

No. 12.

REPORT OF THE MEDICAL COMMISSION APPOINTED ON OCTOBER 26,
1898, TO INVESTIGATE INTO THE COMPLAINTS MADE AGAINST
THE MANAGEMENT OF THE TRACADIE LAZARETTO.

We the undersigned, Doctors E. P. Lachapelle, Professor of the Faculty of Medicine of Laval University, Montreal, Chairman of the Board of Health of the Province of Quebec, and Superintendent of Notre Dame Hospital; A. Vallée, Professor of the Faculty of Medicine of Laval University, Quebec, and Superintendent of the Beauport Insane Asylum; and E. P. Benoit, of the medical staff of Notre Dame Hospital, and Chief Editor of l'Union Médicale, experts appointed by Order in Council of the Federal Government, dated October 26, 1898, proceeded to Tracadie, New Brunswick, in accordance with instructions from the Honourable Minister of Agriculture, and called at the Lazaretto, on arriving, on the first of November instant, unexpected.

After exhibiting our credentials to the Reverend Mother Superior, we proceeded at once to inspect the establishment, and were, by our wish, taken first to the kitchen and pantry, where we found everything to be in perfect condition. The various rooms devoted to the storage of foods, the kitchens, are very clean, well lighted and well ventilated. The flour, beef, dried fish, butter, eggs, vegetables, cereals, bread, etc., seemed in good state of preservation and of first class quality. The same with the supply of preserves, brown sugar, molasses, tobacco, etc., all for the use of the patients. Some dishes, chicken, vegetables, pastry, prepared for their next meal, were well cooked and inviting.

We then visited the leper's quarters, the dormitories, dining rooms, working rooms, etc. Everything was in a state of great neatness; the floors, the furniture, the beds, the garments hung up in the vestuary. In a room on the ground floor provided with carpenter's benches, the patients have each a chest in which to keep the tools or other things they wish to have. They have full liberty to go and come on the grounds of the Lazaretto: they have their boats, guns, fishing lines, and may go hunting and fishing on the Bay of Tracadie.

The first and second day following, having got through our inspection of the building, we brought before us, and in a room alone, and questioned at length the lepers whose names follow: Gudman Christianson, Tom Thersteinson, John Gimmisson, Joseph Gionnet, Olivier Plourde, Jean-Baptiste Plourde, Joseph Dignard, Maurice Benoit, Marcel Leblanc, Tranquille Leclerc, the women Plourde, Olive Légère, Justine Comeau, Geneviève Drisdale, Marianne Gasson. We moreover offered to hear any other patient who would communicate with us; but no other came forward. There are in the Lazaretto 21 lepers.

We then questioned at length, among the nuns, the Superior, the *Depositaire*, the Apothecary, and also Father Babineau, chaplain of the Lazaretto, Dr. Smith, inspector of the Lazaretto, and the following employees: Alphonse Albert, baker, Matilda Lozier, cook for the lepers, Marianne Lacroix, maid at the men's table, Bénoni Richard, stoker and messenger.

On closing our inquiry at Tracadie, we proceeded to Caraquet, 25 miles distant, and had an interview there with the Honourable Robert Young, who had received the complaints of some of the patients and had forwarded them to the officials of the Lazaretto. He stated to us that he was not aware of anything personally, nor apart from the complaints made by the patients.

It appears from our investigation that the complaints made by the lepers regarding the management of the Lazaretto, and transmitted by the officials to the department, complaints which the lepers repeated to us in about the same form, are unfounded, as

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we easily found out by our inspection, by the cross-examination of the patients, as well as by the explanations and information furnished by the other persons examined. It happened a few times,—the nuns and servants admit it readily,—that a baking of bread was not as well made as the preceding; that the fresh fish bought during the week, had, when put on the patients' table, somewhat of a smell, in spite of all the care taken; but that seldom occurred, and only exceptionally. At certain times of the year when it is difficult to get fresh beef (in the spring), salt beef was given to the lepers, and this, as everybody knows, then takes a dark colour, but is still perfectly edible. But never have the patients had before them foods in spoiled condition, or unfit for consumption. Far from that, the nuns appear to comply with great kindness with the requirements of the lepers, and to present them the dishes in the form which suits them most. And that is not as easy a matter as in an ordinary hospital. Leprosy is a disease which, especially in the tuberculous stage, spreads into the mouth and the throat; it also affects to a great extent the senses, that of taste included. When that occurs, it is so much more difficult to provide for the lepers' diet, that salt, pepper and other condiments cannot be employed in the preparation of the dishes, on account of the irritation which they cause in the ulcered mouth and throat of the patients. In such cases, the use of salt provisions even well freshened is to them a cause of suffering. It often happens that these lepers, rendered irritable by disease, become freakish and difficult to satisfy. So, as regards the food of the lepers, we are satisfied that the nuns are doing their utmost to content them, giving them food as substantial as the resources of the country will permit, and prepared, as far as possible, in the way the disease requires, as appears by the attached copy of the monthly bill of fare kept in the kitchen.

