

“The world outside these walls”:  
Toronto’s Provincial Lunatic Asylum in Context,  
1830–1882

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## **Abstract**

This dissertation explores the place of Toronto's Provincial Lunatic Asylum within the broader social, cultural, and political landscape of nineteenth-century Ontario (Upper Canada). The development of the asylum in Upper Canada was one part of a broader institutional reform movement intended to codify, segregate, and rehabilitate the province's criminals, lunatics, and other social deviants. I argue that the lunatic asylum was fundamentally shaped by its place within this broader institutional suite. At once a medical, political, and social space, the asylum was mobilized by various individuals and associations to serve a variety of interests.

The Provincial Lunatic Asylum was a liminal institution. Its value as a resource for the growing Upper Canadian medical profession, its place within entrenched systems of partisan patronage, and its status as a charitable public institution ensured that the fate of the lunatic asylum was tied to the life of the province. By situating the asylum within its broader social, political, and cultural contexts, this study enhances our understanding of the role of public institutions like the asylum in the early formation of the Canadian state. Moreover, this study sheds light on the intricate connections between lunacy care and the everyday life of Upper Canadians from many social and cultural backgrounds. It is a study not only of the role of the asylum in the development of a nation, but also the fundamental role of the local and transnational contexts of mid-nineteenth-century Upper Canada on the development of a peculiarly Canadian asylum. This is the story of both an institution and the world outside its walls, spanning a range of topics including the professionalization of medicine, the birth of a political culture, the institutional development of Upper Canada and Toronto, working- and middle-class labour, and the experiences of ordinary Upper Canadians living with "lunacy."

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## **Introduction**

### **Toronto's Lunatic Asylum and the New Upper Canadian Social Order**

Between 1830 and 1839, Upper Canadian reformers and lawmakers gradually negotiated the establishment of the province's first lunatic asylum in Toronto.<sup>1</sup> Their decision to implement state-supported institutional lunacy care in Upper Canada represented an informed and publicly deliberated response to the over-crowding of the province's decrepit system of local jails, which housed an increasingly large number of lunatics throughout the early decades of the nineteenth century. The Provincial Lunatic Asylum, which officially opened in 1850, was at once regarded as a symbol of medical advancement and a product of emerging liberal ideas about the segregation and institutionalization of various classifications of social deviance. It soon became evident that the asylum had other uses, however: the institution was a valuable tool for the advancement of political and professional agendas, a site for the negotiation of socio-economic status and respectability, and a source of social cachet for an emerging middle class of doctors, lawyers, and newspaper editors. Toronto's "madhouse" was a medical space for the care and cure of lunatics, certainly, but few doubted that it was also a partisan space, where those same lunatics were frequently exploited as material and discursive capital in the political machinations of Upper Canada's ruling classes.

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<sup>1</sup> Lunatic/lunacy, insane/insanity, and other contemporary terminology will be used throughout this dissertation to describe the class of people who were labelled and segregated on account of their supposed mental difference in nineteenth-century Canada. I use these terms because they have no modern analogue. The men, women, and children who were labelled as lunatics in this period did not necessarily suffer from what we might today call mental illness. Their identification as lunatics sometimes arose from their anomalous social practices, their idiosyncratic modes of expression, or their deviant political or religious beliefs. As such, the terms *lunatic* and *mentally ill* are not interchangeable. My adoption of these terms does not constitute an endorsement, but rather an effort to reflect as accurately as possible the context of their contemporary meanings and usage.

Drawing on a rich vein of administrative and patient files, private correspondences, medical periodicals, and newspaper articles, this dissertation re-examines the history of Upper Canada's first asylum in an effort to demonstrate its significance not only to members of the medical profession, but also to people from all levels of Upper Canadian society, many of whom entertained their own ideas about who should hold the reins of such an important institution. The asylum may have been the product of legal enactment by a centralizing Canadian state, but its development and management was shaped as much by negotiations between independent professional and political actors as it was by top-down statecraft and high-minded ideas of hegemony and social control. To illustrate the impact of individual doctors, politicians, and other Upper Canadians on the development of the asylum, the study analyzes the complex channels of patronage which shaped early nineteenth-century Canadian political culture. This analysis is undertaken largely through an exploration of the lively partisan press within which patronage power was negotiated and deliberated.

Examining asylum development as part of a wider program of institution building and state formation, the dissertation also considers how Upper Canada's rapidly transforming political culture, its socio-demographic growth and infrastructural decay, and multiform local, regional, and international developments in medicine and social welfare reform simultaneously shaped and defined institutional formation in the province. Asylum reform in Canada was preceded by the proliferation of public and private madhouses in Britain, Europe, and North America. In many ways, "moral therapy"—a method of non-restraint pioneered in the early nineteenth century by French physician Phillippe Pinel and subsequently practiced at the renowned York Retreat in England—provided the intellectual foundations for the development of lunacy care in Upper Canada. However, the young colony lagged behind many other nations



in the implementation of asylum reform, owing in large part to its early stage of socio-economic development. Furthermore, for asylum care to replace more traditional methods of lunacy care required the acceptance and adoption of the “Christianlike and gentlemanlike liberality” within which asylum reform was rooted—in other words, popular support for asylum care depended upon the adoption of a liberal mode of collective social organization rooted in the performance of a historically-specific construction of individuality and Christian respectability.<sup>2</sup> What Ian McKay has identified as a “hierarchical ensemble of ideological principles,” which together comprised a liberal model of rule (or a “liberal order”), was not present in Upper Canada until the mid-nineteenth century.<sup>3</sup> It was only once these disparate intellectual currents converged that colonial administrators were prepared to accept and support a measure as radical as asylum reform.

These same forces of liberalization animated the centralization and bureaucratization of Ontario’s social welfare administration after Confederation. To a limited extent, the Board of Inspectors of Prisons and Asylums that was established in 1859 signalled the government’s tacit acknowledgement of the inter-institutional relationship between the province’s prisons, asylum, and penitentiary, as well as its responsibility to administrate them. However, it was not until 1868 that the first Inspector of Prisons, Asylums, and Public Charities, John Woodburn Langmuir, was granted the authority to organize, comprehensively, the province’s carceral and social welfare institutions under one mutually constitutive programme of reform. The asylum’s

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<sup>2</sup> Michael Brown, “Rethinking Early Nineteenth-Century Asylum Reform,” *The Historical Journal* 49, no. 2 (June 2006): 448; Jean-Marie Fecteau, *The Pauper’s Freedom: Crime and Poverty in Nineteenth-Century Quebec*, trans. Peter Feldstein (Montreal: McGill-Queen’s University Press, 2004), 51.

<sup>3</sup> Ian McKay, “The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History,” *The Canadian Historical Review* 81, no. 4 (December 2000): 623-5.

public utility and its deep connections to the institutional fabric of the province ensured that it remained a central consideration of the new class of bureaucrats who assumed the reins of social welfare reform beginning in 1868. The therapeutic ideal which was so central to early asylum reform was given new life under Langmuir's administration. The inspector's approach to social welfare reform recalled earlier efforts to instil Upper Canada's deviant populations with liberal values of industry and sobriety—a programme within which rehabilitation was a fundamental component. Langmuir's administrative reforms, which balanced fiscal conservatism with a moral imperative toward social welfare expansion, highlight inherent contradictions within liberalism itself. The therapy/custody binary which gradually emerged in later nineteenth-century deliberations of asylum reform saw officials like Joseph Workman and John Woodburn Langmuir battling with parsimonious government officials to ensure that therapeutic asylums did not become mere custodial warehouses for the insane. However, Workman and Langmuir were able to negotiate therapeutic reforms precisely because of underlying impulses within the liberal state to rehabilitate lunatics and return them to social productivity.

At its heart, this dissertation comprises an exploration of the central ideas behind asylum reform—ideas which originated long before the cornerstone of the Provincial Lunatic Asylum was laid in 1846, and persisted long after Toronto's model asylum stood as only one of many similar institutions throughout the province. The fundamental idea of *rehabilitation* (medicalized within the asylum as *therapy*) applied equally to both the minds of the asylum's patients and to the wider society that the institution serviced. The specialized treatment of lunacy was central to a broad suite of institutional reforms—also embodied in the development of the penitentiary, the House of Industry, general hospitals, and the police court—which promised to reclaim wayward citizens and restore them to social productivity. This dissertation thus presents the history of an

idea as much as a single institution. The need to codify, rehabilitate, and restore social deviants of all classes was central to emerging notions of liberalism. The story of the asylum is thus part of a broader narrative about the role of liberal ideals in the development of a nation.

Before the emergence of asylum reform ideals in the mid-nineteenth century, lunatics languished on the streets, in jails, and in the wildernesses of British North America. They formed an unpleasant but largely unremarkable part of the landscape of the new world. In 1810, when English travel writer John Lambert published an account of his recent travels through Canada and the United States, he included among his eclectic observations a brief description of “a mad girl” whom he had encountered in Trois-Rivières. The woman was “confined in a little hut under the care of a French Canadian a short distance from town ... chained to the side of the room on account of her violence.” If Lambert thought her treatment unfair, he did not say so. He did, however, observe that she had previously been “suffered to go about, to the disgrace of the town.” At Quebec, Lambert observed another lunatic who “frequently ... beat his head against a stone wall, uttering the most impious curses.” The wealthy author was appalled that such individuals were “permitted to stroll about the streets,” to the “great nuisance” of their more orderly neighbours.<sup>4</sup> Lambert, an Englishman and a resident of the metropolitan city of London, was accustomed to the system of lunatic hospitals gradually implemented in his home country and epitomized by the imposing Bethlem Royal Hospital.

The instances described by Lambert were not unique to Lower Canada. By the time of his North American travels, only Benjamin Rush’s specialized wing of the Pennsylvania Hospital offered medical treatment for lunacy. The Friends Hospital, a Quaker-led institution offering

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<sup>4</sup> John Lambert, *Travels through Canada, and the United States of North America, in the years 1806, 1807, & 1808*, Volume I (London: Baldwin, Cradock, and Joy, 1816), 501-2.

moral treatment, was established in 1813. In England, the 1808 County Asylums Act formalized the care of lunatics under the auspices of the state, but several private madhouses were already established throughout the country by that time. Although the United States only began to implement state-supported insane asylums around the same time as the development of the Provincial Lunatic Asylum, private institutions like the Friends Hospital, Connecticut's Hartford Retreat, and the McLean Hospital in Massachusetts had already offered institutional care since the early decades of the nineteenth century.<sup>5</sup>

The annals of early Canadian colonization are full of glimpses into the darkened corners of a society which feared and rejected mental disorder, chaining lunatics to the walls of prisons and hospitals in order to hide them from an uneasy public. No comprehensive account of the plight of so-called "lunatics" exists for the years before the mid-nineteenth century. More than likely this omission has resulted from the fact that lunatics were not considered by most people to be worthy of remark. They were noteworthy for Lambert only in juxtaposition to his own society's more discrete and "modern" methods of segregation and institutionalization. Lunatics were at best a curiosity and at worst a nuisance, like Lambert's "mad girl" and "impious," self-harming man. They were almost certainly a fact of life in any town or city, alongside the vagrants, beggars, and criminals, with whom they were most often sent to languish in local jails. In Nova Scotia, legislation was passed in 1759 which provided for the care of lunatics who were committed to the state-supported House of Corrections.<sup>6</sup> In Lower Canada, the *systeme des loges* established in the early eighteenth century by local religious orders was granted official sanction

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<sup>5</sup> Norman Dain and Eric T. Carlson, "Social Class and Psychological Medicine in the United States, 1789-1824," *Bulletin of the History of Medicine* 33, no. 5 (September-October 1859).

<sup>6</sup> *Statutes of Nova Scotia*, 33 Geo. II, Ch. VI, 1759.

in 1801, when a law was passed to provide government funding for the *loges*.<sup>7</sup> It was not until 1810 that similar legislation was passed in Upper Canada, providing official (but limited) financial support for the imprisonment of lunatics in local jails.<sup>8</sup> None of the British North American provinces supported the erection of an institution built specifically for the care or cure of the insane until the middle decades of the nineteenth century, however, when Newfoundland, New Brunswick, Nova Scotia, Lower Canada and Upper Canada each made their own separate provisions for the modern treatment of lunatics.

The Provincial Lunatic Asylum opened in 1841 at a temporary location in Toronto's old jail. The institution was moved to a more permanent home in 1850, when construction was completed on a model asylum building designed by renowned Canadian architect John George Howard. There, at the site which would become infamous as "999 Queen," medical doctors provided a variety of treatments for lunacy while also contending with a growing number of "incurable" lunatics who were foisted upon the asylum by the state. With the exception of several branch asylums established to address over-crowding at the central asylum, the Provincial Lunatic Asylum remained the sole state-supported institution for the treatment of lunacy in Upper Canada until 1870, when a second lunatic asylum was opened in London.

It was the Toronto asylum's unique status as Upper Canada's only dedicated lunatic asylum which made it a particular target for Canadian medical practitioners. Prior to the erection of the permanent building in 1850, members of the province's medical profession mobilized to ensure that the asylum would suit their professional needs—namely, a central location in Toronto, proximity to a university, and guaranteed posts for the training of medical students. By

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<sup>7</sup> James Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal: McGill-Queen's University Press, 2000), 15.

<sup>8</sup> *Statutes of Upper Canada*, 50 Geo. III, Ch. V (1810).

the late 1830s, the province was not yet equipped with a comprehensive infrastructure to support either centralized medical treatment or education. In this regard, Canada lagged behind the United States, where urban medical students “were offered at least some opportunity to observe, if not actually practice, hospital medicine.”<sup>9</sup> Although asylums in more economically-established societies such as England and parts of the United States were also targeted by opportunists, Upper Canada’s relative immaturity as a colony contributed to circumstances within which the lunatic asylum presented itself as one of only a few sites for professional advancement.

To some extent, the mobilization of the asylum as a tool for professional advancement was attributable to the province’s “uneven institutional development.”<sup>10</sup> Because the development of social welfare institutions such as the asylum and general hospital preceded industrialization in Upper Canada, some scholars argued that they were the product of a frontier-based, “staples” economy which responded to “the simple needs and wants of the population.” In this reading of its history, the asylum was merely a pragmatic reaction to a self-evident social need.<sup>11</sup> Others have argued that asylum reform responded to a perceived need on the part of colonial authorities to train the population in the “habits of industry”—or, in a later iteration of a similar argument, out of the desire of social élites to establish a hegemonic system of “social control” over deviant populations such as lunatics.<sup>12</sup> The fact that asylum development in

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<sup>9</sup> Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (New York: Basic Books, 1987), 193-200.

<sup>10</sup> Bruce Curtis and Barry Edginton, “Uneven Institutional Development and the ‘Staple’ Approach: A Problem of Method,” *The Canadian Journal of Sociology* 4, no. 3 (1979): 259.

<sup>11</sup> S.D. Clark, *The Social Development of Canada: An Introductory Study with Select Documents* (Toronto: University of Toronto Press, 1942), 206.

<sup>12</sup> Curtis and Edginton, 258; Richard B. Splane, *Social Welfare in Ontario, 1791-1893: A Study of Public Welfare Administration* (Toronto: University of Toronto Press, 1965), 68-9; Thomas E. Brown, “The origins of the asylum in Upper Canada, 1830-1839: Towards an interpretation,” *Canadian Bulletin of Medical History* 1 (Summer 1984): 42.

Canada remained relatively consistent with patterns of institutional development in Britain and the United States supports the argument that the Provincial Lunatic Asylum was “in part a product of the articulation of the Upper Canadian economy with processes of industrial capitalist development in Europe and the United States.”<sup>13</sup> Perhaps, as historian David Wright has suggested, asylum development was driven by the “pragmatic response of households to the stresses of industrialization.”<sup>14</sup> However interconnected with similar social developments in the United States and Britain it may have been, the Provincial Lunatic Asylum was the product of a very specific moment in Upper Canada’s socio-economic development.

The asylum was thus conceived and erected amidst a surge of infrastructural expansion in Upper Canada, closely accompanying the establishment of a system of public schools as well as the construction of transport infrastructure such as canals and railroads and roads, hospitals, and other necessities of socio-economic growth.<sup>15</sup> While asylum reform in Canada was shaped by international currents of medical advancement, social welfare reform, or philanthropy, as identified by several historians, it was also informed by provincial politics, local economies, and the development of a new class of medical professionals.<sup>16</sup>

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<sup>13</sup> Curtis and Edginton, 268; Richard Sylla, “Political Economy of Financial Development: Canada and the United States in the Mirror of the Other, 1790-1840,” *Enterprise & Society* 7, no. 4 (December 2006).

<sup>14</sup> David Wright, “Getting Out of the Asylum: Understanding the Confinement of the Insane in the Nineteenth Century,” *Social History of Medicine* 10, no. 1 (April 1997): 139.

<sup>15</sup> Hugh G.J. Aitken, “The Family Compact and the Welland Canal Company,” *The Canadian Journal of Economics and Political Science* 18, no. 1 (February 1952); Bruce Curtis, *True Government by Choice Men? Inspection, Education, and State Formation in Canada West* (Toronto: University of Toronto Press, 1992), 15-33; Richard White, “Information, Markets, and Corruption: Transcontinental Railroads in the Gilded Age,” *The Journal of American History* 90, no. 1 (June 2003); John Bonnett, *Emergence and Empire: Innis, Complexity, and the Trajectory of History* (Montreal: McGill-Queen’s University Press, 2013): 50-77.

<sup>16</sup> Rainer Baehre, “The Ill-Regulated Mind: A Study in the Making of Psychiatry in Ontario, 1830-1921” (PhD diss., York University, 1985), 56.

