MCGILL UNIVERSITY

# THE ASYLUM FOR THE INSANE

A Study of the History of
Institutional Care and Treatment
of the Mentally Ill in Ontario,
1820 to 1900

A Research Report submitted to

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# THE ASYLUM FOR THE INSANE

The focus of this research report has been the historical development of the custodial asylum in nineteenth century Ontario. The aim of the study was to support the hypothesis that: Despite the asylum's ineffectiveness as a therapeutic institution, it was supported and perpetuated because it had proven itself to be an effective and sanctioned mechanism for the confinement of economically and socially dependent persons in nineteenth century Ontario. Public documents such as the reports of the Inspector of Asylums and the medical superintendents, along with the case records on the first one hundred admissions to the Asylum for the Insane, Hamilton, in 1876 were used as primary data sources. The analysis of the case file material was limited to descriptive statistical procedures which involved assigning each case to a category (for example male or female; admission by certificate or warrant) or a value of a continuous variable (for example length of stay in asylum). Both the historical documents and the case files were searched for evidence which indicated that the function of the custodial asylum was a reflection of society's preference to incarcerate economically and socially unproductive persons as opposed to rehabilitating the mentally ill.

The historical development of the custodial asylum was traced from its inception in the "Colonial Era" (1820-1850) up until the close of the nineteenth century, where most of the files on the first admissions to the Hamilton Asylum ended.

The findings revealed that the insane asylums did not function as autonomous units, in which the medical superintendents were free to regulate admissions and institute "moral" treatment programs. The reform ideals of the asylum superintendents were never fully realized. From the outset, their hospitals were dominated by cases which did not belong in curative insane asylums. Documentary reports and the case files showed that the majority of commitments to insane asylums in

the nineteenth century were lower class citizens with few economic and social resources. Amongst this group were found large numbers of aged, indigent, physically ill, and alienated people.

The sturdy walls and isolated locations of the asylums had proven useful to public authorities who were charged with the responsibility of ridding society of these economically valueless and burdensome individuals. At a time when Ontario was just beginning to develop its political and economic resources, it required such a mechanism for removing those from society who could not contribute to the progress.

The asylum superintendents were pioneers in a medical and administrative way. Their inexperience and lack of scientific knowledge in these areas left them highly vulnerable to the demands of a society who associated insanity with criminal and immoral behavior. The asylum physicians were constantly fixed in an unfortunate dilemma. They sought to make the asylums places of care and treatment for the mentally ill, whereas more powerful groups such as the courts and legislatures worked to keep the asylum operating on a custodial basis.

A study of this kind can be useful in highlighting the complexities involved in man's past attempts to solve longstanding social problems, like the care of the mentally ill. For the present, it is equally important to understand why we have directed ourselves toward non-institutional answers to the same problems.

TABLE OF CONTENTS

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At last, thanks to the support and assistance of my wife Linda, the paper is done.

# INTRODUCTION

Institutionalization has been a solution to the problem of mental illness in Ontario for over one hundred and thirty-five years. It is only in the last two decades that this practice has been altered by the introduction of ways of providing psychiatric care outside the institution.

In a broad sense, this study is concerned with the historical development of institutional care and treatment of the mentally ill in Ontario. Specifically this study intends to support the hypothesis that: Despite the asylum's ineffectiveness as a therapeutic institution, it was perpetuated because it had proven itself to be an effective and sanctioned mechanism for the isolation and control of economically valueless people in nineteenth century Ontario.

This study is concerned with the historical sociology of mental illness, not with the history of psychiatry or social work. So much has been made of diagnosis and the treatment of the person (in psychiatry, social work and psychology), giving emphasis to professional skill and client/patient response. Yet, this paper will show that despite the modern perspectives of the doctors then in charge, the important factor in policy was socio-political. This of course has implications for professionals in our modern era of psychiatry. The search for alternatives to institutional treatment and care must also be considered within a broad social context.

People like Goffman[1] have brought out the sociological aspects of hospital care, for example, the role definition and role-playing. Legal insanity seems to be a label with socio-political functions, a convenience for the times. This research has gone beyond the medical and even the institutional forces defining insanity, taking it to the broader socio-economic and political level.

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[1]Erving Goffman, Asylums (Chicago: Aldine Publishing Co., 1961).

For this purpose, this research draws on the documents related to the first one hundred admissions to the Asylum for the Insane, Hamilton, when it opened in 1876 and on other public documents from the nineteenth century.

The insane asylum was an innovation of a few medical practitioners and lay reformers, who for moral and scientific reasons believed it to be the answer to the treatment and care of mental illness. Yet, the ideal goals of institutionalization were not realized. By the mid-1800's, most of the asylums had become little more than custodial operations. The emphasis in these institutions was placed on confinement rather than cure.

David Rothman, an historical sociologist suggests that the deterioration of the asylum from a reform to a custodial institution occurred because of the founders' original emphasis on authority, obedience and regularity. The predictable result of such rigid practices could only have been the emergence of inflexible, mechanical programs.[2]

Another historian, Norman Dain, argues that it was the pessimism about the prognosis of insanity and the institutional neglect of patients on the part of asylum authorities that led to the practice of custodial care after the mid-1800's. General physicians and the lay public simply followed this trend.[3]

A logical assumption from these arguments put forth by Rothman and Dain would be that when the medical specialists held enlightened views, the insane were treated kindly and successfully and that the inverse was also true. However, this approach seems too narrow because it does not account for the wider social, political and economic framework within which these physicians operated.

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[2] David Rothman, The Discovery of the Asylum (Toronto: Little, Brown & Co., 1971).

[3] Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Jersey: Rutgers University Press, 1964).

A review of the early case records and reports of the Hamilton Asylum revealed that generally the medical specialists were very progressive. Many of the modern therapeutic techniques -- occupational therapy, non-restraint and milieu therapy--were widely expounded and attempted by these pioneer psychiatrists. Yet, the longterm custodial cases in their asylums still far outnumbered the cures. Obviously, this form of institutionalization can not be explained only in terms of the quality and quantity of effort displayed by the asylum doctors.

If by 1876, when the Hamilton Asylum was opened, these institutions were clearly not successful as reform institutions, then why did the citizens of Ontario continue to build and support them? As stated in the hypothesis, the answer to this question is found not when the asylum is viewed as a hospital for the treatment and care of the insane, but when it is seen as an accomodation for economically dependent persons.

The rise of the asylum in nineteenth century Ontario coincided with periods of tremendous population expansion, the growth of urban centres and a steady process of industrialization. Institutionalization was generally society's response to the sudden emergence of large numbers of mentally, physically and economically disabled people during that era. The logic of industrial manpower needs prevailed over the logic of psychiatric therapy; therefore the therapeutic objectives of the asylum were not served.

The average citizen of the nineteenth century associated insanity with criminal and immoral behavior. In this light, he did not see a pressing need for curative institutions. Society's reaction to insanity was basically one of fear and rejection. Asylum superintendents were unable to prevent courts and legislatures from filling their hospitals with persons who were considered by them to be "insane and dangerous to be at large." However, even a preliminary look at the salvaged case files from the Hamilton Asylum showed that most admissions were not deranged lunatics, but rather individuals, who in different ways were a nuisance to a production-oriented society, or at least a society which was headed

in that direction. Paupers, epileptics, the mentally retarded and the aged were well represented amongst the early asylum admissions. The therapeutic ideal had inspired the physicians to build the asylum but the custodial function ensured its continuation.

The writer believes that there are seldom clear-cut solutions to any social problem, not the least of which is mental illness. This historical study aims not merely at creating an intelligent reconstruction of man's previous attempts to solve the age-old problem of mental illness, but also at explaining them.

## METHODOLOGY

The central focus of this study is the nature of institutional treatment and care of the insane in nineteenth century Ontario. In order to substantiate the argument that the asylum served more to meet economic needs rather than the therapeutic needs of the time, the author conducted an indepth examination of the first one hundred cases admitted to the Asylum for the Insane, Hamilton, in 1876. Equal weight was given to the use of other historical data sources such as the reports of the medical superintendents and the Inspector of Asylums.

The Hamilton Asylum, now known as the Hamilton Psychiatric Hospital celebrated its centenary in the Spring of 1976. In preparation for the celebration of this historical event the hospital administrators requested that all pre-1900 files, then located at the hospital be removed to the Ontario Provincial Archives in Toronto for preservation and future investigation. The writer was privileged to be asked to research these formative case files and present his findings at the centennial ceremonies. This project is an extension of his continued work with these historical records.

Of the first one hundred cases admitted to the Hamilton Asylum in 1876, all were reported to be of a "chronic and incurable character." Since nearly eighty percent of all cases in Ontario Asylums in 1876 were considered to be in this category, the sample was representative of the typical inmate of the custodial asylum.

Much of the information on these patients was found in large bound volumes, each containing about 500 pages. At best, the records gave only basic demographic features such as occupation, marital status, education, ethnicity, diagnosis, age on admission, religion and outcome. Entries were made in the case books usually once a year by the medical staff. The remarks were consistently brief and superficial, and related mainly to the patient's work habits and physical condition over the past year. In a few cases, admission certificates and correspondence between the relatives and the medical superintendents provided clues as to the reasons for admission, presenting problems and the nature of family supports.

Unfortunately, the author was unable to locate data sources which could have given more information about the patients' pre-admission lives and the circumstances under which they were admitted to an insane asylum. Also, very few accounts of the actual day-to-day functioning of the asylum could be discovered. The lack of information concerning these areas seriously handicapped the writer in his attempts to answer many questions regarding the extent to which these patients were economically and socially dependent and the exact ways in which the therapeutic goals of the asylum were not reached.

The analysis of the existing case file data was restricted to descriptive statistical procedures. This involved assigning each case to a category (for example male or female; paying or non-paying; unemployed, labourer, tradesman or professional) or a value of a continuous variable (for example age on admission; length of hospitalization; number of letters from relatives, number of children). The author calculated by computer[1] the number and percentage of cases in each category and the mean value for continuous variables. This data was presented in the form of tables and summary statistics.

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[1] Norman Nie et al, SPSS: Statistical Package for the Social Sciences (New York: McGraw Hill, 1970) Sub-program CODEBOOK; Sub-program CONDESCRIPTIVE.

Ethnicity, level of education, ability to pay for hospitalization, physical status, residence prior to admission (for example almshouse, jail or private home), type of admission (for example certificate or warrant), occupation and family supports were taken as indicies of social and economic dependence. Fortunately, some descriptive data were also available for the total asylum population for each year in Ontario.[2]

The hypothesis was supported as much or more by quotations from historical documents as by data about the first admissions to the Hamilton Asylum. The annual reports of the medical superintendents and the Inspector of Asylums for the years 1841 to 1900 were searched for evidence which would indicate that the asylums were predominantly used for the confinement of economically and socially disabled people rather than for the treatment of mentally ill persons. An illustration of this kind of evidence would be a comment from an asylum authority concerning his frustration over pressure from the courts to accept referrals which he felt were more appropriate for an almshouse than an insane asylum.

Additional data sources included correspondence between the medical superintendents and the Inspector of Asylums and the annual reports of the Association of Medical Superintendents of American Institutions for the Insane. These documents were useful in providing information about administration and staffing policies, the physical aspects of the asylum and the prevalent psychiatric issues of the day.

Secondary sources were used to complement and verify findings from the original documents, particularly with regard to the chronological history of the development of institutional care for the mentally ill in Ontario[3] and the public attitudes toward the mentally

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[2]Beginning in 1877, demographic, admission and discharge figures were published in the Annual Reports of the Inspector of Asylums, Prisons and Public Charities, for the Province of Ontario.

[3]Gifford Price, "A History of the Ontario Hospital, Toronto" (Toronto: School of Social Work, University of Toronto, 1950), unpublished M.S.W. Thesis.

ill during the nineteenth century.[4]

The period under study begins in 1820, when a small group of medical practitioners began to think in terms of institutional programs and rehabilitating the insane. The first two chapers of the report trace the general development of institutional care for the mentally ill in Ontario up until the opening of the Asylum for the Insane, Hamilton, in 1876. The broad overview was given in order to provide a clearer understanding of the economic, political, religious and administrative factors that influenced the treatment and care of the mentally ill during that period of history.

The closing date for the period under study, about 1900, seemed to be a logical ending point. In the first place, with only a few exceptions, there were no patients from the sample surviving beyond that time. Secondly, it did not seem necessary nor feasible to carry the study into the 1900's in order to present a basic understanding of the development and function of the custodial asylum.

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[4]Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Jersey: Rutgers University Press, 1964).

CHAPTER I

## THE COLONIAL ERA

Ontario's "colonial" period, so-called by Arthur R.M. Lower, which dates from about 1820 to 1850,[1] witnessed the founding of the Province's first institution for the mentally ill. Inspired by the progressive ideas and practices of asylum physicians in Europe and the United States, a few medical men and lay reformers in Ontario set about securing funds and support for the erection of asylums for the insane. Their plan was to rehabilitate the insane rather than merely lock them away. However, established colonial citizens, represented by the courts and legislatures, had alternative plans for the asylums. These institutions were to provide a new method for dealing with the increasing numbers of social casualties of the colonial influx.

Enlightened attitudes toward the mentally ill were slow to develop in the colonial decades. The majority of the insane continued to be locked away in basements, barns and jails or to roam at large. They were loathed, taunted and often thought to be possessed by the devil. A heightened awareness of this class of unfortunates was brought about by the pressures and problems of the "Great Immigration" which began about 1820.

