

INSANITY, THE ASYLUM AND SOCIETY  
IN NINETEENTH-CENTURY QUEBEC AND ONTARIO

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of the requirements for the degree of

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Nineteenth-Century Quebec and Ontario**

by **James E. Moran**

a dissertation submitted to the Faculty of Graduate Studies of York  
University in partial fulfillment of the requirements for the degree of

**DOCTOR OF PHILOSOPHY**

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### Abstract

This thesis traces the development of perceptions of and responses to insanity in nineteenth-century Ontario and Quebec. Attention is paid to the rise of lunatic asylums, those purpose-built institutions for the insane which came to prominence in Ontario and Quebec as elsewhere from the mid- to late-nineteenth century. I argue that the lunatic asylum was the product of the complex interaction of the state, an emerging alienist profession, and those in the community who had a stake in the management and treatment of those they considered to be insane.

Chapters one and two assess the relationship between insanity and the state in each province. The role of the state in the process of asylum development in Quebec was, in many ways, different to that in Ontario. In Quebec, a form of "farming-out" system of care and treatment of the insane emerged through contract between the state and the proprietors of Quebec's first permanent lunatic asylum at Beauport. The "farming-out" system which was established at Beauport, and the struggle between the state and the Beauport proprietors over the regulation of insanity set precedents for the state's involvement in the treatment and care of the insane. In Ontario, a more conventional system of state-run asylums was established. But in both provinces, it was the competing ideas of state officials, asylum alienists, and the community

which determined the nature of the state's relationship to the asylum.

Chapter three compares the moral therapy of the lunatic asylums of Ontario and Quebec with other forms of management and treatment of the insane which preceded the arrival of the asylum. To the dismay of asylum superintendents, there was a range of socio-therapeutic contexts in which insanity was evaluated and treated, and which ran counter to the theory of asylum medicine. The asylum did not replace these non-asylum forms of management and treatment, but rather was integrated into a complex range of responses to insanity.

The families of the insane had their own complex and varied reasons for committing relatives and acquaintances to an asylum. Chapter four examines the social, economic and political contexts of asylum committal, assessing the impact of the committal process on the shaping of the asylum at the local level. It also considers the ways in which the interests of petitioners for the committal of pauper patients intersected with those of state and asylum officials.

Chapter five evaluates the creation and dissolution of criminal insanity as a psychiatric disorder. As a case study, the history of criminal insanity points to the uneven development of state and psychiatric power in Ontario and Quebec. It also highlights the fragility of the consensus upon which an institutional response to insanity could rest.

### Acknowledgements

This thesis has benefited from the help of many during the past five years. My thesis supervisor, Professor Susan Houston, has provided an ideal combination of space for intellectual growth, and timely guidance, especially in the last stages of this project. Her enthusiasm for the subject has also been of tremendous benefit. I would also like to thank the members of the examination committee, Professors Georgina Feldberg, Nicholas Rogers, Wendy Mitchinson, Craig Heron, Paul Antze and Bettina Bradbury, for helpful comments at various stages of my work. Lisa-Anne Chilton and Jim Moran have offered tireless assistance in all aspects of this thesis, from conception to final editing. It is a much better work, as a result of their efforts. Michele Moran, Thomas E. Brown, Jay Cassel, Kathryn McPherson, and Geoffrey Reaume have also shaped this thesis in constructive ways. Jean-Marie Fecteau has shown enthusiasm and encouragement for my work. I am especially grateful for his willingness to share with me his knowledge of the records of the Provincial Secretary connected to his work on the "Projet d'incarcération" at the Université de Québec à Montréal.

At the Public Archives of Canada, Pat Kennedy has shared with me her expert knowledge of nineteenth-century primary sources. I would also like to thank the helpful staff at the Ontario Archives, especially archivists Karen

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Note on Sources

This thesis relies on a range of primary documents which refer to those considered as insane in the nineteenth-century, many of whom became patients at asylums for the insane. The names of these people (and in some cases, the names of their families) have been substituted by pseudonyms in the thesis. However, the files from which information has been drawn concerning all such cases is identified in the footnotes.

Introduction:

Historiographical Considerations on Writing  
the History of Insanity, Psychiatry and the Asylum

Since the publication of Michel Foucault's Folie et déraison: histoire de la folie à l'âge classique in 1961, writing on the historical development of the lunatic asylum in Europe, England and North America has comprised an exciting and intense historiographical enterprise. With great rhetorical flourish, Foucault stood the standard meliorist account of the rise of the asylum and of the psychiatric profession on its head.<sup>1</sup>

In Foucault's view, far from liberating the insane from a dark history of brutality, and from establishing the basis for an enlightened institution-based curative psychiatry, the pioneering activities of Philippe Pinel at the Bicetre Asylum in France and of William Tuke at the York Retreat in England ushered in an unprecedented era of oppression of the mad. With the coming of the asylum, a "gigantic moral imprisonment" replaced a period of relative autonomy and

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<sup>1</sup>For the meliorist account see for example, Gregory Zilboorg, A History of Medical Psychology (New York, 1941) and Franz Alexander and S. Selesnick, The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present (New York, 1966).

freedom for the insane.<sup>2</sup>

Foucault's work sparked both controversy<sup>3</sup> and historiographical innovation. In the 1970s, David Rothman and Andrew Scull wrote soberly critical revisionist accounts of the rise of the asylum.<sup>4</sup> Writing from

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<sup>2</sup>Michel Foucault, Folie et déraison: histoire de la folie à l'âge classique (Paris, 1961). The first publication in English of Foucault's work was Madness and Civilization: A History of Insanity in the Age of Reason (New York, 1965). As Andrew Scull notes, the English translation was missing about 40 per cent of the content of the original French version, "as well as the bulk of the footnotes and references", a fact which helped fuel the tremendous intellectual controversy surrounding the book. Andrew Scull, "Reflections on the Historical Sociology of Psychiatry", in Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective (Berkeley, 1989), p. 15.

<sup>3</sup>Among historians, much of the criticism of Foucault's sweeping interpretation has focused on what are perceived to be problems of historical accuracy. See, H.C.E. Middlefort, "Madness and Civilization in Early Modern Europe", in B.C. Malament ed., After the Reformation: Essays in Honor of J.H. Hexter (Philadelphia, 1980), pp. 247-265. A lively exchange between Foucault and Laurence Stone can be found in New York Review of Books, vol. xxix, no. 20, pp. 28-36; and New York Review of Books, vol. xxx, no. 5, pp. 42-44. See also, Stone, The Past and the Present Revisited (London, 1987); Jan Goldstein, "'The Lively Sensibility of the Frenchman': Some Reflections on the Place of France in Foucault's *Histoire de la folie*", History of the Human Sciences, vol. 3, pp. 3-26; Roy Porter, "Foucault's Great Confinement", History of the Human Sciences, vol. 3, 1990, pp. 47-54.

<sup>4</sup>David Rothman, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston, 1971); Andrew T. Scull, Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England (London, 1979). Other influential revisionist contributions interested in the grand sweep of geography, history and theory include, Klaus Doerner Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry (Oxford, 1986); and Robert Castel, The Regulation of Madness: The Origins of Incarceration in France

different perspectives (Rothman a left-liberal and Scull a neo-marxist), both situated themselves in critical relation to both Foucault's work and to the "march of progress" school of psychiatric history.<sup>5</sup> Also of importance in the writing of asylum history during this period was the work of Gerald Grob. While distancing himself from a strictly linear conception of institutional development, Grob nevertheless cast a decidedly conservative anchor into an historiography increasingly critical of the discovery and subsequent development of the asylum.<sup>6</sup> Both Grob and Scull have remained influential figures in the field. While their perspectives have become more nuanced and contextualized, both historians have held relatively fast to their

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(Cambridge, 1988).

<sup>5</sup>Andrew Scull situates himself in relation to Foucault's work. See "Reflections on the Historical Sociology of Psychiatry", Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective (Berkeley, 1989), pp. 14-20; Scull, "Michel Foucault's History of Madness", History of the Human Sciences, vol. 3, pp. 57-67; and Scull, "A Failure to Communicate? On the Reception of Foucault's *Histoire de la Folie* by Anglo-American Historians", in Arthur Still and Irving Velody eds., Rewriting the History of Madness: Studies in Foucault's *Histoire de la folie* (London, 1992), pp. 150-163. Rothman offers a brief critique of Foucault in David Rothman, Discovery of the Asylum, pp. xvii-xviii.

<sup>6</sup>Gerald Grob, The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920 (Chapel Hill, 1965); Grob, Mental Institutions in America: Social Policy to 1875 (New York, 1973).

respective positions on the development of the asylum.<sup>7</sup>

Meanwhile, there has been a surge in the production of works on nineteenth-century asylum and psychiatric history in England, Canada, France and the United States.<sup>8</sup> Through

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<sup>7</sup>Gerald N. Grob, Mental Illness and American Society, 1875-1940 (Princeton, 1983); Grob, From Asylum to Community: Mental Health Policy in Modern America (Princeton, 1991); Grob, The Mad Among Us: A History of the Care of America's Mentally Ill (New York, 1994); Andrew T. Scull, Social Order/Mental Disorder: Anglo American Psychiatry in Historical Perspective (Berkeley, 1989); Scull, The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900 (New Haven, 1993). Grob and Scull have frequently been each other's most vociferous critics, bringing into stark relief the differences in their perspectives. See for example, Gerald Grob, "Marxian Analysis and Mental Illness", in History of Psychiatry, i, (1990), pp. 223-232; Grob, review of The Most Solitary of Afflictions, in Journal of Social History, (Summer, 1994), pp. 883-885. Scull returns the favour in Andrew Scull, "Mental Health Policy in Modern America", The Millbank Quarterly, vol. 70, no. 3, (1992). Of historiographical note is also Rothman's long introduction to the 1990 re-edition of his earlier classic. Rothman, Discovery of the Asylum, (Boston, 1990), pp. xiii-xliv.

<sup>8</sup>Included in this outpouring of recent literature is: Mark Finnane, Insanity and the Insane in Post-Famine Ireland (London, 1981); Nancy Tomes, A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883 (Cambridge, 1984); Ann Digby, Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914 (Cambridge, 1985); Elaine Showalter, The Female Malady: Women, Madness and English Culture, 1830-1980 (New York, 1985); S.E.D. Shortt, Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry (Cambridge, 1986); Ellen Dwyer, Homes for the Mad: Life Inside Two Nineteenth-Century Asylums (New Brunswick, 1987); Roy Porter, Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency (Cambridge, 1987); Sheryl Warsh, Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923 (Montreal, 1989); Yannick Ripa, Women and Madness: The Incarceration of Women in Nineteenth-Century France (Minneapolis, 1990); Peter McCandless, Moonlight, Magnolias and Madness: Insanity in South Carolina From the Colonial

the use of a variety methodological approaches, and through the exploration of an increasingly broad range of primary sources (from patient records, to documents pertaining to asylum committal and discharge, to correspondance between the asylum and the families of the insane), this growing body of literature has opened up the field dramatically. These more recent studies have created accounts of the rise and development of the asylum which are, on the whole, less theoretically driven and more anylatically open-ended than those of the first wave of revisionist writers. Of primary concern to most of these accounts is the exploration of previously uncharted historical territory in the history of insanity, the asylum, and the families of the insane.

In a recent historiographical article, Thomas E. Brown has argued that this large body of asylum history studies produced in the 1980s and early 1990s can be characterized chiefly by its retreat from theory and "the political". Brown contends that two interrelated factors explain asylum historians' recent disinclination to set their studies within a more ambitious theoretical context. First, in the late 1970s and 1980s, the fierce historiographical debate among revisionists, and between whigs and revisionists, was seen by subsequent historians to have stagnated into a

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Period to the Progressive Era (Chapel Hill, 1996).

pitched rhetorical battle over the concept of "social control". According to recent writers in the field, the perspectives of this first wave of iconoclastic contributors shared an inflexible structuralist, social control perspective.<sup>9</sup> Partly in their efforts to distance themselves from the increasing stigma of the social control label, historians retreated from a thoroughgoing theoretical consideration of their topic. Second, Brown argues that recent scholars of the history of psychiatry were influenced by selective components of the "new social history". They embarked upon ambitious archival projects which focused on micro-historical subjects (usually the history of a single insane asylum) in an effort to "rescue" asylum workers, patients and the relations of the insane from the "condescension of posterity"<sup>10</sup>, and to build an empirical base upon which to create a new interpretation of the history of madness and the asylum. But, according to Brown, this was done without addressing the complicated neo-marxist and post-structuralist theoretical debates informing similar history in other fields. This new social history of the

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<sup>9</sup>As Brown notes, it is debatable whether or not this was in fact the case. The revisionist theoretical perspectives of Michel Foucault, David Rothman, Andrew Scull and others were notably divergent.

<sup>10</sup>The phrase is borrowed from E. P. Thompson, The Making of the English Working Class (London, 1988), p. 12.

asylum, he asserts, resulted in an understanding of the history of madness which:

... often fails to rise above the level of the local and the merely descriptive, leaving us with an incomplete and ultimately unsatisfactory understanding of both the asylum and its place in the nineteenth-century social order.... And yet their approach has become de rigueur, part of the irresistible tide of the new social history: their account the new consensus, the "new orthodoxy" for the 1990s. But a new consensus is not a "new synthesis". Indeed, the new consensus itself effectively militates against any easy achievement of such a synthesis.<sup>11</sup>

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<sup>11</sup>Thomas E. Brown, "Dance of the Dialectic? Some Reflections (Academic and Otherwise) on the Recent State of Nineteenth-Century Asylum Studies", Canadian Bulletin of Medical History, vol.11 (1994), pp. 267-95. Writing in 1989, Andrew Scull had more charitable words for this influx of recent work: "This voluminous outpouring of monographs has, quite naturally, presented us with a more nuanced and complex view of the history of madhouses, mad-doctors and madmen (and even taught us something about madwomen). Almost without exception, though, the new work in the field remains marked by and in many ways deeply indebted to the earlier generation of revisionist studies. Mercifully, in consequence, we have been spared a return to a 'public relations' history of psychiatry and have likewise not had to endure a revival of 'historiographic nihilism or mindless empiricism'". Scull, "Reflections on the Historical Sociology of Psychiatry", in Andrew Scull, Social Order/Mental Disorder, pp. 12-13. Other attempts to grapple with the growing body of literature in the field include: Nancy Tomes, "The Anatomy of Madness: New Directions in the History of Psychiatry", Social Studies of Science, vol. 17, (1987), pp. 358-70; Andrew Scull, "Psychiatry and Social Control in the Nineteenth and Twentieth Centuries", History of Psychiatry, vol. ii, (1991); Scull, "Psychiatry and Its Historians", History of Psychiatry, vol. ii (1991), pp. 239-250; Roy Porter, "Madness and its Institutions", in Andrew Wear, ed., Medicine in Society: Historical Essays (Cambridge, 1992), pp. 277-301; George Mora, "The History of Psychiatry in the United States: Historiographic and Theoretical Considerations", History of Psychiatry, vol. iii (1992), pp. 187-201.

In Brown's view, these works constitute a new "neo-revisionist" perspective which though rich in archival research is largely disinterested in overarching political or theoretical considerations.<sup>12</sup>

Brown's article is a clarion call to prospective writers on the history of insanity and psychiatry not to ignore the theoretical and historiographical contributions of their revisionist predecessors in the field.<sup>13</sup> Brown notes that, although revisionists disagreed with each other, they all saw as fundamentally important the connections between responses to insanity and the wider social, economic and political relations of the societies in which these responses emerged.

Since the publication of Brown's historiographical overview, there is evidence to suggest that the journey of the history of asylum studies is coming full circle. Rejecting the revisionist interpretations of Scull, Rothman, Foucault and others, Peter Keating argues that moral therapy is best considered as "a new breakthrough in the domain of medical thought".<sup>14</sup> More striking in its curt denunciation of the full range of revisionist writers is Edward Shorter's

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<sup>12</sup>Brown, "Dance of the Dialectic?", p. 28.

<sup>13</sup>Ibid., p. 286.

<sup>14</sup>Peter Keating, La science du mal: L'institution de la psychiatrie au Québec, 1800-1914 (Quebec, 1993), p. 30.

recent account of the history of psychiatry from the pre-asylum era to the present.<sup>15</sup> With Shorter, we are back to a meliorist interpretation of the history of psychiatry which sees the recent "biological approach to psychiatry - treating mental illness as a genetically influenced disorder of brain chemistry - [as] ... a smashing success". In this account, the historical legitimacy of past psychiatric endeavour is measured against the present reality (in Shorter's view) of mental illness as a biologically determined disorder.<sup>16</sup> Also notable in the work of Shorter and Keating is a lack of interest in the primary sources and methodologies explored by the new social historians of psychiatry of the 1980s and 1990s. Both authors construct a psychiatric past in which asylum patients, workers, and community perceptions and responses are relegated back to the shadows of marginal significance.

While a revival of meliorist accounts marks one

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<sup>15</sup>"Above all", states Shorter, "I have tried to rescue the history of psychiatry from the sectarians who have made the subject a sandbox for their ideologies. To an extent unimaginable for other areas of the history of medicine, zealot researchers have seized the history of psychiatry to illustrate how their pet bugaboos - be they capitalism, patriarchy, or psychiatry itself - have converted protest into illness, locking into asylum those who otherwise protest would be challenging the established order". Edward Shorter, A History of Psychiatry: From the Era of the Asylum to the Age of Prozac (New York, 1997).

<sup>16</sup>Shorter, A History of Psychiatry, pp. vii & viii.

identifiable trend in recent histories of psychiatry and the asylum, historian David Wright suggests that a constellation of other studies can be seen to be pointing the historiography in still another direction.<sup>17</sup> According to Wright, the weight of historical evidence in several social histories of the asylum throws into question many previously held assumptions about the nature of the nineteenth-century asylum. Wright argues that recent examinations of the motivations and circumstances prompting the committal of patients to the asylum by households and local communities reorients the historian away from the primacy of the psychiatric profession in the process of asylum development, and towards the centrality of the family in the process of asylum committal. These studies also implicitly throw into question the extent to which asylum development "medicalized" attitudes about insanity at the local level in the nineteenth century. To Wright, "the confinement of the insane" is best considered "as a pragmatic response of households to the stresses of industrialization".<sup>18</sup> Wright points to the merger of asylum and family history as one way in which a reconceptualization of the history of insanity

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<sup>17</sup>David Wright, "Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century", Social History of Medicine, Vol. 10, No. 1, 1997, pp. 137-155.

<sup>18</sup>Ibid., p. 139.

could proceed.

Locating one's own work in a field marked by such rapid and overlapping shifts is no easy task. In general terms, this work combines an appreciation of the contributions made by the first wave of revisionist writers, and of the methodological and analytical innovations of the new social historians of insanity and the asylum. It addresses the call of historiographers like Thomas Brown for a more contextualized history of the asylum. It also shares with the work of David Wright and others the opinion that the study of the process of patient committal is crucial to a reconceptualization of the history of the asylum and insanity.

This study traces the social history of the lunatic asylum in Ontario and Quebec over the course of the nineteenth century. I argue that asylum development in each province was the result of a complex mix of pressures generated by the relationships between the state, a fledgling psychiatric profession, and certain sectors of the community including local officials and the families and acquaintances of the insane. These relationships were played out in a society in which power was not equally shared. Nevertheless, it was the complex and conflictual interactions of people from a range of social and economic circumstances - from state inspector, to asylum

superintendent, to local magistrate, to jail surgeon, to the relative or neighbour of one who was considered to be insane - which shaped asylum development. An analysis of these interactions tells us not only about the changing nature of the asylum, but also about the shifting and overlapping perceptions and responses to insanity over the course of the nineteenth century.

In both provinces, the state played a major role in the social history of the asylum. Lunatic asylums in Quebec and Ontario gradually came to be part of a bureaucratized institutional network presided over by the Inspectorate of Prisons, Asylums and Public Charities in 1859, and by separate state inspectorates for each province after Confederation.<sup>19</sup> The state's involvement in institutions for the management and treatment of the insane formed part of a larger project of state formation in mid-nineteenth-century Canada encompassing educational and penal reform, along with efforts to police and regulate other aspects of social life.<sup>20</sup>

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<sup>19</sup>Michael Katz, Michael Doucet and Mark Stern discuss the "birth of the institutional state", comprising "mental hospitals, schools systems, reformatories, and penitentiaries" in, The Social Organization of Early Industrial Capitalism (Cambridge, 1982), pp. 349-391.

<sup>20</sup>See the collection of essays in Allen Greer and Ian Radforth eds., Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada (Toronto, 1992).

One of the most probing inquiries into the historical influence of the state in nineteenth-century Canadian society is the work of Bruce Curtis on the building of an "educational state" in Canada West.<sup>21</sup> In Curtis' view, "systematic efforts were undertaken by the imperial government and the colonial Parliament to educate "the people" in the ideological, moral and behavioral requisites of the new forms of governance" which accompanied the "extension of capitalist relations of production" and the consolidation of "liberal political democracy" at mid-century.<sup>22</sup> Central to this process was the establishment of an inspectorate to monitor and regulate, at the local level, the policies generated by the central state. Borrowing from Foucault, Curtis argues that government inspectors of all kinds, including those of education, facilitated the development of "panoptic" modes of state power.<sup>23</sup>

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<sup>21</sup>Bruce Curtis, Building the Educational State: Canada West, 1836-1871 (London, 1988); Curtis, True Government by Choice Men? Inspection, Education and State Formation in Canada West (Toronto, 1992).

<sup>22</sup>Curtis, True Government, pp. 5-6.

<sup>23</sup>Ibid., p. 11. Susan Houston and Alison Prentice have their own analysis of the development of the state and education which, while sharing common ground with Curtis, is different in several respects. S. Houston and A. Prentice, Schooling and Scholars in Nineteenth-Century Ontario (Toronto, 1988).

In theory, Curtis' understanding of education and state formation appears relevant to a study of the development of the state lunatic asylum. Several historians have pointed out the ways in which the concept of the Victorian lunatic asylum embodied the ideals of bourgeois society. With a tremendous emphasis on order and control in its design and management, the asylum would make irrational minds rational again, imbued with the values and habits of those who endorsed and controlled the asylum itself: middle-class philanthropists, asylum promoters, medical superintendents, and various state officials.<sup>24</sup> Through the doctrine of moral therapy, the insane would be cured and released from the asylum as productive members of society.<sup>25</sup> Moreover, these institutions were to be controlled and supervised by

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<sup>24</sup>Although success of this asylum agenda has been the subject of much scholarly debate in recent years, the agenda itself is clearly elaborated in countless annual reports and propaganda tracts of nineteenth-century asylum promoters. Some of this material is well synthesized in David Rothman's, The Discovery of the Asylum, pp. 137-154. A detailed discussion of the importance of architecture in the regulation of madness can be found in Nancy Tomes, A Generous Confidence, pp. 129-188. The Kirkbride asylum "blueprint", discussed by Tomes, became a model for numerous North American public insane asylums, including the Toronto Provincial Asylum.

<sup>25</sup>Andrew Scull argues that "moral treatment actively sought to transform the lunatic, to remodel him into something approximating the bourgeois ideal of the rational individual". Scull, "Moral Treatment Reconsidered", in Social Order/Mental Disorder, p. 89. This theme is emphasized in Michel Foucault, Madness and Civilization: A History of Insanity in the Age of Reason (New York, 1988), pp. 241-178.

an inspectorate which served as a corridor of communication between those responsible for the daily affairs of the asylum and officials of the state. The space in which the work of curing disordered minds took place was to be well regulated and directed by the state inspectorate as its expertise in the study and cure of insanity grew.

In many respects, the objectives of the state asylum coincided with those of an emerging alienist profession struggling for power and status in the medical field. The participation of medical superintendents in the process of state asylum development helped ensure an emphasis on the presumed objectivity of science and medicine in the reordering of disordered minds. The weight placed on the role of science and medicine in the cure of insanity would help to further legitimize the state's involvement in the institutional treatment and management of the insane as a rational and empirical enterprise.<sup>26</sup>

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<sup>26</sup>The symbolic and practical incorporation of science into nineteenth-century medical practice is discussed in W.F. Bynum, Science and the Practice of Medicine in the Nineteenth Century (Cambridge, 1994). For an account of physicians' use of "not the content, but the rhetoric of science" in their pursuit of professional and socioeconomic status in the nineteenth century, see S.E.D. Shortt, "Physicians, Science and Status: Issues in the Professionalization of Anglo-American Medicine in the Nineteenth Century", Medical History, vol. xxvii (1983), pp. 51-68. The "medical capture of madness" in nineteenth-century English psychiatry, is discussed in Andrew Scull, The Most Solitary of Afflictions, pp. 3-4. Elsewhere I have argued that mid-century American alienists used the rhetoric of professional and medical

If these were the ideological tenets of the nineteenth-century state lunatic asylum, how closely did they reflect the reality of state involvement in the care and management of the insane in Quebec and Ontario? The relationship between the state and insanity was in fact markedly different in each province. In Quebec, a peculiar arrangement developed whereby most of the state's efforts at regulation and control were effectively thwarted by a proprietary asylum system which, ironically, the state helped to initiate. The Beauport Asylum's proprietors successful resistance to state regulation gave them a virtual monopoly in the institutional management of insanity in the lower province from 1845 to 1873. This monopoly set the pattern for the relationship between the state and insanity in Quebec later in the century. The prominent role of the Catholic Church in the sphere of charity work further contributed to the peculiar nature of state involvement in the treatment and management of the insane in the lower province. Although the "farming out system" which developed in Quebec successfully resisted state interference and

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authority in an effort to supplant entrenched customs of community care of the insane with asylum care. See James E. Moran, "Asylum in the Community: Managing the Insane in Antebellum America", History of Psychiatry, (forthcoming). Jan Goldstein discusses the struggle of the French psychiatric profession to secularize and medicalize the care of the insane in Console and Classify: The French Psychiatric Profession in the Nineteenth Century (Cambridge, 1987).

control for much of the nineteenth century, close organizational links were established between the state and those who contracted out for the care of pauper patients. Moreover, the Beauport proprietors shared a somewhat similar vision of the social and therapeutic purpose of the lunatic asylum with their non-proprietary alienist brethren in Ontario and elsewhere. Thus, in important respects, their institution resembled those established through more direct state intervention in Ontario. But the proprietary nature of the asylum movement in Quebec, along with the powerful influence of the Catholic Church later in the century, created a unique relationship between the state and insanity in the province.

In Ontario, a more conventional form of state-driven asylum management and treatment emerged. The first provisional asylum for the insane, and the network of permanent asylums which followed, were state-run, and developed into a relatively sophisticated system of government-inspected institutions. Yet this process of state development in the sphere of institutionalized care of the insane was fraught with difficulties. Battles between asylum inspectors and superintendents demonstrated conflicts over the distribution of state power and differences in opinion as to the role of the asylum as a state institution. The community also frequently voiced its opinion on the

proper purpose of the lunatic asylum in Ontario - an opinion which often differed from those of both the state and the medical superintendent. Because the construction and subsequent maintenance of lunatic asylums was largely based on the collection of public money in the form of a county asylum tax, Ontario communities were particularly sensitive to the state's involvement in the management and care of the insane. Moreover, the establishment of a state institution for the insane which could operate effectively in the ways envisioned by asylum promoters and state officials was delayed for decades in Ontario due to financial constraints. This seriously undermined the state's regulation and control of insanity for much of the nineteenth century.

Despite the inability of asylum promoters to have their ideal system of purpose-built state institutions constructed, lunatic asylums were built, organized and administered through the instrumentality of the state in both provinces during the nineteenth century. The state became a much more obtrusive and powerful force in the management, perception and treatment of insanity. In this sense, the nineteenth century did witness the creation of a "therapeutic state" for the medical treatment and social management of insanity. But, the form of therapeutic state created, and subsequently developed, was very much the product of the specific historical circumstances and complex

power relations which characterised each province. In Ontario and Quebec, state-organized institutional care of the insane was introduced into a colonial setting in which the middle-class outlook of the asylum promoters was generally inconsistent with that of the working-class and pauper farmer families of the majority of asylum patients<sup>27</sup>; in which there were contrasting visions between government officials and superintendents on the role of the asylum; in which religion still wielded tremendous moral and practical influence in the care of the insane; and in which there existed locally entrenched pre-asylum perceptions of insanity. Once under way, the project of building state asylums for the treatment and management of insanity could never match the expectations of its founders. Reformers and asylum promoters did manage to establish a state system of lunatic asylums, but in neither province did they do so just as they pleased.

These findings point toward a reassessment of previous revisionist accounts of the role of the state in asylum development, and in the regulation of madness. While any serious study of lunacy in the nineteenth century needs to

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<sup>27</sup>Although both the Toronto Asylum in Ontario and the Beauport Asylum in Quebec treated a small percentage of "pay" or private patients, the vast majority was composed of government or pauper patients. This study focus exclusively on this latter group.

address the significance of the state to the process of asylum development, neither a linear nor a "top-down" approach to the state's activities sufficiently explains the complex role of the state in asylum building. More attention needs to be given to the conflicts between psychiatric and state interests, and to the significant influence that community practices could have in the shaping of state policy on lunacy.

Once introduced, the lunatic asylum constituted a dramatic departure from previous modes of treatment and care of the insane in both provinces. The first asylums in each province were "temporary", and constituted a blend of therapeutic strategies and structural and organizational limitations. In the first permanent institutions for the insane in both provinces, similar forms of moral therapy were implemented based on models from England and the United States. Like their counterparts elsewhere, asylum superintendents and reformers in Ontario and Quebec saw the practice of moral therapy in purpose-built lunatic asylums as the only legitimate form of curative treatment.

But the asylum had not emerged out of a socio-therapeutic vacuum. There was a range of local practices in the treatment and management of insanity which preceded lunatic asylums and which continued to exist well after their introduction. These non-asylum, local socio-medical

practices are understudied aspects of the history of insanity. Yet their existence and persistence had an important influence on the shaping of the lunatic asylum. An examination of the relationship between asylum medicine and enduring non-asylum contexts of patient care reveals as much about alienists' views on insanity as it does about community-level perceptions of, and responses to, those considered insane.

Further altering the character of asylum development in Ontario and Quebec were individual families and community members who made their decisions to commit those they considered to be insane to the new institutions. An analysis of the motives for asylum committal at the local level reveals the great disparity between state, alienist, and community perceptions of the asylum. Individual families and neighbours of the insane made strategic use of the institution in ways which were inconsistent with the principles of asylum medicine as laid out by medical superintendents. Social and economic stresses in the household were more important than medical considerations for most families who sought the admission of their relatives and acquaintances into the asylums of Ontario and Quebec. And, when medicine did come to bear on decisions for committal, it was usually in a context decidedly in conflict with the medical underpinnings of the insane

asylum.

The decisions at the family and community level in the committal of the insane had an important impact on asylum development. But the strategies of families in the process of asylum committal were vulnerable to the decisions of those in positions of greater power at the asylum and within the state apparatus. The mere act of petitioning activated a complex power hierarchy in which the average petitioner had to tread deferentially in order to achieve success. Examining petitions for committal brings into sharp relief the uneven playing field upon which the differing outlooks of local petitioners and of state and asylum officials played themselves out.

This interplay of state, psychiatric and community forces is readily apparent in an examination of criminal insanity in Ontario and Quebec. The emergence and subsequent disappearance of criminal insanity as an officially recognized psychiatric disorder in the nineteenth century also offers a revealing case study in the shifting responses to insanity. As one aspect of a general crisis at Canada's first penitentiary at mid-century, criminal insanity came to be seen as a problem of major proportions. But, in many ways, criminal lunatics fit awkwardly into the limited range of institutional settings available in Ontario and Quebec.

In the course of the debate between medical and political officials over the proper means of dealing with this peculiar combination of crime and mental alienation, criminal insanity was temporarily viewed as a specialized psychiatric disorder in need of a separate medical institution. This temporary consensus led to the establishment of the Rockwood Criminal Lunatic Asylum for the treatment of the criminally insane. However, for a variety of reasons, this tenuous psychiatric construct was short-lived and the institutionalized treatment of the criminally insane was soon abandoned.

Ironically, one of the principal causes of the dissolution of criminal insanity as a psychiatric disorder in Canada was the demand by communities surrounding Rockwood for asylum provision for their non-criminal insane. The community was able to circumvent the laws governing admission of criminal lunatics to Rockwood, thereby using the asylum that was originally intended for the treatment of a specialized form of insanity as an asylum primarily for the management of patients with no actual criminal histories. In this case, the community's perceptions and use of the asylum had a profound, if indirect, influence on the reconfiguration of state and psychiatric policy towards the criminally insane. The brief episode in the psychiatric conceptualization of criminal insanity in nineteenth-century

Canada also highlights the uneven development of the asylum as the institutional expression of state and psychiatric power.

Chapter One:

The State and the "Farming-Out System" in Quebec:  
1800-1889

In Quebec, a particular form of institutional care and treatment of the insane developed which was known by contemporaries as the "farming-out" system. The farming-out system was the result of both the provincial state's concerns about the costs of asylum provision, and the professional and proprietary ambitions of a group of Quebec physicians. Once established, the farming-out arrangement between the state and the proprietors of Quebec's first permanent lunatic asylum at Beauport was quickly consolidated into a form of monopoly in the asylum care of the insane.

The Beauport Asylum's first proprietors, James Douglas, Joseph Morrin and Joseph Frémont, negotiated contracts with the state which enabled them to thwart the efforts of others to establish similar arrangements with the government. In addition, Beauport's proprietors were able for the most part to prevent the state's efforts to play a larger role in the regulation of the internal organization and management of their asylum. As elite physicians in the orthodox medical profession in Quebec, Beauport's proprietors created an asylum in many ways similar in its architecture and

therapeutic outlook to asylums elsewhere. But as alienist entrepreneurs, they forged a relationship between the asylum and the state which differed notably from that which developed in Ontario.

The increasing desire of the state to play a greater role in the regulation of the affairs of the Beauport Asylum led to frequent conflicts between proprietors and state officials. Eventually, the state attempted to break the monopoly status of the Beauport Asylum by founding a strictly state-run asylum at St. Jean, and later, through more farming-out arrangements with religious orders in the province. But the results of these efforts were only partly effective. The state-regulated St. Jean Lunatic Asylum, presided over by Superintendent Henry Howard, was by all accounts a failed state initiative, which, if anything, augmented the power and status of Beauport. The negotiation of major asylum contracts with the Sisters of Providence expanded the scope of asylum provision, and brought to an end the powerful position of the Beauport Asylum's owners. However, the religious orders resisted government interference with the management and organization of their asylums as fiercely as the Beauport proprietors. It was not until the aftermath of the Royal Commission in 1887 which investigated the impasse between the asylum proprietors and the provincial government that the state was finally able to

exercise any real degree of control over the institutional organization and regulation of insanity.

In the early nineteenth century, the state's involvement in the institutional management of the insane in Lower Canada took the form of a "système des loges" run by the religious orders of the general hospitals at Quebec, Montreal and Three Rivers. Each loge had room for one patient. As early as 1720, six loges were built at the Quebec General Hospital for the insane, supported financially by contract with the colonial government. In 1801, a law was passed which perpetuated this arrangement, giving the religious orders at Quebec, Montreal and Three Rivers up to 1000 pounds per year to care for the insane and for abandoned children. A Commission for Insane Persons and Foundlings was established to take responsibility for admissions. This grant was soon found to be insufficient to provide upkeep of the cells, medical and non-medical care, food and provisions for the insane, and, as a result, the commissioners frequently petitioned for increases in funds in excess of the original government grant.<sup>1</sup> This state-

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<sup>1</sup>Part of the grant for the insane was for the boarding out of a small number of lunatics to families in the country. In 1823, for example, 5 of 20 insane persons at Quebec were boarded out by the state to families in the province. See Report of a Committee on Insane Persons and Foundlings, Journals of the Legislative House of Lower Canada (hereafter J.L.H.L.C), vol. 33, 1824-25.

sponsored system of management was increasingly perceived as unacceptable by commissioners, other prominent citizens and government officials.<sup>2</sup> Critical assessment of the système des loges was especially evident from about 1816 until the establishment of the Beauport Lunatic Asylum in 1845.

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SYSTÈME DES LOGES

(NUMBER OF LOGES AND THEIR LOCATION)

Quebec	: 1720	= 6 loges
	: 1802	= 12 loges
	: 1820s	= 6 loges
Montréal	: 1802	= 8 loges
Trois-Rivières	: 1808	= 6 loges
		<hr style="width: 10%; margin: 0 auto;"/>
		38 loges

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(Table compiled from information found in André Cellard, Histoire de la folie au Québec de 1600 à 1850 (Montreal, 1991).)

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Opposition focused on both the inhumane conditions of the loges, and on the impossibility of curing the insane under this system of care. In his report, Dr. W. Hackett described the hospital cells as completely "en opposition aux principes desquels on peut espérer la guérison [des

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<sup>2</sup>Much of this criticism focused on how to expand and improve provision at the general hospitals. See for example, J.L.H.L.C., 31 January, 1818, Report of a Committee on the Petition of the Commissioners for Insane Persons and Foundlings.

insensées]".<sup>3</sup> A typical grand jury presentment described "the misery" of the insane lodged in the Montreal General Hospital as "extreme".<sup>4</sup>

As early as 1824, criticism of the state-funded "système des loges" was accompanied by calls for the establishment of a permanent, publicly-funded lunatic asylum.<sup>5</sup> In 1825, after "painful" inspection, Lieutenant

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<sup>3</sup>W. Hackett, "Memoire au Gouverneur Sherbrooke", 27 Oct. 1816 in "Rapport du Comité Spécial nommée pour s'enquérir et faire rapport sur les établissements de cette province, pour la réception et la guérison des Personnes dérangées dans leur esprit", Journals of the Legislative Council, 1824, (appendix 1).

"Their filthy cells" the grand jury presentment continues, "are even in this hot season quite damp and unfit for the habitation of even animals much less of human beings who in addition to an afflicting visitation of Providence are there left in a continually putrid atmosphere and with hardly a ray of the light of heaven to pine away and suffer an unmerited punishment which an incarceration in these horrible dungeons certainly is". P.A.C., RG4 B65, Grand Jury Presentment, July 1844, File 3064.

<sup>5</sup>See for example, Rapport du Comité spécial ... Journaux de L'Assemblée Législative, 1824, appendix 1 (Bas Canada). It is important to point out that a serious historiographical debate between André Cellard and Peter Keating exists over the "système des loges" and their perceived therapeutic efficacy. In La science du mal, Keating argues that the practice of moral therapy actually began to take root in the general hospitals of Lower Canada. Focusing on the six "cellules morales" under the medical guidance of A.F. Holmes at the Hôpital Générale de Québec, Keating argues that moral treatment of the insane had already developed in a pre-asylum context. From his reading of the evidence, Keating concluded that moral treatment was not singularly the ideological justification or theoretical expression of the insane asylum itself. See Keating, La science du mal: L'institution de la psychiatrie au Québec, 1800-1914 (Quebec, 1993), p. 53. Cellard strongly objects to this reading of the "système des

Governor Francis Burton described the cells for the insane at Quebec and Montreal as:

... merely places of confinement, to prevent the inmates from injuring themselves and others, but [they] do not admit of those arrangements for cure, or proved and benevolent mode of treatment prescribed. Defective, however, as those places are, yet they are so inadequate to the wants of the Community, that the Gaols are not only resorted to, for the confinement of persons convicted of insanity, but of several poor and dangerous Lunatics, to the great annoyance of Prisoners, impediment to classification and impossibility of affording relief to those unhappy persons themselves. A total change of system, with a concentration of means and conveniences, can alone produce that improvement so much to be wished for.<sup>6</sup>

The Lieutenant Governor recommended that the assembly make "adequate provision for building and furnishing a Lunatic Asylum for the whole Province, with sufficient airing grounds, in a proper situation for bodily health, medical assistance, and regular superintendence, whereby to promote the cure or mitigation of that most melancholy of human maladies". Burton's recommendations resulted in the formation of a special committee which agreed wholeheartedly with the findings of the Lieutenant Governor, but which nevertheless found that the "situation of the funds of

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loges". For Cellard's side of the story see Histoire de la folie au Québec, de 1600 à 1850: le désordre (Québec, 1991) pp. 169-179.

<sup>6</sup>Message from the Lieutenant Governor relating to the Insane and Lunatics of the Province, and recommending the building of a Lunatic Asylum, 1 March, 1825, J.L.H.L.C..

the province" did not allow for the adoption of the plan.<sup>7</sup>

As Burton's account indicates, beyond the question of therapeutic efficacy, dissatisfaction with the système des loges also stemmed from the fact that their small patient capacity made it necessary to keep the insane in district jails. The resulting mix of different forms of social deviancy in the local prison was increasingly seen as unacceptable in Canada (as in England and the United States) over the course of the nineteenth century. Though never practiced to any great extent in the first part of the century, the ideology of separating and classifying the "problem" groups in society for specialized institutional confinement was frequently voiced in Lower and Upper Canada.<sup>8</sup> The insane were considered particularly in need of sequestering from the mass of prison inmates as their behaviour was considered to be unusual and highly disruptive.

The problem of the insane in the prison population of Lower Canada was intensified in 1831 when the Grey Nuns at

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<sup>7</sup>Ibid.

<sup>8</sup>See for example, P.A.C., RG4 C1, File 1489, Grand Jury Presentment, July 1843. In this, as in other presentments, the grand jury expressed concern over the confinement "under the same roof" in the Montreal Gaol of prostitutes, lunatics, debtors, juveniles, and hardened criminals. It recommended the erection of an asylum, penitentiary, reformatory, and a better system of classification for prisoners in the Montreal Gaol.

the Montreal Hôtel Dieu refused to take on any more insane persons into their cells.' The Montreal Jail thus became the only institution for the insane of that district. In 1837, this situation led Lieutenant Governor Sir John Colbourne to call for a committee charged both with the establishment of a temporary asylum for the relief of the insane, and with the purchase of property in the Montreal district which would serve as the future site for a permanent asylum.<sup>10</sup> Perhaps due to the outbreak of the rebellions, appointments to this committee were not officially made until 29 March, 1839.<sup>11</sup>

Further support for the establishment of state institutions for the insane was voiced at the imperial level in the Durham Report, published on February 11, 1839,

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<sup>9</sup>Keating, La science du mal, p.47

<sup>10</sup>In La science du mal, Keating bases the date 1837 on a document discussing the commission which was produced in 1842. Here is the relevant passage from this document: "That previously to the year 1837 all [insane] persons ..., who either being dangerous to society, or a burthen to their friends, were committed to the common gaol, and thrown promiscuously among the other prisoners, where they were subject to every insult and source of irritation, even their food being often taken from them - at this period, His Excellency, Sir John Colbourne, anxious to remedy the evil, as far as in his power, appointed commissioners for the building and superintendence of a Lunatic Asylum, with an assurance of the necessary funds, being furnished by the Legislature for its erection and support". See, P.A.C., RG4 C1, File 2056, Petition of the Inhabitants of Montreal Calling for the Establishment of a Lunatic Asylum, 1842.

<sup>11</sup>Petition of the Inhabitants of Montreal, 1842.

following the rebellions. Information on the state of care for the insane was provided to Durham by Sir John Doratt, M.D., who deployed a combination of medical, economic, and moral arguments to back his call for the opening of public lunatic asylums in the districts of Quebec and Montreal. In his "Observations on the Custody of the Insane and the Expediency of a Public Lunatic Asylum", Doratt reiterated by now familiar descriptions of the therapeutic inefficacies and deplorable conditions of the système des loges. He also noted "the disgraceful system of incarcerating the insane in the common gaol with the culprit and prisoners committed for every offence". In advocating the establishment of state lunatic asylums in the Lower Province, Doratt relied heavily on the English and European medical professions' claims to expertise in the management and cure of insanity. Referring to the cells of the General Hospitals and the local prisons he noted that:

It is a fact well ascertained that insane persons held in close confinement, and thereby prevented from receiving the natural and requisite effects of fresh air, and likewise deprived of the means to exercise the body, are by such deprivations exposed to the fearful effects of the lower decomposed blood and arrested circulation, from which not infrequently mortification of the lower extremities is the result; and if the cerebral structure of an insane person should be pressed upon from any irregularity of venal circulation, the disease of insanity will in all probability be

much aggravated.<sup>12</sup>

Doratt wished to replace this medically dangerous form of management with the therapeutic approach of the insane asylum which was based on "the united talent of several medical men, who, having devoted their time and abilities to the subject, and by their labours having acquired extensive knowledge thereon, have given to the world a mass of information consolidated into facts founded upon numerous and extended experiments".<sup>13</sup>

The insane asylum was not only preferable on scientific medical grounds. According to Doratt, it was also a fiscally superior alternative to the "enormous expenses incurred by the legislature of Lower Canada for the maintenance in solitary confinement of a few insane poor in the [districts] of Quebec and of Montreal". The consolidation of the insane from the various loges and district jails into purpose-built curative asylums for the insane would give the legislature a better return for the money which it allocated for this purpose.

The final component to Doratt's argument focused on the moral imperatives of lunatic asylum care. He, like scores

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<sup>12</sup>See John Doratt, "Observations on the Custody of the Insane and the Expediency of a Public Lunatic Asylum", Appendix 3, Lord Durham's Report on the Affairs of British North America.

<sup>13</sup>Doratt, "Observations".

of reformers of his day, saw the asylum as a more humane form of treatment than anything that was then provided either by other institutions or within the family or community setting. Through the application of moral management, Doratt claimed that at least 50 or 60 percent of the insane could be cured and restored to their families and communities.<sup>14</sup> More generally, Doratt viewed the presence of the insane scattered about in Lower Canada as "producing the worst influence over the moral character of society at large, particularly in the more populous districts, inhabited principally by Canadians".<sup>15</sup>

This latter statement can be interpreted in more than one way. As a general rule, asylum promoters viewed the presence of the insane in the community as disruptive and unhealthy for both patient and family. Prompt removal from the social milieu of "morbid associations" to the curative influence of the asylum setting was almost always recommended.<sup>16</sup> Yet, according to André Cellard and

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<sup>14</sup>These figures were conservative in comparison to those boasted by several prominent alienists of the day.

<sup>15</sup>Doratt, "Observations".

<sup>16</sup>As David Rothman puts it, "The first postulate of the asylum program was the prompt removal of the insane from the community. As soon as the first symptom of the disease appeared, the patient had to enter a mental hospital. Medical superintendents unanimously and without exception asserted that treatment within the family was doomed to fail". Rothman, Discovery of the Asylum (Boston, 1971), p. 137.

Dominique Nadon, the meaning of Doratt's statement becomes much more significant when considered in the context of post-rebellion Durhamite Lower Canada. In their view, Dorrat "allait jusqu'à faire le lien entre les Rebellions et la présence de lunatiques en liberté parmi les Canadiens français".<sup>17</sup> This is perhaps too literal a reading of Doratt. However, there is no doubt that the Durham project to reestablish social order in the post-rebellion Canadas was in large measure to be effected, in theory at least, through the establishment of the "progressive" institutions of the British state such as the school, prison, penitentiary and the lunatic asylum.<sup>18</sup>

In the case of the lunatic asylum, the Durham Report resulted in an initial flurry of activity in Lower Canada. On 29 March, 1839, the committee that John Colbourne had called for two years earlier took formal shape with the

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<sup>17</sup>André Cellard and D. Nadon, "Ordre et désordre: Le Montreal Lunatic Asylum et la naissance de l'asile au Québec", Revue d'histoire de l'Amérique française, vol. 39 no. 3 (Winter, 1987), p. 352.

<sup>18</sup>Cellard further points out that the arrival during the 1830s of large numbers of immigrants from Britain, many in desperate social and economic straits, strengthened the perception among colonial and imperial officials that state institutions were needed in the colony to effect social order. Finally, argues Cellard, the growing agricultural crisis in Lower Canada, in precipitating the urbanisation of many French Canadians, and in undermining the family's ability to cope with dependant family members contributed to the perceived need for state management of the insane. Cellard, Histoire de la folie, Chapter 3, passim.

appointment of nine members. The committee wasted no time in selecting and purchasing an appropriate site for a permanent asylum on the Côte Saint-Antoine in the district of Montreal. A competition for architectural plans was set up for an asylum which was to hold 80 to 100 patients (25 of whom were to be private patients of the "superior class"), and which could be subsequently expanded. Prizes of £30 and £25 were awarded for the first and second best submissions. While waiting for the construction of the permanent asylum, the commissioners set out to find temporary relief for the insane, eventually opting for the establishment of a provisional asylum on the third floor of the Montreal district jail on November 1, 1839.

The temporary lunatic asylum in the Montreal district jail remained open for much longer than originally intended. In fact, after the opening of the provisional lunatic asylum at Montreal, the idea of a permanent, purpose-built institution remained a low state priority until the establishment of the Beauport Lunatic Asylum in 1845. Cellard suggests that the successful repression of the rebellions decreased the sense of urgency for the restoration of order through the establishment of a permanent lunatic asylum.<sup>19</sup> The rebellions did indeed

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<sup>19</sup>Cellard, Histoire de la folie, p. 204.

precipitate a brief intensification of activity in regard to the establishment of a permanent lunatic asylum. Moreover, as many have pointed out elsewhere, the theory behind permanent asylum provision based on moral therapeutic principles was in many respects in keeping with the perceived need for social control. Yet, the movement for the establishment of permanent asylum provision had begun well before the rebellions in Quebec, and it carried on in much the same way afterwards. In the end, after some initial increased interest, the rebellions did not ultimately accelerate the process of permanent state asylum provision. Rather, this was achieved, as elsewhere, after prolonged lobbying by reformers, and the gradual change in perceptions of the state's responsibility towards, and relationship with, the insane. From an imperial perspective, there was no great urgency to establish Durham's more abstract and refined vision of the liberal state in the mid-century colonial setting of Lower and Upper Canada. Military, and later, police repression, as well as legal and legislative coercion, were quite sufficient to deal with the immediate concerns of colonial revolt.<sup>20</sup>

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<sup>20</sup>See Allan Greer, "The Birth of the Police in Canada", and Brian Young, "Positive Law, Positive State: Class Realignment and the Transformation of Lower Canada, 1815-1866", in Allan Greer and Ian Radforth eds., Colonial Leviathan: State Formation in Mid-Nineteenth Century Canada (Toronto, 1992).

Discontent with the existing state of provision for the insane was hardly abated by the establishment of a temporary asylum in the Montreal Jail. Though differentiated in scale and in internal organization and management from the système des loges of the general hospitals run by the religious orders in Montreal, Quebec and Three Rivers, this temporary asylum still drew fire from the outset for its inadequacies as an institution for the care of the insane. Petitions signed by a multitude of Montreal citizens noted that the temporary asylum "abounds in evils, to both the sane, and insane inmates of the gaol". In the interests of humanity and economy, petitioners urged the establishment of a state-funded permanent lunatic asylum for the district of Montreal.<sup>21</sup> Further criticism of the Montreal temporary lunatic asylum, and support for the idea of a state asylum for the insane, came from the grand jury presentments. On visiting the Montreal Jail in July 1843, the grand jury deeply regretted "that this populous province still remains without any proper place of refuge for individuals inflicted

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<sup>21</sup>See for example, P.A.C. RG4 C1, Petition of the Inhabitants of Montreal Calling for the Establishment of a Lunatic Asylum, 1842. A similar petition appears in the same record group dated December, 1844. Regular appeals for the establishment of a lunatic asylum for the district of Montreal were voiced by the editors of the Canada Medical Journal and Monthly Record of Medical and Surgical Science, published out of Montreal. See for example, Canada Medical Journal, July, 1865, pp. 45-47; Ibid., April, 1865, pp. 491-92.

with this melancholy disease, who, under proper treatment, might in many instances be restored to their families and become useful members of society". In the same year, the grand jury emphasized that provision at the Montreal Jail was both architecturally and therapeutically inadequate to meet the growing population of insane persons in the lower province.<sup>22</sup>

In 1843, the leading asylum promoter in the United States, Dorothea Dix, joined in the call for state provision for the insane in Quebec (and Ontario). In a memorial to the legislature of Canada East and West, Dix combined humanitarianism, science, and economics in her endorsement of a "hospital for the insane" in Quebec which would be capable of receiving from 200 to 250 patients. She recommended provision for incurable lunatics on humanitarian grounds, and a combination of "nursing" and "skilful treatment" for those "whose cases afford hope of recovery". In typical fashion, Dix was careful not to blame authorities for failing to provide such treatment, but she felt

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<sup>22</sup>See P.A.C., RG4 C1, File 1489, Grand Jury Presentment, July 1843; and File 712, Grand Jury Presentment, 1843. The Chairman and Secretary of the temporary asylum at Montreal, both former members of the Committee for the Establishment of a Permanent Lunatic Asylum appointed by Colbourne, also criticized the state of provision at the Montreal Jail and lobbied for the establishment of a permanent asylum. See P.A.C., RG4 C1, File 1731, John Boston and J. Trestler to the Governor General, August 23, 1843.

confident that "humanity" and "good sense" would prevail in future efforts to legislate proper asylum provision. As in her struggles to establish state structures of asylum provision in the United States, Dix carefully linked humanitarian concerns for the plight of the insane with an economic argument in favour of a lunatic asylum in Quebec. According to Dix, "the accumulation of large numbers of hopeless cases in your prisons, affords evidence that the longer a proper provision is delayed in your country, the greater are your annual expenses, and these will be found rising year by year, while the application of remedies to existing evils is delayed". By curing insanity, Dix argued, asylums in the long run saved money.<sup>23</sup>

This continuous pressure from a variety of sources for government action on the plight of the insane eventually led to a more determined response on the part of the state. On August 19, 1844, Governor Metcalfe thought the lower province was finally provided with the "opportunity" to

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<sup>23</sup>Dix's blend of humanitarianism and economics is worth quoting at some length: "But it is not on the ground of saving some hundreds or thousands of dollars per annum to your Provincial Treasury that I urge immediate deliberation and action upon this subject, but because these poor helpless, friendless creatures, in the providence of God, are ... your wards, holding a just claim on your righteous guardianship". See *P.A.C.*, RG4 C1, File 2204, Memorial of Dorothea Dix to the Provincial Parliament of Canada East and West; Dix to Charles Metcalfe, Governor in Chief of the United Provinces, 12 October, 1843.

"obtain the object desired, that is the proper care of insane persons, with a view to their cure; and also for the attainment of this object at less cost than would be incurred in any other mode".<sup>24</sup> Here, Metcalfe succinctly captured the colonial state's perception of its role in the care of the insane. In the final analysis, the state required that the humanitarian, professional and medical arguments of asylum promoters be harmonized with the fiscal restraints of the colonial government, if asylum treatment was to be fully endorsed as a state priority.

Metcalfe had received a proposal from two Montreal physicians, Drs. Badgley and Sutherland, "to establish an institution for the care and cure of insanes in a salubrious position" in the district of Montreal. The doctors wanted 14 or 15 shillings per week for each patient received. In the arrangement proposed, the government would pay the physicians for the provision and care of patients, while the asylum buildings and grounds remained the property of the physicians themselves. Metcalfe was pleased with this proposal since the existing government expenditure for each insane person in the temporary asylum at Montreal was 14 shillings per week, while that for each person in the Quebec

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<sup>24</sup>P.A.C., RG4 C1, File 3064, Governor General's Minutes on the Subject of Establishing a Lunatic Asylum in Lower Canada, 19 August, 1844.

district was 11 shillings, 8 pence per week. The Governor was confident that the slightly lower cost currently paid by the state did not include all the charges contained in the estimate given by Badgely and Sutherland.<sup>25</sup> Metcalfe requested a Committee of the Executive Council to report on "the expediency and practicability" of the sort of proposal suggested by Badgely and Sutherland, and to evaluate "the terms ... best calculated to ensure the due care of the patients with the least charge to the Province".<sup>26</sup>

By the time the Executive Council had formed an initial response to the Governor's request, two more proposals in addition to that of Drs. Badgely and Sutherland were being seriously considered by the colonial government: one from Dr. Henry Mount from Montreal, and one from Drs. Douglas, Morrin and Frémont from Quebec city. The Executive Council suggested that all three proposals should be considered on a trial basis for one or two years, and then "permanently adopted after some time of successful experience, or abandoned if found not to answer". But the Executive Council also advised that a final decision on each proposal should be put off until more detail on each offer could be

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<sup>25</sup>Ibid.

<sup>26</sup>P.A.C., RG4 C1, File 3064, Report of a Committee of the Executive Council ... on the Several Papers Relating to the Establishment of Lunatic Asylums in Lower Canada, 19 September, 1844.

ascertained.<sup>27</sup>

In response to the government's call for more detailed proposals, Drs. Badgley and Sutherland reported in November, 1844, that their asylum would be ready to accept 45 patients within one month of receiving the sanction of the state. They further assured the Provincial Secretary that by September of the next year, the number of patients could be increased to 175. There was an "abundance of grounds" surrounding the asylum for "bodily exercise and mental recreation" of the insane. The location of the asylum itself was "healthy, elevated, easily accessible and yet perfectly isolated". Their charge per patient of 15 shillings per week was, in the opinion of the physicians, considerably lower than that charged either in the United States or in Britain for similar accommodation. For such a reasonable rate, the would-be medical proprietors insisted on a contract with the government for a period of no less than 10 years.<sup>28</sup>

The second of the three proposals for contracted care of the insane with the state came from Dr. Henry Mount. Mount had originally considered converting his "spacious mansion" at Point Claire near Montreal into an asylum for "a

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<sup>27</sup>Ibid.

<sup>28</sup>P.A.C., RG4 C1, File 3064, Drs. Badgely and Sutherland to Provincial Secretary, 20 November, 1844.

limited number of upper or better classes of society who are at present transferred to foreign institutions to the disadvantage of this country". But upon inquiry, he found that there were too few of these cases to warrant a large expenditure for the fitting-out of an asylum. He therefore proposed to the government to convert his mansion and 30 acre property into an asylum for both private and government patients. With more detail than the Badgely and Sutherland submission, Mount described his proposed asylum as similar in design and function to those of "Europe or America". It would be based on moral and medical forms of treatment, with due attention to ventilation, heating, recreation, work, attendant supervision, and the basics of board, lodging, clothing and washing. Mount also expressed his reception to the idea of a government inspectorate of asylum commissioners whose periodical recommendations "in relation to the internal economy of the asylum" he would receive with due "deference and attention". Mount would not consider a contract with the government for less than 21 years.<sup>29</sup>

The final proposal considered by the government was that of Drs. James Douglas, Charles Frémont and Joseph

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<sup>29</sup>P.A.C., RG4 C1, File 2888, Petition of Henry Mount to the Provincial Secretary, 2 September, 1844; File 3064, Henry Mount to Provincial Secretary, 23 November, 1844. It is unclear how much money per patient Mount expected to be paid in this arrangement.

