

# Public Health Disruptions in Susanna Moodie's *Roughing It in the Bush* and Catharine Parr Traill's *The Backwoods of Canada*

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THE CALL FOR THIS SPECIAL ISSUE of *Studies in Canadian Literature* referred to the COVID-19 experience as one of “profound and unexpected disruptions to our shared spaces, routines, economies, societies, and work lives” (“The Ruptured Commons” 310), yet the ruptures in fact are regularly irregular, to echo a phrase that physicians use to describe rhythm in atrial flutter. Pandemics of various sorts punctuate world history, including Canadian history as a participant in global flows, including the tremendously disruptive SARS pandemic in 2004, the first of the twenty-first century, also the result of a coronavirus. One need go back only a little over a hundred years to encounter a pandemic of even greater scale, that of the influenza in 1918. Canadian literature offers a means to explore the ruptured commons of these time periods, and a fruitful pandemic to examine using Canadian literary texts is that of cholera in 1832. Two canonical figures in CanLit, Susanna Moodie and Catharine Parr Traill, both wrote documentary accounts of their immigration to what would become Canada at exactly this time. Moodie's *Roughing It in the Bush* and Traill's *The Backwoods of Canada* offer much that I will explore in this article: (1) insights into the “forms of severe rupture — to lifeways, cultures, and forms of inhabitation, community, and governance” (“The Ruptured Commons” 310) — wrought by capitalistic health care; (2) a basis on which to establish “biomedical studies” as a relatively unexplored frontier in the field of Canadian literature, by way of reaching back into antiquated theories of infectious disease as they relate to the current COVID-19 pandemic; and (3) an imaginative basis for reparation of the “forms of severe rupture” as conducted in both texts, borrowing from Lauren Gail Berlant's theory of the disrupted commons (95).

Moodie's *Roughing It in the Bush* has been studied in terms of fem-

inine pioneer archetypes (Thompson, *Pioneer Woman*), work and class (Godeanu-Kenworthy), and spiritualism (Ballstadt et al.; Massicotte; Thurston). Traill's *The Backwoods of Canada* has been analyzed using postcolonial theory (Fleming; Peterman; Steffler and Steffler), ecocriticism (Besson; Thompson, "Introductory Essay"), wilderness thematics (Atwood; Turner and Freedman), food studies (Alexander; Cooke and Lucas), feminism (Dean; Jensen and Weaver-Hightower), and children's literature (Byrne). To date, Moodie has not been thoroughly researched using a science and technology studies reading, and Traill has been considered by just two such scholars, Marianne Ainley and John Muir, the former focusing on the history of botany and Traill's place in it, the latter considering descriptions of astrological phenomena.<sup>1</sup> In contrast to this lack of coverage, both authors, however, have frequently appeared as figures and sources in public health histories. For example, Moodie and Traill are considered in Humphries's *The Last Plague: Spanish Influenza and the Politics of Public Health in Canada*, informed somewhat by medical philosophy but based more on political science and medical history. The specific reading of Moodie and Traill that I offer is one that I have coined elsewhere as "biomedical studies" (Neilson 233).

Although they are shaped literary narratives composed in retrospect and contain many elisions and alterations of detail, both *Roughing It in the Bush* and *The Backwoods of Canada* have other lives as historical records that offer views of Canadian medicine in a time of pandemic. Moodie and Traill arrived during Canada's first major cholera pandemic in 1832, Traill slightly earlier than Moodie, both motivated by what the latter referred to as a "Canada mania" that "pervaded the middle ranks of British society; thousands and tens of thousands for the space of three or four years landed upon these shores" (6). More precisely, Moodie and Traill formed part of a huge wave of immigration to Grosse Île, Quebec,<sup>2</sup> with an average of thirty thousand arrivals per year at that time ("Evolution"). Moodie and Traill were the cholera pandemic's two most notable chroniclers, reflecting just how powerful literary works can be when they critique the commons during conditions of widespread disease.

In Humphries's text, singled out here because it is the most recent treatment of the Strickland sisters, Moodie and Traill are bit players in a single (albeit panoptical) chapter devoted to historical concerns. This fact is one of the points of this essay: they are read by historians as contributing to the historical record, *dramatizing* the facts that historians marshal, making them matter. The sisters' critique of public health infrastructure

is not addressed by other historians: not by Charles M. Godfrey in *The Cholera Epidemics in Upper Canada, 1832–1866*, nor by Geoffrey Bilson in *A Darkened House: Cholera in Nineteenth-Century Canada*, nor by Humphries. Moreover, because of the focus on information, no historian of pandemics has thought through Moodie's short story "The Sailor's Return," which concerns a different pandemic (typhus), offering literary scholars an opportunity to round out the facts and nature of the sisters' critique. Their critique occurs by means of what Berlant calls "the personal" (77), a theory that suggests possibilities of what the literary can contribute to the ruptured commons. I therefore offer a new lens through which to read both authors, one that interprets their recorded experiences with a knowledge of infectious diseases under the larger sign of biomedicine in conversation with a strain of recent commons scholarship. To contextualize the experiences of Moodie and Traill properly, however, as well as to achieve this somewhat ambitious reading, I must first explain the medical philosophies operating at the time of their arrival and the public health protocols based on these philosophies.

