her mother play the organ for him, and he would sit wearing dark glasses, looking out of the window. The annals say, "Near the end of his life, in spite of paralysis that prevented him from doing his work as he wanted to, he overcame his pain and went every day on his usual rounds . . ."²⁸

He died in the early morning hours of March 13, 1909, at the age of sixty-eight. "When the news of his death was brought to the lepers, they left the lazaretto and ran over the fields towards his home. Mrs. Smith knew why they came and showed them into the room where his body rested." The sisters wrote, "His name is venerated and is synonymous with good will. He left in our hearts memories we will never forget."²⁹

By the time he died, the long struggle with leprosy disease in New Brunswick was nearly at an end.

19

PEOPLE JUST LIKE US

When they die they are buried in leprous grounds with nothing to distinguish their graves from that of any others, and leaving no more void than if they had never existed.

“Saddest Spot in North America”
The Montreal Star (Montreal, P.Q.)
no date, between 1899 and 1902

. . . the first event to mention is the baptism of one our Icelandic lepers, John Gimmerson (Jon Gudmundsson) interned in the lazaretto in 1897 . . . it helps our work a little to know the joy from time to time of bringing one more soul to our good Lord.

Annals of the R.H.S.J. in Tracadie
1904

The 14th of August, two of our protestant lepers Arthur Hyson eleven years old from Nova Scotia, and Nicolas Popoff fourteen years old, originally from Russia and emigrated to Canada around 1900 converted to Catholicism and the next day, the 15th, they were to make their first communion. For the occasion, as on great feast days, all the community were present.

The Annals, 1909

He arrived on the advice of a co-citizen on April 30, 1919, after having walked 130 miles. It took him seven days through bad roads to cover this distance; from Dalhousie to Tracadie. On his way he begged for his meals and slept in barns. He came to us more dead than alive . . .

Dr. Joseph-Antoine Langis,
Case History of John Dignard
Public Archives of New Brunswick,
1919

In November of this year Mme Perehudoff, a Russian woman and mother of four was admitted to the lazaretto. She isn't Catholic but we feel no less her loss combined with the ineffable sufferings caused by her disease.

The Annals, 1926

Nicholas, who has been here only for two and a half years is actually very sick and was baptized by the chaplain . . . All the sisters who were free assisted at the ceremony.

The Annals, 1932

Nicholas after being examined by four doctors was declared cured . . . and on the Feast of St. Joseph he took the train for Saskatchewan his place of birth, to rejoin his wife and parents. To describe his great joy would be impossible. Our wishes for a safe trip and our prayers accompanied him.

The Annals, 1934

On August 9 another Chinese Hum . . . arrived, a simple man very kind . . . He is no trouble at all. He seems to be so pleased to be here.

The Annals, 1936

A sad event, Nicholas was readmitted to the lazaretto after five and a half years at home . . . The sympathy we offered helped him find it less sad . . . His wife accompanied her husband this time. What courage and love this showed.

The Annals
October 31, 1939

Dr. Joseph-Antoine Langis continued Dr. Smith's work. However, his responsibilities were fewer, his powers more limited, and the conditions under which he toiled considerably improved from those earlier days. Mrs. Smith reserved her husband's office for him and Dr. Langis inherited his library. Because he was married and the father of nine children, the federal government constructed a residence for the superintendent and his family shortly after his arrival in Tracadie. The doctor, who was born in Rimouski, Quebec, and had graduated from the University of Montreal, had practiced for many years in Petit Rocher, New Brunswick, before taking up his new responsibilities.

Dr. Langis remained superintendent for the next twenty-three years. During this period the number of cases declined dramatically from twenty-two in the year he arrived to ten when he retired at the end of 1933. He was the first medical doctor to do a case history on each patient and to try and trace the disease in individual families. Besides the lazaretto, he carried on a private practice in Tracadie as did the other physicians who followed him as superintendent.

After his retirement in 1934, Dr. W. T. Ryan, a native of Fredericton, New Brunswick, was given the position. Dr. Ryan had been in government service earlier when, as a young physician, he followed the miners up to the gold mining camps of Canada's north. At the time of his appointment to Tracadie, he was a general practitioner in Boiestown.

