

# ALEXANDRA : FROM HOSPITAL TO HOUSING (1906 – 1994)

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At the foot of Charon Street, at the furthest edge of Pointe-Saint-Charles, Montreal, stands a collection of social housing. As with all social housing in the Pointe, these projects reflect a history of citizen efforts to establish affordable housing in the neighbourhood. Of course, the past of this place extends beyond the 1990s when this housing was built. Fragments of that more distant past are still present in the site, from the stand of old cottonwood trees to the column-framed entrance of a large brick building. They reflect the eighty-year period when this place was the site of the Alexandra Hospital. The Alexandra was established as a contagious disease hospital for children “of every creed and nationality,”<sup>1</sup> and this would remain its vocation for the majority of its existence. However, between the time it opened in 1906 and its eventual closure in 1988, the world and the Alexandra would have changed.

Geographer Doreen Massey has argued that the local places are unique as a result of processes intersecting and layering in combinations particular to that context.<sup>2</sup> Looking closely at the past of the Alexandra site reveals how processes at different scales became materially situated in place. Colonialism and industrialization are big concepts that shaped most of the Western world, but took particular forms in the Alexandra. Municipal politics and citizen activism, provincial healthcare policies and international developments in medical science all had a part in its history. The particular pasts of this site place the local in the context of wider processes, a reminder that the “local” has always been part of

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<sup>1</sup> “The Alexandra Hospital,” *Montreal Standard*, June 19, 1909.

<sup>2</sup> Doreen Massey, “Places and Their Pasts,” *History Workshop Journal*, no. 39 (April 1, 1995): 182–92.

networks that stretch far beyond its borders. Following Massey, this paper is intended to be a place-based rather than place-bound history.<sup>3</sup>

In this paper, I examine the moments where wider processes are revealed in the Alexandra site as the layers of history accumulate and interact. Reoccurring themes emerge. One of these is local activism, which notably marks both the opening and closing of the hospital, in addition to framing its conversion into social housing. Citizen mobilization is often thought of in uniformly positive terms, of the will of ‘the people’ against the oppressors, whether the state or the elite. In reality, these movements and the issues they contest are rarely simple. Protests can be in defense of property values just as they can be concerned with the fate of hospitalized children. Both liberatory and reactionary motivations are evident in the activism surrounding the Alexandra site.

Race is another theme that takes many forms throughout the Alexandra’s history. In the annual reports, the origins of patients and staff are noted without reference to the systems of power that brought them together, such as colonialism and circulations of labour. Scholars have argued that categorization is vital to racial hierarchies.<sup>4</sup> However, categories can be violent both by making difference visible and making it invisible. Histories of Montreal for too long privileged only two categories, French and English, rendering invisible much of the city’s diversity. The charts that list one Syrian patient in 1906, or three “Eskimo” children treated for tuberculosis in 1954 are products of categorization with its accompanying problems and evidence of lesser-told histories that passed through the hospital.

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<sup>3</sup> Ibid.

<sup>4</sup> Mary Louise Pratt, *Imperial Eyes: Travel Writing and Transculturation*, 2nd ed (London : New York: Routledge, 2008).



Figure 1 – The location of the Alexandra Hospital on an aerial photo of Pointe-Saint-Charles, 1925-1935. The Victoria Bridge is visible in the lower right corner.<sup>5</sup>

## URBAN HEALTH IN THE INDUSTRIAL CITY

By the late 19<sup>th</sup> century, Montreal was a thriving center of industrialization. A small portion of the population benefited greatly from the wealth it generated, but the working class and urban poor suffered its negative effects. In the 1890s, Montreal had a higher mortality rate than major European cities such as Paris or Rome, and the infant mortality rate was twice that of New York City.<sup>6</sup> The working class experienced these figures at disproportionate rates. The link between higher mortality rate and the conditions of

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<sup>5</sup> *Vue Aérienne Verticale du Secteur de Pointe Saint-Charles, 1925-1935, Île des Soeurs, Pont Victoria, Canal Lachine.*, Photograph, n.d., VM97,S3,D01,P036, Archives de la Ville de Montréal, [http://depot.ville.montreal.qc.ca/vues-aeriennes-1925-1939/VM97-3\\_01-036.tif](http://depot.ville.montreal.qc.ca/vues-aeriennes-1925-1939/VM97-3_01-036.tif).

<sup>6</sup> J. T. Copp, *The Anatomy of Poverty: The Condition of the Working Class in Montreal 1897-1929*, The Canadian Social History Series (Toronto: McClelland and Stewart, 1974), 25–6, 93; Gilles Lauzon, *Pointe-Saint-Charles: L'urbanisation D'un Quartier Ouvrier de Montréal, 1840-1930* (Québec: Septentrion, 2014); Marie-Josée Fleury and Guy Grenier, "La Contribution de l'Hôpital Saint-Paul et de l'Alexandra Hospital à La Lutte Contre Les Maladies Contagieuses Infantile, à Montréal, 1905-1934," in *Children's Health Issues in Historical Perspective*, ed. Cheryl Krasnick Warsh and Veronica Strong-Boag (Waterloo, ON: Wilfrid Laurier University Press, 2005), 411–38.



industrial workers was established in Herbert Ames' "The city below the hill," Montreal's first social survey published in 1897.<sup>7</sup> Ames was one of many people who were concerned with the conditions of the working poor. He was an industrialist, a social reformer and city alderman. During the years the Alexandra was being planned, he sat on the municipal health board.<sup>8</sup>

Contagious diseases were a considerable problem in Montreal, even after they had come under control in other industrial cities.<sup>9</sup> The working class lived in crowded conditions close to the smoke of factories. Although water service was provided it was untreated, pasteurizing milk was not mandatory, and pit privies remained common despite the presence of sewage infrastructure.<sup>10</sup> Germ theory had been established in medical circles, however this knowledge was still not widespread among the general public.<sup>11</sup> The existing vaccines only reached a small portion of the population.<sup>12</sup> Meanwhile, though contagious diseases largely affected the lower classes, they could also become epidemics and "slay hundreds and thousands without regard for rank or station."<sup>13</sup> Controlling these diseases was thus both benevolent and self-interested, but a hospital remained a crucial component in this effort.

In 1900, a public campaign pressed for the construction of a new contagious disease hospital. As with many things in Montreal, there was disagreement over whether there

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<sup>7</sup> Copp, *The Anatomy of Poverty*, 25.

<sup>8</sup> Copp, *The Anatomy of Poverty*; P.F.W. Rutherford, "An Introduction," in *The City below the Hill; a Sociological Study of a Portion of the City of Montreal, Canada*, by Herbert Brown Ames, *The Social History of Canada* (Toronto, Buffalo: University of Toronto Press, 1972), vii – xvii.

<sup>9</sup> Copp, *The Anatomy of Poverty*.

<sup>10</sup> Ibid.; Lauzon, *Pointe-Saint-Charles*.

<sup>11</sup> Valerie Minnett and Mary-Anne Poutanen, "Swatting Flies for Health: Children and Tuberculosis in Early Twentieth-Century Montreal," *Urban History Review* 36, no. 1 (2007): 32.

<sup>12</sup> Copp, *The Anatomy of Poverty*; Fleury and Grenier, "L'Hôpital Saint-Paul et de l'Alexandra Hospital."

<sup>13</sup> "\$25 000 Gift for New Hospital," *Montreal Gazette*, December 8, 1904.

should be two or one.<sup>14</sup> After much debate, the council vote went to separate French-Catholic and English-Protestant hospitals. Ames later explained this was because “it was impossible to prophesy in which direction—East or West – an epidemic, once started, might spread.”<sup>15</sup> While the city council cooperated with in a legislative capacity, it was reluctant to provide any financial support. It contributed nothing to the construction costs and only a meagre operating budget. This was perhaps due to the fact that two hospitals required twice the costs. In hindsight, Dr. Perrigo’s argument that “one would make a strong institution, but two would make two weak ones”<sup>16</sup> proved accurate. The Alexandra would remain in dire financial straights the majority of its existence.

As a result, though it was nominally a public hospital the Alexandra relied heavily on the philanthropy of Montreal’s Anglophone elite. Many of them were directly involved with its creation. The organizing committee represented Montreal’s wealthiest men, including Henry Birks, Richard B. Angus, James Ross, Edward Seaborne Clouston and Frank R. Redpath.<sup>17</sup> Lord Strathcona donated \$25 000 toward the construction.<sup>18</sup> Many of them were also involved with the operations of other English hospitals in Montreal. The creation of the Alexandra was deeply entangled with industrialization not only through the conditions of the poor, who were exposed to disease at a higher rate, as well as through the wealth and philanthropy of the industrialists, bankers, and other elite who were its benefactors. Industrialization, in turn, had benefited from the wholesale acquisition of land through colonization, a process which also involved contagious diseases. Though

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<sup>14</sup> “New Civic Hospital – Opinion Divided If There Should Be One or Two,” *Montreal Gazette*, December 13, 1900.

