Early in 1832, a crowded ship travelling from Britain to Quebec with a cargo of immigrants brought with it the deadly disease cholera. Because of poor sanitation and overcrowding in the new land thousands died as the disease spread out from the ship to settled areas of British North America. In its disastrous wake, besides the countless deaths, the epidemic increased ill feelings towards immigrants and worsened their already terrible state. More positively, the disaster gave rise to organizations that sought to tackle the conditions of poverty, overcrowding and sickness.

**Overview of the decade: 1825-1834**

**Economic developments**

In this decade, most people across British North America continued to make a living from agricultural pursuits, with wages earned from a variety of seasonal jobs like logging or fishing. In the Maritimes, the lumber industry grew with British demand for ships and building materials. Timber, fish, seal and wheat from British North America were also being exported in a “protected” market. This market was protected because Britain did not place as much of a tax on goods coming from British North America as it did on other imports, making these products a bargain for British importers. With the richest in the world fisheries, the Newfoundland export of cod continued to expand. Things were not going as well in the colonies to the west. Although wheat exports in Upper Canada exceeded those in the longer-settled Lower Canada,
economies were generally slow in both colonies. Without the profits from wheat exports, less money was flowing through
the society, money that was needed to stimulate production and trade.

Social developments

Immigration from Britain continued to increase in these years. An average of 32,000 immigrants travelled from Britain
to Quebec City each year between 1828 and 1832, and these immigrants put considerable pressure on the social, political
and economic structures of both colonies. Prior to 1825, few institutions existed to assist the sick and the very poor.
Voluntary organizations were the main form of non-family support before the 1830s, but they were unable to deal with
remarkable increase in the aged, diseased and destitute (people so poor that they had no means of support).

By 1834, urban centres throughout the colonies had begun to develop a variety of institutions to deal with the increased
population, and its complexities. Wealthy members of society began to raise money for hospitals, asylums for the mentally
ill and poor houses. There was a growing feeling that institutions of another sort—schools—would improve life, as
education was increasingly seen as the key to a better future. Education provided some security from a life of hard physical
labour and poverty. For others, such as farm owners, education offered a key to understanding the political and economic
systems controlling their lives. For the wealthier classes, mass education had a different appeal: it might help to instill
values, such as order, regularity, thrift, self-discipline, which were often sadly lacking (as far as the upper classes were
concerned) in the rowdy and violent behaviour of the ‘great unwashed.’

Political developments

The colonies were not democratically run. The great majority (including women and people of non-British origin)
were not allowed to vote in elections—although democratic rights and responsibilities were becoming important topics of
conversation among certain groups. Reformers in Upper and Lower Canada and in the Maritimes, encouraged by economic
difficulties, began to demand that the middle and lower classes share in the wealth and control currently held by the
wealthiest segments of society. In Lower Canada, as French Canadians became poorer with the economic recession, their
resentment against British wealth, control and culture increased. Newfoundland, finally granted colonial status in 1824,
had by 1832 achieved a form of representative government that Nova Scotia had obtained in 1758. The few Europeans in
the vast area of the Northwest continued to be governed by Hudson’s Bay Company rule, but Aboriginal peoples (including
the Metis) maintained the ‘old order’ and were generally ruled under their own forms of local control.

Stanley Francis Turner,
The Market in York, 1831
(Metropolitan Toronto Library, T31828)
1832: The cholera epidemic

Origins of the epidemic

The thousands of British men, women and children who headed to the British Colonies ended their journeys in the ports of New Brunswick, Nova Scotia and, most often, at Quebec. The ocean voyage was one of great hardship. Most people could not afford to pay for separate cabins and so during the long voyage, men, women and children were grouped together in the ‘steerage’ section of the wooden ships. With little light, even less ventilation, few washing facilities and no bathrooms, conditions for those braving the choppy North Atlantic seas were difficult at the best of times. The cramped and dirty quarters were breeding grounds for disease. Typhus, smallpox, measles and influenza came across the Atlantic on these ships.