The widespread region in rural New Brunswick meant many nights on the road for the country doctor. After several years, he looked around for a less strenuous practice and decided on Tracadie.

For almost the last thirty years that the lazaretto remained open, the number of patients were few. Some of these were long term cases. In the decade between 1934 and 1944, there were only five new admissions. The last two cases from New Brunswick were admitted in 1937. They were an elderly man from Neguac and an elderly woman from Tracadie who had been exposed to the disease many years earlier.

On February 19, 1939, Dr. Ryan died of heart disease after a brief illness. At his death, a young surgeon who had recently opened a practice in Tracadie, Aldoria Robichaud, was named interim superintendent. Eventually, he was given the position permanently. It was Dr. Robichaud who introduced the sulfa drug diasone for leprosy victims. Sister Branch said he used to attend all the medical conferences to keep abreast of things whether they concerned the needs of his hospital patients or those in the lazaretto.¹

In January 1943, both the general hospital and the lazaretto were completely destroyed by a fire that broke out in the morning in the electrical system. While there was neither injury nor loss of life, the sisters and staff needed time to find temporary quarters and to reopen. Accommodation for the eight lazaretto patients was found in the superintendent's residence, then still occupied by the Ryan family. "Mrs. Ryan was very nice about it. The children were away somewhere so she stayed on the couch downstairs and they lodged the patients upstairs. It was a very large house," Sister Branch recalled. Three sisters remained in the house with them.

In the aftermath of the fire, Dr. Robichaud used his time to visit Carville, Louisiana, where there was a four-hundred-bed hospital for leprosy patients. "They were experimenting with the sulfas at that time so of course he came back with a craze for the sulfas," Sister Branch said. On his return, Dr. Robichaud introduced diasone into the treatment of leprosy. Up until then, patients were still being treated with chaulmoogra oil. The advent of the new drug meant cures. In lepromatous type, diasone had to be taken for four and a half years. In tuberculoid type leprosy, it was only necessary to take the drug for eighteen months.

When the new hospital opened in 1946, one dozen rooms including kitchen, parlor, and office were reserved for the leprosy patients. Each of the seven had his or her own room and bath. The sisters never forgot those in their care. Some patients who were cured in later years returned for visits. Many wrote.

We talked to Sister Victoria Branch in a small parlor of the Provincial Mother House located in Bathurst. After several years in the lazaretto, she was transferred to the general hospital. Here she was made head nurse in charge of the operating room. "But I was always connected with the lazaretto because I was Dr. Robichaud's personal secretary," she said. Petite, with gamon-like eyes and a quick wit, she is now well over eighty. Still, she spends several hours a day taking care of bedridden religious.

Soeur Roseline Légère is the third generation of women to enter 'les Hospitalières de St.-Joseph' in Tracadie. She is the niece of Soeur Louise Légère, who was the niece of Soeur Blanchard. Retired from regular duties, she too cares for bedridden sisters in the Mother House in Bathurst. With a ready smile and an ability to tell a story, she brings a sense of fun with her whenever she enters a room.

In Tracadie, we met Soeur Georgina Robichaud who is in charge of the sisters' personal archives. Age has slowed her somewhat but has failed to dim her memory or dampen her enthusiasm for life. In 1926, she lay near death after battling tuberculosis for several months. Doctors could do nothing more. Mother Superior told her that she and the other sisters were going to make a novena to the Canadian Martyrs, five Jesuit missionaries who had been put to death by the Hurons two centuries earlier. A day after that novena all signs of her illness disappeared. Her cure was authenticated by members of the medical profession and officials of the Roman Catholic Church. Because of it and other miracles, the Martyrs were canonized.