Large scale immigration was one of the secondary effects of the Industrial Revolution in Europe. By the 1830's the Upper Canadian[2] colonies were experiencing a tremendous influx of new arrivals, especially from the British Isles. In 1831 the census of

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[1] The Colonial Era began around 1820 when the "Great Immigration" swamped the old United Empire Loyalists' communities with new peoples from the British Isles. 1850 is generally considered a closing date for this era, for afterwards the Province experienced many rapid changes as a result of the onset of the railway age. Arthur R.M. Lower, titles the period 1820-1850, "The great days of settlement", Canadians In The Making (Toronto: Longmans, Green & Co., 1958), p.187.

[2] From 1780 to 1841, Ontario was known as Upper Canada. In 1841, Upper Canada and Lower Canada, which is now the Province of Quebec, were united into the Province of Canada.

Upper Canada registered one quarter of a million people; by 1853 the Province had increased in size to just over one million residents.[3] In the period from 1831 to 1836 when immigration was heaviest the population growth in Upper Canada increased at the exceptional rate of 11.6 per cent per year.[4]

The prospects of a new life and free land attracted many to Upper Canada during the colonial era. According to Lower, the colonial immigrants experienced extreme hardship and their story is perhaps one of the bitterest examples of human misery in Canadian history. Hundreds of these destitute immigrants were herded into primitive ships to cross the Atlantic, a voyage which lasted anywhere from six to sixteen weeks depending on nature's generosity. In 1832, a record 52,000 immigrants landed at Canadian ports.[5] Many of these people died en route and many more docked only to die shortly afterwards. The dreadful conditions of the sea voyage bred numerous epidemics such as cholera, which easily spread into the population of British North America, killing still more people.

Those who survived soon discovered the harsh realities of the New World. The promises of rich, free land were not upheld. The best tracts of land nearest to the water routes and villages had already been taken up by the dominant segments of society, including the military, friends of the government and land speculators. Records show that certain individuals who happened to be friends of government officials received grants of land that were unbelievable in size, sometimes amounting to as much as 50,000 acres.[6] By the time the average immigrant came to claim his meagre 100 acres, he was left with a backwoods tract of land miles away from any settlement. Much

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[3] Arthur R.M. Lower, Colony to Nation (Toronto: Longmans Canada Ltd., 1971), p.185.

[4] Ibid., p.185.

[5] Ibid., p.186.

[6] Ibid., p.191

criticism was levelled at the corrupt land granting practices of the colonial era. In his report on the conditions of the British North American colonies Lord Durham, in 1839, noted that:

> " ... unfortunately, the land which was intended for the persons of a poorer order, who might be expected to improve it by their labour, has for the most part, fallen into the hands of land-jobbers ..., who never thought of settling in person, and who retain the lands in its present wild state, speculating upon its acquiring a value at some distant day, when the demand for land shall have increased through the increase in population.7

To complicate the struggle, many of these immigrants did not have money to purchase supplies and stock for their new farms. Consequently, thousands remained in the port villages and swelled the urban population. Unfortunately, most were unskilled, ill-nourished, sick individuals with scant prospects for a better future. The result was a growing urban concentration of poverty, so that by the 1830's urban centres such as Toronto and Hamilton were beginning to show definite signs of such social problems as disease, alcohol and violence. By the 1840's, urban slums were a way of life in parts of every Upper Canadian city and village.[8]

The tremendous influx of immigrants to Canada during the colonial era created staggering social problems for the established colonial citizens. Prior to the arrival of the immigrant poor every community had its share of insane, criminal and dependent perons. Yet, communities tended to be rural and small, thus these classes of people, who were relatively few in number were more easily accommodated by the existing institutions such as the family and the church, or as a last resort, the jail. The sudden wave of immigration brought with it the poorest, most deprived groups in Europe. The newcomers were largely destitute and many were recently widowed or deserted women with small children. Characteristic of every port town in colonial times were the rows of sheds which were used to house the starving sick communities of newly landed immigrants.

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[7] G. M. Craig, ed., Lord Durham's Report (Toronto: McClelland and Stewart, 1963) pp. 118-119

[8] F. H. Armstrong et al., "Some Aspects of Urbanization In Nineteenth Century Ontario", by J.M.S. Careless, Aspects of Nineteenth Century Ontario. Toronto: University of Toronto Press, 1974.

No longer were traditional colonial mechanisms sufficient to cope with the epidemic of social problems. As a result new solutions had to be found and the asylum appeared to be the best bet. Here, the term 'asylum' is used in a generic sense to refer to a series of institutional developments which took place during the colonial era in an effort to cope with the casualties among the poorer immigrant classes. For instance, in 1837 Toronto erected its first workhouse.[9] It was an institutional solution to the problem of unemployment. Hamilton instituted its first House of Industry in 1848.[10] This building served in a dual capacity as a hospital for inpatients and outdoor pauper patients, and as a workhouse. Rules for admission required a certificate signed by a clergyman or magistrate attesting to the applicant's destitution or by the city physician stating the patient's disease and whether curable or incurable.

The insane, along with poor, the criminal and the homeless were beginning to be seen as targets for social reform in the colonial era. In 1830, The House of Assembly of the Government of Upper Canada was presented with a report on the condition of the York Gaol. The committee that had been commissioned to enquire into the situation found:

> ... three female lunatics confined, one of them from England, and who was understood to be a mother of a family, who became deranged on her husband leaving her; another from Ireland, a young woman, and the third a native of Canada ... they are lodged, locked up in cribs, on straw, two in one crib, and the other by herself; one of them contrived to set fire to the jail sometime ago, but it was providentially discovered in time to save the building, by cutting down a door that was in flames. A gentleman confined for debt, complained that the smell of the dungeon in which these poor lunatics are confined, which below the room was almost insupportable, and that

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[9] Ibid., p.70.

[10] Marjorie Freeman Campbell, A Mountain and a City: The Story of Hamilton (Toronto: McClelland and Stewart, 1966), p.104.

> their incessant howlings and groans were annoying in the extreme.[11]

This visiting committee found the smell and the confinement of the jail deplorable. They recommended that if "these lunatics were taken to a particular ward in the Hospital, and the usual restraints put upon their persons, (of straight waistcoats) and gently treated, they might either wholly recover their reason, or at least become convalescent."[12] They concluded their report by noting that the confinement of these women was "severe beyond that of the most hardened criminal" and that their situation entitled them to a double portion of kindness. The Chairman of this committee was none other than the colourful rebel himself, William Lyon MacKenzie.

This was not an unusual circumstance. The county jails had long been common receptacles for the insane in Upper Canada, as in most other countries of the world at that time. Those whose condition was regarded as harmless were usually allowed to roam at large, while others, if considered dangerous to be at large, were confined in local county jails. Stories of brutal ill-treatment, neglect and starvation were not uncommon in the pioneer and colonial periods of Ontario's history.

In 1830, an Act was passed which legalized payment for the maintenance of lunatics in local county jails, but no provision was made for their care.[13] In the following ten years numerous attempts were made in the Legislature toward the institution of an asylum; thirteen separate bills in total failed to be passed[14] and

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[11] Upper Canada, House of Assembly Journals, 1830, p.162.

[12] Ibid., p.162

[13] Statutes of Upper Canada, II Geo. IV, Cap. 20, A.D., 1830.

[14] See: General Index to the Journals of the House of Assembly of the Province of Upper Canada, from 1825 to 1840 (Montreal: King's Printer, 1848). Under the heading "Lunatic Asylum: Bills relative to a Lunatic Asylum "there is a list a 13 separate bills which failed in the Assembly.

it was not until 1841 that the first lunatic asylum appeared in Ontario. It was not a new building but rather a converted jail house whose first patients, seventeen in all had previously been confined there as prisoners.[15] Thus in 1841, Toronto became the site of Ontario's first institution for the treatment of the mentally ill.

Reform movements were not restricted to the social aspects of colonial life such as better provision for the care of the insane. The colonial era in Ontario's history is perhaps most famous for its intense political struggles which culminated in the Rebellions of Lower and Upper Canada in 1836 and 1837. Although these uprisings may have been small affairs from a military standpoint, they set the stage for full scale political reform which eventually led to responsible government and then to Confederation. Very simply, the rebellion in Upper Canada (Ontario) was directed at the members of a little governing body of privileged British landowners known as the Family Compact.[16] This group represented the dominance of the local oligarchy in the colonies and as such they had a monopoly on the economic and political resources. Those who opposed this

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[15] Journal of the House of Assembly of Upper Canada: Session 1839-40, p.363.

[16] The bulk of the members of the Family Compact were native born inhabitants of the Colony or immigrants of United Empire Loyalist descent. They were powerful in the areas of finance and law and some of them held the highest offices in the Episcopal Church. They maintained their influence in the government by means of their predominance in the Legislative Council and by 1837 this group of powerful individuals had either by purchase or grant acquired all the unclaimed lands of the Province.
G.M.Craig, ed., Lord Durham's Report (Toronto: McClelland and Stewart, 1963 ), pp. 79-80.

tyrannical group consisted of a wide range of middle class reformers who, like William Lyon MacKenzie were extremely radical in their thinking and actions or who, like Robert Baldwin[17] were moderate reformers. Whether radical or moderate, it was from this reform element in colonial society that sprang the criticisms toward government policies regarding political representation, education, immigration, landgranting, finance and public welfare. Inasmuch as the asylum was considered a reform its appearance in Ontario during the colonial era fit with the general thrust for improvements in a variety of areas, not the least of which was politics.

The changes characteristic of the colonial era came out strongly in the field of religion as well as politics. By the 1830's, the popular colonial churches had begun to adjust to the conditions of Canada and consequently they shed some of the rigours of their traditional religious doctrine. During the colonial era most denominations evinced the features of the new evangelical types of Protestantism. The destitute, sick and disabled were still seen as immoral, but rather than punish them for their sinful states, the churches worked to reform them. For the most part, a missionary attitude prevailed among the religions of the time. Various societies associated with religious denominations started to take up one social cause or another.

For instance, in 1848, the Ladies' Benevolent Society in Hamilton, a strong Protestant charitable institution, established an Orphan asylum which immediately took in some twenty orphans in the community.[18]

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[17] "Robert Baldwin was a leading moderate. On one hand he criticized the Family Compact, but on the other hand he objected to MacKenzie's radical plans. Baldwin's political life is characterized by his unswerving fight for responsible government... "
Dean Fink, Life in Upper Canada, 1781-1841 (Toronto: McClelland and Stewart, 1971), p.90.

[18] Marjorie Freeman Campbell, A Mountain and a City: The Story of Hamilton (Toronto: McClelland and Stewart, 1966), p.104.

But let there be no misunderstanding; this was not an age of revolution in religious thinking or practice. Sober, conservative religious traditions dominated in the colonial era, as they would for the remainder of the century. Religious attitudes had been re-directed just enough to accept certain reforms in social practice.

In 1831, the York (Toronto) Grand Jury reported in favour of building an asylum stating that, in their opinion; "A general asylum supported from Provincial funds ... would be more beneficial to those afflicted, and it would certainly insure for them a greater degree of comfort than can be expected while they are kept in the Common Gaol ..."[19] For many of the colonists the concept of the asylum was not a new idea. There can be no doubt that European and American influences had much to do with the origin of the asylum during the colonial era. By unchaining the insane in 1783, Pinel[20] helped to inaugurate the era of modern psychiatry. With his contemporary, the English Quaker, William Tuke,[21] Pinel founded what may be called a philosophy of moral treatment. They believed that insanity could be cured. The ideal program included placing a patient in an asylum where he would receive considerate treatment, occupational therapy, entertainment, mild exercise good food and comfortable lodgings. Surprisingly, this regimen was very much like the treatment recommended in 1976.

By 1824, many of the new ideas had filtered into the United

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[19] "Representation of the Grand Jury of the Home District for an Asylum", Journal fo the House of Assembly of Upper Canada: Session 1831-32, Appendix, pp.115-116.

[20] Philippe Pinel (1745-1826) is perhaps most remembered for his efforts to remove the use of forcible restraint in the management of the mentally ill.
Albert Deutsch, The Mentally Ill In America (New York: Columbia University Press, 1962), pp.87-97.

[21] William Tuke (1732-1822) was the principal founder of the York Retreat in 1796. This institution was one of the first in Britain to operate under a "moral" treatment structure.
Ibid.

States. In general a feeling of optimism about the curability of insanity appeared among the educated segments of middle and upper classes, and in parts of the Eastern United States charitable contributions were being made toward the establishment of insane asylums that attempted to practice moral treatment.

The developments which were taking place in the United States in the 1830s with regard to the institutional care and treatment of the insane had their influence upon the trend toward the establishment of Ontario's first provincial asylum. In 1835, the House of Assembly of the Province of Upper Canada appointed a commission, consisting of three physicians to obtain information on the best method of managing and establishing a Lunatic Asylum in the Province.[22] In accordance with these instructions the commissioners proceeded to the United States where they visited and examined the principal lunatic hospitals and an extensive report was presented to the Legislature in 1836.[23] It would appear that the Upper Canadian physicians were impressed with the achievements of their American contemporaries. They returned to Ontario caught up in the excitement of the moral treatment era and they were at once enthusiastic to start an asylum of their own. They noted with approval the Lunatic Hospital at Worcester, Massachusetts and recommended a similar plan with some alterations, which they believed "would combine all the advantages of the best institutions in America."[24] Dr. Duncombe, the chief commissioner concluded his report by noting that:

> The subject of lunacy has been until late years been less perfectly understood than any other complaint known to our country that is at this moment, successfully treated, but thank heaven that the disease of an organ of the mind is no longer considered a crime subjecting the unfortunate victim to imprisonment, punishment and chains; and that with the exception of this Colony no other portion of America has their

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[22] "Journal of the House of Assembly of Upper Canada." Session 1836, p.196.

[23] "Report on Lunatic Asylums", ibid., Appendix, Vol. I, No. 30, p.3

[24] Ibid., p.3.