### Medical Philosophy at the Time of the Strickland Sisters' Immigration: Defining Biomedicine

In this special issue devoted to the ruptured commons, I introduce Galenic theory and biomedicine *because these knowledge systems comprise a kind of health commons operative at the time*. Furthermore, they are the ground in which two important contemporaneous theories of infectious disease, miasmatic theory and contagion, owe their genesis. One cannot really understand miasmatic theory and contagion without stepping back and considering what kind of vision of health either is predicated on, for (among many other things) each entails different kinds of public health interventions.

Although waning at the time of the sisters' immigration to Canada because of the inception and rise of biomedicine, Galenic theory was still much in use. Developed in the second century BCE, Galen's anatomically based refinement of the Hippocratic Corpus's humoral theory had a long run. Although the theory would be modified further by subsequent researchers over the years, the central tenets of humoral theory dominated until the development of biomedicine in the seventeenth century, only eventually discarded when biomedicine became hegemonic in the mid- to late nineteenth century. Humoral theory is often simplified in

contemporary discourse to involve an imbalance in one of four bodily fluids — blood, phlegm, yellow bile, and black bile — yet the theory is actually complex, including within it a recognition of an imbalance of more than one humour; furthermore, these humours intermix in a complicated fashion with environmental and personal habits, and a mismatch between humours and these other factors was thought to cause illness (Grant).<sup>3</sup> Health was the achievement of a balance among environment, diet, occupation, and spiritual practice.

Galenic medicine's humoral theory and its relative theoretical complexity contrast greatly with the relatively much simpler, reductionist epistemology of biomedicine. The *Oxford English Dictionary* defines the word *biomedicine* as the "branch of medicine concerned with the application of the principles of biology, biochemistry, etc., to medical research or practice." This seemingly neutral and descriptive definition is serviceable enough: it presents a form of medicine that one could deem to be based in Science. Knowledge from natural and applied sciences is used in clinical care according to a sponsoring regime of experimentation, testing, and proof. To embody the quintessentially essentializing epistemology that is biomedicine, I render in poetic and personal terms my daily professional work as a physician: *biomedicine seeks to render the body as data; biomedicine ignores qualities and dwells in quantities. Biomedicine is an impersonal tool of institutions to regulate the commons.* Pinpointing when biomedicine coalesced is impossible, there being no single figure, experiment, or instrument that gave rise to it, though it is fair to say that Antonie van Leeuwenhoek's use of the compound microscope in the seventeenth century to observe microbial life greatly enabled the rise of biomedical information.<sup>4</sup>

Importantly, the holism of humoral theory contrasts greatly with the reductionism inherent to its successor, biomedicine. Whereas humoral theory encouraged metaphors of balance in health discourse, biomedicine insists on metaphors that envisage the body as a machine (Bleakley xiii). The difference is vast and creates two different visions of health. The former is part of a larger conceptual health commons that acknowledges participation in physical and social environments, health being an equilibrium between the body and the (social and physical) world. In the latter, one relies on technological advance as an individuated subject to address illness, health being defined negatively as the absence of disease (Neilson 17).

It is important for the reader to keep in mind that, though the bio-

medicine that shapes our contemporary reality was growing in power in 1832, its greatest advances were yet to come. Medicine at the time was still in its infancy in assembling what Michel Foucault in *The Birth of the Clinic* would deem the “medical gaze” (ix), which constitutes the pathophysiological basis of disease as manifested in the achievements of Jean-Nicolas Corvisart in 1806 (perfection of percussion in diagnosis), René Laënnec in 1819 (invention of the stethoscope), and Richard Bright in 1827 (first discoverer of kidney disease). Still far off for Moodie and Traill was the powerful discovery of histopathology by Rudolph Virchow in 1858, a development that brought the “medical gaze” down to cellular and sub-cellular levels. Even more germane, John Snow would not famously prove that cholera spread because of contaminated drinking water until 1854. Louis Pasteur and Robert Koch made their contributions to modern germ theory only in the late nineteenth century. By itemizing these developments, one can see how the gradual discovery of the pathophysiological basis of disease caused the gradual eradication of humoral theory and not an immediate toppling of it. One can better understand Traill’s and Moodie’s immigration predicaments by keeping their liminal place in medical history in view.

### **Miasmatic Theory, Contagion Theory, and Public Health Interventions in *Roughing It in the Bush* and *The Backwoods of Canada***

After introducing both miasmatic theory and contagion theory, I will think through their appearance and influence in both *Roughing It* and *Backwoods*. In particular, I will analyze the issue of class as it pertains to representations of cholera pandemics, with productive comparisons to the COVID-19 pandemic.

