Disease and Domesticity on Display: The Montreal Tuberculosis Exhibition, 1908

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Abstract. This article explores ideas about tuberculosis in early 20th-century Montreal by looking at one particular event: The Montreal Tuberculosis Exhibition of 1908. An analysis of the layout and design of this exhibition reveals that objects were manipulated to convey specific messages. Domestic spaces were showcased as being particularly troublesome. The exhibition suggested that the home was a potentially dangerous agent of disease, thereby revealing a relationship between disease and everyday life.

Résumé. Cet article explore quelques idées au sujet de la tuberculose à Montréal au début du 20ème siècle en regardant un événement particulier : l’exposition anti-tuberculose de 1908. Une analyse de la configuration et du design de cette exposition révèle que les objets ont été manipulés pour véhiculer des messages spécifiques. Les espaces domestiques ont été représentés comme particulièrement problématiques. L’exposition a suggéré que la maison était un agent potentiellement dangereux de maladie, et montré un rapport entre la maladie et la vie quotidienne.

This article explores the relationship between tuberculosis and the domestic environment in early 20th-century Montreal through a single event: The Montreal Tuberculosis Exhibition (MTE) of 1908. The exhibition is a good indicator of the beliefs, attitudes, perceptions, and pathologies of the disease that pervaded the minds of Montrealers at this specific time. The organizers of the MTE used the exhibition to communicate that external environments had direct health consequences on internal bodies. They articulated deep-seated anxieties over the spread of tuber-
culosis by bringing private issues into the realm of public discussion, indicating that everyday life in the domestic environment was central to the discourses that surrounded tuberculosis.

Although few documents relating to the MTE remain intact, several key sources, including the exhibition’s programme-catalogue have been preserved. This document is rich in descriptive detail and provides a thorough verbal account of the exhibits on display, and the proceedings of the event.\(^1\) Newspaper coverage provides insight into the atmosphere of the exhibition through descriptive narrative and staff illustrations, and Quebec’s provincial health journal, the *Bulletin Sanitaire* contains images of the exhibits along with a post-exhibition report. Annual reports from various philanthropic associations also provide some information pertaining to the exhibition. These documents and images provide a remarkable amount of information with regard to the aims of exhibition organizers and the design of the exhibition.\(^2\) An analysis of these primary documents reveals that the MTE was designed to convey a very particular message, one in which all visitors could readily interpret, and in so doing, derive a shared sense of meaning with regard to the prevention and spread of tuberculosis in the home.

Hosting an exhibition that dealt specifically with tuberculosis was not unique to Montreal. Exhibitions were a standard feature of anti-tuberculosis campaigns in Europe and the U.S., and had proven to be extremely popular and successful events. Public health education in the late 19th and early 20th centuries began to include visual approaches as advances in technology became more widespread. This period witnessed an explosion of graphic sources such as cartoons, posters, and photographs that all spoke to pressing public health issues. Exhibitions became a popular way to highlight innovative visual techniques, and acted as a nexus between education and instruction in hygienic practices.\(^3\) Early 20th-century international congresses on tuberculosis almost always featured an exhibition of some sort. Of most significance to Montreal was the Tuberculosis Exhibition in Washington, D.C., held in conjunction with the meeting of the international congress on Tuberculosis earlier in 1908. Delegates from some of Montreal’s anti-tuberculosis societies attended this congress, and were impressed by the results of that event.\(^4\) At home in Montreal, it was felt that an exhibition would be an excellent means of disseminating some of the “facts” about tuberculosis to a wide audience. Historian Michael E. Teller asserts that public education was regarded as the sole means of solving the tuberculosis problem during the early 20th century, and active public co-operation was vital in curbing the spread of contagion.\(^5\) Although many talks and lectures on tuberculosis and its attendant problems had been held regularly in the city in the years prior to 1908, the exhibition represented the culmination of the educational work of benevolent societies in Montreal until that point.
The chief concern of the MTE’s organizers, as noted in the introduction to the catalogue, was to further propagate and reaffirm the educational goals associated with the wider campaign against tuberculosis. This assertion is followed up in a post-exhibition report: “The object of the Exhibition was to familiarize the citizens with the subject, to inculcate the minds of all with the fact that tuberculosis can be prevented as well as cured, and to develop an interest throughout the community towards...all movements tending to stamp out this plague.”