It is thanks to Soeur Robichaud that many of the old documents survived. "I have two file boxes, one of ancient documents, the other of the present. When I go through the old papers, I could spend hours and hours at it." Soeur Robichaud saved the collection from fire on two occasions. The first was during the Tracadie fire in 1943; the second occurred in the Provincial House in Bathurst where she had taken the documents for safe keeping. Soeur Robichaud worked in the lazaretto for six months before she was a professed religious. "After I made my profession, I wasn't able to go again and that caused me a lot of pain . . . They called me 'Ma Petite Mère.' "

Soeur Dorina Frigault is now a worker at Accueil Ste. Famille, a shelter for battered women, children, and troubled teenagers located near the general hospital still called Hôtel-Dieu de St. Joseph. Back in the spring of 1963, she prevented a number of items of historic value from being sold by her community. From this small collection the Musée Historique de Tracadie grew: its foundation was almost entirely due to her efforts. "I never worked in the lazaretto but I often visited. When we were young we'd go every Sunday to give the news of the week," Soeur Frigault said. "They were family to us. Those who knew how, played on the harmonium and we sang all sorts of songs like 'You are my Sunshine', not only religious songs."

Jim Losier had been a fisheries officer for over thirty years when he retired in 1965. A veteran of the First World War, he spent an extra year in England recovering from wounds before he returned to Tracadie in 1919. A friendly and kindly man with absolutely no fear of the illness, he got to know many of the victims.

Dorothy (Young) Fitzgerald knew several of the patients as well. Like Sister Frigault, she was an amateur historian. For many years, she worked at the Court House in Newcastle. When she returned to Tracadie, she gathered up her great-uncle's documents and turned them over to Provincial Archivists. It was her wish that someone write a complete documentary on the subject of the lazaretto. Mrs. Fitzgerald

died a month after we talked to her. Her sister, Patricia, is several years younger. She worked in Moncton until recent years. She used to skip classes to play and sing for the patients. "They used to make a fuss over me and I just loved it." If only briefly or over a period of many years, these people were touched by those imprisoned in the lazaretto and through them the inmates' voices have been heard.

Philorome was admitted to the lazaretto on May 18, 1909, just a few months after his mother had been brought in. Several of his brothers and sisters had already died of the disease. His father had abandoned the family years earlier. According to Dr. Langis' report done at the time of his admission, Philorome had symptoms of the illness in its earlier stage and with treatment these cleared up. Sister Branch and others told us he never had leprosy. In any case, the young man was not only mentally retarded but emotionally disturbed when he arrived.

Dr. Langis tried unsuccessfully to have Philorome committed to the mental hospital in Saint John but his request was turned down. Dr. Smith had a similar experience with a patient a few years earlier. Faced with only vague directives from the federal authorities and patients who were considered dangerous by their fellow inmates and their nurses, they locked them in rooms within the lazaretto.

The engineers brought Philorome his food because he was angry and very powerful. "His room was dark," Jim Losier said. Nothing could be kept in there with him. His blankets had to be replaced every two days because he unraveled them thread by thread.

Gradually, with the help of another patient, who, for a small fee, stayed with him during the day, Philorome was allowed back into the wards. However, shortly after, when the snow was deep on the ground, "He ran away . . . and only in his sock feet . . ." Mr. Losier said. "So we followed the track and we found his socks and he went away down in Pointe à Bouleau . . . He was sitting under a big tree, no socks on, in the snow. He didn't know where he was. He was all upset . . . The chief engineer, Jim Robichaud, told him 'suis Phil, viens avec nous autres,' and he followed us back to the hospital . . . a mile and a half back through the snow in his bare feet. As soon as he got there, the nurses (sisters) looked after him, washed his feet and this and that."

Philorome was befriended by Soeur Roseline Légère and he used to follow her about the lazaretto. At the time of the fire, one of the most valuable pieces of equipment in the lazaretto was the wheelchair used by Miss DeLeon. While Dr. Robichaud and another Tracadie doctor brought the leprosy patients to the Ryan house by car, Philorome and Soeur Légère pushed the wheelchair over the ice-encrusted fields. It was a bitterly cold windy day, Soeur Légère recalled but "we rescued the chair."