Miasmatic theory has a long history in medicine. The etymology of the word *miasma*, according to the *Oxford English Dictionary*, is from the ancient Greek μίαισμα, meaning “stain” or “defilement,” and the theory holds that disease is caused by bad air quality from unsanitary conditions, especially rotting organic matter, or simply from open ground itself. This idea fits within Galenic medicine both philosophically and chronologically. Just as with Galenic medicine more generally, so too miasmatic theory began to wane during the early eighteenth century, soon to be overtaken by contagion theory as reflected in quarantine being deployed as the preferential response to epidemics and pandemics. This relatively simpler, more mechanistic theory, chronologically overlapping

with the rise of biomedicine, maintains that diseases are transmitted from person to person through touch, the word *contagion* coming from the Latin *contāgiōn-em*, meaning “contact” (*OED Online*). When Moodie and Traill arrived in Canada, both theories were operative, so it is not surprising that the sisters represent both theories in their respective texts. In fact, both theories *are* required to explain the spread of cholera, a disease caused by a rod-shaped gram-negative bacterium called *Vibrio cholerae*, one spread both by fecal-oral transmission (roughly adhering to the contagion model) and by a host drinking from an aquatic reservoir (roughly approximating miasma).

At the time in Canada, public health policy was derived from the example of metropolitan areas in Britain. As Humphries writes, “The view that dominated public health in the British Empire at the time regarded the social body as analogous to the physical body — that is, as a series of individual parts. When one part broke down, it required repair” (15). This is at root a biomedical view and not one preventative in nature. As Humphries adds, rather than a vision of prevention underwriting health policy, governance “in British North America, as in Great Britain, was driven by a crisis mentality” (15). Quarantine was the mainstay of management, again a strategy following from contagion theory. Unsurprisingly, public sanitation, which followed from miasmatic theory, was a more labour-intensive, costly (to the state), and underutilized strategy — always “secondary,” according to Humphries (20), with quarantine as the reactive primary defence.

In *A Darkened House*, Bilson writes that cholera “reached the British Isles in 1831. The next year saw it in Canada for the first time, and between 1832 and 1871 pandemics visited various parts of British North America. On each occasion, cholera was imported from outside and it usually reached Canada with immigrants from Europe” (3). Moodie was part of this flow, arriving at Grosse Île on 30 August 1832. She documents the burgeoning public health crisis in the first part of her autobiographical account *in medias res*. Chapter 1 of *Roughing It* begins thus: “The dreadful cholera was depopulating Quebec and Montreal, when our ship cast anchor off Grosse Isle, on the 30th of August, 1832” (12). Moodie particularly feared metropolitan centres like Montreal because of their reputation for high mortality rates. As Bilson states, “The death rate rose to 45.7 per thousand in the province and to 74 per thousand in Montreal and 82 per thousand in Quebec. This compared with an average annual mortality of 37 per thousand. Contemporaries were right

when they said that these rates exceeded those of any European city” (48). A.G. Doughty writes that “Quebec as the port of arrival was the place that suffered most from diseases. . . . [W]ith a population of only 28,000, there were buried in the cholera cemetery not less than 3,851 as the result of the epidemic of 1832” (viii). Moodie did not exaggerate when writing of her profound fear of the disease in cities: “The sullen toll of the death-bell, the exposure of ready-made coffins in the undertakers’ windows, and the oft-recurring notice placarded on the walls, of funerals furnished at such and such a place, at cheapest rate and shortest notice painfully reminded us, at every turning of the street, that death was everywhere” (46). Soon enough officials in Montreal banned the ringing of the death bell to preserve an already abysmal public morale rather than investing in significant and meaningful sanitation efforts.

The first mention of cholera in *Backwoods* comes early, being literally handed to the crew in the form of a pamphlet by a pilot whom the *Laurel* takes on board as it travels up the St. Lawrence. The pamphlet contains “regulations from the Board of Health at Quebec respecting the cholera, which is raging, he tells us, like a fearful plague both at that place and Montreal” (Traill 15). The pamphlet also contains the first appearance in the book of the medical logic of quarantine, an intervention (as I will soon develop) sponsored by contagion theory: “These regulations positively forbid the captain and the pilot to allow any person, whether of the crew or passengers, to quit the vessel until they shall have passed examination at the quarantine ground, under the risk of incurring a severe penalty” (15). The first appearance of a public health recommendation in *Backwoods* is both ineffective and punitive.

Moodie also signals miasmatic theory in *Roughing It*, writing in her poem “Our Journey up the Country,”

Fly this plague-stricken spot! The hot, foul air  
is rank with pestilence — the crowded marts  
And public ways, once populous with life,  
Are still and noisome as a churchyard vault;  
Aghast and shuddering, Nature holds her breath. (41)

Note the focus on pestilential “hot, foul air” in which even “Nature” itself “holds her breath,” as if the capacity for health itself is under threat, impossible in the ruptured commons. Writing in narrative form about Montreal, Moodie expounds on miasmatic theory:

The city itself was, at that period, dirty and ill-paved; and the opening of all the sewers, in order to purify the place and stop the ravages of the pestilence, rendered the public thoroughfares almost impassable, and loaded the air with intolerable effluvia, more likely to produce than stay the course of the plague, the violence of which had, in all probability, been increased by these long-neglected receptacles of uncleanness. (42)

Traill writes much the same way when describing Montreal: “We were struck by the dirty, narrow, ill-paved or unpaved streets of the suburbs, and overpowered by the noisome vapour arising from a deep open fosse that ran along the street behind the wharf. This ditch seemed the receptacle for every abomination, and sufficient in itself to infect a whole town with malignant fevers” (100). Traill clearly signals a literal miasma as a possible cause of the city-wide sickness, for miasmatic theory, as noted above, was widely held at the time. For example, Sir Francis Head, the lieutenant-governor of Upper Canada from 1836 to 1838, noted that some “settlements in the Americas had been rendered dangerous by the ploughing of virgin soil, which had exposed decaying vegetable matter and the ‘miasms’ that arose from it” (qtd. in Halliday 1469).