Three factors were listed as providing the driving motivation behind Montreal’s anti-tuberculosis campaign: co-operation with the consumptive, including cure and relief, legislation and education. The exhibition catalogue stressed that tuberculosis was a preventable, and often times curable disease. While the exhibition committee considered it the duty of the legislature to take aim at those practices that perpetuated the spread of disease, a message of personal onus was also sent. The dual nature of this message further attests to the conflation of public and private at the exhibition. Health reformers, philanthropists and the exhibition’s organizers were working to instill a sense of “public health morality,” which Nancy Tomes describes as “the responsibilities that ordinary people assumed to guard themselves and others against infection.” An informed public would be better equipped to manage the environmental conditions that encouraged the spread of contagion, and could then demand government legislation that would improve conditions within the city. Public education, therefore, was the chief aim of the exhibition. The introduction to the catalogue states:

In such educational measures, the placing before the public of the actual statistics of the disease, the mortality directly caused by Tuberculosis, and of exhibits showing the conditions under which the disease in engendered and developed most rapidly, and contrariwise, the conditions under which prevention and cure can most effectually be carried out, must be given a prominent part...[T]his exhibit...should be the nucleus from which will grow a more comprehensive idea of this, the greatest sanitary and economic problem of the new century.

The exhibition drew capacity crowds for the duration of its run. Accounts from the newspapers report that there were times when the exhibition was so well attended, that a full thousand people waited outside, unable to enter. Reporters also surmised that if the exhibition were to extend its run, the daily attendance would continue to increase.

PLANNING

The idea for the exhibition is credited to Charlotte Learmont and the Ladies’ Committee of the Montreal League for the Prevention of Tuber-
At the opening ceremonies of the exhibition on 18 November 1908, Dr. J. C. Adami, chairman of the exhibition committee, affirmed the degree to which the existence of the exhibition was due to women’s interest in the topic. Adami said:

It is the ladies of Montreal who control and direct these various good works; it is they to whom we are indebted for this exhibition. Nor despite her modesty and unwillingness to take the place that is hers, can I refrain from mentioning one of these by name—one to whom we own the first proposal of the exhibition, one through whom these various influences were brought to cooperate, one who has intently worked to make this exhibition a success…it is Mrs. J. B. Learmont—who should be addressing you at this moment—as the actual leader of this movement, and not I.

The first mention of the exhibition occurs in the fourth annual report of the Montreal League for the Prevention of Tuberculosis. The Ladies’ Committee stressed the need for such an event to be held in the hopes of propagating information about tuberculosis and its spread. Their report states: “The main object of such an exhibition is to focus public attention upon the means of arresting the spread of Tuberculosis in the community; to impress upon the citizens that the disease is preventable and must therefore be prevented.” Their initial plans reveal a desire to enlist a number of philanthropic societies in Montreal and to solicit the assistance of the provincial and municipal governments. The National Council of Women, the Diet Dispensary, the Victorian Order of Nurses, and the Red Cross Society were named as desirable allies in the organization of an exhibition, and eventually these groups all complied with the vision of the Ladies’ Committee, contributing significantly to the MTE by providing volunteers, setting up exhibits, distributing educational pamphlets, and organizing afternoon teas. The Young Women’s Christian Association (Y.W.C.A.) School of Cookery, the Ecole Ménagère, and the Quebec Dental Association had also joined the list of participant organizations by the time the exhibition was opened. Members of these participating organizations were predominantly Anglophone, though French demonstrations and lectures were held in conjunction with those that were presented in English. Preparation for the event began in the early summer of 1908. Funding was obtained from the Premier of Quebec, Sir Lomer Gouin, and from Montreal City Council. Funds also were raised by the women involved in the event’s organization. They sold advance tickets to the exhibition (although ultimately no admission was changed) to their summer friends and acquaintances during the holiday season.
LAYOUT AND DESIGN

The layout of the exhibition, designed by middle-class health reformers and philanthropists, reveals some of their beliefs, values, and biases. Historian Katherine McCuaig has argued that prior to WWI, reformers adopted a dichotomous approach to fighting tuberculosis. First, they sought solutions in public education: improved knowledge of bacteriology and germ theory would stop the needless spread of contagion and stem the flow of the disease. Second, reformers married themselves to the notion that low socioeconomic status and its attendant conditions (poor housing, congested living areas, lack of green space) was the chief reason that *tubercle bacilli* were able to breed and multiply so quickly. Thus, it was imperative for those reformers and philanthropists involved in the planning of the MTE to create a display of objects that underscored the importance of those key areas. The exhibition catalogue lists more than 1400 separate components to the exhibit, including statistical charts and graphs, medical drawings, photographs, x-rays, maps, models, furniture, and a variety of consumer goods for sale. These objects were classified and grouped into 14 categories, each one representing a different theme or source of information. The layout of the exhibits demonstrated the belief that there was a direct correlation between tuberculosis and the domestic environment. The design and layout of the MTE is described verbally in the post-exhibition report, published in the Fifth Annual Report for the Montreal League for the Prevention of Tuberculosis, 1909-10. This verbal description was intended to give an idea of “the general scope of the exhibition.”

