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A Historical Sketch of Mental Health Services In Canada from the Nineteenth Century to Community Care

Perspective Article

Sussman S*

Adjunct Assistant Professor of Psychiatry, Department of Psychiatry, Schulich School of Medicine and Dentistry, Western University, Canada.

***Corresponding Author**:
Dr. Sam Sussman Ph.D,
Adjunct Assistant Professor of Psychiatry, Department of Psychiatry, Schulich School of Medicine and Dentistry, Western University, Canada.
E-mail: samsussman@sympatico.ca

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"There seems to prevail in the large majority of cases an almost incredible ignorance of the necessary conditions of efficiency, and it frequently happens that arrangements are described with complacency which are totally at variance with the most elementary principles.

From the Report "Colonial Hospitals and Lunatic Asylums" p. 1, January 14, 1864.

In order to gain an understanding and an appreciation of the "flavor" of services to the mentally ill in Canada, some background is necessary. By "flavor" we mean something more and other than the kind of dry descriptions of facts usually found in historical documents. We present a history of the nation and an exposition of the ontogenesis of institutional services to the mentally ill. Our attempt is to help the reader analyze and interpret the latent, often concealed metaphors in these discourses, so as to expose the feelings and ideas that normally lay below the level of conscious discussion in the past. When this is completed we will turn to the traditions in the metropolitan nations and then once again indicate how Canadian experience was able to assimilate, reorganize, and in other ways develop more creatively the experiences of France, England and the United States, the three main sources of Canadian civilization.

A cornerstone of the treatment of the mentally ill throughout most of the nineteenth century was the asylum concept, a term which begins its life full of benevolent promise but all too quickly sours into a term of abuse and threat. A British Colonial Office report of 1864 stated that "in the North American colonies insanity almost engrosses public attention and care."[1] That this should be perceived as unusual by an official of the colonial government suggests that already there was a different mentality at work in what would soon become known as Canada, and this new mentality is marked by a deeper sense of responsibility to the mentally ill through the provision of places of care and protection.

Already before Confederation, the 1830s and 1840s had seen the beginnings of asylum construction in both Upper and Lower Canada. To understand the quality of the reforms that were manifest in this asylum-building program, it is important to keep in mind what they replaced. Prior to the construction of these facilities, the mentally ill in Canada, as elsewhere in the civilized world-if considered harmless and if not interfered with by the state or families-were stigmatized as public nuisances at best and were often left to wander at will as beggars. At worst, they were also detained and incarcerated in restrictive environments, such as goals and poorhouses, where they were subject to deficient diets and substandard shelter, and where no attempts at "rehabilitation" were made. In French Canada the religious orders of the Roman Catholic Church provided the same function of containment, often in basement cells. Only a very few privileged individuals were cared for at home or domiciled in privately-run rest-homes.

It was during the 1830s and 1840s, then, that social reform-minded lay people (social activists, clergymen, politicians) and physicians under the influence of the "moral treatment" [2] philosophy lobbied for and were advocates for the establishment of institutions with therapeutic surroundings of a non-custodial and non-coercive nature. This movement had grown up in the wake of the Age of Enlightenment, and on a wave of new feelings of social responsibility in the Romantic era. It shared in the sentimentality of the age, as well, and was often colored by the rising tide of evangelical Christianity.

We can only appreciate the state in which public mental medical health found itself midway through the twentieth century if we can trace out its history in nineteenth. To capture the flavor of this reform movement, we offer an historical overview of Canadian institutional psychiatry, province by province, up to the advent of the First World War. In the next two chapters we will extend the picture of psychiatric knowledge and treatment through the twentieth century, which set the stage for the calamitous events of the past thirty years. Then and only then will it be able to zero in on our prime target, namely, the way in which an assault on this public mental health system came at precisely the time when psychiatry was at the very vanguard of scientific and social breakthroughs, so that for the very first time in recorded history there was a hope for a cure to many mental illnesses.

In the late nineteenth and throughout the twentieth century, there was a fundamental paradigm shift in the way science perceived itself and in its understanding of the universe and society. In the second half of the century, a similar shift was evident in the way insanity and social deviance was perceived. In trying to apply this new-found knowledge to break the cycle of social upheaval and individual abuse which caused many of these illnesses, the psychological and social sciences found themselves in conflict with the established institutions and forces of society, which were still operating in the old paradigm.

We now survey conditions and developments in care for the mentally ill in the different provinces of Canada from colonial times to the early twentieth century. The order in which the provinces are presented roughly corresponds to the temporal order of the development of mental health services in each.

Québec

In the early 1700s, New France encompassed most of the eastern seaboard of Canada. The most important colony was at Québec, established by Samuel de Champlain in 1608. The name Canada was first applied to this colony. The settlements in Acadia, which is now the provinces of New Brunswick and Nova Scotia were even earlier, dating from the mid sixteenth century. Ile Saint Jean, now called Prince Edward Island, did not have permanent settlements until somewhat later. The French had a chain of trading forts in the Great lakes and down the Mississippi. New Orleans was a French colony until the late eighteenth century. North of New England, the British had only a colony at St. Johns on the eastern tip of Newfoundland and, by mid-century, a settlement at Halifax.

As early as 1639, the niece of Cardinal Richelieu of France, the Duchess d'Aiguillon, founded the H(telDieu (hospital) of Québec, which cared for the "indigent, crippled and idiots" [3]. Québec can also be credited with being the first jurisdiction in Canada to provide separate accommodations for the insane. In 1714, the second bishop of Quebec, Bishop St. Vallier, built a small structure of twelve beds for mentally ill women [4].

In French Canada, the care of the mentally ill was characterized by a "farming out" or "contracting out" to religious orders. These Roman Catholic religious orders were then reimbursed for their provision of care by the French colonial authorities, and interestingly by the British Crown after 1763. Institutional conditions under both regimes were, in a word, deplorable. These adverse conditions seemed even more so in the North American because they were based on models worked out for Continental conditions in the pre-modern period.

To the British officials, the contrast between a Protestant sense of social care and the prevailing conditions in the Roman Catholic hospitals of Québec was shocking, to say the least. Not a little of British superiority and Protestant distrust of Papacy was involved in this rhetorical dismay. But it was a case of the pot calling the kettle black. In those years, institutional conditions under both régimes, French and English were, in a word, deplorable.

In 1824, a committee chaired by John Richards (1755-1831), a Scot who entered public life as a member of the Quebec legislative council in 1792, reported that: "The cells appropriated to the insane in this province are more likely to produce or increase insanity than cure it."[5]

The report further stated: "The cells appropriated to the insane in this province, do not admit of properly applying either moral or medical treatment, with the hope to a mental cure of the unhappy persons confined therein,"[5].

It is interesting to note that the role of John Richards' committee reflected the purpose, nature and approach of the Select Committees established for the same reasons in England during 1807 and 1815. Included in the committee report was an architectural plan of the 120-bed Glasgow Lunatic Asylum and information about the latest developments in European asylums. This report, which was heavily influenced by British standards, has been referred to as the first "Royal Commission" on health services in Canada [6].

