2021/22

HISTORICAL REVIEW

Brought to you by
Bishop's University History Association
The Bishop’s University History Association would like to acknowledge that Bishop’s University is located on the traditional and unceded lands of the Abenaki people and that, as historians, we should all work together in a spirit of truth and reconciliation in our activities, research and discussions. The Association would also like to acknowledge that this edition of the Review has been edited on various ancestral lands of diverse groups of Indigenous nations.
President.........................................................Justin Gobeil
Vice President Internal......................................Sophie Brady
Vice President External.................................Jacobus Voorneveld
First Year Representative..............................Michael Carrier
Secretary/ Director of Communications..........Melina Carrier
Dear readers,

As president of the Bishop’s University History Association, I am incredibly proud to present to you this year's edition of the *Historical Review*. The *Review* is a collection of student work created over the past academic year, serving as a celebration and a display of the talent found among history students at Bishop’s University. From the final seminar essay to the now-famous Statement of Learning assignment, this edition of the *Review* includes a bit of everything history students at Bishop’s will be tasked to do on their journey towards obtaining their degree.

It goes without saying that many, many hours have been worked for the completion of this edition of the *Review*, from the redaction of the texts by the history students, to the editing and formatting of all the texts, as well as the creation of the front page and the design found throughout the *Review* by the BUHA Executive Team. To everyone who helped and contributed their advice, submissions, creative mind and labour, I say these simple yet meaningful words: Thank You!

The past two years have been rough for our association: COVID-19 has significantly reduced the opportunity to organize activities, and with all of last year’s executive team graduating, BUHA was left on its own. But thanks to the executive team who answered my call for help, I can now say that we managed to bring back BUHA in a favourable position so it may thrive and grow in the years to come. The 2021–2022 edition of the *Historical Review* is only the first step towards these great years to come.

Justin Gobeil
The end of last semester marks the end of another academic year characterized by academic excellence, as well as readjusting to old routines. It is on this note that the Bishop’s University History Association presents the 2021–2022 edition of the Historical Review. This Review consists of student pieces from history courses during the Fall 2021 and Winter 2022 semesters. This year marked the beginning of a return to some normalcy, with a return to majority in-person classes following almost two years of mainly online education. After so much time interrupted by the pandemic, it has been a welcome return to classrooms and seeing familiar faces, along with some new ones. The pandemic has affected everyone in different ways, but we leave this year and look towards the next with more optimism. Our goal for this Review was to create a reference collection of the finest student pieces that would provide a record of this year that the University community can look back on. We are excited to present the different pieces that have come out of history courses over the past year that we believe show the students’ continued commitment to excellence in their academics.

We would like to thank everyone who has contributed to making the Review happen this year, from the editors, the students who submitted essays, the design team, etc. Thank you to everyone, without your efforts, the Review would not be possible.

Thank you and enjoy,
Sophie Brady, Melina Carrier, Michael Carrier, Justin Gobeil & Jacobus Voorneveld
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Who Will Know My Story?

Emma McCully

Hello My Laura,

It’s me, your Wallace. I miss you, everyday, all the time. I hope all is well with you back home in New Brunswick. I’m certain you would adore Italy, at least what I’ve seen of it, if it were not for the war. My regiment leaves for Gambettesa, next week, come October, and I’ll surely be thinking of you my whole journey. See, I’ve been thinking a lot about, well, you of course, but also about what will become of my memory should I die here in Italy. Who will think of me, who will know that my regiment was the Royal 22nd, who would know that I was a part of the 1st Canadian Division’s infantry brigade? If something were to happen to me, would you know all these things, would you talk about them with our family? What will the Second World War mean, in the story of humanity, will we who fought be remembered and revered? Will our families be satisfied with such musings of the past?

Please forgive my queries darling, though I do find them quite fascinating. Perhaps it's just my way of avoiding the morbidity of my current situation. Perhaps I am merely preparing myself for the inevitable when considering my own mortality. Regardless, this comforts me, so do indulge me a bit more. Whether I live or die, I envision a mural, a big beautiful painting out in the town square for all to see, of my brothers and I fighting so all of you back home can know what true freedom feels like. I want my reputation to be glorious, since my current predicament is no more than blood and grime. I want my suffering to mean something, and I want all of you, safe in Canada, to recognize and commemorate what I and my fellow soldiers have sacrificed for you. Make sure the art reflects our blood, because I detest a world where the horrors I have seen are praised. As much as I want to be venerated, I must also be truthful to the experience that I, and so many others have experienced in this war, and that, my dear, is nothing but tragedy.

Now, let’s be very clear here, I want to be a part of our family's memory, not just revered by the public. I hope you don’t think I’ve forgotten about our little blessing. I
pray everyday that I make it back home, for the sake of our baby, but should I fail to follow through, please, my darling Laura, tell him all about me. Tell him I was strong and good-hearted, but also tell him I was scared, as I am now telling you. I am a simple man of simple fears, and believe me, I am terrified. Tell him that I loved him, tell him to remember me, and tell him to share me. I am a part of his heritage, his personal history, and of yours, so keep my memory with you both, always. And, should I come back to you, which is my dearest wish, I may not be the same Wally you remember. The war has been traumatic for me, and my easy smile is harder and harder to come by these days, but it’s still there, waiting until the day I see you again. These traumatic memories also need sharing, because I cannot possibly carry them on my own, they are too heavy. Hopefully, when this war ends, I, and the rest of us returning home, can share our stories and feel a little less alone. When carried by the collective, the weight of these memories will be equally composited onto those for whom we have uprooted our lives.

The loss of life in this war has been astonishing to say the least. So many friends I have lost, so much pain we have all endured, and for what? Will I simply fade into the background of this devastating tragedy, as scholars write about the death tolls and battles won and lost by other regiments bigger and stronger than my own? I feel as though it is entirely possible that I will fall by the wayside, that in the grand scheme of things, and next to the official story, my individual story will mean very little. The metanarrative will not necessarily include soldiers like me, who fought for freedom and deserve to each be remembered for it. That is why heritage matters so much. It is personal, and my heritage belongs to you, to our family, and to the future generations within it. Maybe, someday, a great-great granddaughter of ours will know my story, and share it, making it a part of her heritage. Maybe someone will end up writing the story of the 22nd Royal Regiment, perhaps in a book in some archive somewhere. They will tell of our triumphs and defeats, and our simple human moments that defined our experience in the war. You will tell stories of me, as will our son, and they will travel down the line of our descendants, keeping my legacy alive long after I am gone. A
museum curator might even end up making an exhibit about my regiment, telling all those who witness it our brave tale. It is on a smaller scale than the larger story of this war, but small doesn’t mean nothing. The more people who see, or hear, my story will have the opportunity to democratize it, relate it to their own family heritage, and expand its reach far beyond you or I. The more accessible it is, the better, because some stories do not need to remain private, they deserve to be shared.

I hope it hasn’t been too hard on you to read all of this speculation, since I know how tiring it must be to run the farm on your own. I can’t help but reason that since we are simple people leading what used to be a simple life, our version of history is less likely to break through the story of the war as told by the aristocracy. They will surely have the final say in what is presented to the public, what is written about and preserved. For this reason I want to keep my medals and dogtags, so that it can be a part of our family’s heritage, reminding them that though our story isn’t the one that they have so often heard, it is just as true, if not more grounded. The public must challenge this one-sided view of the war, allowing for stories like mine to come through and shatter their all too perfect narrative of heroism and valor. Also, there is a photograph of me from the day I enlisted that should be kept. It is, after all, your favorite. It’s worth remembering that I could smile like that, so earnestly and unburdened by the terrors of this fight. You can talk about me all you like, but maybe those who listen to your oral history might want to know what I resembled, since I am undoubtedly quite handsome.

I’m sure this all seems rather morbid, but I simply want to make sure that if I am to die here in Italy, that you will have some kind of closure. So many people whose brothers, fathers and husbands die over here will never have that kind of definitive sense of loss, leaving them unfulfilled in their grief. I would never want to leave you that way Laura, and this is my way of making sure you know I’m fighting to get back to you. But, if I can’t, you’ll at least know I tried. If you do not receive anymore letters, you’ll know where I was when it happened, and you’ll know I want my story told. You’ll know I wanted to be celebrated and remembered by the public, so that they know my sacrifice was for them, and for you. I want my story to
be an opportunity for effective learning, something visceral and personal for the public of the present and the future, so that what I went through, and what I put you through, is never forgotten. I want our emotions, the fear and pain, to be felt by those who know our story, so that they can imagine what it was like for us, and learn from a tragedy like the one we happen to be living through.

If my story, and my legacy, can be a part of public history and our own personal heritage, that would be the most meaningful outcome I could hope for. This letter has been my reflection, but hopefully, my greater life story can also provoke a reflective attitude to those who bear witness to it. This all might seem like I’m looking too far into the future, but the present is quite dire, so I have let my imagination wander to a point where the war is over, and we can think back on it and ponder it and others can learn about it in a productive and emotionally resonant way. I think I deserve at least that, especially if I am to die in this war wherein so many have died already.

I know if I were back home with you, you would have slapped me gently on the arm and told me to stop talking long ago. There are so many things about you that I miss dearly, I tear up at the thought of not being with you. This letter is as close as I can get for now, so I must take every opportunity I can get to feel near you. I can almost see you rolling your eyes at my foolish ramblings. As they say, distance makes the heart grow fonder, but I have always been most fond of you darling, the distance only makes that fondness painful. Although I cannot promise my safe return to your side, I can promise you that I will do everything I can to get back to you, and to our family. But, bear in mind, that I am always, always with you. I am in your memories, where I shall stay forever, cherished.

I love you so very much my darling Laura.
Sincerely, your Wallace.
Witchcraft, Illness and The Cunning-Folk: Conflicting Attitudes Around Magical Healing in Early Modern Britain

Kieran Micari-Lawless

Abstract:

Although both black and white witchcraft were prosecuted and highly discouraged by the state, the cunning-folk of Early Modern Britain served an integral role in medicine, and therefore were widely employed throughout the region as health and witchcraft were closely linked in the minds of the populace. Attitudes around the cunning-folk were negative when it came to formal dispersal of information through the state or ecclesiastical leadership, but in reality the attitudes of much of Early Modern British citizenry towards the cunning-folk were favorable as they served an important role in the medical treatment of the populace.

“But there is no bodily infirmity, not even leprosy or epilepsy, which cannot be caused by witches, with God’s permission. And this is proved by the fact that no sort of infirmity is excepted by the Doctors. For a careful consideration of what has already been written 2 concerning the power of devils and the wickedness of witches will show that this statement offers no difficulty. Nider also deals with this subject both in his Book of Precepts and in his Formicarius, where he asks: Whether witches can actually injure men by their witchcraft. And the question makes no exception of any infirmity, however incurable. And he there answers that they can do so, and proceeds to ask in what way and by what means.”

—Heinrich Kramer, Malleus Maleficarum

Early Modern European medicine was in no way similar to the standardized, codified Western medicine of the Contemporary era. Methods used by different practitioners could often be wildly different, with one hospital ordering dietary treatment for an affliction while another ordered bloodletting or leech treatment. Another might simply suggest a series of prayers to ask for divine assistance. Above all else, however, Christian theology and spirituality had a large hold on ideas of emotional and physical wellness. Even as the Scientific Revolution began its wave through Europe, much more traditional Christian ideology
still held a strong grip on popular medical beliefs. Namely, there was a popular belief that witchcraft, magic and evil had a negative impact on the health of innocent Christians.

In a 1667 letter to Robert Hunt, Esq., Puritan theologian and rational fideist\textsuperscript{2,3,4} John Glanville wrote,

“and 'tis no more difficult to apprehend how the hurts of those [witches] should be translated upon their other bodies, than how diseases should be inflicted by the imagination, or how the fancy of the Mother should wound the Foetus, as several credible relations do attest ... And yet 'tis clear to those that believe the History of the Gospel, that wicked spirits have vexed the bodies of men, without any instigation that we read of; and at this day 'tis very likely that many of the strange accidents and diseases that befall us, may be the infliction of evil spirits, prompted to hurt us only by the delight they take in mischief. So that we cannot argue the improbability of their hurting Children and others by Witches, from our own security and freedom from the effects of their malice, which perhaps we feel in more instances than we are aware of\textsuperscript{5}.

Glanville asserts that witches and evil spirits inflict disease through touch, through the expansion of evil noxious vapors, or by way of simple imagination. Glanville, a contemporary of Enlightenment scholars like Newton and Boyle who revolutionized the scientific field by coming up with observable, empirical methods of analyzing the universe, held firm in his belief that it was the supernatural evil forces of the world that had a high level of control over the health (and therefore ill-health) of whomever they might choose. The fact that this seemingly antiquated ideology was still present in the minds of some European literate elite by the mid-to-late 17th century and Enlightenment Era correlates with a wide acceptance of witchcraft and magic as a source of disease among the illiterate and broadly uneducated general population.

In her 2009 dissertation entitled Blood Beliefs in Early Modern Europe, Francesca Matteoni describes the integral role that ideology around blood played in the minds of Early Modern Europeans, especially when it came to infirmity and the influence of evil on the sanguine humor. It could be manipulated by evil entities to cause harm, especially physical damage. She explains that human blood, a recurring theme in the story of Christ’s resurrection, served as a
reminder of his sacrifice and purity in a highly devout period of European history. Therefore, evil’s manipulation of the blood was a manipulation of humanity itself. Matteoni writes, “The body and especially its fluid, the blood, became the means of exchange between a supernatural force and the physical world, highlighting the instability inscribed in certain individuals and defining the ideal status of both victims and aggressors ... The bodily liquid constituted the most important means of exchange between the devil and his allies”6. The fact that the blood (one of the four humors of Galenic medical theory, and therefore an essential part of Early Modern European ideas of humanity and health) could be corrupted by witchcraft inflicted fear into the minds of the citizenry. Thus, without any standard scientific practice or modern medical knowledge at the time, the idea that one’s illness was caused by magical corruption of the blood by a conniving witch was not far-fetched.

Thus, as the Early Modern Era went on, much of the evidence presented in cases of witchcraft and their subsequent judicial proceedings was related to illness and the infliction of disease by a suspected witch onto an innocent member of the community. In December of 1605, a woman named Joan Guppie was on trial for witchcraft in England, having been accused by her neighbors of causing illness and spreading malice. Judith Gibbs, one of her accusers, alleged that a 3-day “swelling in her body” was caused by Guppie’s sorcery (National Archives, Trial Evidence for Witchcraft). In fact, secondary trial documents describe a “confederacy” of her neighbors, including Judith and Robert Gibbs, Margaret and Andrew Abington, and Richard Shepherd, riding to the town of Crewkerne in Somerset County in an attempt to disgrace and assault, and perhaps murder the alleged witch, Joan Guppie. The 1605 trial record reads, “upon the said nine and twentieth day of June last past being armed and arrayed with long piked staves, swords, daggers and other warlike weapons ... and did then and there beset and waylay your said subject Joan Guppie and did then and there in most riotous and barbarous manner set upon and assault your said subject, being in God’s peace and your Majesty’s, riding towards Crewkerne as aforesaid.” Guppie survived, however; this account
comes from her own recollection as a defendant in her trial (National Archives, Accused By Neighbors). This “swelling,” as described by the prosecution, is quite vaguely described. Swelling, however, seems to be a broadly used term for any symptom of unusual growth under the skin at the time from pregnancy to plague, but it had a particularly negative connotation. Of course, swelling is a common symptom of myriad conditions, from benign cysts and boils to larger-scale infections (i.e., buboes, venereal diseases, etc.) as well as cancers. Interestingly, the cause of cancer in Early Modern Europe was often attributed to the Galenic idea of melancholy, which could be inflicted by witches by means of corrupting humoral black bile. Just as Matteoni described the widespread belief that witches’ corruption of blood could cause disease, so does Skuse explain that black bile, another humor, may be corrupted in the same manner for the same purpose -- in this instance, however, melancholic corruption of black bile by means of magic is specifically described as a cause of cancer.