The MTE was held in Auditorium Hall, a large stone building that left a rectangular footprint on the corner of Bleury and Berthelet streets. The building was large enough to accommodate crowds over the span of its three stories. Few details are given of the building’s interior, but the layout of the MTE as described in the post-exhibition report provides some clues. A large, open room, referred to as the “front room” was situated on the main floor of the building. From this room, a staircase led to the upper stories. The second floor contained a lecture hall large enough to accommodate a crowd of at least 1200. Newspaper illustrations indicate that the hall was equipped with permanent seating, a stage, and balconies. According to the post-exhibition description, several small rooms were set just off this main hall. The exhibition appears to have moved quite seamlessly, beginning with the exhibits of pathological and bacteriological specimens in the front room, and ending with what the newspapers billed as the most popular attraction of the entire show: a room that had been given an anti-tuberculosis makeover. The remainder of the exhibits were sandwiched between these two rooms.
The exhibition was crafted to reinforce the idea that tuberculosis and the havoc it wreaked on the body was a direct result of unhygienic external conditions, especially in the home, and that escaping these conditions was possible for those who were educated. Organizers intended the viewing public to move through the exhibition in a specific manner. The fifth annual report of the Montreal League for the Prevention of Tuberculosis described how the exhibition was set up and outlined curatorial decisions made by the organizing committee. The report stated: “The exhibits were arranged as much as possible in distinct sections, and occupying the different rooms, so that the people could pass from one collection to another, study the different articles, and form a connected idea of the whole.”

A tour through the exhibition emphasized the duality of purpose mentioned above: public and private issues were displayed together to generate discussion and reveal certain “truths” that surrounded tuberculosis. Exhibition organizers constructed these truths by leading visitors through the exhibits on a deliberate path.

Walking through the exhibits was free of charge for everyone. A journey through the exhibition began by looking inward. Specimens donated by McGill University’s Pathology Museum showed how tuberculosis attacked different organs and resolved a challenge that had faced health reformers for many years: expressing tuberculosis visually had been a problem, and pathological specimens eased some of that burden. These graphic exhibits suggested fragility and susceptibility, and revealed how the most intimate and private parts of the body could be ravaged by tuberculosis. The verbal description of the MTE shows a section displaying statistics immediately followed the display of pathological specimens in the front room on the ground floor. Moving on, the display of books on tuberculosis and portraits of important medical professionals from Hippocrates to Robert Koch highlighted the large body of public knowledge and medical professionals who had devoted themselves to the study of the disease. From there, a section of commercial exhibits displaying various wares for purchase indicated that the prevalence of disease in the home could be diminished through certain consumer goods. Some of these items included sputa cups designed for bedside use, sanitary household paint, which provided an easy surface to clean, model rugs that repelled dust, and sanitary cuspidors for home use. Next were the exhibits featuring information about public institutions that dealt specifically with tuberculosis, such as hospitals and sanatoria, followed by international exhibits that had been brought to Montreal to make an appearance at the MTE. Most exhibits were from Europe and the United States. This section also featured exhibits from several other provinces in Canada. Dentistry and X-Ray exhibits further showed how tuberculosis attacked the body, adding to the weight of the pathological and bacteriological specimens in the front room. Finally, displays pertaining to pri-
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vate housing occupied the top floor, beside the hall and stage reserved for lectures, cooking, and pure milk demonstrations.

AT THE EXHIBITION

According to the records of the Montreal Council of Women (MCW), over 55,000 people (including 25,000 children) visited the MTE over its 12 day duration. Visitors to the exhibition attended instructive talks and lectures on the subject of tuberculosis in general, and witnessed live demonstrations on cooking, nursing, and proper care of milk. This part of the exhibition was free of charge, but visitors to the evening program paid to hear doctors and other invited guests lecture. Class distinctions certainly dictated this decision, as is evidenced from the evening lecture topics. Philanthropic work in the homes of the poor, and the work of various charitable institutes from around Canada and the United States were the main focus of the lectures in the series. At a cost of 25 cents, it was unlikely that members of the working class would have been in the audience.

Many visitors to the exhibition attended lectures and demonstrations in addition to viewing the objects on display. Newspaper reports show that huge crowds gathered to hear distinguished physicians and philanthropists lecture on various topics related to tuberculosis. Elizabeth Newcombe, wife of a prominent New York laryngologist, was among those asked to share her experience. Her lecture, entitled “Sanatoria and Auxiliary Work” was delivered on the evening of 19 November 1908. Along with a small cohort of middle-class women, Newcombe was responsible for the erection of Stonywold Sanatorium in the Adirondack Mountains. Together, they raised enough capital to purchase an old hotel on Lake Kushayua, near Lake Placid, New York. The hotel was situated on 1,250 acres of land, and at an altitude of 1,730 vertical feet. With this ideal location and generous donations from M. J. Pierpont Morgan and John D. Rockefeller, Newcombe and her auxiliary were able to raze the old hotel and construct a brand new building, creating one of the era’s pre-eminent facilities for treating women and children with tuberculosis.