> insane confined in gaols; and I am well satisified that this will not be the situation of these unfortunate persons longer than until their number and present cost of support is known, and the Legislature have time to provide a suitable Asylum for their relief.[25]

The Legislature of 1836, however, was not prepared to grant the necessary funds to establish an asylum along the lines recommended by Dr. Duncombe. Indeed, it was not until 1839 that a resolution was passed authorizing a grant of £ 5,000 toward the erection of a lunatic asylum. The Asylums Act of 1839[26] provided for the establishment of a board of directors and the appointment of a medical superintendent and servants. Any mentally ill person, resident in the Province, was to be admitted to the Asylum upon the production of a certificate signed by at least three resident practising physicians in the Province, noting that such a person has been examined by them collectively and that he is insane or a lunatic.[27]

Apparently neither the funds nor the time were available for the erection of a new asylum. The urgency of the situation was impressed upon the government and it was decided to locate a building for use as a temporary asylum. So in 1841, a group of commissioners who were appointed to locate a suitable building decided in favour of using the old abandoned York Gaol which had been declared unfit for the confinement of prisoners.[28] Renovations took place and the old, two-storied, red-brick jail house was opened as Ontario's first asylum. For the next nine years until 1850, when a permanent asylum was opened, these temporary quarters remained the focal point for the institutional care of the insane in Ontario.

Conflicting stories as to the quality of care received by the first patients were evidenced from various sources. In a preliminary

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[25] Ibid., p.6.

[26] Statutes of Upper Canada, 2 Vict., Cap. II, A.D., 1839.

[27] Ibid.

[28] Journal of the House of Assembly of Upper Canada: Session 1839-40, p.363.

report for the first year of operation the superintendent wrote:

> The patients were taken from the cells in which they were closely confined and where they had long, from the dire necessity of the case, been permitted to remain in filth and nakedness and impure air, all confirming their maladies, and placed in the now purified and airy rooms, carefully washed, clothed, and placed under medical care, their food critically adapted to their physical state ... The effect of this new course of life was soon apparent, ... several have completely recovered who, but for this treatment, would probably never have exhibited another gleam of reason.[29]

Just four years later in 1845, another account of this first asylum was given. This time the institution was portrayed through the description of a visiting British dignitary, Mr. J.H. Tuke, brother of the famous English asylum physician, Dr. Daniel Hack Tuke. Mr. Tuke's report presents a striking contrast to the enlightened reform efforts that were described in 1841. Mr. Tuke said:

> Visited the lunatic asylum. It is one of the most painful and distressing places I ever visited. The house has a terribly dark aspect within and without, and was intended for a prison. There were, perhaps, 70 patients, upon whose faces misery, starvation, and suffering were indelibly impressed. The doctor pursues the exploded system of continually cupping, bleeding, blistering and purging his patients; giving them also the smallest quantity of food, and that of the poorest quality. No meat is allowed ... The doctor in response to my question, and evident disgust, persisted that his was the only method of treating lunatics, and boasted that he employs no restraint ... I left the place sickened with disgust ... [30]

Despite the quality of care offered by the Temporary Asylum, good or bad, it soon became greatly overcrowded and was unable to meet the increasing demands for admission. Branch asylums were set up to carry the overflow. In 1846, a private dwelling within the

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[29] Journal of the Legislative Assembly of the Province of Canada: Session 1841, Vol.I, Appendix II, September 2, 1841.

[30] Daniel Hack Tuke, The Insane In the United States and Canada (London: n.p., 1845), p.215.

city limits of Toronto was purchased and fitted for the reception of some fifty patients and in the same year the government perhaps appropriately permitted the east wing of the abandoned Parliament buildings to be used as a branch asylum.[31]

During the years of the Temporary Asylum frequent changes in superintendents and constant bickering over problems of administration led to a disgraceful neglect of patients. From 1841 to 1850, no less than five superintendents were either dismissed or resigned of their own accord.[32] The superintendents who were directly responsible to a Board of Directors had no authority over the hiring and dismissing of attendants for the asylum. Attendants, regardless of their competence could only be dismissed by the Board. Superintendents were obliged to retain attendants who were often cruel, negligent and harmful to patients. If the superintendents did not out and out resign in protest to the situation, they were usually dismissed by the Board on charges of insubordination. This state of maladministration characterized the Colony's early efforts to provide asylum care to its insane.

The asylum may have started off on a rocky footing in the colonial era but there was no question that it was there to stay and as such, it would remain Ontario's solution to the problem of mental illness for over the next century.

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[31] Annual Report of the Medical Superintendent of the Temporary Provincial Lunatic Asylum, at Toronto, April 1st. to March 31st., 1847.

[32] Henry Hund, ed., The Institutional Care of the Insane in the United States and Canada (Baltimore: The John Hopkins Press, 1916-17), IV, 129-137.

## CHAPTER II

## THE WORKMAN ERA, 1850-1875

The period from 1850 to 1875 was one of great importance in the history of the treatment of the mentally ill in Ontario. During this period the institutionalization of the insane became standard practice. In 1850, The Provincial Lunatic Asylum in Toronto was opened for the reception of 211 patients who were all transfers from temporary asylum units.[1] Twenty-six years later with the opening of the Asylum for the Insane in Hamilton, the Province boasted of five major institutions serving a total asylum population of nearly 2,000 persons.[2] Unfortunately, an increase in the quantity of services to the mentally ill during the period 1850 to 1875 did not lead directly to progress with regard to quality. The reform ideals of the medical superintendents were drastically modified in practice as they attempted to operate their asylums within a rapidly advancing economic, political and social environment.

The Temporary Asylum which had been in use since 1841 was replaced in 1850 by a permanent lunatic hospital. The new Provincial Lunatic Asylum, located on Queen Street, Toronto (the site of the present Queen Street Psychiatric Hospital) was intended to accomodate 250 patients. It is interesting to note the class of patients which the institution was initially intended to serve. The following extract from a government document clearly indicates the composition of the first patient group. It notes that:

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[1] First Annual Report of the Directors of the Provincial Lunatic Asylum, Toronto, Canada West, Journals of the Legislative Assembly of the Province of Canada: Session 1851, Vol. X, Appendix C.

[2] Ninth Annual Report of the Inspector of Asylums, Prisons and Public Charities, for the year ending September 30, 1876.

> the Architect and the Commission charged with the erection of the Provincial Asylum, never contemplated providing but for pauper patients; ... Strictly speaking therefore, there is not proper accomodation for paying patients of the better class; and although the directors require payment from some of the present inmates, (19 out of a total 225) yet, this class is obliged to commingle ... with the pauper class ....[3]

It would seem that not only were the first patients predominantly of the poor classes, but they were also considered to be chronically insane and incurable. Dr. Scott, the first medical superintendent of the new Provincial Lunatic asylum noted that most of the 211 patients transferred from the Temporary Asylum had been asylum inmates for years and that there was little hope of their recovery.[4] The process of overcrowding the lunatic asylum with those cases with the least prospect of recovery, initiated in the colonial era, became a fact of life in the subsequent decades.

Nevertheless, the professionals of the time remained confident that early diagnosis and proper asylum care would provide a remedy to the problem of mental illness. They continued to push for reforms in legislation which would enable them to institute the types of asylum programs which they believed would cure the disease. Thus in 1853, an "Act for the better management of the Lunatic Asylum at Toronto" was passed in the Legislative Assembly of Canada.[5] Under this new legislation "the old board of twelve directors, which functioned autonomously, was replaced by a visiting commission of four members whose powers were limited to inspection, counsel, reporting and recommendation. The By-Laws of the institution were to be drawn up by this Commission, but they had to be approved by the Governor-in-Council. All asylum property was now invested in the Crown, and the appointment of the medical superintendent and the bursar was placed in the hands of the government. The new Act also gave the

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[3] Journals of the Legislative Assembly of the Province of Canada: Session 1850, p.161.

[4] "Report of the Medical Superintendent: To the Honourable Chairman and the Board of Directors of the Provincial Lunatic Asylum at Toronto," 1851.

[5] Statutes of Canada, 16 Vict., Cap.188, A.D., 1853.

superintendent the necessary power to hire and dismiss all officers and servants of the institution other than the bursar"[6]

In 1853, Dr. Scott resigned from his post as medical superintendent of the Provincial Lunatic Asylum and one Dr. Joseph Workman, a local Toronto physician, was appointed temporary superintendent. In the following year his appointment was made permanent. Dr. Workman remained superintendent of the Toronto Asylum from 1853 until his retirement in 1875. Throughout his career of over twenty years as medical superintendent at Toronto he gained a reputation as the most influential psychiatrist of his era in Canada. With the exception of the first three years, the period from 1850 to 1875, with regard to the care of the insane in Ontario, was dominated by the accomplishments of this individual.

Dr. Workman, a man possessed of extraordinary abilities, unlimited energy and a kindly attitude toward his fellowbeings courageously attempted to make the asylum an operation of reform and rehabilitation. During his first years as superintendent of the Provincial Lunatic Asylum, Dr. Workman made extensive changes in the drainage, ventilation and plumbing systems of the institution. Years later he commented with pride on the improvements which these changes had made on the general health of both patients and staff. He said that "the dysenteries, intractable diarrhoeas, and the whole typhoid family of deadly compositions ceased to perplex the medical staff."[7]

Foremost among Workman's reform achievements were his efforts to provide his patients with occupational therapy, proper diets,

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[6] Gifford Price, "A History of the Ontario Hospital, Toronto" (Toronto: School of Social Work, University of Toronto, 1950) unpublished M.S.W. Thesis, p.42.

[7] Joseph Workman, "A Description of the Pestillent Condition of the Toronto Lunatic Asylum in 1853", The Sanitary Journal, II, No. 1 (January, 1876), pp. 1-6.

entertainment and above all, kindly care. He was a firm believer in the principles of moral treatment as outlined by Pinel, Tuke and Rush.[8] According to Workman, "recourse to harshness in any form or degree must indicate not merely ill-nature but also the utter absence of common sense and correct information. To live among the insane is but to be irresistibly constrained to pity and to love them; and when once this bond is established between the physician and his confiding family, the task of government ... becomes a labour of inconceivable pleasure."[9]

During his superintendency Workman earned for himself an international reputation as an asylum administrator, an authority on the treatment of insanity and as a researcher. He was a leading member of and always a welcome speaker at the meetings of the Association of Medical Superintendents of American Institutions for the Insane[10] which was founded in 1844. Research and publication ranked high among Workman's many talents. He published papers on numerous facets of mental illness, including such topics as crime and insanity, demonomania, and the hereditary causes of insanity.

In 1875, when Workman retired from the Toronto Lunatic Asylum he continued to pursue his research and writing interests. The relationship of crime to insanity had always been one of his

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[8] Benjamin Rush is considered to be the father of American Psychiatry. His work in the late 1700's and early 1800's was devoted to a humanitarian and social approach to the disease of mental illness.
John Howells, ed., World History of Psychiatry (New York: Brunner/Mazel, 1975),pp.433-438.

[9] Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto, for the year ending March 1, 1858.

[10] This organization was composed of the most learned and influential psychiatrists of the day in North America. In 1892, it became known as the American Medico-Psychological Association and in 1921, it took its present name, the American Psychiatric Association.
John Howells, World History of Psychiatry
(New York: Brunner/Mazel Pub., 1975), pp.438-446.

favourite subjects and after retirement he was asked to examine several individuals who were accused of murder and who were thought to have been insane at the time of their crimes. In 1876, Workman was invited to come to Hamilton to examine a local butcher named Michael McConnell, a Scotsman accused of the brutal murder of a prominent Hamiltonian, Mr. Nelson Mills. After interviewing the accused, his family and friends Dr. Workman testified in court that:

> My opinion is that from all I have heard of the conduct of the prisoner, insanity was quite possible to be demonstrated at anytime; these facts do not indicate sanity, but that of an ill-balanced mind; I would have advised his friends not to irritate him; the actions of the prisoner on the morning of the crime appear to me to be those of a person who was not of sound mind; ...[11]

Unfortunately, Dr. Workman's testimony was not convincing enough to sway the attitudes of the jurors. Michael McConnell was found guilty and hanged on March 14, 1876. Following the trial Workman took the opportunity to publish three letters in the press in which he seriously questioned the evidence upon which the Court based its decision to find McConnell guilty and hang him. The following excerpt from one of these communications typifies the outspoken style of Workman, which more often than not made him the subject of much controversy in the press. In response to the McConnell trial he wrote:

> It was and now is my conviction, that the trial of McConnell was injudiciously hurried on, before the abatement of that fever of the public mind, which beyond all question, obscured the judgment of the whole community, and still remains with delirious intensity in the City of Hamilton ... But despite all the legalizing which the disease of insanity may be doomed still yet to struggle and suffer under, and despite all the taunts and jeers and denunciations which may be dealt on the devoted heads of those who honestly and carefully study its true nature, the time must come when it will no longer be believed that men who have never read a single book on the subject, nor spent one day or hour in a lunatic asylum, are qualified to form

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[11] The Globe and Mail (Toronto), February 2, 1876.

a reliable opinion on obscure or doubtful causes.[12]

In many respects his attitudes and actions exemplified those of his medical confreres who also struggled to place the disease of insanity within the realm of scientific medicine. Others, like Workman, held optimistic views on the curability of the disease and they did not consider insanity to be a divine retribution for sin.

So until the end, when he died at the age of eighty-one in 1894, Joseph Workman endeavoured to extend the limits of his knowledge and promote the asylum as a place of reform.