In addition to being considered a cause of illness, witchcraft also served an important purpose in Early Modern European medicine as treatment. Across the British Isles, small-time magical healers, or cunning-folk, provided medical care to the village and townspeople, advertising their curative powers. These practitioners were known by a wide variety of other titles and monikers, including “wise man or woman, cunning man or woman, witch (white or black), wizard, sorcerer, conjurer, charmer, magician, wight, nigromancer, necromancer, seer, blesser, dreamer, cantel, soothsayer, fortune-teller, girdle-measurer, enchanter, incantantrix and so on.” For the purpose of simplicity, I will exclusively use the term “cunning-folk” when referring to Early Modern magical healers.

Few original written records exist within the context of Early Modern European and specifically British cunning-folk, which may lead some to believe that they were uncommon and very much under-the-radar. However, this couldn’t be further from the truth. In
actuality, cunning-folk were spread all throughout Europe, and were overwhelmingly village and townspeople, many of whom were not literate. Thus, magical healing traditions were most often passed down orally and through apprenticeships. It is true, however, that magical practices in the community were highly secretive and protected from the eyes and ears of other practitioners, non-practitioners and outsiders. Additionally, practitioners could face prosecution by the state for their less-than-orthodox methods. As Fae Honeybell writes, “The lack of written records was perhaps because of a fear of persecution, or to maintain a sense of mystery for their clients. It may also have been to protect themselves from competition”. Services most often consisted of healing and medical magic, although some non-medical services were practiced, namely that of creating and inflicting love potions.

“The Lord rade And the foal slade He lighted And he righted Set joint to joint Bone to bone and sinew to sinew Heal in the Holy Ghost's name”
- Widely used Shetland healing incantation.

When it came to methods and specificities of magical practices among the cunning folk, medicine had both to do with healing and protection from evil, a widely used explanation for disease. Spells, potions and incantations were sold as treatments, and could vary from practitioner to practitioner. However it was most common for cunning-folk to employ magical methods that syncretized pre-Christian Anglo-Saxon traditions with Christian theology. For instance, a common source of concern in Early Modern Europe was the possibility of being seduced by incubi or succubi, which could lead to infictions of psychological distress and vanity. Reginald Scot, in his 1584 book The Discoverie of Witchcraft, describes a cure for someone who has been “molested” by an incubus:

‘... he willed me to praise to God; whome I am sure I wearied with my tedious praier long before. Then went I unto an old woman (quoth the priest) who was said to be a cunning witch: and she willed me, that the next morning, about the dawning of the daie, I should pisse, and immediatlie should cover the pisopot, or stop it with my right netherstocke, and before night the witch should come to visit me. And although (quoth he) the respect of mine orders somewhat terrifed me from the execution of hir advise; yet my necessities diverse waiies,
and speciallie my paines moved me to make triall of hir words. And by the masse (quoth the priest) hir prophesie fell out as sure as a club'.

The influence of Christian theology on animistic pre-Christian ideas of healing is also apparent in Scot’s description of a cure for ‘quotidian agues,’ which involves cutting a masscake into three pieces, writing ‘Pater pax, Adonai, filius vita, sabbaoth, spiritus sanctus, Tetragrammaton,’ on them, and finally consuming all three pieces”.

However, rituals with seemingly no Christian influence were commonplace as well. For instance, Fae Honeybell describes a cure for thrush that entails wrapping a live frog in cloth, putting it into a child’s mouth until it suffocates, and repeating this once again. She also references a treatment for toothache that necessitates a nail being driven into one’s gum and then hammering it into an oak tree.

Although the cunning-folk were primarily healers and therefore used magic in an effort to cure disease, the sources of their power were disagreed upon, and therefore their status as inherently good or inherently evil beings in the eyes of their audiences was not the same throughout the British Isles. It was common knowledge that the cunning-folks’ inverse, the black witch, sourced his or her magical abilities through a pact with the Devil and his many demons. However, cunning-folks’ abilities were often attributed to other supernatural entities. These not only included darker spirits, but also angels, fairies, elves or magic passed down from ancestors. Thus, ideas of cunning-folks’ relationship with good and/or evil depended on demographic.
comes to reactions by the culture that came to inhabit administrative and ecclesiastical rule in Early Modern Britain, attitudes towards cunning-folk were generally quite negative. In fact, 1559 saw Britain’s employment of an Ecclesiastical commission which denounced the use of cunning-folk with much of the same hostility that met black magic: “The language used in witch trials reflects this attitude, charges usually listing accusations of 'witchcraft' alongside those of 'sorcery', 'enchantment', 'invocation' and so on with no material distinction being made between the different terms”.\(^{21}\) Writings by church higher-ups and governmental bodies often deemed the practice evil, or demonic in origin.

William Perkins, a high-ranking Elizabethan cleric, wrote an almost 300-page report on witchcraft in the early 17th century, addressing it to Sir Edward Coke\(^{22}\) as a legal basis for the persecution and prosecution of witches in Tudor England. In it, he makes the argument that the cunning-folk are in fact more detrimental to humanity than black witches:

“Of Witches there be two sorts: The
bad Witch, and the good Witch: for so they are commonly called. The bad Witch, is he or she that hath consented in league with the Deuill, to vs e his helpe, for the doing of hurt one|ly, as to strike and annoy the bodies of men, women, children, and cattell with diseases, and with death it selfe: so likewise to raise tempests, by sea and by land, &c. This is commonly called the binding-Witch. The good Witch, is he or shee that by consent in a league with the deuill, doth vs e his help, for the doing of good one|ly. this cannot hurt, torment, curse, or kill, but onely heale and cure the hurts inflicted vpon men or cattell, by badde Witches ... Now howsoever both these be euill, yet of the two, the more horrible & detestable Monster is the good Witch: for looke in what place souer there be any bad Witches that hurt onely, there also the Deuill hath his good ones, who are better knowne then the bad, being co|monly called Wise-men, or Wise-women. This wil appeare by experience in most places in these countries. For let a mans childe, friend, or cattell be taken with some sore sicknes, or strangely tormented with some rare and vnknowne disease, the first thing he doth, is to bethink himselfe and inquire after some Wise-man or wise-woman, & thither he sends and goes for helpe. ... the bad Witch hurt him, the good healeth him; but the truth is, the latter hath done him a thousand fold more harme then the former. For the one did onely hurt the bodie, but the deuill by meanes of the other, though he haue left the bodie in good plight, yet he hath laid fast hold on the soule, and by curing the body, hath killed that. And the partie thus cured, cannot say with Davuid: The Lord is my helper; but the Deuill is my y helper; for by him he is cured. Of both these kinds of witches the present Law of Moses must be vnderstood.\(^3\)

Perkins postulates that although “bad” and “good witches” perform seemingly detrimental and helpful tasks relatively, the cunning–folk (“good witches”) are actually more harmful to the British citizenry than black witches because by helping those around them with the powers given to them by the Devil, they bring the souls of the healed closer to Hell. Through healing, cunning–folk make their clients grateful for their practice and therefore grateful to the damned. By this logic, a bad witch is less harmful to the souls of innocents because she hurts the bodies of people around her, who are therefore angered and reject the powers of the Devil; a good witch, however, gains trust and therefore tricks her patients into voluntarily bringing their souls closer to the Devil’s realm of control. This reflects the official position taken by the British authorities relating to magical healing and cunning–folk. When it came to formal judicial proceedings, the intent of the nation’s administrative body was to prosecute both black
witches and cunning-folk by the same system. After all, Perkins ends his writing with the phrase, “Death therefore is the just and deserved portion of the good Witch”.24

1604 saw a statute passed in England that condemned any human contact with non-divine supernatural entities, paralleling a trend of 15th- and 16th-century statutes forbidding the use of charms, sorcery or magic among the citizenry.25 This act made the official punishment for “conjuring” the death sentence. Additionally, practices like fortune-telling and the use of charms were banned by ecclesiastical and bureaucratic authorities (Thomas). In fact, by the reign of Elizabeth I, using magic to predict the Queen’s lifespan was a felony.

During mass, sermons often included warnings about the dangers of witchcraft, both black and white, and although Catholic clerics were vocal about their disapproval of the cunning-folk, Protestants were well-known for their fire-and-brimstone speeches in regards to magical healing. They often portrayed the cunning-folk as evil beings that served the Devil to entice innocent people with their abilities, the end goal being the harvest of their souls for evil26. Thus, the public was discouraged from employing cunning-folk through many avenues; this, however, did not translate when it came to their popularity. The idea that the cunning-folk sourced their abilities from the Devil and therefore were evil did not take hold among the general public as it had in official circles.

As the church and civil authority found no inherent difference in evil between black and white witchcraft, a good number of cunning-folk were put on trial in 16th and 17th-century Britain. Formally, convictions of sorcery, fortune-telling, and conjuring necessitated the same punishments as infliction of injury, death or crop failure by means of black magic. Thus, cunning-folk and those accused of black magic were both taken in by authorities, often on the same charges. And, depending on a trials’ context and witnesses, one’s status as a good or evil witch was often variable. As described by Emma Wilby, a practitioner’s status as a black witch or a wise-man or woman could change depending on who was
making the assertion. An upper-class Catholic woman and a Protestant in the peasant class might describe the same person as a generous and caring wisewoman and an impish, vile hag who sacrifices infants to Beelzebub respectively. This also makes clear the immense place community attitude had on the outcome of sorcery trials. This is not to say that cunning-folk were unknown in their communities; the case is quite the opposite. However, in the eyes of those not familiar with their practice or community they could very well be portrayed as in league with the Devil.

While it must be said that a minority of those put on trial for white magic did end up facing the same punishments as those who were put on trial for black witchcraft, the British courts’ actions were not immune from public opinion. As Emma Wilby writes, “Despite the fact that practitioners of both white and black magic were equally culpable in ... theory, in practice most cunning folk were not zealously persecuted”.

Because sorcery trial records from the period that do not deal with black witchcraft have received much less scrutiny in academia as those that did, it is difficult to discern exactly how many cunning-folk were accused, put on trial and punished. However, their sheer number and popularity among both lower and higher classes in Britain suggest an impression among the public that punishments for cunning-folk were often lighter than those given to people deemed black witches, even if their charge was the same in nomenclature. After all, a crime that is always met with the death sentence would likely not see the massive level of practice and demand that cunning folk’s magic did. This assertion is supported by the trial of an accused cunning-woman named Bessie Dunlop, who was eventually strangled and burned for her crimes. The culmination of her trial makes this statement seem a bit contradictory, but it is the attitude she began the trial with that illustrates British society’s usually preferential treatment of cunning-folk in the justice system. As Emma Wilby describes, Dunlop was arrested for the use of charms as well as for her relationship with a ghost from whom she sourced some
of her power, a ghost called Tom Reid. Having witnessed other cunning-folk come out of the court system with a slap on the wrist or a light fine after confessing, she assumed the same would happen to her. She entered the courtroom assuming that she would leave, as had so many healers before her.\textsuperscript{28,29} However, her case was one of the rarer exceptions in which cunning-folk accused of witchcraft were heavily punished, tortured or executed. In fact, cunning-folk were often consulted during witch trials to discern whether an affliction was supernatural, and occasionally accused others of black witchcraft, cementing them as a trusted source of information around the supernatural in British towns and villages.

As aforementioned, the cunning-folk were also employed all along the socioeconomic hierarchy in Britain at the time (Blecourt). Both the upper and lower echelons of society consulted cunning-folk for their healing expertise. In a village, however, lower-class people who were not well-known in their communities had a much easier time in their employment of cunning-folk, while the aristocracy made a concerted effort to hide their consultations. As the official religion of Britain was (and still is) Anglicanism, much of the upper-class practiced the faith. As there was considerable tension between Catholics and Protestants in Europe at the time, and cunning-folk were often linked to Catholic superstition by pastors,\textsuperscript{29} the Protestant, upper-class population of Britain had much more to lose socially than the lower class did if they were found to be consulting magical healers. This does not, however, correlate with a lower rate of employment of cunning-folk among the upper class; rather, their use was quite common, but kept more hidden than in the lower classes. Bonzol references the death of Ferdinando Stanley, Earl of Derby, as an example of the aristocracy employing cunning-folk. Not only was his death thought to be a product of bewitchment, but he and his family invited a cunning-woman to sit by his deathbed and try to figure out what was wrong with him and how it might be treated. His mother, the Countess of Derby, also described in a later writing that she had consulted a cunning-man named Randall who had cured her of a skin condition, and lived in her palace for
months, only to be ousted when Queen Elizabeth I learned and disapproved of the Countess’s dabbling in magic.

Other high-profile aristocrats in Britain at the time were also fascinated by the cunning-folk’s abilities and occasionally tried them out themselves in the name of discovery. John Dee, Queen Elizabeth’s famed court alchemist, was fascinated by magic and practiced, “catoptromancy (divination by means of a mirror), crystallomancy (by a crystal), cyclicomancy or lecanomancy (by a cup or basin filled with liquid), hydromancy (by water in a natural body), onychomancy (by an anointed nail)”.

31 Richard Napier, an astrologer and medical practitioner, also practiced white magic, especially when it came to healing, and often employed spells if he thought them appropriate. Another notable British scientist and contemporary of Napier, William Lilly, is quite well-known for his use of white magic and cunning-practices.

Thus, although Anglican as well as secular authorities deemed white and black magic equal under the law, public opinion and British cultural favorability towards cunning-folk over black witchcraft resulted in a society that discouraged cunning magic officially, but used cunning-folk quite frequently and prosecuted them with much less prejudice than individuals accused of black witchcraft. Although black witches and cunning-folk were not two separate groups under official decree, much of British society did see the two as distinct. Cunning-folk were consulted by all varieties of Brits, peasant or Duke, baker or lawyer. The disparity between the attitudes of British authorities at the time towards cunning-folk and the actual goings-on in Britain relating to white magic at the time suggests a culture that highly feared witchcraft, but often tolerated or accepted cunning-folk as a staple of society. Their power was to heal and not to hurt, and although authorities on the matter like Perkins or Glanville deemed them evil in essence, the frequency of their employment and their popularity suggests a citizenry that strongly believed in their powers of good.
Endnotes

2 Rational Fideism. Refers to the idea that total faith in religion must be present before an accurate analysis of the observable world.
4 Ibid.
7 Descriptions of “swelling” in many early modern records differ greatly in context; Kara Peterson, in Historica Passio: Early Modern Medicine, King Lear, and Editorial Practice, emphasizes the use of the term when it came to pregnancy and labor, as well as the buildup of humors inside the body that need to be expelled. In contrast, Kira Newman describes a British decree during a wave of the plague that ordered, “assoone as any one in his house complaineth, either of Botch, or Purple, or Swelling ... shall give knowledge thereof to the Examiner of health within two houres after the said signe shall appeare” (1). She goes on to explain that because these orders were dispersed through the British populace, it was up to laypeople to decide what constituted serious swelling, further broadening the definition of the term when it came to public understanding.
11 Ibid., p. 13
14 Presumably a communion wafer
15 Scot, The Discoverie of Witchcraft, p. 194
16 Fae Honeybell. University of Warwick, p. 13
19 The man’s bedroom is arguably that of an upper–class British citizen, as he lies on a canopy bed with quite posh decorations, including a Greco–Roman column and a heavily–patterned comforter.
20 Emma Wilby., Cunning–Folk and


Earlier trials during the late 16th and early 17th centuries tended to be more lenient than their later counterparts.


1559–1634

1602–1681


Higher-class, learned individuals interested in magic also often dabbled in high magic, a more complex form of the practice that necessitated literacy and some academic experience. Honeybell, University of Warwick, p. 46.
The Utilitarian Use of Hooved Mammals and Carrier Pigeons in World War I: The Forgotten Soldiers

Leea Rebeca Ruta

Introduction:

I am writing this introduction on November 11, Remembrance Day. I am conflicted as to how I feel about this day because on the one hand, it is important to commemorate those who have lost their lives during The Great War (and World War II), but at the same time, I am not Canadian so this day has no emotional meaning to me. This day fails to commemorate many things, especially the millions of non-consenting animals who were enlisted and who died during the war. It is only in the last couple of years that researchers have focused on these forgotten veterans. The atrocities that have occurred during WWI are well known, but not many people know the extent to which nonhuman animals have been essential to the war efforts. Sixteen million animals served during World War I, with 484,142 horses, mules, camels and bullocks killed in British service alone, with most (animals) dying before reaching the Western front; for example 2,700 horses drowned when their vessels were sunk by submarines. Eiders were used as target practice by the RAF and whales were accidentally bombed after being mistaken for U-boats or were killed for their oil, either for food, ammunition or medicine. While there are countless examples of different species used during the Great War, this essay will outline the use of hooved mammals and carrier pigeons particularly because an estimated 10 million horses and mules and 200,000 pigeons were enrolled. The last part of the essay will explore the utilitarian use and disregard of nonhuman lives as a result of anthropocentrism and chauvinism, as demonstrated in Nocella et al.