Newcombe’s talk is significant because it stressed the need for purpose-built architecture as a means of combating the spread of tuberculosis. Architectural plans of sanatoria displayed at the exhibition informed visitors of the need for building-types designed specifically for tuberculosis and other diseases. These buildings were conceived of and designed with the intention of overcoming architectural features that promoted unsanitary conditions, and contributed to the quick spread of contagion and disease. Exhibitors from across Canada and the United States were invited to the MTE to display their solutions to these diseases.
architectural obstacles. Newcombe’s lecture must be set in the context of tuberculosis treatment during the early 20th century. Prior to chemotherapeutic cures and vaccines, health professionals, reformers, and philanthropists sought new treatments based on a bacteriological understanding of tuberculosis. Their twofold challenge was to protect healthy individuals from the invisible micro-organisms that caused the disease, and to initiate healing in those who had already been infected and were suffering. Sheila Rothman posits that this generation of physicians, social reformers, and philanthropists were convinced that confining tuberculous patients in purpose-built structures (sanatoria) would solve the problem of disease transmission, and promote healing. The notion of confinement went hand-in-hand with early 20th-century beliefs about fresh air, which was understood to be an effective “cure” for tuberculosis. Before the acceptance of Koch’s germ theory, the miasma theory of disease dominated beliefs about contagion. This theory postulated that poor drainage and plumbing encouraged the spontaneous formation of dangerous gasses that carried infection and disease through the air, contaminating surfaces throughout the home, and infecting its inhabitants. Widespread acceptance of the germ theory of disease dispelled belief in miasmas, and instead emphasized the presence of germs that bred quickly in warm, stagnant air. Therefore, the air that rose from the piles of manure, sewage, and rotting food that dotted narrow city streets (especially in Montreal’s working-class neighbourhoods) was believed to have direct physiological and predisposing effects on those who breathed it everyday. Taking fresh air into the lungs was the obvious and most feasible solution to this problem, resulting in the widely advocated and enduring fresh air treatment. Sanatoria were a perfect union between confinement and fresh air. These institutions were designed specifically for life in the open air, and incorporated porches, balconies and large windows to accommodate patients who were receiving fresh air treatment.

To accommodate tubercular patients, this arrangement suggests sleeping areas, space for administration, and plenty of access to fresh air are all that is necessary. Visitors who attended this lecture were presented with this plan as an example of a simple, sanitary, and hygienic alternative to the more constrictive domestic architecture they were accustomed to in their daily lives. Plans and drawings such as this were an important means of delivering the message that specific architecture was an effective way to combat disease. The subject of this lecture had applications for Montreal’s philanthropists and health reformers, on whose shoulders the burden of building and maintaining tuberculosis institutes rested.
HOUSING AT THE MTE

The built environment was of prime importance to the organizing committee of the MTE, who devoted an entire floor of exhibition space to housing. This section was made up of models, pieces of furniture, photos, plans, and legislation pertaining to housing. Representations of working-class domesticity opened private spaces and acts to the scrutiny of visitors, and suggested that change could be effected through modifications to the domestic environment.

The MTE depicted numerous examples of working-class housing through photographs. These images exemplified the social documentary style of photography. This photographic technique dominated reform efforts in cities all over North America, and lent a “scientific” air to the work of urban reformers and philanthropists. Pioneers of this technique include Jacob Riis (*How the Other Half Lives*, 1890) and Lawrence Veiller, who organized the Tenement House Exhibition in New York (1889). At the MTE, this style of photography enabled urban reformers to make explicit links between working-class housing and tuberculosis. In their post-exhibition report, specific mention is made of the committee responsible for collecting and taking photographs. The report confirms that: “The committee collecting photographs and pictures began the campaign in the spring; and narrow lanes, dark rooms, crowded houses, and dirty yards were explored to get “snaps” to illustrate unhygienic conditions existing in the city.”

Figure 1. Plan of Stonywold Sanatorium as presented by Elizabeth Newcombe at the MTE, 19 November, 1908. Reprinted in *La Presse*, 24 November 1908.
showing the Causes, Means of Prevention and Cure of Tuberculosis.” Images of housing conditions were grouped under the “Causes” section of the display. This title overtly suggested that slum housing was a major contributing factor to the spread of tuberculosis. These images bear titles such as “A dark court,” “Congested houses,” “A dirty lane,” and “Narrow blind alley.” The short captions attributed to the photographs played a key role in situating the images in the wider context of the exhibition. Figure 2 is called “The Spread of Tuberculosis in Montreal,” a title which would lose its meaning if that image were displayed outside of the MTE. These images constructed working-class housing in Montreal as dangerous spaces by featuring filthy lanes, narrow, crowded dwellings deprived of sunlight or fresh air (see Figure 2), and by employing “dangerous” words such as “dirty,” “dark,” “congested,” and “blind.” These words held great significance against the backdrop of other social reform efforts in Canada that were occurring simultaneously. Social purity activists used this kind of rhetoric to draw sharp distinctions between “light” (or truth) and “dark” (or danger). Mariana Valverde describes the light of social reform’s discourse as “an intrusive form...designed to help an observer see others but not him/herself.” This cluster of images communicated within this discourse, showing that the prevalence of tuberculosis was higher among the people who lived “in the dark,” so to speak. Children’s bodies were used in some photos to convey that a new generation was at risk of becoming infected.
if appropriate action was not taken. Further, bad health among the city’s working classes was a direct result of unsanitary architecture, poorly planned housing, and ill-conceived urban planning. These photographs played an integral role in re-imaging Montreal’s urban slums. Photographs presented poor housing as a highly problematic area in efforts to safeguard against tuberculosis infection. The MTE made strong use of this technology to impress upon the public the urgency of dealing with unsanitary housing in the city.