The patients receive every day a light meal in addition to the three regular meals. They admit that they are left to choose between brown sugar and molasses to sweeten their tea or their porridge.

All the patients, moreover, have complained of the food, only as of a secondary matter. Their primary and principal cause of dissatisfaction was the fact of their not being cured. That notion of the possibility of a cure, inspired by a desire quite natural in the sick man, is kept up by local legendary accounts of marvellous cures, which they tell one to the other, and by superstitions carefully entertained. They admit that the doctor visits them from time to time, that, besides he comes to see them whenever they wish; and that he bestows good care on them at all new phases of the disease; but they are bitter against him for not trying to cure them. We attempted in vain to discuss the matter with them and to convince them of the impracticability of a cure in the present state of science; they maintained their position. And that notion that it would be possible to cure them, but that they are left to die slowly after being confined in the Lazarretto, renders them unfair and rash (at any rate some of them) as regards the doctor, whom they refuse to see, and as regards the nuns whom they then threaten and address with anger.

The patients complain that their correspondence cannot remain secret. We have questioned them specially on that subject. We duly receive our letters, have they answered us, but we cannot reply without the letters being sealed by the sisters. That is not so. The patients are at liberty to remit their letters sealed to the sisters; but the latter require,—and they are quite right,—that no letter should leave the Lazarretto unless one of the nuns has put it in a second envelope which she herself addresses. That rule has been laid down at the request of the postmaster. All letters received are remitted to the patients unopened.

The inmates have also complained that they are not kept busy. They are not however forced to remain idle. They may during summer go out rowing, fishing, hunting or to do some gardening; they have at their disposal during winter a room furnished with benches, where their tool chests are kept, and where they are at liberty to work wood. But how many of them are in position to do so? Leprosy in the tuberculous or anesthetic form, misshapes the hands, maims the fingers, causes atrophy of the muscles. Neither are the feet spared. Work, painful at first, soon becomes impracticable. It is useless then to think of making these poor cripples work, and they do not seem to have a great yearning for work, since the garden is forsaken, and the tools are left idle, and

when work is mentioned, they show at once their hands and declare loudly that the Government has agreed to board them. The lepers' labour cannot be utilized, on account, first of the limited amount of it that can be obtained, and then on account of the impracticability of selling the products of that labour outside of the Lazaretto. A few of these inmates could take up some house work: take in wood for the stoves, see to the fire, do some scrubbing, etc. The nuns in that respect give them full liberty, but as a rule they are very careful not to take undue advantage of that liberty; very few are willing to busy themselves in that way.

On the whole, after seeing things for ourselves, after collecting information from the lepers, the nuns, the chaplain, the medical inspector, the servants, &c., we come to the conclusion that the management of the Tracadie Lazaretto is carried on a solid, humanitarian basis, and in such a way as to meet the main requirements of such an institution.

But we must add that it seems evident, as shown by the remarks we made previously, that some details of the management might be modified to advantage, in order to meet special requirements of a medical, hygienic or administrative order, which although not urgently and absolutely indispensable, have, nevertheless considerable importance.

Therein we see an easy and effective means of doing away as far possible with pretexts on the part of the inmates for futile and unfounded complaints; and should these still occur, the complaints might be examined and disposed of on the spot, as soon as expressed, and the nuns would be thus spared the troubles to which they have just been subjected for months, and the Government would avoid the expense of a commission necessary to clear up matters, determine responsibilities, if any should exist, and satisfy public opinion.

We shall therefore follow up the conclusions of this report with recommendations given hereafter and which apply either to the medical management of the Lazaretto, to its inside government, or to questions of public health:

(1) There is not any reason for modifying in any way the position of the nuns of the Lazaretto, who acquit themselves of the working of the institution with skill, devotedness and economy. The care and nursing of the lepers could not be placed in better hands.

(2.) But as regards the medical treatment of the lepers, the prescribing and overseeing of their dietary, as well as the hygienic and sanitary regulations of an institution of that kind, we are of opinion it would be much preferable to confide the management to a medical superintendent; this would, from a scientific and practical standpoint, be a safeguard against all strife. Dr. Smith, the present inspector of the Lazaretto, is qualified in every respect for filling that place.