<sup>15</sup> “\$25 000 Gift for New Hospital.”

<sup>16</sup> “New Civic Hospital – Opinion Divided If There Should Be One or Two.”

<sup>17</sup> “\$25 000 Gift for New Hospital.”

<sup>18</sup> Ibid.

colonization and industrialization are vast processes that operated on a global scale, they materialized in one specific form in the Alexandra Hospital.

**THE GAZETTE, MONTREAL, WEDNESDAY, SEPTEMBER 30, 1903**

What frayed your linen?  
**Not Sunlight Soap—**  
No, indeed!

**SUNLIGHT SOAP** REDUCES EXPENSE

Ask for the Octagon Bar

Claude A. Adams, class reporter, Mr. Charles H. S. Blanchard.  
The officers of the McGill Undergraduates' Society for the coming winter are as follows: President, Mr. John G. Archibald; vice-president, Mr. George Shanks; secretary, Mr. Israel Rubinowitz; treasurer, Mr. Theo. A. Lerner.  
The freshmen of all the faculties will hold a meeting tomorrow evening at 8 o'clock in Molson Hall for the

**VIGOROUS PROTEST.**

**Citizens Condemn Alexandra Hospital Site.**

**DECLARE THEIR REASONS**

Urge Site Is Unsanitary, Population Is Thick and Property Will Be Depreciated.

The people of Point St. Charles are determined not to have the Alexandra Hospital in their midst. At a largely attended meeting of taxpayers held last night in O'Brien Hall, it was decided to protest against its erection on the proposed site for the following reasons:—

manner, and I am glad to contribute to such an object. Subscriptions to the fund for the erection of the monument will be made general so that all who wish to contribute may do so. It is hoped that the sum of fifteen thousand will be collected so that there will be no unnecessary delay in the erection of the proposed statue.

**DENOUNCES DRINK AND TRAFFIC IN IT**

Prof. John A. Nicholls Lectures at Fairmount Avenue Methodist Church.

Last night Prof. John A. Nicholls, of Massachusetts, lectured in the Fairmount Avenue Methodist church on temperance, under the auspices of the Grand Lodge of Quebec, I.O.G.T. Only a small number of persons were present to hear the speaker, but the address which was given was none the less impressive and forcible. The Almighty, he thought, never gave any man the right to engage in the liquor traffic. Every other business had more or less to be hindered

Figure 2 - Vigorous protest from Pointe-Saint-Charles citizens against building the contagious disease hospital in their neighbourhood.<sup>19</sup>

## COMBATting CONTAGIOUS DISEASE – BUT NOT IN MY BACKYARD

*Anyone seeing the hospital for the first time [...] might be tempted to exclaim, "What a place for a hospital!" The land upon which it is built is quite low; it is in the very thick of railway traffic and, apparently, directly in the path of the city smoke.*

- The Montreal Standard, June 19, 1909.<sup>20</sup>

One issue the Alexandra committee faced was site selection. The hospital required a sizable plot to accommodate isolation wards, and the treatment of the day prescribed clean air, flowing water and sunlight.<sup>21</sup> Inspired by a trip to Paris, where similar hospitals were

<sup>19</sup> "Vigorous Protest: Citizens Condemn Hospital Site," *Montreal Gazette*, September 30, 1903.

<sup>20</sup> "The Alexandra Hospital."

<sup>21</sup> In pursuit of these conditions, two tuberculosis sanatoria were located in the Laurentians. Annmarie Adams and Mary Anne Poutanen, "Architecture, Religion, and Tuberculosis in Sainte-Agathe-des-Monts, Quebec," *Scientia Canadensis: Canadian Journal of the History of Science, Technology and Medicine* 32, no. 1 (2009): 1–19, doi:10.7202/037627ar.

located in the midst of the city, Ames suggested Fletcher's Field as a potential site.<sup>22</sup> The committee took interest in "beautifully airy"<sup>23</sup> locations in the north, west and east, but "the overcoming of the objections of timid, unreasoning and hostile neighbors, armed with legislative and other powers"<sup>24</sup> proved difficult. Finally, the City was able to secure a location on the riverbank in Pointe-Saint-Charles, just within the city limits where it had more control of the sale of land.<sup>25</sup> While not the ideal site, as the quote from the Standard above suggests, further delay could put the project in jeopardy.<sup>26</sup>

This is not to suggest the residents of the Pointe were more welcoming of a contagious disease hospital in their neighbourhood than the folks in "airy"— perhaps more suburban— places. The citizens objected with what the Montreal Gazette called "vigorous protest."<sup>27</sup> Representatives of the community included church leaders, schoolteachers, aldermen and railway workers. Pointe-Saint-Charles had received enough unwanted "gifts" from the city, such as the garbage incinerator and the abattoirs, argued Reverend Ker.<sup>28</sup> There was concern for the children of the neighbourhood, whose playgrounds and schools were located nearby.<sup>29</sup> The well being of the patients was also raised, as the site was damp and located beside the Grand Trunk rail yards and the smoke of industry.<sup>30</sup>

Stories of activism in Pointe-Saint-Charles are often framed as the working poor in resistance against powerful outsiders. While the Pointe was home to many of Montreal's

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<sup>22</sup> To whatever power ensured that this suggestion never came to pass, the subsequent residents of the Plateau should be grateful. "\$25 000 Gift for New Hospital."

<sup>23</sup> "The Alexandra Hospital."

<sup>24</sup> "\$25 000 Gift for New Hospital."

<sup>25</sup> "The Alexandra Hospital."

<sup>26</sup> "\$25 000 Gift for New Hospital," 000.

<sup>27</sup> "Vigorous Protest."

<sup>28</sup> Ibid.

<sup>29</sup> "Object to the Site: City Debates the Alexandra Hospital Site," *Montreal Gazette*, September 24, 1904.

<sup>30</sup> The Standard reported that smoke only affected the hospital site two days a week, the Gazette quotes the project clerk who claimed it was three days per month. "The Alexandra Hospital"; "Ready next Month: Alexandra Hospital for Contagious Diseases Nearing Completion, Dr. Roddick Reports," *Montreal Gazette*, March 1, 1906.

underpaid working class at that time, it is important to note their distribution was not geographically uniform. Ames included only a section of the Pointe in his survey of working-class living conditions. He considered the area beyond Centre Street nearest the rail yards to be “almost an independent suburb by itself, being sustained by employment furnished in the offices and workshops of the G.T.R.”<sup>31</sup> It was beside this very residential area that the Alexandra was to be constructed. It was Riverside School, established at the demands of Grand Trunk employees, that seemed dangerously close to the Alexandra site.<sup>32</sup> Some of these citizens had become homeowners, and the hospital was a threat to their property values. The opposition from Pointe-Saint-Charles may have been rather similar to that faced by neighbours of the “beautifully airy” sites, although different in where the legislative powers lie.



Figure 3 - Postcard depicting the hospital shortly after construction offers a good view of the glass solarium at the end of the pavilion. In addition to flowing fresh air and clean water, sun was considered important to the treatment of contagious diseases.<sup>33</sup>

<sup>31</sup> Herbert Brown Ames, *The City Below the Hill; a Sociological Study of a Portion of the City of Montreal, Canada*, The Social History of Canada (Toronto, Buffalo: University of Toronto Press, 1972), 8.

<sup>32</sup> For the history of Riverside school see Olivier Paré, forthcoming. Riverside Principal Kneeland spoke against the hospital at the City Council meeting in 1903. “Vigorous Protest.”

<sup>33</sup> The absence of the Sir Robert Reid Pavilion suggests this photo was taken prior to 1909. *Hôpital Alexandra, Pointe-Saint-Charles, Montréal, QC, Vers 1910*, Photolithograph, n.d., MP-0000.879.12, McCord Museum.