Although Moodie does not include a miasmatic scene as suggestive as that of her sister, she does provide scenes that reflect public health interventions that adhere to the implications of miasmatic theory, including the vivid one in which she sets foot on Grosse Île:

Never shall I forget the extraordinary spectacle that met our sight the moment we passed the low range of bushes which formed a screen in front of the river. A crowd of many hundred<sup>5</sup> Irish emigrants had been landed during the present and former day; and all this motley crew — men, women, and children, who were not confined by sickness to the sheds (which greatly resembled cattle-pens) — were employed in washing clothes, or spreading them out on the rocks and bushes to dry. (20)

Such passages are read by critics such as Oanu Godeanu-Kenworthy and Sherrie A. Inness as a projection of Moodie’s class and ethnic insecurities.

They carry over to the portrait of the “lower classes” in Moodie’s “The Sailor’s Return,” a short story set in England (but featuring a disastrous emigration to Canada) in which the protagonist’s father dies from complications caused by typhus. At the outset, the narrator quickly hierarch-

izes society, describing herself as “one of the chroniclers of [her] parish,” working to record not just “the rich and great, but condescending to men and women of low estate.” The narrator truly does condescend to them:

Uninfluenced by worldly motives, to put a restraint upon their feelings, the lower classes follow more implicitly the dictates of nature; and their thoughts, words, and actions, in consequence, flow more immediately from the heart. Their affections are stronger, because money, in nine cases out of ten, cannot direct them in their choice of a partner for life. They meet upon equal terms, both having to earn their daily bread by the sweat of their brow; and their courtships generally commence in the field. (49)

In short, “the lower classes” are beastly and best kept under the oversight of those with more “worldly motives.”

Maintaining consistency, Moodie’s description of the raucous behaviour of other immigrants in *Roughing It* — “destitute of shame” and without “a sense of common decency” (21) — has a slightly different valence in my infection-focused reading. In theory, engaging in general cleanliness and hygiene — eliminating, in essence, dead organic matter — while existing in the “fresh air,” essentially a precursor to the modern term “social distancing,” is a key principle of eliminating miasma. Moodie, a precarious member of the middle class who emigrated with the hopes of greater fortune and opportunity, is ruled by a prejudice that, were it made manifest somehow, likely would result in improved health outcomes for Grosse Île’s population. To wit: social distancing and general hygiene might have reduced the transmission of cholera. Yet Moodie’s prejudice could not be beneficently operationalized, for her bourgeois attitude perfectly reflects the dictates of capitalism. Only enough infrastructure is provided by the colonial authorities to preserve the social order, not to preserve or replenish the commons via a meaningful medical response.

Trail implicitly signals in the following passage the miasmatic principle of such distancing so as to achieve a healthy social body, but in addition she offers a complex blend of both contagion and miasmatic theories leavened with critique of public health measures:

It is to be hoped that some steps will be taken by Government to remedy these obnoxious laws, which have repeatedly entailed those very evils on the unhappy emigrants that the Board of Health wish

to avert from the colony at large. Many valuable lives have been wantonly sacrificed by placing the healthy in the immediate vicinity of infection, besides subjecting them to many other sufferings, expenses, and inconvenience[s], which the poor exile might well be spared. If there must be quarantine laws — and I suppose the evil is a necessary one — surely every care ought to be taken to render them as little hurtful to the emigrant as possible. (93)

Miasmatic theory is implied in the clause “placing the healthy in the immediate vicinity of infection.” To be proximate to a quarantine is to share the bad air. Yet quarantines in the nineteenth century were a public health intervention predicated on contagion theory, and they were not very effective, including at Grosse Île, Quebec, and Montreal, whereas miasmatic theory, which encouraged the improvement of public sanitation, tended to be much more effective in reducing disease, because of the facts that among poor immigrants the need for infrastructure was so great and that quarantines exacerbated their situation by confining them to areas with poor sanitation. As with the COVID-19 pandemic, and despite the existence of the present socialized system, disparate outcomes were experienced by the poor (Rubin-Miller et al.) owing to the workings of capitalism.