(3.) That measure would ensure to the lepers a continuous and active medical supervision, and would afford them much moral comfort.

The intercourse between the inmates and the medical superintendent would be facilitated, if the latter had an office in the hospital itself, with keys to enter at will and see the patients at his discretion. All the inmates would be seen by the doctor at least once a week. And though in the present state of science, a cure is not to be expected, each inmate would thus be enabled to follow a treatment suited to uphold his spirits.

There should be a book of prescriptions in which the doctor would enter what he prescribes for each inmate, with the date, etc.

(4.) The government might ensure the efficiency of the management and of the medical service of the Lazaretto, by having the Chief medical officer of the Department of Agriculture or the General Superintendent of Quarantines to visit it at least once a year.

On that occasion the Government's representative would receive communication of the books which constitute the actual archives of an hospital:

(1.) The book of prescriptions, of which we spoke above;

(2.) The medical register, which in an institution of that kind should be very complete and give: the name of the inmate, his or her age at the time of entering the hospital, sex, nationality and religion; for what time back the disease has been apparent; what stage the disease has reached; from what place the inmate came; the date and

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cause of his or her death. A column might be added for remarks from the doctor. That register very easy to keep would be of great public utility; it would render possible the study of leprosy and of its history in Canada. It would, moreover, be a safeguard for the inside management.

The nuns keep a register which is not sufficiently complete.

(5.) We desire as regards the confinement of the lepers, to draw attention to a fact which struck us. According to the information tendered to us, the lepers are confined on the order of the medical officer alone, and without the Government being even notified. We think that the medical officer should be bound, on admitting a leper, to send a brief report to your department, giving the name of the patient, his civil status, the place he comes from and the date of his confinement. That measure would be a protection for the individual and a safeguard for the officials of the Lazaretto and for the Government, if perchance some individual took it into his head to denounce a case of arbitrary confinement. It would at the same time put the department in a position to follow up the evolution of leprosy in the different parts of the country and to keep constantly in touch with the changes going on among the inmates of the Lazaretto.

(6.) The visits of relatives to inmates should not take place in the common room (or work room), but in a parlour specially furnished for that object.

(7.) The sisters have not any ice-house for the preservation of foods during the hot weather. That explains how it may have occurred sometimes that the victuals were not perfectly fresh. The sisters use in the best way they can the ice-house of the presbytery, which is far away, much too small and inadequate. It would be an easy matter to build one at the Lazaretto, ice being stored in it during the winter without difficulty.

(8.) The stable attached to the Lazaretto is very small and can accommodate only three cows, and that is not sufficient. At certain times of the year, the sisters are in the necessity of buying milk from outsiders. We recommend therefore that the stable be enlarged and that may be done at small cost.

(9.) We earnestly suggest that the Government see that there be in the Lazaretto, one or two suitable rooms, where lepers, husband and wife, when the case occurs, may live together and provide one for the other care suited to alleviate their sufferings.

(10.) We noticed that old fashioned bedsteads, wooden and surrounded by curtains, are used in the dormitories. These old fashioned bedsteads are condemned by hygienists. They should be replaced by iron bedsteads with spring beds and without curtains.

(11.) It is necessary, in the case of leprosy as in the case of tuberculosis, that the rooms and all other apartments frequented by the inmates be provided with spittoons containing an antiseptic solution.

(12.) In order not to run the risk of developing a new centre of infection in the village of Tracadie, where the disease appears practically extinct (the infected individuals now coming from Point Marcel, the Anse, Chipagan and from Manitoba), it is important to cease burying the lepers in the parish cemetery, where more than forty lepers are at this time interred in the vicinity of the public school. We think that the cemetery for the lepers should be on the premises of the Lazaretto itself, near the bay, in order to avoid all danger of contamination of the subterranean waters and in order also not to submit this infected ground to frequent diggings which would be dangerous for the public health.

(12.) In support of our last recommendation, we recall here that accurate statement made by Leloir (an authority on the question). Leprosy, says he, 'is not as is generally thought, a somewhat prehistorical disease, about to disappear, but is actually an awful plague incessantly threatening and slowly making its way.' We are easily convinced of this when we ascertain that there are hundred thousands of lepers in the British East Indies and in China, fifteen hundred in Norway, over four thousand in the Sandwich Islands and a great number in Egypt. That horrid disease, in fact, far from disappearing, seems to gain ground, and has succeeded in getting a foothold not only in Canada, but also in the United States, in Nouvelle Calédonie, in Spain, Mexico, Iceland and even in Northern Prussia.