Morrin of Quebec. In much the same manner as the other two proposals, these physicians offered to accommodate 40 patients within one month of a contract being struck with the government, and as many more patients as was necessary after a further period of one year of preparations.

Douglas, Frémont and Morrin argued that for the Quebec district, the "Domain Farm" at Beauport near the city of Quebec was the best possible site for the establishment of an asylum. This farm, which was the property of the state, the physicians proposed to purchase "à constitut". They asked for 15 shillings per week (or £39 per year) for each patient from the government. The contract was to be for an initial period of three years.<sup>30</sup>

For a variety of reasons, none of the proposals met with the immediate approval of the state. First, the lengths of the contracts proposed by Dr. Mount, and by Drs. Badgely and Sutherland, were considered too long. In the event that either contract did not work out, the government wanted more flexibility to end the relationship with the prospective asylum entrepreneurs. Second, it was the view

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<sup>30</sup>P.A.C., RG4 C1, File 3064, James Douglas to Provincial Secretary, 18 November, 1844. During these negotiations proposals for the establishment of a permanent lunatic asylum were sent to the government from other sources. See for example the petition of the inhabitants of Trois Rivières "que la ville de Trois Rivières soit choisie pour y ériger au Hôpital pour les insensés ... ." P.A.C., RG4 C1, File 3772.

of the Governor General that the charge per patient in both proposals was still too high. Rather than accept either of the Montreal district proposals, the Executive Council authorised the commissioners of the temporary lunatic asylum in Montreal to "provide without delay, a suitable place of residence in order that the lunatics may, with the greatest speed, be removed from the Gaol".<sup>31</sup> In response to the proposal of Drs. Douglas, Frémont and Morrin, the government opposed the idea of using the Domain Farm as a site for an asylum. Nevertheless, in contrast to the outright rejection of the Montreal district proposals, the Provincial Secretary asked the three Quebec physicians for the terms under which they would receive patients from the districts of Quebec and Three Rivers, "in the event of [their] providing other suitable premises and accommodation at [their] own cost" for the reception of the insane.<sup>32</sup>

At this stage, the government's strategy was beginning to take shape. Uneasy with the proposals from the Montreal area, it was hoped that the commissioners of the temporary lunatic asylum could find less expensive accommodation for

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<sup>31</sup>P.A.C., RG4 C1, Report of a Committee of the Executive Council, 28 April, 1845; RG4 C1, Files 787-90, Provincial Secretary to Trestler, 1 May 1845; Provincial Secretary to Dr. Mount, 1 May 1845; Provincial Secretary to Drs. Badgely and Sutherland, 1 May, 1845.

<sup>32</sup>Ibid., Provincial Secretary to Drs. Douglas, Morrin and Frémont, 1 May 1845.

the insane of that district. For the districts of Quebec and Three Rivers, the government would see if it could not force a better deal with Drs. Douglas, Morrin and Frémont. Consistent with state policy, low cost accommodation was the priority behind which all other virtues of permanent asylum care were to be aligned.

Financial concerns dominated subsequent negotiations with Douglas, Frémont and Morrin. The physicians proposed the establishment of an asylum "with extensive grounds for air and exercise, ... good and sufficient food and clothing and attendance, with medical services" at the Manor House at Beauport. This manor, owned by Colonel Gugys, was situated on a 100 acre plot of land. In this proposal, the physicians increased their fee per year for each patient from £39 to £45. The physicians argued that the higher fees were necessary at the outset to offset the initial costs of establishing the asylum. Should the arrangement with the government be made permanent, the physicians asserted that they would be happy to consider a reduction in fees after two or three years. The government's response to this proposal was to push harder for a lower fee per patient in exchange for a guaranteed three year contract. But Douglas, Morrin and Frémont had made their final offer. They rejected any further reduction in patient charges. On the 18 June, 1845, the Governor General sanctioned the Executive

Council's decision to approve the Quebec physicians' proposal, which now included the reception of insane persons from the district of St. Francis, in addition to Quebec and Three Rivers.<sup>33</sup>

Having settled the situation for the management of the insane in the eastern part of the province, the government once more turned its attention to the Montreal district. The commissioners of the Montreal temporary lunatic asylum who had been instructed to find a more suitable "house" for the accommodation of the insane were unsuccessful in their search. Dr. Trestler, Secretary to the temporary asylum, therefore strongly recommended that the government consider establishing a lunatic asylum on the property originally purchased by the state for that purpose back in 1839. Trestler based his recommendation on the savings that would result, and on the benefits to the community that would accrue "by having a permanent establishment where provision would be made for the care, separation and employment of the lunatics". He suggested that a system of taxation could be implemented in order to finance the plan.<sup>34</sup>

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<sup>33</sup>P.A.C., RG4 C1, File 1517, James Douglas to Provincial Secretary, 14 May, 1845; James Douglas to the Provincial Secretary, 15 June, 1845; Report of a Committee of the Executive Council, 18 June, 1845; RG4 C1, File 1523, Provincial Secretary to Douglas, Frémont and Morrin, no date.

<sup>34</sup>P.A.C., RG4 C1, Dr. Trestler to Provincial Secretary, 23 June, 1845.

Not wanting to incur the costs of a state-built asylum, the government rejected Trestler's recommendation and instead reopened communications with Drs. Badgely and Sutherland. The government offered to accept the physicians' original offer, but for a limited three year trial period instead of the ten years originally proposed. This was essentially the same deal that had been offered and accepted by Drs. Douglas, Frémont and Morrin. But Badgely and Sutherland were not prepared to accept the offer. In their view:

The period of 10 years originally contemplated by us was one which on calculation we found would, if not remunerate, at least guard us from loss; on this modified proposition we have ascertained that no capitalist could be induced to enter upon a venture, the success of which necessarily depends on the time during which he might receive interest on his investment.

Convinced that a ten year contract was essential to safeguard their investment in the management of the insane, the two medical entrepreneurs were not prepared to accept the offer on the terms laid out by the government.<sup>35</sup>

On July 18, seven days after Badgely and Sutherland declined the government's final offer, the Provincial Secretary received word from James Douglas that he and his

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<sup>35</sup>P.A.C., RG4 C1, File 2984, Report of a Committee of the Executive Council, 30 June, 1845; Badgely and Sutherland to Provincial Secretary, 11 July, 1845; RG4 C1, Provincial Secretary to F. Badgely and D. Sutherland, 5 July, 1845.

partners "[had] reason to believe" that they could provide accommodation for the insane held at the Montreal Temporary Asylum. Dr. Frémont travelled to Montreal to speak personally with the Provincial Secretary on the matter, suggesting that the asylum could be ready for the reception of the insane from the Montreal Jail by 1 September. On 4 August, the government pushed for an earlier reception date which was acceded to by the Quebec physicians. They were willing to accommodate the insane of the Montreal district by 16 August. Continuing reports from the commissioners of the Montreal Temporary Lunatic Asylum and from the warden of the Montreal Jail on the worsening state of provision for the insane<sup>36</sup>, in conjunction with the refusal of the government's proposal by Badgely and Sutherland, led the Executive Council to advise that "no other alternative is left to [the Governor General] but to accept the

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<sup>36</sup>Trestler, the Secretary of the temporary asylum at Montreal, who was on the original committee struck by Colbourne that purchased the St. Antoine site for a state asylum in 1839, was by now very frustrated: "When I think that in Lower Canada, when there are about 1200 non compos mentis - you hardly find any convenient place to receive some of them - it makes one feel mal à ton aise. There ought to be at least one asylum in Montreal, Three Rivers and Quebec, and they would shortly be filled up". P.A.C., RG4 C1, File 2224, Trestler to John Boston, 24 July, 1845; see also Dr. Dan Arnoldi physician to the Montreal Gaol to Sheriff Coffin, 11 July, 1845; Thomas McGuinn, Gaoler to Boston and Coffin, 23 July, 1845.

proposition" of the three Quebec physicians.<sup>37</sup> By 12 August, 1845, Drs. Douglas, Frémont, and Morrin had engaged in a three year contract with the state that now included reception into their Beauport Lunatic Asylum of the insane from the districts of Montreal, Quebec, Three Rivers and St. Francis. By 5 October, 19 patients under the care of the Sisters of the Quebec General Hospital, 52 patients from the temporary lunatic asylum in the Montreal Jail, and seven patients under the charge of the Sisters of the General Hospital at Three Rivers, were transferred to Beauport. This marked the beginning of a medical monopoly in the management and care of the insane in Quebec.

The emergence of this medical monopoly was largely an unanticipated consequence of the state's response to pressure for better accommodation of the insane. For a variety of reasons to be discussed later, the asylum was viewed as the preferred mode of patient management and care, and state involvement was considered essential. A monopoly was not, however, planned by the state at the outset. For instance, had Drs. Badgely and Sutherland accepted the same proposal for the Montreal district as that which was entered into by Drs. Douglas Morrin and Frémont for the district of Quebec, the shape of asylum provision and care of the insane

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<sup>37</sup>P.A.C., RG4 C1, File 1855, Report of a Committee of the Executive Council, 11 August, 1845.

in Quebec could have been significantly altered. Nevertheless, the colonial state's overriding concern with financial considerations made it, for the most part, willingly accede to the monopolistic arrangement that had emerged by 1845. As we shall see, the state held to this position despite heavy criticism of the monopoly from different quarters in Quebec.

Once established, this state-sanctioned medical monopoly became firmly entrenched in Quebec. Its creation and growth resulted in a relationship between insanity and the state in the lower province that contrasted markedly with that which developed in Ontario. This relationship can be best understood through an examination of certain patterns of development stemming from Beauport's enduring monopoly status.

An examination of subsequent contractual negotiations between the proprietors of the Beauport Lunatic Asylum and the state shows that this monopoly became stronger over the next few decades. This had much to do with the managerial prowess and the outright ambition of the asylum proprietors. As the scope and scale of care at the Beauport Lunatic Asylum grew, so too did its proprietors' power to negotiate more favourable terms from the state during each contract renewal, and between contracts. However, negotiations were not completely one sided - the state did succeed in becoming

more intrusive in the affairs of the asylum over the course of the century. Yet on the whole, the proprietors wielded enormous power in the development of their institution at Beauport.

The power of this medical monopoly becomes particularly evident when one examines the extent to which the asylum owners were able to limit state inspection and supervision of asylum affairs. The Board of Commissioners of the Beauport Asylum got along with its owners reasonably well because the Board endorsed almost every measure the proprietors took in regard to their establishment. Although the Board frequently voiced concerns about overcrowding at the asylum, the circumstances leading to such crises in patient population were always too complicated to allow the commissioners to lay blame solely on the proprietors. Even the creation of the Board of Inspectors of Prisons, Asylums and Public Charities for the United Province of Canada East and West in 1859 failed to lessen substantially the authority held by the Beauport medical proprietors over the institutional care of the insane.

Not only did the Beauport proprietors' successful protection of their monopoly limit state inspection, it also limited the extent of asylum expansion elsewhere in the province. When a state-controlled lunatic asylum was eventually established at St. Jean in 1861, it was by all

accounts a very small and unsuccessful counterpart to Beauport. Criticized as grossly inadequate to the wants of the insane by asylum inspectors and by the Beauport proprietors, the St. Jean Provincial Lunatic Asylum became a foil against which the Beauport Lunatic Asylum was favourably compared. In effect, this augmented the power and status of the proprietary institution. This relatively brief and unsuccessful experiment in state-run asylum care did little to alter the Beauport monopoly.

Finally, the peculiar relationship forged between the Beauport proprietors and the state set a precedent in Quebec for the state's subsequent decisions in the management and care of the insane. The particular sets of conflicts which this pattern of state involvement generated finally came to a head in the form of a Royal Commission on Lunatic Asylums in 1887. This Royal Commission, its recommendations, and the state's subsequent actions, highlighted the unique relationship between insanity and the state which had developed in Quebec.

Shortly after the establishment of Beauport's monopoly in the care of the insane, it became apparent that the government grant allocated for patient provision at that institution was insufficient to meet the demand for admissions. By the fall of 1848, reports were issued from the Quebec and Montreal district jails on the presence of

insane inmates for whom there was no money for committal to Beauport.<sup>38</sup> In response to this pressure for accommodation, Dr. Trestler (ex-secretary of the temporary lunatic asylum at Montreal) proposed the creation of an asylum in Montreal on similar terms with the government to those which had been established for the Beauport Asylum. This, Trestler argued, would eliminate the expense and difficulty of transporting the insane from the Montreal district to Beauport.<sup>39</sup> But the colonial government concluded that the expense of establishing an additional institution for the insane would be more than that of maintaining an enlarged Beauport Asylum, even with the costs of patient transportation taken into account. The executive committee thus recommended a strategy for increasing the number of patients at Beauport. This was to be accomplished through bargaining for a reduced fee per patient with the Beauport proprietors in the upcoming contract renewal in the fall of 1848.<sup>40</sup>

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<sup>38</sup>See for example, P.A.C., RG4 C1, File 4101, "Report on Cases of Lunatics Confined in Montreal Gaol", 23 December, 1847; Thomas McGinn to Dan Arnoldi, 2 December, 1847.

<sup>39</sup>P.A.C., RG4 C1, File 2191, Jean Baptiste Curtius Trestler, M.D. Prays for the Establishment of a Lunatic Asylum in Montreal, 17 July, 1848. Trestler's petition was endorsed by the Grand Mgr. L'Evêque of Montreal.

<sup>40</sup>P.A.C., RG4 C1, Report of the Executive Committee, no date, filed with 135 of 1846.

Both the government and the Beauport Asylum proprietors agreed that the original fee per patient was based on "the short [3 year] period for which the arrangement was made, and in the great and immediate outlay [that was necessary] for fitting up and providing an establishment with furniture, bedding, clothing, &c".<sup>41</sup> A reduction in fees was thus acceptable to both parties. But there was disagreement over how much lower the price per patient would be. Drs. Morrin, Frémont and Douglas proposed a fee schedule set at 15 shillings per week for two-thirds of the patient population, and 10 shillings per week for the remaining one-third. The rationale behind this "sliding scale" of patient fees was that two-thirds of Beauport's patient population "required constant watchfulness, care and medical and moral treatment" while the remaining one-third required no curative attention, "being either idiotic from birth, or imbecilic from long continued disease of the brain".<sup>42</sup> The proprietors noted that these reduced fees would enable the government to send an additional 17 patients to the asylum without any additional outlay. But the government considered this reduction insufficient, and counter-proposed their own weekly fee structure of 12

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<sup>41</sup>P.A.C., RG4 C1, File 2567, Memorandum to the Provincial Secretary from the Beauport Proprietors, 25 August, 1848.

<sup>42</sup>Ibid.

shillings and 6 pence for the two-thirds of the patient population "requiring curative treatment", and 10 shillings for the remaining patients.<sup>43</sup> The government was willing to sign a new contract based on these fees that would last for a period of five years.

Douglas, Morrin and Frémont grudgingly accepted the reduced fees proposed by the state, but requested that the contract be renewed for seven instead of five years. This, they argued, would enable them to construct a new building for the separation of the curable and incurable patients at the asylum. A guaranteed contract of seven years was necessary to compensate them for the "considerable expense in the erection and fitting up" of the new building. Under these conditions, the asylum proprietors were willing to receive an additional 45 patients without any further government outlay. The government agreed to the extension and the renewed contract was signed for the seven year period from 1 October, 1848 to 1 October, 1855.<sup>44</sup>

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<sup>43</sup>Ibid., Memorandum of the Provincial Secretary, 12 September, 1848.

<sup>44</sup>Ibid., James Douglas to Provincial Secretary, 26 September, 1848; Report of the Executive Committee, 4 October, 1848. In the renewed contract, the asylum proprietors promised to have the proposed new building completed within one year of the renewal date of the contract, "in default" of which they consented "that the present contract shall terminate at the expiration of five years". This probably helped to convince the state of the proprietors' seriousness in regard to their proposed improvements of the physical plant

This first of the renewed contracts, relatively simple in its conditions and stipulations, reflected the concerns of both the state and the asylum proprietors. Having found a relatively successful and reliable solution to the problem of provision for the insane, the state wished to perpetuate the arrangement, but wanted an increased allocation of government patients at a reduced cost. Here the state was responding to pressure from grand jury presentments and gaol reports (especially those from Montreal and Quebec) urging the removal of those considered insane from the local prisons, to a "proper" place of treatment and management. For their part, the proprietors recognised that a lower fee schedule could be absorbed, if they could guarantee a sufficiently long contract, and a large enough patient population to ensure a good return on their investment. An extended contract would enable the asylum owners to expand the asylum, and to purchase provisions for the insane on more favourable terms, thus in the long run minimising their expenditure per patient.

In what would become a crucial type of clause in all contracts between the state and the asylum proprietors, the government agreed to send patients to Beauport, and to no other institution, unless the legislature increased its

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of the asylum, and to the classification of patients according to contemporary medical standards.

annual grant of £7500 for the relief of the insane.<sup>45</sup> This clause, energetically fought for by Douglas, Morrin and Frémont, would guarantee Beauport's monopoly status in the face of countless proposals for the establishment of other asylums in the province.

Within a month of signing the new contract, the Beauport proprietors had purchased a new 70 acre property at La Canardière, on which they planned to establish a new, expanded and improved asylum complex. Before beginning construction, they notified the government, explaining that they anticipated that the new asylum would "demand very considerable outlay". They inquired whether:

it is probable that accommodation may, some time hence be required for a greater number of patients from the different districts, than was contemplated at the time the present arrangement was made as we could now at comparatively little additional expense make the necessary provisions for an increased number.<sup>46</sup>

Although the government refused to guarantee any increase in Beauport's patient population, the proprietors went ahead with an ambitious construction programme, building an asylum that included a large central building with 2 wings, and a

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<sup>45</sup>See for example, P.A.C., RG4 C1, file 252, Provincial Secretary's response to Dr. Henry Mount's proposal to establish an asylum at Montreal, 7 February, 1852.

<sup>46</sup>P.A.C., RG4 C1, file 3118, Drs. Douglas, Frémont and Morrin to Provincial Secretary, 7 November, 1848.

patient capacity of 200, as well as sleeping quarters in the attic of the central edifice for an additional 120 patients.<sup>47</sup> Despite the lack of a promise of increased provision from the state, the proprietors were nevertheless banking on a higher demand for their services in the near future.

The proprietors' aggressive strategy of asylum expansion, based on an anticipated need for increased provision for the insane, placed them in an advantageous position to renegotiate with the state towards the end of their seven year contract. On 24 November, 1853, Drs. Morrin, Frémont and Douglas set forth a much more demanding list of conditions under which they were willing to renew their contract for the care and management of the insane at Beauport. They wanted the next contract to extend for a period of 10 years. For this contract, the proprietors requested an agreement with the state that "no arrangement will be entered into by government with other parties, until the number of patients under [the proprietors' charge] shall average 250". Moreover, in such an eventuality, the Beauport proprietors wanted to be given an opportunity to erect other buildings to house the excess patients before

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<sup>47</sup>For a full description of the new asylum and grounds see P.A.C., RG4 C1, file 866, Annual Report of the Commissioners of the Beauport Lunatic Asylum, 27 April, 1850.

the state would consider contracting with other potential proprietors. In the event of the proprietors' willingness to expand provision for an asylum population beyond 250 patients, they wanted the "ceiling", beyond which the state could look elsewhere for accommodation, to be set at 300 patients. Douglas, Frémont and Morrin further requested that a clause be inserted into the new contract enabling them to claim compensation for loss "should the price of provisions, labour, [and] fuel [rise in the future] higher than at the present time, whether in consequence of war or any other cause". Under these conditions, the proprietors were willing to continue their management and care of the insane in Quebec for the same fees per patient as established under the old contract. They also promised to build a separate institution for "incurable lunatics" to effect better classification and separation of the insane.<sup>48</sup>

In a report endorsing the proprietors' demands, the Provincial Secretary noted that to date the Beauport Lunatic Asylum had been run by Frémont, Morrin and Douglas with the best results, on the most liberal and most advanced principles. Moreover, the Beauport Asylum, as a privately

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<sup>48</sup>P.A.C., RG4 C1, file 1908, Memorandum of the Proprietors and Managers of the Quebec Lunatic Asylum, 24 November, 1853; James Douglas to Provincial Secretary, 20 January, 1854.

run institution, had not encountered any of the "contentions and innumerable difficulties that institutions such as the Quebec Marine and Emigrant Hospital in Quebec, or the Toronto Provincial Asylum in Ontario, under government control, had experienced".<sup>49</sup> The Provincial Secretary further noted that the cost of patient care at the Beauport Asylum was less than at any institution in the United States, and that it also compared favourably with the cost per patient at the Toronto Provincial Asylum, when the expenses incurred by the Beauport proprietors in the construction and improvement of their asylum were taken into account.<sup>50</sup> Based on this favourable review, all of the conditions set out by the Beauport proprietors were met in the new contract, which extended from 1 October, 1855 to 1 October, 1865.

But this 10 year contract negotiated between the state and the Beauport proprietors was short-lived. Just over a year after its signing, Douglas, Morrin and Frémont

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<sup>49</sup>For an analysis of these difficulties in the running of the Toronto Provincial Asylum see chapter 2 of this work.

<sup>50</sup>P.A.C., RG4 C1, file 1908, Memorandum of the Provincial Secretary, 20 February, 1854. In order to fulfill the obligations of the new contract, the Provincial Secretary recommended that the annual state allocation of funds be increased from £7500 to £9100. The Provincial Secretary noted that £7500 was the annual legislative allotment for Upper Canada for the care of the insane, and that the Upper Province was also likely to increase its allocation for this purpose to £9100.

petitioned the government, arguing that "pecuniary loss" was the inevitable result of the continuation of the contract under existing conditions. The proprietors insisted that either the fee per patient be increased in a renewed contract to 13 shillings and 9 pence per week for all patients regardless of their medical designation, or the state take over responsibility of the asylum by buying out the owners. The government sanctioned the increased fee per patient at the Beauport Asylum, but in return, wanted a new limit for accommodation to be set at 400 patients. In addition, the clause in the old contract ensuring the proprietors against loss from any increased price in provisions was to be eliminated. These terms the proprietors were willing to accept, on the condition that the by now familiar "clause be inserted [into the contract] providing that the insane at the cost and charge of government be not placed elsewhere, while the number in the Beauport Lunatic Asylum is less than 400 now provided for". Although reluctant to agree with this new "ceiling" at first, the state eventually agreed to the proprietors' request. The new 10 year contract was to take effect on 1 January, 1856.<sup>51</sup>

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<sup>51</sup>P.A.C., RG4 C1, file 2880, Morrin, Frémont and Douglas to Provincial Secretary, 3 December, 1856; Provincial Secretary to Morrin, Frémont and Douglas, 17 December, 1856; Beauport Proprietors to Provincial Secretary, 25 December,

As with previous contracts, the insertion of the ceiling clause, this time giving the Beauport Asylum exclusive rights to government patients up to 400 in number, was crucial to the monopoly status of its proprietors. The legislative allocation for state provision of the insane was always completely absorbed by the Beauport Asylum. In other words, the state grant matched the maximum number of patients in the "ceiling clauses" of each contract at Beauport, thus giving its owners complete control over all of the province's government patients. The state frequently increased this legislative allocation in an effort to get the Beauport Asylum proprietors to accept a greater number of government patients. For example, at the beginning of the 1856-1866 contract, the state grant for the support of the insane was £10,000. But by 1857, the provincial secretary was already advising that this amount was "insufficient to meet the cost for all applications for admission [to Beauport] from Lower Canada", especially for those from the local gaols. The provincial secretary recommended that the state allocation be raised to £12,000, and that the Governor General be asked to authorize the necessary admissions from the gaols "in anticipation of an

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1856; Provincial Secretary to Beauport Proprietors, 7 April, 1857; Beauport Proprietors to Provincial Secretary, 4 April, 1857; RG4 B65, file 690, Provincial Secretary to Charles Frémont, 20 April, 1857.

increased vote for 1857 as proposed". The increased allowance was quickly sanctioned by the government, and through correspondence with the Beauport proprietors, it was ascertained that an additional 32 patients could be received at the asylum by the middle of April, 1857. This raised the patient population at Beauport to 400. By 1858, the allocation was increased again to £14,000 and a year later it was set at £15,000, with the Beauport proprietors being asked to take additional patients increasing the total patient population to 416.<sup>52</sup> Although the ceiling for patients at Beauport had been exceeded, the state still preferred to send "excess" patients to Beauport rather than elsewhere.

By 1861, the number of patients had reached 428, or 28 patients over the official "ceiling clause" in the contract. The overcrowded conditions at the Beauport Asylum were indicative of the increasing demand for asylum accommodation, and resulted in the establishment of the government controlled St. Jean Lunatic Asylum in the summer

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<sup>52</sup>See P.A.C., RG4 B65, file 193, Provincial Secretary's Memorandum on the Grant to the Beauport Lunatic Asylum, 4 February, 1857; Copy of Report of a Committee of the Executive Council ... Approved by the Governor General 9 February 1857; A. Lemoine, Secretary to the Commissioners of the Beauport Lunatic Asylum to Provincial Secretary, 9 February, 1857; E. Parent to A. Lemoine, 20 February, 1857; Douglas, Morrin and Frémont to Provincial Secretary, 27 February, 1857; Lemoine to Provincial Secretary, 12 October, 1858; Morrin and Frémont to Lemoine, 6 April, 1859.

of 1861. By August, 1861, the St. Jean Asylum was ready to accommodate 72 patients. Yet only eight months later, the provincial secretary was writing to Dr. Frémont inquiring on "how many patients, both male and female" they could "safely admit" at the Beauport Lunatic Asylum.<sup>53</sup> By the time the proprietors' contract was due for renewal in 1864, the asylum population had extended beyond the official "ceiling" of 400 by an additional 150 patients.

Between 1861 and the end of the fourth state contract with the Beauport Lunatic Asylum in 1865, two developments altered the character of subsequent negotiations between the state and the Beauport proprietors. First, reports by the commissioners of the Beauport Lunatic Asylum, and by the Board of Inspectors of Asylums Prisons and Public Charities of the United Canadas (established in 1859) on the negative consequences of patient overcrowding at the Beauport Asylum increased in intensity and in frequency.<sup>54</sup> These reports fuelled the perception among some state officials that there was a need for a greater presence on the part of the state in the affairs of the Beauport Asylum. The state became

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<sup>53</sup>P.A.C., RG4 C1, file 1572, Parent to Dr. Frémont, 31 May, 1862.

<sup>54</sup>This despite unmitigated requests by the government for the Beauport proprietors to take on an ever larger number of patients. See for example, P.A.C., RG4 C1, file 1472, Douglas and Landry to Provincial Secretary, 17 May, 1863.

particularly interested in involving the Board of Inspectors in negotiations for the renewal of the 1855-1865 contract. Second, between 1861 and 1863, Dr. Morrin and Dr. Frémont both died, leaving James Douglas as the sole proprietor of the Beauport Asylum. In May, 1863, with the sanction of the legislature, Douglas joined in partnership with Dr. Landry, with each physician taking a one-half interest in the asylum. With two of the original proprietors now deceased, negotiations with the state took on a somewhat different character. Although Douglas fought the government over issues of control and power with the same intensity as he and his former co-proprietors had done previously, it was clear that his new partner was more willing to accept an increased presence on the part of the state at the asylum. This set the relationship between the Beauport Lunatic Asylum and the state on an altered course.

On 13 July, 1864, Douglas and Landry petitioned for a renewal of their contract with the state. In a departure from past strategy, the government sent a draft set of terms upon which it would be willing to enter into a new contract with the Beauport Asylum proprietors to the Board of Inspectors of Asylums, Prisons, and Public Charities for review. The government's proposed terms gave the Board of Inspectors increased control over the affairs of the asylum on two fronts. First, the proprietors were to provide

suitable accommodation to asylum patients "in such a manner as will meet the approval" of the Board of Inspectors. Second, a government appointed "resident physician" was to be hired at the proprietors' expense to report to the Board on the condition of the patients and the asylum.

The Board of Inspectors gave general approval to the terms, but endeavoured to make the proprietors even more accountable to the Board. The inspectors wanted:

... any resolutions passed by the Board of Inspectors [in regard to accommodation for asylum patients] to be acted upon by the proprietors so soon as intimated to them by the Secretary of the Board, notwithstanding any reference or appeal which [the proprietors] may wish to make to the government against it, and will remain good, until the decision of the government in case of such appeal is made known.<sup>55</sup>

Moreover, the Board requested that the plans of a new building in progress at Beauport be "submitted without delay to His Excellency, the Governor General, for his sanction and such alterations shall be made in any building now in use for the patients, as may be recommended by the said Inspectors, to secure efficient ventilation in the different chambers".<sup>56</sup> This, along with the appointment of a government resident physician, represented a substantial

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<sup>55</sup>P.A.C., RG4 C1, Solicitor General to Prison Inspectors, 17 June, 1864; Secretary of the Board of Inspectors to Solicitor General, 26 June, 1864.

<sup>56</sup>Ibid.

increase in state involvement in the daily affairs of the Beauport Asylum.

During this communication between the Board of Inspectors and the Government, reports by the Board of Inspectors and Asylum Commissioners on the overcrowded conditions at Beauport continued. Both inspectors and commissioners advised that there were too many patients in the asylum (the number had reached 547 by 1864) and that the accommodation in some of the asylum buildings was in immediate need of improvement.<sup>57</sup> These concerns about overcrowding were crucial to the debate between the proprietors and the state over the maximum number of patients to be set for the new contract. Whereas Douglas and Landry claimed that they continued new construction at the asylum under the impression that the new "ceiling clause" for patients would be set at 750, both the Commissioners of the Beauport Asylum and the Board of Inspectors argued that the overcrowded state of the asylum, as it existed, would permit the maximum number of patients to be set at 600 upon completion of the construction.

Both Drs. Douglas and Landry were well aware of the

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<sup>57</sup>Ironically, in the face of these criticisms, requests by the government for the Beauport proprietors to increase their accommodation of the insane confined in the local jails went on unabated. On 1 July, 1863, 25 insane prisoners were transferred from the Montreal Jail alone to the Beauport Lunatic Asylum.

significance of these interrelated issues of overcrowding and increased state control on the eve of a contract renewal. In response, they vigorously sought to defend their monopoly. On the subject of overcrowding, Douglas and Landry defended their record on two fronts. First, the Beauport proprietors insisted that they provided adequate "cubic space" for the vast majority of asylum patients at Beauport. Although they concurred that the "Richardson House", a building for refractory patients, needed to be abandoned and better provision provided for its inhabitants, the proprietors insisted that such an endeavour "would entail upon us an amount of expense which the present state of our contract would not warrant". Douglas and Landry argued that in reconstructing the centre part of the main building, and in adding two additional wings to the asylum over the course of the last year, they had spent all available funds on the improvement of accommodation for the insane that the financial terms of the present contract would bear.<sup>56</sup> Second, the proprietors argued that since the beginning of the Beauport Asylum's existence, the government continually "exceeded the estimated wants" of the contract, forcing the proprietors to invest more money in

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<sup>56</sup>P.A.C., RG4 C1, file 1772, Landry and Douglas to Provincial Secretary, 11 July, 1864. The message here was clear. Greater improvements in accommodation would necessitate a better contract.

the expansion of the asylum complex. In their opinion, overcrowding was thus the result of state policy and not the fault of the proprietors.<sup>59</sup>

Landry and Douglas also forcefully contested the idea that all asylum architectural plans, including those for the new building in course of construction for the incurably insane, were to be sent to the Board of Inspectors for review and possible modification. In the opinion of the proprietors, the Board of Inspectors was given ample opportunity to examine the plans for the new building before construction was started. They noted that one of the inspectors, Dr. Taché, did in fact make some recommendations, and those which "met the approval" of the proprietors were adopted. The new building, they asserted, was now in such an advanced state of construction that further modification to the structure was impracticable. According to the proprietors:

we are of opinion that our knowledge and experience enable us to judge more correctly of the wants and requirements of an asylum than any non professional persons [read inspectors!] ... We would remark in conclusion that it would be much easier to alter a plan, than to alter a building should such alteration be deemed necessary.

The proprietors, it seemed, would tolerate only so much

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<sup>59</sup>P.A.C., RG4 C1, file 2675, Douglas and Landry to Provincial Secretary, 5 December, 1864.

interference in the construction and design of their asylum.<sup>60</sup>

The proprietors were especially concerned about the state's intention to appoint its own resident physician to attend to the daily needs of the patients, and to report on conditions in the asylum. The resident physician, a key figure in managing the daily affairs of the Beauport Asylum, had formerly been hand-picked by the proprietors. In fact, Landry and Douglas refused to consider any state-substituted resident physician, especially one whose salary was to be paid for out of the funds granted to the proprietors by the state. The state's response to this unqualified resistance on the part of the proprietors was to change the status of its medical appointment from a resident to a visiting physician. Although Landry was willing to sign a contract which included this less obtrusive form of state medical appointment, Douglas remained intransigent on the issue. His concern was that in the proposed contract:

The duties and powers of the visiting physician [were still] not defined. He may possess experience and common sense - and he may not be empowered to interfere in the conduct and management of the asylum - in these cases, his appointment would meet the approval of the proprietors, otherwise his appointment would disturb the harmony and the good management which has characterized the Institution during the last

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<sup>60</sup>P.A.C., RG4 C1, file 1772, Douglas and Landry to Provincial Secretary, December 29, 1864.

twenty years. This management cannot safely be interfered with. If therefore the proposed visiting physician is to be clothed with administrative powers the institution would become a scene of discord and its best interests would suffer.<sup>61</sup>

Douglas protested the appointment of a state medical official to the Beauport Asylum for the very reasons that the state sought such an appointment: increased state inspection and control over the affairs of the institution. In Douglas' view, the result would be divided authority in the asylum and compromised care and management of the insane.

In addition to the objections articulated by the proprietors to certain key terms proposed by the government, Douglas and Landry had their own demands. As previously mentioned, they wanted the ceiling clause in the new contract for government patients to be set at 750. Second, Douglas and Landry wanted a clause in the contract protecting them against a sudden rise in the price of goods and labour in the event of a war with the United States. Their third major demand was that a ten year contract be struck in order that the money expended in asylum expansion could be recovered.

By the end of March, negotiations had come to a head.

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<sup>61</sup>P.A.C., RG4 C1, file 2675, Douglas to Provincial Secretary, 15 April, 1865.

An order-in-council dated March 29 consolidated the state's final position on the conditions of a renewed contract with Landry and Douglas. It recommended that the contract be extended for a length of five years (as opposed to the 10 desired by the proprietors). It limited the number of patients under government contract to a minimum of 550 and a maximum of 650. The duties of the visiting physician remained undefined, but the asylum was to be "accessible to him at all times and in all its parts, as well as to the Commissioners of the Asylum and the Prison Inspectors". The visiting physician was also to "report to the Governor General on the state of the asylum, and on the approval of such report, the proprietors to comply with its requirements". The order-in-council gave the Board of Inspectors the power to cause any "alterations" to be made in "any building now or hereafter in use for the patients ... to secure efficient ventilation in the establishment". A special clause protecting the proprietors in case of war or change of tariff was seen as unnecessary, and thus not recommended. Although in Landry's view, the level of state interference embodied in the order-in-council "nous laissent sans défense entre les mains du médecin visiteur et des Inspecteurs de Prisons auxquels nous sommes obligés d'obéir sans appel!", he grudgingly endorsed its terms, and strongly encouraged Douglas to do the same. After some further

debate, the contract was extended to cover a period of eight years instead of the five years stated in the order-in-council. But the clauses of the contract relating to increased accountability to the state remained much the same. Douglas, "under much pressure" from his partner, finally consented to sign the contract.<sup>62</sup>

Douglas remained highly sceptical of the long term implications of the state's efforts to increase its involvement in the management of the Beauport Asylum. In his opinion, either he and his partner should have unmitigated control in the care of the insane, or the "management of so large and so important a public institution ought ... to be in the hands of Government outright". Douglas' main concern thus appeared to be the prospect of divided authority at the Beauport Asylum. After 20 years, the only remaining original proprietor of the Beauport asylum was also tiring of the responsibility of his

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<sup>62</sup>P.A.C., RG4 C1, file 2675, Douglas to Provincial Secretary, 15 April, 1865. Both signed under protest with the following note to the Provincial Secretary: "In conformity with our promise, we propose signing a new contract. We wish it however to be distinctly understood that we do so under protest, and with the intention of appealing to the council for the revision of its conditions, whenever the council shall reassemble. We intend applying for redress to those members especially who last summer pledged themselves to a renewal of the existing contract on condition of our affording additional accommodation for the insane of the province. We have fulfilled our part, and do not consider the so called contract now offered us, as a fulfilment of theirs. We sign, because forced to do so by the undue pressure and intimidation".

involvement in the management and care of the insane. Douglas made it known to the state that "individually I am anxious to be relieved from so onerous a responsibility, and from so hazardous a risk, and I would refuse no offer which would repay me the cost of the adventure".<sup>63</sup> These sentiments eventually led Douglas to sell his share in the farming out of lunatics at the Beauport Asylum at the end of December, 1865.<sup>64</sup>

Yet, in the final analysis, the state had managed to wrestle control of the Beauport Asylum out of the hands of its proprietors only to a limited extent. Although technically bound by the renewed contract to a more subservient relationship with the Board of Inspectors, it was evident that the proprietors would tolerate only a certain level of interference in the maintenance and physical expansion of their institution. Moreover, through tough contract negotiations, Landry and Douglas had managed to reduce the status of the new state-appointed medical

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<sup>63</sup>P.A.C., RG4 C1, file 2675, Douglas to Provincial Secretary, 15 April, 1865; see also McDougall to Douglas, 19 April, 1865 where the Provincial Secretary attempts to allay Douglas' fears about government interference.

<sup>64</sup>P.A.C., RG4 C1, file 1, James Douglas Jr. to Provincial Secretary, 30 December, 1865; Report of the Executive Council, 6 January, 1866; Assistant Provincial Secretary to Douglas, Landry and Roy, 9 January, 1866. The buyer, ironically, was the first state-appointed visiting physician to the Beauport Asylum hired after the signing of the 1865-73 contract.

authority at Beauport from a resident to a visiting physician. An examination of the lively exchanges between the proprietors and the first two visiting physicians, Drs. F.E. Roy and Dr. A. Jackson, highlights the relatively limited impact of state inspection of the insane at Beauport.

In the first reports of the government-appointed visiting physician, Dr. F.E. Roy focused on the excessive overcrowding at Beauport. He was especially concerned about the high density of patients in the attic floor of the main building of the asylum, and about the insufficiencies in ventilation for those patients. However, Roy observed that this state of affairs was largely the result of the construction of a new asylum wing for male patients which had temporarily displaced patients from an old building that had been torn down. He assured the government that upon completion of the new building, overcrowding would be ameliorated. Roy's other main concern was the lack of an infirmary for those patients who became physically ill during their stay at the asylum. Interestingly, Roy's early complaints were mitigated by reports from Dr. Taché, a member of the Board of Inspectors who was generally sympathetic to the proprietors of the Beauport Asylum. Taché noted that, although the visiting physician's concerns were valid in some respects, prior to Roy's appointment the

proprietors had made considerable efforts to improve conditions in the attic wards. Taché's reports diminished the urgency of Roy's recommendations in the eyes of the state.<sup>65</sup>

In the late fall of 1865, Roy's inspections led to a much more serious conflict between the proprietors and the state. The conflict centred on whether or not the deaths of two patients in the newly constructed male wing of the asylum were the result of excessively cold temperatures in that building of the institution. In Roy's recorded observations during the month of October, 1865, he repeatedly pointed out the cold temperatures and high humidity in the wards of the new wing. He noted that the heating apparatus was not yet operational in the new wing and that there was insufficient use of stoves to compensate for the lack of heat. In particular, Roy was concerned about those patients who refused to keep covered in bed, and about those who could not get out of bed, and were thus constantly confined to the cold, damp atmosphere. Such patients, he warned, should be removed to a better heated area in the asylum. On 27 October, Roy noted that one of

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<sup>65</sup>P.A.C., RG4 C1, file 2068, Report of Visiting Physician Dr. Roy, 6 June, 1865; Taché to Provincial Secretary, 6 June, 1865; RG4 B65, file 1437, Report of Visiting Physician Dr. Roy, 1 September, 1865; Report of Visiting Physician Dr. Roy, 3 October, 1865.

the patients whom he had observed to be very ill had died "sans être changé de cellule". Another patient, he noted, was "froid presque insensible". In Roy's view, "je ne voudrais point prendre sur moi la responsabilité de laisser mourir ce malheureuse dans l'appartement froid qu'il occupe actuellement".<sup>66</sup>

When this second patient died, Roy's reports were sent to the Board of Inspectors of Prisons, Asylums and Public Charities for further investigation. After communicating with the proprietors, with the superintendent, and with the resident physician of the asylum, Inspector Taché concluded that the actual deaths of the two patients were not due to excessive cold in the male wing of the institution, nor to a lack of medical attention on the part of the medical officials. Nevertheless, based on the observations of the visiting physician, the government concluded that there should have been more attention paid to the temporary means of heating while the permanent apparatus was being installed in the new male wing. The state strongly recommended to the asylum proprietors that similar mistakes not be repeated in future.

In his response to the government's warnings, Landry

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<sup>66</sup>P.A.C., RG4 C1, file 2392, "Copie de quelques remarques faites par le médecin visiteur sur l'Asile des Aliénés à Beauport", 6 October to 30 October, 1865.

flatly rejected the visiting physician's suggestions that the new asylum wing was either too cold, or too humid. Landry asserted that stoves had in fact been in operation in the wing during the month of October and that they had provided sufficient heat for the patients. The government maintained its position that its recommendations concerning the proper heating of the asylum were soundly based on the reports of the visiting physician and of the Board of Inspectors. There is no indication that Landry at any stage acknowledged the observations or recommendations of the state.<sup>67</sup>

Perhaps the most symbolic expression of the limited impact of state inspection on the power of the proprietors at Beauport was the quick defection of Dr. Roy from his position as state-visiting physician to become co-proprietor of the asylum. This defection formed part of a larger public scandal surrounding the retirement of James Douglas from his involvement with the Beauport Asylum. Aware of Douglas' dissatisfaction with the terms of the renewed contract of 1865, a member of parliament, M. Cauchon, approached the alienist at an asylum ball offering to buy

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<sup>67</sup>P.A.C., RG4 C1, file 2392, Provincial Secretary to Secretary to the Commissioners of the Beauport Lunatic Asylum, 8 February, 1866; Provincial Secretary to Roy, 31 October, 1865; Inspector Taché to Provincial Secretary, 21 December, 1865; Roy to Assistant Provincial Secretary, 24 January, 1866; Assistant Provincial Secretary to Roy, 10 February, 1866.

out his interest at Beauport. However, the two failed to meet, and Douglas left for Europe the next day. In Douglas' absence, Cauchon approached Douglas' son with an offer of purchase. James Douglas Jr. sold part of his father's asylum holdings to Cauchon and the rest to Dr. Landry. To evade any conflict of interest, Cauchon had Roy sign for possession of his part of the deal. But soon afterwards, Roy claimed actual ownership of Cauchon's purchase, and in the resulting scandal, the M.P.P. was forced to resign his seat "for illegally holding a contract under government".<sup>68</sup> With the knowledge he gained as visiting physician to the Beauport Asylum, Roy probably came to see the institution as a lucrative professional and business opportunity. As co-proprietor of the Beauport Asylum, Roy became as vociferous in his denunciations of the new state-visiting physician, Dr. Andrew Jackson, as Landry had been of Roy.<sup>69</sup>

Roy's successful manoeuvre into position as co-

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<sup>68</sup>A brief description of events is given by James Douglas Jr. in, Journals and Reminiscences of James Douglas, M.D., Edited by his Son (New York, 1910), p 217.

<sup>69</sup>To get a sense of the battles between Dr. A. Jackson and the asylum proprietors, see, P.A.C., RG4 C1, file 1809, Report of Visiting Physician Dr. A. Jackson on the Beauport Lunatic Asylum to Provincial Secretary, 18 September, 1866; Jackson Report to Provincial Secretary, 7 January, 1867; Provincial Secretary to Secretary of the Commissioners of the Beauport Lunatic Asylum, 18 January, 1867; Landry and Roy to Provincial Secretary, 28 January, 1867; Jackson to N.F. Belham, 21 February, 1867; Landry and Roy to Assistant Provincial Secretary, 17 March, 1867.

proprietor in the farming out system at Beauport was indicative of the ambitions of many in Quebec during the nineteenth century. There were in fact several proposals between 1840 and 1889 to establish asylums in the lower province on terms similar to those struck between the state and the Beauport proprietors. These proposals indicated both a perception that the trade in lunacy as manifested at the Beauport Asylum was a profitable business enterprise, and the concern of many that the monopoly at Beauport was not serving the needs of the community, or of the insane, in Quebec.

Some proposals came in the form of public petitions to establish asylums in various communities. Inhabitants of St. Francis, Sherbrooke, Laprairie, Terrebonne, and Montreal all petitioned at various stages for state funds to build asylums. These petitions made it clear to the government that the Beauport Asylum (and, later on the St. Jean Asylum) was unable to adequately provide for the large numbers of insane in the province. Concern was raised that this lack of adequate provision resulted in the detention of patients in the local jails of the community, which in turn deprived the insane of the "necessary medical attendance to mitigate or remove the ailments". There is no evidence that these community-based petitions were paid any heed by the

government.<sup>70</sup>

Proposals made by private individuals to enter into contract with the government for the management and care of the insane were taken more seriously by the state. These proposals raised some of the same concerns as the community petitions. But they were also decidedly more entrepreneurial in form.<sup>71</sup> Also interested in more proprietary arrangements for the management and care of the insane was a group of former officials connected with the

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<sup>70</sup>See P.A.C., RG4 C1, file 1221, Petition of the Inhabitants of St. Francis, 31 March, 1846; file 846, Petition of the Inhabitants of Sherbrooke, February, 1856; file 1857, Petition of the Inhabitants of Laprairie, 8 July, 1862; file 2124, On the Establishment of an Asylum at Terrebonne, 6 August, 1862. Similar sentiments on the need for increased accommodation of the insane were expressed in several Grand Jury Presentments. See for example P.A.C., RG4 C1, file 2521, Report of the Grand Jury, Montreal, 18 October, 1852.

<sup>71</sup>Dr. Henry Mount, one of the first medical entrepreneurs to negotiate with the state back in 1845, petitioned again in 1848, and in 1852, to "establish a lunatic asylum near the city of Montreal under the auspices of Government". See P.A.C., RG4 C1, file 2601, Dr. Mount to Provincial Secretary, 1848; file 252, Dr. Henry Mount to Provincial Secretary, 29 January 1852; Provincial Secretary to Henry Mount, 7 February, 1852; Mount to Provincial Secretary, 7 February, 1852. See also the petition of Dr. A.H. David, P.A.C., RG4 C1, file 534, Dr. A.H. David to Provincial Secretary, 1 March, 1859; file 459, David to Provincial Secretary, 6 March, 1859; Provincial Secretary to David, 7 March, 1859; file 930, David to Provincial Secretary, 5 April, 1862. See also the petition of Wakeham, proprietor of the small Belmont Retreat for the insane. P.A.C., RG4 C1, file 2578, G. Wakeham to Provincial Secretary, 17 November, 1864; Provincial Secretary to Wakeham, 17 November, 1864; File 29, Secretary to Commissioners of the Beauport Asylum to Solicitor General, 7 January, 1865; Secretary of the Commissioners of the Beauport Asylum to Provincial Secretary, 5 January, 1865.

Temporary Lunatic Asylum in Montreal during its six year existence from 1839-1845.<sup>72</sup>

All of these petitions by private individuals, interested in the kind of farming out system established at the Beauport Lunatic Asylum, were dealt with in the same way by the state. The provincial secretary either rejected the proposal outright, or responded that:

... the Government would probably avail itself of your proposal for the relief of [the insane] ... were it not that a contract was passed ... with the proprietors of the Asylum near Quebec under the explicit understanding that patients should continue to be sent to their establishment in such number as could cover the amount noted by the legislature for several years past.<sup>73</sup>

In other words, the state argued that the "ceiling clause" inserted into each of the contracts with the Beauport proprietors prohibited the establishment of a similar arrangement with anyone else. From the point of view of the state, this clause guaranteed the monopoly status of the

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<sup>72</sup>Dr. Jean Trestler, former commissioner of, and physician to, the temporary lunatic asylum, petitioned the government several times. Trestler had the advantage of the official endorsement of his plans from the Bishop of Montreal. See P.A.C., RG4 C1, file 2191, Trestler to Provincial Secretary, 17 July, 1848; file 1500, Trestler to Provincial Secretary, 16 July, 1851; file 1885, Trestler to Provincial Secretary, 25 August, 1852. Similar overtures to the state were made by Edward Worth, former superintendent of the Temporary Lunatic Asylum in Montreal. See, P.A.C., RG4 C1, file 236, Edward Worth to Provincial Secretary, 25 January, 1849; file 1885, Worth to Provincial Secretary 25 August, 1852.

<sup>73</sup>P.A.C., RG4 C1, file 252, Provincial Secretary to Henry Mount.

Beauport Asylum in the care of government patients.<sup>74</sup>

The refusal to entertain any of the great variety of proposals from different quarters suggests that the state was not in a hurry to alter the monopoly held by the proprietors of the Beauport Asylum. Although this monopoly was in part the result of shrewd negotiating on the part of its owners - particularly with the insertion and perpetuation of the "ceiling clauses" in each successive contract with the state - it is clear that the arrangement forged at Beauport also suited the needs of the state. The state could have pushed for different terms at the end of any of the contracts in order to enable it to seek other

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<sup>74</sup>The state responded in similar fashion to an appeal from the Bishop of Montreal to accommodate the insane in the Montreal district. Noting that "l'asile établi à Québec, pour les personnes dérangés dans leur esprit, ne saurait rencontrer tous les besoins de cette partie de la province", the Bishop informed the provincial secretary that the Sisters of Providence were forced to establish their own asylums for the care of 39 destitute female patients. The Bishop was particularly interested in the establishment of a Lunatic Asylum for Catholics, as it was "bien connu que les pratiques religieuses exercent encore un grand [influence] sur la moral des aliénés". He recommended that the government allocation for the insane of the lower province be divided between Quebec and Montreal, and that a Lunatic Asylum be built to serve the needs of the latter district. In response, the state assured the Bishop that equal opportunity of admission to Beauport was given to the inhabitants of Quebec and Montreal. However, "l'octroi fait par la Législature pour le soutien des aliénés étant limité, et la justice réquerant l'exécution du contract existant avec les propriétaires de l'Asile établi à Beauport lequel contract absorbe toute la somme octroyée". P.A.C., RG4 C1, file 299, Bishop of Montreal to Provincial Secretary, 4 February, 1852; Provincial Secretary to Bishop of Montreal, 12 February, 1852.

offers to accommodate the insane. Moreover, the state was legally entitled to move to other institutions any patients held at Beauport in excess of the "ceiling clause" under any given contract. In its persistent refusal to do either the state demonstrated its support for Beauport's monopoly position.

Though disinterested in accepting any of the many offers of other would-be proprietors, the state was eventually led by pressure from reports on the insufficiency of accommodation for the insane to reconsider the establishment of a provincial or state-controlled asylum in Quebec. Various proposals were tabled to establish a state asylum for the insane on a similar scale to that at Beauport<sup>75</sup>, but the government opted instead for a renovated infantry barracks at St. Jean. This site was inspected by Inspector Taché and Joseph Workman, Superintendent of the Toronto Provincial Asylum, who deemed it suitable for conversion to an asylum.<sup>76</sup> Renovations of

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<sup>75</sup>See for example, the Report of Dr. Nelson on the possibility of using Nicolet College for a lunatic asylum. P.A.C., RG4 C1, file 1697, Wolfred Nelson to Provincial Secretary, 17 August, 1861,; See also de Bleury's offer of his 416 acre property at St. Vincent de Paul for use as an asylum, P.A.C., RG4 C1, file 2185, 14 August, 1862.

<sup>76</sup> Workman and Taché thought that the St. John barracks in Quebec could be converted into an asylum like the Fort Malden barracks had been converted in Ontario. Like Fort Malden, the doctors suggested that St. John be used primarily for quiet docile patients as a kind of branch asylum to

the barracks were supervised by the asylum's appointed superintendent, Dr. Henry Howard. The asylum was ready to accommodate 72 patients in August 1861.

Ironically, the St. Jean Asylum, over which the state had the kind of full authority and control that it had fought to establish at Beauport, was deemed an inferior institution for the insane by both government inspectors and its own superintendent. Inspectors' reports on the inadequacies of the renovated barracks at St. Jean for use as an asylum began immediately after it opened. Poor ventilation, insufficient heating, inadequate centralization of resources, fire hazards, high expenses per patient, and overcrowding were especially noted. Comparisons between St. Jean and Beauport inevitably highlighted the relative superiority of the proprietary institution. According to the Chairman of the Board of Inspectors, "We have properly speaking no more than a single asylum. The refuge at St. Johns with its 50 beds fills a wretched little Barrack to overflow and cannot be considered an asylum for the insane. Beauport is a fine institution and that is all Lower Canada

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Beauport. P.A.C., RG4 C1, file 557, Memorandum of the Provincial Secretary, 28 March, 1861; Rapport conjoint de M.M. les Docteurs Workman et Taché sur l'état actuel des propriétés ... à St. Jean et sur leur adaptabilité [pour un] Asile d'Aliénés, 2 Mai, 1860.

can boast of".<sup>77</sup> Superintendent Howard lent his own voice to the criticism of the asylum, frequently suggesting the establishment of better accommodation elsewhere.<sup>78</sup> Within a year of its establishment, the St. Jean Asylum was relocated to the Old Court House in the city. This necessitated another period of makeshift renovations and the result was, according to the inspectors and Superintendent Howard, an institution as inadequate as the older barracks at St. Jean.<sup>79</sup> Frustrated at the inadequacies of the asylum over which he presided, Henry Howard began to suggest what he considered to be better sites for the public lunatic asylum.<sup>80</sup>

The evident failure at St. Jean also encouraged further proposals from physicians interested in the farming out system in Quebec. One proposal was especially noteworthy as it was issued from the most influential proprietary alienist in Quebec, James Douglas, and the well respected state-

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<sup>77</sup>Report of Inspector Taché, Quebec Sessional Papers, no. 66, 1863.

<sup>78</sup>P.A.C., RG4 B65, file 1838, Howard to Provincial Secretary, 23 November, 1861; RG4 B65, file 2748, Inspector Taché to Provincial Secretary, 13 December, 1861.

<sup>79</sup>P.A.C., RG4 C1, file 1698, Howard to Provincial Secretary, 19 August, 1861; RG4 C1, file 2434, Taché to Provincial Secretary, 15 September, 1862.

<sup>80</sup>See for example, Howard's work in promoting property of the Grand Trunk Railway as a site for a public asylum for 400 patients. P.A.C., RG4 C1, file 2412.

appointed superintendent of the Rockwood Criminal Lunatic Asylum in Upper Canada, John Palmer Litchfield. Douglas and Litchfield put forth an ambitious offer to establish a large proprietary asylum near Montreal with the same relationship to the state as that of Beauport. In their proposal, Litchfield and Douglas highlighted the success of the proprietary arrangement at Beauport, comparing it to the "miserable" record at St. Jean. They proposed to build an asylum on the grounds of the 300 acre Molson Estate, on the banks of the St. Lawrence just outside of Montreal.<sup>81</sup> Despite the evident attractiveness of their proposal, ultimately the state was not interested in making a deal with Litchfield and Douglas. This may have resulted in part from a concern by the state that as co-proprietor of the Beauport Asylum, Douglas already wielded enough power in the farming out system in Quebec. Moreover, it may have appeared expedient to the state to keep Litchfield in his position as superintendent of the Rockwood Asylum.

When the state was finally pressured into action by unfavourable inspectors' reports on conditions at the St. Jean Asylum, and by relentless pressure to accommodate more patients, it combined economy and the proprietary model once

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<sup>81</sup>P.A.C., RG4 C1, file 2522, John Palmer Litchfield to Provincial Secretary, 10 October, 1863; Litchfield to Provincial Secretary, 19 December, 1863.

again - but in a different formula to that of Beauport. In 1873, a contract was struck between the state and the Sisters of Providence to establish St. Jean de Dieu Asylum at Longue Pointe, about seven miles from Montreal. With the opening of this asylum in 1875, the older St. Jean Asylum was closed, its patients being absorbed by the new institution. The contract entered into between the religious order and the state was for 20 years, far longer than any contract with the Beauport proprietors.

This arrangement was immensely appealing to the state primarily because the nuns were willing to enter into contracted care of the insane for far less reimbursement than their lay proprietary counterparts at Beauport. This was in large part because the asylum was predominantly staffed by nuns whose labour was not remunerated in the conventional fashion of lay keepers of the insane. Between 1883 and 1887, the average difference in costs to the government between the Beauport and St. Jean de Dieu asylums was \$32 per patient per year. The state had found yet another even more economical means to provide asylum management and care of the insane. As with the original Beauport contract, the initial costs of asylum construction and property purchase were to be shouldered by the Sisters of Providence. From the point of view of the state, the success of this new arrangement, can be seen in the rapid

growth of the patient population at St. Jean de Dieu. In 1875, this asylum had 408 patients. By 1884, it had surpassed Beauport's patient body of 911, with a population of 919. Two years later, the religious proprietary asylum was providing for over 1000 patients.

Although from a financial point of view the state was satisfied with the arrangements forged with the Beauport and (especially) the St. Jean de Dieu asylums, it still pushed for greater control over asylum affairs in both institutions. This was due in part to the proprietary nature of the asylums themselves. Unlike the system of government run and inspected asylums in Ontario and elsewhere, the state's influence in the management of the proprietary asylums in Quebec had remained minimal. As has been shown, beginning in 1845, the proprietors of the Beauport Asylum fought intensely, and quite successfully, to prevent state regulation of their institution. The proprietors of the St. Jean de Dieu Asylum shared the Beauport Asylum owners' resistance to state intervention. Yet, in the eyes of many state officials, the farming out system of management and care which had been established in Quebec had inherent flaws which required the corrective influence of the state. According to the Board of Inspectors:

The farming out of lunatics to private persons is

in their opinion, as a general rule, most objectionable. In asylums supported by the state, the Medical Superintendent in charge of the Institution has no interest which conflicts with the interests of the patients committed to his care. But in proprietary asylums the case is far otherwise. Here it is plainly the interest of the proprietors or contractors to spend as little as possible on the food and maintenance of the patients, and to get as large a return as possible from them in the shape of labor; on the other hand, it is the interest of the patients that they should be fed liberally, even generously and that they should never be expected, much less compelled, to labor harder or longer than they wish. A system can hardly be expected to work satisfactorily where the interests of the parties concerned are so essentially at variance.