Almost fifty years late, with the asylum movement already started, an American social reformer, Dorothea Dix, who became an international crusader for humane institutional care of the mentally ill during the nineteenth century, visited Montreal and Quebec City in 1843 and 1844 respectively. She inspected the gaols which housed the mentally ill and denounced the squalor, filth and mismanagement of the "patients". She mentioned the Governor General of Canada, Sir Charles Metcalfe, in highly impressive terms as being associated with the first effective measures in Canada for "ameliorating and healing the sufferings of the insane," [7] In 1844 Sir Charles Metcalfe initiated government action to establish an asylum near Quebec City in Beauport, Quebec. The situation was bad to be sure, but corrective action was on the way.

On September 15, 1845, when the Beauport Asylum opened its doors to accommodate 120 patients, "Lunatics in the charge of the religious ladies of the General Hospital of Quebec" were sent to the asylum [8]. This was not a state institution but a "propriety" institution operated by Drs. Douglas, Fremont and Morrin, under the "farming out" system, whereby the state made per diem payments to the proprietors via Orders in Council.

James Douglas (1800-1886) was born in Scotland and came to Quebec on March 13, 1826 [9]. He had received his medical training at Edinburgh before going on to London to pursue a degree in surgery. It was Douglas who founded the Beauport Asylum in 1845 with the help of his colleagues, Drs. Fremont and Morrin. Four years later, he gave up his general medical practice to devote all his time and energies to the care of the mentally ill, refusing to accept the then current notion that nothing could be done to remedy the condition of the insane. An activist and a reformer, he was appalled by the conditions in which the mentally ill found themselves [10].

The new attitudes and ideas which Dr. Douglas brought to Quebec with regard to the care and treatment of the mentally ill were a reflection of the prevailing British ideological paradigm of the Romantic Period, with its stress on individual integrity and deep introspection. The difference was of course, that in Canada these ideas which bright young men like Douglas had imbibed in Edinburgh and London from teachers who espoused enlightened medical theories of the new age could be more swiftly and extensively put into practice than in the Old World metropolis. What were these new ideas?

Dr. Douglas advocated exercise, music, dancing and employment in the open air—typical moral treatment prescriptions. James

Douglas, Ll.D. of New York, son of Dr. Douglas, stated: In his medical treatment he put little faith in drugs as specific curative agents in mental disease... He was opposed to their administration when it tended to react directly on the nervous system. He confined his treatment to maintaining his patients in as perfect a state of health as possible, and directing their thoughts from their diseased channels by work and amusements…[11]

Dr. Douglas was, thus, one of the many "alienists" [12] in Canada who advocated moral therapy. Yet as we shall see, advocacy and successful implementation are two different things. Canadians on the whole, like other nineteenth-century North Americans, were not yet prepared for alienists or moral therapy.

In 1850, the Beauport Asylum was renamed the Quebec Lunatic Asylum when a new building with 275 beds was opened. Due to the eventual overcrowding of this institution, the St. John's Asylum was established in 1861. In that same year, inspectors commenting on the St. John's Asylum remarked that it was a makeshift arrangement and added:

There are still to be provided for hundreds of insane, scattered through the Lower Province, some in jails, others in charitable institutions, and not a few with families, who have neither the means or the appliances for their proper treatment [13].

In addition, the 1864 Colonial Office report advised: It is to be desired that immediate steps should be taken to transfer the inmates of the St. John's Asylum to some better structure... It is impossible to convey by words an adequate idea of the miserable conditions of the Asylum. Its condition is so bad that the interrogatories are said to be inapplicable [14].

This institution represented the first attempt at total state care in Quebec in that it was not run by a religious order, charitable institution or proprietor. It ceased functioning in 1875 and a new asylum run by the Soeurs de Charité de la Providence was erected that year. This institution, which was known as Longue Pointe Asylum and more recently as Hôpital St. Jean de Dieu, had its historical roots in structures dating back to 1845 in Montreal and Longue Pointe.

An 1864 Report of the Board of Inspectors of Asylums, Prisons, &c.., commented on the conditions of asylums throughout Quebec, stating that the insane were: ...congregating at night in cribs erected in badly ventilated rooms, under such circumstances, consented to what as professional men, they condemned [15].

In 1865 the same inspectors further stated that the farming out or contract system was "..objectionable". As they saw it: Here it is plainly in the interests of the proprietors or contractors to spend as little as possible upon the food and maintenance of the patients... A system can hardly be expected to work satisfactorily where the interests of the parties concerned are so essentially at variance."[16]

A generation later, in 1884, Dr. D.H. Tuke, a world-renowned Quaker alienist from London, England visited the asylums of Quebec. He too condemned the contract system as one which "involved the possibility of their [the patients] being sacrificed to the interests of the proprietor."[17] Yet this system persisted until the middle of the twentieth century. Tuke then went on to say that contracting-out (equivalent in modern parlance to public hospital boards purchasing services from private providers) had the disastrous tendency: to keep the dietary as low as possible ... inducing want of proper attention [18].

Tuke also commented on the Longue Pointe Asylum which was operated by a religious order in Quebec: In the course of seven and thirty years, I have visited a large number of asylums in Europe, but I have rarely, if ever, seen anything more depressing than the condition of the patients... at Longue Pointe [19].

While it is hard to judge whether the statements made in this Report are purely objective or are part of a polemical argument to force reforms on the system, nevertheless it is clear that reformers like Tuke were deeply committed to seeing the new ideas of the asylum movement put into effect in British North America. He went on to opine: … it is amazing to reflect that although the superiority of the human mode of treating the insane inaugurated nearly a century age has been again and again demonstrated and has been widely adopted through the civilized world, a colony of England, so remarkable for its progress and intelligence as Canada can present such a spectacle as I have so inadequately described as existing in the year of grace 1884, in the Montreal Asylum [19].

Clearly, Tuke here is amazed not just at the backwards conditions of the hospital run by religious authorities in Quebec but at the fact that a British colonial administration turned a blind eye to these conditions, something they would not have allowed to continue at home in England. Tuke, noting the excessive use of restraints and the lack of power vested in the government visiting physician, wrote a report leading to a series of resolutions condemning the conditions of the asylums in Quebec. The words of this Quaker reformer for once it seems fell on fertile ground.

In 1885, an Act was passed which placed the medical control of these asylums under Government supervision. The government gained the power to appoint the Medical Superintendent and assistant physicians in all the asylums in the province. Nevertheless two years later, in 1887, a Royal Commission found that conditions at Beauport Asylum were worse than those in other countries. Six years later when the proprietary contract was not renewed, Beauport was transferred to the Sisters of Charity in Quebec.

In comparison with the rest of Canada, religious orders in Quebec were in an unique position with respect to the housing of the mentally ill. The contracting out system was also unique in that it established a partnership between the government and religious orders in the care of the mentally ill. Notwithstanding the criticisms levied against this system, the contracting out system should not be viewed as the sole, or primary source of the deleterious features of the system in Quebec. The lack of adequate resources (human, fiscal and physical) militated against a humane institutional approach in this province, as well as in the other provinces of Canada. As too often would happen, practice did not keep up with theory, just as emotional and fiscal commitment lagged behind fine words.