Almost in the middle of Dr. Workman's regime at the Toronto Asylum, there occurred an historic event which had a significant influence upon the future of asylum care in Ontario. It was known as Confederation. On July 1, 1867, under the provisions of the British North America Act, the Dominion of Canada came into being and Ontario was named a separate province. All mental institutions thereafter were placed under the direct control of the provincial legislatures.

There are few Canadian historians who will dispute the argument that Confederation was not a highly emotional experience for Canadians, one which did not drastically change the life of the average Canadian of the time. Expressed in the words of Arthur R. M. Lower; "Confederation was arrived at thorough rational channels, not emotional ... Confederation was not made by emotional appeal and while there have been plenty of hot (but few lofty) passages in Canadian life since, it has been the common-sense tone which, with some prominent exceptions, has marked it."[13]

Lower goes on to describe Confederation as a "carpentry job" between governments and not people, in which different cultures,

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[12] The Hamilton Spectator, March 30, 1876 - No. 77.

[13] Arthur R. M. Lower, Canadians In The Making (Toronto: Longmans, Green & Co., 1958) pp. 289-290.

nationalities, geographic areas and political interests were fused for very practical, substantial reasons. For instance, Ontario saw definite advantages to a political union with the Maritimes because it allowed her direct access to eastern sea ports for the exportation of raw materials to Europe.

Confederation was the product of a vision of a few men such as Sir John A. Macdonald, the first Prime Minister. They planned the whole affair in a logical, modest and useful way. And this was to represent the basic nature of most Canadian institutions, not the least of which were the asylum programs. This trend towards logical thinking and well planned organization was indeed characteristic of the Ontario Asylum System after 1867.

Perhaps more than any other Province in the nineteenth century, Ontario set out to provide a comprehensive and responsible system of care to its dependent citizens. It was also the wealthiest, most progressive Province at Confederation. So in 1868, just one year after entering the Dominion of Canada, the Ontario Legislature passed "The Prison and Asylum Inspection Act."[14] Under the provisions of this Act an inspector for all asylums, hospitals, public charities, common gaols and reformatories was appointed. He was to visit and inspect each asylum at least three times a year; to frame by-laws subject to the approval of the Lieutenant-Governor-in-Council; to receive reports from the superintendents and bursars; and to report annually to the Legislature. This was an absolutely crucial piece of legislation for it helped to remove the countless abuses which had plagued similar institutions throughout North America.

Fortunately for the citizens of Ontario, the first man to fill the important post of Inspector of Asylums, Prisons and Public Charities was John Woodburn Langmuir. In him were combined the talents of a shrewd administrator and a wise humanitarian. He was especially gifted at obtaining money from the Ontario Government. In 1876, when Mr. Langmuir was asked to speak at the Annual Meeting

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[14] Statutes of Ontario, 31 Vict., Cap. 21, March 4, 1868.

of the Association of Medical Superintendents of American Institutions for the Insane, an honour usually reserved only for medical specialists, he proudly commented:

> From what I have heard of the organization and powers of your Boards of State Charities (American), I do not think that these Boards stand exactly in the same position as the Inspector in Ontario. I think the control and power of the inspector is more direct for instance, if I report a structural defect, and recommend that it be remedied, it is attended to immediately, provided the money has been previously voted by Parliament, which we have no difficulty in getting, when proper representation is made. The Province has already spent upwards of two million dollars in providing structural accomodation for her insane, and before we will have completed our additions to augment the accomodation of twenty-five hundred beds that amount will be increased to three million dollars .... I think I may state without exaggeration that the Province of Ontario is fully upto, if not in advance of most countries of the world in the care they take of their physical and mental defectives.[15]

In 1876, Mr. Langmuir had the authority over and the responsibility to inspect no less than 78 institutions in the Province of Ontario. In carrying out these duties he exercised careful but flexible supervision over the asylum superintendents. His reports to the Ontario Legislature were not merely factual; in them he often attempted to set forth his ideas and those of the medical superintendents' regarding the state of the art at the time. Mr. Langmuir endeavoured to ensure that the Ontario Asylums be as progressive as was possible, and he was a firm advocate of research into the causes of insanity, new methods of treatment and innovative administrative practices.

John Langmuir was deeply interested in the serious problem of overcrowding in the asylums. He helped to inaugurate the 'cottage system' for the care of the chronic insane, who clearly dominated the institutions of the era. Langmuir continually impressed upon "the Legislature the necessity of providing more extended accomodation for

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[15] "Annual Report of the Meeting of the Association of Medical Superintendents of American Institutions for the Insane", American Journal of Insanity, 1876-77, p.206.

the insane and he recommended the withdrawal of a part of the chronic cases from the larger Asylums, providing for their care in cheaper structures, where the cost of the State (would) be diminished, and their home comforts increased, (thus) retaining the large proportion of the beds in the Main Asylums for curable cases."[16]

In 1882, John Woodburn Langmuir retired from his position as Inspector after giving fourteen years of service to the Province of Ontario. He later turned his administrative talents in other directions. To him belongs the credit of establishing the Homewood Sanitarium in Guelph, in 1883, one of the Province's first private institutions for the mentally ill. Like Dr. Workman, this exceptional man has left behind him a wealth of writings regarding his personal views on insanity and on society in general at the time.

The period from 1850 to 1875 was generally one of extensive economic growth in Ontario. Spearheaded by the railway boom of the 1850s, Ontario experienced a moderate industrial revolution during this era. But the period did not begin on a note of prosperity. In the late 1840s there occurred a general world depression which struck at the financial heart of the world economy, London, England. A collapse in British prices had a devastating effect on the exporting industry in the British colonies. In 1846, when the depression was at its peak, Canadians were caught with a huge surplus of timber and wheat which was unsalable. To make matters worse, in the following year of 1847 thousands of Irish victims of the dreaded potato famine fled to British North America. As noted in the previous chapter, this wave of immigration brought with it unbelievable poverty disease and death.

By 1854 the scene had changed drastically. Then began the hey-day of the railway boom in which according to Arthur Lower, the English poured almost one hundred million dollars into British North American railway projects. The 1850s went down in history as the most prosperous decade of the nineteenth century for Canada.

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[16] Eighth Annual Report of the Inspector of Asylums, Prisons and Public Charities, For the Province of Ontario, for the year ending September 30, 1875.

The railway had some immediately recognizable effects on the Province of Ontario. Foremost, there was a tremendous increase in population during the railway building era. In 1851, the population of all British North America was 2,313,000.[17] In 1861, just ten years later the population had increased by nearly one million people to a figure of 3,174,000.[18] Ontario alone, accounted for one half of this increase; most of which was attributable to the thousands of immigrants who flocked to Canada in the 1850's to help build the railroads.

With the onset of the railway age and the influx of immigrants to the Province, the lands of Southern Ontario which were best suited for settlement and farming were rapidly claimed. So the period of 1850 to 1875 was characterized by intensive growth and consolidation of resources in the urban centres. From 1854 to about 1870, the urban economy was based mainly on the processing of agricultural materials. This was the era of the country market-town. After 1870, the impact of factory industry dominated in the urban centres. There was heavy industry which was directly related to the railway needs (ie. iron rails in Toronto, carshops in Hamilton and locomotive works in Kingston) and there also occurred a consequent growth of other industries in textiles, agricultural machinery, milling and food processing, iron ware, wood products, leather goods and countless others.

The old urban elite of the colonial era was displaced in the latter half of the nineteenth century by a new entrepreneurial middle class. And to support the industries of this powerful capitalistic class there developed, as in all industrial nations, a large urban working class. It was in the best interests of the industrialists to ensure that this urban working class remained employed and productive. It became crucial therefore, to distinguish those who were unable from those who were unwilling to work, that is, the deserving from the undeserving poor. Accordingly, institutional mechanisms were provided for the relief of the unable and the rehabilitation of the able.

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[17] Arthur R. Lower, Canadians In The Making (Toronto: Longmans, Green & Co., 1958), p. 259.

[18] Ibid.

In 1862, the City of Toronto incorporated the Toronto Female Industrial School, which was "designed for the education, maintenance and protection of young females and to encourage in them habits of honest industry."[19] From 1850 on, the Toronto House of Industry, the Orphan's Home, the Female Aid Society and the House of Providence were all active in Toronto.[20] The practice of gathering social dependents together into centres of confinement was extended to the poor. They were placed in institutions which following the English tradition were called variously a house of industry, a workhouse, an almshouse on a house of refuge. Whenever possible, the lunatic asylum was used particularly by court officials to house dependent classes of people. What mattered was not where the economically dependent were confined but the fact that they could not be allowed to remain a visible nuisance to society.

Throughout the period 1850 to 1875, the Province of Ontario surpassed all other provinces in Canada in its efforts to provide institutional care for its mentally ill. As illustrated in Table I, (P.66) the bed capacity of the Province in 1850 was 455 and by 1876, it had been augmented to just over 2,000.[21] At the close of the same year there were 1,812 cases in total in the lunatic hospitals of the Province.[22] Of these, 1,462 or 88 per cent were considered to be of a "chronic and incurable character."[23] Despite the efforts of the medical superintendents and the Inspector to promote the asylum as a place for rehabilitation, these institutions never really operated as such.

As shown throughout this chapter, the asylum expanded in popularity at a time when Ontario was just beginning to develop its

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[19] G.P. Glazebrook, The Story of Toronto (Toronto: University of Toronto Press, 1971), p.88.

[20] Ibid., p.89.

[21] Ninth Annual Report of the Inspector of Asylums, Prisons and Public Charities, For the Province of Ontario, for the year 1876

[22] Ibid.

[23] Ibid.

political and economic potential. In this context, it is understandable that a large, isolated institution like an insane asylum would be used by public authorities to serve political and economic priorities by filling it with persons who were economically unproductive. The lunatic hospital helped to maintain the social structure of the time by incarcerating people like the poor, the aged, the mentally retarded and the epileptics who could not fully contribute to a growing industrial nation.

Early in his career as medical superintendent at Toronto, Dr. Workman warned the Province that the asylum was quickly degenerating into a poorhouse. In 1860, he stated: "In the present hard times, no doubt the 'authorities' regard every person who has nothing to eat, as dangerous to be at large; and as the Asylum is known to be a good boarding house, they conclude that it cannot be turned to better purpose than of relieving themselves from the duty of supporting their poor."[24]

It would appear that the situation did not improve either with time or with increased facilities for the care of the insane. In 1876, Dr. Daniel Clark was appointed successor to Dr. Workman at the Toronto Asylum. Upon taking charge of the institution Dr. Clark was distressed by the overcrowded conditions of the Asylum. He also noted that of the 297 admissions for the year, over half were transfers from the gaols, "and that a large number of them were delivered into his care tied with ropes, and manacled with irons like savage beasts .... Several were brought in a dying condition, so helpless that it was found necessary to carry them into the wards, only to (have them) die a few days after admission."[25]

The medical superintendents lacked sufficient experience and scientific knowledge to foresee the outcome of their intended reforms.

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[24] Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto, 1860.

[25] Report of the Medical Superintendent, Asylum for the Insane, Toronto, 1876.

They responded to the overcrowding in their hospitals by demanding further accomodation for the insane. On the other hand, this was in many respects their only alternative because they did not have the power to regulate the admission process. So in 1876, still another institution was erected. It was known as the Asylum for the Insane, Hamilton.

## CHAPTER III

## THE ASYLUM FOR THE INSANE, HAMILTON, 1876

Despite the optimism of the reformers, the insane asylums of the nineteenth century in Ontario were limited to primarily custodial operations. The medical superintendents' emphasis on the actual location and architectural design of the asylum proved to be very useful to public officials who were seeking a place to confine large numbers of physically, economically and mentally disabled people. From the beginning, as we have seen the sturdy asylum structure did not fulfill its intended function as a curative asylum but rather it took on another role; that of confining classes of people whom society had deemed chronically dependent and a nuisance to the production-oriented world. The Hamilton Asylum which was opened for the reception of patients on March 17, 1876 was no exception.

The Hamilton Asylum was not initially intended for use as a lunatic hospital. It was born out of an effort to provide treatment to the inebriates of the Province. Some nine years before this institution was opened as an insane asylum, the Congregational Union of Canada presented a petition to the Legislative Assembly of Ontario requesting the establishment of an asylum for inebriates.[1] Parliament did not act upon this appeal and between July, 1872 and February, 1873, some fifty petitions for the erection of an inebriate asylum were signed by residents from all parts of the Province.[2] In response to the numerous demands for an inebriate hospital it was decided by the Provincial Government to procure a site and commence the erection of a building in the vicinity of Hamilton.

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[1] Henry Hurd, ed., The Institutional Care of the Insane in the United States and Canada (Baltimore: The John Hopkins Press, 1916-17), IV, 163.

[2] See: General Index of the Journals and Sessional Papers of the Legislative Assembly of Ontario, 1867-68 to 1888.