Society's horror of leprosy was reflected by the victims of the disease and the way they saw themselves and each other. The new lazaretto gave them more privacy and they began to withdraw from one another. Few were related any more and most were from different countries with distinct languages and customs. Sister Branch said they ate by themselves rather than share a common table and would rather do without

than be treated to a chocolate when the box had been opened by one of their own. As a result they played cards but only solitaire. They listened to the same station on their separate radios. They shared the cottage built by Nick, who could do anything with his hands. On fine days, they would sit by the ocean and let the water wash them. They breathed the same salt air and ate their separate lunches done up by the same sister.

"In the beginning, the sisters made their clothing. They ordered big bolts of material and everybody dressed alike," Sister Branch said. "In my time, they ordered them ready made from the Eaton's catalogue . . . They loved it when the catalogue came out and of course, only so much was allowed for them. You couldn't pamper them with too many clothes. The lepers would pick what they wanted and the sisters would order it for them if they needed it . . . When the catalogue came it kept them busy. It isn't only lepers who are like that. Some people are like that too."

Soeur Branch gestured towards an open window where someone was mowing the lawn. "We had hammocks in the garden. We didn't follow them outside because they wanted to be alone. They loved to watch their growing gardens and to take care of them you know, in spite of damaged hands. The women went more for flowers and the men for vegetables.

Like many handicapped people, the patients managed to adapt to the conditions imposed by their disease. Jean loved his garden and tended it himself even though he had no fingers. "He'd be weeding using the sides of his hands. His whole family died of it. His wife died young . . . She was only two years in the lazaretto. Serene, he wouldn't raise a fight for anything," Sister Branch said.

Jim Losier spent several hours in Jean's company. "To smoke, he had a stone on the table, matches, and the nuns used to fill his pipe . . ." First he'd bring his pipe to the table edge; then, taking the match in his mouth, he'd strike it against the rock. Quickly, he'd lay the flaming match on the table with the burning end over the edge, pick his pipe up with his mouth, hold it under the flame and puff until it was lit. His daughter, Julie, used to lay her prayer book on the floor in front of her and turn the pages with the stumps of her hands.

Jean used to go every day to the shore. One day he didn't return for supper. Sister Branch recalled, "So we sent Philorome down to see and Philorome came up and said 'parti, parti'. So, we went to the shore. He was dead on the beach. The men had to go and bring him home. He was a fisherman before. Oh, he felt at home on the shore."

When patients died, Sister Roseline Légère told us, they were embalmed at the lazaretto. "We covered their bed and exposed them at the house. We brought them into the chapel for the service. We went in behind the coffin. I assisted at the death of Philorome. "He died suddenly at the shore like his father. They are interred in the lepers' cemetery. Only one wasn't catholic and he is buried away from the others."

Jean was not the only one who liked the beach. Nick would go to

the shore and get drunk. "Sometimes he'd stay there to sleep. We didn't bother to look for him. He made furniture, all sorts of stuff, ashtrays, and he'd sell these and he'd make money from that. He had the people from the village bring him his drink." Patricia Young remembered Nick. "He was quite a fella," she said. "A lot of girls thought he was nice . . . I could name four or five. They wouldn't thank me for doing it . . . they had to be invited to leave the place."

When a patient was cured no one rejoiced more in the recovery, aside from her family, than the sister who had treated her. Betty was just twenty-one " 'Une belle petite Chinoise'. She cured quickly." Soeur Branch smiled with the memory of it. "Dr. Robichaud brought her to Montreal because on the train if they knew they were coming out of the lazaretto, somebody might have kicked. He brought her to Montreal and her family came to meet her at the station. Dr. Robichaud said he never saw such joy. Her father lifted her up and was swinging her up in the air and her brothers the same thing. They were so glad to have her back."

Sister Branch was never sure what happened to Sam and she remembers him and wonders yet. When the children came and sang for the patients, Sam, another Chinese, would clap his hands and sing too. He was scared of the showers and he used to take his bath in a basin. The sisters said he "bathed in a saucer but he was always clean and he went home and we never heard from him after that." That was during the war. The Chinese had paid a \$500 fee to enter Canada and this was refunded if they wished to return. "He went back home but there was revolution in China. He'd been cured with the old medicine. He was from a small village near Canton. We often spoke about Sam . . . He might have been killed as soon as he got there because he was coming from a capitalist country."