The role of the Upper Canadian medical profession in the development of the asylum presents an instructive example of this plurality of structural and intellectual influences. Seizing upon the adoption of asylum reform in Upper Canada, leading medical authorities such as Dr. Christopher Widmer attempted to direct the institutional development of the lunatic asylum to meet the particular needs of their profession. Although Upper Canada hosted fewer physicians per capita than the United States or Britain, the province's medical profession suffered from a surfeit of doctors in its urban centres, in particular Toronto.<sup>17</sup> When the prospect of a lunatic asylum was raised in the late 1830s, it appeared to physicians as an opportunity for the expansion of professional infrastructure. The asylum would serve physicians both as a site for medical training and as a source of employment in an otherwise competitive marketplace. The Medical Board of Upper Canada and the province's College of Physicians and Surgeons thus petitioned to erect the institution in Toronto, within the sphere of influence of Archbishop John Strachan's proposed King's College.

The province's premiere university promised to host its first medical faculty, a prospect which excited members of a profession increasingly built upon institutional training and development.<sup>18</sup> Meanwhile, entrepreneurs such as John Rolph sought to mobilize the asylum to advance the cause of their own private medical schools. The professional rivalry between Rolph's Toronto School of Medicine and the University of Toronto's medical faculty drove much of the asylum's policy development and management during its early years. As a study of the social, economic, political, and intellectual contexts of professional expansion in Upper

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<sup>17</sup> Baehre, "The Medical Profession in Upper Canada Reconsidered: Politics, Medical Reform, and Law in a Colonial Society," *Canadian Bulletin of Medical History* 12 (1995): 103.

<sup>18</sup> Rosenberg, 193-200.



Canada, and in particular their influence in processes of institutional reform, this dissertation stands among a limited selection of similar works of Canadian history.<sup>19</sup>

Locating the history of the Provincial Lunatic Asylum within these contexts of professional and infrastructural development in Upper Canada and Toronto helps us to identify a number of influences upon the development of institutional asylum care which have hitherto been overlooked by historians. Asylum studies have largely sought the origins of lunacy care within the broader international contexts of medical advancement, social welfare reform, or some combination of both. The development of lunatic asylums has thus been linked by historians to wider movements in prison<sup>20</sup> and medical reform,<sup>21</sup> but rarely both at once, and never to the level of detail undertaken in this study. By drawing upon the associational and individual interests behind these reform movements and presenting a portrait of asylum reform which looks beyond notions of social control and top-down statecraft present in the revisionist asylum histories of the 1970s, this dissertation further broadens our historical understanding of the socio-economic origins of asylum reform within each of its international, North American, and regional contexts.<sup>22</sup>

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<sup>19</sup> Marlene Shore, *The Science of Social Redemption: McGill, the Chicago School, and the Origins of Social Research in Canada* (Toronto: University of Toronto Press, 1987); R.D. Gidney and W.P.J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994); A.B. McKillop, *Matters of Mind: The University in Ontario 1791-1951* (Toronto: University of Toronto Press, 1994).

<sup>20</sup> David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown & Company, 1972); Brown, "The origins of the asylum in Upper Canada"; Peter Oliver, *'Terror to Evil-Doers': Prisons and Punishments in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1998).

<sup>21</sup> Peter Keating, *La science du mal: L'Institution de la psychiatrie au Québec 1800-1914* (Montreal: Editions du Boreal, 1993); Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997).

<sup>22</sup> James E. Moran has succinctly articulated the development of a "social control" school of thought in asylum studies in his recent study of asylum reform in Quebec and Ontario,

This study's examination of the political contexts of asylum reform is concerned particularly with the ways in which the Provincial Lunatic Asylum was mobilized by local and colonial actors to advance their partisan agendas. Much like members of Upper Canada's medical profession, local politicians and oligarchs identified the unique advantages presented by the province's modern lunatic asylum. In its early years, the asylum played host to a number of partisan operatives who were planted there by their wealthy and influential "patrons," who marshalled the province's traditional system of political patronage to secure a foothold for their beneficiaries at the institution. Once in place, these "clients"—who occupied positions at every level of the asylum's internal hierarchy, from servant to superintendent—supervised the fulfilment of their patrons' lucrative contracts for asylum provisions including food, clothing, and medicine.<sup>23</sup> As part of their return in the patron-client exchange which saw them employed at the asylum, these men and women also organized and carried out a system of petty theft and embezzlement which drained the asylum's resources until the enactment of substantial institutional reforms in the early 1850s. The asylum thus came to be widely regarded as a professional, political, and economic marketplace for those with the means and the opportunity to exploit its ample resources.

In many cases, the accusations of political patronage and corruption regularly featured in Upper Canada's newspapers were undeniably true. The shocking allegations of body-snatching discussed in Chapter 5, for example, are confirmed not only by a body of documentary evidence but also by historical patterns of medical resurrectionism by anatomy professors and their

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*Committed to the State Asylum*, 7-11. Notable contributors to the revisionist literature include Andrew Scull, Gerald Grob, Michel Foucault, and David Rothman.

<sup>23</sup> S.J.R. Noel, *Patrons, Clients, Brokers: Ontario Society and Politics, 1791-1896* (Toronto: University of Toronto Press, 1990).

students, who attempted to bypass strict laws regarding the acquisition and dissection of human cadavers by secreting them out of institutions like the Provincial Lunatic Asylum. Other reported instances of corruption at the asylum, however, were almost certainly fabricated or, at the very least, significantly embellished. This study traces the development of public discourse among an emerging rational and deliberative Upper Canadian public, in which the asylum was frequently marshalled as a rhetorical tool for the attainment of various political or professional agendas. In so doing, the dissertation engages with a growing literature concerning the role of public discourse and political culture in Upper Canadian institutional and social reform. Recent studies have examined the role of public discourse and popular rhetoric in state formation, as well as various processes of political, institutional, and social welfare reform.<sup>24</sup> As a government-supported institution (and thus an inherently *politicized* space) the asylum was subject to popular negotiations of the limitations of political interference in public institutions.

Building from Jeffrey McNairn's observations about the role of "public deliberation," the "real, sociological force" exhibited by the concept of public opinion, and the legitimization of claims to political power and corresponding de-legitimization of partisan rivals, this study interrogates a "discursive community" of doctors, editors, and politicians who mobilized party newspapers in an effort to shape the management and development of the asylum.<sup>25</sup> Appealing to contemporary notions of respectability and professionalism, these actors advanced their own partisan agendas by attempting to unseat the clients of their political rivals through highly-

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<sup>24</sup> Cecilia Morgan, *Public Men and Virtuous Women: The Gendered Languages of Religion and Politics in Upper Canada, 1791-1850* (Toronto: University of Toronto Press, 1996); Carol Wilton, *Popular Politics and Political Culture in Upper Canada, 1800-1850* (Montreal: McGill-Queen's University Press, 2000); Carmen J. Nielson, *Private Women and the Public Good: Charity and State Formation in Hamilton, Ontario, 1846-93* (Vancouver: UBC Press, 2014).

<sup>25</sup> Jeffrey L. McNairn, *The Capacity to Judge: Public Opinion and Deliberative Democracy in Upper Canada, 1791-1854* (Toronto: University of Toronto Press, 2000), 8, 12, 175.

publicized smear campaigns. These campaigns also harnessed the power of public opinion to discredit patrons themselves, whose partisan appointments in all sectors of the civil service were a popular subject of public discussion.

The nineteenth-century press presents a particular methodological challenge for historians. To some extent, the interpretive value of newspapers as an historical source is limited by their elite cultural production. One of the predominant fora for political deliberation and the construction of popular opinion, newspapers were owned and operated by members of an emerging middle class—men such as George Brown and William Lyon Mackenzie. They were often beholden to upper class benefactors, with some papers emerging as official or semi-official party organs. Although reformers such as Mackenzie attempted to make newsrooms more accessible to popular audiences, it was nevertheless men like Mackenzie and Brown who dictated the content of the newspapers available in newsrooms.<sup>26</sup> Newspapers not only reflected the partisan viewpoints of their editors (and their editors' political patrons), but also the distinctly upper-class interests of their publishers and intended readership. Regardless, the explosion in the mid-nineteenth century of cheap, accessible newspapers, as well as greater educational opportunities and a steadily rising proportion of literate Upper Canadians, meant that newspapers offer historians insight into the reading habits of a diverse public—that is, a more broadly-construed public than the limited rational-bourgeois milieu of a Habermasian public sphere. The province's emerging middle and lower classes may not have been part of the limited readership envisioned by newspaper editors, but they certainly envisioned themselves as participants in the public opinion. The complex inter-class mobilization of the press—by élites such as John Rolph, members of an emerging middle class such as Joseph Workman, and lower-class men and

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<sup>26</sup> Ibid., 146.

women such as the asylum's staff of nurses, stewards, and other servants—is examined in this dissertation not only through an analysis of newspapers themselves, as in Chapter 4, but also using discussions of newspapers and the act of publication in private correspondences and other public documents throughout the dissertation. Newspapers are not accepted at face value as unproblematic representations of a so-called public opinion. Rather, they are interpreted as diachronic and dialectic windows into a public discourse whose participants were not always those for whom newspapers were intended.

Newspaper editors like George Brown, proprietor of Toronto's *Globe* daily newspaper, may have marketed themselves as the liberal custodians of the freedom of the press, but they wielded their newspapers like weapons in the province's ceaseless partisan battles. Brown's ongoing battle with a succession of medical superintendents and commissioners at the asylum was rooted in his political rivalry with John Rolph, the government minister behind many asylum appointments and Brown's chief rival within the Reform party. The dissertation examines this and other partisan rivalries which played out simultaneously in the pages of Upper Canada's newspapers and the wards of the asylum. It traces their origins to the political mobilization of public institutions more generally, thus situating the asylum within the province's wider public and political culture. Debates about partisan patronage reached the heights of colonial government. In 1835, Lieutenant-Governor Sir Francis Bond Head wrote of his efforts to "[root] up the tree of abuse" where members of the province's government had "built and feathered their nests."<sup>27</sup> The asylum was just one of many sites for the dispensation of government patronage, and as such it presents historians with an excellent lens through which to analyze the reciprocal

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<sup>27</sup> Francis Bond Head, "Reply to the Address of the Inhabitants of the City of Toronto," in *The Speeches, Messages, and Replies of His Excellency Sir Francis Bond Head, K.C.H.* (Toronto: Henry Rowsell, 1886), 40.

nature of patronage power, and the role of that power (and its popular refutation) in the governance not only of the province, but also of its fledgling social institutions.

Beyond partisan appeals to the public opinion in the press, this dissertation also explores other forms of popular mobilization for asylum reform. This mobilization could assume an associational character, as in the case of the Medical Board and Royal College of Physicians and their campaign to relocate the asylum from Kingston to Toronto, or a regionally jingoistic aspect, as evidenced by the pitched battle between independent citizens of Toronto and Kingston to see the asylum constructed in their respective cities. Popular mobilization could also take the form of petitioning movements, such as those initiated by local magistrates and signed by ordinary Canadians throughout the 1830s in an effort to press the government to implement asylum reform. Carol Wilton has argued that “‘movements’ can be distinguished both from political parties and from interest groups,” in the sense that “the objective of political parties is to exercise power, while movements attempt to influence how power is exercised.”<sup>28</sup> Not all popular efforts to draw attention to patronage at the asylum were animated by partisan animosities, nor did all popular movements focusing on the asylum address political patronage in particular. Public interest in the Provincial Lunatic Asylum was diffuse and generated by interests as varied as politics, professionalization, philanthropy, and personal experience.

Carmen J. Nielson has analyzed how the phenomenon of “voluntary associationalism” emerged within the particular socio-political milieu of mid-nineteenth-century Upper Canada, also demonstrating how the study of charitable institution building brings together the province’s “discursively constituted public sphere, an evolving liberal order, and an ongoing process of state

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<sup>28</sup> Wilton, *Popular Politics and Political Culture*, 3.

formation.”<sup>29</sup> This study likewise draws together distinct elements of Upper Canada’s political, social, and cultural history to present a conceptual framework which offers a comprehensive portrait of the multiform influences which shaped the formation, development, and management of the Provincial Lunatic Asylum. The lunatic asylum was not only a hospital, but also one of a growing number of institutions which promised to provide asylum to various deserving populations of unfortunates whose care had traditionally fallen to the community. These *asylums*, which included the Magdalen Asylum and the Widows and Orphans’ asylum, formed the institutional fabric of a broader and ongoing programme of moral regulation.

Acknowledging that asylum reform was neither the product of “reform by imposition” (*ie.* social control) nor of “voluntaryism” (that is, a “broadly popular initiative in which state policy essentially codified and accorded with local ... interests”), but rather the product of an ongoing process of negotiation within the public sphere, it is understood that the asylum was a contested space subjected to the authority of diverse interests.<sup>30</sup> Particularly in the period of centralized bureaucratic reform following Confederation, Mariana Valverde’s concept of a “mixed social economy” presents a useful tool for understanding the complex push and pull of popular, professional, and “official” claims to authority over the asylum.<sup>31</sup>

In responding to these diverse issues in the study of Canadian history and the history of the asylum, this dissertation explores the interconnections between the intellectual and social phenomena which influenced the development of the asylum and the broader processes of liberalization which shaped the formation of the Canadian state and the transformation of public

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<sup>29</sup> Nielson, *Private Women and the Public Good*, 14.

<sup>30</sup> Bruce Curtis, “Policing Pedagogical Space: ‘Voluntary’ School Reform and Moral Regulation,” *The Canadian Journal of Sociology* 13.3 (Summer 1988): 284-5.

<sup>31</sup> Mariana Valverde, “The Mixed Social Economy as a Canadian Tradition,” *Studies in Political Economy* 47 (Summer 1995).

discourse and political culture. The development of Upper Canada's Provincial Lunatic Asylum was the product of myriad social, cultural, and political forces, each of which were in turn shaped by regional, provincial, and international influences. The dissertation thus responds to the need for "a more contextualized history of the asylum."<sup>32</sup> James Moran's recent study of insanity and society in nineteenth-century Quebec and Ontario begins to explore the social contexts of asylum development in Upper Canada, but is largely limited to the internal dynamics of asylum care and their corresponding external causes. This dissertation considers not only the external interests which guided policy at the asylum, but also those that tried and, ultimately, failed to steer the institution's development and management. Similarly, this study explores many professional and political dynamics of asylum reform which fall outside of the purview of Moran's analysis.

Chapter 1 explores the early history of lunacy reform and lunacy management in Upper Canada, locating the asylum's place within broader programmes of social reform. The lunatic asylum was one of a number of institutional reforms enacted throughout the 1830s and 1840s to simultaneously address Upper Canada's crumbling infrastructure and emerging scientific and social ideas about the classification of deviance. In particular, the social architects of the asylum believed that a suite of institutional reforms comprising various asylums, the penitentiary, the police court, and the House of Industry would all contribute to the segregation and deterrence of criminal, socio-economic, physical, and behavioural deviance. The asylum was as much a product of England and North America's *prison discipline* movement as it was of advancing medical treatments for insanity or burgeoning social welfare impulses. Furthermore, the asylum was not the only proposed answer to the problem of lunacy. Members of the public also explored

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<sup>32</sup> Moran, *Committed to the State Asylum*, 12.



their own solutions for the care and management of their afflicted friends and neighbours in the early nineteenth century. These solutions are explored in Chapter 2. The emergence of a discrete asylum reform movement depended upon the collective advocacy of prison reformers, medical practitioners, representatives of the state, and the Upper Canadian public.

Chapter 3 examines the multiform intellectual foundations of asylum reform, exploring the influences of medical advancements, Utilitarianism, Christian notions of charity and benevolence, and partisan discourses upon the initial establishment of the Provincial Lunatic Asylum in 1839. The advent of institutional asylum care in Upper Canada coincided with a number of socio-economic and political upheavals within the province. Waves of immigration in the 1820s and early 1830s precipitated the development of a new class of wage labourers. Threats of inter-class conflict and the fallout of massive socio-economic transformations were eclipsed, however, by an eruption of political dissent in December 1837, when William Lyon Mackenzie led a failed republican uprising against the government and the province's entrenched governing class, the so-called Family Compact.

The asylum was not erected in spite of these social and political transformations, nor independently of the less explosive (but no less historically significant) partisan rifts which were forming between Upper Canada's opposing political parties, the Tories and the Reformers. Rather, the institution's mandate complemented both the ideas of liberalism and reform upon which Mackenzie's uprising was founded, and the coercive and hegemonic state-building impulses of the province's governing authorities. If anything, given its bipartisan appeal, the asylum's development was quickened by the social upheavals of mid-century Upper Canada. The asylum also fit within what Ian Radforth has identified as a "tutelary" framework of early liberal statecraft initiatives. The mission of the asylum to encourage efficiency and discourage

disorder complemented the Benthamian efforts of administrators like Charles Edward Poulett Thomson (Lord Sydenham), who sought to introduce “powerful, centralized state structures designed to promote uniformity and efficiency.”<sup>33</sup> Like these initiatives, however, by the 1840s the asylum represented only a foundation for the more centralized state structures of the later nineteenth century. Its progression towards Panoptic efficiency was hindered, in many regards, by the varied ambitions of its early administrators.

When the asylum opened at its temporary facilities in 1841, the material advantages and opportunities offered by the previously intangible institution became readily apparent. The institution was thus refigured in the public discourse as a “theatre of party bickerings.” The changing fortunes of the Provincial Lunatic Asylum, and its evolving role within Upper Canada’s complex social and political hierarchies, form the basis for Chapter 4. Similarly, Chapter 5 highlights the various professional interests which informed the early development of the asylum. Exploring debates between rival medical practitioners regarding the location of the asylum, as well as subsequent transactions between Toronto’s university, hospital, and asylum, the chapter analyzes the role of professionalization and social welfare institutionalization in the formation of a distinctly Upper Canadian (and Torontonian) asylum.