Hooved animals

Many of the animals enrolled during the war, including horses and mules, faced terrible conditions transporting ammunition, messages, food rations and supplies, and hauling guns and pulling ambulances, while cavalry horses led the charge on the battlefield. Nine million horses, donkeys and animals were killed during the war and a campaign was launched by the international animal charity The Society for the Protection of Animals Abroad (SPANA) to remember the millions of animals that have been used and killed in a century of warfare following WWI.
The history of hooved mammals during the war is extensive. Before looking at horses, donkeys and mules, which played the biggest role during the war, it is noteworthy to mention the use of camels. The allied forces had created the Imperial Camel Corps to operate in Palestine and the Sinai during desert campaigns because camels can travel longer distances compared to horses. This reestablished Camel Corps (that Napoleon had organized during his Egyptian Campaign) was composed of hundreds of camels that were to be used to preserve order in the North-West Frontier and to wage guerrilla-type warfare in the Turkish campaigns. Not only did the camels carry humans, ammunition, equipment and food rations, they were also capable of charging at enemies, making them a dangerous weapon. It is worth noting the desperation faced by the British when they had exhausted their supply of camels which forced them to appropriate 3,000 cow camels, most of them pregnant, which were forced to give birth along the way. It is unknown if the army experienced difficulty making this decision, to use pregnant camels, but one thing was clear: war was more important than the lives of the camels. They were disposable, and the "few" lives of camels lost saved millions of humans, thus justifying their utilitarian use.

Moving on from camels, author John Singleton wrote how "[o]n the eve of the Great War[,] the British army possessed a mere 25,000 horses, but by the middle of 1917 it had 591,000 horses, 213,000 mules, 47,000 camels and 11,000 oxen." Horses were conscripted by the military and despite being property of many families, they were commoditized and their retail price increased; overall, about eight million horses, donkeys and mules were killed during the Great War. Once in their units, the animals needed to be fed and watered and when they got wounded or fell ill, they often received a high standard of veterinary care. Many of the military horses were imported from Ireland, and soon a thriving export trade took hold that would supply the Belgian, Austrian, Russian and German armies. North America was also a main source of supply and provided 429,000 horses and 275,000 mules before the armistice, although Australia and South America were expected to help. The British were anxious about the Americans' policy of neutrality and feared it would interfere with the purchase of animals, but it did not. British remount delegations were established at Kansas City, Denver, St Louis, Chicago and Fort Worth by November 1914. However, the shipping of the animals was a dangerous and costly business since
several horse transports were attacked by the Germans; on the Atlantic run, 6,600 horses and mules were sunk and “sixty-three killed by enemy shell-fire in the course of the war.”\(^\text{17}\) The British Remount Department also supplied animals to other armies, including the Canadians, Belgians, Australians, New Zealanders and Portuguese, and provided the American Expeditionary Force with 18,000 beasts.\(^\text{18}\) On the other side, Germany had obtained 140,000 horses from Ukraine, but these sources of supply were not comparable to Britain’s.\(^\text{19}\) In 1918, German general Erich Ludendorff stressed the importance of the horses: “Ukraine is absolutely necessary to us ... We could not carry on the war in the west without horses from the Ukraine.”\(^\text{20}\)

During the war, the animals were given time to adjust to the new climate and diet before joining the front, and during the winter of 1914–15, an expansion programme was instituted and a large new depot was opened at Romsey that could house up to 5,000 animals.\(^\text{21}\) There, the animals were fattened up after their arduous journeys and then introduced to their military duties, however, many of them suffered from contagious diseases from their long sea voyages, so they needed to be cured before being sent to the front.\(^\text{22}\) Another disease that wreaked havoc on the hoofed soldiers was in east Africa where more than 10,000 donkeys and horses died from exposure to tsetse flies between 1916 and 1917.\(^\text{23}\) Additionally, the British also took transport horses and slaughtered them for food and comfort (mattresses).\(^\text{24}\)

Military animals were regularly fed hay and oats, and fodder supplies were as precious as those of petroleum during the Great War.\(^\text{25}\) A single horse ate about ten times as much as a man, and delivering hay and oats was often a major burden on the army's transport services.\(^\text{26}\) In 1917, there was a fodder crisis that threatened allied military operations: German submarine activity restricted oat supply from North America; meanwhile a poor harvest occurred in Italy where stocks of oats were exhausted.\(^\text{27}\) Britain and Ireland had substantial reserves but the government was reluctant to release more than a tiny proportion to help the Italians.\(^\text{28}\) Before the war, Germany was a major importer of fodder but they underestimated the amount of oats and other feedstuffs that would be needed during the long war.\(^\text{29}\) Despite some of the fodder being imported from occupied territories in the east, at one point sawdust had to be mixed with the rations of German army horses when supplies of oats were unavailable, resulting in many horses dying of starvation.\(^\text{30}\)

In France and Flanders (as on most fronts), horses and mules were required for two purposes: some pulled guns and wagons and carried
packages, while others were “supposed to wait patiently for the artillery and infantry to breach the enemy positions and then dash through and cut off their escape.” In August of 1917, the British had 368,000 horses and 82,000 mules on the western front, with one-third of the animals riding while the others were draught- or pack animals. However, the work days were difficult due to the muddy conditions and it could take up to twelve hours to clean the horses and their harnesses. Mechanized vehicles could not drive through mud so animals were used and “light draft animals were assigned to pull ambulances and wagons while heavy draft animals pulled artillery.” In October 1916, at Flers on the Somme, the mud was so bad that the stretcher parties could barely get through, so the horses were used to “pull makeshift sledges carrying the wounded.” Horses often died of harsh treatment and injuries, with many of them becoming trapped in the mud and drowning if they were not shot. Knowing the value of the horses, each side would target the opponent’s horse first to reduce their mobility.

Donkeys were also used to transport food and ammunition to the troops in the trenches; they were patient, obedient and resistant to disease and could pass safely through tiny spaces without being detected. The following quote from English academic John Singleton proves just how vital these animals were during the war:

The contribution of animals, especially to the transport services and artillery, was of central importance during the Great War. Without them, the guns would have run out of ammunition, the infantry would have missed breakfast, the distribution of mail would have ceased, and many urgent casualties could not have been evacuated from the battle zone. Without horses, the British army would have disintegrated.

It is ironic that nonhuman animals were so critical during the war, yet they were never commemorated in the same way humans were for their efforts and bravery. Only some were honored.

Finally, the demand for horses led to serious shortages during peacetime activities in agriculture and transportation. European militaries thus began purchasing horses from other countries such as Argentina, Australia and North America, creating major competition for horses between governments and animal dealers.
an international market for horses.⁴² In Australia, many soldiers wanted to keep the horses they had used in the war but the government insisted on quarantine regulations that made it impossible to repatriate tens of thousands of horses.⁴³ An order was issued that stated that all poor quality horses were to be shot and skinned so the hides could be sold for leather and slaughterhouses advertised the tastiness of horseflesh.⁴⁴ It is surprising that veteran animals were not always allowed to retire with their human comrades despite close bonds having been developed on the front.

**Carrier pigeons**

When the United States entered the war in April 1917, the senior military leaders were met with unfamiliar weapons, technologies, stratagems and had limited knowledge of recent advances in submarine warfare.⁴⁵ Most American sailors had never seen or heard of a depth charge, a recent but widely employed innovation.⁴⁶ However, the U.S. Army had advantages in communications technology; they led the world in military telephony and expertise, but such equipment was vulnerable to outages or interception due to frequent massed artillery fires.⁴⁷ Colonel Edgar A. Russel, chief signal officer for The Air and Space Expeditionary Force (AEF), had spent his first weeks in Europe with British and French signal officers where he learned about the use of a simple communications method: homing pigeons.⁴⁸ At first, the Signal Corps experimented with homing pigeons in Mexico but the trials were unsuccessful because the personnel were inexperienced and the pigeons had not acclimated sufficiently to the new environment.⁴⁹

It was David C. Buscall who led the overall AEF pigeon effort along with John L. Carney, who, like Buscall, had bred and worked with pigeons all his life.⁵⁰ Together, they began assembling a pigeon service for the U.S. Army and throughout September 1917, they had “used their connections in the racing pigeon community to purchase birds and feed, and to locate additional personnel to fill out the enlisted ranks of men—to be known as “pigeoneers”—for the U.S. Pigeon Intelligence Service.”⁵¹ Then, Buscall along with 6 noncommissioned officers, 800 pigeons, 12 mobile lofts, and a supply of feed, had boarded on October 29 the USS Agamemnon sailing to France, on their way to war.⁵²

Pigeons could work regularly and in spite of bombardments, dust, smoke or fog, they were able to bring accurate details regarding the troops in action in a short space of time.⁵³ The birds were capable of flying uninterrupted for 12 to 15 hours daily and were able to cover 500 to 700 miles, with speeds varying from 30 to 60 miles per hour.⁵⁴ Buscall estimated that some birds had flown at speeds
of about 31 miles per hour in the face of severe and unfavorable weather.\textsuperscript{55}

Pigeons were trained by restricting their food during the day to teach them that the lofts were the destination, where the food was.\textsuperscript{56} However, pigeons were only used when “all other communication options had failed or were likely to fail.”\textsuperscript{57} Additionally, most soldiers were unfamiliar with the special handling requirements, so they treated pigeons as common equipment with a total disregard for their health while many birds were “abandoned in the field [and] others suffered from muddy or broken feathers.”\textsuperscript{58}

Usually, the birds would be placed in baskets that were strapped to the backs of the infantrymen or cavalrymen and the birds were fastened in “light corslets made of webbing which immobilize[d] their legs and wings, but allow[ed] free movement of the head and neck.”\textsuperscript{59} The messages were written on thin rice paper and “placed in carriers or capsules made of thin aluminum, which [were] attached to one leg of the bird by means of copper bands.”\textsuperscript{60} And while the homing pigeons are diurnal birds, some noteworthy night flights have been done, for example, the French trained the birds to do night work; the birds would have been tossed on dark nights as late as 10:00 P.M., covering distances varying from 18 to 40 miles, with the birds returning in good time.\textsuperscript{61} American pigeons in the Canal Zone have also shown exceptional results in night flight.\textsuperscript{62}

To continue, the article “Pigeons in the War: What Bird Messengers Did” was published in 1920 by the University of California Press, and it is now a great primary source. It mentioned how at that time, the extent to which pigeons were used was little known to the public.\textsuperscript{63} While more people today may know that carrier pigeons were used during the war, it is not talked about enough still, especially during war commemorations. Successful experiments done early in the war showcased pigeons’ value as a means of communication in the front-line trenches.\textsuperscript{64} Many homing pigeon clubs existed in the Midlands and the North of England; the personnel of the Pigeon Service were recruited since they were the only ones who had had previous experience in the rearing and training of the birds.\textsuperscript{65} The only training needed by the birds was knowledge of the country in which their particular loft was situated so that they would be able to locate the position when released for flight.\textsuperscript{66} Their instinct and wonderful sense of locality enabled them to return home when released.\textsuperscript{67} The pigeons were then given one or two practice flights to ensure that their homing instinct was not destroyed by the din of gunfire, but many birds
were terrified and were quite unsuitable for the dangerous work, so they were not used.68 Almost all branches of the military service used pigeons, although their greatest use was with “infantry in front line trenches or attack, and with aircraft.”69

It is important to note that during WWI, it was a felony to “kill, wound or molest carrier pigeons under penalty of six months' imprisonment [and] 100 British lire [lira or pound] fine,” showcasing just how valued homing pigeons were.70 The Government had also sent an official letter of thanks after the war from the Air Council to the breeders who provided the 80,000 pigeons used for service.71 The article also stressed that the number of lives saved by pigeons during the war will truly never be known.72 The little fellows proved hardy and delivered their messages despite being wounded. The most famous of the birds was “Cher Ami” (Dear Friend) who saved Major Whistlesby's “Lost Battalion.”73 Cher Ami was released on October 21, 1918 during an intense machine gun and artillery action and delivered a message 40 kilometers away in just 25 minutes!74 One of his legs was shattered and his breast was pierced by a machine gun bullet, while the message tube was still intact, hanging by the ligaments of his injured leg.75 He died a year later on June 13, 1919 from the effects of the wound, and was later mounted and preserved in the United States National Museum.76

The use of animals: a necessary evil or something else?

Academic Steven Johnston from the University of Florida made a good point in his article “Animals in War: Commemoration, Patriotism, Death” in which he quoted author William W. Putney about how animals paid a dear price but the good they did saving human lives outweighs the costs of their sacrifice.77 Johnston was critical of animal memorials because animals do not share the fruits of victory; there are no bereaved animal “parents” that take solace in seeing their sons’ names inscribed onto a memorial stone; there are no future generations of animals that will celebrate the victories of their forebears and they will not visit sacred public places; in fact they are forbidden from traversing memorial grounds.78 So who are these animal memorials really for, asked Johnston? He makes the case that animal memorials paint a sugar coated image of animals. The following quote encapsulates his idea:

To bring war alive, to materialize its horrors, to render ‘contributions’ real, war's destructive impact on the landscape and on the animals needs to be imparted. Why not mules drowning in craters of mud
and water? Why not horses dismembered, remnants of body parts strewn about? Why not dog corpses piled on top of dog corpses? Or, more subtly, why not present a mélange of animals on one side of the wall and leave the other side vacant, suggesting that animals enter the war machine but do not exit it? Wouldn't this facilitate remembrance?\textsuperscript{79}

As noted in the quote, Johnston writes that war memorials would have a more genuine and emotional impact if they were to represent the true horrors of war, as well as the true extent of nonhuman animal loss. He argues that the Animals in War Memorial are a patriotic memorial.\textsuperscript{80} For example, not only were pigeons subjected to machine gun fire and were targeted by hawks and falcons used by the Germans (thus setting nature at war with itself according to Johnston) but they were also seen as disposable and subject to eradication by any means necessary “by the very people already exploiting them and supposedly recognizing their value.”\textsuperscript{81} As such, there is a certain hypocrisy on the part of the warmongers because on the one hand, they valued the pigeons, and to value something usually means to preserve it, while on the other hand, they had no problem sacrificing them. This is demonstrated by the fact that one British commander burned 2,500 pigeons to death instead of letting them fall under enemy control.\textsuperscript{82} It is tempting to make the argument that those who hunt for meat, who value the animals they hunt and kill, are equally hypocritical. While hunters do kill the animals, they are ruled by ethical codes that force them to use one-shot kills so the animals do not suffer, which cannot be said about animals in war. As Johnston stated, by placing the animals on memorial display, it “proves that nature, perhaps the world itself, was on our side.”\textsuperscript{83} The reality is that nature did not consent to participate in the war of humans.

In Animals and War: Confronting the Military–Animal Industrial Complex by Nocella et al., it is argued that speciesism and chauvinism enable systematic violence to be perpetrated against nonhuman animals to the benefit of humans.\textsuperscript{84} The contributors to the book embrace the notion that “we are all animals, that humans are part of the natural world” and that the use of nonhuman animals for human ends is speciesist and rooted in human chauvinism.\textsuperscript{85} Human chauvinism here means human-centeredness (or anthropocentrism) and speciesism refers to a belief system that justifies certain actions at the expense of members of other species, in other words utilitarianism, with animals being non-consenting.\textsuperscript{86} Indeed,
because the fundamental aspect of war is dehumanization, then it is unavoidable that some living beings would be characterized as the other.\textsuperscript{87} To be the other is to be marginalized as less–than–human, usually portraying beings that are closer to nature as animal–like in a derogatory sense (for example the Nazis referring to Jewish people as vermin).\textsuperscript{88} The military often animalizes the enemy which makes it easier on the soldiers to kill because they hate the enemy, and the enemy is not human.\textsuperscript{89} The animal, whether human or nonhuman, becomes the other and it is this cognitive dissonance used by the gun–bearers or generals that justifies the disregard of life at the end of the barrel. The other is the enemy and enemies must be killed.