However, this did not prevent reformers from trying. In 1881, Fred Perry (1820-1900), a well-known citizen of Montreal, was instrumental in securing "An Act to Incorporate the Protestant Hospital for the Insane" in the legislature of the Province of Quebec [20]. The notion of a separate institution for the Protestants of the Province of Quebec is credited to Perry, and con-

ventional wisdom puts this down to his disillusionment with the farming-out system and the custodial nature of care given by Catholic orders in the province. Around 1875, Perry had already begun to devote his energy to the task of a Protestant institution. According to Hurd, Perry, a man of strong will, energy and purpose, resolved that at least the Protestant community should be freed from both the farming out system and the custodial system operating in Quebec [21]. In 1881, the Act was passed. With a Board of Governors comprised of Protestants, the hospital admitted its first patient on 15 July 1890.

This represents an early instance of the demise of the contracting out system between the religious and government of Quebec, just as it also portrays a different partnership between the government and the management authority of an institution for the psychiatrically disabled. While Perry's group identified with a particular religious group, there was no linkage with the Protestant churches and certainly none with the Roman Catholic Church, predominant and active in the province's political and civil life. This development may also be viewed as the beginning of the secularization of care to the mentally ill in Quebec.

New Brunswick

New Brunswick has in the past been credited with being the first provincial jurisdiction in Canada to make separate state provisions for the mentally ill. A cholera hospital, a small wooden building built in 1832, was being utilised as an asylum in 1836; however, the upper stories of this hospital were, in fact, filled with physically sick paupers. Records show that fourteen "lunatics" were housed in the bowels of this institution [22].

Prior to this time, patients with means were sent abroad or to institutions in the United States. Aside from the fact that they were removed from public view, the history of such persons falls outside of the specific history we are telling. The majority of the mentally ill in this province, as well as others, did not, of course, have the financial where-with-all and they were consequently placed in almshouses supported by either a town or parish as part of the British Poor Law system.

Daniel Francis records that Dr. George Peters (1811-1857), an Edinburgh trained physician, was exposed to contemporary notions regarding the care and treatment of the mentally ill. This can be shown by his condemnation of the existing facilities which housed the "lunatics" [23]. Dr. Peters was the visiting physician at the Saint John almshouse and county jail and deplored the fact that there was no separation between the criminals and the mentally ill, some of whom were "perfectly naked and in a state of filth."[24] This advanced attitude led to his support for moving the mentally ill to the basement of the cholera hospital as a temporary expedient. Peters, in 1845 described it as "essentially a pauper institution" [25].

The separation of mental illness from signs of laziness or criminality—or even mere eccentricity—is a step in the right direction taken by those whose views were informed by Enlightenment attitudes. What exactly to do with the new category of mental illness, once it was no longer considered a moral fault or a sign of sinfulness, was only gradually worked out during the nineteenth century. We should not too easily condemn people in the past for failing to see what seems so obvious to us today. Rather we should try to understand the grounds upon which they came to reject old ideas, then attempt various alternatives, and finally hit upon changes that, in retrospect, can be recognized as more efficacious and humane.

Two factors stand out in the Canadian experience so far reviewed, including Quebec and New Brunswick: First, when reformers made their views known, there was movement in the system, if not always as quickly as progressive thinkers hoped or in the direction that we look back on with favour. Second, as has already been indicated by the citation from the British commissioners, the colonists were concerned for the mentally ill, even if those charged with the task did not always perform well in the provision of that care.

In 1836, the Province had set up a Commission on the erection of a lunatic asylum. Sir Archibald Campbell authorized the Commission made up of six commissioners: to ascertain the most eligible site near the city of Saint John, for a Provincial Lunatic Asylum together with a plan of same and an estimate of the probable cost of land and the erection of such buildings... also any information relative to the management of similar institutions [26].

However, despite this initial advance in the asylum movement, the period from 1836 to 1845 could perhaps be characterized as a hiatus since little occurred during this decade vis-à-vis a permanent lunatic asylum.. In 1845 an attempt to create a single asylum for New Brunswick, Nova Scotia and Prince Edward Island was proposed but was aborted and instead a recommendation was made that each jurisdiction should have its own institution. Then in 1841 and 1844, in reports to the Lieutenant Governor, George Peters wrote that many of the lunatics had been cured. What he meant by that cannot be stated exactly. But there must have been some change in the way in which the patients acted, spoke, and related to people around them. In the 1844 report he declared that the institution though, exceedingly limited in the means for the proper treatment of the insane, "will bear no mean comparison with others more highly favoured," [27].

In 1846, £2500 was allocated for the erection of a Provincial Lunatic Asylum. In 1847 the cornerstone was laid with "Masonic" honours in Saint John by His Excellency the Lieutenant-Governor and Commander-in-Chief of New Brunswick, Sir William M. C. Colebrooke [28]. This represented the culmination of more than eleven years of deliberation by the New Brunswick Legislature, which means, of course, that the "silent decade" was more muted than without actual discussions. The allusion to a Masonic honour also suggests that the progressive ideas had to be reinforced by power from outside religious institutions, coming rather from the more Enlightened quarters of society.

Dr. George Peters, referred to previously, was appointed Medical Superintendent of the New Brunswick Asylum in 1848. In his first annual report, he argued that the asylum was "second to none on this continent" [29]. If this is to be believed, then we have to consider that the legislative debates were crucial in determining the progressive side of society to move forward with a reforming zeal once they were able to gain the upper hand in the province.

Then in late 1849, Dr. George Waddell, another Scotsman, replaced Dr. Peters as the new Medical Superintendent of the New Brunswick Asylum. A proponent of moral treatment, he received some medical education in Glasgow, Scotland and received his diploma as a member of the Royal College of Surgeons in 1839

[30]. In spite of what Peters had said about the hospital, in 1850, Waddell observed that treatment was impossible to implement due to the sub-standard physical structure. We must ask if this was because conditions at the facility really were substandard in the terms of that day, and the former superintendent had been trying to pull the wool over the eyes of his professional colleagues, or was it because, as the new reforming ideas came into focus, it suddenly had become obvious that more than good ideas were necessary to create a real asylum for the mentally ill.

Whatever the reason, in that same year, the Lieutenant-Governor expressed his regret that the asylum was "hardly fit for the reception of patients" [31]. There is some evidence that this latter notion was more correct, since the very success of the mental health services provided quickly began to stretch its physical capacities to the breaking point. At least, that is how contemporaries seemed to see the situation. Our argument, however, is that many of these financial and political difficulties in implementing the health reforms were to some degree or other rationalizations of other, more deeply psychological forms of resistance. By 1855, the "new institution" had become overcrowded and took on the character of a poorhouse and general hospital. Some inmates were in an exhausted and dying state and others were paupers overlooked or unprovided for in their local parishes [32].

It wasn't until 1874 that the original architectural plan for the New Brunswick Asylum was completed. From 1868 to 1913 new buildings were added to accommodate new patients as well as alleviate existing overcrowding and to replace the building destroyed by fire in 1913. During 1885, a 250 acre farm had been purchased, about a mile from the main building, where pavilions were added for the inmates. Thus by 1913 the hospital had a capacity of 630 but was occupied by 600 people [33]. Given the population of the province at that time, this is a remarkable achievement and indicates that progressive social ideas were being accepted in New Brunswick.

