MAD CHILDREN

Stories of Youth in Canadian Insane Asylums, 1880-1930

Kira Aislinn Smith

A DISSERTATION SUBMITTED TO
THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF
DOCTOR OF PHILOSOPHY

GRADUATE PROGRAM IN CRITICAL DISABILITY STUDIES
YORK UNIVERSITY
TORONTO, ONTARIO

June 2024

Abstract

Mad Children stories the lived experiences of youth who were placed in Canadian insane asylums from 1880 to 1930. The author uses archival materials and creative writing to move away from the medical model of understanding mad histories towards a focus on the children institutionalized across Canada. The author begins with an interrogation of the land the asylums were built on to engage with the settler colonial foundations of Canadian insane asylums. This chapter immediately situates the history of asylums within the displacement of Indigenous people and colonization. Additionally, this archival project is situated in a decades long call to do mad histories differently in a way that centres the experiences of the people held within the institutional walls. In situating the historiography and archival materials related to mad history, the author positions the use of blended writing to tell different kinds of stories.

The stories that make up the bulk of the chapters come from archival records of children from British Columbia, Manitoba, Ontario, and Prince Edward Island. Each chapter focuses on different elements that influence the lives of children within these facilities. The first story situates the reader in the development of eugenics, child psychiatry and wellbeing, and moral therapy. From there, the author details two different encounters with the forces that deported asylum inmates, the influence of anti-Asian rhetoric, the impact of settler colonialism, the interconnection with juvenile delinquency, what children thought of their surroundings, and the formulation of girlhood in the context of empire. In telling specific stories in their wider context, the author weaves in moments of discussion about other children who share similarities to the stories.

Ultimately, the author reveals the consequences of systems that placed children in asylums and imagines what these encounters may have looked like for different inmates. As she moves through the stories, the author reveals not only how kids resisted and complied with colonial treatments of madness, but also, she argues that institutionalization is never the appropriate choice when considering how to care for people, especially children.

Acknowledgements

It is said that doing a dissertation is an exercise in resilience rather than brilliance. While I am endlessly proud of making it to the end, it required a lot of self-discipline, and most significantly, a community of people. Without the support of mentors, friends, and family, this dissertation would not be possible. To be honest, life itself would not be possible without the people and creatures that surround me. From those who played more hands-on functions and those who helped maintain what sliver of sanity I possess—this dissertation is dedicated to them. This dissertation is also dedicated to Ana, Pebbles, and Cleo, whose soft purrs and disruptive behaviours gave me pause when I needed it the most.

I begin my thanks with Dr. Geoffrey Reaume, my supervisor. Since day one Geoffrey has been supportive of everything. He's looked at almost everything I have written since starting my Ph.D., and he was always there to uplift my work. I am endlessly grateful to have had a supervisor who was committed to fostering a safe and encouraging environment. I aspire to be like Geoffrey in his kindness. To my committee members, Dr. Eva C. Karpinski and Dr. Megan J. Davies, who are both great critical thinkers and supportive individuals, I am grateful you both agreed to be part of this process. Eva's insight and grasp on a wide variety of theories, and her commitment to anti-colonialism and anti-racism pushed me to engage more deeply with these approaches. With Megan, I am constantly reminded to remain true to my principles and confident in my work. Megan's generosity and kindness extended into additional opportunities that have brought me a lot of joy. To the three of you, thank you for all your efforts to uplift me and encourage me through this process. I could not have asked for a better group of people. Finally, thank you to my externals, Dr. Tamara Myers and Dr. Molly Ladd-Taylor for agreeing to be part of this journey on its last stretch. I appreciated that both of you continued to foster a supportive and encouraging environment that my committee started. A special thank you to Dr. nancy viva halifax davis, Collette Murray, and Amanda Furlano for all your administrative work in this process.

Various parts of this dissertation also received hands on support from several editors of various backgrounds. For many chapters, Dr. Keith O'Regan was the first person to read a draft (when it was not my mum). Keith's feedback while always encouraging helped me to see patterns in my writing that make me a better author and editor. It is the result of Dr. Jon Sufrin's encouragement that I even considered doing the Writing Café for doctoral students and met Keith. Jon has also been instrumental in my writing. Thanks to him, I have a better grasp on grammar and how to work with it—although it remains imperfect.

To the many writing groups that kept me going, but especially the company of David Dyer Lawson, nancy viva halifax davis, Annie Cole, and Scott White on Monday mornings. This start to the week kept me grounded in my own work, I am ever appreciative and grateful for the space we all made for each other. I'm equally grateful for the people who continue to mentor me and offer me advise: Dr. James Miller, Dr. John C. Walsh, and Dr. David Dean. As committee members on my first academic foray into fiction for my master's, your wisdom and support continuously uplift me.

I have been blessed with two life partners who bring me so much joy—Caitlin Hart and Andrew Taber. Caitlin, my partner in drink and all things fun. I'm glad I was able to get over my shyness to finally discover that the greatest gift of moving to Ottawa was finding you. Our scheduled Fridays bring joy to my life in a consistent way that I so desperately need—almost as desperately as discovering that we collectively make the best pie. To Andrew, who would have thought at a conference I would meet someone who would take me by surprise. As my partner, I

am grateful for the endless amount of listening you do, but I am also endlessly grateful for the amount of time we spent playing games, traveling, and doing anything other than talking about my dissertation. Each of these stories are richer and better fleshed out from Andrew's invaluable feedback. Thank you for always being there for me and reminding me that everything is more than alright.

Friends have supported me in endless ways; from reminding me to take breaks, or in listening to me think out loud, I am grateful to each one. Jen Halsall has done me the great pleasure of reminding me to have fun. I have enjoyed both our adventures and our time watching reality television. Alicia Haniford has been great company while co-working, but even better company on our excursions to local markets. To my Toronto friends and program colleagues who made my first year of the Ph.D. survivable: Emily, Nick, Waqar, Cindy, Sammy-Jo, David, Anne, Patricia, and Tammy. An additional thank you is needed for Nick MacPherson and Meghan Smith who fuel me with delicious craft beer and food, and Waqar Muhammad who always shows up. Finally, a special thank you to my long-time friend, Connor Buott, who unintentionally forced a due date for my dissertation. Thank you for this, your friendship, and your ability to make me laugh—even when not intended.

Lastly, to my family. I write always for my mother, Ailsa, who taught me a strong sense of self and care for others around me. I am ever grateful for her help with my dissertation as one of my first readers, but I am more grateful to call her, my mother. I have come to learn in my adulthood that I have been truly blessed to have a mother I am most proud of and most loved by. She is endlessly supportive of my work, and asides from Andrew, has listened to me the most think through my ideas as I write. Thank you for being my number one supporter and biggest fan. She also gifted me with a brother, Isaac, whose company I am constantly grateful for. He's grown to be a bright young man whose always had a good moral compass. I've appreciated living in the same city as Isaac while doing my doctorate, as he reminds me to say grounded and encourages me to continue the good climb. Thank you for being a thoughtful and wonderful brother. In a moment of surprise, the years of my Ph.D. also brought me another sibling, Kris. Thank you for thinking what I do is cool and reminding me to be proud of my accomplishments through your unbridled excitement. To my grandmother, Carol, and my aunt, Steph, who have been part of my circle of women (to borrow from Lisa See), I am grateful to have you in my life and for all the encouragement and support you both offer me. Finally, I have been blessed with in-laws that in addition to being wonderful people, take a great interest in my academic pursuits. A special thank you to Joanne, Brian, and Marlene for making me feel at home among your family. Having my family at my thesis defence was a true gift as a first-generation scholar. Thank you for being there and celebrating with me.

Finally, thank you to all the places and people who have funded my dissertation research including the Joseph-Armand Bombardier CGS Doctoral Scholarship in honour of Nelson Mandela from the Social Sciences and Humanities Research Council, the Hewton and Griffin Funding from the Friends of the CAMH Archives, and the many scholarships from York University, including the Pierre Elliott Trudeau Fellowship. This funding provided me with financial stability and facilitated my archival research across Canada. Without these funds, this project could have never manifested.

To all of you, thank you for being part of my Ph.D. journey. I look forward to many more years together.

Table of Contents

List of Figures

Prologue: An Invitation & Orientation

I have gotten, on occasion, too close to the materials I study.
I am the materials I study.

I've taken photos with an unsupported camera,
The motion photos saved a record of the shaking of my hands.

I have cried in the archive."

- Matthew James Weigel, *List of Rules I Have Broken in the Archive* (2022)

The stories that unfold in this dissertation at times are deeply personal and emotional. I have sought to connect the experiences of individual children to wider forces, which pushed and pulled their lives in different directions. However, make no mistake, these children exercised agency in many ways. While they were unable to prevent the things that happened to them, children were at times willing participants or active agitators. They made choices and experienced an array of emotions while institutionalized.

Their stories are theirs, but I am embedded in the pages as a witness to their incarceration. I bring myself into the research and while I do not claim any true friendship in the way we imagine, these kids elicited a wide range of emotions in their afterlife. These emotions are part of the stories—emotions belonging to the children, to me, to the authors of their case files, to their families, and to the imagination.[1]

I offer glimpses into their experiences that are deeply personal, and I have done my best to protect their identities by not sharing all available information about them and giving them pseudonyms. However, if I am going to claim that their stories are now bound up in me in a meaningful way, I think it is only fair to share some of my own story. I chose to write about

[1] I have explored the connection of imagination, empathy, and fiction writing on the process of writing a novella called *The Red Chair*, see: Kira A. Smith, "Using Fiction to Tell Mad Stories: A Journey into Historical Imagination and Empathy," *Rethinking History* 26, 3 (2022): 392-419.

children who were placed in insane asylums not only because it has been overlooked, but because madness is a part of my lived experience as a child and adult.

I first came to history not because of my madness, but because of my lack of family history. Sure, my maternal grandparents were English, my paternal grandmother a long-time Newfie settler… but I knew nothing of their pasts. Further to this, I knew nothing of my paternal grandfather who was shrouded in lies, myths, and family secrets. Rumours that he was dead, rumours that he was Indigenous and my nanny's family rife with racism—although the racist part is unfortunately true, and perhaps new rumours begin with the meeting of my secret half-sibling who took a DNA test and discovered a very different ancestry. The question of who I was on a much larger scale was never answered in a way I was satisfied with as a child. History offered a place to explore connections to something bigger than me.

This was the void I sought to fill at first. My whiteness afforded me the privilege to explore without harm and with lots of options. While I certainly encountered sexist stereotypes and violence against women, I never had to worry about the lack of representation of my people's history—especially since the bits I do know are British. So, this is where I started. I sought stories of women because I was raised in a small, working-class family, with a pattern of men abandoning their children. In the stories of women, I found strength and home. From discovering the movie *Elizabeth*, and the *Dear Diaries* series, my love for history was foregrounded in historical fiction. I fell in love with how people storied Lady Jane Grey, the nine-day queen. I lugged all the Colleen McCullough books I could from the library to our apartment. I fell deeply into the worlds that Philippa Gregory painted on the pages of her books.

At the same time, I wrote. I wrote a false legend of how the parrot came to be with Keelin and I wrote a spinoff of *Warriors* with my friend Tessa. I wrote in the margins of my notebooks, on the backs of tests, and on paper that said, "LEAVE BLANK." I could not help myself; I wrote constantly. I enjoyed imagining the unknown and inviting new worlds. As a result, when I reached high school and they offered a fiction writing class, I thought now was my time to bring writing and history together. I quickly realized the constraints of the course. I would never have the time to complete enough research to satisfy my desire to both fictionalized and write something I could say was historically true—whatever that meant to my teenage self.

My dream of writing historical fiction faded away and I entered university. I learned the traditional practices of a historian and had an undergraduate advisor who really pushed my academic abilities in ways I will be forever grateful for. In the final stages of my undergrad, I found myself applying to museum studies at the University of Toronto and considering alternative programs in Public History. I thought I would go to Toronto. I celebrated when I got in, but there was something that pulled me to public history.

It was in the Public History program at Carleton that I realized I could truly and finally bring together my love for historical fiction and my own historical practice. It was there I wrote my first novella. It was there I found the kind of history I wanted to write. The kind of history to which I was drawn. It was there I truly became a historian. Not by virtue of qualifications but by virtue of defining what it meant to me. I found my craft, as I sought to bring together both what I learned from my undergrad advisor and from public history.

Public history is about the ways people engage with the past, the preservation of the past, and how it is represented in public forums.[2] I approach the discipline from a standpoint of radical public history, which was recently defined in an edited collection as future oriented public history that is explicitly committed to social justice and engaged in the creation of inclusive historical materials. This approach prioritizes "social networks, political goals, practices, and habits of the mind" in order to reshape how the profession is understood.[3] Blended writing is my approach to creating socially engaged and connected work that understands the relevance of the past to today.

Examples of this radical public history when it comes to madness include both *Madness Canada* and *The Eugenics Archive*. Madness Canada is a unique collection of archived materials, teaching resources, and research creations that relate to the history of madness and the mad movement in Canada. The website is deliberately positioned with questions of social justice and using history to inform the present and future.[4] The *Eugenics Archive,* a collaborative archive allows user to see social connections between ideas and people, and scroll through a eugenics timeline, has an element of activism through their expressed goals of being actively involved in community organizations of people who have been silenced and forgotten, and their concern for the legacies of eugenics in social policies today.[5]

Both these projects utilize history in a public forum to share their respective underwritten histories and impact current thinking around policies and social justice concerns. Moreover, both

[2] David Dean, *A Companion to Public History* (Hoboken, New Jersey: Wiley Blackwell, 2018): 2.
[3] Denise D. Meringolo, "Introduction: Social Justice and Public History: The Networks, Goals, and Practices That Shaped Our Noble Dream," in Radical Roots: Public History & a Tradition of Social Justice Activism, edited by Denise D. Meringolo (Amherst: Amherst College Press, 2021): 2-5.
[4] "About Us," *Madness Canada*, accessed July 15, 2020.
[5] "About the Project," *The Eugenics Archive,* accessed July 15, 2020.

these digital curations allow people to easily access the content they are looking for.[6] Users can consult one resource instead of several with materials available from several collections, making it more accessible. This kind of curation allows for open and uncoerced dialogue for the visitor.[7] They are able to engage in the conversations and histories on their own terms and are not forced to take particular pathways to understanding the implications of these histories. In particular, *Madness Canada*, as a teaching resource, can open up open ended dialogue for people to come to a consensus together on the significance of the materials presented. As radical public history projects continue to explore the interconnection between mad history and public history, this dissertation is a space that actively engages social justice through my interpretation of the past as it relates to current mental health treatment.

Navigating Mad Children

In the pages to come, I use what I call blended writing—a mix of the traditional and non-traditional. Through this rendering of history, I ask you to imagine history on your own terms, but to always remember that when we read, research, and write history, we have a duty to the past to be respectful, compassionate, and humble towards those who once occupied the land we are all now on. I ask that you read with openness but not without skepticism. That you think about stories, how they are told, and how I am telling one today.

This history is partial. These stories are incomplete. I wander in the archives of the past and use my own madness as a guide. I do not know what happened exactly, and I will

[6] Bill Adair, Benjamin Filene, and Laura Koloski (eds.), *Letting Go? Sharing Historical Authority in a User-Generated World* (Philadelphia, PA: The Pew Centre for Arts and Heritage, 2010): 19.
[7] David Miller, "Deliberative Democracy and Social Choice," in *Debating Deliberative Democracy*, edited by James S. Fishkin and Peter Laslett (Malden: Blackwell Publishing, 2003): 183.

never know. You too will never know, but I hope that we can fumble together. In the silences of history, may we find possibility and understanding.

It is also critical to note that my dissertation is an offering in a specific moment in time. It is representative of the time it was made, the madness I encountered, and the life I have lived. It is based on the sources available to me, the rabbit holes I fell down, and the sources that were preserved. I have attempted to capture many themes, ideas, and materials in an effort to better understand the experience of children and teens admitted into psychiatric hospitals from 1880-1930. It is representative of time constraints, funding constraints, and the need to make difficult choices.

Ultimately, this dissertation is for anyone interested in learning about histories of madness, childhood, disability, or creative storytelling. How you read the book is completely up to you. Of course, it always is, but consider this a formal invitation to read out of order, to skip chapters that bore you, to re-read the ones that confound you, and to write in the margins of the pages that we often think need to remain pristine. If you are so compelled, burn this book. It is yours now—physically or digitally. You will make your own meaning out of the words I have written.

Before you engage with different chapters of this dissertation, let me offer you a road map. The first chapter, *The Soil Remembers* begins the story by weaving together the colonial history of the development of the insane asylums that make up this study, and my research at the archives that hold the records of these facilities. It offers what I have called a meaningful land acknowledgement that puts knowledge in service of understanding the impacts of settler colonialism and a shared place for reimagining a new pathway forward. In the following chapter, *Storying Madness* I share my relationship to relevant historiography and mad archival

materials. These two elements produce the context in which blended writing is then discussed as one potential antidote to the dominance of the biomedical model approach to the histories of madness.

The rest of the chapters (aside from the conclusion) are stories of children who entered different institutions at different times. We begin with Harry's story that situates the development of moral therapy and eugenics as fundamental shifts that informed the care of children in asylums. While institutionalized, Harry was the only child on the ward and would experience the use of restraints for his behaviours. Beginning in 1916, Eileen was institutionalized for over a decade before she was deported to Wales as an adult. Interestingly, work served as a vehicle for her to be kept at the Toronto Asylum and when she was deemed no longer able to do this work, she was deported. Similar to Eileen, Fen was a Chinese boy who was deported after his admission; however, he only spent a few days at the asylum and was quickly deported for being double deviant—Chinese and mad. We then turn to Mary, an Indigenous girl who experienced both the asylum and residential school. While her parents made efforts to bring her home, the Indian Agent forbade her release, and she would shortly die of tuberculosis. Her story is bound up in racist colonial practices that sought the elimination of Indigenous people in Canada. The final story is about Betty. Her story is filled with deviance against living a life along gendered norm. Betty was institutionalized for daring to dream of a life beyond what was on offer. Her only crime was wanting to be an actress instead of a good imperial girl transformed into a prairie mother.

While this dissertation focuses on the stories of five children, with anecdotes from others, these five children were chosen out of 439 case files. I started this process with the belief that I would be lucky to get 200 case children's files across all the institutions of this

study: Essondale Hospital, New Westminster Insane Asylum, Brandon Asylum, Selkirk Asylum, the Toronto Asylum, and Falconwood Hospital.[8] Ultimately, the number of case files reflects an oversight in the historiography and the failure to account for children living in asylums, which will be corrected over time and is currently being corrected by a handful of scholars and activists.[9]

A Note on Mad Studies and its Relationship to Public History

In writing this dissertation, I take an explicitly mad studies approach. Canadian Scholar, Richard A. Ingram was credited with coining the term mad studies; however, he situates its development to several scholars and individuals living in Vancouver and Toronto who were part of the mad movement, and who provided the context for mad studies.[10] The mad movement, or the mental patients' liberation movement emerged from the resistance of people who had experienced psychiatric treatment and spoke out against it, and with radical professionals who critiqued medical approaches to mental illness during the civil rights era.[11] Mad studies is a continuation of this activism by posing challenges to the traditional institutional and biological focus of medical histories, which have ignored the expertise and experiences of people who are subjected to psychiatric treatment.

[8] Admittedly, I also wanted to include Quebec but due to the overwhelming discovery of files in English Canada, this will have to wait for my next project.
[9] The largest body of work on children's experiences in institutions has been around *The Huronia Regional Centre*. This includes: Madeline Burghardt, *Broken: Institutions, Families and the Construction of Intellectual Disability* (Montreal: McGill-Queen's University Press, 2018); Kate Rossiter and Jen Rinaldi, *Institutional Violence and Disability: Punishing Conditions* (New York: Routledge, 2018); Thelma Wheatley, *And Neither Have I Wings to Fly:" Labelled and Locked Up in Canada's Institution* (Toronto: Inanna Publications and Education Inc, 2013); and Katherine Maye Viscardis, *The History and Legacy of the 'Orillia Asylum for Idiots:' Children's Experiences of Institutional Violence* (Trent University: Ph.D. Dissertation, 2020).
[10] Richard Ingram, "Doing Mad Studies: Making (Non)Sense Together," *Intersectionalities: A Global Journal of Social Work Analysis* 5, 3 (2016): 11–17.
[11] Mel Starkman, "The Movement," in *Mad Matters: A Critical Reader in Canadian Mad Studies, edited by* Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume (Toronto: Canadian Scholars Press, 2013): 28.

Mad studies can be defined as "a project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy-centred ways of thinking, behaving, relating, and being."[12] This quote comes from an anthology *Mad Matters,* which brought together an interdisciplinary discussion on madness. This edited collection marked an important milestone in the efforts of Mad Studies to foster critical inquiry across Canada.[13] New research on madness can be situated in the field of mad studies, which provides a space for social action and theorizing on psychiatric oppression.[14]

For example, mad studies invite public history impulses to understand the role of history in society today. Geoffrey Reaume argues for the need to understand the history of mental illness and psychiatry and notes its relation to the current inequalities and understandings of mental health and its care.[15] I wish to build on this in my own work by elaborating on its social and political relevance. In my case, mental illness is less about madness with psychiatric intervention, and more about adopting and conforming to sanist and ableist ideals of citizenship.[16] Mad studies helps shape my argument that madness exists on a spectrum of human

[12] Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, "Introducing Mad Studies," in *Mad Matters: A Critical Reader in Canadian Mad Studies, edited by* Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume (Toronto: Canadian Scholars Press, 2013): 13.
[13] Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume, *Mad Matters.*
[14] Rachel Gorman, and Brenda A. LeFrançois, "Mad Studies," in *The Routledge International Handbook of Critical Mental Health*, edited by Bruce M. Z. Cohen (London: Routledge, 2017): 107-108.
[15] Geoffrey Reaume, "Keep Your Labels Off My Mind! Or 'Now I Am Going to Pretend I Am Craze but Don't Be a Bit Alarmed:' Psychiatric History from the Patients' Perspectives," *Canadian Bulletin of Medical History* 11 (1994): 387–424.
[16] Fiona Campbell, *Contours of Ableism: The Production of Disability and Abledness* (Springer, 2009): 162; Michael L. Perlin, "Sanism and the Law," *AMA Journal of Ethics* 15, no. 10 (October 1, 2013): 878–85; Sonia Meerai, Idil Abdillahi, and Jennifer Poole, "An Introduction to Anti-Black Sanism," *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice* 5, no. 3 (December 29, 2016): 18–35; Michel Prince, *Absent Citizens: Disability Politics and Policy in Canada* (Toronto: University of Toronto Press, 2009); and Valentina Capurri, *Not Good Enough for Canada: Canadian Public Discourse around issues of Inadmissibility for Potential Immigrants with Diseases and/or Disabilities, 1902-2002* (Toronto: University of Toronto Press, 2020).

experiences that have been unjustly stigmatized. The aim is to contribute to the unsettling of the dominant understandings of mental illness.[17]

I see this as possible by speaking to people affectively, which might activate their interest in the subject matters.[18] For example, in learning about how people experienced asylums, and extending that to how people currently experience psychiatric harm, I believe it is through emotions people can connect to the past and make those connections to present-day harm. The activation may vary in size, however, the initial dialogue that sparks those connections is impactful. The first time I read Thelma Wheatley's book, I was drawn to ideas around the role of empathy in research and public consumption. The past felt very much present. I could feel the horror of being in the institution, and the personal actions of resistance people took to survive.[19] It encouraged me to think differently about how I engaged in the writing of history.

To further push back on the biomedical and binary emphasis on the mind, I use the term bodymind to move away from the distinction of the mind and body as separate entities that operate on their own. The term has been taken up by disability activists, but also, it is rooted in Indigenous thinking that does not operate on this dualist approach but rather emphasizes the interconnection and relation of the bodymind. The use of bodymind is also rooted in material feminists who explored this in relation to mad studies and later disability studies.[20]

---

[17] Sarah N. Snyder, Kendra-Ann Pitt, Fady Shanouda, Jijian Voronka, Jenna Reid, and Danielle Landry, "Unlearning through Mad Studies: Disruptive Pedagogical Praxis," *Curriculum Inquiry* 49, no. 4 (2019): p. 486.
[18] Elizabeth Miller, Edward Little and Steven High, *Going Public: The Art of Participatory Practice* (Vancouver: University of British Columbia Press, 2017): 17.
[19] Thelma Wheatley, "*And Neither Have I Wings to Fly:" Labelled and Locked Up in Canada's Institution* (Toronto: Inanna Publications and Education Inc, 2013).
[20] See: Shayda Kafai, *Crip Kinship: The Disability Justice & Art Activism of Sins Invalid* (Vancouver: Arsenal Pulp Press, 2021); Sheila Batacharya, and Yuk-Lin Renita Wong, *Sharing Breath: Embodied Learning and Decolonization* (Athabasca: AU Press, 2018); and Margaret Price, "The Bodymind Problem and the Possibilities of Pain," *Hypatia* 30, 1 (2015): 268-284.

I am also conscious of the ethical dilemmas of writing mad history—particularly the challenges of voyeurism when it comes to mad people.[21] Representing madness can become sentimentalized, acting as emotional tourism.[22] In telling the pasts of people who were institutionalized runs the risk of reproducing similar feelings of the past towards mental wellbeing today. However, there is an element of voyeurism that is inevitable in history. Peering into the past comes with the unavoidable intrusion and prying of the historical record to reveal the lives and experiences of people.[23] Additionally, voyeurism itself in the history of madness has been studied with work done on nineteenth century asylum touring by Janet Miron. Despite individual motivations for touring institutions, voyeurism has always been present in the lives of mad folks.[24] Therefore in practicing mad public history, the combination of mad history and public history, it is important to consider the implications of ethics.[25]

For example, museums are able to use history to explore and challenge ideas of psychiatry with people who might resist contemporary critiques. It begins the conversation within a realm that is more familiar and may engage visitors to understand issues they typically

---

[21] Laurajane Smith, "Changing Views? Emotional Intelligence, Registers of Engagement, and the Museum Visit" in *Museums and the Past,* edited by Viviane Gosselin, and Phaedra Livingstone (Vancouver: University of British Columbia Press, 2016): 103-104.

[22] Lisa Taylor, Umwali Sollange, and Marie-Jolie Rwigema, "The Ethics of Learning from Rwandan Survivor Communities: Critical Reflexivity and the Politics of Knowledge Production in Genocide Education," in *Beyond Testimony and Trauma,* edited by Steven High (Vancouver: University of British Columbia Press, 2015): 107.

[23] Janet Miron, "'Open to the Public:' Touring Ontario Asylums in the Nineteenth Century," in M*ental Health and Canadian Society: Historical Perspectives,* edited by James E. Moran, and David Wright (Montreal: McGill-Queen's Press, 2006): 36.

[24] Janet Miron, *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century* (Toronto: University of Toronto Press, 2011); and Janet Miron, "'Open to the Public:' Touring Ontario Asylums in the Nineteenth Century," 19-48.

[25] To read more on ethics and mad history/mad studies, see: Geoffrey Reaume, "Posthumous Exploitation? The Ethics of Researching, Writing, and Being Accountable as a Disability History," in *Untold Stories: A Canadian Disability History Reader*, edited by Roy Hanes, Nancy E. Hansen, Diane Driedger (Toronto: Canadian Scholars, 2018): 26-39; Brenda LeFrancois, and Jijian Voronka, "Mad Epistemologies and Maddening the Ethics of Knowledge Production," in *Unravelling Research: The Ethics and Politics of Research in the Social* Sciences, edited by Teresa Mascías (Halifax: Fernwood Publishing, 2022): 105-130; nancy viva davis halifax, David Fancy, Jen Rinaldi, Kate Rossiter, and Alex Tigchelaar, "Recounting Huronia Faithfully: Attenuating Our Methodology to the "Fabulation" of Truths-Telling," *Cultural Studies <-> Critical Methodologies* 18, 2 (2018): 216-227; and Catherine Coleborne, *Why Talk About Madness?* (New York: Palgrave MacMillan, 2020).

feel ill-equipped to discuss.[26] The post-modern museum approach is concerned with the public good, and psychiatric survivors is one of those publics it should form a relationship with.[27] Exhibits on the topic of psychiatry play an important role in how we remember psychiatry and experiences of mental illness, which ultimately informs practices today.[28] However, depictions of mental disabilities are not always straightforward in their capacity to play a role in changing public knowledge and discourse about disability, as exhibits can reinforce problematic assumptions about mental illness.[29]

When this gets applied outside museums, however, I wonder how to balance the goals of set forth by museum studies and the need to subvert any kind of voyeurism that is made possible with the personal stories of institutionalized people. I think we can explore employing empathy in the research process to help use the source materials differently. We can begin to imagine how using the materials differently can connect to recreating the past another way and how we can connect it to the future.[30] Perhaps we can create narratives that engage with people who are uninterested in traditional historical writing.[31] In doing so, we can use the source materials as a starting point to create personal and direct relationships to the past.[32]

---

[26] Manon Parry, "abNormal: Bodies in medicine and Culture" in *Curatorial Dreams: Critics Imagine Exhibitions*, edited by Shelley Ruth Butler, and Erica T. Lehrer, (Montreal: McGill-Queen's University Press, 2016): 254-255.
[27] Viviane Gosselin, and Phaedra Livingstone "Introduction," in *Museums and the Past: Constructing Historical Consciousness* edited by Viviane Gosselin, and Phaedra Livingstone (Vancouver: University of British Columbia Press, 2016): 9.
[28] Dolly MacKinnon and Catherine Coleborne, "Seeing and Not Seeing Psychiatry," in Exhibiting Madness in Museums: Remembering Psychiatry Through Collection and Display, *edited by Catherine Colborne and Dolly MacKinnon (*York: Routledge, 2011): 4
[29] For a further conversation on this, see: Lauren Obermark, and Madaline Walter, "Mad Women on Display: Practices of Public Rhetoric at the Glore Psychiatric Museum," Reflections 14, 1 (2014): 58–80.
[30] Michael Frisch quoted in *Beyond Testimony and Trauma: Oral History in the Aftermath of Mass Violence*, edited by High, Steven (Vancouver: University of British Columbia Press, 2015): 67.
[31] John C. Walsh, "Becoming a Center: Public History, Assembly, and State Formation in Canada's Capital City, 1880–1939," in *A Companion to Public History*, edited by David Dean (Wiley Blackwell, 2018): 134.
[32] Silke Arnold-de Simine, *Mediating Memory in Museums: Trauma, Empathy, Nostalgia* (New York: Palgrave Macmillan, 2013): 120.

Regardless, while I do think we run the risk of reproducing some forms of voyeurism between the history and the process of history-making, it remains critical to think of how mad history can be shared empathetically and compassionately. It reminds me of Persimmon Blackbridge who worked with Sheila Gilhooly on *Still Sane.* This artwork and accompanied writing detailing the three years Sheila was institutionalized for being a lesbian. The artists describe it as an uneasy show that displays defiance and survival.[33] The point I want to make about voyeurism is that Blackbridge said that the project was done at a time when the distance between mad people and others needed to be brought together. Art acted as a means to know, inform, and learn about psychiatric oppressions. Unlike now, she cites the voyeurism in present day culture.[34] While art acts as creative resistance to ableism and to advance disability rights through production and agency, it can reinforce the space between "us and them."[35]

In the pages to come, like the poem at the start of this chapter, I have broken many unspoken rules of the archive. The experience researching children who were placed in insane asylums was a deeply emotional experience. From laughter to horror, the case files were wide ranging in the stories that unfolded. Nevertheless, these files have shown me the historical beginning point for the abolition of carceral mental health practices that have long been embedded in Canadian practice and policy. I invite you to read with an interest an history and stories, but also, with the knowledge that children today experience forced institutionalization and carceral practices that share commonalities with what Harry, Eileen, Fen, Mary, and Betty all experienced.[36] Mental health institutions were and continue to be seeped in the rhetoric of

[33] Persimmon Blackbridge and Sheila Gilhooly, *Still Sane* (Vancouver: Press Gang Publishers, 1985).
[34] Madness Canada, "Blackbridge," *YouTube,* 111 minutes, February 5, 2019, unlisted.
[35] Jeffrey Preston, "Battle Lines Drawn: Creative Resistance to Ableism through Online Media," in *Mobilizing Metaphor: Art, Culture, and Disability Activism in Canada,* edited by Christine Kelly, and Michael Orsini (Vancouver: University of British Columbia Press, 2016): 162.
[36] Involuntary psychiatric admissions are governed by provincial regulations. For the sake of brevity, I will explain what this looks in in Ontario. Under the *Mental Health Act,* a person can be admitted involuntarily to a hospital

care and compassion but in reality, offered limited means for this. Instead, asylums were places to detain children in line with Canadian settler colonial goals. The stories of children reveal how they experienced these wider societal pushes and pulls, and how they themselves reacted to their circumstances.

using a specific form once they are deemed a danger to themselves or others (intentionally or not) or they require hospitalization due to their current state of being by a doctor. This process is only for detention against the consent of the individual and coerced treatment is a separate process. This initial involuntary admission has a 72-hour maximum whereby another doctor can visit the formed person to make an assessment if the person should be released or needs to be involuntarily confined under a certificate for a longer period of time. This is a bit of an oversimplification, but it is the process in which people find themselves as involuntary patients on psychiatric wards and hospitals in the present day. See: *Mental Health Act*, R.S.O. 1990, c. M.7. On the topic of children and mental wellbeing, Maria Liegghio's research offers contemporary discussions into psychiatrized youth who experience prejudice and discrimination at the intersections of childhood, adultism, distress, sanism, incompetence, and ableism. In a 2016 article, "Too Young to be Mad," Liegghio begins with experiences of loss of personhood through the categories of mental disorder and mental illness. Through this discussion, she reveals the regulatory structure of power relations that affect the lives of youth. Some of her more recent publications in collaboration with other scholars have been on the intersections of policing and mental health with a call for de-policing crisis responses in children's mental health. See: Maria Liegghio, "Too Young to Be Mad: Disabling Encounters with 'Normal' from the Perspectives of Psychiatrized Youth," *Intersectionalities* 5, 3 (2016): 110-129; Maria Liegghio, Herberth Canas, Alexis H. Troung, and Salomi Williams, "A call for de-policing crisis responses: Distressed children and youth caught between the mental health and police systems," *Journal of Community Safety & Well-Being* 6, 1 (2021): 28-34.

The Soil Remembers

Reawakening to the voices of all our relations
echoing through our hearts and minds
calling from often distant places
memories deeply etched in rivers of blood
flowing gently through our veins
and across the lands.

We are returning and awakening
sharing ancestors' stories of places and people
where memories held within the land
held within the hearts of our ancestors
welcome us home
reviving, reclaiming, retelling
of our time and genesis on these lands
we are returning and celebrating
lighting flames of the Eighth Fire

Paulette F. C. Steeves, Excerpt from *Finding Home* (2021)

Researching children in Canadian Asylums took me from coast to coast. I visited new lands on Turtle Island in search of children in psychiatric facilities. These visits allowed me not only to think historically, but also to think geographically. Before entering the archive where I would meet children who were institutionalized in facilities across Canada, I grounded myself in the surrounding soils. While on Prince Edward Island, I buried my toes in the sands of Atlantic beaches. I breathed deeply and calmly, as the ocean reassured me. In Victoria, I stepped into the cold Pacific and the taste of salt coated my mouth. I walked along the rocks, feeling connected to the ocean before me. Over the span of twenty-three hours, I ventured to Winnipeg in a red truck with my mother. In my Birkenstocks, I walked across the halls of the Selkirk Mental Health Facility surrounded by its prairie view. In Ontario, I think about the backcountry of Algonquin Park and its starry evening skies. I am filled with an intense longing to be around a campfire; but as an adult, I am conflicted knowing the history of the displacement of Indigenous nations.[1]

[1] I was raised on the idealism and nationalism of Canadian Parks that makes up a brand of settler colonialism that casts the natural beauty of Canada as something for *us*. Coming from a single mother household, our vacations were camping and enjoying the wilderness. However, as Robert Jago pointed out in 2017, "Canadians have always thought of their country as an archipelago of cities in a sea of untouched wilderness. We see this idealized version of

I begin my dissertation with the land because the soil remembers and beckons me to think of its significance. It connects us to something beyond ourselves and offers an embodied experience, which grounds us in a sometimes shared reality.[2] These soils allow all of us to experience the various landscapes of aki—aki being the Ojibwe word for earth. However, these soils are imprinted and imbued with a long history. It is the soil that has borne witness to many peoples and their histories, and it is the soil that has borne witness to the violent destruction and recreation of Turtle Island.[3]

Yet, it is a persistent myth that Canada was an empty place to be transformed. The myth of empty land paved the way for gender and racial disposition—describing the land as virginal and void of agency, awaiting the thrust of colonial men.[4] Yet, we live with the words of European settlers and explorers who penned over and over again descriptions of the soil that

---

the country in everything from paintings by the Group of Seven to the works of Farley Mowat. It's also a concept that the government likes to promote: forests, mountains, and lakes all featured regularly in Canada's 150th anniversary promotions. Parks Canada also released its much-celebrated Discovery Pass, which granted free access to national parks for the year… In the nineteenth century, some of our land was taken for farming; in the twentieth century, still more was appropriated for public works and military use. And all throughout these years, continuing to this day, thefts have been occurring under the guise of ecological preservation—green colonialism." Coming from a working-class background, this narrative of Canadian wilderness gave life to my camping trips when my wealthier peers went off to their cottages or on international vacations. While I have a tremendous respect for the natural beauty of Canada, I can now look at the past both fondly and critically to see how this narrative served to teach me as a white settler that the land belonged to me (and other white settlers). However, what I learned through intuition was that I belonged to the land. It is located in the lands that my awakening to settler colonialism through idealism and criticism can be attributed to. See: Robert Jago, "Canada's National Parks Are Colonial Crime Scenes," *The Walrus,* November 2023/October 2017, https://thewalrus.ca/canadas-national-parks-are-colonial-crime-scenes/.

[2] I have specifically used a *sometimes shared reality* to emphasize that our experiences at times invite not only different stories, but conflicting stories. In particular, this emerges from the intersections of phenomenology and mad studies. La Marr Jurelle Bruce writes on what he calls phenomenal madness, which is an unruliness of the mind that produces a "crises of perception, emotion, meaning, and selfhood." These experiences of unruliness invite many different sensations and feelings paving the way for my ability to centre the mad subject. See: La Marr Jurelle Bruce, *How to Go Mad without Losing Your Mind: Madness and Black Radical Creativity* (Durham Duke University Press, 2021): 6. To see more on the intersections of phenomenology, mental illness and psychiatry, see: Matthew Ratcliffe, "Depression and the Phenomenology of Free Will," in *The Oxford Handbook of Philosophy and Psychiatry*, edited by K. W. M. Fulford and others (Oxford: Oxford University Press, 2013): 574-591; and Louis A. Sass, and Elizabeth Pienkos, "Delusion: The Phenomenological Approach," in *The Oxford Handbook of Philosophy and Psychiatry*, edited by K. W. M. Fulford and others (Oxford: Oxford University Press, 2013): 632-657.

[3] Tyler A. Shipley, *Canada in The World: Settler Capitalism and the Colonial Imagination* (Halifax: Fernwood Publishing, 2020): 25.

[4] Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995): 30.

makes up Turtle Island. Descriptions like the poetic words of Frans Boas in 1896 enshrined a mythic imagining of the Canadian landscape: "the overwhelming solitude and stillness of the shores, the monotony of the dark pines and cedars, of the channels and of the roaring cascades beget a longing for the sight of human work, of human habitation, that swallows the admiration of the magnificent scenery."[5] The imaginations of many settlers who arrived in Canada with the goal to discover, conquest, and profit made a multitude of concerted efforts to empty the landscape.[6] However, these lands were not empty. Despite the richness already present in the soil, the narrative of the benevolent, peaceful, and natural progression of the Canadian state has been told over and over again as a necessary and positive development.[7] But the soil knows this is a lie. Settler colonialism erased and removed Indigenous peoples and continues to attend to this project of othering, erasure, destruction, and genocide.[8]

As earlier settlers wrote about the need to order and encode the land, they reimagined the soils.[9] Ecological imperialism spread itself into the imagination of literary writers who took up their pens to author stories of the soil—to capture the great beauty of Canada.[10] These early authors etched a story of the hinterlands inventing a northern quality that offered bountiful joy

---

[5] Franz Boas, "The Indians of British Columbia," *Journal of the American Geographical Society of New York* 28, 3 (1896): 229 quoted in Jeff Oliver, *Landscapes and Social Transformations on the Northwest Coast: Colonial Encounters in the Fraser Valley* (Tucson: University of Arizona Press, 2010): 24.

[6] To read more on the interconnection of capitalism and colonialism see: Tyler A. Shipley, *Canada in The World: Settler Capitalism and the Colonial Imagination*.

[7] Daniel Francis explores several Canadian myths, including 'the myth of unity' and 'the myth of wilderness,' By exploring these myths among others, Francis shows us the "divergence between image and actuality" (9). See: Daniel Francis, *National Dreams: Myth, Memory, and Canadian History* (Vancouver: Arsenal Pulp Press, 1997).

[8] Mary Jane Logan McCallum, and Adele Perry, *Structures of Indifference: An Indigenous Life and Death in a Canadian City* (Winnipeg: University of Manitoba Press, 2018): 5-6.

[9] There are many authors who have examined various early and contemporary Canadian texts that explore the connection between the land and state formation. See: D.M.R. Bentley, *The Gay]Grey Moose: Essays on the Ecologies and Mythologies of Canadian Poetry, 1690-1990* (Ottawa: University of Ottawa Press, 1992); Daniel Coleman, *White Civility: The Literary Project of English Canada* (Toronto: University of Toronto Press, 2006); W.H. New, *Land Sliding: Imagining Space, Presence, and Power in Canadian Writing* (Toronto: University of Toronto Press, 1997); Wendy Roy, *Maps of Difference: Canada, Women, and Travel* (Montreal: McGill-Queen's University Press, 2005).

[10] D.M.R. Bentley, *The Gay]Grey Moose: Essays on the Ecologies and Mythologies of Canadian Poetry, 1690-199,* 3.

and adventure to European settlers. *New world, savage wilderness, virgin territory,* were all terms that marked the imagination of settlers. All terms that diagnosed an emptiness of soil and prescribed the need for colonization.[11] Language helped support a vision for a settler state and paved the way to begin to imagine some proto-Canadian landscape.

With maps, Europeans erased Indigenous presence by reconceptualizing the lands to fit their own world view. This replaced the many Indigenous understandings of the land in order to pave the way for settler exploration and conquest.[12] Maps worked in service to colonialism as means to legitimize the conquest of territory.[13] As such, these cartographers performed the most destructive disappearing act. Their maps translated the soil into a simple narrative of a bountiful space, devoid, and in need of human intervention.[14] One that purposefully failed to acknowledge the land had a history, a history the soil remembers. The lines etched into the cartographies of Canada went beyond orienting those who held them and extended themselves to implement ideas of identity and origin.[15] European mapping determined the boundaries of the soil and expressed a limited identity of whose bodies could persist on the land and how.

Indigenous mapping, often done orally, spoke to connections with aki. For example, the Dunne-za's song *Trail to Heaven* contains within it the words *ya dikwonchi*—meaning all our relations, a place where we may meet all our relatives.[16] Many Indigenous North American

[11] W.H. New, *Land Sliding: Imagining Space, Presence, and Power in Canadian Writing*, 24.
[12] Cole Harris, *From the Reluctant Land* (Vancouver: University of British Columbia Press, 2008): 20-29.
[13] Anne McClintock, *Imperial Leather*, 27.
[14] Cole Harris, *A Bounded Land: Reflections on Settler Colonialism in Canada* (Vancouver: University of British Columbia Press, 2020): 25.
[15] Sarah Wylie Krotz, *Mapping with Words: Anglo-Canadian Literary Cartographies, 1789-1916* (Toronto: University of Toronto Press, 2018): 4.
[16] W.H. New, *Land Sliding: Imagining Space, Presence, and Power in Canadian Writing*, 31-32; and Robin Ridington, *Trail to Heaven: Knowledge and Narrative in a Northern Native Community* (Iowa City: University of Iowa Press, 1992): 290-291.

cultures see the soil as part of a collective whole including many beings.[17] We live in relation with aki not in distinction.

Words and stories in various Indigenous cultures hold a history the soil knows. Patty Krawec writes of the word *giiwedin*—encapsulating both 'the north' and 'to go home.' A word that tells us a story of people who lived and left. A word that contains memories of glaciers arriving and retreating. *Giiwedin* extends from the soil, from the last glacier period that was 115,000 to 11,700 years ago, and it reminds us of previous relations. Yet despite these memories, both linguistic and embodied, settlers continue to write themselves on top of Indigenous stories—another layer on top of a soil that does not forget.[18]

Words and stories of resistance to colonialism remind us, as Enrique Salmón wrote,

> the natural world, therefore, is not one of wonder, but of familiarity. The human niche is only one of a myriad of united niches that work together to continue the process of iwígara. If one aspect of the lasso is removed, the integrity of the circle is threatened and all other aspects are weakened. A certain attachment results from knowing that some of your relatives are the life forms that share your place with you. This belief influences one's sense of identity and thought/language…
>
> Indigenous people believe that they live interdependently with all forms of life. Their spiritual, physical, social, and mental health depends on the ability to live harmoniously with the natural world. Indigenous identity, language, land base, beliefs, and history are personifications of culture that regulate and manifest the health of the human as well as the natural world. It is understood that a person who harms the natural world also harms himself…[19]

[17] W.H. New, *Land Sliding: Imagining Space, Presence, and Power in Canadian Writing*, 29; and Leanne Betasamosake Simpson, *As We Have Always Done: Indigenous Freedom Through Radical Resistance* (Minneapolis: University of Minnesota Press, 2017): 45.
[18] Patty Krawec, *Becoming Kin: An Indigenous Call to Unforgetting the Past and Reimagining Our Future* (Minneapolis: Broadleaf Books, 2022): 30-34.
[19] Enrique Salmón, "Connection to the Land.," in *Restoring the Kinship Worldview: Indigenous Voices Introduce 28 Precepts for Rebalancing Life on Planet Earth*, edited by Topa (Four Arrows), Wahinkpe, and Darcia Narvaez (New York: North Atlantic Books, 2022): 210-211.

The different world views articulated by Salmon is further reflected in the Cree world *wîtaskewin,* which means "living together on the land."[20] It reminds us that we humans belong to the soil. This term may ask us to look at how treaties may have been envisioned on more equal terms, and how power could have been organized less asymmetrically. Language reminds us that there were other visions of collective living on Turtle Island.

The interconnectedness of the soil was not attended to with the creation of the Canadian state. The origin story of settler colonialism saw the land as an empty place to exploit without consequence. Thus, it is with land that we must begin our story about children in asylums. The land is at the centre of resurgence and radical decolonization. It is interconnected and interdependent to undoing settler colonial legacies.[21] Moreover, it is required if we are to imagine not only a futurity beyond settler colonialism, but also in order to imagine a futurity that embraces all our emotional states and needs.

Insane asylums emerged out of a recreation of the lands that connected the perceived wilderness across the Canadian landscapes to bodyminds and desirability. In situating the following institutions: Essondale Hospital, the B.C. Provincial Insane Asylum, the Brandon Asylum, the Selkirk Asylum, the Toronto Asylum, and the Prince Edward Island Hospital for the Insane, I offer a brief account of the soils these institutions were built upon. In this chapter, I will bring us from the west coast to the east coast to situate the asylums of this study in their local colonial project. The role the asylums all played in the creation of a settler colonial state interwove within it the medical authority to segregate individuals from the imagined Canadian

[20] Shalene Wuttunee Jobin, *Upholding Indigenous Economic Relationships* (Vancouver: University of British Columbia Press, 2023): 64.
[21] Leanne Betasamosake Simpson, "Centring Resurgence: Taking on Colonial Gender Violence in Indigenous Nation Building" in *Keetsahnak: Our Missing and Murdered Indigenous Sisters* edited by Kim Anderson, Maria Campbell and Christi Belcourt (Edmonton: University of Alberta Press, 2018): 216.

landscape into a transformed soil that would hide away the existence of certain people.[22] Asylums worked as part of a carceral network of institutions that applied racist, ableist, classist, homophobic, and sexist principles to mark the contours of desirable bodyminds.

The logics of psychiatry and colonialism attended to the rearticulation and relocation of outside structures into bodies paving the way to destroy alternative ways of knowing and being.[23] Psychiatric facilities were part of transforming the soil in the name of the larger national project. Medicalized colonial rule sought to solidify ideas of the defective— imbued with ableist, classist, and racist hierarchies that were rooted in displacing Indigenous peoples. Bodies then, became a site of national struggle. They were marked by assumptions of the empire, revealing to us the colonial imprints on how care and compassion would, and would not, arise in Canadian asylums for all children who found themselves in an often-terrifying space.[24]

The colonial project, which supplanted itself into the soil, also entered Indigenous health practices, obscuring and undermining Indigenous knowledges.[25] Administrators and medical authorities forced their imperial knowledge to define the fit and unfit bodyminds, and ushered in changes to the lands. Western psychiatry in conjunction with courts, legislation, police, prisons, hospitals, and schools paved the way for the geo-political landscape of medicalized colonial

---

[22] The incarceration, criminalization, and institutionalization of Indigenous people were essential to disrupting Indigenous claims. While many Indigenous individuals would be incarcerated at a variety of places (e.g. residential schools, prisons, and Indian hospitals), asylums were part of large body of institutions that served to push forward a settler-colonial agenda. By removing Indigenous people through mechanisms of control and people deemed undesirable the Canadian state continuously asserted their claim to the lands that made up Canada. See: Kathryn McKay, "Settler-colonial thought and psychiatric practice in early twentieth-century British Columbia, Canada," in *Archiving Settler Colonialism: Culture, Space, and Race,* edited by Yu-ting Huang, Rebecca Weaver-Hightower (London: Routledge, 2018): 206.

[23] China Mills, "The mad are like savages and the savages are mad," in *Routledge International Handbook of Critical Mental Health*, edited by Bruce M.Z. Cohen (Oxfordshire: Routledge, 2017): 209.

[24] Judith Butler, *Bodies That Matter: On the Discursive Limits of "Sex"* (New York: Routledge, 1993): 33; and Tony Ballantyne and Antoinette Burton, "Introduction: Bodies, Empires, and World Histories," in *Bodies in Contact: Rethinking Colonial Encounters in World History*, edited by Tony Ballantyne and Antoinette Burton (Durham, NC: Duke University Press, 2005): 5.

[25] Mary Jane Logan McCallum, and Adele Perry, *Structures of Indifference: An Indigenous Life and Death in a Canadian City*,15.

rule—trying to put forward an exclusive definition of civil society. But the soil remembers.[26] In understanding how settler colonialism plays a role in state formation, and how it is interconnected with all forms of oppressions, it is my hope that we as people may also begin to understand how our collective liberation is bound up in one another, that oppressions are interlocking. In order to dismantle one system of oppression, all must be dismantled. For us, this is revealed through settler colonialism, as it produced an apparatus of governmentality that worked and continues to uphold systemic oppressions. Asylums are one place where this can be investigated.

The Last Frontier: British Columbia and the Making of Two Mad Houses

I flew to British Columbia in May of 2022. I stayed for a month, renting a room from a woman named Judy who graciously welcomed me. While there, I spent my weekdays in the archive, and on the weekend, I spent my time exploring the historical and natural sites of Victoria. I fell in love with the city. Despite this, I knew little of its origins outside of the establishment of Fort Victoria in 1843. Almost a year later, I sought to understand the specific colonial context in which the B.C. asylums emerged. This led to a presentation on colonialism and deaths of racialized children. This is why the discussion on colonial state formation begins in British Columbia. It was the first place I investigated to understand the full force of settler colonialism in asylums.

This story begins with the emergence of the British Columbia crown colony in 1858, when white settlers "took for granted the land that awaited them."[27] The syntax of settler

[26] Leslie G. Roman, Sheena Brown, Steven Noble, Rafael Wainer, and Alannah Earl Young, "No time for nostalgia!: asylum-making, medicalized colonialism in British Columbia (1859–97) and artistic praxis for social transformation," *International Journal of Qualatiative Studies in Education 22,* 1 (2009): 19.
[27] Cole R. Harris, *Making Native Space*, 46.

colonialism extended to the soils of British Columbia with writings like those of J.S. Matthews who penned that Vancouver was an unused and "sleeping" soil in a "primeval paradise of stillness," which was sparsely occupied by "a scattered few in empty lands."[28] The dispossession of Indigenous people from the soils in British Columbia sought to transform their territories into private property to be sold and controlled for capitalist accumulation. Indigenous peoples were restricted to reserves as part of the genocidal project to cast various nations as a dying race.[29] At first, colonizers' efforts bore little in common with an orderly and respectable settler colony in its early formation. During the nineteenth century, British Columbia transformed at the pushes and pulls of many stories: Indigenous territory, the fur trade, the gold rush, and an emergent settler society.[30]

The HBC was responsible for colonizing the lands and ushering in a settler colony. However, colonialism in British Columbia was both fragile and assertive. Settlers failed to defeat the space and recast society in its own image, and Indigenous people were the majority of the population towards the end of the nineteenth century. Communities continued to differ from Anglo-American society ideals.[31]

The terms of confederation in 1871 ushered in new politics. British Columbia expanded its colonial formation to medical facilities in the 1870s. Medical expansion was part of Canadian state formation. The medical man is remembered as a frontier hero who was central to

[28] Penelope Edmonds, "Unpacking Settler Colonialism's Urban Strategies: Indigenous Peoples in Victoria, British Columbia, and the Transition to a Settler-Colonial City" *Urban History Review / Revue d'histoire urbaine* 38, 2 (2010): 6-9
[29] Sean Carleton, *Lessons in Legitimacy: Colonialism, Capitalism, and the Rise of State Schooling in British Columbia* (Vancouver: University of British Columbia Press, 2022): 9.
[30] Adele Perry, *On the Edge of Empire: Gender, Race, and the Making of British Columbia, 1849-1871* (Toronto: University of Toronto Press, 2001): 3-9.
[31] Adele Perry, *On the Edge of Empire*, 196.

colonialism through their power and influence.[32] In fact, many B.C. doctors were once working for the Hudson's Bay Company and often sought out contracts to work with Indian affairs to build their client roster and thus wealth.[33] Central to colonialism was the imposition of European medical models of healing in order to work towards the project of assimilation.[34]

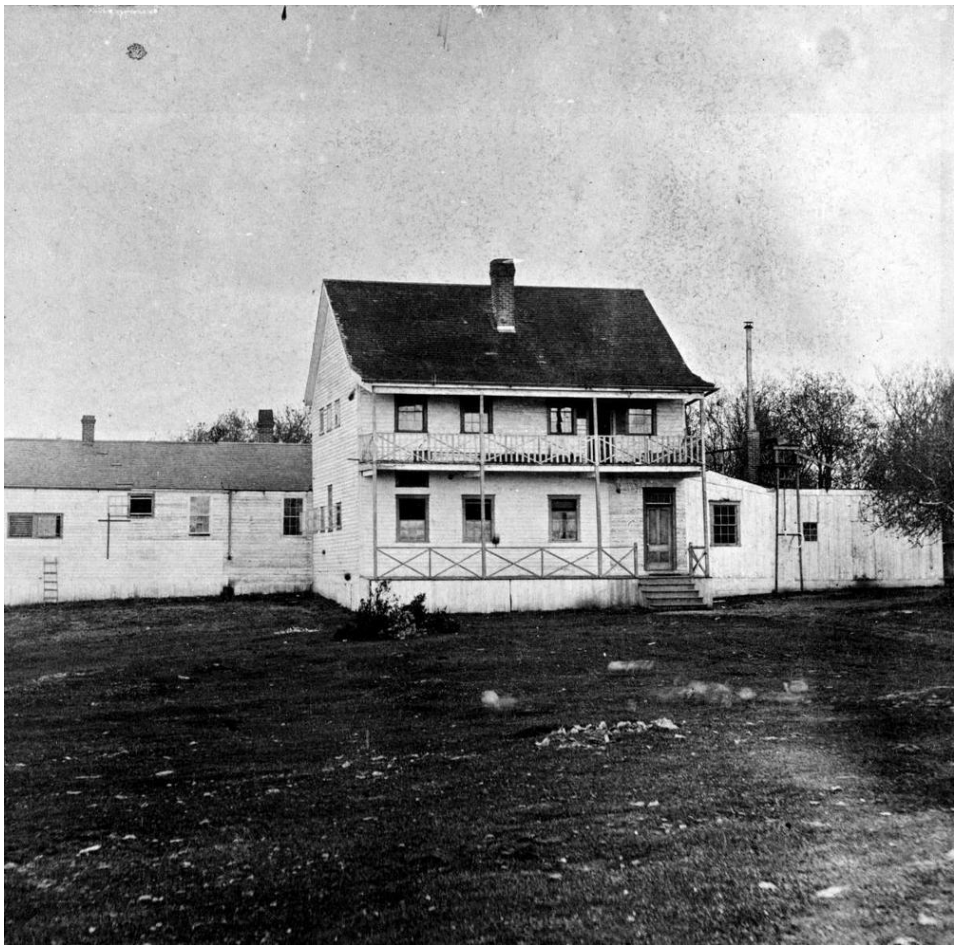

Figure 1: Victoria Insane Asylum, 1872, C-08843 (British Columbia Archives, Victoria).

[32] Megan J. Davies, "Mapping 'Region' in Canadian Medical History: The Case of British Columbia," *Canadian Bulletin of Medical History* 17 (2000): 74-5.
[33] Megan J. Davies, "Mapping 'Region' in Canadian Medical History: The Case of British Columbia," 80.
[34] Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950* (Vancouver: University of British Columbia Press, 1998): 100-5.

Victoria marked a site of struggle, contestation, and negotiation between the Lekwungen people and the Hudson's Bay Company.[35] The placement of the building in the above photo may look quite ordinary to any viewer, but it marked a reconfiguration of the soil. Residing on the Songhees Indian Reserve, this building embodied the reshaping and destruction of the soil to fit settler imaginaries, ushered in with the creation of the Victoria Hudson's Bay Company post and the longing desire to settle the western frontier.[36] With this came the creation of fourteen treaties that sought to erase Indigenous spaces.[37] The cedar planked long houses that once bordered the shorelines were pushed aside and pushed away for a new landscape of colonial power, featuring buildings that played a role in exerting psychiatric power over the population and land. The General Hospital built on the unceded territories of the Songhees and Isquimalt would serve both Indigenous and settler populations to quarantine them from the metropolitan area.[38]

In 1872, the building became the Victoria Lunatic Asylum. In order to find yourself in this exact building, two doctors who deemed you a lunatic under B.C.'s 1873 *Insane Asylum Act* would agree that there was something undesirable about you. These certificates of insanity over the years have showed a range of reasons for commitment, which rarely seem all that insane. Children are described as childish, restless, vacant, and dull.[39] They are too loud, or too quiet. Or maybe they have epilepsy. Or maybe nobody wants them, so a story is constructed about them– far from the truth. However, this facility quickly became insufficient in its size to hold

[35] Penelope Edmonds, "Unpacking Settler Colonialism's Urban Strategies: Indigenous Peoples in Victoria, British Columbia, and the Transition to a Settler-Colonial City," 9.
[36] *Riverview Hospital: A Legacy of Care and Compassion* (Vancouver: British Columbia Mental Health and Addiction Services, 2010): 14.
[37] Penelope Edmonds, "Unpacking Settler Colonialism's Urban Strategies: Indigenous Peoples in Victoria, British Columbia, and the Transition to a Settler-Colonial City," 4-20.
[38] Leslie G. Roman, Sheena Brown, Steven Noble, Rafael Wainer, and Alannah Earl Young, "No time for nostalgia!: asylum-making, medicalized colonialism in British Columbia (1859–97) and artistic praxis for social transformation," 54.
[39] Mental Health Services patient case files, GR-2880 (British Columbia Archives, Victoria).

'undesirables' away from developing settler soils. In the unceded territorial lands of the Songhees and Isquimalt, the erection of psychiatric facilities worked to erode the historical memory of Indigenous presence and Indigenous use of the soil.[40]

Furthering the project of settler colonialism, in 1878, the province of British Columbia opened the Asylum for the Insane in New Westminster expanding its imposed transformation. This was where the first child was admitted. Case file one hundred and forty. Elliot, only eleven years old, would find himself on March 26, 1880, at an institution full of adults.[41] This building, like its predecessor, was built on Indigenous land in New Westminster—a gathering place called Quayt Quayt.[42] Prior to Confederation, in the 1820s, Kwantlen villages were upriver from New Westminster. The soils were eventually reconfigured by European settlers into a steamboat port, and a capital of the gold rush. In the face of New Westminster's redevelopment, Colonel Moody lamented the loss and ruthless destruction of the trees.[43]

Another institution emerged in British Columbia, and this one shared a connected history with the Provincial Asylum for the Insane. Patients were shuttled back between the original institution and a new facility, which opened in 1913, and was briefly known as the Hospital for the Mind at Mount Coquitlam before being remained to Essondale Hospital. 'Essondale' was chosen in honor of Henry Esson Young whose family came to Canada likely drawn by the lure of the gold rush in British Columbia. Essondale Hospital opened under his time as provincial

[40] Leslie G. Roman, Sheena Brown, Steven Noble, Rafael Wainer, and Alannah Earl Young, "No time for nostalgia!: asylum-making, medicalized colonialism in British Columbia (1859–97) and artistic praxis for social transformation," *International Journal of Qualitative Studies in Education 22*, 1 (2009): 19-20.
[41] Mental Health Services patient case files, GR-2880.
[42] Leslie G. Roman, Sheena Brown, Steven Noble, Rafael Wainer and Alannah Earl Young, "No time for nostalgia!: asylum-making, medicalized colonialism in British Columbia (1859–97) and artistic praxis for social transformation," 27.
[43] Cole Harris, *The Resettlement of British Columbia: Essays on Colonialism and Geographical Change* (Vancouver: University of British Columbia Press, 1997): 69, 81-82.

secretary.[44] It was built on a space once used by the kʷikʷəƛ̓əm (Kwikwetlem) people, totaling 1000 acres. This soil was acquired to transform the lands into a psychiatric hospital with a colony farm. Prior to its colonization, the soils were known for at least 9000 years as a lush spot for food, medicine, ceremony, and refuge from floods due to its high altitude.[45] This transformation pushed forward the settler colonial agenda of refashioning the land and the people into a desirable white Christian society. Both institutions worked to remove people who behaved in undesirable ways from communities, and either kept them permanently from their homes or attempted to reform them into *normal* citizens.

As I left the Royal B.C. Archives for the last time, I stepped in the sun and turned around to face the wooden doors, above them read British Columbia Archives in English, French, and Chinese. I snapped a photo while standing in the garden that surrounds the entrance. While visiting, I immersed myself in 190 files of children who were institutionalized, and 108 children who would never leave the institution alive. Some of them experienced what might be considered a more ordinary detention, while others were subject to harsh treatment. It is a hard history to unpack, that evokes an array of emotions from anger, sadness, and laughter. But when I stepped outside, I mostly felt relief. I could now take a much needed pause to reflect on the meaning of all the stories and all the people I encountered. I could think about how my hands touched pages that some patients wrote on or drew, and that my eyes had borne witness to a great deal of many things.

---

[44] Megan J. Davies, "Henry Esson Young," in *Dictionary of Canadian Biography*, vol. 16, University of Toronto/Université Laval, 2003–, accessed May 1, 2024, http://www.biographi.ca/en/bio/young_henry_esson_16E.html.

[45] The Tyee and Christopher Cheung, "On Kwikwetlem Territory, A New Vision for Riverview," *PWL Partnership* (April 14, 2021), accessed: https://www.pwlpartnership.com/news/kwikwetlem-territory-new-vision-riverview

Treaty Lands: Clearing the Way for the Selkirk and Brandon Asylums

A few months after my visit to Victoria, I ventured to Manitoba with my mother. She graciously accompanied me, allowing me to get to Selkirk where the records for both institutions resided. When we crossed provincial borders, after long hours among trees, we were greeted by fields of sunflowers. These views we took in were part of Manitoba's mythologized creation of an abundant province. Mary Agnes FitzGibbon encapsulated the beauty of the province by observing that "nowhere is evening more beautiful than in Manitoba" and how "October [was] the most beautiful month in that region, bright, clear, and balmy—the true Indian summer."[46] Before the 1860s, the Red River Colony lived separately from the East.[47]

The Selkirk Treaty of 1817 covered the lands surrounding the Red River and would eventually be superseded by Treaty 1 in 1871.[48] The Numbered Treaties reconfigured the soils towards assimilation processes—both existing and future policies. All seven numbered treaties concluded just after 1899, which paved way for resource exploitation in the north.[49] The first two treaties cover the territories that both the Selkirk Asylum and Brandon Asylum reside on.

Treaty 1 was at the heart of making Western agricultural expansion and the development of national railway possible.[50] It emerged out of settler expansion into the west and the sale of land from the HBC to Canada. There was immense pressure to transform the soils into a settler landscape.[51] The Manitoba Lieutenant-Governor Sir Adams George Archibald, involved in both

---

[46] Mary Agnes FitzGibbon, *A Trip to Manitoba: Or, Roughing it on the Line* (Toronto: Rose-Belford Publishing Company, 1880): 60, 67.
[47] Ian Carr and Robert E. Beamish, *Manitoba Medicine: A Brief History* (Winnipeg: University of Manitoba Press, 1999): 23.
[48] "Spotlight: HBCA in Words and Images," *Archives of Manitoba*, accessed: https://www.gov.mb.ca/chc/archives/_docs/hbca/spotlight/selkirk_treaty_transcript.pdf
[49] Jean-Pierre Morin, *Solemn Words and Foundational Documents: An Annotated Discussion of Indigenous-Crown Treaties in Canada, 1752-1923* (Toronto: University of Toronto Press, 2018): 163
[50] Aimée Craft, and John Burrows, *Breathing Life into the Stone Fort Treaty: An Anishnabe Understanding of Treaty One* (Vancouver: University of British Columbia Press, 2013): 39.
[51] Aimée Craft, and John Burrows, *Breathing Life into the Stone Fort Treaty*, 16.

Treaty 1 and 2 negotiations, stated that: "the time has come when this land must be cultivated. white people will come here and cultivate it under any circumstances. No power on earth can prevent it."[52] White Europeans understood these treaties as land surrenders, but Indigenous oral histories focus on the promises and benefits of them—promises that were omitted from the written treaties.[53]

Coming to the table with different legal frameworks and understandings of our relationship to aki may account for some of the challenges with interpreting Treaty 1. Examining the treaty from the perspective of *inaakonigewin* (Anishinaabe legal framework), it is possible to unfold the meaning.[54] The land itself did not have value, rather it was something that needed to be spoken for, as humans belong to the land and live in relation to it. Chief Ayee-ta-pepe-tung shared that he was made of the land.[55] What occurred then was a negotiation of the use of the land, not a surrender of the land—Chief Peguis disputed this belief that the treaty meant they sold the lands.[56] In applying *inaakonigewin*, legal scholars Aimée Craft and John Burrows point out that the Anishinaabe did not approach the land through acquisition and possession. Rather, they approached the question of land as a space to be shared, and to preserve a certain amount of space should the Indigenous nations desire to create an agricultural settlement. Regardless, they would continue to use the traditional lands without interference.[57]

In clearing the lands of Indigenous nations, settler society made way for Europeans to recreate the soils and build institutions. The treaties made way for the creation of a settler medical system. The Selkirk Asylum opened shortly after the removal of an agricultural society

[52] Aimée Craft, and John Burrows, *Breathing Life into the Stone Fort Treaty*, 57.
[53] Maureen Lux, *Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940* (Toronto: University of Toronto Press, 2001): 31-32.
[54] Aimée Craft, and John Burrows, *Breathing Life into the Stone Fort Treaty*, 13.
[55] Aimée Craft, and John Burrows, *Breathing Life into the Stone Fort Treaty*, 94
[56] Aimée Craft, and John Burrows, *Breathing Life into the Stone Fort Treaty*, 38.
[57] Aimée Craft, and John Burrows, *Breathing Life into the Stone Fort Treaty*, 60-61.

comprised of the Saulteaux, Cree, and Métis, whose communities predated the establishment of Treaty 1 in 1871. In East Selkirk, a community of First Nations and Métis farmed the lands. After an economic boom in Selkirk, settlers called for the removal of Indigenous people from the soils to make way for their expansion and prosperity. The Indigenous inhabitants were forcibly removed to the Peguis reserve—over 175km away. The new lands were devoid of roads, houses, schools, churches, and arable land.[58] A stone church and cemetery on the Red River mark the former reserve, less than 10km away from what would become the Selkirk Asylum.

Prior to the asylum, mad folks were incarcerated at an old warehouse at Lower Fort Garry—just under ten kilometers away from the soil that would eventually house the Selkirk Asylum.[59] This basement became quickly unsuitable, which led to the opening of the Stony Mountain Penitentiary in 1877, which housed both criminal and insane inmates. The Penitentiary, however, would soon prove to be insufficient with the growing population of mad folks who were considered disruptive to the prison regime. In 1883, Manitoba would pass an act to authorize the construction of an asylum, that would also be large enough to hold juvenile boys who were currently in jail. Construction on the outskirts of Selkirk begin in 1884. With only 54 beds, 46 of which were set aside for patients, 59 inmates were transferred to the Selkirk Lunatic Asylum in May 1886.[60] From the outset, the population foreshadowed the overcrowded conditions that would overtake public asylums across Canada.