The most interesting and popular component of the housing section display was also the most telling in terms of the organizers’ intentions for the exhibition. The first items on display, the pathological specimens, revealed the consequences of tuberculosis inside the body. The last exhibit, found in the housing section, prescribed a cure for those consequences. Again, viewers were asked to turn their gaze inward; this time however, the home, not the body, was put on display. This last exhibit was a full-scale model of a dark room that had been given an antituberculosis makeover (Figure 3). Listed in the catalogue as exhibits 701 and 702, these rooms were described as:

701. Room furnished after manner of a typical living room among the poorer classes of Montreal. The actual furniture of this room was obtained from such a home.

702. Same room as it might be furnished at but small expense: Walls painted “Duresco,” bed, furniture, bed clothing, pictures, floor rugs.

The exhibition organizer’s described this particular exhibit in detail in their post-exhibition report. As one of the most popular displays at the MTE, this exhibit embodied many of the qualities urban reformers and health professionals believed were necessary in the fight against tuberculosis: the makeover was the result of philanthropy, it underlined the necessity of physical transformation in combating disease, and it drew visitors’ attention to the fact that light and fresh air were essential to good health. Moreover, this display situated the problem of the spread of disease in working-class homes and moved responsibility away from the homes of the middle class and Montreal’s elite community. The exhibition committee described it as:

Two small rooms off the [lecture] hall were utilized to illustrate actual living rooms in Montreal. The first, a totally dark closet, large enough to contain a bed, bunk and bureau, was the duplicate of a dark room in Moreau Street, occupied by a father, mother, and two children, with the actual clothes and utensils used in their housekeeping. The other room showed the neat, tidy and airy condition of a hygienic bed-room, the furniture of which was the same as furnished the inmates of the former room, whose old stuff had been expropriated by the committee in charge.
Writers at *La Presse* described the exhibit as: “Une des plus intéressantes vues de l’exposition. A gauche, un chambre sordide, malpropre, malodorante, encombrée, vraie foyer du tuberculisation. A droite, une chambre claire, fraîche, propre: et l’ameublement, semblable à celui qui fournit la Ligue, ne coûte que $10.”39 Emphasis on the bleak condition of the former room, and the catalogue’s mention that it contained furniture taken from an actual home, in addition to the newspapers’ accounts of the exhibit, made the meaning of this display very clear: homes that contained this type of room invited and facilitated infection by tuberculosis and other germ diseases. Furthermore, the makeover aspect of this exhibit, the “before” and “after” juxtaposition, alerted visitors that they could overcome the physical condition of their homes, thereby avoiding the consequences of tuberculosis on their bodies. However, in 1908 the suggested investment of $10.00 was not a reality for most Montreal families.40 It is unlikely that a working-class family would have been able to access sufficient funds to embark on such a makeover in their own homes.

The idea of an anti-tuberculosis makeover is interesting in several respects. Georgina Feldberg maintains that the early 20th century found middle-class health professionals and reformers engaged in a cyclical debate over who contracted tuberculosis and why.41 This “seed and soil” argument certainly raised issues surrounding the domestic environment. Dirty homes were hotbeds of infection, providing fertile soil that allowed the seeds of tuberculosis to germinate and flourish. Susan Sontag writes: “TB is often imagined as a disease of poverty and deprivation—of thin garments, thin bodies, unheated rooms, poor hygiene, inadequate food….The TB patient was thought to be helped, even cured,
by a change in environment." This exhibit fed on perceptions that dark, dirty environments were the most conducive to breeding disease, and that only the poor inhabited unsanitary dwellings.

Newspaper coverage indicates that many visitors to the exhibition were working-class women and children who most likely occupied rooms similar to the “before” model. The nature of the information distributed to these visitors reveals that reformers believed the working class did not show enough fear of the invisible micro-organisms that caused tuberculosis. As a result of their ignorance, they continued to partake in activities and behaviours that favoured the spread of disease, such as sharing close living quarters.

Upholding a sense of duty with regard to public education was easily accomplished through this exhibit. Revealing the underbelly of domesticity in Montreal by publicly displaying a family’s private room provided a voyeuristic look at “how the other half lives.” This view appealed to and frightened middle-class viewers. It spoke to volunteers and philanthropists because it provided a window onto the poor housing conditions in the city that required their immediate attention. Conversely, it confirmed the notion that the working class inhabited insalubrious environments, and were, therefore, “ambulating sources of infection” who polluted every public space they passed through.