Jim Losier, too, carried with him some poignant moments he shared with the patients. "There was a fellow by the name of Lommes. He went to the First World War with me. He was always looking for me because I was a returned man. He had married an English girl. His wife would visit him and bring their two little boys. Oh, that was sad. He wanted to kiss the boys and she didn't want him to. He'd reach out to touch them and she'd pull them back. Small boys, well dressed. She was frightened you know. You can't blame her. She wouldn't go near him. That would make him mad. Break his heart. He wasn't mad after her but after himself. After a time, she went back to England . . ."

Mr. Losier cleared his throat. "There was one man, Jon, could sing. Oh, he had a terrible voice for singing, rich and smooth. We could listen to him all day. His eyes were nearly gone. The disease had got his eyes."

"Another lad was blind. He had no hands either. He had this little table he liked and the nuns took it to clean. They washed it all well and covered it with a bit of oilcloth. When they finished they brought it back to him but the man could smell the oilcloth on it and he asked, 'What happend to my table?' And the sister told him that she had cleaned it and put on the oilcloth. Oh, he was angry and he tore the oilcloth off

with his teeth. He was in bad shape that fellow; the flesh was just falling off of him. He was in bed all the time. He knew that nobody wanted to go near him."

"There was one girl born in the lazaretto," Sister Branch said, "She was delivered by Dr. Smith and she was adopted by a family that lived outside the village. She's still living. She writes every Christmas and she comes to see me every summer. Well, she was my maid you see. After she was grown up, everybody knew that she was born in the lazaretto. Nobody wanted to hire her so they took her to the lazaretto and she worked for me for two years. She had her room with the other maids. She never married. She lives in Quebec. She's past seventy now, you know."

Once Sister Branch had to make arrangements for the birth of a child right in the lazaretto. Her eyes twinkled as she recalled the story. Regina was pregnant when they discovered she had leprosy in Toronto. "They confined her right away and her daughter was born here. In fact, I delivered her. Dr. Robichaud came to see her. It was seven or eight o'clock. Sister Alfreda Haché and I were there and she had been in labor since the morning. She only started to progress after seven and she was only half way when we called Dr. Robichaud . . . so she started pushing because she didn't like Dr. Robichaud. She found he was too distant and she had prayed for him not to touch her baby. I was holding the baby up by the ankles when he arrived. He had to cut the cord, of course . . ."

"Then we took the baby and brought it right out of the lazaretto to the sisters' infirmary. She (Regina) wasn't allowed to hold it. We could only show it to her through the grill in the chapel. Sister Lucienne Thomas was appointed nurse for the baby. She looked after that babe until it was a month old. Then he came, the father, and brought it to his sister." Three years later, Regina left the lazaretto. "She wasn't discharged but she wasn't contagious any more so the department said 'okay, you want to stay home, stay home.' She came to see us several times but not with the girl. She was in college. She (Regina) wanted to see the trees that she had planted . . . they'd grown you know . . ."

When possible, special consideration was given to the children. Sister Branch remembered a little boy named Joe. "He came from the west. His father came with him and he said 'he's going to lose his class.' He was nine years old and Sister Caissie gave him classes . . . but we didn't keep him long. At that time they had to be one year negative before discharge. Dr. Robichaud only kept him six months. Being a child, his place was not with the adults; his place was with his family. The family doctor was anxious to have little Joe back home and we confided him to that doctor and told him to continue the treatment. I am sure he made one grade during that time. He was very bright."

"One boy about eleven was with us for nearly two years. He was from Toronto and his parents told their friends that he was in Tracadie to study music. The sisters taught him to play the guitar so I suppose you could say there was some truth in that."

The Chinese patients were allowed to augment their hospital diet with special foods of their own that were imported from Montreal. Hum even sent for different seeds for greens not found in Tracadie that he planted in his own garden. He also gave the sisters lessons on what local weeds were edible and which were not. Dandelion greens were his favorite—he used to cook these with rice and chicken and eat the results with chopsticks. The sisters never tried his recipes but Sister Branch said, “You know, when it was cooking, it smelled pretty good.”