---

[58] Sarah Carter, "'They Would Not Give Up One Inch of It:' The Rise and Demise of St Peter's Reserve, Manitoba," in *Indigenous Communities and Settler Colonialism: Land Holding, Loss, and Survival in an Interconnected World* edited by Zoë Laidlaw and Alan Lester (New York: Palgrave MacMillan, 2015): 173 and 189.
[59] Cornelia Johnson, *A History of Mental Health Care in Manitoba: A Local Manifestation of An International Social Movement* (University of Manitoba: M.A. Thesis, 1980): 30-31.
[60] Barry Edginton, "Moral Treatment to Monolith: The Institutional Treatment of the Insane in Manitoba, 1871-1919," *Canadian Bulletin of Medical History* 5 (1988): 173-175.

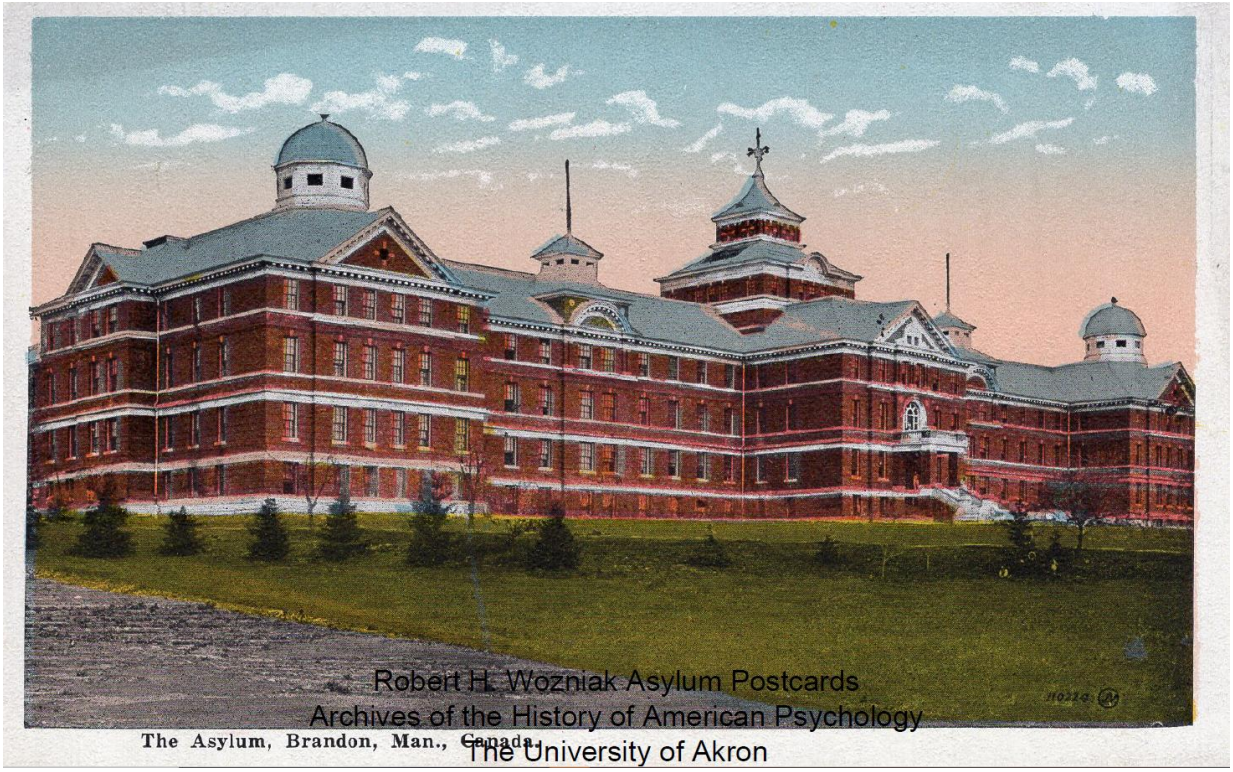

Figure 2: The Brandon Asylum, n.d., Robert H. Wozniak Asylum Postcards, Box 1, (Archives of the History of American Psychology, The University of Akron).

Like most provinces, the lone institution would become quickly overcrowded, and a demand for more space would lead politicians to consider the opening of new asylums. Afterall, it served both Manitoba and the North West Territories.[61] Interestingly, the Brandon Asylum started off as a Provincial Reformatory for Boys, which was constructed in June of 1890.[62] However, the institution was largely a failure. The staff gained a nickname: the Mulligan Guard, as only one juvenile delinquent, nine-year-old William Mulligan, was admitted into the thirty-thousand dollar facility.[63] Perhaps to save face from embarrassment, the Department of Public Works claimed that the mere establishment of the building deterred youth from committing

[61] Ian Carr and Robert E. Beamish, *Manitoba Medicine*, 47.
[62] Kurtland Refvik, "The Brandon Asylum Fire of 1910," *Manitoba History* 21 (1991), accessed: https://www.mhs.mb.ca/docs/mb_history/21/brandonasylumfire.shtml.
[63] Jack Stothard, "Brandon History in Postcards," *Manitoba History* 56 (2007), accessed: http://www.mhs.mb.ca/docs/mb_history/56/brandonpostcards.shtml.

offences.[64] As a result, in 1891, an act was passed to transform the Reformatory into an asylum for the insane.[65] The building officially became the Home for Incurables with the transfer of 44 patients from Selkirk and the Home for Incurables at Portage La Prairie.[66] The opening population would include William Mulligan, whose file never made it to my desk. Perhaps this is because of conflicting records about where Mulligan wound up after the building's purpose changed.[67] Or perhaps this was due to the 1910 fire that occurred on a bitterly cold evening in November, destroying all three buildings and forcing 643 patients and 75 staff members to evacuate. Patients were housed in the Winter Fair buildings until December 1912 when the new facility was ready.[68]

Both Selkirk and Brandon Asylums were large, bricked institutions surrounded by the prairies—plagued with hot summers and cold winters and surrounded by agricultural developments. These institutions were built at a pivotal moment in settler encroachment that not only changed how the soil was used, but also how medicine was understood. The development of Western medicine in Canada was also the development of care and indifference towards Indigenous bodyminds. Colonization of the West marked decades of pestilence and starvation. By the beginning of this study, tuberculosis which had been previously infrequent on the plains, was the main cause of death in reserve population—spurred on by overcrowding and

[64] Cameron Harvey, "The Early Years of the Manitoba Home for Boys," *Manitoba History* 79 (2015), accessed: https://www.mhs.mb.ca/docs/mb_history/79/manitobahomeforboys.shtml.
[65] Kurtland Refvik, "The Brandon Asylum Fire of 1910."
[66] Cameron Harvey, "The Early Years of the Manitoba Home for Boys."
[67] In Ian Carr and Robert E. Beamish's *Manitoba Medicine* they write that Billy Mulligan was moved elsewhere to serve his time (47). Whereas in Kurtland Refvik's article "The Brandon Asylum Fire of 1910" he writes that Mulligan was kept at the asylum for "another year or so" albeit separately from people deemed insane. Finally, Cameron Harvey's article "The Early Years of the Manitoba Home for Boys" notes that Mulligan continued to live at the asylum.
[68] Jack Stothard, "Brandon History in Postcards."

malnutrition.[69] This is something reflected in the deaths of both Indigenous and non-Indigenous children in asylums.

Colonization of the West also sought to erase Indigenous medicine by undermining and suppressing local healers who were subject to fines or imprisonment. This was part of the policy of assimilation in order to foster a Christian and capitalist society.[70] What emerged from this was the genocidal effects of the imposition of Western health care and the introduction of devastating diseases. Medicine is intricately bound up in Canadian state making through starvation, experimentation, segregation, and trauma—all of which have long term implications on Indigenous health.[71] Racism imbedded into policy has led to a gap in health outcomes and double standards for the wellbeing of Indigenous people.[72] Concern for Indigenous health is relatively new, as previous political aims were to subjugate or exterminate.[73] In Selkirk, when Dr. George Orton proposed treating Indigenous patients in urgent need, there was greater concern for the precedent it would establish, a responsibility to care for the Indigenous population, rather than the lives that could be saved in 1890.[74]

Access to this colonial archive was riddled with anger. I was subject to multiple applications and changing procedures that made access feel impossible. Persistence in the face of ethics bodies set up for medical research allowed me to eventually access the files of children institutionalized in the Brandon and Selkirk asylums. When I arrived to consult their files, there was something truly uncanny about sitting in a room that one of the children I read about could

---

[69] James Daschuk, *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Indigenous Life* (Regina: University of Regina Press, 2019):100.
[70] Maureen Lux, *Medicine that Walks*, 89-91.
[71] Mary Jane Logan McCallum, "Starvation, Experimentation, Segregation, and Trauma: Words for Reading Indigenous Health History," *The Canadian Historical Review* 98, 1 (2017): 98.
[72] James Daschuk, *Clearing the Plains*, x.
[73] Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Health Care* (Vancouver: Heritage House Publishing Company Ltd, 2017): 9
[74] Maureen Lux, *Medicine that Walks*, 48.

have been in at one point. In particular, when I read a file about a boy whose hands were burned over and over again on the radiator heating pipes, I could not help but to look at those pipes in the now archival room and wonder if it was done on purpose. I wondered what stories took place in the very place I sat.[75]

From Farmlands to Urban Views: The Making of the Toronto Asylum

I am no stranger to the history of Ontario and its asylums, but there is something upsetting about walking past 999 Queen Street (the address of the Toronto Asylum), now 1001 Queen Street, when you know its history. I am reminded of how the asylum still lives with us today—despite the efforts of the Centre for Addictions and Mental Health to rebrand themselves as distinct and different from its history.[76] However, this is not the only historical presence in Toronto. Murals like that of Philip Cote bring both beauty and history to urban landscape. For example, his mural 'Oh-kwa-ming-i-nini-wug,' below Old Mill Station, features ancient ice runners of the Algonquin/Anishinaabe lineage. The mural stories how the ancient ice runners travelled across icefields to present-day Toronto over the Wisconsin glaciers, their story predates the current population by over 100,000 years.[77]

There are many stories that make up the meaning of Toronto. It has been known as a meeting place, a place for hunting and gathering, and a home to many. This changing place is reflected in the meaning of Tkaranto, which has transformed over time. In Mohawk, it has been translated to *over there is the place of the submerged trees* or *trees in the water*. In Wendat, Tkaranto has also been translated to mean abundance or a place of plenty, and then attributed to a

[75] Selkirk Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).
[76] To read more on how 999 Queen Street has been reincarnated, see: Jijian Voronka, "Re/moving Forward?: Spacing Mad Degeneracy at the Queen Street Site," *Resources for Feminist Research* 33, 1-2 (2008): 45-61.
[77] Philip Cote, "Four Murals," in *Indigenous Toronto: Stories that Carry this Place* edited by Denise Bolduc, Mnawaate Gordon-Corbiere, Rebeka Tabobondung, and Brian Wright-McLeod (Toronto: Coach Houser Books, 2021): 66.

meeting place.[78] As settlers arrived, Toronto would take on new meanings that were shaped by its occupants and agreements to cohabitate.

In 1787, Sir John Johnson purchased Toronto from the Mississaugas. However, the vagueness of the Toronto Purchase left settlers who had been selling and occupying the land in a bit of a pickle. The deed was blank and there was no description of the land.[79] In 1805, the agreement would be redrawn and categorized as treaty 13.[80] Treaties were signed in face of settler encroachment and ecological destruction. Some Indigenous peoples feared the total destruction of the land that sustained their lifeways and communities.[81] The Dish with One Spoon Wampum Treaty or Dish with One Spoon signified an agreement with settlers, and the Haudenosaunee Confederacy and the Anishinaabeg to live and share the area that makes up the lands from the St Lawrence River from Quebec, into the Ottawa Valley, and wrapping around the Great Lakes to only take what you need in order to live in peaceable relations. This agreement drew from the Haudenosaunee good mind concept and bimaadiziwin, the Anishinaabe principle for a good and balanced life.[82] However, by the 1880s, Toronto was the rapidly developing capital of Ontario as both a lake port and railway hub. The population was well over 80,000 people, and Indigenous presence in the city was ignored or erased by no longer considering the urban Indigenous person as an 'Indian.'[83]

---

[78] Ange Loft, "Remember Like We Do," in *Indigenous Toronto: Stories that Carry this Place* edited by Denise Bolduc, Mnawaate Gordon-Corbiere, Rebeka Tabobondung, and Brian Wright-McLeod (Toronto: Coach Houser Books, 2021): 21.
[79] Margaret Sault, "A Story About the Toronto Purchase," in *Indigenous Toronto: Stories that Carry this Place* edited by Denise Bolduc, Mnawaate Gordon-Corbiere, Rebeka Tabobondung, and Brian Wright-McLeod (Toronto: Coach Houser Books, 2021): 37-38.
[80] J. R. Miller, *Compact, Contract, Covenant: Aboriginal Treaty-Making in Canada* (Toronto: University of Toronto Press, 2009): 88-89.
[81] Jon Johnson, *Pathways to the Eighth Fire: Indigenous Knowledge and Storytelling in Toronto* (York University: Ph.D. Dissertation, 2015): 68.
[82] Patty Krawec, *Becoming Kin*, 49.
[83] Victoria Freeman, ""Toronto Has No History!" Indigeneity, Settler Colonialism, and Historical Memory in Canada's Largest City," *Urban History Review* 38, 2 (2010): 22-24.

Prior to the opening a provisional asylum, mad folks found themselves cared for in community or detained in county jails. Overcrowding in local jails, however, led to calls for reform, which led to several legislative changes and the development of institutional care for mad folks. In 1839, legislation passed and included a sum of three thousand pounds towards the creation of a permanent asylum.[84] The first provincial institution opened two years later in 1841 with seventeen patients. This institution was originally located in the county jail on Toronto Street. Eventually, branch facilities were also established on the east wing of the Colonial Legislative Buildings at Front and Bathurst. Just less than ten years later in 1850, the 999 Queen Street location would open up. This facility was a short walk from the shores of Lake Ontario and surrounded by unoccupied farmland. Originally away from the bustling core, the surroundings would soon be consumed by urban growth and sprawl. The asylum grounds by the 1880s shrunk from 100 acres to 26 acres.[85]

[84] James Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal: McGill-Queen's University Press, 2000): 49-50
[85] Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2007): 6.

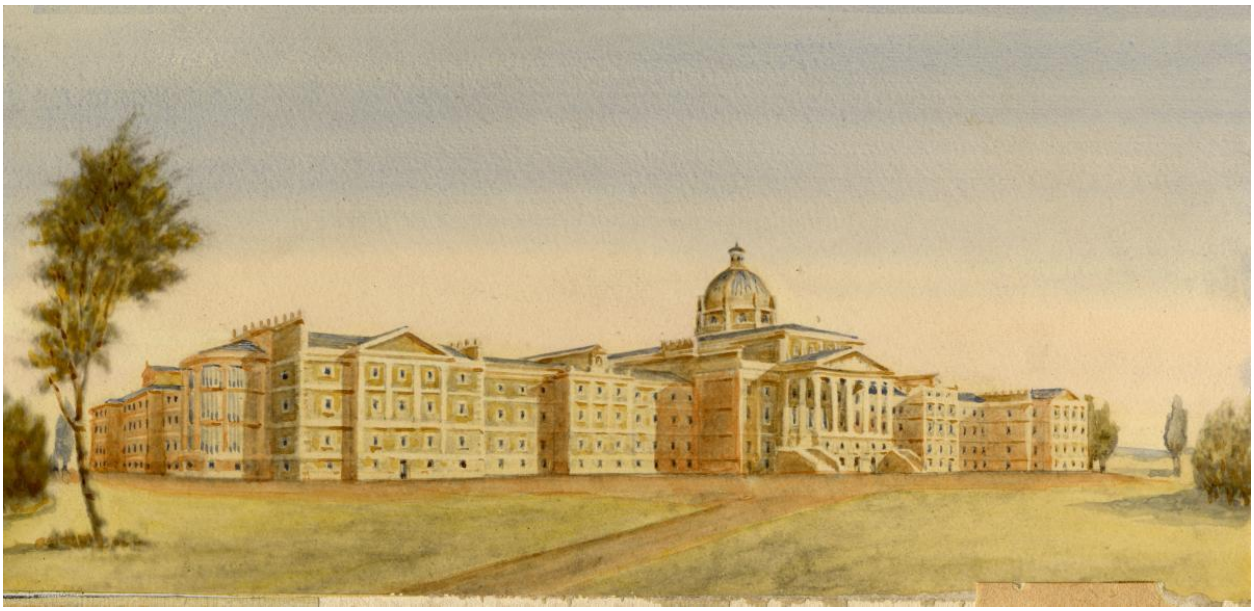

Figure 3: Lunatic Asylum, Queen Street West, south side, opposite Ossington Avenue, 1844, Baldwin Collection of Canadiana (Toronto Public Library Digital Archive, Toronto).

Asylums reflected settler society in how they operated, often featuring large brick buildings, surrounded by lush greens. A well-ordered asylum was thought to be the best way to treat insanity, and this began with the architecture and physical location.[86] The environment could perhaps re-orientate alienated minds to fit within what was prescribed as healthy and normal; however, such ideas were predicated on exclusionary and racist beliefs.[87] Their regulations and rules were grounded in gender and class power dynamics. This was meant to mimic relations outside of the asylum by ensuring the creation of an efficient and rational environment. It was believed that a panoptic, authoritative, and controlled facility could return alienated minds to normal.[88] Asylums were built on top of soils as grand structures worthy of moral therapies. Therapies that could refashion bodyminds into normal citizens, and if they could not, asylums would segregate the unwanted.

[86] Barry Edginton, "Moral Treatment to Monolith," 167.
[87] Blaine Wickham, "Saskatchewan Hospital North Battleford,"4
[88] James Moran, *Committed to the State Asylum*, 51-52.

The Ontario Archives reflected some of the regulatory functions of asylums. To gain access, you had to be documented, and to gain access to certain materials, you needed to put in a special request. Once there, you were carefully watched by archivists, security guards, and cameras. You were expected to behave in certain ways and remain largely silent while you looked at your ordered materials. Yet despite all of this, and the cold temperature of the archive, the archive felt familiar. I had a system of where I liked to sit and how I liked to set my things up. In a space not meant to be comfortable, I found ways to make the experience cozier with warm socks and hairclips.

Lottery Island: Reconfiguring Epekwitk and the Creation of Falconwood Hospital

I visited Prince Edward Island for the second time in my life to look at the records for Falconwood Hospital. They were held in a basement that was much colder than the outside world—more a library than an archive. And to be honest, I knew nothing of this province outside of the natural landscapes and stories about Anne of Green Gables. This province, known for its potatoes and red sand beaches, has a rather unique story of settler colonialism. However, there is a long history predating the division and lottery of land plots to the English landlords. The land contained within it archaeological evidence of paleo-Indigenous presence in the Maritimes for at least the last 13,000 years. Stone tools preserved for archeologists to dig up and admire.[89] Epekwitk prior to the 1700s was home to the Mi'Kmaq who crossed over to the Island during the

[89] David Keenlyside and Helen Kristmanson, "The Palaeo-Environment of the Peopling of Prince Edward Island: An Archaeological Perspective," in *Time and Place: An Environmental History of Prince Edward Island* edited by Edward MacDonald, Irené Novaczek, and Joshua MacFadyen (Montreal: McGill-Queen's Press, 2016): 63-66.

summer.[90] The Mi'kmaq nation told stories of the soil, and their oral tradition emerged from their environments.[91]

Colonization of Prince Edward Island by Europeans would happen after other Maritime provinces. Initially, the Island was home to the Mi'kmaq who would first meet the French Acadians who attempted a mutual subsistence.[92] However, settling PEI brought destruction of the old-growth forest that once covered the island following the retreat of the glaciers. Balsam fir, beech, black birch, black spruce, hemlock, maple pine, red oak, red spruce, and white spruce once covered the island.[93] But it was the beech trees that really covered the soils.

In 1767, British authorities divided up the entire Island into estates in order to establish a system of landlords and tenant farmers. This system would persist until two years after Confederation.[94] These sixty estates were raffled off to British proprietors, leaving only three estates out of the lottery distribution. Of these estates, Lennox Island would eventually be considered the best place for Indigenous settlement by Europeans who would not fully sell this land until 1870. Unsurprisingly (albeit pessimistically), Lennox Island was not the best soil for farming and had swamp lands. Ultimately, many would move away as they had connections to the New Brunswick and Cape Breton communities.[95]

---

[90] Tina Pranger, *Beyond the Asylum: The Evolution of Mental Health Care in Prince Edward Island 1846-2017* (Charlottetown: Prince Edward Island Museum & Heritage Foundation, 2019): 1; and Douglas Sobey, "The Forests of Prince Edward Isaland, 1720-1900," in *Time and Place: An Environmental History of Prince Edward Island* edited by Edward MacDonald, Irené Novaczek, and Joshua MacFadyen (Montreal: McGill-Queen's Press, 2016): 80.
[91] Anne-Christine Hornborg, *Mi'Kmaq Landscapes: From Animism to Sacred Ecology* (London: Routledge, 2008): 81.
[92] David Keenlyside and Helen Kristmanson, "The Palaeo-Environment of the Peopling of Prince Edward Island: An Archaeological Perspective," 76.
[93] Douglas Sobey, "The Forests of Prince Edward Isaland, 1720-1900," 82-85.
[94] Matthew G. Hatvany, "Tenant, Landlord and Historian: A Thematic Review of the 'Polarization' Process in the Writing of 19th-Century Prince Edward Island History," *Acadiensis* 27, 1 (1997): 109.
[95] L. F. S. Upton, "Indians and Islanders: The Micmacs in Colonial Prince Edward Island," *Acadiensis* 6, 1 (1976): 21-23.

The presence of settlers changed the soils and brought new institutions and new regulations on how the mad could be cared for on the island. Leading up to the passing of *An Act to Provide for the Care and Maintenance of Idiots, Lunatics, and Persons on Unsound Mind,* which sought to provide financial support for families who applied, the stress of colonization was taking its toll.[96] The settlement of Europeans that was characterized by a sense of entitlement and greediness was intensely destructive.[97] The 1800s marked a time that transformed the soil in order to make way for a rural society focused on agriculture and fishing.[98] The significance of the connection between the land and the bodymind is best put by Anne-Christine Hornborg who wrote: "we can imagine that the patterns of the landscape and memories of nomadic life were one way of preserving identity and knowing not only your place in space, but also where you belonged existentially."[99] The connection between the land and the bodymind then, was essential to understanding your sense of self and belonging.

[96] Tina Pranger, *Beyond the Asylum,* 3.
[97] John G. Reid, "Empire, the Maritime Colonies, and the Supplanting of Mi'kma'ki/Wulstukwik, 1780-1820," *Acadiensis* 38, 2 (2009): 81.
[98] Tina Pranger, *Beyond the Asylum,* 1
[99] Anne-Christine Hornborg, *Mi'Kmaq Landscapes,* 82.

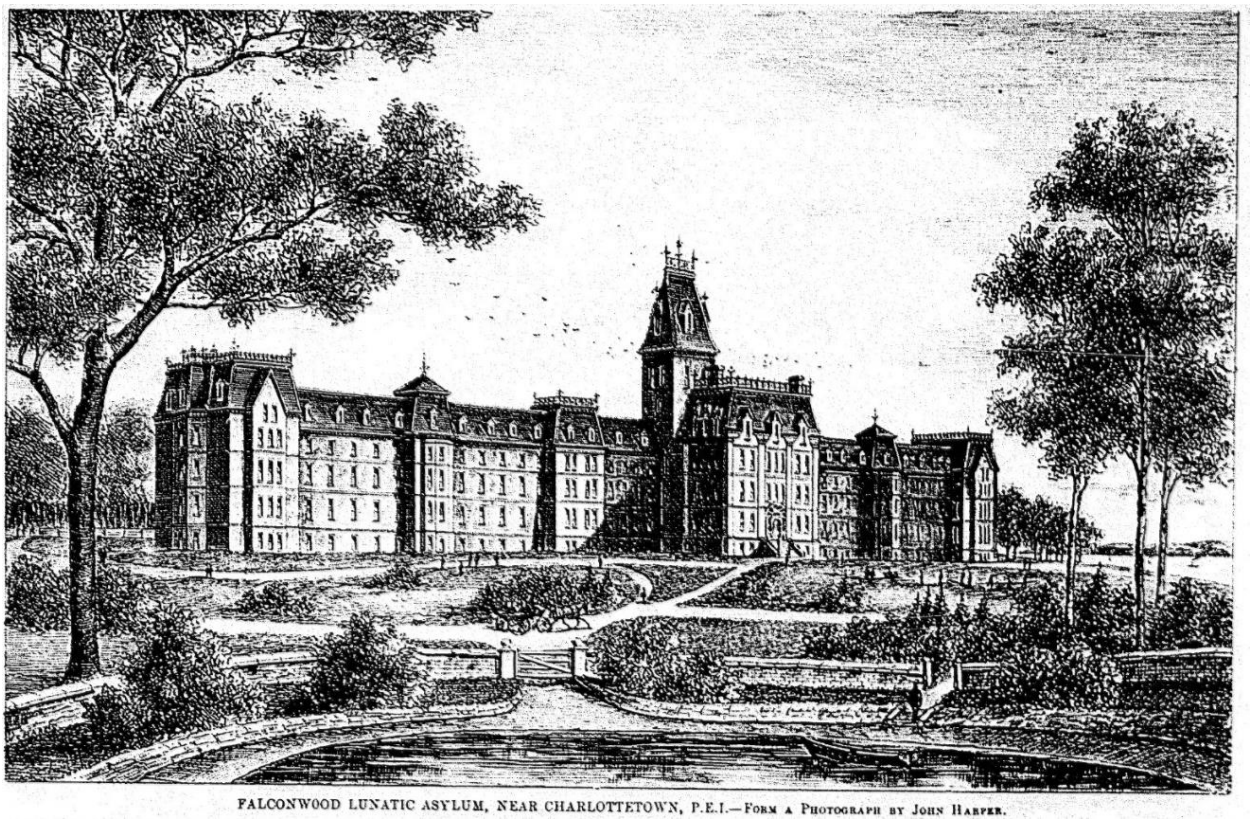

Figure 4: Falconwood Insane Asylum, *Canadian Illustrated News* 17, 12 (23 March 1878): 180.

The incorporation of Charlottetown would not occur until 1855; however, fifteen years prior politicians made the first moves to open an asylum when they passed *An Act to Authorize the erection of a Building near Charlottetown for Insane Persons and other objects of charity* to provide for the future maintenance of the same."[100] Issues of funding would not be addressed until its amendment in 1842 and land would not be purchased until 1844. The Charlottetown Lunatic Asylum would finally open in 1846. It eventually burned down in 1890 after the exposure of its horrid conditions and its re-purposing into a different building—a poor house and then a hospital for smallpox patients. In response to the horrid conditions, a new facility opened up in 1879 called the Prince Edward Island Hospital for the Insane also known as the

[100] Tina Pranger, *Beyond the Asylum,* 5.

Falconwood Insane Asylum, which you can see in the above image. Another large brick institution would change how mental health care would be practiced, and how norms related to wellbeing would be understood. In 1911, the facility would eventually be renamed to Falconwood Hospital.

The building of the asylum, and its eventual growth coincided with what Donald Soctomah called 'invisible years.' From 1873 to 1913, First Nations in the Maritimes were pushed to the margins of society and neglected by the federal government which was interested in Western settlement. Despite colonial neglect, the Mi'kmaq continued to live their lives rooted in their own culture.[101]

In the end, the PEI archives left me feeling disappointed. I hoped to find more information than what was offered. I knew children were housed at the Falconwood Asylum, but I did not account for the fact that there were no case files for inmates, and worse, the detailed case book about patients omitted children. I finished in the archive in far less time than I had set aside. In a few days, I copied the entries I needed and looked at annual reports. I asked the archivist if I missed anything—I had not. She pondered the possibility of documents somewhere on the island in someone's home but nothing that she knew of. I cannot help but to imagine that ten years from now, the archive will be randomly donated these missing case files.

An Invitation: Madness Beyond Settler Colonialism and Incarceration

The soil remembers, but so do the survivors. While most of the children who are part of this study were not Indigenous, asylums are bound up in Canadian State formation. Psychiatric facilities were part of a carceral system that outlined ideas around healthy bodyminds that subscribed normative ideas of gender, ability, race, and sexuality. It is absolutely crucial to

[101] Martha Elizabeth Walls, "Confederation and Maritime First Nations," *Acadiensis* 46, 2 (2017):156.

recognize asylums as part of the colonization process. This is especially salient with the work of *The Office of the Independent Special Interlocuter for Missing Children and Unmarked Graves and Burial Sites Associated with Indian Residential Schools* who reminded Canadians that the lives of Indigenous children were affected by many institutions:

> Current investigations are also beginning to reveal how the systems and patterns of colonial violence that existed in the Indian Residential School system extended to these associated institutions. One emerging pattern is that Indigenous children were transferred, often multiple times, to other institutions that were controlled by the same church entities that operated the Indian Residential Schools.
>
> Understanding the full scope of the forced transfer of children from one institution to the next and the conditions that led to their deaths will require significant time, funding, research, and long-term commitment to finding the truth. Identifying all the potential sites where unmarked burials may exist will take many decades for those leading this Sacred work.[102]

Genocide and fostering a settler society are two sides of the same coin.[103] Colonization goes beyond claiming the land and extends into a structure of society that destroys to replace.[104] This has implications for state formation and the apparatuses of colonialism, which does not only belong to the past nor does it only involve Indigenous communities.[105] In order to move beyond a settler apparatus, we must begin to think about how colonialism is not only a production of the past and present, but of the future, and how the future is knowable through certain practices through present logics of settler imaginings of the future (settler colonial futurity).[106]

The settler apparatus linked together many different institutions and carceral sites in service to the development of the future. In addition to asylums and residential schools, this

---

[102] Independent Special Interlocutor, *Sacred Responsibility: Searching for the Missing Children and Unmarked Burials, Interim Report* (June 2023), accessed: https://osi-bis.ca/wp-content/uploads/2023/06/OSI_InterimReport_June-2023_WEB.pdf
[103] Adele Perry, *On the Edge of Empire*, 194.
[104] Sean Carleton, *Lessons in Legitimacy*, 9.
[105] Leanne Betasamosake Simpson, *As We Have Always Done*, 42
[106] Eve Tuck and Rubén A. Gaztambide-Fernández, "Curriculum, Replacement, and Settler Futurity," *Journal of Curriculum Theorizing* 29, 1 (2013): 80.

included schools, medicine, prisons, and houses of industry. Philosopher Michel Foucault discussed sites of incarceration as the carceral archipelago—drawing our attention to the closeness of these sites by comparing it to a cluster of islands.[107] This can be further nuanced with the term institutional archipelago, which expanded the carceral application to include non-locked sites. It draws our attention to this system of power included both the desire to confine and reform.[108] This network that makes up the white settler nation worked and continues to work to perpetuate inclusion and exclusion through institutions and the support of actors within these systems.[109] The stories that make up this dissertation will elucidate the interconnections between medicine, immigration, hospitals, residential schools, and the asylum through the carceral experiences of children.

As such, we must consider how white settlers engage in the creation and continuance of a settler futurity, including how we continue to understand madness through a Western biomedical model. Health care, including mental wellbeing, has been shaped by racism and colonialism, and it is one that costs lives.[110] Canadian Health systems are the enduring white imagining of Canada that is composed of thousands of knots that prevent and ensnare Indigenous people from sovereignty and self-determination, and racialized patients whose identities and cultural practices

[107] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books Edition, 1995).
[108] Chris Chapman, Allison C. Carey, and Liat Ben-Moshe, "Reconsidering Confinement: Interlocking Locations and Logics of Incarceration," in *Disability Incarcerated: Imprisonment and in the United States and Canada,* edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York: Palgrave Macmillan, 2014): 14.
[109] Chris Chapman and A.J. Withers, *A Violent History of Benevolence Interlocking Oppression in the Moral Economies of Social Working* (Toronto: University of Toronto Press, 2019): 285.
[110] Mary Jane Logan McCallum, and Adele Perry, *Structures of Indifference*, 134.

are negated by Euro-centric biomedicine.[111] Settler colonialism directly contests self-determination and healing, while regularly evoking ableist logic.[112]

Understanding asylums as part of the colonial apparatus can allow us to imagine a different future. One beyond institutionalization and the prescription of white settler society. I hope that in unpacking the histories of madness we may begin to see how institutionalization does not work and no amount of oversight will ever change that. The system is corrupt, and that system is colonial. There is something fundamentally wrong with how we go about institutionalizing people. Asylums are part of a carceral web that upholds and supports capitalism, patriarchy, imperialism, colonialism, racism, ableism, and white supremacy.[113] Yet, many people still ask the question: how do we fix the institution? It is my goal to show you through the experiences of children placed in asylums that the question is not how we fix institutions, but instead, what we replace them with. What kind of care do we deserve? What kind of care reflects human dignity and collective responsibility? Our current system cannot be fixed, and only through imagining new ways of relating, caring, and living, can we envision new futures.

[111] Kate Jongbloed, Jorden Hendry, Danièle Behn Smith, Joe Gallagher K^{w}unuhmen, "Towards untying colonial knots in Canadian health systems: A net metaphor for settler-colonialism," *Healthcare Management Forum* 36, 4 (2023): 228-230.
[112] Susan Burch, *Committed: Remembering Native Kinship in and Beyond Institutions* (Chapel Hill: The University of North Carolina Press, 2021): 9-10.
[113] Syrus Ware, Joan Ruzsa, and Giselle Dias, "It Can't be Fixed Because It's not Broken, Racism and Disability in the Prison Indiustrial Complex," in *Disability Incarcerated: Imprisonment and in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York: Palgrave Macmillan, 2014): 178.

Storying Madness: The Historical Landscape, The Colonial Archive, and Blended Writing

"If the archive is a remnant,
it is one that keeps whispering to me,
insisting on its place in my everyday life."

Julietta Singh, *No Archive Will Restore You* (2018)

I began studying mad histories in 2015 when I took an undergraduate course *Madness in Modern Times.* I found myself especially captivated by how women became institutionalized and how they were consequently treated. As I have continued to foray into madness, both in my personal life and in academics, I have sought to understand the experiences of individuals who were institutionalized in the Canadian landscape. Through public history, which I began to study, I imagined the merging of fiction and fact to address what I saw as core challenges to accessing mad histories in meaningful ways. In thinking about storytelling, imagination, and emotions, I searched for a way to tell mad history that was accountable to the academic discipline and dealt with the limitations of the archive as a place riddled with absences.

What became immediately apparent was the lack of mad history regarding Canadian children. As I will discuss below, most of the historiography since the 1950s has focused on children labelled as intellectually disabled. As I merged this topic with my musings on how to do mad public history, the telling of children's experiences in asylums through blended writing engages with and emerges from three key spaces: 1) the historiography of madness; 2) a troubling of the archive and its materials; and 3) a desire to centre storytelling and emotions. In this chapter, I will outline some of the core historiographical texts, situate the archive in colonialism and bureaucracy, and explain my approach to mad history through storytelling and emotions. This is the academic context in which the stories that unfold in the forthcoming

chapters emerge from—years of thinking, reading, and musing about how to practice a mad public history.

In this chapter, I argue that through a more explicit use of imagination to address Roy Porter's call to do medical history from below, historians can begin to destabilize the dominant narratives in the historiography of psychiatry and focus on patient experiences more explicitly and in a relatable way. By employing imagination, historians can engage with fictional writing to engage with alternate possibilities of the past.[1] This method, which centres imagination, is about diversifying how historians frame historical records and challenging the limitations of the archival materials—which in the case of psychiatric history is dominated by medical records written by professionals. I draw from the practices of writing from below that have emerged since the development of microhistory—an approach to history that looks at a specific person, event, or place. The aim with microhistory is to recover lost stories and make connections to large themes.[2]

Microhistory, then, is about particular lives, ordinary people, and their worlds at a particular moment. It also seeks to evoke a problem or a mentality to answer important historical questions.[3] The key difference between microhistory and blended writing is my impulse to refuse notions of objectivity and distance. The method is closer to what Saidiya Hartman articulates as

[1] Antoinette M. Burton, *Archive Stories: Facts, Fictions, and the Writing of History* (Durham: Duke University Press, 2005): 227.
[2] Microhistory can be traced to Italy in the 1970s and 1980s with the most notable example being the work of Carlo Ginzburg, see: Carlo Ginzburg, *The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller* (Baltimore: Johns Hopkins University Press, 1980). On the development and practice of microhistory, see: Sigurður Gylfi Magnússon, and István M. Szijártó, *What is Microhistory?: Theory and Practice* (London: Routledge, 2013); Carlo Ginzburg, "Microhistory: Two or Three Things That I know about it." in *Theoretical Discussions of Biography: Approaches from History, Microhistory, and Life Writing*, edited by Hand Renders and Binne De Haan (Leiden: Brill Publishers, 2014): 139-166; and Sue Peabody, "Microhistory, Biography, Fiction: The Politics of Narrating the Lives of People under Slavery," *Transatlantica* 2 (2012): 1-19.
[3] Jill Lepore, "Historians who Love Too Much: Reflections on Microhistory and Biography," *The Journal of American History* 88, 1 (2001): 131-133.

her method of inquiry in *Wayward Lives, Beautiful Experiments*: "I employ a mode of close narration, a style which places the voice of narrator and character in inseparable relation, so that the vision, language, and rhythms of the wayward shape and arrange the text." She goes on to note that characters and events are real, not invented, but that she has sought to push the limits of a case file.[4] Blended writing takes this one step further. While my main characters were all real, the people around them are sometimes invented, and sometimes inspired by what little glimpses of them were contained in a file. Things that happen to the children in the stories embrace the fictional. Blended writing is quite literally the combination of historical fiction, academic inquiry, and close narration.

In approaching case files from within a mad and creative framework, we may begin to see how case files can be used to imagine the experience of inmates in Canadian psychiatric facilities. Specifically, if historians write their archival experiences as creative imaginative encounters, we may begin to uncover the possibilities of a different history.[5] It will change how

[4] Saidiya Hartman, *Wayward Lives, Beautiful Experiments: Intimate Histories of Riotous Black Girls, Troublesome Women, and Queer Radicals* (New York: W. W. Norton and Company, 2019): xii-xv.

[5] Imagination has long had its place in historical writing and interpretation of archival documents. The degree of which it enters a historical work can be quite contested and variant depending on the author. Hayden White took up imagination to add insight to the "debate over the nature and function of historical knowledge" (2). In *Metahistory: The Historical Imagination in Nineteenth-Century Europe*, white examined different European thinkers and how doing history has been influenced by them. In 1983, Vivienne Little wrote about the ways imagination emerged throughout historical work including through empathy and the reader's engagement with the text. This early thinking would extend into considerations of the boundaries between history and fiction and its fluidity. John Demos wrote about the borderland of history and fiction in *Rethinking History* and questioned the traditional rules of the discipline. This was examined further by Jerome de Groot who wrote that "imaginative writing about history demonstrates the innate falsity of History and the subjective ways in which we know, engage with, and understand the past" (20). More recently, David J. Stanley has argued that all historians engage in imagination while writing and interpreting the past and offered different forms of imagination. Building off his work, I have specifically used 'creative imagination' to emphasize the importance of creative thought and the rejection of a rationalist approach that minimizes the role of creativity in writing. See: Hayden White, *Metahistory: The Historical Imagination in Nineteenth-Century Europe* (Baltimore: Johns Hopkins University Press, 1973); Vivienne Little, "What is Historical Imagination?," *Teaching History* 36 (1983): 37-42; John Demos, "Afterword: Notes From, and About, the History/Fiction Borderland," *Rethinking History* 9, 2–3 (2005): 329–335; Jerome De Groot, *The Historical Novel* (London: Routledge, 2010); David J. Stanley, *Historical Imagination* (London: Routledge, 2020); and Beverley Southgate, *History Meets Fiction* (Harlow: Pearson Longman, 2009). I have also published on the intersections of historical imagination, empathy, and fiction writing. To learn more about the place I approach this subject matter,

we see silences and work with them by imagining the past in a more creative way. My approach is based on theories from public history, archival theory, creative research methods, narrativity, and storytelling.

Historiography: Writing About Madness and The Lives of Children

Historiography shapes research projects—it shapes themes that may become central to the project or sheds light on the existing gaps in the literature. In the field of history of medicine and psychiatry, a decades long historiographical conversation continues to occur on the wish to de-centre the biomedical dominance. This call continues to ask academics current and future to rethink how they write and what they write when it comes to medical and psychiatric history. The medical model remains controlled and defined by actors in the medical-industrial complex. [6] This model is repeated in the historiography which is sometimes written by people associated with the medical field. Histories of madness and psychiatric facilities often follow a positivist approach—one that is distant, objective and seemly value neutral. Although, I would argue they are not value neutral and objective. Often, institutional facilities are congratulated for their work, glossing over any potential harm done.[7] Despite the focus on the biopsychiatric approach by some, several historians have sought to address a need for a shift in the historiography in different ways. Since the 1980s, different approaches to mad history have leant to the production of literature that comes to a variety of conclusions. I am most interested in how patients,

see: Kira Smith, "Using Fiction to Tell Mad Stories: A Journey into Historical Imagination and Empathy," *Rethinking History* 36, 3 (2022): 392-419.

[6] A.J. Withers, *Disability Politics and Theory* (Halifax: Fernwood Publishing, 2012): 31.

[7] An example of this includes: Karen Speirs *Riverview Hospital: A Legacy of Care and Compassion* (Vancouver: British Columbia Mental Health and Addiction Services, 2010). The author quite literally argues the opposite conclusion to mine. Speirs paints Essondale as a place that fostered care and compassion for the wellbeing of those experiencing mental distress and other states of being.

sometimes referred to as inmates, are interpreted in these works, and how they contribute or reflect our relationship to carceral mental health practices.

Most prominently, in 1985, Roy Porter called on historians to do patient history from below. He argued that while some individuals challenged the construction of illness, there remained a lack of focus on how ordinary people saw and experienced medicine.[8] Just over ten years later in 1998, Canadian social historians, Franca Iacovetta and Wendy Mitchinson, remarked: "…medical history has long produced 'top-down' approaches celebrating professional, institutional, and therapeutic developments [which] partially explains why recent contributions to this field so strenuously stress patient agency."[9] This issue was once again brought up in 2016 when Alexandra Bacopoulos-Viau and Aude Fauvel revisited Porter's call to action to write patient histories. The authors wrote that despite the enthusiastic response to Porter's piece and its significance to the historiography, his call has not been fully heard and patient histories remain curiously underwritten.[10] Porter's call to historians has remained unresolved but is nonetheless underway.

Similarly, in 2020, Catherine Coleborne emphasized the importance of looking at mad history differently:

> the story of the social and cultural impact of the history of the mad movement, self-help and mental health consumer advocacy from the 1960s must be read inside a longer tradition of first-person accounts of madness. The people at the centre of the historical narrative of mental health—those with lived experiences of madness, especially those who have been in institutional 'care' and treatment regimes—should be the focus of its histories.[11]

[8] Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14 (1985): 175-6.
[9] Franca Iacovetta and Wendy Mitchinson, "Introduction: Social History and Case Files Research," in *On the Case* edited by Franca Iacovetta and Wendy Mitchinson (Toronto: University of Toronto Press, 1998): 11.
[10] Alexandra Bacopoulos-Viau, and Aude Fauvel, "Editorial - The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years On," *Medical History* 60, 1 (2016): 1-2.
[11] Catherine Coleborne, *Why Talk About Madness? Bringing History into the Conversation* (New York: Palgrave MacMillan, 2020): ix.

Coleborne went on to argue that the approach to addressing madness through confinement persisted in our understanding of mental wellbeing and health well beyond the closure of asylums. Therefore, in looking at this history, Colborne argues we may come to new or different understandings of mental health in the present. Her monograph calls for a shift in how we think about mad history and the need for it.

My dissertation emerges from the decades long conversation by looking for new ways to write patient histories and the significance of researching mad pasts. However, before I can discuss how I do patient history, I want to discuss how the intersecting histories of madness and childhood, which inform this study, have shaped the pasts of mad folks and children—largely in a Canadian context. As such, we will look at two larger categories of historiography: histories of madness and histories of childhood. Through this conversation, I aim to illustrate the ways the history of medicine and social history have tackled patient stories, as this is the place where I began to consider how we may write patient histories differently.

Writing Histories of Madness: Storying Asylums, Gender, Race, and Immigration

The most significant intervention in writing mad history, and the one that remains most fundamental to how I think about accountability to the past, is the work of Geoffrey Reaume. I feel both informed and validated when reading his work, which has explored the lives of the Toronto Asylum inmates, Toronto mad activists, and the ethics of doing this history.[12] On

[12] Geoffrey Reaume, "Accounts of Abuse of Patients at the Toronto Hospital for the Insane," *Canadian Bulletin of Medical History* 14, no. 1 (1997): 65–106; Geoffrey Reaume, "Disability History in Canada: Present Work in The Field and Future Prospects," *Canadian Journal of Disability Studies* 1, 1 (2012): 35–81; Geoffrey Reaume, "Keep Your Labels Off My Mind! Or 'Now I Am Going to Pretend I Am Craze but Don't Be a Bit Alarmed:' Psychiatric History from the Patients' Perspectives," *Canadian Bulletin of Medical History* 11 (1994): 387–424; Geoffrey Reaume "Lunatic to Patient to Person: Nomenclature in Psychiatric History and the Influence of Patients' Activism in North America," *International Journal of Law and Psychiatry* 25, 4 (2002): 405–26; Geoffrey Reaume, "Mental Hospital Patients and Family Relations in Southern Ontario, 1880- 1930," in *Family Matters: Papers in Post-Confederation Canadian Family History*, edited by Lori Chambers and Edgar-André Montigny (Toronto: Canadian

institutional histories, Reaume's book *Remembrance of Patients Past*: *Patient Life at the Toronto Hospital for the Insane, 1870-1940* remains the most significant intervention into the historiography of madness that addresses Roy Porter's call to do medical history from below. In the monograph, Reaume details the lives of 197 people who at one point lived at the Toronto Hospital for the Insane. The book covers diagnosis and admission, daily routines and relationships, leisure and personal space, family and community, and death and discharge. His contributions speak directly to writing patient-centred histories, and when possible, Reaume makes use of patient materials.[13] Reaume's book is central to my ability to engage in blended writing as it provides important information about the minutiae about the day to day and what it meant for people who were institutionalized. However, he was not the first Canadian historian who tackled patient experiences in Canada.

One of the earliest examples of patient-focused histories includes the work of Cheryl Krasnick Warsh's *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923.* In particular, chapters seven and eight emphasize the daily lives of patients and how they reacted to the institution. Other chapters outline the medical interventions and the roles of family. Ultimately, Warsh argues that the asylum could be best

Scholars' Press, 1998): 271-288; Geoffrey Reaume, "Posthumous Exploitation? The Ethics of Reseaching, Writing, and Being Accountable as a Disability History," in *Untold Stories: A Canadian Disability History Reader*, edited by Roy Hanes, Nancy E. Hansen, Diane Driedger (Toronto: Canadian Scholars Press, 2018): 26-39; Lykke de la Cour, and Geoffrey Reaume, "Patient Perspectives in Psychiatric Case Files," *In On the Case: Explorations in Social History*, edited by Franca Iacovetta and Wendy Mitchinson (Toronto: University of Toronto Press, 1998): 242-265; Geoffrey Reaume, "Eugenics Incarceration and Expulsion, Daniel G. and Andrew T.'s Deportation from 1928 Toronto, Canada," in *Disability Incarcerated: Imprisonment and Disability in the United States and Canada,* edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York, New York: Palgrave MacMillan, 2014): 63-80; and Geoffrey Reaume, "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900," in *Rethinking Normalcy: A Disability Studies Reader*, edited by Tanya Titchkosky and Rod Michalko (Toronto: Canadian Scholars' Press, 2009): 158-180.

[13] Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2000).

understood as interactions between administration, families, staff, and patients, which failed to meet its therapeutic goals.[14]

As part of this larger effort to tell stories with a human face, Marie-Claude Thifault in collaboration with other scholars has written extensively on the social histories of Quebec asylums and psychiatry.[15] Thifault explores the importance of family in the admission of married women to the St-Jean-de-Dieu Asylum between 1890 and 1921. In looking at the letters written by family members and administrators, she offers a glimpse into the private lives of inmates and their families. She demonstrates the reasons why families sought help and how they navigated the admission of a relative.[16] This article builds on the 2007 book, *Une Toupie sur La Tête*, which was co-authored with André Cellard. The authors provide patient histories from Saint-Jean-de-Dieu through letters found in the patient case files. Through their approach to the source materials, they successfully bring to life the voices of several people involved in the institution including superintendents, family members, and patients. The book engages with a mix of short and long quotes from the archival materials to address Porter's call to think about how the asylum was experienced by the various people implicated in its regime. The authors, I argue, engage in a closer writing of patient histories through their use of the source materials. Through

[14] Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal: McGill-Queen's University Press, 1989).
[15] Marie-Claude Thifault, "L'hospitalité chez les Sœurs de la Providence," *Spiritualité Santé* (2015), accessed November 8, 2023, https://www.chudequebec.ca/a-propos-de-nous/publications/revues-en-ligne/spiritualite-sante/dossiers/les-chemins-de-l-hospitalite/l%E2%80%99hospitalite-chez-les-sours-de-la-providence.aspx; Isabelle Perreault and Marie-Claude Thifault, "Les Soeurs de la Providence et les psychiatres modernistes: enjeux professionnels en santé mentale au Québec, 1910-1965," *Études d'histoire religieuse* 78, 2 (2012): 59-79; and Isabelle Perreault and Marie-Claude Thifault, "Behind Asylum Walls: Studying the Dialectic Between Psychiatrists and Patients at Montreal's Saint-Jean-de-Dieu Hospital during the first half of the Twentieth Century," *Social History of Medicine* 32, 2 (2019): 377-394.
[16] Marie-Claude Thifault, "Hell in the Family: Married Women and Madness Before Institutionalization at the St-Jean-de-Dieu Asylum, 1890-1921," *Nursing History Review* 19 (2011): 15-28.

blended writing, I am contributing to the existing work on patient experiences that has begun the difficult process of working within the limits of the case file.

The historiography of asylums also reminds me that asylums do not live in isolation of society. While they may have operated to remove people from their communities and homes, they remained embedded and influenced by the social and political order of the time. Historians have made significant connections between asylums and the wider community, like Erika Dyck and Alex Deighton's work on the Weyburn Asylum.[17] In eight chapters, the authors relate the institution to the wider medical, social, and political happenings within Saskatchewan and Canada. They discuss the evolution of mental health care, and how the hospital was understood and interacted with from different members of the wider communities. In doing this, Dyck and Deighton ask who has seen the asylum and how, adding a human dimension to the top-down, medicalized history of psychiatry. Throughout the stories, while I will not necessarily place them in their exact communities, however, I have endeavoured to include the provincial backdrop and happenings that affected the lived experiences of children. While included in the stories themselves, more context will be provided in a separate chapter following the story.

This reflects existing literature on asylums, which places asylums in relation to Canadian society. James E. Moran's *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* examines the community and elite responses to asylums, and how they differed in Ontario and Quebec. He argues that asylums had a place and role in the social order. One of the key contributions of this book is its discussion on the role family played in committal practices, something Moran further explores in a later piece with David Wright and Mat Savelli. In that essay, the authors approach the role of the family as central to the

[17] Erika Dyck and Alexander Deighton, *Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada* (Winnipeg: University of Manitoba Press, 2017).

identification, certification, and commitment of people on the so-called "lunatic fringe."[18] In the stories that unfold, I continue these themes by exploring how the institutions and communities fit into larger forces of settler colonialism and empire, and how families have factored into the committal of their children.

The most frustrating aspect of this historiography are the institutional histories, that ought to be read cautiously due to their celebratory stance toward the asylum or the positionality of the author. They often provide important contextual information about asylums, but rarely do they ever account for patients in a meaningful way. Asylums are not often approached with nuance but instead as a facility that needs to be celebrated along with its staff. An example of this is Val Adolph's *In the Context of its Time: A History of Woodlands* and *Memories of Woodlands*. He was the former head of the Woodlands and Essondale Volunteers Association, and both his texts were published by the Ministry of Social Services in British Columbia.[19] Both had a vested interest in painting a positive interpretation of the institution for the staff and volunteers. *In the Context of its Time* charts the evolution of Woodlands from its inception as the Provincial Lunatic Asylum to its more recent name, as a tribute to the staff and residents. By contrast, *Memories of Woodlands* features stories from staff remembering their time working at the institution from the 1930s to the present (1996). Other texts that take a more celebratory

[18] James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario*; James E. Moran, David Wright, and Mat Savelli, "Lunatic Fringe: Families, Madnesss, and Confinement in Victorian Ontario" in *Mapping the Margins: The Family and Social Discipline in Canada* edited by Nancy Christie and Michael Gauvreau (Montreal: McGill-Queen's University Press, 2004).
[19] Gerald E. Thomas, "Book Review – In the Context of its Time: A History of Woodlands and Memories of Woodlands," *BC Studies* 113 (1997) 113-114; Val Adolph, *In the Context of its Time: A History of Woodlands* (Victoria: Ministry of Social Services, Government of British Columbia, 1996); and Val Adolph, *Memories of Woodlands* (Victoria: Ministry of Social Services, Government of British Columbia, 1996).

approach include government published materials on Essondale Hospital, the Brandon Asylum, and the Falconwood Hospital.[20]

Some survivors have offered different views of asylums over the course of their existence.[21] Many individuals have been compelled to take up the pen to reveal the conditions of which people lived under. The most famous, Nellie Bly, entered Blackwell Island Insane Asylum as a journal and published a book called *Ten Days in a Mad House*. Once admitted, Bly stopped acting and began detailing the horrendous food, use of restraints, and the containment of people who should not be institutionalized. She described a lack of treatment, fridged baths, and torture.[22] Her account offers insight into the real treatment faced by people who were institutionalized—treatment that is rarely described in case files.

In Canada, the earlier written accounts come from Elizabeth Packard and Mary Huestis Pengilly. Elizabeth Packard was institutionalized by her husband and was not released until her children petitioned for it three years later. Following her release and for the remainder of her life, she published several books and was responsible for thirty-four American bills protecting women from undue hospitalization and treatment.[23] On the other hand, Pengilly was institutionalized at the Provincial Lunatic Asylum in Saint John. While there she kept a journal of abuses and the 'disrespect' she witnessed during her six months stay, including discussions on the poor food and

---

[20] Karen Speirs *Riverview Hospital: A Legacy of Care and Compassion*; *Collecting Riverview: A Visual History of Photographs and Objects* (Coquitlam: City of Coquitlam, 2001) Kurtland Ingvald Refvik, *History of the Brandon Mental Health Centre, 1891-1991* (Brandon: Brandon Mental Health Centre, 1991); and Tina Pranger, *Beyond the Asylum: The Evolution of Mental Health Care in Prince Edward Island 1846-2017* (Charlottetown: PEI Museum and Heritage Foundation, 2019).

[21] I have used the word survivor in order to recognize that people identify with madness and experiences of institutionalization in myriads of ways. It further reflects that contemporary literature on experiences in psychiatric facilities employ the word survivor to describe what happened.

[22] Nellie Bly, *Ten Days in a Mad House* (New York: Norman L. Munro, Publisher, 1887)

[23] Nérée St-Amand and Eugène LeBlanc, "Women in 19th-Century Asylums: Three Exemplary Women; A New Brunswick hero," in *Mad Matters: A Critical Reader in Canadian Mad Studies,* edited by Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume (Toronto: Canadian Scholars Press, 2013): 40-42; Elizabeth Packard, *Marital Power Exemplified in Mrs. Packard's Trial, and Self-Defence from the Charge of Insanity* (Chicago: Clarke & Co., Publishers, 1870).

her isolation.[24] She learned in order to escape the asylum, she had to conform outwardly to game the system while practicing her own forms of resistance. In particularly, Pengilly spent much of her time caring for the wellbeing of others.[25] After her release from the asylum, she gave her journal to the Lieutenant Governor who ultimately did nothing. This did not sway her from her goal. Pengilly continued to sell her diary and poems across North American advocating for reforms. Like Nellie Bly's account, these two women offered valuable insight into the lived experiences of mad folks.

With deinstitutionalization, the movement towards community care that was never fully actualized, several survivors wrote about the horrors faced and offered complications on relationships within and to the institution. For example, *Shrink Resistant* published in 1998 is an edited collection featuring the writing of Canadian psychiatric survivors who write about their experiences at the intersections of gender, race, and dehumanization.[26] Similarly, almost ten years later, *Call me Crazy* is an edited collection of stories from survivors and members of the mad movement.[27] Pat Capponi in *Upstairs in the Crazy House: The Life of a Psychiatric Survivor* offers institutions into how Capponi was harmed by the institution that embeds an analysis of class and poverty within her own experience.[28] Some texts have taken a more fictional approach like Persimmon Blackbridge's book *Sunnybrook: A True Story with Lies*. Through the main character, Diane an employee at Woodlands (formerly The Provincial Insane Asylum, British Columbia) reflects on her double life as a lesbian woman and her struggles

[24] Nérée St-Amand and Eugène LeBlanc, "Women in 19th-Century Asylums," 43-44; and Mary Huestis Pengilly, Diary Written in the Provincial Lunatic Asylum (St. John: Published by the Author, 1885).
[25] Nérée St-Amand and Eugène LeBlanc, "Women in 19th-Century Asylums," 45.
[26] Bonnie Burstow and Don Weitz (eds), *Shrink Resistant: The Struggle Against Psychiatry in Canada* (Vancouver: New Star Books, 1988).
[27] Irit Shimrat (ed), *Call me Crazy: Stories from the Mad Movement* (Vancouver: Press Gang Publishers, 1997).
[28] Pat Capponi, *Upstairs in the Crazy House: The Life of a Psychiatric Survivor* (Toronto: Viking Press, 1992).

related to the mental health system.[29] All these texts offer important insights into the lived experiences of those institutionalized and offer additional commentary onto what the day to day looked like that is often missing from case files.

The experiences of survivors also reflect literature that explores the intersections of gender and medicine, which will remain a key theme in this dissertation through the discussion of girlhood and gendered interpretation of madness. Wendy Mitchinson in her seminal text, *The Nature of their Bodies: Women and their Doctors in Victorian Canada* brings together medicine and culture as fundamental to examining the medical experiences of women. The book ends with two chapters exploring mental wellbeing and women. In these chapters, Mitchinson reveals how nineteenth-century physicians made connections between insanity and the female body.[30] In 2013, she expanded on this work with *Body Failure: Medical Views of Women, 1900-1950*, which picks up where the previous book left off and examines the increased role of medical professionals in women's lives. In chapter ten, she continues her conversation on healthy minds and women where she looks at the ways gender and mental health have been discussed, developed, and treated in relation to each other.[31] More broadly, these texts unpack how medicine is socially and culturally constructed thus impacting the lives of girls and women differently.

Gender is core to understanding children's experiences at an asylum. Many scholars explore the intersections of gender and the asylum, largely for adults, and have published significant articles and book chapters. This includes Mary Ellen Kelm's "A Life Apart: The

[29] Persimmon Blackbridge, *Sunnybrook: A True Story with Lies* (Vancouver: Press Gang, 1996).
[30] Wendy Mitchinson, *The Nature of their Bodies: Women and their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1994).
[31] Wendy Mitchinson, *Body Failure: Medical Views of Women, 1900-1950* (Toronto: University of Toronto Press, 2013).

Experience of Women and the Asylum Practice of Charles Doherty at British Columbia's Provincial Hospital for the Insane, 1905–15," where she looks at a period of time when reforms excluded women and thus their care was largely shaped by nurses and the atmosphere of the ward itself.[32] Continuing the efforts to understand female patients in asylums, Lykke de la Cour wrote "'She thinks this is the Queen's castle': Women Patients' Perceptions of an Ontario Psychiatric Hospital." In using case files, de la Cour reveals women's perceptions of the institution itself.[33] Her research on women's experiences in the Coburg facility would eventually result in her 2013 dissertation *From 'Moron' to 'Maladjusted': Eugenics, Psychiatry, and the Regulation of Women, Ontario, 1930s-1960s.* In her thesis, de la Cour details the lived experiences of women and places them within the context of disability and eugenics.[34] Finally, Constance Backhouse added a legal and race analysis by writing about Violet Hypatia Bowyer in 2005. In applying an intersectional analysis, Backhouse demonstrates how Bowyer's diagnosis and admission were reflective of social views on gender, class, and race, and how Bowyer resisted her confinement and psychiatric experts.[35] Girls admitted into Canadian asylums were often from working-class backgrounds and subject to an array of reformer interventions that sought to correct their behaviour along feminine norms despite their own wants or desires for their lives.

Children's experiences were also heavily regulated and interpreted at the intersections of race and colonialism. Scholars in the field have taken up the intersections of race and colonialism

[32] Mary Ellen Kelm, "A Life Apart: The Experience of Women and the Asylum Practice of Charles Doherty at British Columbia's Provincial Hospital for the Insane, 1905–15," *Canadian Bulletin of Medical History* 11, 2 (1994): 335-355.
[33] Lykke de la Cour, "'She thinks this is the Queen's castle': Women Patients' Perceptions of an Ontario Psychiatric Hospital," *Health & Place* 3, 2 (1997): 131-141.
[34] Lykke de la Cour, *From 'Moron' to 'Maladjusted': Eugenics, Psychiatry, and the Regulation of Women, Ontario, 1930s-1960s* (Ph.D. Thesis: University of Toronto, 2013).
[35] Constance Backhouse, "'Pleasing Appearance…Only Adds to the Danger': The 1930 Insanity Hearing of Violet Hypatia Bowyer," *Canadian Journal of Women and the Law* 17, 1 (2005): 1-13.

within asylum history, albeit largely in American Asylums.[36] In Canada, Robert Menzies has written several articles and book chapters on race. In the edited collection *Mental Health and Canadian Society: Historical Perspectives,* Menzies co-authored with Ted Palys a chapter titled "Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1879-1950." This chapter situates and interrogates the intersection of psychiatry and Indigeneity by looking at case files from British Columbia. The authors reveal common trends and discuss what the experiences may have been like for Indigenous inmates.[37] This expanded on Menzies' earlier work including a discussion on the intersections of race, reason, and regulation with the deportation of Chinese men in 1935 from British Columbian asylums.[38] As a public historian, I have been trained with an understanding of settler colonialism and its impact on the practice. In interpreting asylum history, I have relied on these texts and this training to place asylums in the context of settler society and its implication for all inmates.

This history also has important implications for today. In order to trouble the current overrepresentation of Indigenous patients in the mental system today, Kathryn McKay published a chapter called "Settler-Colonial Thought and Psychiatric Practice in Early Twentieth-Century

[36] Martin Summers, Madness in the City of Magnificent Intentions: A History of Race and Mental Illness in the Nation's Capital (Oxford: Oxford University Press, 2019); Wendy Gonaver, The Peculiar Institution and the Making of Modern Psychiatry 1840-1880 (Chapel Hill: University of North Carolina Press, 2019); Pemina Yellow Bird, "Wild Indians: Native Perspectives on the Hiawatha Asylum for Insane Indians," (2004): accessed 24 November 2023, dsmc.info/pdf/canton.pdf; Mab Segrest, *Administrations of Lunacy: Racism and the Haunting of American Psychiatry at the Milledgeville Asylum* (New York: The New Press, 2020); Jonathan M. Metzl, *The Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2009); Zosha Stuckey, "Race, Apology, and Public Memory at Maryland's Hospital for the 'Negro' Insane," *Disability Studies Quarterly* 37, 1 (2017); and Susan Burch, *Committed: Remembering Native Kinship In and Beyond Institutions* (Chapel Hill: The University of North Carolina Press, 2021).

[37] Robert Menzies and Ted Palys, "Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1879-1950" in *Mental Health and Canadian Society: Historical Perspectives*, edited by James Moran and David Wright (Montreal and Kingston: McGill-Queen's University Press, 2006): 149-175.

[38] Robert Menzies, "Race, Reason, and Regulation: British Columbia's Mass Exile of Chinese 'Lunatics' aboard the Empress of Russia, 9 February 193," in *Regulating Lives: Historical Essays on the State, Society, The Individual, and the Law*, edited by John McLaren, Robert Menzies, and Dorothy E. Chunn (Vancouver: University of British Columbia Press, 2002): 196-230.

British Columbia, Canada," in *Archiving Settler Colonialism,* where she looks at case files, police reports, and institutional correspondence to trouble the initial incident of madness. In doing so, McKay examines the application of scientific racism, gender norms, and settler-colonial visions on indigeneity, which shaped the lives of patients admitted into British Columbian institutions.[39] Ideas on race, gender, and colonialism were infused in the very foundation of the institutions to uphold a white Canadian state. Approaching race more broadly, Nadia Kanani has challenged the approach of thinking about race and madness as separate and posited the need to think about them as interconnected. Her article illustrates how psychiatry, colonialism, and madness have been co-constructed, and how they are intertwined in the maintenance of social order.[40] As I found in my research, the experiences of Indigenous and racialized children in Canadian institutions often demonstrated a larger degree of apathy toward their wellbeing. This had serious consequences on their experiences while institutionalized. For example, in British Columbia, compared to white children who had a death rate of 58%, which was already notably high, those identified as Indigenous, Chinese, Japanese, and Black had a death rate of 73%.[41]

Race and psychiatry have also been studied in relation to citizenship and immigration. Childhood did not grant boys and girls who entered the asylum safety from being deported to extended family members or the unknown. In 1995, Ian Dowbiggin explored this topic and its intersection with youth through a discussion on Dr. C. K. Clarke, immigration, and psychiatry. By looking at the development of new psychiatry, Dowbiggin connects mental health discourses

[39] Kathryn McKay, "Settler-colonial thought and psychiatric practice in early twentieth-century British Columbia, Canada," in *Archiving Settler Colonialism: Culture, Space, and Race,* edited by Yu-ting Huang, Rebecca Weaver-Hightower (London: Routledge, 2018): 205-217.
[40] Nadia Kanani, "Race and Madness: Locating the Experiences of Racialized People with Psychiatric Histories in Canada and the United States," *Critical Disability Discourses* 3 (2011), accessed 20 November 2023, https://cdd.journals.yorku.ca/index.php/cdd/article/view/31564.
[41] Mental Health Services patient case files, GR-2880, British Columbia Archives (Victoria, British Columbia).

to immigration that embedded social prejudices.[42] Discussions on this intersection have also been taken up by many scholars, including Natalie Spagnuolo who wrote about the notion of dependency, the creation of cure, and the deportation of people labelled with feeblemindedness; Valentina Capurri who tackled the parliamentary and public discourses on immigration and disability; Geoffrey Reaume who examined the experiences of two individuals who were deported from the Toronto Asylum; and Jay Dolmage who illustrated the discourse and construction of eugenics, immigration, and race in connection with mental fitness and citizenship.[43] All of these texts challenge the ways psychiatry and immigration worked together to disable individuals and maintain a Canadian populace that was primarily Anglo-Saxon.

Finally, because I am interested in mad history as a practicing public historian, I have noticed a growing interest in representing asylums and patient lives. The first significant public history effort I came across was *The Lives they Left Behind*. Originally an exhibit and published text, the project sought to detail the lives of former patients through the forgotten suitcases stuffed in attic and discovered decades later.[44] In 2014, Jon Crispin kickstarted (Kickstarter is a crowd funding platform) a documentation of the suitcases on a digital exhibit called *The Willard Suitcases*.[45] In photographing the suitcases he explicitly wants people to have an emotional

[42] Ian Dowbiggin, "'Keeping the Young Country Sane:' C.K. Clarke, Immigration Restriction, and Canadian Psycahitry, 1890-1925," *The Canadian Historical Review* 76, 4 (1995): 598-627.
[43] Natalie Spagnuolo, "Defining Dependency, Constructing Curability: The Deportation of 'Feebleminded' Patients from the Toronto Asylum, 1920-1925," *Histoire Sociale/Social History* 49, 98 (2016): 126– 153; Valentina Capurri, *Not Good Enough for Canada: Canadian Public Discourse around issues of Inadmissibility for Potential Immigrants with Diseases and/or Disabilities*, 1902-2002 (Toronto: University of Toronto Press, 2020); Geoffrey Reaume, "Eugenics Incarceration and Expulsion, Daniel G. and Andrew T.'s Deportation from 1928 Toronto, Canada," in *Disability Incarcerated: Imprisonment and Disability in the United States and Canada,* edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York, New York: Palgrave MacMillan, 2014): 63-80; and Jay Dolmage, *Disabled Upon Arrival: Eugenics, Immigration, and the Construction of Race and Disability* (Columbus: The Ohio State University, 2018).
[44] Darby Penney, Peter Stastny, and Lisa Rinzler, *The Lives they Left Behind: Suitcases form a State Hospital Attic* (New York: Bellevue Literary Press, 2009).
[45] Jon Crispin, *Willard* Suitcases, 2013, accessed 3 May 2023, https://www.willardsuitcases.com/.

reaction that connects viewers to the stressful and consuming worlds of the patients.[46] In Canada, *Mad City* was an installation in Vancouver on the Legacies of the Mental Patient's Association in 2018.[47] It has now transitioned into *Mad Cities* containing several stories as a digital exhibit hosted by *Madness Canada*.[48] This exhibit makes important contribution in its centring of experiential experts and the multiple means of engagement including the production of a documentary. In Toronto, Geoffrey Reaume offers *Psychiatric Patient Built Wall Tours* walking at the Centre for Addiction and Mental Health. These tours attended by numerous people help not only to share the history of patients who once built this wall but also to stress the importance of preserving the wall.[49] Finally, a creative intervention in this space by musician, Simone Schmidt, researched the lives of the women of the Rockwood Asylum and produced an album *Audible Songs from Rockwood* under her solo project, Fiver. Alongside the album Schmidt wrote a 30 pages of liner notes detailing her research.[50] These projects foreground a growing interest and activist recognition for the need to preserve mad histories and tell stories from patient perspectives.