Figure 4 - Alexandra Hospital, 1912. Administration building at center with central kitchen visible behind. The single storey building to the left is the Sir Robert G. Reid Pavilion, which was used to diagnose uncertain cases. At the far right is the ambulance and mortuary house.<sup>34</sup>

Despite these protests, the Alexandra was built at the end of Charon Street and opened its doors in 1906. The hospital was designed by Edward & W. S. Maxwell, the architect brothers whose clients included much of Montreal's bourgeoisie, among them many members of the committee. The vision for the hospital was to create the most modern facility based on the leading scientific knowledge of contagious diseases. Isolation was a crucial feature that was inscribed in the hospital's structure. Three pavilions were intended for the isolated treatment of measles, scarlet fever and diphtheria, with separate floors intended for male and female patients. These, as well as the administration building were attached to the central kitchen building by elevated corridors.<sup>35</sup> The plans included a laboratory for researching scarlet fever vaccines as well as an operating room in the diphtheria ward.<sup>36</sup> Proper sanitation was also vital. The numerous ventilation structures lining the rooftops (see Figure 5) are evidence of the attention to fresh air. Sewage was held in a brick chamber where it was "thoroughly disinfected by a machine specially invented

<sup>34</sup> Detail of William Notman & Son, *Hôpital Alexandra, Montréal, QC, 1912*, Plaque sèche à la gélatine, 1912, View-11931, McCord Museum, <http://collection.mccord.mcgill.ca/fr/collection/artefacts/VIEW-11931>.

<sup>35</sup> "Montreal Will Shortly Have a Thoroughly Modern Equipment for the Successful Combatting of Contagious Disease," *Montreal Daily Herald*, May 13, 1905.

<sup>36</sup> "\$25 000 Gift for New Hospital," 000; "Montreal Will Shortly Have a Thoroughly Modern Equipment for the Successful Combatting of Contagious Disease."



for the hospital.”<sup>37</sup> Each building featured a solarium and numerous windows to provide sunlight, which was considered important to the treatment of contagious diseases.<sup>38</sup> Finally, the building was intended to be completely fireproof, using wood only where absolutely necessary. It seems it was successful as there is no mention of fire in the annual reports.

The plans became a reality. The hospital opened its doors to public visit before launching operations, and an estimated 10 000 “fashionable people” observed the facilities first hand.<sup>40</sup> The Gazette reported that “all sanitary arrangements are of the most modern and improved kind,” and the wards “are commodious and airy, and command a fine view of the river.”<sup>41</sup>



Figure 5 - Detail of air vents.<sup>39</sup>

Despite this emphasis on science, hygiene and isolation, stigmatization still accompanied the hospital. Ten years into its operation, two Alexandra doctors opened an article in the Canadian Medical Association Journal with a portrait of public opinion on such institutions:

“[T]he Alexandra shares all the disadvantages of a contagious disease hospital. Regarded as a pest-house, a sort of necessary evil, and as a place to be avoided when possible[...]. Patients regard it as a place of detention, to be escaped from as soon as possible, and visitors give it a wide berth. Nurses and doctors are difficult to secure.”<sup>42</sup>

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<sup>37</sup> “Montreal Will Shortly Have a Thoroughly Modern Equipment for the Successful Combatting of Contagious Disease.”

<sup>38</sup> Adams and Poutanen, “Architecture, Religion, and Tuberculosis in Sainte-Agathe-des-Monts, Quebec.”

<sup>39</sup> Detail from William Notman & Son, *Pavillon Sir Robert G. Reid, Hôpital Alexandra, Montréal, QC, Vers 1910*, Photograph, c. 1910, VIEW-8739, McCord Museum, <http://collection.mccord.mcgill.ca/fr/collection/artefacts/VIEW-8739>.

<sup>40</sup> “\$100 000 Required,” *Montreal Gazette*, June 8, 1906; “Opening of Alexandra. Public Inspection of New Hospital for Contagious Diseases,” *Montreal Gazette*, June 1, 1906.

<sup>41</sup> “Opening of Alexandra.”

<sup>42</sup> H.B. Cushing and E.V. Murphy, “Treatment of Diphtheria at the Alexandra Hospital, Montreal,” *Canadian Medical Association Journal*, 1916, 817.

This passage illustrates the contemporary social meaning of contagious diseases, based on a mix of stigmatization and legitimate fear of contagions that was predominant during the period. According to Yolande Cohen, at this time nursing afforded women professional status, although their salaries were rarely higher than that earned by female labourers in light industry or domestic service.<sup>44</sup> The profession's lineage as a charitable endeavour created an opportunity in the contemporary moral climate for women to work while retaining a level of respectability. I have argued elsewhere that the social value that came with this professional status coupled with the personal satisfaction of self-actualization provided some compensation for discrepancy between the value of nursing labour and its pay. Unfortunately for the Alexandra, the negative social value that accompanied contagious disease hospitals seems to have counteracted these incentives. Securing qualified nursing labour was a reoccurring problem. Social stigmatization led to social isolation and sometimes even discriminatory treatment. Consider the story of the nurses who were hired during a busy winter season, whose boarding house keeper objected to them returning to their rooms after their shift at the hospital.<sup>45</sup> Providing agreeable accommodations and recreation was therefore an important strategy for maintaining the Alexandra's nursing staff.

Another strategy to secure nursing staff was by establishing a reliable flow of student nurses. Beginning in 1918, the Alexandra hosted a two-month course in contagious disease



Figure 6 – Grace M. Fairley<sup>43</sup>

<sup>43</sup> William Notman & Son, *Nurse, Grace M. Fairley*, Photograph, n.d., PR039512, McGill University Archives.

<sup>44</sup> Yolande Cohen, *Profession infirmière: une histoire de soins dans les hôpitaux du Québec* (Montréal: Presses de l'Université de Montréal, 2000), [https://encore.concordia.ca/iii/encore/record/C\\_Rb2368332](https://encore.concordia.ca/iii/encore/record/C_Rb2368332).

<sup>45</sup> A. D. Blackader, "Report of the President," *Twentieth Annual Report of the Alexandra Hospital for Contagious Diseases*, 1925.

training for English-speaking teaching hospitals. In the 50 years of the program, 9,323 student nurses would attend.<sup>46</sup> The program was designed by Grace M. Fairley, Lady Superintendent of the Alexandra from 1912-1919, who went on to establish the School of Graduate Nurses at McGill in 1920.<sup>47</sup> Trained in her native Scotland, Fairley was nonetheless active in improving the state of the nursing profession in Canada. The training school at the Alexandra provided student nurses with valuable practical experience while ensuring a reliable source labour to the hospital.<sup>48</sup> Generally half the nursing staff was composed of student nurses who rotated throughout the year. For example, on the last day of December 1925, among the 41 members of the nursing department, twenty were students.<sup>49</sup>



Figure 7 - Nurses care for infants in the Whooping Cough Ward, 1937.<sup>50</sup>

Katherine Snow was student nurse from Sherbrooke Hospital who trained at the Alexandra Hospital in 1938.<sup>51</sup> She remembers tending to children in glass cubicles while ensuring that no contagion entered or left—and the endless scrubbing required to make

<sup>46</sup> Winnifred K. MacLeod, "Annual Report of the Department of Nursing – 1968," in *Alexandra Hospital Annual Report*, 1968.

<sup>47</sup> Vern L Bullough and Lilli Sentz, eds., "Grace M. Fairley," *American Nursing: A Biographical Dictionary* (New York: Springer, 2000).

<sup>48</sup> A. D. Blackader, "President's Annual Report," *Fourteenth Annual Report of the Alexandra Hospital, Montreal*, 1919.

<sup>49</sup> Catherine M. Ferguson, "Lady Superintendent's Report," *Thirteenth Annual Report of the Alexandra Hospital, Montreal*, 1925

<sup>50</sup> Conrad Poirier, *Alexandra Hospital - Whooping Cough Ward*, Photograph, December 30, 1937, P48,S1,P1592, Bibliothèque et Archives nationales du Québec.

<sup>51</sup> Katherine Snow, "'Scrub Days, Scrub Days, Good Old Green-Soap Rub Days,'" *Montreal Gazette*, August 29, 1992.

this a reality. Though she lived, worked, and ate in the hospital, she shared a small glimpse of life in the Pointe that suggests another way the residents related to the Alexandra,

Of course, our social life beyond the hospital was practically nil. Most of our time off, if we wished to see the big city, was spent running to and from the streetcar that ran along Wellington St. at the other end of Charon.

There was a row of tenements along the street, and on pleasant evenings groups of neighbors would sit out on their stoops to chat and laugh. Occasionally, a crowd of noisy teenagers might congregate on the corner, alert for mischief.

On those nights, we would leave the streetcar with some trepidation, but before any of the youths could make a move toward us, some man would quietly detach himself from a group, stroll over casually and suggest that he accompany us to the door of the hospital. Those men usually had children in the hospital, and weren't about to let anything happen to a nurse.<sup>52</sup>

Were there so many children from the Pointe at the Alexandra that nurses could count on a concerned father being nearby, or was it that outings were so rare? It is difficult to know how many patients came from the Pointe. Fleury and Grenier suggest that the patient profile varied greatly each year depending on which neighbourhoods experienced an outbreak of disease.<sup>53</sup> It could be the year that Katherine Snow was training a large number of local children were admitted, thus the abundance of chivalrous fathers. That the vast majority of patients came from poor families is clear from the hospital records, as those who couldn't afford the hospital fee were paid by the city and totalled separately from private patients.<sup>54</sup> Snow's experience and the socio-economic status of the

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<sup>52</sup> Ibid.