Exhibition organizers used this exhibit to impress the message that an unhygienic environment provided fertile soil for the seeds of tuberculosis infection. The “before” tableau of the exhibit represented the way things were, the “after” of the way they should be. Having passed through displays that stressed tuberculosis’ malignant nature, this exhibit solidified the notion that one answer to taming the threat of disease and quelling contagion could come from improvements to the built environment.

Another exhibit in the Housing section of the MTE displayed a model home, designed specifically for combating and treating tuberculosis. Figure 4 is a drawing of the model by staff at La Presse. The exhibition catalogue states that the model was designed by George Hyde, and built by Wand. The catalogue describes this exhibit as:

612. Model of two houses situated side by side, showing several permanent and temporary sleeping porches, roof shacks, etc., designed by Mr. Geo. Hyde, built by Wand. Upon corner house is seen:

a. Roof Shack.
b. Porch built up from ground to second story window.
c. Sleeping porch above balcony.

Upon second house is seen:
d. Roof shack, after design of Prof. Fisher.
e. Shack upon extension - cheaply erected.
f. Sleeping porch at top of bay window.
g. Similar porch built with the house and not situated at the top.
Judging by the drawing provided in *La Presse*, the catalogue’s description of the model indicates that parts a, b, and c are facing the viewer, and are part of the simple, rectangular building on the right. The drawing shows that the building is three stories high, with a raised entry, offset to the left on the front facade. The windows are oblong and rectangular. The roof is flat, making this building suitable for the construction of a roof shack to house a tuberculous patient. A two-tiered porch with a gabled roof has been added to building’s right side. According to the catalogue’s description, this porch was intended for use by tuberculous patients, being large enough to accommodate beds for sleeping out in fresh air. It is not possible to identify all the remaining features (d through g) on the building to the left as listed in the catalogue, possibly due to a poor reproduction or artists’ rendering, and the lack of accurate description. However, it appears that this building is four stories high and also has a flat roof. To the far left at ground level, there is a round porch. Directly above it on the roof, another porch or addition is present.

This is likely one of the roof shacks or sleeping porches mentioned in the catalogue’s description. The small roof-top construction in the centre of the image is most likely one of the shacks or porches as well. Below it on the right appears another temporary construction, situated on the roof of the three-storey building. Due to the platform the model is sitting on in the drawing, it is likely that this was a small-scale model, possibly intended for table-top display.

Through the inclusion of this model, exhibition organizers sought to inscribe visitors with a definite impression of how modern, hygienic, domestic architecture might look, and what features it should possess. It also communicated that architectural features such as porches, roof
shacks and balconies were important elements of urban homes as well as rural sanatoria. Such modifications to the domestic environment were considered a vital part of treatment to those health professionals and reformers who advocated a fresh air cure. These structures took on a new significance as spaces where consumptive patients could find some respite from the germ-ridden air that emanated from ground level. That this model was constructed by joining two existing structures also pointed to the feasibility of coping with ailing patients in the domestic environment. Journalists from *La Presse* heartily agreed with the features of this model, noting it was very adaptable and suitable for any budget, a dubious claim considering the poverty that plagued most of the city’s inhabitants.

Among the chief features of this dwelling, stress was placed on the necessity of all the windows being able to open to their full potential in order to allow a maximum of fresh air to enter. Ideally, gardens would surround the house to add to its aesthetic appeal and to provide shade. These gardens were meant to incorporate trees if possible, and to avoid plants and shrubs that were known irritants. This model advocates sanitary architecture. It specifically incorporates features that urban reformers deemed necessary components of a hygienic dwelling. This building does not contain dark rooms, has full access to sunshine, and is equipped to allow uninhibited airflow. This model addressed the very real possibility of having to treat a tuberculous patient from home by suggesting modifications and additions to facilitate the process of healing, while simultaneously diminishing exposure of the disease to others in the dwelling.

The exhibition also featured commercial exhibits that dealt specifically with issues pertaining to the domestic environment. *The Gazette* featured one such exhibit in an article titled “A Dustless Home.” The Canadian Pneumatic Tool Co. Ltd. of Montreal displayed their Acme Vacuum Cleaner: a device which they claimed eliminated the contagion that hid in rugs, carpets, and other furnishings typical of the domestic environment. The exhibit appealed most to the women in the crowd, the newspaper claimed, because using this appliance would lessen the “cares and trials of housekeeping.” The article stated:

The laborous method so long in vogue of sweeping the house, merely stirring up the germ-laden dust only to settle on the walls and furniture, and later to find its way back through the accustomed dusting process, can be now entirely done away with.

The most appealing aspect of the Acme Vacuum Cleaner was that it promised to “eradicate all germs” that could be found in a household if the appliance were used once a week. The inclusion of this type of exhibit demonstrated to visitors at the MTE that adopting new strategies
for cleaning their homes would improve attempts to eliminate germs, and that new technology was available to aid in this process.