Very definite instructions should therefore be given to the officials at the quarantine stations to prevent lepers from entering the country and developing new centres of contagion.

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One of the Icelanders detained at the Lazaretto told us that he had been a sufferer from leprosy for three years before coming to Canada, and it is likely he has contaminated his comrades at Selkirk.

A mulatto from Bermuda, exhibiting all the symptoms of leprosy has been permitted to pass through quarantine at Halifax without trouble. An actual danger is lurking here and it will be growing by the fact of the annexation of the Sandwich Islands to the United States. As is known, leprosy is at present endemic in those islands, where the population to the extent of 10 per cent is suffering from the terrible plague. Then, as the United States will endeavour to protect their ports on the Pacific Ocean against the inroads of the disease, it is to be feared that the immigrants, or travellers, rejected by the United States authorities will take the way of our ports in British Columbia, and these will be more exposed than previously to an invasion of leprosy if necessary means are not taken to prevent it from going through our quarantines.

We have reason to believe that the carrying out of the above recommendations, will not only make the actual uneasiness disappear, but will bring about excellent results for the future, results more than sufficient to warrant this investigation which is, we believe, the first undertaken since the Lazaretto has passed under the control and responsibility of the Federal Government.

Montreal, November 14, 1898.

E. P. LACHAPELLE,
A. VALLÉE.
EM. P. BENOIT,

Secretary.

The Honourable
The Minister of Agriculture,
Ottawa.

COPY OF THE MONTHLY BILL OF FARE DEPOSITED IN THE KITCHEN BY DIRECTION OF
THE COOK.

First Week.

Sunday—Morning, meat pies ; noon, rice soup, steak ; evening, doughnuts.

Monday—Morning, porridge ; noon, soup, boiled beef, turnips ; evening, pies.

Tuesday—Morning, codfish and broiled pork ; noon, stewed meat ; evening, puddings creuses.

Wednesday—Morning, fricassee (meat) ; noon (engraissé) stuffed codfish ; evening, biscuits.

Thursday—Morning, pancakes ; noon, soup, roastbeef ; evening, pain doux.

Friday—Morning, boiled eggs ; noon, soup, codfish ; evening, pain doré.

Saturday—Morning, codfish fricassee ; noon, soup, pies ; evening, preserves.

Second Week.

Sunday—Morning, fried eggs ; noon, rice soup, roast ; evening, short pastry.

Monday—Morning, mullet ; noon, soup, boiled beef, turnips ; evening, fricassee.

Tuesday—Morning, beans ; noon, soup, pot en pot ; evening, pies.

Wednesday—Morning, bœuf à la sauce ; noon, soup, codfish, broiled pork ; evening, hot rolls.

Thursday—Morning, meat pies ; noon, stew ; evening, ginger snaps.

Friday—Morning, porridge ; noon, pancakes, soup ; evening, codfish fricassee.

Saturday—Morning, herring ; noon, soup, boiled beef, turnips ; evening, toasts.

Third Week.

Sunday—Morning, boiled eggs ; noon, rice soup, roast ; evening, ginger bread.

Monday—Morning, beans ; noon, soup, codfish, broiled pork ; evening, meat fricassee.

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Tuesday—Morning, pap ; noon, soup, pies (meat) ; evening, poudings creuses.

Wednesday—Morning, codfish ; noon, soup, pancakes ; evening, pain doré.

Thursday—Morning, bœuf à la sauce ; noon, soup roast ; evening, doughnuts and others.

Friday—Morning, omelets ; noon, soup, codfish balls ; evening, apples.

Saturday—Morning, porridge ; noon, stew ; evening, pies.

Fourth Week.

Sunday—Morning, meat pies ; noon, rice soup, steak ; evening, short pastry, &c.

Monday—Morning, mullet ; noon, boiled beef, soup, turnips ; evening, grandpères with pork.

Tuesday—Morning, codfish fricassee ; noon, soup, roast ; evening, ginger snaps.

Wednesday—Morning, beans ; noon, pancakes ; evening, preserves.

Thursday—Morning, meat fricassee ; noon, soup, roast ; evening, hot rolls.

Friday—Morning, boiled eggs ; noon, soup, codfish ; evening, toasts.

Saturday—Morning, bœuf à la sauce ; noon, soup, pot en pot ; evening, herrings.

N.B.—Butter and bread at each meals, as well as tea, milk and coffee. The patients also partake of a light meal every day, besides the three meals mentioned above.