Whereas the first four chapters focus largely on the competing influences of various factions of Upper Canada’s middle and upper classes upon the development and management of the Provincial Lunatic Asylum, Chapter 6 explores the complex interpersonal interactions which determined asylum committals. By recovering the origins of community- and locally-initiated committals, this chapter highlights the influence of the lay public not only on the peopling of the

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<sup>33</sup> Ian Radforth, “Sydenham and Utilitarian Reform,” in *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada*, eds. Allan Greer and Ian Radforth (Toronto: University of Toronto Press, 1992), 66-7.

lunatic asylum, but also on the medical diagnosis of its patients. Employing a qualitative and quantitative analysis of asylum committals, this chapter reveals that actual processes of committal incorporated definitions of insanity originating from within the community. The chapter thus explores the role of popular ideas in the regulation of insanity, as well as the influence of social mores and the realities of everyday life in Upper Canada.

Chapter 7 addresses the public calls for bureaucratic and administrative reform which preceded the establishment of the Board of Inspectors of Prisons, Asylums, and Public Charities in 1859. The public recriminations which followed John Rolph's comprehensive 1853 Asylum Act adopted a distinctly different tone from the scandals which plagued the asylum throughout its first decade. More and more frequently, the critiques of the mid-1850s mirrored more expansive popular deliberations about government corruption and the need for accountable, centralized regulatory bodies to oversee the public functions of governance. An exploration of popular calls for bureaucratic reform reveals the role of public opinion and professional mobilization not only in the advent of reform at the asylum, but also in the instigation of broader bureaucratic and inspectoral reforms throughout the province. Chapter 8 more closely examines the policies of the first Board of Inspectors, drawing connections between their recommendations and the therapeutic reform aspirations of the asylum's medical superintendent, Dr. Joseph Workman. The chapter also explores the revival of the bureaucratic inspectorate in 1868 under the leadership of John Woodburn Langmuir. The Provincial Lunatic Asylum was undoubtedly a fundamental element in efforts by governing authorities to build a more efficient bureaucratic state infrastructure after Confederation. A focus on the post-Confederation management of social welfare institutions brings into sharp relief the fragmented nature of pre-Confederation approaches to asylum care within communities, the medical profession, and the state. This

chapter also demonstrates that although the lunatic asylum ultimately came to represent a segregative and coercive instrument of the regulatory state, this function was not assumed before the late nineteenth century.

This study gathers together fragmented nineteenth-century understandings of the Provincial Lunatic Asylum to paint a comprehensive portrait of the early development and management of institutional lunacy care in Upper Canada. The history of the Provincial Lunatic Asylum defies simple delineations between public and private, or state and community. The institutional care of insanity was developed through the advocacy of socio-economically, politically, and culturally diverse reformers. Their reasons for pursuing asylum reform were equally diverse and included a variety of political, personal, economic, and professional motivations. The development and management of the asylum after 1839 was similarly shaped by the social, political, and economic development of its host society.

In many ways, the development of the asylum mirrored the development of the Canadian state. It was the product of innumerable interactions, through which the power of the state over some of Upper Canada's most vulnerable populations was negotiated and formalized. Any study of the lunatic asylum is, inevitably, a study of social regulation, state formation, and the coercive power of the state. As James Moran argues, the complex role of the state in asylum building cannot be explained using a linear, "top-down" approach.<sup>34</sup> This study adopts a similarly non-linear approach to the study of Upper Canada's premier lunatic asylum, yet it diverges in significant ways from Moran's assessment of an inherent conflict between psychiatric and state interests. The fundamentally therapeutic model of the state's Utilitarian approach to lunacy care is specifically detailed in Chapter 2, but more generally this study departs from the notion that

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<sup>34</sup> Moran, *Committed to the State Asylum*, 20.

the state presented a cohesive enough model of asylum care in the mid-nineteenth century as to even allow for conflict with any other model.

Moran also points to the shared interests of asylum historians and historians of education and state formation, in particular Bruce Curtis.<sup>35</sup> This study borrows elements of Curtis' conceptualization of inspection as "an organizational and connective force," drawing as well from his work on bureaucratization.<sup>36</sup> Bureaucratization and the development of "inspectoral practice" were a gradual process, however, and not equally applicable to the early and later years of the Provincial Lunatic Asylum's development. This dissertation demonstrates the absence of a centralized authority behind early asylum reform and development. Whereas the state maintained an interest and investment in the administration of asylum care, it possessed neither the means nor the motive in 1839—and even, arguably, in 1850—to implement a truly Panoptic mode of power. After the passage of the British North America Act in 1867, the state began to administer the asylum in a manner more compatible with Curtis' theories of inspectoral practice. This does not mean, however, that the development of the asylum to this point necessarily anticipated this centralization of institutional power.

As this dissertation demonstrates, power (*ie.* social and regulatory authority) was infinitely complex and dispersed, in large part because there were arguably no true representatives of the state involved in the administration of the asylum prior to the formation of a permanent inspectorate in 1868. Mid-nineteenth-century asylum administrators may have generally adhered to a societal logic of centralized power and control, but their actions were also deeply informed by their own autonomous agency and their lived experiences outside of the

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<sup>35</sup> Moran, *Committed to the State Asylum*, 14-5.

<sup>36</sup> Bruce Curtis, *True Government by Choice Men?*, 5-11.

realm of their official responsibilities to the asylum. Their authority was exercised in constant consultation with the people and institutions around them—an immeasurable and dynamic interchange of ideas and experiences.

“The world outside these walls” of this dissertation’s title thus also refers to the liminal interactions of wealth and poverty, public and private, power and powerlessness, and community and institution. The study will make no attempt to deny the final, hegemonic power of the asylum and the government from which it received its mandate. However, it will locate the myriad decisions and interactions which continuously shaped and informed the broader workings of the state-controlled asylum. In such a way, the asylum was not a segregated institution enforcing power from above, but rather an extension of the world outside its walls.

**Chapter I**  
**From Prisoners to Patients**  
**The Origins of Lunacy Reform in Upper Canada, 1791-1839**

On 4 January 1830, almost eight years before his infamous republican uprising, William Lyon Mackenzie was sent to prison. He was dispatched to the York jail as the chairman of a select committee appointed by the House of Assembly to investigate the complaints of several of its prisoners. Situated at the corner of King and Toronto streets, the modest building was home to 25 inmates: twelve criminals on the ground floor, one sick criminal convalescing on the upper-floor, one vagrant, and nine debtors comprised the majority of the jail's inhabitants [Figure 1.1]. This motley assortment of social deviants—by no means an uncommon mix for an early nineteenth-century jail—were also the signatories of a petition to the Upper Canadian government drafted in the winter of 1829. In their petition, the prisoners addressed several aspects of their confinement, including the general uncleanliness and discomforts of their prison home. Yet a particular concern of these 22 inmates centred around the jail's three remaining prisoners. Guided to the basement cells, Mackenzie was confronted with the “female lunatics” who were the objects of their fellow inmates' displeasure. There, in the jail's dark and fetid basement, the women were “lodged in locked up cribs, on straw, two in one crib, and the other by herself.”<sup>1</sup>

In his subsequent report to the Assembly, Mackenzie lingered on the unfortunate circumstances of these three lunatic women. One of the debtors confined on the ground floor complained to Mackenzie of the sickening odor emanating from the basement, and the young assemblyman agreed that “the smell is certainly most disagreeable.” But beyond the discomfort of the upstairs prisoners, Mackenzie lamented the miserable conditions to which the women

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<sup>1</sup> William Lyon Mackenzie, “Report on petition of prisoners in gaol at York,” *Journal of the House of Assembly of Upper Canada [JHAUC]* (1830), 162.

themselves were subjected. “Confinement in such a noisome place,” he observed, “will be likely to aggravate [their] disorder.” He concluded that “were they taken to a particular ward in the Hospital,” the women might enjoy some hope for recovery or, at the very least, for comfort.<sup>2</sup> Mackenzie’s report marked the first official declaration in Upper Canada of the necessity of state-supported medical care for lunatics.



*Figure 1.1.* Watercolour of the Toronto Jail by John George Howard (c. 1835). The building was repurposed as the province’s first temporary lunatic asylum beginning in 1841.  
Image courtesy of Toronto Public Library.

Mackenzie’s inspection of the prison and the burgeoning movement for institutional reform in Upper Canada that it signalled provide a lens through which several broader nineteenth-century social developments can be more clearly observed. Mackenzie’s proposal—

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<sup>2</sup> Ibid.



that lunatics ought to be separated from criminals and remanded to a separate facility for their medical care—resonated with several contemporary processes already underway in the United States, Europe, and Great Britain: namely, the emergence of institutional-segregative ideologies rooted in medical and social sciences, the state’s increasing involvement in the classification and segregation of deviants, the rise of liberal political ideology, and the formation of a centralized, panoptic institutional state apparatus. These transnational developments were reflected in the more localized efforts of men like Mackenzie, whose efforts to codify and segregate social deviance were reflective of emerging “liberal modes of regulation.”<sup>3</sup>

The decade of prison reform and lunacy reform which preceded the establishment of the temporary lunatic asylum at Toronto in 1841 is crucial to an understanding of the wider inter-institutional contexts of the Provincial Lunatic Asylum. The rise of lunatic asylums in the early to mid-nineteenth century was a transnational phenomenon which observed strikingly similar stages of development in Western European, British, and North American societies. Yet it is important to acknowledge that the institutionalization of lunacy management in Toronto was precipitated not only by international processes such as the rationalization of mental health care, the spread of liberal reform ideology, and the development of state-administered public welfare, but also by highly localized circumstances unique to Upper Canada. It was not, after all, merely the international popularity of lunatic asylums which compelled Upper Canadian legislators to adopt asylum care for the relief of lunacy. Rather, authorities were driven to institutional development only after being faced with the exigencies of a rapidly expanding population and an increasingly decrepit public infrastructure for the management of crime and poverty. The plight of the prisoners at the York jail, and of inmates at prisons throughout the young colony, incited a

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<sup>3</sup> Fecteau, *The Pauper’s Freedom*, 3-6.

series of petitions for the erection of a lunatic asylum and the relief of common jails, not only by prisoners, but also by jailers, magistrates, and other concerned citizens. Prison and asylum reform were not guided entirely by the imposition of ideology from above, as we shall see.

The deficiencies of existing systems of imprisonment, medical treatment, and poor relief animated the development, in turn, of the general hospital, the House of Industry, and the Provincial Lunatic Asylum at Toronto—and of the Provincial Penitentiary at Kingston—all within the span of just over a decade. The development of the Provincial Lunatic Asylum can thus be situated within a far more ambitious program of institutionalization stimulated by a combination of local and international forces. International ideologies and scientific advancements interacted with the specificity of Upper Canada's experience of colonial growth and economic development to produce a unique succession of institutional reforms, both social and political in their genesis. Mid-century asylum reform emerged as a response not only to the spread of transnational ideas about the segregation of lunatics, but also to localized social conditions in Upper Canada.

While these institutional developments have previously been presented by social theorists as a strategic effort to segregate and control deviant populations,<sup>4</sup> the early emergence of new welfare institutions is understood here as a reactive effort by the emerging Upper Canadian state to promote institutional efficiency as well as more humanitarian and rehabilitative approaches to crime, poverty, and insanity. The advancement of institutional solutions to these social problems cannot be located exclusively within a broader process of liberal state formation and

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<sup>4</sup> See Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (New York: Anchor Books, 1961); Michel Foucault, *Madness & Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage Books, 1965); Brown, "The origins of the asylum in Upper Canada."

bureaucratization—defined by Bruce Curtis as “the centralization of and concentration of relations of economic and political power and authority in society”—although the eventual centralization and regulation of the asylum through inspection and bureaucratic organization (namely, the Board of Inspectors of Prisons, Asylums, and Public Charities) will be discussed in detail in a later chapter.<sup>5</sup> Rather, the asylum in particular and social welfare institutions more generally occupied a liminal space within mid-century reform discourse: they presented both a humane and practical solution to the problem of social deviance, and a means by which that deviance could be contained and rehabilitated by a paternalistic state.

Asylum reform was undoubtedly guided by emerging liberal reform ideologies, but its genesis was determined as much by localized socio-economic growth and parochial experience as it was by a tide of international reform. The prisoners in York’s jail have as much a part in this story as Mackenzie himself, just as Mackenzie’s hand can be discerned in Upper Canadian asylum reform as clearly as those of international figures of heroic medicine or penal philosophy such as Philippe Pinel and Jeremy Bentham. Instead of understanding the initial development of the asylum ideal as a self-conscious, centrally-orchestrated project of liberal state formation or social control, then, it is far more compelling to envision asylum reform (and institutional social welfare reform more generally) as a reactive and pragmatic effort, undertaken with the complicity of the colonial government, local authorities, and members of the community, to respond to the increasingly pressing demands of a growing Upper Canadian society.

The institutions that materialized from these efforts undoubtedly contributed to the liberalization of social relations in Canada,<sup>6</sup> yet this chapter argues that the ideological

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<sup>5</sup> Curtis, *True Government by Choice Men?*, 5. For further discussion, see Chapter 6.

<sup>6</sup> McKay, “The Liberal Order Framework,” 631.

foundations of asylum reform appeared natural and even inevitable to its advocates in the face of the social problems that they promised to address. Ideology met with experience to produce both the conditions and the means for asylum reform. That the development of a lunatic asylum ultimately contributed to the formation of a centralized hegemonic and panoptic liberal state does not necessarily indicate a self-conscious and deliberate project of institutional state-building. Early reformers like William Lyon Mackenzie conceived lunacy and asylum reform as a response to localized experiences of overcrowded prisons, unsanitary and ill-equipped hospitals, and increasingly deficient methods of lunacy management within the community. Only later would public men such as George Brown and John Rolph deliberately situate the asylum within the broader framework of a unified political-institutional state apparatus, and even then their efforts were guided as much by local politics and professional intrigue as by a broader vision for a centralized state. The logic of early asylum reform was not dependent upon an ambitious project of liberal statecraft, representing instead a pragmatic response to the imminent problems of socio-economic expansion in a young colonial state.

### *Common Jails*

The first half-century of Upper Canada's history was a particularly precarious period for those labelled or considered lunatics. Though their situation would little improve with the advent of institutional care in the early 1840s, the birth of the asylum in Upper Canada arguably heralded the beginnings of a more stable and centralized programme for the care and management of the insane. Those afflicted with insanity before the establishment of the asylum were faced with a far more uncertain future than those after 1840. For lunatics of a more docile temperament, some variation of what historians have termed community care was the most probable course of action. If their upkeep was not assumed by their family and friends, manageable lunatics could also be

boarded out to a member of the community at the public expense. In 1802, for example, “a pauper and insane woman” named Mary Day was boarded out to William Hunter in York, by whom she was likely employed as an indentured servant. When the cost of Day’s upkeep exceeded the expectations of the Home District magistrates, however, she was transported to Lower Canada, also at the public expense.<sup>7</sup> In 1831 the magistrates of the Home District allotted funds for the “sum of five shillings per week to anyone who will receive and board Kitty Shea, a mad woman,” and in 1837, expenses were allocated for the boarding and lodging of an insane person previously residing in the Home District jail, in response to an application from their caregiver.<sup>8</sup> However, those who laboured under “furious madness,” or whose behaviour proved dangerous or disruptive to their community, were met with a harsher and more decisive response by local authorities. William Copland, a man “disordered in his senses,” was ordered imprisoned by the Home District Court of Quarter Sessions for roaming the streets and “menacing families... especially women and children” in 1807.<sup>9</sup> In 1826, another woman was imprisoned “in order to prevent her from injuring herself and others.”<sup>10</sup> These early responses to lunacy suggest that the primary motivation for the incarceration of lunatics was the preservation of public order, and the safety (or comfort) of the community. In cases where lunatics were not considered dangerous, they were often left to the care of their community or, in some cases, to their own devices.

Some violent lunatics, like William Copland, were imprisoned for actual crimes perpetrated in their frenzied state. Yet many lunatics were jailed without such a clear legal

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<sup>7</sup> Brown, “The origins of the asylum in Upper Canada,” 28.

<sup>8</sup> Baehre, “The Ill-Regulated Mind,” 56.

<sup>9</sup> Oliver, *Terror to Evil-Doers*, 10; Baehre, “The Ill-Regulated Mind,” 55.

<sup>10</sup> Baehre, “The Ill-Regulated Mind,” 55.

sanction. This *de facto* imprisonment of the insane was sanctioned by the 1810 Act to Declare the Common Gaols to be Houses of Correction,<sup>11</sup> which opened Upper Canada's jails to a nebulous class of "idle and disorderly person[s] or rogues and vagabonds, and incorrigible rogues."<sup>12</sup> The initial statutes introduced by the Legislature of Upper Canada in 1792 did not establish any official procedures for the care of the poor, and thus the 1810 act was introduced as a measure to provide some degree of public support for their maintenance and correction. The vaguely-worded act did not specifically refer to lunatics, but it did offer a discretionary authority which enabled magistrates to commit all manner of paupers, lunatics, and other public nuisances to local jails. Mercy and benevolence were useful legal tools for maintaining the hegemony of the ruling class, and the imprisonment of the insane was sometimes understood by magistrates and the public alike to be both a merciful and benevolent act.<sup>13</sup> The practice of committing the insane to jails was not given *de jure* sanction until 1830, with the passage of an Act to authorize the Quarter Sessions of the Home District to provide for the Relief of Insane Destitute Persons in that District.<sup>14</sup> Nevertheless, as early as the 1820s, jails assumed a congregate role in Upper Canadian society, counting among their inmates not only common criminals, but also a great number of debtors, paupers, and lunatics.