Nova Scotia

As early as 1758 an Act of the Nova Scotia legislature created an almshouse, as well as a "dwelling" for the insane. The Act stated that "lunatics or sickened [persons], weak and unable to work ... should be taken care of and relieved by the master or keeper of the said house...".[34] In 1812, a "lunatic wing" was added to this facility in order to segregate the insane from the healthy paupers. This arrangement broke down due to overcrowding and it was soon filled with people suffering from both mental and physical illnesses [34]. This kind of failure to carry through on legislative reform and slippery categorizing of the mentally ill amongst criminals and vagabonds was typical, in spite of the most progressive ideas available during the Enlightenment, indicating that, before fuller resources were available, medical matters easily slipped into outdated modes of social control.

It will be seen that this was a common pattern in all Canadian areas, and we shall attempt to show, too, that the causation lay not just in practical matters, such as poor resources or adverse conditions, but also in the psychological resistance of all individuals concerned, including, surprisingly enough, the medical profession and the reformers within it. In this way we hope to demonstrate—one of the basic premises of this book—that current difficulties in Canada, in spite of its many advantages to other nations with which it is normally compared, remain part of a long psychohistorical phenomenon.

Professional investigations throughout the nineteenth century repeatedly told the legislators of the need for reform. In 1823, for example it was reported by the legislative committee that "every room from the cellar to the garret is filled to excess". Noted specifically was the case of a room containing only eighteen sets of beds, which was filled with forty-seven people during the night. [34] The committee urged the erection of a hospital but not of a separate asylum. After all, busy law-makers could not be expected either to know fully the state of medical knowledge at that time or to invest more time and money on the mentally ill than was minimally necessary. Or could they? The major impetus for the creation of an asylum therefore did not occur until Hugh Bell became the mayor of Halifax in 1844.

Why did he succeed where so many other failed? Was it simply because Hugh Bell, a native of Ireland, was a social activist who stimulated the creation of an asylum by pledging a year's salary towards its establishment? His son stated that "into this work he threw his whole soul and energies for ten years or more."[35] Indeed an asylum for lunatics would not have been carried out on so noble a scale had it not been for his persistent zeal and untiring activity. This "zeal", however, could be articulate only because it appeared at a moment of apparent transition, when one psychoclass with more modern ideas started to take over from the previous one [36]. In 1845, Lord Falkland, the Lieutenant-Governor of Nova Scotia, set up a commission under Bell to address the proposal made by the Province of New Brunswick that an asylum be built for the three Maritime provinces and, failing the above, to study the erection of an asylum for Nova Scotia alone.

And yet the notion of a joint asylum was soon dismissed. Even here, just a few advanced civic leaders could not transform the underlying mentality of the age. The mere statement of enlightened principles, even the passing of legislation cannot in itself undo generations of harsh child rearing—and the same conditions that produced mental illness in some, produced denial of compassion in others. In February of 1846 the Commission recommended that an appropriate asylum be built immediately to accommodate one hundred twenty patients for the province. The deliberations of this Commission were recorded in a fourteen-page document which included the writings of Jean Esquirol, a student of the famous reforming French Dr. Philippe Pinel, himself a revolutionary thinker in the tradition of Jean-Jacques Rousseau, and the annual reports of some English asylums which advocated a moral treatment approach.

In 1849 Dorothea Dix complained, "It appears that the subject, though of admitted importance, has been suffered to slumber." [37] Her term is more than apt. It is evident that society as a whole was unable to advance beyond its earlier trance-like state in which enlightened, compassionate ("humane" and "moral") ideas "slumbered". The distinction between criminality, such as anti-social activities, laziness and eccentricity, and "lunacy", by which was meant a combination of personality defects including what we would call mental illness and personality disturbance, was difficult to make, both in law, where it determined modes of punishment and incarceration, and in ordinary social relationships.

To separate out emotional illnesses and other mental defects as "clinical", that is, open to care and treatment, as well as the sufferers themselves requiring protection from society in an "asylum",

meant that attitudes in the community would have to change sufficiently for compassion to be expressed—and sincerely experienced—and responsibility taken with more than lip service. Intellectual assent or sentimental tears, important in themselves to effect the changes, were insufficient without more substantial personality developments among the elite and ordinary citizenry. Many factors have to be coordinated for these alterations in emotional life to come about, and hence for theoretical arguments to find a place in political discourse.

As today, a great deal of what appears to be ideological debate turns out to be little more than a rationalization of prejudice, fear, and anxiety.. Like individuals who suffer emotional instability, large complex groups of men and women, although they "know" intellectually what is "best" for themselves and others, often seem to behave in self-destructive ways—and then excuse themselves on grounds of economics or political exigency. Or, as also happens in too many cases, they try to blame the victims of their social policies for their own plight: they are lazy, they lack gumption, they have been "spoiled" by too much "welfare"…or they are genetically or biologically incapable of better things!

It was not until 1856 that construction began and the first patient was admitted to the new Mount Hope Asylum in December of 1857. This kind of 'slumbering' response and casual backsliding is typical of the way in which reformers penetrated the walls of fixed ideas, aroused the conscience of the provincial legislatures and then saw supposedly hard-nosed economy measures, backed by "common-sense" reversions to older notions, move the programmes for asylums back several steps. Interestingly, too, colonial reformers tended to be relative outsiders, from Ireland or Scotland, while conservative governments were dominated by English administrators. Other class and factors also obtained, so that it is not a matter of "national temperament" and thus the notion that paradigm shifts normally are effected by those without involvement in the established institutions is confirmed. The opponents of reform tend not to be won over by the new arguments. Usually one must wait until they eventually retire and pass from the scene.

Dr. James R. DeWolf was appointed the first Medical Superintendent of Mount Hope Asylum. He was a native Nova Scotian and received his medical training at Edinburgh University. DeWolf embraced the humanitarian treatment philosophy upheld in Great Britain and became an advocate of moral treatment himself. The hospital at the time of his superintendence had the reputation of being one of the most advanced institutions for the mentally ill. However, overcrowding soon became evident within the asylum and the 1864 Colonial Office Report stated that, "The asylum is unfinished, very insufficient for the want of the country and crowded with helpless imbeciles."[38] The asylum continued to function in these overcrowded conditions until 1886 when a County Asylum System was introduced. These county institutions admitted the "...harmless insane,...idiots, non-violent epileptics, and cases of chronic insanity..."[39] By 1897 there were fifteen such institutions in Nova Scotia.

While we cannot justly measure the accomplishments of the past century by our own standards and thus project back insights that were simply not available to the best of the mental health professionals of the time, it is instructive nevertheless to set their achievements against the progressive ideals and the best of the medical knowledge that was available-and in the domain of public debate. In that light, it is interesting to see that reformers often came from within the profession, bringing to Canada the most advanced scientific and clinical ideas from Europe or the United States, and then, where funds were made available to them by different government bodies, they were able both to challenge prevailing prejudices and, sometimes, to inaugurate up-to-date treatments in well-thought-through institutional forms.