<sup>53</sup> Fleury and Grenier, "L'Hôpital Saint-Paul et de l'Alexandra Hospital."

<sup>54</sup> Ibid.

neighbourhood suggest that one way the Pointe related to the Alexandra was as families to the patients and as grateful beneficiaries of the care provided by the staff.



Figure 8 – The Nurses' Residence was completed in 1914.<sup>55</sup>



Figure 9 – Nurses' Sitting Room, 1924.<sup>56</sup>

## EVERY CREED AND NATIONALITY

The Alexandra Hospital was established as an English Protestant institution, but as the newspaper articles stated, the Alexandra would serve “every creed and nationality.”<sup>57</sup> This proved to be true, even in the earliest years. Montreal was an economic center and a transportation crossroads, and thus deeply embedded in global flows of immigration. Many of the Alexandra patients were positioned in hierarchies of race and social class that predisposed them to contagious diseases. Toward the mid-century, the hospital developed new relationships to wider circulations of race and health, not only through its patients but also through the nursing staff.

Lists of the nationalities and religions of patients were among the first figures that were presented in the early annual reports. In the first year, 220 Protestants, 44 Catholics,

<sup>55</sup> William Notman & Son, *Alexandra Hospital, Pointe St. Charles, Montreal, QC, 1920*, Photograph, 1920, VIEW-19545.1, McCord Museum.

<sup>56</sup> “Nurses’ Sitting Room,” Photograph, from the *Nineteenth Annual Report of the Alexandra Hospital, 1924*, Osler Library Archives, McGill University.

<sup>57</sup> “The Alexandra Hospital.”

28 “Hebrews” and one “Mohammedan” were admitted to the hospital.<sup>58</sup> Reflecting the conception of nation at the time, Canadians and French-Canadians had separate totals, as did Newfoundland, which was not yet part of the Dominion. The lists were detailed, sometimes including up to 25 nationalities as well as the useful “unknown” category.

What purpose did this information serve? As science, categorization, and medicine have all had a long history of contributing to the conception of race as an axis of difference upon which to base systems of privilege, seeing lists of religions and nationalities in the accounts of a hospital raises suspicions about their function.<sup>59</sup> Collecting detailed information about religion and ethnic origins with contagious disease records risks perpetuating racial assumptions and could potentially contribute to racial profiling in the domains of health and hygiene. Annual reports were destined for donors, who perhaps felt encouraged to see their contributions aiding a diverse collection of children from both the centre and peripheries of Empire. Whatever the original intention or its effects, detailed nationality lists were dropped in the 1930s. Religion was still reported, however, and occasionally figures for the major population groups (English, French, Jewish and Other) reappeared.

Despite problems that racial categories present, these lists serve as a reminder of Montreal’s diversity in the early 20<sup>th</sup> century. I was struck to realize there were enough people from Syria in Montreal in 1906 that even one of their children could be found in the hospital. Europe, Asia, Africa, India South America and the Caribbean; every continent was represented in the nationality lists. What were their stories? What was the experience of a Muslim child in Montreal at that time, which included a stay in a contagious disease

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<sup>58</sup> Thomas Roddick, “President’s Address,” *First Annual Report of the Alexandra Hospital for Contagious Diseases*, 1906, p. 3.

<sup>59</sup> Pratt, *Imperial Eyes*.



hospital? Although categorizing has its negative aspects, the nationality lists helped make visible these lesser-known histories.

In the 1950s, the annual reports published a new kind of table that reflected the Alexandra's connection to developments at the national scale. In this incarnation the only categories were "local" and "Eskimo".<sup>60</sup> As with any project of categorization, these headings were insufficient. One "Eskimo" entry in the T.B. chart was noted as "Indian," revealing an understanding of indigeneity as separate from the "local" category.<sup>61</sup> Where were cases that were both non-local and non-Eskimo such as the patient transferred from Newfoundland, to be filed?

TABLE I

<u>Children</u>			<u>Adults</u>	
Year	Eskimo	Local	Eskimo	Local
1954	3	11	-	-
1955	-	7	-	-
1956	2	7	1	3
1957	3	8	(Indian) 1	2

Figure 10 - Table from the Report of the Tuberculosis Meningitis Unit, 1957.<sup>62</sup>

The tables were part of the tuberculosis meningitis unit, a specialized research and treatment section of the hospital's new tuberculosis ward. Taking on tuberculosis patients was part of the hospital's strategy to fill the beds that were left empty due to the great progress had been made in the fight against contagious diseases in society at large.<sup>63</sup> The reduction of cases was so great that despite Montreal's growing population, the absolute

<sup>60</sup> G. H. Nickerson, "Annual Report 1957 - Tuberculosis Meningitis," in *Alexandra Hospital for Contagious Diseases Annual Report*, 1957.

<sup>61</sup> Nickerson, 1957.

<sup>62</sup> Nickerson, "Annual Report 1957 - Tuberculosis Meningitis," 16.

<sup>63</sup> J. C. Meakins, "President's Address," in *Alexandra Hospital for Contagious Diseases Forty-Third Annual Report*, 1948, 8-10.

number of cases were decreasing.<sup>64</sup> As part of their income was tied to patient days, the reduced number of cases and improved treatment had economic repercussions. The future of the Alexandra was uncertain. To supplement their income and make use of the extra space, the hospital opened a tuberculosis unit in 1948, followed shortly by research on tuberculosis meningitis.<sup>65</sup>

For the first five years occupancy in this unit was near capacity, but soon these numbers were dropping as well. This was despite the fact that tuberculosis meningitis was still an important killer of children in Quebec. In 1955 it claimed the lives of 66 people under the age of 15, but most of these cases were outside Montreal.<sup>66</sup> The Alexandra reached out to hospitals that could potentially refer patients, letting them know the disease was potentially no longer fatal with the new treatment. They also agreed to accept adults to the unit.

In addition to hospitals, a notice was sent to the federal Department of Northern Affairs asking them to refer “Indian or Eskimo” cases of tuberculosis meningitis that may have been sent elsewhere.<sup>67</sup> The tuberculosis unit had received four Inuit patients prior to 1955, at least two of whom came from the Ungava region.<sup>68</sup> After the request to the DNA, more patients arrived from Frobisher Bay (Iqaluit) on Baffin Island.<sup>69</sup>

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<sup>64</sup> H.B. Cushing, “Control of Contagious Diseases in Montreal,” *Bulletin of Hygiene* 32, no. 5 (1946): 10–13.

<sup>65</sup> Meakins, “President’s Address”; P.N. MacDermont, “Annual Report for 1953 – Tuberculosis Wing,” in *Alexandra Hospital for Contagious Diseases Annual Report*, 1953.

<sup>66</sup> G. H. Nickerson, “Report of the Director, Tuberculosis Meningitis Unit,” in *Alexandra Hospital for Contagious Diseases Annual Report*, 1954, 14–17.

<sup>67</sup> G. H. Nickerson, “Annual Report 1956 - Tuberculosis Meningitis,” in *Alexandra Hospital for Contagious Diseases Annual Report*, 1956, 15–19.

<sup>68</sup> While reporting on follow-up examinations in 1955, the director mentioned that no “Eskimo speaking” psychologist was available for the four Inuit patients. The year prior he mentioned that two patients came from Ungava as well as an “Indian girl” from Labrador. Nickerson, “Report of the Director, Tuberculosis Meningitis Unit”; G. H. Nickerson, “Tuberculosis Meningitis Report,” in *Alexandra Hospital for Contagious Diseases Annual Report*, 1955, 14–17.

<sup>69</sup> G. H. Nickerson, “Annual Report 1959 - Tuberculosis Meningitis,” in *Alexandra Hospital for Contagious Diseases Annual Report*, 1959.

The 1950s was a period when the Canadian government became interested in exercising sovereignty over the northern territories, which included extending government agencies into Inuit health and domestic life. The extremely high rates of tuberculosis among the Inuit, who had not been exposed to this disease prior to contact, became the focus of a massive operation.<sup>70</sup> Rather than providing care services in the north, this project resulted in thousands of Inuit being sent to southern hospitals across Canada. Compared with other institutions, the Alexandra received very few of these patients, but it was part of the same historical moment.