Together with the rapidly rising population of Upper Canada, the increasingly varied function of the common jail—now a means of imprisonment, punishment, *and* indoor relief—contributed to widespread overcrowding and abysmal conditions within the province's carceral

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<sup>11</sup> Henceforth, the Houses of Correction Act.

<sup>12</sup> *Statutes of Upper Canada*, 50 Geo. III, Ch. V (1810).

<sup>13</sup> Douglas Hay, "Property, Authority, and the Criminal Law," in *Albion's Fatal Tree: Crime and Society in Eighteenth-Century England*, ed. Douglas Hay et al. (London: Verso, 2011), 61-3.

<sup>14</sup> *Statutes of Upper Canada*, 11 Geo. IV, Ch. 20 (1830). Henceforth the Relief of Insane Persons Act.

institutions. By 1830, local and provincial authorities were faced with a crisis not only of prison conditions, but also of public opinion. A spate of petitions, some with over one hundred signatories, inundated parliament throughout the 1830s; meanwhile, magistrates and grand juries across the colony issued presentments declaring prison conditions to be barbaric and demanding government action.<sup>15</sup> The fallout of this rising tide of public interest in jails would prove decisive not only in the reform of Upper Canada's prisons, but also in the restructuring of official responses to the problem of lunacy.

Complaints regarding the poor conditions of prisons were persistent throughout the early nineteenth century. Early concerns varied between anxieties about the structural stability of prisons and their capacity to secure prisoners, and more humanitarian fears for the well-being of prisoners arising from cold, damp, and unsanitary conditions within jails. In 1804, a mere five years after the construction of the first York jail, the sheriff of the Home District expressed his apprehension that the building could no longer be relied upon "to secure prisoners." Miles McDonell, a subsequent sheriff of the Home District, similarly objected "against the insufficiency" of the small, poorly-constructed jail in 1807.<sup>16</sup> Both sheriffs requested extensive repairs and improvements to the building, and both were rebuffed by the justices of the Home District Quarter Sessions. The practical nature of their complaints had little to do with their dismissal by the Sessions justices—Sheriff John Beikie lamented in 1811 that his prisoners "suffer much from Cold and Damp" due to conditions of utter disrepair in the prison, but his

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<sup>15</sup> Two petitions endorsed by London magistrates William F. Gooding and Alexander Whalley Light (boasting 103 and 181 signatures, respectively) were forwarded to the Assembly in 1836. Several more petitions by magistrates in the Bathurst, Ottawa, and Niagara Districts were drafted early in 1839. See *Journals of the Legislative Assembly of Upper Canada [JLAUC]* (1836), 123-4. Also, "Provincial Parliament. House of Assembly.," *Kingston Chronicle & Gazette*, 16 March 1839.

<sup>16</sup> Oliver, 'Terror to Evil-Doers,' 8.

humanitarian appeals for renovations to the jail were ignored as obstinately as those of a more structural nature.<sup>17</sup> Ultimately, the austerity of the Home District magistrates (and indeed that of magistrates in the province's six other districts) resulted from the general insufficiency of public funds allocated for the construction and maintenance of jails. The 1792 statute which ordered the erection of a jail in every district also decreed that the funding for said jails should be drawn from each district's rates—the very same rates that provided for the construction of other, arguably more essential infrastructural projects. Jails were thus beggared from the outset, leaving local magistrates to cut corners and pursue any means necessary to administer them on the meanest budgets.

In 1798, Lieutenant-Governor Peter Russell wrote to Home District Sheriff Alexander McDonnell to notify him that he had recommended that the Executive Council “digest some Economical plan for preserving Order among [York's] Inhabitants.” He secured funds for a district jail directly from the colonial government, proclaiming the “indispensable necessity” of “some proper place of confinement” in the burgeoning town, and ordered the construction of “a small log building...of sufficient strength and size to secure three separate Prisoners.”<sup>18</sup> The lack of forethought exhibited by colonial administrators such as Russell seems, in hindsight, rather peculiar. The decision to adopt common jails modelled after the English system was made after a popular campaign to reform and replace common jails in the United Kingdom had already alerted the public to the insufficiencies of the outdated system of local jails. John Howard's seminal 1777 work of prison reform, *The State of the Prisons in England and Wales*, had entered its fourth edition by 1792; and furthermore, as historian Randall McGowan has observed, even

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<sup>17</sup> Ibid.

<sup>18</sup> Edith G. Firth, ed. *The Town of York, 1793-1815: A Collection of Documents of Early Toronto* (Toronto: University of Toronto Press, 1962), 92.



though Howard's work popularized prison reform, "it did so less by the force of its originality than by its synthesis of existing thought."<sup>19</sup> The many failures of common jails were surely no secret to any member of the reading public by the late eighteenth century, even in the remote colony of Upper Canada. Yet jails were nonetheless implemented as the principle means of imprisonment upon the colony's foundation. Perhaps legislators felt that the young colony's parochial setting would insulate it from the conditions that had contributed to the decline of the common jail in England; perhaps a system of common jails was felt to be the only practicable means of imprisonment with available funds; or perhaps, as Richard Splane suggests, colonial administrators such as John Graves Simcoe simply harboured "wildly idealistic expectations about Upper Canada."<sup>20</sup>

Whatever the ideological origins of Upper Canada's jail system, its administrators were soon confronted with circumstances similar to those faced by their predecessors in late eighteenth-century England—overcrowded prisons whose mandate had exceeded the simple holding of persons awaiting trial, assuming as well the role of punitive institutions housing long-term prisoners. The early history of the York jail provides an instructive example of the rapid decline of Upper Canada's system of common jails. Russell's simple, log-constructed jail was completed in 1799, only to be replaced by a larger structure in 1824, by which time it had proven woefully insufficient to meet the needs of the burgeoning Town of York. After renewed scrutiny beginning in the 1830s, the prison was relocated yet again in 1837, whereupon its old building was repurposed for use as a temporary provincial lunatic asylum in 1840.

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<sup>19</sup> Randall McGowen, "The Well-Ordered Prison: England, 1780-1865," in *The Oxford History of the Prison: The Practice of Punishment in Western Society*, Norval Morris and David J. Rothman, eds. (New York: Oxford University Press, 1995), 78.

<sup>20</sup> Splane, *Social Welfare in Ontario*, 66.

The socio-economic causes of the rapid decline of common jails are made eminently clear by even the most cursory examination of demographic trends in early nineteenth-century Upper Canada. The province's population at its foundation in 1791 was roughly 10,000 souls. By 1806, that number had risen dramatically to 70,718, and by 1830 it had more than tripled again to 213,156.<sup>21</sup> These substantial demographic expansions were naturally accompanied by increased committals to local jails. The sentences passed down by the Criminal Assizes of Upper Canada provide some sense of the trajectory of jail populations in the late eighteenth and early nineteenth centuries. In the years between 1790 and 1810, only 37 people were sentenced to imprisonment as a punishment for their crimes, though many more inmates would have been cycled through district jails as they awaited sentencing.<sup>22</sup> Other punishments in this period included a practice called "burning on the hand," corporal punishment, capital punishment (ie. hanging), public discipline in the stocks or pillory, fines, and banishment. However, reliance on many of these punishments diminished fairly rapidly in the early nineteenth century, largely due to humanitarian opposition to the death penalty and other popular forms of corporal punishment and public shaming.

In lieu of these punishments, magistrates increasingly relied upon imprisonment itself as a form of discipline. Imprisonment thus emerged "unequivocally as the dominant form of punishment" after 1825.<sup>23</sup> Between 1811 and 1820, the number of jail sentences in the Assize records rose to 129, actually indicating a reduction in imprisonments per capita, but nevertheless

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<sup>21</sup> For the 1806 figure, see Joseph Bouchette, *The British Dominions in North America*, vol. 2 (London: Longman, Rees, Orme, Brown, and Greene, 1831), 235; for 1830, see *Census of Upper Canada, 1830*.

<sup>22</sup> These numbers also do not account for omissions from the Assize records, which Peter Oliver notes were probably fairly extensive.

<sup>23</sup> Oliver, *Terror to Evil-Doers*, 16.

representing a strain on the province's ill-equipped and underfunded jails. Between 1821 and 1830, 243 convicted criminals were sentenced to long-term imprisonment, once again representing a decreasing trend of imprisonments per capita but a significantly increased burden upon common jails, many of which retained the same ramshackle facilities that they had occupied since the turn of the century.<sup>24</sup>

With the substantial demographic expansions of the early nineteenth century came a swelling of reform advocacy from sheriffs, jailers, magistrates, and of course prisoners. James FitzGibbon, foreman of the Home District grand jury, noted in 1835 that “the Gaol of the District is insufficient for the safe keeping of prisoners...and that from the great increase of population in the District it is become insufficient for the proper accommodation of the prisoners committed to it.” The Home District was not the only district so affected. The chairman of the Gore District Quarter Sessions likewise maligned the “crowded” condition of the Hamilton jail. The foreman of the Niagara grand jury also commented on the “very limited means of accommodation” in his district’s jail, noting that “the Grand Jury are of the opinion that the Ward for Criminals is not calculated to contain more than twenty Prisoners, though at one period during the current year thirty-five were under confinement.” In the London District, the chairman of the Quarter Sessions echoed the lieutenant governor’s recommendation that the Legislature “take the subject of enlarging Gaols and improving the condition of Prisoners into their serious consideration,” emphasizing that such a project should be made a “*General Measure throughout the Province.*”<sup>25</sup>

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<sup>24</sup> Numbers from the Criminal Assize records were gathered from a table prepared by Michelle Corbet, which was compiled from AO, RG22, Series 134, Assize Minutebook Criminal. The table is included in Oliver, ‘*Terror to Evil-Doers*,’ 14-5.

<sup>25</sup> “Message from His Excellency with Despatch on the Subject of Prison Discipline,” *Journals of the House of Assembly of Upper Canada [JHAUC]*, Appendix No. 44 (1836), 2-8. Emphasis in original.

As the young colony flourished, crime and its prevention and punishment also naturally demanded closer scrutiny from the governing elite, who turned their attention to matters of criminal law and the colony's penal infrastructure. "In consequence of the increase in population there is an increase of crime," John Macaulay, chairman of the Midland District Quarter Sessions, surmised in an 1835 dispatch to Lieutenant-Governor Sir John Colborne. Macaulay reminded Colborne that given the intermittent schedule of the Court of King's Bench for holding courts of oyer and terminer and general jail delivery in each district, jails were becoming needlessly overcrowded with prisoners awaiting trial. He observed that among "such unfortunate persons there may be individuals innocent of the offences laid to their charge." These circumstances, Macaulay concluded, "unhappily compel the Magistrates to urge the matter thus on Your Excellency's consideration."<sup>26</sup>

As with prison populations more generally, the number of lunatics confined to Upper Canadian jails increased over the years between 1791 and 1830. Their rather conspicuous presence within jails which were ill-equipped for their care soon drew the attention of a growing spectrum of local and central authorities. Though it is significantly more difficult to ascertain the population of insane inmates than for those of other inmate groups, several trends point to their growing presence in jails throughout the early nineteenth century. Peter Oliver notes that the Houses of Correction Act, passed in 1810, encouraged the use of jails as congregate institutions for the management of the insane, among other unfortunates.<sup>27</sup> However, though there is scant hard data to support an increase in the number of lunatics jailed between 1810 and 1830, there is ample evidence of a significant increase in their imprisonment after the passage of the Relief of

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<sup>26</sup> Ibid., 2.

<sup>27</sup> Oliver, 'Terror to Evil-Doers,' 9.

Insane Persons Act in 1830. In his detailed 1836 report to Lieutenant-Governor Sir Francis Bond Head, D'Arcy Boulton, chairman of the Home District Quarter Sessions, alluded to the repercussions of the 1830 act and its effect on the numbers of insane inmates imprisoned within the York jail. With the formalization of provisions for the maintenance of the insane in jails, previously administered on a *de facto* basis under the 1810 Houses of Correction legislation, it appears that committals of lunatics increased significantly. In the two-year period before the provisions for the insane granted to the Home District were expanded province-wide, Boulton lamented that "it became the painful duty of the magistrates of this district, attended to with some expense, to cause the removal of some insane persons who had been sent from other parts to this district, where the only legal provision existed at the time."<sup>28</sup> Reports from the Midland District also confirm an increase in the number of insane prisoners in the early 1830s. Between 19 October 1830 and 13 January 1835, 16 lunatics were committed to the Midland District jail, for crimes ranging from "stabbing a Female with a Sword" to the far more quotidian "Breach of the Peace"—likely a blanket charge used to justify the imprisonment of troublesome but not particularly dangerous lunatics.<sup>29</sup> Boulton and his fellow magistrates—in Home, Midland, and beyond—felt unanimously that jails were overcrowded with convicts, debtors, and accused persons awaiting trial. Adding lunatics, who were costly to maintain and difficult to manage at the best of times, only served to exacerbate an already problematic situation.

Regardless of the anxieties expressed by Boulton and his fellow magistrates, the imprisonment of the insane in common jails emerged in the early 1830s as a popular solution for the management of lunacy. Rising costs for the maintenance of the insane in the Home District

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<sup>28</sup> "Message from His Excellency with Despatch on the Subject of Prison Discipline," 10.

<sup>29</sup> "Petition of the Justices of the Peace of the Midland District," *JLAUC* (1835), Appendix No. 117.

clearly indicate a greater demand on the jail's resources for the care of insane inmates, increasing from £139 in 1832 to £177 in 1833, and again to £247 in 1834, before levelling out to £216 in 1835.<sup>30</sup> Even the primitive institutionalization offered by the 1830 act was likely greeted with relief by the beleaguered friends and family of many of Upper Canada's lunatics, and local magistrates were evidently willing to facilitate their imprisonment, for the most part. Some lunatics were committed to jails because they lacked any form of familial or community support, as in the case of John Morrison, who upon his committal to the Home District jail in 1834 had "no friends or relations" known to authorities.<sup>31</sup> However, many more were likely committed to jail at the behest of their friends and families, who could no longer bear the burden of their care, either financially or emotionally.

The majority of the lunatics imprisoned in the Home District jail had substantial documented local kinship networks. John Long, committed in 1832, had "one or two brothers in Toronto." George Adamson, also committed in 1832, had a wife in Chinguacousy. Margaret Finch, committed in 1821, had a brother living in Etobicoke, a son near Brantford, and a husband in the State of New York.<sup>32</sup> Nevertheless, many lunatics who languished in Upper Canadian jails did so because their "friends and connexions are alike unable to provide for their support as they are for their safe keeping."<sup>33</sup> Though similarly afflicted persons undoubtedly continued to live under the care of their friends and families even after measures were taken to provide relief within jails, many Upper Canadians evidently turned to the institutional alternative offered by jails with, at the very least, reluctant acceptance of their new circumstances.

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<sup>30</sup> "Message from His Excellency with Despatch on the Subject of Prison Discipline," 15.

<sup>31</sup> *Ibid.*, 18.

<sup>32</sup> *Ibid.*

<sup>33</sup> "Petition of the Justices of the Peace of the Midland District."

In his excellent study of the elderly patients of the Rockwood Asylum in Kingston in the late nineteenth century, Edgar-André Montigny has thoroughly demonstrated, using patient registers, that family members only turned to the asylum when they had exhausted all other means of caring for their loved ones.<sup>34</sup> Evidence from Toronto's temporary asylum substantiates Montigny's claim that "sometimes care-givers only needed a short respite before they felt able to resume their duties."<sup>35</sup> Of the 681 individual patients committed to the Provincial Lunatic Asylum between 1841 and 1849, 19 per cent (or 130 patients) were discharged and re-admitted at least once.<sup>36</sup> In many cases, these patients were noted to have been removed by members of their family. James Haywood, for example, was "taken by his father on trial" on 10 March 1848, only to be re-admitted on 9 April and discharged once again on 1 January 1849.<sup>37</sup>

Many patients similarly found their way in and out of the asylum with the assistance of their loved ones, some as many as five or six times throughout their lives. Jails may not have offered the option of such intermittent respite from at-home care, but they certainly would have appealed to the families of troubled men like John Long, who according to reports from the Home District jail became "3 or 4 times a month very outrageous and ... unmanageable."<sup>38</sup> Not all families were willing to send their afflicted loved ones to prison, however. In her memoirs, *Winter Studies and Summer Rambles in Canada*, Anna Brownell Jameson related her meeting with a man with an "idiot" daughter "subject to epileptic fits" on 7 September 1837. According

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<sup>34</sup> Edgar-André Montigny, "'Foisted upon the Government': Institutions and the Impact of Public Policy upon the Aged. The Elderly Patients of Rockwood Asylum, 1866-1906," *Journal of Social History* 28, no. 4 (Summer, 1995): 831.

<sup>35</sup> Ibid.

<sup>36</sup> Archives of Ontario [AO], MS 640, reel 1, Queen Street Mental Health Centre patient registers [QSMH].

<sup>37</sup> AO, MS 640, reel 1, QSMH, Patient Register [PR], 228; AO, MS 640, reel 1, QSMH, General Register [GR], 612, 625.