Although the inspectors were quick to point out that at Beauport, "no evils have followed from this defect in the proprietary system", they attributed this to the "high character of the gentlemen who up to the present time have had the management and control of the Institution". This state of affairs, they implied, could change at any time.<sup>62</sup>

In theory, the religious nature of the proprietary arrangement at the St. Jean de Dieu Asylum mitigated against profiteering at the expense of patients. Nevertheless, the state was determined to regulate the affairs of both institutions more thoroughly. The Inspectors of Asylums in Quebec argued that:

... the system followed in this province with respect to the support of the insane, while having

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<sup>62</sup>Report of the Board of Inspectors on the Beauport Lunatic Asylum, Sessional Papers, No. 6, 1866, p.6.

the advantage of being less expensive, is not nearer perfection than the system usually followed in other countries, but it is not so very defective as to prevent its being made good use of and the patients from being treated as well and with as good chances of success as elsewhere.<sup>63</sup>

In the inspectors' opinion, if the farming-out system was accompanied by a strong state influence, the province could reap the benefits of inexpensive care of the insane while at the same time guaranteeing high standards in the management and organization of the province's asylums.

Unable to negotiate for increased state involvement in either asylum by contract, the state eventually endeavoured to exercise its regulatory powers through legislative means. Thus, in 1885 an act was passed for the better management of lunatic asylums in Quebec. The central feature of the Act of 1885 was the creation of state Medical Boards to regulate the asylums at Beauport and at Longue Pointe.<sup>64</sup> The Medical Boards were each comprised of three physician inspectors: a visiting physician, a house physician, and an assistant house physician. The visiting and house

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<sup>63</sup>Report of the Board of Inspectors of Prisons, Asylums, and Public Charities, 30 December, 1885, Sessional Papers, No. 10.

<sup>64</sup>See Act 48 Vict., chap. 34. As Peter Keating points out, this act had been preceded by three orders-in-council in 1879 which aimed to strengthen the power of the state-appointed visiting physician in relation to the Beauport and St. Jean de Dieu Asylums. Keating, La science du mal, pp. 88-90.

physicians were state-appointed, and their salaries were paid by the government. According to the law, the proprietors could choose their own assistant house physician, but were in that case responsible for his salary. Alternatively, the proprietors could leave the assistant house physician's appointment to the state, in which case his salary, like those of the other two physicians on the medical board, was to be paid by the government. However, even if the proprietors chose their own assistant house physician, the appointment still had to meet the approval of the Lieutenant Governor-in-Council.

In effect, the Medical Board constituted the state's attempt to exercise full supervision and control over the medical affairs and several other aspects of both institutions. The asylums were to be accessible to the Medical Board at all times; its physicians were to make full reports on the state of the institutions to the government; and the recommendations made by the Medical Board in regard to asylum management and care were to be legally binding on the asylums' proprietors. Under the law, the house physician or assistant house physician was empowered to dismiss keepers and nurses subject to the approval of the

inspector of asylums.<sup>65</sup>

The proprietors of both asylums vigorously resisted the passing of the 1885 law and, after its passing, did all they could to thwart the increased state influence that the new law represented. Even as the legislation was being tabled by government, the proprietors of the Beauport and St. Jean de Dieu Asylums argued that the passing of the new law constituted a violation of the contracts they held with the state. Within the terms of their respective contracts, both institutions did everything in their power to deny the authority vested in the Medical Boards by the state. For example, the doctors of the Medical Boards were treated by the proprietors of both institutions strictly as visiting physicians, whose presence the proprietors tolerated only at agreed upon times, and always in the company of asylum employees designated by the proprietors. The physicians of the Medical Boards were also frequently denied access to information necessary for their reports to the state. Finally, the proprietors in both institutions prohibited the asylums' employees from answering the questions of the Medical Boards, or from giving to the board physicians

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<sup>65</sup>Information on the medical boards has been gleaned from various passages of the Report of the Royal Commission on Lunatic Asylum of the Province of Quebec, 1888. For an extended discussion of the 1885 law see Keating, La science du mal, pp. 95-102.

information pertinent to their government reports.<sup>66</sup>

The resistance to the Act of 1885 by both institutions reflected fundamental differences between the proprietors and the state in regard to the state's role in the management and care of the insane. Since its founding in 1845 the Beauport Asylum proprietors had fought vigorously to exclude the presence of the state in the affairs of the institution. This was in part due simply to the proprietary nature of the asylum. As a mid-nineteenth-century business, Beauport's owners ran the asylum with the full intention of profiting from the endeavour. This could be done most effectively without undue interference from the state. In part, this perception reflected prevailing liberal attitudes on the role of the state in enterprise. Beauport's proprietors were also concerned about the consequences of divided authority in their institution. All nineteenth-century lunatic asylums, whether private or state-run, tended to be very hierarchical in their organization. Douglas and his associates had ample opportunity to witness the negative consequences of authority clashes in the publicly-run asylums in the neighbouring province of Ontario, and elsewhere.<sup>67</sup> It is likely that this further

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<sup>66</sup>See, Report of the Royal Commission on Lunatic Asylums, passim.

<sup>67</sup>See chapter 4 of this work.

convinced Beauport's proprietors that absolute control in the farming out system generated the best results. Finally, it is apparent that for most of period from 1845 to 1888, the Beauport Asylum's owners were convinced that they ran a world-class institution for the insane. This, they argued, was achieved from the outset with a minimal amount of state interference in the management and organization of their undertaking. They saw no need for the introduction of such interference, especially from an inspectorate whose accumulated expertise and experience were considered no match for their own.

The religious proprietors' response to the Act of 1885 demonstrated that they were no less resistant to the idea of state interference in the conduct of their institution. But in the case of the St. Jean de Dieu Asylum, hostility to the Act of 1885 stemmed in large measure from traditional Catholic perceptions in Quebec on the role of the state in society. According to the Bishop of Three Rivers, the Act of 1885 was "founded on the false principle of the omnipotence of the State", an error which had led to the "over-throw of all the religious institutions of France, our old mother-country". The Bishop argued that the state "had no right to assume [the] management and control, nor to infringe upon the rights of property and canonical immunity" of any of the religious institutions of Quebec, be they

Hotels-Dieu, seminaries, convents or asylums for the insane. Such rights were assumed by the Sisters of Providence when they entered into contract with the state for the care of the insane at Longue Pointe. Several Bishops in Quebec concurred with the Bishop of Three Rivers Quebec that the Act of 1885 was in complete violation of those rights.<sup>88</sup> This line of argument, of course, represented much more than specific concerns over the running of a particular institution. The debate over the role of the state at St. Jean de Dieu Asylum formed part of the larger struggle between the Catholic Church and the state in nineteenth-century Quebec. It also reflected contrasting views on the role of benevolent institutions in the care and treatment of the insane, and differences of opinion between the state and the Catholic Church on the definition of insanity.

The impasse created by the resistance of the proprietors at the Beauport and St. Jean De Dieu asylums to the Act of 1885 eventually led to the establishment of a Royal Commission on Lunatic Asylums of the Province of Quebec in 1887.<sup>89</sup> Central to the mandate of the Royal Commission was an examination to determine whether or not

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<sup>88</sup>Royal Commission on Lunatic Asylums, pp. 72-79.

<sup>89</sup>Besides the Beauport and St. Jean de Dieu Asylums, the Royal Commission also included an examination of the three small institutions: the Belmont Retreat, the St. Benoit Joseph Asylum, and the St. Ferdinand d'Halifax Asylum.

the Act of 1885 infringed upon the legal rights of asylum proprietors as delineated in their respective contracts with the government. The commissioners concluded that, in some respects, especially in the powers invested in the Medical Boards, the state had in fact overstepped the limits of its legal rights of asylum inspection and control.<sup>90</sup>

Another important aspect of the Royal Commission's mandate was to investigate the extent to which the asylums in Quebec were kept in a "satisfactory condition", given the money spent by the state on their maintenance. The commissioners in general praised the work of the Sisters of Providence in the superior maintenance of their institution at the low cost of \$100 per patient per year. They attributed the success of the St. Jean de Dieu Asylum to the fact "that the asylum is under the constant superintendence of a staff composed almost entirely of nuns ... from the humble lay sister to the Lady Superior in whom is vested supreme authority". Their main criticism of the Sisters' asylum was that the medical staff was neither large enough nor powerful enough to make changes within the institution "now considered indispensable by science, both as regards classification and treatment". The commissioners also strongly urged that the medical staff be completely

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<sup>90</sup>See Royal Commission on Lunatic Asylums, pp. 60-79.

accountable to the state."<sup>1</sup>

The commissioners' review of the Beauport Asylum was comparatively unflattering. Given the rate of \$132 per patient per year charged by the proprietors, the commissioners noted that the quality of the medical service at Beauport was very poor, that the superintendence by the keepers of the institution was neglected to the point that the "comfort, health and safety of the patients" was constantly wanting, and that the food and clothing of the patients left much to be desired.<sup>2</sup> In the opinion of the commissioners, the Beauport proprietors had not fulfilled the conditions of their contract, and that, accordingly, it ought to be cancelled. They concluded that the best solution to the problems at Beauport would be for the government to hand over the "internal administration" of the asylum to a religious community whose powers would be confined "exclusively to the domestic and administrative management" of the institution. "For everything relating to the treatment of the patients" the commissioners recommended that "the nuns should have to rely solely upon a competent medical staff responsible to the Government".<sup>3</sup>

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<sup>1</sup>Royal Commission on Lunatic Asylums, p. 48; p. 50.

<sup>2</sup>Royal Commission on Lunatic Asylums, pp. 49-50.

<sup>3</sup>Ibid., p.81; p.169.

As in previous clashes between the state and the proprietors of Quebec's lunatic asylums, the message of the Royal Commission was clear: the state demanded increased influence and control over the affairs of Beauport and St. Jean de Dieu. But by 1888, there had been a noticeable change in the specific strategy of the state in the achievement of its aims. Though still expressing concern over the farming-out system<sup>94</sup>, it is obvious that the state had come to see a particular form of this system - by contract with religious orders in Quebec - as by far the cheapest means to furnish institutional provision for the insane. However, the role of the religious organizations was to be restricted to the "caring" aspects of asylum provision, leaving the medical and administrative responsibilities to a board of physicians with "absolute powers", and which was to be appointed by and accountable to the state.<sup>95</sup> In certain respects, the 1887 Royal Commission and its aftermath finally represented victory for the state in the institutional management of insanity in Quebec. In 1890, with the opening of the Verdun Protestant Hospital for the Insane, the provincial government gained complete control over the medical treatment of the asylum.

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<sup>94</sup>Ibid., pp. 50-52.

<sup>95</sup>Ibid., p. 174.

In 1893, when the Beauport Asylum contract expired, the institution was sold to the Sisters of Charity of Quebec, who, by law, forfeited medical control of the asylum to the state-appointed Medical Board. The Sisters contracted with the government to care for patients at \$100 per year per head. Finally, though somewhat less successful in their renewal of the contract with the St. Jean de Dieu Asylum in 1897, the province managed to establish an arrangement whereby physicians chosen by the Sisters of Providence would work alongside state-appointed medical officials.<sup>96</sup>

An interesting comparison can be made between nineteenth-century developments in Quebec and France in the institutional care and management of the insane. Jan Goldstein notes that, starting in the early seventeenth century, religious congregations in France actively embarked upon a mission in the care of the insane. The French Revolution put an abrupt end to this enterprise, but it flourished again during the Restoration Period. Thus, "a massive early nineteenth-century expansion of religious facilities for the insane coincided with the emergence of a scientific *médecine mentale* - a pattern" that Goldstein asserts "must cast doubt on any theory postulating a uniformly rising curve of professionalization,

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<sup>96</sup>Keating, La science du mal, pp. 108-109.

modernization, or secularization".<sup>97</sup> Goldstein argues that in France, the tradition of "religious consolation" used in the institutional care of the insane by the religious orders, was so similar in theory and in practice to the moral treatment advocated by asylum alienists, that the psychiatric profession had great difficulty in asserting their expertise in the diagnosis, treatment and management of insanity.<sup>98</sup> The French state was therefore content to deal with religious orders in the institutional provision for the insane. It was not until the end of the nineteenth century that French alienists became sufficiently professionalised to decisively wrest control of the treatment and care of the insane from the religious orders. Contributing to the final success of the psychiatric profession was a professional/political alliance with the French state during the last decades of the nineteenth century.<sup>99</sup>

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<sup>97</sup>Jan Goldstein, Console and Classify: The French Psychiatric Profession in the Nineteenth Century (Cambridge, 1987), p. 198.

<sup>98</sup>As Goldstein puts it, "... the Idéologues had placed consolation among the moral means available to the physician ... and Pinel had placed consolation first among the 'ways of gentleness' available to the physician employing the moral treatment on the insane; but in matters of consolation, the medical man was the amateur and the cleric the expert and past master". Goldstein, Console and Classify, p. 204.

<sup>99</sup>Goldstein, Console and Classify, pp. 361-370.

The historical development of relations between the state, the Catholic Church and insanity in Quebec was in many respects the opposite to that in France. To the extent that state-financed institutional provision for the insane existed in early nineteenth-century Quebec, it was provided by religious orders in a *système des loges* - a tradition which had started in the early eighteenth century in New France. Over the course of the nineteenth century, mounting criticism of the *loges* was coupled with the growing sense that the lunatic asylum was the proper environment for the treatment and management of insanity. In its efforts to rationalize the call for an asylum response to insanity with the financial constraints of a colonial setting, the state opted for a proprietary and secular arrangement which quickly turned into a monopoly in asylum care and treatment of the insane in Quebec - a monopoly which went virtually uncontested until the mid 1870s. But, as the religious orders in France were losing their control in the institutional "consolation" of the insane, the religious orders in Quebec began to dominate the general management of lunatic asylums, a testimony both to the relative influence of the Church in the province, and to the state's desire to further reduce expenditure in this branch of its activities. However, although religious orders exerted tremendous influence on the daily management and care of the insane in

the late nineteenth century, the Quebec government finally managed to impose state regulation of medical treatment and administration within the asylum. This peculiar combination of religious-based "care" and state-controlled secular "medicine" marked the development of a relationship between insanity and the state that differed greatly to that which evolved in Ontario.

Chapter Two:

Insanity and the State in Nineteenth-Century Ontario

In his study of the history of the hospital in the United States, Charles Rosenberg points out the "inconsistent visions" of the institution's medical physicians and its trustees in the nineteenth century. Rosenberg notes that although trustee and physician agreed "on matters of class definition and the social styles appropriate to these definitions" as they pertained to the hospital, disputes between them frequently resulted from the physician's more medical conception of hospital practice.<sup>1</sup> In the lunatic asylums of nineteenth-century Ontario, inconsistent visions also existed between medical superintendent and asylum commissioner and, later, asylum inspector. But the conflicts which arose between medical and lay officials of the nineteenth-century Ontario asylum differed in many respects from those uncovered by Rosenberg for the hospital setting in the United States. Most superintendents had a vision of the state asylum which corresponded closely with the ideal institution for the treatment and regulation of insanity as delineated in the

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<sup>1</sup>Charles Rosenberg, The Care of Strangers: The Rise of America's Hospital System (New York, 1987), Chapter II, "Vocation and Stewardship: Inconsistent Visions", p. 47.

prevailing medical literature and by asylum promoters. Their vision of the lunatic asylum included an institution in which the authority of the superintendent reigned supreme, and in which the architecture and internal management of the asylum were carefully shaped for the practice of medical and moral therapy in the treatment and cure of insanity. During the temporary lunatic asylum period in Toronto from 1840 to 1850, this vision contrasted sharply with that of the asylum commissioners who did not share the superintendents' medical or moral outlook. Although the balance of views about the asylum shifted shortly after the opening of the permanent lunatic asylum in 1850, differences in perspective between superintendent and inspector in both earlier and later periods resulted in serious conflict - conflict which, in turn, had a major impact on the development of the state institution.

But the development of the state lunatic asylum in Ontario was shaped by more than just the competing interests of asylum superintendents, commissioners, and inspectors. Further influencing the nature of the state institution was the vision of the lunatic asylum held by the community. The view of the asylum at the local level differed markedly from that of the superintendent. This inconsistency in vision led to conflicts between local, asylum, and government officials as to whose interests the state institution would

ultimately serve, and the kind of institution that should eventually emerge. Closely tied to the issue of community influence was the impact that the financing of the state institution had on the overall character of the asylum. The difficulty in raising funds to construct and maintain the province's public asylums for the insane consistently compromised the particular visions of the asylum held by inspectors, by medical superintendents, and by the community.

State management and treatment of the insane in Ontario did not really begin until 1840. In the early nineteenth century, the insane in Upper Canada were principally provided for either within the local community or in county jails. In 1830, an act was passed legalizing the practice of payment for the maintenance of the insane in the Home District Jail, and in 1833 the Act was expanded to include all districts in Upper Canada.<sup>2</sup> The incarceration of the insane with other inmates led to the overcrowding of the local jails, and this drew heavy criticism from grand jury presentments and jail wardens. Their concerns in regard to the mixing of various problem groups under one roof were

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<sup>2</sup>See Statutes of Upper Canada, 11 Geo. iv., Cap. 20, 1830; and 3 Wm. iv., Cap. 45, 1833.

similar to those voiced in Quebec.<sup>3</sup> Between the passing of the 1833 legislation and the establishment of the temporary lunatic asylum in Toronto in 1840, several legislative initiatives were tabled for the institutional care of the insane, but for both political and practical reasons, all of them failed.<sup>4</sup>

In 1839, an act was finally passed by the government granting £3,000 towards the establishment of a permanent lunatic asylum. The Act called for the appointment of government commissioners to supervise the construction of the asylum. Upon completion of the asylum, a 12 member board of directors was to be appointed by government with powers to establish rules and regulations for the effective management of the institution. The board was also empowered with the authority to appoint all medical and lay employees to the asylum. Each district was to pay an asylum tax of "one eighth of a penny to the pound, to be annually appropriated to the erection of the ... Asylum, and in the purchasing of land sufficient for a site, and maintaining

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<sup>3</sup>See for example, P.A.C., RG4 B65, Correspondence of the Provincial Secretary, Canada West, loose documents, Toronto Sheriff to Provincial Secretary, 16 September, 1840.

<sup>4</sup>For a detailed account of the lack of action for the institutionalization of the insane in an asylum see, Thomas E. Brown, "Living with God's Afflicted": A History of the Provincial Lunatic Asylum at Toronto, 1830-1911, Ph.D. Thesis (Kingston, 1980), pp. 43-92.

and supporting the same".<sup>5</sup>

As in Quebec, the pressure to make provisional arrangements for the insane while waiting for the construction of a permanent asylum led to the renovation of the old Home District Jail for use as a temporary lunatic asylum in 1840.<sup>6</sup> However, unlike its Lower Canadian counterpart, the temporary lunatic asylum at York remained in operation for a full decade until the official opening of a permanent asylum in 1850.

Though conceived of as temporary, this asylum represented the efforts of the Upper Canadian government to develop a state institution based on the principles of medical science, state inspection and regulation. To this end, Dr. William Rees, a long time proponent of state-controlled institutional care of the insane in Upper Canada,

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<sup>5</sup>Statutes of Upper Canada, 2 Vict., Cap. 10, 1839.

<sup>6</sup>The decision to locate the temporary asylum in Toronto had not been unopposed. There was in fact a fierce debate between the medical profession in Kingston and Toronto over which city would establish the state institution. This debate was reflected in the membership of the first board of commissioners for the erection of a permanent lunatic asylum, which consisted of Robert Jamieson, C. Widmer, Alexander Wood, James Sampson and John Ewart. See, for example, P.A.C. RG5 C1, file 1198, the petition of the College of Physicians and Surgeons in Toronto against the Provincial Lunatic Asylum being established in Kingston, 9 June, 1840.

was appointed superintendent of the temporary asylum.<sup>7</sup> The Hon. R.S. Jamieson, W.B. Jarvis, Dr. W.C. Gwynne and John Ewart were appointed as commissioners for the management of the asylum. By 1843, the number of commissioners had been raised to 12.<sup>8</sup> In 1842, the government called upon the commissioners to draft a code of rules and regulations for the "internal management" of the asylum which would outline the duties and responsibilities of each of the institution's officers. In describing their own duties, the commissioners defined themselves as gratuitously appointed government inspectors and general managers of the asylum. They were to meet weekly at the asylum to examine "into the state of the institution and condition of the patients, hearing all complaints, [making] tenders for contracts, examining accounts, and generally taking cognizance of all matters concerned with the institution". One of the commissioners was to visit the asylum on a daily basis to ensure that patients were being treated properly, and to consult with

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<sup>7</sup>Rees' application for the post along with pertinent information about his medical career leading up to his appointment can be found in P.A.C., RG5 C1, file 257, Rees to Provincial Secretary, 24 January, 1840; Memorial of William Rees, 23 January, 1840. Other applicants for the post included Dr. Grasette and Dr. Telfer.

<sup>8</sup>The eight additions were: Surgeon W.R. Beaumont, William Cawthra, esq., John Eastwood, esq., Rev. H. J. Grasett, Rev, J.J. Hay, William Kelly, esq., Martin J. O'Bierne, esq. and Rev. John Roaf.

the superintendent on asylum matters. The commissioners were to submit their observations on the financial footing and general state of the institution in the form of an annual report to the government. According to the rules and regulations, the medical superintendent had the charge of the "internal management of the institution as well as the well being of the patients". The superintendent was to visit the asylum at least three times per day, both to give directions as to the medical treatment of the patients, and to ensure that the "moral government" of the institution was properly enforced. He was to keep daily records of patient diet, patient medical history, and the medical treatments prescribed. The superintendent was to be present at the weekly meetings of the commissioners, and was to submit to them an annual report on the state of the institution.

Although subject to the control of the medical superintendent, the asylum steward's position was also defined in the rules and regulations as one of considerable power and responsibility. He was responsible for the cleanliness of the male patients and was to ensure that the directives of the superintendent in regard to the medical and moral treatment of all patients were successfully carried out. To execute this responsibility effectively, the steward was to remain at the asylum unless given permission to leave by the superintendent. The steward was

responsible for the quality of the food served at the asylum. He had overall responsibility for the maintenance of the patients' clothing, the asylum furniture, and the exterior of the asylum. The steward had the authority to appoint and dismiss "ordinary servants" of the institution, and, under the direction of the commissioners and medical superintendent, to hire and be responsible for the asylum's male keepers (or attendants). However, the steward was not able to dismiss attendants without the permission of the commissioners. The steward was to attend the meetings of the commissioners when requested, and to keep minutes of the proceedings. Finally, the steward was to give assistance in the female ward of the asylum when needed.

Below the steward in the chain of responsibility and authority at the asylum was the matron. The matron was responsible for the general "house keeping" of the institution including patient cleanliness, asylum sanitation and good order, and the proper preparation and delivery of asylum meals. She was also responsible for the safe keeping of all articles belonging to the institution, along with the personal belongings of the female patients. In conjunction with the commissioners and medical superintendent, she could hire attendants, and, like the steward, needed the commissioners' approval to dismiss them. Below these high ranking officers were the head nurse, porter, attendants or

keepers of the insane, and ordinary servants.<sup>9</sup>

The rules and regulations outlined by the commissioners were designed to establish a definite institutional hierarchy. This hierarchy, grounded in existing class and gender power relations, was intended to create an efficient and rational environment in which to restore reason to the insane. Through the workings of this asylum hierarchy, the state could monitor the internal affairs of the asylum, assess its performance, and direct policy accordingly. The asylum, in Foucault's sense of the term, was "panoptic" in so far as it was designed to function through this chain of authority to inform the state of the performance of its institution for the regulation of insanity. The commissioners' rules and regulations can be seen to correspond to the broader goals of the nineteenth-century state lunatic asylum, that is, to control madness through the application of asylum medicine, and to impart to the insane the institutionalized values of the asylum's bourgeois promoters.

Although the rules and regulations governing the Toronto Temporary Lunatic Asylum expressed the nineteenth-

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<sup>9</sup>This summary of duties and responsibilities has been drawn from P.A.C., RG5 C1, file 2883, Report of the Commissioners and Proposed Rules and Regulations, 17 February, 1841. These rules and regulations were significantly revised in 1854 as superintendent Joseph Workman's powerful influence in the permanent Toronto Lunatic Asylum became apparent.

century idea of an ideal asylum, the institutional structure of the asylum which was supposed to accompany those rules was missing. In fact, the Toronto Temporary Lunatic Asylum was no archetypical asylum in the "Rothmanian" sense of the word.<sup>10</sup> It had neither a central administrative building nor highly organized patient wings which would have afforded a classification of the insane according to disposition or malady. Nor did there exist that asylum symmetry or internal organization considered so vital to the regulation and cure of insanity by asylum superintendents.<sup>11</sup> The exercise of moral therapy, of vital importance to the philosophy of the nineteenth-century state asylum, was also impossible, given the architectural constraints of the temporary institution at Toronto. In short, there was no "architecture as therapy" to accompany the social organization envisioned for the new asylum in its rules and regulations.<sup>12</sup> Thus in many of its components, the Toronto Temporary Lunatic Asylum was "incomplete" as an

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<sup>10</sup>See David Rothman's classic work, The Discovery of the Asylum: Social Order and Disorder in the New Republic (Boston, 1990).

<sup>11</sup>American alienist Thomas Kirkbride turned this aspect of the lunatic asylum into a specialty. See Nancy Tomes, A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840-1883 (London, 1984), pp. 129-188.

<sup>12</sup>Thomas Brown, "Architecture as Therapy", Archivaria, 10 (1980), pp. 109-117.

ideal state institution for the insane.

Contributing to the architectural and internal failings of the temporary asylum were the financial difficulties in the maintenance of the fledgling state institution. Within a year of its opening, members of the grand jury and asylum officials expressed their concern that the institution was "languishing for want of the necessary support to maintain its existence". The lack of pecuniary support plagued the provisional asylum for most of its existence from 1840 to 1850, resulting in shortages in funds for adequate supplies, for employee salaries, and, occasionally, for the government's maintenance of pauper patients in the institution.<sup>13</sup>

Further contributing to the failure of the new asylum in its operation as an ideal state institution was a prolonged series of major disputes among the senior officers of the institution. Conflicts were especially vociferous between the asylum commissioners and successive medical superintendents. These clashes were of major importance in that they represented the conflicting views among the

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<sup>13</sup>The financial troubles of the temporary asylum are documented in P.A.C., RG5 C1, file 3376, Grand Jury Report on the State of the Jail Lunatic Asylum, 4 April, 1842; RG5 C1, file 5095, Superintendent Rees to Provincial Secretary, 24 November, 1842; RG5 C1, file 5965, Rees to Provincial Secretary, 26 June, 1843; RG5 C1, file 16645, Commissioner Grasett to Provincial Secretary, 1847.

institution's authorities over the significance of the new state institution. A close analysis of the disputes at the upper echelons of the asylum hierarchy during the period 1843 to 1853 shows that the Toronto Temporary Asylum was really a transitional institution that represented, at once, traditional and newer ideas about the uses of a state institution. The early conflicts between asylum superintendents and commissioners reveal that the commissioners did not consider their role as state inspectors in the moral regulation of insanity to be very important. As the ultimate authorities of a large public institution, the commissioners saw in their privileged positions many opportunities for increased political and financial leverage through the strategic dispensation of patronage. Contrastingly, the asylum's superintendents appear to have embraced an understanding of their role as regulators of insanity through the mechanisms of the state institution over which they presided - an understanding more closely tied to the newer philosophy of the state institution. These differences in perspective were not resolved until the tenure of Joseph Workman as superintendent of the permanent Toronto Lunatic Asylum after 1853. Workman's career as superintendent marks a definite shift in the nature of the lunatic asylum in Ontario.

The first outward signs of conflict between the

commissioners and superintendent Rees began with the appearance in the public press of a Grand Jury report on the state of the asylum in the spring of 1844. Based on a discussion with Rees, the jurors reported that:

The superintendent physician complains (and it seems correctly) that the other officers of the establishment (the Steward and keepers) are not under his control, and are not therefore compelled to obey him, or to co-operate with him; and there is consequently an antagonism between himself and the officers of the institution which impairs its efficiency and which it is feared may be hurtful to the interests of the unhappy beings who are subjected to its management as well as to the pecuniary interests of the establishment.<sup>14</sup>

Rees' complaint of an "absence of controlling power and authority" in the asylum became the central focus of debate between the superintendent and the commissioners of the institution. The commissioners demanded of Rees further elaboration of his statements to the Grand Jury. In response, the superintendent gave several examples of the insubordination of the steward, who, Rees was quick to point out, was, according to the rules and regulations of the asylum, supposedly subject to the superintendent's authority.

One dispute between Rees and Steward Napleton centred on patient A. Johnson, a man of "highly respectable character". This patient, complaining about the noise made

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<sup>14</sup>See P.A.C., RG5 C1, file 10418, Copy of Grand Jurors Report, 19 April, 1844.

by other patients around him, was ordered by Rees to be kept in the room usually designated for the weekly meetings of the commissioners, there being no other rooms available in the asylum. Rees further ordered that no strangers were to be admitted into the room during Johnson's convalescence. According to Rees, these orders were delivered to the steward, who, in turn, forwarded them to the commissioners. Yet, on several occasions thereafter, the steward defied the superintendent's orders by entertaining his personal acquaintances in the room. Rees argued that the exposure of the patient to "society admitted to the room" worsened the state of Johnson's insanity. In one instance, Johnson was apparently removed from the room and allowed to wander into the female ward where the superintendent found him "in a very irritable and excited state".

In another example of apparent insubordination, Rees, having acquired the sanction of the Chairman of the Board of Commissioners, hired a new attendant to help with one of the more intractable patients in the asylum. Yet, not having himself heard from the commissioners about the new hiring, Steward Napleton refused to acknowledge the new attendant as an employee of the institution. According to Rees, the best solution to this particular difficulty was to give the superintendent the independent power to hire and dismiss attendants and other low ranking asylum officers. Rees was

further upset by Napleton's habit of taking patients into the city for the day. In one such instance, against Rees expressed wishes, Napleton took a patient on a visit to the residences of two of the asylum's commissioners, and then to a concert of the St. George Society in the city. Finally, Rees charged Napleton with inviting visitors on tours of the asylum, during which the steward "misrepresent[ed] and prejudic[ed] the minds of the visitors" about the kind of medical treatment practised by the superintendent.<sup>15</sup>

Rees' accusations concerning the insubordinate behaviour of the asylum steward, though not constituting a direct critique of the commissioners themselves, did implicate them indirectly. In effect, Rees asserted that in many instances the commissioners, though aware of the defiant nature of the steward towards the superintendent, did nothing to correct this unfortunate state of affairs. Moreover, as the highest public officers in authority at the asylum, it was the commissioners who were ultimately responsible for the smooth running of the institution that the superintendent claimed was badly in want of "a controlling power".

In their report on Rees' complaints, the commissioners played down the instances of insubordination noted by the

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<sup>15</sup>These examples were taken from P.A.C., RG5 C1, file 7898, Rees to Board of Commissioners, 6 May, 1844.

superintendent. The commissioners further noted that the grand jury report which precipitated the original dispute was largely based on dubious information provided by Rees which tended to "excite public distrust of the institution and censure upon the Board". They were particularly reticent to devolve to the superintendent the power to hire and dismiss keepers and nurses, a power which they argued they were ready to use in the event that Rees had any legitimate objection to the conduct of a particular attendant of the asylum. Finally, the commissioners noted that Rees "has for a long time by complaints and accusations which your committee find to be groundless, disturbed the harmony that ought to exist between himself and both the Steward and the Commissioners".<sup>16</sup> The message here was clear. The superintendent alone was responsible for any discord emanating from the temporary lunatic asylum.

Within a year, relations between the superintendent and the commissioners had taken a definite turn for the worse. In a letter to the Provincial Secretary, Rees noted the complete defiance of the asylum's attendants to the orders of the superintendent. In order to reestablish authority in the institution, Rees again requested that the power to hire

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<sup>16</sup>P.A.C., RG5 C1, file 7898, Special Report on the Toronto Lunatic Asylum by a Committee of the Board of Commissioners, 1844. The report was written by Commissioners Roaf, Grasset and Beaumont.

and dismiss asylum attendants be removed from the hands of the commissioners and vested in the authority of the superintendent. Rees also complained that the asylum's provisions were being provided through contracts given to several of the commissioners by the institution's steward.<sup>17</sup> According to Rees, this collusion between the steward and the commissioners was the cause of financial loss to the asylum, and proof that the network of insubordination within the institution ended with the commissioners themselves.

In response, the board of commissioners argued that "the great and almost sole difficulty" with which they had to contend in the management of the institution was the fact that the asylum's rules and regulations were "completely ineffectual" in the control of the superintendent. Rees, they asserted, had on many occasions disregarded the instructions of the Board. The commissioners further asserted that they had in fact been reluctantly cooperative with the superintendent in a recent request to dismiss an attendant. However, the frivolous grounds upon which the superintendent had based his call for the dismissal had made the commissioners even more determined not to allow Rees to acquire that power onto himself. Far from granting Rees

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<sup>17</sup>P.A.C., RG5 C1, file 10418, Rees to Provincial Secretary, 4 April, 1845.

more power within the institution, the commissioners recommended that the superintendent's power be diminished through the appointment of consulting and visiting physicians who "should have control over the medical superintendent in the treatment of the patients". This, they argued, was necessary in light of recent complaints by friends of asylum patients that Rees' medical treatment was unnecessarily severe.<sup>18</sup>

Rees countered the commissioners' attack by asserting that the attendant he had endeavoured to dismiss had in fact violently attacked one of the asylum's patients. In direct contrast to the commissioners, Rees further argued that the major problem in the successful management of the temporary asylum thus far was the "lack" of power accorded to the superintendent. Quoting Philippe Pinel and Esquirol, Rees argued that world renowned alienists recognised the importance of the supreme rule of the superintendent in the asylum over which he presided.<sup>19</sup>

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<sup>18</sup>P.A.C., RG5 C1, file 10418, Report of a Committee of the Commissioners of the Temporary Lunatic Asylum.

<sup>19</sup>P.A.C., RG5 C1, file 10418, Rees to Provincial Secretary, 24 June, 1845. The quote from Pinel: "Whatever may be the principles on which an asylum is conducted, whatever locality and different forms of government the physician by the nature of his studies, the extent of his knowledge and the strong interest which he has in the success of treatment must be so well informed as to be the natural Judge of every thing that passes in an hospital for the insane". The quote from Esquirol: "The physician should be the vital principle of an

The impasse between Rees and the commissioners finally came to a head when the Provincial Secretary made it clear that there was "no alternative but either to dispose with [the services of the superintendent or] lose the services of the commissioners of the asylum". Recognising the dangers of such a situation to his own career, Rees issued an apology for his statements in his letter to the Provincial Secretary. In their response to Rees' overture, the commissioners were able to completely undermine the authority of the superintendent by accepting his apology while at the same time recommending that he be reduced to the status of resident physician. A consulting physician would henceforth be chosen by the commissioners to "superintend and control the medical department of the institution until the permanent asylum be complete and established".<sup>20</sup> Before the decision of the Board of Commissioners could be made effective in practice, Rees suffered a series of physical injuries which forced his retirement from the asylum.

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insane asylum. It is by him that every thing is put in motion, called as he is to be the regulator of all thoughts, he directs all actions. Everything which interests the inmates of the establishment points to him as the centre of action. The physician should be invested with authority from which no authority, from which no person can escape".

<sup>20</sup>P.A.C., RG5 C1, file 11903, Meeting of the commissioners for superintending the Temporary Lunatic Asylum 15 October, 1845.

Rees' replacement, Dr. Telfer, fell into a series of conflicts with the commissioners that was reminiscent of the experience of his predecessor. In the spring of 1848, the commissioners reported to the government that an investigation of a committee of the board had found Telfer to be completely unfit to fulfil his duties as superintendent. The commissioners accused Telfer of being occasionally inebriated while on duty at the asylum, of undue harshness towards some of his patients, of using the medicines of the institution for his own use in private practice, and of pilfering food supplies from the asylum. Noting that these practices were "destructive of respect towards [the superintendent] amongst the other officers and the servants of the institution, and of confidence amongst ourselves", the commissioners called for the immediate dismissal of the superintendent.<sup>21</sup> The government quickly acceded to their request.

When informed of the investigation, and of his dismissal from office, Telfer demanded that the government allow him to see the evidence upon which the accusations had been made. Telfer assured the provincial secretary that a full and "impartial" investigation would prove him innocent

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<sup>21</sup>P.A.C., RG5 C1, file 19774, Commissioners Report, 23 March, 1848. The commissioners also recommended the dismissal of the steward and matron on similar grounds.

of all charges. The superintendent was particularly outraged by the fact that he had not been made aware of the investigation, or been asked to account for the claims made against him. He accused the commissioners of contracting with a corrupt steward who made exorbitant profits while supplying the asylum. Telfer forwarded letters in his defense from various officers of the asylum (including Dr. Primrose, Telfer's interim replacement as superintendent) who attested to his good character, while pointing out the corrupt practices of the steward and matron. Telfer also submitted to the government a statement from commissioner John Ewart who admitted that he would have dissented from the resolutions of the board concerning the fate of Telfer had he been present at the meeting at which the resolutions were made. Commissioner Ewart also expressed his disapproval over the fact that in their investigation the committee of commissioners did not allow Telfer the "opportunity of vindicating himself".<sup>22</sup>

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<sup>22</sup>P.A.C., RG5 C1, file 19776, Telfer to Provincial Secretary, 2 April, 1848; Provincial Secretary to Telfer, 17 April, 1848; RG4 C1, file 20131, John Ewart to Provincial Secretary, 3 May, 1848; Testimony of Telfer to Provincial Secretary, 2 May, 1848; Provincial Secretary to Telfer, 27 May, 1848. This, of course, suggests a certain disunity among some of the commissioners of the board. Some further investigation into the relations between commissioners might prove a productive avenue of research. However, of critical importance to this study is the fact that most major decisions were agreed upon by a majority of the board. Moreover the membership of the board remained very consistent until the

But the decision having been made, the government was not prepared to grant Telfer the "judicial inquiry" he requested. In the view of the state, "the true question which concerns the public is not whether you are culpable, to the whole extent of the charges imputed to you, but whether the government which is responsible for your performance of your duty in a highly important position can continue the confidence necessary to [keep you in office]". A full inquiry, the provincial secretary added, would have the undesirable result of placing the integrity of the Board of Commissioners into question.<sup>23</sup>

In a private letter to the provincial secretary, asylum Commissioner Rev. John Roaf, anticipating that the Board inquiry in which he was to participate would lead to the dismissal of Telfer, requested that his son-in-law, John Scott, take over as superintendent:

You are about to receive for His Excellency, documents from the commissioners of the Lunatic Asylum which we suppose will lead to the dismissal of the Medical Superintendent. Should the result be realised, my son-in-law, Dr. Scott will be candidate for the vacated situation.... His testimonials as to education are far more complete than those of most of our leading medical men, and he will present strong testimony as to

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formation of the Board of Inspectors of Prisons, Asylums and Public Charities in 1858.

<sup>23</sup>P.A.C., RG5 C1, file 19776, Provincial Secretary to Telfer, 17 April, 1848; RG5 C1, file 20131, Provincial Secretary to Telfer, 27 May, 1848.

professional skill from Dr. Widmer. I therefore venture on your indulgence so far as to add for him your influence unless you find some other liberal better qualified.<sup>24</sup>

Despite this preemptive endorsement by Commissioner Roaf, Scott was not appointed to the post. Instead, the position was given to Dr. George Park, brother-in-law to the Hon. Dr. John Rolph. Within a short time of Park's appointment, conflicts between the superintendent and the commissioners arose in much the same way as they had with Telfer and Rees. However, Park differed from his predecessors in the vociferous manner with which he engaged and maintained his battle with the commissioners. In his voluminous remonstrances against the commissioners, Park revealed even more clearly the fundamental differences of opinion between superintendent and commissioners as to the significance of the lunatic asylum as a state institution.

Within four months of his appointment as superintendent, George Park was complaining to the government about "an antagonism ... between the commissioners and the medical superintendent, which must necessarily be productive of evil results". Park noted that

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<sup>24</sup>P.A.C., RG5 C1, file 19815, Rev. Commissioner John Roaf to Provincial Secretary, 28 May, 1848. This is a clear demonstration of the confidence of the commissioners in their own power! Though denied the position, Scott would later be chosen as the first superintendent of the permanent lunatic asylum in Toronto.

the antagonism hinged on the commissioners' refusal to grant his requests for the discharge of keepers and other asylum servants who were insubordinate to the superintendent and negligent in their duties. He asserted that when charges against attendants were made, the accused "repaired to their favourite commissioner to make interest against the superintendent, steward, or matron", returning to the asylum with "an air of defiance which is anything but satisfactory". According to Park, the asylum's patients were made "a matter of secondary consideration, to that of a paltry patronage to keepers, and servants, vigorously exercised by the commissioners". In a now familiar argument, Park informed the provincial secretary that the best solution to this unfortunate state of affairs was to vest the power of appointment and dismissal of such officers in the medical superintendent.<sup>25</sup>

Park was especially angered by the commissioners' consistent refusal to dismiss asylum attendants. Difficulties began with attendant Hungerford during the temporary superintendentship of Dr. John Rolph who occasionally replaced Park during the latter's absence from the institution. Rolph discovered a letter written by Hungerford to Commissioner Roaf stating that one of the

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<sup>25</sup>P.A.C., RG5 C1, file 512, Superintendent Parks to Provincial Secretary, 13 September, 1848.

female attendants, Jane Hamilton, who was unwell and not able to continue work at the asylum, was being recommended for dismissal by the asylum's matron and steward. Hungerford noted in the letter that several of the asylum's attendants and servants objected to Hamilton's dismissal, and that Hamilton herself was asking for the protection of Commissioner Roaf in the matter. In defying the wishes of a senior officer of the asylum, and in acting as "the communicant of jealousies" among the employees of the institution, Hungerford was, in Rolph's view, acting in a manner completely inappropriate for an attendant. In addition to this apparent act of insubordination, Rolph asserted that Hungerford had previously been cautioned for being under the influence of liquor while on duty, and for smoking tobacco while in the presence of patients in the asylum attic. Rolph therefore suspended Hungerford from service at the asylum until a meeting of the Board of Commissioners was called on the subject.<sup>26</sup>

At the meeting, Rolph presented his testimony against attendant Hungerford, asking for his dismissal from service. According to Rolph, the commissioners responded by "intimating" to him that "the dismissal of Hungerford would

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<sup>26</sup>See Minutes of Acting Superintendent Rolph to the Board of Commissioners, 11 August, 1848, reproduced in George Park, Narrative of the Recent Difficulties in the Provincial Lunatic Asylum in Canada West (Toronto, 1849), pp. 6-7.

place the Board in the awkward situation of throwing discredit on the [attendant] whose evidence" had been relied on to effect the dismissal of Park's predecessor, Superintendent Telfer.<sup>27</sup> The commissioners reprimanded Hungerford for writing the letter and reinstated him as attendant. Convinced that Hungerford's return would compromise "the good internal government of the institution", Rolph immediately suspended the attendant again, calling for his dismissal at the next meeting of the commissioners. In response to Rolph's persistence, the commissioners decided to suspend Hungerford from the asylum on full pay until the return of Superintendent Park.<sup>28</sup>

On his return, Park was as insistent as Rolph that Hungerford was not an appropriate attendant for service at the asylum. He therefore ordered the steward yet again to suspend the attendant. But the steward refused to obey Park's order. Park then gave his own order for the attendant to leave the asylum. Hungerford left, returning a short time later, "with instructions ... from Commissioner O'Bierne to maintain his position in the institution in defiance" of Park's orders. Park then called on a group of

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<sup>27</sup>Ibid., Rolph to Park, 8 September, 1848, in Park, A Narrative of Recent Difficulties, p.14.

<sup>28</sup>Ibid., John Rolph to the Board of Commissioners, 20 August, 1848; Meeting of the Board of Commissioners, 29 August, 1848, p.16.

attendants to "turn" Hungerford out of the asylum. In response to Park's stubbornness, the commissioners issued a decree to all officers of the asylum that they were "to obey the medical superintendent in all that relates to the patients, but that in all other matters they would be required to obey the Board only".<sup>29</sup>

The commissioners' decree constituted a significant narrowing of the power of the medical superintendent as outlined in the original rules and regulations for the government of the asylum. Park's response indicates the extent to which the asylum's difficulties hinged upon a struggle for power between the superintendent and the commissioners:

When once appointed, I [considered employees of the asylum] also my servants, not merely yours. You may have the right of confirming appointments: but the moment you place them in the position of keepers and publish them in your regulations as subject to my orders, you can have no power to overrule my proceedings with them in my official duties, without transcending the bounds of your commission, invading the more important sphere assigned to me and wounding the high authority under which we all act.

In an extraordinary action, Park suspended the steward and all asylum attendants in so far as their duties related to the superintendent, relying on the "Magistracy and the

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<sup>29</sup>See P.A.C., RG5 C1, File 512, Park to the Board of Commissioners, 15 September, 1848; Special Meeting Called by Weekly Commissioner, 12 September, 1848, reproduced in, Park, Narrative of Recent Difficulties, p.18.

Police" for help in the management of the institution until the government was in a position to "redeem the institution from its anarchy".<sup>30</sup>

The impasse created by the escalating conflict between the commissioners and superintendent led to an investigation by the Executive Council in government. The government concluded that the rules and regulations of the temporary asylum ultimately vested supreme authority in the commissioners as to the hiring and firing of asylum officers. Thus, technically, Park did not have the authority to continually suspend Hungerford in defiance of the orders of the commissioners. However, of more concern to the government was the broader state of discord represented by the particular conflict over attendant Hungerford. On this issue, the government was much more sympathetic to the superintendent. Concern was expressed that an attendant so frequently characterised by the superintendent as unfit for asylum work would be consistently reinstated by the commissioners. The executive committee also warned that "a vigorous exertion of authority on the part of the commissioners over the servants of the establishment" was called for, in order to enforce "deference towards the superintendent and harmony of action

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<sup>30</sup>P.A.C., RG5 C1, file 512, Park to the Board of Commissioners, 15 September, 1848.

amongst themselves". The government was particularly concerned that the commissioners and superintendent cooperate in bringing the asylum into "a proper state of order and discipline" before the impending transfer of the asylum to its permanent location.<sup>31</sup>

The commissioners responded to the report of the executive committee by refuting and dismissing all of the superintendent's complaints against them. They expressed their dismay that "after so long and gratuitous a discharge of onerous and disagreeable duties", the government would continue to keep employed a superintendent who "in his communications with the Governor General, has so slandered those in whose hands the management of the asylum has been placed". The commissioners made it clear that as long as Park still held "the confidence of the government", they saw no option but to resign. But in this case, the government was not prepared to dismiss Park nor to accept the resignation of the Board. Noting that the recommendations of the executive council were in fact justified, the government insisted that the commissioners endeavour to fulfil their role in restoring order to the asylum.<sup>32</sup>

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<sup>31</sup>P.A.C., RG5 C1, file 512, Extract from a Report of the Executive Council, 14 October, 1848.

<sup>32</sup>P.A.C., RG5 C1, File 512, Commissioners to the Provincial Secretary, 6 November, 1848; Executive Council to the Commissioners, 29 November, 1848.

In the following weeks, the state of conflict between the commissioners and Park increased with the development of new and old controversies involving other attendants, rules and procedure in the institution, as well as certain aspects of the medical treatment of the superintendent.

Particularly heated was a debate over attendant Craig who, despite continual suspension on charges of violence to patients, drunkenness, and disorderly conduct towards the matron, was persistently reinstated by the commissioners.<sup>33</sup> Finally, on December 20, 1848, the commissioners again reiterated to the government their inability to communicate with the superintendent. In addition, they strongly recommended his dismissal from office. This time the Executive Council saw no option but to dismiss Park, although they wished to make it clear that their decision "involves neither a condemnation nor an acquittal of either party as respects the matter put in issue between them".<sup>34</sup>

George Park did not consider his dismissal as an end to the controversy between himself and the commissioners. In an 80 page defense of his short career as superintendent of the temporary lunatic asylum, Park used strong language to

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<sup>33</sup>Detail on this conflict can be found in Park, Narrative of the Recent Difficulties, passim.

<sup>34</sup>P.A.C., RG5 C1, file 1015, Extract of a Report of a Committee of the Executive Council, 20 December, 1848.

describe what he considered to be the gross negligence of the asylum's commissioners in the performance of their duties. Park emphasized the similarities between his experience and those of Drs. Telfer and Rees before him, in an effort to make a broader set of arguments to explain the problems at the temporary asylum. In the following passage, the wider social and political context in which Park attempted to set his critique of the Board of Commissioners begins to emerge:

Throughout the suffering history of the country, the scourge of the magistracy, (ever holding their "onerous and gratuitous offices" from the crown, with perfect immunity from the punishment of their oppressions) was keenly felt and daily complained of without redress. And the aristocratic Commissioners of the Asylum, empowered with their keepers, to beat, bruise, straight jacket and incarcerate in cells the defenceless Lunatics, ought to be regarded with no corrupt partiality; but the same principles of honor, justice and good faith should have been equally extended to me and the inmates, as to the Board. How did the inmates in the Penitentiary in Kingston suffer from their Commissioners "with their onerous and gratuitous services"? How long they suffered, at their irresponsible hands, flagellations of body and deteriorations of mind, because *gentlemen* and *priests* could not be supposed to do wrong, or be subjected to the *low practice* of being called to an account; inasmuch as such democratic conduct towards them, would astound our reform government with the dreadful threat of a "resignation". In truth, the Penitentiary ... and the Asylum have fallen, from the same objectionable policy, into the same condition; those in the former have relief because seen and heard by their friends, while those in the latter are doomed to unchanging hands, because uncredited in their appeals and unsupported by the sympathy of those, who have literally converted an *Asylum* into a *prison*, upon

whose threshold comparatively few have ever deigned to cast their shadow, or have power or influence to afford redress.<sup>35</sup>

It is obvious that Park aimed to cast the commissioners in as unfavourable a light as possible! Yet, personal hostility aside, his critique reveals the differences in outlook between superintendent and commissioner on the role of a state institution such as the Toronto Asylum.

The Brown Commission into the state of affairs at the Kingston Penitentiary revealed a litany of violence, abuse, and corruption, much of which was connected to the managing role of the institution's commissioners.<sup>36</sup> By likening the Board of Commissioners of the temporary lunatic asylum to that of the Penitentiary, Park was not only holding it ultimately responsible for similar abuses, but was also questioning the very role of the commissioner as traditionally defined. Park was condemning the asylum's commissioners for viewing their position as one of high office in which power could be maintained and increased by the strategic dispensation of patronage. He referred to the commissioners as aristocrats, members of a provincial elite immune from responsibility to the state, who jealously

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<sup>35</sup>Park, Narrative of the Recent Difficulties, pp. 49-50.

<sup>36</sup>The connection between the Brown Commission and the creation of the Rockwood Criminal Lunatic Asylum is discussed in "Chapter 5: The Creation and Dissolution of a Psychiatric Disorder: Criminal Insanity in Nineteenth-Century Canada".

guarded their position of power to the detriment of the asylum. The superintendent made direct links between the success of the commissioners in awarding asylum contracts to friends and relatives, and the lack and poor quality of patient food and clothing.<sup>37</sup> He saw the retention of asylum employees who were in various ways useful to the commissioners as damaging to the good order of the asylum, and to the effective treatment of patients. Imbued with a sense of the importance of the asylum derived from his reading of Pinel, Esquirol and Tuke, Park was undoubtedly headed for conflict with the Board of Commissioners.

With the opening of the permanent Toronto Provincial Asylum in 1850, relations between commissioners and superintendent changed dramatically, first with the appointment of John Scott as superintendent, and then with the appointment of his successor, Joseph Workman. In the period of changeover from the temporary to the permanent asylum, calls were issued from a few sources for the creation of a new and better board of commissioners. However, the "old machinery" of inspection and administration was reinstated into the new asylum with the appointment of John Scott (son-in-law of Commissioner Roaf), who this time succeeded in becoming the new institution's

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<sup>37</sup>Park, Narrative of the Recent Difficulties, p. 28, p. 30, & p. 44.

superintendent.<sup>38</sup> This apparently happy marriage of superintendent and commissioners also led to a quick divorce, but for reasons quite unlike those of previous arrangements at the temporary asylum.

Soon after his appointment, Superintendent Scott ran into difficulties with an attendant, John Coppins, who resigned from service over Scott's refusal to let the attendant leave early from his work to be with his dying child. With his resignation, Coppins left a scathing critique of Scott, emphasizing the superintendent's constant abuse of asylum patients and attendants. The asylum commissioners responded to these complaints by cautioning the superintendent, but overall they were dismissive of the seriousness of the attendant's charges. However, the matter was revived by an opposition member to the Reform government, who raised a motion that the attendant's complaints and other irregularities at the asylum deserved a government inquiry into the superintendent's conduct.<sup>39</sup> Boulton's motion was defeated, and the Reform government was

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<sup>38</sup>Tom Brown notes that Scott's appointment and the retention of the old commissioners was heavily criticized by the Toronto Examiner and Globe newspapers. See Brown, "'Living With God's Afflicted'" pp. 150-152.

<sup>39</sup>The opposition member was W.H. Boulton, former chairman of the Commissioners for the Erection of a Permanent Lunatic Asylum. The suggestion led to substantial argument among members of parliament. See Brown, "'Living With God's Afflicted'", p. 154.

spared the unpleasant prospect of an inquiry potentially critical of the superintendent and the commissioners.

This debacle was followed by another serious incident implicating the superintendent in a serious scandal involving the dissection of patients. The issue came to light when the coffin of a patient was investigated at the burial ground and found to contain only a portion of the deceased. This led to an inquest in which Scott admitted that dead patients' parts were occasionally removed for "anatomical purposes". At a meeting of the Board of Commissioners over this incident, four commissioners were in favour of Scott's immediate dismissal from office. This indicated definite dissent among members of the board. Yet, under the powerful influence of Commissioner Roaf, the Board resolved to strongly reprimand the superintendent without calling for his dismissal.

The Commissioners' response to this latest round of difficulties with the asylum superintendent finally pushed the government to reconsider the relationship between the state, the Board of Commissioners and the asylum. On 11 June, 1853, a bill introduced by Reform M.P., Dr. John Rolf, "for the better management of the Provincial Lunatic Asylum" was passed into law. As Thomas Brown points out, the new law was designed to "reduce drastically the power and autonomy of the Board of Commissioners and to place control

of the asylum in the hands of the government". To that end, the government replaced the 12 member permanent, unsalaried Board with a visiting four member Board. The government also more clearly defined the board's function, empowering it to report on "the manner in which the Institution is conducted", and to "frame such By-laws as may seem to be advisable for the peace, welfare, and good government of the Institution".<sup>40</sup> With the impending dissolution of the old Board of Commissioners, Scott was about to lose his powerful support in the face of increasing hostility to his superintendency. He resigned from office just before the final reading of the new act.

With the appointment of Joseph Workman as Scott's interrum replacement, the dynamics between commissioners and superintendent shifted considerably in several respects. Unlike Rees, Telfer and Park, Workman was able to force into place an asylum environment which more approximated the superintendent's conception of the ideal state institution. Workman's successes were accompanied by the new "Act for the Better Management of the Provincial Lunatic Asylum at Toronto" which changed the relationships between asylum officers, further shaping the asylum into a more "ideal"

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<sup>40</sup>As Brown points out, any by-laws made by the Board were to be "subject to final approval by the government." Ibid., p. 159.

state institution. However, the conflicts between the superintendent and the commissioners - and later asylum inspectors - did not completely come to an end, and the new conflicts which emerged still hinged primarily on differing conceptions of the role of the lunatic asylum as a state institution.

At the same time that Workman was appointed superintendent, the Rules and Regulations, or by-laws of the asylum were expanded and modified in ways which would have an important effect on the subsequent working of the institution. Of critical importance to the superintendent was his new power to hire and dismiss asylum attendants and servants. This, of course, was a power that previous superintendents had unsuccessfully attempted to wrest away from the commissioners. The new rule substantially increased the superintendent's influence in the asylum. Also significant was the creation of the position of bursar in the new institution. The bursar was to act as asylum "store keeper", purchasing and supervising all provisions for the institution. Acting in conjunction with the steward and superintendent, the bursar's presence reduced the responsibility and power of the steward in the sphere of asylum provisions. Accompanying the duties of the bursar was the new rule that "no purchases shall be made from any commissioners, officers or servant of the institution".

Here was a clear effort to curtail the tendering out of contracts through commissioners and other officers at the expense of the asylum. Finally, in the new rules, both the steward and the matron were to be held responsible for ensuring that no food, or provisions other than were necessary, made their way into the hands of the attendants or servants.<sup>41</sup>

These significant changes to the government of the asylum were accompanied by the appointment of Joseph Workman as permanent superintendent in 1853. Workman had a vision of the asylum consistent with that of Rees, Telfer and Park. But, unlike his predecessors, Workman was able to use the reconstituted asylum by-laws to his advantage in carrying out a dramatic period of institutional reform. Despite his own set of conflicts with the Board of Commissioners, and later with the Board of Inspectors of Asylums, Prisons and Public Charities, Workman also managed to retain his position at the asylum for a considerable period, an achievement which enabled him to effect long-term change within the asylum.