Aside from tables, the annual reports also provide insights into the experiences of Inuit patients in narrative form. The Inuit patients were described as “a singularly pleasant group to treat.”<sup>71</sup> One man, after intense nursing care, was said to add “a great deal of humor and cheer to the Unit.”<sup>72</sup> The description of an Inuk boy from the 1954 report suggests many intersections of histories and cultures that took place at the hospital:

[A]n Eskimo boy, obviously reached by a Christian mission as evidenced by his prophetic name of Elijah, presented the most extreme degree of emaciation that can be imagined. [...] [T]he only food he would tolerate was raw meat and fish, which he could not chew nor swallow himself because of his weakened state. [...] At the present time he is well and exhibits advanced state of abosity [*sic*] with a ravenous appetite for fresh tropical fruit, candy and fancy biscuits, having a particularly strong aversion to meat and fish of any kind. Great speculation is taking place as to Elijah’s future role in the society of Ungava.<sup>73</sup>

Like other Inuit children treated in the south, Elijah’s experience was culturally strange. After being separated from their families and making the long, difficult journey

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<sup>70</sup> For details on this chapter of Canadian history refer to Pat Sandiford Grygier, *A Long Way from Home: The Tuberculosis Epidemic among the Inuit*, McGill-Queen’s/Hannah Institute Studies in the History of Medicine, Health and Society 2 (Montreal: McGill-Queen’s University Press, 1994).

<sup>71</sup> P.N. MacDermont, “Annual Report for 1959 – Tuberculosis Wing,” in *Alexandra Hospital for Contagious Diseases Annual Report*, 1959.

<sup>72</sup> Nickerson, “Annual Report 1956 - Tuberculosis Meningitis.”

<sup>73</sup> Nickerson, “Report of the Director, Tuberculosis Meningitis Unit,” 20–1.

from the Arctic, patients faced new food, clothing and languages. Children taken at a young age and treated in sanatoria for long periods often adapted to southern culture, sometimes losing their language. This resulted in more difficulties when they returned to their communities. Others never returned. Some died of the disease and were buried without their families' knowledge, while others who lived were misplaced in administrative shuffling. A CBC broadcast from 1989 reported that hundreds of Inuit families had still received no word of what had happened to family members who had been sent south in this period.<sup>74</sup> An Inuk man from Iqaluit was reunited with his family after 28 years. He had been transferred south at the age of four but was never sent back. After being discharged he lived in foster homes in Montreal, then on the streets.

Emilie Cameron argues that colonial processes often operate in forms that appear innocent or concerned with the well being of the parties being dispossessed, thus concealing the violence that accompanies it.<sup>75</sup> Such an analysis draws the Alexandra into a web of relations that include the deployment of southern and settler power into the north, even as it provided material medical benefits to children suffering from a deadly disease. It is important to recognise the impacts of this chapter of Canadian history, which took *place* both across the nation and in specific, local places such as the Alexandra Hospital in Pointe-Saint-Charles. The tuberculosis meningitis unit successfully treated patients whose disease was once considered fatal. There were beds available to treat patients from north or south, and some were filled by Inuit. Through this situation, the stories of Inuit patients and their families became part of the Alexandra's story. They deserve to be remembered.

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<sup>74</sup> Raj Ahluwalia, "Tuberculosis Treatment in South Takes Inuit from Their Families," *Focus North* (CBC, January 30, 1989), CBC Digital Archive, <http://www.cbc.ca/archives/entry/tuberculosis-tb-treatment-in-south-takes-inuit-from-their-families>.

<sup>75</sup> Emilie Cameron, *Far Off Metal River: Inuit Lands, Settler Stories and the Making of the Contemporary Arctic*, Vancouver: University of British Columbia Press, 2015.

## GLOBAL CIRCULATIONS OF NURSING LABOUR

It was not only through the patients that flows of migration and racial difference were articulated at the Alexandra, but through the nurses as well. Reports of the Nursing Department provide clues about the global circulations of which the nurses who served at the hospital were part.

In 1935, the hospital accepted the affiliation of King Edward VII Memorial Hospital in Bermuda.<sup>76</sup> Each year the hospital sent half a dozen students for training in contagious disease treatment at the Alexandra, an exchange that continued at least until the late 1950s. Although the reports do not elaborate on how this exchange was established, this development suggests relations between health care professionals that crossed oceans.

Years later, the Alexandra was experiencing more changes. The tuberculosis unit closed in 1966 and was replaced by long term care of children with chronic illnesses.<sup>77</sup> After mentioning the challenges of adjusting to these changes, the director of nursing, Winnifred MacLeod noted, “[o]ur General Duty Staff were *mostly graduates from the Far East*, and they were a pleasure showing an interest and ability in the care of the children.”<sup>78</sup> From such a general statement it is nearly impossible to know who these staff members were. Yet exploring this statement it points to connections beyond the Alexandra at different scales.

One clue is the perennial presence of the Japanese United Church in the Alexandra’s list of donors. At that time the church was located on Champagneur Street in Park-Extension, which was physically remote but shared many socioeconomic characteristics

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<sup>76</sup> Catherine M. Ferguson, “Report of the Lady Superintendent,” in *Alexandra Hospital for Contagious Diseases Thirtieth Annual Report*, 1935, 11–12.

<sup>77</sup> T.H.P. Molson, “Report of the President of the Board of Governors,” *Alexandra Hospital for Contagious Diseases Annual Report 1967*.

<sup>78</sup> Emphasis mine. Winnifred K. MacLeod, “Annual report of the Department of Nursing – 1967,” *Alexandra Hospital for Contagious Diseases Annual Report 1967*, p. 10.

with Pointe-Saint-Charles. The connection between Park-Extension and the Alexandra may have been related to networks Anglophone charity, such as the Junior Red Cross and the many Brownie units that volunteered at the hospital. The Japanese community may have also become donors after family members received treatment there. Whether this church is connected to the general duty staff is uncertain.

Another possible connection, perhaps more convincing, is the words “graduates from the Far East.” Although this could be meant in the sense that the staff members themselves were “from” the Far East, the idea that they graduated there connects with known trajectories in Canadian nursing recruitment. In an attempt to make visible the histories of Filipinos in Canada, Valerie Damascos describes how hospitals in Toronto recruited nursing graduates directly from universities in the Philippines during the 1960s.<sup>79</sup> That a similar recruitment took place in Montreal should not seem unreasonable, as the longest running Filipino organization in Montreal was established in the same period.<sup>80</sup> Without more evidence this connection is only a conjecture. Further research into the stories of these health care professionals, where ever in the “Far East” they might came from, could provide insight into how the Alexandra Hospital related to immigrants as professionals rather than patients.

In 1968, the Alexandra Hospital dropped the phrase “for contagious diseases” from its name and stopped receiving cases of this kind the same year.<sup>81</sup> The hospital’s new mandate was long-term care for chronically ill children with physical and mental disabilities. In 1973 it merged with the Montreal Children’s Hospital, an institution with

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<sup>79</sup> Valerie G. Damascos, “The Recruitment of Filipino Health Care Professionals to Canada in the 1960s,” in *Filipinos in Canada: Disturbing Invisibility*, ed. Roland Sintos Coloma et al. (Toronto: University of Toronto Press, 2012).

<sup>80</sup> FAMAS was established in 1963 as a social club for Filipino nurses, doctors and teachers in Montreal. “FAMAS: Filipino Association of Montreal and Suburbs,” *FAMAS*, accessed November 25, 2015, <http://famas.ca/>.

<sup>81</sup> T.H.P. Molson, “Report of the President of the Board of Governors,” *Alexandra Hospital Annual Report 1967*.



which it had close and longstanding ties. It maintained the same vocation, but was renamed the Alexandra Pavilion. It was the Alexandra Pavilion that was marked for closure in 1987.



Figure 11 – The effort to keep the Alexandra open was front-page news, June, 15, 1987.<sup>82</sup>

### CONTESTING CLOSURE: “SAUVONS ALEXANDRA”

It is difficult to know to how important the Alexandra was to the local community of Pointe Saint-Charles. Physically, it existed in the margins, at the end of a dead-end street just before the Saint-Laurent River. From the records relating to the hospital's operation, there is no telling to what extent the patients, staff or volunteers came from the Pointe or how they related to it. In 1987, however, the announcement that the Alexandra Pavilion was to be closed revealed the importance of the Alexandra to the Pointe-Saint-Charles community. The impending closure was met with massive resistance. Parents of the children being cared for in the hospital, Alexandra staff, and representatives from various community and religious groups formed a committee called *Sauvons Alexandra* which

<sup>82</sup> Nicole Mousseau, “Mobilisation de la Population Pour Sauver le Pavillon Alexandra,” *La Voix Populaire*, June 15, 1987.

mobilized support from the citizens and pressured government representatives to intervene to keep the Alexandra open.<sup>83</sup>

Closing the Alexandra was part of an initiative of the Ministry of Health and Social Services under Minister Thérèse Lavoie-Roux to deinstitutionalize mental healthcare in Quebec. Instead of patients being isolated in large institutions, care would be provided at smaller group homes. The intention was to better facilitate the social integration of people who were traditionally marginalized in institutions. Such a massive transformation was felt widely. 20,000 employees and 100,000 patients across the province were estimated to be affected by this initiative.<sup>84</sup> Already in 1987, 3,000 of Montreal's 10,000 homeless were attributed to the deinstitutionalization. The Alexandra Pavilion was slated to close its doors October 15<sup>th</sup>, 1987.<sup>85</sup> The vocation of the site after its 48 wards were discharged was still unknown. For the moment that was an unthinkable future, at least in the eyes of *Sauvons Alexandra* and it was contested fiercely.