Adopting the same perspective as her sister, that of a middle-class woman, Traill is aware of the economic and spiritual costs of quarantine when she writes that the emigrant faces “many other sufferings, expenses, and inconvenience[s]” as a result. While on board the *Laurel* on its way to Montreal, Traill routinely refers to the problems inherent to idleness and a lack of stimulation aboard the ship, pining to go ashore. To make a contemporary analogy, for many who experienced the COVID-19 lockdowns, as well as self-quarantine when found to be COVID-positive, the similarities of felt isolation are acute. Contagion theory, being part of the sponsoring epistemology of biomedicine, is an epistemological ancestor of the public health policies of quarantine and rigorous handwashing during the COVID-19 pandemic. Furthermore, miasmatic theory has been recognized by many as applicable in the COVID-19 pandemic as well, for this theory strongly endorses good ventilation as a way to be rid of “vitiating air” or the breath particles of the diseased (Kiechle; Zhang). This idea chimes well with the theory of COVID-19 as spread by aerosol (Polianski). I will return to the critique of public health officials and measures, but first I must provide Traill’s own experience of cholera in Montreal to show Galenic theory at work.

To begin with, Traill is suspected to have developed cholera prior to her arrival in Canada. Michael A. Peterman writes that, on the leg of the journey from the Orkneys to Grosse Île, “Catharine became ill, possibly with a strain of the cholera that was then raging in both Europe and North America,” adding that she became “so sick that both the captain and the steward expressed grave doubts that she would survive the crossing” (26). It is important to foreground this antecedent illness, for in *The Female Emigrant’s Guide* Traill advocates for prevention, in essence a Galenic and not biomedical principle. To prevent becoming a “fatal case” of cholera, she recapitulates the advice of “her Majesty’s Land and Emigration Commissioners,” transcribing their recommendations to maximize as much as possible a healthy status, one sure to be challenged by the “cold and damp of a sea-voyage” that “will render persons who are not very strong more susceptible to the attacks of this disease” (35). According to Bilson, “All steerage passengers arrived tired or near exhaustion after a voyage of six to nine weeks in ships which were often crowded and filthy. If their voyage had been particularly slow they might be close to starvation on arrival” (8). Hence Traill’s itemization of preventative measures in *The Female Emigrant’s Guide*, including that travellers outfit themselves with warm clothes, bring only clean clothes, be clean, bring “as much solid and wholesome food” as possible, and do “not go in a ship that is much crowded” (35). It is unknown whether Traill followed this advice herself in the original instance, but her recapitulation of it is possibly informed by her own experience of developing a severe “case.” Of course, had public health authorities taken their own preventative advice and not made the colonial subject solely responsible — if they had created and maintained public health infrastructure to prepare adequately for the influx of immigrants — then much could have been done to mitigate cholera’s impact on the colony. Indeed, the necessary knowledge had already been put to use in Europe, where there was substantial experience with previous pandemics (Humphries 15).

### Critique of Public Health as a Literary Repair of the Commons

As Berlant writes, “the commons . . . [is] a political tool” that “can’t turn its eyes away from the struggle against the law and other networks of congealed power that can both make you crazy and want anarchism to organize the transitional space” (95). She adds that, “when the commons comes into representation, it cannot not represent the inconven-

ience of other people” (95). As will be seen, both Moodie’s and Traill’s representations satisfy Berlant’s definition of the commons, but they also corroborate her idea of the commons as a hermeneutical “political tool” that “serves as a preserve for an optimistic attachment to recapturing the potential for collective nonsovereignty and as a register for the gatekeeping and surveillance that organizes still so many collective pleasures” (95). Moodie and Traill hardly constitute a radical assumption of this purpose from the perspective of the twenty-first century, but their critiques of government administration at the time call into question the sovereignty and power of gatekeepers and colonial enforcers. In his chapter on the cholera plague of 1832-33, Humphries explains the logic of public health administration thus: “Public health governance attempts to encompass all practices, social activities, and economic exchanges that threaten to spread disease or undermine collective health. It entails negotiations among doctors, the state, and the public, as a result of which normal individual freedoms, rights, and privacies are sacrificed to secure the community from illness” (25). Yet the results are less than ideal. Berlant explains that the “ongoing destruction of life by the hegemon’s insistence that their rebarbative chaos is an achieved order on behalf of the good” is bankrupt (Berlant 95). Moodie and Traill witnessed the destructive actions and policies by public health officials up close.

Before analyzing the sisters’ fierce critique, it is important to give public health its due in terms of its real historical achievements. In “Making the Case for a ‘Fifth Wave’ in Public Health,” Phil Hanlon and co-authors posit a basis for the development of health systems beneficial to people in the West that is metaphorical, likening social change to a force of nature. According to the authors, the first wave “can be characterized as the early appliance of science . . . and the development of rational social order, liberalism and the extension of the franchise” (31). Projects such as sewers and clean drinking water via the creation of reservoirs fall into this wave, a boon thanks largely to the embrace of miasmatic theory, though one can clearly see the future promise of an effective curative regime that would become biomedicine in “the early appliance of science.” This wave was one on which the Strickland sisters were riding, but swelling too was a “second wave” that represents an enshrinement of Science as the basis for the creation of health and features the rise of the expert and the consolidation of conceptualizing the body as a machine.<sup>6</sup>