Hum worked all the time. “When we went into the new hospital, he had to make us some poles to open the windows. Sometimes the hammer was loose and we’d give it to him; he would adjust it,” Soeur R. Légère recalled. She paused for a moment, thinking. “When someone died he (Hum) knew, and he saw a little child pass, he’d say it was the deceased who returned in the little child. Even though he was Catholic, that stayed with him. He was the best man anyone could know. He was never impatient. He never fought with the others. He helped us a lot.”

Soeur Frigault used to visit Mme Perehudoff. “She used to call me ‘Soeur Frico’, she recalled with a smile. “She was married and it was hard for her. She had a brother Nick . . .” Sister Branch said, “. . . her (Mme Perehudoff’s) feet were crippled so she couldn’t very well go up and down stairs but she had her garden just the same. She had her brother look after it. She’d waddle out to her garden every day. Even if they have sores on their feet, they don’t feel pain.”

Mrs. Fitzgerald remembered Mme Perehudoff when she stayed with the others in the Ryan house. “Every day I’d go by to work and she’d come out to the gate and wave to me. Anyway one day I was going by and she said to me ‘You know I admire that hat. That’s why I come see you, to see the hat’. I remember that it was a pink felt hat. One day she was standing right at the gate and I took the hat off and put it on her head. ‘Now you’ve got the hat,’ I said, and she loved that hat, and she wore it until there wasn’t a shred left of it.”

While Philorome might have had leprosy in its early stages, his sister, Archange, or Hortense as she was called by those who remembered her, never had the disease. Yet, she, too, went into the lazaretto as a teenager and spent most of her life there. Seven brothers and sisters and her parents had leprosy; another brother died in the mental hospital in Saint John; since there was no where else for her to go, the sisters took her into the lazaretto as a patient. “She helped clean and wash the dishes and we paid her a small salary,” Sister Frigault said. Archange also learned how to knit and crochet and some of the items she made were sold to visitors. She also made paper flowers and hung them up for decoration.

Archange, Mme Perehudoff, and Hum were the last residents in the lazaretto. By that time, none of them had leprosy. Hum and Mme Perehudoff had been cured with the diasone but they didn’t care to go back. They had grown old in the lazaretto and had lost touch with their families. In February of 1964, Hum died of uremia; that June, Mme Perehudoff died of a stroke. Soeur Frigault said, “Archange, who never had leprosy remained.” The sisters wanted to close the lazaretto so they

looked for a place for Archange. Several senior citizen's residences were approached but they refused to take her because of her family history. Finally, a place was found in an old age home away from Tracadie but in the province. She died there in 1977. "The sisters had looked after the lepers for ninety years." The lazaretto closed its doors in 1965.

Leprosy still exists in Canada. Victims are isolated for a short time in hospitals until their disease is rendered non-infectious, a period of about one month. After this, treatment can be continued at home and they can lead a nearly normal life. But where are the Hansen's Disease sufferers? Why do they not show themselves, talk of their disease with the hope that their personal testimonies will improve the lot of fellow-victims. They cannot. In an era when homosexuals are making public their life choices, when ex-prisoners and former alcoholics dare to speak of their experiences, 'the leper' continues to live in his isolation because he is society's last taboo. Most of all this book is for them.

The repugnance inspired by the biblical idea of leprosy is repeated each day by modern writers. Traditional allusions to lepers are probably written without meaning to cause harm but they perpetuate prejudices which are disastrous to ex-patients of lazarettos who wish to return to a normal life after being rendered non-infectious.

Dr. Aldoria Robichaud,
 quoted in *Le Droit* (Ottawa)
 February 13, 1959

Certificate of Freedom From Leprosy, *copy*

I have to-day Oct 25 1897
 examined Duncan Gillis whom I find at this
 date free from any external trace of Leprosy.