The support for keeping the Alexandra open was strong. One hundred-fifty people attended a meeting at Saint-Columba House in early June. A petition of 7000 signatures was presented to the provincial deputy Maximilien Polak and the municipal counsellor Marcel Sévigny. *Sauvons Alexandra* also encouraged citizens to hang a yellow ribbon on their door to show their support. The announcement of the closure and the meeting itself was front page news in the local paper, *La Voix Populaire*, which dedicated a full page-and-a-half to the issue.

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<sup>83</sup> Ibid.

<sup>84</sup> Ibid.

<sup>85</sup> Pierre Chartier, "Le Reddy Memorial Savourea sa Victoire.," *La Voix Populaire*, June 29, 1987.

The presentations at the June meeting give an indication of the different ways the Alexandra was important to the people of Pointe-Saint-Charles. It was a social justice issue as well as an economic one. It is unclear how many Alexandra employees lived in the Pointe at that time,<sup>86</sup> but for a neighborhood acutely affected by deindustrialization, preserving sources of employment was a priority. Paul Ayotte, who had been an employee at the Alexandra for 20 years, argued that health care was a good economic investment for Quebec. Unlike other industries that left the province soon after receiving incentives from the government in a bid to keep jobs, health care was guaranteed to stay local. “Ce que est sûr, en tout cas, est que nous ne partirons pas comme certaines industries avec les investissements aux États-Unis...”<sup>87</sup> Criticizing the closure as a symptom of capitalism also enabled accusations that the Children’s Hospital was simply using the deinstitutionalization process as an excuse to rid itself of the financial burden that the Alexandra posed them. Following this argument, the discharged patients were thus victims of the pursuit of profit.

More important than jobs was the fate of the patients. There were doubts that the group home system would be prepared to manage the severity of conditions that children at the Alexandra lived with. Of the parents, Huguette Morissette spoke of the experience of her son Réjean, a resident of the hospital for the previous 18 years, who was able to feel a sense of autonomy living with quadriplegia thanks to the quality care he received at the Alexandra. The process of finding a new placement only increased her concern about the closure, as she had visited group homes who appeared understaffed and seemed to lack the

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<sup>86</sup> It is possible that they continued to live in the nurses’ residence, as the 48 patients required 24-hour care.

<sup>87</sup> “What’s for sure, anyway, is that we won’t leave like certain industries with investments in the United States...” (my translation). Mousseau, “Mobilisation.”

capacity to deal with serious cases. "Le pavillon, c'est la maison de nos jeunes. On ne peut et ne doit pas enlever cela."<sup>88</sup>

Despite the popular support, the campaign to keep the Alexandra open was ineffective. Later in June the Reddy Memorial Hospital, located in Westmount but serving the Saint-Henri community, was granted permission to continue its existing vocation.<sup>89</sup> At the press conference for the Reddy's victory, Huguette Morissette along with other parents and children from the Alexandra confronted Minister Lavoie-Roux. The Minister was unwavering about the Alexandra's closure, saying the most she could offer was to delay the closure date. Deputy Polak seemed to understand the inevitability of the closure early on, leaving some feeling betrayed that he hadn't fought harder to stop it.<sup>90</sup> Before most of the community had given up the fight against the closure, Polak offered alternative uses for the building, which he hoped to keep in the public domain as a long-term care facility for the elderly.<sup>91</sup> From the first meeting he emphasized that his primary interest was ensuring the children were taken care of, and was not interested in keeping the hospital open or defending the interested of the workers union.<sup>92</sup>

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<sup>88</sup> "The pavilion is the home of our youth. We can not and must not take it away." Ibid.

<sup>89</sup> Chartier, "Le Reddy Memorial."

<sup>90</sup> Nicole Mousseau, "Le Pavillon Alexandra Transformé en Centre de Soins Prolongés?," *La Voix Populaire*, August 10, 1987.

<sup>91</sup> Ibid.

<sup>92</sup> Mousseau, "Mobilisation."

Despite claims to the contrary, the interests of the children still did not seem to be the priority. Ten days before the closure, only 16 of the Alexandra's 48 patients had found new placements.<sup>94</sup> The community changed its demands to a moratorium on the closure until all the patients had a home and care.<sup>95</sup> They succeeded in delaying the closure until January the following year.<sup>96</sup>

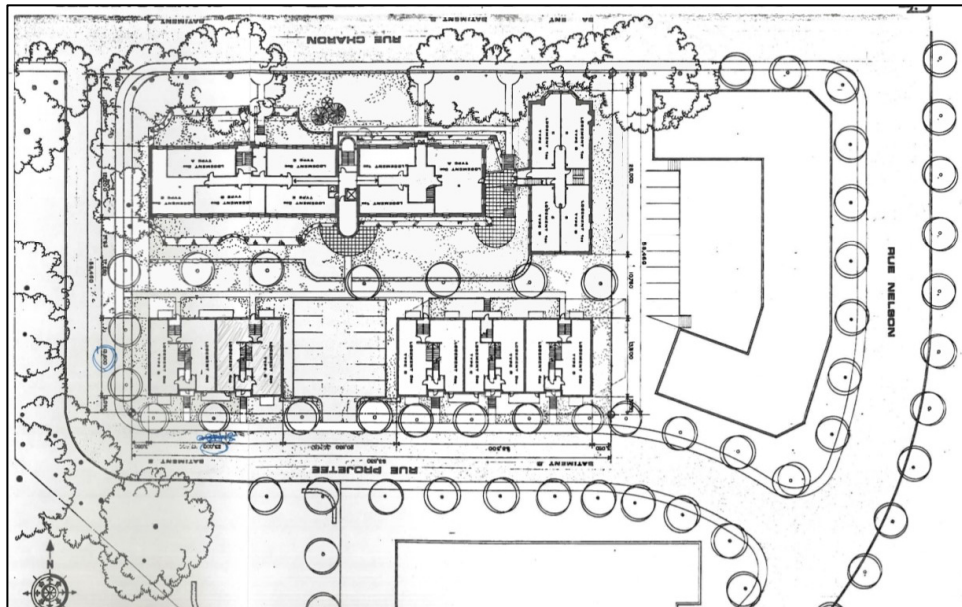


Figure 12 - Social housing plans for the Alexandra site.<sup>93</sup>

## TRANSFORMATION: SOCIAL HOUSING ON THE ALEXANDRA SITE

Housing was an important issue in Pointe-Saint-Charles at the time the Alexandra Pavilion closed. The precarious economic situation of the population of the neighborhood meant in many households a large portion of the income went to rent, cutting into the budget for other necessities. Recognising the threat that condominium development posed to the accessibility of the housing market for residents, community organizing pushed for

<sup>93</sup> OMHM annex 3.

<sup>94</sup> Nicole Mousseau, "On Demande Un Moratoire," *La Voix Populaire*, October 5, 1987.

<sup>95</sup> Mousseau, "Le Pavillon Alexandra Transformé?"

<sup>96</sup> Nicole Mousseau, "La Ville Achète Le Pavillon Alexandra," *La Voix Populaire*, October 9, 1988.

social housing that would remove the land from revanchist and speculative purchases.<sup>97</sup>

Social housing can be broadly be categorized in three types: government managed (public housing or HLM in Quebec), non-profit managed (OSBL<sup>98</sup> housing), or co-operative housing. Projet Saint-Charles was an initiative that actively worked toward a goal of 500 units of social housing in the Pointe, promoting co-operative housing above the others.<sup>99</sup>

Many in the community hoped the Alexandra site would become social housing. After months of uncertainty about the future of the site, the land was purchased by the City in September 1988. Deputy Polak was overjoyed, noting the importance of the purchase in preventing the land from speculative developers.<sup>100</sup> One of the threats that had been avoided was new privatize hospital center, allegedly being planned in coordination with the Children's Hospital.<sup>101</sup> With the land safely in public ownership, the social housing agenda was a step closer to becoming a reality.