Finally, in the unpublished article “The Theory of emergence and the rights of nature” by the professor of philosophy at Bishop’s University Bruce Gilbert, it is argued that the emergence of the mechanistic theory of nature of the Enlightenment period opens the door to the utilitarian exploitation of nature.\textsuperscript{90} Gilbert argues that contemporary science and philosophy of science are based on the notion that only self–determining beings (human beings) can lay claim to rights.\textsuperscript{91} The article focuses mostly on nature, but I would emphasize that nonhuman animals are part of this idea. Nature, according to Western metaphysics, cannot have rights because it is not self–determining, it is not teleological, it has no purpose, and since nature is determined by mechanical necessity, its exploitation is justified.\textsuperscript{92} Humans have liberty and have meaningful ends/purposes, whereas nature does not, which makes it easy to treat nature as mere utility.\textsuperscript{93} On the other hand, traditional, that is pre–Scientific Revolution cosmologies are teleological and thus humans and nature are intrinsically connected.\textsuperscript{94} Human freedom depends on nature for sustenance, on top of being the genesis of humans, thus humans are part of the system of nature, and that makes nature self–determining.\textsuperscript{95} Without nature, we would not exist nor survive. For much of Western history, it was believed that animals are automata (or machines), best illustrated by French philosopher Rene Descartes. Nonhuman animals were not considered beings that have reason, feelings, freedom, or a meaningful purpose the same way humans do. In other words, they were not considered self–determining beings. Once again, this cognitive dissonance, by equating animals to machines, made it easier to mistreat, to abuse and to disregard animal suffering.

**Conclusion**

The loss of human lives during the Great War is incontestable, but as Animal Rights’ groups grow in popularity, more emphasis is placed
on recognizing animals as individuals with personalities who are self-determining and have the right to not be subjected to suffering by means of utilitarian use for human goals. By recognizing these fundamental rights of sentient beings, scholars have begun to look into the use of animals in warfare. A plethora of species have been used in the history of warfare. During WWI, some were used as pets to raise soldiers’ morale in the trenches, while other nonhuman animals served during the war as genuine soldiers. Horses and donkeys carried ammunition and medicine on the battlefield and in the trenches and carried soldiers and the wounded, while homing pigeons carried extremely important messages when communication technology was not possible. These animals were wounded, suffered and died just like the human soldiers. They suffered from contagious diseases just like the soldiers. They are more than just animals to be put on display in a museum and deserve serious recognition. War memorials should be able to accurately portray the true extent of the nonhuman animal lives lost during the Great War.

Endnotes

2. Philip Hoare.
5. Horsetalk.co.nz.
7. Nocella et al. 70.
8. Nocella et al. 70.
13. Ibid., 180.
14. Ibid., 186.
15. Ibid
17. Ibid.
18. Ibid., 188.
19. Ibid., 189.
20. Ibid.
21. Ibid., 188.
22. Ibid.
25. Singleton, 196.
26. Ibid.
27. Ibid., 197.
28. Ibid.
29. Ibid., 198.
30. Ibid.
31. Ibid., 190.
32. Ibid.
33. Ibid., 191.
34. Nocella et al., 26.
35. Singleton, 191.
37. Ibid., 22.
38. Ibid., 70.
40. Nocella et al., 28.
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42. Ibid.
43. Ibid.
44. Ibid.
46. Ibid.
47. Ibid., 34.
48. Ibid.
49. Ibid.
50. Ibid., 35.
51. Ibid.
52. Ibid., 36.
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54. Ibid., 38.
55. Ibid., 43.
56. Ibid., 41.
57. Ibid.
58. Ibid., 43.
60. Ibid., 71.
61. Ibid., 74.
62. Ibid.
64. Ibid.
65. Ibid.
66. Ibid., 491.
67. Ibid.
68. Ibid.
69. Lincoln, 70.
70. Nocella et al., 67.
71. “Pigeons in the War,” 493.
72. Ibid.
73. Lincoln., 70.
74. Ibid.
75. Ibid.
76. Ibid.
77. Johnston, 360.
78. Ibid.
79. Ibid., 364.
80. Ibid.
81. Ibid., 365.
82. Ibid.
83. Ibid., 366.
84. Nocella et al., 2.
85. Ibid., 3.
86. Ibid., 7–8.
87. Ibid., 2.
88. Ibid., 3.
89. Ibid., 35.
91. Ibid., 3.
92. Ibid.
93. Ibid., 14.
94. Ibid., 7.
95. Ibid., 14–5.
Controlling the Poor in 18th Century British Voluntary Hospitals

Paris Kilbourne-Olver

In the early 18th century, the voluntary hospital movement appeared in Britain. Amongst the upper echelons of British society was a thriving culture of charity which routinely established and upheld poor relief efforts. By the 1740s, they had turned from older ideas, such as charity schools, towards the fresh concept of voluntary hospitals, in which medical care would be provided to the poor for free. Administered by physicians, merchants, aristocrats, clergymen and other private citizens, the hospitals largely survived on the contributions of benefactors from the same social strata. This idea proved popular, and soon several were established in London and beyond. Their initiatives, though inspired by a newly formed spirit of “humanitarianism,” were nonetheless based on self-interest. Besides the charity’s advantage for creating business connections, achieving religious salvation, and improving social clout, it gave one power over the population’s poor, who were often considered troublesome. Voluntary hospitals consequently reflected efforts by the middle and upper classes to control the bodies of the poor and their behaviour.

Creating workers out of the poor was a key motive for voluntary hospitals. This began at birth with the Lying-in Hospital, established in 1749 to deliver the infants of poor married women. Childbirth was recognized as a difficult burden on the poor, which when uplifted would encourage their industry. Hence, pregnant women who were supported through their “greatest exigencies [will] redouble their labour, will work more cheerfully, and return to labour with better health.” Despite this momentary relief, mothers would typically remain in poverty with their newborn child. Poor parents were seen to alleviate their destitution by any means necessary, from prostitution to infanticide. It was this crisis which the Foundling Hospital aimed to eliminate by creating a home that poor people (almost entirely mothers) could petition their children for. Like their pregnancy, without their child to care for, women could return to the workforce or be
able to care for their other children. Furthermore, once deposited, the children were immediately put to work at the appropriate age. The boys, for instance, manufactured silk, before turning to the manufacturing of hemp and flax for twine and fishing nets after the former was criticised as overly effeminate. Such work prepared them for “their destination to Navigation and Husbandry.” As sick-poor adults, hospitals like the County Hospital at Winchester hoped to deprive vagrants of “one of their more plausible Reasons for begging from door to door...So that they who are Idle and able to work, will be obliged to have recourse to some Employment, and make themselves serviceable Members of the Community.”

In a period of near constant martial conflict, creating soldiers and sailors was additionally of importance. Throughout the mid century, Britain was engaged in successive conflicts such as the War of Jenkins’ Ear (1739–1748), the War of the Austrian Succession (1740–1748), the Carnatic Wars (1744–1763), and the Seven Years’ War (1756–1763). Prior to the Seven Years’ War, no conflict had appeared to be the decisive victory which would establish Britain as the reigning imperialist power. It was felt by the public that it was only a matter of time for this battle to emerge, and thus preparing for war gained primacy within national policy. As a result, anxieties materialised regarding their country's population size; the question was did they have enough men to contend against their enemies? Hospitals like the Foundling and the Lying-in, which specialized in growing the population, were pinpointed for this value of national importance. In 1756, when the Seven Years' War broke out, the Foundling was given an extraordinary subsidy from Parliament to aid in this purpose. The Foundling first appealed for funding assistance, deploying comparisons to other foundling hospitals in Europe who received government assistance. After deliberation, Parliament granted the hospital the authority to admit all children under the age of two months, and funding assistance for the following 16 years. According to James Stephen Taylor, “the first installment of £10,000, allotted on 10 May, was only 2 percent of the total subsidies Parliament" would continue to pay. With financial assistance from the government, their poor inmates could be retrieved
from their paths of indolence, or even death, and set on a march to war. The nation would use their bodies to create a prosperous empire, ultimately (it was thought) bettering the country as a whole.

Charity was not restricted to uplifting the nation economically and militarily but also spiritually. It was particularly a vital issue for clerics witnessing the destitution outside their churches. The Archbishop of Canterbury, Thomas Secker, expressed this concern with Christian familial terms in one of his sermons. “As we are all Children of the same Father” we cannot help being “affected with the Wants and Miseries of our Fellow-Creatures.”

But despite their “miseries” the poor were not at the centre of this conversation. Rather, those with something to give, and who filled the seats of the most influential Christian preachers, were at the fore. A “self-regarding” activity, through charity one could attain salvation and express their devotion to God, for “true charity is for God’s sake.”

Poverty was considered providentially arranged by God for this purpose. Almsgiving had a number of redeeming qualities for the benefactor. Firstly, it reflected heaven-wards that your property was granted by God. “Who gave the prosperous Voyage to the Vessels, which came home freighted with thy riches?” The Bishop of Rochester, Zachary Pearce, questioned his parishioners, “Was it not God?” Secondly, God would provide. To give, one “does plainly own it be God’s power to afford him a fresh supply of all things that are necessary for him.” Thirdly, it curbed covetousness. In the words of Secker, benevolence in the name of God impeded “the Love of Money from fixing and growing upon us.” Relief for the poor, then, almost appeared as gratuity.

With the good of giving established, the question of how much to give arose. The answer: not too much. Christ’s call to “sell all that thou hast, and give to the poor” was clarified by Bishop Gilbert Burnet to merely apply in the event of “famine and persecution,” and that “in ordinary cases to do it, might be rather a tempting of Providence than a trusting to it, for then a man should part with the means of his subsistence, which God has provided for him, without a necessary and pressing occasion.” The wealthy should proceed with caution, for there was danger in taking “public spiritedness too far.” Donna Andrew identifies this danger as a threat to
the hierarchical structure of society. Without wealth to signal rank, the upper echelon could no longer claim superiority, a special danger for the church which depended on subordination. This framework of charity placed the poor in a permanently subordinate position to the wealthy and the church.

Thus, our hospitals are informed by a Christian culture of submission. The founders, no doubt aware of religion’s conceptual ability to subdue, recognized the hospital’s unique position in this process. In 1736, the priest Alured Clarke outlined the raison d’etre of Winchester hospital, which he had conceived. Its religious endeavours were clear; the hospital should “have the strongest tendency to promote a Spirit of Religion and Virtue amongst the Common People.” Furthermore, the hospital was an ideal setting for two reasons. One, it brought people from all over the country. “As an Hospital is supplied with Patients from all parts, it must needs be, that a Spirit of Religion and Gratitude will be gradually spread throughout a whole Country.” Two, it enclosed the poor away from immorality, where a correction of behaviour could commence. “We can never hope,” wrote Clarke, “to secure their Affections, soften their Passions, reform their Manners, and possess them with their sense of their Duty to God and Their Superiors so effectually as by this feeling way to Instruction.”

Voluntary hospitals aimed to hold their inmates to this standard of morality and religiosity. The Lying-in Hospital made it explicitly clear to the public that they served married women, subsequently promoting and rewarding the institution. Their hospital was “an open testimony borne in favour of the first ordinance of Heaven [marriage]; on which not only the comfort, but the very support of human life so greatly depends; which is the foundation of families and government.” In practice, bibles were handed out to patients; clergymen, urging prayer and reflection, made regular visits; and it was ensured that each child born in the hospital was baptised. For many voluntary hospitals, attendance at church service was mandatory. In an address to the public, the Foundling Hospital proclaimed, “the children do constantly attend Divine Service in the Chapel on Sundays, to often remind them of the Lowness of their
Condition, that they may early imbibe the Pinipiles of Humility and Gratitude to their Benefactors; and to learn to undergo, with Contentment the most servile and laborious Offices.” The words of the Hospital’s Governors reaffirm the inferiority and deference of the poor through religious adherence. According to Donna Andrew, one Lying-in Hospital required women to display a public show of gratitude, or be rejected from further support. Even the London Lock hospital, which in comparison to its counterparts was lacking in religiosity, demanded an audience of its patients every Sunday. The chaplain, Martin Madan, ordered meetings with them in a boardroom (for lack of chapel) on the threat of discharge from the hospital.

Despite Madan’s initial efforts, the London Lock proved to be an exception to the rule of religious enforcement. After a chapel was built in 1764, Madan no longer had to meet closely with the patients in a boardroom, rather they came to a Sunday service with the public. Moreover, Madan was expected to visit the patients in the ward, but he struggled to maintain this task. When Madan left the hospital, the patients were left without religious instruction. In this lapse it appears that the inmates no longer received clerical visits, nor attended service in the chapel. A new Chaplain by the name of De Coetlogon was installed, who challenged the responsibility of personally visiting the patients—at least not without a raise. De Coetlogon was in dispute over this matter with the founder of the hospital, William Bromfield, who viewed personal visitation as necessary. “I am inclined to think . . . that [visiting the patients] was the first and most indispensable part of the Minister’s obligation.” But Bromfield was unsupported by the hospital. A Select Committee determined that Madan had commenced the prior duty as a volunteer, and that this role was never made a clear condition of the post. Hence, they recommended the Governors to support De Coetlogon, rather than Bromfield’s claim against him.

Why was the Lock less interested in religious reformation? Several reasons can be drawn out, a few of which I will elucidate. To begin with, the Lock was an unordinary voluntary hospital. Founded in 1746, it aimed to serve those suffering from venereal diseases. Other voluntary hospitals rejected such patients from care not only because of its medical
contagion but also moral. Their institutions were meant to be safe havens, where their inmates could be inoculated from vice, and hopefully resistant to it upon their return to the streets. As Alured Clarke explained, “the most certain method of recovering Men from their evil Courses, is to remove them out of the way of bad examples for so long a time as is necessary to beget contrary Habits.”\(^{20}\) The Lock, on the other hand, invited vice inside. Therefore, the establishment already held a tenuous position with regards to checking morality from its inception. This may help explain the culture at the Lock, but not why its founder was easily overruled by his fellow Governors.

The Governors were inclined to agree with Madan’s precedent because the chaplain was a valuable source of income for the hospital. Like many voluntary hospitals, the Lock ran on a shoestring budget; it survived primarily on the support of benefactors. But it was at an even greater disadvantage than its fellow institutions for its undesirable inmates. Immoral and loathsome, in the public’s eye, syphilitic patients were far from the sympathetic figures reflected in poor mothers at the Lying-in Hospital and destitute children at the Foundling. In a time where giving to charity was often a public display, it mattered where you put your money, and the Lock was not fashionable. The building of a chapel invigorated the hospital both economically and socially. All hospitals were expected to have a chapel for the use of the staff and chaplain who visited the wards, but the Lock could not afford one for decades. In 1764 Madan provided the funding for a chapel modelled after the Foundling’s. The latter’s chapel was an extraordinary success for drawing income from pew rents and special performances such as Handel’s Messiah. The Lock’s chapel followed suit. Soon, the revenue from the chapel made up a significant amount of funding for the hospital. In 1766–7 it was recorded that Governors’ subscriptions secured £707, pew rents £521, and performance of the Oratorio of Mannersseh £120.\(^ {21}\) The preaching of Madan, and eventually De Coetlogon, built their congregation and enticed London’s most fashionable to support the Lock.