In the early 1870s when it was decided to build an inebriate asylum in Hamilton, the prohibition movements were in the adolescent stages of their development. They did not reach full maturity until the 1890s, at which time it was estimated that some forty thousand Ontarians belonged to such organizations as the Sons of Temperance, the Independent Order of Good Templars and the Woman's Christian Temperance Union.[3] Despite the wide support, the decision to convert the Hamilton Inebriate Asylum into an Asylum for the Insane rested partly on the fact that the temperance movements were not sufficiently powerful in the 1870s to convince the government to retain this institution for use as a hospital for inebriates. The Canada Temperance Act was not passed until 1879, and the most common complaint in reference to this Act was that it was nearly impossible to enforce.[4] In addition, the influential Inspector of Asylums, Mr. J. W. Langmuir, had been applying considerable pressure on the Ontario Government with respect to acquiring further facilities for the care of the insane. In his annual report to the Legislature in 1876, Langmuir stated that: "In my reports of the preceeding years, I have had occasion to draw attention to the increasing demand for Asylum accomodation for insane and idiotic persons, and in my last year's report I made recommendations for such provisions as would meet the immediate requirements of the Province in this respect. The part of my recommendations relating to the conversion of the Inebriate Asylum at Hamilton into an Asylum for the Insane ... has been carried into effect."[5]

Of the sites proposed for the location of an asylum, the one most favoured was on the brow of the escarpment overlooking the city of Hamilton. In all respects this location fulfilled the requirements of an acceptable asylum site, as outlined in the leading manual

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[3] Donald Swainson, ed., Oliver Mowat's Ontario (Toronto: Macmillan Co. of Canada, 1972), p.54

[4] Ibid., p.19

[5] Ninth Annual Report of the Inspector of Asylums, Prisons, and Public Charities, For the Province of Ontario, for the year ending September 30, 1876.

of the day "On the Construction, Organization and General Arrangements of Hospitals for the Insane".[6] The hospital itself, which was located on a 300 foot escarpment commanded a majestic view overlooking the picturesque valley below. The scenery was healthful and pleasant and fully conducive to a comfortable, rehabilitative atmosphere.

The asylum was located just two miles from the city of Hamilton. The close proximity to this large urban centre had many advantages, as in procuring supplies and obtaining domestic help and mechanical workmen.

The rural location of the asylum was advantageous to those such as the medical superintendents, who saw in the asylum a means to the cure of insanity. It was also an attractive solution to the legislatures of the day, who were confronted with the problems of confining large numbers of people for long periods of time. The functional qualities of the asylum for the medical superintendents can be easily stated. Successful treatment of the insane required that "they be removed from the community and placed among strangers in well-managed institutions".[7] Familiar scenes and associations were likely only to irritate the mental condition of the patient. A country location with ample grounds would isolate the patient from the instrusions of urban life; and the tranquil, natural, rural setting would help bring serenity and order into his otherwise chaotic life.

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[6] Dr. Thomas Kirkbride, (1809-1883), author of the above mentioned text included every detail of institutional design in his writings. The guidelines given in this book represented the most authoritative work on this subject in the later half of the 19th Century in North America.
David Rothman, The Discovery of the Asylum (Boston-Toronto: Little, Brown & Co., 1971), p.134.

[7] Gerald Grob, ed., Mental Illness and Social Policy, The American Experience (New York: Arno Press, 1973), p.25.

The nineteenth century lunatic asylum was, for the most part an insular, self-contained community. The rural setting made this possible; for these institutions possessed large amounts of land which were used for farming and gardening purposes, privacy, exercise, labour and occupation for the patients. All the proper ingredients for complete rehabilitative programs could be found within the confines of the asylum and its spacious grounds.

However, the asylum programs in nineteenth century Ontario were used mainly for the confinement of people who were considered unproductive by society, rather than for the treatment of patients with good prospects for recovery. But this did not discourage the use of isolated rural locations for asylum sites. These locations were ideal for legislatures and public officials charged with the responsibilities of removing dependent people from the mainstream of society. An asylum situated in the country could easily be filled up with such cases and no established community would be threatened by its nearness. Also, on a very practical note, land in the country was cheaper to purchase.

On humanitarian grounds, the legislatures could claim that the clean, well-ordered asylums situated in pleasant country surroundings added much to the relief and comfort of its dependent inmates. In contrast to the foul and primitive conditions of the local county jails, the asylums clearly offered these unfortunate persons a far more human alternative.

In compliance with the requirements for the location and size of an asylum site, ninety-three acres of land were purchased on the Hamilton escarpment in 1873 for the sum of $22,440. or $241. per acre.[8] In the following two years an asylum structure was erected at a cost of $22,225. and furnished for an additional cost of $10,000.[9]

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[8] Sixth Annual Report of the Inspector of Asylums, Prisons and Public Charities, For the Province of Ontario, for the year ending September 30, 1873.

[9] Ibid.

The structural design of the Hamilton Lunatic Asylum or the Hamilton Inebriate Asylum, as it was initially known, resembled in almost every detail other asylum edifices which were built in North America during the nineteenth century. Canadian institutions were modelled after the leading American asylums of the day. As early as 1836, Dr. Duncombe, in the report of the Commission mentioned earlier, "I highly approve of and hereby recommend the plan of an asylum for this province which is believed will combine all the advantages of the best institution in America. The general plan is, that of the Massachusett's lunatic hospital, at Worcester."[10] In fact, the Toronto Lunatic Asylum, which was built in 1850, did incorporate many of the features of the Worcester Asylum.

The following description of the Hamilton Asylum, 1879, typifies the common design which emerged in the 1800s and lasted virtually unaltered until the middle of the 1900s:

> The central portion of this building was designed by the late Mr. Kauffan, Architect, Toronto, in 1873 for an Inebriate Asylum, but was altered to a Lunatic Asylum in 1875, under the directions of the Public Works Department.
>
> The site, consisting of about 96 acres, is on a hill immediately south of the City of Hamilton and close to the limits, the distance from the City Hall being about two miles.
>
> The centre of the building consists of a basement, three storeys and mansard roof, the length being 180 feet and width 50 feet.
>
> The wings which were erected in 1877-78, recede from the front line of the main building and are 135 feet in length and 52 feet in width, four storeys in height including the basement and mansard, each storey being 12 feet in height, except basement and mansard which are 11 feet.
>
> The style adopted is modern Gothic; the basement throughout was constructed of stone procurred from the quarries on the grounds, ...
>
> The single apartments in the central portion are 14 feet long by 10 feet wide, and those in the wings are 12 feet long and 6 feet wide. The associated dormitories are in the mansard storey, being 4 in number, 40 feet in length by 14 feet wide.

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[10] Journal of House of Assembly of Upper Canada: Session 1836, Appendix, Vol. I, No. 30, p.3.

> Each ward has a dining and sitting room, with attendents' rooms, water-closets, bath and wash rooms, dust and clothes shafts, also lifts to dining rooms.
>
> There is a large dining-room, 56 feet by 47 feet, on the second floor of the rear addition for the patients in the main building.
>
> In the basement of the rear addition there is a kitchen with scullery, adjoining bakery, laundry, with lifts ...
>
> On the first floor there is a workroom, also the drying and ironing rooms, and in the second and third floors in the rear of the large dining-room and Amusement Hall, there are rooms for female attendants ....[11]

Despite the plain, factory-like appearance of the asylum structure, as can be seen from the above description, the institution was highly functional for the programs of the medical superintendents. First, the practice of confining all patients under one roof enabled the medical superintendent to visit each patient daily with relative ease, in much the same fashion as a medical doctor in a typical hospital setting. Work, recreation and daily living activities were less confusing to organize when all the patients were housed in one structure. The wings of the institution, where the inmates resided had a regular, uniform quality to them, which made possible the classification of patients into different sections. The bothersome and noisy were usually moved to the outside rooms and the calm and quiet to the inside.

From the outset, Ontario asylum physicians were forced to modify their plans. Serious overcrowding of chronically ill patients made classification and proper use of the institution impossible. Even before the Hamilton Asylum was put into operation, the Inspector of Asylums noted with alarm that: "Although the provision already made is large in comparison with our population and resources, yet it has always been below, rather than in advance of, our requirements. Consequently, cases of insanity, which if immediately treated might have been curable, have from lack of room been denied admission to an Asylum; from want of proper treatment have become chronic and incurable; and in many cases have become a life burden upon the State. These people are too late received as patients when all hope of cure is past;

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[11] Twelfth Annual Report of the Inspector of Asylums, Prisons and Public Charities, For the Province of Ontario, for the year ending Sept.,30, 1879.

and they form an annual residue of life residents who are filling up our Asylums, and crippling their curative resources."[12]

This misuse of the asylums had negative effects on the pratical application of psychiatric theory in the nineteenth century.

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[12] Eighth Annual Report of the Inspector of Asylums, Prisons and Public Charities, For the Province of Ontario, for the year ending September 30, 1875.

CHAPTER IV

## CONCEPTS OF INSANITY

Contrary to prevailing public attitudes, the medical superintendents of the nineteenth century were convinced that anyone could succumb to insanity and that persons afflicted with mental illness could exhibit a wide range of symptomatic behavior. One did not necessarily need to be a raving lunatic or an incompetent idiot to be considered a candidate for admission to a lunatic hospital. For moral and scientific reasons, diagnostic classifications and the etiology of the disease were carefully defined. Yet, circumstances beyond the control of the medical specialists prevented them from making full use of these conceptual developments.

There were three main categories of mental illness: mania, dementia, and melancholia which were further subdivided into chronic and acute states." Mania corresponded to extreme excitement, melancholia to depression and dementia to extreme cases where the mind seemed almost obliterated."[1] The official breakdown of the classifications for the first 100 transfers to Hamilton was mania (55), dementia (33), melancholia (9) and idiots or the retarded (3). The original certificates completed on these patients when they were admitted to the Toronto Asylum generally read acute mania or acute dementia. By the time these patients were transferred to Hamilton the diagnoses were almost universally chronic.

The medical superintendents found their attempts to classify patients constantly hampered by overcrowding. The ever-increasing number of chronic cases and inappropriate commitals (ie., aged, retarded and epileptic persons) hindered them in their efforts to establish a uniform system of classification which was considered crucial to the application of moral treatment.

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[1] Gerald Grob, The State and the mentally ill; a history of the Worcester State Hospital in Massachusetts, 1830-1920 (Chapel Hill: University of North Carolina Press, 1966), pp. 57-58.

In their attempts to provide a more humane and scientific approach to the treatment of insanity, the medical superintendents developed what they believed were useful diagnostic classifications. However, when placed into the hands of community physicians these technical terms became justifications for a host of inappropriate referrals to lunatic hospitals.

Under the provisions of "The Asylum Act"[2] of 1871, an individual could be admitted to a lunatic asylum if he was certified by three Medical Licentiates to be insane. In 1873, "An Act to Make Further Provision as to the Custody of Insane Persons"[3] altered the admission procedures established in 1871. After 1873, no person was to be received into an Asylum without certificates from three medical practitioners, their signatures each being verified by two witnesses. In addition, each doctor was to certify that he had examined the patient separately from the others; and, for the first time, the facts upon which he had formed his opinion were to be included in the certificate and to be distinguished from those which he had gained from other sources.

Given these restrictions, community physicians quickly learned the psychiatric jargon in order to better their chances of having a person commited to a mental institution. The most popular diagnosis assigned to supposedly insane persons by general physicians was 'mania'. It was a diagnosis which they connected with any form of excited or agitated behavior. It was also associated with violent or dangerous behavior which would lend to a more expedient admission. The following example was taken from a certificate filled out by a community physician in 1875. This man was considered to be suffering from "acute manical symptoms" and the evidence upon which the diagnosis was formed was that:

> In April, a short time after he had received an injury of the hand I first saw him; he was suffering with acute maniacal symptoms; since then I have seen him on the

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[2] Statutes of Ontario, 34Vict., Cap. 18, 1871.

[3] Statutes of Ontario, 36 Vict., Cap. 31, 1873.

> street frequently making remarks and saluting persons whether acquainted with them or not. In conversation he talks freely but is erratic; he blames his son for keeping from him a large sum of money; uses violent language in speaking of this son and of a friend that he thinks influenced the son.[4]

This particular man was admitted to the Hamilton Asylum in 1876 at 41 years of age. After four years of institutionalization he escaped to Quebec. Within a few months he returned to the Hamilton Asylum to visit old friends and staff. He was immediately discharged in good mental and bodily health.[5]

An environmental conception of the causes of insanity encouraged the asylum authorities to believe that institutional programs could provide a cure to the disease. Having located the causes of insanity in the social organizations of the day, medical superintendents were convinced "that a setting which eliminated the irritants could restore the insane to health."[6] Unfortunately, the more powerful public officials had alternative plans for these distinctive settings. As a result, the asylums were not used to rehabilitate the insane to the extent that they were employed to confine large numbers of social deviants.

It was to the British that the Ontario asylum physicians looked for their classification system of the causes of insanity. The forms used to list the causes in Ontario were the same as those adopted by the Commissioners of Lunacy in England. (See list of causes of insanity; Appendix, p.66).

At the top of the list were 'moral causes'. "Moral insanity was considered a disease that affected primarily the emotions and not the thought process or the intellect."[7] Much controversy was generated over this category particularly in criminal cases where the accused entered a plea of not guilty by reason of moral insanity.

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[4] Certificate of Insanity, Hamilton Asylum, Case No. 31, 1876

[5] Hamilton Asylum, Case No. 31, Case Book No. 1, pp 32-33

[6] David Rothman, The Discovery of the Asylum, (Toronto: Little, Brown & Co., 1971) p. 129.

[7] Gerald Grob, The State and the mentally ill; a history of the Worcester State Hospital in Massachusetts, 1830-1920 (Chapel Hill: University of North Carolina Press, 1966) p.58.

The most common moral causes noted in the early case files of the Hamilton Asylum included loss of relations, religious excitement, love disappointment, bad treatment from drunken and abusive relatives, overwork of the mind and nervous shock.

The next category, 'physical causes', was usually considered in conjunction with the category of moral causes as'exciting' or precipitating factors to the mental breakdown. Tables of physical causes listed somatic problems ranging from severe beatings, falls, sunstroke, fevers and exposure to disordered menstruation and sexual abuse (masturbation).

Hereditary and congenital causes of insanity which constituted the final categories in this list were thought to have been highly significant but without the added presence of predisposing moral and physical causes they were considered less likely to bring about mental illness.