Composed after her journey, Traill’s vigorous critique of public health infrastructure was likely informed by the seriousness of her illness, but

both sisters have much to say about the inadequacy, indolence, and outright malfeasance of that infrastructure as it led to an increase in disease and suffering, thereby rupturing the commons further already in a time of disruption. The health commons was funded at the time by the 1832 Act to Create a Fund for Defraying the Expense of Providing Medical Assistance for Sick Emigrants, and of Enabling Indigent Persons of That Description to the Place of Their Destination. In the act, a tax of five shillings a head was levied on the immigrants on arrival, with the proceeds to be divided among the hospitals and immigrant societies operating at the time (376). To put the most positive spin possible on this act, a proto-socialized system is dimly visible, with a proto-nation formally creating legislation concerning the health of its current and future citizens. The act was one of the first instances in which the nation assumed responsibility for health through direct taxation, although at that point only in a public health role. Looking more skeptically, both Godfrey's and Bilson's texts mention numerous and repeated entreaties to Lord Aylmer, the governor general of British North America, for funds to build hospitals and finance the operation of newly created health boards (central and local) to enforce public sanitation and administer care to afflicted persons. On balance, it is fair to say that the financial responsibility for care was not borne by the state but placed on poor citizens and new arrivals, tasked to stay in deplorable conditions in return for their money, regulated to remain in quarantine so as not to infect those in better positions, and consequently expected to stay in conditions more likely to be "miasmatic." This even though the disruption caused by cholera was not unforeseen. The government of British North America anticipated trouble based on Britain's experience the year prior. As a result, the Quarantine Act of 1785 was reinvoked in 1831 to justify the creation of a quarantine station at Grosse Île, where British North America began to prepare for what was to come (Bilson 5). The Quarantine Act was one of the first pieces of public health legislation effected in the colony, passed "in anticipation of cholera" (Godfrey 16).

Moodie's first encounter with public health officials at Grosse Île does not go well. Upon the arrival of the ship, two physicians navigate out to it by boat, acting in the health inspector role, their task to interview the captains of vessels arriving at Grosse Île. Asking about the length and conditions of the journey, their interrogation is meant ostensibly to contain the spread of cholera — to effect quarantine. This encounter progresses with mild disruptions in professional decorum — one of the

physicians curses and tries to kick one of the captain's newborn puppies — but it pales in comparison to the second problem faced by the captain. The two doctors “requested the old sailor to give them a few feet of old planking, to repair some damage which their boat had sustained the day before. This the captain could not do. They seemed to think his refusal intentional, and took it as a personal affront. In no very gentle tones, they ordered him instantly to prepare his boats, and put his passengers on shore” (15). The captain refuses, stating that the wind conditions make such an act too dangerous. Nonplussed, the physicians respond, “If you refuse to comply with our orders, we will report you to the authorities” (15). To the physicians, supposed to be concerned with health and life, the captain responds, “I know my duty — you stick to yours. When the wind falls off, I'll see to it. Not a life shall be risked to please you or your authorities” (15). The captain, it seems, is more concerned about the health of the public than the colonial authorities themselves.

Moodie suspects that the physicians' order is based not on actual medical wisdom but on their taking offence to the captain's rudeness and refusal to bribe the doctors. She praises his wisdom: “We had every reason to be thankful for the firmness displayed by our rough commander. That same evening we saw eleven persons drowned, from another vessel close beside us, while attempting to make the shore” (15). Thus, medicine's first presence in the text is ostensibly for the collective public good, charged with the “relatively common” creation of quarantines (3) on behalf of the state. Yet, while conducting this function, institutional medicine succumbs to resentment and power struggles, almost creating a public health disaster in the process. Northrop Frye's fear-of-the-wilderness logic from the “Conclusion” to the *Literary History of Canada*, in which the metaphor of the garrison is minted to describe how Canadian society is ordered against the wilderness, is disrupted by such instances. As Humphries writes, “when epidemic diseases did strike the Canadian provinces, they appeared to spread inland on the waterways, along the main routes of communication. This made it seem that illnesses arrived from overseas with immigrants, traders, and supply ships — that they were the result of foreign pollution” (25). Thus, it was less fear of an empty and hostile landscape that seemed to be organizing medicine than fear of a populated one, fear of diseased immigrants. This fear inspired the practice of mandatory quarantine for foreign vessels arriving in Canada (Humphries). The disruption posed by disease resulted in stigmatizing poor immigrants rather than proper acknowledgement of

inadequate housing infrastructure. Invading disease became a question of the immigrant as an invader.

Distinct from Moodie, whose critique of public health occurs primarily through character study and incident, Traill is more philosophical, parsing the nonsensical quarantine logic at work. After arriving at Grosse Île, she notes a ship carrying “the melancholy symbol of disease, the yellow flag,” and explains that, “When any infectious complaint appears on board, the yellow flag is hoisted, and the invalids conveyed to the cholera-hospital or wooden building, that has been erected on a rising bank above the shore” (89). Although Traill does not perceive this, the withdrawal of infected persons from the ship is unlikely to do any good, the disease circulating on shore already, though actually permitting all passengers to disembark and providing them with amenities to clean and house themselves in the open air would have reduced the spread of the disease. What she does perceive is the utter illogic of extant quarantine policy, which she calls “quite absurd” and “very defective,” noting that, “when the passengers and crew of a vessel do not exceed a certain number, they are not allowed to land under a penalty, both to the captain and the offender; but if, on the contrary, they should exceed the stated number, ill or well, passengers and crew must all turn out and go on shore” (89). Rather than base a policy on the presence or absence of disease, an arbitrary bureaucratic decision on quantity dictates policy. Furthermore, “The sheds and buildings put up for the accommodation of those who are obliged to submit to the quarantine laws, are in the same area as the hospital” (89), which contradicts miasmatic theory.