Prince Edward Island

In 1837 the Governor of Prince Edward Island, Sir Charles Augustus Fitzroy, forwarded an application to the Colonial Office from the House of Assembly for the "construction of an asylum for the insane persons and other objects of charity."[40] There were statutes passed from 1840 onwards relating to the erection of such an institution, and subsequent documents trace out the familiar pattern of resistance, denial, and rationalization.

In May 1847, a combined asylum and poorhouse admitted eight patients. This makeshift asylum lasted until January 28, 1848 when the patients were discharged and the edifice was used as a hospital for immigrants suffering from typhus fever. Later that some year the institution was reverted back to an asylum/poorhouse [41], However, Burgess states that in 1869 the "paupers" were removed to an old military barrack "situated about half a mile distant" due to overcrowding [42].

This inertia, a variation on Dorothy Dix's 'slumber', regarding the building of a provincial asylum, it has been asserted, was due to poor communication with the mother country, Great Britain, as well as an administrative inability to manage the affairs of the island colony [43]. But as this same problem existed elsewhere in what was to become Canada, the problem cannot be laid at the door of so simple a solution: something else, deeper in the mentality of the age, exacerbated by the under-funding of the colonial governments, was at fault.

As we have pointed out, because each of these jurisdictions in the nineteenth century was relatively new and relatively free of the institutional constraints in the Old World, reformers could attempt bold, though rarely successful, forays into the consciousness of the general public, medical professionals included, and they could occasionally institute progressive measures where and when the funding became available.

But funding and political will, as we have tried to argue, do not follow automatically, because the official treatment of the mentally ill to a great extent reveals more the mental health of the society than it does the financial liquidity of the state, insofar as the metaphor of "lunacy" serves as a suppressed metaphor of how the politicians and other officials—and later the public media—feel about themselves. As early as 1841 the Colonial Secretary, Lord Russell, denied Royal Assent to an act to authorise the construction of an asylum [44]. Griffin supports this assertion by also citing the geographic, political, social and economic isolation of Prince Edward Island at that time.

Historical documentation does not reveal any significant protagonist nor group responsible for the establishment of an asylum on Prince Edward Island. It appears that an asylum became a reality without the direct intervention of reformers as catalysts for change. Could it be that Prince Edward Island just happened to be caught up in the winds of change and developed its programmes without debate or controversy just because this was the

right thing to do in the middle of the nineteenth century? Such "commonsense" will not do. Events do not occur of themselves, passively in the winds of change simply because progressive ideas have been pronounced as a mantra. The relative success in this smallest of provinces demonstrates that the failures elsewhere in Canada also do, the complexity of psychohistorical change and development in periods—and places—of transition.

There certainly doesn't seem to be any evidence of political determination to meet social responsibilities through compassion in the province. Only when investigations forced the legislators to see the utterly unacceptable standards at work in the hospital did they act; but once they acted, they no longer concerned themselves with the problem, they showed no understanding of the needs of the mentally ill, and above all no grasp of the real criticisms leveled at them by the reformers from outside.

Overcrowding in basement cells was the fate of the mentally ill in the provincial asylum and the Colonial Report of 1864 lamented: The basement cells allow only 323 cubic feet per head...Nor is there any means of ventilation...The means for employment are equally deficient. The combination in this case of a poorhouse with a lunatic asylum is believed to be exceedingly prejudicial to both branches [45].

Dorothea Dix, who visited the institution during its first year of operation, was unimpressed. In her memorial to the Nova Scotia Legislative Assembly in December of 1849 she wrote: In Prince Edward Island, near Charlottetown, I found a small establishment for the reception of the insane, but wholly destitute through want of funds and arrangement deemed requisite for advancing the cure of patients [46].

Her words seem to have fallen on deaf ears in the province. A quarter of a century later, in 1875, a Grand Jury Report produced a scathing indictment of conditions at the existing asylum. According to this Report, it exceeded what the jurors had been told of the Black Hole of Calcutta and they stated that "we know of no crime so great as to be deserving of a punishment so terrible as to be incarcerated in one of its underground cells." The Asylum was described as being "one state of filth."[47]

Two years later, in 1877 construction of the Prince Edward Hospital for the Insane finally began; the erection of the hospital being directly attributed to the report of 1875. Note that it was not the reformers who brought on this change, and no local movement developed to influence the legislature to act. Only in the last quarter of the nineteenth century did such a powerful indictment of the squalid conditions that prevailed finally shame the people of Prince Edward Island to act. But action does not always imply understanding.

That the people in charge of the mental health service on the island were still immune to any real understanding of what modern science and civilize ed care required is evident from the startling fact that overcrowding was still very much a problem until the early 1900s. In 1913 the patient population at the Prince Edward Hospital for the Insane—which eventually became known as Falconwood—was approximately 268 with a bed capacity of 275 [48]. Does this mean the government finally came to its senses? And what does it mean to "come to its senses?" The leading citizens of Prince Edward Island were no more intelligent or stupid than other Canadians. But they were fewer, and this smaller circle of individuals seems to have been able to overcome their "inertia" for short periods where in larger provinces the trance-like 'slumber' of resistance and denial lasted longer.

Ontario

We now turn to the one of the largest and most populated provinces in Canada, and the place where the struggle today for control over the mental health system is being fought out with such ferocity. It is here too where two of the authors of this book live and work, and consequently where their experience provides the most detailed insights into the nature of the struggle to maintain a progressive, responsive, professional public mental health system and to prevent it from crumbling away into a fragmented, overly-privatized, and hence scientifically incoherent system.

Prior to 1840, there was no separate institutional care for the insane in Ontario. Unlike Quebec, the churches—especially the Anglican or Episcopalian—were not involved in meeting social service needs, and Ontario residents thus became dependent on the state for the provision of these needs. The mentally ill in the province of Ontario were either kept at home with family, in hospitals, or houses of refuge which were in effect similar to almshouses or workhouses. They were also placed in dungeon-like accommodation within jails similar to the situation in the other Canadian provinces.

The year 1830 could be considered a watershed year in the history of services to the mentally ill in Ontario in that an "Act for the Relief of the Destitute" was passed authorizing the payment of provincial funds for destitute lunatics in county jails in the Home districts. By 1833, the entire province was covered by this piece of legislation. It was shortly followed by the Duncombe Report of 1835 which was the first official document outlining the necessity of building an asylum in Ontario. Four years later The Asylum Act: [49] was passed, but this did not become reality until the amendment to the "Asylum Act" was proclaimed in 1846. The cornerstone for the Provincial Lunatic Asylum in Toronto was laid later that year. This institution began admitting patients in 1850.

In the meantime, however, there had been ad hoc developments of a different kind. The old York Gaol which was built in 1824 and which housed the mentally ill in its bowels, euphemistically referred to as "basement cells", was abandoned by the authorities in 1841. The prisoners were transferred to a new facility on the Don River. No decision was made by the government at this time as to the disposition of the mentally ill. The Sheriff and a physician, Dr. William Rees, therefore decided that the insane should stay where they were and the first temporary lunatic asylum in Ontario was founded. Dr. Rees, an Englishman who came to Canada in 1819, assumed the Medical Superintendency. A Grand Jury report of 1841 reporting to Sir George Arthur, the Lieutenant-Governor of the province, stated: The result has completely justified the Sheriff's Act. The patients were taken from cells in which they were closely confined, and where they had long from the dire necessity of the cases, been permitted to remain in filth and nakedness and impure air, all confirming their maladies and placed in now purified and airy debtors rooms - carefully washed, clothed and placed under medical care [50].