In 1831, cholera swept through Europe and some of those infested with the disease boarded a ship to British North America. The result was an epidemic that spread through the colonies in 1832. The town of York lost 500 of its five thousand residents to the outbreak, and many more were affected by the disease. The worst hit was Lower Canada, where an astounding 5,820 people died in the 1832 epidemic. Just two years later, a further outbreak of the disease killed another 2,358 people in Lower Canada, 555 in Upper Canada, and 350 in Nova Scotia. A third outbreak in 1849, ended the lives of 1,638 people in Lower Canada and 638 in Upper Canada. The cholera epidemics of the 1830s, concentrated primarily in the unsanitary urban areas inhabited by recent immigrants, were among the few epidemics to have a minimal effect on Aboriginal populations across the country.

As the main landing point for most immigrants, Lower Canada struggled with the problems of rapid population increase and economic recession even before it was hit with the epidemic. When the disease was identified in 1832, new immigrants were immediately required to stop at an improved quarantine station (a place where sick people with contagious disease are isolated) just up river from Quebec, at Grosse Isle. Immigrants were kept here until it was confirmed that they did not have the disease. For thousands of immigrants, their first experience of British North America was the quarantine station, where many sickened and died, and where others were separated from family and friends. Problems did not end for immigrants after receiving a clean bill of health. Fearful of the spread of the disease, townspeople living near the ports blocked immigrants from entering their communities. When immigrants did secure accommodation, they often lived in filthy, overcrowded conditions, and many sickened and died from the disease after their arrival. The nineteenth century population was no stranger to contagious diseases, but cholera was particularly feared. The onset of the disease, like its progress, was rapid. The disease’s cause was unknown, for although poor people seemed particularly likely to get the disease, rich and poor, young and old, were also affected, often without direct contact with anyone who was ill. Cholera is caused by a bacterial infection of the intestine. Although the infection is often mild, infected persons can develop profuse
watery diarrhea, vomiting and leg cramps. In these cases, rapid loss of body fluids leads to dehydration and shock. Without treatment, death can occur within hours.

Effects of the epidemic

The most immediate result of the epidemics of 1832 and 1834 was the huge increase in deaths in the colonies. The most severely affected were recent immigrants, French Canadians and the women of both of these groups who were especially vulnerable. Because women were the traditional caretakers of the sick and dying, they bore the brunt of nursing those with the disease. Hundreds of children were orphaned, many with no family or friends to provide support. The Catholic Church, which traditionally dealt with the poor and sick, was unable to deal with the volume of suffering, and a variety of voluntary organizations were created. In Upper Canada, the Society for the Relief of the Orphans, Widows and the Fatherless made their first appearance to deal with the social disaster—problems of sickness, destitution and poverty—that followed in the wake of the disease. Toronto established its first Poor House, aptly named the Immigrant House, to provide emergency shelter for the sick, the disabled and those unable to earn a living. The hospitals, asylums, poor houses and charitable organizations that rallied to deal with the affects of the devastating epidemic of cholera in the 1830s became models for social welfare throughout the century. These institutional responses not only helped the poor survive through difficult times, but also protected the interests of the wealthier citizens of the British colonies by supervising the potentially rowdy and radical poor.

In municipalities like York in Upper Canada, the first Boards of Health were established as a result of the disastrous epidemics. Their suspicion that the disease was carried through ‘miasmic vapours’ (particles or fumes thought to emit from objects), although mistaken, prompted them to recommend that ‘nuisances’ like open sewers and slaughter houses be cleaned up, which certainly benefited the general health of urban dwellers. The cause of the disease—water-born bacteria—was not discovered until the 1880s. Drinking water polluted with the cholera as a result of unsanitary sewage conditions continued to spread the disease.

While the epidemic gave rise to the earliest public health and social welfare organizations, it had other unfortunate results. Despite the quarantine station at Grosse Isle, too many immigrants arrived between 1828 to 1832 to adequately check and control: 31,541 immigrants per year on average. Because cholera was linked to immigrant ships, the epidemic increased fear and hatred of immigrants, particularly those arriving from poor regions where the disease was known to originate. Immigration from Ireland was rising in these years, to reach a peak in the 1845-48 years of the Irish Potato Famine. While Irish Catholics had been granted full civil rights by British parliament in the 1820s, there was still considerable ill feeling between Protestants and Catholics, an animosity that was fuelled by the sight of diseased, poor and destitute Irish immigrants. In the colonies of British North America, these conflicts, though not created by the cholera epidemics of the 1830s, worsened as immigration became associated with contagious disease and increased poverty.