After setting foot on Grosse Île, Moodie encounters profanity and female nakedness that she finds execrable, but the logic of quarantine as required by contagion theory, a logic held hierarchically higher than miasmatic theory, seems to be no less execrable when people are packed in together, which she soon implicitly perceives. While her husband engages in a conversation with a military officer overseeing the quarantine, she remarks that the wild behaviour of the new immigrants is deplorable for reasons that include close proximity: “I shrank, with feelings almost akin to fear, from the hard-featured, sun-burnt harpies, as they elbowed rudely past me” (20). Of course, “close proximity” threatens to create miasmatic conditions. The sergeant’s comments to Moodie’s husband espouse contagion theory, ignoring the possibly more successful strategy of investment in infrastructure to house poor immigrants properly:

[T]hey are such thieves that they rob one another of the little they possess. The healthy actually run the risk of taking the cholera by robbing the sick. If you have not hired one or two stout, honest fellows from among your fellow passengers to guard your clothes while they are drying, you will never see half of them again. They are a sad set, sir, a sad set. (33)

Once again immigrants are stigmatized, this time as louts and bandits. They invade what is to become Canada, spreading disease, and they invade their own spaces, but by depicting the cramped camp conditions Moodie implicitly signals that the immigrants are also victims of inadequate housing.

The public that she constructs, then, is a complex one. State officials who regulate the public can be benign and well-meaning albeit ineffectual (e.g., the sergeant cannot control his charges),<sup>7</sup> or they can be corrupt and disruptive (e.g., the public health inspectors introduced earlier). Partially because of her class prejudice, Moodie represents the great majority of immigrants as licentious lower-class reprobates, some of whom, as can be seen from the officer's testimony, steal from the choleric and thereby act as vectors for the further spread of the disease, yet they are also shown to be packed much too closely together. For Moodie, these members of the public are both not to be trusted and oppressed, forced to live in a slum without adequate lodgings or public works — perfect conditions for miasmatic spread in the defiled commons.

Moodie's and Traill's representations of medicine and disease occur in the context of great extremity and in the absence of adequate health-care infrastructure. For many, to survive after falling ill requires a miracle in the absence of an effective public health system. By mentioning the cholera outbreaks and representing the fear and loss so palpably, the sisters display to an international audience a major public health concern and a glaring deficiency in health infrastructure. Admittedly, the purposes of the two books are somewhat at odds. Moodie warns against immigrating to the nation, with the cholera sections forming an especially compelling basis for her thesis, whereas Traill encourages immigration (yet with a critique of public health more fierce and analytical than her sister's). Nevertheless, both Moodie and Traill depict chaotic conditions poorly managed by authorities, with the effect a suffering commons.

It is their critique that constitutes part of the literary work that Moodie and Traill do to heal disruption. Adding to the previous examples, when Traill writes of the "severe evils to the unfortunate emigrants" caused by

“quarantine rules” (89), one reads an explicit call for change. The other part of the literary work that the sisters do is in the construction of a different public health imaginary by writing out their own subjectivities. As Berlant writes in her chapter “The Commons: Infrastructures in Troubling Times,” when we look at narratives on a “granular level,” meaning considering them from a literary viewpoint, “the personal” emerges, by which Berlant means the place where “structural and sensually endemic violence materialize and always [create] a potential conversion space for not reproducing capitalist, imperial, racist, and patriarchal lines of descent” (77). For how else but at an individuated, highly specific orientation can the disruption be meaningfully addressed? Poor citizens and new arrivals experienced the greatest impacts during the cholera pandemic because they lived in the metropolitan areas where sanitation was the worst, meaning that they were most likely to be in contact with contaminated water; being the most likely to get sick, their poverty itself became stigmatizing in a kind of vicious cycle, not to mention the trope of the “diseased immigrant” further potentiating disparities in health outcomes under early-nineteenth-century capitalism. The logic here is simple: why intervene when the poor are hopeless cases anyway, people who cannot be trusted or saved from themselves? Even when improvements eventually came with sanitation measures, such interventions to improve public health were not made with the poor in mind. As Berlant writes, “institutions narrow access to what circulates through the patronage norms of philanthropy” (78).<sup>8</sup> Humphries points out that this was the case in Canada in 1832 when authorities finally implemented various miasmatic strategies and established civic bylaws to prevent the accumulation of waste:

But those by-laws did not reflect a recognition that the economic forces of industrialization and the ebb and flow of the waged economy might be to blame for both poverty and the living conditions of the poor and immigrants. Instead, those people were viewed as dirty bodies that polluted dwellings and, in turn, cities; and as sources of miasma that threatened the public health. Increases to charitable funds and state-sponsored poor relief were actually designed to protect elites in times of crisis; they were not intended to address underlying economic disparities or the problems created by emergent capitalism. They were residual measures employed to preserve the status quo. (18-19)

By writing out the personal, these two female immigrants push against the status quo, including in their books a severe critique of the imperialist and capitalist public health system, imaginatively bringing into being the space for possible change.