For the medical specialists the exciting causes were the key to the problem of insanity. Inherent in these causes were criticisms of society. The advance of civilization was thought to have promoted excess ambition, intemperance to drink, family troubles, overwork and countless other problems which could precipitate a mental collapse. Obviously, the solution was to design new environments for the mentally afflicted where they could be isolated from the everyday tensions and chaos of society. With proper medical care, good food, plenty of exercise and most important, a kindly atmosphere, the insane could be reformed. But the prescription could not be fulfilled.

The asylum authorities viewed the insane as a special class of society's victims. However, courts and legislatures saw in the asylum structures convenient repositories for a wider range of social casualties. Repeatedly, the medical superintendents and inspectors referred to this latter group as the chronic insane or incurables. But, as has already been shown, a large proportion of these chronically labelled cases were aged, retarded, epileptic or destitute persons who were never appropriate clients for curative mental hospitals. Once admitted to an insane asylum these persons

were seldom welcomed back into the community. In 1897, Dr. Clark, Superintendent of the Toronto Asylum, reported that many patients

> have relations who are not friends and who hearlessly refuse to have anything to do with the convalescent insane. Few charitable institutions will take in those who have been thus afflicted. It is difficult for many to procure employment. We all know how difficult the public are to take these into their shops or houses, although pronounced by Medical Officers ... to be industrious and harmless.[8]

The rapid accumulation of chronically dependent cases seriously handicapped the medical superintendents in their efforts to transform their concepts of diagnosis and etiology into corresponding treatment programs. Consequently, programs were developed more to meet the needs of these large indigent populations, than to provide rehabilitative care to a few proper admissions.

## CHAPTER V

## THE FIRST ONE HUNDRED ADMISSIONS

Faced with large resident populations of chronically dependent cases, the asylum administrators of the nineteenth century were forced to give way to the necessities of a custodial operation. To a large extent, the class of patients who were first to fill the asylums in the 1840's, 1850's and 1860's determined the nature of care and treatment in Ontario for the succeeding century.

In 1876, the Province of Ontario had established no less than 86 public institutions for the care and confinement of deaf, blind, insane, criminal, unemployed, poor, aged, homeless, retarded and physically ill people. Obviously, there was a realization among the authorities of these institutions that a discrimination between the various types of illnesses and dependencies was necessary. Inspired by humanitarian, religious and scientific principles, they attempted to properly classify these groups and treat them accordingly. However, others such as court officials and to a large degree, the general public had not attained this same level of sophistication or concern. As a result there occured an unsystematic distribution of these unfortunate classes of people throughout the various welfare institutions. The insane asylums were particularly vulnerable to this practice of indiscriminate placement, partly because they had no direct control over the commitments from the gaols and partly because of the inherent difficulty in defining mental illness itself.

The asylum authorities had no effective control over admissions, since they were not given the authority to accept or reject persons committed by the courts. In 1876, 253 out of a total 468 admissions to all Provincial asylums were previously confined as prisoners in the gaols[1] and in 1877, there were 272 persons from the

[1] Inspector's Report, 1876.

gaols committed for asylum care out of a total 544 admissions.[2] Almost one-half of the admissions every year were commitments by the courts. All other persons who required institutional care, including those who were able to pay for their treatment were awarded admission after the gaols had been emptied of supposedly insane prisoners. Unfortunately, there was an annual residue each year of cases committed by the courts. The following chart shows the increase in both admissions and permanent residents in Ontario asylums for the years 1867 to 1877, inclusive.

TABLE II. YEARLY ADMISSIONS AND AVERAGE NUMBER OF PATIENTS, ONTARIO ASYLUMS, 1867 - 1877.

| YEAR | ADMISSIONS | AVERAGE NO. IN HOSPITAL |
|---|---|---|
| 1867 | 210 | 951 |
| 1868 | 210 | 992 |
| 1869 | 292 | 1,148 |
| 1870 | 280 | 1,200 |
| 1871 | 353 | 1,366 |
| 1872 | 351 | 1,489 |
| 1873 | 319 | 1,505 |
| 1874 | 323 | 1,599 |
| 1875 | 326 | 1,650 |
| 1876 | 468 | 1,812 |
| 1877 | 544 | 1,999 |

Source: Inspector's Report, 1877.

Annually, the lunatic hospitals retained a large proportion of their new admissions. The discharges in 1874 represented 57 per cent of the admissions and 11.50 per cent of the total population for that year.[3]

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[2] Ibid., 1877

[3] Inspector's Report, 1874

In 1877, the discharge rate had decreased to 41.50 per cent of the admissions and 9.50 per cent of the total population.[4]

Not only were the asylum administrators forced to accept all cases referred by the courts, but they were also faced with a class of patients from these admissions for whom moral treatment was inappropriate. Many of those persons who had formerly been confined to the jails had for many years been suffering from severe mental disorders. For them, the asylum had little to offer in terms of rehabilitation. At best, all the asylum authorities could do for this class of incurables was to make their stay as comfortable as possible.

However, it would appear that a large number of those committed to the asylums by the court were infact not chronically insane but chronically poor. Langmuir himself made note of this fact in his Eighth Annual Report to the Legislature, when he wrote:

> In addition to the relief given by the Municipalities, our Gaols are largely occupied by a class of vagrants and unfortunates who are committed for no offence save that they are homeless and destitute .... A considerable number of the uncriminal portion of these classes should have been provided for in some other way than by lodgment in Gaol. During the year there were also committed to the Gaols 323 persons as being insane and idiotic, a great number of whom were fitter subjects for a House of Refuge than an Asylum, and who, except in a few instances, should never have been sent to a Gaol.[5]

The constant increase in the number of patients from the classes just described by the Inspector of Asylums eventually made for a situation in which "admission to an asylum could only be obtained upon the occurrence of discharges or deaths." Yet the asylum authorities, as we have seen even in the early 1850's, were well aware that many of the commitments by the courts were persons who were often destitute, harmless paupers, rather than dangerous insane lunatics. Langmuir continually brought this serious matter

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[4] Inspector's Report, 1877.

[5] Inspector's Report, 1875.

to the attention of government officials with comments such as the following:

> While I am strongly opposed to the system, which pertains in some countries, of returning to their former residences or to poor-houses, the large and ever increasing residium of insane persons .... Not a few of this class could very well be cared for by relations, who are well able, and whose duty it is, to provide for their unfortunate kin, but who, sometimes in the most heartless manner, are continually seeking to have their burdens removed and placed upon the Province. Others are friendless and homeless poor, for whom it is difficult to make provision, unless the erection of Houses of Refuge, with wards set apart for cases of harmless dementia, is made compulsory upon Counties or groups of Counties. It is quite clear that unless the Province is prepared to go on adding to asylum accomodation from year to year to meet all demands upon it, a stricter scrutiny and more intelligent discrimination must be exercised in awarding admissions to our Asylums, in the future.[6]

Unlike other countries, such as the United States, Canada elected not to return many of its pauper lunatics back into the community. Gerald Grob, who has studied the history of the Worcester Asylum in Massachusetts noted that this institution "in February, 1842, ... released six private patients, sent five back to the jails or houses of correction, and returned to their places of residence an additional seven who were regarded as insane but not dangerous."[7] Instead, for humanitarian reasons the Ontario asylum authorities decided to retain many of their patients at the expense of denying treatment to more hopeful and appropriate cases. Rather than limit the admissions to proper cases for a curative institution, Langmuir continually impressed upon the Government the necessity for increasing the accomodations for the insane in Ontario. Despite Langmuir's success in obtaining

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[6] Inspector's Report, 1877

[7] Gerald Grob, The State and the mentally ill; a history of the Worcester State Hospital in Massachusetts, 1830-1920(Chapel Hill: University of North Carolina Press, 1966), p.86

additional facilities year after year, the conditions in the Ontario Asylums did not improve. In 1884, a survey of the four Provincial Asylums at Toronto, Hamilton, London and Kingston revealed that 820 out of a total patient population of 2,671 were persons who could safely be transferred to a county house of refuge, if such a place existed.[8]

The social and economic deprivation which was so common among the asylum admissions, was clearly evidenced in the first one hundred patients admitted to the Hamilton Asylum in 1876. In an effort to relieve the overflowing populations of the other asylums, some 100 patients were transferred from Toronto to Hamilton in the first seven months. (March 17, 1876 to September 30, 1876). This group, comprised of 46 males and 54 females represented approximately 5.6 per cent (N=1,812) of the total population in care in all Provincial Asylums in 1876, and about 7.1 per cent (N=1,462) of all cases that were considered to be a life-charge upon the Province.[9] The average length of hospitalization for this sample of 100 cases was 22 years or nearly one-quarter of a century, including stays in both the Toronto and Hamilton Asylums. Once committed to an insane asylum, the majority of cases were not discharged after a brief period of treatment but rather they became permanent inmates.

From an examination of the first 100 cases transferred to the Hamilton Asylum in 1876, the occupational categories found were labourers and servants (45), tradesmen and farmers (24), housewives (19), unemployed (6), professionals (4), and unknown (2). Between 1867 and 1877, the five largest occupational categories for all asylum admissions in Ontario were domestics (1,548), unemployed (1,313), farmers (1,227) labourers (1,128) and housekeepers (299).[10] The total number of admissions from 1867 to 1877

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[8] Inspector's Report, 1884.

[9] Inspector's Report, 1876

[10] Inspector's Report, 1877

inclusive was 7,108.[11] From this data it can be seen that the majority of cases came from lower, working-class backgrounds.

Wealthier families who could afford to pay for the confinement of their relatives were reluctant to send them to institutions which were predominatly occupied by pauper patients. There existed among the sample of the first 100 transfers to Hamilton only three paying patients. Out of a total 1,812 patients in care in Ontario Asylums in 1876, only 255 contributed financially to their support. The total amount collected from this class of patients was $21,275.93.[12] However, the cost of operating only the Asylum at Hamilton that year was $20,948.56.[13] Under no circumstances were the asylums ever self-supporting.

Ethnic and religious factors were associated with the economic poverty characteristic of this patient population. Of the first 100 cases admitted to Hamilton, only 29 per cent were native born. The remaining cases were mainly of British origin with the Irish accounting for 35 per cent. Of the 7,108 patients admitted to Provincial Asylums from 1876 to 1877, 30 per cent were of Irish descent.[14] (See Table III, Appendix, Page 68) According to the Inspector's Report for the Year 1880, out of 1,468 persons confined to all Houses of Refuge, 779 or about 55 per cent were from Irish backgrounds.[15] In the public mind, pauperism and lower-class habits were associated with being Irish Catholic. Naturally, the large number of Irish Catholics that were admitted to insane asylums did little to promote these institutions as progressive, middle-class hospitals.

In the United States, public attitudes toward Irish immigrants were equally, if not more hostile than in Canada. Gerald Grob

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[16] Gerald Grob, The State and the mentally ill; a history of the Worcester State Hospital in Massachusetts, 1830-1920 (Chapel Hill: University of North Carolina Press, 1966), p. 139.

[17] Case No. 47, Case Book No. 1, Asylum for the Insane, Hamilton, Ontario Provincial Archives.

[18] Report of the Medical Superintendent of the Asylum for the Insane, Toronto, 1897.

discovered that in the 1840's, "as the proportion of Irish patients at the (Worcester) hospital increased, public attitudes toward the mentally ill began to undergo a subtle transformation. Many Americans began to draw invidious distinctions between the native insane and the Irish insane. The former were still treated with compassion and sympathy; but the latter were the objects of a growing hostility."[16]

A review of the first 100 case files at the Hamilton Asylum revealed a generally condescending attitude on the part of the staff toward "foreign" pauper patients. One such case was described in 1885 as "constantly spitting, of dirty habits and very idle -- will sometimes strike other patients and uses bad language occasionally." Three years later the description read as follows: "Thin and miserable looking but in fair health. Does nothing and is dirty and untidy. Apparently too dull and stupid to converse."[17]

In many respects the asylums became 'dumping grounds' for individuals such as the aged and physically ill who were a hindrance to the economic business of society. Of the first 100 transfers to Hamilton in 1876, twelve were fifty years of age or older when originally admitted to the Toronto Asylum. Of these same 100 cases, thirty-two were fifty years of age or more at the time of transfer to Hamilton. The case records on these people typically stated that they were "rather feeble and unable to work."

By the late 1800's, the situation had not improved. In fact, in 1897, Dr. Clark, Superintendent at the Toronto Asylum reported that "many of the indigents were aged persons who could not be turned adrift to look out for themselves when they were physically unable to do a good day's work however mentally strong they might be."[18]

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[16] Gerald Grob, The State and the mentally ill; a history of the Worcester State Hospital in Massachusetts, 1830-1920 (Chapel Hill: University of North Carolina Press, 1966), p. 139.

[17] Case No. 47, Case Book No. 1, Asylum for the Insane, Hamilton, Ontario Provincial Archives.

[18] Report of the Medical Superintendent of the Asylum for the Insane, Toronto, 1897.

Not only were the asylums used as Houses of Refuge for geriatric patients who were economically dependent, but they were also employed for the confinement of physically incurable cases who could not support themselves. In 1880, The Inspector of Asylums discovered "that over one-third of the deaths were of patients who had been committed within the year, showing the unsatisfactory state of the physical as well as mental health of the patients in question."[19] Seventy-one out of the first one hundred admissions to Hamilton died during their stay in this institution. The majority of the other cases were transferred to alternative asylums, where they finished out their lives. It was stated that thirty out of the seventy-one deaths at Hamilton were caused by tuberculosis (17), cancer (5) and other chronic diseases (8).

The Ontario institutions were doomed to a custodial function from the beginning. Because of the failure of the medical superintendents to restrict the use of the asylum to the treatment of proper cases of insanity, they were forced to confine large numbers of people, of the classes just described, rather than cure them.