<sup>38</sup> "Message from His Excellency with Despatch on the Subject of Prison Discipline," 18.

to Jameson, the man told her “I’ll die ... before she shall go there,” referring to the local jail.<sup>39</sup> However appealing or unappealing jails may have been as a primitive institutional solution to lunacy care, in the face of an expanding population and overcrowded prisons it soon became apparent that a more permanent and specialized accommodation was required.

Explicit requests for an official alternative to prisons for the care of lunatics began in earnest early in 1830, commencing with William Lyon Mackenzie’s report to the House of Assembly.<sup>40</sup> Having witnessed for himself the awful conditions to which the province’s lunatics were subjected, Mackenzie recommended that the three women confined in the York jail’s basement cell be removed to “a particular ward in the Hospital ... and gently treated.” He surmised that, if properly cared for, the women “might either wholly recover their reason, or at least become convalescent.” What was absolutely clear was that their continued imprisonment in the jail’s dank basement would offer neither of these happy outcomes. Regardless of their fate, Mackenzie proclaimed that “their situation entitles them to a double portion of the favorable regard of all in whom the blessing of reason has been bestowed.”

With regard to the rest of the jail, Mackenzie was no less decisive in his condemnation. Besides the general stink and filth of the building, he observed that the prisoners were underfed and inadequately clothed. “Although a place of imprisonment is not intended to be a place of comfort,” he implored, “it should not be a place of starvation.” Mackenzie also criticized the lack of segregation among prisoners. In particular, he lamented the interaction between a young tradesman’s apprentice, jailed for refusing “to attend his master’s work,” and “persons charged with murder, and criminals of the very worst description.” Such company, he concluded, would

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<sup>39</sup> Anna Brownell Jameson, *Winter Studies and Summer Rambles in Canada*, vol. 3 (London: Saunders and Otley, 1838), 347.

<sup>40</sup> Mackenzie, “Report on petition of prisoners in gaol at York,” 162.



not “be likely to improve either his manners or his morals.”<sup>41</sup> Mackenzie wrote with disdain for the jail, but his words did not indicate any great surprise at the conditions of the institution—of these he had undoubtedly already been apprised by several of his colleagues in parliament, many of whom had intermittently written or voiced their concerns about the state of prisons in the colony. Nevertheless, Mackenzie’s report marked the advent of a far more persistent campaign by provincial authorities to rectify the depressing circumstances of Upper Canadian prisoners than had previously been orchestrated within the province.

Like Mackenzie, many local authorities began to make particular mention of the conditions of imprisoned lunatics in their official correspondences, noting the insufficiency or unsuitability of jails for either their maintenance or care. Christopher Widmer, the chief medical authority at the newly-established York General Hospital, suggested a specialized ward for the care of the insane shortly after Mackenzie’s report was read in parliament, calling specifically for the moral treatment of insanity.<sup>42</sup> The first appeal for a legal remedy to lunacy that gained any traction within parliament, however, was issued by the magistrates of the Home District. Their petition was cited as the inspiration for the passing of the Relief of Insane Persons Act in March of 1830.<sup>43</sup> The act allowed for the allocation of specific funds for the maintenance of insane prisoners, giving legal sanction to an already common practice, though only in a single district. The result, as observed by D’Arcy Boulton in his 1836 report to Sir Francis Bond Head, was that many other districts sent their insane prisoners to the York jail, the Home District being the only municipality where funding was explicitly allocated for their maintenance.

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<sup>41</sup> Ibid.

<sup>42</sup> Christopher Widmer, “Annual Report, Of the York Hospital and Dispensary,” 17 January 1831, *JHAUC* (1831).

<sup>43</sup> *Statutes of Upper Canada*, 11 Geo. IV, Ch. 20 (1830).

Although a presentment of the grand jury at York issued in 1831 noted the “necessity which exists for the establishment of an Asylum, for the reception of insane persons”—provoked, no doubt, by the strains placed on the York jail by its sudden glut of insane inmates from around the province—no definitive action was taken by parliament to establish an asylum until 1839, when legislation was passed allotting £3,000 and a special levy of one-eighth of a penny “for the erection of an Asylum within this Province, for the reception of Insane and Lunatic persons.”<sup>44</sup> Previous attempts to introduce similar legislation had been unsuccessful for a variety of reasons, the most dramatic of which was the interruption to government caused by Mackenzie’s ill-fated rebellion in December 1837.

In 1833, the act supporting insane inmates was extended to include every jail in the province, but this legislation was immediately deemed insufficient by local authorities, many of whom by now understood it merely to be a provisional measure pending the introduction of a more permanent solution. The consensus among magistrates and grand juries throughout Upper Canada held that existing jails were simply unsuited for the care of the insane, notwithstanding provisions made to allocate additional funds towards their maintenance. D’Arcy Boulton declared in 1835, in no uncertain terms, the inadequacy of the Home District jail for its increasingly varied purposes in his report to Bond Head:

As regards the inefficient state of the building . . . for the purpose to which it is now by law rendered applicable in the safe keeping of ordinary offenders and those under sentence of imprisonment—in the asylum it is made to afford to the insane—in being rendered applicable for all city purposes, serving as it does for a lock up house for disorderly persons and night brawlers—and when the maintenance of any of these classes cannot be compensated for in any way by useful labor—it is perfectly inadequate.<sup>45</sup>

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<sup>44</sup> *Statutes of Upper Canada*, 2 Victoria, Ch. 11 (1839).

<sup>45</sup> “Message from His Excellency with Despatch on the Subject of Prison Discipline,” 13.

William Jarvis, the sheriff for the Home District, entreated in the same year that “in a properly arranged building, fourfold convenience would be afforded” for the maintenance of the insane “at the same expense which is incurred in the Gaol of this District,”<sup>46</sup> and Alexander Fraser, chairman of the Bathurst District Quarter Sessions, likewise recommended that “some [further] provision be made by a Legislative enactment for the maintenance of Prisoners and Insane persons in each district,” the accommodations offered by existing jails being wholly insufficient.<sup>47</sup> The justices of the Midland District, led by John Macaulay, submitted a formal petition to the House of Assembly in January 1835 to insist upon “the propriety of providing for the erection of a Provincial Asylum,” asserting “that our common Gaols do not afford the requisite accommodation for the successful treatment of Insane Persons.” Besides offering proper treatment for the insane where the jail could not, the magistrates understood that a lunatic asylum would relieve much of the strain placed upon local jailers, who “are neither expected to be qualified for, nor have leisure to attend to, the more difficult and responsible duties of superintending the Insane.”<sup>48</sup>

The need for a more effective alternative to the common jail for the management of lunatics was voiced by more than just advocates for lunacy reform. In their 1832 report to the House of Assembly regarding the implementation of a penitentiary in Upper Canada, Hugh Thomson and John Macaulay stressed the importance of segregation for the rehabilitation of convicts. By implementing some variation of the popular method of solitary confinement and the so-called silent system already practiced in prisons in New York, Pennsylvania, and Massachusetts, Thomson and Macaulay assured the government that they could “entirely prevent

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<sup>46</sup> Ibid.

<sup>47</sup> Ibid., 2.

<sup>48</sup> “The Petition of the Justices of the Peace of the Midland District.”

all contamination” among prisoners.<sup>49</sup> Their recommendations for the Provincial Penitentiary reflected contemporary ideas which can be loosely categorized under the united philosophy of *prison discipline*. For most prison reformers, the concept of prison discipline referred to a particular subset of reform ideals concerning the organization and administration of prisons. Proponents of prison discipline called for the separation of several new classifications of prisoners and other more effective methods of incarceration, organizing themselves through the formation of associations such as the Society for the Improvement of Prison Discipline in England and similar societies in Philadelphia, New York, and Boston.<sup>50</sup>

Unsegregated prisons were variously described by nineteenth-century reformers as a “school and nursery of villainy,”<sup>51</sup> or as Thomson himself wrote in an 1831 report, as “seminaries kept at the public expense for the purpose of instructing His Majesty’s subjects in vice and immorality.”<sup>52</sup> The notion that prisoners could contaminate one another most often referred to the influence of older, hardened criminals upon young, susceptible minds. Such was the case described by William Lyon Mackenzie of the young tradesman’s apprentice living among “criminals of the very worst description” in the York jail. Yet the effect of lunatics upon neighbouring convicts was likewise deemed problematic.

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<sup>49</sup> Hugh Christopher Thomson and John Macaulay, “Report of the Commissioners ... for the purpose of obtaining Plans and Estimates of a Penitentiary to be erected in this Province,” 12 November 1832, *JHAUC* (1832), 28.

<sup>50</sup> *The First Report of the Committee of the Society for the Improvement of Prison Discipline, and the Reformation of Juvenile Offenders* (London: T. Bensley, 1819); Philadelphia Society for Alleviating the Miseries of Public Prisons, “Constitution of the Philadelphia Society, for alleviating the Miseries of Public Prisons.” (Philadelphia, 1787). [Eighteenth Century Collections Online](#). Gale. York University Library (Canada). 26 July 2016; *First Annual Report of the Board of Managers of the Prison Discipline Society* (Boston: Perkins & Marvin, 1828).

<sup>51</sup> *Ibid.*, 88.

<sup>52</sup> H.C. Thomson, “Report of the Select Committee on the expediency of erecting a penitentiary,” *Appendix to the Journals of the House of Assembly of Upper Canada [AJHAUC]* (1831), 211.

Many prison reformers maintained that the presence of lunatics in prisons could interfere in the rehabilitation of their neighboring convicts. According to the board of the Boston Prison Discipline Society [BPDS], whose aid Thomson and Macaulay had enlisted in their 1831 tour of American prisons, lunatics were “sometimes an annoyance, and sometimes a sport to the [other] convicts,” they were wont to “injurious interchange[s] of obscenity and profaneness,” and their integration “with thieves and murderers, and persons under arrest but not yet convicted of guilt” could not “make a more indiscriminate and improper distribution” within contemporary prisons.<sup>53</sup> Such arrangements were not felt to be suitable either for lunatics or for the convicts imprisoned with them. Some Upper Canadian critics harboured similar reservations about the deleterious influence of lunatics upon their fellow inmates. The grand jurors of the Niagara District lamented in 1839 that “the raving maniac is confined in the same ward with the other prisoners, their raving and howling adding (if it is possible to add) to the horrors endured by the prisoners.”<sup>54</sup> The improvement of prisons and the proper management of the insane were thus intimately connected within early nineteenth-century discourses of prison discipline and prison reform. Lunatics and convicts could not coexist if either was to be restored to society.

Lunatics often shared the same facilities, and sometimes even the same cells, with common criminals and other inmates. The same Niagara grand jurors who complained of the presence of the “raving maniac” within the district jail noted that he was separated from his fellow prisoners by only a rail.<sup>55</sup> As such, any programme that proposed to improve prison discipline necessitated some response to the intrusive presence of lunatics in common jails. In

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<sup>53</sup> *Second Annual Report of the Board of Managers of the Prison Discipline Society* (Boston: Perkins & Marvin, 1829), 19.

<sup>54</sup> Upper Canada Sundries, presentment of grand jurors, Niagara District, March 16, 1839.

<sup>55</sup> *Ibid.*

fact, the establishment of purpose-built asylums quickly emerged as a fundamental initiative of several voluntary prison reform associations, including the BPDS. From 1827, the society dedicated a discrete section of its annual reports to recording the conditions of insane inmates in American prisons and offering recommendations for the improvement of their circumstances.

The society's board also corresponded with prison reformers throughout North America regarding the status of local lunacy reform efforts. In a letter dated 15 August 1836, the society's "esteemed correspondent in Upper Canada," thanked the society for furnishing him with a report from the McLean Asylum in Massachusetts. This esteemed correspondent was none other than John Macaulay, with whom the board of the BPDS had become acquainted during his 1831 inspection of American prisons and penitentiaries. In a series of subsequent letters, Macaulay notified the society of his efforts to encourage the legislature to "authorize something to be done for our insane, whose situation is very deplorable." He promised, in his capacity as a member of the Legislative Council, to submit to the provincial government a letter from the society's board as well as an architectural plan for an asylum. These measures were presumably undertaken at the urging of the society. Macaulay eventually reported that "the session has been permitted to slip away without any measure being adopted by our legislature for the effectual relief of lunatics," though not without promising his continued commitment to the cause of asylum reform.<sup>56</sup> Despite his unsuccessful attempts to press for lunacy reform on the society's behalf, Macaulay's correspondence with the BPDS points to the deeply-interconnected nature of prison and lunacy reform in Upper Canada, and throughout North America, in the 1830s.

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<sup>56</sup> *Reports of the Prison Discipline Society, Boston. 1836-1845*, vol. 2 (Boston: Press of T.R. Marvin, 1855), 115.

Several of the most ardent advocates for prison reform in Upper Canada, including John Macaulay, John Beverley Robinson, and James B. Macaulay were also among the most vocal proponents of a lunatic asylum.<sup>57</sup> The general public was also aware, to some extent, of the close association between prison and asylum reform. The *Kingston Chronicle & Gazette* reported in February 1835 on the attention to lunacy reform by “the humane in Great Britain and the United States,” citing a recent report by the BPDS on the improvement to the condition of the insane offered by their transfer from jails, almshouses, and houses of correction to the asylum in Worcester, Massachusetts.<sup>58</sup> The public was also treated on occasion to sensational news regarding the dangers posed by (and to) lunatics by their imprisonment in common jails. In September of 1840, for instance, the *Toronto British Colonist* reported the case of an insane arsonist who was charged with the murder of his fellow inmate, “a maniac” who had been imprisoned for eight years.<sup>59</sup> At the close of the 1830s, Upper Canadians were well aware of the widespread imprisonment of the insane, and stories of murder and other mayhem within common jails only confirmed the general sentiment that something must be done about the province’s lunatics.

### *Conclusions*

Political responses to lunacy in Upper Canada originated within critiques of the province’s inadequate system of prisons rather than discrete appeals for lunacy reform. Medical discourses, like class anxieties, figured significantly in the eventual decision to erect a purpose-built lunatic asylum, but they were likewise preceded by considerations of a more pragmatic nature. Asylum

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<sup>57</sup> Notably, these men were also avowed conservatives. The relationship between conservatism and lunacy reform will be explored further in the second chapter.

<sup>58</sup> *Kingston Chronicle & Gazette*, 25 February 1835.

<sup>59</sup> *Kingston Chronicle & Gazette*, 23 September 1840.

reform thus began as an ancillary consideration of the segregative ideologies of the prison discipline movement, which was itself a response to the rapid transformation of Upper Canadian society. When asylum reform came into its own in the province, principally as a result of Charles Duncombe's impassioned 1836 appeal for a designated lunatic asylum, it was successful largely because it also addressed the concerns voiced by prison reformers over the preceding decades.

The following chapter will continue to explore deficiencies in the care and management of lunatics in early nineteenth-century Upper Canada, specifically in the professional and amateur treatment of insanity. These defects became apparent in the face of the same demographic expansion and infrastructural decay from which the prison discipline movement was born. The asylum promised much more than a place to dispose of problematic populations, however. More than simply removing obnoxious lunatics from local jails, the lunatic asylum promised relief for families whose relatives' needs exceeded their own capacity for care. Furthermore, the asylum offered a more humane solution to the imprisonment of lunatics. Finally, and perhaps most ambitiously, the asylum ideal promised to improve society through the rehabilitation and eventual recovery of lunatics to reason and rationality. In short, in the rapidly developing province of Upper Canada, the asylum ideal emerged as an optimistic response to the increasingly undeniable dilemmas posed by traditional approaches to lunacy management on a provincial scale.



## Chapter II

### “I only needed biscuit and milk and beef and tea to make me well” Community Care, Domestic Medicine, and the Therapeutic Origins of Asylum Reform

An anecdote published in the May 1815 edition of *The Canadian Visitor*, an eclectic magazine featuring news, satire, and literature, told of “Mr. Webb, the philanthropist,” who “heard that some persons ascribed his profuse distribution of his property to the effect of insanity.” When Webb related these rumours to a Quaker, the man replied: “I wish thou wouldst bite a great many of our rich people, and thereby spread the disorder through the land.”<sup>1</sup> The humorous anecdote belonged to a common genre of “literature” featured in early nineteenth-century newspapers, meant to entertain rather than inform.<sup>2</sup> Nevertheless, despite the irreverent tone and satirical intent of the anecdote, it does suggest the subtle cultural diffusion of the idea that insanity might be transmitted by a bite. The popular early nineteenth-century idea of contagious or epidemic insanity was actually supported by the medical theories of prominent alienists such as Jean-Étienne Esquirol, who also wrote that madness could spread in the form of a “moral contagion.”<sup>3</sup> Medical validation was not a prerequisite for popular belief, however. Other popular discourses attributed the spread of mental disease to witchcraft and other supernatural origins, despite the insistence of alienists such as Esquirol and Pinel that demonic possession was most definitely not a medically-accepted cause of insanity.<sup>4</sup>

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<sup>1</sup> “Anecdotes & C.,” *The Canadian Visitor* (May 1815), 39.

<sup>2</sup> Frank Boles, “Michigan Newspapers: A Two-Hundred-Year Review,” *Michigan Historical Review* 36, no. 1 (Spring 2010): 45.

<sup>3</sup> Esquirol argued in 1838 that mental maladies could become epidemic or contagious in “certain atmospheric conditions,” also suggesting that mental alienation could replicate itself through a “moral contagion,” in *Mental Maladies: A Treatise on Insanity*, trans. E.K. Hunt (Philadelphia: Lea and Blanchard, 1845), 48.

<sup>4</sup> Philippe Pinel, *Traité médico-philosophique sur l’aliénation mentale* (Paris: Chez J. Anton Brosson, 1809), 554-5.