In 1854, Workman notified the Board of Commissioners that with the assistance of his new steward, he had "discovered that a deeply rooted and ... long continued

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<sup>41</sup>P.A.C., RG5 C1, file 148, Rules and Regulations for the Provincial Lunatic Asylum at Toronto, passed 17 June, 1854.

system of pillage has existed in this asylum". Workman was happy to inform the commissioners that he had uncovered and suppressed this "gross abuse" but, the "completeness and disciplined experience of the organization" made it impossible to single out those against whom criminal proceedings could be laid.<sup>42</sup> According to Workman, the purging of this illicit activity began with the sudden retirement of the steward and matron shortly after he had taken up permanent residence at the asylum. Workman made implicit pronouncements on both ex-asylum officials by heralding their replacement by two persons "of established integrity, and of active and well regulated minds".<sup>43</sup>

A short while after moving into the asylum, Workman was struck by the inordinantly unhealthy physical and psychological condition of the asylum patients. He decided to investigate whether or not the diet of the patients was partly responsible for the "depressed, attenuated, and half lifeless state in which they languished". Workman first suspected something wrong with the food supply in the asylum when, upon arrival, he was sent up "a liberal supply" of butter from the asylum dairy. After inquiries to the "dairy

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<sup>42</sup>This may have been convenient. It is presumable that Workman became familiar with the close relationship between some of the asylum employees and individual commissioners.

<sup>43</sup>P.A.C., RG5 C1, file 1243, Report of the Superintendent to the Board of Commissioners, 1854.

woman", he found that it was customary for the superintendent and steward to receive fresh butter from the dairy on a daily basis. Upon further investigation, Workman discovered that out of a total of 47 quarts of milk daily produced by the asylum dairy, six quarts were distributed among the 360 patients, eight quarts were distributed to the 50 employees, and the remaining 33 quarts went unaccounted for either within or outside the asylum. Shortly thereafter, the dairy woman retired from the asylum. The superintendent prohibited the churning of milk into butter, ordered the purchase of better milk cows, and the strict supervision of milk production and distribution. Within a short period, 80 to 100 quarts of milk were distributed daily among the patient population, resulting, according to Workman, in a dramatic improvement in patient health.<sup>44</sup>

Workman found similar problems in the distribution of bread and meat within the asylum. The superintendent discovered that one of the cooks who had been an employee of the asylum for many years was stealing 10 to 20 loaves of bread per day. The cook was dismissed immediately, resulting in a dramatic increase in the quantity of bread available for patients. Workman also estimated that an increase of about 1000 pounds of meat per month followed the

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<sup>44</sup>Ibid.

retirement of the late steward.

Still unconvinced that the network of pilferage in the asylum had been fully dealt with, Workman took the extraordinary measure of "closing the channels of exit" of asylum supplies by forbidding all asylum employees from leaving the institution property for the entire month of August. At the end of the month, Workman declared that he had an accurate understanding of the "legitimate consumption of the house in every item of supply". He also felt satisfied that the outside connections to the system of institutional theft had been effectively severed.

Workman next set out to purge the institution of employees he considered to be unworthy of their posts. Making use of the superintendent's newly granted powers of dismissal, he informed the female attendants of an entire ward (in charge of 66 patients) that their services would be dispensed with at the end of September as a result of their general "insubordination and negligence". In an act of protest, the attendants declared their intention to quit immediately, demanding the remainder of their pay. Workman responded by calling in the police who issued a warrant for the nurses' arrest - presumably for illegally breaking their contracts. In the face of this use of police coercion, the attendants agreed to return to their work until their dismissal at the end of the month. Within an hour of this

incident, 14 other female attendants notified Workman that they would resign at the end of the month.<sup>45</sup> The employees who Workman dismissed, and those who resigned, were in the superintendent's opinion part of the "formidable corroboration" responsible for the systematic embezzlement of asylum provisions. With increased powers enshrined in the new rules and regulations of the asylum, along with other important changes in the by-laws of the institution, Workman was able to effect considerable change to the internal dynamics of the asylum itself.

In fact, Workman's success in bringing the character of the asylum more in line with his own vision of a proper state institution marked an important transition in the state asylum in Ontario. As Charles Rosenberg has pointed out for the American context, early and mid-nineteenth-century medical institutions were governed in ways which were in keeping with the social relations of the society in which they were built.<sup>46</sup> In a world of strict class distinctions, commissioners certainly felt that all asylum officers, from the superintendent to the servant, were subject to their ultimate authority. But it was also a world of reciprocal responsibility between social classes,

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<sup>45</sup>Ibid.

<sup>46</sup>See Rosenberg, The Care of Strangers, Part I, "A Traditional Institution, 1800-1850", *passim*.

where there existed a complex system of patronage based on close relations between the activities of commissioners and subordinate asylum officers. In this institutional context, asylum attendants and servants saw the perquisites attendant to such patronage - both officially and unofficially sanctioned - as an essential supplement to their subsistence wages.<sup>47</sup> However, with their unique combination of medical and middle-class backgrounds, superintendents had a very different view of the asylum as a state institution. They saw it first and foremost as an institution of therapeutic and moral regulation. During the Workman era, the superintendent's vision of the ideal asylum and the actual conditions within the institution became more closely aligned. This does not mean that the asylum came to mirror completely the superintendent's ideal of an institution of medical and social control.<sup>48</sup> Nor did it end the older form of struggle between superintendent and

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<sup>47</sup>On the more "legitimate" form of perquisites connected with the role of asylum attendant, see James E. Moran, *Keepers of the Insane: The Role of Attendants at the Toronto Provincial Asylum, 1875-1905*, *Histoire Sociale/Social History*, Vol. 18, No. 55, (1995), pp. 51-75.

<sup>48</sup>For evidence of the persistence of an attendant/patient subculture which militated against the well ordered institution see, James Moran, "Keepers of the Insane", *passim*.

commissioners.<sup>49</sup> Nevertheless, as Workman slowly eradicated those qualities of the asylum which characterised it as a traditional state institution, new forms of conflict between the asylum's inspectors and its medical director came to the fore.

As Workman felt increasingly satisfied with the good order of his asylum, his appeals to the government and to the commissioners shifted focus. The issue of overcrowding in the asylum became of central importance to Workman, and it soon formed the basis of a renewed round of conflicts between superintendent and asylum inspectors. On many occasions, Workman pointed out to the commissioners the overcrowded state of the institution. He argued that with a patient population far in excess of its acceptable capacity, the asylum was dangerously overcrowded. This, Workman reminded the commissioners, was due in great part to the fact that the two wings which originally formed part of the

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<sup>49</sup>See for example Workman's accusations that the commissioners, "under the influence of the Bursar", changed the rules and regulations to increase the power of the bursar, P.A.C., RG5 C1, file 7, Workman to Board of Commissioners, 2 January, 1856; Memorial of the Commissioners to the Provincial Secretary; see also the debate over Workman's controversial dismissal of the asylum porter, RG5 C1, file 360; see also RG5 C1, file 620, Superintendent's report to Commissioners, 22 March, 1856.

architectural plans of the asylum had not yet been built.<sup>50</sup> According to Workman, the result was that "neither the mental nor the bodily health of the patients can be expected to improve as under more favourable circumstances they would do: consequently the institution must become comparatively inoperative for the great and humane purpose for which ... it has been established". In fact, Workman argued that the Toronto Asylum was becoming more of a giant house of refuge, or "convenient national poor house", than an institution for the cure of insanity. Workman suggested that, given these unfortunate circumstances, he be given discretion in limiting future admissions in order that he might try to reestablish the proper functioning (as he saw it) of the

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<sup>50</sup>They would not be completed until 1867. Of course, this made the Beauport Asylum in Quebec a vastly superior institution, architecturally speaking, than its counterpart in Ontario. The reason for the lack of asylum wings was the difficulty in raising money for their construction. For an idea of the early money shortages inhibiting the construction of the Toronto Asylum see P.A.C., RG5 C1, file 16377, Report of Architect John G. Howard, 26 February, 1847; RG5 C1, file 17735, Extract from a Report of a Committee of the Executive Council, 21 August, 1847; RG5 C1, file 75, Statement of Moneys and Debentures Received by the Commissioners for Erecting the Provincial Lunatic Asylum from November 1840 to July 1848; RG5 C1, file 384, Chairman of the Board of Commissioners to the Provincial Secretary, 20 August, 1848; Governor General to Provincial Secretary, no date; RG5 C1, file 674, Asylum Commissioners to Provincial Secretary, 12 October, 1848; RG5 C1, file 729, Commissioners to Provincial Secretary, 12 March, 1849.

lunatic asylum.<sup>51</sup>

The problem of overcrowding was partially relieved with the establishment of "branch asylums" at the University of Toronto in 1856, at Fort Malden, Amhurstburg, in 1859, and at Orillia in 1861.<sup>52</sup> These make-shift institutions were originally intended to take on contingents of "incurables" from the Toronto Asylum, which, it was assumed, could be cared for in more modest asylum settings. In theory, the delivery of incurables to the branch asylums allowed Workman to concentrate on curing more recent cases of insanity. This strategy of branch institutions was accompanied by a new institutional by-law in 1856, granting Workman the powers he had long asked for to "make discrimination in admissions, giving preference to recent acute cases of insanity, over those of long standing". This new power was of particular importance to Workman as it was considered standard wisdom among alienists that early detection and treatment of insanity offered the best chances

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<sup>51</sup>P.A.C., RG5 C1, file 1492, Report of the Medical Superintendent for 1853; RG5 C1, file 721, Workman to Commissioners 16 June 1854; RG5 C1, file 662, Superintendent's Report, 1856; RG5 C1, file 1232, Workman Report to Commissioners, 5 August, 1856; RG5 C1, file 1673, Workman to Commissioners, 4 December, 1856; RG5 C1, Report of the Medical Superintendent, 16 January, 1867.

<sup>52</sup>The establishment of an asylum for the criminally insane at Kingston in 1855 also helped relieve Workman of this "class" of insanity.

of recovery.<sup>53</sup>

Despite the construction of the branch asylums, and Workman's use of discretion in admissions to the Toronto Asylum, overcrowding and the demand for admissions increased yearly. Although Workman used his "best judgement in awarding vacancies to the most urgent cases", the "arrears" of applications to the Toronto Asylum grew at an alarming rate.<sup>54</sup> Workman attributed this inexorable demand to a number of causes. First, an important part of the new by-law giving Workman discretion in admission also stressed the superintendent's responsibility to pay particular attention to admitting "violent or dangerous" patients. In effect, this meant that Workman was to give priority of place to those considered insane who were being held in the local county jails. These, according to Workman, were not necessarily the most recent of cases, nor were their medical problems always those which were most amenable to asylum therapeutics. In fact many, he claimed, were paupers, imbeciles and idiots, or just old, worn out, and/or no longer wanted by their families. Second, although the branch asylums had been built to relieve the burden of

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<sup>53</sup>P.A.C., RG5 C1, Report of the Medical Superintendent, 8 July, 1856.

<sup>54</sup>P.A.C., RG5 C1, file 2235, Superintendent's Report, 3 December, 1858.

demand for admissions, Workman argued that the number of insane was simply increasing beyond the capacity of these make-shift institutions. What was really needed was the creation of more "purpose built" asylum accommodation for the treatment of "real" lunatics.

In some respects, the views of the superintendent were similar to those of the asylum commissioners, and of the newly created Board of Inspectors of Prisons, Asylums, and Public Charities created in 1858.<sup>55</sup> On several occasions, the commissioners endorsed Workman's concerns about the dangerous results of overcrowding to the government. The Board of Inspectors of Asylums also concurred with the superintendent that the scale of accommodation for the insane needed to be radically expanded to meet the ever increasing demand.<sup>56</sup> Employing an argument similar to that of Workman, the asylum inspectors noted that in both Ontario and Quebec, inadequate provision for the insane had multiplied the number of incurables. Articulating the

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<sup>55</sup>The Board of Inspectors of Prisons, Asylums, and Public Charities was created as a result of efforts on the part of the united provinces of Canada East and Canada West to systematize and bureaucratize the inspection and control of a range of state institutions. This aspect of state-building deserves its own study, which is beyond the scope of this work.

<sup>56</sup>See for example the Annual Report of the Board of Inspectors of Prisons, Asylums, and Public Charities, 1862, in JLA.

standard medical view, the inspectors noted that:

The extent to which ... the incurables are multiplied can be easily understood, when it is remembered that in the earlier stages of insanity the percentage of curable cases is about 70 or 75%, whereas if from want of asylum accommodation, the patients cannot be brought under treatment for some months after the commencement of the attack, the rate of cures is reduced to 25 or 30%. Thus by delaying the treatment we increase by 50% or one half of the whole number of the insane, the percentage of incurables who are thrown permanently as a burthen on the state.<sup>57</sup>

Thus, the Inspectors fully endorsed Workman's calls for the completion of the wings of the Toronto Asylum, adding their own call for the construction of additional asylums in both provinces.<sup>58</sup>

Yet, however similar the opinions of the superintendent and the asylum inspectors may have been on one level, there remained important differences in outlook between the two. These differences became evident during the course of apparently minor conflicts over the process of patient committal at the local level. In one instance, the Deputy Clerk of the United Counties of Lanark and Renfrew alerted the government to a grand jury report which complained that there were five lunatics retained in the Perth County Jail. Of these lunatics, one had been imprisoned for five years,

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<sup>57</sup>P.A.C., RG5 C1, file 223, Extract of minutes of Board of Inspectors in regard to additional asylum accommodation, 1 February, 1855.

<sup>58</sup>Ibid.

another for three years, two others for over two years, and the last for a year and two months. The grand jury put forth the familiar argument that the prolonged presence of these lunatics was disturbing the good order of the prison. The jurors were particularly unhappy to learn that warrants for committal for all five insane prisoners had long ago been sent by the Perth sheriff to both Joseph Workman at the Toronto Asylum and to John Litchfield at the Rockwood Criminal Lunatic Asylum, apparently to no avail. The grand jury's complaint prompted the provincial government to sanction the removal of four of the patients to the Toronto Asylum if the superintendent found that there was room to accommodate them.<sup>59</sup>

Workman responded to the decision by reminding the government of the asylum by-law authorising him to selectively admit patients according to the recency and nature of insanity. He strongly reiterated his argument that this discretion of the superintendent was the only means of keeping the lunatic asylum functioning as a curative institution and not as a refuge for all manner of society's outcasts. In Workman's opinion, the four lunatics in question at the Perth Jail were "confirmed incurables",

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<sup>59</sup>P.A.C., RG5 C1, file 1063, Deputy Clerk of the Crown to Provincial Secretary, 24 October, 1862; Copy of Grand Jury Presentment on the state of the Perth Jail; Perth Sheriff to Grand Jury, 12 November, 1862.

for whom accommodation at the Toronto Asylum would be of no benefit whatsoever. This, the superintendent informed the government, he had made quite clear to the sheriff of Perth. The persistence of the Perth officials in their quest to secure warrants for their removal to an asylum reflected "municipal financial considerations", and not a concern for the acute or violent nature of the insanity of the lunatics confined in the jail. Workman noted that the practice of issuing warrants for the removal of harmless and incurable lunatics from the local jails was common and frequently led to the committal of insane patients to the asylum who, in his view, should never have been sent. Such individuals, Workman argued, ought to be cared for at home by family or friends. Based on these arguments, Workman was not prepared to give his approval for admission of the lunatics from the Perth Jail.<sup>60</sup>

Workman's response to the government did not close the debate. The Provincial Secretary next called on the Asylum Inspectors to investigate and report on the affair. Inspector Taché, Chairman of the Board of Inspectors, reported that he was, in one sense, sympathetic to Workman's efforts to make the Toronto Asylum "a corrective institution rather than a mere Boarding House for the incurable insane".

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<sup>60</sup>Ibid., Workman to Provincial Secretary, 17 July, 1863.

However, Taché argued that "as an Inspector" he believed that there were other considerations and responsibilities which prevented him from concurring with the decision of the superintendent. In the inspector's view:

To take care of the insane, is a duty of the State, that relates as well to the incurable Lunatics and Idiots, as to the curable: the degree of comfort to be allowed to those unfortunate beings, must necessarily be measured by the means of the State called upon to receive them in its Public Institutions. In accordance with those premises, I say that we are bound to receive the insane in our asylums, and that our asylum accommodations not being quite adequate to the wants, are, by necessity, obliged to crowd these institutions as much as they can be without incurring an immediate danger for the general health of their inmates.

Here, the divergent views of the superintendent and the inspectors were readily apparent. Though sympathetic to Workman's vision of the asylum as a well ordered institution for the cure of insanity, the inspectors thought that this view of the asylum ought not to supersede the responsibility of the state to provide accommodation for incurables and idiots, as well as for those whose insanity showed promise of cure. Yet, if put into effect, Taché's ideas would have led to the creation of the very kind of receptacle for the maintenance of incurables that the superintendent had vigorously opposed.

The provincial secretary forwarded to Workman Inspector Taché's recommendation that the state be responsible for the

admission of the Perth lunatics to the Toronto Asylum. Workman responded that although he hoped "His Excellency does not suppose that I concur in Dr. Taché's views", the Perth inmates had, as requested, been sent to asylums: one to the Toronto Provincial Asylum, the rest to the Rockwood Asylum at Kingston. As further proof of his disapproval of the decision of the Asylum Inspector, Workman noted that the patient sent to the Toronto Asylum showed no signs of insanity, and was "constantly industrious, quiet, and totally inoffensive. ... Her case is, by no means, one of those which I regard as having preferential claim to the benefits of this asylum".<sup>61</sup>

The battle over the committal of the Perth lunatics suggests that the views of the state inspectors and medical superintendents were not the only forces at work in shaping the Toronto Asylum. Views on the proper role of the asylum at the county and municipal level also had an important impact on the use and character of the state institution. Although some agreement existed, concerns at the local level were often oriented in ways that conflicted with those of both asylum superintendent and state inspectors.

As the example of Perth demonstrates, much of the pressure for increased accommodation at the Toronto and

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<sup>61</sup>Ibid.

branch asylums emanated from local communities.<sup>62</sup> From the point of view of the local district jail, the local J.P., the district grand jury, and, of course, individual families, the main concern was to acquire admittance for those considered insane (or otherwise undesirable) to the new public institution which had been established for the purpose of housing them. The insane were often seen as a burden to individual families and to the community, and as a disruption to the discipline and order of many district jails. Delays in acquiring asylum committal thus resulted in complaints at the local level.

The municipal council of the united counties of Huron and Bruce complained that "lunatics have been at different times confined in the jail of these counties until a vacancy occurred in the asylum". The council argued that its local jail had neither the "appliances" nor the expertise with which to properly treat the insane. Moreover, the council noted that as the province's population was rapidly increasing, the need for increased accommodation of the

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<sup>62</sup>There were, in fact, several petitions from various counties suggesting their community as an ideal site for another lunatic asylum. See P.A.C., RG5 C1, file 744, Petition of the common council of London, 26 April, 1856; RG4 C1, file 775, Petition of the Township of Stephen, 24 April, 1857; RG5 C1, 1062, Petition of the Township of Bruce, 9 June, 1857; RG5 C1, file 1185, Petition for the establishment of a lunatic asylum in St. Thomas, 1 July, 1857; RG5 C1, Petition for the erection of a lunatic asylum in Woodstock, 9 April, 1859.

insane was becoming ever more acute. The municipal council of Wellington lodged a similar complaint, noting that "it is quite impossible to secure the admission of a lunatic ... short of two or three months, however deep seated or violent the demeanour of the patient". In its plea for increased accommodation for the insane, the Waterloo municipal council emphasized the disruption that the presence of the insane caused to the debtors and criminal offenders of their prison.<sup>63</sup>

In their efforts to push the state to increase provision for the insane, some counties made selective use of the arguments of superintendents and asylum inspectors. Referring to the printed annual reports of the medical superintendent of the Toronto Asylum, the surgeon of Norfolk county jail, John Clarke, noted that the longer the delay in getting the patient from the jail to the asylum, the greater the chance of his or her insanity being impossible to treat. Delays in committal due to lack of provision thus increased the numbers of the incurably insane. However, adopting the

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<sup>63</sup>P.A.C., RG5 C1, file 106, Petition of the municipal council of the Counties of Huron and Bruce, 29 January, 1855; RG5 C1, file 305, Petition of the Municipal Council of Wellington, 2 December, 1860; RG5 C1, file 1787, Petition of the Waterloo municipal council, 22 December, 1856; See also RG5 C1, file 1500, Warden of the Stormount and Dundas county jail to Provincial Secretary, 15 November, 1855; RG5 C1, file 120 Chief Justice Draper to Provincial Secretary, 23 April, 1859.

argument of asylum inspectors, Clarke also noted that greater asylum accommodation was needed for the incurably insane whose treatment in a properly ordered asylum would be far more humane than in the local prison.<sup>64</sup>

Municipalities' complaints about insufficient accommodation led to increased pressure for Workman to accommodate the insane from the local jails. This, as we have seen, was the intent of the 1856 asylum by-law, which, while giving Superintendent Workman discretion as to those committed, also stressed the importance of giving preference to those considered violent or dangerous - in other words to those who, for whatever reason, had been committed to the county jail under warrant. But many of those confined in local jails were persons who Workman considered incurably insane and therefore inappropriate for the Toronto Asylum. Moreover, Workman frequently accused local communities of purposefully incarcerating those they considered to be insane in local jails, regardless of whether or not they were violent or dangerous (or, for that matter, actually insane), in order to secure for them a "preferential consideration" for removal to the asylum. In Workman's opinion, "it would be indiscrete and unjust, to place the beds of this institution preferentially at command of

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<sup>64</sup>P.A.C., RG5 C1, file 261, Memorial of the municipal council of the county of Norfolk, 1859.

applicants seeking admission in this way".<sup>65</sup>

To emphasize his point, Workman noted the case of a lunatic Mary Murray, who had received a warrant for admission to the Toronto Asylum in February while incarcerated in the Barrie local jail. Workman had her sent down to the asylum. Upon her arrival, he discovered that Murray's medical certificates of insanity had not been made out by doctors in Barrie, but rather by three physicians in Toronto. Workman concluded that in filling out their certificates, the Toronto physicians had relied on the information of the official in charge of transporting Murray to the asylum. Workman could not find any indication that she was insane. In other words, the physicians who filled out Murray's certificate of insanity, making her admission to the asylum legal, had no knowledge of her medical history. After several discussions with the patient, Workman learned that she had an abusive husband who had committed her to the Barrie local jail as insane and dangerous to be at large. The superintendent decided to keep Murray at the asylum until the spring, as she appeared to him to be physically weak and unable to withstand the

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<sup>65</sup>P.A.C., RG5 C1, file 127, Chief Justice Robinson to the Provincial Secretary, 22 November, 1859; Workman to the Provincial Secretary, 12 December, 1859; See also RG5 C1, file 117, Superintendent's Report, 16 January, 1857; RG5 C1, file 332, Superintendent's Report on the state of the asylum, 1857.

winter weather. Workman argued that Murray's case was representative of a large number of patients sent from the province's county jails.<sup>66</sup> In sending patients like Murray to the Toronto Asylum, local communities were bound for conflict with a superintendent committed to restricting his institution to the treatment and cure of medically and scientifically "legitimate" lunatics.

In an effort to mediate the conflicts arising between the superintendent and the communities, the state issued a circular to all provincial counties, ordering them to provide a list of all insane persons committed to the local jails, the dates of their commitments, and the offences or other reasons for their committals. The counties were also ordered to inform the government immediately of any subsequent admissions of lunatics to the local jails, and to provide the same information. In this way, the state hoped to keep track of the numbers of lunatics being incarcerated at the local level, and also to gain some idea of those whose cases merited early committal to the lunatic asylum. The response to the circulars indicated to the government that many people were being committed to local jails as insane. They were reported as having committed crimes of assault or petty theft, or as being dangerous to be at

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<sup>66</sup>Ibid.

large. In the eyes of the community, the responses from the local jails only highlighted the need for increased accommodation for those considered to be insane.<sup>67</sup>

At the local level, frustration over the inability to get the insane moved quickly from the local jail to the state asylum was linked to conflicts over the state asylum tax. As early as 1843, the councillors of the Niagara District argued that although the community had been taxed the heavy sum of £1104.6.6 since 1839 for the erection of a permanent lunatic asylum, the construction of that asylum had not yet begun. This was in addition to a yearly sum of £407 levied for the maintenance of the insane within the district. The councillors were also frustrated because the temporary asylum seemed to them "to be principally beneficial to the Home District although supported by Provincial funds". A similar petition from the municipal council of the District of Newcastle noted that "there is a general impression throughout the province that a sum sufficiently ample to meet the expense [for the erection of a permanent asylum] has already been raised, and paid into the hands of the Receiver General". Other petitions urged

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<sup>67</sup>I have found returns from the local jails for the years 1856 (the first year that the government originally distributed the circular), 1859, 1860, and 1861. See P.A.C., RG5 C1, files 1677, 518, 857, & 209. The total number of insane reported by the jails for each of these years is as follows: 1856: 35, 1859: 30, 1860: 18, 1861: 27.

the immediate application of the asylum tax to asylum construction, in order to relieve the insane of "cruel sufferings" which resulted from their wandering about at large, and from their incarceration in the local jails.<sup>68</sup>

The ill-feeling of the counties and municipalities towards the state asylum tax was not abated by the eventual opening of the permanent Toronto Provincial Asylum in 1850. After 1850, an asylum fund tax was substituted for the former tax in order to help pay for the maintenance, renovations and additions to the asylum. Nevertheless, the asylum was hampered by ongoing financial difficulties, and in 1852, a decision was made by the asylum commissioners to temporarily restrict admissions to those who could pay the weekly expenses of asylum accommodation. This caused immediate outrage at the local level. The warden of the Hastings County Jail informed the provincial secretary that "this county pays about £300 a year towards the asylum fund and we certainly do not expect to pay such an annual contribution, and then be told that because an insane person belongs to a poor family that he can find no aid, no relief

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<sup>68</sup>P.A.C., RG5 C1, file 5801. Petition of the Warden and councillors of the Niagara District, 12 May, 1843; RG5 C1, file 6756, Petition of the warden and municipal council of Newcastle, 16 November, 1843; RG5 C1, file 7195, Council of the Ottawa District to the Provincial Secretary, 4 February, 1844; RG5 C1, file 16160, Warden of the Eastern district to the Provincial Secretary, 1847; RG5 C1, file 5973, Perth Clerk of the Peace to Provincial Secretary, 17 June, 1843.

in an asylum thus munificently supported". Members of the municipal council of Lincon and Welland Counties concurred, noting that the "enormous sums annually collected for the liquidation of the debt" on asylum buildings should easily cover the costs of managing the institution. They petitioned the government to reduce the asylum tax, and to make an inquiry into the "abuses which seem to obtain in the monetary affairs of that charity".<sup>69</sup>

In some local petitions, the relationship between appeals for expanded asylum accommodation and the multiple burdens of taxation were made quite explicit. Petitioners complained that in addition to the asylum fund tax levied by the government, they were also forced to pay for the medical treatment and general maintenance in the local jails of those lunatics for whom asylum accommodation could not be provided. Moreover, some counties noted that the annual tax money that they paid for the maintenance of the insane was far in excess of that required to maintain their patients in

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<sup>69</sup>P.A.C., RG5 C1, file 1039, Warden of Hastings county jail to the provincial secretary, 30 July, 1852; RG5 C1, file 1303, municipal council of Lincon and Welland to the provincial secretary, 1852; RG5 C1, file 1304, memorial of the warden and councillors of the united counties of Lincoln and Welland for a reduction of the Lunatic Asylum Tax, 1852. See also, RG5 C1, file 1697, sheriff of Toronto to provincial secretary, 18 October, 1852; solicitor general to sheriff, 23 October, 1852.

the Toronto Asylum.<sup>70</sup>

The study of local level conceptions of the proper role of the state lunatic asylum, and of the struggles between the community, the medical superintendent and government officials, are of great importance in understanding the development of the asylum in Ontario. Although the "idea" of the state lunatic asylum and its intended ideological function was grounded firmly in the social thought of middle-class alienists and asylum promoters, the actual development of the asylum as a state institution reflected more the competing visions of various class and political groupings in nineteenth-century Ontario. During the era of the temporary, or provisional asylum, clashes between asylum commissioners and superintendents highlighted differences between more traditional elite perceptions of the public institution as an arena for the exercise of patronage, privilege and status, and a vision of the asylum as a space in which the social and medical cure and control of madness would best be achieved. With the creation of the permanent Toronto Asylum, and subsequent branch institutions, the

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<sup>70</sup>The warden of the Lincoln and Welland county jail claimed that although the average number of patients looked after in the asylum was three, the annual tax paid for the support of the institution was £700. P.A.C., RG5 C1, warden to provincial secretary, 9 November, 1855. See also RG5 C1, file 680, memorial of the magistrates of the county of Norfolk, 9 April, 1857.

visions of asylum inspectors and superintendents, though more consistent in some respects, were still different enough in crucial ways to create conflicts which affected the development of the institutional response to insanity in Ontario.

As we have seen, contrary to their visions of the ideal lunatic asylum, Workman and other superintendents in Ontario in the nineteenth century were increasingly forced to receive patients from the community who were not, in their view, genuine lunatics in need of asylum therapy. This indicated the extent to which community perceptions of the asylum's purpose and significance were inconsistent with those of asylum superintendents. It also indicated the significant role of the community in shaping the character of state provision for the insane.

Chapter Three:  
Medicine, Therapy and Insanity in  
Nineteenth-Century Quebec and Ontario

Of central importance to historians of nineteenth-century psychiatry has been the study of moral treatment and its institutional expression, the lunatic asylum. In an ongoing historiographical debate, historians, historical sociologists, philosophers, and historically-minded psychiatrists have argued over the meaning of the conjuncture of asylum development, moral treatment and the professionalization of psychiatry.<sup>1</sup> The focus of most of these histories has been the rise and development of the asylum and of asylum medicine, to the exclusion of other socio-medical means of treatment of the insane. In works where pre- and non-asylum forms of medical treatment and diagnosis of insanity are acknowledged, historians cease to

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<sup>1</sup>Recent efforts to marshal and interpret the complex historiography of the field include, Thomas E. Brown, "Dance of the Dialectic? Some Reflections (Academic and Otherwise) on the State of Nineteenth-Century Asylum Studies", Canadian Bulletin of Medical History, vol. xi, (1994), pp. 267-295; Andrew Scull, "Psychiatry and Its Historians", in History of Psychiatry, vol. ii, (1991), pp. 239-250; George Mora, "The History of Psychiatry in the United States: Historiographic and Theoretical Considerations", in History of Psychiatry, vol. iii (1992), pp. 187-201.

look for them after the introduction of the asylum.<sup>2</sup> One partial exception can be found in the work of Nancy Tomes. In an analysis of correspondence between patrons of the Pennsylvania Hospital for the Insane and Superintendent Kirkbride, Tomes has uncovered a wealth of information on "patrons' conceptions of insanity and its causes; the circumstances leading to commitment, including prior treatment; and the dynamics of the doctor-patron relationship". Tomes argues that at the "corporate" Pennsylvania Hospital for the Insane, "within the intellectual and practical bounds of his medical training, [medical superintendent] Kirkbride chose a therapeutic method that appealed to his lay clientele". A "shared consensus regarding the origins and treatment of mental disorders" emerged between asylum superintendents and asylum

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<sup>2</sup>For instance, in her work on eighteenth- and early nineteenth-century madness, Mary Ann Jiminez traces changing perceptions of, and responses to insanity in the United States. However, with the rise of the lunatic asylum, more traditional forms of management and care fall away from her historical account. Mary Ann Jiminez, Changing Faces of Madness: Early American Attitudes and Treatment of the Insane (Hanover, 1987). A similar approach can be found in Gerald Grob's recent synthesis, The Mad Among Us: A History of the Care of America's Mentally Ill (New York, 1994). Despite his thorough analysis of pre-asylum perceptions and responses to insanity, André Cellard's, Histoire de la folie au Québec, de 1600 à 1850: Le désordre (Québec, 1991) demonstrates a similar orientation.

patrons in the treatment of insanity in the asylum.<sup>3</sup>

Taking this aspect of Tomes' work as a point of departure, this chapter seeks to cast a broader investigative net on the history of medicine, therapy and insanity in nineteenth-century Ontario and Quebec, without losing sight of the importance of the development of the asylum, and of the medical theory and practice emanating from this institution. This approach begins with the premise that although a large proportion of those considered insane in both provinces were treated in lunatic asylums, medicine and therapy were also located, to a considerable extent, in socio-medical contexts lying outside of these institutions. Patients' initial medical evaluations and treatments did not begin upon arrival at the asylum door. In fact, their diagnoses and therapies began well before committal to an asylum. Moreover, as the previous two chapters have shown, in both provinces throughout the nineteenth century, asylum accommodation was considered by alienists and government officials to be inadequate to accommodate all who were perceived to be insane. There were, by some accounts, as many lunatics "at large" as there

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<sup>3</sup>Nancy Tomes, A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840-1883 (New York, 1984), p. 123.

were under institutional treatment.<sup>4</sup> How were those people whose insanity did not result in a trip to the asylum diagnosed and treated?

In an insightful article, Patricia Prestwich states that:

... families had integrated the asylum into their own well-established systems of treatment for the mentally disturbed or chronically ill, systems that made skillful use of various formal and informal resources available in the family, neighborhood, and the larger community. When these resources failed, they turned to the asylum, but not necessarily as a permanent or longterm alternative.<sup>5</sup>

This chapter endeavours to point out and analyze in greater detail some of those formal and informal family resources and their relationship to lunatic asylums, as these new "curative institutions" became more commonplace over the course of the nineteenth century.<sup>6</sup>

In Quebec and Ontario, there was a variety of socio-medical contexts - including the provisional asylum,

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<sup>4</sup>This was the opinion of Superintendent Thomas Workman for the province of Ontario. See P.A.C., RG5 C1, File 349, Report on the State of the Asylum to the Visiting Commissioners, 1 March, 1854.

<sup>5</sup>Patricia E. Prestwich, "Family Strategies and Medical Power: 'Voluntary' Committal in a Parisian Asylum, 1876-1914", Journal of Social History, Vol. 27, No. 4 (1994), p. 810.

<sup>6</sup>For an analysis of non-institutional "customs of community care" in nineteenth-century New Jersey society see, James E. Moran, "Asylum in the Community: Managing the Insane in Antebellum America", History of Psychiatry, (forthcoming).

permanent asylum, local jail, general hospital, and the local community - in which patients were evaluated and treated as insane. These contexts were, to a great extent, integrally connected. The temporary asylum era in Ontario saw an interesting transitional phase in therapeutics from an essentially "heroic" system of treatment of the insane to one more oriented toward moral therapy. In both provinces, medicine and therapy were constrained by the buildings in which the temporary asylums were set. The permanent asylums ushered in an era of moral therapy proper, though one which, from the outset, only approximated the ideals of nineteenth-century medical superintendents. Despite their emergence in both provinces at mid-century, the permanent asylums failed to diminish the presence of the insane in the local jails of Ontario and Quebec. In fact, local jails continued to receive and accommodate the insane for prolonged periods of time. In many jails, physicians or surgeons were hired for the purpose of tending to the needs of the institutions' inmates, which included the insane. In some instances, distinct systems of treatment and care of the insane developed in the local jails. The jail evolved into a social and medical gateway between the community and the asylum in the nineteenth century - one through which local concerns and perceptions were translated into requests for institutional committal and treatment. In Quebec, a variety

of institutions, including the "système des loges" in the cities of Quebec, Montreal and Trois Rivières, and various charitable hospitals in the province, also served as medical and therapeutic settings for the insane. Further contributing to the complex matrix of medicine, therapy and insanity were the medical practices of local physicians. Finally, the perceptions of insanity of families and friends were fundamental in the initial diagnosis and treatment of those they considered to be insane.

The introduction of the lunatic asylum had a significant effect on the nature of medicine, therapy and insanity in Ontario and Quebec. However, the earlier socio-medical contexts in which the insane were evaluated and treated did not disappear with the rise of the asylum. Instead, the asylum was integrated into a complex pre-existing network of medical and therapeutic responses to insanity. To the extent that alienists acknowledged the various components of this network of non-asylum forms of medical and therapeutic intervention, they decried their existence, and blamed their perpetuation for the relative ineffectiveness of the moral treatment of the asylum. In the provinces of Ontario and Quebec, tension and conflict characterized relations between the asylum and its socio-

therapeutic counterparts more often than consensus.<sup>7</sup> This suggests that, in nineteenth-century Canada, there was relatively little medicalization "from above" of lay ideas about insanity, and about the "appropriate" use of the lunatic asylum.<sup>8</sup> It is reasonable to presume that, to some extent, the asylum and psychiatric medicine did come to influence local lay and medical conceptualizations of insanity. But, the asylum was not cultivated on unbroken therapeutic ground. As the new institution for the treatment of insanity developed over the course of the nineteenth century, the asylum itself was equally influenced by pre-existing socio-therapeutic mechanisms for dealing (medically and otherwise) with the insane, and by the social and therapeutic attitudes that they represented.

In Ontario and Quebec, provisional asylums for the

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<sup>7</sup>In this chapter, it will be argued that, contrary to the findings of Tomes, very little consensus developed between the "patrons" of the asylum and asylum superintendents. This is perhaps due to the class backgrounds of the "patrons" and patients of the public asylums of Ontario and Quebec as compared to those of the patrons and patients of the private Pennsylvania Asylum for the Insane.

<sup>8</sup>David Wright notes that implicit in many studies of asylum history is the view that there developed an "uncritical acceptance of medical paradigms of madness amongst a lay public, as if the non-educated masses would cast off centuries-old cultural and popular ideas about insanity when confronted by the medical gaze". David Wright, "Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century", Social History of Medicine, Vol. 10, No. 1 (1997), p. 144.

insane were established at about the same time; in Montreal on 1 November, 1839, and in Ontario on 21 January, 1841. Both institutions were located in spaces formerly used as jails - the Toronto Temporary Asylum was established in the abandoned Home District Jail, and the Montreal Lunatic Asylum occupied the third floor of the Montreal District Jail. In both cases, the intent of the governments was for these institutions to serve as nothing more than temporary expedients to the problem of institutional accommodation of the insane. They were to be quickly replaced by permanent purpose-built accommodation. However, the life of both provisional institutions was longer than anticipated; the Montreal asylum persisted for about five years, the Toronto asylum for ten.

What primary documentation exists for the Montreal Temporary Asylum indicates that treatment was essentially non-somatic with elements of moral treatment in evidence. Although opened in the fall of 1839, a physician, Dr. Trestler, was not appointed to the asylum until May, 1841.<sup>9</sup> The rules and regulations for the asylum suggest that a tight daily regimen was considered an important part of

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<sup>9</sup>There were, however, four physicians on the Board of Commissioners of the institution. The members of the Board were to make regular visits to the asylum.

patient therapy.<sup>10</sup> There are also indications that a limited range of work-related activities were encouraged.<sup>11</sup> These were carried out on an airing ground which was also designed to provide daily exercise for patients. Cold showers, straight jackets and isolation were employed for refractory patients. However, attendants or keepers were encouraged to address patients with "a mild and gentle tone of voice".<sup>12</sup> In response to patient abuse and unrest, attendants were instructed to "keep cool, forbear to recriminate, to scold, threaten or dictate in the language of authority". This attitude towards patients was certainly in keeping with various models of nineteenth-century moral treatment. The third floor of the jail was renovated so as to provide a male and a female ward. Each ward had eight patient rooms, measuring 12 feet by 9 feet each.<sup>13</sup> As

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<sup>10</sup>Rules and Regulations of the Montreal Lunatic Asylum, for the Government of the Officers, Patients and Servants of the Institution (Montreal, 1840).

<sup>11</sup>For instance, patients under attendant supervision chopped wood for the asylum. André Cellard and D. Nadon assume that female patients' work included various domestic duties. There is no evidence for this, but it would reflect prevailing asylum wisdom. André Cellard and D. Nadon, "Ordre et désordre: Le Montreal Lunatic Asylum et la naissance de l'asile au Québec", Revue d'histoire de l'Amérique française, vol. 39, no. 3, p. 359.

<sup>12</sup>Rules and Regulations of the Montreal Lunatic Asylum...

<sup>13</sup>The asylum was also equipped with patient day rooms and refectories. See Cellard and Nadon's, physical description of the asylum in "Ordre et désordre" p. 358.

early as 1843, two to three patients were crowded into each room, a situation which, according to Dr. Trestler, "strongly militated against the success of ... their treatment".<sup>14</sup> Despite the overcrowded state of the asylum, and other incidents which appeared to disrupt effective medical treatment, the institution's officers claimed a high success rate. Between 1839 and 1844, the Montreal Asylum treated 196 patients of whom 98 were released as cured and 25 were considered as "improved".<sup>15</sup>

In several important ways, early medicine and therapy at the Toronto Temporary Asylum contrasted markedly to those which were practised at its institutional counterpart in Montreal. From 1840 to 1844, the Toronto Temporary Asylum's first alienist, Dr. Rees, relied heavily on antiphlogistic or depletive therapy in his medical practice. For Rees, cure at the temporary asylum was best achieved through "the exclusion and removal of all external causes of irritation, and in reducing and tranquillizing inordinate action of the vascular nervous and voluntary systems, by the most energetic means, local and general and by attention to

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<sup>14</sup>P.A.C., RG4 B65, file 1731, John Boston and J. Trestler to Governor General, 23 August, 1843.

<sup>15</sup>P.A.C., RG4 B65, file 2812, Statement of the Number of Lunatics Admitted to the Montreal Lunatic Asylum from November, 1839 to July 31, 1844, and How Disposed With.

regulation of the animal function".<sup>16</sup> Therapy generally involved restoring the physiological balance of the patient which had been disturbed with the onset of mental alienation. Rees' antiphlogistic treatment included general bleeding, cupping, the application of blisters of Spanish flies, and the use of setons to remove amounts of blood appropriate to the patient's condition. Nauseating doses of antimony, and of tartar emetic, were used as purgatives. Rees also employed cold affusion on the shaved head and low diet in his treatment.<sup>17</sup>

Although a debated medical issue by the 1840s, Rees' active depletion therapy was still considered by some alienists and physicians of insanity to be appropriate treatment for certain recent cases of mental aberration.<sup>18</sup> Much more controversial, however, was Rees' aggressive antiphlogistic treatment of patients whose insanity was of long duration. These patients constituted a majority at the

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<sup>16</sup>P.A.C., RG4 B65, Miscellaneous Documents, Medical Report of Dr. Rees to the Commissioners, 1 September, 1844.

<sup>17</sup>Rees' treatment can be pieced together from the following documents: P.A.C., RG5 C1, File 8870 Report of the Board of Physicians for Inspecting the Temporary Lunatic Asylum at Toronto, Report of Dr. Joseph Hamilton, 9 October, 1844; Report of Dr. Beaumont, no date; Report of Dr. Walter Telfer, 14 October, 1844. RG5 C1, File 602, Report of Dr. Spears, 17 March, 1843. See also the medical records from Rees' prescription book in RG5 C1, File 8870.

<sup>18</sup>The importance to alienists of treating "recent" cases of insanity is more fully discussed on p. 27.

temporary asylum. According to Rees, counter-irritation through the use of blisters and setons arrested the progress of the disease in incurable cases, thus rescuing the asylum "from any of the painful cases of the loss of the voluntary powers, which would render them a burden intolerable, both to themselves and to the institution, during the remainder of their lives".<sup>19</sup>

On one level, Rees justified his therapeutic strategy on strictly medical grounds.<sup>20</sup> By the end of his career at the temporary lunatic asylum, the superintendent boasted a patient cure rate of 60%, as high as many lunatic asylums elsewhere in Europe or the United States. But Rees' interventionist approach was also partly the result of the constraints that the architecture of the temporary asylum placed on his ability to pursue the practice of moral treatment. Rees frequently complained of the overcrowded state of the institution, and of the inability to provide proper work, exercise and amusements to help in the recovery

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<sup>19</sup>P.A.C., RG4 B65, Miscellaneous Documents, Rees Medical Report, 1844.

<sup>20</sup>In one case, during a 10 day period of treatment, Rees cupped his patient twice, blistered him several times and bled him by venesection until he fainted. Rees pronounced him completely convalescent after a short stay at the asylum.

of his patients.<sup>21</sup> He also lamented his inability to effect a classification of patients beyond the simple separation of male from female patients, and of the refractory from the quiet. In the absence of the means for moral therapy, depletion therapy was, he argued, the best medical treatment for his patients.

Yet it is unlikely that Rees would have wholly abandoned his depletive therapy - and the medical outlook into which it fit - even if the temporary asylum had been more amenable to moral treatment. Rees was, in fact, an interesting transitional figure in alienist therapeutics who had absorbed an eclectic mix of heroic and moral approaches to the treatment of the insane. Following Francois Broussais and J.C. Pritchard, Rees was still convinced that many chronic forms of mania could be improved or held in check by the use of counter-irritation.<sup>22</sup> And, in keeping with the medical writings of Benjamin Rush, Foville,

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<sup>21</sup>His treatment on this front was restricted to exercising convalescent patients on walks in the city, using a small airing court to give patients fresh air, and the use of books and a few objects of attraction and amusement.

<sup>22</sup>W.F Bynum noted that Broussais' "treatment of choice for virtually all diseases was leeching, which, he argued, produced counter-irritation and reduction of the inflammatory origin of the process". See W.F. Bynum, "Nosology" in Bynum and Porter ed. Companion Encyclopedia to the History of Medicine, vol. 1, (London, 1993), p. 350. See also J.C. Pritchard, A Treatise on Insanity and other Disorders Affecting the Mind (London, 1835).

Broussais and others, Rees saw recent cases of mania as inflammatory diseases which would respond positively to aggressive depletive therapy.<sup>23</sup> But Rees was also one of Upper Canada's early proponents of the establishment of a state lunatic asylum; an institution in which the architecture, and the internal and external organization embodied the main principles of moral treatment advocated by the likes of Philippe Pinel, the Tukes and their substantial group of alienist followers. Rees continually complained that the absence of these moral therapeutic components in the temporary asylum inhibited the recovery of his patients, especially convalescent patients who had responded favourably to his antiphlogistic therapy. Also in keeping with the principles of moral treatment, Rees prohibited the use of mechanical restraint during his superintendency.

Towards the end of his career, Rees' asylum therapeutics came under fire from some of the physician commissioners of the temporary asylum, one of whom, Dr. Telfer, would become Rees' replacement as superintendent. The criticisms of Rees' aggressive somatic approach to insanity were partly tied to the broader conflicts between

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<sup>23</sup>See for example, Benjamin Rush's instructions for cases of mania which included bloodletting, cupping, low diet and the use of cold in, Medical Inquiries and Observations upon the Diseases of the Mind, second edition (Philadelphia, 1818), pp. 190-199. Rees did not adhere to Rush's use of calomel in such cases.

commissioners and superintendents at the asylum.<sup>24</sup> But they also indicated the increasing lack of medical faith in an antiphlogistic therapeutics which had in most parts of Europe and North America been eclipsed by the philosophy and medical practice of moral treatment.

Rees' forced retirement as the result of serious injuries from patient attacks marked an abrupt end to depletive therapy at the temporary asylum. Rees' three successors, Superintendents Telfer, Park and Primrose, shared similar beliefs in the proper medical treatment of the insane. In contrast to Rees, they advocated a combination of treatments including opiates to procure sleep, a generous diet, and the regulation of the bowels in acute cases of insanity. Chronic patients were given stimulants including wine, beer and brandy in order to "induce greater action of the heart, thereby giving a more healthy action to the brain". In chronic cases, a full diet was also considered to improve the "mental faculties".<sup>25</sup>

Telfer, Park and Primrose tried to combine this less obtrusive medical regimen with the other standard practices of moral therapy. Despite frequent complaints about the

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<sup>24</sup>See Chapter 2 of this work.

<sup>25</sup>P.A.C., RG5 C1, File 242, Medical Report of Dr. Primrose, 31 December, 1849. See also RG5 C1, File 13434, Annual Report of Superintendent Telfer, 1845; RG5 C1, Report of Superintendent Primrose, 2 April, 1849.

physical limitations of the temporary asylum building, they endeavoured to get patients to engage in various "amusements" such as dancing, singing, reading, draughts, and cards. The superintendents also encouraged patient work at gender-appropriate tasks. To that end, women were employed in sewing and knitting supplies for the institution. After the conversion of the east wing of the parliament building in Toronto to a branch asylum, outdoor work was provided for men in the form of gardening. The branch asylum increased the scope for patient exercise and open air walks. To round out the practice of moral treatment, religious services were offered at both institutions. In keeping with standard contemporary medical thought, these aspects of moral treatment were seen as important diversions from the morbid associations of the diseased brain. The physical activity was also considered essential as a stimulant to cerebral function.<sup>26</sup> There was, of course, considerable consistency in the medical outlook of the superintendents at the temporary asylums at Toronto and Montreal, and those of the first permanent institutions in Ontario and Quebec. But while the alienists of the temporary asylums were forced to adapt prevailing modes of patient treatment in institutions not designed for

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<sup>26</sup>Annual Report of Superintendent Walter Telfer, 1847; Report of Superintendent Primrose, 25 January, 1850.

the purpose, the permanent asylums offered, in theory at least, the chance for medical therapy in purpose-built asylums for the insane.

Although variations of moral treatment were practised in non-asylum settings in Canada,<sup>27</sup> the asylum was considered to be the institutional expression of moral treatment and thus essential to its proper practice. The asylum itself was to be located strategically in relation to its surroundings. The asylum was to have access to fresh water, and it was to be situated in an area which would promote the health of the patients, and soothe them with pleasant panoramic views. The design of the asylum was to afford the means for the medical classification and segregation of the insane according to a combination of gender, mental disease, behaviour, and class background. Although recommendations on the optimal size of the patient population varied, it was considered important not to treat more than 250 patients in one asylum. Built into the asylum's design was the outward and inward appearance of symmetry and orderliness. This architectural symmetry was meant to work in combination with a carefully supervised daily regimen of patient activities in the reordering of

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<sup>27</sup>See, for example, Peter Keating's discussion of the practice of moral treatment in the "Cellules Morales", in Keating, La science du mal: L'institution de la psychiatrie at Québec, 1800-1914 (Québec, 1993), pp. 36-45.

disordered minds. Asylum architecture was also supposed to embody the means for work therapy, and thus a large farm was considered essential, as were workshops, knitting and sewing rooms, etc.. Moreover, the asylum was to be designed to facilitate a wide range of patient amusements, from daily walks on the asylum grounds, to reading from a collection of carefully selected books in the patient library. The living quarters of the superintendent, who had supreme medical and moral power in the institution, were symbolically situated in the centre of the main building, at the heart of the institution. Patient attendants and asylum servants were considered vital to moral treatment. Their behaviour towards the insane and towards their superior officers was to match the architectural order of the institution itself.<sup>28</sup>

In Ontario and Quebec, as elsewhere, the theory behind the architectural component of moral treatment could not easily be put into practice. Although in both provinces similar problems with the asylum as curative architecture emerged, at least until confederation, Quebec more closely approximated the ideal in this aspect of asylum therapeutics. According to Superintendent Workman, not only

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<sup>28</sup>See Christine Stephenson, "Medicine and Architecture" in Bynum and Porter eds., Companion Encyclopedia of the History of Medicine, pp. 1505-1508.

did the architecture of the Toronto Asylum in many ways fail to enhance the condition of the insane, but until about 1856, the institution actually constituted a major health hazard for its patients.

Suspensions about the architectural failings of the Toronto Asylum began after two serious bouts of cholera swept through the institution in 1850 and in 1852.<sup>29</sup> In order to check possible reasons for the severity of the disease among the patients, a sub-committee of the Board of Commissioners was established to investigate conditions at the asylum. Without making any definitive statement on the connection between asylum conditions and the outbreak of cholera, the committee focused on four problems. First, an examination of the tank on the asylum copula which supplied water to the institution found that a drainage pipe designed to carry off surplus water to prevent its overflow onto the floor was in fact carrying a "noisome effluvia" up to the level of the water tank. Second, an examination of the water closets showed that they were flawed in construction, and in a "filthy and pernicious" state. The committee recommended their immediate removal and replacement. Third,

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<sup>29</sup>In the 1852 attack, 25 cases of cholera in the asylum were reported, 13 of which resulted in death. P.A.C., RG5 C1, File 1813, Chairman of the Board of Commissioners to Provincial Secretary, 8 November, 1852; Superintendent Scott's Report, 6 December, 1852.

the committee reported that the general quality of the asylum's air was close and foul, which they attributed to the completely ineffective ventilation system of the asylum. Finally, the committee detected in the basement "a very offensive odour arising under the floor of the eastern compartment" which they concluded was produced by the "dirty water from the washing house which passes along an open drain under the floor to the sewer".<sup>30</sup>

These findings prompted more inquiries into the architectural soundness of the asylum. Professor Croft of the University of Toronto was invited to assess the asylum's engineering design. Croft gave a resounding critique of the asylum noting that "the system of drainage as now existing is as unsound in principle as that of ventilation". This report resulted in a fierce rebuttal by the asylum architect, John Howard, who defended his design and castigated government officials for not completing the asylum wings as originally planned.<sup>31</sup> Shortly after his appointment as medical superintendent of the Toronto Asylum, Joseph Workman added his own concerns about the architecture

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<sup>30</sup>P.A.C., RG5 C1, File 1966, Minutes from the Board of Directors on the State of the Asylum, 6 December, 1852.

<sup>31</sup>P.A.C., RG5 C1, File 199, Report of Professor Croft on Ventilation; Report on the Drainage and Water Supply, 11 February, 1853. RG4 C1, File 43, John Howard to Provincial Secretary, 4 January, 1853.

of the new institution. Workman connected frequent outbreaks of epidemic disease and general ill-health in the asylum to "local causes, connected with the structure and condition of the house".<sup>32</sup> In his subsequent investigations into the connection between asylum design and patient health, Workman uncovered an environmental disaster.

In searching for the cause of the excessively bad quality of the air and drinking water in the asylum, Workman discovered that the distance between the discharge pipe of the "foul contents" of the asylum and the intake pipe which supplied the institution's fresh water from Lake Ontario was only 100 feet. Workman noted that the resulting mix of foul and fresh water pumped back into the institution for patient use was "very impure and throughout the hot weather has so offensive an odour and taste as to be disagreeable to every patient ... and cannot but be hurtful to their general health". Further investigation led Workman to the discovery of two large cess pools connecting the asylum's water closet drains with the foundation drains. The superintendent found that although it was the intention of the architect to have these cess pools cleaned out twice yearly, they had not been drained during the three years that the asylum had been opened. Workman feared that "their foul contents may have

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<sup>32</sup>P.A.C., RG5 C1, File 1492, Report of the Medical Superintendent, 20 September, 1853.

polluted the basement", causing advanced decay in many of the floorboards and joists.<sup>33</sup> For Workman, these difficulties only compounded the overriding problem associated with the choice of setting for the asylum. In his view, "it is questionable if a worse site could have been found in the whole province". Far from being in a "salubrious" location conducive to good patient health, Workman observed that the Toronto Asylum grounds were scarcely above the level of the lake, rendering the soil constantly damp. Moreover, the low level of the ground made the drainage of the asylum's refuse into the lake very difficult. Consequently, "stagnant water, in some places to a considerable depth" was, Workman suspected, frequently detained underneath the asylum.<sup>34</sup>

As Workman became more familiar with the asylum's patient population, he was convinced that there was a connection between the "type of bodily and mental disease which prevailed throughout the establishment" and the existence of "some prolific source of miasma" in the asylum, beyond that which he had yet discovered. As a result, he ordered the systematic cleaning and excavation of the drainage system of the asylum. When his investigation

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<sup>33</sup>P.A.C., RG5 C1, Report of the Medical Superintendent, 20 September, 1853; Supplementary Report, October 1, 1853.

<sup>34</sup>Ibid.

reached the level of the basement, Workman discovered that the entire foundation of the asylum was flooded with "a mass of filth and impure fluids". The "filth" in the foundation beneath the asylum kitchen measured between three and five feet in depth. The contamination of the foundation led to extensive timber rot in the basement and upper stories of the asylum. Further search led to the heart of the problem. As Workman put it:

The deep basement drains, leading from the laundries, kitchens and other parts adjacent towards the main sewer, were found to terminate abruptly, at a depth of nine feet, at the south wall of the asylum, under the water closets. ... The dirty water of four years, supplied by the kitchens and laundries, had been without any outlet, and having in a very short time, filled and choked the drains, it worked its way up through the soil, and was diffused over a large portion of the entire foundation. ... The only discharging agency, by which it had been kept in check, and prevented from rising above the floors and inundating the whole of the basement, must have been evaporation. Here was a source of morbid agency not merely adequate to destroy the health of the asylum, but even of the neighbourhood.<sup>35</sup>

In their haste to complete the permanent asylum, the architect and contractors had not connected the deep basement drains to the main sewer. In Workman's view, one-half of the patient deaths in the institution since its opening were attributable to the "pestilent air of the house

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<sup>35</sup>P.A.C., RG5 C1, File 1812, Report of the Superintendent on the State of the Asylum, 20 October, 1853.

generated by the filth and decaying timbers of the basement".<sup>36</sup>

Workman's analysis of the effects of the contaminated asylum foundation on the health of his patient population was directly linked to prevailing miasmatic models of disease. For Workman, as for many physicians, the accumulation of decaying matter, including marshy environments, excreta, and rotting wood, could lead to the contamination of the surrounding air with miasmas. In turn, the proliferation of miasmatic air could, under the right environmental conditions such as a period of intense heat, lead to the spontaneous eruption of epidemic disease, or facilitate the spread of such diseases from other sources. Workman attributed the outbreaks of cholera to "local causes connected with the structure and condition of the house", and he feared the spontaneous outbreak of other diseases such as "malignant typhus".<sup>37</sup> The subsequent clean up of the basement foundation further confirmed Workman's assessment of the physical fallout from the defective asylum architecture. Although he waited until the cool weather of

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<sup>36</sup>Ibid.

<sup>37</sup>Report of the Medical Superintendent, 20 September, 1853; Supplementary Report, 1 October, 1853. For a fuller discussion of Miasmata and its socio-medical origins see, Caroline Hannaway, "Environment and Miasmata" in Bynum and Porter eds., Companion Encyclopedia of the History of Medicine.

November and December before attempting to disrupt the miasmatic matter, Workman reported that the asylum matron, several servants, and a few patients were "prostrated by miasmatic fever" upon the removal of the floor boards. More patients suffered when put to work hauling the contaminated soil in buckets and wheelbarrows from the foundation to a distant location.<sup>38</sup>

Workman was convinced that other architectural flaws in the asylum also impaired the physical health and impeded the mental recovery of his patients. Although the clean-up of the foundation had resulted in a dramatic improvement in the quality of the air in the asylum, Workman noted that the institution's ventilation system remained completely defective. This resulted in the creation of "rarefied air", which according to Workman, was "well known to be depressive of nervous energy and debilitating on muscular power - two physiological results above all others to be averted in the treatment of insanity".<sup>39</sup> Workman also considered the

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<sup>38</sup>The patients were set to work as a labour saving measure. Wanting to make the connection between the asylum environment and insanity clear to the commissioners, Workman noted that one convalescent patient employed in the work suffered a temporary relapse of insanity. See Report on the State of the Asylum, 20 October, 1853. Several asylum commissioners became instantly ill when Workman lifted a floorboard to show them the state of the asylum foundation.