Madan and De Coetlogon preferred to do their reforming from the comfort of the pulpit because the
wards proved too vile. Until the 1780s, every clergyman employed by the London Lock hospital struggled with visiting the wards. Though all were concerned with the religious spirit of the poor, direct contact with the patients proved particularly difficult. Unlike the Governors who conducted their business outside the wards, the doctors who were accustomed to this sickness, and clergymen at other non-venereal hospitals, these men felt they faced an especially gruesome and plainly revolting task. Subsequent to his parting, Madan reflected “I found the wards so increasingly offensive that I could not bear to enter them for private converse.” The governors allowed De Coetlogon his separate sphere of the chapel, however they decided to seek out a minister to replace his absence in the wards. A revolving door of ministers were employed, but none could stomach the duty. One minister, Illingworth, quit after two visits to the wards, while another minister named Goodhall could not accept the job, reporting his “fearful apprehensions” of performing “so disagreeable a business.” Any want of religious reformation through direct contact with the poor was simply overpowered by their repulsiveness.

The search for a minister to tend to the patients reflected a significant change for the London Lock, and London philanthropy as a whole. 1781, the year of Reverend Twycross’ appointment, and a year after the Bromfield–De Coetlogon conflict, has been identified by scholars as the beginning of the Evangelical Revival. Their movement held similar ideals regarding charity from the past, but with notable differences. It was now determined that prior moral reformation in the individual was necessary for real positive change. Henry Beeke, in a sermon to raise funds for Devon and Exeter Hospital, reminded its governors that “even compassion, though the most amiable emotion of the breast...would not lead to that [socially desirable] general and deliberate benefice which is founded on religious principle.” Many voluntary hospitals came under this influence as their boards and chapels were increasingly repleted with Evangelicals.

At the Lock this transformation was swiftly initiated. Reverend Twycross resumed visitation of patients, and attendance was once again mandatory at Sunday service. The governors began to investigate the reforming advantage of clerical
visitation (an evermore popular initiative by charities at this time) by applying inspectors to “enquire particularly into the good effects of the constant visitation of the Patients in their Wards by the Chaplain or his Assistants; that such signs of Penitence and Reformation in the Patients occasioned thereby, may be noted in the Minutes, and reported from time to time to the general court.” Twycross, who was asked for his own findings, observed that his efforts were not “entirely in vain,” rather there was “great hope of penitence and reformation in several woman patients.” Furthermore, the board of governors was progressively evangelised by the likes of William Wilberforce, a famous and ardent social reformer. To express their new spiritual mission, reforming appeals, henceforth unseen in promotional literature by the Lock, appeared in public. In January of 1782 one such letter was made out to select nobles they hoped to entice:

But the Governors have another argument to urge in favour of this charity, which is, that they have the greatest reason to believe many of the patients admitted into this hospital have not only been cured of their disorder, but by the preaching in the chapel, and other spiritual offices performed by the Chaplain and his assistant, been brought to a proper sense of their former evil courses, and from that time become useful members of society.  

That the Lock immediately employed these grounds, and their likely exaggeration regarding the “many” cured of their “former evil courses,” reflects the sway it had over the public. In the decades without a moralising message to rely on, the Lock had come under intense scrutiny from the public. The public believed that the hospital should be employed to control the vices of the poor rather than—as they saw the Lock—support its proliferation. Thus, Donna Andrew sees no coincidence between the view that women were pillars of virtue, and the fact that none were publicly connected to the Lock.  

The Foundling Hospital similarly enticed the public with images of saving the poor from moral destitution. Because most of its applicants were destitute mothers, when not discussing children, much of their literature was centred around women. A fundraising sermon by Reverend Bromley reflects the typical depiction of women:

it is manifest to all, that there is another part of distress, into which not the poor only, but unhappy creatures in all
conditions, too frequently fall; and which it is a principle act of the design of this institution to relieve. Need I mention the case of the unfortunate women, deluded by the base stratagems of designing men; abused by faithless promises and hollow vows; and in the unguarded moments of confidential affection ruined and undone;—an infant to proclaim her shame, and irrecoverably blast her fair honour, which she too credulously entrusted to the protection of a villain...Abandoned by the man, in whom she trusted; reproach and obloquy, and shame are now only before her: the resentment of her nearest kindred is the next thing she looks for; the desertion of her more distant friends she must expect to follow soon after.

Bromley’s women were not actors in their story, but passive receptacles of male action. She could only be “deluded” and “abused” by her partner, who was “designing” with his “stratagems.” Abandoning her and the child, the man could remove himself from the narrative. All of this is described as “misfortune,” leaving no agency for the woman. Even the child worked upon her, “proclaiming her shame” for her and “blast[ing] her honour.” She is finally left truly powerless and helpless when her family and friends turn from her. A power void is created, for it is clear the woman cannot rely on herself. This is where the hospital, with the help of benefactors, steps in. Though the hospital did not exercise direct control over women, for it only admitted their children, the goal of doing so was that it would influence women to regain their moral character. The circumstances of the birth of her child were clearly troubling to society, and worse could be how she attempted to support it. If their family (who was often too poor themselves) and their masters could not help, women turned to relief like pawning their clothes, and prostitution; and were generally driven to destitution. By giving up their child, it was hoped unmarried women could retain their reputation and return to the world of working respectability, or marry their partners and recover the child later. In any case they would no longer be figures of shame.

That fundraising material reflects these sentiments, highlights what the wealthy public hoped the Foundling would accomplish. A large majority of the men who “seduced” the women applying to the hospital were servants, suggesting that many of those women were servants themselves. Ralph Trumbach notes that “a woman’s fellow servants were usually the greatest dangers to her chastity, and almost three-fourths of these male servants were employed in the same household.” Furthermore,
employers were highly reluctant to retain a servant who brought immorality into their house. The mistress of Mary Brown accepted her back because she appeared morally worthwhile and a victim of “misfortune” (echoing Bromley’s language) explaining,

We have, at her earnest request, agreed to take her again into our service, and that request is testimony of her principles being good, and we sincerely believe her seduction was more her misfortune than her fault, and that she heartily repents it. If you should choose to enquire further about her, we should be glad to have it done privately, lest she may be exposed.33

As virtually every donor to a voluntary hospital would employ several servants, it was certainly in their best interest that the hospital worked to preserve the morality of London’s poor, especially those in their own households.

Early on, the application process of the Foundling Hospital was less concerned with holding women to moral standards or conventions of femininity. For instance, one woman was known to be a prostitute, but her child was nonetheless admitted for help. Restrictions appeared more practical; such as if the father could be recovered then the case was rejected, for it was up to him to support the child. Moreover, in their applications women did not always describe themselves as innocent victims of male sexual aggression. According to Tanya Evans, “the language of the petitions challenges the representation of lone mothers as passive, seduced victims and tells us instead of the myriad fortunes and misfortunes of their lives.”34 A shift occurred in the 1790s when admittance became stricter and applications more probing. In 1795 it was noted by the enquirer that he looked for women who had a job she could return to, and that if her child was illegitimate it had been the product of a long-term relationship with a promise of marriage.

Evans looks to declining funds to explain the smaller circle of worthy objects of charity,35 but likely also is the increasing emphasis on morality in administering charity. Donna Andrew describes the end of the century as a period in which benefactors were even more tightly bound together through their charitable, family, social, and business connections than their previous generation. Their pursuits
were far more aligned, including religiously. Of the 150 major donors studied by Andrew, over 40% were a part of a religious organisation or known for their “personal, practical piety.” Additionally, that number included several more clergymen than in years prior.\textsuperscript{36} Undoubtedly, the Evangelical groundswell of support for moral reformation in these years contributed to stricter analysis of petitioner’s virtue. As discussed, without this bedrock their efforts could not succeed, and therefore screening for such became more necessary with the Foundling’s depleted funds.

British voluntary hospitals of the 18th century were an opportunity for the control of the poor’s bodies and their manners by middle and upper class citizens. Those who governed, and financially supported the hospitals, such as merchants, aristocrats, and clergymen, saw the hospital as a means in which they could mould the poor into workers and soldiers, as well as morally sound individuals. By unburdening them of constraints like children and sickness, the poor could be put back to work, reenergizing the economy. Additionally, as a time of war, it was paramount that soldiers could be created to compete against Britain’s Continental enemies. Hospitals which increased the population size like the Lying-in Hospital, and transformed poor children as the Foundling Hospital did, identified themselves as factories for the manufacturing of troops, built from their impoverished inmates. Furthermore, voluntary hospitals aimed to reform the behaviour of the poor towards morality and religiosity. Encouraging spirituality encouraged servitude, making them more willing to follow the guidance of the upper classes. Moreover, they would turn away from their vices, such as promiscuity and indolence which had led them to the hospitals, and debased the nation. Practices such as clerical visits and mandatory attendance at service were employed for these purposes. Though hospitals like the London Lock and the Foundling had tenuous reform initiatives throughout the midcentury, by the 1780s all such institutions were greatly moved to it by the Evangelical Revival. In this era, moral reform was viewed as the key to uplift the poor from degeneracy, and thus efforts increased to control their manners. At the close of the 18th century the stage was now set for the following era, which would come to reflect an intenser charitable regime dedicated to the management of the poor.
Endnotes

9. Ibid, 12.
10. Zachary Pearce, *A Sermon Preached before the Right Honourable the Lord-Mayor, the Court of Aldermen, the Sheriffs, and the Governors of the Several Hospitals of the City of London: At the Parish-Church of St. Bridget, On Tuesday In Easter-Week, 1743* (London: John Watts, 1743).
17. Ibid, 63.
22. Ibid, 39.
27. Ibid, 211.
32. Ibid, 280.
33. Ibid, 287.
35. Ibid, 105.
Granite in St–Sébastien: History, Silicosis, and its Impact on Families

Justin Gobeil

If you take a quick walk in the city, take a moment to look at the sidewalk you are walking on, the buildings that you are passing by or the public art or monument in the park. You may notice that they might all have something in common: the stone they are made of. Granite is part of our everyday life, to the point that it is easy to overlook it. Each different colour of granite carries its history and the history of the community that extracted it. St–Sébastien–de–Frontenac is one of those communities where granite is part of its DNA. Its stone, the St–Sébastien Grey granite, has been heavily used in the province of Quebec and throughout eastern North America, to the point that it is impossible not to stumble upon it when visiting major cities such as Quebec City, Montreal, and Ottawa. However, the extraction of such a beautiful stone, with its peak in St–Sébastien in the 1930s, was not risk–free. Although the granite factories and quarries were always a dusty environment, the introduction of new pneumatic tools in the 1920s exponentially increased the level of dust in the air. Silicosis, due to an accumulation of silica dust in the lungs, negatively impacted the workers of this industry in the first half of the 20th century. Many were sick for an extended period of time, and in many cases, died from the disease. For this paper, I will shed some light on the history of this community, its granite industry, and most importantly, on silicosis and the impact it had on the workers and also on their families. It will argue that the high number of silicosis cases among stoncutters was due to the environment they were working in, the introduction of pneumatic tools and a lack of protective measures and that all of these had a negative impact on the socio–economic development of the families of St–Sébastien in the first part of the 20th century.

Silicosis at large is well represented in the literature. An impressive amount of academic work can be found with a quick research. The vast majority of them tend to be in two distinct categories. The first one is the medical field. Although there is also some more recent
analysis of silicosis, most of the medical scholarship on the matter comes from the 1920s to the 1940s. It clearly shows that the mechanization of the work (usually from 1890 to 1920 depending on the locations) increased the number of silicosis cases, to the point of getting the attention of the medical field. Many of these articles, such as E. P. Scarlett and H. H. F. Behneman, would provide information on what the causes of the disease were and some solutions or ways to control the dust. Many were also advocating for more examination and testing of the workers and the amount of dust in the factory, and that these tests had to be realized by qualified medical and scientific personnel. Many, such as P. H. Pierson and H. H. F. Behneman, criticized that some “experts” had given their point of view at court for a compensation trial. Then, when looking at silicosis due to the granite industry, most articles were from the Vermont industry, most specifically from Barre. In “Barre, Vermont Granite Workers and the Struggle Against Silicosis, 1890–1960,” David R. Seager briefly explains the start and growth of the granite industry in Barre, a city in the metropolitan area of Montpelier, the state’s capital. Seager then moves on to explain how the workers’ union fought for more protection against dust, the inaction of the employers and how change came with the New Deal. The second article, “Silicosis and Dust Control: Vermont’s Granite Industry,” by Harry B. Ashe, director of the division of industrial hygiene of the Vermont Department of Health, was published in 1955 and is a short report on the numbers of cases of silicosis and how the safety measure implemented by the state helped decrease the amount of silicosis. As part of his research on the quality of life of workers in Barre, Stephen J. Randall address silicosis quite often, especially in “Life, Labour and Death in an Industrial City: The Occupational Health of Barre, Vermont, 1870–1940,” where he talks in great details of the mortality rate among stonecutters. However, none of them talks about the impact of silicosis and silicosis death on families. Randall even acknowledges it: “The largest impact of such mortality on community and family life lies outside the scope of this essay, but its importance should be noted.” However, I can understand that it was not really addressed as there is a lack of primary sources on the topic. Most oral history done on granite focuses on
the workers, and not their relatives. This also proves that there is a clear gap in the literature regarding families. It should be noted also that there is no mention of St-Sébastien in this historiography. This is not an error, as nothing academic has been published on silicosis in the village, nor the village’s industry at large. It is quite surprising that nothing had been written on it, given the contribution of its industry and its stone to the Province of Quebec, and eastern North America. The few works on it can only be found in local publications, through words of mouth and the local museum on the matter. Therefore, the use of photographs and artifacts is crucial to understanding the granite industry of this village.

Before getting into silicosis, this paper will look at the history of the colonization of St-Sébastien up to the construction of the first granite building in the village and the history of its granite industry, mainly by looking at primary sources and the few local publications available out there. Then, it will look at silicosis in the village with the use of photographs and artifacts, but since there is not enough written about the disease specifically in St-Sébastien, I will use a comparative method by also looking at silicosis in the granite industry of Barre, Vermont, given that the two quarries are not too far away from each other, that they were active in the same period of time and that Barre’s industry is well documented. Also, since silicosis is universal to mining industries, the comparison should not be too hard to do. Then, I want to focus on the impact that it had on the families. Unfortunately, virtually nothing has been written on this side effect of silicosis. Even the few oral histories research done in the area did not mention it. Therefore, I will do an autoethnography of my grandfather, Clément Gobeil, who lost his father when he was only fifteen. I believe that no academic attention was given to St-Sébastien and its granite industry, not because it has no historical importance, but rather since all of its scholarships would be in French and because it is somewhat far from larger cities. I think that the history of granite in this small 700 people village needs this academic attention, as it is primordial to the Quebec granite landscape. Beyond that, I believe that more recognition to the men that sacrificed their health, and sometimes their lives to this industry is needed. Historians need to focus on the individuals who made these architectural projects
possible, and the same attention should be extended to their families, who were also part of the collateral damages of the granite industry.