Diverse popular understandings of insanity gave life to equally diverse treatments and remedies. The desperate friends and families of lunatics marshalled a variety of domestic cures, testing a range of approaches from minor dietary adjustments, anointment with herbal solutions, and changes of scenery, to faith healing and prayer. In their quest for a cure for madness, they made use of popular almanacs, advice books, and manuals which “guided and rationalized household doctoring.”<sup>5</sup> The scattered settlements of Upper Canada’s frontier landscape encouraged the adoption of home remedies, especially given the scarcity of trained physicians and the lack of institutional care at the geographical boundaries of society. The continuing popularity of medical manuals such as William Buchan’s *Domestic Medicine* well into the nineteenth century points to the ongoing popularity of domestic medicine. Amateur cures became insinuated in life at the margins of modern society over decades and were passed down from generation to generation.<sup>6</sup> Likewise, ordinary Upper Canadians did not easily abandon traditional understandings of mental disorder. Dr. Joseph Workman, the medical superintendent at the Provincial Lunatic Asylum for over twenty years, complained in 1871 that many of his patients and their families still subscribed to antiquated ideas of “diabolic possession” and other supernatural causes of insanity including lycanthropy (a belief which Workman identified as “that strange form of insanity known as *Lycanthropia*”).<sup>7</sup> These beliefs, which professionals like Workman dismissed out-of-hand as outmoded and irrational fancies, proved surprisingly persistent. Much to Workman’s chagrin, the construction of a modern lunatic asylum in Upper Canada did not curb these and other strange notions about the origins and treatment of insanity.

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<sup>5</sup> Charles E. Rosenberg, “Medical Text and Social Context: Explaining William Buchan’s *Domestic Medicine*,” *Bulletin of the History of Medicine* 57, no. 1 (Spring 1983), 22.

<sup>6</sup> *Ibid.*, 23.

<sup>7</sup> Joseph Workman, “Demonomania and Witchcraft,” *American Journal of Insanity* (1871).

Previous histories of asylum care, both in Upper Canada and throughout the United States and England, have tended to regard pre-asylum lunacy management as foreshadowing, in one way or another, the coming of the asylum. Although this chapter and the last both identify the conditions which precipitated the emergence of the asylum in Upper Canada, they do not regard the early nineteenth century solely in the light of impending institutional confinement and treatment. As Peter Bartlett and David Wright have noted, historians must re-consider the centrality of asylums to the modern paradigm of lunacy care.<sup>8</sup> Taking Bartlett and Wright's counsel to heart, this chapter examines pre-asylum approaches to lunacy care and management on their own terms, while accounting also for the ways in which they informed popular approaches to insanity into the age of the asylum.

Prisons were not imagined in 1810 to be a temporary solution to lunacy, as illustrated in the previous chapter. Rather, they were employed as the only practicable response to the problems posed by unruly and disorderly lunatics within the community. It was not until the insufficiencies of the existing jail system were laid bare that another official solution to lunacy management was seriously contemplated. In fact, even after the opening of the asylum in 1841, lunatics continued to be imprisoned in common jails and the penitentiary, much to the dismay of many of the same reformers who championed the asylum's establishment. As late as the 1850s, complaints of the disturbing presence of lunatics in common jails continued to emanate from local authorities around Upper Canada. The municipal council of Huron and Bruce counties lamented in 1856 that "lunatics [had] been at different times confined in the jail of these counties until a vacancy occurred in the asylum," and the surgeon at the Norfolk county jail complained

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<sup>8</sup> Peter Bartlett and David Wright, "Community Care and its Antecedents," in *Outside the Walls of the Asylum: The History of Care in the Community 1750-2000* (London: The Athlone Press, 1999), 17.

in 1859 that incurable lunatics continued to crowd his prison, and should be afforded some space in the provincial asylum.<sup>9</sup>

The professional and amateur treatments of lunacy practiced in early nineteenth-century Upper Canada cannot be understood as a mere precedent to the asylum paradigm which followed. Many of the methods of treatment explored below were still practiced long after the establishment of the Provincial Lunatic Asylum in 1841. In 1893, physician Henry Smith Williams remarked upon the enduring presence of the insane in American communities, even during the era of the asylum:

Let no one suppose that an insane person is commonly sent to an asylum because of his insanity *per se* ... There are, in the aggregate, a vast number of insane persons in the community who are never confined in asylums because their disease does not lead them to commit acts that interfere seriously with the liberties of those around them.<sup>10</sup>

For those deemed insane but not dangerous, both before and after the rise of the asylum, there were always alternative methods for community care. In many ways, the history of these early alternatives runs parallel, not precedent, to that of the asylum. However, for the purposes of this study, these practices must also be considered as antecedents to asylum care. When the asylum was first proposed in Upper Canada in 1830, it was precisely because traditional methods of lunacy management were no longer considered to be sufficient by provincial authorities. To understand the shift in state policy towards the insane, historians must first acknowledge the social, cultural, and intellectual roots of lunacy care in Upper Canada and how they failed, in the eyes of many, to properly address and contain a growing lunacy problem within the province.

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<sup>9</sup> Moran, *Committed to the State Asylum*, 72-73.

<sup>10</sup> Henry Smith Williams, "Social Relations of the Insane," *The North American Review* 157 (1893), 611-12, quoted in Janet Miron, *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century* (Toronto: University of Toronto Press, 2011), 188n15.

### *Community Care & Domestic Medicine*

Some measure of informal medical treatment for the insane was provided by the community before the 1830s through the efforts of voluntary associations. The Niagara Society for the Prevention of Vagrancy and Common Begging and for the Relief of the Sick and Destitute, for example, proposed to employ the services of some of its members, who were trained and licensed physicians, in treating the sick and destitute of Niagara who qualified as “the legitimate objects of charity” or the “necessitous poor.” These designations were consistent with early-nineteenth century characterizations of poverty which distinguished the idle from the deserving poor—the insane, along with the feeble, elderly, and physically and mentally disabled, typically fell within the latter designation.<sup>11</sup> At its first meeting, convened at Miller’s Tavern on King Street in Niagara-on-the-Lake on 12 March 1833, the Niagara Society’s founding members agreed “that when any of the objects which this Society receives under its care requires Medical advice and medicine, the gratuitous attendance of the Medical Gentlemen of the Town, be requested, in rotation.”<sup>12</sup>

Among the society’s founding members were at least two physicians, Dr. Francis William Porter and Dr. James Muirhead. It is unclear whether either physician received any training in the treatment of lunacy—though in the case of Muirhead, who received his education in the late eighteenth century, it is exceedingly unlikely—or whether the two men ever met with any pauper lunatics under the terms of the society’s constitution. Nevertheless, the society’s mandate offers insight into one potential avenue for the treatment of the insane by their communities. Another Niagara doctor, Truman Raymond, was awarded money by the district Quarter Sessions in 1833

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<sup>11</sup> Rainer Baehre, “Pauper Emigration to Upper Canada in the 1830s,” *Histoire Sociale/Social History* 14, no. 28 (November 1981): 354.

<sup>12</sup> *Niagara Gleaner*, 16 March 1833.

after his claim for compensation for his charitable medical treatment of Elizabeth Willson, “an Idiot, insane person.” Raymond was awarded the money in light of his “humane conduct.”<sup>13</sup>

Medical treatment was thus dispensed by the community in such circumstances as the philanthropy of individual doctors permitted, but like other methods of community care, the free treatment of the insane by professional physicians was inconsistent and largely unregulated.

Medical treatment was administered free of charge to insane emigrants throughout the 1820s and 1830s by way of some combination of charitable relief, community care, and government intervention.<sup>14</sup> During that period, Upper Canada experienced a massive influx of immigration, in part due to unfavourable conditions for the poor in Great Britain brought about by the 1834 Poor Law Amendment Act, and in part due to the encouragement of Upper Canadian officials. Some Canadian officials even funded immigration agents in England to disseminate information about the colony to prospective emigrants, espousing the distinctly anti-Malthusian credo that “Population is Wealth.”<sup>15</sup> The population rose steadily throughout the early nineteenth

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<sup>13</sup> David Murray, *Colonial Justice: Justice, Morality, and Crime in the Niagara District, 1791-1849* (Toronto: University of Toronto Press, 2002), 119.

<sup>14</sup> A brief note on the contemporary usage of the terms *emigrant* and *immigrant* is in order. The terms were used interchangeably in this period to describe newcomers to Upper Canada, often appearing in the very same documents, though *emigrant* was the more popular of the two. (Though by no means an adequate sample for a definitive analysis, a keyword search of “immigrant” through 1855 in Proquest’s Toronto *Globe* database yields 98 results, whereas “emigrant” yields 945). *Emigrant* was the official term used in government documents and statutes. The more prevalent usage of *emigrant* most likely derived from Upper Canada’s colonial status—Britain was the metropole, the Mother Country, and thus newcomers were conceived of as having departed Britain to *emigrate* to Upper Canada. Canada was an immigrant nation, and thus “country of origin” became a significant statistic, often recorded in hospital records and the census. One who departed Britain for Upper Canada in 1820 was not *Upper Canadian*, but rather an British emigrant *living in* Upper Canada. This distinction was important to the gradual formation of a national identity in Upper Canada and, later, the federal nation of Canada.

<sup>15</sup> Baehre, “Pauper Emigration,” 342; William Lyon Mackenzie, *Sketches of Canada and the United States* (London: Effingham Wilson, 1833), 348.

century, increasing by half from roughly 100,000 in 1814 to 150,000 in 1824, and again by more than double from 1824 until 1834, by which time the province boasted a population of more than 320,000.<sup>16</sup> Recognizing the importance of immigration for the welfare of Upper Canadian society, many officials endorsed government programmes for the care of destitute emigrants. In 1831, Archdeacon John Strachan noted the needs of emigrants and the medical risks of immigration in a letter to Lieutenant-Governor John Colborne—risks which included a particular susceptibility to mental illness:

Many [emigrants] when they arrive at Kingston and York fall sick from want – from exposure to the weather in ascending the St. Lawrence and crossing the Lakes – from the influence of a new climate, the intense heat of our summer months, and *mental anxiety* so that whenever they stop and the excitement of the journey is somewhat abated they become peculiarly liable to disease.<sup>17</sup>

Strachan recommended that Coleborne continue to support colonial initiatives for the relief of pauper emigrants, as “the means of Charitable individuals have been taxed to the utmost & are exhausted.”<sup>18</sup> Strachan acknowledged that the support of Upper Canada’s rapidly transforming population would require, for at least a brief period, the combined efforts of the community and the government.

No statistics for the numbers of insane emigrants in Upper Canada exist for the period before 1841, but the data from the early years (1841-1849) of the Provincial Lunatic Asylum indicate a high incidence of insanity among recent emigrants. Of the 680 individual patients admitted in that period, 580 (85.3 per cent) claimed non-Canadian nationality [Table 2.1].<sup>19</sup>

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<sup>16</sup> Statistics Canada, <http://www.statcan.gc.ca/pub/98-187-x/4064809-eng.htm>. Accessed August 21, 2017.

<sup>17</sup> Library and Archives Canada [henceforth LAC], Colborne Papers, Strachan to Colborne, 5 September 1831, quoted in Baehre, “Pauper Emigration,” 350. Emphasis added.

<sup>18</sup> Ibid.

<sup>19</sup> These statistics are derived from AO, MS 640, QSMH. Demographic data have been gathered from Patient Registers [PR], the General Register [GR], and Patient Questionnaires [PQ].

*Table 2.1*  
Country of birth of patients at the temporary lunatic asylum, 1841-1849

	Number of Patients	Percent of Patient Population	Percent of General Population
Canada*	100	14.8	57.0
England	109	16.0	8.9
Ireland	320	47.1	17.0
Scotland	99	14.5	8.6
United States	25	3.7	7.1
Other**	18	2.6	1.4
Unknown	9	1.3	--
TOTAL	680	100.0	100.0

\* Includes Canada East/West, Nova Scotia, New Brunswick, and "Indian"

\*\*Includes France, Germany, Wales, Trinidad, and Africa

*Sources:* Patient statistics from AO, QSMH. General population statistics from Census of Canada, 1851, presented in Cathy E. Kindquist, "Migration and Madness on the Upper Canadian Frontier, 1841-1850," in *Canadian Papers in Rural History*, vol. 8, Donald H. Akenson, ed. (University of Guelph, 1992), 140.

A large number of Upper Canadians would have been born outside of Canada, with much of the province's population furnished by immigration, but this figure nevertheless represents a large over-representation.

Several historical studies have noted that a peculiarly high prevalence of insanity was diagnosed among Anglo-Celts in general, and the Irish in particular, who constituted a staggering 67 per cent of destitute emigrants in 1832 and 85 per cent in 1835 (and roughly 47 per cent of asylum committals a decade later).<sup>20</sup> Given the contemporary associations between immigration, ethnicity, and insanity signalled by these figures, it is reasonable to conclude that many of the destitute emigrants who arrived in the years preceding the establishment of the asylum would have exhibited real or perceived symptoms of mental illness, and would have been treated

<sup>20</sup> Baehre, "Pauper Emigration," 347.



accordingly upon their arrival.<sup>21</sup> Where they were treated would depend much upon the manner and timing of their arrival, with Irish famine emigrants, for example, more likely to be treated in quarantine than in any charitable institution.

The medical care available to emigrants in the 1820s and 1830s was quite limited, but newcomers did have access to some rudimentary treatment for their physical and mental ailments. Food, shelter, and health care for emigrants were largely provided by private charitable societies in this period, which were occasionally subsidized by the government. Very limited medical care was also available to emigrants at the York hospital. Admission at the hospital was restricted to the deserving poor, however, and, as Strachan noted in 1831, “the Hospital has been for the last three months continually full.”<sup>22</sup> The hospital would remain full for some time, as York was devastated by successive cholera epidemics in 1832 and 1834. Given popular associations between these epidemics and the arrival in droves of sickly newcomers, the hospital continued to be closed to most destitute emigrants throughout the remainder of the 1830s.

Professional medical treatment was also available to destitute emigrants at the Fort York military hospital, though it is unclear to what extent and in what numbers newcomers were treated. In 1820 Dr. Richard Williams, assistant surgeon to the 68<sup>th</sup> Regiment and resident surgeon at the military hospital, wrote to the adjutant general of the Upper Canadian militia, Lieutenant-Colonel C.L.L. Foster, to request his advice regarding his treatment of emigrants. Williams noted that “it has been customary at this Post to administer Medicine to Emigrants, and

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<sup>21</sup> For more information on the links (both real and imagined) between immigration, ethnicity, and insanity, see Angela McCarthy and Catharine Coleborne, eds., *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010* (New York: Routledge, 2012).

<sup>22</sup> Lisa Chilton, “Managing Migrants: Toronto, 1820-1880,” *The Canadian Historical Review* 92, no. 2 (June 2011): 243; Baehre, “Pauper Emigration,” 350.

... this has been sanctioned by Dr. Wright Inspector of Hospitals.”<sup>23</sup> However, even before the more considerable influxes of the late 1820s and early 1830s, Williams worried about the amount of medicine being used for the treatment of emigrants and indicated that without Foster’s explicit permission, he would cease to administer medicines to emigrants, “however desirous I may be of so doing.” Whether Williams would have offered any special treatment to lunatics is unclear. Given the statistics provided above, he more than likely encountered a number of insane patients in his work with recent emigrants.

Should they be denied treatment by Williams or at the York General Hospital, insane emigrants might have followed a number of other pathways to care in the 1820s and early 1830s. Several voluntary agencies in Upper Canada were established to attend to the needs of the masses of destitute emigrants arriving daily in the province. The Society for the Relief of Strangers in Distress, an Anglican charitable association whose members included the Archdeacon John Strachan and Chief Justice William Drummer Powell, set forth a number of resolutions at their general meeting on 4 April 1820 to determine “the most expedient mode of affording relief and employment to such Emigrants, as may either now, or from time to time be in temporary want of assistance.”<sup>24</sup> James FitzGibbon, the secretary for the society, noted in 1827 that although efforts to establish a charitable hospital had fallen short due to a lack of funds, several physicians had volunteered their time and expertise in aid of the society’s mission. Among the several physicians mentioned in FitzGibbon’s report was Dr. Christopher Widmer, who would soon find himself preoccupied with the medical stewardship of York’s new general

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<sup>23</sup> LAC, Upper Canada Sundries, vol. 49, “R. Williams to Lt. Col. C.L.L. Foster,” 15 September 1820, quoted in Edith Firth, *The Town of York, 1815-1834: A Further Collection of Documents of Early Toronto* (Toronto: University of Toronto Press, 1966), 226.

<sup>24</sup> *Upper Canada Gazette*, 13 April 1820.

hospital in 1829. Despite their failure to establish a suitable hospital for sick emigrants, FitzGibbon did note with approval the efforts of volunteers such as Widmer, as well as the generosity of the lieutenant governor, who offered the society the use of the old gaol as “a temporary asylum for the sick.”<sup>25</sup>

Various other schemes for the relief of emigrants were also considered throughout North America. James Buchanan, the British Consul at New York, contemplated a programme of outdoor relief to address pauper emigration to Canada, recommending the establishment of pauper colonies in a communication to the Secretary of State for the Colonies. Buchanan suggested that the “aged and infirm should be employed in the cultivation of the mulberry tree and the vine,” and the blind, idiots, and insane paupers be employed at a rate of 3d. or 4d. per day.<sup>26</sup> Buchanan’s proposal was duly relayed to Upper Canadian readers in the pages of the *Kingston Chronicle & Gazette*. Newspapers such as the *Gazette* featured regular articles and correspondences deliberating schemes for poor relief, as well as reporting on the multiple (failed) attempts to erect a lunatic asylum throughout the 1830s. The public was aware of a “lunatic problem” (as Thomas E. Brown has termed it), but there is little evidence to suggest that they regarded it as an emergency in the same way that later commentators would address the imminent threat posed to civilization by social and racial degeneration.<sup>27</sup>

In 1831 the Society for the Relief of Strangers (re-named the Society for the Relief of the Sick and Destitute in 1828) established an Emigrant Asylum to house, clothe, and feed destitute

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<sup>25</sup> *Annual Report of the Proceedings of the Society for the Relief of Strangers in Distress at York* (York: Gazette Office, 1827), 4.