Many of the discussed contributions have made efforts to centre patient experiences and patient viewpoints. However, it is unquestionably difficult to access someone's inner experiences, especially when so little is known about them. This leaves some gaps in the historiography with being able to fully capture and understand patient experiences on an

---

[46] Claire O'Neill, "Asylum Suitcases, Found and Photographed," *NPR,* 4 March 2013, accessed 3 May 2024, https://www.npr.org/sections/pictureshow/2013/03/04/141934159/asylum-suitcases-found-and-photographed.
[47] Megan J. Davies, "Living History Installation in Vancouver: MAD CITY, Legacies of MPA," *Active History*, 7 February 2018, access 3 May 2024, https://activehistory.ca/blog/2018/02/07/living-history-installation-mad-city-legacies-of-mpa/.
[48] "Mad Cities," *Madness Canada,* accessed 3 May 2024, https://activehistory.ca/blog/2018/02/07/living-history-installation-mad-city-legacies-of-mpa/.
[49] Geoffrey Reaume, "Psychiatric Patient Built Wall Tours at the Centre for Addiction and Mental Health (CAMH), Toronto, 2000 – 2010," *Active History*, 19 April 2011, accessed 4 May 2024, https://activehistory.ca/papers/historypaper-10.
[50] Fiver, *Audible Songs from Rockwood*, Idee Fixe Records, 2017, vinyl record, compact disk, and digital.

emotional level and how people developed their own thoughts independent of the institution. The literature can be read as being devoid of the visceral feelings of madness and institutionalization despite efforts to address the calls to centre mad individuals.

Children, Institutions, and Medicine

The first text that has been fundamental to how I approach mad history is Thelma Wheatley's *"And Never Have I Wings to Fly:" Labeled and Locked up in Canada's Oldest Institution*. Moreover, it was while first reading Wheatley's text that I took notice of the need to centre children's experiences in institutions. This book inspired me to tackle patient history in my own work and to think about different narrative means to do so. Wheatley's book follows the story of Daisy, a former inmate, and her family, placing their stories in the wider contexts of Ontario society from 1900 to 1966. Wheatley included an extensive history of the people involved, Ontario psychiatric history, the Children's Aid Society, and the perceptions of the so-called mentally defective. The narrative style has also embedded fictional conventions, such as the use of dialogue. The difficulty of labelling this book in traditional categories of fiction and non-fiction, challenged me to think about the way I understood historical writing.[51] Wheatley's narrative engulfed me. It brought me into the story, and I found myself invested in the outcomes and lives of the people. I was not just interested; I was emotionally invested.

Since then, a growing body of literature has focused on the experiences of children and adults in the Huronia Regional Centre, a custodial facility for people with intellectual and cognitive disabilities. Recounting Huronia, a project completed in collaboration with survivors of

[51] It was published under the category of non-fiction; however, I could easily make an argument for either. See: Thelma Wheatley, *"And Never Have I Wings to Fly:" Labeled and Locked up in Canada's Oldest Institution* (Toronto: Inanna Publications and Education Inc, 2013).

the Huronia Regional Centre, reveals some of the substantive abuse institutionalized children and youth faced.[52] This project has highlighted the further need for survivor knowledge, and the need to approach children as legitimate political and social subjects. Katherine Viscardis, who recently completed their dissertation on the same facility, has chronicled the abuse and neglect of disabled children during the post-war period. Viscardis examines how violence occurred and how disabled children were excluded from being emotionally priceless due to their cognitive and learning disabilities.[53] Other historians who have discussed children, usually with cognitive and learning disabilities, include David Wright's history of Down Syndrome, Deborah Doroshow's book on children labelled as emotionally troubled, Madeline Burghardt's *Broken: Institutions, Families, and the Construction of Intellectual Disability*, and Victoria Freeman's memoir about her sister who was institutionalized.[54]

Filmmaker Barri Cohen, who had siblings admitted into the Huronia Regional Centre, directed a documentary revealing the horrors of institutional life.[55] Most recently, in October 2023, nancy viva davis halifax published a chapbook *act normal* that employs illegibility and uncertainty to avoid and challenge the normative. In doing so, she reveals the ways children were categorized and treated under custodial care.[56] Focusing on the first half of the twentieth century, Jessa Chupik and David Wright have written "Treating the 'idiot' Child in Early 20th-Century Ontario," which explores how institutions and medical interventions treated children with

---

[52] Kate Rossiter and Jen Rinaldi, *Institutional Violence and Disability: Punishing Conditions* (New York: Routledge, 2018): 15-16.
[53] Katherine Maye Viscardis, "The History and Legacy of the 'Orillia Asylum for Idiots:' Children's Experiences of Institutional Violence" (Peterborough, Trent University, 2020).
[54] David Wright, *Downs: The History of a Disability* (New York: Oxford University Press, 2011); Deborah Blythe Doroshow, *Emotionally Disturbed: A History of Caring for America's Troubled Children* (Chicago: University of Chicago Press, 2019); Madeline Burghardt, *Broken: Institutions, Families and the Construction of Intellectual Disability* (Montreal: McGill-Queen's University Press, 2018); and Victoria Freeman, *A World Without Martha: A Memoir of Sisters, Disability, and Difference* (Vancouver: University of Vancouver Press, 2019).
[55] Barri Cohen (director), *Unloved* (Documentary Channel and White Pine Pictures, 2022), 90 minutes.
[56] nancy viva davis Halifax, act normal (Montreal: McGill-Queen's Press, 2023).

intellectual disabilities. The admission of children was situated in attempts to correct behaviours and support learning delays before turning to the institution.[57] Finally, shifting our attention to British Columbia, Nic Clarke published "Sacred Daemons: Exploring British Columbian Society's Perceptions of 'Mentally Deficient Children, 1870-1930," in 2004/5. This article discusses the ways normal and abnormal children were theorized and considered an economic burden.[58] These works offer important insight into the experiences of children in asylums, but with two exceptions the Canadian literature focuses predominantly on the second half of the twentieth-century.

Asylums, however, were not the only place children were institutionalized. As I will argue throughout this dissertation, children were subject to a carceral web of facilities that enacted control and containment. Another critical instance of institutionalized children in Canada was the 'Duplessis Orphans' who were a large group of individuals who were wrongly admitted into Quebec psychiatric facilities. They made up some 20,000 children from the 1930s and 1960s with falsified certifications to facilitate their admission. Sophie Boucher, Nikolas Paré, J. Christopher Perry, John J. Sigal and Marie-Claude Ouimet in their 2008 article reveal the negative and horrible consequences of 81 individuals who were part of this institutional shift that moved children from an orphanage to a psychiatric facility.[59] The most significant work detailing the transfer of the orphans and their experiences that followed is Rose Dufour's *Naître rien: Des orphelins de Duplessis, de la crèche à l'aisle*. This examination of the Duplessis Orphans provides yet another look into how children of poor backgrounds were subject to mistreatment

[57] Jessa Chupik and David Wright, "Treating the 'idiot' child in early 20th-century Ontario," Disability & Society, 21, 1 (2006): 77-90.
[58] Nic Clarke, "Sacred Daemons: Exploring British Columbian Society's Perceptions of 'Mentally Deficient Children, 1870-1930," *BC Studies* 144 (2004/5): 61-89.
[59] Sophie Boucher, Nikolas Paré, J. Christopher Perry, John J. Sigal and Marie-Claude Ouimet, "Répercussions d'une enfance vécue en institution: le cas des Enfants de Duplessis," *La psychothérapie interpersonnelle* 33, 2 (2008): 271-291.

by psychiatric facilities that labelled them as intellectually inferior and thus institutionalized children to keep them away from society at large.[60]

Literature outside of Canadian history have also made efforts to understand how children were institutionalized. On child insanity in England, Steven J. Taylor has published an account covering children admitted into five nineteenth-century asylums, addressing a gap in the historiography. His work provides an empirical analysis and an important overview of the influences on mad children.[61] Most recently, a French journal has published a special edition on children in twentieth-century asylums.[62] This issue covers topics concerning children, intellectual disabilities, asylums, and delinquency—largely across Europe. Marica Setaro examines the gendered and sexist developments in the psy sciences through an analysis of girls labelled abnormal in an Italian asylum.[63] In the same publication, Alexandre Klein offers a Canadian perspective by looking at how Theodore Simon in Quebec worked towards reinventing the care for the feebleminded by developing a pedagogical intervention for children who were deemed abnormal. In this article, Klein demonstrates the close connections between medicine and education in the regulation of children's lives.[64] While it is important to understand the impact of Canadian settler colonialism on the lives of children, their experiences can also be connected into a transnational impulse in North America and Europe to codify normal childhoods and intervene on ones deemed abnormal.

One intersecting institution with asylum history and how children wound up incarcerated include the school system. On education, Jason Ellis' book *A Class by Themselves? The Origins*

[60] Rose Dufour, *Naître rien: Des orphelins de Duplessis, de la crèche à l'aisle* (Sainte-Foy : Éditions Multimondes, 2002).
[61] Steven J. Taylor, *Child Insanity in England, 1845-1907* (London: Palgrave MacMillan, 2017).
[62] *Revue d'histoire de l'enfance «irrégulière,»* 23 (2021).
[63] Marica Setaro, "À la recherche des jeunes filles," *Revue d'histoire de l'enfance «irrégulière,»* 23 (2021): 47–65.
[64] Alexandre Klein, "De Perray-Vaucluse à La Jemmerais," *Revue d'histoire de l'enfance «irrégulière,»* 23 (2021):: 123-137.

of Special Education in Toronto and Beyond charts the evolution of auxiliary classes and placing them within a wider discussion of eugenics and environmentalism. He situates the development of these classes in medical and reformer rhetoric. This development of education and medicine worked in conjunction with the admission of children into institutions. For example, Helen McMurchy believed that it was necessary to offer auxiliary classes to children before they were old enough to enter an institution.[65] Education offered a means to classify and sort children deemed normal and abnormal.

This dissertation also addresses the shifting attitudes towards children and research interests, which have resulted in a historiographical shift to address the histories of children as a serious field of inquiry. The results have yielded studies looking at children as agents rather than passive subjects. This shift is particularly important for children who are often denied their agency, allowing us to examine children as active contributors to their world and society.[66] Authors writing in this field have demonstrated how children shifted from economically valuable, to emotionally valuable. Conversely, disability scholars have demonstrated how not all children were permitted the same emotional significance. Veronica Strong-Boag has emphasized how disabled children were not afforded the same sacralization as modern children, and this was further exaggerated for marginalized folks.[67] Disability, constructed as a moral and development failure under this paradigm, saw medical intervention as necessary to maintain a set of norms that saw children with disabilities as abnormal. This resulted in their exclusion from the emotional significance of children and painted their differences as a potential threat to a healthy

[65] Jason Ellis, *A Class by Themselves? The Origins of Special Education in Toronto and Beyond* (Toronto: University of Toronto Press, 2019).
[66] Florian Esser, Meike S. Baader, Tanja Betz, and Beatrice Hungerland (eds.), *Reconceptualising Agency and Childhood: New Perspectives in Childhood Studies* (New York: Routledge, 2016).
[67] Veronica Strong-Boag, "Children of Adversity": Disabilities and Child Welfare in Canada from the Nineteenth to the Twenty-First Century," *Journal of Family History* 32, 4 (2007): 413-432.

and stable population.[68] As Molly Ladd-Taylor observes, the merging of welfare reform and eugenics fostered transformations in childhood and disability that took hold in 1900. In particular, the linking between children and the feebleminded menace were embedded in policies and welfare systems.[69]

As Gleason points out in *Small Matters*, medicine worked in conjunction with education to categorize disabled children.[70] This is yet another key institution that works to contain children deemed abnormal. As such, hospitals and other medical facilities were key players in asylum history. The hospital will appear in Fen's story as the vehicle for his admission into Essondale Hospital. Both Mona Gleason and Tracy Odell have written about hospitals and children with disabilities in the twentieth century.[71] Mona Gleason in *Small Matters* brings together a discussion of professional discourses on children's health and oral histories from lived experiences of hospitalization in childhood. Her analysis takes childhood and age relationality as central to understanding the meanings of sickness and health, normal and abnormal. These understandings worked in conjunction with the asylum. In several instances, hospital staff were the impetus for the admission of a child to a psychiatric facility. For example, Alexander was admitted into the Brandon Asylum in 1923 after the matron at the Virden Hospital called for help because he was impossible to control. The asylum served as a space where he could be treated

[68] Mona Gleason, "Navigating the Pedagogy of Failure," 142.
[69] Molly Ladd-Taylor, *Fixing the Poor: Eugenic Sterilization and Child Welfare in the Twentieth Century* (Baltimore: Johns Hopkins University Press, 2017): 25.
[70] Mona Gleason, S*mall Matters: Canadian Children in Sickness and Health* (Montreal: McGill Queen's University Press, 2013).
[71] Mona Gleason, S*mall Matters*; Mona Gleason, "Navigating the Pedagogy of Failure: Medicine, Education, and the Disabled Child in English Canada, 1900-45" in *Changing Trends in Childbearing and Childhood, e*dited by Graham Allan and Nathanael Thomas Lauster (Vancouver: University of British Columbia Press, 2012): 140; and Tracy Odell, "Not your average childhood: lived experience of children with physical disabilities raised in Bloorview Hospital, Home and School from 1960 to 1989," *Disability and Society* 26, 1 (2011): 49-63.

for not only his physical ailments but also his behaviours that were considered disruptive regardless of his lived experiences.[72]

Another intersection in the stories to come include the juvenile justice system—both Eileen and Betty went through this system before entering the Toronto and Selkirk Asylums, respectively. Several authors provide insight on juvenile delinquency in Canada, which is particularly important for understanding how children were institutionalized in asylums during the twentieth century. In 1995, Carolyn Strange published a monograph entitled *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930*, which takes up the lives of single, urban working-class women and girls. She illustrates how reformers saw these women as problems connected to larger fears around morality, sexuality, and freedom, and how their attempts to regulate working girls changed over time. Strange also highlights how women resisted regulation efforts.[73] This book was soon followed by *Girl Trouble: Female Delinquency in English Canada* written by Joan Sangster. In this monograph, Sangster firmly locates female criminality as a product of social life along colonial and gender norms.[74] In 2006, Tamara Myers published a study on female delinquency and the law in Montreal. Myers emphasizes the lives of girls through an analysis of juvenile court records to unpack the relationship between the law and the modern girl in Montreal.[75] In the same year, *The Dominion of Youth: Adolescence and the*

---

[72] Alexander was diagnosed with acute chorea with mental episodes. At the hospital, the nurse complained that he would yell "My! That pain in my leg hurts!" They also indicated that he would jump when touched and begged the doctor to help him against imaginary trouble. Further to this, it was recorded that Alexander would continue to yell for help and he once struck the matron. In contrast, his mother described him cheerful boy and his school described him as courteous beyond the average Canadian boy. Alexander, at the age of fourteen, was recorded as helping his neighbours with various tasks including hauling grain and other various farm work. Therefore, it is important to read Alexander's disruptive behaviours as potential childhood antics, an expression of his pain, confusion, and a possible dislike for the matron who may have been unkind towards him, as rough handling of children was more common. See: Brandon Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).
[73] Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995).
[74] Joan Sangster, *Girl Trouble: Female Delinquency in English Canada* (Toronto: Between the Lines, 2002).
[75] Tamara Myers, *Caught: Montreal's Modern Girls and the Law, 1869-1945* (Toronto: University of Toronto Press, 2006).

Making of Modern Canada, 1920-1950 was published by Cynthia Comacchio. In the text, she examines the creation of adolescence as an emergent category of classification that captured a new generational consciousness. Comacchio connects the development of adolescence to the state and unpacks different experiences related to class, gender, and race.[76] It was not only girls who wound up at asylums through the criminal justice system. William, aged fourteen, was convicted of five charges of theft. Before being admitted into the Toronto Asylum, he was held at a detention home where he refused to eat food unless his mother made it and then attacked his mother on one visit. He was swiftly transferred to the asylum.[77]

Providing a personal account of this history of deviance, Velma Demerson published her story *Incorrigible* in 2004. She details her criminalization and institutionalization as a result of her relationship and pregnancy with a Chinese man during the late 1930s. The book stories her experiences in the reformatory and connects the larger penal system to society and eugenics. Through Demerson, we learn how someone actually experienced the large societal pushes and pulls that Carolyn Strange, Joan Sangster, Tamara Myers, and Cynthia Comacchio discuss in their books.[78]

The writing on children has focused on many thematic elements of their historical experiences; however, little attention has been given to children labelled with mental illness in Canada. Weaving together histories of institutionalizing children, medicine, education, and delinquency, the stories that unfold as part of this dissertation seek to rectify this gap and

---

[76] Cynthia Comacchio, *The Dominion of Youth: Adolescence and the Making of Modern Canada, 1920-1950* (Waterloo: Wilfred Laurier Press, 2006)

[77] While incarcerated, William was subject to continuous baths in cool water as a form of treatment and he participated in ward work. The asylum administrators wanted to deport him back to Wales but allowed his mother to take him home, as his older brother promised to work with the Salvation Army to find him employment. See: Queen Street Mental Health Centre patients' clinical case files, RG10-270 (Ontario Archives, Ontario).

[78] Velma Demerson, *Incorrigible* (Waterloo: Wilfred Laurier University Press, 2004).

contribute to the existing literature through storying the experiences of children whose case files are stored in an archive. While the archive will prove central to this project, the existing scholarly literature helps navigate some of the challenges that emerge in the archive and help with imaginative interpretation.

The Colonial Archives: In Search of Children's Stories

The archive is a troubling place. It is both a place of knowledge and a place of absence.[79] When I visit any archive, I am acutely aware that I sit in a panopticon of memories—the panopticon of the panopticons when doing mad history. Within these walls are the legacies of many others, the legacies of documenting names, the legacies of dates and places, and the legacies of title and status. I read case files written by doctors, attendants, nurses, and other staff members of the institution. I rarely get to see the handwriting or artistic intervention of those the records are about.

The case file is a complicated artifact. The name case depersonalises the fact that it is about an individual who was often forcibly made the subject of confinement, care, and control.[80] The file predominantly holds the writings of doctors, staff, administrators, and nurses. In more detailed files it contains the letters of family members and sometimes confiscated letters written by the patients. As these files were kept to document insanity that was perceived to be disruptive to settler society, they may reveal more about settler society and the preoccupations of the colonial order.[81] A prominent American psychiatrist in the twentieth century transformed the

[79] Like Gracen Brilmyer, I have opted to use absences, omissions, and partialities over silence in reference the notion of archival silences in order to move away from prioritizing an audist presumption of oral communication. See: Gracen Brilmyer, "Towards Sickness: Developing a Critical Disability Archival Methodology," *Journal of Feminist Scholarship* 17, 17 (2020): 40.
[80] Catherine Coleborne, "Institutional Case Files: Insanity's Archive," in *Sources and Methods in Histories of Colonialism: Approaching the Imperial Archive* (New York: Routledge, 2017): 119.
[81] Catherine Coleborne, Insanity, Identity, and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873-1910 (Manchester: Manchester University Press, 2015): 4.

psychiatric case file by arguing that subjective data could be used to develop a clinical understanding. The goal was then to render patient histories as knowable to medical practitioners through medical authority and precision.[82] The place of the case file in clinical settings poses a significant challenge in attempting to know the past and understand the experiences of madness. In particular, the archive may leave us with only traces of madness and that may limit our ability to access those who experienced institutionalization.[83] Afterall, the case files according to prominent psychiatrist Dr. Adolf Meyer, practicing during the period of this study, are meant to render something unknowable, knowable and this is done so with a specific disciplinary goal.

Many of the governmental archives in Canada tell us how to see the world through colonial eyes. In *The Archaeology of Knowledge*, Michel Foucault reveals the rules of the archive, and in turn, how it limits knowledge.[84] While not everything is meant to be preserved and recovered, the process of preserving is thought to be methodological, cold, objective, and knowable. The rational orderly subject remains king in the vault of knowledge, embedded in many isms - ableism, sexism, heterosexism, classism, racism, and colourism, to name a few. Consequently, the archive hides away the ruthlessness of the past and dictates what is both knowable and unknowable about a particular moment in time and for a particular group of people.[85] The archive also hides away moments of violence that were once deemed acceptable

[82] Susan Lamb, *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry* (Baltimore: Johns Hopkins University Press, 2014): 131.
[83] Catherine Coleborne, "Institutional Case Files: Insanity's Archive,"120.
[84] Michel Foucault, *The Archaeology of Knowledge* (New York: Pantheon Books, 1972).
[85] Adeline Koh, "Addressing Archival Silence on 19th Century Colonialism, Part 1," *Adeline Koh Blog*, 4 March 2012), accessed on 10 November 2023, https://web.archive.org/web/20150921144628/http://www.adelinekoh.org/blog/2012/03/04/addressing-archival-silence-on-19th-century-colonialism-part-1-the-power-of-the-archive/?shared=email&msg=fail; and Jenny Rice, *Awful Archives: Conspiracy Theory, Rhetoric, and Acts of Evidence* (Columbus: The Ohio State University Press, 2020): 48.

and that may still be deemed acceptable.[86] Regardless, the white archives privilege the authorized and colonized through categorization.[87] It is marked by its total knowledge and through its total surveillance of past and present.[88] People are turned into numbers, into problems, into things to be solved. Their stories are erased to tell a narrative about what it means to be mad, and what it means to be disabled.

The cult of ability is not open to the imaginative possibilities "of embodiment that are germane to the human but foreclosed based on said ideological construct."[89] Archival materials' relationship to disability often stems from attempts to identify, control, and oppress disabled people. These records reveal an aspect of disability history that is filled with violence, and "given such narratives' preservation in archives coupled with the lack of archival interventions, records have the potential to maintain harmful rhetoric that continue to impact disabled people's lives."[90] Historians may resist and resist, but categorization and rhetorical patterns continue. Disability persists. It is not merely the opposite of normal. It is productive, and it is destructive.[91] In this process, we forget the past, we forget stories, we forget people, and most of all, we forget disabled children. Best to ignore their threat to the body politic. Instead, disabled children were seen as national tragedy throughout the period of this study.[92] Children institutionalized in

[86] It is important to note that not all archives maintained by oppressors seek to erase violence. In some cases, documents were collected because what is now understood as violence was seen as justified and good. This is the case with Nazi archival collections, which were documented because they believed to be acting based on moral righteousness and good civic values. To explore this further, see: Claudia Koon, *The Nazi Conscience* (Boston: Harvard University Press, 2003).
[87] Louise Gwenneth Phillips, Tracey Bunda, *Research Through, With, and As Storying (*New York: Routledge, 2018): 6.
[88] Jenny Rice, *Awful Archives,* 52; and Antoinette M. Burton, *Archive Stories: Facts, Fictions, and the Writing of History* (Durham: Duke University Press, 2005): 9.
[89] Theri Alyce Pickens, *Black Madness : : Mad Blackness,* 79.
[90] Gracen Brilmyer, "Towards Sickness," 38.
[91] Tanya Titchkosky, *Reading and Writing Disability Differently: The Textured Life of Embodiment* (Toronto: University of Toronto Press, 2007): 8.
[92] Veronica Strong-Boag, "Forgotten People of All the Forgotten": Children with Disabilities in English Canada from the Nineteenth Century to the New Millennium," in *Lost kids: vulnerable children and youth in twentieth-*

asylums were shuttered away to be forgotten, and to be lost to space and time. In both the past and present, they exist in the erasure of their age, in the erasure of their identity, in the erasure of their voice.

Western society turns what we cannot think – the unthinkable—into unreason, abnormality, and deviance. I am taught to categorize, to think orderly but not too orderly. I am taught to find rational solutions for things not meant to fit into a box. [93] To create identities, divisions, classifications, and order. Identity must be tied to someone so they may scientifically understand themselves because humans must be classifiable. I am taught to avoid the unexplainable at all costs. The mad person must fit into the bigger picture; the disabled body does not belong.

Figure 5: Consultation Room, Royal B.C. Archives, Victoria, 2022, courtesy of the author.

century Canada and the United States, edited by Mona Gleason (Vancouver: University of British Columbia Press, 2010): 33-35.

[93] Shelley L. Tremain, *Foucault and Feminist Philosophy of Disability* (Ann Arbor: University of Michigan Press, 2017): 5.

When I sit in a panoptic archive to see the panopticon of madness, I wonder how to tell the story of a girl who spends her life in the asylum only to die a most horrific death. Lily, admitted to the Brandon asylum in 1928, spent almost thirty years there. Before her admission, she liked babysitting younger children and infants, but her parents eventually found her hard to manage.[94] I wonder how to write about a boy who stabbed and killed a colt with a pitchfork. Admitted to the Selkirk Asylum in 1913, he was documented as incredibly violent towards his family and animals.[95] I wonder how to write the more ordinary experiences like the case of Ena, who was admitted in 1900 and was diagnosed with acute melancholia. Her stay was only two weeks, and her file indicated that beginning on the ninth day she started to feel better.[96]

In searching for people, I try to find the partialities that are purposely left out, and the realities the authors of the documents have tried to hide. I search for lingering emotions. I cry, I smile, I laugh, and I hurt. All these emotions emerge as I research. Yet, the archived madness seeks to tell us a story of medical, scientific progress. Records of disability facilitate a single story of disability history that valorizes medicine and often omits the voices of people with disabilities.[97]

---

[94] Lily gets into a bathtub with water so hot it melted her skin. A nurse who eventually intervened said when she tried to pull Lily out of the tub her skin just peeled away at the touch. Following her horrific death, the nurse in charge explained how she and her assistant gathered 34 people for a bath and did not even notice Lily get in the tub. I find it hard to believe she got in water, let alone water so boiling hot without a sound. An investigation was conducted that resulted in changes to the plumbing as staff complained that the water temperatures were impossible to control. See: Brandon Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).

[95] This boy who was admitted to the Selkirk Asylum for an array of violent actions said he had no control over these fits that caused him to do harm. He was arrested for arson and was reported to be incredibly violent towards all animals and family members. See: Selkirk Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).

[96] I think it's important to wonder if the Falconwood Asylum was more equipped to offer curatorial treatment due to the island's smaller population, or if her admission into the asylum provides her a relief from a home situation that caused her to feel unwell. In either case, it is quite notable that Falconwood appears to have less long-term inmates. See: Falconwood Hospital, Acc2363, Public Archives and Records Office (Charlottetown, Prince Edward Island).

[97] The centricity of the bio-psychiatric interpretation has led to the telling of histories and current narratives in service to the bio-medical model. The consequences of this are the omission of the stories of disabled people, or co-opting their stories in service to medicine and psychiatry. This may reproduce what Chimamanda Ngozi Adichie calls the single story. The single story is something that robs people of their dignity by perpetuating false narratives that often rely on stereotypes. See: Gracen Brilmyer, "Towards Sickness," 26-27; Chimamanda Ngozi Adichie, "The

The archive excludes and excludes, lost documents and tossed documents. Yet, the archive fever compels us to hold on to the past and to fight the disappearance of things into daily life.[98] However, the archive does not and can not remember everything,

> Not all events are recorded; not all records are incorporated into archives; not all archives are used to tell stories; not all stories are used to write history. Power is implicated in each of these moments; which stories get told, which get forgotten, when, and by whom, is inextricably linked to the power to tell and to remain silent.[99]

As much as the archive preserves, it forgets as well. The absences in an archive tell us as much as the documents. The missing pieces forever linger, growing larger over time.

Mad people are censored, and the archive maintains the absences of the past. It continues the obscure, which is then reproduced and reproduced. It is hard to escape. Absences are abundant in the process of making and using the archive. The moment the archive is created, and decisions are made, an omission occurs.[100] The moment I begin to weave together a narrative of the archive, another omission occurs. In the moment of retrospective significance, another omission occurs.[101] Absences are everywhere. The assembly of asylum documents is riddled with omissions. The inequality is apparent. The asylum censored mad people. It chooses the boundaries of how we interpret and understand the history of insanity in its insane bureaucracy.

Danger of a Single Story," TedTalk, 6 October 2009, accessed on 10 November 2023, https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story?language=en; and Lucy Costa, Jijian Voronka, Danielle Landry, Jenna Reid, Becky McFarlane, David Reville, and Kathryn Church, "Recovering our Stories: A Small Act of Resistance," *Studies in Social Justice* 6, 1 (2012): 85-101.

[98] Jacques Derrida, *Archive Fever: A Freudian Impression* (Chicago: The University of Chicago Press, 1995); and Antoinette M. Burton, *Archive Stories*, 5.

[99] Michelle Caswell, *Archiving the Unspeakable: Silence, Memory, and the Photographic Record in Cambodia* (Madison: University of Wisconsin Press, 2014): 10.

[100] The process of archiving documents does not happen in an isolated moment. Omissions can occur after its creation as we saw with the archives of all the people who were sterilized in Alberta. The documents were 'culled' in the 1980s by some archivists who sought to include a representative sample rather than preserve all the documents. See: Jana Grekul, Harvey Krahn, and Dave Odynak, "Sterilizing the Feeble-minded: Eugenics in Alberta, Canada, 1929-1972," *Journal of Historical Sociology* 17, 4 (2004): 358-384.

[101] Michel-Rolp Trouillot, S*ilencing the Past: Power and the Production of History (*Boston: Beacon Press, 1995): 26.

People are obscured so we are affected in particular ways.[102] There is nothing neutral in its collection. The records exemplify social assumptions about what is valuable and who they ought to prioritize.[103]

For example, the files of racialized patients are scant, often only comprised of a few pages compared to their white counterparts, and rarely do the records offer insights on the friendships forged between children. This reflects the fact that racialized children were devalued and dehumanized further due to racism within the asylum, and the fact that writers of case files were rarely interested in relationships between patients. Further to this, the documents that have been maintained in archives are institutional records, not the materials the children themselves may have produced, such as drawings. On rare occasions, these are preserved. Finally, as I attempt to recover the past to some degree, a lot has been left out. There are so many stories I have not told. The selection of them come down to trying to speak to different experiences and what files offer the most details to reflect upon. The exception to this being Harry whose file was quite limited like all of the children admitted into the Falconwood Hospital.

The difficulty of accessing the histories of mad people in the archive is only amplified when we also take into consideration the slipperiness of childhood as a category. Shifting through the records in the Toronto archive, I searched for files that identified inmates under the age of eighteen—although I included those on the cusp of adulthood wondering what their file might tell us about the ambiguity of the boundary between adulthood and childhood. The slipperiness of what it means to be either a child or adult, and what are the markers of being in one category or another.

---

[102] Michel-Rolp Trouillot, S*ilencing the Past, 48-51.*
[103] Helen Buss and Marlene Kadar, *Working in Women's Archives* (Waterloo: Wilfred Laurier University Press, 2001): 2.

When I look at these records determining who is a child, I feel the slipperiness of these boundaries. I am intuitively drawn to Marilyn who despite being twenty-three is treated more like an adolescent girl than an adult woman. I look at young boys already practicing their craft as shoemakers and tailors, and I wonder how they might classify themselves.[104] In this thought, I am left with the ever-present question of what makes one a child? How do we define childhood across histories? While I might look at childhood in a way that fits within contemporary legal boundaries, it is something that has shifted across time and place. Its slipperiness forces the boundaries to take new forms. Boundaries that never existed form over time, and boundaries that once existed disappear. I know not what makes one a child or adult.

Some might think of childhood as a state of dependency or need for parental guidance. But this is so circumstantial. I myself, growing up in a single-parent household, took on adult responsibilities and roles much before most of my peers—perhaps almost a decade before some of my closest friends. Some learned a few years after me, and some do not learn the skills we mark with adulthood until their thirties or perhaps never. To define childness based on dependency, as I might think many would, seems equally slippery and fails to capture the lived experiences of people.

I enter my studies of childhood in asylums with a degree of hesitancy. Many more case files detail adolescent who entered the asylum than anyone under thirteen. Adolescence—another category that adds a new layer of slipperiness to the discussion. Hawes and Hiner write that "childhood is an ideology or social construction, an experience, and a set of behaviours. Childhood as a social construction, that is, the ideals and expectations that adults establish for

[104] Queen Street Mental Health Centre patients' clinical case files, RG10-270.

children, should not be confused with what children actually experience."[105] On the other hand, adolescent, or youth, is often considered the 'in process' stage of becoming an adult. The creation of this category and the development of new institutions and cultural norms ultimately prolonged socialization for the young. Slipperiness is core to adolescence, as youth is not contained by a ridged border but instead is a sociohistorical production of socialization and regulation.[106] It is for this reason that I have capped ages of the children in this study at sixteen, as this was the benchmark of institutions like juvenile courts that defined an age-based border. However, individual experiences looked vastly different depending on their sociocultural position. Regardless, as I story the experiences of those documented in the archive, this tension of childhood as an adult construction and the experience of childhood remains at odds with one other. Trying to access the experiences of children in asylums suffers from a source problem and absence of firsthand accounts.[107]

Thus, to tell the story of the mad children placed within the panopticon of the asylum, and now within the panopticon of the archive is predicated on an impossibility. On the challenges of history, Carolyn Steedman argues there is a nothingness to history in the writing of it and the analysis as the past is constructed rather than representative of what happened.[108] This is only heightened in the context of asylum archives that seek to produce certain absences that are further maintained by the archive. The evidentiary claims of the asylum, and then the archive, seek to tell stories that never happened. I want to resist the panoptical impossibility.

---

[105] Joseph M. Hawes and N. Ray Hiner, "Reflections on the History of Children and Childhood in the Postmodern Era" in *Major Problems in the History of American Families and Children: Documents and Essays*, edited by Anya Jabour (Boston: Houghton Mifflin, 2005): 24.
[106] Cynthia Comacchio, *The Dominion of Youth*, 1-2.
[107] Jack Hodgson, "Historians, Emotions, and Children's Trauma in the Archives," *Qualitative Inquiry* (2023): 2.
[108] Carolyn Steedman, *Dust: The Archive and Cultural History* (Manchester: Manchester University Press, 2001): 154.

In seeking to challenge the very purpose of the records, I become the impossibility. As such, possibility is found by "listening for the unsaid, translating misconstrued words, and refashioning disfigured lives."[109] I imagine beyond what is given to me. I travel the yellow brick road. But can I say for certain this is good? The uncanny invites me to see beyond the evidentiary claims of Whiggish and positivist history—calling me to think alongside others who creatively tell social histories.[110] The methods are uncanny. But how can I imagine the unknowable? People upon people were admitted into asylums but who were they? What remains are only fragments of their existence.

Situating Blended Writing: Storytelling, Emotions, and Madness

In doing history through a mad methodology, I resist positivism and objectivity by listening for mad echoes. I move away from pathology and the white middle-class culture of pharmaceutical interventions, away from the need to discredit mad children and seek instead to find a place where I can centre mad children.[111] I try to imagine the possibilities beyond the silences. I look for the emotions that escape the paper, which cannot be contained under the cold unfeeling pen of asylum administrators. I try to reframe the archive, and I try to reframe the silences.[112] Underneath the documents, something longs to be released. As the historian or the resurrectionist, I try to restore a past among many other pasts. I employ feelings, beliefs, and desires. I understand that these were not necessarily experienced. This restored life is something

[109] Saidiya Hartman, "Venus in Two Acts." *Small Axe* 12, 2 (2008): 2-3.
[110] Julia V. Emberley, *The Testimony Uncanny: Indigenous Storytelling, Knowledge, and Reparative Practices* (New York: Suny Press, 2014): 29.
[111] On mad methodology, see: La Marr Jurelle Bruce, "Mad is a Place; or, the Slave Ship Tows the Ship of Fools," American Quarterly 69, 2 (2017): 303-308; La Marr Jurelle Bruce, *How to Go Mad Without Losing Your Mind: Madness and Black Radical Creativity* (Durham: Duke University Press, 2021); and on the cultural of pharmaceutical interventions, see: Ann Cvetkovich, *Depression: A Public Feeling,* 91-94.
[112] Saidiya Hartman, "Venus in Two Acts" and Anjali Arondekar, "Introduction: Without a Trace," in *For the Record: On Sexuality and the Colonial Archive in India* (Durham: Duke University Press, 2009).

new altogether.[113] In the act of resurrecting, historians look at sources differently. They seek to find interpretative possibilities. I seek to find them beyond the institutional resonance.[114] Beyond the panopticon of madness, and beyond the panopticon of the past. I embrace the fallibility of history and the archive and try to mix together the theory that helps me blend fact and fiction while writing the past of madness.[115]

Archives are not neutral spaces; they are subject to all kinds of creative interventions.[116] I examine how we use case files and offer a new way forward in telling this history as part of the larger effort to address Porter's call. This method, mixing fact and fiction, brings into question how historians might use the source materials differently to recreate new ways to connect with the past and forge connections to the future.[117] Saidiya Hartman, an American scholar and writer, so poignantly asks:

> how can narrative embody life in words and at the same time respect what we cannot know? How does one listen for the groans and cries, the undecipherable songs, the crackle of fire in the cane fields, the laments for the dead, and the shouts of victory, and then assign words to all of it? Is it possible to construct a story from "the locus of impossible speech" or resurrect lives from the ruins?[118]

In her efforts to write about the silenced experiences of Black women in American history, she sought to imagine what cannot be verified, an unrecoverable past, which she calls critical fabulation. In creating this methodological approach, she refashioned the elements of a story to

[113] Carolyn Steedman, *Dust: The Archive and Cultural History*, 38.
[114] Clara Hemmings, *Why Stories Matter: The Political Grammar of Feminist Theory*, 22.
[115] Gyanendra Pandey, "Un-archived Histories: The 'Mad' and the 'Trifling,'" *Economic and Political Weekly* 47, 1 (2012): 30.
[116] Antoinette M. Burton, ed., *Archive Stories: Facts, Fictions, and the Writing of History* (Durham: Duke University Press, 2005).
[117] Steven High (ed.), *Beyond Testimony and Trauma: Oral History in the Aftermath of Mass Violence* (Vancouver: University of British Columbia Press, 2015): 67.
[118] Saidiya Hartman, "Venus in Two Acts," *Small Axe* 12, no. 2 (2008): 4.

imagine what might have happened.[119] Inspired by this approach, Mab Segrest, author of *Administrations of Lunacy,* used what she called the "Milledgeville way of reading patient narratives through and against," which picked up on Hartman's desire to shape the afterlife of history.[120]

In the chapters that follow, I used an approach I have called blended writing. In adopting a methodology not all that dissimilar to Hartman and Segrest, my research required a close reading of the case files to listen to the emotions behind the documents. Blended writing allowed me to challenge the tendency of scholars, when writing in a way that attempts to centre child voices and experiences, to domesticate the experiences of children to make it clear and certain, when in actuality it is not clear nor certain.[121] Ultimately, this approach allowed me to create a sound historical narrative on the experiences of children and create a bridge for readers to empathize with children who experienced psychiatry. In using fiction, I was able to get at the heart of what the average days may have looked like and how the space of the asylum was experienced—experiences that are not found in the historical documentation. Through blended writing, the stories themselves pick up on details from the case files, and through research, are brought to life in a cohesive narrative. They rely on the archive and secondary materials to begin the process of imagining what it was like to be institutionalized. Through this use of imagination, it became possible to bring to life how a patient may have felt about their experiences being institutionalized. It made it possible to uncover the emotions that lingered on every page including fear, joy, indifference, annoyance, and so on.

---

[119] Saidiya Hartman, "Venus in Two Acts," 11-12.
[120] Mab Segrest, *Administrations of Lunacy: Racism and the Haunting of American Psychiatry at the Milledgeville Asylum* (New York: The New Press, 2020): 2, 10-11.
[121] Spyros Spyrou, "Chapter Seven: Troubling Children's Voices in Research" in *Reconceptualising Agency and Childhood: New Perspectives in Childhood Studies* edited by Florian Esser, Meike S. Baader, Tanja Betz and Beatrice Hungerland (New York: Routledge, 2016): 109.

At its core, blended writing is about storytelling. Storytelling is fundamentally human. It communicates the challenges, joy, and tragedies of living through many mediums - spoken, gestured, danced, painted, drawn, etched, woven, filmed, and more modes and combinations than I can imagine. A story provides a way to understand the world and gives shape to the world.[122] Stories are something we are drawn to, that we imagine, and that we are affected by. Stories are meant to be encountered, mused over, and provide meaning and insight.[123] Stories are not neutral; they conjure certain feelings and desires. In their telling, they focus on one thing but not another.

As such, stories hold power and they give power, and sometimes stories must be reorganized.[124] Stories privilege certain sensations and emotions. Stories actively create and interpret the past while inviting emotional responses.[125] The blending of truth and imagination offers a way to go beyond the erasures of violence and oppression. To use the literary and artistic modes to reveal and witness the past in all its forms.[126] Real or otherwise. Storying may bring noise to the quieted margins.

Through storying with blended writing, I aim to tell different histories of psychiatric institutions—something sustainable for transformation that contests the legitimacy of the dominant medical narratives and holds concern from the forgotten voices of mad children.[127] I aim to go beyond contemplating the experiences of mad children in order to rethink the genre of historical narrative and how the problem with writing mad pasts might be a methodological

[122] Louise Gwenneth Phillips, Tracey Bunda, *Research Through, With, and As Storying, 3-8.*
[123] Louise Gwenneth Phillips, Tracey Bunda, *Research Through, With, and As Storying,* 44-45.
[124] Natalie Loveless, *How to Make Art at the End of the World: A Manifesto for Research-Creation,* 22.
[125] Louise Gwenneth Phillips, Tracey Bunda, *Research Through, With, and As Storying,* 56.
[126] Julia V. Emberley, *The Testimony Uncanny: Indigenous Storytelling, Knowledge, and Reparative Practices,* 7.
[127] Clare Hemmings, *Why Stories Matter: The Political Grammar of Feminist Theory, 157.*

one.[128] I want to consider the possibility that the lives of individuals can be told to change the pattern of exclusion.[129]

Emotions are central to telling stories that blend fiction and non-fiction writing, especially since the historiography and archival materials elicit an array of emotional responses. This supports the theorizing that emotions are not from the inside out, but emotions are circulating and transferred. Emotions are in movement and not simply an interior experience.[130] In the archive, I feel how emotions shape bodies, create hierarchies, and seek to be controlled in the unruly.[131] It is through this movement and transference that emotions become core to the stories, and how they show us a possible way forward.[132] These emotions carry different stories that are remembered differently and shape the present world.[133]

At the core of thinking with emotions is often the ability to empathize beyond your own experiences. Empathy is often thought of as central to ethical relationships, so I cannot help but wonder what its role is in my relationship with mad children.[134] As historians, we sometimes seek to compel people to see differently—to imagine situations, to understand the *other*, and our limits in doing so. Some historians perhaps strive for some form of empathy. It is thought that empathy can drive us together. That it will guide us to seeing the world differently. We seek to develop an ability to move beyond "truths and boundaries which underscore gendered, racialized and classed hierarchies."[135] However, empathy is bound up in oppressive structures. [136]

---

[128] Julie Cruikshank, *The Social Life of Stories: Narrative and Knowledge in the Yukon Territory, 116.*
[129] Natalie Zemon Davis, *A Passion for History*, 9.
[130] Sara Ahmed, *The Cultural Politics of Emotion* (London: Routledge, 2014): 9-12.
[131] Sara Ahmed, *The Cultural Politics of Emotion*, 1-2.
[132] Sara Ahmed, *The Cultural Politics of Emotion*, 191.
[133] Sara Ahmed, *The Cultural Politics of Emotion*, 202.
[134] Clara Hemmings, *Why Stories Matter: The Political Grammar of Feminist Theory, 198.*
[135] Carolyn Pedwell, "Affective (self-) transformations: Empathy, neoliberalism and international development" *Feminist Theory* 13, 2 (2012): 164.
[136] Carolyn Pedwell, *Affective Relations: The Transnational Politics of Empathy* (London: Palgrave Macmillan, 2014): 96.

Empathy carries the legacies of colonialism and capitalism. The dominant powers are reflected in emotions, and empathy embodies a colonial and white saviour attitude, it teaches us to walk in someone else's shoes. Critiquing empathy, Mark Salber Phillips wrote that empathy runs the risk of being self-indulgent rather than compassionate and understanding.[137] Works such as Saidiya Hartman's S*cenes of Subjugation* and Ann Cvetkovich's *An Archive of Feelings* illuminate how slavery, colonialism, and capitalism permeate empathy.[138] On this matter, Hartman writes:

> Properly speaking, empathy is a projection of oneself into another in order to better understand the other "or the projection of one's own personality into an object, with the attribution to the object of one's own emotions." Yet empathy in important respects confounds Rankin's effort to identify with the enslaved because in making the slave's suffering his own, Rankin begins to feel for himself rather than for those whom this exercise in imagination presumably is designed to reach. Moreover, by exploiting the vulnerability of the captive body as a vessel for the uses, thoughts, and feelings of others, humanity extended to the slave inadvertently confirms the expectations and desires of definitive of the relations of chattel slavery… By making the suffering of others his own, has Rankin ameliorated indifference or only confirmed the difficulty of understanding the suffering of the enslaved? … The purpose of these inquires is not to cast doubt on Rankin's motives for recounting these events but to consider the precariousness of Empathy and the line between witness and spectator …. empathy is double-edged, for in making the other's suffering one's own, this suffering is occluded by the other's obliteration.[139]

Therefore, the limits and complications of empathy in understanding history are ever-present in my mind. Scholar La Marr Jurelle Bruce, for example, writes that he prefers radical compassion – something he defines as "a will to care for, a commitment to feel with, a striving to learn from, and an openness to be vulnerable before a precarious other, though they may be drastically

---

[137] Mark Salber Phillips, "On the Advantage and Disadvantage of Sentimental History for Life," *History Workshop Journal* 65, 1 (2008): 51.
[138] Saidiya Hartman, *Scenes of Subjugation: Terror, Slavery, and the Self-Making of Nineteenth-Century America* (Oxford: Oxford University Press, 1997), and Ann Cvetkovich, *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures* (Durham: Duke University Press, 2003); and Carolyn Pedwell, "Affective (self-) transformations."
[139] Saidiya Hartman, *Scenes of Subjugation,* 18-19.

dissimilar to yourself," which is precisely how I seek to understand empathy.[140] It becomes less about humanizing and more about affective relations.[141] Alternatively, Alicia Elliot writes that it is not enough to write with empathy—one must write with love.[142]

What I take from all these authors thinking about emotions, empathy, radical compassion, and love, is that all of them can play a role in trying to understand different experiences while also not claiming them as your own. There will always be limits to how much we can understand and interpret from our own perspectives. With this in mind, I seek to foster those affective relations through a careful approach to source materials and consideration of those contained within them. I want to emphasize that blended writing provides me the space to write individual stories with a focus on emotions and history. In the context of writing about the history of madness, blended writing specifically allows me to take the emotional experiences and expand upon them in a way I would otherwise not be able to do.

Conclusion: A Dream

Dreaming is chaotic and meaningless but brings together the pieces.[143] I dream of a bridge between history and fiction. I dream of a world where I can weave a story beyond the burden of the panopticons that surround me. Where I can imagine movements, smells, and feelings. I dream, and I dream. The historical novel changes subjectivities. It offers different identities and sheds light on the fact that nothing is fixed nor objective.[144] I become a chameleon when I write. I write of different people and experiences I will never fully know. I dream of the mad historical novels. I dream of history that flirts with fiction.

---

[140] La Marr Jurelle Bruce, *How to Go Mad Without Losing Your Mind*, 10.
[141] Carolyn Pedwell, "Affective (self-) transformations," 11.
[142] Alicia Elliott, *Mind Spread Out on the Ground* (Toronto: Doubleday Canada, 2019): 29.
[143] Sally Swartz, "Asylum Case Records: Fact and Fiction," 294.
[144] Jerome De Groot, *The Historical Novel*, 139.

I attempt to retrieve the inner lives of past people.[145] I want to imagine another possible way into this past that is intimate and that imagines a historical novel that reinserts ignored communities into the past—to take from the margins and place quiet narratives at the centre of our telling of the past.[146] Disciplinary boundaries may attempt to define the boundaries of history and fiction, yet the divide between history as true and fiction as untrue is much more fluid than we perhaps dare to imagine. [147] Everything I write is embedded in the real and the imaginary.

Imagination is central to the crafting of any narrative. As a result, I see degrees of fiction everywhere. Perhaps contained in the nature of telling stories are fictional elements that will never elude the writer.[148] After all, stories are what historians tell, a logical imaginative ordering of data presented in an eloquent narrative.[149] It is the content that distinguishes historical narratives from fiction, not their form. Real events appear with real people, fictional events with real characters, or real events with fictional characters. The degrees to which the narrator can invent are marked by this boundary.[150]

Both the historian and the novelist might wonder about the emotions of the past and how to bring them to life. How to evoke a real sense of fear or love in a particular moment in time. The relationship between writing history and storytelling is perhaps when imagination occurs when you write historical stories.[151] Imagination is what enables us to see the world from different perspectives.[152] Perhaps we should be considering how fiction helps us inform people

---

[145] Beverley Southgate, *History Meets Fiction,* 5.
[146] Jerome De Groot, *The Historical Novel,* 148.
[147] Beverley Southgate, *History Meets Fiction* (New York: Routledge, 2009) 9.
[148] Hayden *White, The Content of The Form: Narrative Discourse and Historical Representation,* 30.
[149] Beverley Southgate, *History Meets Fiction,* 32.
[150] Hayden White, *The Content of The Form: Narrative Discourse and Historical Representation,* 27.
[151] Jane Haggis, "What an 'Archive Rat' Reveals to Us About Storying Theory and the Nature of History." *Australian Feminist Studies* 27, 73 (2012): 289-295.
[152] Helen Kara, *Creative Research Methods in the Social Sciences: A Practical Guide* (Bristol: Policy Press, 2015): 78.

of the past rather than looking for the completely knowable. I dream of a future that tells a mad history, differently, madly, and emotionally. It is my craft to tell something mad and to amplify something forgotten. It is my imperfect craft that I dream of being both a historian and novelist. Transgressing the historical method and embracing it. In this dream, perhaps my own mad method will surface. But until then, I continue to dream and imagine a world beyond the one I know.

Interlude: A Turn to Stories

In archives across Canada, all 439 of the case files I consulted tell a small sliver of their life histories—although, some more than others. What they experienced, even when positive, should be understood in the context of settler colonialism, which saw certain people as inherently undesirable or disruptive to the formation of Canada. Asylums, or psychiatric hospitals, were places facing austere budgets, staffing shortages, and overpopulation, conditions that led to a dehumanizing and cold regimentation. While care was offered at times, the facilities did not meet the tale that they provided a place of respite, care, and cure. Some people experienced these things, but this was not the majority.

While institutionalized, children responded in a myriad of ways across Canada. They found ways to entertain themselves and fostered new relationships. They complied and resisted with staff. They enacted what agency they held within the constraints of their incarceration. The stories to come offer small glimpses into how and why children were institutionalized, and what happened once they got there. In telling what I found in their case files through a more fictional format, I aim to imagine the life that is partially obscured, and half detailed in the archives. The stories slip between them and me—filling in context and gaps. After a storied account of their experiences, a context chapter follows. In it, I spell out some of the core themes that shed light on the ideas, events, and policies that shaped their respective stories.

Harry, Falconwood Insane Asylum, 1900

Harry stormed out of the house again. They lived on the north end of town, not quite in the countryside but far enough from the centre of town that the houses were less dense. Harry's family lived not far from the Methodist church—not that he was allowed to attend any Methodist services.[1] They were proud Roman Catholics, his mother Theresa would tell him. His mother would go on about how Catholics held different beliefs, but to Harry, it was all the same.

As Harry stepped outside, his bare feet touched the cold snow that covered the soils. He noticed that some of the snow was packed down from previous passersby, but no bare ground was showing. There was snow as far as the eye could see. A true winter. With each step, his feet sunk slightly into the snow. The warmth of his naked feet melted the slightest bit of snow. Harry paid no mind to the piercing cold. Instead, he focused his attention on the blue house down the road. He had occasionally seen the family around town but had not spoken to them before. Their children were much older than Harry. But that didn't matter, he was after a different prize, the red oak tree that grew next to the house. The leafless branches of the oak tree beside the house made it easy to clamber onto the roof—and from there, he could pick out his destination. He sighed with relief as he walked past the Bell house, grateful to be away from his own home.

[1] "Churches and Schools," *Charlottetown Stories: Explore your City's Heritage,* accessed 5 February 2024, https://charlottetownstories.wordpress.com/neighbourhoods/upper-prince-street/churches/.

Figure 6: Great George Street, Charlottetown, PEI, ca. 1900, courtesy of Phil Culhane.

As Harry walked up to the tree, he looked around warily, checking to make sure no one was watching. He then jumped up and grasped the lowest hanging branch, one that looked like it could hold his weight. Harry did not enjoy playing football with his peers, but that did not mean that he was incapable. His athleticism and skill made the climb to the top of the tree and jump onto the roof easy. Despite his physical health, Harry was critiqued for his failure to assimilate and refusal to engage in sports with his peers.[2] The lonesome adventures that brought him joy were not signs of a well-adjusted childhood—not that Harry knew any different. As he crested the peak of the roof, Harry grinned with delight. Looking out in all directions, his mind filled with possibilities.

[2] Paul W. Bennett, "Training "Blue-Blooded" Canadian Boys: Athleticism, Muscular Christianity, and Sports in Ontario's "Little Big Four" Schools, 1829–1930," Journal of Sport History 43, 3 (2016): 255.

Looking south, he decided to head towards the Methodist church. The white sided building was surrounded by a wooden fence, and across from the holy site was the four-story stone and brick school Harry attended.[3] Perhaps it would be at the church where he would find the treasure, he spent his free time looking for. He knew that there, if anywhere, was where he would find the gold deposit he searched for, and if not, maybe he would find some watches. Harry needed to make money, and he was sure that he would discover his riches somewhere nearby. Harry wanted to show his mom that he could in fact take care of himself. He wanted her to see that he was no longer just some kid but a fully grown adult.

Harry slid down the roof and stepped back over to the tree. He jumped back onto the branches, as he had frequently done before, and started climbing his way back down. Reaching the last branch, his foot slipped, and he fell the final few feet to the ground below, his landing cushioned by the soft snow. Undeterred, he sprung up and ran towards his destination, the church. He felt certain that today was the day he would return home with pockets full of treasure. He would give some to his mom and use the rest to finally get away from his stepdad. He would show them both that he could survive on his own without any problems. Harry turned his attention to the ground. He paced up and down the grounds of the church looking for the perfect place to start digging. He finally found a good spot and got started. Hours passed as scraped at the hard ground, completely engulfed by his goal. The hard ground yielded no treasure, and Harry had grown quite tired and cold.

By the time Harry returned home, both his hands and feet were purple from the exposure. As he entered the house, Theresa noticed immediately. A look of horror spread across her face. This was not the first time Harry left the house without shoes in the winter. She did not know

[3] "Churches and Schools," *Charlottetown Stories: Explore your City's Heritage.*

what to do about her son. Harry would happily help around the house and was otherwise a sweet, if shy boy. But he had the tendency to do things considered odd, like not wear shoes and climb up whatever building he could. Harry was also vocal in his dislike for Paul, her new husband. He was a local fireman, and kind to everyone. But Harry did not understand why his mother remarried at all. Did she not miss his dad? She called on Harry to have a set near the stove and knelt down to pick up some nearby socks, bracing herself on a nearby chair. She was tired and her ankles throbbed, but she placed her hand on her swollen stomach as a reminder to stay calm. She then said, “Sit down Harry, I’ll fetch some socks to warm you up.”

“Okay, mom!” Harry responded and sat down on a chair. He looked down at his feet, realizing only now that he forgot to put his boots on.

Theresa took the socks warming on the nearby stove and pulled them down over Harry’s feet and hands. She quickly looked over his arms and legs to see if Harry was suffering from exposure anywhere else. Content that it was mostly on Harry’s hands and feet, she grabbed a blanket from the other room and wrapped it around him. She also wrapped her arms around Harry’s small frame and held him tightly as she waited for him to warm up. After a few minutes of silence, Theresa released her son and warned him,

“Harry, you need to stop running off like that. You can’t go running off whenever you feel like it, ’specially not without your boots!”

“I know, I know”, Harry said, as he shifted his eyes to avert his mother’s gaze.

Harry was not eager to be lectured again. As feeling returned to his feet, he could not stop thinking about the potential treasures buried deeply by the church. He knew he would eventually find some gold buried in that yard and wished his mother understood him. Instead, he was stuck in this new home, in a different part of town, surrounded by strangers and stuck with a stepfather he did not like. This was not where Harry belonged. He needed to find his own way. He sighed with relief when his mother did not continue her scolding, she instead walked over to her pot of soup and gave it a good stir.

"The baby is kicking Harry, she must be hungry," she said.

"Mom, I'm HUNGRY," Harry moaned.

"Soon, Harry. John will be back from work any moment now," Theresa replied.

* * *

That night Theresa talked to her husband John. She worried about Harry and described how purple his feet were. It was then that the hospital came up—maybe it was time to get some help. John talked about how the building went up around twenty-years ago now, and surely if anywhere was going to be able to fix Harry, it would be the doctors at this facility. While Theresa was hesitant to send her son away, she worried about the possibility of him getting worse. In his terrible moods, he had threatened to kill her. While she did not believe him, she

worried that he would hurt himself—like today with his feet. After thinking on it for a while, Theresa decided to go with John to see Falconwood on his next free day. They both decided that they would bring along Harry and see what the doctors suggest.

'Does not Resemble a Boy His Age,' Falconwood, March 1900

As the winter winds whirled outside of his windows, a cold breeze seeped through the window frame. Harry shivered as he felt the cold air creep up his arms. He longed to go on another gold hunt. This was the first time in Harry's life that he did not have the freedom the run around outside. Even at school they took outdoor breaks. He was never locked up all day. Regardless of where he was or what he was doing, there was always some way to occupy himself. However, after breakfast, Harry found himself with nothing to do.

Like most days, he was left to his own devices. He attended no school lessons nor vocational ones. Sometimes the staff asked him to help with menial ward tasks. Most of the time, the boredom made all his fears rush to the surface—the kind of fear that made Harry miss his mom. He feared other patients and staff, and the thought of being locked away forever. As much as Harry missed his mom, he felt betrayed by her for bringing him here. Most of all, he resented John. After all, Harry was sure that it was his fault that he was here and not at home.

He longed to be set free. He spent some of his time dreaming up escape plans that would free him from being confined to these dull halls, trapped where he did not belong. He thought back to his last adventure on the church grounds, the promise of a freedom that now felt so distant. Some of the other patients from the ward had work to occupy some of their time, but Harry was only twelve and the hospital had no need for him. For now, he was stuck in emotional

turmoil. Later, when Harry would return to the asylum, he likely filled his days with back-breaking labour to help upgrade the cold, uncaring facility.[4]

Moral treatment encompassed work therapy as a useful intervention to distract patients from their illness. Work was seen as a vehicle to refocus patients' energies on productive activities that would allow them to re-enter the world as a productive citizen who regained their sanity. The goal was to redirect the alienated mind to the tasks at hand, and doing this regularly would encourage rational habits by improving wellbeing and focusing attention on a specific task. However, the increasing costs of custodial facilities meant that there was a demand for patient labour that eventually led to patient labour being essential to the economy of asylums. Patient labour subsidized costs and functioned as a means to manage and control inmates.[5] As a young boy, Harry was likely excused from participating in any occupation, although he may have informally been asked to do work on the ward.

On these quiet days, Harry sometimes overheard staff comment on his appearance, saying that he looked insane. He did not understand it. As Harry looked over the men left behind on the ward, he thought to himself that these people looked insane, not him.[6] Regardless of how he felt,

---

[4] Tina Pranger, *Beyond the Asylum: The Evolution of Mental Health Care in Prince Edward Island 1846-2017* (Charlottetown: Prince Edward Island Museum & Heritage Foundation, 2019): 38.

[5] For more on this topic, see: Geoffrey Reaume, "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900." In *Rethinking Normalcy: A Disability Studies Reader*, edited by Tanya Titchkosky and Rod Michalko (Toronto: Canadian Scholars' Press, 2009): 158-180.

[6] The construction of madness was and is a cultural phenomenon that is rooted in the belief that there are visual cues of mental abnormality. Dating back to Antiquity, mad iconography made it possible to categorize madness and contain fear of it. Interestingly, Alfred Binet and Theodore Simon argued that while stigmata of degeneration were not central to the visual cues of a defective child, an ability to identify defective children based on physiognomy was entirely possible. In their questioning of the visual cues of child defectiveness, despite suggesting it was not visibly obvious, they go on to suggest all the ways in which it can be seen in children. At the same time, T.N Kelynack's edited collection of experts and the 1895 Committee on Mental and Physical Condition of Children (CPMCC) publication unequivocally suggested that defective children were identifiable by stigmata of degeneration. Hamilton C. Marr, who once acted as the Superintendent of the Glasgow District Asylum, argued feeblemindedness was identifiable by sight. See: Alfred Binet and Theodore Simon, *Mentally Defective Children* (London: Edward Arnold, 1914)*;* T. N. Kelynack, *Defective Children* (London: J. Bale, sons & Danielsson ltd., 1915): xvi, and 17; Simon Cross, *Mediating Madness: Mental Distress and Cultural Representation* (New York: Palgrave Macmillan, 2010); and Rosemarie Garland Thomson, *Staring: How We Look* (Oxford University Press, 2009).

upon his admission, Harry was quickly labeled as a boy who did not resemble other boys his age. The perceived visualities of his madness meant the doctor who recorded his admission, and the key facts of his case took one look at Harry and found it no surprise that he had dementia praecox. Harry failed to play sports with peers, would forget to eat when too excited, and ran away in several instances in search of gold and watches. Regardless, when Harry came face to face with certain men, he would respond by running away as fast he could. For every person Harry judged for looking or acting a particular way, it never occurred to him that he too was being assessed and the same judgements were passed on his boyish appearance.

The doctors found him too thin, his earlobes too odd, and his hands too big. These observations about Harry were informed by eugenics, which proliferated the belief that madness was visible. Beginning with racist ideas of Black inferiority and the development of scientific racism, applications of biological determinism through phrenology later extended itself to recognize differences between mad and non-mad individuals.[7] The social and political co-opting of biology created false conclusions about the physicality of madness that continued to be understood by physicians as the boundary of a normal versus an abnormal child. Harry's physicality was seen as a manifestation of his madness. His body was closely observed and documented.

Running his supposedly large hands through his thick, black hair, Harry thought about what he should do next. He longed to go outdoors, but he knew this would not happen. He turned away from the window that offered him a glimpse of freedom and looked at the others in the room. His eyes moved from face to face—all men, not one of them near his age. While Harry did not always enjoy playing with his schoolmates, at least they were his age, not his mom's. Here

[7] Henri-Jacques Stiker, *A History of Disability* (Michigan: University of Michigan Press, 1997): 64.

he had no friends and the boredom put him on edge. He so desperately wanted relief from the indistinguishable days that made up his last two weeks and an escape from the men who surrounded him—the other patients who scared him and the staff who were in charge of what he did. Harry never felt so vulnerable.[8]

Most of all, he wanted relief from the food. It was porridge for breakfast, day in and day out. When available, breakfast came with slices of stale bread and lukewarm tea or coffee. At dinner, the boiled meat tasted slightly spoiled and was accompanied by whatever was available—mostly potatoes, carrots, and cabbage. The hospital, at times, made efforts to change it up, but Harry found it tasted all the same. He missed his mom's cooking and longed to taste something comforting and maybe even something sweet.

At other institutions across Canada, patients echoed similar sentiments to Harry's and found the food not fit for human consumption.[9] Under true moral therapy, his wish may have been realized, since his diet should have been simple but substantial, rather than rancid and insufficient. In an ideal world, the asylum would offer him a minimum of meat once a day, bread of the best quality, seasonal vegetables, coffee in the morning, and tea at night. Under these principles, he would never have the same meal twice.[10] However, rarely was this the case in most asylums. Often, food was used to reward those who worked in the asylum rather than providing

[8] While there were limited details about what happened to Harry while institutionalized it is important to note that as a young boy institutionalized with older men, and under the control of older male staff, Harry would have been vulnerable to child sexual abuse from adult patients and staff. These incidents were not always—if ever—recorded in more detailed records. On institutional abuse, see: Kate Rossiter and Jen Rinaldi, *Institutional Violence and Disability: Punishing Conditions* (London: Routledge, 2018).
[9] Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2009): 56-58.
[10] Madeline Bourque Kearin, "Dirty Bread, Forced Feeding, and Tea Parties: The Uses and Abuses of Food in Nineteenth-Century Insane Asylums," *Journal of Medical Humanities* 43 (2022): 95-100.

food adequately to all patients.[11] Moreover, asylums were encouraged and had to operate on small budgets, and food supplies could be unpredictable—all of which made it difficult to ensure a healthy diet. Ultimately, balancing budgets became the priority over treatment via food.[12] Harry's appetite would only be fully satisfied when he did not feel like eating.

Tired of doing nothing, Harry began sprinting down the hallway of the ward and with a loud BANG his body slammed against the wall. He spun around, crouched down again, and positioned himself with left foot in front of him, his right foot behind. After a deep breath, Harry sprinted to the other side of the hall and slammed into the opposite wall. BANG!

[11] Madeline Bourque Kearin, "Dirty Bread, Forced Feeding, and Tea Parties," 100; Geoffrey Reaume, "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900," in *Rethinking Normalcy: A Disability Studies Reader*, edited by Tanya Titchkosky and Rod Michalko (Toronto: Canadian Scholars' Press, 2009).
[12] Claire Hilton, *Civilian Lunatic Asylums During the First World War: A Study of Austerity on London's Fringe* (New York: Springer Link, 2021): 151, 155.

Figure 7: Unidentified female patients seated along a hallway and a nurse can be seen along the left side of the hallway, ca. 1900-1910, Goodwill, Bailey family fonds, Acc3109/91 (Charlottetown: Public Archives and Records Office of Prince Edward Island).

"Harry, won't you stop that?" an attendant yelled out.

"I'm not doing anything wrong," Harry responded while assuming his crouched stance once more.

Before Harry could find himself smashing into the wall, letting alone darting down the hall, Pete stepped in front of him. Harry hated Pete. He was mean, old, and a man—the worst combination. Pete thought because Harry was a kid, he could do whatever he liked—act like a father, an abuser, a bully, whatever he thought was necessary. Pete never liked kids, and Harry was no exception. Even though Pete was once a father, he rarely showed kindness; instead, he thought Harry needed to be disciplined regularly, like Pete had done to his own children. Harry hated Pete for many reasons, but especially for the violence that Pete meted out to him regularly. Pete used him as a punching bag whenever he felt like it. It did not matter what Harry did. If Pete was around and did not like what he was doing, Pete would lash out with violence. Sometimes one of the nicer men would step in before this happened, but Harry was often left to defend himself—and Pete was not the only mean person on the ward. When Harry was not angry or defensive, he was scared. Harry was never sure who was a friend or foe, but he usually found it safer to fear everyone. Today was different though, Harry was through being scared. Maybe it was the frustration with being trapped indoors or the anger and resentment that had been bubbling up in him for the past two weeks, but he decided that today he would not be bullied by Pete, today he would not need defending.

"Get out of my way you fucking old man!" Harry roared.

"Boy, you have something coming if you think you can speak to me that way," Pete warned, straightening his back and balling his fists.

"Well how about this!" Harry yelled while throwing a punch with all his might.

Pete was a big man, and Harry was no match for him. After throwing only one punch, Pete pushed Harry to the wall pressing his forearm against Harry's neck. When Harry pushed against his arm, he could feel the pressure on his windpipe. Instead of trying to force his body away from the wall, Harry tried to kick Pete. However, a nearby attendant pulled the two up before the scuffle could escalate and called for help.[13] When it was over Harry felt relieved, but Harry's first punch would land him in an uncomfortable position.

While some degree of violence was expected in boys and adult men—although not from strangers like Pete, Harry would have likely been subject to a degree of what would have been considered casual and necessary violence, as perceived at the time. Violence was widely considered a necessary means to teaching children to obey and be respectful. Children were meant to associate between disobedience with suffering.[14] Moreover, while institutionalized many inmates experienced physical, verbal, and sexual abuse. This included violence from other patients, staff, restraints, and forced treatments.[15]

[13] It was thought that some degree of violence in a boys' life would help to ensure they grew up dominant and powerful along masculine ideals. It was also believed that in order to be tough, aggressive, and competitive, it was only natural for boys to also express violence. Fighting between boys could be a means to provide one's manliness. However, in the case of children who were too violent, they would be pathologized for their behaviours upon admission, which we see in Harry's file. This masculine blueprint later becomes solidified as child psychology develops over the course of the 20th century. That being said, violence from no related adults would not have been considered socially acceptable, even in the institutional setting. On boyhood, see: Mark Moss, *Manliness and Militarism: Educating Young Boys in Ontario for War* (Oxford: Oxford University Press, 2001): 111, 113; and Mona Lee Gleason, *Normalizing the Ideal: Psychology, Schooling, and the Family in Postwar Canada* (Toronto: University of Toronto Press, 1999): 59, 64.

[14] While talking about Quebec families, this book provides context on violence towards children in Canadian History: Marie-Aime Cliché and William Donald Wilson, *Abuse or Punishment?: Violence Towards Children in Quebec Families, 1850*-1969 (Waterloo: Wilfred Laurier University Press, 2014): 24-25.

