LETTER TO THE EDITOR

Mistreatment of Immigrants: the History of Leprosy in Canada

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As a Canadian, one considers leprosy to be an illness associated with isolation and disfigurement relating to ancient civilizations, the Biblical era or remote settlements of the eastern world. However, leprosy held serious implications for Canada at the turn of the 20th century, with two leprosaria established by 1891.

The Canadian Pacific Railway was completed in 1885 with much of the labour performed by Chinese immigrants. Following this, the Chinese in the province of British Columbia suffered from staggering unemployment rates and the bankruptcy of local businesses.1 Caucasians were not immune to this economic decline, and mounting hostility towards the Chinese arose from their willingness to accept reduced salaries in the face of decreasing labour opportunities.1 As such, the Chinese were marginalised into overcrowded and unsanitary Chinatowns. When in 1891 the sanitary commission for the city of Victoria discovered five individuals with leprosy in Chinatown, the municipal government immediately set to work exiling those affected to D’Arcy Island, about 25 km off the shore.2,3 Motivation likely stemmed from the need to avoid another mass protest against the Chinese immigrant population like the one that occurred in 1887.1 The public was relieved that the leprosy in the area was ‘relocated’, and it was reported that the majority of locals were indifferent to the sufferers’ fates.4 By 1906, D’Arcy had seen 23 residents, almost all Chinese.1

Evidence for racism directed toward the individuals with leprosy on D’Arcy comes from a comparison of the treatment at D’Arcy to its concurrent leprosarium serving a Caucasian population in Tracadie, New Brunswick. At Tracadie – which held 18 individuals by 1902 and 218 throughout its existence – patients were well taken care of by volunteer nuns.5–6 At D’Arcy, however, there was no caretaker so that residents depended on each other to maintain habitable circumstances.7 As time wore on, the individuals at D’Arcy became increasingly incapacitated by their disease – their digits particularly susceptible to loss of sensation,
resulting in disabling injuries – so that by 1892 only two individuals of the original five could work.1

Though not without side effects including nausea, chaulmoogra oil was the treatment of choice for acute stages of the disease and as a topical agent for ulcerating lesions.7 The patients at Tracadie were administered chaulmoogra oil and were encouraged to exercise outside and maintain careful standards of hygiene.7 In contrast, the inhabitants of D’Arcy island were not provided with any medical care other than the occasional brief respite with opium.7 Unfortunately, supply ships only arrived at D’Arcy once every 3 months until 1898 (when a cargo ship arrived biweekly) and opium was delivered inconsistently.1 The lack of medical care was not for complete scarcity of medical personnel as doctors visited D’Arcy with the cargo ship. It seems from reports that some – especially the municipal health officer Dr. Duncan – had no interest in treating the patients.7 On a trip with a reporter to the island in 1895, Dr. Duncan focused on obtaining information about the progress of disease and took photographs.4 Quite rightly, the D’Arcy inhabitants had no trust in the physician – they only allowed him to take photographs when the translator lied and claimed the patients were being assessed as a pre-departure protocol to China.4

The isolation procedures also differed significantly between Tracadie and D’Arcy. Tracadie was constructed close enough to town to allow visitors for inhabitants.7 The leprosarium was moved to Tracadie as a direct consequence of the arson (by its own inhabitants) of the previous leprosarium at Sheldrake. Opened in 1855, similar to D’Arcy, the Sheldrake leprosarium had been built on a small island.7 After the leprosarium was rebuilt at Tracadie, it was reported that those with leprosy in New Brunswick ‘had presented themselves for examination and entered the hospital [Tracadie] without objection.’7 Victoria ignored the lessons learned from Sheldrake – individuals with leprosy on D’Arcy were not only geographically isolated, but visitors were restricted to those on official business.7

That the inhabitants of D’Arcy Island also suffered from the overwhelming stigma associated with leprosy is apparent. It was documented that even before arriving on the island, and sensing endless reproach from all those involved in his exile, one man attempted suicide.4 Another previously diagnosed in New York was shipped to Victoria in a crate for fear of disease transmission and died three weeks after landing at D’Arcy.4 There were descriptions of the men at D’Arcy weeping as the cargo ship departed.4 Perhaps as a coping mechanism, reports suggested that each man denied the leprosy diagnosis, but condemned his peers for suffering from the disease.1

The conclusion to the story of leprosy in Canada is more positive. When the federal government took over responsibility from the province, the focus of D’Arcy shifted from isolation to repatriation with its remaining residents returned to China in 1907.1 New cases were referred to the better equipped Bentinck Island as of 1924, where individuals were housed until ships with sufficient infection control could be secured.5 Bentinck and Tracadie operated until 1957 and 1965 respectively, each closing following the death of its last patient.4,5 While few cases of leprosy currently occur within Canadian borders, the occasional imported case does manifest itself. Tropical disease specialists or dermatologists with an interest in leprosy usually supervise modern, outpatient treatment, with the condition considered non-infectious within one to two weeks of treatment.8

Canada has taken great strides to eradicate racism but education and patient advocacy are still required for many poorly understood illnesses so that people do not suffer as did those with leprosy in the past.
References

4 The Island of Death. Victoria Daily Colonist. June 16 1895: 3