A. Christie M.D.,
 Inspector of Leprosy for
 the Dominion.

Subscribed by Dr. Smith
Oct 25 1897

Certificate of Freedom from leprosy. Dr. Smith Papers, Centre de documentation de la Société Historique Nicolas-Denys, Centre Universitaire Shippagan.

EPILOGUE

"It began with the lepers and the work continued. If Tracadie is developed today, it is because of them . . ."

Sister Dorina Frigault
Interview of July 16, 1981

The sisters came to look after the leprosy victims and they eventually opened the hospital, the orphanage, and they academy and boarding school. Besides the academic program, they had a commercial course and a domestic science program. They also taught painting and music. For a long while the institution "had the biggest payroll in Tracadie," Sister Frigault said.

"The sisters kept the old bachelors and maids who nobody wanted to look after. From this, they were left the land they needed to produce what was necessary to feed the orphans. They made everything in the beginning, mattresses from horse hair; they made shoes; they knitted socks. When I entered, we were five new ones. We were seventy-two religious altogether."

"One priest said the government would scratch their heads to know how the sisters could operate a hospital with so little money. We opened a nursing school for sisters in 1950 and after got permission to teach lay people. The government never gave one cent for the nursing school. No one was turned away from the hospital. Many people paid with farm products. Others were not able to pay. They paid the doctor and the hospital stayed there. There were some who when they had the means to pay, forgot that debt. The sisters burned the account books rather than to have records of people who didn't pay their bills," Sister Frigault said. "It cost thirty dollars a year for a boarder at the Academy. There were those who only gave \$15. . . . board, food, heat, and light." Soeur Frigault's voice was strong as she remembered the struggles of those early years.

"Nothing was lost. We had good food but no fancy stuff. We ate our crusts . . . Soeur Christie was a saint but she spent her life in the garden. In autumn, she gathered the vegetables, the fruit and the rhubarb. We had the boarders and the hospital patients to feed . . . as I remember everyone helped; the sisters, the pupils, the orphans . . . In the beginning several young sisters died from tuberculosis but apart from that, if you go to the cemetery, you will see what age they were when they died. And, they worked very hard . . . Soeur Saint Elizabeth was 99, Soeur Légère is now 109*, Soeur Bernier was 100 years old when she died. They looked on the good side of life and the fact they lived in a community; it's like a family."

On January 6, 1943, the sisters nearly lost it all. Soeur Robichaud will never forget the day. "We were in the chapel and on leaving, the phone rang very loud. I was Superior. I took the phone and sister told

*Sister Louise Légère has since died.

me there was a fire in the hospital. After chapel, each sister must present herself in front of the Superior to ask permissions for the day . . . I told them that a fire had broken out on the fourth floor of the hospital. Those who were able to come and help, came, and the others went back to the chapel to pray . . ."

"I kept watch that it didn't go on the other side of the cloister because there were sisters who were sick. After a time, someone said it was necessary to move them. I went to look for some men to help and one came forward and I told him he was too small. It was the 'vicaire'. He said, 'I am strong' and he came."

"Once the fourth floor was emptied, we emptied the second and the first. I went back and forth, from one floor to the other. It was very cold. They put the hoses in the river and the water froze. Fire trucks came from Chatham and Newcastle. The water would freeze before it got to the building. That's why it all went up in flames."

Sister Branch continued, "There were no patients on the third floor where the operating room was. Someone phoned the church and the church bell started to ring. Of course, the first thing we had to do was get the patients out. There was one girl who had just been operated on the night before . . . We didn't have an electric elevator. We had a dumbwaiter and we put her on that. That's how we took our patients who couldn't walk up and down stairs. Between the academy and the hospital there was a covered bridge so we put them all in there while we were clearing the other floors. Then people started to arrive and the evacuation was very quick."

*Archives
Sister
Branch*
"We saved quite a lot of things, the mattresses, pillows, bedding, the patients' belongings. I saved my operating room table . . . The table weighed two thousand pounds. Three men took it down by staircase and when they brought it back, they had to have a pulley to lift it."

"As soon as we could, we started hauling the patients over to the academy. Soeur Roseline Légère looked after the lepers and she went with them to the Ryan home."