Firstly, before looking at silicosis in St-Sébastien, a brief history of this village from its first inhabitants to the first building made with the locale St-Sébastien Grey granite should be outlined to put in context the silicosis issue, as such subject has never been addressed in an academic paper. Before anything else, it should be acknowledged that the Niowentsio territory was first inhabited by the Huron-Wendat, with artifacts found near the Lake Megantic dating the human activity in the area to 12,000 years ago, making it the oldest known archaeological site in the North-East of the Americas. Now, the small village of St-Sébastien can be found at the bottom of Mount St-Sébastien, about 100 km to the north-east of Sherbrooke, in the Eastern Townships of Quebec. According to Louis Paradis’s manuscript, the first colonists to settle in what was then called the Township of Aylmer were Ignace Royer, 22 (born on October 4, 1824), and his brother Barthélémi, 20 (born on June 24, 1826), along with their brother-in-law, Jean-Baptiste Campagna (born in 1800), respectively from St-Anselme and Ste-Claire, in the Lévis region. They packed the essentials, such as “food, small tools, pots and pans, cables” and off they went. They were fortunate enough to be able to take a road for the first part of the ride, crossing the parish of Ste-Hénédine, Ste-Martine, St-Joseph and St-François. After that, they had to use the “Chemin de Lambton” (which was more commonly referred to as a “horrible canal” in the woods which would cross the townships of Tring, Forsyth and Lambton. After a brief stop there, they went further into the woods, walking with snowshoes until they reached the 17th lot of the 2nd and 3rd road on March 17th of 1846. Once they were there, the first task was to build a house. After this was done, they started to decipher and produce the necessary equipment to harvest the first maple sap. They went back home in the summer, and Mr. Campagna brought his wife and children, making the Campagna the first family of the township. The new colonists would come the following year, bringing with them their family. In these hazardous conditions, coordination was key. Together, they reworked the road to make their trips to Lambton easier or and in 1847, the
Royer brothers worked together to create and their own house, so they could bring their new wives (Ignace married Léocadie Blais and Barthélémi, Marceline Roberge) to the new settlement.\textsuperscript{13}

For the years to come, many more colonists came to settle in the township of Aylmer. In 1854, Louis Paradis Sr. and his wife Louise Jobin came to the township after selling everything he had in St-Henri. At that time, the colonists were still required to travel to the parish of St-Vital in the Township of Lambton for their religious duties. However, many miles separated the two communities. In 1856, Abbot Godbout was given permission by the Archbishop of Quebec to establish a mission in the Township of Aylmer, once a month, on weekdays. The newly completed house of Louis Paradis was used to host the first mass on January 20, 1857.\textsuperscript{14} In 1860, a committee was formed to find a place where to build a church. It is only at their fourth request that the archbishop agreed to let them build a church in 1864.\textsuperscript{15} However, nobody was agreeing on where it should be located. Three main ideas divided the community, to the point that the two groups that were not agreeing with the location of the future wooden church did not help for the gathering of the different materials needed for the construction, which caused the project to be delayed by one year.\textsuperscript{16} But the following year, the community decided to wait for the church and build a presbytery that would have a chapel, which was inaugurated in 1866.\textsuperscript{17} The chapel was kept until it got too small for the growing population. In 1880, talks to finally build a church started to rise, but it was only in 1886 that it was finally agreed to build a church that would be around 115 feet long, 50 feet large and 28 feet high. The local granite would be used. The plans were made by architect David Ouellet and the contractor would be Augustin Audet, which would do the work for $15,600.\textsuperscript{18} The construction started in the spring of 1887 and the solemn benediction of the church was celebrated on November 14, 1989. To this day, the church remains and is the oldest construction using the local granite in the Eastern Townships.

Granite was always part of the St-Sébastien landscape. In short, the Mont St-Sébastien, the Mont Ste-Cécile and most of the neighbouring mounts and hills are completely made of granite. They were created 360 million years ago in
the Precambrian era when a bubble of magma rose to the surface of the earth.\textsuperscript{19} Those mountains used to be much taller than now. However, with time, the erosion caused by winds and the movement of glaciers from the last ice age broke the mountain down, bringing Mont St-Sébastien’s highest peak to 820 metres.\textsuperscript{20} However, parts of these rocks from the past of the mountain could be found all across the land. As mentioned before, the first colonists of St-Sébastien were farmers. In order to work the land, it was a necessity for them to remove those rocks from the field. Not knowing what to do with them, and underestimating their value, the rocks were piled in dikes around the fields. Realizing that these granite rocks and some aesthetic values, some villagers started to use them around their homes for practical use. As mentioned in the preceding paragraph, the church was built with the local granite, the St-Sébastien Grey. At that time, everything was done by hand, with chisels and hammers. It is also visible that the villagers did not have extensive knowledge of the stone, as many blocks on the side display a predominant vein, which is an accumulation of one of the three minerals of granite (either mica, quartz or feldspath), which is usually considered a default in the stone.\textsuperscript{21} Another example of their inexperience is that some stones were left with marks done by the feathers and wages (which was the way of the time to split in half a block of granite). The first praise of the local stone was in 1888, when Cardinal Louis-E. Taschereau brought three samples of the stone to be put in the collection of the Université Laval Museum.\textsuperscript{22} After some analysis, it was said that these stones are among the most resistant and beautiful in all of the archdiocese.\textsuperscript{23} The only missing part to open a quarry was to have a way to move around and export the stones. In 1895, part of the Quebec Central Railway was built and St-Sébastien was finally connected to larger cities such as Sherbrooke, Quebec, Montreal and even Boston. At this time, the Senator, the honorable Joseph Bolduc opened the first quarry in the region. The first quarry was opened in 1911 by Lacomb and Dallaire, the same year that Amédée Busière came to St-Sébastien.\textsuperscript{24} Busière bought their quarry and opened many others on Mount St-Sébastien. In the 1920s, the granite in St-Sébastien became industrialized, especially with the addition of the new pneumatic tools.
In the next two decades, two of the most well-known examples of the use of the local stone were created. In 1924, Amédée Busière got the contract to provide the stone for the Basilica of Sainte-Anne-de-Beaupré, and in 1930, Ernest Jobin, and his company, the Silver Granite, got the contract to build the St-Joseph Oratory in Montreal.\textsuperscript{25} In the first half of the 20th century, St-Sébastien Grey granite (also sometimes referred to as the Silver Grey granite) was used in the construction of many other institutional buildings, such as the Musée National des Beaux-Arts du Québec, part of the Assemblée National and the Bank of Canada to only name a few.\textsuperscript{26} However, in the mid-century, the war restriction on explosives used in the quarries slowed down the production, which was naturally in decline as the St-Sébastien Grey granite due to the closure of the Silver Granite in 1951 for financial difficulties, and since the stone was getting less popular due to its association to the church and a change in architectural trends who moved from the granite to concrete.

Silicosis was a common problem in every quarry and mine, throughout the globe. David R. Seager defined silicosis as: “a chronic disease of the lungs caused by breathing significant amounts of crystalline silica (quartz) in particulate form for prolonged periods of time. Silicosis is characterized anatomically by the development of small discrete nodules of fibrous tissue uniformly disseminated throughout both lungs.”\textsuperscript{27}

In St-Sébastien, the increase of silicosis cases was due to many causes, such as working in poorly ventilated spaces, the lack of protective measures, but mostly due to the introduction of the pneumatic tools around the 1920s. Here are some pictures and artifacts from the collection of the Maison du Granit to illustrate those points. In this picture [top] taken in Ste-Cécile in 1924, the interesting part can be found in the back of the picture.\textsuperscript{28} Readers with good eyesight or magnifying glass will be able to see a few men working under this long shed, made of only one roof and no walls. These types of sheds were very popular in the area. They were perfect in the summer: they offered shade and protection from the rain to the workers, were cost-effective and allowed the wind to push away the granite dust.
G. Ross, emeritus professor of geography at Bishop’s University, did a series of interviews with stoncutters who used to work in the Stanstead/Beebe granite industry. Due to its proximity to St-Sébastien and the fact that they were subject to the same laws from Quebec, it is easy to use this industry to draw parallels to St-Sébastien’s. In an interview, Roy Bachelord’s only mention of “the dust” is that “outside workers did not suffer any ‘great disability’ from it. Inside workers suffered much. There was no equipment for removing the dust from the air.” This is also proven in Hoffman’s 1922 research for the Department of Labour. He noted that

“In the Southern States, where most of the work is done out of doors, the death rate from pulmonary tuberculosis among granite cutters during the period 1912–1918 was only 441.1 per 100,000 of population, against 962.3 for the New England States.”

With such numbers, there is no doubt that the outside/inside situation had an impact on dust. It is also quite clear that the climate (especially the harsh Quebec winters) had a direct impact on silicosis and

In this second picture, probably taken around 1925, the workers are now in a factory with closed walls and some windows for light (the quarries and the surrounding roads were the first to get electricity in 1928, where the 1st Road, nearer to the village and the Commercial Street, only got it in 1938). Although they had the advantage of being used year-round, these infrastructures did not allow good ventilation. In 1976, Dr. William
the health of workers. Although they did not have anything to purify the air and remove dust, they sure had ones to make some. The pneumatic tools made their entry in St-Sébastien around the 1920s. Before that, everything was done by hand, with a chisel and a stone hammer. This previous method was not dust-free, but certainly never created as much as the new tools. Hoffman notes that “since the introduction of pneumatic tools for cutting and carving purposes, the dust problem has attained to the proportion of a deadly menace to the workers.” These new technological improvements were without a doubt the leading cause of the spike in the number of silicosis cases. On the [top] image, a St-Sébastien worker from the 1940s is using a tool similar to the one on the [bottom] image to create holes in the stones to then separate the block in two. Unless it is only due to the bad quality of the picture at this very specific spot, it looks like the dust cloud caused by this pneumatic tool is even visible.

The [top] picture is also quite interesting to look at from the point of view of safety. In fact, the only visible safety measure is in the wearing of a helmet. However, no protective glasses, gloves, and most importantly, respiratory masks are to be seen. Respirators for miners and stonecutters (such as this one from the 1940s, given to the museum by a retired worker, Mr. Paul Théberge, who worked in St-Sébastien around that time) did exist at that time and were made available to the stonecutters, but many did not wear them. It is said that they stank, were not comfortable
and limited the workers in their movement and vision. This last bit is quite important to understand why many did not wear them. In some quarries of St-Sébastien, workers were paid for their work, and not only their time\textsuperscript{38}. The glasses blurred their sight and masks reduced the vision span, which often led to more errors while cutting the stone. These errors would lead to a smaller pay, hence why many opted out of the protective measures. According to Bolduc, “It seemed like we did not that it could cause death this industrial disease,\textsuperscript{39}” which would explain why many did not take the precautions to reduce their exposure to dust. However, Michel Fortin, ex-director of La Maison du Granit, argued that “some stoncutters exactly knew in what peril they were getting themselves into by working in factories, but did it anyway. The granite industry was THE chance to get some money,” to afford some comfort and put food on the table of their large families\textsuperscript{40}. These three factors are the leading causes of so many deaths, but also poor health conditions that affected the workers and their families.

The industrialization of granite in Barre, Vermont started around the 1890s, a time where they started using pneumatic tools, 30 years before St-Sébastien did. Prior to that, the stone had been used throughout the century for small home projects such as doorsteps and foundation stones like in St-Sébastien. However, Barre had much stronger and faster industrialization, characterized by a huge number of immigrants predominantly coming from Italy and Scotland, but also from Switzerland, Ireland, Spain, Sweden, and the neighbouring Quebec\textsuperscript{41}. The small village gained about 10,000 new residents in the span of 30 years\textsuperscript{42}. St-Sébastien also had some immigrants from Italy, but never to the extent of Barre. These immigrants, especially the Italians and the Scots, were quite useful as they were coming from regions where stone cutting and sculpting was already a common activity and
brought with them techniques and some knowledge of working with stones that were transmitted to the local workers. The industry in Barre was extremely prolific, making the city the leader in the Vermont granite industry, and among the ones with the highest volume of granite produced in America\textsuperscript{43}. Although pneumatic tools were first introduced in Vermont around the 1980s, it is only “by 1905 [that] the use of hand-pneumatic tools was practically universal.” Just like in St–Sébastien, pneumatic tools also meant more dust in Barre. However, one interesting fact brought up by Seager: working in sheds, either outside or inside, before the new tools were safer than being directly in the quarry, as many accidents, sometimes fatal, happened there\textsuperscript{45}. The first problem raised by the pneumatic tools was a labouring one. Being fast and efficient, fewer workers were needed than when everything was done by hand. But soon enough, silicosis started to become an issue. However, although it was due to the same conditions as previously mentioned for St–Sébastien, quite a few actions were taken in a completely different way in Barre. One of them being the labour organization. The Vermont industry was heavily unionized. Workers repeatedly asked for better working conditions and pay, but some requests about dust were sometimes thrown in the mix. Some of these actions by unions took the form of petitions or even a “Bill of Regulations” that was drafted in 1903\textsuperscript{46}, others were made by criticizing that new sheds had all been “splendidly equipped with all known appliances facilitating the output of granite, but they are generally lacking in one thing, mainly a means of ventilating dust which is produced in the course of granite cutting.” There were also many strikes, which more or less tend to include dust control or address the silicosis issue as part of the series of requests, although most of them had wages as the main point. Interestingly, the strike of 1922 put French–Canadians working in Barre on the spotlight. French–Canadians were viewed as strikebreakers that would be hired by the employers in time of strikes\textsuperscript{48}. This was due to four major factors: first, “Priests from Québec enjoined them to uphold law and order in their adoptive country\textsuperscript{59}” and secondly, “French Canadians often came from rural areas and had little experience in collective labor action and little knowledge of the urban environment.” Also, some French–Canadians were coming to
Vermont only for the money and did not feel part of the community, nor shared its struggles. There is also the fact that in the late 19th and early 20th century, French-Canadians, in accordance to the control of the church in the province, tended to be more on the conservative side than most of the center-left, pro-labour workers of Vermont.²¹

When looking at St-Sébastien, there are no major strikes to be reported. This obeisance to the conservative clergy and little knowledge on how to unionize might be the explanation why there was none in the village. All in all, the strikes and other actions by unions raised awareness on the issue of silicosis among other things. This awareness led to more attention by the medical field, such as Dr. Behneman and others, who were advocating after having done research in the quarries and factories, for better dust control and protection for workers at risk or with pre-existing conditions.²² Some of these preventive measures included analyzing the level of dust per cubic foot and controlling it at its source by increasing air ventilation; using water as a way to reduce the amount of dust in the air; using efficient respirators and even easy access to low-cost medical care made available by the employer.²³ The medical field was not the only one interested. Reports were also made by the Department of Health in 1955.²⁴ X-rays seemed to be a common practice by the state and the medical field to look at the progression of the disease among workers. The fact that there is no mention of such examination in any source regarding St-Sébastien or at the museum raises the question of whether it was a practice done at all in the village. Workers were probably inspected when visiting a medical institution, but it seems that there was no state program to massively X-ray workers like portrayed in Harry B. Ashe’s report in his quality of director of the division of industrial hygiene for the Vermont Department of Health. Change in Barre regarding silicosis came with Franklin Delano Roosevelt’s New Deal. Although at first, it did not do much, New Deal programs started to positively affect granite workers in Vermont, especially with the creation of The Air Hygiene Foundation in 1936.²⁵ It was able to get “medical, legal, and engineering professionals and embark on a program of research that represented an amalgam of industrial
need and scientific optimism. In 1938, unions were finally able to push the employers to install adequate dust removal equipment. In the end, legislation in Vermont finally allowed compensation for silicosis in 1951. Compensation in Quebec seems to have started in 1938, but it seems like it was very restrictive to get the money. All in all, with the lack of unions and medical attention, it is fair to argue that the silicosis crisis in St-Sébastien was probably slightly worse in proportion to its population than the one in Barre.

Although these previous paragraphs mostly talked about silicosis and the workers themselves, it is primordial to also acknowledge that they weren’t the only ones affected by the disease. Their family also had to endure some impact of silicosis in their lives. Unfortunately, little to no attention has been given to them, making it hard to research, hence why I decided to do an autoethnography of my grandfather, Clément Gobeil. He was born in 1933, the second child of a family of six. His father, Stanislas “Ti-Georges” Gobeil (picture on the right) was born in 1891 and was a stonemason in the quarries of St-Sébastien. Unfortunately, after working there for about 10 years, he was inflicted with silicosis. For the next 10 years of his life, he was coughing abundantly, and for some of them, he was not able to work. It is for this reason that my grandfather had to quit school at only 11 to find work in order to bring his family some money. My grandfather always loved trees and wood. From that point until his late seventies, he worked as a lumberjack. Although he was in his element, he always dreamed of going to university in order to become a forest engineer, even if he never graduated from grade 12. The most heartbreaking fact is that he was a good student. Even to this day, considering that he did not get a full elementary school education, he writes incredibly well, free of any spelling mistakes. In his own words, not being able to continue going to school was his biggest regret in life. Stanislas died in
1948, aged 56 when my grandfather was only 15. I never dared to ask how it had been to grow up and become an adult without a father figure, or if he had found one in an older relative or even coworker, but it is not hard to imagine that it must not have always been easy. I am focusing on him, but the whole family was impacted. His youngest sister was only two when her father died. His mother, Alice Pelchat, had lost her husband of 18 years and was left alone at 43 to raise her children. She stayed a widow until she died at 97 in 2003. The impact that silicosis had on this family alone is immeasurable, imagine an entire community. In an interview, André Bolduc talks about how his dad died at 44. His dad was born in 1913 and started working in the granite industry in 1927. Bolduc was about five or six when his dad was 30, and therefore never saw his dad in good health. According to him, at a certain point, about 50% of the residents of St–Samuel (now Lac–Drolet) and St–Sébastien were sick with silicosis.