<sup>26</sup> *Kingston Chronicle and Gazette*, 11 January, 1834.

<sup>27</sup> Brown, “The origins of the asylum in Upper Canada,” 35; Daniel Pick, *Faces of degeneration: A European disorder, c.1848-c.1918* (Cambridge, UK: Cambridge University Press, 1989).

newcomers.<sup>28</sup> The 582 individuals who passed through the Emigrant Asylum in 1831 would have largely comprised those considered to be deserving of relief, among them the old, the sick, and the insane.<sup>29</sup> In 1832, in the midst of a devastating epidemic of cholera in York, emigrant sheds began to be constructed along the town's waterfront and at the site of the general hospital. In these sheds, as in the Emigrant Asylum, some basic medical attendance was offered to emigrants, and subsidized by the government.<sup>30</sup> The Lying-In Charity in York, which assisted roughly 100 women in 1831, could also have provided some relief for pauper lunatic women, as contemporary medical and folk knowledge both confirmed that the physiological processes of menstruation and especially childbirth were strongly linked to the onset of so-called puerperal insanity in women.<sup>31</sup> In fact, the gendered dichotomy of nineteenth-century constructions of insanity probably contributed to the distribution of cases of insanity across several institutions for the reception of emigrants. Social constructions of identity commonly informed treatment inside institutional spaces. There is little reason to doubt that "layers of bodily difference" (including categories such as ethnicity and gender) also influenced patterns of institutionalization.<sup>32</sup>

Further medical treatment for emigrants was provided on a voluntary basis by local physicians unaffiliated with any charitable organization. Dr. William Rees, for example, offered free clinics to the poor out of his private medical practice throughout the 1830s. The doctor also

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<sup>28</sup> Albert Schrauwers, *Union is Strength: W.L. Mackenzie, the Children of Peace, and the Emergence of Joint Stock* (Toronto: University of Toronto Press, 2009), 36.

<sup>29</sup> Baehre, "Pauper Emigrants," 354.

<sup>30</sup> Chilton, "Managing Migrants," 243.

<sup>31</sup> Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), 297.

<sup>32</sup> Catharine Coleborne, "Insanity, Gender and Empire: Women Living a 'Loose Kind of Life' on the Colonial Institutional Margins, 1870-1910," *Health and History* 14, no. 1 (2012): 83.

constructed a wharf at the foot of Simcoe Street for the reception of emigrants, where he occasionally provided free medical advice and vaccinations to destitute emigrants.<sup>33</sup> Rees had a keen interest in the medical treatment of insanity—he was appointed as the first medical superintendent of the Provincial Insane Asylum upon its establishment in 1841, having actively petitioned for the erection of the asylum and being self-taught in the most modern methods of the medical treatment of lunacy. However, as with the general hospital, emigrant aid associations, the military hospital, and other organizations providing health care to destitute emigrants, it is unclear whether Rees offered specialized treatment specifically to emigrant lunatics.

Furthermore, the likely diffusion of so-called insane emigrants across multiple institutional spaces makes tracing the movements of these emigrants throughout pre- or even post-asylum Upper Canada a difficult proposition. The inconsistent framing of insanity in this period also means that it is often difficult to identify who was and was not categorized as a lunatic.

However, the examples above provide an excellent foundation for further inquiry into the treatment of emigrant lunatics, and point to the various resources available to emigrants suffering from mental illness in early nineteenth-century Upper Canada.

Many Upper Canadians, in the absence of any suitable institutional or professional solution, took the treatment of their insane friends and family into their own hands. These lay practitioners, as they are referred by historian Charles E. Rosenberg, frequently consulted household manuals containing an eclectic blend of folk medicine and modern therapeutics to treat everyday ailments.<sup>34</sup> Emigrants in particular were often encouraged to prepare for life on

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<sup>33</sup> Danielle Terbenche, “Public Servants or Professional Alienists? Medical Superintendents and the Early Professionalization of Asylum Management and Insanity Treatment in Upper Canada, 1840-1865” (PhD diss., University of Waterloo, 2011), 46. The site of Rees’ wharf has since been memorialized through the naming of Rees Street.

<sup>34</sup> Rosenberg, “Medical Text and Social Context,” 23.

the colonial frontier by obtaining handbooks on domestic medicine and familiarizing themselves with simple first aid, leading to the discursive formation of a distinct field of medical care referred to colloquially as “domestic medicine.”<sup>35</sup> Lay practitioners thus employed a combination of pragmatic home remedies, common-sense domestic medicine, and so-called folk medicine, which folklorists Bonnie B. O’Connor and David J. Hufford define as unofficial and typically oral traditions of therapeutic care.<sup>36</sup> Domestic medicine, and folk medicine, have often been disregarded by historians as ineffective or uninformed for their divergence from normative or modern systems of medical knowledge.<sup>37</sup> They were not treated as such by ordinary Upper Canadians in the mid-nineteenth century, however, and thus they are worthy of further investigation not only as pre-institutional methods of lunacy care, but also as ongoing therapeutic interventions within domestic and community spaces.

Various physical ailments were treated by ordinary citizens without access to professional medical aid. In a letter dated 28 November 1834, Catharine Parr Traill regaled her mother with stories of the treatments favoured by her neighbours in the backwoods of Upper Canada, for whom medical treatment was often either impractical or simply unaffordable:

Few persons escape the second year without being afflicted with this weakening complaint [what Parr Traill identifies as “ague”]; the mode of treatment is repeated doses of calomel, with castor-oil or salts, as is followed up by quinine. Those persons who do not choose to employ medical advice on the subject, dose themselves with ginger-tea, strong infusion of hyson, or any other powerful green tea, pepper, and whiskey, with many other remedies that have the sanction of custom or quackery.<sup>38</sup>

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<sup>35</sup> Joanna Bishop, “‘The First Line of Defence’: Domestic Health Care in Colonial New Zealand, 1850s-1920s,” *Health and History* 16, no. 2 (2014), 6-7.

<sup>36</sup> Bonnie B. O’Connor and David J. Hufford, “Understanding Folk Medicine,” in *Healing Logics: Culture and Medicine in Modern Health Belief Systems*, ed. Erika Brady (Logan, Utah: Utah State University Press, 2001), 14-5.

<sup>37</sup> *Ibid.*, 13-4.

<sup>38</sup> Catharine Parr Traill, *The Backwoods of Canada*, fourth edition (London: Charles Knight & Co., 1839), 299.

Ely Playter, a York farmer and tavern-owner, likewise recorded the amateur treatment of his friend's wife in his diary on 7 June 1804. Playter enlisted the aid of a popular eighteenth-century manual for the treatment of common ailments, William Buchan's *Domestic Medicine, or the Family Physician*. "After examining Buchan's Family Phisitian," Playter recorded, "we went with John and soon replaced Mrs P's Jaw by Buchan's directions, return'd home & went to bed."<sup>39</sup> Buchan's manual, along with several similar manuals intended for everyday use by untrained readers, represented many Upper Canadians' sole encounter with anything resembling professional medical methods.

Lacking the means to pay a professional physician for a home visit, and excepting extraordinary circumstances such as the charitable intervention of a physician involved with a voluntary association, most Upper Canadians were left to their own devices in the case of any injury or illness, as with 'Mrs P' and her dislocated jaw, or Traill's ague-stricken backwoods neighbours. This was even more true of mental afflictions, for which even medical practitioners could offer little expertise prior to the mid-nineteenth century. Buchan's *Domestic Medicine* provided some limited instruction for the treatment of mental diseases. For so-called nervous diseases, Buchan offered only reserved instruction, given their admittedly "Proteus-like" nature. Nevertheless, he recommended several treatment regimens, including the provision of "solid and nourishing" food "of easy digestion," exercise such as "riding on horseback," and even "long sea voyages." For medicine, he prescribed the use of mild purgatives such as rhubarb, or opiates. Buchan was careful to note, however, that "nervous diseases are seldom...cured," though he offered hope that "their symptoms may sometimes be alleviated, and the patient's life rendered,

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<sup>39</sup> AO, Diary of Ely Playter, quoted in J.T.H. Connor, *Doing Good: The Life of Toronto's General Hospital* (Toronto: University of Toronto Press, 2000), 20.

at least, more comfortable.”<sup>40</sup> Buchan’s prognosis for mental illness would be echoed many years later by William Lyon Mackenzie in his assessment of the conditions of the York jail.

Should someone in Playter’s circumstances have found themselves confronted with a mentally ill loved one, a manual such as Buchan’s *Domestic Medicine*, or John Wesley’s *Primitive Physick* might have offered their only hope, if not for a cure, then at least for Buchan’s promised alleviation and comfort. With 142 separate editions published in both England and the United States, *Domestic Medicine* in particular was “widely and carefully read,” and its use in the treatment of mental afflictions almost certainly deserves more attention than is feasible within the parameters of this study.<sup>41</sup> Nevertheless, though the number of Upper Canadians who turned to horseback riding or sea voyages for relief is unclear, it is reasonable to assume the regular employment of health manuals such as Buchan’s for the private and amateur treatment of lunacy.

Traditional methods did not always provide desirable results, however. When a public, state-funded asylum promising a *cure* for insanity became available to all Upper Canadians, even the destitute, it offered an alluring alternative to domestic remedies and confinement within the home or in a local jail. Although, as Bartlett and Wright contend, the asylum did not replace traditional methods of lunacy care, it did represent a vastly more practical and affordable alternative for many.<sup>42</sup> The mere presence of the asylum “tended to encourage families to abandon the struggle to cope with the troublesome,” as Andrew Scull proposes.<sup>43</sup> The care of an

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<sup>40</sup> William Buchan, *Domestic Medicine, or the Family Physician* (Norwich: John Trumbull, 1778), 307-311.

<sup>41</sup> Rosenberg, “Medical Text and Social Context,” 22-23.

<sup>42</sup> Bartlett and Wright, “Community Care and its Antecedents,” 17.

<sup>43</sup> Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979), 253.



insane loved one was not cheap, as evidenced by the costs incurred by those to whom lunatics were boarded out in the early nineteenth century. Nor was it always feasible to provide round-the-clock care, which might require costly or impractical physical restraints and the constant presence of a caregiver. Finally, in the case of a “furious” lunatic with violent tendencies, compassionate care within the lunatic asylum may have presented itself as a far more desirable institutional solution than restraint and imprisonment in a local jail. For these reasons and many others, the asylum quickly became a popular alternative to community care upon its establishment in 1841.

### *Professional Physicians & Early Institutional Care*

For those with the financial means to enlist the services of a trained physician, at-home professional treatment presented another option for the care of the mentally ill before the advent of the asylum. Within the “domestic medical milieu” of wealthy Upper Canadians, the employment of a personal physician was common.<sup>44</sup> Such was the case with former lieutenant governor Peter Russell, who suffered a stroke at York in 1807. His sister, Elizabeth Russell, kept records of his treatment by Dr. William Warren Baldwin over the course of the following year. She noted her suspicions that Baldwin had assumed “that it is a nervous affection but did not tell my brother so, but wished to ascribe it to some other cause.” Whether the two physicians truly believed Russell’s illness to derive from a nervous disorder is unclear, but he was treated with purgatives, enemas, and blisters within his own bedroom. The treatments were unsuccessful, however, and Russell succumbed to his illness the following year.<sup>45</sup>

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<sup>44</sup> Connor, *Doing Good*, 16.

<sup>45</sup> Toronto Reference Library, Baldwin Room, Elizabeth Russell Papers, Diary of Elizabeth Russell 1806-1808, cited in Connor, *Doing Good*, 16-17.

Wealthy Upper Canadians like Russell typically employed personal physicians when faced with the need for medical treatment, preferring to be treated in the comfort of their own homes.<sup>46</sup> Domestic medical care by a professional physician became increasingly unsustainable as the nineteenth century wore on, however. In 1838, at which time Upper Canada boasted a population of almost 400,000, the province was home to roughly 300 licensed medical practitioners—a ratio of approximately one physician to every 1,333 residents.<sup>47</sup> Even if these physicians were trained and equipped for the medical treatment of lunacy (and the majority of them almost certainly were not), the strains upon their time would have been simply unmanageable, not to mention the difficulties of travel between geographically dispersed patients. Upper Canada’s suite of unlicensed medical providers—including charlatans (or quacks) and, later, Thomsonians, Eclectics, and homeopaths—were no more capable of meeting the medical demands of a rapidly expanding population.<sup>48</sup> If Upper Canada’s insane were to receive any kind of care, by the 1830s it was clear to the province’s physicians, at least, that it could only come from a highly specialized institution.

Even York’s purpose-built general hospital was not sufficient for the treatment of lunatics, according to its chief medical officer, Christopher Widmer. In his annual report to the Legislature for 1830, Widmer noted that

[the] internal construction of our Hospital will not admit of their reception into it, but the erection of a suitable lunatic Ward could be effected at a small expense—the medical treatment, cleanliness, and security of these our fellow beings, and the consequent recovery of many of them would by the adoption of such a measure be ensured.<sup>49</sup>

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<sup>46</sup> Connor, *Doing Good*, 17.

<sup>47</sup> Baehre, “*The Medical Profession in Upper Canada Reconsidered*,” 103.

<sup>48</sup> Mitchinson, *The Nature of their Bodies*, 18-19.

<sup>49</sup> Christopher Widmer, “Annual Report, Of the York Hospital and Dispensary,” 17 January 1831, *JHAUC* (1831).

Even supposing the hospital were equipped to deal with insane patients, the rules and regulations proposed by its governors explicitly forbade their treatment, stating that “No patient shall be admitted into the Hospital, whose case shall be considered incurable, or who is insane, or an Idiot, nor any whose cure does not require the particular benefit of in-door treatment.”<sup>50</sup> Despite Widmer’s reservations about the hospital’s accommodations for the treatment of the insane, as well as the regulatory prohibitions against their care, Widmer and his colleagues nevertheless found themselves tending to the occasional lunatic patient. Though he held considerable medical authority within the hospital, Widmer was obligated, from time to time, to admit patients recommended by hospital governors (who usually secured that designation by way of considerable donations to the hospital), clergymen, and other respected members of the community.<sup>51</sup> He was also bound by a sense of moral and professional obligation to admit destitute patients who came before him in desperate need of medical treatment, though he sometimes resented this duty.

In his report for 1830, Widmer complained that “a case of Fever followed by severe Maniacal symptoms, and an Insane Woman...were from necessity admitted, to the great disturbance of the sick throughout the Hospital.”<sup>52</sup> Faced with the occasional necessity of treating lunatics, and lacking the requisite means to do so within the hospital, Widmer quickly lent his voice to the mounting chorus of prison reformers calling for a specialized medical solution for lunacy care. He reminded the government in his hospital report for 1831 that “in last

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<sup>50</sup> “Rules and Regulations Proposed for the Government of the General Hospital,” *JHAUC* (1835), Appendix no. 117, 8.

<sup>51</sup> Connor, *Doing Good*, 31. “Rules and Regulations Proposed for the Government of the General Hospital,” *AJHAUC* (1835), Appendix no. 117, p. 8.

<sup>52</sup> Christopher Widmer, “Annual Report, Of the York Hospital and Dispensary,” 28 November 1831, *JHAUC* (1832).

year's report, the propriety of building a Lunatic ward was suggested." The hospital remained unsuited for the care of lunacy, Widmer wrote, resulting in generally unfavourable conditions for lunatics in the Home District: "The District Gaol is still the only refuge of the destitute Maniac—where he becomes a nuisance of the most revolting nature, and where neither medical nor moral treatment can be successfully applied for his relief."<sup>53</sup>

Despite Widmer's protestations, the York general hospital did offer, for some, the most likely institutional solution to the problem of lunacy in pre-asylum Upper Canada, which is why Widmer and the hospital became reluctant hosts to the occasional insane patient. The reality of lunacy care at the hospital left much to be desired, however. The hospital was not even operational until 3 June 1829, when a building almost ten years in the making was finally completed and opened to the public. Widmer complained from the first about the inadequacies of his hospital. "It is much to be regretted," he lamented in his first report to the House of Assembly, "that so commodious a structure as this Hospital should be so limited in its usefulness by want of ample funds." He begged that the government might consider "any extension of the means by which the full advantages of the institution might become available."<sup>54</sup> Besides requesting the addition of a ward for lunatics, Widmer also recommended the construction of a lying-in hospital at York, this time in his capacity as the president of the Medical Board of Upper Canada. In the face of the "rapid increase of emigration into the Province," the "crowded lodgings" available to destitute emigrant women, and the inadequacy of the general hospital to house them, Widmer suggested that "a suitable building be erected for the purpose on the

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<sup>53</sup> Ibid.

<sup>54</sup> Christopher Widmer, "Annual Report, Of the York Hospital and Dispensary," 27 January 1830, *JHAUC* (1830).

Hospital ground.”<sup>55</sup> Thus, the insane were not the only vulnerable group for whom a specialized medical institution was proposed in the early 1830s. The rapidly increasing population, not to mention the rising density of urban areas such as York and Kingston, soon exposed the numerous deficiencies of the colony’s nascent public welfare infrastructure. Not even a year into its existence, the York Hospital had already disappointed the expectations of even its most senior medical officials and administrators.