All three types of social housing were built on the Alexandra site between 1990 and 1994.<sup>102</sup> A public housing project called *Habitation Alexandra* was intended for families and singles and provided some services. Deputy Polak's vision of a long-term care for the elderly was a non-profit project called *Éveil de Pointe-Saint-Charles Phase II* for people with reduced mobility. Projet Saint-Charles' hopes for cooperative housing was the five-story *La*

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<sup>97</sup> Simon Vickers, "Making Co-Opville: Layers of Activism in Pointe-Saint-Charles (1983-1992)" (Master's Thesis, Concordia University, 2013).

<sup>98</sup> Acronym of the French term *Organisme sans but lucrative*

<sup>99</sup> For a detailed look at Projet St-Charles, Vickers, "Making Co-Opville."

<sup>100</sup> Mousseau, "La Ville Achète Le Pavillon Alexandra."

<sup>101</sup> Ibid.

<sup>102</sup> Types from a chart of housing projects in Pointe-Saint-Charles (no author, no title, no date), from McGill University Archives, *Archive populaire de Pointe-Saint-Charles, Fonds RIL* MUA 2008-0024.01.05.43.



*Parchemin*. A total of 117 new units of social housing serving a variety of residential needs were created on the Alexandra site.<sup>103</sup>

Physically, the site was dramatically transformed in this process. The development incorporated some of the hospital buildings, but demolished the majority of the structures and added two new streets. Bleik and Gauthier propose that it can be productive to view history “in light of a built landscape of variable malleability and accumulated historical thickness.”<sup>104</sup> Urban tissue is a product of social and economic “webs of relations” with the physical world.<sup>105</sup> What was retained and what was built involved some municipal regulations, some private business interests, as well as citizen action and cultural values related to the urban form.

The creation of new streets had some unexpected twists and turns that involved private business, municipal planners and citizen action. Until the closure of the hospital, Ash and Charon streets simply ended at the dyke, beyond which lay the Via Train yards and the river. Connecting the two with a new street would allow a bus route proposed as part of citizen transit initiative.<sup>106</sup> This route could pass the YMCA and provide access to the residential areas south of Wellington, connecting previously underserved areas to the transit grid.<sup>107</sup> A street connecting Ash and Charon, bearing the name Nelson, appears on

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<sup>103</sup> Combined totals from *Extrait du rôle d'évaluation foncière, EvalWeb*, Ville de Montreal, for the addresses of *Habitation Alexandra, La Parchemin* and *Eveil II*, accessed November 16, 2015.

<sup>104</sup> Desmond Bliet and Pierre Gauthier, “Understanding the Built Form of Industrialization along the Lachine Canal in Montreal,” *Urban History Review / Revue D'histoire Urbaine* 35, no. 1 (2006): 16.

<sup>105</sup> Bliet and Gauthier, “Understanding the Built Form.”

<sup>106</sup> Though according to the records, the Action Transport committee succeeded in extending the 79 bus route into the residential areas south of Wellington via Le Ber starting in April 1990, a letter from Action Gardien to the City of Montreal made explicit the need for the Ash-Charon connection in order to serve the social housing residents that would be living there. “Autobus 79 Début 9 Avril”, Pamphlet, 1990, from McGill University Archives, *Archive Populaire de Pointe-Saint-Charles, Fonds Clinique communautaire*, MUA 2008-0024.01.07.12; Letter from Arthur Sandborn for Action Gardien to Président du Comité Exécutif, August 22, 1989, from McGill University Archives, *Archive Populaire de Pointe-Saint-Charles, Fonds Clinique communautaire*, MUA 2008-0024.01.07.12.

<sup>107</sup> Brière, Jacques and Céline Ager. “Étude d'implantation d'une desserte locale d'autobus à la Pointe-St-Charles.” Study. February 1988. From McGill University Archives, *Archive Populaire de Pointe-Saint-Charles, Fonds Clinique communautaire*, MUA2008-0024.01.07.01

maps as early as 1890 but was never constructed.<sup>108</sup> In various working documents this name was used, perhaps to distinguish it from the other projected street which remained unnamed, which crossed the interior of the Alexandra site.<sup>109</sup> In 1991 these streets would be officially named Dick-Irvin and Frank-Selke, after coaches that had helped establish the glory of the Montreal Canadiens.<sup>110</sup> Though both men were born in Ontario, the Frank Selke Jr. remarked that his father knew many good athletes from the Pointe. "If Pop were around, he'd say, 'The Point. Isn't that great?'"<sup>111</sup>

This seemingly mundane infrastructural development was jeopardized, however, when it was discovered that the city was about to undertake a conflicting project: to finish Ash Street with a cul-de-sac (see Figure 1). Not only would this interfere with the Ash-Charon connection, it would also encroach on Parc Le Ber and require some trees be cut.<sup>112</sup> In a letter sent in March 1989, Counsellor Sévigny confronted the public works department about the plan, asking for an explanation for this project. Considering the negative side effects, what was the advantage of this loop? He then voiced his suspicion that ViaRail was involved in the revival of this plan, which had been tabled in 1977. This would be the third occasion that the City and ViaRail had coordinated together, he claimed. But this did not put the project to rest. In August, a representative of Action Gardien wrote to the Executive Committee of the results of a public meeting regarding the future of Le Ber park and the

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<sup>108</sup> Charles E. Goad, "Plate XXVIII," *Atlas of the City of Montreal from special survey and official plans, showing all buildings & names of owners*, Montreal: Chas. E. Goad, Civil engineer, 1890. From Bibliothèque et Archives nationales du Québec, G/1144/M65G475/G6/1890 CAR; Aerial Photos, "Vues aériennes de l'île de Montréal, 1947-1949," Archives de la Ville de Montréal, VM97-3\_7P4-19, [http://archivesdemontreal.com/greffe/vues-aeriennes-archives/jpeg/VM97-3\\_7P4-19.jpg](http://archivesdemontreal.com/greffe/vues-aeriennes-archives/jpeg/VM97-3_7P4-19.jpg).

<sup>109</sup> Francis Rioux, "Étude et Esquisse préliminaire pour le développement du site de l'ancien Hôpital Alexandra à Pointe-St-Charles, Rapport Préliminaire," n.d. (c. 1990), prepared for Projet St-Charles et SARP, McGill University Archives, *Archive populaire de Pointe-Saint-Charles, Fonds RIL*, MUA 2008-0024.01.05.380; Office municipal d'habitation de Montréal, *Habitation Alexandra*, Programme de logements à loyer modique, October 1989, annex 2.

<sup>110</sup> "Rue Frank-Selke," *Répertoire historique de toponymes de Montréal*, Ville de Montréal, [http://ville.montreal.qc.ca/pls/portal/url/page/toponymie\\_fr/rep\\_voies/repertoire\\_historique\\_toponymes](http://ville.montreal.qc.ca/pls/portal/url/page/toponymie_fr/rep_voies/repertoire_historique_toponymes) (accessed October 2, 2015), Michael Farber, "Hockey greats are immortalized Streets renamed in Point," *Montreal Gazette*, September 18, 1990, E1.

<sup>111</sup> Farber, "Hockey greats are immortalized."

<sup>112</sup> Letter from Marcel Sévigny to Responsable des Travaux Public, March 9 1989, from McGill University Archives, *Archive Populaire de Pointe-Saint-Charles, Fonds Clinique communautaire*, MUA 2008-0024.01.07.12.

transport needs of the area.<sup>113</sup> Connecting Ash and Charon was “identified as a satisfying solution to all present.”<sup>114</sup> In addition to Parc Le Ber remaining intact, both the Alexandra housing residents and the ViaRail employees could benefit from the improved bus transit.