Dr. Rees has been described as a man of ability though some comments suggested that he was somewhat mentally unstable.

Remarking on Rees' tenure, Hurd candidly observed that a "friend stated that Rees had obtained the position upon the principle:"of sending a madman to watch a madman [51]. Rees petitioned for additional staff and resources in order to render this an "asylum worthy of a British Province, and of the philanthropy of its enlightened inhabitants [52]. He resigned in 1845 due to his inability to persuade the Board of Commissioners to give him authority over the asylum subordinates.

In the same year, after Dr. Rees' resignation, the reformer Dr. D.H. Tuke visited the asylum and made the following telling comments: It is one of the most painful and distressing places I ever visited. The house has a terribly dark aspect within and without, and was intended for a prison...I left the place sickened with disgust, and could hardly sleep at night, as the image of the suffering patients kept floating before my mind's eye in all the horrors of the revolting scenes I had witnessed [53].

A year later these strongly subjective comments bore some fruit. In 1846, in order to alleviate overcrowding, two branches of a temporary asylum were opened. One was the basement in the east wing of the old Parliament Building on King St. in Toronto. The other was known as Dunn House. These buildings were closed in January 1850 when Ontario's first permanent asylum began admitting patients.

Dr. John Scott was its first Medical Superintendent. He was born in Ireland—and thus another outsider to the colonial establishment—and received his medical education at the University of Edinburgh-thus compounding his British non-Englishness. He remained only until 1853 when he engaged in controversies with the Board of Commissioners over issues of authority and control. This controversy sounds familiar in the circumstances of current debates over control over mental health care in Ontario. The Board of Commissioners was the inspector of all public institutions in Ontario at the time. An "Act for the Better Management of the Provincial Lunatic Asylum" did, however, give the medical superintendent the "right to appoint and dismiss servants and keepers" and also stated that "the medical superintendent shall direct and control the medical and moral treatment of the patients [54].

In 1853, Dr. Joseph Workman was appointed Medical Superintendent of the Toronto Asylum and remained at this post until 1875. Like Scott, Dr. Workman was born in Ireland in 1805, and so once again proving the rule that reform and professional openness to change was more likely to appear in someone from outside the centre of the colonial metropolis than from within—although, of course, there were many admirable exceptions, as we have indicated already. He came to Canada in 1829 and died in Toronto in 1894. Dr. Workman gained international prominence as an able Canadian alienist. He obtained honorary memberships in Great Britain and Italy in their respective medical-psychological societies. From 1850 until the time Dr. Workman assumed the superintendence in 1853, the occupancy of the asylum increased by almost 40%, from three hundred and fifty patients to five hundred patients. Many of the residents at this time were suffering from various intestinal ailments. Upon inspection, Dr. Workman discovered an enormous open cesspool in the basement of the building which had not been connected to the sewer. He had it drained and subsequently the incidence of disease plummeted.
Dr. Workman was also instrumental in creating a number of branch asylums in Ontario. Because of overcrowding, a supplemental asylum was provided in Toronto in 1856 which was known as the University Branch Asylum. In 1859, an old military barracks located at Fort Malden was utilised, and a third asylum opened in Orillia, Ontario in 1861 as a branch of the Toronto Asylum. The Orillia Branch Asylum ceased to function as an insane asylum in November, 1870 and patients were transferred to the newly built asylum in London, Ontario. The University Branch Asylum was abandoned in 1869 upon the opening of the female wing at the Toronto Asylum. Fort Malden, which had become an independent asylum in 1861, closed in 1870 when the London Asylum opened its doors to patients.

An 1864 Colonial Office Report referred to the Toronto Asylum as being the most effective in Canada. This was attributed to the branch asylum system whereby incurable patients were referred to the Malden, University and Orillia branches. In reference to these three institutions, the report argued that the "internal economy and the treatment of patients are said to be all that can be desired. [55] But overcrowding was delineated and the reports stated that there was insufficient space, land and ventilation.

The first prison asylum in Ontario, the forerunner of the forensic hospital, was the Rockwood asylum. Built by the federal government next to the Portsmouth Penitentiary near Kingston, it opened in 1855. Renamed the Kingston Asylum for the Insane in 1872, it served all of Eastern Ontario. The Branch Asylum in Orillia was closed in 1870 but reopened in 1876 as the Asylum for Idiots. The name was changed to Asylum for Mental Deficiency in 1882, to Asylum for the Insane in 1905, the Hospital for the Feeble Minded in 1911 and the Ontario Hospital School in 1926. As with many other things in mental health, the names which are used with the best of motives, soon take on a pejorative connotation and must be changed. This is no different from the modern striving for political correctness.

By the 1870s, public drunkenness had become a major problem. It was said that a gallon of whiskey could be purchased at the back door of the Gooderham and Worts Distillery in Toronto for three dollars—a week's wages for the average working man at that time. Political action was demanded by a number of temperance groups led by the Women's Canadian Temperance Union, acting on behalf of many housewives facing no money for the week and a drunk husband to boot.

Very restrictive liquor laws were enacted, which produced some interesting anomalies. For one, citizens could purchase liquor in a government store—if they had a permit—and if they took it directly home and consumed it in private without sharing it with anyone. This was intended to prevent illegal drinking establishments but had the unintended effect of encouraging solitary drinking—one of the worst patterns imaginable. It was said of the various temperance groups that if they could not stop alcohol use, at least they could make it as difficult and unpleasant as possible.

Construction had begun on an asylum in Hamilton to relieve overcrowding in the Toronto, Kingston and London Asylums. On the eve of its opening in 1875, it was renamed Hospital for Inebriates in response to the political pressure. It still had to respond to the overcrowding from other asylums so in 1876, it was renamed Asylum for the Insane, Hamilton and the treatment of alcoholism became a tiny part of its mandate.
In 1891, a branch of the Toronto Asylum was opened in Mimico, a village just west of the city, to serve Peel and Simcoe Counties,

as well as all of Northern Ontario. Soon renamed Asylum Cottages for the Insane Mimico, it became a regular asylum in 1893 as the Asylum for the Insane Mimico. The mentally ill were held in jails in North Bay and Port Arthur, and transported to Mimico on special trains at regular intervals. This practice continued until the Ontario Hospitals were opened in North Bay and Port Arthur in 1957.

In short, conditions for the mentally ill in Ontario were a bit better than in other provinces but there were many inhumane practices there as well. It should be noted how much more often reports of over-crowding, poor treatment, and other regressive measures were acted upon positively in Ontario as compared to most of the other provinces we have described so far. The reasons for this apparent disparity between successes in this part of Canada and the pattern of good ideas and slumbering results elsewhere in the future dominion requires further discussion. We must first complete our historical survey of developments.