<sup>39</sup>This he tried to correct by cutting holes in the roof of the asylum and in the walls between rooms.

perpetually overcrowded state of the asylum as "instrumental in depressing the vital powers of the inmates, and ... detract[ing] largely from the curative efficiency of the institution". According to Workman, overcrowding also contributed to the onset of a range of diseases in the institution including erysipelas, intermittent fevers, and disorders "of the organs of digestion and respiration".<sup>40</sup>

Directly related to overcrowding was the deficiency in asylum organization caused by the absence of the asylum wings which had been part of the institution's original design. The lack of wings was especially problematic since it was assumed in the theory of moral treatment that they were essential to the proper classification of the various forms and manifestations of mental alienation. Despite repeated explanations of the serious medical consequences by the superintendent, the wings were not built until 1867. Workman noted that in most "well ordered" lunatic asylums, patients were divided into at least nine classes for each sex. Given the architectural limitations at the Toronto Asylum, Workman was only able to classify his patients into

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<sup>40</sup>For a sample of the many reports in which Workman complains of overcrowding see, P.A.C., RG5 C1, File 349, Report on the State of the Asylum, 1 March, 1854; RG5 C1, File 489, Report of the Medical Superintendent, 14 April, 1854; RG5 C1, File 755, Annual Report of the Medical Superintendent, 1854.

three large divisions.<sup>41</sup> In Workman's view, this inability to separate "the noisy, the violent, the obscene, the epileptic, the filthy, the helpless, the timid and the sick" into their proper wards rendered the asylum "almost useless for curative purposes".<sup>42</sup> The inability to properly classify patients in his incomplete asylum severely frustrated Workman. His frustration was increased with the passing of an act in 1851 for the removal of the criminally insane from the Kingston Penitentiary to the Toronto Asylum. As lunatics of the "criminal class" began filtering into the institution from the penitentiary, Workman became even more convinced of the therapeutic deficiencies resulting from the lack of proper patient classification at the Toronto Asylum.<sup>43</sup>

Over the course of the century, both the problems of classification and overcrowding were somewhat relieved with the establishment of branch asylums in the province. The

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<sup>41</sup>P.A.C., RG5 C1, File 589, Report of the Medical Superintendent, 5 April, 1855.

<sup>42</sup>P.A.C., RG5 C1, File 608, Report of the Medical Superintendent, 9 May, 1854; and RG5 C1, File 755, Annual Report of the Medical Superintendent, 1854. See also, RG5 C1, File, 1232, Report of the Medical Superintendent, 5 August, 1856; RG5 C1, File 1673, Workman to the Provincial Secretary, 4 December, 1856. Workman went so far as to blame the lack of means for classification for a case of suicide in the asylum. See RG5 C1, File 2007, Report of the Medical Superintendent, 18 October, 1858.

<sup>43</sup>For a fuller discussion, see Chapter 5 of this work.

University Branch was opened in 1856, the Malden Branch in 1859, and the Orillia Branch in 1861. These branch asylums were not purpose-built for the cure and treatment of insanity (being a converted university building, a fort barrack and a hotel respectively). However, as they were originally designed to take only contingents of chronically insane or incurable patients sent by Workman from the Toronto Asylum, they were seen as architecturally fit institutions. The strategy behind these satellite asylums was both economic and therapeutic. Established in buildings already constructed, the cost of converting them for their new function was less than the construction of wings for the Toronto Asylum. With incurables removed from the Toronto Asylum, and more attention paid to the selection of new patients, Workman was now in a position to run his asylum as the curative institution it was intended to be. The establishment of the Rockwood Criminal Lunatic Asylum in 1855 was further intended to help Workman's classification and cure of patients.

The promise of these developments for the more efficient practice of moral treatment was, however, compromised by the ever increasing backlog in patient petitions for committal to the asylums and the inevitable overcrowding of the psychiatric institutions. Moreover, there is evidence to suggest that a more ambitious round of

state asylum construction later on in the century, with the conversion of Rockwood into an asylum for the "ordinary" insane, and the opening of the London Asylum in 1876, tended to reproduce some of the architectural deficiencies of the earlier Toronto institution.<sup>44</sup> But by then, the earlier relationship between asylum architecture and medical practice was in the process of dissolution as new and more pessimistic alienist understandings of insanity and its treatment came to the fore.<sup>45</sup>

Quebec's early asylum architecture came closer to approximating the theory and practice of moral treatment. Though motivated by profit, Beauport's proprietors were also driven by a sense of professional pride and informed by many of the prevailing alienist conceptions of insanity and its proper treatment. In 1845, Drs. Frémont, Douglas, and Morrin established what they referred to as a temporary asylum on a property about two and a half miles outside of

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<sup>44</sup>Though the London Asylum certainly did not reproduce the environmental disaster that befell the Toronto Asylum in its first six years, S.E.D. Shortt notes that "despite both the grand exterior of the asylum, the largest building in the western half of the province, and the best intentions of the architect from the Public Works Department, the [London Asylum] was plagued with organizational and structural problems from its inception". S.E.D. Shortt, Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry, (Cambridge, 1986), p. 29.

<sup>45</sup>For Canada, see especially the discussion of degeneration theory in Shortt, Victorian Lunacy, Chapter 4, "The Social Genesis of Etiological Speculation".

Quebec City. The property was 200 arpents in size and contained an old manor house which was converted into the asylum's main building capable of accommodating 120 patients.<sup>6</sup> By 1849, Beauport's proprietors had begun construction of a new permanent asylum designed to replace the old one. The new property at La Canardière, one and a quarter miles from Quebec, comprised 70 acres, and afforded a good view of the city harbour. The main building was 217 feet long, with two wings each measuring 132 feet in length, and emanating from either side of the main edifice. Thus in design, it resembled the classic form of the nineteenth-century lunatic asylum. The water supplied by a river on the premises was plentiful, and by contemporary accounts, fresh. The main wash house of the institution was located in a building separate from the main asylum. Patients were divided by sex with the male patients occupying the west wing and the female patients the east wing. Each sex was in turn divided into four principal classifications; the "idiotic" and "intractable or filthy"; patients whose habits were "more orderly"; the quiet; and the convalescent. Within wards, there was room for the further subdivision of the patients in each class. The asylum was considered by commissioners and proprietors to afford the "complete means

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"Rapport aux Commissaires de L'Asyle Temporaire des Aliénés, a Beauport, janvier, 1849.

of classification ... a place for exercise and amusement - thorough ventilation - and ... [an] unlimited supply of water". According to Morrin, Frémont and Douglas, "the present Building, as now completed will be found to possess every arrangement which modern experience has taught to be essential to the curative or custodial treatment of the insane".<sup>47</sup>

Despite their overall satisfaction with the architectural features of the asylum, Douglas, Morrin and Frémont found that their institution was not immune from defects similar to those which plagued the Toronto Asylum. Unlike Workman, the proprietors were not likely to highlight the deficiencies of their institution's architecture to commissioners and state officials. Nor did the peculiar relationship between the state and the Beauport proprietors tend to invite criticism from the government. Nevertheless, there are indications that the institution's systems of ventilation and heating were insufficient to meet the needs of the large patient population.<sup>48</sup> A critical report

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<sup>47</sup>P.A.C., RG4 B65, File 2423, Report of Douglas, Morrin and Frémont, 16 September, 1852; RG4 B65, Report of the Commissioner of the Beauport Asylum, 27 April, 1850. In 1863, a new asylum with central building and two wings was again constructed, which incorporated several improvements.

<sup>48</sup>See for example, P.A.C., RG4 B65, file 2392, "Copie de quelques remarques faites par le médecin visiteur sur l'Asile des Aliénés à Beauport", 6 October to 30 October, 1865. See also RG4 B65, file 1809, Report of Visiting Physician Dr. A.

detailing the conditions at Beauport was produced by the 1887 Royal Commission on Lunatic Asylums of the Province of Quebec. It concluded that the "comfort, health and safety of the patients" were constantly wanting, and that the food and clothing of the patients left much to be desired.<sup>49</sup>

Moreover, the large size and high population density of the Beauport Asylum - neither of which were ideal characteristics according to the theory of architecture as moral therapy - made it vulnerable to the hazards of fire. On 2 February, 1855, a fire destroyed the west wing which was inhabited by female patients. Although there were no injuries, the fire caused massive disruption. The patients were transferred to the Quebec Marine and Emigrant Hospital, which, during the winter period before the opening of the

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Jackson on the Beauport Lunatic Asylum to Provincial Secretary, 18 September, 1866; Jackson Report to Provincial Secretary, 7 January, 1867; Provincial Secretary to Secretary to the Commissioners of the Beauport Lunatic Asylum, 18 January, 1867; Jackson to N.F. Belham, 21 February, 1867.

<sup>49</sup>Report of the Royal Commission on Lunatic Asylums of the Province of Quebec, 1888, pp. 49-50. Some caution must be used when evaluating the findings of the Royal Commission. Part of the Commissioners' critique of Beauport was related to their agenda of converting the institution into a less expensive enterprise under the auspices of religious charity. To this end, the Commissioners juxtaposed the defects of the Beauport Asylum with the efficiency and cleanliness of Saint-Jean-de-Dieu. But in the opinion of Daniel Tuke who evaluated the asylums of Canada on a tour in 1884, Saint-Jean-de-Dieu was by far the worst asylum in the two provinces. See Daniel Tuke, The Insane in the United States and Canada (London, 1885).

navigation, was relatively under used. They remained there until May, when a new wing was completed at the asylum.<sup>50</sup> In January, 1875, a much more devastating fire ripped through the main building at Beauport, killing 26 patients and, according to the medical proprietors, severely aggravating the insane condition of many others.<sup>51</sup> A similar tragedy with an even greater loss of life occurred at the St. Jean de Dieu Asylum in 1890.<sup>52</sup>

The Beauport proprietors' commitment to the "custodial treatment", as well as to the cure of the insane, marked a therapeutic departure from that of their alienist counterparts in Ontario. In fact, from the Beauport Asylum's inception, it was acknowledged that a certain percentage of patients would be admitted and classified as incurables. Although the willingness of the Beauport proprietors to take on this class of patient indicated a major difference in medical outlook from that of Superintendent Workman of the Toronto Asylum, the medical

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<sup>50</sup>Quebec Sessional Papers, 19 Vict. Appendix no. 2., 1856, Report of the Commissioners Appointed to Superintend the Beauport Lunatic Asylum, 1855.

<sup>51</sup>See the dramatic description of events in the 1875 Report of the Quebec Lunatic Asylum by the Medical Superintendents, Sessional Papers, 38 vict., no. 26, 1874-75.

<sup>52</sup>See T. Burgess, "A Historical Sketch of our Canadian Institutions for the Insane", in Transactions of the Royal Society of Canada, Sect. iv, 1898, p. 71.

reality between the two institutions was in many ways the same. Despite Beauport's apparent superiority in design according to the principles of moral treatment, over time, both institutions became predominantly populated with patients classified as chronic and incurable. Although mandated to accommodate incurable patients who officially comprised one-third of the total patient population, on several occasions Beauport's proprietors, like Workman, endeavoured to admit only recent cases of insanity. This, they hoped would define their institution as an asylum largely for the cure of insanity. As we shall see, in both provinces similar medical rationalizations would be put forth to explain the growing population of chronic patients.

However, by virtue of their position as proprietors of a monopoly system in the farming out of the insane, the Beauport medical directors' outlook on moral treatment, and on the issue of curability, was ultimately more pragmatic than that held by Workman. Though expressing some concern about the interrelated issues of a growing chronic patient population and tremendous overcrowding at their institution, Douglas, Morrin and Frémont worked hard to prevent the establishment of other psychiatric institutions elsewhere in the province.<sup>53</sup> This blend of entrepreneurial and medical

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<sup>53</sup>See Chapter 1 of this work.

ambition led Beauport's proprietors to evince less outrage and distress about the disparity between the great promise of moral treatment and the reality of incurability.

Although they attempted to incorporate important features of the architecture of moral treatment into their asylum, their agenda was, from the outset, never entirely compatible with its ideological tenets.

In terms of actual treatment strategies, moral therapy was practised in similar ways in both provinces. In Ontario and Quebec, the same combination of patient work, amusement, diet and daily regimen was seen to be the best means of patient recovery. The nineteenth-century superintendents at the Toronto Asylum, like their counterparts at Beauport, believed that the "best course of treatment of the insane is that in which the least medicine is employed".<sup>54</sup>

Work as therapy was of central importance to the success of moral treatment in both provinces. Work, and the exercise generated from the activity, were considered both to divert the alienated mind from the morbid associations connected with the patient's insane condition, and to regulate the digestive and respiratory systems. In an era

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<sup>54</sup>P.A.C., RG5 C1, File 1492, Report of the Medical Superintendent of the Toronto Asylum, 20 September, 1853. Two decades later, Superintendent Bucke at the London Asylum concurred: "I do not believe that drugs are capable of taking any part in the attainment of" a cure. See Shortt, Victorian Lunacy, p. 129.

in which there was a close diagnostic relationship between a patient's mental and physical condition, work therapy was seen to be of tremendous benefit.<sup>55</sup> But the timing and form of the prescribed work was to be subject to the medical expertise of the alienist. As Superintendent Roy explained:

... work is not suited to all patients, especially to maniacs. It is rarely efficacious at the commencement of the disease and it is even not always suited to [the] ascensional phase of the disease, for it would incur a risk of increasing the agitation. Violent exertion must at all events be altogether avoided, and would occasion more harm than good, and we use it only when the disease has passed its acute stage and threatens to become chronic and result in dementia.<sup>56</sup>

Patient work was a repetitive, steady and orderly activity, which, if properly supervised inside and outside the institution by attendants and medical staff, could reestablish those regular and sober habits considered essential to patient recovery by medical superintendents. Here the alienists' understanding of the medical benefits of work therapy merged with their social perceptions of rationality

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<sup>55</sup>Beauport's House Surgeon noted of work therapy that "all who have studied this subject agree in acknowledging its immense importance not only with respect to bodily health and good order, but also as one of the most efficacious therapeutic agents in the treatment of insanity". Report of the House Surgeon of the Lunatic Asylum at Beauport, Sessional Papers, 27 Vict., No. 39, 1864. Workman noted to the commissioners with satisfaction that upwards of three-fifths of his patient population worked at various tasks.

<sup>56</sup>Report of the Quebec Lunatic Asylum by the Medical Superintendents, 1872-73, Sessional Papers, 37 Vict., No.5, 1873, p. 114.

and order. As Workman put it, one of the main benefits of work therapy was that "many of the patients must leave their places of temporary confinement [as] more useful and independent members of society than they were before becoming insane".<sup>57</sup> Even for chronic patients whose chances of leaving the asylum were slim, work therapy was seen to provide many of the same benefits.<sup>58</sup> There was, moreover, the conception that in patient work, government patients would be in varying degrees earning their keep as privileged inmates of one of society's most benevolent institutions.

For female patients, work at the asylum included sewing, knitting, and a wide range of domestic activities inside the institution. Female patients worked in the laundry, in the kitchen, and on the farm as dairy maids. They helped clean patient rooms and attended to other patients less healthy than themselves. Male patients were

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<sup>57</sup>P.A.C., RG5 C1, File 1492, Supplementary Report of the Medical Superintendent, 1 October, 1853. Superintendent Roy of the Beauport Asylum put it this way: "Manual labour ... fortifies the physical organisation of the patient and largely contributes to the maintenance of order and the preservation of the morals of the patient". 1872-73 Report of the Quebec Lunatic Asylum by the Medical Superintendents, Sessional Papers, Vict. 37, No. 5, 1873.

<sup>58</sup>Morrin, Frémont and Douglas note in their first Annual Report, "Nous considerons l'exercice et le travail d'un immense avantage à l'aliéné, soit que son infirmité soit récente et curable, soit qu'elle soit chronique et sans espoir".

encouraged to work on the asylum farm and in the garden. They worked at various trades such as masonry and carpentry, and as manual labourers in the renovations and subsequent additions to the asylums. They also worked in the asylum bakery, in the tailor shop, helped engineers to load coal into the asylum furnaces, chopped and transported wood for asylum use, and performed a myriad of other tasks. As asylum infrastructures grew, male patients were also set to work in various machine shops.

A less therapeutic and more practical aspect of patient work was the use of patient labour to help offset the costs of asylum maintenance. The extent to which patient work was therapeutic, profitable, or exploitative was, in fact, subject to debate. The subtle contradictions in the alienists' philosophy of work for both medical and financial considerations could be brought to the fore by the occasional dispute between asylum officials and patient families. For example, in 1849, the family of a patient in the Beauport Asylum, Jean Dupont, along with some members of the parish of Beauport, wrote to the provincial secretary insisting that Dupont had for some time recovered his sanity. However, they argued that despite his recovery, and his expressed desire to go back home to his family and friends, he was being kept in the asylum in a state of "slavery" because he was a good worker whose labour was of

great value to the institution.<sup>59</sup> The provincial secretary requested that the asylum commissioners organize the immediate release of Dupont, adding that he desired no such controversy to arise in the future.<sup>60</sup> For their part, the proprietors of the Beauport Asylum argued that no real profit could be extracted from the labour of patients in the asylum. "The labour of lunatics, generally speaking" they noted, "does not pay".<sup>61</sup>

A similar debate broke out over the work of a patient, Henry Jones, who lived at the Toronto Asylum from 1870 until his death in 1907. In February, 1894, Asylum Inspector Christie received an application from Jones' wife, Lucy Jones, "for some compensation for the work [her husband had] done in the tailor shop" during the course of his long stay at the Toronto Asylum.<sup>62</sup> Concerned about the petition, Inspector Christie asked Superintendent Daniel Clark for a

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<sup>59</sup>The patient's family may have been right. The petition was sent during the construction of the new asylum at La Canardière.

<sup>60</sup>P.A.C., RG4 B65, Petition for the release of Jean Dupont from the Beauport Lunatic Asylum, 28 August, 1849; Provincial Secretary to commissioners of the Beauport Lunatic Asylum, 10 September, 1849.

<sup>61</sup>Annual Report of the Proprietors of the Beauport Lunatic Asylum, 1869, Sessional Papers, 34 Vict. No. 12, 1870.

<sup>62</sup>Ontario Archives, (hereafter OA), RG 63, Correspondence of the Inspector of Prisons and Private Charities (hereafter IC), file 6387, Christie to Provincial Secretary, February 22, 1894.

statement as to whether "the patient's employment has been constant or if he is as efficient as represented" by Jones' wife. Christie ended his letter to Clark emphasizing that he "had no idea that any compensation can be given him, as an acknowledgement in this respect would open up the way to any amount of applications along the same lines".<sup>63</sup>

In his report to Inspector Christie, Superintendent Clark had the following to say about the patient's long work history:

... he has been an inmate for 23 years and is a tailor. He has worked in our tailor shop more or less during that period when physically and mentally able to do so. For a number of years he has only worked at intervals as for weeks and months at a time he has not been able to work. His work has been principally at repairing old clothes and in his way he has been useful. He does very little work now and is not likely to do much more as he is getting old and feeble. If the principle of remuneration for such for work is acted upon then there are large numbers here similar to him who would be entitled to consideration.<sup>64</sup>

Writing to the provincial secretary, Inspector Christie underlined "the Superintendent's objection to the principle of remuneration to patient for work done in the institutions", arguing that "it would form a precedent that could not be carried out satisfactorily". He further noted

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<sup>63</sup>Ibid.

<sup>64</sup>OA, RG 63, IC file 6387: Clark to Christie, 20 February, 1894.

that "all patients are encouraged to work in some way for their individual benefit, but the fitful way in which work is performed by them would not warrant compensation".

Finally, in the case of Henry Jones, Christie reassured the Provincial Secretary that "it does not appear that any extra advantage has been derived from the labour of the patient".<sup>65</sup>

In the face of protests and demands for compensation by relatives, Christie and Clark, like their counterparts in Quebec, deemphasized the usefulness and value of patients like Jones. Although a patient's insanity could be benefited through work, it was argued, the same mental condition precluded a patient from being considered as a legitimate wage earner. However, it is obvious that in different contexts, superintendents and inspectors saw patient labour as having considerable potential for a reduction in the costs of asylum provision for the insane. Inspector Christie strongly encouraged the use of patient labour in different departments of the Toronto Asylum, under the supervision of hired workers.<sup>66</sup> In his evaluation of

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<sup>65</sup>OA, RG 63, IC file 2387, Christie to Provincial Secretary, 22 February, 1894.

<sup>66</sup>See for example Christie's efforts to save money in this way with the use of supervised patient labour in the asylum bakery, OA, RG 63, IC file 6370, Christie to Clark, 3 July, 1895.

the productivity of the Malden Asylum farm, Steward John Milligan calculated that the labour of "two patients [was] equal to one able-bodied labourer". On this basis he concluded that "the produce of the farm covers all costs, and gives a very handsome profit also".<sup>67</sup> A key quality in asylum attendants was seen by inspectors and superintendents to be their ability to maximise the work potential of the patients they supervised.<sup>68</sup> John Kelly, chief tailor at the Toronto Asylum, was praised by Superintendent Clark because "he succeeds well with the patients who work under him". This resulted in "a great improvement in the amount of work turned out and the quality of work done".<sup>69</sup>

In his report on patient work at the Beauport Asylum, Inspector Wolfred Nelson noted with approval that "several of the females were ... employed [and] as women are naturally given to seek occupation, every effort should be made to provide them with some work as a means of amusement, and to divert their minds from dwelling on imaginary ills". Nelson considered patient work for males and females of

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<sup>67</sup>See Steward's Report in the Annual Report of the Malden Asylum, 1868-69.

<sup>68</sup>See for example, Christie's recommendation of Mr. McCammon for the position of asylum baker based, among other things, on his ability to work well with patients. QA, RG 63, IC file 6370, Christie to Clark, 15 May, 1895.

<sup>69</sup>QA, RG 63, IC file 6391, Clark to Christie, 2 December, 1895.

importance from both a "remedial and pecuniary point of view".<sup>70</sup> Some superintendents were proud of the amount of food and other supplies that could be produced through supervised patient labour at a considerable savings to the institution. Thus Workman noted in an annual report that "the coats of the male patients alone have last year been made out of the asylum. All other needlework has been done in the house by the female patients, and some males directed by a jobbing tailor".<sup>71</sup> Shortly after his appointment as superintendent to the Malden Asylum, Henry Landor noted that "no one in charge of any asylum can lay a greater stress on the necessity of [patient] employment than myself".<sup>72</sup> John Palmer Litchfield, superintendent of the Rockwood Criminal Lunatic Asylum, noted that the value of the labour of many of his patients:

cannot well be questioned. One of them cooks all the food required for the male inmates of the Asylum, another supplies it to those who cannot serve themselves, ... [another] fabricates the warm clothing required to keep them in health, and ... [another] nurses them tenderly in sickness, and closes their eyes reverentially when they

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<sup>70</sup>Report of Dr. Wolfred Nelson, Sessional Papers, 25 Vict., No. 19, 1862.

<sup>71</sup>P.A.C., RG5 C1, File 256, Report of the Medical Superintendent, 18 February, 1856.

<sup>72</sup>Report of the Superintendent of the Malden Asylum, 1868-69.

die."<sup>73</sup>

It was also common for superintendents to give statistical returns on the productivity of the asylum patients at various trades and on the farm.<sup>74</sup> Patient work was also an important component to the renovations of the branch asylums in Ontario.<sup>75</sup>

Maurice Bucke, at the London Asylum, was especially concerned with creating new forms of work for his patients. In 1884, Bucke had managed to get 84 per cent of his 900 patients to work "on an average day". To increase the

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<sup>73</sup>See Report of the Rockwood Criminal Lunatic Asylum for 1866, Journals of the Legislative Assembly for Upper Canada.

<sup>74</sup>See for example, P.A.C., RG5 C1, File 570, Workman's Report on the State of the Asylum, 18 March, 1858. Although the Beauport Proprietors did not give such statistical returns, they had by far the largest institutional farm under production in Canada comprising some 200 acres. By comparison, the farm at the Toronto Asylum was 30 acres in size. Superintendents placed a heavy emphasis on the productivity of patients at the Malden and Orillia Branch Asylums, as is reflected in these institutions' annual reports. For Malden see Annual Report of Superintendent Fisher, 1862, Sessional Papers, 66; and the annual reports for 1863, 1864, and 1865. For Orillia see Annual Report of Superintendent Ardagh, 1862, Sessional Papers, no 66; and the annual reports for 1863, 1864, 1865, and 1866.

<sup>75</sup>Workman noted, for example, that on 14 July, 1859, "twenty of our most industrious and quiet male patients [were sent to the Malden Asylum] to assist in the works to be performed". Annual Report of the Superintendent, 1859. Two years later, Workman praised Superintendent Fisher of the Malden Asylum for "his skill in the direction of the labour of his patients" which helped save "the public much expense in the preparation of the buildings and premises". Annual Report of Superintendent Workman, 1860.

number of patients working at the asylum, Bucke gave extra privileges to those who worked and withheld the privileges of those who did not.<sup>76</sup> Bucke introduced the cultivation of willows for basket making, and the manufacturing of bed mattresses in an effort to increase and diversify the productivity of his patient labour force at the asylum. In both cases, the quest for profit, and the minimization of the costs of asylum maintenance, dominated discussions between Bucke and asylum inspectors.<sup>77</sup>

Also considered of great importance to the practice of moral therapy in Ontario and Quebec was patient entertainment or amusement. Again, medically speaking, there were both physical and psychological components to this aspect of patient therapy. Patients, especially those who were unable or who refused to work, were encouraged to take walks around the asylum grounds, and to play at a number of games including cricket, croquet, bowling and billiards in order to exercise the body, which, in turn, was

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<sup>76</sup>See Shortt, Victorian Lunacy, p. 132.

<sup>77</sup>See OA, RG 63, Box 229, file 6595, Inspector Aerial to Bucke, 12 March, 1883; Bucke to Aerial, 31 March, 1883; Bucke to Aerial, 29 March, 1884; Aerial to Bucke, 30 January, 1884; Bucke to Aerial, 18 February, 1884; Aerial to Bucke, 20 February, 1884; Bucke to Aerial, 28 February, 1884; Aerial to Bucke, 4 March, 1884; Provincial Secretary to Bucke, 10 March, 1884.

meant to stimulate mental activity.<sup>78</sup> Drama and music clubs, and church choirs were also established, and regularly scheduled dances, lectures and magic lantern exhibitions, were introduced into the asylum's regimen. Most nineteenth-century asylums in Ontario and Quebec also had libraries with a select collection of books designed to promote "sensible" reading.<sup>79</sup> Beyond the professed therapeutic strategy of patient amusements was the practical need for diversion from the monotony of asylum living. Thus asylum attendants and superintendents were often eager participants in several of these activities.

The final component to moral treatment was the regular delivery of religious service. At Beauport, both Catholic and Protestant services were held. As with work and amusements, religion was seen to have a strong therapeutic component. According to Morrin, Frémont and Douglas:

Sans exprimer une opinion sur les effets spirituels de ces pratiques religieuses ... nous sommes convaincus qu'elles sont très importantes comme moyens curatifs; elles peuvent dominer les idées trop absolues des malades, fixer leur versatilité, et leur inspirer une sage défiance

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<sup>78</sup>Soon after his permanent appointment, Workman had a planked walkway constructed by patient labour, in order that patients could take walks around the asylum grounds without getting wet from the damp soil.

<sup>79</sup>At Beauport, the proprietors subscribed to the Bibliothèque de Québec for books for patients. At the Toronto Asylum, the first library was established from books selected by Workman himself.

contre leur propres illusions. Plusieurs de ces patients, turbulents et indisciplinés dans les salles, deviennent, tout à coup, et demeurent pendant le service, silencieux, attentifs et respectueux. Les souvenirs d'autrefois, les coutumes et les sensations du passé revivent et un avantage marqué le résultat.<sup>80</sup>

Religious services were seen as useful in reemphasizing customs and practices in which the patients had formerly participated while in a sane condition. They also served to instill discipline and order in much the same way as patient work and amusements.

S.E.D. Shortt has noted that "the treatment protocol of the London Asylum, based on the triumvirate of work, religion, and constructive amusement, was both typical of most Anglo-American institutions and consistent with a pessimistic view of etiology and prognosis", in the late nineteenth century.<sup>81</sup> Although the same treatment strategy was practised in the era of the "discovery of the asylum" in Ontario and Quebec, the promise of moral therapy expressed at the outset was tempered by the experiences of patient treatment. As it became increasingly obvious that the high cure rates originally promised by the early proponents of moral therapy would not be achieved in Ontario and Quebec, the proprietors at Beauport and the superintendents at the

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<sup>80</sup>Annual Report of the Beauport Proprietors, (Quebec, 1949).

<sup>81</sup>Shortt, Victorian Lunacy, p. 136.

Toronto Asylum constructed similar arguments to explain this state of affairs.<sup>82</sup> Without abandoning their faith in the therapeutic potential of moral treatment, they argued that a combination of factors at the pre-committal stage were militating against patient cure in the asylum.

Perhaps the most important explanation among alienists for the increasing numbers of chronic and incurable patients in the asylum in Ontario and Quebec was the timing of patient committal. At both Beauport and the Toronto Asylum, medical officials noted that, from the outset, the patients they received into their institutions were those whose mental disorders had been of long duration. Subscribing to the prevailing theory of the importance of early treatment, alienists noted that the longer the delay in getting the lunatic into the asylum for treatment, the less likely it was that he/she would recover. Workman and the proprietors of the Beauport Asylum asserted that when their institutions first opened, they were forced to accommodate a large number of patients from the local jails and provisional asylums, and that these patients were invariably ones whose insanity had been of long standing. According to the theory of early treatment, these patients were unlikely to recover by moral

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<sup>82</sup>By 1854, Workman estimated that three-fifths of his patient population were "hopeless" cases. P.A.C., RG5 C1, File 755, Annual Report of the Medical Superintendent.

therapeutic means.<sup>83</sup> From the outset, their institutions were thereby inhabited with a core of patients with unpromising prognoses.

Further adding to the large number of chronic and incurable patients were those who were sent by their families to the asylum only after a prolonged period of family care. According to the house physician at Beauport, "in the majority of cases, the families of persons attacked with insanity, swayed by ignorant prejudice, false shame, or weak pity, defer, as long as possible, sending them to the asylum. They thus allow the favourable moment to pass away, when the disease might be easily cured, and the consequence is, that individuals who might have been restored to reason and to society, become the victims of confirmed insanity" in the asylum. Sceptical of the existence and/or value of any home-based care or therapy, alienists in Quebec and Ontario, as elsewhere, reasoned that prolonged confinement at home denied patients the benefits of early asylum treatment.<sup>84</sup>

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<sup>83</sup>See Report of the Medical Proprietors of the Beauport Asylum, 13 December, 1855, Sessional Papers, 19 Vict., Appendix 2. See also P.A.C., RG5 C1, File 1673, Workman to the Provincial Secretary, 4 December, 1856.

<sup>84</sup>Report of the House Surgeon of the Lunatic Asylum at Beauport, 28 January, 1864, Sessional Papers, 27 Vict., No. 39, 1864. Proprietor and Medical Superintendent Roy would later point out: "Far from viewing the precarious state of these unfortunates, in a serious light and immediately placing them under proper medical treatment, they are left to vegetate ... in the bosoms of their families, where their future is

If families were culpable for not sending their relations to the asylum early enough for effective moral treatment, local family physicians also frequently came under fire for their unenlightened treatment strategies.

According to Workman:

... one of the greatest evils connected with the disease is by all medical superintendents of asylums, declared to be the over-treatment of the patients, in the hands of country practitioners. I have had under care a multitude of cases in which indiscreet recourse to blood letting severe purgatives and other depressive remedies, or the gross abuse of narcotics, has been productive of the most distressing results.

Although not casting all local doctors in such an unfavourable light, Workman, like his counterparts in Quebec, was quick to criticise the more traditional medical perceptions and treatments of insanity at the local level which did not conform with the theory and practice of contemporary asylum therapy.<sup>55</sup> Like the families they

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daily darkened by a sojourn prejudicial to their special state. Moreover, this indifference is carried so far that patients are only sent to the asylum after they have become incurably insane through neglect, for which we are nevertheless held responsible". Report of the Quebec Lunatic Asylum by the Medical Superintendents, 1872-73, Sessional Papers, Vict. 37, No. 5, p. 42. See also Annual Report of the Proprietors of the Beauport Lunatic Asylum ... for the Year 1869, Sessional Papers, 34 Vict., No. 12, 1870, p. 43.

<sup>55</sup>In an attempt to remedy this perceived evil, Workman offered to give a series of lectures on "insanity and the bodily disorders associated with it" at the asylum for the benefit of students at the various Toronto medical schools. See P.A.C., RG5 C1, File 1243, Report of the Superintendent, 1854.

treated, local practitioners, ignorant of "the approved system of modern therapeutics applicable to its cure", consigned many patients to a chronic or incurable state.<sup>86</sup>

A related explanation among alienists in Quebec and Ontario for low cure rates was the tendency in both provinces for many of the insane to be detained in the local district jails before committal to the asylum. After the establishment of permanent asylums in Quebec and Ontario, priority was given to the removal of the insane from local jails to the asylums in an effort to relieve the jails of a burden no longer considered appropriate to their function. However, due in part to the inability of lunatic asylums to meet the public demand for asylum accommodation, local jails remained sites of prior committal. As a strategy to get

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<sup>86</sup>P.A.C., RG5 C1, File 720, Report of the Medical Superintendent, 3 May, 1855. Workman argued that "the most promising [asylum] cases are generally those for which the least has been done" by the local physician. P.A.C., RG4 C1, File 332, Report on the State of the Asylum, 1857. Lamenting the lack of education in psychiatry of the average physician, Superintendent Roy states: "They understand what they have learned, but they were not taught everything that was necessary for the future; thus, when called to attend a patient, they cannot sometimes analyze, at once, the symptoms of mental alienation or of a nervous disease, where it exists; they direct all their attention to the patient, and try correctly to see their way through the doubts which they entertain, but notwithstanding their watchfulness and good intentions, the disease becomes more serious; the latest period, being the precursor of delirium is passed, unnoticed by them, frenzy suddenly and most unexpectedly supervenes, and then all is clear ... but it is too late". Report of the Quebec Lunatic Asylum by the Medical Superintendents, 1872-72, Sessional Papers, Vict. 37, No.5, pp. 119-120.

their ailing relatives transferred quickly to the asylum, families would sometimes have them declared "dangerous to be at large" and then confined to a local jail until a warrant was issued for their removal to the asylum. This strategy, of course, offered quick and/or convenient relief to the family. Superintendents for the most part deplored this strategy, arguing that the environment of the local jail, and the harsh treatment of patients there, frequently confirmed rather than improved their mental derangement. The complicated process of committal from the jail to the asylum, they argued, also caused unnecessary legal delays in the institutional moral treatment of the patients.

Alienists also complained that most patients who came from the local jails, like many who came from the community, brought with them little medical information from which to ascertain the nature and extent of the mental disease. Although an official medical questionnaire and proper medical certificates were supposed to be sent to the asylum along with the patient, much of this information was usually missing. According to asylum superintendents, the lack of medical history for many patients restricted the efficacy of medical treatment in the asylum.<sup>87</sup> Workman also asserted

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<sup>87</sup>See for example, Annual Report of the Proprietors of the Beauport Lunatic Asylum ... for the Year 1869, Sessional Papers, 34 Vict., No. 12, 1870, p. 44; Report of the Quebec Lunatic Asylum by the Medical Superintendents, 1872-73,

that in their haste to have certain people committed, justices of the peace and family members sometimes fabricated those medical details which they thought would lead to a faster committal.<sup>88</sup>

Finally, in Ontario and Quebec, superintendents noted the lack of asylum accommodation for patients as a contributing factor to the ineffectiveness of moral therapy. In both provinces, the superintendents argued that the numbers of insane, and the numbers of applicants for admission, were in excess of the number that could be accommodated. Thus, most patients were forced to wait for openings which, according to the theory of moral treatment, further tended to aggravate their conditions and resulted in the creation of more chronic and incurable cases. Although in both provinces measures were eventually taken to restrict admissions to recent cases, according to superintendents, the flood of applicants still resulted in the admission of patients whose disorders had not received their expert medical treatment soon enough.

This constellation of interrelated explanations employed by alienists in both provinces to explain the low cure rates in their respective institutions is important in

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Sessional Papers, Vict. 37, No.5, p. 47.

<sup>88</sup>See for example, P.A.C., RG5 C1, File 608, Report of the Medical Superintendent, 9 May, 1854.

several respects. Although forced to acknowledge the low cure rates in their asylums, it is evident, at least prior to the pessimistic era of degeneration theory, that alienists were not prepared to regard moral treatment as inefficacious therapy. Alienists maintained that moral treatment did effect cures. But they also argued that the conditions in which asylum medicine worked at its best were thwarted by the social, economic and cultural realities of the society in which the lunatic asylum was situated.

The permanent asylums in Ontario and Quebec had, in fact, been established in societies in which there were pre-existing perceptions of, and responses to, insanity. These included various customs of community and family care, treatment by local physicians, and institutional provision in the local jails. In their efforts to explain the failure of moral treatment to cure more patients in the asylum, the superintendents constructed arguments which essentially blamed the continued use of these more traditional means of treating and managing insanity.<sup>69</sup> In some important

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<sup>69</sup>The superintendents in Quebec appeared to exclude the various religious hospitals in Quebec, including the Montreal General Hospital, the House of Providence in Montreal, the Montreal Lying-In Hospital, and the Quebec General Hospital, from their castigations. The insane were frequently sent to these charitable institutions as a first resort in the hopes that medical treatment there would result in recovery. But, as soon as the patients' behaviour became intractable to the point of disrupting the medical regimen of the other patients, the Sisters refused to keep them. A petition was usually then

respects, the introduction of the lunatic asylum did alter the character of earlier perceptions and responses to insanity; but, to the dismay of the medical superintendents, the asylum did not quickly replace them. Instead, asylums became integrated, to greater and lesser extents, into the network of pre-existing strategies employed to deal with those perceived to be insane.<sup>90</sup>

This process of integration can be seen in the case of the district or local jail. Before the introduction of the lunatic asylum in Quebec and Ontario, it had been the practice in several district jails of Quebec and Ontario to hire a jail physician or surgeon to tend to the medical needs of the inmates.<sup>91</sup> This included the care of the

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sent to have the patient removed to the Beauport Lunatic Asylum. This process can be seen in a number of records including the following: P.A.C., RG4 C1, File 1471; RG4 C1, File 2784; RG4 C1, File 1790; RG4 C1, File 1601; RG4 C1, File 3223; RG4 C1, File 1990; RG4 C1, File 1423; RG4 C1, File 350; RG4 C1, File 1210; RG4 C1, File 1276; RG4 C1, File 1605; RG4 C1, File 1607; RG4 C1, File 2304; RG4 C1, File 696; RG4 C1, File 701; RG4 C1, File 1415.

<sup>90</sup>I have argued elsewhere that the introduction of the lunatic asylum in the state of New Jersey intersected with, and in many ways collided with, a well-established traditional custom of community care. See James Moran, "Asylum in the Community", in History of Psychiatry, vol. ix, 1998, pp. 1-24.

<sup>91</sup>For instance, at the Midland District Jail, a physician was hired to "make quarterly reports on the health of the prisoners and the several cases of sickness which have occurred with the term just ended. For his services he is allowed a compensation of fifty pounds per annum - and though engaged for the benefit of the inmates of the cells only, he never hesitates to extend his professional aid to unfortunate

insane who were brought to the jail under warrants for petty crimes, such as assault or theft, loose, idle and disorderly conduct, or, most commonly, for being "a dangerous person suspected to be insane". With the introduction of the asylums in Quebec and Ontario at mid-century, the local jail continued to serve as an important institution for the reception of the insane. The commitment of both provinces to rid the jails of their insane inmates guaranteed the perpetuation of the practice of first incarcerating the insane in these local institutions. An examination of the Perth County Jail highlights how the local jail served as an important socio-therapeutic setting for the insane well after the introduction of the asylum.<sup>92</sup>

The transfer of a patient from the local jail to the lunatic asylum involved several steps. In the case of the Perth Jail, a person suspected of insanity was usually committed to the jail on warrant by one or more justices of

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and penniless debtors when required. It is understood to be the duty of the physician to direct any change in the diet of prisoners, which the state of their health may from time to time render advisable". See, Midland District Gaol Report, Kingston, 30 December, 1835, J.L.A. Appendix # 44, 1836. In 1832, a "Medical Gentleman was appointed as Surgeon and Apothecary to our District Gaol at a salary of £15 per annum, he finding all medicines". London District Gaol Report, London, 31 December, 1835, J.L.A.

<sup>92</sup>This examination is based on the rich correspondence between the clerk of the peace of the Perth County Jail and the superintendent of the Toronto Lunatic Asylum.

the peace. Upon committal, the patient was first examined by the jail physician or surgeon, who assessed the patient's physical and mental state and, in some cases, began a regimen of medical treatment. If the jail surgeon concluded that the patient was insane, he notified the clerk of the peace, who, in turn, began the process of certification and committal to the asylum. At the Perth County Jail, the clerk of the peace first wrote to the superintendent of the Toronto Lunatic Asylum, requesting a copy of the official medical questionnaire that needed to be filled out and sent back to the asylum. This questionnaire, upon which the superintendent would base his subsequent treatment strategy, asked for details related to the medical history of the patient. The completed questionnaire, which contained the medical analysis of the jail surgeon and information gathered from the family or other acquaintances of the patient, was also used to gauge the urgency of the case compared to other requests for committal. The clerk of the peace also alerted three local physicians that their services would be required at the jail for the purposes of evaluating the condition of the patient. If they concurred with the diagnosis of the jail surgeon, they filled out a certificate of insanity, a legal document required for committal to the asylum. At this stage, two or more justices of the peace authorised the allocation of funds out

of the local treasury for the purpose of transporting the patient from the jail to the asylum. The jail warden or other official was given the responsibility of taking the patient to the asylum, along with the pertinent documentation.

This description of the official process of committal from the local jail to the lunatic asylum already hints at the importance of the jail in the diagnosis and treatment of insanity. Because of the delays in the committal process, patients could remain in the jails for some time. This prolonged the treatment by the jail surgeons, who, in some cases, developed their own medical outlooks on diagnosis and treatment. Moreover, it is clear that the determination of the mental condition of the patient was constructed, at the outset, at the local level. The assessment was based on medical and non-medical information presented by the magistrate(s) who committed the patient, the medical evaluation of the jail surgeon, information derived from those acquaintances and relatives who made the decision to commit, and the opinions of the certifying physicians.

The medical role played by the jail surgeon in the treatment of inmates perceived to be insane could be important. This is evident in the medical treatment of a number of patients by Dr. John Hyde, surgeon to the Stratford Jail. When Jane Anderson was brought to the jail

in a "weak and feeble" state, and feeling "low and melancholy", Hyde first administered morphia in an effort to procure sleep, and then ordered that a generous diet be served to her by the jail attendant. Some time later, Hyde added "cold ablutions thrice daily and quinine and iron" to his treatment of Anderson's malady.<sup>93</sup> Hyde often combined the treatment of a patient's physical disorders with a treatment of his/her mental disease. Another Stratford Jail inmate, Patricia Peters, was committed by order of the magistrates, "having been found at large". In his first examination of Peters, Hyde noted that she was emaciated and feeble, and that she was suffering from Chorea, or "St. Vidas Dance". The Chorea, he observed, subsided in about a week, but was replaced by "excitative madness". For this condition, Hyde administered five glasses of Portwine daily, and sulphate of morphia to the amount of two grains daily". This enabled Peters to sleep well at night but did not seem to decrease her insane condition.<sup>94</sup>

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<sup>93</sup>OA, RG22, Clerk of the Peace, Lunatic Accounts, Perth County, unprocessed (hereafter, Lunatic Accounts, Perth County), Clerk of the Peace to Joseph Workman, 30 July, 1858.

<sup>94</sup>OA, Lunatic Accounts, Perth County, Questionnaire for the committal of Patricia Peters, April, 1858. Hyde treated another patient who was suffering from a condition which appeared to the surgeon to be "more like nervous fever than pure insanity" with wine freely laced with opiates and occasionally (owing to the unhealthy evacuations) with calomel. Questionnaire for the committal of John Lang, 15 June, 1860.

In many instances, Hyde's treatment appeared successful enough to cure his insane patients, without having recourse to committal to the Toronto Lunatic Asylum. Richard Black was admitted to the jail in a violently insane condition. According to Linton, Black "could hardly be subdued by the Gaoler and his assistant". Dr. Hyde noted that, on the day of his commitment, Black was also subject to epileptic fits. Yet during the course of the application procedure for admission to the Toronto Asylum, Hyde reported that Black's condition had improved dramatically, and that only in the case of a relapse would he in fact need to be sent to the asylum.<sup>95</sup> Workman did not fail to praise Hyde for his medical efforts which occasionally prevented the necessity of patient committal to the superintendent's overcrowded asylum. In one instance, Workman wrote that he was "glad that the woman Davis recovered under Dr. Hyde - it is another pleasing proof of the fact that judicious treatment might save many patients from the disagreeable alternative of consignment to a Lunatic Asylum".<sup>96</sup> On another occasion, Workman informed the clerk of the peace that one of the jail patients could be sent down to the asylum,

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<sup>95</sup>OA, Lunatic Accounts, Perth County, Dr. Hyde to Linton, 2 August, 1860; Linton to Workman, 9 August, 1860.

<sup>96</sup>OA, Lunatic Accounts, Perth County, Workman to Linton, 11 June, 1860.

"provided your good gaol surgeon does not again carry off the prize, a feat in which he has become rather expert".<sup>97</sup>

Although Hyde's therapeutics often figured prominently in the subsequent fate of a patient incarcerated in the Perth Jail, the case of Conrad indicates that the socio-medical world of the local jail encompassed far more than the treatment strategies of its surgeon. Conrad was committed to the jail in February, 1858, on the request of his wife. Upon his arrival, Hyde noticed that Conrad was "really excited", and he was informed that the patient had not slept for several nights. Hyde administered "a very large dose of Tincture of Opium in half a tumbler of Port Wine" in an effort to get Conrad to sleep thoroughly in the evening. Hyde reevaluated Conrad's condition the next morning and found that he had slept well, but that his tongue was soft, and his pulse "weak and compressible". As a result, he ordered that his patient be given a glass of

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<sup>97</sup>OA, Lunatic Accounts, Perth County, Workman to Linton, 18 June, 1860. Hyde was evidently not one of those country physicians whose unenlightened treatment strategies were so lamented by Workman and other alienists. The success of the jail surgeon could determine who was to be sent to the asylum. For, example, at the London Jail in 1865, applications were made for two lunatics to be sent to the asylum. But, a short time later, the sheriff wrote to the provincial secretary stating that one of the patients had "improved greatly under the treatment of the jail physician - If you find you have only room for one, I would much rather send you [the other], as he is very violent, and difficult to manage". P.A.C., RG5 C1, File 1038, Sheriff to Provincial Secretary, 29 July, 1865.

wine four times a day, and a generous diet. After four days of this treatment, Hyde considered Conrad to be cured of his mental alienation and ordered his dismissal from the jail.

However, after some time at home, the local magistrates recommitted Conrad as insane. Dr. Hyde was informed by Conrad's wife that her husband tended to become very excited "at full moon". Hyde again assessed his patient, this time concluding that he displayed the "well known symptoms of mania a potu", or insanity induced by the overindulgence of "ardent spirits". Based on this evaluation, Hyde "resumed the use of wine in connection with sulphate of morphia", which, in a few days improved Conrad's condition. Nevertheless, Conrad's wife and some neighbours remained concerned about his mental state and urged his committal to the Toronto Asylum. "Out of a regard to their request", Hyde informed the clerk of the peace that he was appending his name to the medical certificate for that purpose.<sup>98</sup> Conrad was subsequently sent to the Toronto Asylum where he was treated by Superintendent Workman for about a month. In correspondence with the clerk of the peace, John Linton, Workman mentioned that Conrad's condition had improved to the point where his dismissal from the asylum was imminent. Linton responded by strongly

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<sup>98</sup>OA, Lunatic Accounts, Perth County, Linton to Workman, 27 February, 1858; Hyde to Linton, 8 March, 1858.

urging that Conrad remain in the care of Workman for a further period. In Linton's opinion:

I think that your discharging him now, would do away with all the good you have already done him, - as in my non-medical opinion, his nervous system wants a longer "stillness" to make it sounder and stronger to meet the excitements of ordinary things in a busy world. You have the means, so far as you can, in your power, and better see him sawing wood, or "chopping stones", or cleaning floors, digging with spades - or anything - under your care than his meeting the rebuffs, and uncertainties, and coldness, of a world which makes or creates nervousness, rather than soothes it - I think, you think so too. I mean, till his nerves are "braver" and a month or so might do that."

On the recommendation of the clerk of the peace, Workman kept Conrad for another month, discharging him on the 10 May "at the request of his wife".<sup>100</sup>

The case of Conrad indicates that a variety of influences could affect the course of treatment of patients who ended up at the district jail. The nature of a patient's insanity and the recommended course of medical treatment were determined by a range of community members. In many cases, the removal of the patient from the context of asylum treatment was ultimately the decision of the family, not the superintendent. More striking still was the

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<sup>99</sup>OA, Lunatic Accounts, Perth County, Linton to Workman, 12 April, 1858.

<sup>100</sup>OA, Lunatic Accounts, Perth County, Workman to Linton, 10 May, 1858.

ability of the clerk of the peace, John Linton, to influence the medical decision of the superintendent based on his own "non-medical" analysis of Conrad's nervous inability to face the excitement of a busy world.

Many cases of insanity at the Perth Jail were in fact filtered through the moral universe of the clerk of the peace. Linton frequently gave his opinions and advice to families and acquaintances on the appropriateness of their decision to commit those they considered to be insane to the jail. In one instance, John Sparling, a justice of the peace, brought Mrs. Steltser to the jail, noting that she had been for some time "rather outrageous". The J.P. expressed concern that Steltser might "do some injury to her family or husband". He asked that she be treated with consideration and offered medical attention in the jail. Sparling strongly recommended that she was a fit subject for treatment at the Toronto Asylum. After her committal to jail, Linton started proceedings to have her sent to the Toronto Asylum. But, after she had been at the Perth Jail for a few weeks, Linton came to quite a different evaluation of the case of Mrs. Steltser. Based in part on the medical report of the jail surgeon, Linton responded to the J.P. that:

It is reported to me [by Dr. Hyde] that Mrs. Steltser, with kind treatment, would be as well as ordinary people are - and that she is now so.

Further, that her husband or any other friend has not come to enquire after her thereby to show some anxiety and humanity for her improvement and recovery. I write this to suggest that it would be better for her husband to see to her state, and to do a husbands duty - and take her home - as it is likely she will be discharged. She is anxious to see her family. There is no vacancy for her admittance in the asylum at Toronto, even if she was a subject for that institution, which I doubt three medical practitioners here would find her to be.<sup>101</sup>

Here, in Linton's view, was a case of spousal and family neglect poorly disguised as a case of insanity. The sheriff of Stratford shared Linton's opinion on this and other cases, noting that "there has been so many patients discharged as cured [by] the Jail Surgeon, [brought] here by the justices for insanity, that I am satisfied such patients should not have been committed at all in the common jail of this county". According to the sheriff, "many justices of the peace throughout the county, I think, if a complaint is made before them they must commit, right or wrong".<sup>102</sup>

In some instances, patients who were diagnosed by the jail surgeon and clerk of the peace as insane and in need of asylum treatment were nevertheless retrieved from the jail back into the community. Jane Anderson was committed to the

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<sup>101</sup>OA, Lunatic Accounts, Perth County, Linton to John Sparling, J.P., 27 May, 1858; also John Sparling to Linton, 6 May, 1858.

<sup>102</sup>OA, Lunatic Accounts, Perth County, R. McDonnell to Linton, 23 December, 1858.

Perth Jail as insane. According to Dr. Hyde, she was very reserved and uncommunicative, but made a continuous "whining noise", repeating the phrase "Oh! Dear, Oh! Dear". Hyde recommended her as a fit candidate for the Toronto Asylum. But, five days after her committal, Anderson's husband removed her from the jail and took her by railroad to her friends near Whitby in the hopes that "she would thereby get better".<sup>103</sup> Within the same week, another two patients who, according to Hyde would have benefited from asylum treatment, were taken back from the jail by relatives.<sup>104</sup>

Through correspondence with the clerk of the peace, acquaintances and relations kept track of the progress of patients in the jail and in the asylum. Linton was always prepared to offer his own advice along with any news he had for residents of the district. In one instance, John Collins was committed to the jail as insane by a constable from St. Marys. A week after his committal, Collins' father sent a letter to Linton requesting the clerk of the peace to "write to me once or twice each week" to let him know how his son "is getting about". Linton responded that Collins was "keeping well", was "in his sane mind", and requested

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<sup>103</sup>OA, Lunatic Accounts, Perth County, Linton to Workman, 15 July, 1858; Linton to Workman, 16 July, 1858.

<sup>104</sup>One was taken away by her husband, the other was taken away by his brother. OA, Lunatic Accounts, Perth County, Linton to Workman, 20 August, 1858.

that the father send some clean linen to improve the comfort of his son in the jail. Linton added that "if he continues so well, the Dr. [Hyde] thinks you may come on Saturday for him".<sup>105</sup> Collins showed persistent signs of improvement, and the jail surgeon authorised his discharge shortly thereafter. Upon reaching St. Marys, Collins met the same constable who had originally incarcerated him. The constable apparently called to Collins "how did you get out?" Evidently frightened by the constable's demeanour, Collins bolted into a nearby wood and disappeared. In a sorrowful letter to the clerk of the peace, Collins' father lamented:

... the mistake on the part of Dr. Hyde in supposing the man to be cured and well in so short a time and should of thought the Dr. had been more authentically [versed] in the deep planning and scheming to of put my confidence in what these insane men say in their best moods which are commonly of short duration better for me had I of lost the best farm in Canada had I of been the owner of it then he should of been set out at liberty so very soon and alone....<sup>106</sup>

Six months later, Collins' father wrote to Linton informing him that his son had resurfaced in the local jail at Sarnia. Collins' father asked Linton's advice on how his son could

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<sup>105</sup>OA, Lunatic Accounts, Perth County, Calvin Collins to Linton, 20 September, 1859; Linton to Collins, 20 September, 1859.

<sup>106</sup>OA, Lunatic Accounts, Perth County, Collins to Linton, 19 October, 1859.

be sent to the Toronto Asylum from the Sarnia Jail. Despite Linton's advice that he try to work through the office of the Sarnia Jail in his quest for his son's asylum committal, Collins was back in the Perth District Jail within a month. Soon after Collin's arrival, Linton initiated the process of asylum committal. Hyde and two other certifying physicians examined Collins. Although they "did not consider him then insane" the physicians concluded that:

the tendency to an attack was still existing and after his dismissal on the former occasion he indicated dangerous symptoms and we decreed it the safer course to grant the necessary certificate in order that he might be placed under the care of Dr. Workman for a short period until his recovery would be confirmed which when effected, may prevent a renewal of the attack at least for some time to come.<sup>107</sup>

Shortly after Collins' transfer to the Toronto Asylum, his father again wrote to the district jail inquiring about his son. Linton informed Collins that his son had been transported safely to the asylum by the jail warden, with "special directions sent to the medical superintendent of the Asylum". The clerk of the peace added that the jail surgeon predicted that Collins would effect a rapid recovery under Workman's care. Finally, he reassured Collins that his "son could not be in a better place to be made well, in Dr. Workman's care", and gave him Workman's address for

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<sup>107</sup>OA, Lunatic Accounts, Perth County, Hyde to Linton, 21 June, 1860.

future correspondence regarding the state of his son.<sup>108</sup>

These examples indicate that the committal process both to the district jail, and from the jail to the asylum, could be highly complex. As an important medical and social midpoint between the community and the asylum, the local jail served as an institution in which the needs and perceptions of the community, and the medical and moral opinions of various jail officials, had a great influence on the diagnosis and subsequent treatment of insanity. Moreover, the district jail facilitated correspondence with family and acquaintances who were concerned about the condition and progress of jail and asylum inmates who were considered to be insane.<sup>109</sup>

The local jails played a similar function elsewhere in Ontario and in Quebec. The physician to the Montreal Jail, Dr. Arnoldi<sup>110</sup>, and his successor, Dr. Beaubien, diagnosed

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<sup>108</sup>QA, Lunatic Accounts, Perth County, Collins to Linton, 2 July, 1860; Linton to Collins, 4 July, 1860.

<sup>109</sup>Linton likewise kept ongoing correspondence with the asylum superintendent on the condition of patients sent from the local jail. See for example, the correspondence between Mrs. Foster, Linton and the superintendent on the progress of Foster's husband. QA, Lunatic Accounts, Perth County.

<sup>110</sup>Arnoldi's treatment strategy included the use of mechanical restraint. See his description of a female patient who was repeatedly confined to the Montreal Gaol as insane. P.A.C., RG4 C1, Dr. Dan Arnoldi to Provincial Secretary, 29 April, 1848. The patient was eventually sent to the Beauport

and treated as insane many of the jail's inmates. In one case, a young woman was committed who Beaubien diagnosed as having an acute form of mania. Beaubien was particularly concerned that she be sent immediately to the Beauport Asylum as her "affliction" was "strictly one of monomania" and "of recent date". On the basis of Beaubien's recommendations, the patient was sent to Beauport three days after her arrival at the Montreal Jail. There is evidence to suggest that Beaubien also acted as a correspondent between the Beauport Asylum and the relatives and acquaintances of patients who had first been committed to the Montreal Jail.<sup>111</sup> The physicians to the Montreal Jail were responsible for the largest numbers of admissions from any jail to the asylum. They tended to send several patients to Beauport at once, a process which, in the province of Quebec, involved an appeal to the provincial secretary who had the authority to issue warrants for the removal of patients to the lunatic asylum.<sup>112</sup>

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Asylum.

<sup>111</sup>See for example, P.A.C., RG4 C1, File 801, Beaubien to Provincial Secretary, 7 May, 1851.