In conclusion, the granite industry of St–Sébastien needs to get more attention from scholars and the community. Granite has and will always be a recurring theme in St–Sébastien. The first colonists had to remove the stones from their fields in order to grow the land, and their common goal, although it created a lot of discord, was to erect a church to fully establish this new part of the province, a church that was built in stone. Not long after, the first quarries were opened in St–Sébastien, and its stone, the St–Sébastien Grey (or sometimes also referred as Silver Grey) granite made the international fame of the village. After a rough time during the war, the industry moved from extraction to transformation. Even to this day, granite from across the world gets cut and polish daily in the factories to be sent back everywhere, either as stone for buildings (such as the IBM tower in New York City), or for monuments (such as the 9/11 Monument or WWII memorial in Washington, DC). However, this fame came with a price. Silicosis can be found in every mine and quarries of the world, and St–Sébastien is no exception. This text argued that the high number of silicosis cases among stonecutters was due to the environment they were working in, namely outdoor sheds or indoor factories, the introduction of pneumatic tools, which created much more dust.
containing silica than the traditional methods, and a lack of protective measures used by the worker had a negative impact on the socio-economic development of the families of St-Sébastien in the first part of the 20th century. To prove this point, and since there is not enough written about the granite industry in St-Sébastien, let alone the silicosis crisis there, I used some local photographs and artifacts to understand as much as possible the situation in St-Sébastien and then used a comparative method to contrast and compare with the granite industry of Barre, Vermont. It was argued that the lack of union organization and the lack of medical attention probably made the silicosis crisis in St-Sébastien probably slightly worse in proportion to its population than the one in Barre. Finally, an autoethnography, along with some local oral histories were used to discuss the impact of the disease on the families of stonecutters. It is clear that my grandfather would have had a better social status if he had finished school, and potentially attend university as he always dreamed of and that economically speaking, the mourning families ended up struggling to find money to feed everyone, resulting in child labour.

Endnotes

11. In this essay, the term “Road” will be used as the translation of “Rang”, which is not well represented with the term “dirt road”
14. Since Saint Sebastian (the martyr) was celebrated in the Catholic Church on this day, the parish was named in his honour and to commemorate this first mass in the settlement.
15. SHGSF, *Saint-Sébastien de Frontenac*, 34.
17. Ibid.
18. SHGSF, *Saint-Sébastien de Frontenac*, 41.
20. Ibid.
23. Ibid.
24. Ibid.
25. Ibid.
26. SHGSF, *Saint-Sébastien de Frontenac*, 204.
32. Ibid.
34. Ibid.
35. "Perforatrice manuelles à air comprimé." Ca. 1940. La Maison du Granit.
36. Unknown Photographer, Ouvrier à St-Sébastien, ca. 1940, La Maison du Granit, Lac-Drolet.
38. Michel Fortin, "Le Granit, Une Fierté Régional," (Guided Tour, La Maison du Granit, Lac-Drolet, QC, June 2017).
40. Ibid.
42. Ibid, "Struggle Against Silicosis", 62.
43. Ibid.
44. Seager, "Struggle Against Silicosis", 66.
45. Seager, "Struggle Against Silicosis", 64.
47. Seager, "Struggle Against Silicosis", 68.
49. Ibid.
50. Ibid.
51. Ibid.
53. Ibid.
54. health
55. Seager, "Struggle Against Silicosis", 75.
56. Ibid.
57. Seager, "Struggle Against Silicosis", 78.
58. Ibid.
59. It should be noted that this paper was written during a shutdown of many governmental web sites, including the ones of Bibliothèque et Archives National du Quebec and LégisQuébec. I did not have access to the primary sources needed to precisely confirm this claim.
60. Unknown Photographer, *Stanislas Gobeil on the day of his wedding to Alice Pelchat*, August 27 1930, Personal Archives.
62. Ibid.
Given mee by my mother:
Women’s Medical Practice, Family, and Community in Early Modern Europe.

Sophie Brady

Early modern Europeans were guided through life by the hands of women. They were birthed by midwives, swaddled and nursed by their mothers or nursemaids, cared for and comforted throughout their lives by female carers and healers and delivered to death in the hands of nurses and other female family healers. In addition to their motherly duties and domestic work, women created medicines and cures, displaying impressive scientific aptitude in caring for and healing many members of their families and communities. It is clear that women were vital to the health and wellbeing of their respective communities. In spite of the vital work they did within their communities and the fact that they were very present as medical practitioners at the time, they were largely put in the same group as charlatans and quacks by administrative bodies as they were not university educated. For that reason, I will be using Monica Green’s more nuanced definition of healthcare practitioner “[w]omen who at some point in their lives would have either identified themselves in terms of their medical practice or been so identified by their communities.”¹ Green’s definition takes into account the lack of formal education as well as the fact that these women were often excluded from legal records and documentation.² These folk healers existed outside and within the medical realm at once, for many of these women medicine is not something they studied, rather they learned it through family and community shared information.

Women, as healthcare practitioners, have been viewed in many different ways through history and recently have been subject to greater analysis. Many authors such as Elaine Leong write at length to describe the methods by which women would make medicines. Many texts also explore the role of midwives in early modern Europe. Works by Judith Aikin and Linda Pollock thoroughly explore the role of
the midwife and other women within the birthing process. Many other articles surrounding women's medical work in Early Modern Europe reflect the views of administrative bodies towards the work of women healthcare providers at the time. In response to this other works have stressed the importance of analyzing the work of these women beyond the opinions of the administrative bodies controlling it. The subject of women as healthcare practitioners in early modern Europe is not necessarily under-studied, however, there exists sizable gaps in the historiography.

One avenue often left unexplored, is what made women such important figures in the medical market of early modern Europe, how they were viewed by their communities and more importantly, themselves. It is important when analyzing these books and information to read them independently of the standard medical knowledge at the time as women's knowledge served an entirely different social function. Rather than analyzing the reaction to women by administrative bodies, I want to discover how women medical practitioners viewed themselves as healers as well as how they were viewed by others in their communities. By centering the women in this investigation I want to discover, what did these types of healing mean to the women practicing them? Was their work considered medical? Did they view themselves as medical practitioners? And how did those opinions change in the context of the professionalization of healthcare?

Through analyzing primary documents such as recipe books, public notices, and personal correspondence surrounding women's medical work as well as many secondary sources in support of that evidence, it is clear that women were the first point of contact for most health concerns because the medical work of women in early modern Europe is intrinsically linked to family and community. These practices existed in the domestic realm and were generally incompatible with what university trained physicians considered acceptable medical practice. That is seen through the generational nature of the transmission of information through family recipe books. It is also seen in the joint work identities established between women, their husbands and other family members.
in many of the medical trades. Additionally, it can be seen in the importance of those women for transmission of information and medical treatment to the community at large. All of those aspects of female healing in early modern Europe can also be seen throughout the various medical positions women filled such as community healers. Those healers could be midwives, wise women or just women with access to a family recipe book. Women working in trades such as apothecaries or barbers and surgeons as well as nuns and nurses in more established medical settings can also be linked to the importance of family and community in the medical work of women in early modern Europe.

One of the main ways medical information was transmitted within communities in early modern Europe was through the use of a family recipe book. Such as the case of Rebekkah Winche whose book includes recipes for cakes and biscuits, cheeses and cheesecakes, meat dishes, preserved foods and puddings. The book also includes many medicinal recipes such as many different distilled waters and cordials, powders and syrups as well as oils and perfumes. Most interesting is the fact that the book also includes records of births, baptisms, and marriages. Right next to a recipe for cough syrup are the records of her grandchildren’s births and the death of a few of them as well as their baptisms. The records extend to 1705, eight years before Rebekkah Winches own death in 1713. The case of the Winche family recipe book perfectly encapsulated the essence of female healing in early modern Europe. It shows that family and healing are intrinsically linked. Not only is that clear in the use of the recipe book but also in the fact that the family records are kept with the family recipes and the medical recipes. This shows that it is likely that Winche also saw healing and family as very interconnected as she was compiling her book. That is further exemplified by the fact that these recipe books were often passed down from mother to daughter. That is the case for Lady Katherine Franshawe’s book which has inscribed in it “Given mee by my mother March 23 1678” and Ann Granvills as well which has inscribed “Mrs Ann Granvills Book which I hope shee will make a better use of then her mother Mary Granville” These ‘family books’ functioned as more than just treasure troves of knowledge; they worked to bind family units together. The central role played by family and household in the
creation of these books meant that practical knowledge created within the domestic space took on an additional social dimension. These books were functionally a family archive as much as they were medical books, exposing a very interesting intersection between family and medicine in the minds of these early modern European women. Medicines and cures were just as important to the family history as the food recipes were, showing to what extent medicine was vital to the family and how vital the family was to the recording and creation of medicines and cures.

The books were rarely given empty, a hearty foundation of family recipes for both food and medicine were often compiled in the book before it was passed from mother to daughter as the daughter went on to be the woman of her own house. Men were not entirely excluded from this practice either. Valentine Bourne, an English widower, took up the practice of preparing a recipe book for his daughter Elizabeth, indicating that he understood how important the recipe book was to the heart of the household. The books were a central place to record practical medical and culinary knowledge which was extremely important to the domestic sphere. The sphere that his daughter would soon enter, in which it was typically up to the woman of the house to be keeper, collector, and practitioner of the important medical knowledge. The transmission of that knowledge through inheritance created complex and well stocked shelves of medicines. Elizabeth Freke’s cupboards saw “granny’s ‘palsy water’ rubbing shoulders with well-known panaceas and distilled water...” which shows the generational nature of that transmission of knowledge, as well as the idea that these women held their grandmother’s recipes in the same esteem as the better known medicines. Which indicates that receiving that family recipe was just as impactful to these women as passing it down. It also reveals just how important and impactful that generational knowledge was for the female medical practitioners of early modern Europe.

One aspect of the female medical practice also related to family was the concept of the joint work identity. Joint work identities were essentially the idea that a woman could work in a certain medical position or trade if she worked with her husband, father or another male
family member. Because women couldn't own property and typically couldn't join guilds oftentimes the only option for a women who wanted to establish herself as an apothecary, barber or surgeon was through the identity of her husband or father. That was also often the way in which they learned a certain trade. It is seen through the relative normalcy of the joint work identity that women healers were not perceived as a threat to the medical establishment. This is shown in the fact that women could create, grow, collect, brew, test and administer cures and medicines from within their gardens or sources from the local apothecaries. Further, female gentry in the early modern period could also make substantial amounts of any given medicine or cure for not only her household but also her community. The employment of Francoise Page in the outpatient ward of the Hotel-Dieu is an example of a woman sharing the work identity of her husband. Page’s husband Laurent Charles had worked in the outpatient ward as a surgeon for eight years before his wife was hired. Page ended up working at the Hotel-Dieu for twenty years, eighteen of which were after her husband's death. Although she had an established and long career in medicine one aspect of the joint work identity is the fact that she was not acknowledged as a practitioner on her own, she is only ever referenced to as the wife or widower of her husband Laurent Charles. The practice of continuing to work after a husband's death was also somewhat typical of the joint work identity as widows of barbers and surgeons also continued to practice after their husbands death. They were allowed to keep their husbands' shops open to shave beards and bloodlet. The joint work identity can also be applied to a certain extent in the case of female medical book authors who often had physicians for fathers or brothers. The reputation and ability to work are shared within families in the case of a joint work identity which also displays the importance of family in women's medical work in the trades. One trade in which the joint work identity was especially present was that of the apothecary.

The apothecary in early modern Europe sold herbs and medicine and could also fill prescriptions for doctors using an array of local and exotic ingredients. In early modern Europe, women could not own property, but qualified widows were able to run family businesses. Wives of apothecaries shared the work in their husbands’ shops, and the years
a wife or daughter spent working in the family apothecary shop were considered an apprenticeship by the Company of Apothecaries. Susan Lyon, a widow who inherited her husband's shop, had a very interesting relationship with the joint work identity. Evidence of Lyons' existence is found mainly in legal documents surrounding the preparation and sale of prescriptions to a pair of unlicensed Dutch doctors. She was found guilty in the case and was sentenced to no longer work as an apothecary. Susan Reeve Lyon was prosecuted for selling medicines to an unlicensed or irregular physician, however the quality of her medicines or the ability of her craft were not questioned. The fact that Susan Reeves' work identity was tied to her husband allowed her to continue to work after his death. But in another sense, her work identity is tied to her, only dependent on her husband, because when Reeves was remarried, she was still able to practice so long as she could teach her husband the skill as well. Meaning Reeves was an apothecary through and through, married or not and was recognized as one socially and likely viewed herself as one even after her husband's death. Joint work identities were important in the sense that they allowed women to learn and work in a trade in a time when women were not allowed to own property. The joint work identity also reveals the importance of family in the mere ability of women to work in a public sphere and run a business.

The female healer was incredibly important to her community at large and was most times the first point of contact for anyone searching for medical advice or help. Often the abilities of a healer were spread by word of mouth and sometimes through public notices. For example, in 1712 and 1714 respectively two notices were posted in the Proceedings of the Old Bailey court. These notices which started with “for the good of the publick”, this advertisements recommend a female healer who was said to have “lately performed a wonderful Care upon a Lady at the Bath.” These advertisements show that female healing is active beyond the family but is still very dependent on the community. These notices, which would likely spread through word of mouth as well, shows how important the community at large was for the promotion of women's medical work. Furthermore, this also displays that although some women healers saw
themselves only as household healers it's clear that others were ready to help the community at large rather than just their immediate household.

Another sense in which women's medical knowledge was important on a community wide scale is through the relationships it created between the women of any such community. Although the medical experts of the time disapproved of women practicing medicine there was also a belief that women knew best about women’s symptoms and illnesses. Moderata Fonte’s “The Worth of Women” is a good example of the relationships built around the sharing of medical information between women. Although the female characters in Fonte’s story are fictional, their conversations reflect the real life experiences of women in the many levels of science and medicine at the time. Fonte drew on many real texts written by female medical practitioners that would have also been read by the women reading her book. Women also would've been practicing the same kinds of recipes reflected in the story. The book includes dialogue between multiple female characters discussing the benefits and risks of a medicinal plant called senna in great detail, displaying impressive knowledge of its multiple uses. These types of conversations would have been typical and very important for the sharing of information between women as well as the strengthening of the culture surrounding female healers as the collecting of family remedies was a veritable feminine genre of publication. The popularity of this genre is also a testament to the importance of shared medical information within female circles and the community at large. Which shows the extent to which medicine and female medical practice were ingrained and important within communities.