Newfoundland

Newfoundland was a separate British Colony, and a Dominion under the Statute of Westminster (1926) until it joined Canadian Confederation in 1949. But, like the other nineteenth-century jurisdictions we have examined in this chapter, it placed the mentally ill in substandard and subhuman conditions, conditions described as abhorrent in an 1835 Grand Jury Report of the St. John's Fever Hospital, which housed the physically ill and some mentally ill [56]. In this edifice, rudimentary provisions for heat were absent and patients were shackled and chained to benches and walls. The report complained that it was a wonder that these poor "creatures" were not frozen on their beds [57].

In the same year 1835, Governor Prescott appointed two Justices of the Peace to make recommendations. The Justices, in their letter of 24 October 1835, proposed that an asylum should be erected separate from the Fever Hospital. Only nine years later, in 1844, twenty eight pounds sterling was provided to cover the costs of caring for eighteen "pauper lunatics" at the general hospital [58]. In addition, lunatics were maintained on the government's permanent pauper list and placed in private boarding homes.

Even given the grudging and paltry support of the colonial government, there was some progress possible when a proper health profession was allowed to work according to modern ideas. The establishment of the first lunatic asylum in Newfoundland owed its existence to Dr. Henry Hunt Stabb. In a remarkably generous move, in 1851, the government of Newfoundland financed a trip undertaken by Dr. Stabb to visit asylums and practitioners of moral treatment in Paris, Germany, England and Scotland. He attempted to apply the principles of moral therapy in Newfoundland and urged non-restraint, proper diet, patient activity and adequate staff [59].

That energetic, wide-traveling and reforming propagandist, Dorothea Dix, during her visit in 1848 and 1849 gave Dr. Stabb moral, financial and technical support. In 1847 a building known as Palk's Farm was secured for the mentally ill under Dr. Stabb's supervision. Twelve patients were removed from the general hospital and taken to this temporary asylum which operated until 1854 when the Provincial Asylum was opened.

Despite all noble these efforts to create a therapeutic environment, overcrowding and a lack of resources led to a state of ruinous neglect which was, at the time, characteristic of all public institutions in Newfoundland [60]. This was the same sad and frustrating story we have found, with few exceptions, everywhere in Canada in the nineteenth century.

British Columbia

British Columbia has a long history as a British colony mainly on the southern tip of Vancouver Island and on the mainland in the Fraser Valley. There were no direct land links to Canada at the time of Confederation and this did not change until the Canadian Pacific Railway was completed in 1885. However, the colony had developed some services for the mentally ill before this.

By the 1860s jails had been established in Victoria and New Westminster and the mentally ill were placed in these institutions. To confuse the mentally ill with the criminal at this stage in nineteenth-century thinking shows a typical ignorance on the part of the people in charge of the new province. This ignorance is not the same as stupidity, however, but demonstrates again the lag between theory and practice, and the way local civic leaders "slumbered" in the midst of intellectual ferment elsewhere in the Empire. Almost at once the progressives were dismayed and initiated reformist complaints. John Robson, editor of the British Columbian, who later became Provincial Secretary and Premier of the province wrote an editorial in 1863 on the New Westminster Gaol: The cells in which they [the lunatics] are confined are not at all adapted for such a purpose, entirely too small, ill ventilated, unheated and an offensive effluvia arising from beneath them, the result of no proper system of drainage [61].

Conditions in the Victoria Gaol did not appear to be much better. In the Victoria Gazette there appeared an other editorial which stated: It is the pride of England that the land is studded with asylums, hospitals and free institutions to meet the requirements of the sick and afflicted...Why, then are we such laggards. The legislative talk of building bridges, and other improvements, while they have a jail out of which murderers escape, and within which madmen tear their flesh [62].

Here the Canadian journalist looks for inspiration to the mother country, where, he claims, the modern attitudes have been put into effective institutions, while the fresh, clean Canadian land seems to be out of touch with the most compassionate and rational founding ideas. It is no wonder then that intellectuals in the province aware of the disparity between "English knowledge" and local conditions were up in arms. For instance, Edward Gridge from the parsonage of Victoria wrote in the Victoria Gazette that, "If we would imitate the example of the mother country we ought immediately to unite and found a hospital and asylum [62].

In 1860 a Grand Jury Report of the Victoria Gaol makes mention of the integrated accommodation of "debtors, lunatics and felons" as follows: If a proper system were instituted, or apartments suitably made in the prison, neither of these classes of unfortunates would be thrown together. We hope, therefore, that early attention will be given to this matter, and thus not force the poor but honest debtor into the society of the insane or the depraved [63].

This Report seems well aware of the scientific ideas and the advanced treatments then advocated by medical professionals for

the treatment of the mentally ill. It is certainly shocked by the now retrograde notion of housing criminals and lunatics in the same jail!

Then, in 1863, the Reverend Mr. Garret made an appeal for an asylum. This appeal was precipitated by the case of a certain Mr. Templeton who was suffering from a "derangement of the intellect" which was, reportedly, brought on through no fault of the patient [64]. The Reverend Garrett stated that, unless proper treatment was provided to Mr. Templeton, his condition would become chronic.. What that "proper treatment" consisted of is explained as follows by the gentleman of the cloth: There is, unfortunately no place in Victoria where that proper care or attention can be bestowed in a case of this kind... In Victoria we have no lunatic asylum, no place whatever in which an insane person can be kept under any sort of control except the jail and that is only open to lunatics; it is bad enough that they should be confined there...[65]

The Victoria Jail could not accommodate all of the mentally ill; therefore, the milder and more manageable cases were sent to the Royal Hospital, located on the Songhess Indian Reserve opposite the city of Victoria. This building was originally a smallpox hospital which was expanded and used as a general hospital for men only. When the needs of the female mentally ill became prominent, the women of Victoria took over a private home on Pandora Street and attempted to provide for them. Financial difficulties then brought about the amalgamation of the two. The Royal Hospital closed and its patients were transferred to the home on Pandora Street.

But everything was not easily progressive in British Columbia during the last century. In 1862, the Royal Columbian Hospital of New Westminster was founded but provided little relief for the mentally ill. In the same year the hospital passed a resolution that "No insane person be admitted on any pretense, into the hospital." [66] In 1872, the old Royal Hospital, which had been vacated for the facility on Pandora Street, was remodeled and was opened as the first provincial asylum. By the year 1877 there were thirty-seven patients in the asylum, however the building did not lend itself to any further expansion. The institution was then relocated to a place near the city of New Westminster. If changes came, they were slow and piecemeal. The frustration felt by reformers and mental health professionals is patent in almost every extant document.

In 1894, after charges of ill treatment were laid, a Royal Commission was appointed consisting of Drs. Newcombe and Haskell. Restraint and behaviour of an unusually severe character and punishment were meted out to the patients. This was not resorted to in order to prevent violence but, as Burgess stated, "as punishment, while still more appalling cruelties had been practiced with the cognizance of the Superintendents." [67] Almost a century to the day after Pinel's reforms in France, when he released the lunatics from their criminal confinement and moved them into medical treatment, the old ideas could still be found in one of the otherwise most advanced parts of Canada. The scandal could not be countenanced.