<sup>112</sup>See for example, P.A.C., RG4 C1, File 564, Report of the Jail Surgeon, 2 April, 1851. The Provincial Secretary corresponded with the Chairman of the Board of Commissioners to the Beauport Asylum, who, in turn, corresponded with the Beauport proprietors about the patient population in the asylum.

The physician to the Quebec Jail, from which the second largest number of patients was sent to the asylum, was Dr. Joseph Morrin, one of the proprietors of the Beauport Asylum.<sup>113</sup> In his capacity as jail surgeon, Morrin presumably treated and diagnosed cases of insanity in ways consistent with his medical outlook as one of Beauport's asylum alienists.<sup>114</sup> In this capacity, Morrin was also able to speed along cases to the Beauport Asylum that he considered to be "recent and curable".<sup>115</sup> But, it is evident that some inmates who Morrin recommended as patients fit for his asylum were reclaimed by family before they could be transferred.<sup>116</sup>

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<sup>113</sup>He was physician to the Quebec Jail as early as 1852.

<sup>114</sup>Indeed, the obvious advantages of having alienist and jail physician as one and the same prompted fellow proprietor Dr. Frémont to apply for the position of physician to the Quebec Jail during Morrin's leave of absence in 1857. However, Frémont was late in applying to be the replacement and despite a personal and friendly appeal to the government, the position was given to Drs. Nault and Roy. See, P.A.C., RG4 C1, Frémont to Taché, 3 June, 1857; Provincial Secretary to Frémont, 8 June, 1857.

<sup>115</sup>See for example the speedy committal of a male patient from the Quebec Jail to the asylum in P.A.C., RG4 C1, File 1270, Joseph Morrin to Provincial Secretary, 18 June, 1852.

<sup>116</sup>See P.A.C., RG4 C1, File 1967, Morrin to Provincial Secretary, 18 October, 1853; Provincial Secretary to Morrin, 19 October, 1853, where Morrin notes that one of his patients for whom a warrant was issued for removal to the asylum had in the interim, been "taken care of by his friends". In a similar case in the district jail of Three Rivers, after a successful petition for the removal of a female patient to the asylum, she was "bailed by her Father and Brother before the

Not all districts in the two provinces had jail physicians to diagnose and treat insanity. But this did not prevent the insane from being committed there in the hopes of securing a position at the asylum. Nor did it preclude the absence of medical attendance at the local jails. However, as the following example suggests, smaller district jails were often less experienced in the treatment of the insane, and the process of committal. In 1856, Jean Dubois was committed to the New Carlisle Jail as dangerously insane. Although there was no hired physician for the New Carlisle Jail, the family physician who had been attending to the insane condition of Dubois before his committal to prison continued to treat him during his incarceration. According to the physician, Dr. H. Thornton, Dubois first manifested symptoms of insanity 35 years earlier at the age of 15, "on seeing the dead body of a person who fell from a high cliff". The most recent attack of insanity came as a result of a "fall upon the ice which injured his head" rendering him "insensible for more than half an hour". Although Dubois went through long periods in a "rational and quiet state", these were, according to his physician, interspersed with periods of violence, during which he

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Hon. Mr. Justice Short" and thus "liberated". However, one month later she was recommitted. See, P.A.C., RG4 C1, Sheriff of the Sherbrooke Jail to Provincial Secretary, 28 January, 1861; Sheriff to the Provincial Secretary, 2 February, 1861.

"destroys his clothes and bedding, reduces himself to a state of nudity, breaks everything within his reach, has a great appetite, sleeps little ... and is dirty in his habits often throwing his excrement at his keepers". In this state, Dubois was put in a straight jacket and hand-cuffed in order to prevent him from injuring "those who approach him". Dr. Thornton appeared to find significant the fact that a sister and a brother of Dubois were also insane, possibly alluding to the idea of hereditary insanity. In the doctor's opinion, "the only chance of his recovery is in being sent to an asylum for insane persons".<sup>117</sup>

The sheriff of New Carlisle notified the government of the case, but did not enclose any of the official documents needed to initiate the transfer of the patient to the Beauport Asylum. This resulted in delays in the committal process which ultimately thwarted the efforts of the sheriff and the family to send Dubois to the asylum. Dubois' health declined "daily" after his incarceration in the local jail. He died there before official consent for his transfer to the asylum was sent from the government to the New Carlisle

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<sup>117</sup>P.A.C., RG4 C1, File 863, Petition for the Committal of Jean Dubois, 1856. There is no indication of Thornton's treatment strategy for Dubois.

sheriff.<sup>118</sup>

As the case at the New Carlisle Jail suggests, the therapeutics of the local physician constituted another socio-medical context of great importance in perceptions of and responses to insanity in nineteenth-century Quebec and Ontario. Like the local jail, the medical practice of the general practitioner which dealt with cases of insanity was influenced in many ways by the introduction of the lunatic asylum in the provinces. But, coming from a wide range of medical traditions and educational backgrounds<sup>119</sup>, local physicians employed a range of medical strategies to deal with insanity, many of which predated the introduction of the lunatic asylum and its peculiar therapeutic ideal. Therefore, the therapeutics of the family physician, and that of the asylum alienist, were not always consistent.

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<sup>118</sup>The deplorable conditions of some local jails did not lend themselves to any amelioration of the conditions of lunatics incarcerated there, regardless of the presence or absence of medical treatment. See for example P.A.C., RG5 C1, File 1525, Presentment of the Grand Jury, 16 November, 1854; Presentment of the Grand Jury, 20 October, 1854. And especially, RG5 C1, File 1856, Sheriff of Cobourg to Provincial Secretary, 11 April, 1856; Grand Jury Presentment, 9 April, 1856.

<sup>119</sup>See for example J.T.H. Connor, "'A Sort of Felo-De-Se': Eclecticism, Related Medical Sects, and their Decline in Victorian Ontario" in Bulletin of the History of Medicine, 65, (1991), pp. 503-527; R.D. Gidney and W. Miller, "Origins of Organized Medicine in Ontario", in Health, Disease and Medicine: Essays in Canadian History (Toronto, 1984), pp. 65-95.

Moreover, for a number of reasons, many patients treated locally in the provinces were not considered to require the medical services of the lunatic asylum. Thus, like the local jail, the general practitioner formed part of the socio-medical environment for the diagnosis and treatment of insanity into which the asylum was integrated after its introduction at mid-century.

On a practical level, the medical certificate issued by three licensed regular physicians in Ontario (and by one or more regular physicians in Quebec) which was required to commit someone to the lunatic asylum, generated considerable business for many local physicians in both provinces. The official cost of a medical examination and certificate of insanity in Ontario was about four dollars. The process of certification, in itself, offered a pecuniary incentive for many local doctors to seriously consider the idea of asylum treatment of the insane.

It is also clear that many local physicians believed in the therapeutic promise of the lunatic asylum. In 1864, the family physician to Olivier Proux wrote to the government insisting that since it was his patient's "première attaque, sa maladie, pourrait peut-être se guérir, s'il était confiné dans un asyle et soumis a un traitement tandis que continuant à demeurer au milieu de sa famille on ne peut s'attendre à un dernier résultat, ainsi que l'expérience

nous l'enseign".<sup>120</sup> This physician was well versed in alienist arguments about the perils of home care, and the need for early asylum treatment. In a similar fashion, a local physician from Quebec City urged the quick admission of his patient because "la maladie menaceront en devenir chronique et incurable, tandis que placé dans un hospice, ce jeune homme aurait toutes les chances d'une guérison prompte et durable sous les soins aux personnes de l'asile".<sup>121</sup> In these and other cases, local physicians believed that the recent or temporary nature of their patients' mental derangement made them promising candidates for asylum therapeutics.<sup>122</sup>

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<sup>120</sup>P.A.C., RG4 C1, File 422, Medical Certificate of Dr. Charles [surname illegible], 1 February, 1867. Dr. Charlebois of Montreal lamented that the father of one of his patients, was forced to "tie [his son] on a bedstead" before leaving for work each day in order to prevent him from harming himself. The physician noted that "the said young man will never be able to recover his mind with such a treatment", and strongly recommended the asylum as the proper medical environment. P.A.C., Medical Certificate of Dr. Charlebois, 5 August, 1851.

<sup>121</sup>P.A.C., RG4 C1, File 142, Medical Certificate of Dr. Proulx, 19 January, 1858.

<sup>122</sup>Dr. David noted that one of his patients "having only been a few weeks in this [mental] state, he appears to be one that would soon recover were he placed in a proper institution, and therefore one that would not be long a tax upon the country". P.A.C., RG4 C1, File 1379, Medical Certificate of Dr. David, 16 May, 1855. See also, RG4 C1, File 1566, Medical Certificate of Dr. J.M. Dechène of St. Anne de la Patière, 4 July, 1859; RG4 C1, File 880, Medical Certificate of Dr. F. Gilbert of Hatley East Township, 5 May, 1853.

In fact, some local physicians were noticeably perturbed about their inability, for one reason or another, to send their deranged patients to the asylum for what they considered to be the best treatment. Dr. F.L. Gerand of Montreal, while petitioning the government for admission of one of his patients to the asylum in Quebec, noted his deep "regret de l'absence totale d'un asile pour les lunatiques dans le Dst. de Montréal". In Gerand's view, "la simple justice pour cette section du pays, et ses besoins locaux, demandent un semblable établissement a celui de Beauport".<sup>123</sup> In another case, Dr. Laurendeau, having successfully obtained admission for one of his patients to the asylum, was informed by the patient's parents that they could not stand the thought of their daughter being confined so far away from them. The physician was furious at the family for refusing to let their daughter be committed, "car la femme était, est encore et sera probablement toujours privé de ses facultés mentales". Laurendau vowed never to

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<sup>123</sup>P.A.C., RG4 C1, File 1890, Medical Certificate of Dr. Gerand, 16 September, 1859. In a similar fashion, Benjamin Workman chastised the government for the long delays in committing government patients, thereby reducing the likelihood of cure. P.A.C., RG4 C1, File 1670, Workman to Provincial Secretary, 5 August, 1852; 22 September, 1852; 10 December, 1852. Benjamin, brother of alienist Joseph Workman, was working as an apothecary in Montreal, and in that capacity, encountered the odd case of insanity. He would later be assistant physician to his brother at the Toronto Asylum.

petition again for a patient committal until he was certain that both of the patient's parents were "convaincus de sa folie".<sup>124</sup>

If some local physicians recommended the lunatic asylum in ways consistent with the therapeutic outlook of its alienist practitioners, others endorsed the asylum for decidedly different reasons. In many cases, local practitioners, while noting the long-standing or incurable nature of their patients' mental illnesses, nevertheless recommended the lunatic asylum as the appropriate medical institution for treatment. In a petition to have Alex Johnston committed to the asylum, Dr. M.S. Scott had the following to say:

I have known him nearly two years, during which time he had been under my care more or less. His disposition when sane is very mild, but when he has his delirious spells, he is often so vicious as to require to be bound. What may have been the cause of his abberation of mind I cannot with any certainty decide - it has been of somewhat long standing and the physicians who treated him in the onset are all dead. He has frequent attacks of epileptic convulsions, after which he generally is insane (after raving) until another epileptic attack which generally leaves him sane. Much of the time however he seems to labor under severe melancholy. On the 19th February last - during one of his melancholy seasons he attempted suicide by cutting his throat - I was by him in a short time and dressed his wounds - he was able to speak and did converse - but his conversation showed his

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<sup>124</sup>P.A.C., RG4 C1, File 708, J.D. Laurendeau, médecin de St. Gabriel de Brandou to Provincial Secretary, 11 May, 1854; Laurendeau to Provincial Secretary, 13 July, 1854.

mind to have been in a sadly perverted state.<sup>125</sup>

Despite the apparent length of Johnston's insanity, his physician nevertheless recommended him for asylum treatment. Similarly, other patients whose insanity was of long standing, or who were labelled as "imbecile", "idiotic" or otherwise incurable, were nevertheless recommended by their family physicians for asylum treatment.<sup>126</sup>

There were several reasons for local physicians recommending chronic and incurable patients for asylum treatment. In Quebec, this stemmed in part from the Beauport Asylum's early policy of taking a certain percentage of incurable cases. As Peter Keating points out, from the outset, the state and the proprietors of the Beauport Asylum recognised their institution as one in which a certain number of incurables was inevitable.<sup>127</sup> Also, much to the chagrin of alienists, local doctors believed that after the failure of their own medical interventions, however lengthy, the asylum was the right institution to

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<sup>125</sup>P.A.C., RG4 C1, File 838, Medical Certificate of Dr. M.S. Scott, 13 June, 1859.

<sup>126</sup>See P.A.C., RG4 C1, File 1411, Physician's Medical Certificate, 1856; RG4 C1, File 1737, Dr. David to Provincial Secretary, 9 September, 1853.

<sup>127</sup>Keating, La science du mal, p. 53. Nevertheless, as in Ontario, during periods of institutional overcrowding, Beauport's strategy was to admit only recent, curable cases. As is shown in Chapter 4 of this work, for other reasons this policy was never strictly followed.

manage and treat their patients, regardless of the prospects of cure.<sup>128</sup> Finally, local physicians in both provinces tended to combine social and medical rationales in their attempts to get patients sent to the asylum. Integral to the socio-medical role of family doctors was a familiarity with the social and economic circumstances in which their patients lived. Thus, local physicians often regarded the asylum as both a medical and a social institution for the relief of a range of socio-medical ills.

In his effort to have his patient committed to the asylum, Dr. John Fitzpatrick noted that the man in question was "quite idiotic and incapable of taking care of himself". Fitzpatrick further noted that his patient was "in a state of extreme poverty and as I understand chiefly supported by the society of St. Vincent de Paul".<sup>129</sup> In a similar petition, Dr. Nelson wrote to the government about a patient in need of asylum care who "has been in a state of idiocy for the last seventeen years. He is an orphan ... and for

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<sup>128</sup>Dr. Gilbert of Hatley Eastern Township thus noted that a patient "has for some months been gradually getting worse and I see no prospect of his ever being any better. He is now quite dangerous having attempted the lives of several persons and threatened to destroy himself. ... Under these circumstances I believe it is the province of Government to place the party in an asylum". P.A.C., RG4 C1, File 2614, Dr. Gilbert to provincial secretary, 25 October, 1852.

<sup>129</sup>P.A.C., RG4 C1, File 30, Medical Certificate of Dr. John Fitzpatrick, 6 January, 1854.

many years has been taken care of by his uncle ... who being in very declining circumstances is totally unable to maintain him any longer".<sup>130</sup> A patient who experienced the beginnings of paralysis in 1850 (grande faiblesse dans les extrémités inférieures, et de douleur et de fatigue, le long de la moelle épinière) was sent to the Hotel Dieu at Montreal after unsuccessful treatment by his local doctor. According to Dr. Paquin, due to the over administration of strychnine, his treatment at the hospital only aggravated his mental illness, and within a short period of his release, he was completely insane and had completely lost the use of his legs. Paquin requested his patient's quick removal to the asylum in order to prevent his wife from succumbing to the fatigue that resulted from providing and caring for her husband and their seven children.<sup>131</sup> As these and other examples indicate, local physicians' explanations for the need for asylum committal could be as social as they were medical.

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<sup>130</sup>P.A.C., RG4 C1, File 2030, Medical Certificate of Dr. Wolfred Nelson, 19 June, 1849.

<sup>131</sup>P.A.C., RG4 C1, File 1098, Dr. Paquin to Provincial Secretary, 3 June, 1853; Paquin to Provincial Secretary, 4 July, 1853. See also P.A.C., RG4 C1, File 2403, for a doctor's concerns about the social repercussions of the nymphomaniacal symptoms of his patient's insanity. Also, P.A.C., RG4 C1, File 1959, Medical Certificate, 25 May, 1848; RG4 C1, File 1134, Medical Certificate of Dr. L.M. Bardy, 7 June, 1853.

On the other hand, many patients diagnosed as insane were not considered by their family physicians as necessary candidates for the therapeutics of the lunatic asylum. Jacalyn Duffin notes that during his 40 years of medical practice in Ontario, Dr. John Langstaff treated 29 patients who he considered to have severe mental illness, 15 who were less severely afflicted, 8 who attempted or committed suicide, and about 50 "who suffered predominantly psychiatric symptoms as part of another physical disorder".<sup>132</sup> Of these, Langstaff only certified nine patients whom he considered to be suitable candidates for the lunatic asylum. The rest he treated in his home visits according to the therapeutic regimen of his "orthodox" medical outlook. Langstaff's treatment of his insane patients suggests that he considered them to exhibit a broad range of deranged mental states. His medical strategies, including the use of sedatives, laxatives, electrostimulation, and comforting repeat visits, reflected the complicated mix of symptoms he observed, and his own medical outlook as a mid-nineteenth-century physician.<sup>133</sup>

Langstaff's treatment of patients who he considered to be suffering from mental alienation highlights the diversity

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<sup>132</sup>Jacalyn Duffin, Langstaff: A Nineteenth-Century Medical Life (Toronto, 1993), p. 127.

<sup>133</sup>Ibid., pp. 131-38.

of socio-medical responses to insanity in Ontario and Quebec. The nineteenth-century medical practitioner tended to a large number of patients considered to be mentally deranged. Nevertheless, only a fraction of those patients experienced the system of moral treatment of the lunatic asylum. Asylum superintendents would most likely have been highly critical of Langstaff's disinclination to recommend many of his other patients to the asylum. Furthermore, as evidence from other local physicians suggests, when country practitioners did decide to commit, it was often for reasons inconsistent with the medical principles of asylum treatment.

The diagnoses and treatment regimens of Langstaff and other physicians were part of a range of socio-therapeutic approaches in Ontario and Quebec which was influenced by, and interrelated with, the rise of the lunatic asylum. However, many of these approaches were, in various ways, incompatible with the alienists' social and medical outlook. Ironically, the persistence of these non-asylum contexts formed the basis of the alienists' explanations for the failure of the therapeutic promise of the asylum in both provinces. Further militating against the superintendents' vision of the asylum as the proper therapeutic environment for the treatment and cure of insanity as a medical disorder were the social, economic and political contexts of

committal. The following examination of the decision to commit at the lay, or community level, indicates the extent to which the asylum was not an essentially medical institution as traditionally defined. The circumstances precipitating committal were often antithetical to the philosophy of the asylum as an institution for the moral regulation and medical treatment of insanity. In many respects, the relatives and neighbours of those considered insane used the lunatic asylum in ways not originally intended by asylum alienists and promoters. Nevertheless, as we shall see, this did not preclude a direct relationship between those wanting to commit and those who held power and authority in the state and administrative spheres of asylum development. Individual decisions at the local level were inextricably tied to the decisions of state and asylum officials.

Chapter Four:  
The Economic, Social and Political Contexts  
Of Asylum Committal

Towards the end of July, 1852, James Hardey, a farmer at Niagara Falls, was approached by a young woman he had never before seen. Hardey described her condition as "most pitiable ... being weakened by dysentery and loathsome with vermin". He described her behaviour as "sometimes quiet, and sometimes quite outrageous". Not having the heart to drive the stranger off "in such a state", Hardey took her in for a five week period, during which time he endeavoured to clean her up and locate her family. At one point, the woman told Hardey that her father ran a tavern in Dunville. Hardey wrote to the father informing him of his daughter's whereabouts, but he received no reply. A few days later, the stranger told Hardey that she thought her father made baskets but she knew not where.

Having no luck locating the woman's family, Hardey next wrote to the Niagara Falls Municipal Council requesting that they send her to the lunatic asylum in Toronto. The councillors replied that the asylum had been recently "shut against those who are unable to pay their way through it and [the council had] ... no funds at their disposal for any

such purpose".<sup>1</sup> This prompted Hardey to write a letter of protest to the government in which he noted how unreasonable it was that he should have to pay taxes towards an institution that did not allow the admission of pauper patients. He insisted on an order for the admission of the stranger to the Toronto Asylum where, through proper treatment, "she may be again restored to her right mind". The provincial secretary responded that while the power of accepting applications was solely vested in the board of commissioners, the asylum's prohibition against pauper patients had since been withdrawn. Upon receiving this news, Hardey sent the woman off to Toronto with neighbouring farmers, Mr. and Mrs. Imlay, in the hopes of securing the woman's committal to the asylum there.<sup>2</sup>

When they arrived in Toronto, the Imlays called at the residence of asylum Commissioner Rev. John Roaf. Having just returned to Toronto from a trip to England, Roaf could not tell the Imlays whether or not the ban on government patients had been lifted. Thus he was reticent to sign an

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<sup>1</sup>This was a time of financial uncertainty for the Toronto Asylum, when the commissioners decided to take the drastic measure of temporarily prohibiting the entry of pauper patients. For public reaction to this measure see, Chapter 2, "Insanity and the State in Ontario, pp. 48-9.

<sup>2</sup>P.A.C., RG5 C1, File 1535, James Hardey to Provincial Secretary, 21 September, 1852; Provincial Secretary to Hardey, 27 September, 1852.

order for the woman's admission to the asylum. Roaf suggested that the Imlays raise the matter with Commissioner McMaster. At the McMaster residence, the Imlays were informed by this commissioner that he was under the impression that the asylum was still closed to pauper patients. McMaster suggested that the Imlays speak to Dr. Widmer, the Chairman of the Board of Commissioners, but added that it was unlikely that Widmer would sign over the woman to the asylum since he had "used his influence to have the Asylum shut against those for whose benefit it was principally intended". Having no luck with Dr. Widmer, the Imlays proceeded to the asylum where they hoped to convince the superintendent to commit their charge. There they were simply informed that the price of admission was six pounds and six shillings for a quarter of a year's "maintenance". The Imlays again tried Commissioners Roaf and McMaster, but were unable to contact them at their residences.

Finally, they proceeded to the residence of yet another commissioner, Mr. Patterson. On speaking with Patterson, Mr. Imlay concluded that "I should have been mistaken if I had left the city with the idea that the chairman and all the members of the Board of Directors were alike insane, for [Patterson] kindly consented to sign the document required for the admission of the Patient, on condition that I would promise, when I went to the asylum, to pay ten shillings for

her week's maintenance and give my note for the remaining six pounds". Commissioner Patterson reassured Imlay that he would never be asked to pay the six pounds and that the note was just a formality to initiate the admission proceedings. Thus the Imlays were finally able to commit the female stranger to the asylum on the evening of 11 October, 1852.<sup>3</sup>

This example of the long route to asylum committal, though peculiar in some respects, is representative of the complex social, economic and political forces which came to bear on the decisions of family, friends and neighbours to commit others to the lunatic asylums of Ontario and Quebec. While the asylum may have been originally conceived, and subsequently administrated and run by reformers and alienists with particular socio-medical agendas in mind, it quickly became an institution which also responded to a wide range of lay needs at the local level of Canadian society in the nineteenth century.

The complex process of family- and community-driven asylum confinement has been a focus in several recent asylum studies.<sup>4</sup> Considering the work of these historians

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<sup>3</sup>P.A.C., RG5 C1, File 1852, Hardey to Provincial Secretary, 15 October, 1852.

<sup>4</sup>For examples of wealthier families' motivations for committal see, Nancy Tomes, A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883 (Cambridge, 1984), pp. 90-128; Cheryl Krasnick Warsh, Moments of Unreason, The Practice of Canadian Psychiatry and the

together, David Wright has argued that the decision to commit at the family level was the driving force behind asylum development in the nineteenth century.<sup>5</sup> Wright suggests that the relationship between motivations for committal at the family level and changes to the family resulting from industrialization should be central to historians' assessments of asylum development. Following the work of Wright and others, this chapter endeavours to gain a broader understanding of the development of the lunatic asylum and of the history of insanity in nineteenth-century Ontario and Quebec through an analysis of the motivations for committal of pauper patients to the asylum.<sup>6</sup> My findings concur with Wright's analysis in two

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Homewood Retreat, 1883-1923 (Kingston, 1989), pp. 63-81; Patricia E. Prestwich, "Family Strategies and Medical Power: 'Voluntary' Committal in a Parisian Asylum, 1876-1914", Journal of Social History, Vol. 27, (1994), pp. 799-818. On pauper families and the context of committal see, John Walton, "Casting Out and Bringing Back in Victorian England: Pauper Lunatics, 1840-70", in W. F. Bynum et al eds., The Anatomy of Madness, Vol. 2, pp. 132-46. Wendy Mitchinson assesses motivations for committal to the Toronto Asylum in, Mitchinson, "Reasons for Committal to a Mid-Nineteenth-Century Ontario Insane Asylum: The Case of Toronto", in Wendy Mitchinson and Janice Dickin McGinnis eds., Essays in the History of Canadian Medicine (Toronto: 1988), pp. 88-109.

<sup>5</sup>David Wright, "Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century", Social History of Medicine, Vol. 10, No. 1, 1997. pp. 137-155.

<sup>6</sup>This analysis is based on hundreds of petitions for committal at the local level which offer insight into the arguments of heads of families, lay community leaders and local physicians concerning committal to the asylum.

fundamental respects. First, in Ontario and Quebec, there is little evidence to suggest that, during the nineteenth century, the decision to commit at the local level became medicalized according to the logic of asylum alienists. Second, demand for asylum accommodation was predominantly fuelled by requests for committal at the local level, either by individual families or by community representatives. However, as influential as decisions at the local level were in shaping the process of asylum development, they cannot be separated from the decisions of those who wielded authority at the asylum and state levels in the provinces. Asylum accommodation may have been locally driven, and the asylum may have become "the arbiter of social and familial conflict"<sup>7</sup>. But the process of committal at the local level was not disentangled from the complex power structures generated by the involvement of the state and the fledgling alienist profession in asylum development. Family and community motivations for committal therefore must be considered in the wider context of alienist and state interests.

One of the greatest pressures precipitating the decision to initiate committal procedures in Ontario and

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<sup>7</sup>Mark Finane, "Asylums, Families and the State", History Workshop Journal, Vol. 20, (1985), p. 135, quoted in Wright, "Getting out of the Asylum", p. 143.

Quebec was socio-economic hardship. In both provinces, one of the stipulations of admitting a pauper patient to the asylum was the inability of family, friends, or the patient him/herself to contribute towards the costs of institutional maintenance. It was inevitable that this fact would come up in the petition for committal. In fact, the state was quick to contest the pecuniary distress of those families which it thought could contribute in part to the expenses of asylum care. In one example, the provincial secretary stated flatly to a local J.P. that:

... it would appear that the family of Mr. McDonald is far from being in a destitute condition and is able to contribute if not for the whole at least for a certain share of the expense attending to his support in the above mentioned establishment. You will therefore be so good as to acquaint me to what amount Mr. McDonald's family is able to contribute towards his maintenance in the asylum - the pay thereof to the government to be secured by a bond to His Majesty before his admission.<sup>o</sup>

However, in many instances it was clear that the crushing pressure of poverty and not merely the inability to pay for asylum care led to the decision to commit individuals as pauper patients.

Frequently, the prolonged mental instability of the principal wage earner of a family led to a petition for

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<sup>o</sup>See P.A.C., RG4 C1, File 1037, Provincial Secretary to Reverend John Cornwall, 27 May, 1850. See also RG4 C1, File 2350, 1850.

committal. In one case, the five year bout of insanity of a journeyman from St. Jacques de l'Achigan, led to prolonged poverty for his large family, which had "plongée dans la dernière misère et ne doit sans pain qu'à la charité publique". The journeyman's wife, continually hoping that he might recover his sanity, had endeavoured to care for him at home. But, with the steady deterioration of his mental condition and the increasing desperation of the family's poverty, she finally petitioned for her husband's committal to the Beauport Asylum.<sup>9</sup> In a similar case in Sorel, James Dooley, the principal male wage earner of a large family already "in indigent circumstances", became insane, leaving it "in a state of utter misery". The local priest sent Dooley to the Montreal General Hospital. He returned a month later recovered in body but "more disordered than ever" in mind. With the mother of the family "on the eve of confinement, and the family destitute of the commonest necessities of life", Dooley was committed to the lunatic asylum.<sup>10</sup>

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<sup>9</sup>P.A.C., RG4 C1, File 1990, J.R. Ecrement, J.P., to Provincial Secretary, 15 October, 1854; Provincial Secretary to Ecrement, 9 October, 1854; Reverend Anderson to Provincial Secretary, 14 August, 1854.

<sup>10</sup>P.A.C., RG4 C1, File 1367, Rev'd W. Anderson to Provincial Secretary, 8 August, 1854; Provincial Secretary to Anderson, 12 August, 1854; Medical Certificate of Dr. E.W. Carter, 12 August, 1854. For a similar example of the hardships resulting from the loss of reason of a local farmer

With the onset of mental alienation, the breadwinner's inability to provide for the family increased the burden of work for the spouse. Jane Carlisle of Montreal, petitioned to the government that her husband had for some time "been diseased in mind, and in consequence unable to provide for the wants of your petitioner and her family", which consisted of five children. Carlisle increased her workload as a washerwoman in an effort to make up for the loss of income of her husband. But, the "labour consequent upon her occupation and the care and constant attention demanded by her husband", in addition to the care of her children, were "wearing in the extreme", finally prompting her to ask for his admission to the lunatic asylum. Carlisle assured the government that such an act of "clemency" would "enable her to procure for herself and her children the means of support by her own exertions".<sup>11</sup>

The "gender of breadwinners"<sup>12</sup>, of course, varied from family to family. Three seamstresses from Quebec "struggled for many years ... to support an aged mother [who was] infirm and blind". As the sisters grew older, "their means

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see, P.A.C., RG4 C1, File 2657.

<sup>11</sup>P.A.C., RG4 C1, Carlisle to Provincial Secretary, 20 August, 1853.

<sup>12</sup>The phrase is borrowed from Joy Parr, The Gender of Breadwinners: Women, Men and Change in Two Industrial Towns, 1880-1950 (Toronto: 1990).

of maintenance ... diminished as the demands of filial duty increased", until the youngest and best seamstress of the family became "afflicted with mental derangement of an aggravated kind". The consequent loss of revenue and the added burden of care for the other two sisters led them to initiate proceedings for the committal of their deranged sister to the asylum.<sup>13</sup>

The family disruption resulting from the mental affliction of the female head of the household could also lead to a decision to commit. Abraham Deignault noted that for a period of four or five years, his wife had been "deranged in mind", and that in the constant struggle to maintain her family of five children, her affliction had worsened to the point where she was a terrible burden on the family. In her worsening state, she had set fire to their farm's barn, destroying a large quantity of hay and grain, along with a horse, carts and harnesses. Exasperated, Deignault appealed to the government, stating that:

The continued watchfulness required to prevent evil has impeded your petitioner in the necessary cultivation of his farm upon which the maintenance

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<sup>13</sup>P.A.C., RG4 C1, File 3079, Petition of Margaret Bennett, 28 October, 1848; Provincial Secretary to Bennett, 4 November, 1848. A remarkably similar example of two needle workers whose widowed mother becomes insane can be found in P.A.C., RG4 C1, File 1570. See also the case of one sister caring for another who was ill with tuberculosis, and who subsequently became "wholly bereft of her reason", P.A.C., RG4 C1, File 1240.

of his family solely depends[,] and now being destitute of this year's crop as well as under the necessity of begging to assist him in rebuilding his barn stables and likewise to beg for the support of his children he is driven to the necessity of applying that his unfortunate wife should be admitted to the asylum.<sup>14</sup>

Similarly, H. Roy was only able to earn a portion of his wages as a journeyman, being "obligé de passer un bon partie de son temps à la maison par suite de la folie de sa femme". Home in this case was the immigrant sheds of Faubourg, Quebec. As a result of the increased economic hardship, some of the family's children were eventually sent to an orphanage in Montreal to prevent them from dying of hunger.<sup>15</sup> In both cases the loss of reason of the female head of the family had a devastating impact, prompting recourse to the asylum.

The downward spiral of economic fortune which eventually precipitated committal to the asylum often resulted from families exhausting their financial means on home and local care. William Noel noted that his "pecuniary

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<sup>14</sup>P.A.C., RG4 C1, File 2052, Petition of Abraham Deignault, 22 October, 1851. See also RG4 C1, File 1688, 1859.

<sup>15</sup>P.A.C., RG4 C1, File 1113, Roman Catholic Bishop of Montreal to Provincial Secretary, 5 July, 1854; Medical Certificate of Dr. Louis Giard, 24 June, 1854. The use of the orphanage in Quebec as part of the survival strategy for families is discussed in Bettina Bradbury, Working Families: Age, Gender and Daily Survival in Industrializing Montreal (Toronto, 1993), pp. 208-10.

resources [were] entirely inadequate in consequence of the situation of his son, and even the limited means he had [were] very much reduced by the expenses incidental to the endeavours he has made to effect the cure of his son" at home. Noel assured the provincial secretary that "it was not till every means within his reach had failed to effect his son's relief that he could consent to present his [son's] care before" the government.<sup>16</sup> Similarly, George Johnston applied for the committal of his wife, having run out of funds with which "to employ persons to mind her in his absence".<sup>17</sup>

While for some, resort to the lunatic asylum was considered only after the expenses of home care became overwhelming, for others, the immediate circumstances of dire poverty led to the request for asylum relief.<sup>18</sup> This was especially the case when the care givers of the insane were themselves supported by public charity. In one case, the community of St. Catherine was of the opinion that a father and his son were both insane. But, while the father was sociable and clean enough in his personal habits to be

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<sup>16</sup>P.A.C., RG5 C1, File 2120, Petition of William Noel of the town of Niagara, 8 November, 1841.

<sup>17</sup>P.A.C., RG4 C1, File 1985, Petition of G. Johnston, 21 October, 1853.

<sup>18</sup>See for example, P.A.C., RG4 C1, File 3300; RG4 C1, File 3086; RG4 C1, File 1227; RG4 C1, File 3139.

kept under the continued care of neighbours, his son was "si insupportable que personne ne se soucie de le recevoir".<sup>19</sup> The neighbours therefore asked for his committal to the asylum. In other instances, a single mother, father, sister, or brother, who already relied on public charity for support, found it impossible to care for a relative who had become deranged.<sup>20</sup> In these desperate cases, it was argued, "du moins dans cet asyle, elle [ou il] serait nourrie et logé et vetu, et ne serait pas peur comme elle s'est à présent, à périr de froid et de faim."<sup>21</sup>

Economic pressures often combined with other stresses in the community and family in the decision to commit. In many communities, the presence of orphans who were perceived to have lost their reason posed particularly difficult problems. In most instances orphans were already the subjects of some form of local charitable relief. The asylum seemed to many to be a ready solution for an orphan who had become mentally deranged. The Bishop of Quebec

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<sup>19</sup>P.A.C., RG4 C1, File 2613, Petition of the Residents of St. Catherine, 28 October, 1852.

<sup>20</sup>See for example, P.A.C., RG4 C1, File 2129; RG4 C1, File 2850; RG4 C1, File 1697.

<sup>21</sup>P.A.C., RG4 C1, File 3236, Celestin Déry to Provincial Secretary, 3 December, 1845; Petition of the Inhabitants of Quebec, 4 December, 1845. See also RG4 C1, File 1506, Father L.T. Bernard to Provincial Secretary, 22 June, 1857; RG4 C1, File 2090, Petition of the Inhabitants of Lachine, 26 June, 1849.

explained that Helen Croft:

... has been for many years an orphan - and has lived with a number of different families in service - for a great length of time in my own - but her growing eccentricities proceeding from aberration of mind have latterly produced a necessity for her continually changing her place, and have fully assumed the character which ... make it imperative to place her under restraint.<sup>22</sup>

Thus the Bishop advised Croft's admission to the Beauport Asylum. Another orphan who had been raised by a neighbour, had a sudden onset of insanity which, according to the local parish priest, made it impossible for the neighbour to continue to care for her. Other orphans, boarded out to families by the local community, could be considered unmanageable burdens when suffering from "idiocy" or "mental derangement".<sup>23</sup> Some orphans who were considered to be insane found themselves incarcerated in the local jails of the provinces. In such cases, efforts were made to have these unwanted prisoners transferred to the lunatic asylum.<sup>24</sup>

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<sup>22</sup>P.A.C., RG4 C1, File 148, Bishop of Quebec to Provincial Secretary, 23 January, 1857. See also RG4 C1, File 430.

<sup>23</sup>P.A.C., RG4 C1, File 2265, Langevin to Provincial Secretary, 13 August, 1856; RG4 C1, File 1981, L. Massue to Provincial Secretary, 21 October, 1853.

<sup>24</sup>See for example, P.A.C., RG5 C1, File 1944, Sheriff of Cornwall to Provincial Secretary, 3 October, 1849; RG5 C1, File 147, Sheriff of Cornwall to Provincial Secretary, 2 February, 1849.

Many who made the decision to commit considered themselves too old and worn out to carry on in their care of those who they perceived as "idiotic" or "insane". In a typical and particularly touching case, Philippe Proux asked for the committal of his 38 year old daughter and his 30 year old son, noting that:

Je supporte ces enfants depuis un grand nombre d'années et n'ai jamais voulu les placer à l'asile de Beauport, ou du moins demander une place pour eux malgré l'état de pauvreté dans lequel je me trouvais. Mais aujourd'hui je suis pauvre et avancé en âge; de plus mon épouse sur laquelle je comptais pour veiller avec soin sur ces enfants est maintenant malade, âgée et incapable de s'acquitter de cette tâche pénible de sorte que je suis obligé de vous supplier d'accorder une place pour mes deux enfants à l'asile de Beauport avec pension.<sup>25</sup>

For 50 years, Louis Magé took care of a stranger to the community in which he lived who was considered to be insane. Although Magé gave the stranger "tous les soins nécessaires, faut que ma santé et ma position ont pu le permettre", he informed the government that he was now old and unable to tend to his voluntary charge. Magé added that as the stranger himself was old and epileptic, he did not think that he would last long as a government patient in the asylum.<sup>26</sup> Jane Wood, a widow, informed the government that

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<sup>25</sup>P.A.C., RG4 C1, File 2121, Philippe Proux to Provincial Secretary, 6 August, 1862.

<sup>26</sup>P.A.C., RG4 C1, File 1679, Magé to Provincial Secretary, 20 July, 1859.

she was "worn out with fatigue and distress" from the care of her family of five children, one of whom had been "deranged in mind" for two years. In an effort to partially relieve her situation, she petitioned for the committal of her son to the asylum.<sup>27</sup>

The advanced age and/or weariness of the care giver could combine with the increasingly uncontrollable behaviour of those considered insane to prompt an appeal to the government for committal. Louis Massé and his wife had for many years been looking after their son who they perceived to be insane. But during a two month period his insanity became decidedly more difficult. Finally, he was convicted of a minor assault on a neighbour and imprisoned for a short time in the local jail. Upon his release, he continued "de tenir la même conduite ciminelle et dangereuse comme avant, au point qu'il a fallu le gêner, ce qui le rend furieux". Considering themselves too old to continue managing their son in such a state, his parents saw no option but to appeal for his admission to the asylum.<sup>28</sup>

Increasingly difficult behaviour frequently appeared to form the basis for the decision to commit. Father Mignault

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<sup>27</sup>P.A.C., RG4 C1, File 2819, Woods to Provincial Secretary, 17 March, 1851. See also RG4 C1, File 2861; RG4 C1, File 1817; RG4 C1, File 2244.

<sup>28</sup>P.A.C., RG4 C1, File 1371, Massé to Provincial Secretary, 27 April, 1848.

asserted that a member of his parish who had been periodically insane during the past 15 years, had become "de plus en plus dangereux et inquietant pour la société". Expressing his concern for the safety of his parishioners, Mignault, recommended his committal to the asylum.<sup>29</sup> The violent or threatening behaviour of those considered insane was met by several methods of confinement. Pierre Laurent described his son as mad and dangerous to the point that Laurent was forced to chain his feet in order to subdue him. This sort of threatening behaviour was, in the eyes of many, cause for committal.<sup>30</sup> Yet, difficult behaviour was not always violent. The propensity of some considered insane to take off their clothes, to appear in a constant state of filth by the standards of the day, or to display other forms of behaviour considered embarrassing or unacceptable, could lead to a request for committal.<sup>31</sup>

Communities often considered the asylum as the best

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<sup>29</sup>P.A.C., RG4 C1, File 1650, Mignault to Provincial Secretary, 10 June, 1855.

<sup>30</sup>P.A.C., RG4 C1, File 402, Laurent to Provincial Secretary, 19 February, 1862. See also, RG4 C1, File 552.

<sup>31</sup>See for example, P.A.C., File 2240, Paré to Provincial Secretary, 10 November, 1854, for a man considered to be both violent and embarrassing in his behaviour. See also RG4 C1, File 1190. The social unease resulting from the onset of aberrant behaviour among servants in nineteenth-century Canadian society could also form grounds for committal by their employers. See for example, P.A.C., RG4 C1, File 743, 1854; RG4 C1, File 16, 1853; RG4 C1, File 1162, 1852.

expedient for women whose mental breakdown was linked to desertion either by their husbands or by others. After living for several years in the United States, Agathe Valière, her husband and children moved to a small village outside of Montreal. From there, Valière's husband began suddenly to absent himself from the village for long periods of time, leaving his wife to rely on public charity to provide for her family. According to the community, this took a severe toll on Valière's sanity. Finally, on a return trip to the village, Valière's husband sold his house and furniture, and left in the middle of the night with his children for the United States, leaving "inhumainement sa pauvre femme folle seul dans le plus grand dément". Allowing Valière to remain in the empty house sold by her husband, the community took turns bringing her food. But eventually her condition worsened to the point where they decided to petition the government for her committal to the asylum.<sup>32</sup>

The nature of these kinds of desertions often rendered the histories of the women in question fragmentary and obscure in some of their details. In May, 1851, a resident of the community of St. Michel d'Yamaska noticed a woman who appeared stranded on the deserted island of St. Jean in the

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<sup>32</sup>P.A.C., RG4 C1, File 2235, T. Brodeur to the Provincial Secretary, 6 November, 1854.

Yamaska River. A local navigator took a boat out to the island and found the woman in a state of starvation. He brought her back to shore, but on disembarking, the woman ran away, eventually jumping into a nearby lake and swimming out some distance. Again, the navigator retrieved her, this time placing her under the care of Olivier Stream, one of the residents in the community. The beleaguered woman told Stream's wife that she had been abandoned by her husband, who now lived in Barnston with another woman. The woman was pregnant when found and gave birth while in the care of the residents of Yamaska; but the child died shortly afterwards. Stream noted that although the woman was "absolutely inoffensive", except for her habit of constantly smoking her pipe, she was nevertheless decidedly insane. This, Stream and others in the community noted, was made manifest by her preference for her own ragged garments over the new clothes and shoes offered by them, and by her constant habit of disappearing from her residence at night to wander the nearby roads in all kinds of weather. Although the woman stayed with the Streams for a year and a half, they became discomfited by her increasingly eccentric behaviour, and by the thought that she might perish if her wandering was to continue during the coming winter of 1852. In November, they petitioned the government for her committal to the

asylum.<sup>33</sup>

Many men and women who had been deserted in one way or another became "wandering fools" in the communities of Quebec and Ontario. Indeed, insane wanderers were still very much a part of the rural landscape in both provinces in the mid-nineteenth century. With the introduction of the asylum, their incarceration was sometimes sought. In taking such action, the communities demonstrated both varying degrees of benevolence and harsh expedience. Elizabeth Brown was considered by many of the inhabitants of Hemmingford to be insane, but when not wandering and sleeping on the neighbourhood roads, she was taken in by some of the residents and offered food and a night's sleep. However, according to the local parish minister, Gerald O'Grady, over time, her behaviour had become increasingly unacceptable, she having "broken several windows and lately become a great nuisance". O'Grady regarded her committal to the asylum "as a great charity to herself and a blessing to the country at large".<sup>34</sup> The community expressed decidedly

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<sup>33</sup>P.A.C., RG4 C1, File 2654, Olivier Stream to Provincial Secretary, 3 November, 1852; Petition of the Residents of St. Michel d'Yamaska, 1 November, 1852. For another, more fragmentary example of an abandoned woman considered to be insane, see, P.A.C., RG4 C1, File 1520, 1851.

<sup>34</sup>P.A.C., RG4 C1, File 1745, O'Grady to Provincial Secretary, 20 August, 1851. For a similar example of a man who was considered "bereft of his reason", and who wandered about annoying the "neighbours every night with his shouts and

less tolerance for a stranger who wandered from parish to parish begging for his subsistence. He lived for a time in an abandoned cabin, where once, in an epileptic fit, he fell onto the stove badly burning his face and hands. When he wandered from his cabin to a nearby parish to beg, some in the community burned down his shelter to deter him from returning to their neighbourhood. According to one parish priest, residents were afraid of his violent and insane behaviour, and were worried about the negative impact that his presence might have on the unborn children of pregnant women who saw him in his fits of insanity. Shortly before he sent a petition on behalf of his parish for the stranger's committal, Father Charles Tardif noted with alarm that his worst fears had been realized by the manifestation of an identical form of insanity in a child born of a local woman who had been frightened by the stranger during one of his epileptic fits. For the community, the asylum was the most likely means to rid itself of his continued presence.<sup>35</sup>

Some who wandered had family close at hand who either

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wild noises.", see P.A.C., RG4 C1, File 1588, Petition to the Provincial Secretary, 23 July, 1851.

<sup>35</sup>P.A.C., RG4 C1, File 1287, Tardif to Provincial Secretary, 23 May, 1859. For other examples of concerns about the "wandering fool" see RG4 C1, File 1583, 18[ ]; RG4 C1, File 2857, 1852; RG4 C1, File 1129, 1852; RG5 C1, File 774, 1855.

refused to provide the necessary care, or felt incapable of providing it. John McGillivray, a J. P. from Glengarry, was constantly asked by local residents to take action to prevent "a poor unfortunate man bereaved of his mental faculties" from "roaming about at large". McGillivray was reluctant to confine the wanderer to the local jail feeling this to be a "very unfit place for a person of his reason". He endeavoured to get the parents of the insane man to take action to commit him to the Toronto Temporary Lunatic Asylum. However, on inquiring into the matter, the parents were told that the long standing nature of their son's insanity prevented him from being admitted to that institution. With increasing complaints from the community that the wanderer was getting "more malignant, and mischievous in disposition", McGillivray made a formal petition to the government for his committal.<sup>36</sup> In another case, the residents of Terrebonne petitioned the government to find a place for Francois Jules in the asylum because his father was too poor to keep him confined indoors and to give him the attention that his insane condition warranted. In consequence, Jules was often found wandering the streets naked, or frightening those around him during fits of

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<sup>36</sup>P.A.C., RG5 C1, File 10750, McGillivray to James M. Higgmohm Esq., 10 June, 1845; Provincial Secretary to McGillivray, 17 June, 1845.

insanity.<sup>37</sup>

The powerful symbol or image of the wandering fool could in itself form the central argument in a petition for committal. Describing a man who was formerly a respectable clerk and assistant to some of the store-keepers of Armstown, but who had recently become insane, local minister W. Brethour warned that unless the clerk "obtains admission into the [asylum], he will become a wanderer in the country and a terror to anyone to whom he approaches".<sup>38</sup>

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<sup>37</sup>P.A.C., RG4 C1, File 1959, Petition of the Inhabitants of Terrebonne, 25 May, 1848. See also RG4 C1, File 2021, 1849.

<sup>38</sup>P.A.C., RG4 C1, File 88, Brethor to Provincial Secretary, 13 January, 1849. Patients who successfully escaped from the asylums of Ontario and Quebec, if not quickly recovered, could also engage upon a prolonged period of "wandering" about the country. While this might have presented patients with a long sought period of freedom from the regimen and monotony of asylum life, the community was usually apprehensive about their presence. George Hunter, committed to the Montreal Temporary Asylum when it first opened in 1839, and transferred to Beauport in 1845, made his escape from the latter asylum in November, 1858, after two decades of institutional life. For five months, Hunter wandered about the country, making his way from Quebec to Ottawa, where local residents complained that he was "in a wild and dangerous state". Informed of his whereabouts, Superintendent Workman of the Toronto Asylum had him transferred from Ottawa to the Great Western Hotel in Toronto, under the care of the Hotel proprietor, until Workman could inform the proprietors of the Beauport Asylum on the matter. After a week's stay at the Great Western Hotel, Hunter was transported by an attendant of the Toronto Asylum back to the Beauport Asylum. P.A.C., RG4 C1, File 1188, John Rose to Provincial Secretary, 17 April, 1858; Report of a Committee of the Executive Council, 22 April, 1858. For a similar but less detailed example of a patient who escaped from the asylum and wandered for two years before ending up back in his home town

The experience of many insane wanderers highlights how the community, local jail, and lunatic asylum functioned together as a network in the management and social control of insanity in the nineteenth century. In 1843, George Hughes' son fell ill for a period of two years, his condition eventually leading to insanity. Hughes paid for the services of four different "medical gentlemen" in an effort to cure his son, but this strategy proved both ineffective and very expensive. Finally, in 1845, he admitted his son to the Toronto Temporary Lunatic Asylum. Houghes' son was discharged a year later as incurable. Finding his son's increasingly violent and destructive behaviour intolerable, Hughes applied to a local justice of the peace for an order for his son's "safe keeping" in the local jail near Lancaster. From there, Hughes' son was sent on to the Toronto Asylum. However, in May, 1847, he escaped, heading to New York State where he "roamed about there till he crossed the river and came back to" his father's residence. Hughes looked after his son for a few days, but soon had him recommitted to the local jail while he petitioned for his son's readmission to the asylum. Three weeks later, Hughes' son once more became a patient at

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of Rivière du Loup, see P.A.C., RG4 C1, File 757, 1854.

the Toronto Asylum.<sup>39</sup> In this and other cases, the local prison and the lunatic asylum served as important institutional components of a loosely integrated system of care and control when home care or the services of the local physician were seen to be ineffective.<sup>40</sup>

Severe poverty or pecuniary distress, as well as the embarrassing and/or disruptive behaviour of those considered to be insane were the interrelated circumstances which most often prompted the decision to commit pauper patients to the state lunatic asylums of Ontario and Quebec. However, after the decision to commit was made, there was often considerable uncertainty about the virtues of the lunatic asylum itself. This uncertainty resulted in a wide range of responses by family and community to the state's sanction of a petition for asylum committal. In many cases the state's offer of asylum accommodation was turned down by the family

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<sup>39</sup>P.A.C., RG5 C1, File 18, George Hughes to John McLennan, 26 June, 1848; A. Fraser to Provincial Secretary, 7 July, 1848. A similar example can be found in RG5 C1, File 874, 1849.

<sup>40</sup>Mary Wilson was committed by her husband to the Montreal Jail in 1847, from where she was eventually transferred to the Beauport Asylum. In June, 1848, her husband petitioned successfully to have Wilson removed from the asylum. But, five months later, she was recommitted to the Montreal Jail, and once again sent from there back to the asylum. See, P.A.C., RG4 C1, File 3149, Charles Brishaw to Provincial Secretary, 18 June, 1848; Montreal Jailer to Provincial Secretary, 10 November, 1848; Charles Brishaw to Provincial Secretary, 8 November, 1848. See also, RG4 C1, File 56, 1867; RG5 C1, File 1611, 1852.

or community. Because the demand for asylum accommodation in Ontario and Quebec far exceeded institutional capacity, there was often a lengthy delay between the original petition for committal and its approval by the state. In the interim, the circumstances leading to the decision to commit could change considerably.

In some cases, the condition of the would-be asylum patient was seen by the family and community to have improved to the point that they no longer saw a need for asylum treatment or management. In July, 1851, Denis Stevenson petitioned for the committal of his father who had "for several years been lunatic, and since five weeks has been so dangerous that I am obliged to keep him chained down in the house to prevent his doing mischief". After a long wait of 11 months the government informed Stevenson that "the next vacancy" at the Beauport Asylum would be reserved for his father. But Stevenson informed the provincial secretary that his father had "taken a sudden turn for the better of late" and that he would therefore "rather have him at home than at the asylum".<sup>41</sup> A similar case involving

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<sup>41</sup>P.A.C., RG4 C1, File 1482, Stevenson to Provincial Secretary, 10 July, 1851; Provincial Secretary to Stevenson, 22 June, 1852; Stevenson to Provincial Secretary, 2 July, 1852. See also RG4 C1, File 964, 1853, for a case in which "L'individu en question devenu plus traitable depuis que l'ai fait application pour lui, sa famille s'est décidé à defférer encore quelque temps son départ pour l'asile des insensés."

quite different circumstances concerned a man who left his family to work on the shanties at Ottawa. His employment was cut short by a "severe" axe wound which forced him to return home. Shortly after his return, "symptoms of insanity began to betray themselves", and, according to his parents, "he became so alarmingly violent and dangerous that it became necessary to have him secured and hourly watched" by volunteers in the neighbourhood. His family and (possibly the community), eventually resorted to sending him to the Montreal Jail "for safe keeping". While in jail, he became more quiet, but his parents were anxious to have him transferred to the asylum where they hoped that "under proper treatment in a short time his malady might be wholly subdued". Six months after the petition for committal by the man's parents, the government informed them that there was a vacancy in the asylum. But the parents notified the provincial secretary that in the interim, their son had "since recovered" and they thus declined the government's offer.<sup>42</sup>

A decline to accept an offer of admission could also result from the practical difficulties of transportation

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<sup>42</sup>P.A.C., RG4 C1, Prayer of Thomas Nelson Yeoman of the Township of Grenville, 8 April, 1852; Provincial Secretary to Nelson, 15 April, 1852; Provincial Secretary to Nelson, 5 October, 1852; Charles Forest (on behalf of Nelson) to Provincial Secretary, 15 October, 1852. See also P.A.C., RG4 C1, File 2525, 1852.

from outlying areas to Toronto and Quebec during the winter. The closing of navigation during freeze up, or a concern about exposing relatives to the perils of winter weather led many families for whom petitions were granted by the state to reject offers of committal.<sup>43</sup> Depending on when in the spring approval of the petition was first issued, the government sometimes consented to reserve the space until the weather permitted the patient's transportation to the asylum. However, this could still result in a final decision not to commit. While grateful for the approval of their petition to have their son committed to the asylum in the late winter of 1853, the Taffards from Montreal decided that:

it will be out of their power to profit by your goodness [the Provincial Secretary] if the vacancy is not preserved for them until the opening of the navigation as it would be impossible for them to convey their son so long a journey by land in consequence of their poverty and the ungovernable character of the insane man who at times is quite violent and outrageous.<sup>44</sup>

Under these circumstances, the government consented to reserve a position. But by the summer of the same year, the

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<sup>43</sup>See for example, P.A.C., RG4 C1, File 1520, Dr. H. Brown to Provincial Secretary, 17 February, 1852.

<sup>44</sup>P.A.C., RG4 C1, File 269, Catholic Bishop of Montreal to Provincial Secretary, 14 February, 1853; Fakey to Provincial Secretary, 12 March, 1853; Provincial Secretary to Fakey, 15 March, 1853; Fakey to Provincial Secretary, 16 June, 1853.

government was informed that "[the Taffards] have lately come to the resolution of keeping their son under their own power".<sup>45</sup> Although no acknowledgement of the improvement of their son is apparent in this case, the Taffards nevertheless had second thoughts about their earlier decision to commit.<sup>46</sup>

Conflict between various community members, or between community representatives and the family, could also lead to the reversal of the earlier decision to commit. Dr. J.D. Laurendeau petitioned the government for the committal of Ulise Vallière, who, in the opinion of the physician and Vallière's husband, had become insane. The petition was quickly granted. But, two months later, the patient had still not been sent to the asylum. In a letter to the Provincial Secretary, an embarrassed Dr. Laurendeau explained that he had learned that Ulise Vallière's parents "la retenaient à St. Cuthbert, et ne voulaient pas permettre qu'elle fût éloignée d'eux". Vallière's parents did not agree with the diagnosis of Dr. Laurendeau and their son-in-law, and preferred to keep their daughter under their own care at home. This greatly angered Dr. Laurendeau who had

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<sup>45</sup>Ibid.

<sup>46</sup>For another case in which the relative of the alleged lunatic decides to "abstain from placing his brother in an asylum" see P.A.C., RG4 C1, File 2614, 1852.

gone to great lengths in order to have the woman committed to the asylum, and who remained convinced of his medical diagnosis of her insane condition.<sup>47</sup> Reverend W. King petitioned for the committal of "a young woman of unsound mind" with whom he had contact while on his circuit duties in St. Margaret. Again, the petition was quickly granted, but no admission followed for several months. Upon inquiry, the government was informed by Reverend King that he had great difficulty in contacting the "poor brother and sister who have charge" of the insane woman. Although her care givers appeared to King to be interested in taking advantage of the asylum position offered to their sister, they seemed somehow incapable of being decisive in the matter. After two warnings from the government that the space allocated to the woman would be given to someone else unless immediate action was taken, communication between King and the government was discontinued.<sup>48</sup>

Uncertainty about committal could surface even after a

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<sup>47</sup>P.A.C., RG4 C1, File 708, Dr. J.D. Laurendeau to Provincial Secretary, 11 May, 1854; Provincial Secretary to Laurendeau, 11 July, 1854; Laurendeau to Provincial Secretary, 13 July, 1854.

<sup>48</sup>P.A.C., RG4 C1, Rev. King to Provincial Secretary, 11 November, 1850; Provincial Secretary to King, 15 November, 1850; Provincial Secretary to King, 23 December, 1850; King to Provincial Secretary, 11 January, 1851; Provincial Secretary to King, 13 February, 1851; King to Provincial Secretary, 25 March, 1851. See also P.A.C., RG4 C1, File 1370, 1855.

relative was sent off to the asylum. For a variety of reasons, some insane individuals were taken back out of the asylums by family members and acquaintances well before medical superintendents were convinced that asylum treatment had cured them.<sup>49</sup> By law in both provinces, the insane could be removed by family and acquaintances from the asylum as long as alienists did not consider their removal as dangerous to the public. As the demand for admissions was constantly pressing, most petitions for removal were sanctioned by asylum authorities. In some instances, after a short time at the asylum, patients were considered by their families to be sufficiently recovered to warrant removal. In a petition for the removal of Jacques Fortin from the St. Jean Lunatic Asylum, Fortin's family expressed its confidence that his condition was much improved and that his return home would rehabilitate him completely.<sup>50</sup> The confidence that families expressed in the ameliorated state of their relatives could, however, be short lived. Under the impression that his brother had "recouvré l'esprit"

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<sup>49</sup>See for example P.A.C., RG4 C1, where James Douglas noted that a patient "who was admitted on 29 January, 1863, is improved - but not recovered. She is violent and disposed to be distracted when excited. The husband is desirous to obtain her discharge". See also P.A.C., RG4 C1, File 1749, 1854.