The housing section of the MTE made a strong case for the primacy of the domestic environment in the battle to combat contagious disease. Women especially were targeted as agents of domestic reform: many of the displays and available products featured elements designed to appeal to women’s sensibilities. The exhibition’s design and contents strengthened the notion that unhygienic housing was a major cause of the problem of tuberculosis. Urban reformers and health professionals were aware of the central role of the home in the maintenance of good health, using the MTE to pique the interest of visitors and alert them to the dangers posed by defects in their dwellings. Despite their appeals for reform, housing continued to play a large role in propagating the spread of tuberculosis, and this is perhaps one reason why the idea of sanatorium treatment was so pervasive. Sanatoria were purpose-built structures that effected a cure for tuberculosis through their construction and use. Bringing aspects of the sanatorium to the urban dwelling was impossible without the co-operation of the municipal and provincial boards of health, which did little to remedy unsanitary housing conditions in Montreal.

A century later, the exhibition still holds currency in the face of educational campaigns targeting other contagious diseases. Little academic attention has been paid to the MTE or other exhibitions aimed at public health education in Canada. The Child Welfare Exhibition, which took place in Montreal in 1912 was a direct outgrowth of the MTE, and incorporated some of the same exhibits. Fortunately, some scholars are turning their attention to these events, but much remains to be done on the subject of popular health exhibitions. Today, health campaigns in Canada target diseases such as SARS, AIDS, West Nile Virus, and in Quebec, C. difficile. These campaigns fill a critical role in controlling the spread of disease, just as the popular exhibitions of the early 20th century promoted awareness of the diseases that threatened the public then. More research into these early health exhibitions would provide a historical context for present-day health education campaigns.

Studying the MTE also has helped to identify the nature of the relationship between disease and everyday life, revealing that quotidian activities fall under the influence of social pathologies of disease. This article has attempted a cursory exposure of some of the class and gender issues that were embedded in the very design and layout of this exhibition. Today, the exhibition of health-related information is played out on television screens, in movies, over the internet, and in the aisles of department and grocery stores, and social pathologies of disease are constructed through these media. A more thorough probing of exhibitions, material objects, and the built environment will yield a greater understanding of how disease concepts shape our daily behaviour.
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NOTES

1 The programme-catalogue is one of the only documents that remains intact in its entirety. It offers detailed information about the lectures, exhibits, motivations and primary issues of concern that provided the basis for the exhibition. Its pages contain clues to some of the thoughts about medicine, disease, accepted social hierarchies, architecture, technology, and gender that framed this particular event. It helps to situate the exhibition in the wider context of the social history of medicine, and urban reform movements in early 20th-century Canada. The catalogue is primarily a descriptive documents that lists each of the exhibits that comprised the MTE, and provides a very brief description of each item on display. It also includes a schedule for the lectures and demonstrations, introductory remarks from Dr. Fraser B. Gurd, secretary of the Montreal League for the prevention of Tuberculosis, and advertisements.


6 Fifth Annual report of the Montreal League for the Prevention of Tuberculosis, p. 15.


9 See “60,000 Attended” The Gazette, 30 November 1908.

10 It is possible that this women’s initiative was influenced by the activity of Lady Aberdeen, founder of the National Council of Women of Canada and the Victorian Order of Nurses in Canada. Aberdeen led a crusade against tuberculosis in Ireland, which included an exhibition in 1906. See Countess of Aberdeen, ed., Ireland’s Disease and Domesticity on Display
Crusade against Tuberculosis: Being a Series of Lectures Delivered at the Tuberculosis Exhibition, 1906 (Dublin: Maunsel, 1908).

11 Dorice Williams Elliot argues the success of philanthropic efforts rested on the participation of middle- and upper-class women in her monograph The Angel Out of the House: Philanthropy and Gender in Nineteenth-Century England (Charlottesville: University Press of Virginia, 2002). She maintains that "Philanthropy was crucial because it was the era’s chief method of dealing with the social ills created by the rapid rise of industrial capitalism as well as the age-old problems of poverty, illness and misfortune." See Elliot, The Angel Out of the House, p. 4-6.


17 This is indicated on the Insurance Plan of the City of Montreal (Montreal: Chas. E. Goad Company, 1912). Berthelet Street is now “Ontario Street.” The Place-des-Arts Metro station occupies the corner of Ontario and Bleury.


19 Dr. Maude Abbott was curator of the McGill Pathology Museum at this time.


22 Newcombe typifies the middle-class woman whose participation was vital to philanthropic work. See note 10.

23 Anthony King identifies a purpose-built space as one that is “thought before it is built.” Purpose-built structures also “mark a change in the way society accommodates its needs.” The sanatorium marked changes to treating tuberculosis and ushered in an optimism that the disease could be cured within its walls. See Anthony D. King, ed., “Introduction,” Buildings and Society: Essays on the Social Development of the Built Environment (London: Routledge & Kegan Paul, 1908), p. 30.