Of the Maxwell brothers’ hospital of “most modern fireproof construction,”<sup>116</sup> only the nurses’ residences and administrative building were recycled for housing.<sup>117</sup> Perhaps understandably, the three pavilions that had

once kept diseases isolated were not preserved, nor were the kitchens or the laundry.<sup>118</sup> Of the public housing component, new constructions carefully replicated the classic Montreal triplex in brick facing on Frank-Selke Street. *Habitation Alexandra* alone cost \$5 238 700, by far the highest of all the government housing projects in the Sud-Ouest borough.<sup>119</sup>

Projet Saint-Charles and the *Regroupement Information Logement* (RIL) were citizens groups heavily involved in the development of *La Parchemin* and *Éveil II*. Their activities included securing funding and permits, submitting architectural plans and

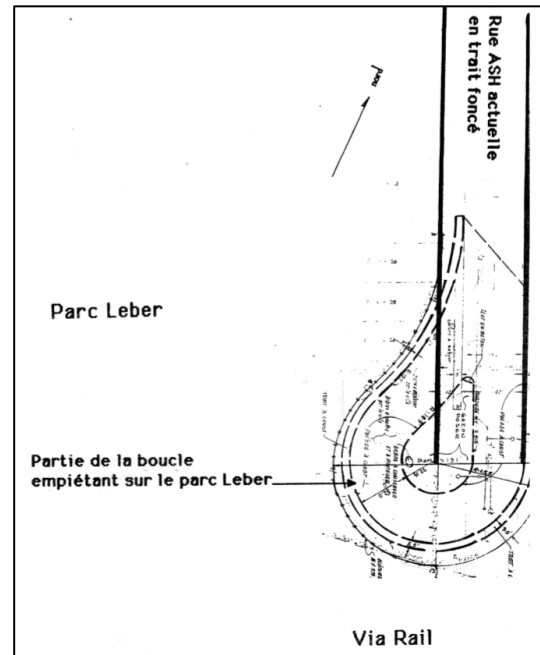


Figure 13 - Contentious cul-de-sac proposed on Ash Street, c. 1990.<sup>115</sup>

<sup>113</sup> Sandborn, 1989.

<sup>114</sup> My translation, Sandborn, 1989.

<sup>115</sup> Map attached to letter from Marcel Sévigny, March 9 1989. From McGill University Archives, *Fonds Clinique communautaire*, MUA 2008-0024.01.07.49.

<sup>116</sup> “Montreal Will Shortly Have a Thoroughly Modern Equipment for the Successful Combatting of Contagious Disease.”

<sup>117</sup> Office municipal d’habitation de Montréal, *Habitation Alexandra*.

<sup>118</sup> In a hand-colored land use map from the RIL archives the laundry building was coded as a commercial building, suggesting it was still operating after the closure of the hospital in 1987. See the map connected to study by Francis Rioux, Rioux, “Étude et Esquisse préliminaire.”

<sup>119</sup> The second most expensive project cost \$3,117,025 in 1983. Data from fact chart “Arrondissement Sud-Ouest.” Office municipal d’habitation de Montréal. [http://www.omhm.qc.ca/sites/omhm.demo.savoirfairelinux.com/files/Sud-Ouest\\_1.pdf](http://www.omhm.qc.ca/sites/omhm.demo.savoirfairelinux.com/files/Sud-Ouest_1.pdf)

recommendations to the municipal authorities. Some physical aspects of the Alexandra site that they valued was the hospital's garden and the mature trees that surrounded the lot.<sup>120</sup> But the proximity to the railway resulted in considerable noise, which was not only viewed negatively but impacted the design through municipal regulations on acceptable decibels.<sup>121</sup> They proposed a solution: the buildings would be positioned between the railway and the garden, serving to cut the noise and allow the residents to enjoy the garden.<sup>122</sup> The recommendations from the sound study suggested the decibel limit within the residences could be respected by positioning the sleeping quarters away from the tracks, using double-paned glass in the windows, and installing air conditioning so that windows could remain closed in the summer.<sup>123</sup> The resulting design of the housing projects would none-the-less require some exceptions to the existing by-laws.<sup>124</sup>

In his study of *Projet St-Charles*, Simon Vickers reveals how a preoccupation with preserving the "soul" of the neighborhood caused the group to prioritize being a resident of the Pointe in the selection process for cooperatives.<sup>125</sup> Prioritizing Pointe-Saint-Charles residents for selection managed to extend into the public housing project as well. A brochure for *Habitation Alexandra* dedicates an entire panel to a map showing the delineation of the area of acceptable applicants. Former residents were eligible if they left the area after July 1980 and had lived in the area for 10 consecutive years or more.<sup>126</sup>

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<sup>120</sup> Letter from Marie-José Corriveau to Georges Bonhomme, May 9, 1990, "Aménagement du site de l'ancien Hôpital Alexandra à Pointe Saint-Charles," from McGill University Archives, *Archive Populaire de Pointe-Saint-Charles, Fonds RIL*, MUA 2008-0024.01.05.380.

<sup>121</sup> Letter from Pierre Fontaine to Marie-Josée Corriveau, August 8, 1990, "Projet Alexandra - étude d'impact sonore," from McGill University Archives, *Archive Populaire de Pointe-Saint-Charles, Fonds RIL*, MUA 2008-0024.01.05.380.

<sup>122</sup> Corriveau, "Aménagement du site"; Francis Rioux, Rioux, "Étude et Esquisse préliminaire."

<sup>123</sup> Fontaine, 1990.

<sup>124</sup> Nicole Mousseau, "Un Nouveau Projet de Résidences Pour Personnes âgées dans Pointe Saint-Charles," *La Voix Populaire*, August 9, 1992.

<sup>125</sup> Vickers, "Making Co-Opville."

<sup>126</sup> Brochure from the Office municipal d'habitation Montréal, "Nouvelle habitation à loyer modique Habitation Alexandra," 1990, from McGill University Archives, *Archive Populaire de Pointe-Saint-Charles, Fonds RIL*, MUA 2008-0024.01.05.380.

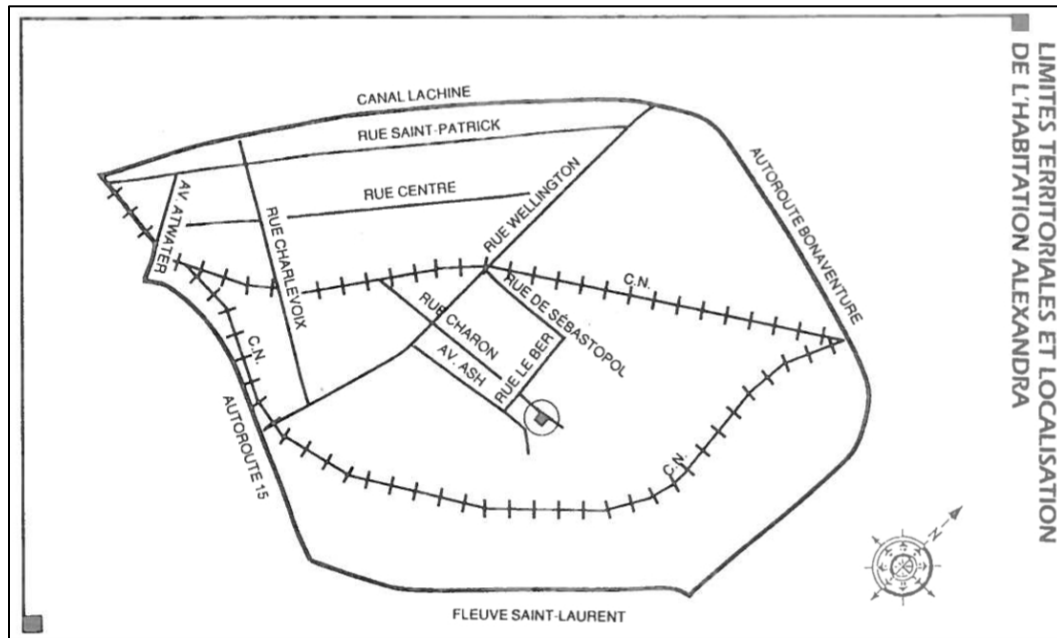


Figure 14 - Territorial limits for applicants to Habitations Alexandra.<sup>127</sup>

## CONCLUSION

The Alexandra site illustrates multiple ways that wider social and historical processes are articulated in particular places. Both health care and housing are important aspects of life which engage a variety of actors, some of whom take up more space in the retelling of history than others. The Alexandra was constructed as a response to the health concerns of the industrial city that disproportionally affected the working poor. Its construction and operation relied on the philanthropy of those who benefited most from industrial and colonial systems. Children from diverse origins were treated at the hospital. They came to the city through wider processes – whether international migration or national colonial health projects—and relied on the nursing labour that at times followed similar trajectories. The Alexandra's construction and closure were both contested by the citizens, in both cases as local concerns about the welfare of children as well as protecting

<sup>127</sup> Ibid.

jobs and property values. Local activism directly contributed to the new form of the site and its vocation after the closure of the hospital, including its access to transit networks.

What can the history of the site of a former contagious disease hospital offer? My hope is that drawing connections between general processes and the particular history of this place will lead the reader to create connections of their own. These might be connections to this site or between other places and moments which may parallel or contrast with the connections I have made. By responding to Massey's call for more place-based investigations of history, my hope is that the Alexandra site allows a view of the complexity of place and history that cannot be contained by a single narrative.

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