<sup>50</sup>P.A.C., RG4 C1, File 238, A. Pinsonneault to Provincial Secretary, 12 February, 1867; L. Fortin to Provincial Secretary, 8 February, 1867; Superintendent Henry Howard to Provincial Secretary, 18 February, 1867.

after his six month stay at the Beauport Asylum, Jean Martin had him removed. But a short time later, Martin petitioned for his brother's recommittal noting that he had fallen into the same insane state.<sup>51</sup> Several patients who were officially released as "cured" by asylum superintendents were also sent back to the asylum when the social, economic and medical circumstances leading to committal resurfaced.<sup>52</sup>

The uncertainty and strife which could accompany the incarceration of family members in a nineteenth-century lunatic asylum are plainly evident in the case of the daughter of a circuit minister in St. Sylvestre. In November, 1855, Charles Duncan petitioned for the committal of his eldest daughter, Gail, whose mind had, by "divine intervention", been "greatly injured". Being constantly on the road performing religious service in small neighbouring communities, Duncan was unable to assist his wife in the care of his deranged daughter and his "household of ten persons". Duncan's petition was quickly granted by the state. But, within a month of Gail Duncan's stay at the

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<sup>51</sup>P.A.C., RG4 C1, File 2037, Martin to Provincial Secretary, 20 June, 1849. See also, P.A.C., RG4 C1, File 764, 1854; RG4 C1, File 1072, 1855; RG4 C1, File 2672, 1852; RG4 C1, File 1778, 1852; RG4 C1, File 1844, 1853.

<sup>52</sup>See for example, P.A.C., RG4 C1, File 969, 1857; RG4 C1, File 483, 1854; RG4 C1, File 2850, 1852; RG4 C1, File 1915, 1850.

asylum, the young woman had expressed to her mother her "ardent desire to return home". Upon visiting her daughter, Mrs. Duncan was distressed by her "wasted frame", and decided to remove her from the asylum. Yet, only a few days later, Charles Duncan was petitioning for his daughter's recommittal. This second petition was again acceded to by the provincial secretary. During her eight month stay at the asylum, Gail Duncan was visited by her mother who again grew convinced that her daughter would be better off at home. This removal from the asylum was partly based on the advice of the asylum warden, Mr. Wakeham, who expressed his opinion that "from the strong desire that Miss Duncan manifested to return to the parsonage [such a move] might be the means of her mind regaining its wonted powers, as he had known it in many cases to produce this desirable object". The daughter remained at home for about 12 months. But, in a now familiar pattern, Charles Duncan eventually petitioned to the provincial secretary that his:

... being frequently from home for a fortnight at a time as a missionary [had made it] next to impossible to manage her any longer at home: the smallness of the house: the sad effect it has had upon her mother's health and spirits and that of the children's make it an imperative duty that I should notwithstanding my many objections yield to the entreaties of all the members of the family

and again to send her away.<sup>53</sup>

Duncan's petition was quickly approved, his daughter once again becoming an asylum patient.

As the case of Gail Duncan suggests, an uneasiness about the welfare of the patient in the asylum could motivate the request for removal. The husband of Marie Julien grew worried that his wife was not interested in eating or drinking in the asylum. He thus petitioned through a local priest to take her back, noting his intention to construct a separate apartment within his house for her confinement.<sup>54</sup> One patient who had been sent from the Montreal Jail to the St. Jean Asylum as a "dangerous and violent lunatic" in 1866, had, according to Superintendent Howard, become "quiet and tranquil" under the alienist's care, but was also in an extremely bad state of physical health. The patient's family requested his removal from the asylum so that he could die in the comfort of his home environment. Howard and the provincial secretary saw no

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<sup>53</sup>P.A.C., RG4 C1, File 3036, Charles Duncan to Provincial Secretary, 12 November, 1855; Provincial Secretary to Duncan, 20 November, 1855, Duncan to Provincial Secretary, 8 October, 1856; RG4 C1, Duncan to Provincial Secretary, 23 June, 1857; Provincial Secretary to Duncan, 27 June, 1857.

<sup>54</sup>P.A.C., RG4 C1, File 2294, Reverend Gingras to Provincial Secretary, 12 November, 1854; Gingras to Bolduc, 18 December, 1854; Chairman of the Commissioners of the Beauport Asylum to Provincial Secretary, 19 December, 1854.

objection to the request.<sup>55</sup> The continued concern that many families expressed over the welfare of those they committed to the asylum, was not, of course, universal. A large number of patients who were committed formed part of that critical mass of asylum inmates - never visited and never removed - which the superintendents referred to as incurable. They were left to be managed within the new state institutions until they died.

The examination of motivations for committal at the local level reveals that patients were sent to the asylum for reasons which were grounded more in the social and economic realities of the community and the family, than in the socio-medical logic of the alienist's outlook on insanity. As some historians have pointed out, this in turn suggests that to a considerable extent, families and communities used the asylum for their own purposes and in accordance with their various perceptions - social, economic, medical - of mental derangement. But, decisions at the local level were seldom free from the influence of those who held positions of power in government or in the

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<sup>55</sup>P.A.C., RG4 C1, File 222, Moise Legault to Provincial Secretary, 11 February, 1867; Provincial Secretary to Henry Howard, 12 February, 1867; Howard to Provincial Secretary, 14 February, 1867; Provincial Secretary to Legault, 18 February, 1867. It is likely that this patient's removal from the asylum (like others) was intended to relieve his family's anxiety as much as that of the patient.

upper echelons of asylum administration. The vast majority of those who petitioned the government for committal were not instrumental either to the reform process which led to the establishment of lunatic asylums, or to the articulation of the principles governing the institutions' development. Although a close and constant relationship existed between those who wished to commit and those in charge of the lunatic asylum, it was not one in which power was equally distributed. In a myriad of ways, the decisions of the community (and the fate of the insane) were subject to the influence and interference of asylum and state officials.

At a basic level, the fate of petitions for committal to the asylum could be drastically affected by shifts in state policy concerning the management of the insane. In both provinces, during periods in which asylums were greatly overcrowded, long delays (anywhere from three weeks to three years) could occur between a petition for committal and its approval by the government. In families and communities where extreme economic and social stress had precipitated the decision to commit, unpleasant circumstances could become greatly exacerbated when a request for committal resulted in an individual being put on a long waiting list. During these periods of accommodation scarcity, the state demanded detailed applications, with all necessary documentation, before considering a request for asylum

committal. This contrasted greatly with the relatively rapid and easy successes of petitioners during periods when asylum accommodation was more readily available in the provinces. In these periods in Quebec (for example, after the opening of a renovated portion of the Beauport Asylum), government officials commonly granted incomplete petitions, asking for the appropriate medical documentation to be forwarded with the patient to the asylum. During these brief periods, families and community members did not have to work as hard to convince the state of the legitimacy of their cases. The uneven process of asylum development itself could have an important impact on the local context of committal.

More devastating still to many families was the decision of both provinces, in different periods, to exclude the admission of "incurable" cases of insanity. In these circumstances, after diligently collecting all pertinent documents regarding a specific case of insanity, the Provincial Secretary responded that:

... in consequence of [the patient's] malady appearing incurable, ... I am unable to recommend to His Excellency her admission into the Lunatic Asylum on the footing of a Government Patient. The legislative grant for the support and care of the insane within [the province] being limited, the Executive is compelled to exclude incurable cases, and to reserve the funds disposable for this object for the treatment of cases which offer

some chance of cure.<sup>56</sup>

In a great number of cases, this change in asylum policy effectively eliminated committal to an asylum as an option for a family or community. The same effect resulted from the decision of the commissioners of the Toronto Asylum to temporarily prohibit the admission of pauper patients as a result of the financial crisis of the new institution.

The ordeal of petitioning for asylum committal in the face of volatile state policy is particularly well documented in the case of Francois Blanc. In the eyes of his family, Blanc, a journeyman near Montreal, had become insane. In early June, 1853, Blanc's family physician, Dr. Paquin, organized a petition for committal, alerting the provincial secretary that:

L'aliéné ... est dans la dernière pauvreté avec une nombreuse famille. Sa femme est dans une affreuse misere et tous leurs parens sont pauvre. C'est au nom de la paroisse que je vous adresse ces lignes. S'il a moyen de l'admettre dans l'asile, oh! tachez de le faire. Jamais vous maurez rendu un plus grand service a une famille désolée.<sup>57</sup>

Two weeks later, Dr. Paquin wrote an angry letter to the government expressing his frustration that his petition had not yet been answered, and emphasizing again the dire

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<sup>56</sup>Some version of this response is found on most rejected petitions.

<sup>57</sup>P.A.C., RG4 C1, file 1098, Dr. Paquin to Provincial Secretary, 3 June, 1853.

circumstances of his patient's family. This second letter drew a quick response from the government stating that there were many petitions of a like nature to that sent by Dr. Paquin. Moreover, the government noted, it was necessary to find accommodation for a large number of lunatics confined in the local jails of the province before individual applications such as that of Dr. Paquin could be considered. Paquin was asked to provide a more detailed report on the specific nature of the insanity of his patient, including symptoms, duration of the disease, etc., while waiting for his petition to be considered by the government.

On the 4 July, Paquin submitted a lengthy report on the medical history of his patient. Paquin's report highlighted the serious long-term debilitating nature of Blanc's mental and physical state. A month and a half later, the government responded that Dr. Paquin's report indicated that his patient's insanity was "absolument incurable" and that this precluded the man's admission to the Beauport Asylum. After two and a half months of petitioning, the application was summarily rejected.<sup>58</sup>

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<sup>58</sup>P.A.C., RG4 C1, File 1098, Medical Certificate of Drs. Pillet and Forbes, 3 June, 1853; Petition of Inhabitants of St. Genevière, 3 June, 1853; Paquin to Provincial Secretary, 20 June, 1853; Provincial Secretary to Paquin, 22 June, 1853; Paquin to Provincial Secretary, 4 July, 1853; Provincial Secretary to Paquin, 15 August, 1853. Other cases rejected by the government as incurable include: P.A.C., RG4 C1, File 1737, 1853; RG4 C1, File 1411, 1853; RG4 C1, File 1134,

On occasion, the persistence of the family and community in the petition process could overcome the official policies of the state. Dr. E.W. Carter was told that there was no room in the asylum for his patient because her condition was considered by the government to be incurable. Carter responded that his patient's husband was leaving for Quebec to "seek a personal interview" with the provincial secretary on the matter. The physician added that he disagreed with the government's conclusion that his patient was an incurable case. "Certainly ... there is a chance of her recovery", Carter argued, "under proper treatment in the asylum". In this instance, persistence paid off, and the government admitted the patient for a probationary period of six months, after which, she was to be sent back home "should her case prove incurable".<sup>59</sup> On other occasions, the state appeared to override its own official policies on asylum committal to make "exceptions".

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1853; RG4 C1, File 1063, 1853.

<sup>59</sup>P.A.C., RG4 C1, File 1885, E.W. Carter to Provincial Secretary, 3 October, 1853; Provincial Secretary to Carter, 18 October, 1853; Carter to Provincial Secretary, 19 October, 1853; Provincial Secretary to Commissioners of the Beauport Lunatic Asylum, 20 October, 1853; Provincial Secretary to Carter, 20 October, 1853. This case, like several others in which "probational" status was given, was reported on by the superintendent after the end of the trial period as "improved" but not cured. The government responded by placing her on the permanent list of government patients. For similar cases with the same resolution see P.A.C., RG4 C1, File 1494, 1853; RG4 C1, File 652, 1853.

Joseph Dupont, an elderly man, petitioned the government for the committal of his 49 year old son who he described as idiotic and epileptic from birth. Dupont relied on begging in the streets of Montreal for the support of himself and his son. The government's response pointed out that Dupont's son was decidedly incurable and as a result, would not normally be admitted as a government patient. However, it added that due to the particularly unfortunate circumstances of the lunatic in question, the government would make an exception in Dupont's favour.<sup>60</sup> These "provisional" and "exceptional" examples of admission to the asylum could make a great difference to the circumstances of individual families and communities, but such cases were few in number among ordinary petitions for committal. They also served as a reminder of the power and authority of the state over the fate of the petitioner.

In Quebec, the power of asylum and state officials to decide who would end up as patients in the asylum was also expressed in more direct ways. The proprietors of the Beauport Asylum, especially during the first two decades of its existence, often wrote petitions for committal on behalf of those in the province who they deemed worthy of asylum

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<sup>60</sup>P.A.C., RG4 C1, File 2054, Joseph Dupont to Provincial Secretary, 6 October, 1853; Provincial Secretary to Justice of the Peace of St. Denis, 7 January, 1854.

treatment. The proprietors also wrote a large number of the medical certificates in other petitions for committal. With limited asylum accommodation in Quebec, the connection between medical and political power in such cases was completely transparent. The Beauport proprietors frequently wrote or endorsed petitions in which they assured the government that cure was likely under proper treatment within their asylum. These petitions, given the sanction of the province's leading psychiatric voices, were guaranteed immediate success. For example, Joseph Morrin certified one petition in which he recommended that the patient be "removed as soon as possible where she will in all probability soon recover".<sup>61</sup> In other petitions, Morrin specifically linked his petitions for committal to the government's decision to implement a "system of preferring to older cases, those offering a better chance of cure". These petitions were often certified by co-proprietor James Douglas.<sup>62</sup> Proprietor Dr. Charles Frémont similarly issued frequent petitions assuring the provincial secretary of the

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<sup>61</sup>P.A.C., RG4 C1, File 1558, Medical Certificate of Dr. Morrin, 10 August, 1853.

<sup>62</sup>P.A.C., RG4 C1, File 1364, Morrin to Provincial Secretary, 28 June, 1852; Medical Certificate of James Douglas, 28 June, 1852; Morin to Provincial Secretary, 6 July, 1852.

curable nature of the patients' insanity.<sup>63</sup>

This tendency of Beauport's proprietors to involve themselves in filling their own asylum with patients who they thought were curable could be seen as an effort to ensure that their institution functioned in a manner consistent with mid-nineteenth-century alienist medical principles. But, the Beauport proprietors did not restrict their involvement in applications for committal to curable cases. For instance, late in the year 1853, during a period in which only curable cases were officially being committed to the asylum, Frémont wrote a medical certificate endorsing the admission of Lucie Gerard, a young woman who he hoped would benefit from asylum treatment. Yet, Frémont made no mention of the woman's chances of cure. Moreover, in the same petition, Gerard's father noted that his daughter had been insane for three years, a condition he attributed to her epilepsy, which had plagued her for nine years. According to prevailing therapeutic ideas, this was not a hopeful case. Nevertheless, Gerard was granted admission to

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<sup>63</sup>See for example, P.A.C., RG4 C1, File 1278, Medical Certificate of Charles Frémont, 30 June, 1853; RG4 C1, File 1412, Charles Frémont to Provincial Secretary, 15 July, 1853; RG4 C1, File 1270, 1852; RG4 C1, File 2304, Frémont to Provincial Secretary, 22 December, 1853.

the asylum.<sup>64</sup> During the same period, several patients who displayed similar or more hopeful signs of mental aberration to Lucie Gerard were denied admission by the government on the grounds that the asylum was restricted to curable cases.<sup>65</sup> In other instances, the Beauport proprietors successfully petitioned for the admission of patients for whom they held out little hope of recovery.<sup>66</sup> This suggests that the Beauport proprietors were governed in their quest for committals by considerations which were not restricted to prevailing medical ideas about insanity. In some instances, this was in fact quite obvious. In one petition, Charles Frémont framed his support for a petition in this way:

La porteuse est la mère d'une jeune fille épileptique et devenue aliéné par désorganisation des cerveau. La pauvre femme est véritablement respectable et mérite d'être secourue. Elle a supporté cette jeune fille depuis bien des années au moyen de ce que lui prouvuroient des soins de garde-malade, mais les choses sont tellement

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<sup>64</sup>P.A.C., RG4 C1, File 2315, Medical Certificate of Charles Frémont, 2. December, 1853. Other cases in which proprietors petition for less-then-hopeful cases include: P.A.C., RG4 C1, File 2348, 1856; RG4 C1, File 815, 1854; RG4 C1, File 1547, 1853; RG4 C1, File 1476, 1853.

<sup>65</sup>See, for example P.A.C., RG4 C1, File 1737, 1853; RG4 C1, File 771, 1853.

<sup>66</sup>See for example, P.A.C., RG4 C1, File 1706, 1855 where Frémont refers to a patient as "un pauvre diable". See also P.A.C., RG4 C1, File 1475, 1853, for a petition endorsed by Morin and Frémont concerning a patient whose insanity was said to be of five years duration, without lucid intervals.

empriées chez elle que la mère et la fille sont menacées de misère ... je n'hésite pas de vous la recommander [pour admission] instamment.<sup>67</sup>

This petition reads much like many others from the various communities of the province. But, in contrast to others who petitioned, the status of the medical proprietor guaranteed that this request for committal would be quickly sanctioned by the state.

Beyond Beauport's proprietors, the weight of others in positions of social and political power could also have a strong influence on the fate of a petition for committal. This is clearly exemplified in the case of Pierre Leclaire, a farmer from the district of Montreal, who petitioned for the committal of his three brothers. Leclaire claimed that his brothers (aged 44, 46 and 48) were all idiots, incapable of working, or of taking care of themselves. Leclair was particularly concerned about the effects of his brothers' dirty and vulgar habits on his six children. He added that after caring for them for over nine years, his brothers had become an immense financial burden on his family.

Of particular note in this petition was a short cover letter written by M.P. Augustin-Norbert Morin requesting the attention of the provincial secretary in the matter. On the same day that the petition was sent, the provincial

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<sup>67</sup>P.A.C., RG4 C1, File 1749, Frémont to Provincial Secretary.

secretary replied that there was no room at the asylum, but that the three men would be placed on the waiting list of applicants. Four weeks passed with no further response from the government. Unhappy with the progress of the petition, Morin again wrote to the provincial secretary ("Mon Cher Parent"), explaining that Pierre Leclaire had been offered money to vote against Morin in the last elections. Leclaire had refused the money on the understanding that Morin would get his brothers into the Beauport Asylum. Morin urged the government to do what it could to expedite Leclaire's petition. The same day that Morin issued his renewed request, the government sanctioned the admission of all three brothers to the asylum.<sup>68</sup>

In evaluating the issue of social and political influence on petitions for committal, it is helpful to consider the analysis of Charles Rosenberg and Morris Vogel on the development of the hospital in nineteenth-century

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<sup>68</sup>P.A.C., RG4 C1, File 963, A. Morin to Provincial Secretary, 19 June, 1854; Petition of Pierre Leclaire and his wife, 14 June, 1854; Provincial Secretary to Leclaire, 19 July, 1854; A. Morin to Provincial Secretary, 12 August, 1854; Provincial Secretary to Commissioners of the Beauport Lunatic Asylum, 12 August, 1854. Similar petitions endorsed by high ranking political and religious figures invariably received the sanction of the state. See, for example, P.A.C., RG4 C1, File 148, Bishop of Quebec to Provincial Secretary, 23 January, 1857; RG4 C1, File 1371, George Etienne Cartier to Provincial Secretary, 27 April, 1848; RG4 C1, File 2857, Dr. Joseph Painchaud to Provincial Secretary, December, 1852; RG4 C1, File 2030, Wolfred Nelson to Provincial Secretary, 19 June, 1849.

United States. Rosenberg notes that "in most cases, voluntary hospital admission reflected the patient's place in a network of deference and social relationships". In some institutions, this was made manifest through hospital "subscription", a process whereby "individual philanthropists" paid for the control of a certain number of inpatient beds, and outpatient services. Poor individuals who needed the services of the hospital were thus forced to present a signed certificate from a subscriber in order to gain admission to the hospital. Rosenberg argues that "such personal control of access to hospital beds embodied in a concrete way the ties between client and patron fundamental to a deferential and ordered society; the hospital was meant to implement, not supplant such ties".<sup>69</sup>

Although the Beauport Asylum was a different kind of institution, operating in a somewhat different social context, access of pauper patients to the lunatic asylum in Quebec worked in ways similar to that of the mid-nineteenth-century American hospital. Owned and operated by three members of the elite in the socio-medical sphere of Quebec

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<sup>69</sup>See Charles E. Rosenberg, The Care of Strangers: The Rise of America's Hospital System (Baltimore, 1987), pp. 24-25. A similar argument can be found in Morris J. Vogel, The Invention of the Modern Hospital: Boston, 1870-1930 (Chicago, 1980), pp. 1-28.

City<sup>70</sup>, and established in relationship with the state as a predominantly charitable institution, the Beauport Asylum reflected the values of a society characterised by social and economic inequality. Petitioning for committal to the lunatic asylum initiated a process in which the deference of the petitioner was made immediately manifest by his or her requests for help from local authority figures (the J.P., the local priest, and local physician) and from those in higher positions of power (the provincial secretary, the commissioners and the owners of the asylum). In making the decision to commit, individual families and communities were forced to work through this intricate hierarchical web of formal and informal social relations. Under these circumstances, the endorsement of a prominent politician or religious figure could be of enormous benefit to the prospects of an ordinary petition for committal. But, as the case involving M.P. A. Morin suggests, such an endorsement was unlikely to be secured without some reciprocal obligation on the part of the petitioner.

The complex interplay of social, economic and political relations set in motion by the application for committal to the lunatic asylum is strikingly revealed through an

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<sup>70</sup>Joseph Morrin and Charles Frémont were instrumental in the founding of the faculty of medicine at the University of Laval. James Douglas was visiting physician and chief surgeon to the Quebec Marine and Emigrant Hospital.

examination of the unusual career of Jean Baptiste Zacharie Bolduc. Bolduc was ordained a priest in Quebec in 1841, whereupon he immediately set out on a year long journey by ship around Cape Horn to the Columbia River, where he helped to establish a mission. Nine years later, Bolduc returned to Quebec, becoming the parish priest for St. Roche de Quebec and the chaplain for both the Beauport Lunatic Asylum and the Quebec Marine and Emigrant Hospital.<sup>71</sup>

In his position as chaplain to the Beauport Asylum, Bolduc actively engaged himself in the affairs of the institution, gaining the confidence of the Beauport proprietors and of the government. Within a few years, he had become very influential in the process of patient selection for the asylum, being personally responsible for a large percentage of admissions. In 1857 alone, he petitioned for the admission of 51 patients. Like the Beauport proprietors, all of the petitions that Bolduc either wrote himself, or endorsed, were given the sanction of the state. In many instances, the medical certification accompanying Bolduc's petitions were made by Morrin, Frémont or Douglas.

Part of Bolduc's influence at the asylum was gained

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<sup>71</sup>Biographical detail on Bolduc is found in Edward J. Kowrach ed., Mission of the Columbia: Jean Baptiste Zacharie Bolduc (Ye Galleon Press, 1979).

through the close relationship that he forged with the Assistant provincial secretary, Etienne Parent. The requests for patient admission that Bolduc submitted to Parent were usually informal and friendly. Bolduc often began his petitions with a light commentary on his habit of constantly annoying and inconveniencing the provincial secretary with his requests. Yet, it was his willingness and his ability to take on many of the administrative aspects of patient committal that contributed to his popularity among asylum officials. In many cases, when petitioning to the provincial secretary, Bolduc noted that, should his petition be granted, he would handle all of the paper work involved in the committal procedure. He often assured the government that "Vous n'avez besoin de notifier personne si vous aurez la complaisance de m'accorder mes demandes".<sup>72</sup> This meant that Bolduc himself would serve as the main correspondent between the asylum and the family or community petitioning for asylum committal. He also frequently filled out the questionnaires on the medical history of prospective asylum patients, (a task usually performed by individual families and community leaders) and

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<sup>72</sup>P.A.C., RG4 C1, File 1856, Bolduc to Provincial Secretary, 16 June, 1856. In another case, Bolduc noted to the government, "Il n'est pas nécessaire de notifier les personnes pour lesquelles je vous fais demandes ci-dessus". P.A.C., RG4 C1, File 279, Bolduc to Provincial Secretary, 19 February, 1857.

forwarded them to one of the asylum proprietors.<sup>73</sup> This work saved both the government and the proprietors considerable time, and both parties seemed quite willing to devolve these administrative duties to the asylum chaplain. Bolduc's responsibilities also greatly expedited the process of committal for those patients who fell under his sphere of influence. In this process, Bolduc's word on the mental state and pecuniary circumstances of the patients he sent to the asylum was unquestioned. Eventually, a letter of introduction by Bolduc was all that was necessary to acquire the immediate sanction of the state for committal. The supporting documentation was sent after the state's acceptance of Bolduc's request.

Bolduc's acquisition of responsibility and power at Beauport was also partly due to his creative suggestions for accommodating the ever-pressing demand for committals. One of his ideas that became part of unofficial policy evolved out of the government's resistance to accommodate patients for whom Bolduc petitioned during periods of serious

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<sup>73</sup>Most of the petitions in which Bolduc participated read: "Admission ordered and sent to Rev'd Mr. Bolduc". Crossed out of the form letter granting committal is, "I enclose the information required for the guidance of the Medical Officers". This is because Bolduc himself provided the information, presumably on the basis of his correspondence with, and visits to, the patient and others. In several petitions, Bolduc assured the government that "Les informations sur son compte seront fournies avec médecins de l'asile par moi même".

overcrowding at Beauport. In 1856, Bolduc petitioned to the government for the committal of a servant to the Quebec General Hospital, Jane Thomas, who had become insane. The government responded that the state allocation for pauper patients was at its absolute limit for the Beauport Asylum. Bolduc replied that, as there were a large number of chronic harmless and quiet patients at Beauport, the Sisters at the Quebec General Hospital were willing to assume the care of one of these incurable asylum patients in exchange for the committal of Thomas to the Beauport Asylum. Bolduc's suggestion was accepted, and the plan was repeated in similar periods of difficulty.<sup>74</sup> On another occasion, Bolduc urged the government to spend \$100 to ship two sisters, who had recently recovered their sanity after a three year stay at Beauport, back to their family in Ireland. Bolduc was convinced that the "destitute condition" of the sisters "on their arrival in Canada was the primary cause of their insanity", and that when released from the asylum they would shortly be in need of asylum treatment again. He noted that the sisters themselves had

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<sup>74</sup>P.A.C., RG4 C1, File 2810, Bolduc to Provincial Secretary, 20 November, 1856; Bolduc to Provincial Secretary, 1 December, 1856; Provincial Secretary to Bolduc, 4 December, 1856; Provincial Secretary to Secretary to the Commissioners of the Beauport Lunatic Asylum, 4 December, 1856. For other examples of Bolduc's successful transfers between Beauport and the Quebec General Hospital see, P.A.C., RG4 C1, File 798, 1859; RG4 C1, File 553, 1859.

expressed to him their desire to be with their family in Ireland. The government agreed with Bolduc, charging the shipping fees of the sisters "against the appropriation for the support of the insane" in Quebec.<sup>75</sup>

Bolduc's position at Beauport gave him insight into asylum policy which helped him to acquire accommodation for those he thought in need of asylum provision. He often accompanied his requests for committal with up-to-date statistics on the current, and projected patient population at the asylum. This enabled Bolduc to prove to the government that, when he petitioned, there was in fact room on the pauper list for "his" patients. With quick access to statistics on discharges and deaths at the asylum, Bolduc frequently issued "group petitions" to the government, requesting the admission of two, three and sometimes four patients at once. For example, in one request, Bolduc asked for the admission of four people, stating that, "Le nombre des patients est tombé de 382 à 372 et la visite des commissaires à la fin de ce mois, va sans doute le faire diminuer encore de 8 où 10. Il y aura place pour toutes mes

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<sup>75</sup>P.A.C., RG4 C1, File 1505, Bolduc to Provincial Secretary, 24 June, 1859; Medical Certificate of Frémont and Morin, 6 June, 1859; Copy of a report of a Committee of the Executive Council, 11 July, 1859.

demandes dans le cours de cette année, c'est chose certain".<sup>76</sup> Bolduc's knowledge of asylum population statistics and government policy also enabled him to capitalize on periods of expanded asylum accommodation. For example, in a confidential letter to the provincial secretary, Bolduc had the following to say about an impending increased allocation of funds for the care of pauper lunatics at Beauport:

Le secretaire de la commission de l'asile des aliénés m'a dit ce matin qu'il y avait des fonds nouvellement mis à votre disposition pour l'asile en question. Or, vous n'ignorez pas que cette nouvelle eu pour moi un véritable joie. J'ai des fous et des folles qui n'attendaient que cela. Je vais donc vous faire mes demandes; il y a de la place pour les recevoir jusqu'au nombre d'environ 400.<sup>77</sup>

Bolduc requested the immediate admission of four patients, intimating that there would be more requests to follow.<sup>78</sup>

Although most of Bolduc's petitions for committal were for those who lived in the parish of St. Roches de Quebec where he was a parish priest, Bolduc also petitioned for the

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<sup>76</sup>P.A.C., RG4 C1, File 2095, Bolduc to Provincial Secretary, 19 September, 1857; Provincial Secretary to Bolduc, 22 September, 1857. Bolduc also ended many of his requests with a short note like the following: "Le rapport officiel que j'ai vu hier à l'asile porte le nombre des patiens à 398". In other words he knew that there was enough room at the asylum to accommodate his request. See also, P.A.C., RG4 C1, File 2961, Bolduc to Provincial Secretary, 16 November, 1858.

<sup>77</sup>P.A.C., RG4 C1, File 279, Bolduc to Provincial Secretary, 19 February, 1857.

<sup>78</sup>Ibid., After stating his request, Bolduc added, "En voila assez pour aujourd'hui".

accommodation of patients from Quebec City and Montreal, and from outlying parishes. Much of his knowledge of patients beyond his own parish appears to have come from his correspondence with other priests. Bolduc also visited the homes of those patients who had been released from the asylum as cured or recovered, to check their progress. Many of his requests to the government were for the readmission of former patients who he believed had relapsed into a state of insanity.<sup>79</sup> He also visited many families to verify the condition of a prospective asylum patient.

In many instances, the acute nature of a patient's mental condition, the immediate distress or threat that the patient posed to the family, or the danger posed to the patient by his or her surroundings, led Bolduc to quickly admit the patient to the asylum under his own financial responsibility. He then requested that the government give the patient "government", or pauper status, from the date that he had originally committed the patient. For example, in the case of a woman who Bolduc considered to be furiously insane, he noted that "Si elle ne se montre pas un peu plus traitable je vais être obligé de l'envoyer à l'asile sans attendre le retour de ma demande. De sorte que vous m'obligerez infiniment en dattant son admission de ce jour

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<sup>79</sup>See, for example, P.A.C., RG4 C1, File 1320, Bolduc to Provincial Secretary, 11 May, 1855.

en cas de besoin". Bolduc admitted the woman on the same day. The government approved the petition, dating her admission from the day requested by Bolduc.<sup>80</sup> In another petition, Bolduc pleaded for two women he found wandering the streets of Quebec in a wretched state to be given government patient status. He admitted them in anticipation of the government's sanction, and asked for "un effect rétroactif à leur admission".<sup>81</sup>

Like the Beauport proprietors, Bolduc often stressed the curable nature of many of the patients for whom he requested committal to the asylum. In these instances, he usually noted that the Beauport proprietors concurred with his promising assessment of the case.<sup>82</sup> But Bolduc often used his influence to gain admittance for those who he thought needed asylum care for more than merely medical

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<sup>80</sup>P.A.C., RG4 C1, File 56, Bolduc to Provincial Secretary, 8 January, 1858; Provincial Secretary to Bolduc, 12 January, 1858. In another case, Bolduc noted that he admitted a patient, "le douze de courant, parcequ'il était dans un état de fureur qui ne permettait pas de le renvoyer; qu'il vous plaise en conséquence de dater son admission de ce jour là." P.A.C., RG4 C1, File 3293, Bolduc to Provincial Secretary, 21 December, 1855. See also RG4 C1, File 2985, 1855.

<sup>81</sup>P.A.C., RG4 C1, File 787, Bolduc to Provincial Secretary, 26 February, 1856. See also RG4 C1, File 1547, 1856.

<sup>82</sup>In one petition, Bolduc noted that "Ces deux cas sont vraiment intéressantes pour les médecins et promettent une prompte guérison." P.A.C., RG4 C1, File 1694, Bolduc to Provincial Secretary, 17 July, 1857. See also RG4 C1, File 1912, 1857.

reasons. Bolduc usually requested the admission of these "less curable" cases of insanity as a part of a group petition in which he argued that the other patients on his list showed great promise of immediate cure. In one petition, Bolduc noted that one of his asylum candidates had a form of insanity that was very curable. The other, he admitted, "ne promet pas un guérison aussi prompte, sans cependant être regardée comme incurable". In another petition, Boduc paired a curable case with one which was "incurable, il n'y aucun doute". Nevertheless, he argued that the case demanded the compassion of the state, as the patient was idiotic and would likely die of cold or hunger if left unattended.<sup>83</sup> In several instances, Bolduc petitioned in order to provide some refuge and care for those who he anticipated would not live long at the asylum.<sup>84</sup>

It is obvious that Bolduc considered a large number of those for whom he petitioned as more socially deserving than medically appropriate candidates for the asylum. Yet, the

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<sup>83</sup>P.A.C., RG4 C1, File 2961, Bolduc to Provincial Secretary, 16 November, 1858; RG4 C1, File 544, Bolduc to Provincial Secretary, 8 March, 1858.

<sup>84</sup>In one such case, Bolduc informed the government of a "pauvre vieille des Soeurs de la Charité. Je pense bien qu'elle n'en reviendra pas, mais aussi, elle ne fera pas long jours". P.A.C., RG4 C1, File 173, Bolduc to Provincial Secretary, 22 January, 1858.

moral universe through which Bolduc filtered various requests for asylum committal did have sharp boundaries. In 1857, the government asked Bolduc's personal opinion in regard to a petition sent by Mr. Brassard, the parish priest of St. Roche de l'Archange, for the committal of two patients. Brassard had apparently mentioned the tacit support of Bolduc in his application. Bolduc responded to the government that he had been asked by Brassard to help in the process of creating the petition, but that he had restricted himself to explaining to Brassard the basic application procedure. In Bolduc's opinion:

ces deux patients sont des incurables et ... les parents ont l'air de vouloir se débarrasser d'eux à quelque prise que ce soit. D'après la lettre qui m'a été écrite, je m'ai pas osé prendre sur moi d'agir comme j'ai déjà fait pour bon nombre d'autres. J'ai toujours coutume de choisir les meilleurs cas quand je vous fais des demandes et si je voulait écouter tous ceuse qui me prier de vous écrire, il y aurait maintenant au delà de 600 patients presque tous incurables.<sup>65</sup>

Reassuring the Provincial Secretary that he only chose the "best" cases when making applications to the government for committal, Bolduc defined those cases either as curable, or, as those for whom no family support was available. Families which he saw as shirking their responsibilities towards their insane dependents were considered by Bolduc as

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<sup>65</sup>P.A.C., RG4 C1, File 1694, Bolduc to Provincial Secretary, 17 July, 1857.

undeserving of asylum privileges.<sup>86</sup> Brassard's petition and Bolduc's response highlights the Beauport Asylum chaplain's position of power at Beauport. Responsible for a large percentage of admissions at the asylum based on his own sense of deserving and undeserving candidates, Bolduc's opinion could also have a decisive effect on the fate of other requests for committal. It was clear that other families whose petitions either did not fall under the chaplain's sphere of influence, or did not meet with his favour, were less likely to be successful.<sup>87</sup>

Although unique, Bolduc's career indicates the extent to which the process of petitioning for asylum committal in Quebec was dependent upon successful negotiation with those in positions of power at the asylum and state levels. A range of asylum, state, and political officials, along with

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<sup>86</sup>Somewhat later, while responding to a letter from the government asking his advice on the admission of incurables, Bolduc reiterated his views: "Voici tout bonnement ce que je pense sur ce sujet. Il y a des incurables dangereux que personne ne veut garder, ceux là je les admettrais sans difficulté. Quant à ceux qui ne sont nullement nuisibles, je les refuserais sans scrupule. Quant à moi je ne vous ferai aucune demande pour ces sortes de personnes". P.A.C., RG4 C1, Bolduc to Provincial Secretary, 2 June, 1858.

<sup>87</sup>Bolduc's involvement in the process of patient admissions seems to have abated by the mid 1860s, a development possibly attributable to his appointment as procurator of the archdiocese of Quebec. In 1886, he was given the title Domestic Prelate by Pope Leo XIII. He died at Quebec May 8, 1889. See, Kowrach, ed., Mission of the Columbia, p. 12.

local legal, religious and medical authorities, exercised varying degrees of influence over those wishing to commit people to the asylum as pauper patients. This influence could be felt indirectly, as a product of changing asylum policy, or more directly, as the expression of political, medical, or religious interests. Individual families certainly used the asylum as one means by which to deal with problems associated with those whom they considered to be insane. But the road to committal was largely determined by forces over which they had only limited control.

In many respects, a parallel process of asylum committal in Ontario ensured similar challenges for a majority of petitioners to the lunatic asylum. While the weight of medical authority in Ontario petitions was heavier (three medical certificates of insanity were required instead of only one in Quebec), the inability to pay in whole or in part for asylum care needed to be confirmed by the local authority of a justice of the peace or local minister or priest, in order to apply for government/pauper status.

But, on one level at least, the politics of committal in Ontario did not work in the same way that it did in Quebec. A sense of this difference can be found in the correspondence between the Toronto Asylum superintendent, Joseph Workman, and the clerk of the peace for Perth county,

J.J. Linton. In a candid letter to Linton, a frustrated Workman had the following to say about the flood of applications for committal to the Toronto Asylum:

I am distressed. Every mail brings me one - two - three urgent letters. Every two or three days some member of parliament presents himself or his written compliments - modestly claiming for some of his constituents the first vacant bed - regardless whether the case is that of some idiot - or long hopeless lunatic - just admit this case and confer a favour on the great M.P.P. - or if you do not, look out. Every form of pressure that can be devised brought to bear on me to induce me to do impossibilities - or to prostitute my function to the purposes of favouritism. I have resolved to withstand all and to adhere to the strict rule of right. I can only do the best this house enables me to effect - for a portion of the insane - and I must do this according to my own careful judgement. Have you ever asked your county member what became of the £25,000 voted by parliament in May 1855 to complete this asylum? The insane wretches now rotting in our gaols demand a reply.<sup>88</sup>

Workman's comments certainly indicate that politics and power had as much to do with the process of asylum committal in Ontario as it did in Quebec. However, it appears that Workman himself considered the exercise of patronage and "favouritism" in asylum admissions to be completely antithetical to his vision of asylum development. He was convinced that "every influence that can be evoked is directed towards securing admissions as special favours -

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<sup>88</sup>Ontario Archives (Hereafter OA), RG22, Clerk of the Peace, Lunatic Accounts, Perth County, unprocessed (hereafter, Lunatic Accounts, Perth County), Joseph Workman to Clerk of the Peace, 6 March, 1858.

and all my firmness (or obstinacy) is required to enable me to withstand these unjust importunities". Workman had fought for, and been granted the state authority to prioritize admissions according to his outlook on asylum medicine and treatment. According to the superintendent, "as I have always made it my rule to admit the most urgent cases, and those most likely to be benefited, it follows that the outside pressure is exerted in behalf of cases of slightest claim".<sup>89</sup>

However, Workman's strict policy of admitting only those patients who, according to his socio-medical outlook, qualified as curable cases of insanity, constituted a significant impediment to the success of many petitions for committal based on non-medical grounds. With his power of medical discretion, Workman effectively thwarted the success of many petitions which requested institutionalization for those social, economic and medical reasons which the superintendent considered to be "unjust".

Despite Workman's adherence to the "strict rule of right", he was forced to accept a number of patients, from the local jails of the province and from elsewhere, who were not, in his view, genuine asylum patients amenable to moral treatment. Workman could stubbornly cling to the principles

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<sup>89</sup>OA, RG 22, Lunatic Accounts, Perth County, Workman to Linton, 7 April, 1858.

of his therapeutic outlook of the lunatic asylum. But, the interests of the state, and those of individuals at the local level also formed part of the complex relationships around the development of the asylum, making the superintendent's position difficult to maintain from the start.

In both provinces, it was this mix of competing interests, representing different socio-economic and cultural outlooks, which resulted in the particular historical development of responses to insanity in the nineteenth century. Although, as we have seen, the specific needs and strategies of families and communities played an important role in the process of asylum development, their activities, reflecting a particular set of perspectives on insanity and the asylum, were constrained by the competing and often conflicting perspectives of state and asylum officials who exercised greater power.

Chapter Five:

The Creation and Dissolution of a Psychiatric Disorder:  
Criminal Insanity in Nineteenth-Century Canada

An examination of criminal insanity in nineteenth-century Ontario and Quebec highlights the complex interaction of community, state and psychiatric interests in the process of asylum development. This chapter explores the historical circumstances that led to the conceptualization of criminal insanity as a distinct disease entity. Two institutions, the Kingston Penitentiary and the Rockwood Criminal Lunatic Asylum, became the focal points of a series of debates over criminal insanity. Both institutions were intended to serve the populations of Ontario and Quebec.<sup>1</sup>

In the early part of the century, criminal lunatics were not seen as a social problem of major concern. However, by mid-century, a crisis had emerged in the Kingston Penitentiary over a perceived epidemic of criminal insanity. In an era of emerging institutional responses to various forms of social deviancy, a lively and protracted debate arose over what constituted the most appropriate institutional setting for criminal lunatics. Increasingly

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<sup>1</sup>The Kingston Penitentiary, established in 1835, was to serve Upper and Lower Canada after the Act of Union in 1840.

considered a separate group, criminal lunatics were not seen as fit subjects for either the therapeutic regimen of the insane asylum or the reformatory regimen of the penitentiary. By 1855, the prevailing perception among professional experts was that criminal lunacy was really a medical disorder in need of separate institutional provision. For a period, criminal insanity was "framed" medically.<sup>2</sup> The resolution of this debate in favour of a distinct medical conceptualization of criminal insanity led to the establishment of the Rockwood Criminal Lunatic Asylum in 1855. For the next thirteen years, John Palmer Litchfield, medical superintendent of the Rockwood Asylum, attempted to diagnose and then treat the criminally insane.

Yet even as the new medical experiment in the treatment of criminal insanity was under way, the shifting demands of state officials and of the public steadily chipped away at the medical frame that had been consolidated around the criminally insane. The development of Litchfield's own

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<sup>2</sup>The concept of "framing" is drawn partly from Charles E. Rosenberg, "Framing Disease: Illness, Society, and History", in Charles Rosenberg and Janet Golden, eds., Framing Disease: Studies in Cultural History (New Brunswick, 1992). See also, Roy Porter, "Gout: Framing and Fantasizing Disease", Bulletin of the History of Medicine, 68 (1994), pp. 1-28. In a recent article, Ian Hacking studies fugue in order to demonstrate "how a psychiatric entity comes into being and then disappears". Ian Hacking, "Les Aliénés Voyageurs: How Fugue Became a Medical Entity", History of Psychiatry, vii (1996), pp. 425-49.

understanding of the etiology of criminal insanity further contributed to this alteration in perspective. By the time of Litchfield's death in 1868, the perception of criminal lunacy as a separate medical problem in need of a medical institutional solution had virtually disappeared. Although framed medically for over a decade, criminal insanity had not been successfully "medicalized" in Canada by the close of the century.

As a case study, the examination of responses to criminal insanity points out the uneven development which could characterize the institutional treatment of the insane. The treatment of criminal insanity in an asylum setting was established upon a fragile consensus of professionals from elite psychiatric, legal, medical and state circles in colonial Canada. As the political, economic and social circumstances in which this consensus had been reached were altered, and other views on criminal insanity came to dominate, the therapeutic response to criminal insanity was hastily rejected and remained so well into the twentieth century.

Criminal lunatics' violations of the law in nineteenth-century Quebec and Ontario included arson, assault and battery, and murder. Most were formally charged, then tried for their crimes, at which time they were found to be insane and thus not responsible for their criminal acts. In the

words of Attorney General William Draper, "the fact of insanity existing at the time of the commission of any act for which a party is indictable will wholly excuse him from the penal consequences attached to the act".<sup>3</sup> Criminal lunatics also included those found to be unable to stand trial due to their insanity, and those who manifested symptoms of insanity as prisoners after conviction.<sup>4</sup>

Before the creation of provisional or temporary lunatic asylums in British North America, criminals who were acquitted of responsibility for their crimes on the grounds of insanity were generally kept in district or local jails. In local jails, the criminally insane were often tended to and examined by local physicians.<sup>5</sup> With the opening of temporary asylums in Lower Canada in 1839 and in Upper Canada in 1841, the district jails occasionally delivered

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<sup>3</sup>P.A.C., Correspondence of the Provincial Secretary, RG5 C1, File 2222, Draper to Provincial Secretary, 16 December, 1841.

<sup>4</sup>Verdun-Jones and Smandych also include as criminally insane in nineteenth-century Canada, those who "were labelled 'dangerously insane' and subjected to preventive detention". Simon Verdun-Jones and Russell Smandych, "Catch-22 in the Nineteenth Century: The Evolution of Therapeutic Confinement for the Criminally Insane in Canada, 1840-1900", in Criminal Justice History, 2 (1981), p. 86.

<sup>5</sup>See for example, the case of John Long, P.A.C., RG5 C1, File 527, Mayor of the City of Toronto to Provincial Secretary, 28 April, 1837; and the case of Patrick Donolly, Gaol Report (Niagara District) Journals of the Legislative Assembly for Upper Canada (Hereafter J.L.S U.C.), Appendix 44, 1836.

their insane criminals over to the new institutions. The provisional asylums were considered by some to be more appropriate institutions of confinement than the local jails. The process of transfer from the local jail to the provisional asylum was initiated by the county clerk of the peace, local sheriff, or by the judge of a particular trial.<sup>6</sup>

After initial charges were laid against them, insane criminals often experienced protracted stays at the district jails until the local assizes, following a routine of scheduled stops, arrived to try their cases. Upon a verdict of not guilty by reason of insanity, the insane criminal was further detained in jail while a position in the provisional asylum was sought.<sup>7</sup> Further delays in the transfer of

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<sup>6</sup>See for example the case of Mathew Hynds who was removed from the Wellington District Jail to the Toronto Temporary Lunatic Asylum, P.A.C., RG5 C1, File 2517, 3 January, 1842; Public Archives of Ontario (hereafter P.A.O.), RG10-20-B-1 Appendix II, General Register and Admission Orders and Histories, 1842. On the transfer of Sophia Baker from the Home District Jail to the Toronto Temporary Lunatic Asylum see, P.A.C., RG5 C1, File 2222, Mr. Justice Jones to Provincial Secretary, 11 December, 1841; Certificate of Sanity of William Rees, 28 December, 1841.

<sup>7</sup>This circuitous route from crime, to diagnosis, to asylum treatment, can be traced in the case of Alexander Cameron. Cameron was committed to the Bathurst District Gaol for assault and battery on 12 April, 1842. He remained in the local jail until the fall assizes could try his case five months later in September. Owing to Cameron's obvious manifestations of insanity, the grand jury decided not to proceed with a trial in his case. He was still in jail on October 3, when the warden of the Bathurst jail strongly urged

criminal lunatics to the provisional asylums could result from the overcrowding of the new proto-institutions. As with the "ordinary insane", the backlog of applicants to the temporary asylums ensured that criminal lunatics would be confined for long periods in the district jails. Before mid-century, the numbers of criminally insane were few, and criminal insanity generated little attention as a social issue.

At the Kingston Penitentiary, a developing crisis in social organization focused greater attention on the subject of criminal insanity. This, in turn, precipitated altered perceptions among legal, medical and psychiatric authorities about insane criminals and about the best means to their reform. Initially, provision for the criminally insane at the Kingston Penitentiary tended to mirror that which was provided in the local jails. Until 1850, there was a noticeable absence of criminal lunatics reported by James Sampson, the penitentiary surgeon. Between 1836, when the penitentiary opened, and 1849, there were only five entries in his medical records concerning convicts suffering from

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that Cameron be delivered to the temporary asylum at Toronto to "undergo medical treatment". In the opinion of the warden, "the temporary prison at Perth is very limited in its accommodation and humanity requires that [this] unhappy person should not be indefinitely confined therein under the circumstances of [his] afflicted condition". P.A.C., RG5 C1, File 4499, Petition for Committal of the Grand Jury of Bathurst District, 3 October, 1842.

"mental derangement". Of those, three were removed to the temporary lunatic asylum in Toronto, one was transferred to the Beauport Lunatic Asylum near Quebec, and the last committed suicide in the penitentiary.<sup>6</sup>

This situation changed dramatically within a few years. In 1849, Sampson pointed out to the inspectors of the penitentiary that there were now "three male and two female Convicts labouring under various forms of mental derangement" in the penitentiary. The surgeon expressed his concern that the penitentiary had "no means of carrying on the proper *moral management* of these subjects, according to the specific character of each", and he advised the inspectors that the five criminal lunatics would be best placed in "an Asylum where already all the necessary appliances are in the hands of persons trained in the management of this affliction in all its forms".<sup>7</sup> By 1850,

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<sup>6</sup>See, J.L.A.U.C., Surgeon's Report, Provincial Penitentiary, 31 December, 1853. With the Act of Union in 1841 legislation was passed to "render the Penitentiary erected near Kingston in the Midland District, the Provincial Penitentiary for Canada". Richard Splane notes that although "Canada East did, after a few months, begin to commit prisoners in considerable numbers [to the penitentiary], Upper Canada always provided a disproportionate percentage of the inmates". Richard Splane, Social Welfare in Ontario, 1791-1893: A Study of Public Welfare Administration (Toronto, 1971), p. 136. Not surprisingly, Sampson also treated more criminal lunatics from Canada West than from the eastern province.

<sup>7</sup>J.L.A.U.C., Surgeon's Report, Kingston Penitentiary, 1850.

the list of insane convicts had grown to nine, not counting one female convict of "unsound mind" who had been sent to the recently opened permanent Toronto Provincial Asylum in November, and one male convict suffering from "mental delusions", who had been discharged, his term of imprisonment having expired.<sup>10</sup>

Among the officers of the penitentiary, there were competing explanations for the increasing instances of insanity in the inmate population. According to the penitentiary's Board of Inspectors, "mental aberration" in the prison had "not originated from the discipline, or any causes existing within the Penitentiary itself". The Board did however suggest that "the tendency and predisposition to *dementia* and insanity may, in some degree, have been developed from confinement in a situation where the individuals were of necessity deprived of old associations and accustomed habits". In one case, they noted, an inmate tried for murder was found to be insane at the time of his criminal act. He was brought to the penitentiary where his hallucinations worsened to the point where his reason was "irrevocably lost". In the opinion of the prison inspectors, the other insane convicts on Sampson's list "were persons of naturally weak mind, subject to delusion,

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<sup>10</sup>See Sampson's "Return of Insane Convicts", J.L.A.U.C., Appendix "III", 1 October, 1851.

and therefore, readily plunging into error and crime - a class of individuals that may be said to be affected with incipient mania before its actual manifestations". The message here was clear. Convict insanity was not primarily the result of the penitentiary environment.<sup>11</sup>

Sampson's opinion on the increase of insane convicts differed in important ways from that of the penitentiary inspectors. The surgeon argued that out of twenty-four cases of insanity "which from time to time appeared in the prison, sixteen were as far as could be ascertained, first manifested therein". Therefore, he asserted, the "invasion of [the] intellectual disorders [of those sixteen] was induced by a combination of causes incidental to their imprisonment". To Sampson, "the [removal of] the existing causes of mental as well as bodily derangements, is ... the first indication of successful treatment" in a penal institution. The increase in criminal insanity was thus a symptom of a defective institution.<sup>12</sup>

The differing explanations between Sampson and the Board of Commissioners for the rise in insanity among the prison convicts, formed part of a more fundamental conflict

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<sup>11</sup>J.L.A.U.C., Appendix "III", Report of the Inspectors of the Provincial Penitentiary, 1852.

<sup>12</sup>J.L.A.U.C., Appendix "DD", Surgeon's Report, 31 December, 1853.

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Return of Insane Convicts in the Kingston Penitentiary  
During the Year 1850

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Name	Age	Disease	Remarks
1. James Jackson	43	Dementia	From Montreal - is in general harmless. In hospital at large
2. John Carlisle	39	Mania	In hospital under confinement - Vicious, noisy & dangerous
3. Elizabeth Keith	58	Mania	In hospital under confinement
4. Paul Jones	41	Mania	Very mischievous, vicious and noisy Confined to cell
5. Michael Walther	24	Mania	Very mischievous, Confined to cell
6. Henry Carter	31	Mania	Suicidal & homicidal periodically
7. John Giles	30	Mania	Mania
8. Charles Fenton	50	Unsound Mind	Periodical delusions (harmless)
9. James Proudfoot	??	Mania	From Montreal - removed from work crew 1 Dec. 1850 - is of unsound mind & dangerous

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Source: Table compiled from information from P.A.C., Records of the Provincial Secretary, Canada West, RG5 C1, File 435, 1850; and J.L.A.U.C., Report of the Penitentiary Physician, 1 October, 1851.

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over the proper management of the penitentiary. For most of the 1840s, the Warden, Henry Smith, appeared to dominate the administrative affairs of the penitentiary. He also condoned the "extensive use of corporal punishment" on the convicts. Public criticism of Smith's regime, and internal fighting between Sampson and the Board of Inspectors, led to the formation of a Royal Commission in 1848-1849 on the "conduct, economy, system of discipline and management, pursued" in the penitentiary. The investigation that followed uncovered conclusive evidence of the "brutal and excessive punishment of prisoners". Although Sampson was never explicit about the exact causes of insanity "incidental to imprisonment" that he had in mind, there can be little doubt that he viewed the disciplinary excesses uncovered by the Royal Commission as a contributing factor in the mental fallout among the convicts.<sup>13</sup>

Evidence gathered from the Royal Commission further points to conflict between the surgeon and the warden over the corporal punishment meted out to the inmates. The Commission's investigators discovered that, during an eight year period, prisoner Paul Stephenson "was ordered 1002 lashes of the cats, and 216 of the raw hide; but 36 lashes of the cats having been stopped by the Surgeon [who

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<sup>13</sup>Quotations from Richard B. Splane, Social Welfare in Ontario, 1791-1893 (Toronto, 1965), pp. 138-39.

diagnosed him as insane], the whole number of lashes inflicted on him has been 1182". The Commission concluded that Stephenson's punishments "greatly aggravated his pre-disposition to insanity". Stephenson was one of several insane convicts whose punishment histories resulted in charges laid against the warden for "goading ... by excessive punishment ... into a state of insanity, or in aggravating the malady under which [the prisoners] laboured".<sup>14</sup> Smith's free use of corporal punishment to maintain discipline and order in the penitentiary clearly clashed with Sampson's view that this same system of physical coercion was contributing to the rise in insanity among the convict population. However, whether these prisoners were seen by Sampson as "mentally deranged", or by Smith as "diabolical beings", neither surgeon nor warden considered the penitentiary as a suitable place for their incarceration.

This opinion was reflected in the Royal Commission which resulted in the passage of An Act For the Better Management of the Provincial Penitentiary on 1 August, 1851. Partly based on Sampson's repeated warnings about the growing crisis of criminal lunacy in the penitentiary, this new legislation allowed for "the removal, under certain

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<sup>14</sup>See J.L.A.U.C., Appendix B.B.B.B.B., 1849, for cases of five insane prisoners aggravated by excessive punishment.

conditions", of criminal lunatics from the penitentiary to the recently established Provincial Lunatic Asylum in Toronto.<sup>15</sup> A Board of Physicians was also appointed by the government to report on cases of insanity arising in the penitentiary.<sup>16</sup> The act enabled Sampson to send seven insane convicts to the Provincial Lunatic Asylum in the fall of 1851, a decision which, according to the surgeon, "tended to remove a considerable source of anxiety from the minds of those concerned in their care, as well as to improve the situation, and meliorate the condition of the sufferers".<sup>17</sup>

Section Four of An Act to Authorize the Confinement of Lunatics in Cases Where Their Being at Large May Be Dangerous to the Public passed four weeks later on August 30, 1851, and authorised the removal of insane persons from

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<sup>15</sup>The 1848-1849 Royal Commission had originally proposed the creation of a criminal lunatic asylum connected to the penitentiary. The opening of the Toronto Asylum in 1850 may have made the transfer of criminal lunatics to that institution appear to be an easier and cheaper alternative.

Section 46 of the Penitentiary Act stated: "Whenever it shall be certified by a Board of Physicians ... that any convict confined therein is insane, and that it is desirable that such convict should be removed therefrom to the Lunatic Asylum, it shall be lawful for the Governor by Warrant under his hand directed to the Warden of said Penitentiary to authorize him forthwith to send such convict to the Lunatic Asylum of Upper Canada". (14-15 Vict., Chap.2.)

<sup>16</sup>This Board was made up of James Sampson, Thomas W. Robinson M.D., and John R. Dickson M.D.. See P.A.C., RG5 C1, File 1836, 1851.

<sup>17</sup>J.L.A.U.C., Surgeon' Report, 1852.

"any prison, or other place of confinement" to the "public Lunatic Asylum, or other proper receptacle for insane persons".<sup>18</sup>

The departure of the seven criminal lunatics across Lake Ontario from the Kingston Penitentiary reassured Surgeon Sampson that his patients of unsound mind were heading to the proper institution of moral management. However, their arrival at the Toronto Provincial Asylum was met with great concern by Superintendent John Scott. Scott's concerns were threefold. First, he was of the opinion that in some cases the professed insanity of the convicts was "very doubtful". Scott argued that the prisoners often feigned madness, "hoping thus to escape the horrors of a prison, and enjoy the comparative comfort and freedom of a Lunatic Asylum". Second, he argued that "in the erection of [the Toronto Provincial Asylum], it was probably never considered that such a class should be sent here, and hence no provision was made for their security against escape". Scott's third concern centred on the question of whether or not these newly arrived criminal lunatics were to have "free and unrestricted intercourse

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<sup>18</sup>See 14-15 Vict., Chap.83. As we shall see, this more general section of the Act was to be the source of considerable confusion and conflict later in the century.

with the other patients".<sup>19</sup> Scott's reservations in regard to the care of the criminally insane indicate that this new category of patients would fit awkwardly within the structure of treatment embodied in the newly established Toronto Provincial Asylum.