[15] To read more about abuse in the asylums, see: Geoffrey Reaume, "Accounts of Abuse of Patients at the Toronto Hospital for the Insane, 1883-1937," *Canadian Bulletin of Medical History* 14, 1 (1997): 65-106.

The Basement Ward: Out of Sight, Out of Mind

After his altercation with Pete, Harry was led to the basement of the hospital. He was forced into a restraint chair, his hands and feet cuffed to the cold wood. He was in the basement of the hospital for the second time. Staff preferred to sequester patients deemed to be disruptive out of sight. Harry started to cry and scream for help, begging for someone to get him out of the chair. The only responses he got were the blank stares from the others in the room and the screams of the patients in the other rooms. They all faced the same stark reality—an unknown amount of time stuck in the cold, dank basement. The bricked walls were lined with different restraining devices. Other patients were scattered about the room—some nodding off, some distressed. Harry began to cry at the sight of the men around him.

Ever since he arrived here, he clung to a hope that he would leave this place. This place was clearly meant for adults, not him, so Harry, had consistently believed that he would have to return to school sooner or later. Today the thought that lingered in Harry's mind did not come from a place of optimism. Instead, he wondered if he would be stuck here forever. Harry hoped they would not forget about him for too long.

Figure 8: Unidentified patients or staff demonstrating the restraints used at Falconwood Hospital, ca. 1900-1910, Goodwill, Bailey family fonds, Acc3109/40 (Charlottetown: Public Archives and Records Office of Prince Edward Island).[16]

For any inmate, the basement was the worst place to be. While the hospital in general suffered from the lack of heat, poor ventilation, and a consistent unpleasant smell, the basement had all of this but worse. Moreover, when inmates were put in the basement, it was so that staff could not be bothered by them. If patients were seen as disruptive, staff could readily ignore them—in the basement, not only could the unfortunate inmates not be heard by the staff, but they

[16] This photo is from the collection that contains Dr. Goodwill's documents. Dr. Goodwill sought to abolish the use of restraints, so this is likely a staged photo to demonstrate the inhuman treatment of patients—although this photo likely only scratches the surface of the experience of being restrained in the basement of Falconwood.

couldn't disrupt the other inmates. As far as the staff were concerned, once someone was in the basement, they were no longer a concern.[17] Harry remained in the basement at the mercy of the staff. He longed to be returned above ground.

[17] Falconwood was not the only place that held people in the basement. At the Weyburn Mental Hospital there was a basement ward that was off limits to visitors and the superintend rarely visited. It was described as an inhuman space with half-naked patients littered on the floor, sometimes caked in their own excrement—it would have been a truly dehumanizing experience in the asylum that contained people deemed the most unmanageable. Falconwood's basement held patients in a similar fashion—out of sight, out of mind, and in deeply inhumane conditions. See: Erika Dyck and Alexander Deighton, *Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada* (Winnipeg: University of Manitoba Press, 2017): 7 and 51.

Harry In-Context: Forgotten in Falconwood

Harry was admitted to the Falconwood asylum on March 20, 1900. He was one of the few children who have more than a single line or two in a casebook.[1] Most of the casebooks detailing facts about patients from Prince Edward Island were small entries that were meant to provide an overview. These books usually detailed an admission date, minimal background information, the diagnosis, and a discharge or death date. From it, I gleaned that Harry was white, Roman Catholic, and fairly educated. His father's profession remained unlisted, likely because he was deceased, and he was diagnosed with acute mania and dementia praecox. The limited details about Harry were unlike the other institutions that are part of this study. Files from other provinces included full case files for inmates that included documents like clinical records—detailing some of the inmates' movements and experiences in the asylum on a daily basis. Harry, however, had two additional pages in a casebook that included an overview of his case and some of his experiences. While this is not as detailed as a full case file, it does offer a glimpse into Harry's institutionalization. What was interesting about this case is that there were almost no children recorded in the detailed casebook.[2] Thus, Harry's records, although brief, offer us insights into a twelve-year-old boy's experience in an asylum at the start of a new century. With his experience, we can see moral therapy's failure to materialize, the place of

[1] Harry is based on a file from: Falconwood Casebook, male ca. 1908, Falconwood Hospital, AC2363/14 (Charlottetown: Public Archives and Records Office).

[2] See: Bound Annual Reports, 1900-1910, Falconwood Hospital, AC2363/1-5 (Charlottetown: Public Archives and Records Office); Falconwood Discharges [Journal], 1900-1936, Falconwood Hospital, AC2363/10 (Charlottetown: Public Archives and Records Office); Falconwood Casebook, female ca. 1908, Falconwood Hospital, AC2363/13 (Charlottetown: Public Archives and Records Office); Falconwood Casebook, male ca. 1908, Falconwood Hospital, AC2363/14; Falconwood Record Book, 1924-1944, Falconwood Hospital, AC2363/16 (Charlottetown: Public Archives and Records Office); and Falconwood General Register, 1900-1929, Falconwood Hospital, AC2363/22 (Charlottetown: Public Archives and Records Office)

eugenics in admission, the lack of care in asylums for children, and the impact of wider social forces on children like Harry.[3]

Harry was institutionalized at a time when people became interested in the health of children, from the late nineteenth century into the twentieth century. This led to medical and professional theorizing on the wellbeing of children. The combination of children's health and eugenics meant children were interpreted based on a medical model that was informed by class, race, and gender norms. The impact of bigger medical and social ideas about children was deeply embedded in the growing medical and social rhetoric, which feared the degeneration of society and sought to contain certain children and those labelled with a psychiatric disorder or intellectual disability. Harry's experience at the Falconwood Asylum embodied some of these changing interests and fears that reproduced systems of power and a hierarchy of desirability for Canadian citizens. For Harry, we will see how these intersections played a role in his committal and lifelong institutionalization.

Once serving as the medical superintendent for the Scottish National Institution for Imbecile Children at Larbert from 1869 to 1879, Dr. William Wotherspoon Ireland became an authority on both idiocy and imbecility as the author of studies in the hereditary nature of madness. He wrote an authoritative text on children first called *Idiocy and Imbecility*, later changed to *Mental Affections of Children*.[4] This text provided insights into the conversation around child insanity that was happening in the Global North. According to Ireland, children were quite different in character from adults as their mental processes were theorized as being

[3] There are two casebooks that contain patients within my study period, one for male patients and for female. These casebooks rarely included any patients under sixteen. There was a total of 49 children in these books with seven (including Harry) admitted after 1908. In conversation with the archivist, I asked if they had a casebook for children. She said they did not but also indicated that it was not outside of the realm of possibility that such a casebook could exist somewhere on the island but not in their possession. See: Falconwood Casebook, female ca. 1908, Falconwood Hospital, AC2363/13; Falconwood Casebook, male ca. 1908, Falconwood Hospital, AC2363/14.
[4] J.S.C. "Obituary - William Wotherspoon Ireland," *Edinburgh Medical Journal* 2, 6 (1909): 563-564.

rudimentary (not fully developed and showing clear signs of lack of rationality). Thus, children were seen as more acute in emotional outbursts. It was further believed that sanity was something acquired.[5] In describing what madness looked like in children Ireland wrote that it often manifested as any of the following: simple character, great restlessness, sleeplessness, crying and screaming, biting and scratching in older children, a quickened pulse and a red face, strange notions and boastings, sickly suspicions, and a great deal of jealousy or ideas of greatness. In older children it could also include the lack of self-control, stealing, confusing beliefs with dreams, memories, and fantasies, common errors, and lack of critical faculty.[6] However, once children reached the age of twelve, Ireland pointed out that symptoms started to differ less from adults. To illustrate, melancholia was not typically assigned to children under the age of twelve, but suicide was seen as a potential consequence of the demands of childhood if they were too high.[7] Ultimately, medical men like Ireland did not believe the treatment outcome for children to be favourable—unlike family members who believed mental disability in children was curable and treatable.[8]

At the same time, eugenics started to garner attention across the British Empire, resulting in increased support for controlling the sexual lives of citizens. This included several different regulating practices: the development of legislation around sexual vice and the formal regulation

[5] William Wotherspoon Ireland, *The Mental Affections of Children*, 271-273.
[6] It is difficult to not scoff at these lists because many of the traits listed are things we would accept as normal behaviours in children. This is the case with a lot of the diagnostic conclusions in the case files I consulted. This is further complicated by the fact that many people at the time would have also considered some these behaviours normal. What's interesting about this then, is how children's behaviours could simultaneously be both normal and abnormal—it becomes more about how one interprets a child's behaviour and in what context rather than the behaviour belonging to a single category. Thus, it is possible for us to think about the performative nature of madness as it is interpreted by the non-mad person, and for us to see how normality and abnormality were and are constantly negotiated.
[7] William Wotherspoon Ireland, *The Mental Affections of Children*, 283-285.
[8] Jessa Chupik and David Wright, "Treating the 'idiot' child in early 20th-century Ontario," *Disability & Society* 21, 1 (2006): 77-79.

of prostitution; the reinforcement that certain family structures were desirable and ultimately contributing to the development of the state; the creation of desirable domestic arrangements that reinforced social hierarchies and racism; and the creation of eugenic programs that encouraged certain people to have children and not others.[9]

A core belief that embodied and conjured a sense of real fear was the idea that some of the population was thought to be defective through the theorizing of eugenics, which centered on race betterment.[10] This fear evoked colonial, racist, gendered, and classist logics that specifically targeted people further away from what disability scholars call the normate—how the idealized body was formulated as white, able-bodied, middle class, and male.[11] The coining of the term eugenics by Francis Galton in 1889 put into action racist pseudo-science, colonial ideas of superiority, and a class and gender hierarchy. Eugenics posited that society consisted of more and less evolved people based on their moral and physical capacities. Eugenics was highly classist seeing those in the middle and upper classes as highly desirable because of their perceived intelligence, health, and high income. On the flip side, poverty was seen as the site of

[9] To learn more on this topic see: Ann L. Stoler, "Making Empire Respectable: The Politics of Race and Sexual Morality in 20th-Century colonial cultures," *American Ethnologist* 16, 4 (1989): 635; Philippa Levine, "Sexuality, Gender, and Empire," in *Gender and Empire* edited by Philippa Levine (Oxford: Oxford University Press, 2004) 135; Peter W. Ward, Courtship, *Love, and Marriage in Nineteenth-Century English Canada* (Montreal: McGill-Queen's Press, 1990); Sarah Carter, *The Importance of Being Monogamous: Marriage and Nation Building in Western Canada to 1915* (Edmonton: University of Alberta Press, 2008); Ann Laura Stoler, *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule* (Berkley: University of California Press, 2004); and Cynthia R. Comacchio, *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940* (Montreal: McGill-Queen's Press, 1993).

[10] Carolyn Strange, and Jennifer A. Stephen, "Eugenics in Canada: A Checkered History. 1850s-1990s," In *The Oxford Handbook of the History of Eugenics*, edited by Alison Bashford and Philippa Levine (Oxford: Oxford University Press, 2010): 524.

[11] In *Extraordinary Bodies*, Rosemarie Garland Thomson troubles what constitutes the normate. This term can be understood as an ideal representation of what the perfect body is including ideas around beauty and functionality. It is important to highlight that it is unachievable, but it is meant to be what we strive towards being. The normate provides the base line for what bodies are compared against. As such, it tells us that bodies should be able-bodied, appropriately gendered, and white. If you are disabled, you should seek cure above all else. See: Rosemarie Garland Thomson, *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature* (New York: Columbia University Press, 1997): 8-9.

moral failings and social vices that would be passed on to future generations of the working class.

Through eugenics, it was believed that people from undesirable backgrounds needed to be prohibited from reproducing. This belief was also shaped by racism. For example, certain bodies were fashioned as a contamination—this included race and disability. Eugenics then was a space that legitimized the ideas that certain individuals were less civilized and more animal like—justifying stereotypes of Black folks, the exploitation of Chinese labourers, and colonial violence against Indigenous peoples. Built around this was circular reasoning. Eugenics served to evoke the settler logic of extermination and segregation and the settler logic of extermination and segregation was necessitated by eugenics.[12] Ultimately, this also contributed to the obfuscation of the material conditions of social inequalities, which marked certain people as undesirable. This included things (and continues to include) inequitable wealth distribution, blaming vulnerable populations and locating individuals as the causes of poverty, crime, and illness, the exploitation of the labour, lack of legal and political rights, etc.[13] The failure to address material conditions meant that ideas and changes that occurred in society served to uphold a hierarchy of desirability that positioned different social locations as more or less desirable while upholding settler colonialism as legitimate.

Moreover, emerging out of growing urbanization and capitalism were ideas connected to racial supremacy, class hierarchies, able-bodiedness, gender, and morality that shaped the context of eugenics.[14] Mental deficiency was cast as a menace and, if not properly contained, it

---

[12] Jay Dolmage, *Disabled Upon Arrival: Eugenics, Immigration, and the Construction of Race and Disability* (Columbus: Ohio State University, 2018): 55, 62.
[13] Karen Stote, *An Act of Genocide: Sterilization of Indigenous Women* (Halifax: Fernwood Publishing, 2015): 23, 27.
[14] Mona Gleason, "'Lost Voices, Lost Bodies?' Doctors and the Embodiment of Children and Youth in English Canada from 1900-1940s," in *Lost kids: vulnerable children and youth in twentieth-century Canada and the United*

would threaten the economic, social, and moral wellbeing of society.[15] At a baseline, eugenics was about social control to improve or impair future racial qualities. It grew as the middle and upper classes feared a "race suicide" as birthrates were smaller in their own classes.[16] Thus, eugenics sought the purification of citizenship to obtain white perfection.[17] Psychiatry, eugenics, and institutions, such as the educational, social welfare, and medical systems, worked to control the lives of marginalized groups. As such, eugenics particularly highlighted the growing fears of people labelled as defective. These fears embodied concerns around human evolution and degeneration.[18] In Canada, this was compounded by the fact that the nineteenth and twentieth centuries were marked by population growth, immigration, urbanization, and Western expansion. These increased concerns around morality, crime, and health, in turn, continued to fuel the idea that poverty was a social problem that could be limited by managing those deemed genetically inferior. As a result, many identity markers were targeted for being biologically inferior by social workers and medical professionals who feared that poverty and race, among others, were harbingers of a 'degenerate' society.[19]

The medical establishment and its supporters at the turn of the century were concerned about the place of children in this idea of the progressive and ideal nation, which was white, middle-class, and able-bodied. The emphasis on children came from a concern that the state

---

States, edited by Mona Gleason, Tamara Myers, Leslie Paris, and Veronica Strong-Boag (Vancouver: University of British Columbia Press, 2010): 139.

[15] Institutionalization would act as a eugenic means to reduce the theorized burden of defective and delinquent classes that included and targeted poor children. See: Molly Ladd-Taylor, *The Feebleminded Menace and the Innocent Child* (Baltimore: Johns Hopkins University Press, 2017): 24.

[16] Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: University of Toronto Press, 1990): 15.

[17] Joanne Faulkner, "Ghosts of Eugenics' Past," 330.

[18] Nic Clarke, "Sacred Daemons: Exploring British Columbian Society's Perceptions of "Mentally Deficient" Children, 1870-1930," *BC Studies*, 144 (2004/5): 66.

[19] Karen Stote, *An Act of Genocide*; and Joanne Faulkner, "Ghosts of Eugenics' Past: 'Childhood' as Target for Whitening Race in the United States and Canada," *Continuum: Journal of Media & Cultural Studies* 37, 3 (2023): 334.

would be burdened by a defective population that would result in more pauperism, starvation, vagrancy, and crime. Underlying this, was a concern that the failure to address degeneration in the population would result in a large population that was either unemployed or earning small wages. Furthermore, it was believed that by improving what was thought of as the lower stratum of society, social improvements would follow, including more wage earning and less social failure.[20] This meant that wider supports and reproductions of the medical system and its ideas occurred in several spaces—it was not contained to doctors.

The coming together of scientific definitions and value judgements fostered the creation of what normality looks like in children. Consequently, children would be categorized and measured against standards that were inherently oppressive.[21] If Harry had been admitted two decades later, he may have had to undergo an Intelligence Quotidien (IQ) test. As Barrington Walker demonstrated, this test linked educational psychology with scientific racism, especially as it was used to demonstrate ideas of white superiority in children. Moreover, the implementation of this test in schools was part of a means to placate fears of undesirable children contaminating the Canadian population.[22] The development of pseudo-scientific tools helped to support an idea of normality that excluded non-white children and those from a working-class background.

As such, the development of how childhood was understood was deeply connected to the improvement of humanity. Children signaled human possibilities, including fears and hopes. The

[20] Francis Warner, Abs*tracts of the Milroy Lectures on an Inquiry as to the Physical and Mental Condition of School Children* (London: Printed at the office of the British Medical Association, 1892): 11.
[21] Veronica Strong-Boag, "Children of Adversity": Disabilities and Child Welfare in Canada from the Nineteenth to the Twenty-First Century," *Journal of Family History* 32, 4 (2007): 415.
[22] Barrington Walker, "Following the North Star: Black Canadians, IQ Testing, and Biopolitics in the Work of H.A. Tanser, 1939–2008," in *Contesting Bodies and Nation in Canadian History*, edited by Patrizia Gentile and Jane Nicholas (Toronto: Toronto University Press, 2013): 50-52, and 57.

health of a child was linked to the health of a nation.[23] As Joanne Faulkner observed, these attitudes created a space for questions like: "what sorts of people should be allowed to exist?" Categories of abnormality helped answer this question.[24] These attitudes were deeply imbedded in settler-colonialism that invested hopes for the future in children and was expressed through whiteness and civilized bodymind.[25] The ability to categorize people as desirable and to invisiblize others worked to justify land theft and colonization as the progressive right of white settlers. This rationale translated ideas of normativity onto individual bodies and justified any interventions in the future of Canada that was spurred on by eugenics.[26]

Psychiatrists played a key role in the expansion of eugenics by raising alarm on what they dubbed dangerous hereditary traits.[27] In particular, the poor were seen as degenerate. In response, they either needed to be cured through social programs, if the cause was environmental, or restricted, if the cause was hereditary.[28] Psychological disorders and what we would now call cognitive or intellectual disabilities were tied to hereditary causes. Any form of madness in family members was considered the most common predisposition for insanity in children.[29] On Harry's admission it was recorded that he had insane cousins. This information about other direct family members who were insane helped doctors identify if someone was curable. As such, doctors likely presumed that Harry would not improve.

---

[23] Joanne Faulkner, "Ghosts of Eugenics' Past," 330-332.
[24] Joanne Faulkner, "Ghosts of Eugenics' Past," 336.
[25] Joanne Faulkner, "Colonialism and Childhood," in *The Sage Encyclopedia of Children and Childhood Studies*, edited by Daniel Thomas Cook (New York: Sage Publications Inc, 2020): 540.
[26] Jay Dolmage, *Disabled Upon Arrival*, 52-53.
[27] Ian Robert Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (London: Cornell University Press, 1997): 133-134.
[28] Angus McLaren, *Our Own Master Race*, 19.
[29] William Wotherspoon Ireland, *The Mental Affections of Children: Idiocy, Imbecility, and Insanity* (London: J. & A. Churchill & James Thin Edinburgh, 1898): 282.

While most physicians believed madness in children to be hereditary, they also considered developmental and acquired causes.[30] In Harry's case these two ways of assessing children's mental health likely played a key role in his diagnosis and institutionalization—it was recorded that he had insane family members and that he acted abnormally compared to his peers through a lack of desire to play with them. For child insanity, then, this assessment fostered the belief that insanity in children was always accompanied or masked by idiocy. If there were environmental causes, there were also likely hereditary ones.

Harry's experience at Falconwood was also shaped by the development of moral therapy and the efforts and failure to implement this new regime of care for mad folks. With a humanist influence from the Enlightenment, it was thought that more humane treatment could improve society. With respect to mad folks, this emerged from critiquing the conditions that they lived under prior to the eighteenth century. Moral therapy, while often thought of as a secularized effort that separated the care of the mentally unwell from religion to focus on civic duty and the growth of medical science, was originally a mixed effort between secular and religious influences.[31] Ultimately, this approach fostered the belief that through the use of science, the human race could be improved, which included people with insanity.[32]

As such, moral treatment stressed the importance of focusing on the patient through kindness and authority.[33] The transition from confinement to therapy was a distinct rejection of what is now considered harsh and cruel treatment of the insane (the use of bleeding, blistering, food restriction, and restraints). Moral treatment developed out of the practical experiences of

---

[30] Steven J. Taylor, *Child Insanity in England, 1845-1907* (London: Palgrave Macmillan, 2017): 34-36.
[31] Wendy Gonaver, *The Peculiar Institution and the Making of Modern Psychiatry 1840-1880* (Chapel Hill: University of North Carolina Press, 2019): 84; and Anne Digby, *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914* (Cambridge: Cambridge University Pres, 1985).
[32] David A. E. Shephard, *Island Doctor: John Mackieson and Medicine in Nineteenth-Century Prince Edward Island* (Montreal: McGill-Queen's University Press, 2003): 92.
[33] David A. E. Shephard, *Island Doctor*, 92.

Philippe Pinel and William Tuke, who are the first widely recorded individuals to reject the use of restraints. Pinel is particularly known for this rejection as he most famously 'freed' the mad from the confined dungeons at Hôpital de Bicêtre in Paris in 1793 and in 1795 at Saltpetrière. However, Dora B. Weiner revealed that Pinel did not unshackle mad people on his own initiative; rather, he was encouraged by the ward supervisor Jean Baptiste Pussin.[34] Pinel's text *A Treatise on Insanity* was well known in Canada, including in the Maritimes.

Similarly, Tuke put forward moral treatment in the well-known institution, the York Retreat, which was founded in 1792 and opened in 1796. When the Retreat was written about in 1813, it became the standard text for reformers in the English-speaking world. It described the need to employ a moral method using compassion and a controlled environment to bring people back to sanity. The goal was to relieve the patient from morbid preoccupations and to encourage self-control via reason.[35] Dorothea Dix would be a large presence in North America in the 1800s to advocate for this kind of treatment.[36]

Emerging from this new approach to madness was the idea that, in a moral management system, reason could be restored and strengthened. This meant that the conditions of the asylum were critical to the recovery of their patients—doctors were meant to have individual relationships with patients, the hospital itself had to be pleasantly designed, and the population relatively small. Reformers argued that mad folks needed a controlled environment where they could be observed for appropriate treatment. This controlled environment would allow for better observation, control, and treatment. For these conditions to happen, the asylum needed to be a homely setting that encouraged restorative feelings. The atmosphere included things like

[34] Dora B. Winer, "'Le Geste de Pinel': The History of a Psychiatric Myth," in *Discovering the History of Psychiatry*, edited by Mark Micale and Roy Porter (Oxford: Oxford University Press, 1994): 232-247.
[35] Daniel Francis, "The Development of the Lunatic Asylum in the Maritime Provinces," 28.
[36] Daniel Francis, "The Development of the Lunatic Asylum in the Maritime Provinces," 28.

decorating the space, encouraging work and recreation, and most importantly, removing the patient from the original environment.[37] The asylum environment was meant to foster a space for cure.

In PEI, like other places, the goal of moral treatment was never actualized. In terms of the architecture, there were issues with attaining sufficient funds. From the beginning, funding the asylum was never the priority. There were several problems including heating, limited space for patients that led to using the cellar, and the lack of recreational facilities.[38] Furthermore, the lack of staff and training meant that moral therapy was unattainable. Achieving the goals of moral therapy required a lot of trained staff to deal with patients every day, but in reality, staff were never adequate in number or trained sufficiently. As such, the environment of the asylum was rarely what it needed to be: a place that was soothing, regulated, limited in stimuli, and free of distractions. Moreover, drug therapies played a role in pacifying patients instead of moral treatment since staff could not give the required attention. In some cases, like that of Harry, patients were restrained or kept in basement cells. Moral therapy was likely only done as a form of lip service rather than fully actualized.[39]

Regardless of the inability to apply moral therapy, by the late nineteenth and early twentieth centuries, mental health care's locus was in asylums; however, these facilities were quickly overcrowded. In 1899, the number of patients in Falconwood was 188 when it was only meant for 140 patients. Ironically, this facility was originally built to deal with overcrowding in the previous location.[40] In the same year, the institution underwent a public commission

[37] Melvin Baker, "Insanity and Politics: The Establishment of a Lunatic Asylum in St. John's, Newfoundland, 1836-1855," *The Newfoundland Quarterly*, 77, 2/3 (1981): 27-31.
[38] David A. E. Shephard, *Island Doctor*, 98-100.
[39] David A. E. Shephard, *Island Doctor*, 101-103.
[40] Tina Pranger, *Beyond the Asylum: The Evolution of Mental Health Care in Prince Edward Island 1846-2017* (Charlottetown: Prince Edward Island Museum & Heritage Foundation, 2019): 20.

following public critiques. Several damning discoveries were made public, including charges of overcrowding, inadequate ventilation, low recovery rate, no resident medical officer, poor relationship between administrators and staff, and untrained staff. The building was so unreasonably cold that the pipes would freeze. Several recommendations were made in an effort to pave a pathway to improvement: conducting regular inspections, appointing a medical officer, training for attendants, separating the curable from incurable patients, remodelling the heating system, refraining from mechanical restraints, adding more work activities, creating recreational space, leaving heat on at night, installing double doors and storm windows, improving ventilation, adding electric lighting, creating a palliative unit and larger dining hall, and inspecting food carefully. A permanent medical doctor would be hired, Dr. Victor Lyall Goodwill, who would slowly attempt to put some of these recommendations in practice while Harry was institutionalized.[41]

Harry's casebook entry did not have a discharge date listed, which I found particularly odd because the administrators at Falconwood were often thorough with the records I consulted. What I learned through a bit of genealogical research, however, was that Harry was briefly discharged sometime after or in 1900 or 1901.[42] It was enough for him to appear on the 1901 census with his mother, stepfather, and brother. Sometime between 1901 and 1911, he returned to the asylum aged between the ages of 13 and 23. He likely returned around 1908 when the case book was recorded to have been a new feature of asylum administration, at which point he would have been an adult, which may explain why he was recorded in this casebook unlike other children who were admitted after 1908.[43] It seems highly probable that he remained there until

[41] Tina Pranger, *Beyond the Asylum*, 32-33
[42] It is also possible he was visiting home when enumeration happened and only briefly left the asylum for a home visit.
[43] Tina Pranger, *Beyond the Asylum*, 35-36.

his death—he is recorded as an inmate on the 1921 and 1931 census.[44] His death may be recorded in another casebook that was not consulted because it is beyond the time frame for this study.

There were many potential reasons Harry may have spent the remainder of his life at the asylum. For starters, his admission papers mention relatives diagnosed as insane. Consequently, he would have been seen as incurable. If he were incurable, there would be no conditions on which his release would be seen as necessary or even favourable. Eugenics made Harry a threat to the hereditary fitness of the population and keeping him institutionalized acted as a form of passive negative eugenics. While institutionalized, Harry's threat to reproduce would be theoretically reduced or eliminated altogether. This could have been heightened by the second potential contributing factor to his lifelong confinement.

It was equally possible that a lack of family members to advocate for his release contributed to his potential lifelong confinement. In 1908, his brother moved to Alberta and his half-siblings do not appear to have had a meaningful relationship with Harry. With the eventual death of his mother, Theresa, Harry would have found himself with little connections outside of the institution. Live relatives could serve as a dissenting voice to longer institutionalization—successful or not, family members were important allies to inmates and their ability to leave the institution.

Finally, it is possible that Harry would become a good labourer while institutionalized. His admission covered a lot of upgrades to the hospital—all of which were conducted by

[44] Due to privacy restrictions, I cannot site the specific census records. However, if you are interested in consulting census records you can access them online through Library and Archives Canada, see: *Canada Census,* 1901 (Ottawa: Library and Archives Canada); *Canada Census,* 1911 (Ottawa: Library and Archives Canada); *Canada Census,* 1921 (Ottawa: Library and Archives Canada); *Canada Census,* 1931 (Ottawa: Library and Archives Canada).

inmates.[45] By the time he was an adult, especially since he was a public charge, Harry likely participated in many of these projects. If he was seen as invaluable for his labour, the administration may have desired to keep him within the institution to continue this work. If this were the case, having minimal family would have aided in this.

Harry is one of many children (and adults) who would be lifelong inmates at an asylum or would pass away in the institution. While my study does not include adult files of the children who were institutionalized, in some cases, I had access to files that were kept into their old ages. I identified 28 children whom I knew for certain remained in the institution for the duration of their life, in addition to the 135 who died at the institution after differing lengths of stay. At the core of these life-long admissions into psychiatric facilities was eugenics and the belief that these children could pose a threat to society—this threat could be tied to the belief that their madness was hereditary, or to different identity markers.[46] Ultimately, the goal was to ensure that these individuals were kept away from society at large in order to safeguard the goals of social cohesion under a settler colonial agenda. This meant that care was often absent and moral therapy not realized.

Edward, who spent time at Essondale Hospital and New Westminster, was admitted in 1915 at the age of ten. He would remain at the institution for eighteen years until he died in

[45] Tina Pranger, *Beyond the Asylum,* 38; and *Annual Report of the Trustees and Medical Superintendent of the Prince Edward Island Hospital for the Insane, Charlottetown, PE Island, Canada for the Year 1903* (Charlottetown: Micthell Bros., Cameron Block, Victoria Row, 1904): 6-7.

[46] Later, British Columbia and Alberta adopted official sterilization legislation in 1933 and 1928 to contain the perceived threat of undesirable reproduction. However, this did not translate into all individuals being released into the general public. Institutionalization remained the keyway to contain undesirable children into their adulthood during this study period and beyond. See: Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013); Angus McLaren, *Our Own Master Race*; Claudia Malacrida, *A Special Hell: Institutional Life in Alberta's Eugenic Years* (Toronto: University of Toronto press, 2015); C. Elizabeth Koester, *In the Public Good: Eugenics and Law in Ontario* (Montreal: McGill-Queen's Press, 2021).

1934. His time at the institution was marked by regular check-ins from his family members, including his mother, sisters, and brother. However, as an incurable case, it was expected he would remain in the institution for the remainder of his life. Edward also appeared to be chronically ill while institutionalized. His death was supposedly exhaustion of idiocy (primary cause) and lobar pneumonia (secondary cause).[47] In another case, Lester who was admitted to the Brandon Asylum in 1919 at the age of thirteen, had a note in his file that he could not be released because he would likely be seen as someone with a sex problem.[48] This was because he was caught and confessed to having oral sex with other boys and/or men. As a queer individual, Lester would have been considered a threat to settler society in the twentieth century, which criminalized and pathologized sexualities deemed deviant.[49]

For those who were committed life-long by virtue of their time spent at the institution and/or death—either in childhood or adulthood, tuberculosis was a common cause of death. It made up 53 deaths (33% of the total deaths). Other causes included: exhaustion, starvation, bronchitis, pneumonia, meningitis, epilepsy, toxic absorption, sepsis, measles, disseminated sclerosis, coronary occlusion, anoxic, congenital paralysis, Vincent's angina, cancer, coronary

[47] Mental Health Services patient case files, GR-2880, British Columbia Archives (Victoria, British Columbia).
[48] Brandon Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).
[49] On the history of pathologizing and criminalizing queer sexualities, see: Stephen Maynard, "On the Case of the Case: The Emergence of the Homosexual as a Case History in Early Twentieth Century Canada," in *On the Case: Explorations in Social History*, edited by Franca Iacovetta and Wendy Mitchinson (Toronto: University of Toronto Press, 1998); Regina Kunzel, "Queer History, Mad History, and the Politics of Health," *American Quarterly* 69, 2 (2017): 315-320; and Stephen Maynard, "'Horrible Temptations': Sex, Men, and Working-Class Male Youth in Urban Ontario, 1890–1935," *The Canadian Historical Review* 78, 2 (1997): 191-235. There are several texts that tackle queer history beginning at and after the 1930s, this includes: Gary Kinsman, and Patrizia Gentile, *The Canadian War on Queers: National Security as Sexual Regulation* (Vancouver: University of British Columbia Press, 2010); Mary Louise Adams, *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality* (Toronto: University of Toronto Press, 1997); Valerie Korinek, *Prairie Fairies: A History of Quweer Communities and People in Western Canada, 1930-1985* (Toronto: University of Toronto Press, 2018); Tom Warner, *Never Going Back: A History of Queer Activism in Canada* (Toronto: University of Toronto Press, 2002); Merrick Pilling, Queer and Trans Madness: Struggles for Social Justice (London: Palgrave Macmillan, 2022); Persimmon Blackbridge, and Sheila Gilhooly, *Still Sane* (Vancouver: Press Gang Publishers, 1985). On the interconnect of sexuality, normalized bodies, and settler colonialism, see: Gregory D. Smithers, "Settler Sexualities: Reproducing Nations in the United States, Canada, Australia, and New Zealand," in *The Routledge Companion to Sexuality and Colonialism*, edited by Chelsea Schields, and Dagmar Herzog (London: Routledge, 2021).

artery disease, dilation of the stomach, pyelonephritis bilateral, acute adrenal hemorrhage, or was not listed.[50] Ultimately, 36% of the 430 children who entered one of the institutions in this study died while institutionalized.

Asylums were institutions predicated on the belief of doing good. This is a sentiment that we experience today and that people felt in the past. It was and is a call to be morally correct and benevolent to our neighbours. For asylums, this meant philosophies of moral therapy dominated discourses on how to help mad people. In practice, however, patients were subject to horrid conditions. We see with the restraining of Harry after the altercation with Pete, how carceral practices alongside sedative drugs rather than moral therapy were used to control and contain the asylum population. His lifelong institutionalization also shows a common practice of using asylums as places to keep people labelled as undesirable away from the settler population.

Lester's institutionalization was motivated by the fact that he was assessed to be a sex criminal for being queer. His queerness—whether an identity, a set of experiences, or something else altogether, demonstrated that as children and childhood were normalized and theorized the queering of them grew. In fostering an emotional idea of the role of the child, non-normative behaviours queered children for their measurement against the adult they would be defined against. Sex and innocence were part of this.[51] In Lester's case, his experiences broke away from the conceived ideas of his adultness that would position him as a white, able-bodied and sane male, husband to a respectable wife, and father of several children. His queerness emerged through same-sex relations, 'gayness,' but equally through his perceived noncompliance.

---

[50] Mental Health Services patient case files, GR-2880; Queen Street Mental Health Centre patients' clinical case files, RG10-270 (Ontario Archives, Ontario); Selkirk Asylum Patient Case Files. *Selkirk Mental Health Facility*. Selkirk, Manitoba); Brandon Asylum Patient Case Files, *Selkirk Mental Health Facility*; and Falconwood Hospital, Acc2363, Public Archives and Records Office (Charlottetown, Prince Edward Island).

[51] Kathryn Bond Stockton, *The Queer Child, or the Growing Sideways in the Twentieth Century* (Durham: Duke University Press, 2009): 10, and 30-31

The asylum for children became a place where childhoods were regulated along a medical definition of what it means to be normal. From 1870 to Harry's institutionalization, adolescence becomes codified as something distinct from childhood and adulthood. How this was interpreted for youth varied depending on their proximity to being white, male, able-bodied, heterosexual, and middle-class. Along with this codification came an interest in keeping watch and facilitating desirable boys.[52] It was believed that through proper socialization facilitated by adults through commanding subordination and controlling socialization, boys could develop into desirable masculine citizens for Canada.[53] Adolescent boys were imagined as not fully mature but capable of emotion, idealism, and imagination. Alongside this potential seen in adolescent boys was an acceptance of a *normal* primitive experience (e.g. access to primitive strength that would be lost as they age), which needed to be redirected to contain eugenic fears of degeneracy. Therefore, boys needed to be raised as strong, virile, and immune to effeminacy to ensure their success as adult men.[54]

If boys demonstrated behaviours that were too unruly or went beyond what would have been seen as normal, they could find themselves institutionalized like Harry. Boys' bodyminds were meant to be both physically and psychologically strong and able. When they were not, the asylum was an option for families to seek cure and for society to seek containment. Medical knowledge, or at least medical power, served as an authoritative and trusted voice on deciphering who needed to be institutionalized. However, while institutionalized, care was not always top of

[52] Kelly Boyd, *Manliness and the Boys' Story Paper in Britain: A Cultural History, 1855-1940* (New York: Palgrave Macmillan, 2003): 13.
[53] Mona Gleason, "Embodied Negotiations: Children's Bodies and Historical Change in Canada 1930-1960," *Journal of Canadian Studies* 34,1 (1999): 112-138.
[54] David I. MacLeod, "Act Your Age: Boyhood, Adolescence, and the Rise of the Boy Scouts of America," *Journal of Social History* 16, 2 (1982): 8; and Martin Woodside, *Frontiers of Boyhood: Imagining America, Past and Future* (Norman: University of Oklahoma Press, 2022): 46.

mind for asylum workers nor was moral therapy achievable. Instead, institutionalization served a eugenic program to stop certain people from reproducing and passing their undesirable traits through containment. For Harry, he was institutionalized for his potential hereditary madness, his decisions that were seen as erratic and incomprehensible to a rational adult, and his class status as someone not likely to be a high wage earner. These bigger concepts of children's health, madness, and eugenics, all served to impact Harry's life in an irreversible and permanent way.

Ultimately, Harry entered the Falconwood asylum as the only boy under the age of fifteen. While there were two other girls his age, fifteen and sixteen respectively, it was unlikely they ever interacted. Thus, Harry found himself on a cold and overcrowded ward where he was subject to the lack of care and the use of restraints. We have to imagine that his experience was profoundly frightening, isolating, frustrating, and patronizing as the only child on a ward full of adults.

Eileen, Toronto Insane Asylum, 1915

On a bustling street, not far from the Albion Hotel, an unusual young girl with dark bobbed hair caught the attention of an observant man. Dressed like a boy on a hot summer day, she threatened to throw herself in front of the next Toronto Railway Company streetcar.[1] While most passersby carried on about their day, she stood there, believing her life was ruined. She was afraid, and was struggling to breathe, think, or do anything besides panic. The onlooker observing the girl, however, was not an ordinary local. He was a Toronto police officer, tasked with patrolling the streets and keeping the appearance of order.

In the late nineteenth century, the Toronto police force had been at the forefront of police reform in Canada.[2] They gained respect for being 'soldierly,' sober, and religious. The reforms also meant they were equipped with batons, handcuffs, and pistols.[3] Tasked with the job of apprehending criminals and delinquent youth, police officers were part of bringing moral regulation to the working classes. Thus, Toronto police officers were responsible with both punishment and benevolence, focusing their efforts on the urban poor.[4] The transformation of the police force reflected a large desire for a wholesale transformation in Canadian society that was sober and industrious attuned to eugenic discourses.[5] Moreover, as an essential part of the modern state, their positive impression made at the end of the nineteenth century was through

[1] What we now know as the Toronto Transportation Commission, the TTC, would not be formed until 1921. The TRC was the original operators of non-horsedrawn street cars in Toronto. See: C. Ian Kyer, *A Thirty Years' War: A Failed Public/Private Partnership that Spurred the Creation of the Toronto Transit Commission, 1891-1921* (Toronto: Irwin Law, 2015).
[2] Greg Marqui, *Policing Canada's Century: A History of the Canadian Association of Chiefs of Police* (Toronto: University of Toronto Press, 1993): 28.
[3] Nicholas Rogers, "Serving Toronto the Good: The Development of the City Police Force, 1834-84," in *Forging Consensus: Historical Essays on Toronto* edited by Victor L. Russell (Toronto: University of Toronto Press, 1984): 129. 116-140.
[4] Helen Boritch, and John Hagan, "Crime and the Changing Forms of Class Control: Policing Public Order in 'Toronto the Good,' 1859-1955," *Social Forces* 66, 2 (1987): 310.
[5] Allan Greer, "The Birth of Police in Canada," in *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada*, edited by Allan Greer and Ian Radforth (Toronto: University of Toronto Press, 1992): 42.

narratives of combatting vice and controlling the unruly dangerous classes.[6] Toronto police officers worked alongside social reformers and other institutions to act as part of a web of surveillance over the working class.[7]

Police officers were often the frontline workers in urban settings who would interact with children under developing principles of juvenile delinquency. The emergence of child protection and welfare shifted the relationship between the state and children. Tensions of how to approach children were common in the first half of the twentieth century. Beat officers resisted an empathetic approach to juvenile crime; however, over the century police forces would adapt to the changing need to approach children differently including the introduction of female officers.[8] Ultimately, police officers played a role in organizing society and correcting behaviours. They were markers of the moral condition of society.[9] In this moment, the young girl would become ensnared in the web.

The sound of the bustling street was interrupted by the sound of the grinding wheels of the streetcar as it rolled into view. Before the girl realized her declaration, seeing the streetcar just mere moments away, the officer stepped in front of her. With his custodian helmet strapped to his head, he believed that no sane girl would behave this way. He now stood between the girl in pants and her threat. Between her and a possible solution. His presence did not bring her relief. Instead, the man in his navy-blue uniform, golden buttons and odd hat frightened her.[10] His was an imposing figure, older, taller, and overall, much larger than she. Terrified, she tried to control

---

[6] Allan Greer, "The Birth of Police in Canada," 17.
[7] Even though police worked with other institutions, they originally opposed the introduction of Juvenile courts in 1911 because they believed "it undermined youthful respect for the law." See: Greg Marquis, "The Police as a Social Service in Early Twentieth-Century Toronto," *Social History,* Vol. 25, 50 (1992): 343. 335-358
[8] Tamara Myers, *Youth Squad: Policing Children in Twentieth Century* (McGill-Queen's Press, 2019): 20-26.
[9] Nicholas Rogers, "Serving Toronto the Good," 136.
[10] Photos for inspiration: Policeman and recruit, c.1914. William James Family Fonds, item 722 (Toronto Archives, Toronto); and Policeman, corner of King and Yonge streets, 1912. William James Family Fonds, item 1008 (Toronto Archives, Toronto).

her breathing. But her panic continued to build unabated, made worse by his presence. While her life may have been saved, it would soon no longer be in her own hands. He arrested her. We do not know his name, but we know hers, Eileen.

The carceral reach was extended to Eileen as a form of crisis resolution, expanding and producing disability, benevolence, and care.[11] The future that unfolded following this incident, while coded in rhetoric of care and concern, led to her detention in a psychiatric facility—which was always carceral regardless of the institution.[12] Eileen found herself ensnared in a network of institutions that worked to maintain the political and cultural stability of Canada through discipline and punishment, enforcing expectations of docile bodies in order to define the realms of normalcy and governability.[13]

Toronto Juvenile Court, Queen Street West, 1915

Eileen stood in remand court. Dressed in pants yet again. Sitting at a shabby wooden table in the basement of the Toronto City Hall, the judge with pasty skin and spectacles presided over her future. Water dripped from the ceiling into buckets scattered around the dimly lit room. Eileen's attention was so fixated on the judge reciting the details of the police report, she failed to notice the repetitive drip, drop, drip, drop.[14] Eileen had intended to jump in front of a streetcar on King Street East—she looked visibly distressed, and according to the officer, meant to follow through on her declaration. Moreover, Eileen showed signs of being a moral delinquent. She

[11] Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen, "Resisting the Criminalization of Disability Cripping Disability Injustice toward Accessible Decarceral Futures" in *Disability Injustice: Confronting Criminalization in Canada* edited by Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen (Vancouver: University of British Columbia Pres, 2022): 3.
[12] Susan Burch, *Committed: remembering Native Kinship in and Beyond Institutions* (Chapel Hill: The University of North Carolina Press, 2021): 16.
[13] Michel Foucault, *Discipline and Punish* (New York: Random House, 1995).
[14] Roof Leaking Juvenile Court – City Hall, August 3, 1915, Former City of Toronto Fonds, Series 372, Subseries 41, Item 13 (Toronto Archives, Toronto).

expressed concerns about being pregnant. She was clearly too emotional and unable to rationally think about her actions.

City of Toronto Archives, Series 372, s0372_ss0032_it0294
Image: Juvenile Court, July 13, 1914. Former City of Toronto Fonds, Series 372, Subseries 32, Item 294. Toronto Archives, Toronto.

Under the juvenile courts, Eileen was marked by double deviance—she was both brought to a criminal hearing and failed to uphold gender expectations.[15] As Joan Sangster put it, "boys broke the law, and girls violated gender and sexual conventions."[16] Working girl and consumer culture meant that girls were read in sexual terms.[17] The Juvenile Courts worked to prevent,

[15] Theresa L. Raymond, "From Prisoner to Patient Mental Health and Toronto's Andrew Mercer Reformatory for Females, 1880–1969," in *Disability Injustice: Confronting Criminalization in Canada* edited by Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen (Vancouver: University of British Columbia Pres, 2022): 51.
[16] Joan Sangster, *Girl Trouble: Female Delinquency in English Canada* (Toronto: Between the Lines, 2002): 69.
[17] Tamara Myers, *Caught*, 136.

restrain, and punish premarital sex. This mechanism placed girls in a web of surveillance that extended from the home, to work, to the streets.[18]

Thus, sexuality marked independence and freedom.[19] Girls found themselves situated at a contradictory intersection that required them to be domestic, subservient, and dependent, but also take part in the labour market. So not only did the possibility of Eileen being pregnant show her immorality, but it also showed her autonomy. The fact Eileen mentioned the possibility of pregnancy meant she transgressed the expectations for white immigrant women who were expected to uphold Christian and Anglo-Saxon values.

In her defence, Eileen declared that she was a good girl and worked hard. She was a Christian. Yet, her plea to the suited men in the room to see her as an ordinary girl went unheard. The judge only saw the facts of the case, and no child could offer clearer insight to what he had read and learned from reliable men. Eileen needed help. Help that changed the course of her life. Help that did not address the problem. Help that was not what she wanted but one that the judge proclaimed for her.

Eileen desperately wanted the judge to understand that she was a good girl. She wanted him to understand her, that she was having a hard time, but that she was good. Despite her pleas to the judge to see her and not a preconceived idea of her, the judge represented an absolute power to impart ideological messages, social norms, and gendered expectations—all of which reflected his own middle-class, and often Anglican, viewpoint. The judge's decision would in part be made based on how Eileen would have behaved—compliant, regretful, aggressive, or unyielding. But how was her behaviour seen? What did the judge say to her? Maybe he gave her

[18] Tamara Myers, *Caught: Montreal's Modern Girls and the Law, 1869-1945* (Toronto: University of Toronto Press, 2006): 178-181.
[19] Tamara Myers, *Caught*, 153.

a lecture: “Young lady, you must know that men will take advantage of you and leave you. It is up to you to remain steadfast and be chaste. It is not only your life that will be ruined. It is the life of any unborn child. This path you are on will give you the worst life.” Or maybe he consoled her, “You should strive to be a model citizen, Eileen. I see you have worked consistently and have good references. You must learn how to be mentally strong.” [20]

After a hearing, girls were typically assigned to a probation officer who would detail the character, personality, and lives of their charge.[21] I have to wonder if someone spent time interviewing Eileen and her sister, the adult responsible for Eileen, checking up on her work habits and whatever else they may consider notable.[22] What did they learn about her life in Canada? Or was she simply sent to the asylum, deferring to the expertise of the doctors?

Admission, Toronto Asylum, March 1915

Eileen stared blankly ahead, as an officer brought her to the reception for the Toronto Hospital for the Insane, as ordered by the court. It was a different officer guiding her this time, a younger man who was less imposing than the last, but Eileen was too distracted to notice. She was sixteen and afraid of what was to come. She was to be a free patient at the Toronto Asylum. Patients who could not pay for their stay lived on overcrowded wards and had less attention given to them from staff. Moreover, they were expected to participate in the asylum’s economy by working. Any correspondence regarding Eileen would be directed to her older sister.

---

[20] On the role of the judge, Joan Sangster explored the many ways they interacted with girls in: *Girl Trouble*, 74.
[21] Tamara Myers, *Caught*, 148.
[22] The Ontario Archives indicate that all Juvenile Delinquent records from 1908-1984 cannot be accessed by anyone other than the person named or law enforcement. Moreover, the current YCJA notes that all records are sealed once they are no longer a youth. For this reason, I have not made any attempts to retrieve Eileen’s court records. I imagine that if I do attempt this in the future, it will be quite a lengthy and arduous process outside of the scope of this project. See: Archives of Ontario, Research Guide 233: Criminal Justice Records (Toronto: March 2023): https://www.archives.gov.on.ca/en/access/documents/research_guide_233_criminal_justice.pdf *and* Department of Justice, “Youth Records - Youth Justice,” *Government of Canada* (April 11, 2013): https://www.justice.gc.ca/eng/cj-jp/yj-jj/tools-outils/sheets-feuillets/recor-dossi.html.

By the time Eileen arrived at the hospital she was sobbing. She pleaded with anyone who would listen, telling them that she was a good person. She declared that she never took money from men or made eyes at them. She offered this unsolicited, but it was taken as further proof of her insanity. When the doctors have her sit down for an interview, she explained that she arrived in Canada four years ago from Wales, and when she was not living with her sister, she worked as a domestic servant. Eileen told the doctor that she works hard, but she was worried that her life was over. She worried that she may be pregnant. She worried about her future, afraid of being left to her own devices. Afraid of being a ward of this asylum.

Regardless of her pleas and tears, Eileen was ushed through standard admissions procedures. The nurse who observed her body, lifting Eileen's arms up and stripping her of her grey frock, noted that the patient was clean and free of vermin. Her arms and legs are covered in bruises of various sizes. Some purple, some a faded brown. Eileen, standing naked in the company of a stranger, cast her eyes down, and pulled her legs together. Embarrassed, her cheeks turned red. Eileen had been naked in the company of her family, and a lover, but this was the first time she had to be fully unclothed in front of a stranger.

"Eileen, get in the tub please," the nurse instructed more than asked. Eileen's feelings of embarrassment were not unique, and the nurse was ready for her day to end. Eileen would hopefully be the last admission of the day.

"I'm a good girl, you will see," Eileen responded, climbing into the tub. She took her place in the warm, freshly drawn water, and offered no resistance. The nurse's assistant got down

beside the tub and began to scrub the girl clean, as she had done for all the other women admitted earlier in the day.

"Lift your arm please."

Eileen did so, and the nurse continued scrubbed away. The request repeated for every limb until she was finally satisfied the patient was clean and ready to go to the ward.

"Up and out of there, now," the nurse commanded.

As Eileen stood up, a towel was quickly wrapped around her.

"We'll let you dry yourself off. Can you manage the robe?" the nurse asked.

"I can dress myself!" Eileen earnestly responded, trying to convince herself everything was okay. She patted herself off, starting at her legs and moving up until she reached her hair. Eileen picked up the thin white gown and put it on. It was ugly but at least it fit.

Quietly, an assistant guided Eileen through the halls of the asylum and ushered her to a bed, where she was told to rest up for the night. Eileen curled into a fetal position and began to cry. She could hear the voices of other patients, some crying like her, some singing, and some talking. The night was never fully silent.

Over the next few days, the doctors pondered what her diagnosis may be. Those prejudiced towards working class girls suggested she ought to be diagnosed as feebleminded, but those with a sliver more compassion argued for dementia praecox. While they could all agree her actions were egregious, they eventually decided it was a case of dementia praecox.[23]

Two and a half months Eileen stayed at this strange, large institution. The days were long. Her emotions scattered. She spent what time she could reading. It brought her out of her sometimes unbearable reality into a world of fantasy. Into a world better than her own. She read until her sister collected her, and took her home, away from the institution of strangers and medical staff. Reading was really the only recreation offered to Eileen. She continued to read until her sister eventually came to collect her. Eileen could only feel relief and her sister took her home, away from the institution of strangers and medical staff.

The patient library, located in the general administrative office, had over 1400 books. What Eileen was reading, however, is lost to time. Did she pick it? Or was it given to her in hopes that it would aid her recovery?[24] Did she read books that would support her emotional growth into an ideal citizen? Or were they provided to keep her preoccupied? Moral therapy encouraged pleasant past times in an agreeable environment.[25] For this reason, while the books available to Eileen would have been limited, reading would be seen as part of her curative journey.

---

[23] Dementia praecox was more commonly known as schizophrenia. To read more on the history of the diagnosis, and its overdiagnosis in Black folks in the Untied States see: Jonathan M. Metzl, *Protest Psychosis: How Schizophrenia Became a Black Disease* (Boston: Beacon Press, 2010); Richard Noll, *American Madness: The Rise and Fall of Dementia Praecox* (Boston: Harvard University Press, 2011); and Kieran McNally, *A Critical History of Schizophrenia* (New York: Palgrave Macmillan, 2016).

[24] Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2007): 112.

[25] Anne Digby, *Madness, Morality, and Medicine:* Studies of the York Retreat, 1796-1914 (Cambridge: Cambridge University Press, 1985): 34.

Re-Admission, Toronto Asylum, May 1916

Almost a year later, Eileen was back in the asylum. It was her sister who brought her.[26] Eileen resisted. On admission, she yelled, "I will not be kept here!" When the staff refused to free her, she refused to speak. She was anything but compliant. Eileen felt that she did not belong here. But despite her calls, her sister did not come help her. She was not allowed to leave. She was once again trapped within the walls of this large, strange institution.

Eileen decided to adopt a new strategy this time. She transformed into the image of the perfect patient. The nurses considered her trustworthy and she worked hard. She rand errands and did whatever she was told. She did ward work and anything else the staff wanted. Eileen never complained. Despite this, the nurses mocked her incessantly. They teased her and hurled insults. Embracing her limited freedom and focusing on work, Eileen tried to dissociate herself from their words. Her hard work not only offered her respite from the institution, but it also afforded Eileen a rare accommodation for a free patient—a private room.[27]

Working also served another function, not one Eileen could have imagined. Patients resisted deportation through compliance and labour. Her responses to authority meant she could continue to live in Toronto, albeit confined.[28] In Ontario, never less than 70% of the patients were working, the majority of whom were from the poorest class.[29] Their labour was justified under moral treatment. Doctors supported and reported that work would help patients recover their sanity—redirecting their alienated mind to the task at hand. And while moral treatment

[26] No reason is given for her readmission.
[27] It was unusual Eileen was given a room for her work. Normally, rewards would have been much smaller as inmates were expected to work. For example, rewards could include things like beer or cigarettes since they were not readily available. In one exceptional occasion, a man was given ten dollars to visit his family on occasion, as he did all the Blacksmithing for the asylum. See: Geoffrey Reaume, "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900," in *Rethinking Normalcy: A Disability Studies Reader* edited by Tanya Titchkosky and Rod Michalko (Toronto: Canadian Scholars' Press, 2009): 174.
[28] Natalie Spagnuolo, "Defining Dependency, Constructing Curability," 136.
[29] Geoffrey Reaume, "Patients at Work," 167-170.

served as the justification, the main reason patient labour persisted was the increasing costs of running the institution and the need to reduce costs or make up for lack of funding.[30] But Eileen knew none of this. She did not know the economy of the asylum needed her or needed someone like her. Her continued life in Canada was conditional.

After several weeks, Eileen longed for home while running correspondence from office to office. She wanted to stop to cry, but she could not. The staff loved her because she'd do whatever they wanted regardless of how they asked, but Eileen hated it. They teased her and belittled her. Yet, she still fetched oranges for Mrs. Watson. She longed to be released. Some days she imagined running away and being free, but she never eloped when let out to the store. She was a good girl. She only ran from office to office, and from store to store. Eileen thought she only had to show them how good she was, and then she would get to leave.

The Incident, Somewhere in Toronto, August 1921

For the second time that day, Eileen stepped outside of the asylum. She had already been out to fetch paper and hard candies, and now she was to fetch pink yarn. She smelled the fresh cut grass of the front lawn and felt a sense of joy surveying the clear sky. She looked forward to running errands on nice summer days. She still had plenty of sunlight even thought it was after dinner. On the way, she decided to meet her friend Beatrice who lived close by. They often did their shopping together.

Eileen arrived at Beatrice's home where her friend was sitting outside watching several small fair-haired children. Eileen assumed they were some of her many siblings.

"Beatrice," she called out.

[30] Geoffrey Reaume, "Patients at Work," 158.

“Oh! Eileen!” Beatrice hollered.

“Let’s go shopping. Are you free?”

“Eileen, I’d love to. But before we go anywhere, let’s get you out of those ugly clothes.”

Eileen looked down at her clothes. She had not really thought about her attire since she was admitted to the asylum. Her clothes were stained and ill-fitted. Beatrice often suggested that Eileen wear some of her clothing instead.

“I really couldn’t,” Beatrice responded, “I’ve told you before it’s not a good idea.”

“Come on, Eileen. It’s just for a bit! It will make you feel good, I promise.”

Eileen reluctantly agreed. She headed inside Beatrice’s house, into her shared room. They rarely went inside, but she needed somewhere to change. The room was sparsely decorated, a bed with a couple pillows, a wardrobe, and some things scattered across the floor. Beatrice pulled out some clothing from the wardrobe and handed it to Eileen.

“Eileen, you’ll look absolutely marvellous.”

Eileen blushed, “Hurry, let’s go. I’ll have to pick up the pink yarn and change before I head back.”

The two girls ran off into the city. Beatrice followed Eileen’s lead. Beatrice knew that they could not spend the whole night together into the wee hours of the morning. Eileen would have to return before her curfew. The asylum operated on a strict schedule, and if Eileen was not back by 8 o’clock, she would be punished.

A familiar-looking man stepped in front of Eileen and Beatrice. Eileen immediately recognized him from church when she had been living with her sister. Joseph had been newly married the last time she had seen him. The man greeted her, “Good day, Eileen. It’s nice to see you.”

“Hello Joseph,” she responded.

Eileen introduced Joseph to Beatrice. After some brief small talk, Beatrice excused herself to go into the store nearby. While Beatrice shopped, Eileen and Joseph made small talk. He asked how her sister was doing, what she has been up to, and if she was still going to church. Joseph explained that him and his wife moved away and were now attending a different church. Eileen was polite and answered his questions—asking some in return. Eileen noticed Beatrice looking at her from inside the store. Beatrice started to wave her hand. Eileen made her polite excuses and went into the store to rejoin her friend.

Eileen’s sense of freedom on her errands was in direct contrast to her institutionalized experience. Her actions, thoughts, and reactions were defined not by herself, but by others. What

Eileen did not realize, however, was that this surveillance extended beyond the walls and fences of Toronto Asylum by happenstance. On this occasion, Eileen believed was spotted by Dr. Vrooman: *"Doctor Vrooman saw me out with those Brown Bloomers on."* While in this case she may have been spotted by a doctor, the most watchful eyes were generally those of the nurses, attendants, and fellow patients at the asylum. While they all knew she ran errands, and it would not be unusual to see her in this part of town, Eileen was talking to a man while in clothing that did not belong to her. The worst assumptions were made. The observer did not intervene but noted that it would be something to deal with tomorrow. I do not know why the onlooker did not interrupt their conversation, but I imagine they were eager to get home—away from institutional duties, away from the patients, and away from Eileen.

As the evening dragged on, so too did the possibility of Eileen's delayed return. She continued to look for the correct shade of pink wool, visiting several different stores around the city. Along the way, Beatrice and she chatted and made additional stops. Eileen eventually found the right shade of pink, and Beatrice finger-smithing ways helped her to acquire some more powder. The two girls eventually returned to Beatrice's room, and Eileen quickly changed. Before Beatrice could hug her goodbye, Eileen was already waving and running off back to the hospital. She hurriedly returned to the hospital hoping to avoid any unnecessary suspicions, or so she thought.

The next day, Eileen was met with a rude awakening. Her conversation with Joseph had been spied. While an unremarkable incident and an unremarkable conversation, the head nurse scolded Eileen and assumed the worse. Eileen cried and begged the nurse to understand her. She explained that she could not just ignore the man, but she did not even want to talk to him. Eileen was being mannerly to this gentleman she knew from church. She meant nothing by it. The nurse

called her a scarlet, and ungrateful, among other colourful words. The berating made Eileen once again feel like a stupid, young girl, someone who belonged in the asylum.

To the Pen, Toronto Asylum, October 1921

Eileen felt cooped up— trapped within the walls of the asylum. After the perceived transgressions of her previous outing, she was no longer allowed to go outside. The nurses no longer trusted her, and her carefree excursions ended. The staff continued to tease her, but this time there was no escape. Wallowing in these feelings of despair, Eileen remembered that she had chosen to be compliant. This compelled her to action; she began to do the only thing she could think of, write letters. She wrote to her friend, Beatrice, hoping to get some news from outside of the asylum walls. It was never sent. It was collected, possibly as evidence of her insanity, or to keep information from reaching Beatrice.[31] These letters are in her file, read by medical staff and future researchers, but never read by the intended person:

> My Dearest Friend, Miss Beatrice,
>
> A few lines, hoping you wont be afendid at all that alright that I cant go out shoping anymore. I want to go out and in. If I come back in time for supper and dinner why cant I go out for messages and to the store and be in before 5 o'clock sharp what matters…
>
> I didn't mean anything to be dressed up that day. Only did it for the fun that's all but o my I wont do it again. Well Dear Beatrice I feel very lonesome and lonely and very misserable indeed. The nurse wont let me go outside the doors and what can I do cant ever come over to see you when I want to and cant go out to the store. So whats the use of trying to be happy in here. I am so unhappy since that night told me Doctor Vrooman saw me out with those Brown Bloomers on. I felt so ashamed of myself. Well I did not mean anything by puting them on. I only put them on for the fun of it and if Doctor Vrooman isn't going to let me go out and stay in on the ward it is just the same to me. I think Doctor Vrooman should take an interest in me, and should be kind and not cross hearted. He ought to know that I didn't mean any harm. If Doctor Vrooman as any feeling in His heart he should feel very sorry for me.

[31] Allan Beveridge, "Life in the Asylum: patients' letters from Morningside, 1873-1908," *History of Psychiatry* 9, 36 (1998): 434 (434-469)

> It was said that I was out really late but it wasn't true. I shall never go around anymore with them Blomers on and be out after eight o'clock. I couldn't help it anyways. I went to the store get paper for Miss McCakerton and hard candies for Miss Bean. This was all and getting on for eight o'clock but I had got the two just before eight and went straight back. I was on the ward at eight and then I had to get a message for Miss Brassinton to try and get some pink wool. I went up to holmes store that night and it was a little after eight but I was hurrying along to get back in time but she didn't have the color Miss Brassinton wanted so I tried a couple of other stores for to see if I could get what she wanted. I went down nearer to Bathurst trying my best to get her the wool. I couldn't help it. I know it was after eight. It was nothing for me be on the street after eight o'clock.
>
> I was on a message and dear Doctor Vrooman and Potter started to put a lot of Boots my bed and the nurse skinner came in and started on me and was cross with me for my bed lining untidy and I said I tried to keep my bed tidy and also the room tidy. When she came in so she had a temper on me and I stood up for my self. She struck me on the head and Violet was by my bedside when she did it. Doctor Vrooman thinks is me trying to make this ward very troublesome. I always tried to help the nurses. I am very unhappy and some of the nurses don't treat me as they should. I am heart broken it is very hard. Doctor Vrooman don't know the half of it.
>
> Your friend,
>
> Eileen[32]

Eileen wrote again and again, not to Beatrice, but to the doctors. All of the doctors she had ever conversed with. She explained the injustice that has been delivered unto her: "*Why should you be angry with me when I didn't do any harm to anybody and I would not make trouble with anyone unless I had to."* She wrote one letter, five pages. And another, six pages. She wrote again. Begging and begging to be let outside—even if it was only a moment to get a breath of fresh air: "*I want to go out again on the grounds, and be able to get some fresh air, as well as the rest of the patients. I am a good kind girl, and I have been trusted to go anywhere*." She pleaded to go outside for her wellbeing, sharing how being cooped up made her feel depressed, sad, and lonely.

[32] This letter appeared in the file for Eileen. Some sentences have been removed to shorten the letter and paragraphs added for readability. See: Queen Street Mental Health Centre patients' clinical case files, RG10-270 (Ontario Archives, Ontario).

To Doctor Vrooman she wrote asking how he could be so unkind to keep her in. She was feeling depressed and heart broken. Eileen wrote that she did not do harm to anyone and would not make trouble unless she had to. He needed to let her out. Not only did she feel depressed, but many people wanted her to go buy things for them: "*Violet wants to get a birthday card for one of her friends she ask me to get one for her if I could go to the store*." Mrs. Beham wants some things as well from the store. Staff needed oranges and other miscellaneous goods. When she is not permitted to go outside, Eileen proposed a new solution. She asked to be moved to ward thirteen. It was a quiet ward, with a nice room. Her friend Miss Whittaker resided on the ward, and she could help her.

She wrote to Doctor Clare sharing that she was a good worker, trying her best: "*Well dear doctor I am trying to do my best in here and I am a good little worker, and a good Christian."* She was trustworthy. Eileen was trying her best and she had been here a long time. In her letter, she details the churches she attended over her life, varying based on where she lived at the time. She went into service details and stated that she could not live like this. She could not be happily cooped up, and she missed her aunties, uncles, cousins, and siblings. She was the youngest and would feel much better being in Wales than here. After making her case, she asked about his children.

When the Doctors failed to meet her requests, she wrote to her sister as a last resort. Eileen could not stand being kept in the asylum all of the time, and she has been crying awfully bad lately. She asked to come home and shared that the doctors would not acknowledge how she feels. Eileen promised to help with the children, and asked if her sister feels any pity. Eileen wrote that she cannot tell her sister more about her experiences, because she would not like it. Like the letter to Beatrice, it was never sent.

Famous Last Words, Toronto Asylum to Wales, March 1926

Eileen, engulfed in a five-year prolonged sadness, continually repeated that going to Wales would be better than remaining locked up on the ward. Wales, a place she had not been for so many years, a better option than being locked up and unable to go outside. After ten years at the Toronto Asylum, Eileen was deported. Normally, she would have been deported within months of her arrival, maybe even weeks, but not a decade. A doctor, writing shortly beforehand, said that the hospital had forgotten to deport her due to the war. There was no other justification given.

Once initiated, the deportation was processed quickly. British imperialism allowed bureaucracy to quickly deport Eileen through the shared communication network.[33] She was an undesirable immigrant: "no immigrant shall be permitted to land in Canada, who is feeble-minded, an idiot, or an epileptic, or who is insane, or has had an attack of insanity within five years."[34] Canada did not want Eileen in its future. She was prohibited for the threat she might pose on good citizenship and strong genetics. Eugenic theories that sought to control and reduce the reproduction of the unfit classes, formalized on classist, ableist, and racist ideologies, generated concern among child savers. This created a growth in concern around youth who needed to be rescued, as they were the future of Canada, but they would also act as the unwitting recipients of the Century of the Child.[35]

---

[33] Geoffrey Reaume, "Eugenics Incarceration and Expulsion," 64.
[34] Government of Canada, "An Act Respecting Immigrants and Immigration, 1906," *Pier 21*, accessed October 11, 2023, https://pier21.ca/research/immigration-history/immigration-act-1906. The essence of this text remains relatively consistent in the 1910 act and 1919 amendment; however, it is much wordier: Government of Canada, "An Act Respecting Immigration, 1910," *Pier 21*, accessed October 11, 2023, https://pier21.ca/research/immigration-history/immigration-act-1910; and Government of Canada, "An Act to Amend the Immigration Act, 1919," *Pier 21*, accessed October 11, 2023, https://pier21.ca/research/immigration-history/immigration-act-amendment-1919.
[35] Cynthia Comacchio, *The Dominion of Youth: Adolescence and the Making of Modern Canada, 1920-1950* (Waterloo: Wilfred Laurier Press, 2006): 18.

Institutionalizing Eileen served to prevent her from getting pregnant while in Canada, acting as a form of passive negative eugenics. Institutions and public spaces were effectively used by eugenicists who sought to enforce immigration restrictions and keep the so-called undesirable population from reproducing.[36] To illustrate, notions of deficiency in Canada were mobilized through medicine and education. Concerns about the stability and future of Canada led to a practice of identifying, categorizing, and improving bodyminds by educational and medical professionals. Children who were seen as abnormal were thus subject to increased surveillance and segregation.[37] Immigration worked in support of this to expel any undesirable subjects born outside Canada, including children.

In Wales, Eileen lived with another sister. She saved every coin she made. Eileen wanted to be in Toronto. She wrote to the Dr. Fletcher. She missed her friends. But what she did not understand, was that she would never be able to go back to Toronto. Because she was not the future of Canada, no matter how hard she worked, or how good she was. Because one day she had the audacity to share her distress out loud. She was quickly marked as a threat to Canada, perhaps more for her sexuality rather than a desire to suicide. Both an undesirable immigrant, and an unreformable youth, no matter how hard Eileen worked to comply, she would never return to Canada.

[36] Jay Dolmage, *Disabled Upon* Arrival, 60.
[37] Mona Gleason, *Small Matters: Canadian Children in Sickness and Health* (Montreal: McGill Queen's University Press, 2013): 121-123.

Eileen In-Context: The Carceral Webs of Immigration and Juvenile Delinquency

Eileen came to Canada as a twelve-year-old girl to join her older sister and find employment.[1] Before being admitted four years later into the Toronto Insane Asylum, she worked as a domestic, a maid, and in a factory. Very few working-class girls stayed in school beyond the age of fifteen and many quickly moved into full-time work like Eileen. In Canada, working-class children went to school until thirteen or so before leaving to earn wages.[2] The work taken up by adolescent girls reflected gendered ideas of women's work. This afforded Eileen and others some degree of freedom and leisure, and opportunities to make workplace friends. Unlike many of her counterparts, Eileen did not play up her femininity and preferred a more masculine appearance, but this did not preclude her from befriending those of the opposite sex.[3] As girls took up these occupations in Toronto, government agencies began to take notice and foster different responses to what was conceived as 'the girl problem' in Toronto.[4] In the new world, Eileen found herself subject to the prying eyes of the settler state and growing concerns around the populace under industrial capitalism.