24 The Muskoka Sanatorium (central Ontario) and the Children’s Memorial Hospital (Montreal) were two of the other institutions to contribute exhibits to the MTE, and provide excellent examples of the importance of sanitary, purpose-built architecture in treating contagious diseases. Plans of the Gage Building at Muskoka are remarkably similar to the plans of Stonywold despite the fact that the Gage was constructed approximately 25 years after the MTE. This reveals the central importance of architecture in treating disease. Photos also indicate that these institutions advocated access to fresh air as part of a patient’s treatment, and constructed specific structures to accommodate sick patients.


26 McCuaig, The Weariness, the Fever and the Fret, p. 20.


28 By 1930 Montreal’s health department still did not play a direct role in supplying facilities or services to keep tuberculosis in check despite the city’s extremely high rates of the disease during the 19th and 20th centuries. Such services were rendered to the public through philanthropic societies and private institutions such as the Royal Edward Institute and Institut Bruchési. See McCuaig, The Weariness, the Fever and the Fret, p. 118-19 and Terry Copp, The Anatomy of Poverty: The Condition of the Working Class in Montreal, 1897-1929 (Toronto: McLelland and Stewart, 1974), p. 100-1.

30 These same photos were included in the *Second Annual Report of the Royal Edward Institute* (1910-11), and were displayed again at the Child Welfare Exhibition held in Montreal in 1912.

31 Lawrence Veiller used similar titles for his photographs. Maren Stange writes “Veiller’s minimal captions are provocative, for they propose in effect that individual images are fully understandable only in the context of the entire exhibition.” See Maren Stange, *Symbols of Life: Social Documentary Photography in America, 1890-1950* (Cambridge: Cambridge University Press, 1989), p. 44.

32 By 1908, public health officials and workers widely acknowledged that sunshine and ultraviolet light was a natural means of killing the tubercle bacillus and other dangerous micro-organisms. Sunlight (heliotherapy) became a popular treatment for tuberculosis patients after 1909 when the benefits of exposing non-pulmonary cases of TB to ultraviolet light was noted. See McCuaig, *The Weariness, the Fever and the Fret*, p. 44-45.


34 Herbert Brown Ames’ classic sociological study “The City Below the Hill” was first to draw comparisons between the poor housing conditions of Montreal’s working class and their high rates of infectious disease. See Paul Rutherford, introduction, *The City Below the Hill: A Sociological Study of a Portion of the City of Montreal, Canada* by Herbert Brown Ames (1897; Toronto: University of Toronto Press, 1972).

35 Historian James Opp uses photographs to highlight links between modern technology and moral reform. Opp explores how innovative visual techniques were employed in social reform movements to initiate a new way of seeing urban space. Photography was central to this shift in method, and was responsible for “bringing the ‘real’ conditions of the city to the public mind.” James Opp, “Re-imaging the Moral Order of Urban Space: Religion and Photography in Winnipeg, 1900-1914,” *Journal of the Canadian Historical Association*, 13 (2003): 74.

36 A dark room is defined as any room “without any windows opening onto the external air.” See “Our Unhealthy Dwellings” *Bulletin Sanitaire* 8, 1-2-3-4 (1908): 15.


40 An average working-class family income was approximately $10.00 to $10.25 a week at the turn of the century. Copp, *The Anatomy of Poverty*, p. 21.


43 Among the pamphlets distributed at the MTE were “Plain Facts About Tuberculosis” (reprinted in *Bulletin Sanitaire* 9, 3 [1909]) and A *Catechism on Tuberculosis* (Montreal: The Montreal League for the Prevention of Tuberculosis, 1908), which was aimed at children. Both of these documents sought to dispel myths surrounding tuberculosis, such as the belief that it was a hereditary condition. This prevailing assumption meant that the general public were not equipped to deal with the disease on a bacteriological level; they did not have enough information to guard themselves against the spread of germs.

44 “Inhalation of Air Containing the Germs” *Bulletin Sanitaire* 8 (July 1908): 50.

45 Among the pamphlets distributed at the MTE were “Plain Facts About Tuberculosis” (reprinted in *Bulletin Sanitaire* 9, 3 [1909]) and A *Catechism on Tuberculosis* (Montreal: The Montreal League for the Prevention of Tuberculosis, 1908), which was aimed at children. Both of these documents sought to dispel myths surrounding tuberculosis, such as the belief that it was a hereditary condition. This prevailing assumption meant that the general public were not equipped to deal with the disease on a bacteriological level; they did not have enough information to guard themselves against the spread of germs.

46 *Montreal Tuberculosis Exhibition Programme-Catalogue*, p. 30

48 Their further commentary on this model can be found in the article "Une maison
pur les tuberculeux" La Presse, 28 November 1908.
49 "Une maison pur les tuberculeux" La Presse, 28 November 1908.
50 "A Dustless Home" The Gazette, 28 November 1908.