By the time Joseph Workman, the newly appointed replacement of Superintendent Scott, penned his first annual report for the Toronto Asylum in 1853, concern over the arrival of criminal lunatics from the Provincial Penitentiary and from local gaols had turned to outrage. Workman's view of the subject is worth quoting at some length:

An evil of inconceivable magnitude, and distressing results, in the working and present condition of this Institution has been the introduction into it of Criminal Lunatics from the Provincial Penitentiary, and the County Gaol. It is an outrage against public benevolence, and an indignity to human affliction, to cast into the same house of refuge with the harmless, kind-hearted and truthful victims of ordinary insanity, those *moral monsters*, which nature sometimes seems to have formed, for the purpose of teaching us the inestimable value of the constitution with which the species has been blessed....<sup>20</sup>

Like his predecessor, Scott, Workman also suggested that in "several cases" the criminal lunatics who had arrived at the Toronto Asylum were "imposters" who caused "more moral

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<sup>19</sup>J.L.A.U.C., Superintendent's Annual Report, 1852.

<sup>20</sup>J.L.A.U.C., Superintendent's Annual Report, 1854, (Emphasis added).

detriment, to both Patients and Keepers than twenty real mad-men". As long as "the law which orders the transmission to the Asylum of Penitentiary and Jail patients ... continues to exist", concluded Workman, "it must be impossible to preserve that salutary discipline and mild management, which are indispensable to the successful operation of the institution". In Workman's opinion, it was imperative that "more appropriate provision" be made by the Provincial Government "for the disposal of [this] class of patients".<sup>21</sup> Workman's anger over the arrival of criminal lunatics into his institution was further fuelled by his inability to segregate these unwanted arrivals from the ordinary insane. In 1853, only three wards of the Toronto Asylum had been completed. Being a strong proponent of classification based on the principles of moral therapy, the addition of yet another category of lunatics was for Workman an "outrage" to the theory and practice of mid-nineteenth-century asylum medicine.

From the first implementation of the amended Penitentiary Act, it was obvious that Workman would not tolerate the presence of the majority of criminal lunatics sent to him from Kingston. The Toronto Asylum superintendent made his own assessment of incoming criminal

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<sup>21</sup>Ibid.

lunatics, based on their personal background, on their social behaviour in the asylum, and on the nature of their conviction. A combination of these three criteria decided whether or not they would remain for long in his institution. Workman was willing to provide asylum treatment for those whose crimes he considered to be slight - for example mild instances of forgery, or theft - and whose behaviour in the asylum posed little challenge to institutional discipline.<sup>22</sup> He also seemed willing to care for those whose social backgrounds he considered to be of major influence in the onset of insanity. For example, Allen Brown, who was admitted to the asylum on 13 May, 1853 had been charged with "assault and threatening to kill his mother". Yet Workman noted that Brown arrived at the asylum "in a deplorable condition, both of body and mind", a condition largely due to a combination of "hardship, defective diet, and harsh paternal controul". The boy's responsibility for his crime (and his insanity), in other words, was in Workman's view mitigated by the social context within which the behaviour took place. In a more dramatic example, Elizabeth Pearson arrived at the Toronto Asylum on 18 April, 1853, having killed her two children in an

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<sup>22</sup>See for instance the case of John Osterhout who was convicted for stealing a skiff in an effort to "cross over to the United States", P.A.C., RG5 C1, 1853, File 1794.

"instantaneous, or impulsive" moment of insanity. From Pearson's own accounts, Workman learned that she was "badly treated by her husband, and that her object in killing her children was to secure their early admission into heaven, and save them from the sufferings such as she herself had undergone". For Workman, there was a clear connection between the crime and the woman's sufferings at the hands of a bad husband. She was thus kept at the asylum.<sup>23</sup> What the few criminal lunatics that Workman decided to keep at the Toronto Asylum had in common was their relatively non-disruptive behaviour to institutional order.

But the majority of those sent from Kingston were, in Workman's opinion, either "imposters" who "affected" mental alienation as a "device by which to evade the just punishment" of the law, or "depraved and bloodthirsty criminals whose habits of violence have become confirmed and may, even in returning sanity, be held in greatest dread". There would be no place for such disruptive "moral monsters" in an asylum for the "ordinary insane".<sup>24</sup> In order to bypass the workings of the new Penitentiary Act, Workman simply reported most incoming criminal lunatics as having

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<sup>23</sup>These two patients are discussed in P.A.C., RG5 C1, File 585, 1854. Both were eventually pronounced cured by Workman.

<sup>24</sup>P.A.C., RG5 C1, File 1492, Report of the Medical Superintendent, 20 September, 1853.

recovered their sanity shortly after arriving at the Toronto Asylum, whereupon the patients were shipped back to the penitentiary. In effect, Workman, through the medical authority invested in him, revoked the medical status of the criminal lunatics, rendering them criminals proper and once more fit subjects for the penitentiary.

Two examples of this practice in particular are noted in some detail by Penitentiary Surgeon, James Sampson. Michael Mather was sentenced to death for the murder of his father, mother and sister when he burned down the family home. His sentence was commuted to life imprisonment by the Provincial Penitentiary, as he was considered to be insane while committing the crime. Sampson argued that Mather displayed ample evidence of his insane condition during his stay at the penitentiary and was sent to the Toronto Asylum on December 2, 1851. Workman returned the patient to the penitentiary nine months and three weeks later reporting that Mather was "of sound mind". However, in Sampson's view, "no improvement has taken place and he has, since his return, been confined to his Cell, in consequence of an evident disposition he evinces to do violence to those who approach him, under the delusion that they are about to take him to the Gallows". The second patient, Alex Rousseau, faced the same sentence for killing a fellow prisoner in the local jail at Three Rivers, Canada East, "under the

impression that the victim of his delusion was conspiring with his family to murder him". In 1852, Rousseau was also sent to the Toronto Asylum and was returned by Workman as cured six weeks and two days later. Sampson was convinced that these two patients and several others had "no amelioration of their mental condition" while at the Toronto Asylum. He argued that their return to the penitentiary merely reflected Workman's unwillingness to treat the criminally insane.<sup>25</sup>

Sampson was particularly distressed about the case of Rousseau because the convict patient spoke only French. The surgeon suggested that Rousseau's hallucinations at the Toronto Asylum, "expressed in his own language", may not have been understood by the medical and non-medical staff therefore rendering treatment ineffectual. Sampson noted his regret that the Act for the Better Management of the Penitentiary had not made provision for the transfer of criminal lunatics of French Canadian origin from the Kingston Penitentiary to the Beauport Asylum.<sup>26</sup>

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<sup>25</sup>J.L.S.U.C., Surgeon's Report, 1853.

<sup>26</sup>J.L.S.U.C., Surgeon's Report, 31 December, 1853. Although not legally sanctioned at the official level, it is clear that, in some cases, criminals from Quebec who ended up at the Kingston Penitentiary and who were subsequently found to be insane, were rerouted to the Beauport Asylum. In one case, a French Canadian prisoner at the Kingston Penitentiary who had become insane, was ordered by law to be transferred to the Toronto Asylum. But before she was sent, the Provincial

Yet it is evident that, during this period, the Act to Authorize the Confinement of Lunatics was being used to transfer the criminally insane of the lower province from the local jails to the Beauport Asylum. For example, in the winter of 1853, Anne Dupont was convicted of infanticide, having dispatched her newborn child into a privy. Dupont was imprisoned, but was subsequently found to be insane at the time of her criminal act. She was sent to the Beauport Asylum for treatment. A year later, Beauport proprietors Morrin and Frémont reported to the Provincial Secretary that Dupont had fully recovered her sanity. She was thus removed to the local jail from where she was originally convicted and released shortly thereafter. Another Montreal resident, Jean Marchand, was charged with horse stealing, but was subsequently found to be insane. Marchand was also transferred to the Beauport Asylum, where, after several months, he was considered by the Beauport proprietors to have recovered his sanity. The patient was transferred back to the Montreal District Jail and then officially released.<sup>27</sup>

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Secretary intervened and changed her institutional destination to the Beauport Asylum. See P.A.C., RG4 C1, File 2189, Warden of the Kingston Penitentiary to Provincial Secretary, 29 July, 1856.

<sup>27</sup>P.A.C., RG4 C1, File 14, The Queen vs. Anne Dupont - Indictment for Infanticide, March, 1853; The Queen vs. Anne Dupont, 17 March, 1853; Report of Morrin and Frémont on the Mental State of Anne Dupont, 20 December, 1854; Provincial Secretary to Beauport Proprietors, 5 January, 1855. RG4 C1,

These and other examples indicate that the new law on criminal insanity was used for the removal of the criminally insane in Quebec to the Beauport Asylum. Yet, unlike their counterparts in Ontario, there is no indication that Beauport's asylum superintendents responded to the arrival of the criminally insane with anger or outrage. This relative absence of indignation can be explained in a number of ways. First, with more out-buildings and greater means of patient classification, the Beauport Asylum was probably more capable than its counterpart in Toronto of dealing with a class of patients labelled as criminally insane. Second, unlike the Toronto Asylum at mid-century, mechanical restraint was still in official use at Beauport to deal with behaviour considered violent or unmanageable. Finally, it is possible that the Beauport proprietors' peculiar outlook on asylum medicine led to a more pragmatic view of the presence of criminally insane patients in their asylum.

Although the application of the criminal lunacy laws in Quebec resulted in the relatively uneventful transfer of the criminally insane from local jails to the Beauport Asylum, conflict over this same process in Ontario continued

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File 527, Marchand to Provincial Secretary, 7 April, 1854; Provincial Secretary to Marchand, 12 April, 1854; Report of the Attorney General on the Case of Marchand, 11 April, 1856. See also RG4 C1, 14, Attorney General to Beauport Proprietors, 5 January, 1855.

unabated. The forceful arguments of the Penitentiary Surgeon for "appropriate" moral treatment of the criminally insane, and Workman's refusal to have these patients cared for at the Toronto Asylum, eventually created a mid-century socio-therapeutic impasse. This impasse generated considerable concern among prominent members of Kingston's emerging political, legal and medical elite. Physicians James Sampson and John Dickson, along with Attorney General and prominent Kingston lawyer John A. Macdonald, were particularly instrumental in promoting a medical solution to the crisis of criminal insanity. The eventual solution to this crisis emerged from within the context of Kingston's rise to prominence as a centre of political and medical activity.

Macdonald's concern with the growing crisis of criminal insanity in the United Canadas was initially sparked by his experience as Attorney General. In this capacity, Macdonald was called upon to advise in several cases of criminal lunacy. Moreover, Macdonald was aware of Superintendent Joseph Workman's complaints "of the evils arising from the reception of insane criminals" at the Toronto Provincial Asylum and he concurred with the superintendent that it was imperative to provide "a separate place of confinement for

that class of lunatics".<sup>28</sup>

Macdonald no doubt received further counsel on the necessity for separate provision for the criminally insane from Drs. Sampson and Dickson. In the late 1840s and 1850s, Sampson and Dickson, along with a few other regular physicians, gained status in Kingston through their affiliation with the city's fledgling medical institutions, and through their medical care of prominent members of the political establishment. The increasing prominence of these and other regular practitioners in Kingston was further consolidated through the establishment of the medical department at Queen's University on November 6, 1854. John A. Macdonald was instrumental in facilitating the intellectual ambitions of the medical elite. He called two founding meetings at his house in early February at which the physicians decided on a medical faculty and course topics to be presented to the trustees of Queen's University. Although his own understanding of criminal lunacy was drawn largely from his legal and political career, Macdonald's close association with a rising group of

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<sup>28</sup>See for example, Macdonald to the Provincial Secretary, December 1, 1854, "In the matter of James McDonnell an inmate of the Provincial Lunatic Asylum"; Macdonald to the Provincial Secretary, January, 1855, "The convict Needham ... convicted on two indictments for larceny & acquitted on the third on the ground of insanity", in J.K. Johnson ed., The Letters of Sir John A. Macdonald, 1836-1857 1 (Ottawa, 1968), pp. 218-19 & p. 222.

professional medical men led him to conceptualize criminal insanity as a fundamentally medical problem in need of an institutionalized medical solution.<sup>29</sup>

On February 27, 1855, Macdonald recommended to the Provincial Secretary that since:

... that portion of the Provincial Penitentiary at Kingston lately occupied as a military prison has been given up by the military authorities and is now unoccupied, it could be easily fitted up for the reception of the criminal lunatics in the [Provincial] Asylum, now 21 in number, as well as for those at present confined in the several county Gaols of Upper Canada.

Macdonald further recommended that "the undivided attention of a medical superintendent [would] be required for the proper treatment" of the criminally insane.<sup>30</sup> A week later, Macdonald advised the provincial secretary that John Palmer Litchfield was "a fit and proper person to fill" the position of superintendent of the proposed criminal lunatic

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<sup>29</sup>See, Margaret S. Angus, "James Sampson", Dictionary of Canadian Biography (Hereafter D.C.B.), 9 (1976), pp. 699-701; A.A. Travill, Medicine at Queen's: A Particularly Happy Relationship (Kingston, 1988), p. 6; Margaret S. Angus, "John Dickson", D.C.B., 10 (1977), p. 263.

<sup>30</sup>Macdonald's report was acted upon in a Report of a Committee of the Executive Council, 2 March, 1855. The Executive Committee also endorsed "a permanent asylum for the criminal insane [to] be erected in the penitentiary farm" and "a bill [to] be introduced during the present session to authorise the employment of convicts under certain regulations, beyond the walls to assist in the construction of the building referred to". See P.A.C., RG5 C1, File 194, Macdonald to Provincial Secretary, February 27, 1855; and Report of the Executive Council, 2 March, 1855.

asylum at Kingston.<sup>31</sup> Litchfield was a logical choice for several reasons. He had applied for the position of medical superintendent of the Toronto Provincial Asylum when that post was vacated by John Scott in 1853. The position was ultimately given to Joseph Workman who had been acting as temporary medical director of the Toronto Asylum. But, out of a field of fifty applicants, Litchfield was one of six candidates short-listed for the post. Moreover, unlike most of the other applicants, Litchfield decided to settle in Canada anyway, where he established a strong presence in elite social and political circles in Quebec and Ontario.<sup>32</sup> The Governor General made Litchfield's position official

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<sup>31</sup>Macdonald to Provincial Secretary, 5 March, 1855, in Johnson, Letters, pp. 251-52.

<sup>32</sup>Litchfield's journalistic pursuits put him into contact with several members of Upper Canada's medical and political elite, and they saw in Litchfield a logical solution to some of their pressing concerns. Litchfield served for a short period in 1854 as editor of the Montreal Pilot, a Reform Party newspaper. The social and political connections generated through his position as editor led to his appointment, in March, 1855, as head of the Montreal committee for choosing Canadian exhibits for the upcoming Paris International Exhibition. This appointment offered Litchfield further opportunity to socialize with prominent members of the Canadian political elite at a committee luncheon, attended by the new Governor General Sir Edmond Bond Head and the mayor of Montreal. See Thomas Gibson, "The Astonishing Career of John Palmer Litchfield, First Professor of Forensic Medicine at Queen's University, Kingston", (Unpublished Paper).

five weeks later on May 15.<sup>33</sup>

The establishment of the Rockwood Criminal Lunatic Asylum under the superintendency of John Palmer Litchfield marked the official recognition of a new category of deviancy - criminal insanity - to be treated institutionally.<sup>34</sup> In establishing an asylum for criminal lunatics, it was hoped that criminal insanity, like other forms of insanity, could be successfully treated within a medical institutional context. According to asylum inspectors Wolfred Nelson and Andrew Dickson, one of the primary functions of the criminal lunatic asylum would be Litchfield's "scientific treatment" of the criminally insane. A criminal lunatic asylum would provide the opportunity for "a close and critical observation of the phenomena attendant upon aberration of the intellect". Furthermore, "the opportunities thus afforded for the study

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<sup>33</sup>On June 20, Litchfield was subsequently appointed to the first official medical faculty at Queen's University as Professor of midwifery and state and forensic medicine. In his lectures on medical jurisprudence, he would work with Alexander Campbell, the law partner of John A. Macdonald.

<sup>34</sup>Workman considered this decision, and the consequent removal of all of his criminally insane charges, as "a blessing to the [Toronto Asylum], the true value of which can be appreciated only by those who were cognizant of the evil caused by their presence here". J.L.A.U.C., Superintendent's Annual Report, 1856. Sampson also appeared pleased to see "a separate establishment lately formed for the management and safe keeping of that unfortunate class of individuals". J.L.A.U.C., Surgeon's Report, 1855.

of these manifestations, both during life and after death, would contribute largely to a correct knowledge of the origin and the source of the diseases, and in a proportional degree to a more or less successful treatment of them".<sup>35</sup> Seen in this way, the criminal lunatic asylum was to be a laboratory for the study of the etiology of criminal insanity, and of how best to cure various manifestations of the disease. Theoretically, criminal insanity was to be firmly entrenched within a medical/scientific framework of understanding. As an institution established for the United Provinces of Canada East and Canada West, the Rockwood Criminal Lunatic Asylum was to provide treatment for the criminally insane of both provinces.

By the mid-1850s then, a consensus had emerged among political, legal and medical elites in their perception of criminal insanity as a peculiar mental disorder requiring the development of a specialized psychiatric medical science. However, this consensus was fragile, remaining intact for a limited time, mainly at the level of abstraction. In reality, the medical treatment of the criminally insane was conducted from the outset under circumstances completely inconsistent with the theoretical underpinnings of the professional consensus. The gap

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<sup>35</sup>J.L.A.U.C., Report of Wolfred Nelson and Andrew Dickson, 1857.

between theory and practice in the institutional management and treatment of the criminally insane was much wider than that which obtained for the "ordinary" insane in Quebec and Ontario. As the establishment of the Rockwood Criminal Lunatic Asylum gradually diffused the crisis created by the conflicts between Sampson and Workman, the state abandoned criminal insanity as a priority. The development of creative strategies for asylum committal at the community level further unravelled the professional consensus on criminal insanity as a peculiar psychiatric disorder.

While the idea of treating the criminally insane within a medical institutional frame was novel to mid-nineteenth-century Canada, Litchfield did not carry on his work in an intellectual vacuum. During his superintendency at the Walton Asylum near Liverpool, Litchfield was exposed to the ideas of British alienists on criminal insanity.<sup>36</sup> Litchfield drew upon these intellectual currents when writing his annual reports for the Rockwood Asylum, citing the work of W. C. Hood, Resident Medical Officer in charge of criminal lunatics in Bethlem Hospital at mid-century, and that of prominent English alienist, Sir John Charles

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<sup>36</sup>Litchfield's position as superintendent of the Walton Lunatic Asylum is documented in P.A.C., RG4 C1, File 2473.

Bucknill.<sup>37</sup> While this growing body of written work on the theory and practice of criminal insanity contributed to his understanding of, and dealings with, his insane charges, Litchfield's medical outlook was also informed by his day-to-day treatment of patients, and altered by the challenges of the physical space of the criminal lunatic asylum in which he carried out his work.

Although a new asylum for criminal lunatics was planned and eventually built during the course of Litchfield's superintendentship, initially two separate provisional asylums were established for their reception.<sup>38</sup> Female patients were kept in two structures that were formerly part of the estate of John Cartwright known as the Rockwood Estate. Cartwright's large stone stables were renovated to accommodate twenty four female patients, and a small stone cottage nearby was later used to house a few more of the

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<sup>37</sup>See for example Litchfield's Annual Report for 1866, J.L.A.U.C.. Litchfield was influenced by Bucknell's 1856 text, Unsoundness of Mind in Relation to Criminal Acts, and his earlier work, On the Classification and Management of Criminal Lunatics. The medical literature on criminal insanity which would have been accessible to Litchfield also included: Caleb Williams, Observations on the Criminal Responsibility of the Insane (London 1856); Forbes Winslow, The Plea of Insanity in Criminal Cases (London, 1843).

<sup>38</sup>A description of the new Rockwood Criminal Lunatic Asylum can be found in Henry Hurd, ed., Institutional Care of the Insane in the United States and Canada 4 (New York, 1973), p. 149. See also the descriptions by the asylum's architect, William Cloverdale, in J.L.A.U.C., Architect's Report, 1861, and by Litchfield in J.L.A.U.C., Annual Report, 1861.

female insane. The "stable-asylum" consisted of twenty single rooms nine feet by five feet each, as well as a wooden addition for four more patients. These rooms "were lighted by ... barred peep-holes, measuring only 18 inches by 12 inches".<sup>39</sup> In 1857, the main building of the Cartwright Estate was purchased by the government and converted by Litchfield into more permanent asylum provision for forty female patients.<sup>40</sup>

This accommodation compared favourably with the "wretched state" of asylum provision for the male patients. Male criminal lunatics were at first allotted a separate space in

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<sup>39</sup>Hurd, Institutional Care of the Insane, p. 148. Surgeon Sampson made clear his objections to this accommodation for female patients in the following satirical verse:

O would to God that I were able  
 To build a house like Cartwright's stable.  
 For it would fill me with remorse  
 To be worse housed than Cartwright's horse.

See Thomas Gibson, "The Astonishing Career of John Palmer Litchfield".

<sup>40</sup>P.A.C., RG5 C1, File 865, "Copy of a Report of a Committee of the Honourable Provincial Secretary", approved 12 July, 1856; also File 487, Litchfield to Provincial Secretary, March 25, 1857. Litchfield also secured space in the dwelling house of the estate to set up a private asylum. Fees from private patients were meant to offset some of the public expense incurred in treating other criminal lunatics. P.A.C., RG5 C1, File 772, Litchfield to Provincial Secretary, 2 May, 1857; File 1147 Litchfield to Provincial Secretary, 24 June, 1857; see also File 1497, "Copy of a Licence Authorising Litchfield to Keep a Private Asylum". In 1861, 3 years before the opening of the new Rockwood Asylum, more asylum provision was provided with the purchase of the Cartwright Cottage at Rockwood. P.A.C., RG4 C1, File 378, Report of a Committee of the Executive Council Approved by His Excellency the Governor General in Council, 21 September, 1861.

the west wing of the Kingston Penitentiary formerly occupied by military convicts.<sup>41</sup> However, due to the increasing numbers of prisoners sent to the penitentiary, in 1856, Litchfield was forced to relocate his criminally insane male charges to the basement of the penitentiary dining hall. This "miserably cramped, and unhealthy" asylum situated below ground level was described by asylum inspectors as moist and dismal. It was, they concurred, "a sad place for sick persons".<sup>42</sup> The unfortunate state of the male asylum was generally deplored, and complaints that it was taking up space needed for ordinary prisoners further encouraged its relocation.<sup>43</sup> Nevertheless, it was not until 1862 that enough of the new asylum was completed to partially relieve the unsatisfactory state of affairs. This was accomplished by rearranging the dining rooms of the new, partially completed Rockwood Asylum in order to accommodate some

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<sup>41</sup>P.A.C., RG5 C1, File 768, Litchfield to Provincial Secretary, 12 May, 1855.

<sup>42</sup>See J.L.A.U.C., General Inspectors' Report, 1860; J.L.A.U.C., Report of Inspector Wolfred Nelson, 1860; J.L.A.U.C., Report of Inspector Terrence O'Neill, 1864.

<sup>43</sup>As early as 1858, the Warden of the Penitentiary was complaining that: "The space they [criminal lunatics] now occupy is much required for storage of provisions for the use of the convicts", J.L.A.U.C., Annual Report of the Provincial Penitentiary, 1858.

patients from the penitentiary basement."<sup>44</sup> By the end of 1864, 22 male lunatics were removed from the temporary asylum to the east wing of the new Rockwood Asylum, "leaving 48 still in the wretched basement of the Penitentiary". On March 24, 1865, the east wing of the Rockwood Asylum was sufficiently complete to transfer the remaining forty eight male patients.<sup>45</sup> As for the female patients, it was not until shortly before Litchfield's death in 1868 that they were transferred to the new asylum.

From a therapeutic standpoint, the provisional asylum period was marked predominantly by Litchfield's efforts as a medical practitioner to forestall the steadily declining physical health of his male patients. While observing that "the patients of the Female Asylum at Rockwood have been throughout very healthy", he noted that the physical health of the male patients suffered greatly as a result of their poor living conditions in the temporary asylum.<sup>46</sup>

Litchfield persistently warned the asylum inspectors that the health and safety of his male patients depended on the

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<sup>44</sup>J.L.A.U.C., Litchfield's Annual Report, 1861. In 1857, there were 24 male patients in the basement asylum. By 1858, the number had reached 59. By 1862, there were 64 patients and, in 1864, the total was 72. Respective figures for female patients in the "stable-asylum" and the Rockwood estate were 15, 26, 23, and 26.

<sup>45</sup>J.L.A.U.C., General Inspectors' Report, 1865.

<sup>46</sup>J.L.A.U.C., Litchfield's Annual Report, 1859.

speedy completion of the new asylum.<sup>47</sup> In 1862, he attributed the improved health of his male lunatics to the transfer "of those of the patients who were in a declining state of health" from the temporary asylum in the basement of the Penitentiary to "some larger and better ventilated apartments fitted up as convalescent wards in the building in course of erection at Rockwood".<sup>48</sup>

Tuberculosis was the greatest immediate menace to the health of the male patients. Litchfield attributed three of the four patient deaths in 1863 to "pulmonary consumption". In 1864, Litchfield's post-mortem examinations revealed that out of eleven deaths, nine were due to "phthisis", seven of these victims being male patients. Asylum inspectors acknowledged that the percentage of tuberculosis deaths in the provisional asylum was much higher than in any of the other Canadian asylums.<sup>49</sup> Litchfield noted that the 9.1% mortality rate for 1864 "was chiefly confined to those patients who had been immured for successive generations in the underground apartments, beneath the dining hall of the

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<sup>47</sup>J.L.A.U.C., See for example, Litchfield's Annual Report, 1860.

<sup>48</sup>J.L.A.U.C., Litchfield's Annual Report, 1862.

<sup>49</sup>J.L.A.U.C., See Litchfield's Annual Report, 1863, and General Report of the Inspectors, 1864.

Penitentiary".<sup>50</sup>

While urging the immediate completion of the new asylum so that his patients could take advantage of its "larger and better ventilated apartments", Litchfield made efforts to organize the provisional asylum to serve the medical needs of the male criminal lunatics. To this end, Litchfield created thirty small single dormitories in the penitentiary basement and a "sick bay" with associated dormitory with space for 20 patients. The total capacity of this arrangement was approximately 50 patients, and it was perhaps an indication of the health problems manifested in the asylum that two-fifths of the organized space was designed for those who were sick and convalescent. This arrangement became increasingly cramped with the growth of the male patient population, and by 1860 Litchfield was forced to build sleeping bunks in the corridors along the sides of the dormitories.<sup>51</sup>

Despite the constraints placed on his practice by the physical conditions of the new Rockwood Criminal Lunatic Asylum, Litchfield gradually developed a discernable therapeutic outlook on the treatment of criminal insanity. Litchfield's medical understanding of his patient population

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<sup>50</sup>J.L.A.U.C., Litchfield's Annual Reports, 1863 and 1865.

<sup>51</sup>J.L.A.U.C., Report of Dr. Wolfred Nelson, 1861; J.L.A.U.C., Litchfield's Annual Report, 1860.

was shaped partly by prevailing modes of medical practice, and partly by his own experience in working with the criminally insane. According to Litchfield, in order to successfully treat and classify the criminally insane in an asylum, it was important to study "minutely the history of every case, the peculiar features of the malady and the temper and disposition of the individual". Such careful observation, he argued, would enable the medical director to acquire the "confidence of the patient" and thus improve the chances of a cure. This combination of close familiarity with the history and habits of the patient, along with the gradual development of the patient's faith in the superintendent's ability to cure, was seen as essential to the successful institutional practice of most mid-nineteenth-century alienists.<sup>52</sup> For Litchfield, such orthodox strategy applied equally to criminal lunatics regardless of the nature of their crimes.

This kind of therapeutics is exemplified in Litchfield's diagnosis and treatment of Gregory Meighen, a soldier of His Majesty's 17th Regiment, who shot and killed Colonel Sergeant Ryalls during a military parade in Quebec. Upon initial inquiry, Litchfield discovered that Meighen demonstrated "confusion of ideas, and dizziness in the

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<sup>52</sup>J.L.A.U.C., See Litchfield's Annual Report, 1866.

head". Furthermore, Meighen "stated that prior to the commission of the crime for which he was tried he had indulged freely in drink, which had the effect of producing great excitement in him". Litchfield next made an investigation into Meighen's medical/psychiatric history by communicating with the surgeon of Meighen's Regiment, with some of his former comrades in the Royal Canadian Rifles, and with one of the proprietors of the Beauport Asylum, James Douglas, who had given evidence at Meighen's trial. Douglas reassured Litchfield that Meighen was definitely insane when he committed the murder. Meighen's military comrades informed Litchfield that "he had been subject to delusions", and perhaps more significantly, that in Ireland, Meighen's father occasionally suffered from attacks and was known in the locality where he lived by the name of "mad Meighen". Based on this reconstructed history, Litchfield concluded that Meighen suffered from the "hereditary taint of recurring insanity" or "recurrent mania", a condition which, when "excited" by "the use of alcoholic drinks", had resulted in the murder of Colonel Ryalls. After three years under Litchfield's care, the "symptoms of which Meighen complained were removed", and he no longer exhibited "any sign of mental abberation".<sup>53</sup>

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<sup>53</sup>P.A.C., RG4 B65, File 1193; Archives of Ontario, Litchfield's Directory of Patients, Patient No. 190.

Sometimes Litchfield linked long-term recovery to the removal of the patient from the social circumstances which had originally led to criminal insanity. Treatment of patients in controlled environments away from the patient's home and from the community social setting, of course formed part of the rationale of the lunatic asylum itself. But with the recovery of a patient in his asylum, Litchfield also tried to make certain that these deleterious social influences had been removed before the patient was released back into the community. In one case, Robert Davis became embroiled in a dispute with a neighbouring farmer over the boundary line between their properties. The dispute escalated to the point where Davis attacked his neighbour and was charged with assault and battery, and sentenced to five years hard labour in the Kingston Penitentiary. Soon after his arrival in jail, he was deemed insane by the penitentiary surgeon and removed to the care of Litchfield as a criminal lunatic. According to Litchfield, Davis at first "labored under great excitement" in the asylum, manifesting a desire to "quarrel and to assault those about him". He was diagnosed with acute mania. After six months in the criminal lunatic asylum, Litchfield reported that Davis' "state of mental alienation has gradually passed away". Nevertheless, the superintendent did not consider Davis to be "a man of strong mind" and warned his wife,

Abigail Davis, that removal of her husband to his "former residence" would only "expose" him again "to the causes which before produced his mental excitement". Upon further consultation with Litchfield, Abigail Davis resolved to relocate her family to the "western states of the union".<sup>54</sup>

According to Litchfield, only the expert observations of the qualified superintendent could determine when a full recovery from criminal lunacy had actually occurred. The importance Litchfield placed on the proper timing of the release of recovered criminal lunatic patients is evident in the case of Jane Cloverdale. Cloverdale was admitted to the criminal lunatic asylum on July 13, 1863. Litchfield diagnosed her with puerperal mania, the form of insanity which he thought led her to kill her newborn child, to try to kill another child and attempt suicide. According to Litchfield, her insanity was brought on by the economic distress of her family during her confinement. A growing fear that her family members would face starvation had led her to consider killing them rather than allowing them to experience long term misery and suffering. Upon arrival to the criminal lunatic asylum, Litchfield described her as

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<sup>54</sup>Case of Robert Davis, P.A.C., RG5 C1, File 1084, Petition for the Release of Robert Davis, 21 February, 1860; Litchfield to Provincial Secretary, 21 August, 1860, and 3 October, 1860. See also the Case of William Henry Nelson, P.A.C., RG5 C1, File 535.

"very much wasted in person, melancholy and prostrated in mind and so nervous and shrinking that it was with great difficulty she could be got to take any interest in what was passing about her". By December, 1864, Cloverdale's husband, confident that his wife was sufficiently recovered, petitioned for her release.

In his medical report, Litchfield acknowledged that after several months of care in the asylum, Cloverdale had gradually recovered her "bodily health" and became "free from any symptoms of mental aberrations". But the following reservations made him "anxious" about releasing her before he was certain of a full recovery:

Her insanity may recur if she is again pregnant. She is 45 years of age and if she was past the turn of life I should have no fear of a recurrence of the insanity. If it does recur she would be melancholy, desponding, suicidal ... Jane Cloverdale after a previous confinement became an inmate of the Toronto Asylum. She was discharged cured from that asylum after a few months treatment in it just as she might be discharged from this asylum were it not for the fact that the same result may follow the same exciting cause. I find also that after one of her confinements she was an inmate of the House of Recovery at Preston Lancashire and that she suffered then from an attack of puerperal mania.

Litchfield decided to postpone the liberation of Cloverdale until he could properly test her fitness to "go out into the world". This he did by giving her additional freedom within the asylum, and by gradually bringing her into contact with some local acquaintances of the asylum's matron, Louisa Jane

Litchfield. During the postponement of Cloverdale's release, Litchfield also took the opportunity to suggest to her husband "the precautions which occur to me to guard the patient against the chances of a relapse". As with other patients, Litchfield suggested that, if possible, the Cloverdales "change the locality of [their] residence where everything would remind her of the sad tragedy in which she was an actor". By 12 April, 1865, Litchfield decided that Cloverdale had passed the probationary period successfully and recommended her release.<sup>55</sup>

Although the original symptoms of criminally insane patients might appear to subside in the asylum, Litchfield still deemed the overall nature of some cases to be such that a permanent or complete recovery was very unlikely. In 1845, James Jackson was charged with the murder of a friend in a shooting incident. A commission de lunatico inquirendo found that Jackson was suffering from chronic mania brought on by intemperance. He was incarcerated in the Kingston Penitentiary as a criminal lunatic, then transferred to Litchfield's care in 1855 upon the opening of the criminal

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<sup>55</sup>P.A.C., RG5 C1, File 1437, Memorial of Johathan Cloverdale, 10 December, 1864; Litchfield to Provincial Secretary, 24 December, 1864; Litchfield to Provincial Secretary, 18 April, 1864. For another example of this kind of probationary release strategy see the Case of Robert Davis, P.A.C., RG5 C1, File 1084; and Case of Thomas Kearns, P.A.C., RG5 C1, File 1624.

lunatic asylum. According to the superintendent, over a ten year period, Jackson gradually took over the responsibilities as cook for the asylum. By 1865, he was preparing meals for the 110 male patients under Litchfield's charge and conducting himself with "the utmost regularity" and "cleanliness". Although no longer dangerous, Jackson's delusions were, according to Litchfield, persistent. This, along with an "incessant hankering for drink" - the aggravating cause of his criminal insane act - made it impossible for Litchfield to consider Jackson's release from the asylum.<sup>56</sup>

As the foregoing examples suggest, over the course of his career, Litchfield came to see criminal lunacy not so much as the *distinct* disease entity it was originally perceived to be, but rather as a peculiar manifestation of ordinary insanity. Relying on traditional alienist diagnostic methods, and treatment strategies which emphasised the standard moral therapeutic triumvirate of work, amusement and religious instruction, Litchfield's treatment of criminal lunatics was virtually indistinguishable from his alienist counterparts in asylums

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<sup>56</sup>Case of James Jackson, J.L.A.U.C., Report of the Rockwood Criminal Lunatic Asylum for 1866; Archives of Ontario, Litchfield's Directory of Patients, Patient No. 22. See also the case of Charles Heybourne, in J.L.A.U.C., Report of the Rockwood Criminal Lunatic Asylum for 1866; Archives of Ontario, Litchfield's Directory of Patients, Patient No. 231.

for the "ordinary insane" in Quebec and Ontario. By the 1860s, Litchfield began to inform asylum inspectors about his views on the similarities between the criminal and the ordinary insane. He described cases of criminal lunatics who had committed murder, but who nevertheless responded positively to his careful moral management, much like in the recovery process of any insane patient. Litchfield used these examples in an effort to demonstrate that the proper medical classification of the criminally insane "should be founded upon the form and character of the disease, not upon the gravity of the offense committed". In essence, for Litchfield, the criminal component of his criminal lunatic patients was largely irrelevant in determining either the form of their treatment or their chances of recovery. Moreover, Litchfield had come to view criminal lunatics as no more potentially dangerous or violent than the ordinary insane. Finally, he argued that the recovery rate of criminal lunatics would be greatly improved if they were treated in a regular insane asylum, in association with the ordinary insane.<sup>57</sup>

In distancing himself from the position that criminal insanity constituted a distinct psychiatric disorder, Litchfield placed himself clearly on one side of a debate

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<sup>57</sup>J.L.A.U.C., Litchfield's Annual Report, 1866.

emerging among asylum officials about the architectural principles to be integrated into the new Rockwood Criminal Lunatic Asylum. This conflict, which centred on the opinions of Inspector Wolfred Nelson and Superintendent Joseph Workman, pointed to a further breakdown in the fragile consensus on criminal insanity that had been created in 1855. Shortly prior to the commencement of asylum construction in 1859, Inspector of Prisons, Dr. Wolfred Nelson, expressed grave concerns about the architectural plans of the new building. In his view:

It would appear that the object to be attained and the real nature of this establishment was, at the very threshold lost sight of, that is to be a penal institution; instead of which the whole outline, internal distribution and appliances, convey the idea that this structure is for an ordinary asylum for lunatics, such as one not tainted with crime, but of respectable position, and connected with society by all the ties of affection and family affinities.<sup>58</sup>

More specifically, Nelson objected to the "extravagant" scale upon which the design of the new asylum was based. Criminal lunatics, the prison inspector argued, did not require the conveniences of an asylum for the ordinary insane such as school rooms, a library, large "cells", and spacious grounds. Instead, the asylum for criminal lunatics should be "plain and secure with an entire absence of

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<sup>58</sup>P.A.C., RG5 C1, File 1178, Report of Wolfred Nelson to Provincial Secretary, 18 August, 1859.

ornament; it could be built cheap and yet as comfortable as need be, and not by its aspect and costly appendances, invite to deceit in order, through crime to obtain a smug and permanent residence, where every want is supplied and as it were officiously attended to, yea, even to pampering and administering to every caprice".<sup>59</sup>

Nelson was willing to stake his reputation "as a medical man" on his belief that the proposed Rockwood edifice was completely at odds with the aims of institutional management of the criminally insane. As far as the prison inspector was concerned, "in the asylum about to be erected at Rockwood, the interests of humanity and the very character of the country is in no small degree concerned". To lodge the criminally insane in an edifice whose architectural principles reflected the theory and practice of moral treatment of the ordinary insane was to fundamentally misunderstand the unique character of the criminal lunatic. In the final analysis, the Rockwood Asylum ought to be considered first and foremost as a penal institution for patients morally corrupted by their criminal acts. Continuing with the proposed plans for the Rockwood Asylum would "injuriously affect the reputation of the [medical] faculty, and all who are concerned in its

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<sup>59</sup>Ibid.

construction and management".<sup>60</sup>

Nelson's warnings about the misguided nature of the Rockwood construction led the Provincial Secretary to solicit a second opinion from the superintendent of the Toronto Asylum, Joseph Workman. Workman completely disagreed with Nelson on the principles upon which an asylum for criminal lunatics ought to be based.<sup>61</sup> In the opinion of the superintendent:

No lunatic asylum, whether intended for the lodgment of those called criminal, or any other class of the insane, should be regarded, or considered as a "penal institution". Insanity has never been cured, or benefited, by punitive measures. The primary object of all institutions for the insane is the restoration of the afflicted inmates to reason, or failing this, the attainment of the greatest possible amelioration of their unhappy condition: and at the present day, no second opinion exists among the members of the faculty of Psychology as to the character of the remedial agencies required for the desired object.<sup>62</sup>

Likening Nelson's punitive principles for the institutional management of the criminally insane to the "evils" of a "by-gone" era of pre-asylum patient treatment, Workman urged the government to continue with the architectural design of

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<sup>60</sup>Ibid.

<sup>61</sup>Workman did, however, concur with the prison inspector about certain practical amendments to the plans for the new institution.

<sup>62</sup>P.A.C., RG5 C1, File 1178, Joseph Workman to Provincial Secretary, 18 August, 1859.

Rockwood as originally proposed. In so doing, Workman assured the Provincial Secretary that Canada would be following in the "foot-marks of our great and good mother land [England]" in the erection of a "noble monument of national benevolence".<sup>63</sup>

This debate over the architecture of the new asylum for the criminally insane was finally resolved in favour of the opinions of Superintendent Workman, and the original plans for the Rockwood Asylum were carried out. But, an analysis of the debate over asylum architecture itself underscores the inconsistency among the professional perspectives on the subject of criminal insanity. In 1855, Inspector Nelson had been a strong proponent of the medical treatment of criminal insanity as a distinct psychiatric entity. Yet, only a few years later, he had come to prioritize the penal aspects of institutional management of the criminally insane. Conversely, Superintendent Workman, who was originally convinced that the criminally insane would corrupt the good management of his asylum for the "ordinary" insane, now appeared to fully endorse an asylum architecture for Rockwood which was identical in its curative principles to that of any institution for the insane.

The shifting perspectives of influential professionals

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<sup>63</sup>Ibid.

on the nature of criminal insanity and on the best form of its institutional treatment coincided with developments at the community level which seriously affected the composition of the patient population at Rockwood. When the criminal lunatic asylum was first established in 1855, asylum inspectors were concerned about the general lack of accommodation available for the insane. "The Beauport Asylum in Canada East", they reported, "[was] thronged to excess, whilst that at Toronto has been compelled to reject numerous applications". The inspectors therefore advised that when the new asylum at Rockwood was completed, it should contain a ward for the reception of ordinary lunatics to help offset the overcrowded state of the other institutions.<sup>64</sup> By the time the new Rockwood Asylum was nearing completion a decade later in 1868, the crisis in accommodation for the non-criminal insane had greatly increased.

The municipalities in the eastern counties of Upper Canada partially solved this crisis of space by successfully manipulating the laws governing admission to the Rockwood Criminal Lunatic Asylum. When the asylum first opened in 1855, the Provincial Secretary made the legal differentiation between the criminal and ordinary insane

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<sup>64</sup>J.L.A.U.C., Report of Inspectors Nelson and Dickson, 1856..

clear to Superintendent Litchfield. If a lunatic's legal status fell under the 4th section of Act 14th and 15th Vic. Ch. 83, that lunatic would, upon proper notification to His Excellency, be removed from a local jail to the criminal lunatic asylum. If, on the other hand, a lunatic was:

... committed to jail as being furiously mad, and endangering the persons and properties of themselves or others under the 5th section of the same act, and have not been charged with or convicted of any crime, they cannot be removed to the [criminal lunatic asylum,] as they do not come within the character of criminal lunatics.<sup>65</sup>

According to Litchfield, the original intent of the law for admission to the criminal lunatic asylum was successfully thwarted by the public through the "criminalisation" of ordinary cases of insanity. This was achieved by "tacking" onto an ordinary lunatic an official "charge of assault, or [of] being" dangerous to the public. In this way, the ordinary lunatic was turned into an insane offender and "committed to gaol as the preliminary step to a transfer to the Criminal Lunatic Asylum". Besides helping to resolve problems of accommodation for the insane of the province, Litchfield argued that this legal manipulation enabled municipalities close to the Rockwood Criminal Lunatic Asylum to avoid spending large sums of money on the transportation of insane persons to the more distant Toronto Provincial

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<sup>65</sup>See P.A.C., RG5 C1, File 1076, Provincial Secretary to John Litchfield, 26 July, 1855.

Asylum. Finally, in "criminalising" the ordinary insane, families of the insane in the near vicinity of Rockwood Criminal Lunatic Asylum could keep "their relatives as near to them, and in an asylum as convenient of access for them" as possible.<sup>66</sup>

By 1868, when the new Rockwood Criminal Lunatic Asylum was finally ready to receive all patients from the temporary asylums, this practice of committing the ordinary insane as criminal lunatics through "evasion of the law" had considerably altered the balance of Litchfield's patient population.<sup>67</sup> Patients who had actually committed a criminal offence and were thus considered criminally insane had become a small minority within a larger population of the ordinary insane. Accordingly, the new asylum, originally conceived as an institution for the treatment of the criminally insane, would now be used as a general asylum to serve the adjacent counties of Upper Canada.

In their efforts to deal with their own pressing concerns, the families of the insane, along with local municipal officials and other community members, adopted a strategy which substantially altered the institutional frame originally created to deal with the medico-therapeutic

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<sup>66</sup>See J.L.A.U.C., Litchfield's Annual Reports, 1866 and 1864; J.L.A.U.C., Inspectors' Report, 1864.

<sup>67</sup>Litchfield's Annual Report, 1866, J.L.A.U.C..

crisis of criminal insanity in mid-century Canada. Their successful transformation of the Rockwood Criminal Lunatic Asylum into an institution catering largely to the ordinary insane helped to erode the identity of the criminally insane as a specific deviant group requiring a particular form of medical institutional treatment. As superintendent of the new medical experiment in institutional treatment of the criminally insane, Litchfield's own conclusions about the similarities between criminal and ordinary forms of insanity further eroded the medical and therapeutic distinctiveness of this group.

As the complex historical circumstances which originally led to the medical framing of criminal insanity changed, criminal lunatics were once more left in an ambiguous, and ultimately more vulnerable position in Canada. Litchfield's decision to have his criminal lunatic patients treated within the new Rockwood Asylum "in association with the ordinary insane" was quickly and forcefully contested after his death in 1868. Just one year after the transfer of all remaining criminal lunatics to the new asylum, Litchfield's successor, Superintendent Dickson, aggressively pushed for the removal of "the criminal class of lunatics" from the Rockwood Asylum. Unlike Litchfield, Dickson saw "the criminal [as] a man of low, brutal instinct, and this trait of his character ... always

show[ed] itself whether he [was] sane or insane". He further argued that when the criminal lunatic was "placed in an Asylum among respectable [read non-criminal] patients, instead of being influenced by any efforts that may be employed with the view of working some reformation of his character and conduct, he only seeks to pollute others ...". According to the new superintendent, criminal lunatics in fact "should never be permitted to go beyond the walls of the Penitentiary".<sup>68</sup> Dickson's persistence finally prompted an amendment of the Penitentiary Act in 1877 which led to the transfer of Rockwood Asylum's criminal lunatics back to the Provincial Penitentiary.<sup>69</sup>

At the Penitentiary, the criminal lunatics were dealt with strictly as convicts; all pretence of medical diagnosis, treatment or care had completely disappeared. The extent to which the outlook on criminal insanity had altered is evident in the observations of visiting English alienist Daniel Hack Tuke, who inspected the criminally insane at Kingston in 1884. According to Tuke:

... the patients are treated with almost as much rigour as convicts, though not dressed in prison

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<sup>68</sup>J.L.A.U.C., Dickson's Annual Report, 1872.

<sup>69</sup>This transfer coincided with the purchase of the Rockwood Asylum from the Federal Government by the Province of Ontario. See An Act Respecting the Transfer of Rockwood Asylum to the Province of Ontario, and to Amend the Penitentiary Act of 1875, 40 Vict., Chap.38, 1877.

garb .... In the basement are "dungeons", to which patients when they are refractory are consigned as a punishment, although the cells above are in all conscience sufficiently prison-like. The floors of the cells are of stone, and would be felt to be a punishment by any patient in the asylums of Ontario .... Two men in the cells had once been patients in the asylum. One, with whom we conversed at the iron gate of this dungeon, laboured under a distinct delusion of there being a conspiracy against him. It was certainly not very likely to be dispelled by the dismal stone-floor dungeon in which he was immured, without a seat, unless he chose to use the bucket intended for other purposes, which was the only piece of furniture in the room.<sup>70</sup>

Tuke viewed this treatment of criminal lunatics as simply "wrong". According to the visiting alienist, "either they are or are not lunatics. If they are, they ought to be differently cared for".<sup>71</sup> The perception and treatment of the criminally insane at the Kingston Penitentiary as mere criminals persisted for another thirty years after Tuke's visit. Finally, in 1914, a Royal Commission on Penitentiaries wrote a scathing report on the condition of the criminal lunatics, resulting in their permanent removal from the penitentiary.<sup>72</sup>

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<sup>70</sup>Daniel Tuke, The Insane in the United States and Canada (London, 1885), pp. 237-238.

<sup>71</sup>Ibid.

<sup>72</sup>See Report of the Royal Commission on Penitentiaries, 1914.

### Conclusion

The case of criminal insanity throws into question the inexorable or linear nature of psychiatric and state control over insanity in the nineteenth century. The desire to confine the criminally insane remained constant after mid-century. But the conceptualization of criminal lunatics as patients in need of medical treatment was vulnerable to the changing perspectives of alienists and state officials, and to the influence of community pressures for asylum accommodation of the "ordinary" insane. This tenuous hold by alienists and the state over the treatment and definition of madness is reflected in the history of asylum development in Quebec and Ontario more generally.

In Quebec, a peculiar form of contracting-out for asylum care of the insane was created between proprietary alienist\physicians and the state. This arrangement, consolidated by contract with the owners of the Beauport asylum at mid-century, was in part the result of the state's desire to respond with as little financial outlay as possible to calls for asylum care of the insane. Once established, the "farming-out" system of asylum provision enabled the Beauport Asylum's proprietors to exercise effective resistance to those state initiatives which they considered to be an intrusion into their institutional

practice. For much of the nineteenth century, the Beauport Asylum proprietors ran the province's accommodation for the insane in near monopolistic fashion, as business entrepreneurs, and as medical superintendents. Battles between the Beauport proprietors and the state over government regulation of the internal management of the asylum, along with the state's interest in providing the cheapest care possible for the insane, finally led to the establishment of other proprietary arrangements between the state and various religious orders in the province. This, however, did not reconcile the competing views of state inspectors and asylum proprietors in Quebec. No unified vision of asylum organization or treatment was established in Quebec during the nineteenth century.

In Ontario, a different relationship developed between the state and insanity - one more consistent with state asylum development in other jurisdictions. Yet, the conflicting perspectives of state commissioners and inspectors, and those of asylum superintendents on the objectives of asylum provision for the insane created a state asylum system far from unified in purpose. The agenda of the state in asylum development was further complicated "from below" by the pressures generated by communities which demanded more say in the nature of asylum provision in return for the asylum taxes levied against them. In

Ontario, as in Quebec, the role of the state in asylum development was complicated and inconsistent.

The nature of asylum development was also shaped by community perceptions and practices lying outside of the asylum itself. Asylum superintendents in both provinces developed a form of moral therapy consistent in its main principles with patient treatment in asylums elsewhere in the United States, England, and France. But asylum medicine did not replace earlier perceptions and forms of management of insanity in colonial Canada. Rather, the lunatic asylum coexisted, and in many ways was integrated, with other socio-therapeutic mechanisms for the management and treatment of insanity. The persistence of pre-asylum attitudes about insanity and methods of dealing with the insane was not looked upon kindly by asylum superintendents in Ontario and Quebec. Alienists saw the failure of their own asylum medicine as largely the result of the perpetuation of mores and medical practices lying outside the bounds of their purpose-built institutions for the cure of insanity.

For the historian of psychiatry, insanity and the asylum, the analysis of these pre-asylum forms of treatment and management, the outlooks on insanity that they represented, and their relationship to the asylum, is essential. In most nineteenth-century western societies,

including those of Ontario and Quebec, the asylum became an increasingly visible part of the institutional landscape, and was of fundamental importance to many families and communities in dealing with those perceived to be insane. However, the asylum was not cultivated on unbroken therapeutic ground. Nor did the asylum quickly eliminate prior-existing perceptions of, and responses to, insanity. As the example of the local jails demonstrate, the integration of other socio-medical contexts with the asylum could have a determining influence on the asylum itself. Far from being supplanted by the asylum, the local jail became an instrumental socio-therapeutic gateway between the community and the asylum in Ontario and Quebec. In a similar fashion, the medical outlooks on insanity of local practitioners, though frequently deplored by asylum alienists, remained essential to the diagnosis and treatment of insanity. In short, the character of the asylum was largely determined by its relationship with other modes of management and care of the insane.

An examination of the process of asylum committal is also of fundamental importance to a better understanding of asylum development. There was no necessary consistency between the perspectives of reformers, state officials or medical superintendents, and those of the family and community members who made the decision to commit their

relatives and friends to the asylum as pauper patients. The decisions of families and of the community to commit were based on a combination of factors, including socioeconomic distress, a concern about irrational, threatening, and violent behaviour, and the promise that asylum treatment might cure or alleviate the symptoms of insanity. These motivations for asylum committal led to the certification of many patients whom medical superintendents viewed as unsuitable candidates for asylum therapy. Running against the theory and practice of moral treatment, the community and families of the insane populated asylums according to their own views on the proper role of the new institutions. This had a significant influence on the overall shaping of the asylum.

As insightful as a study of documents relating to the committal process may be to an understanding of the domestic circumstances precipitating asylum confinement, it is also important to recognize the connections between families' decisions to commit and the decisions of those in positions of power at the state and asylum levels. Though influential in the determination of the overall character of the lunatic asylum, the activities of most petitioners were tied directly and indirectly to changes in state asylum policy. The decision by government to restrict asylum committal in some way, either by rejecting a petition outright, or by

placing a prospective asylum patient on a long waiting list, could seriously affect the domestic relations of a petitioning family. Likewise, the success of individual petitioners depended greatly upon the smooth passage of the petition up the socio-political hierarchy of local, state and asylum officials. A study of the process of petitioning for the asylum committal of pauper patients highlights the vulnerability of the average family to the complex hierarchy of power relations which characterized nineteenth-century society in Ontario and Quebec.

In both provinces, the lunatic asylum is best seen as the combined product of state, psychiatric and community interests. These interests were frequently in conflict, and they could represent vastly different outlooks on insanity and on the proper management and treatment of those considered insane.

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- Clerk of the Peace Reports and Correspondence
- Provincial Secretary's Reports
- Reports of the Executive Council
- Petitions for Asylum Committal and Correspondence
- Medical Certificates of Insanity
- General Correspondence on Asylum Affairs

##### Public Archives of Ontario, Toronto

- Ontario Sessional Papers
- Correspondence of the Inspector of Prisons and Private Charities
- Journals of the Legislative Assembly, Upper Canada
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- Statutes of Upper Canada

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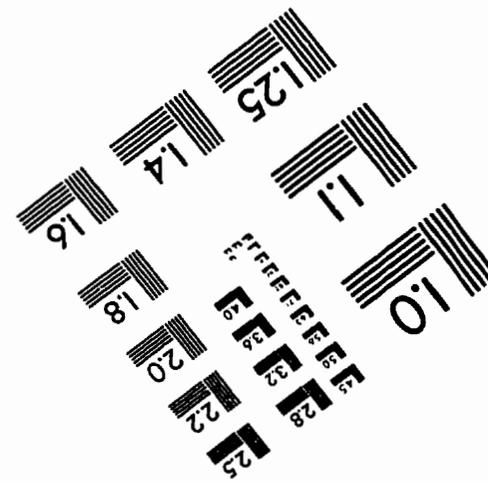
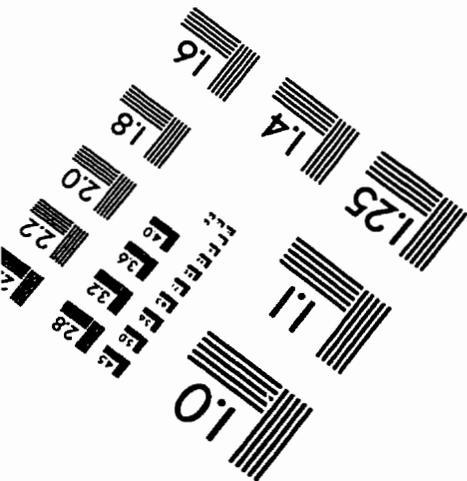
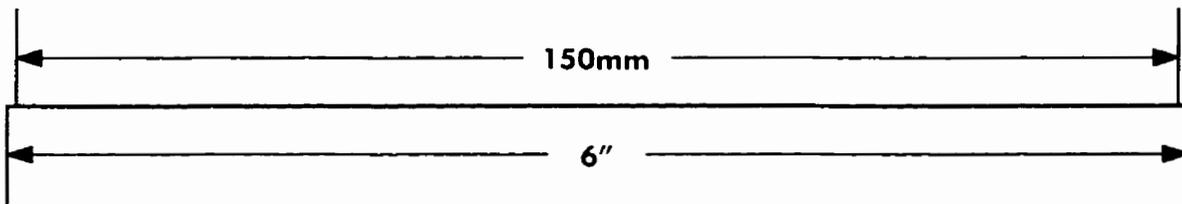
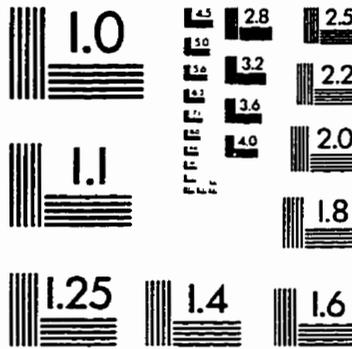
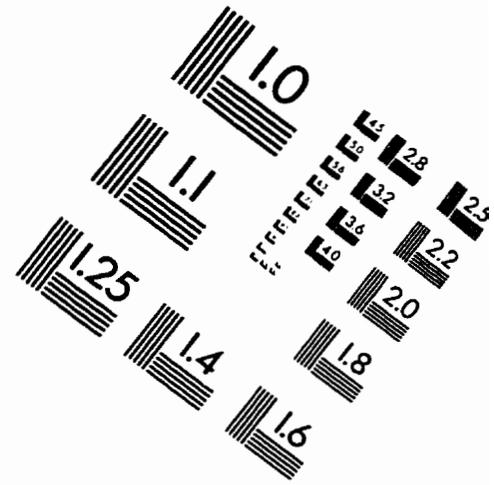
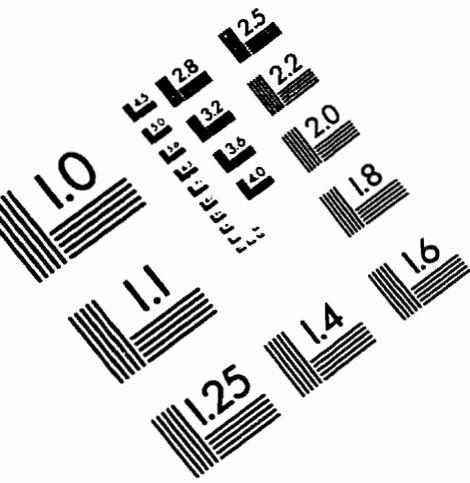
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