In the face of settler growth and urbanization, politicians, and citizens wondered about the future and enacted a great many changes under the theme of eugenics that targeted children and adults. The 1880s and 1890s saw the completion of the railway, an economic upturn, the closure of the American frontier, and an aggressive immigration campaign. This immigration campaign was highly successful, seeing a population jump of 43% between 1901 and 1911.

---

[1] Eileen is based on a file from: Queen Street Mental Health Centre patients' clinical case files, RG10-270 (Ontario Archives, Ontario).
[2] Bettina Bradbury, *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal* (Toronto: University of Toronto Press, 2003): 122.
[3] Craig Heron, *Working Lives: Essays in Canadian Working-Class History* (Toronto: University of Toronto Press, 2018): 404-411.
[4] Caolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880*-1930(Toronto: University of Toronto Press, 1995): 22-23.

However, this influx of foreign bodies produced anxieties around racial degeneration.[5] Dr. C. K. Clarke, superintendent of the Toronto Asylum from 1905-1911, was particularly concerned with the following: "between 1900 and 1909 alone, Canada accepted 1,244,597 immigrants in total, 615,151 of whom were from Central and Eastern Europe."[6]

As a result, English-speaking Canada began to foster an ideology of 'Canadianization.' This was the goal to assimilate newcomers in conformity to white settler norms. In this context, a wave of opposition to non-Anglo-Saxon immigration grew. People were concerned about immigration not doing enough to keep out 'undesirables,' and in particular, many medical professionals lobbied for eugenic solutions to the increased number of unfit individuals.[7] As institutionalization increased in Canada, so did regulations around immigration. For Clarke, overcrowding at places like the Toronto Hospital for the Insane only spoke further to the fact that something needed to happen. Concerned with the huge growth of population and insufficiently restrictive immigration approach, Clarke wrote in *The Public Health Journal*:

> If we are to build a great nation, we must, as far as possible, use the best of materials, not the worst. It is all very well to idealize the potentiality of numbers, but those of us who have been digging in the graveyards of family histories for years and learning what is the cost of defective to the community, realize that after all quality rather than quantity should be the watchword. No one can deny this, and no matter of what political complexion the administration is, there should be no interference with the demands of efficiency in the selection of officials of the Immigration Department. The inspectors should be competent men specifically trained un psychiatry, with a broad experience and knowledge of mental defect and disease; men who are keenly alive to the demands and responsibilities of their office and the importance of their decisions. The suspected undesirables should be detained just as long as necessary to enable the examiner to arrive at an intelligent decision, in each case, as so much depends on their decision. In other words, the inspection of immigrants should be lifted out of the slough of practical

[5] Angus McLaren, *Our Own Master Race: Eugenics in Canada, 1885-1945* (Toronto: University of Toronto Press, 1990): 46-47.
[6] C. Elizabeth Koester, *In the Public Good: Eugenics and Law in Ontario* (Montreal: McGill-Queen's University Press, 2021): 27-28.
[7] Angus McLaren, *Our Own Master Race*, 47-49; and C. Elizabeth Koester, *In the Public Good*, 36.

> politics and placed in the hands of scientific men whose only interest is that of giving honest service to their country.[8]

These concerns around preventing the admission of defective immigrants, while not addressed to the degree of Clark's request, continued to echo a sentiment that demanded changes to the immigration legislation along with eugenic ideals. As such, immigration became stricter for disabled bodyminds and psychiatrists further medicalized emotional states that some cannot be understood.

This took shape as a growing concern around the Canadian 'stock.' The discourse of 'stock' was specifically used to appeal to eugenic beliefs that saw undesirable individuals as a threat to the bright future Canada could have—the one politicians and citizens were working towards. Thus, as Canada forged ahead in creating its own identity as a nation, the Canadian 'stock' was predicated on admitting the right kind of immigrants, which meant white British or northwestern European settlers.[9] These goals were tied to efforts to "drastically alter the land that whites wanted and took" on Turtle Island in order to recast it as a white settler society.[10]

Discriminatory treatment of disabled people extended beyond Confederation when policies outlined medical inadmissibility, including anyone who may become a public charge.[11] Legacies of exclusionary immigration policies extend to current policies that deny anyone who may have excessive needs.[12] Eugenic beliefs were compounded and supported by racist ideas

---

[8] C.K. Clarke, "The Defective Immigrant," *The Public Health Journal* 7, 11 (1916): 465.
[9] Natalie Spagnuolo, "'Someone in Toronto… Paid Her Way Out Here:' Indentured Labour and Medical Deportation-The Precarious Work of Single Women," in *Untold Stories: A Canadian Disability History Reader* edited by Nancy Hansen, Diane Dreidger, and Roy Hanes (Toronto: Canadian Scholars, 2018): 121.
[10] Jay Dolmage, *Disabled Upon Arrival: Eugenics, Immigration, and the Construction of Race and Disability* (Columbus: The Ohio State University, 2018): 66.
[11] Ena Chadha, "'Mentally Defectives' Not Welcome: Mental Disability in Canadian Immigration Law, 1859-1927," *Disability Studies Quarterly* 28, 1 (2008): https://doi.org/10.18061/dsq.v28i1.67.
[12] Natalie Spagnuolo, "Defining Dependency, Constructing Curability: The Deportation of 'Feebleminded' Patients from the Toronto Asylum, 1920-1925," *Histoire Sociale/Social History* 49, 98 (2016): 127.

that were widely held by governing institutions. Immigration changes affected the lives of working class and racialized families who were targets of oppressive policies.[13]

As immigration laws became increasingly punitive, debates leading up the establishment of the 1902 Immigration Act focused on concerns about undesirable immigrants from older countries. Despite the increasing desire to keep out certain individuals, the act included a clause that would allow some undesirable immigrants if families could prove they would be able to support them. Eventually, the 1906 Act introduced a framework that would remove anyone who became a public charge, an inmate of a hospital or jail, or had committed a criminal offence.[14] While this change to facilitate deportation is quite notable, the act also enlarged inadmissible categories including those with physical and mental disabilities, infectious or dangerous diseases, paupers or the destitute.[15] The 1910 Act introduced a full barring of mad individuals, which was further strengthened in 1919 by explicitly denying entry to a new category: people identified as having a "constitutional psychopathic inferiority."[16] In addition to the expansion of inadmissible categories, the timelines to expel someone with a mental disability grew from two years after their arrival in 1906 to three years in 1910, and five years in 1919.[17]

With the expansion of immigration, policing individuals became part of many institutions, including insane asylums. A police state expanded from the enforcement of vaccinations and quarantines to the roots of madness in order to keep out and remove disabled

[13] Geoffrey Reaume, "Eugenics Incarceration and Expulsion: Daniel G. and Andrew T.'s Deportation from 1928 Toronto, Canada," in *Disability Incarcerated: Imprisonment and Disability in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York, New York: Palgrave MacMillan, 2014): 65.
[14] Ena Chadha, "'Mentally Defectives' Not Welcome."
[15] From confederation to 1939 Robert Menzies found that over 5000 people were deported for being insane or Feebleminded. See: Robert Menzies, "Governing Mentalities: The Deportation of 'Insane' and 'Feebleminded' Immigrants Out of British Columbia From Confederation to World War II," *Canadian Journal of Law and Society* 13, 2 (2014): 136.
[16] Natalie Spagnuolo, "Defining Dependency, Constructing Curability," 130.
[17] Geoffrey Reaume, "Eugenics Incarceration and Expulsion," 64.

bodyminds.[18] Social locations show us the nuanced and inconsistent standards of belonging and who was 'entitled' to citizenship. Inmates could resist deportation through compliance and labour.[19] How they were valued, and how they responded to authority in the institutional setting shaped the deportation process for each foreign-born patient in different ways.

Anxieties over the future of Canada extended to the youth who were subject to changing influences of political actions and decisions. The twentieth century marked a time of progressive reformers who were concerned with the rights, health, and education of children. Ellen Key's book *The Century of the Child*, which was translated into English in 1909 exemplified these key ideas. Her ideas built upon eugenics and the belief inferiority in children was caused by parents, and posited that children had a right to childhood.[20] Key's text was one part of a large movement to understand and study children as distinct from adults. However, not all children were cared for equally. Children's status shifted from economic value to a sentimental one—except in the case of children with disabilities. The reforms that altered the definition of childhood during this century, often excluded disabled children.[21] The special attention paid to children's wellbeing continued to develop when in 1924 The League of Nations put forward the *Declaration of the Rights of the Child*, which stated that: "mankind owes to the Child the best that it has to give."[22]

The consequences of this special attention given to children varied greatly. In many instances, there were positive outcomes considering the importance of the wellbeing of children, and in many other instances, there were negative consequences for the children who were not

[18] Angus McLaren, *Our Own Master Race*, 90.
[19] Natalie Spagnuolo, "Defining Dependency, Constructing Curability," 130-136.
[20] Ellen Key, *The Century of the Child* (New York: Putnam, 1909).
[21] Jane Nicholas, *Canadian Carnival Freaks and the Extraordinary Body, 1900-1970s* (Toronto: University of Toronto Press, 2018): 150-152.
[22] *Cynthia Comacchio, Janet Golden, and George Weisz, "Introduction: Healing the World's Children," in Healing the World's Children: Interdisciplinary Perspectives on Child Health in the Twentieth Century edited by Cynthia Comacchio, Janet Golden, and George Weisz (Montreal: McGill-Queen's Press, 2008): 4.*

considered to be valuable assets. Cynthia Comacchio, Janet Golden, and George Weisz aptly point out that "the way in which a society regards its children reveals much about collective identity as well as national aspirations. Equally important is the light that such study casts on our contemporary responses to childhood and children."[23] In unpacking the intersecting forces that shaped the experiences of children and youth in Canadian asylums, we can begin to understand more about Canadian state formation in the twentieth century, and how these forces continue to shape the lives of children today.

Youth lived at the intersections of many societal anxieties that paved the way for politicians and citizens to debate the necessary interventions for troubled youth. While Canadians worried, and politicians legislated, youth dealt with the oppressions delivered to them. Some youth felt the burden more than others depending on their socio-economic status. Significantly, concern over the wellbeing of children extended to specialized concern over what was considered the juvenile delinquent class. Reformers believed youth to be worthy of special attention, and their goal was to keep them away from becoming hardened criminals.[24] The 1908 Juvenile Delinquency Act brought together a vision for the future that was in line with reformers and met the need to rehabilitate youth into good citizens. This oversight sought to police and correct the behaviour of working-class youth whose actions were deemed troubling for Canada.

The first request W. L. Scott made of the reader in *An Explanation of the Need for the Dominion Act Dealing with Juvenile Delinquency* is the following comment on immigration, criminality, and childhood:

> The great requisite in Canada to-day is population, and accordingly we spend vast sums in encouraging immigration. It is calculated that every able-bodied male immigrant is worth $1000 to the state. Yet there are at the present moment more

[23] *Cynthia Comacchio, Janet Golden, and George Weisz, "Introduction: Healing the World's Children," 5.*
[24] Michael Boudreau, "'Delinquents Often Become Criminals:' Juvenile Delinquency in Halifax, 1918-1935," *Acadiensis* 39, 1 (2010): 110.

> than 2000 able bodied men confined in our gaols and penitentiary's, not only making no contribution to the wealth of the community, but housed and supported and guarded at a great expense to the state. This is on the material side, and there is, of course, the vastly more important moral aspect of the case. Why are these men criminals? They are in at least the vast majority of cases, what they have been brought up to be. If they are criminals it is because they have been made so while children. Statistics show that comparatively few become criminals after reaching maturity. The delinquent children of to-day are the adult criminals of to-morrow.[25]

This invitation foreshadowed the development of mental hygiene, child guidance, and environmentalism that would eventually overtake eugenic models in auxiliary education in the 1930s.[26] This is particularly salient because while eugenics is central to the experiences of children institutionalized in asylums, the 1908 Juvenile Delinquents Act began to consider the environmental impacts on children in a significant way. While eugenics remained present, it is in children that reformers began to think about how socio-economic conditions affected their lives and future—albeit through a prejudiced lens rather than a social justice perspective.

Ultimately, the 1908 act emerged after the culmination of lobbying and activism by child savers—a new generation of social reformers who wanted to professionalize and systematize child welfare. Their efforts radically altered the experiences of youth, and focused on trying to sway them away from a lifetime of crime.[27] There were several key principles that foregrounded the work of the juvenile courts: 1) probation was the only effective measure for dealing with youth offenders; 2) children should be treated as children; 3) adults should be held responsible for criminal kids; 4) children needed special judges who were able to remain hopeful; 5) incarceration should be in detention homes instead of jails; 6) when probation is not an option,

---

[25] W.L. Scott, *An Explanation of the Need for the Dominion Act Dealing with Juvenile Delinquency* (Toronto: Issued by J.J. Kelso, Superintendent of Neglected and Dependent Children of Ontario, 1908): 3.
[26] Jason Ellis, *A Class by Themselves?: The Origins of Special Education in Toronto and Beyond* (Toronto: University of Toronto Press, 2019): 184-185.
[27] Tamara Myers, "The Voluntary Delinquent: Parents, Daughters, and the Montreal Juvenile Delinquents' Court in 1918," *Canadian Historical Review* 80, 2 (1999): 245.

children should be sent to industrial or reform schools; and 7) supervision to ensure proper behaviour.[28] The act gave legal discretionary powers to define, regulate, and control deviant youth—creating of probation programs and oversight.[29] In Ontario, the Juvenile Courts emerged as Toronto developed a self-consciousness about its urban identity. In particular, there was concern about several urban social problems including urchins, poverty, and Irish famine victims. As such, many of the children who encountered the juvenile justice system were seen as poor children and orphans with unfortunate parentage.[30] Eileen was one of many girls who would be brought before a judge. Through these principles and the preconceived ideas about working-class girls, Eileen's life was greatly altered the moment the judge presided over her future.

These various colliding forces between the asylum, immigration, childhood, and juvenile courts shaped the lives of youth—particularly teens who entered Canadian asylums. Based on the files I examined, asylums in B.C., Manitoba, Ontario, and PEI marked sixteen teens for deportation between 1880 and 1930. Ontario made up the majority of this number, marking twelve youths for deportation, and all but one were sent back to their birth country. On the opposite end of the spectrum, PEI seemingly marked no one for deportation, Manitoba deported one youth, and B.C. marked three youth for deportation—although one died before he could be sent to China. It is possible that Ontario's deportation rate was higher due to the overall number of people in the province and thus in the asylums. All the children marked for deportation were aged between 14 and 16 upon admission, six were female, and ten were male. They came from

[28] W.L. Scott, *An Explanation of the Need for the Dominion Act Dealing with Juvenile Delinquency*, 5.
[29] Bryan Hogeveen, "'Impossible Cases Can be Cured When All the Factors Are Known:' Gender, Psychiatry and Toronto's Juvenile Court, 1912–1930," *Canadian Bulletin of Medical History* 20, 1 (2003): 48.
[30] Ian Grant, "The Incorrigible Juvenile: History and Prerequisities of Reform in Ontario," *Canadian Journal of Family Law* 4, 3 (1984): 295-296.

Austria, China, England, Germany, Ireland, Jamacia, Poland, Scotland, Serbia, the Untied States, and Wales.

Incarceration acted as a form of segregation that was deeply connected to deportation under the logic of "the perfectibility of civilization."[31] This system that extends to this day has interwoven the authority to take action on decisions of who belongs and who ought to be removed. On immigration, Eileen's story highlighted that deportation was and is arbitrary. Of one-hundred-and-five children born in different countries, only seventeen were marked for deportation. However, one person became too ill to travel and passed away before he could be deported. In part, I assume this was likely due to a reluctance to deport children, especially when they came to Canada with family. The children were deported because they often transgressed gendered norms, lived in poverty, and/or were racialized. In these instances, there was little to no discussion of what they would be returning to, and if there was anyone who would receive them in the country of origin.

Eileen was one of the lucky ones. Although unfamiliar, she returned to Wales where her family was waiting. Not every asylum inmate would be met with the same welcome after deportation. Margaret, another teen girl admitted in 1914 to the Toronto Asylum, would be deported after her second admission. Her story shares several similarities, including a threat of suicide, fear of her non-compliant attitude, and a demonstration of the arbitrariness of deportation—particularly because she had epilepsy, which was grounds for inadmissibility and was never cited as a concerning diagnosis. Upon her deportation, the administrators noted she

[31] Chris Chapman, "Five Centuries' Material Reforms and Ethical Reformulations of Social Elimination," in *Disability Incarcerated: Imprisonment and in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York: Palgrave Macmillan, 2014): 31-32.

likely had no family left in Jamaica since they had moved to Canada together. Despite this, they orchestrated her deportation with no concerns about how that would impact her life.[32]

Another significant element that Eileen's story, like all of the children who were institutionalized in facilities across Canada, reveals to us is a history of incarceration that works with social, economic, and political forces that are deeply embedded in civil society, health care, and social welfare.[33] As put by Syrus Ware, Joan Ruzsa, and Giselle Dias, *"*today's oppressions can often be traced to multiple legacies of structural violence in ways that evade simple cause and effect."[34] This is particularly salient when it comes to the asylum, which we often think of as an institution orientated towards care, but in reality, it was oriented towards imprisonment. Asylums, like prisons, residential schools, and the like were part of a system that sequestered people outside of Canadian nation building. This carceral network was part of, and continues to be part of, the colonizing project.[35]

To contend with futures beyond the colonial imaginations, Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen invite us to consider:

> To pursue disability justice within the settler colonial Canadian nation-state requires addressing how ableism and disability oppression have historically functioned and continue to be reproduced through violent and debilitating sites of containment, practices of containment, and forms of surveillance that criminalize and pathologize disabled populations, especially targeting racialized disabled people labelled with intellectual, developmental, or psychiatric disabilities. Sites of confinement include institutions like residential schools, long-term and

[32] Kira Smith, "Deporting Mad Girls: The Colliding of the Century of the Child and the Century of Canada," *Friends of the CAMH Archive Newsletter* (Autumn 2022): 3.
[33] Michael Rembis "The New Asylums, Madness and Mass Incarceration in the Neoliberal Era" in *Disability Incarcerated: Imprisonment and in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York: Palgrave Macmillan, 2014): 155.
[34] Syrus Ware, Joan Ruzsa, and Giselle Dias, "It Can't be Fixed Because It's not Broken, Racism and Disability in the Prison Industrial Complex," in *Disability Incarcerated: Imprisonment and in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York: Palgrave Macmillan, 2014): 172.
[35] Liat Ben-Moshe, Chris Chapman, and Allison Carey, "Reconsidering Confinement, Interlocking Locations and Logics of Incarceration," in *Disability Incarcerated: Imprisonment and in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York: Palgrave Macmillan, 2015): 4-17.

> congregate care, prisons and jails, group homes, asylums and sanitoriums, and psychiatric facilities[36]

Asylums were part of a network of containment, which included policing, juvenile courts, child welfare services, and immigration. In the case of children, asylums provided oversight for children brought to Juvenile Courts and children who might be seen as undesirable immigrants under eugenic ideology. The institution served not only to exclude children with disabilities, but also as a central mechanism to govern the population along sane lines. The imagined threat of the youth, or the delinquent, was ensnared at the intersections of colonialism, eugenics, racism, immigration, and sexual control.[37] The efforts to create the perfect society were at the bedrock of the efforts to assimilate or genocide Indigenous people and remove people from the white Canadian 'stock.' The land and its people were to be drastically altered to look and be used the way white settlers desired it to be.[38]

While I cannot story the varied experiences of all children who were deported, Eileen's experience revealed much about how these societal forces interacted to the detriment of children and youth. She experienced the intersections and the consequences of the Immigration Act, the Juvenile Delinquency Act, and institutionalization at the Toronto Asylum. Her experience demonstrated how work factored into someone's ability to remain in Canada despite immigration legislation, and the arbitrariness of the years one is eligible for deportation. We learn from her case that while she found ways to make a life for herself in the institutions, the pushes and pulls from outside factors nevertheless failed her in every way.

---

[36] Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen, "Resisting the Criminalization of Disability Cripping Disability Injustice toward Accessible Decarceral Futures" 4.
[37] Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen, "Resisting the Criminalization of Disability Cripping Disability Injustice toward Accessible Decarceral Futures"11.
[38] Jay Dolmage, *Disabled Upon Arrival*, 66.

Fen, Essondale Hospital, 1921

Fen felt an immense pain throbbing in his abdomen. He could not focus on helping his brothers with their work and the pain continued to grow.[1] After three days of suffering, twelve-year-old Fen was admitted to the Vancouver General Hospital, recently modernized and open to all.[2] Only ten years previously did the hospital gain recognition as an essential amenity in the urban landscape. Over time, the hospital had lost its connotations of being a place of death.[3] Fen entered a space that had been standardized and professionalized—yet another new space to him where he could hardly understand the people around him.[4] In the little time Fen had been in Canada, he was not accustomed to hearing so much chatter he did not understand. There were a few English words he heard over and over again, but amongst his family, they continued to speak Cantonese.

[1] The reason for Fen's admission into the hospital is not provided in his case file. This element of the story is taken from another Chinese patient at Riverview Hospital who was admitted from the Vancouver General Hospital as well. He would eventually die in the asylum from his ailment, as no real attempts to care for him occurred after his first few weeks of stay. He was dismissed as an unworthy patient, which I would argue contributed to his death from roundworm. This boy, like Fen, was seen as a nuisance. See: Mental Health Services patient case files, GR-2880.
[2] David Gagan and Rosemary Gagan, "'Evil Reports' for 'Ignorant Minds?' Patient Experience and Public Confidence in the Emerging Modern Hospital: Vancouver General Hospital, 1912," *Canadian Bulletin of Medical History* 18 (2001): 350. 349-367.
[3] David Gagan and Rosemary Gagan, "'Evil Reports' for 'Ignorant Minds?' Patient Experience and Public Confidence in the Emerging Modern Hospital: Vancouver General Hospital, 1912" *Canadian Bulletin of Medical History* 18 (2001): 354-355.
[4] David Gagan and Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890*-1950 (Montreal: McGill-Queen's Press, 2002): 71.

Figure 9: Vancouver General Hospital, ca. 1920, John William Freeston, Item CVA 1504-4 (City of Vancouver Archives, Vancouver).

Fen found himself in the basement of the hospital, in the so-called 'Oriental' ward, or Ward H. Established amidst the anti-Asian riots of 1907, Ward H originally served to segregate the Asian patients in the hospital but soon became a space to deal with the general overcrowding of the hospital.[5] The maltreatment of Asian patients reflected the widespread racism across Vancouver. The anti-Asian riots were a spontaneous hate motivated act of violence also known as the anti-Oriental Riot.[6] Hostility towards the Asian population came to a boil in the summer of 1907 after an upsurge in Asian immigration. While the riot was a spontaneous outburst of West Coast racism that was leaderless and began with a single brick, it reflected larger white settler attitudes that had been festering for decades. The hate acts of the rioters specifically targeted Asian businesses, as none of the white businesses in the area suffered any damage. This racism continued beyond the riot and fostered the belief that hatred and negative stereotypes

[5] David Gagan and Rosemary Gagan, "'Evil Reports' for 'Ignorant Minds?' Patient Experience and Public Confidence in the Emerging Modern Hospital," 357-358.
[6] Henry Tsang created the 360 Riot Walk with a variety of partners that offers a digital, interactive walking tour of where the anti-Asian riots took place. This can be done as a self-guided tour in Vancouver or digitally from your home. This valuable engagement with the past can be accessed at: https://360riotwalk.ca/.

were an acceptable attitude for white settlers to hold towards Asian migrants. This in turn affected how the Chinese population was treated in settler facilities.

In Ward H, Fen found himself able to speak with some of the patients. It provided a sense of comfort, even though the ward could be best described as dark, dirty, and foul. A putrid smell of decay hung in the air as some of the free patients with the gravest injuries were also present in the ward, funnelled to Ward H instead of the other wards. The ward also housed people who were deemed 'dirty, indigent' cases at the time who were moved to the ward as they were unwanted elsewhere. Beds were tightly lined up to allow for more patients, overcrowding Ward H so that more hospital spaces could be available for paying patients elsewhere in the facility.[7]

The beds were so tightly lined up together that Fen could reach out and touch the people next to him. As a result, staff infrequently made the rounds of the ward, assuming they intended to visit at all. After receiving little to no care for his pain, Fen's frustration grew. In a blind rage, he began to break the furniture around him. Disregarding his wellbeing, he spat on the floor and picked up the side table, smashing it against his bed. A loud crash reverberated against the bed frame. Fen screamed repeatedly as he continued to slam the table into the bed, until it was nothing more than a pile of scrap.

Several workers hurried over, navigating the maze of beds and patients as best as they could. Hands began to pull on Fen's limbs as they forced him onto his assigned bed. While he tried to resist, he was wrestled to the bed and put in restraints. Fen was in shock. He came here for help, not to be strapped to a bed. Fen tried with all his might to resist, but four-on-one was not good odds. He screamed for help and tried to resist, but he soon found himself strapped to the bed. Another nurse came and gave him something and one began to speak to him. He could not

[7] David Gagan and Rosemary Gagan, *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890*-1950 (Montreal: McGill-Queen's Press, 2002): 166-167.

understand. She continued to speak to him anyways. His eyelids steadily grew heavier and her voice drifted away, until he was unconscious.

His behaviours were seen as being 'racially indifferent' to the care that was being offered to him—if you could even call it care. White supremacy casted Fen's resistance to violence dubbed as care as a form of racial failure. At the turn of the century, an array of professionals, including doctors, began to theorize racial categories as significant and inherently important distinctions. For Asian immigrants, this led to punitive treatments and exploitation.[8] Fen's resistance marked him as a danger and in needed further incarceration.[9]

When Fen woke up, his wrists throbbed from the discomfort of the straps. He tugged and twisted his arms to try and free himself, but it was no use. After a few minutes, a nurse finally approached him. She reached over and undid the leather belts around his limbs. He looked down at his bruised limbs, previously hidden beneath the straps. Feeling the anger well up inside him, Fen sprung up to his feet and struck the nurse. He cursed her and let out a stream of Cantonese to express his frustrations at being tied down and the pain he still felt. The nurse did not look at him and she called out to the other staff. He was once again wrestled to the bed and restrained. This time, Fen was too weak to resist. He was exhausted and likely still affected by whatever they had given him previously.

After Fen slapped the nurse, a doctor reached out to Essondale Hospital, a place he thought more suitable for Fen. While the records of the Vancouver General Hospital were silent on race, racism was well documented in British Columbia.[10] In the systemic context, race was

[8] Constance Backhouse, *Colour-Coded: A Legal History of Racism in Canada, 1900-1950* (Toronto: University of Toronto Press, 1999): 5-6.
[9] Maureen Lux, *Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s* (Toronto: University of Toronto Press, 2016): 21.
[10] Shay Sweeney, *"Holding open the door of healing," An Administrative, Architectural, and Social History of Civic Hospitals: Toronto, Winnipeg, Calgary, and Vancouver, 1880-1980* (McMaster University: PhD Thesis, 2017):7-8.

the basis for allocating resources. Thus, the colonized and unwanted populations would be treated as less valuable than the colonizer. Ultimately, colonial health care as it developed in Canada was about supporting the designed population.[11] A translator said Fen was insane, and clearly, his actions demonstrated that he did not need the kind of medical treatment offered at the hospital. Despite his pain, the doctor arranged his transfer. Fen was not a worthy patient of the public hospital.[12]

Fen was restrained and taken to a car. No attempts were made to explain where he was going. No translator filled him in. Fen was hoping that he was being moved someplace less crowded or better suited to help him. Instead, he soon rolled up to another large, brick building, not all too dissimilar from the hospital he just left. He looked around the open landscape surrounding the building. He saw large green spaces interspersed with some smaller buildings. The air seemed fresher here and the greenery brought out momentary awe. Dominating the grounds was a large building at the centre. As he was pushed towards the building, he spoke to his escort. He asked about where they were and what the building was, and if he was finally going to get some treatment for his pain. Nothing was said in return.

Stopping outside of a grand staircase, Fen was brought inside and handed off to a pair of white men who worked at the asylum. He looked at them and spoke. One of them spoke to him, but he could not make out the words. They guided him down a spacious, white hallway, eventually ending in a room with a bath. At first, Fen resisted their efforts to force him into the

[11] Ellen J. Amster, "The past, present and future of race and colonialism in medicine" *Canadian Medical Association Journal* 194, 20 (2022): E709.

[12] In *Structures of Indifference* the authors argued that racial segregation in health care and its roots in indifference towards Indigenous people reflected the belief that Indigenous patients did not belong and deserve the same treatment and treatment was not urgent. The lack of care and urgency in Fen's case reflects a similar unbelongingness that places Fen outside of those cast as deserving of care. It is important we understand indifference in this case as an active and purposeful set of forces that are pervasive and deadly. See: Mary Jane Logan McCallum and Adele Perry, *Structures of Indifference: An Indigenous Life and Death in a Canadian City* (Winnipeg: University of Manitoba Press, 2018): 104.

bath. He spoke in Cantonese, asking what was going on, but once again he received no response. He relented. The two men bathed him and escorted him to a room lined with beds. The ward just as cramped as Ward H, but it was painted wholly in white, and the lighting was much brighter.[13]

Figure 10: Essondale Dormitory, ca.19-- (City of Coquitlam Archives).

Unlike the basement ward that reeked of rotting flesh and bodily fluids, the new ward smelled sterile underlined with a stench of bodily fluids. Fen was relieved to no longer endure the smell of rotting flesh. However, here he had fewer, perhaps no companions who might understand him. Regardless, he spent the night speaking, hoping someone would and that

[13] British Columbia once also had a Chinese ward for insane patients from the 1890s to the First World War at the Provincial Insane Asylum in New Westminster. After the deportation of most of the Chinese inmates, the remaining and future patients were institutionalized in the general population at Riverview Hospital when it opened in 1913. Many of the inmates found themselves cut off due to language barriers, difference in cultures, and racial intolerance from staff and other patients. See: Robert Menzies, "Race, Reason, and Regulation: British Columbia's Mass Exile of Chinese 'Lunatics' aboard the Empress of Russia, 9 February 1930" in *Regulating Lives: Historical Essays on the State, Society, The Individual, and the Law*, edited by John McLaren, Robert Menzies, and Dorothy E. Chunn (Vancouver: University of British Columbia Press, 2002): 212; and Mary-Ellen Kelm, "Women, Families and the Provincial Hospital for the Insane, British Columbia, 1905-1915," *Journal of Family History* 19, 2 (1994): 184.

someone could help him. Eventually, when Fen grew tired and his mouth became quite dry from non-stop talking, he decided to rest his head and get some sleep.

The overcrowded ward served as a temporary holding zone to segregate Fen away from respectable society.[14] At this point, the asylum served more custodial rather than curative efforts. Its walls protected white settler society from dangers that played into racist, eugenic beliefs.[15] For Fen, this was an immigration detention centre.

Capturing Fen, Essondale Hospital, September 9, 1921

This was not the first time that Fen had seen a camera. When he arrived in Canada, they took a photo of him, and now this doctor ushered him in and carefully set the stage for this photo to take place. At this thought, Fen became annoyed. How was this photograph going to help him? His stomach gnawed in pain. Yet, knowing he had no say in the matter, Fen leaned forward as the doctor positioned the camera a few feet in front of him. He raised his eyebrows slightly, wrinkling his forehead. He stared slightly above the camera, at the doctor.

As the doctor snapped the photo, time stood in stasis, capturing a complex set of forces and narratives that shaped Fen's experience.[16] As the shutter captured Fen—to the eyes of the

[14] Chris Chapman, Allison C. Carey, and Liat Ben-Moshe, "Reconsidering Confinement: Interlocking Locations and Logics of Incarceration," in *Disability Incarcerated: Imprisonment and Disability in the United States and Canada,* edited by Liat Ben-Moshe, Angela Y. Davis, Chris Chapman, and Allison C. Carey (New York: Palgrave Macmillan, 2014): 4.
[15] Chris Chapman, Allison C. Carey, and Liat Ben-Moshe, "Reconsidering Confinement: Interlocking Locations and Logics of Incarceration," 7-8.
[16] Tina M. Campt discussed using the word stasis instead of stillness or motionless because images require us to see more than just a still creation. Campt defines stasis as "tension produced by holding a complex set of forces in suspension," and "unvisible motion held in tense suspension or temporary equilibrium." Using stasis calls us to listen to the image beyond what is captured. See: Tina M. Campt, *Listening to Images* (Durham: Duke University Press, 2017): 51-52.

doctor, he captured Fen's insanity through his portrait that showed Fen's likeness. However, the shutter did not demand neutrality.[17]

Figure 11: Fen (pseudonym), 1921, Patient Case File (British Columbia Archives, Victoria).

The doctor captured an image of twelve-year-old Fen in his suit with a buzzcut—an image that would remain in Canada well beyond his own stay. Fen, lost to a moment in time, has been preserved through this act of documenting that was seen as a necessary component of case files—although Canada was slow to adopt this process by comparison to other countries and it

[17] Rory du Plessis, "People with intellectual disability at the Grahamstown Lunatic Asylum: humanizing photographs, stories and narratives from the casebooks, 1890–1920," *Safundi* (Published ahead of print, 2023): 4-7.

was not universally used for children's case files.[18] The tension of being both lost and preserved foreshadows the difficulty of following his life after the asylum and his continued preservation in a sea of case files contained in storage for the Royal BC Archives.

Fen sat for a photo that captured not only the grammar of colonization within the psychiatric setting but also his defiance in the face of colonial disposition. As he sat still, the camera captured an entanglement of social, historical, political, and visual tensions.[19] This was yet another photo taken by a white man of Fen, and he could not help but wonder why these men were so interested in taking his picture.

The photograph sought to prevent personhood from being extended to Fen because of the desire to exclude both the Chinese and disabled bodymind from Canada.[20] His portrait rendered his body an object of time. With a questioning gaze, Fen interrogated the structure of psychiatry and colonization.[21] Fen sat in Western-style clothing, self-aware of a desire to come off as respectable to the white official.[22] Despite his ongoing pain, ignored by all the doctors he has come across, Fen took this moment to speak back to the viewer of the photograph.

After snapping the photo, the doctor decided to try and speak to Fen once more. The attendants had mentioned that Fen was not communicative but his stability during the photograph made the doctor believe the boy could be in the right mindset for a conversation. He started in a place that he believed to be easy,

---

[18] Katherine D. B. Rawling, "'The Annexed Photos were Taken Today:' Photographing Patients in the Late-Nineteenth-century Asylum," Social History of Medicine 34, 1 (2019): 256-257.
[19] Tina M. Campt, *Listening to Images,* 50.
[20] Rory du Plessis, "People with intellectual disability at the Grahamstown Lunatic Asylum: humanizing photographs, stories and narratives from the casebooks, 1890–1920," Safundi (Published ahead of print, 2023): 9.
[21] Lily Cho, *Mass Capture: Chinese Head Tax and the Making of Non-Citizens* (Montreal: McGill-Queen's Press, 2021): 12.
[22] Lily Cho, *Mass Capture*, 97.

“Fen, can you tell me when you arrived in Canada?”

Fen shifted in his seat. He looked earnestly at the doctor and responded in his native tongue. He can’t understand the man in the suit, nor can the doctor understand him. As silence filled the room, Fen interlocked his fingers before running his left hand along his freshly shaved head. Fen continued speaking, hoping that the doctor would finally understand that he needed a translator, or perhaps the doctor would send him home.

Fen’s pace of speech quickened as he grew more frustrated with the silent doctor. He only just arrived in Canada and his family was not present to help him navigate this place. Fen desired to be returned to his new home, away from these men who refused to help him. He did not know why he was admitted to the hospital, why they refused him and why he needed to move. He was able to speak to a translator at the previous hospital, but here the people around him did not seem to care about acquiring a translator or properly explaining anything to him. Here, he was alone. At least in the other hospital, he had the company of other Cantonese speakers. He could at least talk to someone. Here the doctor only tried to speak in English and when Fen only responded in Cantonese, the doctor shook his head and wrote down something in a book.

The doctor concluded that the original assessment was accurate: Fen showed signs of mental unbalance and could not provide any information in English. Fen’s label of manic depressive ushered in another long journey for Fen.

Deporting Fen, China, September 11-15, 1921

Fen was led to a room filled with tables, couches, and various chairs. Covering the walls were spaced out landscape paintings. The carefully decorated room was meant to invite a feeling

of homeyness, but the room was much larger than anything in any house Fen had ever seen. A more patient attendant tried to communicate to Fen that he would be getting visitors today.

He was soon welcomed by the sight of his brothers. The eldest, Lai, had been in Canada for a few years. At his encouragement, Fen and Cheng joined him and their father, Li. Li arrived in Canada shortly after Fen's birth to seek out opportunities to better support his family. Lai was the spitting image of Li. Now in his early twenties, while he had a buzzcut similar to that of his brother, his face was less round than Fen's and his jawline more defined. Cheng, in his rebellious later adolescent years, preferred to keep his hair longer with curtain bangs, parted in the middle.

At the sight of his brothers, wearing similar dark brown suits and stained white dress shirts, Fen felt a huge sense of relief. Their father had purchased Cheng and Fen matching suits shortly after they arrived. Their presence gave him hope that he could leave this locked ward and return home to his family. The brothers sat at the table with him and looked at him with concern and mischief—the way two older brothers often do, one to set things straight, and one to get up to no good with.

Cheng was the first to speak, "Brother, you look like you need to be kidnapped out of this place."

"Don't get any funny ideas," Lai warned his brothers.

"Okay, okay," Cheng said with a mocking grin on his face.

Fen laughed. He missed their company and back and forth banter. He could always rely on Cheng to say something to brighten his mood and on Lai to be serious. He loved his brothers, and he had missed Lai's no-nonsense attitude when they were halfway across the world from each other.

"What happened Fen? The hospital said you went crazy?" Lai asked.

"I smacked a nurse after they hurt me," Fen explained while furrowing his brows and leaning in.

"You can't hit people, especially not here," the eldest lectured.

"I know, I know. But the place smelled of rot and no one came to help me," Fen replied.

"No one came to help you?" Cheng repeated.

"No. They showed me to a bed and then nothing. No medicine, no treatment. It's no different here. You have to get me out. I don't know what's going on half the time."

"Nothing?" Lai asked inquisitively.

"No. And they strapped me to the bed at one point!" Fen added. "They gave me something and I passed out."

“Fen, that’s terrible,” Cheng said, looking more serious than he normally does.

“I’ll go speak to someone and we’ll get you out of here,” Lai stated and got up from the table. As the eldest, it would be his responsibility to bring Fen home since their father was too busy with work.

Lai got up from the table. He had learned enough English since moving to Canada to converse with others. Concerned for Fen, he sought out a staff member to request a moment of the doctor’s time. He wanted to discuss Fen’s return home. Once the doctor arrived, he explained that Fen was guaranteed by their father and that the three of them could quite easily take care of him when needed. Lai talked about the stomach cramps that led to Fen being hospitalized and tried to carefully suggest that his brother was not crazy. While the doctor listened, it had no effect on the words that followed:

“I’m sorry, he cannot go home,” the doctor said, “we are currently in discussion with the immigration authorities.”

After some time urging the doctor to reconsider, Lai relented and returned to the table. He sat down with a serious face. Fen and Cheng had been laughing as he approached, but the mood quickly changed.

“What is it?” Fen asked.

“He would not let us take you home today,” Lai replied.

“Why?” Cheng quickly asked.

“Fen, you need to be cooperative and quiet,” Lai started, “They’re talking about sending you to China.”

“I can’t go back. I don’t want to go back!” Fen recalled the arduous journey on the boat to Canada. The harsh waters, the crowded underdeck, and the sea sickness were still fresh on Fen’s mind. He never wanted to set sail another day in his life.

“We will get you home, Fen. Just keep your head down here,” Lai reassured him.

A silence hung over the table for a moment while the brothers contemplated Fen’s situation. If Fen were sent back to China, they would likely never see each other again. None of them wanted this to happen.

Fen broke the silence, “I promise to behave.”

Cheng smiled and slapped his hand on Fen’s back while leaning in and whispering, “I’m sure you will.”

Fen felt much better after spending the afternoon with his two brothers, although Lai's warning weighed heavily on his mind. On the advice of his brothers, Fen elected to remain silent. If they could not understand him, there was no point in talking. He wanted to return to his brothers more than anything.

Fen's change in behaviour was quickly noted. Attendants observed that he was much more cooperative and less disruptive after seeing his brothers. However, the outcome was no different. Before the brothers could make any meaningful interruptions to Fen's deportation, he was quickly discharged and handed over to immigration authorities. Fen's discharge papers marked him as recovered, but despite this, the deportation proceedings continued. He returned to China on another long journey across the ocean.

The doctor had advised against keeping Fen in Canada—something that was pursued so quickly and diligently as Fen was Chinese. Due to the widespread anti-Asian sentiments in British Columbia, staff that interacted with Fen likely harboured anti-Asian sentiments or felt a sense of indifference towards him. Perhaps some of them even participated in the riots. In the end, Fen returned to China. We have no indication if any family awaited him. There was no mention of a mother to greet him or any more siblings. The facilitators of his deportation did not care what happened to Fen once he left Canadian soil.

Fen In-Context: Photographing the Non-Citizen

A twelve-year-old boy named Fen entered the Essondale Hospital on September 8, 1921—only half a month after he arrived in Vancouver from China with his family.[1] While his stay was brief, he encountered the interconnections of medicine, immigration, and racism that shaped his experiences. Fen arrived in British Columbia as racist tensions between white settlers and the Asian immigrants continued to grow. The white settler society hissed with anti-Asian rhetoric that continued to perpetuate an array of stereotypes and negative attitudes. As such, Asian communities that formed in British Columbia were subject to nativism and racism that contested their viability as respectable and wanted citizens of the settler state.

In 1859, a recruitment system was established with Hong Kong to bring labourers and merchants to Victoria via San Francisco.[2] As a result, the Chinese quickly became a visible minority in the 1860s with population estimates of 4000 people on the main island in British Columbia; they totalled 40% of the non-Indigenous population in 1867. They would eventually only make up 20% of the population in the 1880s, which declined again to 6% of the regional population at the time of Fen's arrival.[3] This decreasing number of Chinese residents did not reflect the lack of immigration, but rather the restrictive policies that made it more challenging to migrate.

From 1885 to 1914, British Columbia saw a period of development as an industrial and commercial society. Interestingly, this period also saw an influx of immigration; however, only three percent came from Asian countries due to restrictions that specifically targeted potential

[1] Fen is based on a file from: Mental Health Services patient case files, GR-2880 (British Columbia Archives, Victoria).
[2] Kay Anderson, *Vancouver's Chinatown: Racial Discourse in Canada, 1875-1980* (Montreal: McGill Queen's Press, 1991): 34.
[3] W. Peter Ward, *White Canada Forever: Popular Attitudes and Public Policy Toward Orientals in British Columbia*, Third Edition (Montreal: McGill-Queen's Press, 2002): 15-16, 23; and Kay Anderson, *Vancouver's Chinatown*, 35.

non-white settlers.[4] As Canada promoted immigration to the West to the desirable white European population, they still saw a need for Chinese labour. Between this need and racist beliefs about the Chinese, barriers were put in place to limit their ability to settle in Canada.

In a 1912 publication, politician Henry Herbert Stevens recognized the Chinese as the most welcome 'Orientals' in Vancouver. In this section on Chinese individuals, he identified several desirable traits such as the belief that Chinese immigrants were good businessmen. However, he went on to explain why their strengths were beside the point:

> At this point the question naturally arises, if all this be true, why should we interfere with the Chinese immigration or restrict his operations? First, because he has not, and will not assimilate. In spite of the fact that thousands of these Chinese have been in British Columbia for upwards of twenty years, they still remain Chinese in every respect. They live together in their own Chinese districts, in their own Oriental way, wearing their native dress, and import their own food, supplied from their own stores, they save their money and send it to China and usualy [sic] return there for their old age. They are inveterate gamblers and in this respect corrupt a large proportion of our young people by inducing them to play their games. In Vancouver alone, from actual personal observation of the writer, upwards of three hundred of young men under twenty were nightly in these Chinese gambling dens. Not only are they morally corrupt in this way, but as opium fie ds [sic] and white slave traders they are still more guilty and a serious menace to the country. From a sanitary standpoint they are altogether undesirable, as it is extremely difficult to make them observe the average sanitary laws, and their houses are usually a breeding place for all manner of dirt diseases.[5]

Stevens then went on to theorize that poor Chinese men in Canada were sent by wealthy Chinese businessmen to work as slaves by sending all their earnings back to China. After finishing his description of all the common racist Chinese stereotypes, he called for white settlers to either favour Oriental immigration (this should be read sarcastically) or make it impossible for Orientals to come to Canada.[6]

---

[4] Kay Anderson, *Vancouver's Chinatown*, 53.
[5] H. H. Stevens, *The Oriental Problem: Dealing with Canada as Affected by the Immigration of Japanese, Hindu, and Chinese* (Vancouver: 1912): 14.
[6] H. H. Stevens, *The Oriental Problem,* 15-16.

His writings reflected a settler trend towards nativism that opposed the immigration of certain individuals based on their foreign connections, and racism that perpetuated stereotypes and violence against certain groups of people.[7] Stevens' views encapsulated many of the ways settlers saw and understood the Chinese communities in British Columbia since their earliest arrival. Other publications, including newspapers, echoed similar sentiments and expressed concern that the Chinese may corrupt the morality of white settlers through exploitation and vice.[8] These beliefs upheld the idea that the Chinese were in evolutionary and moral decline. It was in this context that policies would forbid Chinese families to immigrate to Canada.[9] Ultimately, the intertwining of race and nation guided principles of citizenship within Canada. The creation of immigration policies formalized racial exclusion except on the basis when labour was needed. As a result, Chinese people were seen as separate from their white counterparts and therefore were not owed full membership to society.[10]

[7] W. Peter Ward, *White Canada Forever*, ix-x.
[8] Patricia Roy, *The Oriental Question: Consolidating a White Man's Province, 1914-1941* (Vancouver: University of British Columbia Press, 2003): 47.
[9] Some reformers would take the opposite stance and argue for the immigration of Chinese wives and children. They believed their presence would keep the white population safe from the "degeneracy" of the Chinese population. See: Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925* (Toronto: University of Toronto Press, 2008): 111 and 117.
[10] Adele Perry, "Women, Racialized People, and the Making of the Liberal Order in North America," in Liberalism and Hegemony: Debating the Canadian Liberal Revolution, edited by Michel Ducharme and Jean-François (Toronto: University of Toronto Press, 2009): 284.

Figure 12: Damage to property of Japanese residents, 1907 (Library and Archives Canada, Ottawa.[11]

These attitudes were prevalent in Vancouver prior to 1912 with the notorious Anti-Asian riots. This act of violence against the Asian population was embedded in the outright racism of settlers. Rioters were concerned about the Chinese workers taking their employment and not contributing to the economy—these ideas still circulate today when we consider the rhetoric.[12]

[11] Many of the readily available photos of damaged businesses and places are that of Japanese families. This may reflect the larger political concern for appeasing Japanese victims of the event, as Japan was a respected foreign nation unlike China. This emerged from the Chinese government being in a weaker position, as Britain entered a treaty alliance with Japan in 1902—consequently including Canada. As such, the federal government originally only felt the need to compensate the Japanese for a total of $9000; however, the Chinese who sustained more damage were eventually awarded $26,000 in compensation. See: W. Peter Ward, *White Canada Forever*, 74.
[12] Patricia E. Roy, "Foreword" to *White Riot: The 1907 Anti-Asian Riots in Vancouver*, by Henry Tsang (Vancouver: Arsenal Pulp Press, 2023): 14-16.

While most of the damage was directed towards property, later in the evening a brawl broke out when Japanese inhabitants sought to defend themselves against the racist mob.[13] Afterwards, the Chinese population withdrew their labour as domestic servants, hospitality and service workers, and launderers in response to the mob.[14] These actions were just some of the ways the victims of the riot responded to settler colonial violence directed at them.

The most visible site of anti-Asian racism was structurally developed in Canada through immigration policies. Restrictions on Asian immigration had widespread support in British Columbia; however, this often clashed with the federal government. This was especially the case because Chinese workers were not expendable but rather necessary for the development of the settler state. Settler colonialism required a disposable labour force to transform Indigenous lands into a white property and capital through the exploitation of racialized labour forces who worked cheaply under horrific conditions.[15] As such, in the context of imperial expansion and colonization, restrictions helped to pacify white settlers and offered a revenue source for the budding nation through a head tax.[16] Over the years, politicians were able to advocate for increased head taxes to limit Chinese immigration before the introduction of the Exclusion Act.[17] The first head tax was introduced in 1885 at fifty dollars. This would be increased to $100 in 1900 and then to $500 in 1902. The head tax was removed a few years after Fen's arrival in 1923 with the introduction of the Chinese Exclusion Act, which forbade Chinese immigration into

[13] W. Peter Ward, *White Canada Forever*, 69-70.
[14] Patricia E. Roy, *Foreword to White Riot,* 19.
[15] To read more on the interconnection of racialization, settler colonialism, capitalism, and labour, see: Iyko Day, *Alien Capital: Asian Racialization and the Logic of Settler Colonial Capitalism* (Durham: Duke University Press, 2016): 31-34.
[16] Lily Cho, "Rereading Chinese Head Tax Racism: Redress, Stereotype, And Antiracist Critical Practice," *Essays on Canadian Writing* 75 (2002): 62-73.
[17] Patricia Roy, *A White Man's Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858-1914* (Vancouver: University of British Columbia Press, 1989): 91-93.

Canada until 1947.[18] The process Chinese folks were subjected to in order to come to Canada produced a massive effort to exclude them from Canadian citizenship, which was documented by certificates and photos.[19] The immigration apparatus and consequential surveillance served to regulate and police the non-citizenship of undesirable settlers to ensure their status as outsiders.[20]

The desire to keep or limit the number of Chinese migrants to Canada was part of the settler-colonial relations that were shaped around inclusion and exclusion principles. These aspirations were meant to foster a nation that was inaccessible for certain individuals based on race.[21] As such, the Chinese in Canada were not eligible for rights and privileges of citizenship.[22] An array of policies ensured this colonial exclusion of Chinese settlers would continue through the denial of the right to vote, to participate in law or medicine, to hold public office, and to own crown land. These policies aimed to ensure Chinese migrants did not access citizen rights and felt unwelcome outside of their own community spaces.

Immigration restrictions worked in conjunction with other carceral practices. As such, the history of deportation shares a close relationship to mental health and race.[23] Both medical and immigration regulators worked together in service of colonial nation building, which sought to

[18] Interestingly, Fen's admission note stated that he had two declarations indicating he was in Canada for three months; however, immigration authorities say he was only in Canada since mid-August. No such records in the Immigrants from China, 1885-1952 database at LAC could be located unless Fen did actually arrive in July and was 12 –this was the most likely match based on the timeline provided of three months. There is no match based on a mid-August arrival. It is also possible his name has been recorded differently in several records making his immigration papers more challenging to locate. See: General Registers of Chinese Immigration, 1885-1952 (Library and Archives Canada, Ottawa).
[19] Lily Cho, *Mass Capture: Chinese Head Tax and the Making of Non-Citizens* (Montreal: McGill-Queen's Press, 2021): xi-xii.
[20] Lily Cho, *Mass Capture*, 7-8.
[21] Laura Madokoro, *Elusive Refuge: Chinese Migrants in the Cold War* (Boston: Harvard University Press, 2017): 12.
[22] Lily Cho, *Mass Capture*, 16.
[23] The framework for deportation was first developed in 1906 and amended over the years to expand the legal framework to deport people who were undesirable. You can read about this history in the introduction of the chapter about Eileen.

restrict access to citizenship.[24] Colonial projects, like the settler state of Canada, was deeply linked to the rise of ideas of difference and race, which were inevitably foundational to the development of immigration and medicine.[25]

In particular, the deportation of Chinese residents who wound up in British Columbian asylums "was nourished by the flood of nativist, rac(ial)ist, exclusionist, eugenist [sic], and mental hygienist thinking that dominated British Columbian and Canadian politics and public culture."[26] As such, asylum administrators influenced by eugenics and theories of race betterment, and public fears of immigration and sanity, used deportation as a means of disposing the least wanted patients. To illustrate, for the 1921-1922 reporting year, a total of 32 inmates were deported from British Columbian Mental Hospitals, including Fen. This increased in 1922-1923 to 36 people and briefly decreased in the following report to 17 before eventually reaching 60 individuals in 1931-1932.[27]

Race was central to public health discourses and imaginaries that led to hefty fines, court appearances, evictions, and punishments for the Chinese population. This stemmed from the racist belief that Asian immigrants were unable to follow sanitary laws and therefore a great danger to the health of the settler population. As such, the Chinese came to personify deadly sicknesses such as cholera, smallpox, the bubonic plague, and typhoid fever. Under the influence of eugenic ideology, it was believed that certain people had immunity to diseases while others

[24] Ameil J. Joseph, *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems* (London: Palgrave Macmillan, 2015): 1-6.
[25] On this topic see: Ameil J. Joseph, *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems,* 25; and Suman Fernando, *Institutional Racism in Psychiatry and Clinical Psychology* (New York: Springer International Publishing, 2017).
[26] Robert Menzies, "Governing Mentalities: The Deportation of 'Insane' and 'Feebleminded' Immigrants Out of British Columbia from Confederation to World War II," *Canadian Journal of Law and Society* 13, 2 (2014): 137.
[27] Robert Menzies, "Governing Mentalities," 138, 145.

were more susceptible and unwilling to cooperate with health authorities.[28] These beliefs showed up in how the Chinese population was consequently treated in the public systems.

For children, they were subject to social processes that constructed the idea of healthy children along gendered, race, class, and able-bodied ideals. For example, school inspections served as a means to pathologize children who were distanced from the boundaries of the white middle-class ideal.[29] In 1906, the Vancouver School Board introduced its first medical inspector, Dr. Georgina Urquhart. Schools were meant to promote cleanliness, neatness, and decency since at least 1872, and the introduction of a medical official would help surveil and police efforts to keep them clean. The result of school inspections was holding parents responsible, which led to Asian parents often being labelled as people who transgressed cleanliness standards. This system of inspections served to uphold racist and exclusionary practices that failed to see how material conditions may account for challenges in the lives of Chinese children rather than a failure to cope with Western ideals.[30]

Fen's inadmissibility into Canada faced two key prejudices: racial and sanist. These compounding characteristics ensured that despite his improvement while at Essondale, he would be deported to China. The political landscape tied together medicine and immigration as sites of identification, incarceration, and deportation for folks who were deemed undesirable.[31]

---

[28] Mona Gleason, "Race, Class, and Health: School Medical Inspection and 'Health' Children in British Columbia, 1890-1930," in *Children's Health Issues in History Perspective*, edited by Cheryl Krasnick Warsh and Veronica Strong-Boag (Waterloo: Wilfred Laurier University Press, 2005): 288-289.
[29] Mona Gleason, "Race, Class, and Health," 287-288.
[30] Mona Gleason, "Race, Class, and Health," 291-298; and Nadia Kanani, "Race and Madness: Locating the Experience of Racialized People with Psychiatric Histories in Canada and the United States," *Critical Disability Discourses* 3 (2011): 6.
[31] On this topic see: Ameil J. Joseph, *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems;* Jay Dolmage, *Disabled Upon Arrival: Eugenics, Immigration, and the Construction of Race and Disability* (Columbus: The Ohio State University, 2018); Ena Chadha, "'Mentally Defectives' Not Welcome: Mental Disability in Canadian Immigration Law, 1859-1927," Disability Studies Quarterly 28, 1 (2008); Ian Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithaca: Cornell University Press, 1997); Angus McLaren, Our Own Master Race: Eugenics in Canada, 1885-1945 (Toronto: University of Toronto Press, 1990); Robert Menzies, "Governing Mentalities"; and Natalie Spagnuolo,

Hospitals—both general and psychiatric, became part of a carceral web that was tasked with weeding out the undesirable populace from the settler nation.

Canada sought to render certain people as outsiders in the process of making the settler colonial state.[32] The success of the colonial project depended on the inclusion and exclusion criteria that maintained discipline, order, and surveillance over subordinated people.[33] As such, eugenic thinking, racial hierarchies, and settler colonialism shaped the mission of respectability and civilizing that brought together criminal justice, medicine, and immigration.[34] For Fen and many others, deporting served as a dehumanizing process that upheld racial hierarchies and ideas around the deserving other.[35]

The camera and photography served as a means to control and subordinate Chinese migrants into Canada. The camera also served a similar role in the asylum setting.[36] Upon Fen's arrival and admission, he was subject to the use of photography to maintain social order. In the asylum, the visualities of madness long fascinated doctors, artists, and the likes.[37] The first

---

"'Someone in Toronto… Paid Her Way Out Here:' Indentured Labour and Medical Deportation-The Precarious Work of Single Women," in *Untold Stories: A Canadian Disability History Reader,* edited by Nancy Hansen, Diane Dreidger, and Roy Hanes (Toronto: Canadian Scholars, 2018): 121-139; Robert Menzies, "Race, Reason, and Regulation," 196-230; Natalie Spagnuolo, "Defining Dependency, Constructing Curability: The Deportation of 'Feebleminded' Patients from the Toronto Asylum, 1920-1925," *Histoire Sociale/Social History* 49, 98 (2016): 126–153; and Valentina Capurri, *Not Good Enough for Canada: Canadian Public Discourse around issues of Inadmissibility for Potential Immigrants with Diseases and/or Disabilities, 1902-2002* (Toronto: University of Toronto Press, 2020).

[32] Adele Perry, "Women, Racialized People, and the Making of the Liberal Order in North America," 285.

[33] Nadia Kanani, "Race and Madness." 7.

[34] Ameil J. Joseph, *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems,* 7.

[35] Ameil J. Joseph, *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems,* 97.

[36] The camera as an object of control is explored by John Tagg in *The Burden of Representation: Essays on Photographies and Histories* (Minneapolis: University of Minnesota Press, 1993): 5.

[37] The history of madness and disability as something rendered visible has been written about in many different ways, including: Caroline Dahlquist, and Peter Kinderman, "'Picture Imperfect:' The Motives and Uses of Patient Photography in the Asylum," *History of Psychiatry* 34, 2 (2023): 130-145; Simon Cross, *Mediating Madness: Mental Distress and Cultural Representations* (New York: Palgrave Macmillan, 2010); Rosemarie Garland Thomson, *Staring: How We Look* (Oxford University Press, 2009); and Barbara Brookes, "Pictures of People, Pictures of Places: Photography and the Asylum," in *Exhibiting Madness in Museums: Remembering Psychiatry*

photographs in asylums would occur at the Surrey County Lunatic Asylum (England) in the early 1850s. By having doctors take these photos, they took on a medical meaning that sought to understand the psychological state of patients and guide care, detect biological patterns, and recognize hereditary insanity.[38] Photography served as a eugenic tool as it was believed that a person's physical features would provide information on their moral and mental characteristics.[39]

In the wider context of this research, these attitudes led to a high death rate for racialized children who entered the British Columbian asylums. While Fen's deportation should be read as an act of colonial violence, racialized children identified as Indigenous, Chinese, Japanese, and Black had a death rate of 73% compared to the overall death rate of 58%.[40] Care for racialized children in asylums across Canada quickly disappeared after their arrival. In some instances, the number of years spent in an asylum have more to do with the individual's overall health and support from family members rather than care from staff.

This neglect has to do with how settler colonialism displaced Indigenous people and erased their cultures, while also exploiting the Asian population for labour under the most unwelcoming policies and racist attitudes. Chinese patients, in particular, were expected to do the most unpleasant labouring, including laundry as it often produced injuries.[41] In fact, the BC Provincial Asylum (New Westminster) had a dedicated Chinese ward until at least the First World War and it was the closest to the laundry facilities.[42] Once the asylum moved to mixed

---

through Collections and Display, edited by Catharine Coleborne and Dolly MacKinnon (London: Routledge, 2011): 30–47.

[38] Caroline Dahlquist, and Peter Kinderman, "'Picture Imperfect,'" 131-133.

[39] Robert Bogdan, *Picturing Disability: Beggar, Freak, Citizen, and Other Photographic Rhetoric* (Syracuse: Syracuse University Press, 2012): 76.

[40] Mental Health Services patient case files, GR-2880.

[41] Kathryn McKay, "From Blasting Powder to Tomato Pickles: Patient Work at the Provincial Mental Hospitals in British Columbia, Canada, 1885-190," in *Work, Psychiatry, and Society, c. 1750-2015*, edited by Waltraud Ernst (Manchester: Manchester University Press, 2016): 111-112.

[42] Ken Scott, "Society, Place, Work: The BC Public Hospital for the Insane, 1872-1902," *BC Studies,* 171 (2011): 109.

wards at Essondale Hospital, Chinese patients were subject to mundane and repetitive routines while also being severed from their culture and language, and subject to racist intolerance from other patients and staff. Treated as 'social junk,' the combination of their perceived lack of reason and race meant that Chinese patients were largely ignored. This was further reflected in the lack of details in their case files. Treatment and rehabilitation were rarely given or experienced.[43] The failure to care was not an accident. It was purposeful and built into the very foundations of settler colonialism, and thus into the very foundation of psychiatric facilities. Asylums across Canada quickly became custodial facilities as the populations far surpassed what was needed for therapeutic care. They became sites of warehousing that kept undesirable people away from the general population.

Three Chinese children are part of this death statistic. All of their stays were short-lived and punctuated by death. Often these children had a language barrier, or perhaps they chose not to communicate with the white supremacist facility and its employees. Wen, admitted into the asylum in 1921, appeared to die of exhaustion after less than three months at Essondale. Before his death, he was diagnosed with mania and described as restless, a potential side effect for a brief detail in his file: he vomited a roundworm. Kept in seclusion, he was placed in a padded cell. Treatment for roundworms was briefly tried with male fern extract—an effective treatment for intestinal worms. In his first month and a half, the staff seemed at least somewhat concerned for him by offering treatment and recording regular updates on his health. After they tried a second dose of male fern, treatment stopped, and case file notes became more sporadic and detached. He was described as restless, noisy, and destructive. His parents pleaded to take him

[43] Robert Menzies, "Race, Reason, and Regulation: British Columbia's Mass Exile of Chinese 'Lunatics' aboard the Empress of Russia, 9 February 193," in *Regulating Lives: Historical Essays on the State, Society, The Individual, and the Law*, edited by John McLaren, Robert Menzies, and Dorothy E. Chunn (Vancouver: University of British Columbia Press, 2002): 212-214.

home to China, but the doctors would not let him leave. His uncle asked to take him away, but they would not let him leave. His death came suddenly, after what appeared to be a deeply held indifference to his life. A brief attempt to cure him, but no attempts to save him.[44]

Two years after Wen passed away, a little boy was admitted to the Provincial Hospital for the Insane for the second time. His previous stay overlapped with Wen. Kai meets a similar fate, dying of inanition, exhaustion from lack of nourishment. He loved sweet nuts, but at the institution, he was on a soft diet sometimes featuring: cereal, milk, eggs, potatoes, gravy, and bread. He likely only received one or two of those things a day. Here they would feed young children only milk. It was too much trouble to spend time with him. Too much trouble to ensure he had enough food.[45] At times, parents provided lists of food their children loved, but these foods were never offered by the institution.

Finally, a forgotten girl entered the asylum. Her mother was recorded as a sex worker, and I wonder if she was one of the women brought from China to work in brothels for Chinese men.[46] This girl, Mei, does not say much, and it was clear no efforts were made to understand her. Forgotten at home, and forgotten in the asylum, she was one of the faces somewhere in the harrowing line of beds. She was lost in the sea of faces on used pillows and under threadbare blankets. While there, no attempts were made to care for her, just the bare minimum to sustain her life with minimal food until tuberculosis took her into its arms.

The British Empire, among others, infused racism as core to its existence. After all, “race theory validated colonial conquest and naturalized white imperial rule.”[47] Science codified race,

[44] Mental Health Services patient case files, GR-2880.
[45] Mental Health Services patient case files, GR-2880.
[46] Yuen-Fong Woon, "Between South China and British Columbia: Life Trajectories of Chinese Women," BC Studies 156, 7 (2007/8): 83-107.
[47] Ellen J. Amster, "The past, present and future of race and colonialism in medicine," E708.

in turn serving colonialism.[48] The experiences of racialized children, including Fen, who entered Canadian psychiatric institutions were shaped by this project of colonization that resulted in limited care and concern for their wellbeing. For Chinese children, the asylum served as a space where they could be deported from, or quite cruelly, ended up as a place of death.

This context is crucial in order to understand how Fen may have experienced his short time in Vancouver, and then in the psychiatric facility. Eurocentrism was a foundational part of the settler project that created human hierarchies, which ultimately led to rationalized dehumanization through racist and eugenic beliefs.[49] Fen would have been treated and deported based on beliefs that saw him as unworthy of citizenship due to his birth country and skin colour. This was only further compounded by the fact that he was admitted into an asylum, which would serve as another reason for him to be rejected as a potential settler in Canada. However, it is equally important to note that this hostile environment also created, by necessity, a supportive community.[50] His brothers made attempts to keep Fen in Canada and remove him from the asylum.

[48] Ellen J. Amster, "The past, present and future of race and colonialism in medicine," E708.
[49] Ameil J. Joseph, *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems*, 18.
[50] Similar findings regarding the Jewish community and asylum patients in Toronto were explored in: Geoffrey Reaume, "Eugenics Incarceration and Expulsion: Daniel G. and Andrew T.'s Deportation from 1928 Toronto, Canada," in *Disability Incarcerated: Imprisonment and Disability in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York, New York: Palgrave MacMillan, 2014): 63-80.

Mary, Brandon Asylum, 1922

Between scrubbing floors, clearing tables, and mending clothing, Mary would take a moment to look outside one of the windows and gaze upon the Assiniboine River. The Brandon Asylum sat perched atop the northern slope of the valley in Brandon, Manitoba. From the right spot in the asylum, inmates could gaze upon the river.[1] Mary recalled being awestruck when she first arrived. The natural beauty of the river and surrounding countryside invited feelings of tranquillity for Mary. However, the asylum itself evoked much different feelings. The imposing, large, brick building, brought on feelings of dread and fear. The last institution she resided at was the Birtle Residential School.[2] Once she left, she had hoped to never return to another place like it. The asylum conjured a familiar sense of unease for Mary.

The institution, built only ten years prior, was a wholly modern facility, featuring space for a hundred patients, telephones, fireproof doors, electrical lighting, plumbing, heating, and ventilation. However, it did not take long for problems to arise.[3] In 1918, the inspector of asylums painted a grim picture of the profound lack of care and stated that death was more desirable than life at Brandon. The report described the male attendants as rough looking and the patients as battered and caged animals. This was further highlighted in 1919 when the institution was reported to be outdated and failing to provide treatment with a huge growth in patients and limited staff. Restraints, both invisible and physical, became part of maintaining order as the central goal of the institution. The management of the asylum was likened to managing a herd,

[1] Kurtland Ingvald Refvik, *History of the Brandon Mental Health Centre, 1891-1991* (Brandon Mental Health Centre, 1991): 1.
[2] Her case file indicated that Mary went to school but made no progress. They do not specifically name the school Mary went to and while it was certainly possible she went to a local school, it is important to consider the likelihood that she went to residential school—which was common for people on her reserve.
[3] Barry Edginton, "Moral Treatment to Monolith: The Institutional Treatment of the Insane in Manitoba, 1871-1919," *Canadian Bulletin of Medical History* 5 (1988): 179.

giving little attention to the inmates and emphasizing the importance of being a low-cost institution.[4]

Issues around the quality of life at the asylum bothered Mary, but she preferred to comply to the demands of institutional life. Her assigned work could be difficult, but it was better than resisting or making a fuss. Anyone stepping out of line or seen as problematic was subject to physical restraints, and Mary did not want to be restrained. From the outset, staff and patients were already suspicious of her. Racist leers and words were hurled at her for her darker skin. People sometimes refused to be near her. Mary was used to this sort of thing from white settlers.

With no interest in who Mary was, the institution viewed her through a highly racialized lens. One that saw her and people like her as a potential source of contamination to the idealized version of Canadian society. The doctors described her as hysterical and her madness arising partially from her genetic makeup—labelling her father weak minded. Mary who felt nervous to be in another institution, cried because she missed home. She had her emotional responses pathologized as signs of her need to be detained. In moments of distraction, Mary would find herself running down the halls, or excitably jumping. In her worst moods, she was prone to lashing out at younger girls. The institutional impact on emotional worlds, especially for Mary, was one of turmoil. While some around her were kind, there were many—staff and patients included, who treated her like a contagion and hurled insults. Sometimes Mary reacted but mostly she did not have the luxury of responding because it would be her who would be punished. In these moments, Mary hung onto the hope of seeing her loved ones or returning home.

[4] Barry Edginton, "Moral Treatment to Monolith," 180-181.

It had almost been a month since Mary had been brought back to the Brandon Asylum, but today she was in high spirits. She was finally allowed to see her family. Mary sat in the waiting room, anxiously awaiting the appearance of her father and mother. When her parents, walked through the door, Mary smiled brightly. Her father, Douglas, offered his daughter a reassuring smile back. His dark, thick hair resembled that of Mary's, but Mary did not share his facial features. Instead, she looked most like her mum, Clara. Mary's almond eyes and sharp angles mirrored the woman holding Douglas' hand.