The medical superintendents had envisioned small or moderately sized institutions in which they could personally become acquainted with the needs of each patient. Yet, as the hospitals grew in size they became more and more alienated from their patients. Between the short time span from 1876 to 1880 the doctor-patient ratio at the Hamilton Asylum rose from 1:100 to 1:235. Consequently, physicians devoted less time to each case. The case files at Hamilton provide good evidence to support this finding. Physicians tended to enter statements about the patients covering a one year period. The remarks were usually cursory and superficial. The following is a typical case history of a man admitted to the Toronto Asylum in 1861, and transferred to Hamilton when it opened in 1876. On the

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[19] Inspector's Report, 1880.

admission certificate (1861) the 'supposed causes' for his illness were unknown. Under the heading of 'propensities and hallucinations', it was noted that "his wife said he was dangerous." His entire medical record from 1876 until his death in 1887, included:

Case No. 33, The Asylum For The Insane, Hamilton

| | |
|---|---|
| Reg. No. 33 | Age 68 __ Nat. of Scotland __ Resident of Co. Simcoe Methodist __ Transferred from Toronto Asylum Mar.23 1876 where he had been 15 yrs. 2 mths. 25 days. Dementia 1861 & 1876 ___ Quiet, harmless ___ says he owns all the Banks in America ___ |
| March 1st 1877 | ____ quiet & useful __ works in the basement and halls. |
| March 1st/78 | Quiet __ a useful man ___ no change. |
| April 8th/79 | Calls for his pay regularly each month at the Bursar's office & although does not get it he works regularly in cleaning the front steps and side walk __ |
| Jan. 31st 1880 | Still at his post ___ He is however rather feeble and will I fear be laid on the shelf before long. Does not talk about his riches quite so much. |
| May 2 of '82 | Becoming quite feeble. Has the same delusions. Does not clean the front stairs now but sweeps the basement floors. |
| Nov. 8. 82 | Is in good health. no change |
| April 18th 1883 | Remains unimproved mentally & of good habits. |
| Nov. 10th 1883 | No change mentally; general health failing. |
| Feb .26th 1884 | ___still known as Prince; owns all the banks, railroads, etc. in the country but always ready to ask the smallest favor in any way. Physical ___ rather feeble health. |
| June 9th 1884 | No change to report in ____ |
| Dec. 1st 1884 | Is a healthy looking old man, delights in being called Prince, is cleanly in habits, mentally he remains the same as before. |

July 2 1885 — No notable change to report.

Dec. 29, 1885 — Does a little work in the morning sweeping the floor and is vigorous for his age, has the same delusions.

July 20, 1886 — Is getting feeble but still does some sweeping.

Jan. 24 1887 — Continued to work well till about a fort-night ago when he gave up work and also smoking, would eat but little though given extra diet. Asked to be

Died Feb./87 — allowed to stay in bed but did not take to it till today. Is growing feeble and has been in bed for several days. Heart is weak and irregular, has

Senile Decay — failed ...

From the above example it can be seen that the remarks were generally restricted to brief outward descriptions of the patient's behaviour. No attempt was made to give a dynamic formulation of the case, and only unusual events such as physical illness, acts of violence, escapes or death were given more detailed descriptions.

For the majority of patients, treatment consisted mainly of ensuring that they were kept as comfortable and manageable as possible. Custody rather than rehabilitation was the focus. The task of managing large numbers of lower-class, or indigent patients required that the asylums operate on well structured, consistent schedules. At the Hamilton Asylum, patients were expected to rise at six a.m. every morning; breakfast hour was from seven until eight a.m. and for the most part, the remainder of the day was devoted to employment about the asylum.

Female patients were occupied in tasks of cleaning, preparing and serving the food, washing, ironing and sewing the clothes. The males worked about the asylum cleaning, and assisting the carpenter, gardener, and engineer. For those who were physically able, there was work on the farm and in the quarry.

About 70 per cent of the first 100 admissions to Hamilton in 1876 were able to undertake some form of work at the Asylum. This

per centage was higher than in most institutions because the patients that had been selected for transfer to Hamilton were chosen for their good work habits. In 1879, the Inspector of Asylums reported that "one-third of the Asylum populations are employed about the Institutions in some way or another."[20]

Evidently, as the hospitals increased in size, work was assigned more to meet the needs of the hospital than the needs of the patients. Without the assistance of the patients many asylums could not have operated. Unfortunately, there were often too few jobs for too many residents. For those who did locate work at the asylum, life was generally more meaningful. One such individual who spent thirty-six years of his life in a lunatic asylum was described by his doctors as a happy, trustworthy person and without whose efforts the asylum "could hardly function." In 1878, his case file read:

> Helps in the kitchen and in getting the meals up to the dining rooms -- Has a deep interest in the construction of the new buildings and consults with the contractor with regard to improvements which he thinks could be of benefit-- Some of his ideas are very good and would seem to show that he has a practical knowledge of machinery --.[21]

Despite their usefulness, individuals such as the above were permanent fixtures in the lunatic institutions. Isolated from the mainstream of society, they quickly became totally reliant on the asylum for all their needs. Hence, the asylums have been labelled "total institutions."[22]

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[20] Inspector's Report, 1879

[21] The Asylum for the Insane, Hamilton, 1878, Case No.64, Case Book No. 1, p.67., Ont. Prov. Archives.

[22] "A total institution may be defined as a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life." Erving Goffman, Asylums (Chicago: Aldine Publishing Co.,1961), p.xii.

Within these restrictive environments, the inmates suffered a drastic increase in their states of dependency. The net result was the production of a vast number of chronically institutionalized beings who were neither willing nor prepared to be released into the wider society.

The case files gave minimal information regarding the degree to which the patients were socially isolated prior to admission. Forty-seven out of the first 100 admissions to Hamilton were married at the time of their original commitments to the Toronto Asylum. Of these, eight were widows. However, the low frequency of contact between friends and relatives and the patients indicated that this class of unfortuantes were generally without community supports. Only thirty-seven case files gave any record of contact between family, friends and the patients. The communications between the family and patients usually took the form of letters which were carefully saved in the patients' files by the medical superintendent. Typical of that era, all correspondence was addressed to the medical superintendent rather than directly to the patients. Any messages between relatives and patients were relayed through the medical superintendent in order to avert unnecessary disturbance of the patients' mental conditions. Less than twenty per cent of the cases showed six or more contacts between the relatives and the patient during the patient's entire stay (average 22 years) in the asylum. Although the medical superintendents encouraged relatives to visit the asylum, there was little evidence in the records to indicate the frequency of this practice, except in a few cases' and of the four patients who were eventually discharged from the asylum, two were returned after a brief period because they were causing an excess burden on their supporting relatives.

Needless to say, the courts and legislatures consistently justified using the asylums for the purpose of confining both economically and socially dependent persons on the grounds that these institutions were more humane than the alternative jails or workhouses.

## CHAPTER VI

## ADMINISTRATION

The asylum administrators of the nineteenth century were caught in a cruel dilemna. Their personal goals were to make the asylums places of reform and rehabilitation for mentally ill persons. Flexible administration which permitted the consideration of the needs of individual patients was required to achieve this aim. On the other hand, courts, legislatures and the general public insisted that the asylums also operate to protect society from the nuisance of unproductive persons. To meet this demand, the asylum authorities were expected to exercise firm and rigid control over the asylum inmates. From the outset, the Ontario administrators struggled to maintain a balance between their ideals of treatment and the demands of society for the incarceration of deviant persons. The restricted social frame in which these administrators operated contributed significantly to the dominance of the custodial function.

The birth of the asylum in North America belongs to the nineteenth century. Its founders believed that only institutionalization combined with considerate care was the answer to the cure of mental illness. Edward Jarvis, a leading American asylum superintendent declared in 1838 that "hospitals are the proper places for the insane ... and the cure and care of the insane belong to proper institutions."[1] With this doctrine in mind, the main emphasis in treating the insane was placed on building asylums rather than refining the administration of them. The medical superintendents and the Inspector of Asylums continually drew attention to the increasing demand for asylum accomodation in the Province of Ontario. At that point in time, these men were more humanitarians than scientists. They continued to erect facilities for the insane hoping that eventually they would be in advance of their requirements. Unfortunately, society had no problem in keeping the asylums

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[1] David Rothman, The Discovery of the Asylum (Toronto: Little, Brown & Co., 1971), p.137.

full, if not with mentally ill persons, then with a variety of physically and economically disabled people. In retrospect, it does not seem unusual that these medical pioneers did not anticipate the negative consequences of their progressive ideas. For it is only through the lessons of history that we are able to see the faults of their operations.

Despite their intentions, the medical superintendents assumed an administrative framework which was conducive to a custodial operation. Even the title 'medical superintendent' reflected the vast range of responsibilities of these formative administrators. They were both head medical officer and chief administrator in their respective institutions. Almost every detail of hospital operation was considered an appropriate subject for their consideration. Generally, these administrators were energetic, versatile and highly intelligent individuals who unfortunately had little previous administrative experience. They were truly pioneers in a medical as well as an administrative sense. Psychiatry was a new field of medical practice and apart from acquiring training as an assistant physician in an asylum, there were no other avenues open for special education in this area. Asylum administration also lacked historical roots in North America. The practice of confining large numbers of people under one roof for long periods of time was a novel experience for North Americans in the nineteenth century. Here too, there were few models available from which to copy.

Virtually all the responsibilities for the administration of the asylum fell into the hands of the medical superintendent. A bursar was provided to act as a treasurer and accountant and assistant physicians aided in the medical treatment of patients, but it was to the medical superintendent that all staff looked for direct guidance. When the institutions were small (250 patients or less) it was feasible for the medical superintendent to effectively administer all aspects of the asylum operation. As the asylums increased in size

the task became impossible. Often, from necessity, the superintendent's time was monopolized by administrative obligations and attention to the individual patients was given a secondary priority.

Dr. Richard Maurice Bucke (1837 - 1902) became the first medical superintendent at the Hamilton Asylum when it opened in 1876. Like many of his contemporaries, this appointment marked his first experience as both a psychiatrist and an asylum administrator. Dr. Bucke served only one year at Hamilton and in 1877, he assumed the position of medical superintendent at the London Asylum, a post which he held until his sudden death in 1902. It would be a herculean task to attempt to do justice to this extraordinary individual in such a short presentation. In late years, he has been the subject of several biographies in which he has been heralded as one of the outstanding Canadians of his era. His story exemplifies the devoted, progressive and humanitarian qualities which characterized so many of the medical superintendents of the time.

Bucke can not be credited with the discovery of moral treatment but he carried the concept into practice further than anyone else before him. "His main therapeutic accomplishments were the reduction and eventual elimination of the use of alcohol in the treatment of patients, the removal of restraint, provision of occupation so that 90 per cent of the patients were healthily employed and also the introduction of female attendants on the male wards."[2] Bucke discussed the results of his new programs in the annual reports of 1884:

> During the past fifteen months we have not used any mechanical restraint or seclusion of any kind whatever;... I have been as much surprised as anyone else can be at the success we have had in carrying it out. It is not simply that we have disused mechanical restraint and seclusion, but we have revolutionized at the same time the whole morale of the institution, the disuse of restraint and seclusion being only a small part of the

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[2]Cyril Greenland, "The Compleat Psychiatrist", Canadian Psychiatric Association Journal, Vol. 17 (1972), p.75.

> revolution. The central element in the change to which I refer is undoubtedly the employment of the patients. It is this far more than anything else that has enabled us to do without restraint.[3]

Undoubtedly, men like Bucke were not mediocre individuals; for the most part, these first psychiatrists were great men who accepted the challenge of curing the insane in a most innovative and responsible fashion. Yet, their personal dedication and achievements were alone, not sufficient to offset the wider social forces which led to the defeat of many moral treatment programs.

Shortly after taking charge at the Hamilton Asylum, Bucke wrote in a letter to a friend that "work here here has been hard, much harder than I had anticipated but it will get easier after a time when the staff is organized and each one knows his or her work and knows that he or she has to do it."[4] Indeed, one of the major problems faced by the asylum administrators in the 1800's was the lack of well trained, dedicated staff. In many respects, staffing problems are still very much prevalent in this modern era of psychiatry, but unlike then, this whole area of administration is now the focus of much scientific inquiry.

As the resident population continued to rise, authorities were forced to delegate many of their former responsibilities to attendants. This situation added immensely to the deterioration of the moral treatment ethic in the asylum. Generally, these attendants were young, inexperienced individuals who did not consider their employment to be a professional vocation. It was simply a job and one which did not pay well.

In 1880, there were 474 patients in residence at the Hamilton Asylum. Twenty-five attendants were employed to care for

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[3] Report of the Medical Superintendent, Asylum for the Insane, London, 1884.

[4] Letter from R.M. Bucke to Harry Buxton Forman, May 20, 1876, Ontario Provincial Archives.

this large group.[5] They were required to live at the Asylum and they received a salary of $10.00 per month. In comparison, a cook earned about $16.00 per month.[6]

The conditions under which these staff persons worked were harsh. The hours were long, they were often required to restrain dangerous persons without the aid of modern day medications and the rules for staff conduct were rigid. "A Handbook For Attendants" was issued in 1880 by Dr. Clark, Superintendent at the Toronto Asylum. An excerpt from this document illustrates the authoritative attitude of the administration toward the staff:

> Fussiness, continual talk and a scolding tongue are intolerable nuisances in the words of an Asylum. Sulky conduct, a frowning face, and a threatening attitude are equally out of place. The cheerful countenance, kindly disposition, and good temper, are indispensable in a good attendant. The less ornamentation of person, especially among the female attendants, the better. To be neat and tasty in dress is one thing, and to be dressed up for show is quite another.[7]

The dilemna between providing moral treatment and custodial care was reflected in the approach of the administrators toward the staff. The rapid growth of the asylums forced the administrators to place greater reliance upon the attendants but because of the inexperience of these staff, strict controls were necessary to prevent abuses in the treatment programs. Annually, numerous staff were discharged for reasons ranging from general inefficiency, disorderly conduct and drunkeness to striking a patient and attempted seduction.[8]

Yet, the staff were also caught in a dilemna. The growth of the asylums led to a greater emphasis on control and order. Management of large numbers of people became the prevailing task. Coercive power was necessary to ensure order in the institutions. Also, as the asylums lost their privilege of selecting inmates they were forced

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[6] Records Book, Asylum For The Insane, Hamilton, 1876.