I do not put Moodie and Traill forward in a didactic, straightforward fashion as anti-capitalist, ameliorative angels of the commons. Both authors held significant class prejudices and would not have connected with a need to assist the poor beyond what Berlant rightly identified as “patronage norms of philanthropy” (78). Nevertheless, their shaped documentary literary critiques, for all their classist faults, do more than just record a preventable disaster. Rather than existing as mechanistic accounts, they are embodied narratives that cannot, as per Berlant, “turn [their] eyes away.” Facts keep mounting up and adding to a historical understanding of the commons and disruptions to it; facts are necessary, of course, but so are literary works that survey the facts and render the world of curated facts a horizon for care. Berlant might say that this horizon fixes the gaze on a more reparative future.

Although the moral of promoting Christian femininity in a harsh new land is easy to abstract in both books, it would be too big a step to claim additionally that — when looking at the filth, death, and poverty during the cholera pandemic in Canada — Moodie and Traill prophesied a socialized system in the country. What they depict is inadequate health-care infrastructure that caused widespread suffering. A more complex interpretation of their literary intervention goes like this: although the commons is ruptured in a pandemic, it remains a collective site for care, requiring the disparate services of many to heal the social body. To repair the rupture, collective action is required. Berlant suggests that it is too simple merely to offer the commons as a remedy to “psychic or structural social antagonism,” or as “a visionary motive for toppling the state and capital,” or as a “synonym for belonging better and social healing” (77). However, by offering literary narratives that lack specific solutions, narratives that constitute imaginative enactments of shared difficulty, Moodie and Traill create an imaginative commons where transformation can be conceived.

There is another way to conceive of the authors’ re-envisioning of public health care. Rather than leverage the personal to create a space where the commons can be reconceived, one can watch that space be created and witness both authors become the commons. Although the cholera pandemic informs Moodie’s and Traill’s texts, Canadian histor-

ies of cholera, in turn, cannot resist citing Moodie and Traill as sources. Bilson refers to Moodie three times (10, 11, 32), as does Godfrey (11, 14), and Humphries writes Moodie's name seven times on two pages (11, 16) and Traill's once (16). Therefore, the sisters' representations of cholera enter the history of public health and infectious disease in Canada, suggesting that they are both source of and influence on the nation's birth-of-public-health-care narrative. These well-researched histories collectively have hundreds of sources, but these two Canadian authors receive in-text citations when other correspondents and sources from 1832 are buried in lists of works cited. Because, as Bilson explains, "outbreaks of cholera [strengthened] the demands for public health and sanitary measures which were becoming issues in urban politics in Europe and North America in the nineteenth century," and because, "[i]n Canada, the disease had an impact on politics, medicine, and society during the middle part of the nineteenth century" (4), it is reasonable to include both Moodie's and Traill's books as contributing to the debate on health infrastructure. If Moodie and Traill were important enough to include in the retrospective historical record, then it is reasonable to infer that they had influence on the commons in their time. Although no direct line can be drawn from there to here, it is at least possible, given the evidence that they mattered factually for historians, that the Strickland sisters mattered to the eventual development of a socialized (including public) health-care system in Canada. The horizon that they envisioned through critique, channelled through the personal, helped to move health from rupture to genesis.

## NOTES

<sup>1</sup> As I will mention, Mark Osborne Humphries writes out a history of public health in Canada, but his focus is not on biomedical epistemology as it relates to the literary; it is historical.

<sup>2</sup> Moodie and Traill spell the anglicized version the word *isle*, but when not quoting them I use the French word.

<sup>3</sup> I hasten to mention here that I have provided a crude summary of a huge amount of history and nuance; for a more complex contextual reading that includes several of the revisions to Galenic theory that occurred over the years, see Duffin.

<sup>4</sup> There is a long historical basis for "vitalistic" versus "mechanistic" theories of physiology (Duffin 41). One could analogize them respectively as "humanities" and "biomedicine." It is important to note that the mechanistic rationale that Jaclyn Duffin describes as the basis of physiology is more limited than biomedicine's basis. Biomedicine is indeed mechanistic,

but it is not merely an explanation of processes. Not only a regime of experimentation and proof, it is also a folk model of cultural understanding (see Engel).

<sup>5</sup> Moodie had it relatively easy. Bilson states that in “1832 immigrants arrived at Quebec in numbers ranging from 600 to 10,000 per week” (7).

<sup>6</sup> The “third wave” following the Second World War involved the rise of the welfare state and consequent state-provided care; there are two subsequent waves not germane to this article.

<sup>7</sup> Bilson documents the disciplinary problems that Grosse Île’s military commander had enforcing the quarantine and policing immigrants made unruly by difficult conditions (9-10).

<sup>8</sup> For example, see Traill’s passage (29) unreservedly praising charitable religious orders.

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