Clara also locked eyes with her daughter, a smile spreading across her face as squeezed her husband's hand. She was relieved to finally see her daughter, but she could not help but to feel defeated knowing Mary was at a hospital instead of at home. Clara was used to spending their days together since Mary returned from Birtle.

"Father! Mother!" Mary happily exclaimed and stood up from the chair where she was seated.

"Oh sweetheart, how I've missed you."

"We can't wait to take you home soon," her father, Douglas, added.

Both Douglas and Clara wrapped their arms around Mary. All three of them stood there for a moment embracing each other tightly. Mary inhaled deeply, drawing in the scent of home, her mother's cooking that lingered in her clothing and the scent of pine that her father always exuded. It had been a month since they saw each other, and no one wanted to let go.

Eventually, Douglas stepped back from the circle and broke their cocoon of silence and pointed to a nearby table, “Let’s sit.”

The three of them spent the afternoon talking about a recent move to Minnedosa, a nearby town. They reminisced about home, their friends and family. Mary ached for time to stand still. She wanted to stay enveloped in a space surrounded by the people she loved most. A place far from the daily routine at the asylum. She craved the familiarity of being home.

***

The family’s happiness was interrupted by the arrival of a staff member. “Hello, Mr. and Mrs…,” the attendant began, followed by an awkward silence as the attendant had clearly forgotten Mary’s last name, “you’ll have to say your goodbyes. It will be dinner time soon.”

The attendant did not wait for a response, she turned her attention to the next patient and visitor to give the same news. Mary looked down into her lap, the spell of the afternoon broke. Clara reached over and grabbed Mary’s hand, “We’ll be back soon sweetheart.”

“Yes, and we will see about bringing you home soon,” Douglas added.

“I will miss you both so much.” Mary responded, tears forming in the corners of her eyes.

All three stood up, unwilling but ready to say their goodbyes. Returning to their cocoon, they embraced each other tightly. Mary took one last deep breath to etch their smells into her

memory once again. She would carry this visit with her as an antidote to the daily grind of the institution.

A Mother's Request, Minnedosa, October 3, 1923

With Mary's second admission, her family moved closer to Brandon. They wished to have a greater ability to visit Mary. Mary's father took up a job in the nearby coal mine and the family was now only a short train ride away from their daughter. It was from this new community that Clara wrote to the asylum, requesting the return of her daughter after two months of stay:

> Dear Sir,
>
> I am going to ask you to let Mary come home to do work for me for farm in family way. I will be glad if you let her out. The time you think you will her come home, she said she never do anything but cry just she is very lonesome. I am just the same. I miss her very much you have make her better all right and my man says she is all-right every-time he goes to see her.
>
> I will be glad if you answer me and promise me to let her come home that time it's a week now since you say you keep a month yet. Take my words kindly because you the only one to ask to say to let her come home if you please do this. I ask you sir kindly + when you let her out we will pay for her train to come here, my man is going to work in Mindosa for two or three weeks yet. He is getting good money for his work at the coal. So soon as you let Mary out we will go home to [redacted] we got a good home up there.
>
> Please answer my letter as soon as you get it.
>
> I am Mrs. Clara

Mary's parents' request to have her daughter return home was refused. The Indian agent wrote to the asylum after her second admission, ensuring that the institution would not release her without his explicit consent. The agent warned the medical superintendent that they would

visit and likely ask for Mary's return home. The doctors were instructed to deny her family.[5] As the superintendent wrote to Clara to share that Mary was not well enough to go home, Mary still found comfort in the visit from her parents the week prior. As Mary was subject to long working days and bland food, she no doubt thought of home and pine.

Colonizing Bodies, Brandon Asylum, October 17, 1923

Mary sat in her bed, looking around the room. She yawned. It had been two months since she had been at the Brandon Asylum, and while it was not her first time away from her family, she preferred to be at home. Like Birtle, the beds were tightly lined up and there was hardly enough room for a company of three. Brandon had failed to keep up with the growing inmate population, which meant patients were hardly afforded any personal space. Overcrowding made the facility terribly unpleasant and custodial.[6] The building looked enormous from the outside, but Mary always felt like she was squished in. Three nurses approached her.

"Good morning, Mary," the fair-haired nurse chirped.

"Morning, Miss Goulden. What brings the three of you here?" Mary asked.

[5] The admission process of Indigenous patients and their continued incarceration were governed by the presence of the state and civil institutions that governed Indigenous lives. As Robert Menzies and Ted Palys found in their research, Indigenous people largely wound up in British Columbian asylums at the behest of an Indian Agent, police constables, and medical professionals. See: Robert Menzies and Ted Palys, "Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1879–1950," in *Mental Health and Canadian Society: Historical Perspectives*, edited by James E. Moran and David Wright (Montreal and Kingston: McGill-Queen's University Press, 2006): 161.

[6] Madness Canada, "The Brandon Asylum, 1891," *The Asylum Project*, accessed 14 February 2024, https://madnesscanada.com/contributor-exhibits/the-asylum-project/1891-manitoba/.

"The doctor wants to perform an examination to ensure you are in good health." Miss Goulden replied, and the others nodded their heads.

"We'll be accompanying you." Miss Pincock added.

"Alright," Mary answered with suspicion.

"Let us be on our way, Mary. Up you come," Miss Pincock instructed.

Mary did not typically protest what the nurses told her. She had often helped them around the ward and was happy to do so. Mary scrubbed and polished flours, made beds, tidied the dining room, and repaired clothing on demand—although she rarely mended clothing as they preferred to give her the harder tasks.[7] Her compliance, while noted, was interpreted suspiciously by staff writing in her file. Mary, who spent her time at home helping her mother and other community members, was used to being an extra hand on a variety of different tasks. She held no contempt for doing them, but at the asylum, the staff while appreciative seemed to expect her compliance regardless of her consent.

Miss Goulden, Miss Pincock, and Miss Anderson led Mary to an examination room. They formed almost a circle around her—Miss Pincock walking ahead, Miss Goulden on her right side, and Miss Anderson behind. It was rather unusual for Mary to be accompanied by more than one nurse to an examination room. As they continued down the hallway, Mary's suspicions grew and she began to feel anxious. To distract herself, Mary continued to chat with Miss

[7] Kurtland Ingvald Refvik, *History of the Brandon Mental Health Centre,* 25.

Goulden. She was an uncommonly sympathetic face among the otherwise stern staff at the asylum. Most staff rebuffed Mary's friendly overtures, stating that they had little time for pleasantries.

When they arrived at the small room, Miss Pincock took charge.

"Mary, the doctor will be conducting a physical examination today. We'll need you to be completely undressed. You may undress but if you do not, we will undress you. You understand?"

"I understand," Mary responded shyly.

"Good," Miss Pincock started, "Miss Goulden, I will have you stand at the left side of the table and Miss Anderson you shall stand to the right side. I will observe from behind the doctor."

Mary removed her stained clothing. Her work washing the floors of the ward meant that few articles of her clothing remained clean for long. She handed her clothing to Miss Anderson, who stood waiting. Mary nervously looked at Miss Goulden, who nodded her head.

"Go on Mary, all of it now." Miss Pincock instructed.

Reluctantly, Mary took off her undergarments, placed them on the examination table and hid her body with her hands. She shivered feeling the cold air press against her skin.

“Please take a seat on the table.” Miss Pincock said, gesturing towards the examination table.

Mary slid her body onto the table, moving slowly and holding her legs tightly together. It was awkward but she wanted so desperately to hide her body from prying eyes.

“Not to worry, Mary. The doctor will be here in just a moment.” Miss Goulden assured her.

“Okay. What time is it, Miss Goulden?” Mary asked.

“It’s 9:06 am.” Miss Anderson interjected.

Before Mary could respond or say anything more the doctor walked in and closed the door promptly behind him. Without looking at Mary, he began, “Miss Pincock, Miss Anderson, Miss Goulden, you will watch the examination and act as impartial parties to confirm what we are doing here today. I’ve been informed this patient is not menstruating and I will be conducting a full examination to ensure her health and check for pregnancy.”

Mary didn’t understand. How could she be pregnant? She had been at the asylum for the last two months and she certainly wasn’t pregnant when she first arrived. She wanted to contest the doctor, but she knew from previous experiences that this would be meaningless and perhaps even detrimental. With Dr. Bell’s eyes on her, Mary began to feel like a specimen. The doctor would soon be poking and prodding her without consent and without warning as to what he

would do next.[8] Mary's anxiety grew as she thought about what was to come. She did not want this man touching her and she did not want to be naked. To check for pregnancy, doctors were to examine the breasts and nipples, inquire about vaginal discharge, and check blood pressure. Following a 1909 article, physicians widely accepted that at least one pelvic exam needed to occur during pregnancy.[9]

Dr. Bell's balmy hand touched Mary's breast. He was looking closely for enlargement, firmness, milk, and the shape of her nipples. Mary squirmed and pulled away. His hands immediately returned.

"Please stop," Mary asked.

Dr. Bell looked at her and stepped back, "The more cooperative you are, the quicker this can be over with." He rattled off his findings to Miss Pincock, who was recording everything for Mary's case file.

[8] Mary's feelings of being a specimen traces back to how Indigenous bodyminds were treated by white settlers, especially white medical men. Ian Mosby wrote about how Indian Residential Schools were treated like laboratories with children being the experimental subjects. This is also the case with Indian Hospitals. Both the institutions served to segregate the Indigenous population and paved way for medical experimentation. See: Ian Mosby, ''Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942–1952,'' *Social History* 91 (2013): 145-192; Maureen K. Lux, *Separate Beds*; Laurie Meijer Drees, *Healing Histories: Stories from Canada's Indian Hospitals* (Edmonton: University of Alberta Press, 2013); Gary Geddes, *Medicine Unbundled*. It was also noted by Meg Parsons that Indigenous people in Australia were subject to medical inspections by doctors in private and in public forums. This is another example of how Indigenous bodyminds were not given the same medical care and human decency, but instead seen a potential medical experiment. See: Meg Parsons, "Constructing Hygienic Subjects: The Regulation and Reformation of Aboriginal Bodies," in Bodily Subjects: Essays on Gender and Health, 1800-2000, edited by Tracy Penny Light, Barbara Brookes, and Wendy Mitchinson (Montreal: McGill-Queen's University Press, 2014): 84.
[9] Wendy Mitchinson, *Giving Birth in Canada, 1900-1950* (Toronto: University of Toronto Press, 2002): 127.

He next examined her abdomen. It would not have been so bad had Mary not felt so exposed. At least the abdominal examination was over quickly. When he stepped back, Mary begged,

"Please tell me this is over."

Dr. Bell sighed and asked Mary to lay back. The examination was clearly not over. He instructed her to spread her legs and moved to place her feet at either corner of the table. She refused. Suddenly, hands gripped both her shoulders. Miss Goulden and Miss Anderson had turned and placed their hands on her shoulders, pulling her down. Mary froze in horror and disbelief. Her shock allowed the doctor to begin a pelvic exam. For all his instructions, the doctor clearly had little training for the examination.[10] In fact, Dr. Bell was taught that only some women demanded respect and courtesy. While napkins would have been provided for those deemed to be sufficiently cultivated, he thought it would be a waste of materials to presume any kind of modesty was needed for this examination.[11]

Dr. Bell continued with the exam, rattling off his findings as he went. Mary continued to ask for him to stop, squirming in discomfort as the nurses' hands gripped her shoulders tighter. The introduction of the speculum without warning caused Mary to scream.[12]

"It's okay, Mary," said Miss Goulden, trying to comfort her. Miss Anderson just sighed. The stern nurse was clearly tired of Mary's resistance.

---

[10] On the training of doctors in obstetrics, see: Whitney Wood, "'Don't Tell Them You're Guessing': Learning Obstetrics in Canadian Medical Schools, c. 1890-1920," in *Transforming Medical Education: Historical Case Studies of Teaching, Learning, and Belonging in Medicine* edited by Susan Lamb and Delia Gavrus (Montreal: McGill-Queen's Press, 2022): 456-457.
[11] Whitney Wood, "'Don't Tell Them You're Guessing,'" 465-466.
[12] The speculum was first introduced in the first decades of the twentieth century. See: Whitney Wood, Whitney Wood, "'Don't Tell Them You're Guessing,'" 469.

The examination continued and Dr. Bell was able to quickly determine the length of her cervix and take a swab, which left Mary bleeding. Dr. Bell was taught that he could not ask a nurse or female staff to measure a patient's cervix because no one could be accurate at it unless they were a doctor.[13] Mary grew tired of her demands not being met and she began to move her legs, obstructing Dr. Bell's ability to continue. The nurses tried to calm her, persuade her, and restrain her, but Mary did not stop. She did not want to stop. This was wrong, and she knew it. Her efforts were not in vain. Her protests finally put a stop to the exam. The doctor decided to skip the bimanual examination—having other patients to attend to.[14]

As the doctor confirmed with the nurses that they would not proceed, Mary sprung up and grabbed her clothing. Like her mother, she sucked in her cheeks to hold back the tears as she dressed herself. Miss Goulden stepped a little over to the left, slightly blocking the view of Mary from the others.

After Mary was dressed and returned to the ward, the nurses took some pity on her and let her rest on the ward. They did not ask her to participate in any labour today but instructed her that she was expected to be back at work the next day. The doctor concluded there were no signs of pregnancy. Shortly after the examination, another nurse reported that Mary did in fact have her period shortly after her arrival in August, rendering the whole examination unnecessary.

The White Plague, Brandon Asylum, November 1923 to March 1924

Mary had been sick since November, shortly after a rash had appeared on her skin. She oscillated between a high fever and none whatsoever. Sometimes she had a cough so disruptive it kept her awake, and other times it was only a slight cough. There were early suspicions that

[13] Wendy Mitchinson, *Giving Birth in Canada*, 24.
[14] A bimanual examination is when a care provider places two fingers into the vagina then places their other hand on the lower belly and adds pressure.

Mary had TB despite her clean bill of health provided by the local doctor upon her second admission. Normal procedure dictated that an individual who contracted TB would be placed on permanent bed rest. For Mary, the appearance of the rash did not prompt the doctors to do this. She was to rest until she felt better, then return to work on the ward.

Without a positive TB diagnosis, the asylum doctors assured Mary's mother that her daughter was in good health when Mary became obviously ill, the doctors changed their tune. They claimed that Mary was evidently infected before her first admission. This was entirely possible; however, TB was previously reported as widespread at the Brandon Asylum.[15] Ultimately, where Mary first contacted TB cannot be said for certain. However, she lived in two facilities that had poor ventilation and overcrowding, both key contributors to the spread of TB.[16]

With the new year, Mary was no longer able to fully contribute as a working inmate of the asylum. Mary's symptoms grew worse over December and January. She was moved to permanent bed rest but was growing weaker by the day. TB brought an array of symptoms including weight loss, fever, wracking coughs, blood in sputum, swollen glands, and extreme fatigue. The disease was life-threatening at the time, with no cures.[17] Not all the symptoms were permanently present for Mary. Despite being sicker than she was in November, Mary still had some days that were better and others that were worse. On the mild days, boredom came quickly, and Mary grew tired of her mandated bed rest.

---

[15] Kurtland Ingvald Refvik, *History of the Brandon Mental Health Centre*, 27.
[16] It may be helpful to consider the term syndemic, which looks at the intertwining of disease at the biological level and the harmful social conditions that include social violence through ingrained racism, sexism, poverty, and ableism. See: Stacie Burke, *Building Resistance: Children, Tuberculosis, and the Toronto Sanatorium* (Montreal: McGill-Queen's Press, 2018): 12.
[17] Laurie Meijer Drees, *Healing Histories: from Canada's Indian Hospitals* (Edmonton: University of Alberta Press, 2013): 1-2.

On a cold February afternoon, Mary looked around the room and decided now was as good as any to finally leave her bed. She quietly slipped her feet down to the ground and into her shoes. She stood up and pulled her blanket up to her pillows.

"Mary, get back in bed!" an attendant yelled from across the room.

"I've gotta pee, Miss," Mary responded and waited.

"Alright." The attendant replied, quickly returning to her work.

Mary made her way out of the room, heading towards the lounging room instead of the washroom. The lounging room was large, dotted with mismatched seating and an eclectic mix of art on the walls. Patients milled about doing a variety of activities—some talking, others reading, some playing cards. As Mary entered the room a hand shot up straight and started to wave frantically. Along with it, a voice called out, "Mary! Mary! Over here!"

The hand belonged to Florence; a fellow patient Mary had met a few months earlier. They had become fast friends, sharing a love of drawing, but Mary's mandatory bedrest had made it hard for them to interact as of late. As Mary approached, she noticed that Florence was sitting with a blonde girl that Mary did not recognize.

"Who are you?" Mary asked the unknown girl.

"I'm Maud, pleased to meet'chya," she responded.

“Maud is new here and I think you’ll like her,” Florence assured her, “She likes to draw as well!”

Mary took a seat at the table and looked at what the two girls had been drawing. It was not every day they had access to paper, so Mary was pleased with her decision to leave her bed under false pretenses.

“You got some paper for me?” Mary asked.

“Of course,” Florence replied sliding over a torn piece.

Mary placed her fingers over the paper and pulled it closer. With her other hand, she took a pencil and thought hard about what she wanted to draw. She thought about drawing home, or maybe her friends. She was no great artist, but she could certainly accomplish a simple sketch. She decided to draw home.

“How long have you been here Mary?” Maud asked.

“Since the summer, but I haven’t been well for a while now.”

“Well, I just got here,” Maud continued, “and I cannot stand the food here. Its absolutely the worst thing.”

“I personally think cleaning the toilets is the worst thing,” Florence added as an alternative.

“Honestly, nothing is worse than staying in your bed all day,” Mary shared, “They don’t want me to do anything other than lay there and sleep. It’s so dreadful.”

The girls continued to draw and chat about life in the asylum. While Mary did not enjoy cleaning the ward, she missed having something to do. Most of all, she missed being around her friends. It took over an hour for the attendant to notice that Mary had been gone far too long. After checking the bathroom, the attendant showed up to the lounge and walked over to the table,

“Mary, the doctor has you on strict bed rest. Let us be on our way,” the attendant instructed.

“Does she have to go? We’re master artists over here,” Florence taunted.

“Miss Florence I will have none of your back talk.”

Mary shook her head at Florence and smiled. The girls said their goodbyes and Mary followed the attendant back to her bed. It wasn’t the first time she had escaped the drudgery of bed rest, and it wouldn’t be the last.

***

Mary used this pretext a few times before the attendants caught on to the fact that she was not going to the bathroom. By the time staff caught on, Mary had fallen too ill to leave bed. The doctor wrote to Clara to inform her of Mary's condition: "I regret to advise you that your daughter, Mary, is steadily losing ground. She has, as you know, consumption, and it is not likely that she will live more than a few days or possibly a week or two."

Mary could hardly eat, not that she wanted to, and she had diarrhea so bad that she was almost always dehydrated. While hospitalization was nothing less than traumatic for many Indigenous people, in these moments of pain, Mary was profoundly lonely.[18] She did not want to die, and she certainly did not want to die here. She missed her parents, her siblings, and the smell of pine. She spent nine days in this cycle of sleep, pain, and loneliness until she finally took her last breath wrapped up in her bed at the asylum.

[18] Maureen K. Lux, *Separate Beds,* 94.

Mary In-Context: Grave Injustices

Mary returned from school when she was fifteen. This occurred at the request of her mother, Clara, who asked to have Mary sent home to help around the home doing household chores and odd jobs in her community.[1] Whilst doing this, Mary experienced emotional turmoil and acted cruelly towards younger children. She had good days and bad days. Eventually, at the behest of the local Indian agent, Mary was admitted to the Brandon Asylum for the first time in 1922. She would spend a few months at the asylum before her family came to visit and she was released. This was approved not due to her recovery but due to the overcrowding in the asylum. When they returned to their home, the local Indian Agent was not happy to see Mary. She would eventually be readmitted in August of 1923 and for the next seven months, she would be subject to invasive examinations and sick with tuberculosis until her death.[2]

For girls like Mary, control enacted was not only racialized through this rhetoric of the "Indian Problem," which constructed Indigenous people as racially inferior, backwards, and a barrier to progress. This cast Indigenous people as a problem to be solved by settlers and this solution included institutions.[3] This was also furthered by eugenic rhetoric that cast Indigenous

[1] While in most instances children would not be returned home, in 1928 a boy's father argued to have his son returned home from residential school so he could focus on teaching him how to make a living since he had not progressed in school. It was likely Mary's return home was motivated by similar circumstances. See: Truth and Reconciliation Commission. *Canada's Residential Schools: The History, Part 1 Origins to 1939. The Final Report of the Truth and Reconciliation Commission of Canada, Volume 1* (Montreal: McGill-Queen's Press, 2015): 673; Brandon Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).

[2] When working with archival documents about people, it is important to remember that these documents more readily reveal information about the author and the prejudices they hold. This is especially the case for both asylum inmates and Indigenous people. See: Crystal Gail Fraser and Allyson Stevenson, "Reflecting on the Foundations of Our Discipline Inspired by the TRC: A Duty to Respond during This Age of Reconciliation," Canadian Historical Review 10, 1 (2022): 1-31.

[3] The "Indian Problem" constructed Indigenous people as racially inferior, backwards, and a barrier to progress. This cast Indigenous people as a problem to be solved by settlers and this solution included institutions. See: Andrew Woolford, *This Benevolent Experiment: Indigenous Boarding Schools, Genocide, and Redress in Canada and the United States* (Lincoln: University of Nebraska Press, 2015): 18, and 37.

people as the lowest rung of humanity.[4] The settler impulse to "fix" Mary was also rooted in the imagining of the sexuality of Indigenous girls and women. Settler men both sought to condemn the sexuality of Indigenous girls and women while also fashioning them into sexual objects for their own gratification. As such, sexuality was core to colonialism that would use marriage and other social structures to alter the lives of Indigenous people.[5] The introduction of residential schools created a place of total control over girls' sexuality. The success of residential schools would then be based on girls marrying Christian Indians and helping to serve the project of assimilation and civilization.[6] Thus, how Indigenous girls were treated under colonial rule were fundamentally shaped by their gender and sexuality. The control over and desire to contain Mary's bodymind extended from residential school to the Brandon asylum. Both institutions removed her from her culture and family and subjected her to passive negative eugenics by containing her potential capacity to reproduce.

[4] Joan Sangster, *Girl Trouble: Female Delinquency in English Canada* (Toronto: Between the Lines, 2002): 145; and Jean Barman, "Taming Aboriginal Sexuality: Gender, Power, and Race in British Columbia, 1850-1900," *BC Studies* 115-116 (1997/1998): 252.
[5] Jean Barman, "Taming Aboriginal Sexuality," 240-242, 251.
[6] Jean Barman, "Taming Aboriginal Sexuality," 261-262.

Figure 13: Birtle Residential School, families camped near the school in Birtle to visit their children, c. 1908. Credit: Rob McInnes Collection.

Like her mother, the school Mary likely attended was Birtle Residential School; however, a school name was not recorded in her file. Birtle Residential School opened at the end of 1888 by the Presbyterian Church with support from the federal government. By the time Mary entered the institution, grades one through six were being taught. She ended her three-year stint in grade three or four—both are listed in her file as her achieved grade. When Mary was attending Birtle, there would have been between sixty-six and seventy-three students including Mary.[7] The school sought to assimilate Indigenous children by removing them from their parents and culture, and to strengthen land dispossession.[8] Birtle was plagued with many of the same issues as other

[7] "Birtle Indian Residential School IAP School Narrative," 20 September 2012 National Centre for Truth and Reconciliation, accessed 07 February 2024 https://t-r-c.ca/nctr/school_narratives/birtle.pdf
[8] Tyla Betke, "'Not a Shred of Evidence:' Settler Colonial networks of Concealment and the Birtle Indian Residential School" *The Canadian Historical Review* 104, 4 (2023): 523.

residential schools across Canada. Aside from its blatant racist and colonial goals, the facilities were less than adequate and many children experienced abuse.

The dominant sentiment held by reformers saw education as a tool to shape and rehabilitate Indigenous, criminal, and disabled classes into productive members of society.[9] Mary's mother, Clara, was described in her file as a Christian woman who regularly attended church and dutifully attended to her children. In some ways, Clara appeared to have been celebrated as a residential school success. This is in direct contrast to Mary who can be seen as an Indigenous bodymind that may have been labelled as wild and insufficiently assimilated. It was possible that the local Indian Agent identified Clara as a successful case following schooling but because Mary was seen as unable to progress in education and was seen smoking with an Indigenous boy, George, she had not achieved the same status. The one area Clara may have been lacking in was through her husband, who was described as weak minded. How Mary was affected by residential school and how the Indian agent interpreted her behaviour was likely how she wound up at the Brandon asylum.

When it comes to learning about residential schools, sometimes people are compelled to wonder how horrid conditions and abuse occurred at residential schools. In Tyla Betke's article on Birtle Residential School, she shows how both cognitive dissonance and willful ignorance perpetuated these conditions and actions. In fact, she demonstrated how people chose to ignore and suppress Principal Henry B. Currie's sexual and physical abuse.[10] Betke identifies how many different practices and attitudes led to this including: limited parental visits and supervised visits while at school; Indian Agents acted as gatekeepers to justice and often reinforced oppression, neglect, and injustice; police investigations were rare and most often sought to confirm denial

[9] Andrew Woolford, *This Benevolent* Experiment, 51.
[10] Tyla Betke, "'Not a Shred of Evidence,'" 520.

above all else; the church and Department of Indian Affairs defending any allegations; the carceral nature of the schools; not cooperating with investigations; discrediting Indigenous people; threatening victims and bribing families; moving abusive workers from one residential school to another; not reporting missing children; silences in the press; forced marriages; charging victims with perjury, etc. What Betke shows was a huge web of colonial systems and strategies that kept abuses under wraps.[11]

Like asylums, residential schools were another example of a total institution—a place where a large number of residents were cut off from wider society and lived an enclosed life that was formally administered.[12] One aspect of the total institution was the curtailing of selfhood and the removal from your family and community through limited access and visiting. Individuals were also stripped of their usual appearance and not able to have belongings, which created a sense of loss in their identity and boundaries by being stripped of all things both literally and figuratively.[13] At both Birtle Residential School and the Brandon Asylum, children experienced being cut off from their own communities.[14] They served as geographical sites that could remove bodyminds that were disruptive to the goal of settler colonialism. Ableist violence, then, worked as a colonial tool that privileged specific abilities and served colonial interests by disabling different forms of life, culture, and social organization. For Indigenous bodyminds, pathology

[11] Tyla Betke, "'Not a Shred of Evidence,'" 526-536; 539.
[12] Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Chicago: Aldine Publishing, 1961): xiii.
[13] Erving Goffman, *Asylums*, 14-20.
[14] To read a comprehensive history of residential schools, see: John S. Milloy, *A National Crime: The Canadian Government and the Residential School System* (Winnipeg: University of Manitoba Press, 2017); to read an abridged book on residential schools emerging from Truth and Reconciliation Commission of Canada, see: Truth and Reconciliation Commission of Canada, *A Knock on the Door: The Essential History of Residential Schools from the Truth and Reconciliation Commission of Canada, Edited and Abridged* (Winnipeg: University of Manitoba Press, 2015). To read a fictionalized account, poetry, or memoir, see: Richard Wagamese, *Indian Horse* (Vancouver: Douglas and McIntyre, 2012); Lisa Bird-Wilson, *The Red Files* (Gibsons: Nightwood Editions, 2016); Bev Sellars, *They Called me Number One: Secrets and Survival at Indian Residential School* (Vancouver: Talon Books, 2012); and Sam George, Jill Yonit Goldberg, and Liam Belson, *The Fire Still Burns: Life In and After Residential School* (Vancouver: University of British Columbia Press, 2023)

had built into it, racial purification, and the elimination of defects through the application of eugenics.[15]

Consequently, ill health was also constructed as evidence of not being civilized and an indicator of the need for intervention. Illness then, was considered innate to Indigenous people rather than something that was structurally produced.[16] This fostered the notion that Indigenous people were by nature unclean and diseased. By using racially charged and gendered messages, residential schools were seen as a solution by teaching Indigenous children settler domestic arrangements. Despite the goals to teach settler health education, these institutions were sites that produced ill-health, including high mortality rates.[17] In 1907, Dr. Peter Bryce tried to draw attention to the poor conditions and health outcomes at residential schools. He showed that the underfunded healthcare system, poor sanitation, overcrowding, and poor ventilation were leading to outbreaks and thus made suggestions on how to improve the conditions. Dr. Bryce would eventually be ousted in 1923 and replaced by Duncan Campbell Scott.[18] Ultimately, no significant changes in terms of health outcomes emerged from Dr. Bryce's reports.

One change in the 1910 contract required residential schools to have an infirmary; however, many schools did not immediately put one in place. Moreover, schools suffered from a shortage of qualified medical staff. Infirmaries then became more about containing sick children not treating sick children.[19] As such, Residential School hospitals were not used to prevent the

[15] Emily J. Hutcheon, and Bonnie Lashewicz, "Tracing and Troubling Continuities between Ableism and Colonialism in Canada," *Disability & Society* 35, 5 (2020): 696, 703.
[16] To read more on Indigenous health history and the impacts of colonialism, see: Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900–50* (Vancouver: University of British Columbia Press, 1998); Maureen Lux, *Medicine That Walks: Disease, Medicine and Canadian Plains Native People* (Toronto: University of Toronto Press, 2001); and Mary Jane Logan McCallum, "Starvation, Experimentation, Segregation, and Trauma: Words for Reading Indigenous Health History," *The Canadian Historical review* 98, 1 (2017): 96-113.
[17] Mary-Ellen Kelm, *Colonizing Bodies,* 57, 62-67.
[18] Truth and Reconciliation Commission. *Canada's Residential Schools: The History, Part 1*, 401-407, 412.
[19] Truth and Reconciliation Commission. *Canada's Residential Schools: The History, Part 1*, 416-417.

spread of diseases. Instead, they prevented loss of revenue from sick kids being transferred elsewhere—such as an Indian Hospital or sanatorium.[20] In fact, students could not be transferred to a sanatorium without the consent and instructions of their local Indian Agent.

For the Birtle Residential School, the tent hospital that was once on Waywayseecapoo Reserve moved in 1909 to the school and eventually became more permanent with the building of lumbar cottages. This would serve as the school infirmary, which was required by the new government contract to operate the school. Despite this move, the facility was poorly funded, lacked needed upgrades, and ultimately compounded ill-health.[21] Moreover, the local town doctor was given an annual salary to provide services to the residential school; however, in 1920 the Birtle Hospital denied treatment to students with tuberculosis.[22]

While residential school experiences and asylum experiences were not equivalent, for Mary, the asylum served as a place to extend the settler colonial project. Residential schools were bound up in the justification of land theft and the desire to assimilate or eliminate Indigenous people whereas the asylum sought to contain or cure bodyminds who behaved erratically and outside the normalized ways of existing in settler society.[23] That being said, both institutions were sites of constructive citizenry that fashioned Canada as a nation of white Anglo-

[20] It is also important to note that Indian Hospital served to apprehend sick Indigenous people, and their incarceration served as a means of control to keep them out of the way of the colonial project. However, not all sick Indigenous people would experience the Indian hospital because prior to 1945 Indian Hospitals selected whoever they considered the best candidates for cure due to limited beds and budgets. This may be the reason why Mary winds up at the asylum rather than at an Indian Hospital. See: Gary Geddes, *Medicine Unbundled: A Journey Through the Minefields of Indigenous Health Care* (Victoria: Heritage House, 2017), 10; and Maureen K. Lux, *Separate Beds: A History of Indian Hospitals in Canada, 1920s– 1980s* (Toronto: University of Toronto Press, 2016): 95.
[21] Magdalena Milosz, *"Don't Let Fear Take Over:" The Space and Memory of Indian Residential Schools* (University of Waterloo: MA Thesis, 2015): 92.
[22] Tyla Betke, "'Not a Shred of Evidence,'" 540.
[23] See: Ward Churchill, *Kill the Indian, Save the Man: The Genocidal Impact of American Indian Residential Schools* (San Francisco: City Lights, 2004).

Protestant people who were both rational and productive.[24] In the end, the facilities served a similar purpose for Mary due to her identity as an Indigenous girl.

The post fur trade experience of Indigenous peoples was marked by an array of imposed settler efforts to assimilate and criminalize bodyminds that were constructed as abnormal.[25] Efforts to categorize and label people created colonial identities that were shaped by gender, class, and race in order to materialize exclusion and power.[26] The settler colonial state required interlocking structures, which would transform colonized land into settlers' homes. In the context of this, institutionalization becomes unexceptional with the casualties of colonialism being placed in carceral facilities.[27]

For asylum history, the combination of colonial policy and lunacy policy served to produce, uphold, and maintain colonial order.[28] As such, assertions made by white, male medical practitioners did not reflect Indigenous concepts of identity and mental health. The admission and certification process of Indigenous inmates were often shaped by preconceived ideas of Indigenous bodyminds as disabled and disruptive to social order leading to their behaviours being pathologized.[29] Thus case files produce settler stories about Indigenous bodyminds in relation to colonialism through the use of medical language and reflected beliefs beyond the

---

[24] Madeline C. Burghardt, *Broken: Institutions, families, and the Construction of Intellectual Disability* (Montreal: McGill-Queen's Press, 2018): 18.
[25] Robert Menzies and Ted Palys, "Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1879–1950," in *Mental Health and Canadian Society: Historical Perspectives*, edited by James E. Moran and David Wright (Montreal and Kingston: McGill-Queen's University Press, 2006): 158.
[26] Catherine Coleborne, "Locating Ethnicity in the Hospitals for the Insane Revisiting Case Books as Sites of Knowledge Production about Colonial Identities in Victoria, Australia, 1873– 1910" in *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, edited by Angela McCarthy and Catherine Coleborne (London: Routledge, 2011): 74-75. 73-90
[27] Susan Burch, *Committed: Remembering Native Kinship in and Beyond Institutions* (Chapel Hill: The University of North Carolina Press, 2021): 4 and 16.
[28] Catherine Coleborne, "Making 'Mad' Populations in Settler Colonies: The Work of Law and Medicine in the Creation of the Colonial System," in *Law, History, Colonialism: The Reach of Empire*, edited by Diane Kirkby and Catherine Coleborne (Manchester: Manchester University Press, 2001): 106-108.
[29] Robert Menzies and Ted Palys, "Turbulent Spirits," 158 and 161.

asylum.[30] Dr. Henry Hummer's 1913 text "Insanity Among the Indians" addressed these connections directly when he wrote on the difference between white and Indigenous patients: "our Indians present practically the same mental symptoms as appear in corresponding forms of mental disease among whites… they are probably more destructive and decidedly filthier than the white insane."[31] This short passage demonstrated how preconceived ideas influenced how medical doctors interpreted and understood their Indigenous patients. The claim that Indigenous people were (probably) more destructive and dirtier than white patients was not founded in reality. Constructions of Indigenous bodyminds like that of Dr. Hummer's is an example of how those labelled as insane took on identities shaped by stereotypes. The belief that some individuals were the 'social dregs' of society remained unexamined but perpetuated both inside and outside of the asylum.[32]

Mary's body was returned to her family for burial after her death; however, this was not always the case with asylum patients or for Indigenous children at residential schools. There has been a growing number of unmarked burials that have been identified between 2021 and 2023. *The Interim Report of The Office of the Independent Special Interlocutor for Missing Children and Unmarked Graves and Burial Sites in Association with Indian Residential Schools* noted a total of 4352 potential unmarked burials in 2023.[33] In addition to this, there have been several efforts to identify unmarked burials and identify those who died in residential schools. For Brandon, Katherine Nicholas in their master's thesis used archival records, Ground-Penetrating Radar, Electromagnetic Ground Conductivity, control burns, and aerial photography to identify

[30] James H. Mills, *Madness, Cannabis, and Colonialism: Ther 'Native-Only' Lunatic Asylums of British India, 1857-1900* (New York: Palgrave Macmillan, 2000): 5, and 178-179.
[31] H. R. Hummer, "Insanity Among the Indians," *The American Journal of Insanity* 69 (1912-1913): 621.
[32] Catherine Coleborne, "Locating Ethnicity in the Hospitals for the Insane Revisiting Case Books as Sites of Knowledge Production about Colonial Identities in Victoria, Australia, 1873– 1910," 80.
[33] Independent Special Interlocutor, *Sacred Responsibility: Searching for the Missing Children and Unmarked Burials, Interim Report* (June 2023): 10-11.

cemeteries and the names of seven students who were buried there. Her research also revealed that at the North Hill Burial Ground, there were four individuals from Brandon Asylum suggesting that it was not only Indigenous children who were buried there but also Indigenous people from other institutions.[34] When the Office of the Independent Special Interlocutor concludes their study in June of 2024, we will have more insight on unmarked graves and how to proceed with identifying missing children from residential schools. As efforts expand to identify missing Indigenous people, we will also have to turn to asylums.[35]

Unmarked graves are also part of asylum history. Inmates who had no known relatives or had families who could not afford the costs of burial, were interred in unmarked graves.[36] In 2005, *The British Columbia Association for Community Living* came across unmarked graves next to the New Westminster Insane Asylum, later known as the Woodlands Institute.[37] In Saskatchewan, the city of Weyburn refused to have psychiatric inmates buried in the municipal graveyard. As such, the asylum had their own unmarked grave on hospital grounds.[38] There have also been efforts to identify unmarked grave sites at the Lakeshore Hospital and Huronia Regional Centre in Ontario.[39]

---

[34] Katherine Lyndsay Nicholas, *Unmarked Graves and Burial Grounds at Brandon Indian Residential School* (The University of Manitoba: M.A. Thesis, 2015).
[35] For example, see: Tanya Talaga, "Finding Annie: How I reclaimed my kin, in a forgotten cemetery in Toronto," *The Globe and Mail,* June 2023, https://thewalrus.ca/canadas-national-parks-are-colonial-crime-scenes/.
[36] Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2007): 242
[37] Nathan Fils and David Wright, "'A Grave Injustice:' The Mental Hospital and Shifting Sites of Memory," in *Exhibiting Madness in Museums*, edited by Catherine Coleborne and Dolly MacKinnon (New York: Routledge, 2011): 101.
[38] Erika Dyck and Alexander Deighton, *Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada* (Winnipeg: University of Manitoba Press, 2017): 6.
[39] Ed Janiszewki, "Eight Years On – The Lakeshore Psychiatric Hospital Cemetery," *Friends of the CAMH Archives Newsletter* 20, 2 (2012): 1-2; and "The Cemetery," *Remember Every Name* accessed 29 February 2024, https://www.remembereveryname.ca/the-cemetery.

Deaths in asylums were not uncommon. Like residential schools, asylums were places of ill-health due to lack of ventilation, poor nutrition, and inadequate healthcare. For residential schools,

> Thousands of Aboriginal children died in residential schools. They were killed by relentless waves of epidemics—tuberculosis and a host of other infectious diseases—that swept repeatedly through the institutions. Those children did not have to die. The spread of disease was fed and facilitated by crowded living conditions at the schools, along with a lethal combination of substandard sanitation, poor nutrition, and an appallingly low quality of medical care.[40]

Despite this revelation, this does not account for girls like Mary who were subject to carceral practices that were also plagued by similar conditions that fostered the spread of illness, had poor nutrition, and limited medical care. In fact, the 1918 report by the inspector of the asylum painted a grim picture of the Brandon Asylum. They reported the lack of medical care, the overuse of restraints, and the institution's emphasis on order above care. The report went on to say that patients would look for death to find freedom in such a hopeless institution.[41]

In Manitoba, aside from Mary, at least two other Indigenous children died while institutionalized. However, these two children admitted in 1900 and 1909 were only recorded in the asylum register book—neither of them had a case file.[42] The first admission in 1900 was Pierre who spent eight months in the asylum before passing away of TB. The only details about him were statistical. This included his name, age, residence, diagnosis, admission, death date, cause of death, and race.[43] The second admission in 1909, Albert, did not have his cause of death; however, he spent much more time institutionalized—just under four years. Like Pierre

[40] Truth and Reconciliation Commission. Canada's Residential Schools: The Legacy. *The Final Report of the Truth and Reconciliation Commission of Canada, Volume 5* (Montreal: McGill-Queen's Press, 2015): 139.
[41] Barry Edginton, "Moral Treatment to Monolith," 180.
[42] There were eight total identified Indigenous inmates at the Brandon and Selkirk Asylum. Three died in the institutions, one likely died in the institution as she remained there for thirty years, and four whose confinement was recorded to have ended.
[43] Selkirk Asylum Patient Case Files, Selkirk Mental Health Facility (Selkirk, Manitoba).

information about him was minimal.[44] Finally, there was a third Indigenous child who likely died at the Brandon Asylum as an adult. Amelia resided there from 1920 to 1970. Like Pierre and Albert, she was only recorded in the register and because she was a lifelong patient, she likely died there.[45] Unfortunately not a lot can be said about their experiences in life or death.

On the other hand, in British Columbia all eight Indigenous children died at the institution and half died of TB. Only one file was missing. Like Mary, Francis died of TB after being institutionalized at Essondale for just under a year and a half. All communication was done with the Indian Agent, and when Francis fell sick, he asked the Indian Agent to report to his family rather than writing to them. While at Essondale, Francis often expressed his desire to go home and was cooperative with the asylum employees. His father also attempted several times to have his son returned home. Unlike Mary, however, he had an institutional funeral and was not sent back to his family.[46] In both their experiences, we see how families both complied and resisted institutionalization of their loved ones.

The process of colonization involved a variety of strategies that included violence in both direct and indirect means through the reduction of population, removal from the land and the appropriation of resources, the creation of reserves on undesirable land, state sanctioned assault and murder, and the exploitation of labour. Colonial structures were embedded into the state as Canada developed. Canada as a settler state was continually made and re-made through violence as it fashioned itself as a white, benevolent state that saw both Indigeneity and disability as a

[44] *Brandon Asylum Patient Case Files*.
[45] It seems odd to me that a patient who remained in the institution for fifty years would have a missing file. They would have been subject to more modernized and detailed record keeping that occurred after this study period. It does beg the question if her file was purposefully lost or destroyed—whether for notorious reasons or as an added layer of privacy. See: *Brandon Asylum Patient Case Files*.
[46] Mental Health Services patient case files, GR-2880, British Columbia Archives (Victoria, British Columbia).

problem.[47] Regardless of where Indigenous children were incarcerated, the process of segregating Indigenous people to Residential Schools, Indian Hospitals, and asylums upheld Canada's liberal democratic values, which utilized medical humanitarianism to enforce the oppression and genocide of Indigenous peoples. Institutionalized medicine served as a means to legitimize colonial rule by regulating, normalizing, and disciplining Indigenous bodyminds.[48] For Mary, her institutionalization at the Brandon Asylum served as an extension of her time at Residential School. The asylum served as a place to remove her from settler society in conditions that were literally dire. While there, Mary attempted to cooperate to better her chances of returning to her family. Mary's family also made continuous efforts to have her returned home. Thus, while Mary's experience demonstrated the state control and direct impact of settler colonialism, we saw how Mary and her family resisted incarceration and complied as an active strategy to return home.

Settler ableism, coined by Jessica Cowing, describes the interconnection of colonialism and disability as the privileging and organizing of people and society based on productivity, capacity, and progress.[49] Susan Burch further explained,

> beliefs in superiority and practices of domination—inherent aspects of settler colonialism—regularly invoke ableist logics. Through the lenses of normality, fitness, and competency, settlers have judged Indigenous people and nations. Historically, settlers have interpreted Native people's unwillingness or inability to conform to colonial ideals, such as individuality, heterosexuality, and materialism, as indications of inherent deficiencies or defects[50]

---

[47] Emily J. Hutcheon, and Bonnie Lashewicz, "Tracing and Troubling Continuities between Ableism and Colonialism in Canada," 698 and 707.
[48] Maureen Lux, *Separate Beds,* 9; and Meg Parsons, "Constructing Hygienic Subjects: The Regulation and Reformation of Aboriginal Bodies," in *Bodily Subjects: Essays on Gender and Health, 1800-2000*, edited by Tracy Penny Light, Barbara Brookes, and Wendy Mitchinson (Montreal: McGill-Queen's University Press, 2014): 76.

[49] Jessica Cowing, *Settler States of Ability: Assimilation, Incarceration, and Native Women's Crip Interventions* (William & Mary: Ph.D. Dissertation, 2020).
[50] Susan Burch, *Committed,* 10.

Mary's experience of being institutionalized at Brandon Asylum demonstrates the intertwining of anti-Indigenous racism and sanism. Mary was subject to a system that tracked and restricted her movements as a means to discipline her bodymind through institutions and bureaucratic processes that caused lots of suffering for Indigenous families.[51] As her family tried to have Mary returned home, she remained in the asylum until her death. Her experience was profoundly abusive and isolating following an abusive and isolating experience at Birtle Residential School.[52]

[51] Lily Cho, *Mass Capture: Chinese Head Tax and the Making of Non-Citizens* (Montreal: McGill-Queen's Press, 2021): 20.

[52] In addition to experiencing displacement, illness, and death while at the asylum, many Indigenous patients would find that they were the only Indigenous person on their ward, and perhaps in the entire institution. This would have been profoundly isolating, particularly for those who were unilingual. See: Robert Menzies and Ted Palys, "Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1879–1950," in *Mental Health and Canadian Society: Historical Perspectives*, edited by James E. Moran and David Wright (Montreal and Kingston: McGill-Queen's University Press, 2006): 162.

Betty, Selkirk Asylum, 1924

Betty longed to be on the stage, either as an actress or a singer. However, she lived in Winnipeg and her mother was not keen on Betty becoming a performer. They fought about it several times. Her mother saw acting and singing as a lowly profession, but to Betty this could not be further from the truth. Mrs. Wilson, Betty's mother, desired nothing more than to protect Betty's innocence and reputation, hoping that it would improve her chances for a good marriage. The cinema was seen as a place of moral danger for young girls, and Betty's desire for fame was well outside what was envisioned for a healthy and normal girl.[1] Betty's exchanges with her mother varied from her perceived lack of motivation to help with household chores to arguments over her desire to move to California. Her mother wanted Betty to have a stable life, a predictable life. These fights only intensified after the death of her father.

One day, after a particularly hot-blooded exchange, Betty left. She put on all her clothes and jewelry and walked down the highway towards Emerson situated along the Canada-US Border. Betty hoped she could find a ride to California. While her mother was occupying herself tidying up the house, Betty was able to hitchhike the rest of the way to the border with some bootleggers—finding herself alone in a car full of men. She arrived in Emerson later that day and walked across the border to St Vincent, Minnesota. After scraping some money together by doing odd jobs in Emerson, Betty travelled to Minneapolis. Unfortunately for Betty, her journey to stardom was cut short when the theatre manager sexually harassed her. Dejected, she returned home.

Betty's short stint away from home did nothing to prevent the fights with her mother. Tired of the same pattern, Mrs. Wilson sent Betty to her sister's, hoping a change of scenery and

[1] Carol Dyhouse, *Girl Trouble: Panic and Progress in the History of Young Women* (London: Zed Books, 2013): 43 and 92.

another voice of reason might set Betty on the right path. Betty's aunt, Mathilda, gave up quickly. None of Mathilda's children were as willful as Betty, who preferred to spend her time singing and visiting the theatre over helping around the house. Betty was sent to another relative, Aunt Jean, who tired of her just as quickly.

Jean thought that with enough time and effort, she could exert more control over Betty.[2] She told Betty to help around the house and forbade her from going out and singing, threatening to send Betty to a convent if she did not comply. Jean's will proved to be no match for Betty's spirit. She eventually grew tired of her youthful antics. Betty found herself at the mercy of the Sisters of the Holy Names of Jesus and Mary at the St. Joseph's convent in Winnipeg. The convent opened in 1898 and by 1911, seventeen nuns oversaw 120 girls in residence.[3]

Convents were deeply connected to the nation and played a key role in the establishment of colonialism across Canada.[4] Thus, convents played a role in developing nationalism and a British colonial sentiment—one that Betty needed to learn.[5] The nuns would teach girls and fallen women to obey and learn humility to fulfil their place in the empire. By learning humility and gendered roles, girls could become the future of Canada that continued to uphold white

[2] The specific locations of the aunts are not provided. The clinical file simply says Betty went to an aunt out east and an aunt out west. It is possible this was a relatively small distance, particularly for the aunt who sent Betty to the Winnipeg convent.
[3] Peterson Projects, *321 De La Cathedrale Avenue: St Joseph's Academy* (2009).
[4] Ann M. Little, "Cloistered Bodies: Convents in the Anglo-American Imagination in the British Conquest of Canada." Eighteenth-Century Studies 39, no. 2 (2006): 187–200; and Terrence Crowley, "Women, Religion and Freedom in New France," in *Women and Freedom in Early America* edited by Larry Eldridge (New York: New York University Press 1997): 110-111.
[5] Though convents were run by the Catholic Church which, while protected by the British Crown since the 1763 Treaty of Paris, following the conquest of New France, there were long simmering tensions with Anglo-Canadian rule among French Canadians with Metis and Indigenous allies, including the 1869 and 1885 rebellions in Manitoba and Saskatchewan. See Sheila Andrew, "Gender and nationalism: Acadians, Quebecois, and Irish in New Brunswick Nineteenth-Century Colleges and Convent Schools, 1854-1888," *Historical Studies: Canadian Catholic Historical Association* 68 (2002): 7-23; Bill Waiser, *Loyal to Death: Indians and the North-West Rebellion* (Calgary: Fifth House Publishers, 1997); and A.I. Silver, *The French-Canadian Idea of Confederation, 1864-1900* (Toronto: University of Toronto Press, 1997).

British ideals. However, this process was not always straightforward.[6] While Victorians shaped the place of convents in deviance, and they contributed to the network of institutions to control and contain non-conforming individuals, people resisted.[7] Betty was one such girl. While she might have been subject to harsh disciplining such as solitary confinement or a diet consisting of only bread and water, she made it known that she did not want to be there.[8] Eloping several times, and disobeying the nuns, Betty was eventually sent back to her mother once again.

After her return home, Betty quickly fell into her old routine. She continued reading, singing, and trying to keep out of her mother's way. In their home, Mrs. Wilson welcomed boarders. At dinner, those who paid extra for meals gathered around with the family. The food, while nourishing, was always simple, including a variety of soups, stews, and bread. It was mostly limited to local produce including flour, garden vegetables, and home-cured meats. Mrs. Wilson also put turnips in every dish, as it was widely available.[9] Depending on her mood, Betty occasionally remarked how tired of turnips she was. The turnip filled dinners soon came ensnared in what she considered a monotonous life.

When the Rubin & Cherry circus came to town, Betty thought this was her chance to escape the daily monotony. Her mother never understood her desire for stardom, and the circus provided a, hopefully, easy avenue for Betty to secure her freedom. For many children, joining the circus could be an act of defiance. For Betty, she craved her independence and rejected the obedience required of her sex. She was ready to live her own life.[10] She knew the season

---

[6] Deirdre Raftery, "Rebels with a Cause: Obedience, Resistance and Convent Life, 1800–1940," *History of Education: Journal of the History of Education Society* 42, 6 (2013): 729-744.
[7] Susan Mumm, "'Not Worse than Other Girls:' The Convent-Based Rehabilitation of Fallen Women in Victorian Britian," *Journal of Social History* 29, 3 (1996): 527.
[8] Susan Mumm, "'Not Worse than Other Girls,'" 536.
[9] Dorothy Duncan, *Canadians at Table: A Culinary History of Canada* (Toronto: Dundurn, 2011): 98-101.
[10] Jane Nicholas, *Canadian Carnival Freaks and the Extraordinary Body, 1900-1970s* (Toronto: University of Toronto Press, 2018): 99-101.

included an array of shows, and she could easily find her place wherever they offered—although Betty would prefer to sing her favourite jazz songs.[11] The advert that ran in the newspaper detailed many attractions, including: an animal circus, a minstrel show, an aquatic circus, Ritter's Midget Theatre, the Motordrome, a fun house, a snake show, an Egyptian vaudeville show, magic shows, and the sideshow with the famous monkey girl.[12]

Figure 14: Rubin & Cherry Shows: Carnival Lot, Edmonton Exhibition – July 13-18, 1925. The John and Mable Ringling Museum of Art: Circus Collection.

Betty followed the smell of food that emanated from the carnival. The sweet smell of cotton candy often caught the noses of children.[13] She was awestruck by the sights and sounds. It was swarming with all kinds of people, but Betty managed to pick out a man who looked like an employee. He kindly directed Betty to the man in charge, and she made her way to the largest tent. She was greeted by a man in a chair, who looked more like a businessman than a circus performer,

"What can I do for ya little miss?" The man said.

[11] The music Betty sang was not listed in her clinical file; however, the 1920s marked the age of jazz, which was particularly popular among younger folks. It is possible that Betty herself was a fan of jazz given her age. For a discussion on music and jazz in Winnipeg, see: Jim Blanchard, *A Diminished Roar: Winnipeg in the 1920s* (Winnipeg: University of Manitoba Press, 2019). Notably, Blanchard pointed out that advertisements for live music alluded to bands playing the latest jazz songs, but no further details were provided.
[12] "Rubin and Cherry Shows, Inc, 1924," *Midway Cookhouse*, accessed October 11, 2023, https://www.docsmidwaycookhouse.com/rubin-cherry-1924/
[13] Chris Rasmussen, Carnival in the Countryside: The History of the Iowa State Fair (Iowa City: University of Iowa Press 2015): 119.

“Sir, you have to let me join your circus,” she began eagerly, “I can sing good, and work hard. I’m going to be an actress someday.”

George, the circus manager, looked the girl over. Young, energetic, and keen. He was used to teens joining the circus, but he had been managing the circus for fifteen years and knew it took more than keenness to make it. Some kids were willing to do almost any job to get away from home. Betty was too normal for the sideshow, but if she liked singing and wanted to be an actress, maybe she could try the vaudeville or minstrel show.

After a brief pause, George responded, “Why don’t you go see Harold? He’s running the Egyptian show and could always use some stagehands.”

“You won’t regret this, I promise!” she said excitedly.

After getting the directions from George, Betty went to find Harold. On her way, she walked by a swarm of Carl Lauther’s performers who had become immensely popular after the European Wonders Show—a display of people and animals dubbed freaks for their physical differences. In particular, Percilla, the Monkey Girl, caught the attention of many onlookers. She had been born in Puerto Rico with hair covering her whole body and face. Percilla was only three years old when her father first put her on exhibit. After his death, she was adopted by Lauther and his wife. Seeing the performers for the first time, Betty was reminded of a conversation a

few nights prior. One of her mum's boarders had heard that Carl's show would be featuring an evolutionary debate, with Percilla in favour, and Snooky, an orangutan, against it.[14]

Racist notions on disabled and black bodyminds circulated throughout the table that reflected a growing expansion of Eugenics and Social Darwinism. Freakshows reinforced the classifications and sub-dividing of humans that encouraged onlookers to engage in debates on race, disability, and gender through the display of bodies.[15] Fictionalized performances, like Percilla's debate with Snooky, acted out dominant and medicalized understanding of race. It reinforced messages of white supremacy and contributed to an array of efforts to regulate bodies classified as different.[16] The ideology of whiteness spread across Canada to mobilize an order of white dominance that in part was articulated through measurements of racial superiority.[17] The results of which tied together racism and imperialism as colonial regimes were racially organized, which conflated nationalism and racism.[18] While the men could not wait to see the show, Betty was more interested in her potential place in the circus.

Betty met Harold at a large tent decorated with an Egyptian motif. There were large eyes painted on the roof, like the ones you might see in a movie set in Egypt. Next to the entrance were large statues that looked like they were straight out of some Egyptian temple. Filled with wonder, Betty walked into the tent in search of Harold.

Harold, as it turns out, was a large and boisterous man, who could seem stern at first but paid close attention to his performers. Betty caught him watching some of the girls practicing

---

[14] Admin, "Percilla – The Monkey Girl," *The Independent Showmen's Museum,* accessed https://showmensmuseum.org/carnival-sideshows/percilla-the-monkey-girl/
[15] Jane Nicholas, *Canadian Carnival Freaks and the Extraordinary Body,* 23 and 40
[16] Jane Nicholas, *Canadian Carnival Freaks and the Extraordinary Body,* 140.
[17] Enakshi Dua, Narda Razack, and Jody Nyasha Warner, "Race, Racism, and Empire: Reflections on Canada," *Social Justice* 32, 4 (2005): 3-4.
[18] Thomas McCarthy, *Race, Empire, and the Idea of Human Development* (Cambridge: Cambridge University Press 2009): 1 and 8.

their routine, cutting in occasionally to call out one of the girls when they stepped out of time or sang out of key. He tasked Betty with practicing the routine with the ensemble; this way, he could see if she would be of any use to his entourage. As the girls performed their dance, Betty did her best to copy the directions of the other girls. She mostly danced, trying to catch onto the lyrics of the songs. Harold called for a pause, “That’s enough girls. Take a half.”

On their break, a scrawny man with a mop of red hair cornered Betty. Frank was one of the general labourers that followed around the circus, helping to set up and take down the various tents, props and stages. Frank always sought out the new girls, seeing them as a new opportunity, and he loved opportunities. Feeling quite suave, he stood close to Betty and remarked, “Why aren’t you a new pretty thing.”

“Well, yes, I am. I’m going to be an actress,” Betty replied brushing him off. She looked over to the group of girls who were now watching her.

Frank kept talking to Betty, telling her she was pretty, and that he would love to see more of her. After what he thought was enough talk, he tried to run his hand down Betty’s back to her bum. Without hesitation, Betty slapped his hand away and pulled back her right fist, and with all her might, she punched him square on his left cheek. As her fist made contact with his face, she felt a twinge of pain in her hand. Frank yelled,

“This bitch just hit me.”

Unfortunately for Betty, her dream of joining the circus was short lived. A police officer happened to be on site, and she was quickly escorted back home. An official report was filed, particularly because Betty kept insisting on the fact that he deserved it and got what was owed to him for being so fresh. Mrs. Wilson was not surprised to have her daughter returned by the police, nor was she surprised she punched a man. It was not the first time, and at least she had common decency to not be a floozy.[19]

A few days later, Mrs. Wilson found herself in a predicament she never expected. Betty trying to join the circus was one thing, but she had clear rules about how her girls could and could not interact with the boarders. Betty had become impossible to control, and her sisters offered no help to Mrs. Wilson. She crossed a line of no return with one of the boarders. Mrs. Wilson feared the possibility of Betty being pregnant—so much for her not being a floozy. Mrs. Wilson needed professional help. After all, different maternal influences were not proving to be helpful. Betty failed to meet societal expectations for her chastity, which resulted in Mrs. Wilson turning to the institution for help to control and regulate Betty's behaviour.

Disordered Personality & Girlhood, Selkirk Asylum

Betty spotted her final destination on the horizon—a red brick building with evenly spaced windows and an arched doorway. The new reception building opened only a year prior in 1923. Betty recalled hearing about the expansion from her family members who lived in town.[20] As she got closer, the smell of rotting eggs emanating from the Selkirk Mills began to fade and was replaced by the typical smells of the countryside.[21] Escorted by an officer of the Salvation

[19] A floozy means someone of loose morals, usually a woman or girl, who may have sexual partners outside of wedlock.
[20] "Selkirk Timeline: A New Industrial Era, 1911-1928," *Selkirk Museum*, accessed https://selkirkmuseum.ca/timeline/new-industrial-era/.
[21] Barry Potyondi, *Selkirk: The First Hundred* Years (Winnipeg: losten's/National School Services, 1981): 105-126.

Army, Betty was greeted by a stout-looking nurse from the Asylum. Before stepping through the doors of the asylum, Betty cast a glance to her left, and then to her right. The asylum and its outbuildings were surrounded by nothing but fields as far as she could see. Having arrived by train to Selkirk before, when visiting family, Betty did not struggle to remember the path to the tracks. They were not particularly far; all you had to do was talk towards the river, then towards the town centre via Manitoba Street. Her family lived near the hub of the town in Selkirk proper. Around two kilometres away from town, the asylum was its own enclave. Separation manifested physically with an eight-foot fence around the property. This helped to ensure that patients stayed on the grounds.

Figure 15: Reception Unit, 1923 Later Named the Dr. David Young Building in 2009, Archives of Manitoba. Accessed via the Selkirk Museum.

Two doctors met with Betty. They immediately judged her to be an obese girl who looked older than she was. At sixteen, she failed to meet their expectations of an adolescent girl. Betty was expected to be slim, but Mrs. Wilson said Betty was always eating and never satisfied. The doctors assured her that with a change in her diet, Betty could lose weight.[22] Her relatives reported her to be irritable and sometimes violent. She also showed little respect for anyone and seized any opportunity to sing jazz songs loudly and dramatically including Bessie Smith's first single *Down Hearted Blues*.

As the doctors questioned Betty about her past and her current habits, they found her egotistical. They concluded any information from her would be unreliable as she was only interested in discussing her good traits,

"I've always been looked upon as old fashioned, you know."

"I'm very sociable, and I love to sing and dance."

"I haven't engaged in any bad behaviours, and I do not stay out late."[23]

How Betty was interpreted as deviant was shaped by her mother's report on her behaviours. Family often played an active role in institutional care, and Mrs. Wilson was more

[22] Wendy Mitchinson, Fighting Fat: Canada, 1920-1980 (Toronto: University of Toronto Press, 2018): 3 and 200.
[23] These statements are recorded by one of the doctors at the Selkirk Asylum as things Betty said to him during their conversation. While they are not directly quoted in his admission form for Betty, these are extracted from his summary of what Betty was willing to discuss or state to him.

than willing to share her struggles.[24] Families used asylums in a myriad of ways to protect kin, avoid stigma, and attempt to live up to middle-class expectations. This was especially the case if families had limited resources.[25] When children exhibited behaviours that pushed them to the margins of their households, families could be forced to take action.[26]

According to Mrs. Wilson, Betty was fearless in any undertaking, fond of her friends, and expressed a preference for a more tomboy existence. She had no sense of shame and no interest in housework. Betty always professed that she wanted to be an actress and went as far as to offer to sing for free at the nearest theatre. Mrs. Wilson was forthcoming about the challenges and concerns she had about Betty's emotional balance and moral wellbeing.[27] Mrs. Wilson reported Betty to be mischievous, disobedient, and hard to manage. She found it hard to cope with her behaviour and did not know what to do.[28]

Unlike their home, open to boarders and strange men, the asylum would provide Betty with a controlled environment where uncertainty was kept at bay.[29] The asylum was designed in a harmonious way that extended from the architecture of the institution to the daily routines to impose order. The idyllic location featuring beautiful scenery would be the starting point to ensure a healthy recovery. From there, the institutional setting was meant to reflect the Victorian family by ensuring and encouraging indoctrination and control that fit into settler norms.

---

[24] Geertje Boschma, "A Family Point of View: Negotiating Asylum Care in Alberta, 1905-1930," *Canadian Bulletin of Medical History* 25, 2 (2008): 368.
[25] Geertje Boschma, "A Family Point of View," 378-381.
[26] James Moran, David Wright, and Mat Savelli, "The Lunatic Fringe: Families, Madness, and Confinement in Victorian Ontario," in *Mapping the Margins: The Family and Social Discipline in Canada, 1700-1975*, edited by Nancy Christie and Michael Gauvreau (Montreal: McGill-Queen's University Press, 2004): 279.
[27] On the role of emotions and family, see: Catharine Coleborne, "Families, Patients and Emotions: Asylums for the Insane in Colonial Australia and New Zealand, c. 1880 –1910," *Social History of Medicine* 19, 3 (2006): 425–442; and her corresponding book, Catherine Coleborne, Madness in the Family Insanity and Institutions in the Australasian Colonial World, 1860–1914 (New York: Palgrave MacMillan, 2010).
[28] Wendy Mitchinson, "Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case," *Canadian Bulletin of Medical History* 1, 4 (1987): 104.
[29] Mary-Ellen Kelm, "Women, Families and the Provincial Hospital for the Insane, British Columbia, 1905-1915," *Journal of Family History* 19, 2 (1994): 181.

Although, this rarely manifested as intended due to overcrowding.[30] At the Selkirk asylum, Betty would be subject to sex-based segregation, and the authority of adults who exerted control over her daily routine.

For her noncompliant attitude and boisterous personality, the diagnosing doctors agreed that Betty was a case of psychopathic personality. The beginnings of personality disorders, unironically, were in hysteria.[31] Eventually, this idea of psychopathic personalities emerged in 1904, when Emil Kraepelin's seventh edition of *Psychiatry* was published. Leading up to Betty's diagnosis, personality disorders became more sophisticated noting the different types of psychopathic personalities. A year before her admission, Kurt Schneider published a book called *Psychopathic Personalities*. He defined psychopathic personalities as people who suffer due to their personality abnormalities.[32] Betty's behaviour was textbook, but most of all Betty's behaviour was a threat to the stability of the empire held through traditional gender roles.[33] Personality disorders were wielded to promote hegemonic femininity—pathologizing those who failed to perform their gendered roles.[34]

In Betty's case, she was pathologized for her desire for freedom and agency over her life, by not looking forward to a domestic existence. Categorizing girls as either good or bad led to a harsh response towards working-class youth.[35] The project of instilling discipline into girls like

[30] Barry Edginton, "Moral Treatment to Monolith: The Institutional Treatment of the Insane in Manitoba, 1871-1919," *Canadian Bulletin of Medical History* 5 (1998): 167-170; and Blaine Wickham, *Saskatchewan Hospital North Battleford Report*, (Regina: Ministry of Parks, Culture, and Sport, 2012): 4.
[31] Edward Shorter, *A Historical Dictionary of Psychiatry* (Oxford: Oxford University Press, 2005): 212-3.
[32] Edward Shorter, *A Historical Dictionary of Psychiatry* 214-215.
[33] Barbara Bush, "Gender and Empire: Twentieth Century," in *Gender and Empire*, edited by Philippa Levine (Oxford: Oxford university Press, 2004): 91.
[34] Heidi Rimke, "Sickening Institutions: A Feminist Sociological Analysis and Critique of Religion, Medicine, and Psychiatry," in *Containing Madness: Gender and 'Psy' in Institutional Contexts*, edited by Jennifer M. Kilty and Erin Dej (New York: Springer International Publishing, 2018): 20-22.
[35] Constance Backhouse, "'Pleasing Appearance ... Only Adds to the Danger:' The 1930 Insanity Hearing of Violet Hypatia Bowyer," *Canadian Journal of Women and the Law* 17, 1 (2005): 4.

Betty was a class-based project focused on poor and working-class girls.[36] Her social personality was likely understood by reformers as the consequence of irresponsible and undisciplined working-class girlhood, which saw outspoken girls as a danger to young men.[37] Moreover, her emotions in response to repression and institutionalization were further viewed as abnormal and unnatural, as she failed to submit to the authority of medical professionals and male adults.[38] As a working-class girl, Betty was subject to an apparatus of surveillance and control that sought to correct her gender performance along settler norms of whiteness, domesticity, and compliance.

Elopement, Downtown Selkirk

Betty discussed her escape plans with Doris in hushed tones. Doris, a patient whom Betty had recently connected with, listened attentively to her plan. Betty detailed that the train tracks were nearby and that she had family in town.

"Just follow the smell, Doris," Betty began her pitch, "It will be a piece of cake. I'm an expert of sorts. I have lots of experience. I ran away from the nuns several times."

After sharing her plan and credentials, the two moved to other matters, lest they raise the suspicions of the staff.

A few days later, on a particularly beautiful, warm spring day, the two of them joined the walking party. They shared knowing glances as they took turns carefully watching the nurse in charge of their party. Margaret often caused a scene on the ward with her amusements, and on occasion while on walks. Luckily for the girls, this was one such day. Margaret started to climb a

[36] Joan Sangster, *Girl Trouble: Female Delinquency in English Canada* (Toronto: Between the Lines, 2002): 9.
[37] Carol Dyhouse, *Girl Trouble*, 78.
[38] Heidi Rimke, "Sickening Institutions," 30-31.

tree against the protest of their escort. At the sight of the nurse fixated on trying to get Margaret down, Betty nudged her friend, Doris, before turning around and wandering towards the main road. The path from the walking party to the road was clear, with no opportunities to hide from the staff. After a few careful glances around, the two girls broke out into a sprint, frantically running toward the fence.

The girls only got a handful of yards before being tackled to the ground by two particularly quick attendants. Betty did not know who called for them, or if they simply happened to notice her, but she was not going back without a fight. She screamed, kicked her legs, and contorted her body to get out of the grip of the man who captured her.

"I'll need help over here," the attendant who tackled Doris yelled.

Betty squirmed and landed a punch, "Get off me you pig." She continued to struggle, but there was no way she could create enough distance between them.

To the attendants' collective relief, Doris put up no fight. She was small and did not have the same spirit as Betty. Both of them were now able to focus their energy on Betty. The two men managed to position themselves on either side of Betty yanking her from the ground as she kicked her legs. She continued to curse and yell all kinds of threats, but the two men dragged her inside, while she spit and kicked at them. In return, the attendants made sure to handle her equally rough and uttered a slew of unkind words. This was not their first encounter with patients who thought they could get away. In fact, since 1900 an average of about five patients eloped every year.[39] Asylum staff were used to watching for inmates like Betty and Doris.