[7] "Handbook for Attendants," Report of the Medical Superintendent of the Asylum for the Insane, Toronto.(Toronto: Queen's Printer, 1880).

[8] Record Book, Asylum for the Insane, Hamilton, 1876-1900, Ontario Provincial Archives.

to rely on their own methods for teaching patients proper rules of conduct and behavior within the institution. Etzioni clarifies this point with the statement that "if the organization has to accept every individual who wishes to join or is referred, it has to turn to socialization to produce the desired characteristics."[9] The custodial mental institutions were forced to adopt stricter and more formal mechanisms as a means of socializing the inmates to the structure of asylum life. Naturally, hositlities toward patients would develop in such coercive atmospheres.

Some attempts were made in the last two decades of the 1800's to train the attendants in an effort to improve the quality of care in the asylums. Here again, society indicated its preference for a custodial operation rather than a reform institution. Asylum administrators were unable to acquire extra funds from the legislatures to pay for better qualified staff. The prevailing low rate of wages created a consistently high turnover in staff each year. The superintendent at the Toronto Asylum stated in 1903 that he had "endeavoured for three years to carry to a successful issue a training school, but the changes were so many that it was found for the time being to be impracticable."[10] Even the employees of the Central Prison and the Mercer Reformatory received higher wages than the asylum attendants.[11]

On the surface, the concepts of moral treatment remained the same throughout the nineteenth century. However, unforseen obstacles prevented the medical pioneers from implementing many of their ideas within the institutions.

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[9] Amitai Etzioni, A comparative analysis of complex organizations: On power involvement, and their correlates (New York: Free Press of Glencoe, 1961), p. 158.

[10] Report of the Medical Superintendent of the Asylum for the Insane, Toronto, 1903

[11] Ibid.

## SUMMARY

The focus of this research report has been the historical development of the custodial asylum in nineteenth century Ontario. The aim of the study was to support the hypothesis that: Despite the asylum's ineffectiveness as a therapeutic institution, it was supported and perpetuated because it had proven itself to be an effective and sanctioned mechanism for the confinement of economically and socially dependent persons in nineteenth century Ontario. Public documents such as the reports of the Inspector of Asylums and the medical superintendents, along with the case records on the first one hundred admissions to the Asylum for the Insane, Hamilton, in 1876 were used as primary data sources. The analysis of the case file material was limited to descriptive statistical procedures which involved assigning each case to a category (for example male or female; admission by certificate or warrant) or a value of a continuous variable (for example length of stay in asylum). Both the historical documents and the case files were searched for evidence which indicated that the function of the custodial asylum was a reflection of society's preference to incarcerate economically and socially unproductive persons as opposed to rehabilitating the mentally ill.

The historical development of the custodial asylum was traced from its inception in the "Colonial Era" (1820-1850) up until the close of the nineteenth century, where most of the files on the first admissions to the Hamilton Asylum ended.

The findings revealed that the insane asylums did not function as autonomous units, in which the medical superintendents were free to regulate admissions and institute "moral"treatment programs . The reform ideals of the asylum superintendents were never fully realized. From the outset, their hospitals were dominated by cases which did not belong in curative insane asylums. documentary reports and the case files showed that the majority of commitments to insane asylums in

the nineteenth century were lower class citizens with few economic and social resources. Amongst this group were found large numbers of aged, indigent, physically ill, and alienated people.

The sturdy walls and isolated locations of the asylums had proven useful to public authorities who were charged with the responsibility of ridding society of these economically valueless and burdensome individuals. At a time when Ontario was just beginning to develop its political and economic resources, it required such a mechanism for removing those from society who could not contribute to the progress.

The asylum superintendents were pioneers in a medical and administrative way. Their inexperience and lack of scientific knowledge in these areas left them highly vulnerable to the demands of a society who associated insanity with criminal and immoral behavior. The asylum physicians were constantly fixed in an unfortunate dilemma. They sought to make the asylums places of care and treatment for the mentally ill, whereas more powerful groups such as the courts and legislatures worked to keep the asylum operating on a custodial basis.

A study of this kind can be useful in highlighting the complexities involved in man's past attempts to solve longstanding social problems, like the care of the mentally ill. For the present, it is equally important to understand why we have directed ourselves toward non-institutional answers to the same problems.

# APPENDIX

TABLE I

Asylum Growth In Ontario 1850 - 1876

| Year | Institution | | Bed Capacity |
|---|---|---|---|
| 1850 | Toronto Asylum established | | 455 |
| 1856 | University Branch | | 75 |
| 1859 | Malden Branch | | 235 |
| 1861 | Orillia Branch | | 120 |
| 1867 | Kingston Asylum occupied by 118 patients, whose maintenance after Confederation became a charge upon Ontario | | 118 |
| 1867 | TOTAL | | 1,003 |
| 1868 | Arrangement with Dominion Government for additional 150 beds in Kingston Asylum. | | 150 |
| 1869 | East Wing Toronto | | 100 |
| 1870 | West Wing Toronto | | 100 |
| 1870 | Additional space at Kingston | | 100 |
| 1870 | London Asylum established | | 540 |
| 1871 | Branch Asylum for idiots at London Asylum opened. | | 36 |
| 1873 | Cottages for chronic insane London. | | 60 |
| 1876 | Hamilton Asylum established | | 200 |
| 1876 | Orillia Asylum For Idiots re-opened. | | 150 |
| | | | 2,439 |
| Deduct | University Branch abandoned in 1869. | 430 | |
| | Orillia Asylum abandoned in 1870, but re-opened. | 120 | |
| | Malden Asylum abandoned in 1870. | 235- | 430 |
| | Total Asylum accommodation 30th September, 1876 | | 2,009 |

Source: Ninth Annual Report of the Inspector of Asylums, Prisons, and Public Charities for The Province of Ontario For The Year Ending 30th Sept. 1876.

## LIST OF CAUSES OF INSANITY, 1877

MORAL

Domestic trouble, including loss of relatives or friends
Religious excitement
Adverse circumstances (including business troubles)
Love affairs (including seduction)
Mental Anxiety, "worry"
Fright and nervous shock

PHYSICAL

Intemperance in drink
do sexual
Venereal disease
Self abuse (sexual)
Overwork
Sunstroke
Accident or injury
Pregnancy
Puerperal
Lactation
Puberty and change of life
Uterine disorders
Brain disease, with general Paralysis
do with Epilepsy
Other forms of brain disease
Other bodily diseases or disorders, including old age
Fevers

HEREDITARY

With other ascertained cause in combination
With other combined cause not ascertained

CONGENITAL

With other ascertained cause in combination
With other combined cause not ascertained
Unknown

SOURCE: *Tenth Annual Report of the Inspector of Asylums, Prisons and Public Charities, for the Province of Ontario, for the year ending September 30, 1877.

TABLE III

National Origin of Patients Admitted to Provincial Asylum: 1867-1877

| | |
|---|---|
| CANADIAN | 2,420 |
| IRISH | 2,220 |
| ENGLISH | 1,083 |
| SCOTCH | 931 |
| U.S.A. | 152 |
| OTHER | 322 |
| TOTAL | 7,108 |

SOURCE: INSPECTORS REPORT, 1877

## BIBLIOGRAPHY

### Books


ARMSTRONG, F.H. STEVENSON, H.A. and Wilson J.D. ed., Aspects of nineteenth-century Ontario. Toronto: University of Toronto Press, 1974.

CAMPBELL, MARJORIE F. A Mountain and a City: The Story of Hamilton. Toronto: McClelland and Stewart, 1966.

CRAIG, G.M. ed. Lord Durham's Report. Toronto: McClelland and Stewart, 1963.

DAIN, NORMAN. Concepts of Insanity in the United States, 1789-1865. New Jersey: Rutgers University Press, 1964.

DEUTSCH, ALBERT. The Mentally in America. New York: The Commonwealth Fund, 1940.

ELLENBERGER, HENRIE F. The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry. New York: Basic Books, Inc., Publishers, 1970.

ETZIONI, AMITAI. A comparative analysis of complex organizations on power, involvement, and their correlates. New York: Free Press of Glencoe, 1961.

FINK, DEAN. Life in Upper Canada, 1781-1841. Toronto: McClelland and Stewart, 1971.

GLAZEBROOK, G.P. The Story of Toronto. Toronto: Macmillan Co. of Canada, 1972.

GOFFMAN, ERVING. Asylums. Chicago: Aldine Publishing Co., 1961.

GROB, GERALD. ed. Mental Illness and Social Policy, The American Experience. New York: Columbia University Press, 1962.

GROB, GERALD. The State and the mentally ill; a history of the Worcester State Hospital in Massachusetts, 1830-1920. Chapel Hill: University of North Carolina Press, 1966.

HOWELLS, JOHN G. World History of Psychiatry. New York: Brunner/ Mazel Publishes, 1975.

HURD, HENRY M. ed. The Institutional Care of the Insane in the United States and Canada. Baltimore, Md.: The Johns Hopkins Press, 1916-17. 4 vols.

LOWER, ARTHUR R.M. Canadians in The Making. Toronto: Longmans, Green and Co., 1958.

LOWER, ARTHUR R.M. Colony to Nation: A History of Canada. Toronto: Logmans Canada Ltd., 1971.

NIE, NORMAN. Statistical Package for the Social Sciences. New York: McGraw Hill, 1970. Sub-program CODEBOOK; sub-program CONDESCRIPTIVE.

ONTARIO DEPARTMENT OF HEALTH, HOSPITALS DIVISION. The Hospitals of Ontario, a Short History. Compiled by A. A. Allan Toronto: King's Printer, 1934.

ROSEN, GEORGE. Madness in Society. New York: Harper and Row Publishers, 1968.

ROTHMAN, DAVID J. The Discovery of the Asylum. Boston - Toronto: Little, Brown and Co., 1971.

SWAINSON, DONALD. ed. Oliver Mowat's Ontario. Toronto: Macmillan of Canada, 1972.

TUKE, DANIEL H. The Insane in the United States and Canada. London: n.p., 1885

ZILBOORG, GREGORY. A History of Medical Psychology. New York: W.W. Norton & Co. Inc., 1969.

PUBLIC DOCUMENTS

Journals of the House of Assembly of Upper Canada, 1830-1840

General Index to the Journals of the House of Assembly of Upper Canada, 1825-40. Montreal: King's Printer, 1848.

Journals of the Legislative Assembly of the Province of Canada, 1841-1861.

Statutes of Upper Canada, 1830-1839.

Statutes of Canada, 1853.

Consolidated Statutes for Upper Canada, 1859.

Consolidated Statutes of the Province of Canada, 1859.

Statutes of Ontario, 1867-1948.

Revised Statutes of Ontario 1877, 1887, 1897.

ONTARIO.DEPARTMENT OF HEALTH, HOSPITALS DIVISION. Annual Report upon the Ontario Hospitals for the Mentally Ill, Mentally Defective, Epileptic and Habituate Patients, 1867-1948. Toronto: King's Printer, 1868-1949.
Title of this report varies. Earlier ones read: Annual Report of the Inspector of Prisons and Public Charities Upon the Asylums for the Insane.

ONTARIO. Inspector's Reports, 1867-1930.
These are contained in the Annual Reports of the Inspector of Prisons and Public Charities.

ONTARIO. Reports of the Medical Superintendent, 1842-1900.
Up to 1867, these are contained in the Journals of the Legislative Assembly of the Province of Canada. From 1867 on, they are contained in the Annual Reports of the Inspector of Prisons and Public Charities, later the Annual Reports of the Hospitals Division, Department of Health.

## ARTICLES

GREENLAND, CYRIL. "The Compleat Psychiatrist," Canadian Psychiatric Association Journal, Vol. 17, 1972.

GREENLAND, CYRIL. "Three Pioneers of Canadian Psychiatry", Journal of American Medical Association, Vol. 200 (June 5,1967), pp. 833-842.

GREENLAND, CYRIL. "Richard Maurice Bucke, M.D.," Canadian Psychiatric Association Journal, 1966, pp. 146-154.

MEYER, ALOLF. "Development of American Psychiatry", Journal of American Psychiatric Association, (Sept. 1966), pp. 320-332.

RICHMAN, A. "Long Stay Patients In Canadian Mental Hospitals," Canadian Medical Association Journal, 1966.

RYAN, E. "The Development of the Ontario Hospitals," Ontario Journal of Neuro-Psychiatry. (May 1908), pp. 6-15.

SCHNECK, J. " An Historical Outline of Psychiatric Non-Restraint," Journal of Diseases and of the Nervous System, 1962.

WORKMAN, J. " A Description of the Pestilent Condition of the Toronto Lunatic Asylum in 1853," Sanitary Journal, Vol. II, No. 1 (January 1876), pp. 1-6.

## MISCELLANEOUS

The Hamilton Spectator, Hamilton, January 6 to September 30, 1876.

Price, Gifford. "A History of the Ontario Hospital, Toronto," Toronto: School of Social Work, University of Toronto, 1950 unpublished M.S.W. Thesis.