Sister Robichaud said, "It was during vacation. We had little boys as boarders and we had to close the boarding school because of the sick." They kept the boarding school for girls.

"In the academy, we started laying mattresses on the floor . . . All the patients were in bed by supertime," Sister Branch recalled. After the patients were moved into the academy, the covered bridge, as Sister Branch called it, was destroyed to prevent the fire from spreading there. By the next day, the academy was all that remained of the complex.

As the little band of founders had done seventy-five years earlier, the sisters looked for the crosses they were to bear but found only challenges. "We took steps right away to rebuild. We didn't have insurance. We had to borrow," Sister Robichaud said. By January 1946, the new general hospital opened while the cloister and lazaretto opened a few months later. The new building was of brick and completely fire proof. It had an 80-bed capacity.

Thanks to the introduction of diasone, leprosy in Canada was already beaten. The fire, then, marked the end of an era but twenty years were to pass before the lazaretto shut its doors to leprosy patients for good.

NOTES

The sources for the facts given in the text are too numerous to be cited in their entirety here. For those who would be interested, full versions of the original typescript, notes, and bibliography are deposited at the Public Archives of New Brunswick, Fredericton, N.B., the University of Moncton, Moncton, N.B., and the National Library, Ottawa. References have been given for direct quotations. Other materials consulted have been listed at the end of the notes to each chapter.

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10. "Ottawa," *The Miramichi Advance* (Chatham, N.B.), April 7, 1892.
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3. From an interview with the late Mrs. Delphine (Arseneau) Lockhart, October 26, 1982.
4. Centre de documentation de la Société Nicolas-Denys, Dr. Smith Letter Book, pp. 92-93. Dr. Smith to Dr. Montizambert, December 20, 1904.
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8. From an interview with Sister Victoria Branch, R.H.S.J., May 20, 1981.
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10. From an interview with Mr. Joseph Fransblow, June 17, 1981. All subsequent comments are recorded verbatim from interviews conducted between 1976 and 1982 with the persons named.
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28. Annals of the R.H.S.J. in Tracadie, pp. 184-85.
29. Ibid., pp. 184, 185.

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EPILOGUE

Quotations are recorded verbatim from interviews conducted between 1981 and 1982 with the persons named.

Other sources consulted: Edmond Ouellet, op. cit.; and The Annals of the R.H.S.J. in Tracadie.



Mary Jane Losier was born and raised in Amherst, N.S.. She attended St. Francis Xavier University and graduated from the Nova Scotia Normal College. After teaching in Halifax Co., N.S., for three years, she and her husband moved first to Campbellton then to Bathurst. Mrs. Losier has published feature articles and some fiction in *Atlantic Insight*, *The Annals of Ste. Anne de Beupre*, *The Oracle of St. Joseph*, *The Atlantic Advocate*, and *Arts Atlantic*.

Céline Pinet was born in Moncton, N.B., and spent her early childhood there. She obtained her Bachelor of Elementary Education and her Bachelor of Arts from the Université de Moncton. After 1972, when she retired from teaching to devote more time to her family, she cultivated her interest in Acadian history.

Of *Children of Lazarus*, Mary Jane and Céline say: "We didn't begin to write a book. We began by asking a question. Who were the Canadian victims of leprosy? We studied New Brunswick and Acadian history, read genealogies, scanned parish and church records and old newspapers on microfilm until our eyes drew inward. We visited people in their homes, and the sisters in their parlors, for long and detailed interviews. Gradually, Françoise, Julienne, Michel, Tranquil, Barnabé, all the children of Lazarus, took up residence in our hearts — they became our friends. And other personalities were emerging: Pere Lafrance, Dr. Smith, Father Babineau, and perhaps one of the greatest unsung heroines of our time, Amanda Viger (Soeur St. Jean-de-Goto). As for Les Hospitalières de Saint-Joseph, who could not admire those anonymous, zealously religious, eminently practical women who walked where men had feared to tread? While they nearly single handedly cared for the sick, they also built an institution that became the hub of Tracadie."