[39] Please note this statistic was for the Toronto Asylum, which was an urban facility and may have a higher rate of elopement than a facility located in a prairie town. No data on elopements from the Selkirk Asylums appears to be

After the failed escape, Betty swore that the next time she would go on her own. When the opportunity presented itself, she had to be clever about it. For a month, she bided her time, waiting for the watchful nurses to slip up. Finally, she was provided with the perfect opportunity. Betty noticed that one of the outside doors was left unlocked. The nurse had been distracted by a commotion happening between a group of inmates, so Betty took her opportunity. She stealthily walked up to the door and slipped outside, carefully pulling it closed behind her. She carefully checked her surroundings and was on the lookout for any staff who might notice her. In the end, Betty slipped out with ease. She managed to leave undetected, and once Betty was outside of the reach of the asylum, or so she thought, she followed Manitoba Avenue to the town centre. From there Betty knew how to get to her uncle's home.

publicly available at this time. See: Geoffrey Reaume, *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: University of Toronto Press, 2009): 68.

Figure 16: Manitoba Avenue, 1924. Accessed via the Selkirk Museum, courtesy of William Hall.

Betty found her uncle's home, one of many single-family dwellings situated along the tree-lined street. Betty rapt on the door, eagerly awaiting a response. Her cousin Josephine, a small girl of ten years, opened the door,

"Betty! What are you doing here?" Josephine asked.

"Thought I'd stop by for the night before heading to Winnipeg, is Uncle Jack home?"

At the sound of his name, Jack made his way to the door. He was surprised to see Betty standing there, but Betty's mother had informed him that she was being held at the asylum down the road, and he had been warned that Betty had a habit of running away.

"Why don't you come in Betty? Let's have a cup of tea."

Betty's relief at being welcomed inside was short lived. Her uncle informed her that he would have to take her back to the asylum. While he was happy to have a little chat with her, he informed her that he couldn't let her continue to Winnipeg. While some families were happy to see their relatives return home, not all were accepted, and not all had a home to return to.[40] In Betty's case, her family was aware of her behavioural issues since the passing of her father. Two hours later, she was brought back to the asylum.

The failed attempt did not stop Betty from trying again in the winter. Like her first attempt, it was hardly successful. Once again, she was caught by an attendant, and she made sure to demand her release, and to know on what ground they held her,

"I have many life plans! I do not belong here among these people. Why do you keep me here?" She cried out.

The staff did not take her words seriously and ignored her question. Instead, they saw this as yet another display of her emotional imbalance. This time, however, the staff threatened her

[40] Geoffrey Reaume, *Remembrance of Patients Pasts*, 198-200.

liberties if she continued to try and escape, and should she try it again, they went so far as to threaten to send her to the old building.

Release & Afterlife, To California

Betty started to take on ward work. She mended linings, helped to feed other patients, and picked up any tasks the nurses entrusted her with. She also began to attend classes, paying attention to the lessons delivered. As she began to perform the duties expected of her, she continued to ask, “When can I go home?” And when a doctor saw her, the wording changed slightly, “Doctor, am I going home soon?” A visit from one of the resident doctors always gave Betty a small glimmer of hope for her departure.

As Betty asked to go home, her mum made similar inquiries. Mrs. Wilson wrote a letter sharing that she was lonely without Betty: *I really can’t stand to have her away from me any longer. I don’t know what has come over me but I am so lonesome for her.* Mrs. Wilson requested that Betty spend Christmas at home, which was denied before changes in Betty began to surface. Perhaps it was their collective loneliness that compelled Betty to take up work and class, or perhaps it was her greater calling to become an actress. Regardless, her changed actions yielded results.

The doctors finally took these requests for Betty’s return home seriously and began a process of negotiation with the Juvenile court. While she arrived after the Salvation Army could not handle her behaviour, there was no need for her to remain for the full sentence of two years. She began to show significant improvements, and her behaviour hinted at a full integration back at home. Moreover, with the demand for beds for more and more patients, they were keen to discharge Betty to make more space for people who needed to be in the asylum. Letters went

back and forth, discussing her case and improvements until she was finally released to her mother.

Betty was no doubt relieved to leave the institution. She could forget the routines and expectations carved into her daily existence. At home, she could think about earning some money, and finally making her way back down to the United States. The asylum tried to shape Betty into the ideal imperial adolescent along moral codes of gender, race, ability, and class.[41] As a girl on the western frontier, it was expected from her to learn humility, domesticity, and deference. Instead, Betty held firm to her dreams and fashioned her own ideas about what her life would, could, and should look like.

After working as a waitress for two years, she finally cycled to California–where her uncle resided.[42] A few newspapers reported a "lady cyclist" visiting their city, as Betty finally embraced the freedom afforded to her not as a girl, but as an adult.[43] Her cycling to California was not only an act of transportation, but it symbolized Betty's own definition of what it meant to live her life during the 1920s. No longer at the mercy of adults, Betty could make decisions about her own life; her age afforded her certain freedoms she did not previously hold. Betty continued to seek a life of fame outside of the home, desiring to sing and act in Hollywood. With twenty dollars in her pocket, she sought the life she always wanted.

[41] Fiona Paisley, "Childhood and Race," 242-244.
[42] The citation is non-specific to ensure Betty's anonymity, but this information broadly comes from: "Idaho, Eastport, Arrival Manifests, 1924-1956," *FamilySearch*, NARA Publication A3460 (Washington, D.C.: National Archives and Records Administration).
[43] Due to confidentiality the original article cannot be cited, however, the article was included in Betty's Selkirk patient file. See: Selkirk Asylum Patient Case Files, Selkirk Mental Health Facility (Selkirk, Manitoba).

Betty In-Context: Regulating Girlhood in the British Empire

In 1924, Betty was admitted into the Selkirk Asylum.[1] She was sixteen and full of wanderlust. The prairie life laid before her: marrying someone like her father (a hard-working boilermaker) and taking care of the home like her mother, held no interest for Betty. Instead, she aspired to a career in theatre to escape the domestic life.[2] She was part of a new class of girls who preferred paid employment to domestic life. The visibility of girls in the public arena fostered controversy and anxiety over working girls.[3] This anxiety was heightened in Betty's case since the status of actresses held onto older notions that likened them to prostitutes or 'public women.' Yet, Betty refused to accept the life paved for her and sought to participate in the growing cultural significance of theatre and performance and created female celebrities.[4]

Industrialized societies isolated girls and young women as problems due to the growth in autonomy through employment, education, and leisure.[5] In Canada and beyond, the modern girl became the embodiment of modern femininity defined by popular culture and consumerism. Modern girls eschewed conventional visual cues of gender, embracing short hair, shorter skirts, and cigarettes. The 1920s marked a significant move away from Victorian and Edwardian tastes with long hair as the hallmark of femininity.[6] This reimagining of womanhood, and consequently girlhood, was entangled with ideas of femininity, sexuality, race, and national identity. Furthermore, their newfound mobility marked concerns around freedom, independence, and

[1] Betty is based on a file from: Selkirk Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).
[2] Cecilia Morgan, *Sweet Canadian Girls Abroad: A Transnational History of Stage and Screen Actresses* (Montrel: McGill-Queen's Press, 2022): 23-24.
[3] McMaster, Lindsey, *Working Girls in the West: Representations of Wage-Earning Women* (Vancouver: University of British Columbia Press, 2008): 60-64.
[4] Cecilia Morgan, *Sweet Canadian Girls Abroad*, 5, 17.
[5] Kristine Alexander, *Guiding Modern Girls: Girlhood, Empire, and the Internationalism in the 1920s and 1930s* (Vancouver: University of British Columbia Press, 2017): 5-6.
[6] Carol Dyhouse, *Girl Trouble: Panic and Progress in the History of Young Women* (London: Zed Books, 2013): 77.

sexuality.[7] For girls, reformers grew increasingly concerned about the sexuality of single wage-earners whose parents had less control over their daughters' leisure time. Terms like 'Bowery gals' and 'charity girls' emerged to identify the young girls and women who partook in the pleasures of cities. These girls were thus subject to attention from psychiatrists, club women, medical experiences, the police, and the courts.[8]

As white girls embraced the Western emergence of the modern woman, who symbolized a new way of life after the First World War, adults combatted this with a conservative modern ideal of girlhood situated in imperialism.[9] Things like girl guides, and other programs targeting teen girls, sought to reinforce ideas on materialism and domesticity alongside ideas of independence and bravery. G. Stanley Hall discussed in his 1904 book *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education* how the years between childhood and adulthood induced particular diseases of the body and mind, which needed an array of interventions. He argued that adolescents required controlled and adult-monitored environments to ensure healthy adulthood. For example, girls who were deemed nervous needed to be prescribed household duties and to relish in common homely life.[10] In many ways, adults were called to oversee teens to ensure their healthy development in line with the values of settler colonialism as explained below.

---

[7] Jane Nicholas, *The Modern Girl: Feminine Modernities, the Body, and Commodities in the 1920s* (Toronto: University of Toronto Press, 2014): 4-6.
[8] Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995): 4-9.
[9] The emergence of imperialism during the early twentieth century was an important part of Canadian nationalism that sought to move away from the stigma of colonialism while emphasizing a conservative position of citizenship. This would help reinforce traditional values like self-sacrifice, self-control, and hard work in serve of the empire. See: Carl Berger, Sense of Power: Studies in the Ideas of Canadian Imperialism, 1867-1914 (Toronto: University of Toronto Press, 1970): 259-262.
[10] G. Stanley Hall, *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education* (New York: D. Appleton and Company, 1904): 237-324; 243-244.

While reformers adapted to changes in attitudes, girlhood remained conceptualized by class and race hierarchies.[11] They envisioned the imperial girl as working in service of the longevity of the empire. This was accomplished by girls by envisioning themselves as imperial citizens, good servants, and future mothers of the empire. As such, girls were meant to uphold race, gender, and class hierarchies as active figures on the Canadian frontier.[12] Colonial women played an important role in maintaining hierarchies of power that violently subdued anyone who did not fit an Anglo-Protestant ideal and ensured the continued transmission of white male power. Women were thus tasked with upholding the boundaries of the colonial empire.[13] This was particularly important on the prairies. Marion Cran in her advice to women and girls wrote that, "in the North-West, where wives are scarce, a work of Empire awaits the woman of breed and endurance who will settle on the prairie Homestead and rear their children in the best traditions of Britain."[14] Regulating white girlhood along gendered norms would help them achieve their roles as future mothers and housekeepers.

When it came to the colonial girl, adults in the British Empire emphasized young women's future roles as maternal figures. Girls were presented with images of a moral and ethical baseline that was English and emphasized unity and whiteness. This was exemplified in Lawrence Hanray's musical composition "The British Empire Girl" (1907):

> Oh, the Empire girl
> Is a perfect pearl,
> With Australian gold in her hair,
> And the sunny skies of New Zealand
> Have made her yet more fair;
> Her eyes are the diamonds from Africa,

[11] Kristine Alexander, *Guiding Modern Girl,* 9.
[12] Elizabeth Dillenburg, "Girl Empire Builders: Girls' Domestic and Cultural Labor and Constructions of Girlhood," *Journal of the History of Childhood and Youth* 12, 3 (2019): 393-396.
[13] Anne McClintock, *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest* (New York: Routledge, 1995): 2-6.
[14] Marion Cran, *A Woman in Canada* (Philadelphia: J.B. Lippincott Company, 1910): 14-15.

Her skin the Canadian snows,
While the colour that dwells
In her cheek only tells,
Of the beautiful English rose.
So no more let us sing about the English lass,
Such distinctions have had their day,
We are birds of all one feather,
So we bunch them all together,
Irish shamrock, Scottish heather,
In a big bouquet;
With flow'rs from all fair countries
Which the Union Jack unfurl,
And these we all together call,
The British Empire girl.[15]

The song embodied the adult vision of girlhood in the British Empire. Girls were meant to be cute, unifying, and delicate like flowers. They were civilized in their alikeness across the world ordered along gendered norms that excluded racialized girls. As such, girls admitted into the asylum often transgressed some larger idea of how they ought to conduct themselves. However, this is a negotiation that occurs in the family and community. Girls who were pathologized outside of the norm often transgressed familial and community expectations in several instances.

Family structures were particularly important for regulating girls along gendered boundaries. The home acted as a place where they could be kept in check and governed appropriately through parental power and authority.[16] However, a family-run boarding house would have posed difficulties to this with the introduction of additional people outside of the family. Regardless, girls were taught to be ladylike, learning to cast aside their desires, feelings, and ambitions. They were meant to be passive and submissive to familial authority. This

[15] Michelle J. Smith, Clare Bradford, and Kristine Moruzi, *From Colonial to Modern: Transnational Girlhood in Canadian, Australian, And New Zealand Children's Literature, 1840-1940* (Toronto: University of Toronto Press, 2017): 47-50.
[16] Neil Sutherland, *Growing Up: Childhood in English Canada from the Great War to the Age of Television* (Toronto: University of Toronto Press, 1997): 49.

gendered approach to raising girls also fashioned an attitude that saw girls' bodies as inferior and relegated their lives to the home. [17] Family bonds, then, were meant to foster girls into empires of the citizens that saw women's disciplinary role as guarantors of uniformity, normalcy, and order in the colonial utopia. As the domestic heart of colonialism, mentally and physically fit girls would go on to keep the Empire white through respectable marriages and ensure a prosperous future.[18] Willful girls and teens posed a problem to these white supremacist imperial goals.

The first two decades of the twentieth century marked a time of organizations that formed to exploit the character-building possibilities of youth.[19] The goal of these organizations was to train the ideal, responsible, and conscientious adult citizen. An illusionary panic fostered perceptions of youth that brought to surface a tension between childhood and adulthood:

> Media exaggeration and moral panic aside, modern youth were enjoying relatively greater personal freedom than had earlier generations, including their own parents. To adults looking on in fear and judgement, this translated into disproportionately greater moral licence, itself generally interpreted as sexual licence. Values, much like activities, were being increasingly defined by the newly important peer group, those biologically pre-pared for "the worst" while emotionally, psychologically, morally, open to temptation. It seemed that modern adolescence was sheltering the young from adult responsibilities while undermining the constraints customarily placed on the adult pleasures to which they aspired.[20]

Thus, places of potential freedom and self-expression become sites of intervention for moral and social regulation through unequal power relations.[21] To illustrate, middle-class reformers framed going to the movies and engaging in consumerism as closely linked to prostitution. This was the

---

[17] Neil Sutherland, *Growing Up,* 60-61.
[18] Barbara Bush, "Gender and Empire: Twentieth Century," in *Gender and Empire*, edited by Philippa Levine (Oxford: Oxford university Press, 2004): 86-91.
[19] Margaret Prang, "'The Girl God Would Have Me Be:' The Canadian Girls in Training,1915-39," *Canadian Historical Review* 66, 2 (1985): 154-155.
[20] Cynthia Comacchio, *The Dominion of Youth: Adolescence and the Making of Modern Canada, 1920-1950* (Waterloo: Wilfred Laurier Press, 2006): 28.
[21] Bettina Bradbury and Tamara Myers, "Introduction: Negotiating Identities in the Nineteenth- and Twentieth-Century Montreal," in *Negotiating Identities in 19th and 20th Century Montreal,* edited by Bettina Bradbury and Tamara Myers (Vancouver: University of British Columbia Press, 2005): 3.

belief that if girls were to grow an appetite for consumption and leisure, their morals would also decline, leading them to delinquency.[22] As visions of the empire were enacted, control over youth was enshrined to ensure a stable future for Canada that identified with its form of imperial nationalism. This meant ensuring that Canadian girls learned how to be the future women of the empire.

The unease around youth was also connected to the interwar concerns around citizenship. In the face of the rise of anticolonial nationalism in Asia and Africa, a colonial crisis erupted for the British Empire and saw some anti-British sentiments in Canada.[23] Thus, discourse on good citizenship was underpinned by ideas around obligations and responsibilities to the empire and the colony.[24] This concern around good citizenship in teen girls took on a particular meaning for the bodyminds of girls: "the 'discovery' of adolescence in the early twentieth century also ushered in the idea, promoted by a variety of social scientific and medical experts, that young people should be trained to embody an ideal of citizenship that was characterized by self-control and physical robustness."[25] This became a matter of national and medical interest to produce healthier and more productive citizens.[26]

The ambition of many colonies was to be part of a healthy empire, which saw health, medicine, and nursing as instruments of the colonial government. Under the colonial systems, the Western biomedical approach to gender, race, and sex naturalized a post-Enlightenment attitude that governed gender itself.[27] In particular, it was believed that children and teens needed special

[22] Jane Nicholas, *The Modern Girl*, 34
[23] Amanda Behm, *Imperial History and the Global Politics of Exclusion: Britain, 1880-1940* (New York: Palgrave Macmillan, 2017): 136, 153-156.
[24] Kristine Alexander, *Guiding Modern Girls*, 80-81.
[25] Kristine Alexander, *Guiding Modern Girls*, 88.
[26] Jenny Ellison, *Being Fat: Women, Weight, And Feminist Activism in Canada* (Toronto: University of Toronto Press, 2020) 4.
[27] Alison Bashford, "Medicine, Gender, and Empire," in *Gender and Empire*, edited by Philippa Levine (Oxford: Oxford university Press, 2004): 112-133. 112

guidance to ensure they reached their full potential as healthy adults. Things like sex and delinquency meant children were leaving their childhood too early and thus disrupting their potential. This was further positioned against Indigenous and racialized folks who were seen as immature and uncivilized compared to their white counterparts.[28] As such, imperial discourses about the future of the Canadian stock supported the idea that white girls needed to be guided to adulthood along healthy medical norms whereas racialized children would forever be childlike.[29] This meant that girls were often pathologized for nonconformity, and transgressing gendered roles was cause for medical intervention.[30]

This colonial mentality extended to the frontier ethic in Prairie Canada that prioritized hospital based care.[31] Women and girls who transgressed culturally defined gender roles and behaviours were subjected to medicalized intervention, often resulting in some form of institutionalization. As such, mental illness, madness, and pathology were neither neutral nor fixed; rather, they were culturally negotiated in a way that covered a wider range of behaviours and emotions.[32] This was especially prominent during the interwar period due to the eugenics movement and concerns for the long term consequences of the actions of deviant women.[33] It is important to note that women and girls had unequal access to power, which reveals material

[28] Stephen Jay Gould, *The Mismeasure of Man,* second edition (New York: W.W. Norton & Company, 2006): 146.
[29] Fiona Paisley, "Childhood and Race: Growing Up in the Empire," in *Gender and Empire* (Oxford: Oxford University Press, 2004): 251.
[30] Jane M. Ussher, *The Madness of Women: Myth and Experience* (New York: Routledge, 2011): 7.
[31] Geertje Boschma, "A Family Point of View: Negotiating Asylum Care in Alberta, 1905-1930," *Canadian Bulletin of Medical History* 25, 2 (2008): 370.
[32] Geertje Boschma, "A Family Point of View: Negotiating Asylum Care in Alberta, 1905-1930," *Canadian Bulletin of Medical History* 25, 2 (2008): 372.
[33] Theresa L. Raymond, "From Prisoner to Patient Mental Health and Toronto's Andrew Mercer Reformatory for Females, 1880–1969," in *Disability Injustice: Confronting Criminalization in Canada*, edited by Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen (Vancouver: University of British Columbia Pres, 2022): 50-52.

insight on how wider forces of empire, gender, and pathology shaped the lives of girls who were institutionalized.[34]

Children wound up in asylums across Canada for behaving in ordinary ways. Medical certificates for children across Canada revealed some trends when writing about why the child should be admitted into the respective asylum. Children were pathologized for being 'too childish' and failing to perform their gendered roles. In the case of girls, there are many examples of girls who rejected their parents' rules or kept the company of boys.[35] Pathologizing was always exacerbated in the cases of children who failed to meet their gendered roles. The dominant approach to psychiatry isolated the problems within the individual's bodymind and enacted colonial hierarchies of gender, race, sexuality, age, and ability.[36]

Betty's experience with institutionalization followed the death of her father and a desire for an unconventional life. After his death, it is possible that with a mix of grief and lack of understanding towards Betty, her mother strove to find a space where Betty might conform to a more traditional role tending to domestic tasks, and eventually settling down with a husband and family of her own. Reaching a breaking point, Mrs. Wilson used the asylum as a means to control Betty.

While asylum history may have moved on to focus primarily on the stories of patients over the discussions of asylums as institutions of control, stories of children support efforts to

---

[34] Joan Sangster, *Regulating Girls and Women: Sexuality, Family, and the Law in Ontario, 1920-1960* (Toronto: University of Toronto Press, 2001): 13.
[35] Mental Health Services patient case files, GR-2880, British Columbia Archives (Victoria, British Columbia); Queen Street Mental Health Centre patients' clinical case files, RG10-270 (Ontario Archives, Ontario); Selkirk Asylum Patient Case Files. *Selkirk Mental Health Facility*. Selkirk, Manitoba); Brandon Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba); and Falconwood Hospital, Acc2363, Public Archives and Records Office (Charlottetown, Prince Edward Island).
[36] Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950* (Vancouver: University of British Columbia Press, 1998):100.

bring together early theorizing on power and patient experiences.[37] Girls' bodyminds who were classified based on the failure to uphold gender roles were characterized by disability and ideas around defect, deviance, and threat. Asylums became a space where ideas around youth compliance and regulation were put into action through spatial exclusion.[38]

The positioning, naming, locating, and mapping of ideological and cultural beliefs through structures occurred through spatial practices that inscribed violence through coercive discipline to conform to the settler colonial state.[39] By nature of its goal to control, reform, and refashion girls who were admitted, the asylum violently imposed norms onto girls. Violence weaved in the fabric of settler colonialism stitched itself into how people were included and excluded from society.[40] Institutions were and continue to be inherently violent through their practice of incarceration. Care institutions, like asylums, were fraught with financial strain, neglect, chronic overcrowding, and social isolation that produced widespread abuse.[41]

---

[37] To learn more on the connections between social control and the asylum, see: Michel Foucault, *History of Madness* (London: Routledge, 2006); Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961); David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (New York: Routledge, 2002); and Andrew Scull, *Madness and Segregate Control: The Rise of the Insane Asylum* (New York: Routledge, 1985). On encouraging asylum historians to see both the asylum as a place to narrate patient histories and understand social control, see: Lykke de la Cour, and Geoffrey Reaume, "Patient Perspectives in Psychiatric Case Files," in *On the Case: Explorations in Social History*, edited by Franca Iacovetta and Wendy Mitchinson (Toronto: University of Toronto Press, 1998): 242-243.

[38] Jihan Abbas and Jijian Voronka, "Remembering Institutional Erasures: The Meaning of Histories of Disability Incarceration in Ontario," in *Disability Incarcerated: Imprisonment and in the United States and Canada*, edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey (New York: Palgrave Macmillan, 2015): 122.

[39] Jo-Anne Fiske, "Placing Violence Against First Nations Children: The Use of Space and Place to Construct the (In)credible Violated Subject," in *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, edited by Laurence J. Kirmayer and Gail Guthrie Valaskakis (Vancouver: University of British Columbia Press, 2009): 140-147.

[40] Laura C.L. Landertinger, "Settler Colonialism and The Canadian Child Welfare System," in *The Routledge Companion to Sexuality and Colonialism, edited by Chelsea Schields, and Dagmar Herzog* (London: Routledge, 2021): 137.

[41] Kate Rossiter and Jen Rinaldi, *Institutional Violence and Disability: Punishing Conditions* (New York: Routledge, 2018): 3-6.

In particular, the settler envisioning of sex and sexuality in the empire drew attention to socio-cultural anxieties and evoked a need to control girls' sexuality.[42] On this, Gregory Smithers wrote,

> Heterosexual monogamy was therefore an important racial and sexual tool for the settler state in clarifying social belonging and citizenship after the 1780s. Colonial officials used heterosexual monogamy to define normative sexual behavior, clarify categories of deviance, and exclude Indigenous people from "civilized" society—thereby providing a neat rationale for territorial dispossession.[43]

What emerged from this linking of medicine and sexuality was a series of failsafe ways to prevent abnormal sexuality, as defined by ideas around citizenship in the empire, from taking hold. Many inmates, including children who were sent to asylums, were pathologized for their sexuality. The sexual subject in the empire was a subject who self-governed along heterosexual and monogamous lines, limiting the relationship to the private sphere and once married. Deviating from this meant that control needed to be enacted.[44] While Betty certainly exemplified the modern girl in her interests and desire for freedom from domesticity, Mrs. Wilson's last straw was related to her premarital relationship, rather than Betty's personality and desire for freedom.

Betty was one of many girls who were pathologized for failure to meet the ideal notion of a girl that fostered their chastity and reproductive future. In one case, Clara who was admitted into the Essondale Hospital in 1891 was pathologized for not being sexual enough, but also too willing to stay in houses with no women. Her case file recorded her having a complete antipathy

---

[42] Gregory D. Smithers, "Settler Sexualities: Reproducing Nations in the United States, Canada, Australia, and New Zealand," in *The Routledge Companion to Sexuality and Colonialism*, edited by Chelsea Schields, and Dagmar Herzog (London: Routledge, 2021): 94-95.
[43] Gregory D. Smithers, "Settler Sexualities," 95.
[44] Guillaume Ouellet, Lisandre Labrecque-Lebeau, Pierre Pariseau-Legault, and Emmanuelle Bernheim, "The Judicialization of Everyday Life in Quebec: Intellectual Disability, Sexuality, and Control," in *Disability Injustice: Confronting Criminalization in Canada*, edited by Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen (Vancouver: University of British Columbia Pres, 2022): 121-122.

towards men.[45] Another girl in Essondale, Violet was recorded as undersexed at age nine in 1917. Despite this, after a peculiar note in her file, perhaps alluding to undesirable family influence or sexual abuse from her father, Violet was recorded as one of the worst masturbators in the institution.[46]

On the opposite end of the spectrum from Clara, Edith was admitted to the Toronto Asylum from the Alexander Industrial School in 1915 following the removal of her fallopian tubes. She was subject to sterilization when she had her appendix removed. Her file indicated that she received treatment for Venereal Disease, and suggested she kept undesirable company and was difficult to control.[47]Another girl, Mable was admitted into the Brandon Asylum at age twelve in 1926. Her file indicated that boys exposed themselves to her, and she did the same in turn. Her family reported that she began masturbating at age eight. The doctors sexualized her physical description by calling her well developed.[48] Concern regarding masturbation continued through the files, including Josephine who was admitted to Falconwood in 1911 for masturbating at age eight.[49]

All these girls came from working-class backgrounds and were admitted into asylums when psychiatrists theorized hypersexuality in women as a form of psychopathy. As such, psychiatrists medicalized discussion of working-class girls' sexuality.[50] In Betty's case, her personality disorder can be thought of as an extension of the medical policing of female's sexuality by examining disordered conduct rather than diseases. In Edith's case, her experiences at the Juvenile Justice Court in Toronto revealed that rather than experiencing care and

[45] Mental Health Services patient case files, GR-2880, British Columbia Archives (Victoria, British Columbia).
[46] Mental Health Services patient case files, GR-2880.
[47] Queen Street Mental Health Centre patients' clinical case files, RG10-270 (Ontario Archives, Ontario).
[48] Brandon Asylum Patient Case Files, *Selkirk Mental Health Facility* (Selkirk, Manitoba).
[49] Falconwood Hospital, Acc2363, Public Archives and Records Office (Charlottetown, Prince Edward Island).
[50] Elizabeth Lunbeck, "'A New Generation of Women:' Progressive Psychiatrists and the Hypersexual Female," *Feminist Studies* 13, 3 (1987): 513-514.

compassion, she experienced punishment and incarceration that were readily handed out to poor and working-class girls through an intense system of surveillance to discipline wayward daughters.[51]

At the turn-of-the-century, and throughout the twentieth-century, wage earning young women were of great concern, especially those who chose non-domestic work. As Carolyn Strange rightly posed, this fostered an array of concerns: "Who would protect them? How easily might they give in to the temptations of city life? Would an independent wage spell sexual independence? Could working women be trusted to leave the workforce for marriage and motherhood?"[52] As a result, the willingness to engage in sexual behaviours, or perhaps lack of interest, was subject to medical scrutiny. Under the settler colonial state, girls had to be both sexually pure and eventually procreative, as they were builders of the empire for their ability to birth and regulate male subjects. Furthermore, a healthy desire for the opposite sex that upheld racial divisions and class hierarchies was considered essential to the stability of the empire.[53] Showing too much or too little interest in sex, or an inability to regulate oneself along sexual norms, often led to institutionalization or other forms of intervention such as sterilization.

While many of the girls admitted into the asylums of this study faced gendered interpretations of their agency and emotional wellbeing, Betty's strive for freedom embodied the antithesis of the goals of organizations for youth, and the roles of women as the domestic centre of empire. Her experience sheds light on how youth asserted their agency by acting out their desires and goals in life in the face of oppression and limited gender roles available to them.

---

[51] Franca Iacovetta, "Gossip, Contest, and Power in the Making of Suburban Bad Girls: Toronto, 1945-60," The Canadian Historical Review 80, 4 (1999): 586; and Joan Sangster, "'She is Hostile to Our Ways:' First Nations Girls Sentenced to the Ontario Training School for Girls, 1933-1960," *American Society for Legal History* 20, 1 (2002): 69.
[52] Carolyn Strange, *Toronto's Girl Problem*, 213.
[53] Anne McClintock, *Imperial* Leather, 47-48.

Betty's experience, among other girls institutionalized in insane asylums, shows how social control was both enacted through institutions and how it failed to govern certain individuals in the face of their life ambitions.

All these girls' files also indicated a degree of inability for parents to control their children. While sexuality was certainly a key factor in the detention of youth, parents' ability to exert control over their children was central to the process that would initiate their admission into asylums. While it is important to understand inmates and their families as individuals who had agency and made choices, they did so within a settler colonial society. An informal web comprised of the family, churches, schools, courts, and medical facilities played an important role in helping to "manage the marginal." These institutions were part of the Canadian nation-building project that shaped social relations of class, race, gender, ability, and age.[54] The asylum then, was both sought after by parents out of genuine concern for their children, but often because they failed to control their kids in ways that aligned with settler colonial norms.

[54] Joan Sangster, "'She is Hostile to Our Ways,'" 60.

Epilogue: Unraveling Madness, Violence, and Care

but what does any of that matter when
a boy is named : menace : burden
& finds that he's been delivered
like dinner to a place
where a boy's heart pounds &
home is disappeared

- Excerpt from "A THREAT HAD TO EXIST IN ORDER TO EXPAND
AND SUSTAIN THE INSTITUTION," in *act normal* by nancy viva davis halifax (2023)

I am left with a haunting of emotions and research. There remains much to be said about children's experiences and a lot has been left out of this dissertation—after all, I collected the accounts of 439 children. Moreover, their files represent a small sliver of time. Children continued to be admitted into asylums well past 1930 and from what I saw it appears possible that the number of institutionalized children may have doubled from the 1920s to the 1930s. Institutions continued to be expanded and sustained through increased admissions of children and adults taken to a place where they were detached from their home and their communities.

What emerged throughout the accounts of Harry, Eileen, Fen, Mary, and Betty reflected wider themes of my findings that demonstrated the place of asylums within the settler state, their role in regulating youth, and the ensuing responses of children. While all the institutions of this study would eventually close or rebrand themselves, the practice of forced institutionalization and psychiatric treatments are not a thing of the past. Investigative journalist Rob Wipond found that in British Columbia and Ontario the number of involuntarily patients nearly doubled between 2008 and 2018. Further to this, he found that 50-75% of those in psychiatric hospitals were involuntary admissions lasting 10-30 days at a time. His book *Your Consent is Not Required: The Rise in Psychiatric Detentions, Forced Treatment, and Abusive Guardianships*

traces this expansion of harmful care for those seeking support for their mental wellbeing.[1] I hope that by learning about the ways children were treated and the wider societal forces that influenced their treatment, that this history can serve as a lesson for the future especially as Canada sees an increase of involuntary admissions into psychiatric facilities.[2]

Through the stories that proceeded this epilogue, we saw that asylums, while a force of the colonial government and Western medicine, were not absolute. In reasserting social and cultural systems, children reacted in a variety of ways that asserted their own relationship to madness, gender, class, race, and ability. What unfolded in these interactions between ideas, institutions, and people was power—and power was never solely held in one place, rather, it was often asymmetrical and exercised in a variety of ways including individual agency.[3] Despite this, the agency exercised by children who were in institutions had limits on what they could do based on both the carcerality of institutionalization and how children were treated by adults.

The use of blended writing attends to this challenge of addressing both the agency of children and the larger enactments of power to contain and fashion Canada into a settler state. The stories of these five children showcased different elements of institutional life. In several instances, there were remarks about the poor quality of the food. This begins with Harry's desire for relief from the food on offer and a desire to taste his mother's cooking yet again. This instance sheds light on the poor conditions of the asylum and the lack of adequate food for those

[1] Rob Wipond, *Your Consent is Not Required: The Rise in Psychiatric Detentions, Forced Treatment, and Abusive Guardianships* (Dallas: BenBella Books, 2023): 27.
[2] To read more about the harms of psychiatric care, see: Erick Fabris, *Tranquil Prisons: Mad Peoples Experiences of Chemical Incarceration Under Community Treatment Orders* (Toronto: University of Toronto Press, 2011); Andrea Daley, Lucy Costa, and Peter Beresford (eds.), *Madness, Violence, and Power: A Critical Collection* (Toronto: University of Toronto Press, 2019); and Allen Frances, *Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life* (New York: Harper Collins, 2013).
[3] James H. Mills, *Madness, Cannabis, and Colonialism: Ther 'Native-Only' Lunatic Asylums of British India, 1857-1900* (New York: Palgrave Macmillan, 2000): 185.

interned. However, it also recognized that Harry had a food history and desires beyond what he may have felt about the food provided to him. Fiction offered a way to think about the food Harry despised and the food that reminded him of home.

While many stories addressed harmful treatments, blended writing also made room for components of the story that reaffirmed children's humanity through relationships with family members and friends, or through their sense of adventure. Children were not rendered passive victims who only had negative experiences, but whole people who responded in their unique ways and forged meaningful connections with others. For both Fen and Mary, a fictional meeting and conversation between them and some of their family members showed institutionalization was only one part of their life story. While they were both subject to racism and harmful treatments, they were also children who experienced joy and love.

Alongside stories that ground the children in their relationships and decisions, the chapters also revealed some of the harms children experienced. However, to fully understand how violence takes shape in institutions like those of this study, we need to conceive of violence beyond something that was instant and visible to include the incremental, the slow, and the invisible. Violence can occur slowly, out of sight, and result in delayed destruction.[4] The histories of the mistreatment of marginalized people in Canada that emerged in institutions like psychiatric facilities, orphanages, boarding schools, Indian Residential Schools, reform "schools," retirement homes, group homes, etc., demonstrated that violence and dehumanization take a variety of shapes. Under the umbrella of care for the most vulnerable populations—the young, the old, and the disabled, institutions have subjected people to sadistic treatment and not

[4] Christopher Van Veen, Katherine Teghtsoonian, and Marina Morrow, "Enacting Violence and Care: Neo-liberalism, Knowledge Claims, and Resistance," in *Madness, Violence, and Power: A Critical Collection* edited by Andrea Daley, Lucy Costa, and Peter Beresford (Toronto: University of Toronto Press, 2019): 63-64. 63-79

all of this was hard core violence.[5] While Eileen had some autonomy granted to her through labour, we also learn that this granted a small break from the relentless bullying by staff. We also learn about how she was unable to maintain relationships outside of the institution and had little say over what her day to day life looked like, especially when she was no longer trusted to do errands outside of the asylum.

Institutions for people with disabilities were sold as places that would offer the best possible life to patients who were deemed incurable or a place of healing for those who were. However, dehumanization was pervasive throughout these institutions and they regularly failed to provide a safe space for people with disabilities. For mad activists and disability scholars, because violence has been enacted under the umbrella of care, there remains a complicated relationship to care in the community.[6] While care is something we all need, legacies of care have dehumanized and hurt people with disabilities. Asylums were one of the spaces where this occurred. As the stories revealed, there was a severe lack of care for children due to the carceral nature of the asylum. Indifference was part of this, but indifference was not passive. It was intentional and deadly. Indifference was shaped by racist beliefs that led to little care for Fen's physical illness and the invasive examination of Mary's body, which was rendered immediately unnecessary by a disclosure made too late. The institution may have shown indifference to the children due to an array of preconceived ideas about who is a valued citizen, but the outcomes are serious.

The removal and isolation of people away from society was an act of settler violence that contributed to the efforts to define the parameters of what Canada should look like and who it

[5] Kate Rossiter and Jen Rinaldi, *Institutional Violence and Disability: Punishing Conditions* (New York: Routledge, 2018): 1-2.
[6] Lindsay Eales, and Danielle Peers, "Care Haunts, Hurts, Heals: The Promiscuous Poetics of Queer Crip Mad Care," *Journal of Lesbian Studies* 25, 3 (2021): 172.

should include. This worked with an array of different systems as we see in the stories like immigration and juvenile delinquency. Both Eileen and Betty were arrested shortly before their respective admissions into an asylum. Over the nineteenth and twentieth centuries, many systems developed to support similar goals. Alison Bashford and Carolyn Strange reflect on places of exclusion including asylums by recognizing that,

> state agencies and expert authorities refined their efforts to classify and coercively segregate people deemed to be undesirable or dangerous. As a critical project of modern government, 'problem populations' (those categorised as the mad, the infectious, the deviant or the unfit) were confined to specific isolated places, and were subjected to and subjectified by treatments that spanned correction, care and control.[7]

The consequences of what Bashford and Strange discussed for some children was institutionalization—some of whom would spend the remainder of their lives away from the community and their families. This practice of detaining children for their madness itself was an act that should appal us. However, it cannot appal us into inaction and indifference. Instead, we should think about how we medicalize certain behaviours and separate them as problematically different. We need to challenge and push back on what we consider *normal* and why we strive for normal in the first place.

The grammar of Black feminist futurity invites us to think about what has to happen rather than accepting what will happen. It invites us to envision and enact a future that has yet to happen but must. It is a prefiguration of a different future in the present.[8] This returns us to "The Soil Remembers" where I reflected that asylum histories are part of a settler carceral web. Institutions thus cannot be amended with more oversight or different administration because they

[7] Alison Bashford and Carolyn Strange, "Isolation and Exclusion in the Modern World," in *Isolation*: *Places and Practices of Exclusion* (London: Routledge, 2003): 1.
[8] Tina M. Campt, *Listening to Images* (Durham: Duke University Press, 2017): 17

function as intended. They are meant to enact discipline and punish. They are meant to cast certain people as unwelcome outsiders.

Institutionalization is not the answer for caring for children nor is it the answer for caring for adults. As Shiri Pasternak reflected, "Canada was built to colonize, and this shaped the liberal capitalist institutions of this country."[9] Asylums were part of the formation of the settler state and the fashioning of Canadian society. As Canada faces growing housing inequity, addictions, and mental health crises, it is important to remember that asylums were not and are not the answer to address this. Radical reconstructions of how we consider care and compassion in addressing people's lived experiences necessitates an understanding that the systems we have in place are functioning as intended and are not in service to help.[10]

The way I have written about history in this dissertation approaches the discipline in a way where I contribute to the prefiguration of how we think about mental health care for children and adults. It is a mad, radical, public rendering of the past in service of a call to do better by mad children. I hope that you end this dissertation with a growing feeling of madness at the institutionalization and treatment of children. The kind of madness that compels you to think and act differently. The kind of madness that extends to compassion and empathy to not only the children in your life but others who are experiencing different emotional landscapes. The madness produced by settler colonialism that necessitates a new vision for the future, and the kind of madness that compelled Betty to desire a different future for herself.

[9] Shiri Pasternak, "Canada is a Bad Company: Police as Colonial Mercenaries for State and Capital," in *Disarm, Defund, Dismantle: Police Abolition in Canada,* edited by Shiri Pasternak, Kevin Walby, and Abby Stadnyk (Toronto: Between the Lines, 2022): 70.
[10] To see more on radical reconstructions: Angela Y. Davis, Gina Dent, Erica R. Meiners, and Beth E. Richie, *Abolition. Feminism. Now.* (Chicago: Haymarket Books, 2022): 58-65.

Bibliography

Primary Sources

"Churches and Schools." *Charlottetown Stories: Explore your City's Heritage.* Accessed 5 February 2024, https://charlottetownstories.wordpress.com/neighbourhoods/upper-prince-street/churches/.

"Falconwood Insane Asylum." *Canadian Illustrated News* 17, 12 (23 March 1878): 180. Accessed: https://www.canadiana.ca/view/oocihm.8_06230_436/5

"Idaho, Eastport, Arrival Manifests, 1924-1956." *FamilySearch*, NARA Publication A3460. Washington, D.C.: National Archives and Records Administration.

"Rubin and Cherry Shows, Inc, 1924." *Midway Cookhouse*. Accessed https://www.docsmidwaycookhouse.com/rubin-cherry-1924/.

Annual Report of the Trustees and Medical Superintendent of the Prince Edward Island Hospital for the Insane, Charlottetown, PE Island, Canada for the Year 1903. Charlottetown: Micthell Bros., Cameron Block, Victoria Row, 1904.

Binet, Alfred, and Theodore Simon. *Mentally Defective Children*. London: Edward Arnold, 1914.

Bly, Nellie. *Ten Days in a Mad House*. New York: Norman L. Munro, Publisher, 1887.

Bound Annual Reports, 1900-1910, Falconwood Hospital, AC2363/1-5. Charlottetown: Public Archives and Records Office.

Brandon Asylum Patient Case Files. *Selkirk Mental Health Facility*. Selkirk, Manitoba.

Canada Census, 1901. Ottawa: Library and Archives Canada. Accessed 19 January 2023, https://recherche-collection-search.bac-lac.gc.ca/eng/Census/Index.

Canada Census, 1911. Ottawa: Library and Archives Canada. Accessed 19 January 2023, https://recherche-collection-search.bac-lac.gc.ca/eng/Census/Index.

Canada Census, 1921. Ottawa: Library and Archives Canada. Accessed 19 January 2023, https://recherche-collection-search.bac-lac.gc.ca/eng/Census/Index.

Canada Census, 1931. Ottawa: Library and Archives Canada. Accessed 19 January 2023, https://recherche-collection-search.bac-lac.gc.ca/eng/Census/Index.

Clark, C. K. "The Defective Immigrant." *The Public Health Journal* 7, 11 (1916): 462-465.

Cran, Marion. *A Woman in Canada.* Philadelphia: J.B. Lippincott Company, 1910.

Culhane, Phil. "Great George Street, Charlottetown, PEI, 1900." *P.E.I. Postcards*. Accessed 5 February 2024, https://www.peipostcards.ca/collection/charlottetown-p-e-i-2631/.

Damage to property of Japanese residents, 1907. Photographs and Illustrations, item 3363536, William Lyon Mackenzie King Fonds. Library and Archives Canada, Ottawa.

Essondale Interior Dormitory, ca.19--, CA CCOQ C5-S01-SS02-EH.010, City of Coquitlam Archives.

Falconwood Casebook, female ca. 1908, Falconwood Hospital, AC2363/13. Charlottetown: Public Archives and Records Office.

Falconwood Casebook, male ca. 1908, Falconwood Hospital, AC2363/14. Charlottetown: Public Archives and Records Office.

Falconwood Discharges [Journal], 1900-1936, Falconwood Hospital, AC2363/10. Charlottetown: Public Archives and Records Office.

Falconwood General Register, 1900-1929, Falconwood Hospital, AC2363/22. Charlottetown: Public Archives and Records Office.

Falconwood Hospital, Acc2363. Public Archives and Records Office, Charlottetown.
Falconwood Record Book, 1924-1944, Falconwood Hospital, AC2363/16. Charlottetown: Public Archives and Records Office.
FitzGibbon, Mary Agnes. *A Trip to Manitoba: Or, Roughing it on the Line.* Toronto: Rose-Belford Publishing Company, 1880.
General Registers of Chinese Immigration, 1885-1952. Library and Archives Canada, Ottawa.
Government of Canada. "An Act Respecting Immigrants and Immigration, 1906." *Pier 21*. Accessed October 11, 2023, https://pier21.ca/research/immigration-history/immigration-act-1906.
Government of Canada. "An Act Respecting Immigration, 1910." *Pier 21*. Accessed October 11, 2023, https://pier21.ca/research/immigration-history/immigration-act-1910.
Government of Canada. "An Act to Amend the Immigration Act, 1919." *Pier 21*. Accessed October 11, 2023, https://pier21.ca/research/immigration-history/immigration-act-amendment-1919.
Hall, G. Stanley. *Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education.* New York: D. Appleton and Company, 1904.
Hummer, H. R. "Insanity Among the Indians." *The American Journal of Insanity* 69 (1912-1913): 615-623.
Image: Vancouver General Hospital, ca. 1920, John William Freeston, Item CVA 1504-4 (City of Vancouver Archives, Vancouver).
Ireland, William Wotherspoon. The Mental Affections of Children: Idiocy, Imbecility, and Insanity. London: J. & A. Churchill & James Thin Edinburgh, 1898. Accessed 8 January 2024, https://wellcomecollection.org/works/b2nsy6hm.
J.S.C. "Obituary - William Wotherspoon Ireland." *Edinburgh Medical Journal* 2, 6 (1909): 563-564.
Juvenile Court, July 13, 1914. Former City of Toronto Fonds, Series 372, Subseries 32, Item 294. Toronto Archives, Toronto.
Kelynack, T. N. *Defective Children*. London: J. Bale, sons & Danielsson ltd., 1915.
Key, Ellen. *The Century of the Child.* New York: Putnam, 1909.
Manitoba Avenue, 1924. Accessed via the Selkirk Museum, courtesy of William Hall.
Manitoba Museum. Birtle Residential School, families camped near the school in Birtle to visit their children. Rob McInnes Collection. Accessed 10 February 2024, https://manitobamuseum.ca/our-mission/indigenous-connections/understanding-residential-schools/.
Mental Health Act, R.S.O. 1990, c. M.7.
Mental Health Services patient case files, 1872-1987. GR-2880. British Columbia Archives, Victoria.
Mental Health Services patient case files, GR-2880. British Columbia Archives, Victoria.
Patient restraints used at Falconwood Hospital, ca. 1900-1910. Goodwill, Bailey family fonds. Acc3109/40. Public Archives and Records Office of Prince Edward Island. https://www.gov.pe.ca/parosearch/archives/individual-archive-search/path/ajax.individual.phtml/recordId/2466.
Packard, Elizabeth. *Marital Power Exemplified in Mrs. Packard's Trial, and Self-Defence from the Charge of Insanity.* Chicago: Clarke & Co., Publishers, 1870.

Pengilly, Mary Huestis. *Diary Written in the Provincial Lunatic Asylum*. St. John: Published by the Author, 1885.
Policeman and recruit, c.1914. William James Family Fonds, item 722. *Toronto Archives, Toronto.*
Policeman, corner of King and Yonge streets, 1912. William James Family Fonds, item 1008. *Toronto Archives, Toronto.*
Queen Street Mental Health Centre patients' clinical case files, RG10-270. Ontario Archives, Ontario.
Roof Leaking Juvenile Court – City Hall, August 3, 1915. Former City of Toronto Fonds, Series 372, Subseries 41, Item 13. Toronto Archives, Toronto.
Rubin & Cherry Shows: Carnival Lot, Edmonton Exhibition – July 13-18, 1925. Sarasota: The John and Mable Ringling Museum of Art: Circus Collection. Accessed https://library-artstor-org.proxy.library.carleton.ca/asset/ARINGLINGCIRCUSIG_10313022672.
Ruger, Albert. *Panoramic View of Charlottetown, Prince Edward Island, 1878.* Charlottetown: Island Archives. Accessed 5 February 2024, https://www.islandimagined.ca/islandora/object/imagined:209257/-/Panoramic%20view%20of%20Charlottetown,%20Prince%20Edward%20Island,%201878.
Scott, W.L. An Explanation of the Need for the Dominion Act Dealing with Juvenile Delinquency. Toronto: Issued by J.J. Kelso, Superintendent of Neglected and Dependent Children of Ontario, 1908.
Selkirk Asylum Patient Case Files. *Selkirk Mental Health Facility*. Selkirk, Manitoba.
Stevens, H. H. *The Oriental Problem: Dealing with Canada as Affected by the Immigration of Japanese, Hindu, and Chinese.* Vancouver: 1912.
The Brandon Asylum, n.d. *Robert H. Wozniak Asylum Postcards*, Box 1. Archives of the History of American Psychology, The University of Akron.
Unidentified female patients seated along a hallway, likely at Falconwood Hospital, Charlottetown, Prince Edward Island. A nurse can also be seen along the left side of the hallway, ca. 1900-1910. Goodwill, Bailey family fonds, Acc3109/91. Public Archives and Records Office of Prince Edward Island. https://www.gov.pe.ca/parosearch/archives/individual-archive-search/path/ajax.individual.phtml/recordId/2502.
Victoria Insane Asylum, 1872. C-08843. British Columbia Archives, Victoria.
Warner, Francis. Abstracts of the Milroy Lectures on an Inquiry as to the Physical and Mental Condition of School Children. London: Printed at the office of the British Medical Association, 1892. Accessed 8 January 2024, https://wellcomecollection.org/works/v6r5wkqe.

Secondary Sources

"About the Project," *The Eugenics Archive*. Accessed July 15, 2020, https://www.eugenicsarchive.ca/about.
"About Us." *Madness Canada*. Accessed July 15, 2020, https://madnesscanada.com/about-us/.
"Birtle Indian Residential School IAP School Narrative." *National Centre for Truth and Reconciliation*. Accessed 7 February 2024. https://t-r-c.ca/nctr/school_narratives/birtle.pdf.

"Mad Cities." *Madness Canada.* Accessed 3 May 2024, https://activehistory.ca/blog/2018/02/07/living-history-installation-mad-city-legacies-of-mpa/.
"Selkirk Timeline: A New Industrial Era, 1911-1928." *Selkirk Museum.* Accessed https://selkirkmuseum.ca/timeline/new-industrial-era/.
"Spotlight: HBCA in Words and Images." *Archives of Manitoba*. Accessed: https://www.gov.mb.ca/chc/archives/_docs/hbca/spotlight/selkirk_treaty_transcript.pdf
"The Asylum's Beginnings." *Selkirk Museum.* Accessed https://selkirkmuseum.ca/places/the-manitoba-asylum/.
"The Cemetery." *Remember Every Name.* Accessed 29 February 2024, https://www.remembereveryname.ca/the-cemetery.
Abbas, Jihan, and Jijian Voronka. "Remembering Institutional Erasures: The Meaning of Histories of Disability Incarceration in Ontario." In *Disability Incarcerated: Imprisonment and in the United States and Canada*, 121-138. Edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey. New York: Palgrave Macmillan, 2015.
Adair, Bill, Benjamin Filene, and Laura Koloski, eds. *Letting Go? Sharing Historical Authority in a User-Generated World*. Philadelphia, PA: The Pew Centre for Arts and Heritage, 2010.
Adams, Mary Louise. *The Trouble with Normal: Postwar Youth and the Making of Heterosexuality.* Toronto: University of Toronto Press, 1997.
Adichie, Chimamanda Ngozi. "The Danger of a Single Story." *TedTalk*, 6 October 2009. Accessed on 10 November 2023, https://www.ted.com/talks/chimamanda_ngozi_adichie_the_danger_of_a_single_story?language=en
Admin. "Percilla – The Monkey Girl," *The Independent Showmen's Museum.* Accessed https://showmensmuseum.org/carnival-sideshows/percilla-the-monkey-girl/.
Adolph, Val. *In the Context of its Time: A History of Woodlands.* Victoria: Ministry of Social Services, Government of British Columbia, 1996.
Adolph, Val. *Memories of Woodlands.* Victoria: Ministry of Social Services, Government of British Columbia, 1996.
Ahmed, Sara. *The Cultural Politics of Emotion*. London: Routledge, 2014.
Alexander, Kristine. *Guiding Modern Girls: Girlhood, Empire, and the Internationalism in the 1920s and 1930s.* Vancouver: University of British Columbia Press, 2017.
Amster, Ellen J. "The past, present and future of race and colonialism in medicine." *Canadian Medical Association Journal* 194, 20 (2022): E708-E710.
Anderson, Kay. *Vancouver's Chinatown: Racial Discourse in Canada, 1875-1980.* Montreal: McGill Queen's Press, 1991.
Andrew, Sheila. "Gender and Nationalism: Acadians, Quebecois, and Irish in New Brunswick Nineteenth-Century Colleges and Convent Schools, 1854-1888." *Historical Studies: Canadian Catholic Historical Association* 68 (2012): 7-23.
Anjali Arondekar, "Introduction: Without a Trace," in *For the Record: On Sexuality and the Colonial Archive in India* (Durham: Duke University Press, 2009)
Annammaa, Subini Ancy, David Connorb, and Beth Ferric. "Dis/ability critical race studies (DisCrit): theorizing at the intersections of race and dis/ability." *Race, Ethnicity, and Education* 16, 1 (2013): 1-31.

Archives of Ontario. *Research Guide 233: Criminal Justice Records.* Toronto: March 2023. https://www.archives.gov.on.ca/en/access/documents/research_guide_233_criminal_justice.pdf.

Arnold-de Simine, Silke. *Mediating Memory in Museums: Trauma, Empathy, Nostalgia.* New York: Palgrave Macmillan, 2013.

Backhouse, Constance. "'Pleasing Appearance ... Only Adds to the Danger:' The 1930 Insanity Hearing of Violet Hypatia Bowyer." *Canadian Journal of Women and the Law* 17, 1 (2005): 1-13.

Backhouse, Constance. *Colour-Coded: A Legal History of Racism in Canada, 1900-1950.* Toronto: University of Toronto Press, 1999.

Bacopoulos-Viau, Alexandra, and Aude Fauvel. "Editorial - The Patient's Turn: Roy Porter and Psychiatry's Tales, Thirty Years On." Medical History 60, 1(2016): 1-18.

Baker, Melvin. "Insanity and Politics: The Establishment of a Lunatic Asylum in St. John's, Newfoundland, 1836-1855," *The Newfoundland Quarterly*, 77, 2/3 (1981): 27-31. Accessed 19 January 2024, http://www.ucs.mun.ca/~melbaker/stabb.htm.

Barman, "Taming Aboriginal Sexuality: Gender, Power, and Race in British Columbia, 1850-1900," *BC Studies* 115-116 (1997/1998): 237-266.

Bashford, Alison. "Medicine, Gender, and Empire." In *Gender and Empire,* 112-133. Edited by Philippa Levine. Oxford: Oxford university Press, 2004.

Batacharya, Sheila, and Yuk-Lin Renita Wong. *Sharing Breath: Embodied Learning and Decolonization.* Athabasca: AU Press, 2018.

Behm, Amanda. *Imperial History and the Global Politics of Exclusion: Britain, 1880-1940.* New York: Palgrave Macmillan, 2017.

Ben-Moshe, Liat, Chapman, Chris, Carey, Allison (eds.). *Disability Incarcerated: Imprisonment and in the United States and Canada*. New York: Palgrave Macmillan, 2019.

Ben-Moshe, Liat, Chris Chapman, and Allison Carey. "Reconsidering Confinement, Interlocking Locations and Logics of Incarceration." In *Disability Incarcerated: Imprisonment and in the United States and Canada,* 3-24. Edited by Liat Ben-Moshe, Chris Chapman, Allison Carey. New York: Palgrave Macmillan, 2015.

Bennett, Paul W. "Training "Blue-Blooded" Canadian Boys: Athleticism, Muscular Christianity, and Sports in Ontario's "Little Big Four" Schools, 1829–1930." *Journal of Sport History* 43, 3 (2016): 253-271.

Bentley, D.M.R. *The Gay]Grey Moose: Essays on the Ecologies and Mythologies of Canadian Poetry, 1690-1990.* Ottawa: University of Ottawa Press, 1992.

Betke, Tyla. "'Not a Shred of Evidence:' Settler Colonial networks of Concealment and the Birtle Indian Residential School." *The Canadian Historical Review* 104, 4 (2023): 519-545.

Beveridge, Allan. "Life in the Asylum: patients' letters from Morningside, 1873-1908." *History of Psychiatry* 9, 36 (1998): 434-469.

Bird, Yellow and Pemina. "Wild Indians: Native Perspectives on the Hiwatha Asylum for Insane Indians," 2004. Accessed 24 November 2023, https://dsmc.info/pdf/canton.pdf.

Bird-Wilson, Lisa. *The Red Files.* Gibsons: Nightwood Editions, 2016.

Blackbridge, Persimmon. *Sunnybrook: A True Story with Lies.* Vancouver: Press Gang, 1996.

Blackbridge, Persimmon, and Sheila Gilhooly. *Still Sane.* Vancouver: Press Gang Publishers, 1985.

Blanchard, Jim. *A Diminished Roar: Winnipeg in the 1920s*. Winnipeg: University of Manitoba Press, 2019.
Bogdan, Robert. *Picturing Disability: Beggar, Freak, Citizen, and Other Photographic Rhetoric*. Syracuse: Syracuse University Press, 2012.
Borggreen, Gunhild and Rune Gade, eds. *Performing Archives / Archives of Performance.* Copenhagen: Museum Tusculanum Press, 2013.
Boritch, Helen, and John Hagan. "Crime and the Changing Forms of Class Control: Policing Public Order in 'Toronto the Good,' 1859-1955." *Social Forces* 66, 2 (1987): 307-335.
Boschma, Geertje. "A Family Point of View: Negotiating Asylum Care in Alberta, 1905-1930." *Canadian Bulletin of Medical History* 25, 2 (2008): 367-389.
Boucher, Sophie, Nikolas Paré, J. Christopher Perry, John J. Sigal and Marie-Claude Ouimet. "Répercussions d'une enfance vécue en institution: le cas des Enfants de Duplessis." *La psychothérapie interpersonnelle* 33, 2 (2008): 271-291.
Boudreau, Michael. "'Delinquents Often Become Criminals:' Juvenile Delinquency in Halifax, 1918-1935," Acadiensis 39, 1 (2010): 108–132.
Boyd, Kelly. *Manliness and the Boys' Story Paper in Britain: A Cultural History, 1855-1940.* New York: Palgrave Macmillan, 2003.
Bradbury, Bettina, and Tamara Myers. "Introduction: Negotiating Identities in the Nineteenth- and Twentieth-Century Montreal." In *Negotiating Identities in 19th and 20th Century Montreal,* 1-21. Edited by Bettina Bradbury and Tamara Myers. Vancouver: University of British Columbia Press, 2005.
Bradbury, Bettina. *Working Families: Age, Gender, and Daily Survival in Industrializing Montreal*. Toronto: University of Toronto Press, 2003.
Bredberg, Elizabeth. "Writing Disability History: Problems, Perspectives, and Sources." *Disability & Society* 14, 2 (1999): 189-201.
Brilmyer, Gracen. "Towards Sickness: Developing a Critical Disability Archival Methodology." *Journal of Feminist Scholarship* 17, 17 (2020): 26-45.
Brookes, Barbara. "Pictures of People, Pictures of Places: Photography and the Asylum." In Exhibiting Madness in Museums: Remembering Psychiatry through Collections and Display, 30-47. Edited by Catharine Coleborne and Dolly MacKinnon. London: Routledge, 2011.
Brown, Leslie and Susan Strega. *Research as Resistance: Critical, Indigenous, and Anti-Oppressive Approaches*. Toronto: Canadian Scholars' Press, 2005.
Brown, Thomas. "'Living with God's Afflicted:' A History of the Provincial Lunatic Asylum in Toronto, 1830-1911." Ph.D. Thesis, Queen's University, 1981.
Bruce, La Marr Jurelle. "Mad Is a Place; or, the Slave Ship Tows the Ship of Fools." *American Quarterly* 69, 2 (2017): 303-308.
Bruce, La Marr Jurelle. *How to Go Mad without Losing Your Mind: Madness and Black Radical Creativity.* Durham Duke University Press, 2021.
Burch, Susan. *Committed: Remembering Native Kinship in and Beyond Institutions.* Chapel Hill: The University of North Carolina Press, 2021.
Burghardt, Madeline. *Broken: Institutions, Families and the Construction of Intellectual Disability*. Montreal: McGill-Queen's University Press, 2018.
Burke, Stacie. *Building Resistance: Children, Tuberculosis, and the Toronto Sanatorium*. Montreal: McGill-Queen's Press, 2018.

Burns, Kathryn. *Into the Archive: Writing and Power in Colonial Peru*. Durham: Duke university Press, 2010.
Burstow, Bonnie, and Don Weitz, eds. *Shrink Resistant: The Struggle Against Psychiatry in Canada*. Vancouver: New Star Books, 1988.
Burton, Antoinette M. *Archive Stories: Facts, Fictions, and the Writing of History*. Durham: Duke university Press, 2005.
Bush, Barbara. "Gender and Empire: Twentieth Century." In *Gender and Empire*, 77-111. Edited by Philippa Levine. Oxford: Oxford university Press, 2004.
Buss, Helen and Marlene Kadar. *Working in Women's Archives: Researching Women's Private Literature and Archival Documents*. Waterloo: Wilfred Laurier University Press, 2001.
Byatt, A.S. *On Histories and Stories: Selected Essays.* Cambridge: Harvard University Press, 2001.
Campbell, Fiona. *Contours of Ableism: The Production of Disability and Abledness*. New York: Palgrave Macmillan, 2009.
Campt, Tina M. *Listening to Images.* Durham: Duke University Press, 2017.
Capponi, Pat. *Upstairs in the Crazy House: The Life of a Psychiatric Survivor.* Toronto: Viking Press, 1992.
Capurri, Valentina. *Not Good Enough for Canada: Canadian Public Discourse around issues of Inadmissibility for Potential Immigrants with Diseases and/or Disabilities, 1902-2002*. Toronto: University of Toronto Press, 2020.
Carleton, Sean. *Lessons in Legitimacy: Colonialism, Capitalism, and the Rise of State Schooling in British Columbia.* Vancouver: University of British Columbia Press, 2022.
Carr, Ian, and Robert E. Beamish. *Manitoba Medicine: A Brief History.* Winnipeg: University of Manitoba Press, 1999.
Carter, Sarah "'They Would Not Give Up One Inch of It:' The Rise and Demise of St Peter's Reserve, Manitoba." In *Indigenous Communities and Settler Colonialism: Land Holding, Loss, and Survival in an Interconnected World*, 173-193. Edited by Zoë Laidlaw and Alan Lester. New York: Palgrave MacMillan, 2015.
Carter, Sarah. *The Importance of Being Monogamous: Marriage and Nation Building in Western Canada to 1915*. Edmonton: University of Alberta Press, 2008.
Caswell, Michelle. *Archiving the Unspeakable: Silence, Memory, and the Photographic Record in Cambodia.* Madison: University of Wisconsin Press, 2014.
Chadha, Ena. "'Mentally Defectives' Not Welcome: Mental Disability in Canadian Immigration Law, 1859-1927." *Disability Studies Quarterly* 28, 1 (2008).
Chapman, Chris, Allison C. Carey, and Liat Ben-Moshe, "Reconsidering Confinement: Interlocking Locations and Logics of Incarceration." In *Disability Incarcerated: Imprisonment and Disability in the United States and Canada*, 3-24. Edited by Liat Ben-Moshe, Angela Y. Davis, Chris Chapman, and Allison C. Carey. New York: Palgrave Macmillan, 2014.
Chapman, Chris, and A.J. Withers. *A Violent History of Benevolence Interlocking Oppression in the Moral Economies of Social Working.* Toronto: University of Toronto Press, 2019.
Chapman, Chris. "Five Centuries' Material Reforms and Ethical Reformulations of Social Elimination." In *Disability Incarcerated: Imprisonment and in the United States and Canada*, 25-44. Edited by Liat Ben-Moshe, Chris Chapman, Allison Carey. New York: Palgrave Macmillan, 2015.

Cho, Lily. “Rereading Chinese Head Tax Racism: Redress, Stereotype, And Antiracist Critical Practice.” *Essays on Canadian Writing* 75 (2002): 62-73.
Cho, Lily. *Mass Capture: Chinese Head Tax and the Making of Non-Citizens.* Montreal: McGill-Queen’s Press, 2021.
Chupik, Jessa, and David Wright. “Treating the ‘idiot’ child in early 20th-century Ontario.” *Disability & Society* 21, 1 (2006): 77-90.
Churchill, Ward. *Kill the Indian, Save the Man: The Genocidal Impact of American Indian Residential Schools*. San Francisco: City Lights, 2004.
Clark, Hilary, eds. *Depression and Narrative: Telling the Dark*. Albany: University of New York Press, 2008.
Clarke, Nic. “Sacred Daemons: Exploring British Columbian Society's Perceptions of ‘Mentally Deficient’ Children, 1870-1930.” *BC Studies*, 144 (2004/5): 61-89.
Cliché, Marie-Aime, and William Donald Wilson. *Abuse or Punishment?: Violence Towards Children in Quebec Families, 1850*-1969. Waterloo: Wilfred Laurier University Press, 2014.
Cohen, Barri (director). *Unloved.* Documentary Channel and White Pine Pictures, 2022. 90 minutes.
Coleborne, Catharine. “Families, Patients and Emotions: Asylums for the Insane in Colonial Australia and New Zealand, c. 1880 –1910.” *Social History of Medicine* 19, 3 (2006): 425-442.
Coleborne, Catharine. *Madness in the Family Insanity and Institutions in the Australasian Colonial World, 1860–1914.* New York: Palgrave MacMillan, 2010.
Coleborne, Catherine. “Institutional Case Files: Insanity’s Archive.” In Sources and Methods in Histories of Colonialism: Approaching the Imperial Archive, 119-134. Edited by Kirsty Reid and Fiona Paisley. New York: Routledge, 2017.
Coleborne, Catherine. “Locating Ethnicity in the Hospitals for the Insane Revisiting Case Books as Sites of Knowledge Production about Colonial Identities in Victoria, Australia, 1873–1910.” In *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, 73-90. Edited by Angela McCarthy and Catherine Coleborne. London: Routledge, 2011.
Coleborne, Catherine. “Making ‘Mad’ Populations in Settler Colonies: The Work of Law and Medicine in the Creation of the Colonial System.” In *Law, History, Colonialism: The Reach of Empire*, 106-122. Edited by Diane Kirkby and Catherine Coleborne. Manchester: Manchester University Press, 2001.
Coleborne, Catherine. *Insanity, Identity, and Empire: Immigrants and Institutional Confinement in Australia and New Zealand, 1873-1910*. Manchester: Manchester University Press, 2015.
Coleborne, Catherine. *Why Talk About Madness? Bringing History into the Conversation.* New York: Palgrave MacMillan, 2020.
Coleborne, Catherine, and Dolly MacKinnon, eds. Exhibiting Madness in Museums: Remembering Psychiatry Through Collection and Display. New York: Routledge, 2011.
Coleman, Daniel. *White Civility: The Literary Project of English Canada.* Toronto: University of Toronto Press, 2006)
Collecting Riverview: A Visual History of Photographs and Objects. Coquitlam: City of Coquitlam, 2001.

Comacchio, Cynthia R. *Nations are Built of Babies: Saving Ontario's Mothers and Children, 1900-1940*. Montreal: McGill-Queen's Press, 1993.
Comacchio, Cynthia, Janet Golden, and George Weisz, eds. *Healing the World's Children: Interdisciplinary Perspectives on Child Health in the Twentieth Century.* Montreal: McGill-Queen's Press, 2008.
Comacchio, Cynthia. *The Dominion of Youth: Adolescence and the Making of Modern Canada, 1920-1950.* Waterloo: Wilfred Laurier Press, 2006.
Costa, Lucy, Jijian Voronka, Danielle Landry, Jenna Reid, Becky McFarlane, David Reville, and Kathryn Church. "Recovering our Stories: A Small Act of Resistance." *Studies in Social Justice* 6, 1 (2012): 85-101.
Cote, Philip. "Four Murals," in *Indigenous Toronto: Stories that Carry this Place,* 64-73. Edited by Denise Bolduc, Mnawaate Gordon-Corbiere, Rebeka Tabobondung, and Brian Wright-McLeod. Toronto: Coach Houser Books, 2021.
Cowing, Jessica. *Settler States of Ability: Assimilation, Incarceration, and Native Women's Crip Interventions*. William & Mary: Ph.D. Dissertation, 2020.
Craft, Aimée and John Burrows. *Breathing Life into the Stone Fort Treaty: An Anishnabe Understanding of Treaty One*. Vancouver: University of British Columbia Press, 2013.
Crispin, Jon. *Willard* Suitcases. 2013. Accessed 3 May 2023, https://www.willardsuitcases.com/.
Cross, Simon. *Mediating Madness: Mental Distress and Cultural Representation.* New York: Palgrave Macmillan, 2010.
Crowley, Terrence. "Women, Religion and Freedom in New France." In *Women and Freedom in Early America*, 109-126. Edited by Larry Eldridge. New York: New York University Press 1997.
Cruikshank, Julie. *The Social Life of Stories: Narrative and Knowledge in the Yukon Territory.* Lincoln: University of Nebraska Press, 1998.
Cvetkovich, Ann. *An Archive of Feelings: Trauma, Sexuality, and Lesbian Public Cultures*. Durham: Duke University Press, 2003.
Cvetkovich, Ann. *Depression: A Public Feeling*. Durham: Duke University Press, 2012.
Daley, Andrea, Lucy Costa, and Peter Beresford, eds. *Madness, Violence, and Power: A Critical Collection.* Toronto: University of Toronto Press, 2019.
Dahlquist, Caroline, and Peter Kinderman. "'Picture Imperfect': The Motives and Uses of Patient Photography in the Asylum." *History of Psychiatry* 34, no. 2 (2023): 130-145.
Daschuk, James W. *Clearing the Plains: Disease, Politics of Starvation, and the Loss of Aboriginal Life*. Regina: University of Regina Press, 2014.
Davies, Megan J. "Living History Installation in Vancouver: MAD CITY, Legacies of MPA." *Active History*. 7 February 2018. Access 3 May 2024, https://activehistory.ca/blog/2018/02/07/living-history-installation-mad-city-legacies-of-mpa/.
Davies, Megan J. "Henry Esson Young." In *Dictionary of Canadian Biography,* vol. 16. University of Toronto/Université Laval, 2003–. Accessed May 1, 2024, http://www.biographi.ca/en/bio/young_henry_esson_16E.html.
Davies, Megan J. "Mapping 'Region' in Canadian Medical History: The Case of British Columbia." *Canadian Bulletin of Medical History* 17 (2000): 73-92.
Davis, Angela Y., Gina Dent, Erica R. Meiners, and Beth E. Richie. *Abolition. Feminism. Now.* Chicago: Haymarket Books, 2022.
davis halifax, nancy viva. *act normal*. Montreal: McGill-Queen's Press, 2023.

davis halifax, nancy viva, David Fancy, Jen Rinaldi, Kate Rossiter, and Alex Tigchelaar. "Recounting Huronia Faithfully: Attenuating Our Methodology to the “Fabulation” of Truths-Telling." *Cultural Studies <-> Critical Methodologies* 18, 2 (2018): 216-227.