The bonds created by women in the medical culture of a certain community are very overt in the practice and culture surrounding childbirth and midwifery. Birthing rooms throughout early modern Europe became centers of essential medical knowledge between female community members. These rooms were the center of an all female support group for the birthing mother containing the midwife and other female relatives, friends, and neighbors. Midwives in particular played a very important role in these events and also in the community at large as the primary keepers of medical information surrounding
birth. The job itself is also very rooted in community as some midwives were supported by the public chest and were often elected by the other married women of their area. The traditional role of the midwife was fully embedded in the collective culture of women's medical work and the culture surrounding the ritual of childbirth was made possible by the wide range of experiences and activities shared by mothers of all social ranks. That medical culture was mostly independent from men because of the collective nature of the medical knowledge which was vital to the birthing process. The communal nature of the birthing experience transcended individual animosity. The relationships between women in these contexts were not always friendly but existed anyway, the transmission of medical information particularly surrounding birth was communally important despite the fact the women in the birthing rooms might not have been friends. That shows to what extent the communal aspect of the birthing process was important to all the women in the community. It was a space in which they could learn and share medical information that would serve them and their families for many generations even if they had no familial relations to the laboring mother. The women present in the birthing rooms were tied together by social bonds that connected them through their medical knowledge. The importance of community in the knowledge surrounding birth can be seen very clearly in a letter from Georg Spandenberg concerning the state of midwifery in the region of Braunschweig in Germany. Spandenberg reveals in his letter that “When she is ill, or when, as often happens, two women go into labour simultaneously, then the mother must turn to other women... to assist them [in childbirth]. According to local custom, each [lying-in] woman may choose any matron as her midwife;” Though the author of this letter is appalled by this custom it reveals a very interesting fact surrounding the birthing process for women. That letter shows that any woman can act as midwife, displaying the ability of the women to practice medical care despite their lack of formal training and the importance of community within that ritual. In this context, all women can act as, view themselves and be viewed as healers. That paired with the importance of the medical knowledge they held made them central medical practitioners in early modern Europe.
Though most of women's medical work was in a non official context, there was still an important number of women operating in more professional contexts as nurses or nuns. Often in these contexts the community centered healthcare women practiced was not paid or seen as a charity requirement, which set them apart from male practitioners. One large demographic who performed charitable medical work were nuns as nurses, who were sometimes able to work under their own authority in some villages. For them to be able to practice medicine, their medical work needed to be charitable, but that did not lessen its importance to the communities they worked in and they would have been seen as respected practitioners.\(^{27}\) These roles as nurses or nuns were in a much more professional medical setting compared to the other work of female medical practitioners but were nonetheless rooted in community and family. These women worked in hospitals either as healers in a religious context, without any clearly articulated work identity, or through a shared work identity with their husband.\(^{28}\) Their employment in these roles also shows that many women acquired medically related skills as part of their traditional roles as family healers and through attending births as well as through medical information passed from mother to daughter.\(^{29}\) Though those skills were cultivated in the home, they were applicable in the community at large and incredibly important to the medical culture and patients of any given place. That can be seen in the fact that nurses were also paid from the public chest.\(^{30}\) In the same way poor and sick were intertwined into one identity in early modern Europe, so was nurse and charity. Within Lyon's municipally-funded charitable hospital many different types of women cared for the destitute and sick of Lyon, in various roles such as caretakers, midwives, physicians, surgeons, or barbers.\(^{31}\) These women performed the same medical tasks as men whose medical occupations were much better documented in records.\(^{32}\) These women worked very closely with their communities and shared the knowledge they had learned with each other and the public through their works in charity hospitals. Their charity medical work in their communities display how vital women medical practitioners were especially in this context. Nuns as nurses were also essential in the production and distribution of drugs and medicines to the greater public.\(^{33}\)
and as such operated on multiple levels of the medical marketplace.

Another group of women who performed charitable medical work were upper class, wealthy women. For these women, making and distributing medicines to their entire communities was seen as a requisite charitable activity which would benefit the whole community. For example, when Lady Grace Mildmay of Northamptonshire died in 1620 she left behind 250 folios of medical writings describing how to prepare and dispense herbal and chemical medicines after devoting much of her life providing medicine for the poor and sick of her community. Many wealthy women based their medical writings and pharmaceutical products on their own personal experiences and simply had the means to release them to the wider public. Such as Aemelie Juliane von Schwarzburg–Rudolstadt who released a devotional handbook and birthing guide. She also made medicines that would be available to her entire community. The making and administration of medicines not only was seen as a household duty but was often performed as part of charitable activities. Though these wealthy women would have had access to trained physicians, they still made use of folk and family medicine, many of these noble women kept recipe books and shared them the same way peasant women did. This shows that the recipe books and the medical practice itself was not necessarily rooted in necessity. Rather, these books seem to have been written for distribution to the public as well as an important family record. That shows how vital community and family were to women's medical practices as they were often the sole reason for the practice. Medicine was not seen as a personal passion or activity, rather it seems for the women of early modern Europe medicine is very linked to community through the importance of charity. That also applies for women who worked as nuns and nurses. For these women, medicine was not an institution; rather, healing was a community effort aided by charity.

Finally, it seems that discussions surrounding health and healing were generally extremely common and important among family and friends even over great distances. Contemporary letters between friends and family were often filled with health related
For example, letters between Christine of Lorraine, grand duchess of Tuscany, and her daughter Caterina, reveal that the two often exchanged medical knowledge despite their distance and when Caterina was pregnant in 1617, her mother sent her medicine and healing items to protect her. In return, her daughter sent back pharmaceutical recipes that she had collected. Though mothers and daughters passed down recipe books, all members of an early modern European family would have been in constant conversation over health-related matters. Conversations surrounding health were also had between siblings as seen in the correspondence between Elisabeth de Rochlitz and her brother. These correspondences include many of Elisabeth’s recipes in search of relief from her painful illnesses in which she was a very active member. Elisabeth also kept the recipes she collected in princely libraries, suggesting that she intended them to be used as resources rather than objects to be admired. This displays the extent to which women were active in their own healing as well as the healing of their families and communities. Elisabeth’s practical knowledge of her own diseases also helped her in the healing of her other family members, even from a distance. That can be seen in the advice she offered her brother following his diagnosis with the French disease. Though Elisabeth’s methods prevented her from finding a fundamental cure for what was ailing her, she was still extremely well versed in the methods for alleviating her symptoms and likely viewed herself as a proficient healer and shared her methods with friends and family. Health, healing, and caring were incredibly important topics for women especially in their interactions with friends and family. Health is a central topic of discussion in many letters, showing that it must have been incredibly important the general health of a family was to its members. Women as the keepers of this medical knowledge, often were the center of these discussions, sharing their recipes or discussing their own health.

In conclusion, women were vital healthcare practitioners in early modern Europe as their practices mainly centered around family and community, which made them the first point of contact for most health concerns. Women also acted as keepers of medical knowledge within their homes and passed on that knowledge to their daughters,
creating a rich and elaborate library of medicines and cures unique to each family but with many recipes shared within the community. This knowledge was collected and kept in recipe books and passed down generationally. These books also contained family culinary recipes and records showing the centrality of family within women's medical work. The books, which functioned as family archives as much as they were medical text, reveal the intersections between family and medicine for early modern European women. Women's medical work was also heavily linked to family through the use of a joint work identity. These identities were present in medical trades such as apothecaries, barbers, and surgeons but also in hospitals. These identities allowed women to continue working but also allowed them to create personal internalized work identities so long as they continued to be married. The occurrence of public notices also show the fact that women also healed outside of their families and viewed themselves also as community healers. The community bonds surrounding women's medical work were especially present in the birthing rooms and the practice of midwifery. There was solidarity centered on their shared medical knowledge and in the birthing room context all women likely acted, viewed themselves and were viewed as healers. Each woman had their own collection of medical knowledge which was centralized, creating a unique and rich medical culture independent from that of men. Women likely also saw medicine and community as linked through charity work. In general, health and healing were incredibly important topics for women in their interactions with other members of their families as they often were centers for medical knowledge.

Women in early modern Europe created their own space in the medical marketplace and were vital to their families and communities. As household managers and active community members these women werecollectors, protectors and transmitters of medical information and offered healing to the people around them. The importance of the shared information they held transcended administrative bodies, these women viewed themselves and were viewed as essential healers. They likely saw their practises as intrinsically linked to family and community and despite being
professionally discredited, occupied a
space essential to early modern life,
death, health, and healing.
Endnotes

4. Ibid p.4–208
7. Ibid p.95
8. Ibid p.87-88
12. Ibid p.90
13. Ibid p.90
20. Ray “Prescriptions For Women”. p.138
29. Ibid. p.86
30. Ole Peter Grell, "The Protestant Imperative of Christian Care and Neighbourly Love" p.104
32. Ibid p.83
The Made-up History of the Manorites

Michael Carrier

Statement Of Learning: The Made-Up History of the Manorites

Manorites is the name of an ancient people (that I, Michael Carrier, made up) whose territory is believed to be located in the middle of the Atlantic Ocean. It is also the location of the lost continent of Atlantis. By examining the Manorites, we can learn how water has shaped mankind’s economy, its politics, and its society.

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Etymology

The name ‘Manorites’ originates from the name of their Water Goddess. The word ‘Manora’ is also used as an adjective, meaning “Really good grammar.”
Geography

The land of the Manorites is believed to be from the lost continent of Atlantis. An old map shows settlements established in a river delta (located on the missing continent of Atlantis). The river comes from a waterfall cascading off a mountain range. The mountains block off access to the rest of the continent as the mountain range starts from one shore and ends at the other. The old map also shows an artificial river system, possibly a form of irrigation, meant to help a growing population. The settlement in the river delta is surrounded by ocean and has an island off its coast. This island is the supposed location of the break-away, rebellious society. There is no evidence of the Manorites attempting to pass over the mountains, nor attempting to go around them.

Language

The Manori language was spoken in only the city of Manoria. There are no sources to shed light on the pronunciation, but there is leftover evidence of a sophisticated writing system. In all records, there is impeccable grammar and appropriate use of punctuation. In the Manori language, there are no passive voice verbs, and only verbs using an active voice. This piece of information points to a society enthusiastic about essay writing. The passive voice might have existed in the early stages of the language but it fell out of practice. A quote from the Queen's address:

Manorites insisted on proper grammar, including the Oxford comma.

Manora, best describes the custom of speech in their community, "Be like water: clear, easy to see, and flow
easily. Speak like water: Clear, easy to understand, and do not start your sentences with a conjunction."

Customs

The Manorites liked to adorn themselves with pearls and fish scales. Anything to suggest a Manorite spent more time in the water placed them in a higher tier of society. It was also more desired to have the fish scales of fresh-water fish than that of salt-water fish. It was forbidden to eat or wear the scales of a particular fish they called ‘the shiny one.’

The rivers that emerged from the waterfall were used to supply water for drinking, for agriculture, and for plumbing needs. There was a subtle hierarchy system. If your home was closer to the waterfall, then you had the cleanest of water, being the first ones to touch the water. Those at the bottom of the river and closer to the ocean were considered part of the lower tier of society. To live closer to the waterfall, it was necessary to pay a larger taxation fee.

Religion

Very little is known about the religion of the Manorites. Religion seems to go hand-in-hand with the political system. Ancient writings point to the veneration of water and its purity. There is always a mention of a queen and no king position. The
Queen is believed to be the reincarnation of the Water Goddess. Her goal is to make sure water always stays pure and that everyone has access to it. Mankind is supposedly the Water Goddess’ pet species when she decided she was curious to see something that did not necessarily need to live in the water. Before she passed away, she appointed a successor to be the next Water Goddess reincarnated. To pay homage to their origins, they visit the sacred waterfall to see the shiny fish and try to catch them in a bowl and give them as a gift to their queen. They were not always expected to catch one, it was the effort that counted. Those who gifted the Queen a live shiny fish got to hang out with her for the day.

Creation Myths

The Manorites depicted their origins to a form of backwards evolution. They assume that the perfect life is that of a fish. They believed they were a mistake since evolving to live on land is counter-intuitive and it is better to be a sea creature who spends its whole life in the water. They believe the Water Goddess decided to experiment after creating fish and aquatic mammals. She noticed that her creatures preferred her freshwater instead of the saltwater from her sister, the Sea goddess. The Sea Goddess was wild and chaotic, always having fun and moving like the tide on a beach. The animals would have preferred to stay with the Water Goddess all the time, but still needed the nutrients from the sediments that gathered at the feet of the Sea Goddess. So when the Sea Goddess gave birth to her son, Dirt, the Water Goddess offered to adopt Dirt, and used Dirt to be the home for her children: the fish, the beavers, the turtles, and the frogs. Then over time, The Water Goddess and Dirt had their own children: the humans. It is for this reason the Manorites see water as their spiritual mother, and need to drink water everyday for their health.

History

Peaceful Era

The Manorites thrived in their isolated community. Over time, they grew to a large nation. They made their settlements along the rivers of the delta and focused on developing agriculture and canal systems so that they would never be too far from water. A few were curious to see what was on the other side of the mountains, even though it was
forbidden. Every time someone climbed the mountainside, a landslide would pollute the sacred waterfall and the sacred river. Also, the Manorites did not like how dirty they got when climbing. Due to their beliefs, and their comfort in proximity with water, they stayed on their side of the mountain range and close to the sacred Waterfall.

**Naval Exploration**

The Manorites never discovered boats, nor how to sail. There are records of one attempt to build a boat, but the Manorites liked swimming so much, the moment they were on a boat, they preferred to jump in the water and play instead and swim around. Since they never took boating seriously, the Manorites never left their part of the continent and stayed on their side of the mountains. The oceans remained as a barrier and they only came to know the land between the mountain range and the water.

**Subsistence Economy**

In the beginning, anyone was welcome to settle by the river as long as they paid the tax. They were expected to pay either with fish or crops. Once it started to get crowded, it became necessary to expand the canal systems to be able to house everyone. During a population boom, there was no longer any room and it became difficult to expand the canal as people were fighting over the new planned real estate. The Water Goddess of the eighth reincarnation established an Agrarian state. The New era created the employment positions of administrators, canal diggers, police, and ecologists. This also led to the building of the city of Manoria, where the administrators were organized. Before, there was an open invitation to settle anywhere. In the new agrarian state, new settlers had to pay directly to the administration to rent the land by the rivers or by the canal systems. The new professions were paid in fish.

**Societal Rift**

Noticing how distance affected the society's lack of sight on their wrongdoings, a community slowly merged away to an island off the coast of Manoria. There they did not implement the rules of their Queen and did whatever they wanted: they ate the sacred fish, avoided paying taxes, and didn't do their readings before class. Not many steered away and joined the rebellious society, but
those who did impacted the population of the sacred fish and made it difficult for the Manorites to practice their traditions. It created the contraband business of dealing shiny fish. Then overtime, the custom of gifting the queen with shiny fish was disbanded. There is a quoted text from the Queen inscribed on one stele that roughly translates to “Oh! It’s a TRAGEDY! It used to be so.. COMMON! And now we don’t have shiny fish anymore. Those people abused something that used to be common.”

Around the reign of the tenth reincarnation of the Water Goddess, visitors arrived by boat. The only name recorded in the Manorite text to describe the newcomers “Bercoritos.” They were not hostile, but settled on the beach by the ocean. The Bercoritos were so interesting that the Manorites wanted to live by the beach as opposed to the river delta. This change led to a weakened economy of Manoria, as homes by the river lost their value.

**Downfall**

During the reign of the eleventh reincarnation of the Water Goddess. A nation, known as the ‘Barkeranians, emerged from the top of the mountain range and built a dam blocking the waterfall which drained the river delta over time. Because of the weakened economy of the Manorites from the influence of the ‘Bercoritos,’ they did not have the police force to fight the new hostile nation of the Barkeranians. Since the river was drained, the Manorites had to pay tribute to the Barkeranians to receive water in return. Since the rivers were already drained, it was difficult to pay the tribute and so the nation of the Manorites dwindled. This is how the nation of the Manorites disappeared, before the
continent of Atlantis submerged into the Atlantic ocean thousands of years ago.

**Conclusion**

The story of the Manorites is meant to demonstrate how water played a large role in people's lives. Water influenced their religion, especially the myths in their creation. Water was the main source of their leisure and also significant to the economy. In the example of the Manorites, water brought them the beloved 'shiny fish,' food from fishing and agriculture, and pearls to be a part of their culture. Their use of water also dictated their politics. The Manorites used to have a subsistence economy, but then had to switch to an Agrarian state that used fish as a currency to pay professions that did not harvest food. There is an example of a Capitalist state, when the Barkeranians built a dam, controlling the water system of the Manorites and forced them to pay tribute to get access to water. I used this as the reason why the Manorites died out.

The Manorites lack of travel created an opportunity for a foreign nation to invade in an economic way, which caused the Manorites housing crisis. The lack of travel on water also made it possible for the formation of the break-away society. Their freedom from the law let them abuse the market of Shiny fish, thus making the Shiny fish an example of a 'tragedy of the commons.'

This course, the history of water, showed me how much water shapes our life. Water can be used to create empires or destroy them. It plays a defining role in spiritual beliefs, and changes a lot of what we experience in our economy and our society. Water can define people's lives.