The Royal Commission on the Asylum for the Insane reported the use of restraint at the "will" of attendants; patients being beaten with straps; patients being forced to sleep while their hands were in handcuffs for days and sometimes weeks on end; and kicks, blows and other barbaric measures. Seclusion and cold water ducking were frequently utilized in this institution [68].

As a result of the findings of the Commission, the Superintendent, Dr. Bently, and two attendants were relieved of their duties. Dr. Bodington of Warwickshire, England assumed the Medical Superintendency on February 1, 1895. He was president of the Birmingham and Midland Counties Branch of the British Medical Society and managed a private asylum established by his father at Sutton Coldfield near Birmingham before immigrating to British Columbia. While Dr.Bodington did not banish all use of restraints within the asylum, he did prohibit their use as a form of punishment. It was he who complained of the practice "too much in vogue in Great Britain, of shipping off to the colonies weak-minded young persons who are unmanageable at home, and unable to make a career for themselves, or earn a livelihood there.. Such persons as these... naturally gravitate into the Asylum and swell the ranks of the already too numerous lunatics" [69].

Manitoba

In 1871, during Lieutenant-Governor Archibald's tenure, the Manitoba Penitentiary was established. Again, we can see here at this rather late date the pre-enlightened confusion between criminals and the mentally ill, since from 1871 to 1877 the "insane were cared for" in this penitentiary [70]. In 1877 the convicts as well as the mentally ill were transferred to the new Stoney Mountain Penitentiary. Only in 1879, by Order-in-Council, the mentally ill were separated from the convicts. This was at least a recognition that there was a need to update the official understanding of the difference between criminality and insanity.

Then in July of 1883, the Government of Manitoba passed an act which led to the erection of an asylum in Selkirk. The next year, prior to the opening of this Selkirk Asylum, the Dominion Government notified the provincial authorities that it was mandatory that the mentally ill be removed from all federal prisons. Finally, a major directive sought to end the long outdated policy of housing "lunatics" in correctional facilities. The mentally ill in Manitoba were, therefor, transferred to Lower Fort Garry, the site of the former Manitoba Penitentiary.

Despite these changes in official policy, it was not until almost ten years later in 1886 that the Selkirk Lunatic Asylum admitted its first patients. The medical superintendent at this time was Dr. David Young, who reportedly brought professionalism and kindliness to the treatment of those under his care [71]. Yet in Manitoba as elsewhere reforms in policy and even in institutional construction did not necessarily translate into reforms in the way mental health services were provided for the poor unfortunates.

Saskatchewan, Alberta and the Northwest Territories

By special arrangement with the Government of Canada in Ottawa, the mentally ill of these provinces and territories were cared for in Manitoba. In many instances this necessitated the transport of these people over vast distances by the Royal Canadian Mounted Police (RCMP), earlier the North West Mounted Police (NWMP). The NWMP was assigned this responsibility under An Act respecting the Administration of Justice, and other matters, in the North-West Territories, July 20, 1885 [71]

Meanwhile, Alberta had its first asylum under construction in 1908, the Insane Asylum in Ponoka, but did not admit patients until 1911. Similarly, the Saskatchewan Provincial Hospital in Weyburn received its first patients in 1914. Statistics show that 228 men and 115 women from the Manitoba asylums were admitted there on February 4, 1914.

Institutions for the mentally ill appeared later in the three Prairie Provinces than in other parts of Canada as this land was sparsely populated until the late nineteenth century. During the inception of institutional care in these provinces, facilities in other provinces, which had been established during the previous four decades were used as models in developing architectural plans, administrative policies and clinical practices.

By 1914, when the First World War broke out, all of the provinces of Canada and Newfoundland had institutions for the mentally ill. Though this spread of institutions and the apparent progressive legislation behind them would seem to mark a break between the old fashioned treatment of the previous treatments and the advances heralded by the development of psychoanalysis and modern psychiatry in the twentieth century, the reality on the ground- or rather, in the wards-did not come up to expectations of the reformers and the scientific vanguard.

Conclusion

We now sum up what we have seen in this survey of the development of public mental health care services in nineteenth century Canada. In many ways, it is not a pretty picture, yet if we look carefully we note that new ideas were brought to Canada by progressive medical professionals from Europe and the United States, but neither the political will nor the economic capacity was yet harnessed to put these new principles into practice.

Further we note that as soon as new facilities were constructed according to the up-to-date asylum concepts, they became overcrowded. This large number of patients being stuffed into these early facilities marks not merely an increase in the general population or an epidemic of lunacy in the emerging nation of Canada, but a new awareness of mental illnesses as separate pathological conditions requiring new kinds of treatment and public protection. At the same time, unfortunately, the public, through their elected and appointed officials, were not capable of keeping abreast of these new needs.

On the one hand, it would be easy to dismiss it all as due to stingy governments, backwards thinking colonial and provincial officials, and frustrated health professionals. But laying blame only serves to polarize the issues, making it more difficult to combat this intransigence and trance-like resistance. Rather, as health professionals with experience in the care and treatment of the mentally ill, it is our duty to analyze these issues and try to contribute to the solution rather than adding to the problem.

History teaches us that societies often operate against their own best interests, but one has to assume that the people who were there, believed that they were acting in their best interests whether on a group or individual level. The problem is that the best interests of the various stakeholders are usually different—often in conflict—so what is the best interests of one is often not in the best interests of another. And setting one group against another in a political battle for control is almost never in the best interests of the mentally ill or of society as a whole.

While all the Canadian institutions professed a moral treatment approach, overcrowding, the rather crude biological, psychological and social treatment methods of the time, and the lack of adequate resources—human, fiscal and physical—militated against humane institutional conditions by today's standards in all the provinces of Canada. But can one put all the blame on external conditions? Perhaps, as we have started to show, there are other kinds of explanation, reasons inside the mentality of the public, the provincial governments, and even the professionals which resisted the newer ideas about the mind and the treatment of its illnesses already well advanced by 1914.

In the mid-twentieth century, society was forced to recognize the inhumane conditions in the institutions which society had created to care for the mentally ill.

Institutionalization then gave way to deinstitutionalization and community care.

As this author-Sussman- mentioned in an editorial in the British Medical journal almost twenty years ago (1997) that even though modern day psychiatry is empirically driven, biochemically oriented and by and large community committed and oriented, care can still be improved in the twenty first century whether it be in the community or in general hospitals. After 400 years of development and reform many are currently saying that, with all their flaws, psychiatric institutions provided relief and treatment to their patients whereas now phenomena such as incarceration and homelessness have replaced the psychiatric institution.

Despite this "progress ", homelessness, trans-institutionalization and an increase in mentally ill patients who find themselves in penal institutions are very much part of the overall mosaic of psychiatric services in Canada and indeed in the United States of America.The political will and subsequent allocation of resources to fund an effective and consequently resource-rich community care system is problematic. Future generations will judge this system by its results and not by its good intentions.

Homelessness and trans-institutionalization in jails, and habitation in slums, which have become psychiatric ghettos does not augur well for this so called "community care" treatment modality. We can, however, hope!

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