Davis, Natalie Zemon. *A Passion for History*. Kirksville: Truman State University Press, 2010.

de Groot, Jerome. *The Historical Novel*. London: Routledge, 2010.

de la Cour, Lykke, and Geoffrey Reaume. “Patient Perspectives in Psychiatric Case Files.” *In On the Case: Explorations in Social History*, 242-265. Edited by Franca Iacovetta and Wendy Mitchinson. Toronto: University of Toronto Press, 1998.

de la Cour, Lykke. “‘She thinks this is the Queen's castle’: Women Patients' Perceptions of an Ontario Psychiatric Hospital.” *Health & Place* 3, 2 (1997): 131-141.

de la Cour, Lykke. *From ‘Moron’ to ‘Maladjusted’: Eugenics, Psychiatry, and the Regulation of Women, Ontario, 1930s-1960s.* Ph.D. Thesis: University of Toronto, 2013.

Dean, David. *A Companion to Public History*. Hoboken: Wiley Blackwell, 2018.

Demerson, Velma. *Incorrigible.* Waterloo: Wilfred Laurier University Press, 2004.

Demos, John. “Afterword: Notes From, and About, the History/Fiction Borderland.” *Rethinking History* 9, 2–3 (2005): 329–335.

Dening, Greg. “Performing on the Beaches of the Mind: An Essay.” History and Theory 41, 1 (2002): 1-24.

Department of Justice. “Youth Records - Youth Justice.” *Government of Canada.* April 11, 2013. https://www.justice.gc.ca/eng/cj-jp/yj-jj/tools-outils/sheets-feuillets/recor-dossi.html.

Derrida, Jacques. *Archive Fever: A Freudian Impression.* Chicago: The University of Chicago Press, 1995.

Digby, Anne. *Madness, Morality and Medicine: A Study of the York Retreat, 1796-1914.* Cambridge: Cambridge University Press, 1985.

Dillenburg, Elizabeth. “Girl Empire Builders: Girls’ Domestic and Cultural Labor and Constructions of Girlhood.” *Journal of the History of Childhood and Youth* 12, 3 (2019): 393-412.

Dolmage, Jay. *Disabled Upon Arrival: Eugenics, Immigration, and the Construction of Race and Disability.* Columbus: Ohio State University, 2018.

Doroshow, Deborah Blythe. *Emotionally Disturbed: A History of Caring for America’s Troubled Children*. Chicago: University of Chicago Press, 2019.

Dowbiggin, Ian Robert. *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940.* London: Cornell University Press, 1997.

Dowbiggin, Ian. “’Keeping the Young Country Sane:’ C.K. Clarke, Immigration Restriction, and Canadian Psychiatry, 1890-1925.” *The Canadian Historical Review* 76, 4 (1995): 598-627.

Drees, Laurie Meijer. *Healing Histories: Stories from Canada’s Indian Hospitals*. Edmonton: University of Alberta Press, 2013.

Dua, Enakshi, Narda Razack, and Jody Nyasha Warner. “Race, Racism, and Empire: Reflections on Canada.” Social Justice 32, 4 (2005): 1-10.

Duncan, Dorothy. *Canadians at Table: A Culinary History of Canada.* Toronto: Dundurn, 2011.

Dyck, Erika and Alexander Deighton. *Managing Madness: Weyburn Mental Hospital and the Transformation of Psychiatric Care in Canada*. Winnipeg: University of Manitoba Press, 2017.

Dyck, Erika. *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*. Toronto: University of Toronto Press, 2013.

Dyhouse, Carol. *Girl Trouble: Panic and Progress in the History of Young Women*. London: Zed Books, 2013.
Eales, Lindsay, and Danielle Peers, “Care Haunts, Hurts, Heals: The Promiscuous Poetics of Queer Crip Mad Care.” *Journal of Lesbian Studies* 25, 3 (2021): 163-181.
Edginton, Barry. "Moral Treatment to Monolith: The Institutional Treatment of the Insane in Manitoba, 1871-1919." Canadian Bulletin of Medical History 5(1998): 167-188.
Edmonds, Penelope. "Unpacking Settler Colonialism’s Urban Strategies: Indigenous Peoples in Victoria, British Columbia, and the Transition to a Settler-Colonial City." *Urban History Review / Revue d’histoire urbaine* 38, 2 (2010): 4-20.
Elliott, Alicia. *A Mind Spread Out on the Ground.* Toronto: Doubleday Canada, 2019.
Ellis, Jason. *A Class by Themselves? The Origins of Special Education in Toronto and Beyond.* Toronto: University of Toronto Press, 2019.
Ellison, Jenny. *Being Fat: Women, Weight, And Feminist Activism in Canada.* Toronto: University of Toronto Press, 2020.
Emberley, Julia V. *The Testimony Uncanny: Indigenous Storytelling, Knowledge, and Reparative Practices*. New York: Suny Press, 2014.
Engel, Marian. *The Bear*. Toronto: McClelland & Stewart, 2014.
Esser, Florian, Meike S. Baader, Tanja Betz, and Beatrice Hungerland, eds. *Reconceptualising Agency and Childhood: New Perspectives in Childhood Studies*. New York: Routledge, 2016.
Fabris, Erick. *Tranquil Prisons: Mad Peoples Experiences of Chemical Incarceration Under Community Treatment Orders.* Toronto: University of Toronto Press, 2011.
Faulkner, Joanne. “Colonialism and Childhood.” In *The Sage Encyclopedia of Children and Childhood Studies*, 537-542. Edited by Daniel Thomas Cook. New York Sage Publications Inc, 2020.
Faulkner, Joanne. “Ghosts of Eugenics’ Past: ‘Childhood’ as Target for Whitening Race in the United States and Canada.” *Continuum: Journal of Media & Cultural Studies* 37, 3 (2023): 329-347.
Fils, Nathan, and David Wright. “‘A Grave Injustice:’ The Mental Hospital and Shifting Sites of Memory.” In *Exhibiting Madness in Museums*, 101-115. Edited by Catherine Coleborne and Dolly MacKinnon. New York: Routledge, 2011.
Fiske, Jo-Anne. “Placing Violence Against First Nations Children: The Use of Space and Place to Construct the (In)credible Violated Subject.” In *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*, 140-159. Edited by Laurence J. Kirmayer and Gail Guthrie Valaskakis. Vancouver: University of British Columbia Press, 2009.
Fiver. *Audible Songs from Rockwood*. Idee Fixe Records. 2017. Vinyl record, compact disk, and digital.
Flynn, Karen. "'I'm Glad That Someone Is Telling the Nursing Story' Writing Black Canadian Women's History." *Journal of Black Studies* 38, 3 (2008): 443-460.
Foucault, Michel. *Discipline and Punish: The Birth of the Prison*. New York: Vintage Books Edition, 1995.
Foucault, Michel. *History of Madness*. London: Routledge, 2006.
Foucault, Michel. *The Archaeology of Knowledge* (New York: Pantheon Books, 1972.

Frances, Allen. *Saving Normal: An Insider's Revolt Against Out-of-Control Psychiatric Diagnosis, DSM-5, Big Pharma, and the Medicalization of Ordinary Life*. New York: Harper Collins, 2013.
Francis, Daniel. "The Development of the Lunatic Asylum in the Maritime Provinces." *Acadiensis* 6, 2 (1977): 23-38.
Francis, Daniel. *National Dreams: Myth, Memory, and Canadian History.* Vancouver: Arsenal Pulp Press, 1997.
Fraser, Crystal Gail, and Allyson Stevenson. "Reflecting on the Foundations of Our Discipline Inspired by the TRC: A Duty to Respond during This Age of Reconciliation." *Canadian Historical Review* 10, 1 (2022): 1-31.
Freeman, Mark. "Narrative and Truth: Some Preliminary Notes." In *Life and Narrative: The Risks and Responsibilities of Storying Experience.* Edited by Brian Schiff, A. Elizabeth McKim, and Sylvie Patron. Oxford: Oxford University Press, 2017.
Freeman, Victoria. "'Toronto Has No History!' Indigeneity, Settler Colonialism, and Historical Memory in Canada's Largest City." *Urban History Review* 38, 2 (2010): 21-35.
Freeman, Victoria. *A World Without Martha: A Memoir of Sisters, Disability, and Difference*. Vancouver: University of Vancouver Press, 2019.
Fritsch, Kelly, Jeffrey Monaghan, and Emily van der Meulen (eds.). *Disability Injustice: Confronting Criminalization in Canada.* Vancouver: University of British Columbia Pres, 2022.
Fritsch, Kelly, Jeffrey Monaghan, and Emily van der Meulen. "Resisting the Criminalization of Disability Cripping Disability Injustice toward Accessible Decarceral Futures." In *Disability Injustice: Confronting Criminalization in Canada*, 3-46. Edited by Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen. Vancouver: University of British Columbia Pres, 2022.
Gagan, David and Rosemary Gagan. "'Evil Reports' for 'Ignorant Minds?' Patient Experience and Public Confidence in the Emerging Modern Hospital: Vancouver General Hospital, 1912." *Canadian Bulletin of Medical History* 18 (2001): 354-355.
Gagan, David and Rosemary Gagan. *For Patients of Moderate Means: A Social History of the Voluntary Public General Hospital in Canada, 1890-1950*. Montreal: McGill-Queen's Press, 2002.
Garland-Thomson, Rosemarie. *Staring: How We Look.* Oxford University Press, 2009.
Geddes, Gary. *Medicine Unbundled: A Journey Through the Minefields of Indigenous Health Care.* Victoria: Heritage House, 2017.
George, Sam, Jill Yonit Goldberg, and Liam Belson. *The Fire Still Burns: Life in and After Residential School.* Vancouver: University of British Columbia press, 2023.
Ghosh, Amitav. "AHR Roundtable: Storytelling and the Spectrum of the Past." The American Historical Review (2016): 1552-1565.
Ginzburg, Carlo. "Microhistory: Two or Three Things That I know about it." In *Theoretical Discussions of Biography: Approaches from History, Microhistory, and Life Writing*. Edited by Hand Renders and Binne De Haan. Leiden: Brill Publishers, 2014, 139-166.
Ginzburg, Carlo. *The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller.* Baltimore: Johns Hopkins University Press, 1980.
Gleason, Mona. "'Lost Voices, Lost Bodies?' Doctors and the Embodiment of Children and Youth in English Canada from 1900-1940s," in *Lost kids: vulnerable children and youth in*

twentieth-century Canada and the United States, 136-153. Edited by Mona Gleason, Tamara Myers, Leslie Paris, and Veronica Strong-Boag. Vancouver: University of British Columbia Press, 2010.
Gleason, Mona. "Embodied Negotiations: Children's Bodies and Historical Change in Canada 1930-1960," *Journal of Canadian Studies* 34,1 (1999): 113-144.
Gleason, Mona. "Navigating the Pedagogy of Failure: Medicine, Education, and the Disabled Child in English Canada, 1900-45." In *Changing Trends in Childbearing and Childhood,* 140-160. Edited by Graham Allan and Nathanael Thomas Lauster. Vancouver: University of British Columbia Press, 2012.
Gleason, Mona. "Race, Class, and Health: School Medical Inspection and 'Health' Children in British Columbia, 1890-1930." In *Children's Health Issues in History Perspective*, 287-304. Edited by Cheryl Krasnick Warsh and Veronica Strong-Boag. Waterloo: Wilfred Laurier University Press, 2005.
Gleason, Mona. S*mall Matters: Canadian Children in Sickness and Health.* Montreal: McGill Queen's University Press, 2013.
Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates.* New York: Anchor Books, 1961.
Gonaver, Wendy. *The Peculiar Institution and the Making of Modern Psychiatry 1840-1880.* Chapel Hill: University of North Carolina Press, 2019.
Gorman, Rachel, and Brenda A. LeFrançois. "Mad Studies." In *The Routledge International Handbook of Critical Mental Health*, 107-114. Edited by Bruce M. Z. Cohen. London: Routledge, 2017.
Gosselin, Viviane, and Phaedra Livingstone, eds. *Museums and the Past: Constructing Historical Consciousness.* Vancouver: University of British Columbia Press, 2016.
Gould, Stephen Jay. *The Mismeasure of Man*. Second edition. New York: W.W. Norton & Company, 2006.
Grant, Ian. "The Incorrigible Juvenile: History and Prerequisites of Reform in Ontario." *Canadian Journal of Family Law* 4, 3 (1984): 293-318.
Greer, Allan. "The Birth of Police in Canada." In *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada*, 17-49. Edited by Allan Greer and Ian Radforth. Toronto: University of Toronto Press, 1992.
Grekul, Jana, Harvey Krahn, and Dave Odynak. "Sterilizing the Feeble-minded: Eugenics in Alberta, Canada, 1929-1972." *Journal of Historical Sociology* 17, 4 (2004): 358-384.
Haggis, Jane. "What an 'Archive Rat' Reveals to Us About Storying Theory and the Nature of History." *Australian Feminist Studies* 27, 73 (2012): 289-295.
Harris, Cole. *From the Reluctant Land.* Vancouver: University of British Columbia Press, 2008.
Harris, Cole. *Making Native Space: Colonialism, Resistance, and Reserves in British Columbia.* Vancouver: University of British Columbia Press, 2002.
Harris, Cole. *The Resettlement of British Columbia: Essays on Colonialism and Geographical Change*. Vancouver: University of British Columbia Press, 1997.
Harris, Cole. *A Bounded Land: Reflections on Settler Colonialism in Canada*. Vancouver: University of British Columbia Press, 2020.
Hartman, Saidiya "Venus in Two Acts." *Small Axe* 12, 2 (2008): 1-14.
Hartman, Saidiya. *Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America*. Oxford: Oxford University Press, 1997.

Hartman, Saidiya. *Wayward Lives, Beautiful Experiments: Intimate Histories of Riotous Black Girls, Troublesome Women and Queer Radicals*. New York: W.W. Norton and Company: 2019.
Harvey, Cameron. "The Early Years of the Manitoba Home for Boys," *Manitoba History* 79 (2015). Accessed: https://www.mhs.mb.ca/docs/mb_history/79/manitobahomeforboys.shtml.
Hatvany, Matthew G. 1997. "Tenant, Landlord and Historian: A Thematic Review of the 'Polarization' Process in the Writing of 19th-Century Prince Edward Island History." *Acadiensis* 27, 1 (1997): 109-132.
Hawes, Joseph M. and N. Ray Hiner. "Reflections on the History of Children and Childhood in the Postmodern Era." In *Major Problems in the History of American Families and Children: Documents and Essays*, 32-30. Edited by Anya Jabour. Boston: Houghton Mifflin, 2005.
Hemmings, Clara. *Why Stories Matter: The Political Grammar of Feminist Theory*. Durham: Duke University Press, 2011.
Hemmings, Clare. "Affective solidarity: Feminist reflexivity and political transformation." *Feminist Theory* 13, 2 (2012): 3-19.
Heron, Craig. *Working Lives: Essays in Canadian Working-Class History*. Toronto: University of Toronto Press, 2018.
High, Steven. *Beyond Testimony and Trauma: Oral History in the Aftermath of Mass Violence*. Vancouver: University of British Columbia Press, 2015.
Hilton, Claire. *Civilian Lunatic Asylums During the First World War: A Study of Austerity on London's Fringe*. New York: Springer Link, 2021.
Hodgson, Jack. "Historians, Emotions, and Children's Trauma in the Archives." *Qualitative Inquiry* (2023): 1-7.
Hogeveen, Bryan. "'Impossible Cases Can be Cured When All the Factors Are Known:' Gender, Psychiatry and Toronto's Juvenile Court, 1912–1930." *Canadian Bulletin of Medical History* 20, 1 (2003): 43-74.
Holmes, Martha Stoddard. "Embodying Affliction in Nineteenth-Century Fiction." In *The Cambridge Companion to Literature and Disability*. Edited by Clare Barker. Cambridge: Cambridge University Press, 2017.
Hornborg, Anne-Christine. *Mi'Kmaq Landscapes: From Animism to Sacred Ecology*. London: Routledge, 2008.
Hulan, Renée. "The Past is an Imagined Country: Reading Canadian Historical Fiction in English." In *Settling and Unsettling Memories: Essays in Canadian Public History* edited by Nicole Neatby and Peter Hodgins. Toronto: University of Toronto Press, 2012, 591-595.
Hutcheon, Emily J., and Bonnie Lashewicz. "Tracing and Troubling Continuities between Ableism and Colonialism in Canada." *Disability & Society* 35, 5 (2020): 695-714.
Iacovetta, Franca, and Wendy Mitchinson. "Introduction: Social History and Case Files Research." In *On the Case: Explorations in Social History*, 3-21. Edited by Franca Iacovetta and Wendy Mitchinson. University of Toronto Press, 1998.
Iacovetta, Franca. "Gossip, Contest, and Power in the Making of Suburban Bad Girls: Toronto, 1945-60," *The Canadian Historical Review* 80, 4 (1999): 585-624.

Independent Special Interlocutor. *Sacred Responsibility: Searching for the Missing Children and Unmarked Burials, Interim Report.* June 2023. Accessed: https://osi-bis.ca/wp-content/uploads/2023/06/OSI_InterimReport_June-2023_WEB.pdf

Ingram, Richard. "Doing Mad Studies: Making (Non)Sense Together." *Intersectionalities: A Global Journal of Social Work Analysis* 5, 3 (2016): 11–17.

Jago, Robert. "Canada's National Parks Are Colonial Crime Scenes." The Walrus (November 2023, October 2017). Accessed 29 January 2024, https://thewalrus.ca/canadas-national-parks-are-colonial-crime-scenes/.

Janiszewki, Ed. "Eight Years On – The Lakeshore Psychiatric Hospital Cemetery." *Friends of the CAMH Archives Newsletter* 20, 2 (2012): 1-2.

Johnson, Cornelia. *A History of Mental Health Care in Manitoba: A Local Manifestation of An International Social Movement*. University of Manitoba: M.A. Thesis, 1980.

Johnson, Jon. *Pathways to the Eighth Fire: Indigenous Knowledge and Storytelling in Toronto.* York University: Ph.D. Dissertation, 2015.

Jongbloed, Kate, Jorden Hendry, Danièle Behn Smith, and Joe Gallagher Kʷunuhmen. "Towards untying colonial knots in Canadian health systems: A net metaphor for settler-colonialism." *Healthcare Management Forum* 36, 4 (2023): 228-234.

Joseph, Ameil J. *Deportation and the Confluence of Violence Within Forensic Mental Health and Immigration Systems.* New York: Palgrave Macmillan, 2015.

Kafai, Shayda. Crip *Kinship: The Disability Justice & Art Activism of Sins Invalid*. Vancouver: Arsenal Pulp Press, 2021.

Kanani, Nadia. "Race and Madness: Locating the Experience of Racialized People with Psychiatric Histories in Canada and the United States." *Critical Disability Discourses* 3 (2011): 1-14.

Kara, Helen. *Creative Research Methods in the Social Sciences: A Practical Guide.* Bristol: Policy Press, 2015.

Kearin, Madeline Bourque. "Dirty Bread, Forced Feeding, and Tea Parties: The Uses and Abuses of Food in Nineteenth-Century Insane Asylums." *Journal of Medical Humanities* 43 (2022): 95-116.

Keen, Suzanne. *Romances of the Archive in Contemporary British Fiction.* Toronto: Toronto University Press, 2001.

Keenlyside, David, and Helen Kristmanson, "The Palaeo-Environment of the Peopling of Prince Edward Island: An Archaeological Perspective." In *Time and Place: An Environmental History of Prince Edward Island.* Edited by Edward MacDonald, Irené Novaczek, and Joshua MacFadyen. Montreal: McGill-Queen's Press, 2016.

Kelm, Mary Ellen. "A Life Apart: The Experience of Women and the Asylum Practice of Charles Doherty at British Columbia's Provincial Hospital for the Insane, 1905–15." *Canadian Bulletin of Medical History* 11, 2 (1994): 335-355.

Kelm, Mary-Ellen. "Women, Families and the Provincial Hospital for the Insane, British Columbia, 1905-1915." *Journal of Family History* 19, 2 (1994): 177-193.

Kelm, Mary-Ellen. *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950.* Vancouver: University of British Columbia Press, 1998.

King, Thomas. *The Truth About Stories*. Toronto: House of Anansi Press, 2003.

Kinsman, Gary, and Patrizia Gentile. *The Canadian War on Queers: National Security as Sexual Regulation.* Vancouver: University of British Columbia Press, 2010.

Klein, Alexandre. “À la recherche de l’archive psychiatrique perdue. L’histoire des fonds d’archives d’Alfred Binet (1857-1911).” *Santé mentale au Québec* 41, no. 2 (2016): 21–32. https://doi.org/10.7202/1037952ar.

Koester, C. Elizabeth. *In the Public Good: Eugenics and Law in Ontario*. Montreal: McGill-Queen's University Press, 2021.

Koh, Adeline. “Addressing Archival Silence on 19th Century Colonialism, Part 1.” *Adeline Koh Blog*, 4 March 2012. Accessed on 10 November 2023, https://web.archive.org/web/20150921144628/http://www.adelinekoh.org/blog/2012/03/04/addressing-archival-silence-on-19th-century-colonialism-part-1-the-power-of-the-archive/?shared=email&msg=fail.

Koon, Claudia. *The Nazi Conscience.* Boston: Harvard University Press, 2003.

Korinek, Valerie. *Prairie Fairies: A History of Queer Communities and People in Western Canada, 1930-1985*. Toronto: University of Toronto Press, 2018.

Krawec, Patty. *Becoming Kin: An Indigenous Call to Unforgetting the Past and Reimagining Our Future*. Minneapolis: Broadleaf Books, 2022.

Krotz, Sarah Wylie. *Mapping with Words: Anglo-Canadian Literary Cartographies, 1789-1916*. Toronto: University of Toronto Press, 2018.

Kunzel, Regina. “Queer History, Mad History, and the Politics of Health.” *American Quarterly* 69, 2 (2017): 315-320.

Kurbegović, Erna, and Frank Stachnisch (eds.). *Psychiatry and the Legacies Oof Eugenics: Historical Studies of Alberta and Beyond*. Athabasca: AU Press, 2020.

Kyer, C. Ian. *A Thirty Years’ War: A Failed Public/Private Partnership that Spurred the Creation of the Toronto Transit Commission, 1891-1921*. Toronto: Irwin Law, 2015.

Ladd-Taylor, Molly. *The Feebleminded Menace and the Innocent Child.* Baltimore: Johns Hopkins University Press, 2017.

Lamb, Susan. *Pathologist of the Mind: Adolf Meyer and the Origins of American Psychiatry.* Baltimore: Johns Hopkins University Press, 2014.

Landertinger, Laura C.L. “Settler Colonialism and The Canadian Child Welfare System.” In *The Routledge Companion to Sexuality and Colonialism*, 137-144. Edited by Chelsea Schields, and Dagmar Herzog. London: Routledge, 2021.

LeFrançois, Brenda A., and Jijian Voronka. “Mad Epistemologies and Maddening the Ethics of Knowledge Production.” In *Unravelling Research: The Ethics and Politics of Research in the Social Sciences*, 105-130. *Edited by Teresa Mascías*. Halifax: Fernwood Publishing, 2022.

LeFrançois, Brenda A., Robert Menzies, and Geoffrey Reaume. “Introducing Mad Studies.” In *Mad Matters: A Critical Reader in Canadian Mad Studies*, 1-22. E*dited by* Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume. Toronto: Canadian Scholars Press, 2013.

LeFrançois, Brenda A., Robert Menzies, and Geoffrey Reaume. *Mad Matters: A Critical Reader in Canadian Mad Studies.* Toronto: Canadian Scholars Press, 2013.

Lepore, Jill. “Historians who Love Too Much: Reflections on Microhistory and Biography.” *The Journal of American History* 88, 1 (2001): 129-144.

Levine, Philippa. “Sexuality, Gender, and Empire.” In *Gender and Empire*, 134-155. Edited by Philippa Levine. Oxford: Oxford University Press, 2004.

Liegghio, Maria, Herberth Canas, Alexis Truong, and Salomi Williams. 2021. “A Call for De-Policing Crisis Responses: Distressed Children and Youth Caught Between the Mental Health and Police Systems.” *Journal of Community Safety and Well-Being* 6, 1 (2021): 28-34.

Liegghio, Maria. “Too Young to Be Mad: Disabling Encounters with 'Normal' from the Perspectives of Psychiatrized Youth,” *Intersectionalities* 5, 3 (2016): 110-129.

Little, Ann M. “Cloistered Bodies: Convents in the Anglo-American Imagination in the British Conquest of Canada.” *Eighteenth-Century Studies* 39, 2 (2006): 187-200.

Little, Vivienne. “What is Historical Imagination?” *Teaching History* 36 (1983): 37-42.

Loft, Ange. “Remember Like We Do,” in *Indigenous Toronto: Stories that Carry this Place*, 17-28. Edited by Denise Bolduc, Mnawaate Gordon-Corbiere, Rebeka Tabobondung, and Brian Wright-McLeod. Toronto: Coach Houser Books, 2021.

Loveless, Natalie. *How to Make Art at the End of the World: A Manifesto for Research-Creation.* Durham: Duke University Press, 2019.

Lunbeck, Elizabeth. “‘A New Generation of Women:’ Progressive Psychiatrists and the Hypersexual Female.” *Feminist Studies* 13, 3 (1987): 513-543.

Lux, Marueen. *Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s*. Toronto: University of Toronto Press, 2016.

Lux, Maureen. *Medicine That Walks: Disease, Medicine and Canadian Plains Native People*. Toronto: University of Toronto Press, 2001.

MacLeod, David I. “Act Your Age: Boyhood, Adolescence, and the Rise of the Boy Scouts of America.” *Journal of Social History* 16, 2 (1982): 3-20.

MacKinnon, Dolly, and Catherine Coleborne. “Seeing and Not Seeing Psychiatry.” In Exhibiting Madness in Museums: Remembering Psychiatry Through Collection and Display, 3-13. *Edited by Catherine Colborne and Dolly MacKinnon. New* York: Routledge, 2011.

Madness Canada. “The Brandon Asylum, 1891.” *The Asylum Project*. Accessed 14 February 2024, https://madnesscanada.com/contributor-exhibits/the-asylum-project/1891-manitoba/.

Madokoro, Laura. *Elusive Refuge: Chinese Migrants in the Cold War*. Boston: Harvard University Press, 2017.

Magnússon, Sigurður Gylfi, and István M. Szijártó. *What is Microhistory?: Theory and Practice*. London: Routledge, 2013.

Malacrida, Claudia. *A Special Hell: Institutional Life in Alberta’s Eugenic Years*. Toronto: University of Toronto press, 2015.

Marqui, Greg. “The Police as a Social Service in Early Twentieth-Century Toronto.” *Social History* 25, 50 (1992): 335-358.

Marqui, Greg. *Policing Canada’s Century: A History of the Canadian Association of Chiefs of Police.* Toronto: University of Toronto Press, 1993.

Maynard, Stephen. “On the Case of the Case: The Emergence of the Homosexual as a Case History in Early Twentieth Century Canada.” In On the Case: Explorations in Social History, 65-87. Edited by Franca Iacovetta and Wendy Mitchinson. Toronto: University of Toronto Press, 1998.

Maynard, Steven. "‘Horrible Temptations’: Sex, Men, and Working-Class Male Youth in Urban Ontario, 1890–1935." *The Canadian Historical Review* 78, 2 (1997): 191-235.

McCallum, Mary Jane Logan, and Adele Perry. S*tructures of Indifference: An Indigenous Life and Death in a Canadian City*. Winnipeg: University of Manitoba Press, 2018.

McCallum, Mary Jane Logan. “Starvation, Experimentation, Segregation, and Trauma: Words for Reading Indigenous Health History.” *The Canadian Historical Review* 98, 1 (2017): 96-113.

McCarthy, Thomas. *Race, Empire, and the Idea of Human Development.* Cambridge: Cambridge University Press 2009.

McClintock, Anne. *Imperial Leather: Race, Gender, and Sexuality in the Colonial Contest*. New York: Routledge, 1995.

McKay, Kathryn. “From Blasting Powder to Tomato Pickles: Patient Work at the Provincial Mental Hospitals in British Columbia, Canada, 1885-190.” In *Work, Psychiatry, and Society, c. 1750-2015*, 99-116. Edited by Waltraud Ernst. Manchester: Manchester University Press, 2016.

McKay, Kathryn. “Settler-colonial thought and psychiatric practice in early twentieth-century British Columbia, Canada.” In *Archiving Settler Colonialism: Culture, Space, and Race,* 205-217. Edited by Yu-ting Huang, Rebecca Weaver-Hightower. London: Routledge, 2018.

McLaren, Angus. *Our Own Master Race: Eugenics in Canada, 1885-1945*. Toronto: University of Toronto Press, 1990.

McMaster, Lindsey. *Working Girls in the West: Representations of Wage-Earning Women.* Vancouver: University of British Columbia Press, 2008.

McNally, Kieran. *A Critical History of Schizophrenia*. New York: Palgrave Macmillan, 2016.

Meerai, Sonia, Idil Abdillahi, and Jennifer Poole. “An Introduction to Anti-Black Sanism.” *Intersectionalities: A Global Journal of Social Work Analysis, Research, Polity, and Practice* 5, 3 (2016): 18-35.

Menzies, Robert, and Ted Palys. “Turbulent Spirits: Aboriginal Patients in the British Columbia Psychiatric System, 1879–1950.” In *Mental Health and Canadian Society: Historical Perspectives,* 149-175. Edited by James E. Moran and David Wright. Montreal: McGill-Queen’s University Press, 2006.

Menzies, Robert. “Governing Mentalities: The Deportation of ‘Insane’ and ‘Feebleminded’ Immigrants Out of British Columbia From Confederation to World War II.” *Canadian Journal of Law and Society* 13, 2 (2014): 135-173.

Menzies, Robert. “Race, Reason, and Regulation: British Columbia's Mass Exile of Chinese 'Lunatics' aboard the Empress of Russia, 9 February 193.” In *Regulating Lives: Historical Essays on the State, Society, The Individual, and the Law,* 196-230. Edited by John McLaren, Robert Menzies, and Dorothy E. Chunn. Vancouver: University of British Columbia Press, 2002.

Meringolo, Denise D., ed. *Radical Roots: Public History & a Tradition of Social Justice Activism.* Amherst: Amherst College Press, 2021.

Metzl, Jonathan M. *Protest Psychosis: How Schizophrenia Became a Black Disease*. Boston: Beacon Press, 2010.

Miller, David. “Deliberative Democracy and Social Choice.” In *Debating Deliberative Democracy,* 182-199. Edited by James S. Fishkin and Peter Laslett. Malden: Blackwell Publishing, 2003.

Miller, Elizabeth, Edward Little and Steven High. *Going Public: The Art of Participatory Practice.* Vancouver: University of British Columbia Press, 2017.

Miller, J. R. *Compact, Contract, Covenant: Aboriginal Treaty-Making in Canada*. Toronto: University of Toronto Press, 2009.
Milloy, John S. *A National Crime: The Canadian Government and the Residential School System.* Winnipeg: University of Manitoba Press, 2017).
Mills, James H. *Madness, Cannabis, and Colonialism: Ther 'Native-Only' Lunatic Asylums of British India, 1857-1900*. New York: Palgrave Macmillan, 2000.
Milosz, Magdalena. *"Don't Let Fear Take Over:" The Space and Memory of Indian Residential Schools*. University of Waterloo: MA Thesis, 2015.
Miron, Janet. "'Open to the Public:' Touring Ontario Asylums in the Nineteenth Century." In M*ental Health and Canadian Society: Historical Perspectives*, 19-48. Edited by James E. Moran, and David Wright. Montreal: McGill-Queen's Press, 2006.
Miron, Janet. *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century.* Toronto: University of Toronto Press, 2011.
Mitchell, Douglas. *A Disturbing and Alien Memory: Southern Novelists Writing History.* Baton Rouge: Louisiana State University Press, 2008.
Mitchinson, Wendy. "Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case." *Canadian Bulletin of Medical History* 1, 4 (1987): 99-117.
Mitchinson, Wendy. *Body Failure: Medical Views of Women, 1900-1950.* Toronto: University of Toronto Press, 2013.
Mitchinson, Wendy. *Fighting Fat: Canada, 1920-1980.* Toronto: University of Toronto Press, 2018.
Mitchinson, Wendy. *Giving Birth in Canada, 1900-1950.* Toronto: University of Toronto Press, 2002.
Mitchinson, Wendy. *The Nature of their Bodies: Women and their Doctors in Victorian Canada.* Toronto: University of Toronto Press, 1994.
Moran, James, David Wright, and Mat Savelli. "The Lunatic Fringe: Families, Madness, and Confinement in Victorian Ontario." In *Mapping the Margins: The Family and Social Discipline in Canada, 1700-1975*, 277-304. Edited by Nancy Christie and Michael Gauvreau. Montreal: McGill-Queen's University Press, 2004.
Moran, James. *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario*. Montreal: McGill-Queen's University Press, 2000.
Morgan, Cecilia. *Sweet Canadian Girls Abroad: A Transnational History of Stage and Screen Actresses.* Montrel: McGill-Queen's University Press, 2022
Morin, Jean-Pierre. *Solemn Words and Foundational Documents: An Annotated Discussion of Indigenous-Crown Treaties in Canada, 1752-1923*. Toronto: University of Toronto Press, 2018.
Mosby, Ian. ''Administering Colonial Science: Nutrition Research and Human Biomedical Experimentation in Aboriginal Communities and Residential Schools, 1942–1952.'' *Social History* 91 (2013): 145-192.
Mumm, Susan. "'Not Worse than Other Girls:' The Convent-Based Rehabilitation of Fallen Women in Victorian Britian." *Journal of Social History* 29, 3 (1996): 527-546.
Myers, Tamara. "The Voluntary Delinquent: Parents, Daughters, and the Montreal Juvenile Delinquents' Court in 1918." *Canadian Historical Review* 80, 2 (1999): 242-268.
Myers, Tamara. *Caught: Montreal's Modern Girls and the Law, 1869-1945.* Toronto: University of Toronto Press, 2006.

Myers, Tamara. *Youth Squad: Policing Children in Twentieth Century*. McGill-Queen's Press, 2019.
New, W.H. *Land Sliding: Imagining Space, Presence, and Power in Canadian Writing*. Toronto: University of Toronto Press, 1997.
Newman, Sara. "Disability and Life Writing: Reports from the Nineteenth-Century Asylum." *Journal of Literary & Cultural Disability Studies* 5, 3 (2011): 261-278.
Newman, Sara. *Writing Disability: A Critical History.* Boulder: First Forum Press, 2012.
Nicholas, Jane. *Canadian Carnival Freaks and the Extraordinary Body, 1900-1970s.* Toronto: University of Toronto Press, 2018.
Nicholas, Jane. *The Modern Girl: Feminine Modernities, the Body, and Commodities in the 1920s.* Toronto: University of Toronto Press, 2014.
Nicholas, Katherine Lyndsay. *Unmarked Graves and Burial Grounds at Brandon Indian Residential School*. The University of Manitoba: M.A. Thesis, 2015.
Noll, Richard. *American Madness: The Rise and Fall of Dementia Praecox*. Boston: Harvard University Press, 2011.
O'Neill, Claire. "Asylum Suitcases, Found and Photographed." *NPR.* 4 March 2013. Accessed 3 May 2024, https://www.npr.org/sections/pictureshow/2013/03/04/141934159/asylum-suitcases-found-and-photographed.
Obermark, Lauren, and Madaline Walter. "Mad Women on Display: Practices of Public Rhetoric at the Glore Psychiatric Museum." *Reflections* 14, 1 (2014): 58–80.
Odell, Tracy. "Not your average childhood: lived experience of children with physical disabilities raised in Bloorview Hospital, Home and School from 1960 to 1989." *Disability and Society* 26, 1 (2011): 49-63.
Oliver, Jeff. *Landscapes and Social Transformations on the Northwest Coast: Colonial Encounters in the Fraser Valley*. University of Arizona Press, 2010.
Ouellet, Guillaume, Lisandre Labrecque-Lebeau, Pierre Pariseau-Legault, and Emmanuelle Bernheim. "The Judicialization of Everyday Life in Quebec: Intellectual Disability, Sexuality, and Control." In Disability Injustice: Confronting Criminalization in Canada, 116-137. Edited by Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen. Vancouver: University of British Columbia Pres, 2022.
Paisley, Fiona. "Childhood and Race: Growing Up in the Empire." In *Gender and Empire*, 240-256. Edited by Philippa Levine. Oxford: Oxford university Press, 2004.
Pandey, Gyanendra. "Un-archived Histories: The 'Mad' and the 'Trifling." *Economic and Political Weekly* 47, 1 (2012): 37-41.
Parsons, Meg. "Constructing Hygienic Subjects: The Regulation and Reformation of Aboriginal Bodies." In *Bodily Subjects: Essays on Gender and Health, 1800-2000*, 74-99. Edited by Tracy Penny Light, Barbara Brookes, and Wendy Mitchinson. Montreal: McGill-Queen's University Press, 2014.
Pasternak, Shiri. "Canada is a Bad Company: Police as Colonial Mercenaries for State and Capital," in *Disarm, Defund, Dismantle: Police Abolition in Canada,* 66-73. Edited by Shiri Pasternak, Kevin Walby, and Abby Stadnyk. Toronto: Between the Lines, 2022.
Parry, Manon. "abNormal: Bodies in medicine and Culture." In *Curatorial Dreams: Critics Imagine Exhibitions*, 245-255. Edited by Shelley Ruth Butler, and Erica T. Lehrer. Montreal: McGill-Queen's University Press, 2016.

Peabody, Sue. “Microhistory, Biography, Fiction: The Politics of Narrating the Lives of People under Slavery.” *Transatlantica* 2 (2012): 1-19.
Pedwall, Carolyn. *Affective Relations: The Transnational Politics of Empathy*. London: Palgrave Macmillan, 2014.
Penney, Darby, Peter Stastny, and Lisa Rinzler. *The Lives they Left Behind: Suitcases form a State Hospital Attic.* New York: Bellevue Literary Press, 2009.
Perlin, Michael L. “Sanism and the Law.” *AMA Journal of Ethics* 15, 10 (2013): 373-407.
Perreault, Isabelle, and Marie-Claude Thifault, “Les Soeurs de la Providence et les psychiatres modernistes: enjeux professionnels en santé mentale au Québec, 1910-1965.” *Études d'histoire religieuse* 78, 2 (2012): 59-79.
Perreault, Isabelle, and Marie-Claude Thifault. “Behind Asylum Walls: Studying the Dialectic Between Psychiatrists and Patients at Montreal’s Saint-Jean-de-Dieu Hospital during the first half of the Twentieth Century.” *Social History of Medicine* 32, 2 (2019): 377-394.
Perry, Adele. “Women, Racialized People, and the Making of the Liberal Order in North America.” In *Liberalism and Hegemony: Debating the Canadian Liberal Revolution* (274-297). Edited by Michel Ducharme and Jean-François. Toronto: University of Toronto Press, 2009.
Perry, Adele. *On the Edge of Empire: Gender, Race, and the Making of British Columbia, 1849-1871*. Toronto: University of Toronto Press, 2001.
Peterson Projects. *321 De La Cathedrale Avenue: St Joseph’s Academy* (2009). Accessed: https://legacy.winnipeg.ca/ppd/Documents/Heritage/HeritageResourcesReports/De-la-Cathedrale-321-summary.pdf.
Phillips, Louise Gwenneth, and Tracey Bunda. *Research Through, With, and As Storying*. New York: Routledge, 2018.
Phillips, Mark Sabers. “On the Advantage and Disadvantage of Sentimental History for Life.” *History Workshop Journal* 65, 1 (2008): 49-64.
Pickens, Their Alyce. *Black Madness : : Mad Blackness*. Durham: Duke University Press, 2019.
Pilling, Merrick. *Queer and Trans Madness: Struggles for Social Justice.* London: Palgrave Macmillan, 2022.
Plessis, Rory du. "People with intellectual disability at the Grahamstown Lunatic Asylum: humanizing photographs, stories and narratives from the casebooks, 1890–1920." *Safundi* (Published ahead of print, 2023): 4-7.
Plessis, Rory du. “Beyond a Clinical Narrative: Casebook Photographs from the Grahamstown Lunatic Asylum, c. 1890s.” *Critical Arts* 29, 1 (2015): 88–103.
Porter, Roy. “The Patient’s View: Doing Medical History from below.” Theory and Society 14 (1985): 175-6.
Potyondi, Barry. *Selkirk: The First Hundred* Years. Winnipeg: National School Services, 1981.
Prang, Margaret. “‘The Girl God Would Have Me Be:’ The Canadian Girls in Training, 1915-39,” *Canadian Historical Review* 66, 2 (1985): 154-184.
Pranger, Tina. *Beyond the Asylum: The Evolution of Mental Health Care in Prince Edward Island 1846-2017*. Charlottetown: Prince Edward Island Museum & Heritage Foundation, 2019.
Pranger, Tina. *Beyond the Asylum: The Evolution of Mental Health Care in Prince Edward Island 1846-2017*. Charlottetown: PEI Museum and Heritage Foundation, 2019.

Preston, Jeffrey. “Battle Lines Drawn: Creative Resistance to Ableism through Online Media.” In *Mobilizing Metaphor: Art, Culture, and Disability Activism in Canada,* 162-180. Edited by Kelly, Christine and Michael Orsini. Vancouver: University of British Columbia Press, 2016.

Price, Margaret. “The Bodymind Problem and the Possibilities of Pain.” *Hypatia* 30, 1 (2015): 268-284.

Prince, Michel. *Absent Citizens: Disability Politics and Policy in Canada*. Toronto: University of Toronto Press, 2009.

Raftery, Deirdre. “Rebels with a Cause: Obedience, Resistance and Convent Life, 1800–1940.” *History of Education: Journal of the History of Education Society* 42, 6 (2013): 729-744.

Rasmussen, Chris. *Carnival in the Countryside: The History of the Iowa State Fair*. Iowa City: University of Iowa Press 2015.

Ratcliffe, Matthew. “Depression and the Phenomenology of Free Will.” In *The Oxford Handbook of Philosophy and Psychiatry*. Edited by K.W.M. Fulford, Martin Davies, Richard Gipps, George Graham, John Z. Sadler, Giovanni Stanghellini, and Tim Thornton, 574-591. Oxford: Oxford University Press, 2013.

Rawling, Katherine D. B. “‘The Annexed Photos were Taken Today:’ Photographing Patients in the Late-Nineteenth-century Asylum.” Social History of Medicine 34, 1 (2019): 256-284.

Rawling, Katherine D. B. “Patient Photographs, Patient Voices: Recovering Patient Experience in the Nineteenth-Century Asylum.” In *Voices in the History of Madness: Personal and Professional Perspectives on Mental Health and Illness*, 237-262. Edited by Robert Ellis, Sarah Kendal, and Steven J. Taylor. New York: Springer International Publishing, 2021.

Raymond, Theresa L. “From Prisoner to Patient Mental Health and Toronto’s Andrew Mercer Reformatory for Females, 1880–1969.” In *Disability Injustice: Confronting Criminalization in Canada*, 49-71. Edited by Kelly Fritsch, Jeffrey Monaghan, and Emily van der Meulen. Vancouver: University of British Columbia Pres, 2022.

Reaume, Geoffrey. “Mental Hospital Patients and Family Relations in Southern Ontario, 1880-1930.” In *Family Matters: Papers in Post-Confederation Canadian Family History*, 271-288. Edited by Lori Chambers and Edgar-André Montigny. Toronto: Canadian Scholars’ Press, 1998.

Reaume, Geoffrey. “Accounts of Abuse of Patients at the Toronto Hospital for the Insane, 1883-1937.” *Canadian Bulletin of Medical History* 14, 1 (1997): 65-106.

Reaume, Geoffrey. “Disability History in Canada: Present Work in The Field and Future Prospects.” *Canadian Journal of Disability Studies* 1, 1 (2012): 35–81.

Reaume, Geoffrey. “Eugenics Incarceration and Expulsion, Daniel G. and Andrew T.’s Deportation from 1928 Toronto, Canada.” In *Disability Incarcerated: Imprisonment and Disability in the United States and Canada,* 63-80. Edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey. New York, New York: Palgrave MacMillan, 2014.

Reaume, Geoffrey. “Keep Your Labels Off My Mind! Or ‘Now I Am Going to Pretend I Am Craze but Don’t Be a Bit Alarmed:’ Psychiatric History from the Patients’ Perspectives.” *Canadian Bulletin of Medical History* 11 (1994): 387–424.

Reaume, Geoffrey. “Lunatic to Patient to Person: Nomenclature in Psychiatric History and the Influence of Patients’ Activism in North America.” *International Journal of Law and Psychiatry* 25, no. 4 (2002): 405–26. https://doi.org/10.1016/S0160-2527(02)00130-9.

Reaume, Geoffrey. “Patients at Work: Insane Asylum Inmates’ Labour in Ontario, 1841-1900.” In *Rethinking Normalcy: A Disability Studies Reader*, 158-180. Edited by Tanya Titchkosky and Rod Michalko. Toronto: Canadian Scholars’ Press, 2009.

Reaume, Geoffrey. “Posthumous Exploitation? The Ethics of Reseaching, Writing, and Being Accountable as a Disability History.” In *Untold Stories: A Canadian Disability History Reader*. Edited by Roy Hanes, Nancy E. Hansen, Diane Driedger, 26-39. Toronto: Canadian Scholars, 2018.

Reaume, Geoffrey. “Psychiatric Patient Built Wall Tours at the Centre for Addiction and Mental Health (CAMH), Toronto, 2000 – 2010.” *Active History*. 19 April 2011. Accessed 4 May 2024, https://activehistory.ca/papers/historypaper-10.

Reaume, Geoffrey. *Remembrance of Patients Pasts: Patient Life at the Toronto Hospital for the Insane, 1870-1940*. Toronto: University of Toronto Press, 2009.

Refvik, Kurtland Ingvald. *History of the Brandon Mental Health Centre, 1891-1991*. Brandon: Brandon Mental Health Centre, 1991.

Refvik, Kurtland. “The Brandon Asylum Fire of 1910,” *Manitoba History* 21 (1991). Accessed: https://www.mhs.mb.ca/docs/mb_history/21/brandonasylumfire.shtml.

Reid, John G. “Empire, the Maritime Colonies, and the Supplanting of Mi’kma’ki/Wulstukwik, 1780-1820,” *Acadiensis* 38, 2 (2009): 78-97.

Rembis, Michael. “The New Asylums, Madness and Mass Incarceration in the Neoliberal Era.” In *Disability Incarcerated: Imprisonment and in the United States and Canada*, 139-159. Edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey. New York: Palgrave Macmillan, 2014.

Rice, Jenny. *Awful Archives: Conspiracy Theory, Rhetoric, and Acts of Evidence*. Columbus: The Ohio State University Press, 2020.

Ricoeur, Paul. *Memory, History, Forgetting*. Chicago: University of Chicago Press, 2004.

Ridington, Robin. *Trail to Heaven: Knowledge and Narrative in a Northern Native Community.* Iowa City: University of Iowa Press, 1992.

Rimke, Heidi. “Sickening Institutions: A Feminist Sociological Analysis and Critique of Religion, Medicine, and Psychiatry.” In *Containing Madness: Gender and ‘Psy’ in Institutional Contexts*, 15-39. Edited by Jennifer M. Kilty and Erin Dej. New York: Springer International Publishing, 2018.

Rinaldi, Jen, and Jay Dolmage. “'Of Dark Type and Poor Physique' Law, Immigration Restriction, and Disability in Canada, 1900–30.” In *Disabiling Barriers: Social Movements, Disability History, and the Law,* 98-122. Edited by Ravi Malhotra and Benjamin Isitt. Vancouver: University of British Columbia Press, 2017.

Ritchie, Andrea J. “Chapter Four: Policing Disability.” In *Invisible No More: Police Violence Against Black Women and Women of Color*. Boston: Beacon Press, 2017, 88-103.

Riverview Hospital: A Legacy of Care and Compassion. Vancouver: British Columbia Mental Health and Addiction Services, 2010.

Rogers, Nicholas. “Serving Toronto the Good: The Development of the City Police Force, 1834-84.” In *Forging Consensus: Historical Essays on Toronto*, 116-140. Edited by Victor L. Russell. Toronto: University of Toronto Press, 1984.

Roman, Leslie G., Sheena Brown, Steven Noble, Rafael Wainer, and Alannah Earl Young. “No time for nostalgia!: asylum-making, medicalized colonialism in British Columbia (1859–97) and artistic praxis for social transformation.” *International Journal of Qualitative Studies in Education 22*, 1 (2009): 17-63.

Rossiter, Kate, and Jen Rinaldi. *Institutional Violence and Disability: Punishing Conditions*. New York: Routledge, 2018.
Rothman, David J. *The Discovery of the Asylum: Social Order and Disorder in the New Republic.* New York: Routledge, 2002.
Roy, Patricia E. *Foreword to White Riot: The 1907 Anti-Asian Riots in Vancouver*, by Henry Tsang (9-27). Vancouver: Arsenal Pulp Press, 2023.
Roy, Patricia. *A White Man's Province: British Columbia Politicians and Chinese and Japanese Immigrants, 1858-1914.* Vancouver: University of British Columbia Press, 1989.
Roy, Patricia. *The Oriental Question: Consolidating a White Man's Province, 1914-1941.* Vancouver: University of British Columbia Press, 2003.
Salmón, Enrique. "Connection to the Land." In *Restoring the Kinship Worldview: Indigenous Voices Introduce 28 Precepts for Rebalancing Life on Planet Earth*. Edited by Wahinkpe Topa (Four Arrows) and Darcia Narvaez, *210-218*. New York: North Atlantic Books, 2022.
Sangster, Joan. "'She is Hostile to Our Ways:' First Nations Girls Sentenced to the Ontario Training School for Girls, 1933-1960." *American Society for Legal History* 20, 1 (2002): 59-96.
Sangster, Joan. *Girl Trouble: Female Delinquency in English Canada*. Toronto: Between the Lines, 2002.
Sangster, Joan. *Regulating Girls and Women: Sexuality, Family, and the Law in Ontario, 1920-1960*. Toronto: University of Toronto Press, 2001.
Sass, Louis A., and Elizabeth Pienkos. "Delusion: The Phenomenological Approach." In *The Oxford Handbook of Philosophy and Psychiatry*. Edited by K.W.M. Fulford, Martin Davies, Richard Gipps, George Graham, John Z. Sadler, Giovanni Stanghellini, and Tim Thornton, 632-657. Oxford: Oxford University Press, 2013.
Sault, Margaret. "A Story About the Toronto Purchase," in *Indigenous Toronto: Stories that Carry this Place*, 37-44. Edited by Denise Bolduc, Mnawaate Gordon-Corbiere, Rebeka Tabobondung, and Brian Wright-McLeod. Toronto: Coach Houser Books, 2021.
Scott, Ken. "Society, Place, Work: The BC Public Hospital for the Insane, 1872-1902." *BC Studies*, 171 (2011): 93-110.
Scull, Andrew. *Madness and Segregate Control: The Rise of the Insane Asylum.* New York: Routledge, 1985.
Segrest, Mab. *Administrations of Lunacy: Racism and the Haunting of American Psychiatry at the Milledgeville Asylum*. New York: The New Press, 2020.
Sellars, Bev. *They Called me Number One: Secrets and Survival at Indian Residential School*. Vancouver: Talon Books, 2012.
Setaro, Marica. "À la recherche des jeunes filles." *Revue d'histoire de l'enfance «irrégulière»* 23 (2021): 47–65.
Shephard, David A. E. *Island Doctor: John Mackieson and Medicine in Nineteenth-Century Prince Edward Island*. Montreal: McGill-Queen's University Press, 2003.
Shipley, Tyler A. *Canada in The World: Settler Capitalism and the Colonial Imagination*. Halifax: Fernwood Publishing, 2020.
Shorter, Edward. *A Historical Dictionary of Psychiatry.* Oxford: Oxford University Press, 2005.
Shorter, Edward. *TPH: History and Memoires of the Toronto Psychiatric Hospital, 1925-1966.* Dayton: Wall & Emerson Inc., 1996.

Silver, A.I. *The French-Canadian Idea of Confederation, 1864-1900*. Toronto: University of Toronto Press, 1997.

Simpson, Leanne Betasamosake. "Centring Resurgence: Taking on Colonial Gender Violence in Indigenous Nation Building." In *Keetsahnak: Our Missing and Murdered Indigenous Sisters*, 215-239. Edited by Kim Anderson, Maria Campbell and Christi Belcourt. Edmonton: University of Alberta Press, 2018.

Simpson, Leanne Betasamosake. *As We Have Always Done: Indigenous Freedom Through Radical Resistance.* Minneapolis: University Of Minnesota Press, 2017.

Shimrat, Irit, ed. *Call me Crazy: Stories from the Mad Movement.* Vancouver: Press Gang Publishers, 1997.

Singh, Julietta. *No Archive Will Restore You.* California: 3Ecologies Books 2018.

Smith, Kira A. "Deporting Mad Girls: The Colliding of the Century of the Child and the Century of Canada." *Friends of the CAMH Archive Newsletter* (Autumn 2022): 1-4.

Smith, Kira A. "Using Fiction to Tell Mad Stories: A Journey into Historical Imagination and Empathy." *Rethinking History* 26, 3 (2022): 392-419.

Smith, Laurajane. "Changing Views? Emotional Intelligence, Registers of Engagement, and the Museum Visit." In *Museums and the Past,* 101-121. Edited by Viviane Gosselin, and Phaedra Livingstone. Vancouver: University of British Columbia Press, 2016.

Smith, Michelle J., Clare Bradford, and Kristine Moruzi. *From Colonial to Modern: Transnational Girlhood in Canadian, Australian, And New Zealand Children's Literature, 1840-1940*. Toronto: University of Toronto Press, 2017.

Smithers, Gregory D. "Settler Sexualities: Reproducing Nations in the United States, Canada, Australia, and New Zealand." In *The Routledge Companion to Sexuality and Colonialism*, 94-105. Edited by Chelsea Schields, and Dagmar Herzog. London: Routledge, 2021.

Snyder, Sarah N., Kendra-Ann Pitt, Fady Shanouda, Jijian Voronka, Jenna Reid, and Danielle Landry. "Unlearning through Mad Studies: Disruptive Pedagogical Praxis." *Curriculum Inquiry* 49, 4 (2019): 485-502.

Sobey, Douglas. "The Forests of Prince Edward Isaland, 1720-1900." In *Time and Place: An Environmental History of Prince Edward Island.* Edited by Edward MacDonald, Irené Novaczek, and Joshua MacFadyen. Montreal: McGill-Queen's Press, 2016.

Southgate, Beverley. *History Meets Fiction.* New York: Pearson, 2009.

Spagnuolo, Natalie. "'Someone in Toronto… Paid Her Way Out Here:' Indentured Labour and Medical Deportation-The Precarious Work of Single Women." In *Untold Stories: A Canadian Disability History Reader, 121-139.* Edited by Nancy Hansen, Diane Dreidger, and Roy Hanes. Toronto: Canadian Scholars, 2018.

Spagnuolo, Natalie. "Defining Dependency, Constructing Curability: The Deportation of 'Feebleminded' Patients from the Toronto Asylum, 1920-1925." *Histoire Sociale/Social History* 49, 98 (2016): 126-153.

St-Amand, Nérée, and Eugène LeBlanc. "Women in 19th-Century Asylums: Three Exemplary Women; A New Brunswick hero." In *Mad Matters: A Critical Reader in Canadian Mad Studies,* 38-48. Edited by Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume. Toronto: Canadian Scholars Press, 2013.

Stanley, David J. *Historical Imagination.* London: Routledge, 2020.

Starkman, Mel. "The Movement." In *Mad Matters: A Critical Reader in Canadian Mad Studies*, 27-37. Edited by Brenda A. LeFrançois, Robert Menzies, and Geoffrey Reaume. Toronto: Canadian Scholars Press, 2013.
Steedman, Carolyn. "After the Archive." *Comparative Critical Studies* 8, 2-3 (2011): 321-340.
Steedman, Carolyn. *Dust: The Archive and Cultural History*. Manchester: Manchester University Press, 2001.
Stiker, Henri-Jacques. *A History of Disability*. Michigan: University of Michigan Press, 1997.
Stockton, Kathryn Bond. *The Queer Child, or the Growing Sideways in the Twentieth Century*. Durham: Duke University Press, 2009.
Stoler, Ann Laura. "Making Empire Respectable: The Politics of race and Sexual Morality in 20th-Century colonial cultures." *American Ethnologist* 16, 4 (1989): 634-660.
Stoler, Ann Laura. *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense*. Princeton: Princeton University Press, 2008.
Stoler, Ann Laura. *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*. Berkley: University of California Press, 2004.
Stote, Karen. *An Act of Genocide: Sterilization of Indigenous Women*. Halifax: Fernwood Publishing, 2015.
Stothard, Jack. "Brandon History in Postcards," *Manitoba History* 56 (2007). Accessed: http://www.mhs.mb.ca/docs/mb_history/56/brandonpostcards.shtml.
Strange, Carolyn, and Jennifer A. Stephen. "Eugenics in Canada: A Checkered History. 1850s-1990s." *The Oxford Handbook of the History of Eugenics*, 523-538. Edited by Alison Bashford and Philippa Levine. Oxford: Oxford University Press, 2010.
Strange, Carolyn. *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930*. Toronto: University of Toronto Press, 1995.
Strong-Boag, Veronica. "Children of Adversity": Disabilities and Child Welfare in Canada from the Nineteenth to the Twenty-First Century." *Journal of Family History* 32, 4 (2007): 413-432.
Strong-Boag, Veronica. "Forgotten People of All the Forgotten: Children with Disabilities in English Canada from the Nineteenth Century to the New Millennium," in *Lost kids: vulnerable children and youth in twentieth-century Canada and the United States*. Edited by Mona Gleason. Vancouver: University of British Columbia Press, 2010, 33-50.
Stuckey, Zosha. "Race, Apology, and Public Memory at Maryland's Hospital for the 'Negro' Insane." *Disability Studies Quarterly* 37, 1 (2017).
Suman Fernando, *Institutional Racism in Psychiatry and Clinical Psychology* (New York: Springer International Publishing, 2017).
Summers, Martin. *Madness in the City of Magnificent Intentions: A History of Race and Mental Illness in the Nation's Capital*. Oxford: Oxford University Press, 2019.
Sutherland, Neil. *Growing Up: Childhood in English Canada from the Great War to the Age of Television*. Toronto: University of Toronto Press, 1997.
Swartz, Sally. "Asylum Case Records: Fact and Fiction." *Rethinking History* 22, 3 (2018): 289-301.
Sweeney, Shay. *"Holding open the door of healing," An Administrative, Architectural, and Social History of Civic Hospitals: Toronto, Winnipeg, Calgary, and Vancouver,1880-1980*. McMaster University: PhD Thesis, 2017.

Tagg, John. *The Burden of Representation: Essays on Photographies and Histories.* Minneapolis: University of Minnesota Press, 1993.
Talaga, Tanya. "Finding Annie: How I reclaimed my kin, in a forgotten cemetery in Toronto." *The Globe and Mail* (June 2023). Accessed 26 April 2024, https://thewalrus.ca/canadas-national-parks-are-colonial-crime-scenes/.
Taylor, Diana. *The Archive and the Repertoire: Performing Cultural Memory in the Americas*. Durham: Duke University Press, 2003.
Taylor, Lisa, Umwali Sollange, and Marie-Jolie Rwigema. "The Ethics of Learning from Rwandan Survivor Communities: Critical Reflexivity and the Politics of Knowledge Production in Genocide Education." In *Beyond Testimony and Trauma*, 88-118. Edited by Steven High. Vancouver: University of British Columbia Press, 2015.
Taylor, Patrick. "Escape from the Colonial Asylum." *a/b: Auto/Biography Studies* 33, 3 (2018): 557-568.
Taylor, Steven J. *Child Insanity in England, 1845-1907*. London: Palgrave Macmillian, 2017.
Thifault, Marie-Claude. "Hell in the Family: Married Women and Madness Before Institutionalization at the St-Jean-de-Dieu Asylum, 1890-1921." *Nursing History Review* 19 (2011): 15-28.
Thifault, Marie-Claude. "L'hospitalité chez les Sœurs de la Providence." *Spiritualité Santé* (2015). Accessed November 8, 2023, https://www.chudequebec.ca/a-propos-de-nous/publications/revues-en-ligne/spiritualite-sante/dossiers/les-chemins-de-l-hospitalite/l%E2%80%99hospitalite-chez-les-sours-de-la-providence.aspx.
Thomas, Gerald E. "Book Review – In the Context of its Time: A History of Woodlands and Memories of Woodlands." *BC Studies* 113 (1997): 113-114.
Thomson, Rosemarie Garland. *Extraordinary Bodies: Figuring Physical Disability in American Culture and Literature*. New York: Columbia University Press, 1997.
Titchkosky, Tanya. *Reading and Writing Disability Differently: The Textured Life of Embodiment.* Toronto: University of Toronto Press, 2007.
Tremain, Shelley L. *Foucault and Feminist Philosophy of Disability*. Ann Arbor: University of Michigan Press, 2017.
Trepanier, Jean. "Juvenile Delinquency and Youth Protection: The Historical Foundations of the Canadian Juvenile Delinquents Act of 1908." E*uropean Journal of Crime, Criminal Law and Criminal Justice* 7, 1 (1999): 41-62.
Trouillot, Michel-Rolp. *Silencing the Past: Power and the Production of History.* Boston: Beacon Press, 1995.
Truth and Reconciliation Commission of Canada, *A Knock on the Door: The Essential History of Residential Schools from the Truth and Reconciliation Commission of Canada, Edited and Abridged.* Winnipeg: University of Manitoba Press, 2015.
Truth and Reconciliation Commission. *Canada's Residential Schools: The History, Part 1 Origins to 1939. The Final Report of the Truth and Reconciliation Commission of Canada, Volume 1*. Montreal: McGill-Queen's Press, 2015.
Truth and Reconciliation Commission. *Canada's Residential Schools: The Legacy. The Final Report of the Truth and Reconciliation Commission of Canada, Volume 5*. Montreal: McGill-Queen's Press, 2015.
Tsang, Henry. *360 Riot Walk.* Accessed 07 December 2023. https://360riotwalk.ca/.

Tsang, Henry. *White Riot: The 1907 Anti-Asian Riots in Vancouver*. Vancouver: Arsenal Pulp Press, 2023.
Tuck, Eve, and Rubén A. Gaztambide-Fernández, "Curriculum, Replacement, and Settler Futurity." *Journal of Curriculum Theorizing* 29, 1 (2013): 72-89.
Tyee, The, and Christopher Cheung, "On Kwikwetlem Territory, A New Vision for Riverview." *PWL Partnership* (April 14, 2021). Accessed: https://www.pwlpartnership.com/news/kwikwetlem-territory-new-vision-riverview.
Upton, L. F. S. "Indians and Islanders: The Micmacs in Colonial Prince Edward Island." *Acadiensis* 6, 1 (1976): 21-42.
Ussher, Jane M. *The Madness of Women: Myth and Experience.* New York: Routledge, 2011.
Valverde, Mariana. *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925.* Toronto: University of Toronto Press, 2008.
van Trigt, Paul and Susan Legene. "Writing Disability into Colonial Histories of Humanitarianism." *Social Inclusion* 4, 4 (2016): 188-196.
Van Veen, Christopher, Katherine Teghtsoonian, and Marina Morrow, "Enacting Violence and Care: Neo-liberalism, Knowledge Claims, and Resistance." In *Madness, Violence, and Power: A Critical Collection*, 63-79. Edited by Andrea Daley, Lucy Costa, and Peter Beresford. Toronto: University of Toronto Press, 2019.
Viscardis, Katherine Maye. "The History and Legacy of the 'Orillia Asylum for Idiots:' Children's Experiences of Institutional Violence." Trent University, 2020. http://digitalcollections.trentu.ca/islandora/object/etd:957.
Voronka Jijian. "Re/moving Forward?: Spacing Mad Degeneracy at the Queen Street Site." *Resources for Feminist Research* 33, 1-2 (2008): 45-61.
Wagamese, Richard. *Indian Horse.* Vancouver: Douglas and McIntyre, 2012.
Waiser, Bill. *Loyal to Death: Indians and the North-West Rebellion*. Calgary: Fifth House Publishers, 1997.
Walker, Barrington. "Following the North Star: Black Canadians, IQ Testing, and Biopolitics in the Work of H.A. Tanser, 1939–2008." In *Contesting Bodies and Nation in Canadian History*, 49-68. Edited by Patrizia Gentile and Jane Nicholas. Toronto: Toronto University Press, 2013.
Walls, Martha Elizabeth. "Confederation and Maritime First Nations," *Acadiensis* 46, 2 (2017): 155-176.
Walsh, John C. "Becoming a Center: Public History, Assembly, and State Formation in Canada's Capital City, 1880–1939." In *A Companion to Public History*, 135-146. Edited by David Dean. Hoboken: Wiley Blackwell, 2018.
Ward, Peter W. *Courtship, Love, and Marriage in Nineteenth-Century English Canada*. Montreal: McGill-Queen's Press, 1990.
Ward, W. Peter. *White Canada Forever: Popular Attitudes and Public Policy Toward Orientals in British Columbia*. Third Edition. Montreal: McGill-Queen's Press, 2002.
Ware, Syrus, Joan Ruzsa, and Giselle Dias. "It Can't be Fixed Because It's not Broken, Racism and Disability in the Prison Industrial Complex." In *Disability Incarcerated: Imprisonment and in the United States and Canada*, 163-184. Edited by Liat Ben-Moshe, Chris Chapman, and Allison Carey. New York: Palgrave Macmillan, 2014.
Warner, Tom. *Never Going Back: A History of Queer Activism in Canada.* Toronto: University of Toronto Press, 2002.

Warsh, Cheryl Krasnick. *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923.* Montreal: McGill-Queen's University Press, 1989.
Weigel, Matthew James. *Whitemud Walking.* Toronto: Coach House Books, 2022.
Weiner, Dora B. "'Le Geste de Pinel': The History of a Psychiatric Myth." In *Discovering the History of Psychiatry*, 232-247. Edited by Mark Micale and Roy Porter. Oxford: Oxford University Press, 1994.
Wendy Roy, *Maps of Difference: Canada, Women, and Travel* (Montreal: McGill-Queen's University Press, 2005).
Wheatley, Thelma. *And Neither Have I Wings to Fly:" Labelled and Locked Up in Canada's Institution*. Toronto: Inanna Publications and Education Inc, 2013.
White, Hayden. *Metahistory: The Historical Imagination in Nineteenth-Century Europe.* Baltimore: Johns Hopkins University Press, 1973.
White, Hayden. *The Content of The Form: Narrative Discourse and Historical Representation*. Baltimore: The John Hopkins University Pres, 1987.
Wickham, Blaine. *Saskatchewan Hospital North Battleford: Report Prepared for the Ministry of Parks, Culture, and Sport*. Regina: Ministry of Parks, Culture, and Sport, September 2012.
Wipond, Rob. *Your Consent is Not Required: The Rise in Psychiatric Detentions, Forced Treatment, and Abusive Guardianships*. Dallas: BenBella Books, 2023.
Wirtz, Jason. "Creating Possibilities: Embedding research Into Creative Writing." *The English Journal* 95, 4 (2006): 23-27.
Withers, A.J. *Disability Politics and Theory*. Halifax: Fernwood Publishing, 2012.
Wood, J. David. *Making Ontario: Agricultural Colonization and Landscape Re-Creation before the Railway*. McGill-Queen's University Press, 2000.
Wood, Whitney. "'Don't Tell Them You're Guessing': Learning Obstetrics in Canadian Medical Schools, c. 1890-1920." In *Transforming Medical Education: Historical Case Studies of Teaching, Learning, and Belonging in Medicine*, 455-479. Edited by Susan Lamb and Delia Gavrus. Montreal: McGill-Queen's Press, 2022.
Woodside, Martin. *Frontiers of Boyhood: Imagining America, Past and Future.* Norman: University of Oklahoma Press, 2022.
Woolford, Andrew. *This Benevolent Experiment: Indigenous Boarding Schools, Genocide, and Redress in Canada and the United States.* Lincoln: University of Nebraska Press, 2015.
Woon, Yuen-Fong. "Between South China and British Columbia: Life Trajectories of Chinese Women." *BC Studies* 156, 7 (2007/8): 83-107.
Wright, David. *Downs: The History of a Disability*. New York: Oxford University Press, 2011.