For Widmer, and his fellow members of the Medical Board, institutional alternatives did not arise from any particular socio-political desire to control the poor—at least not entirely. Rather, they were spurred by inadequacies in the province’s existing public health infrastructure, especially with wave upon wave of emigrant settlers crashing yearly upon the shores of Lake Ontario. Neither the hospital nor home-care solutions were evidently sufficient for the treatment of Upper Canadians both new and “native,” among them those afflicted with lunacy. In an open letter to George Gurnett, Widmer encapsulated the dilemma faced every day by the hospital’s governors and staff, and also by many ordinary Upper Canadians: “The funds of this hospital are not ample enough to provide for the accommodation of every person desirous of entering it, or whose friends are anxious to get rid of the charge of nursing and sustaining him.”<sup>56</sup> Gurnett, the editor of the *Courier of Upper Canada*, had criticized the hospital’s administration for leaving a man named Joel Whitacre to die in the streets. For those burdened with the care of their sick friends and relatives, especially the insane, any institutional alternative could become alluring, in time. Many turned to the hospital in their moments of desperation. Yet, as the tragic tale of Joel Whitacre illustrated, they were often rebuffed. Where else, then, could they turn?

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<sup>55</sup> PAC, *Upper Canada Sundries*, v. 115, quoted in Firth, *The Town of York, 1815-1834*, 236.

<sup>56</sup> *Courier of Upper Canada*, 13 October, 1832.

Some limited medical treatment may have been offered in prisons, though most Upper Canadians would have turned to local jails for medical relief far more reluctantly than they would the hospital. As detailed earlier in this chapter, the insane (or perhaps more accurately, their families) did not usually resort to prisons for their maintenance without having exhausted every other option, but there is ample enough evidence of the presence of both the mentally and physically ill in Upper Canada's local jails to merit further investigation of their implementation as a primitive health care institution. Jail budgets did allow modest allotments for the purchase of medicines and the employment of physicians. In 1835, nearly £30 was expended upon "Medical Attendance and Medicines" in the Home District jail, and in the Midland, Newcastle, Prince Edward, and Johnstown Districts, the constant employment of a physician, and sometimes an apothecary, was assured.<sup>57</sup> A physician was paid £50 for a year of his service to the Midland District jail in 1835, and many jails employed an apothecary. At the very least, some professional medical attention was consistently available to prisoners confined in Upper Canadian jails throughout the early nineteenth century.

Whether or not the sick would turn to prisons willingly for their own medical relief is less clear. In many cases, ailing prisoners would have simply been convicted or accused of a crime while sick, or else fallen ill whilst in jail—conditions in prisons were certainly unsanitary and inhospitable enough to induce all manner of physical ailments. However, some destitute paupers and vagrants likely looked to the jail for a measure of indoor relief. Lorna R. McLean has illustrated, for instance, that certain jail sentences coincided conspicuously with the winter months, particularly in the cases of destitute women and their children, indicating both the deliberate exploitation of prisons by desperate pauper women and the compassionate compliance

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<sup>57</sup> "Message and Despatch on Prison Discipline - Gaol Reports," *AJLAUC* (1836).

of some local magistrates.<sup>58</sup> Rudimentary medical treatment was also administered in jails, and there is evidence to suggest that the treatment of lunacy was attempted, albeit in a very elementary fashion (and to a limited degree of success). David Murray has indicated that a special ration was authorized in 1837 for Patrick Donnelly, an insane prisoner. The “one pound of meat and two pounds of bread per day” authorized for Donnelly by the Niagara District magistrates, which was well above the usual daily ration of one pound of bread, could have been prescribed in an effort to promote Donnelly’s convalescence.<sup>59</sup>

There may be something to Murray’s theory. It was common practice for many jails to enlist the assistance (either paid or voluntary) of a physician. The judges of the Home District assured Lieutenant-Governor Sir Francis Bond Head in a report dated 9 March 1836 that “it has been their constant care to have a gentleman who stands deservedly high in his profession, employed in attendance upon prisoners in the Gaol and who is ever prompt in giving his immediate attention to every call that is made upon him.” Indeed, roughly £30 was spent in 1835 for “Medical Attendance and Medicines” at the jail, and an additional £216 was allocated “for maintenance of Insane persons confined in Gaol,” though no specific expenditures are listed in the records.<sup>60</sup> The magistrates of the Home District further noted that the insane had been provided with clothing above and beyond the usual expenses incurred by the district on behalf of its prisoners.<sup>61</sup> Margaret Finch, one of four insane persons confined in the Home District jail as

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<sup>58</sup> Judith Fingard, “The Winter’s Tale: The Seasonal Contours of Pre-Industrial Poverty in British North America,” *Historical Papers* 9.1 (1974); Jim Phillips, “Poverty, Unemployment, and the Administration of the Criminal Law: Vagrancy Laws in Halifax, 1864–1890,” in *Essays in the History of Canadian Law*, vol. 3 (Toronto: University of Toronto Press, 1990), 142–3; Lorna R. McLean, “‘Common Criminals, Simple Justice’: The Social Construction of Crime in Nineteenth-Century Ontario, 1840-81” (PhD diss., University of Ottawa, 1996), 100.

<sup>59</sup> Murray, *Colonial Justice*, 96-97.

<sup>60</sup> “Message and Despatch on Prison Discipline - Gaol Reports,” 15.

<sup>61</sup> *Ibid.*, 12.

of March 1836, was reported to receive “more care and better attendance than the [other lunatics], having extra coffee, tea, milk, toast, &c.” However, each of the other three lunatics confined in the jail were “furnished with good wholesome soup once a day” and also with “meat twice a day with bread,” a considerable improvement upon the diet of other prisoners, which consisted of one pound of bread each day, with water to drink.<sup>62</sup> This special allowance was made for insane prisoners despite the continued complaints of the magistrates that their funds were simply not sufficient to provide better, more wholesome food to all of their prisoners. “[The] Magistrates... would have much satisfaction in having it in their power to afford a more ample and permanent provision,” wrote D’Arcy Boulton in his report to Bond Head. Lacking such power, however, Boulton noted that “in the mean time the Magistrates have assumed the responsibility of ordering in the Gaol, a daily issue of soup, at a cheap rate and of a wholesome and good quality.”<sup>63</sup>

Whether or not these special rations were provided at the request of the jail’s visiting physician is unclear, though there is reason to suspect that the provision of more wholesome food was part of a programme of medical treatment, however rudimentary. It was standard policy at least in the Midland District jail that the physician “direct any change in the diet of prisoners, which the state of their health may from time to time render advisable.” Furthermore, a strict dietary regimen was a common feature of mid-nineteenth-century medical approaches to insanity.

In an 1847 article on the moral treatment of insanity, Dr. Amariah Brigham (of the New York State Lunatic Asylum at Utica) noted that “the taking of food, retiring to bed, rising in the

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<sup>62</sup> Ibid., 18.

<sup>63</sup> Ibid., 12.



morning and at stated times” all comprised part of “a most salutary discipline” for the cure of mental diseases.<sup>64</sup> However, the jail’s physician need not have been privy to such methods of moral treatment for prisoners’ special rations to constitute a calculated attempt to cure or treat insane inmates. Conventional wisdom also dictated that proper nourishment could cure many ailments, including madness. In a diary kept during her confinement at the Provincial Lunatic Asylum in New Brunswick, Mary Huestis Pengilly recorded her thoughts on the curative properties of wholesome food:

All I do need is good nourishing food, and I know better than anyone else can what I require to build me up and make me as I was before I met with this strange change of condition. I remember telling the Doctor, on his first visit to my room, that I only needed biscuit and milk and beef and tea to make me well.<sup>65</sup>

The special attention given to insane prisoners’ rations indicates, if nothing else, that some consideration was given to their health beyond the requirements of mere subsistence. It would be unwise to disregard this practice simply because it did not correspond entirely with contemporary medico-scientific knowledge (for although moral treatment was gaining in popularity, it still had not attained widespread medical legitimacy by the early 1830s).

Given the late eighteenth- and early nineteenth-century popularity of health manuals such as John Wesley’s *Primitive Physick* and the aforementioned *Domestic Medicine*, folk remedies for many common maladies would have become general knowledge over time throughout North America and Britain, passed along generations and practiced regularly at home. These maladies included those afflictions of the mind which were broadly labelled as lunacy or insanity.<sup>66</sup> In

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<sup>64</sup> Amariah Brigham, “The Moral Treatment of Insanity,” *American Journal of Insanity* (1847), 12.

<sup>65</sup> Mary Huestis Pengilly, *Diary Written in the Provincial Lunatic Asylum* (Published by the author: 1885), 3.

<sup>66</sup> Mary Ann Jimenez, “Madness in Early American History: Insanity in Massachusetts from 1700 to 1830,” *Journal of Social History* 20.1 (Autumn 1986), 31; Kenneth Thompson, “Early

*Primitive Physick*, Wesley offered several remedies for afflictions including lunacy, melancholy and what he called “raging madness.” For melancholy, he recommended that aspiring healers “boil juice of *ground Ivy* with *sweet oil* and *white wine* into an ointment,” to be applied to the shaved head of the patient and taken orally each morning. For “raging madness,” the patient could be set “with his head under a great *water fall*, as long as his strength will bear.”

Alternatively, and far more practically, Wesley suggested to “let him eat nothing but *apples* for a month...Or nothing but *bread* and *milk*.” Beside this last remedy Wesley noted, without any further commentary, “Tried.”<sup>67</sup> Presumably he felt that the treatment was at least effective enough to merit publication.

It is worth noting that prisoners still possessed of their reason could also receive special dietary consideration at times, as was the case with John Green of the Newcastle District jail, who was provided with meat by the jailer “occasionally,” as he did “not find the allowance of one and a half pounds of bread per day sufficient.”<sup>68</sup> Many prisoners were also provided with supplementary nourishment by their families. William Hurst, also of the Newcastle District, “says one and a half pounds of bread per day would not be sufficient; but his wife works out and provides meat and other necessities.” For others, such as William Philp, the rations provided were perhaps unremarkable, but apparently satisfactory. The Committee of Supply for the Newcastle jail noted in their report to the chairman of the Quarter Sessions that Philp “has bread and water, is comfortable on the same.”<sup>69</sup> All the same, the provision of special rations for insane

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California and the Causes of Insanity,” *Southern California Quarterly* 58, no. 1 (Spring 1976), 51.

<sup>67</sup> John Wesley, *Primitive Physick: or an Easy and Natural Method of Curing Most Diseases*, New Edition (Edinburgh: Thornton & Collie, 1846), 74. Emphasis in original.

<sup>68</sup> *Ibid.*, 19.

<sup>69</sup> *Ibid.*

prisoners suggests something beyond the mere pity of local magistrates, pointing instead to early attempts to mitigate the effects of insanity and, perhaps, to encourage the convalescence or even the cure of insane prisoners. As to the success of these efforts, there is little to indicate any notable improvement in the prisoners provided with additional nourishment. Patrick Donnelly was imprisoned in the Niagara District jail until his death on 20 November 1840, and Margaret Finch, at the time of Boulton's report in 1836, had been resident in the Home District jail for fifteen years, and exhibited no observable improvement to her condition.

Even after the opening of the Provincial Lunatic Asylum, treatments for lunacy continued to be administered in common jails throughout the province.<sup>70</sup> Community care also remained a prevalent response to lunacy. As detailed above, family members and friends were often able to negotiate the return of their loved ones to their community, even after a diagnosis of insanity and a recommendation of committal to the asylum. Though the asylum presented an ideal recourse for many cases of insanity, community care and treatment in non-medical institutions such as common jails remained viable options for the management of lunacy after 1840. Nevertheless, with the advent of asylum care in Upper Canada, cases of social disruption and disturbances within the community were increasingly resolved within the new institutional paradigm.

### *Conclusions*

Domestic treatments, medical methods, and other early approaches to lunacy management proved increasingly insufficient to address the mounting numbers of lunatics requiring care and treatment as the 1830s wore on. This fact was not lost on Upper Canadian authorities and legislators, who pressed the government to approve the establishment of a specialized facility for

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<sup>70</sup> Moran, *Committed to the State Asylum*, 99-108.

the care of the insane, citing directly the insufficiency of jails and other early nineteenth-century solutions to the province's surfeit of lunatics. The purpose of this chapter has not been to deny the influence of medical, humanitarian, or ideological influences upon the spread of moral treatment and asylum care—these influences will be discussed in detail in the following chapters. Rather, this chapter has illustrated that the initial impetus for an alternative solution to lunacy stemmed from the deterioration, over the early nineteenth century, of existing remedies and community-initiated solutions to insanity.

The paradigm of lunacy management in the early nineteenth century was gradually replaced by a new paradigm of asylum care in the 1830s and 1840s. Legislators were first driven to action not by either compassion or a desire for greater control, but rather by the urgent structural necessity of prison reform. Doctors and jailors also noted the imminent need for some better option for lunacy care, as their hospitals and jails resounded with the cries and complaints of fettered lunatics and their disgruntled cell-mates. The families and friends of the afflicted, too, were desperate for some measure of relief from their caregiving duties, preferably a measure which did not also consign their loved ones to a cold and hungry life of imprisonment, poverty, and misery. The foundations for asylum care were thus laid in Upper Canada after a collective awakening to the colony's rapidly increasing population and steadily deteriorating penal, welfare, and public health infrastructures.

**Chapter III**  
**“A very noble work”**  
**The Intellectual Foundations of Asylum Care in Upper Canada, 1830-1839**

Addressing the crowd gathered at the laying of the foundation for the new asylum building at 999 Queen Street on 22 August 1846, Chief Justice John Beverley Robinson spoke at length of the paramount importance of the Provincial Lunatic Asylum to Upper Canadian society, and of the winding road that had led to its establishment. “We (especially those among us who have observed the progress of society in this comparatively new country from the beginning) must count it a happiness that we have lived to see so glorious a movement of public charity,” Robinson proclaimed to a sizable crowd of curious onlookers. He understood, now, the importance of the asylum to the “progress of society.” Yet he recalled a time only decades earlier when the merits of a lunatic asylum had not been so evident, a time when the peoples of Upper Canada had not the luxury of contemplating such a specialized institution. “It is not strange that amidst the difficulties which attend new settlements, no public provision was made for the support of the insane,” he explained. In the frontier society of late eighteenth- and early nineteenth-century Upper Canada, “roads, harbours, gaols and schools were felt to be more pressing wants; and for these the scanty revenues of a people thinly scattered over an immense region could but very inadequately provide.”<sup>1</sup> Robinson’s words were not intended as an apologia for the inaction of Upper Canada’s founders, however. They were merely an observation of the very real impediments to social progress which he felt had, at last, been overcome.

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<sup>1</sup> Draft of an Address by John Beverley Robinson, Toronto, 22 August 1846. Robinson Papers, AO.

The Provincial Lunatic Asylum was, according to Chief Justice John Beverley Robinson's inauguration speech in August 1846, "a very noble work." Certainly, it was not difficult for Robinson to paint a vivid portrait of the asylum as a worthy public enterprise. What benevolent heart would not stir at the mere mention of the "poor sufferers" to be accommodated within—"mere helpless and unwelcome intruders upon the precincts of crime . . . left to the chance sympathies of a world from which they were hid, what desolate years of misery must they in some cases have endured!" The asylum was a public project "to which all owe a common duty," one in which the very will of the omnipotent was plain for all to see. In the asylum's benevolent mission, Robinson discerned "a constant sense of a superintending Providence, and the mediation of an atoning Saviour—a humble resignation to the will of our wise and bountiful Creator, with a sincere and firm belief in the goodness and wisdom of all His dispensations."<sup>2</sup> The asylum was a very noble work, indeed, if it had the blessings of the Almighty. Robinson was not the only person to claim a divine sanction for the Provincial Lunatic Asylum, and this chapter will explore both the theological impetus for asylum reform in Upper Canada and the equally influential forces of contemporary medical and institutional reform doctrines.

Despite the insistence of some historians that the notion of asylum care arrived in Upper Canada fully-formed from existing medical and reform discourses in the United States and Great Britain, I argue that the adoption of asylum reform in Upper Canada was shaped by local as well as international developments. We have seen already that lunacy reform was an outgrowth of prison reform in the rapidly growing colony, unfolding piecemeal from the rehabilitative and segregative impulses of the prison discipline movement. This development was animated by the

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<sup>2</sup> Draft of an Address by John Beverley Robinson, Toronto, 22 August 1846. Robinson Papers, AO.

local contexts of Upper Canadian life, specifically the explosive growth of its population and the timely interventions of several local politicians, magistrates, and reformers. Simply because the asylum was modelled after—and came eventually to resemble—similar institutions in England and the United States does not preclude the influence of distinctly Upper Canadian historical contexts, nor explain away the divergent models of lunacy care which were, for a time, contemplated by provincial legislators. For their part, Upper Canadians understood the Provincial Lunatic Asylum to be reflective of their own society, representing in many ways the sum of institutional politics and culture at home in the colony, irrespective of the simultaneous development of similar institutions abroad. The asylum became intimately linked in public discourse with partisan politics in the province, for instance, as well as with notions of loyalism and republicanism, and with the formation of a distinctly Canadian state. Under the influence of these parochial developments, legislators and reformers advanced several unique visions of asylum care throughout the 1830s.

The disparate ideas of asylum reform which surfaced throughout the 1830s coalesced in the Act to authorise the erection of a Lunatic Asylum in 1839.<sup>3</sup> John Beverley Robinson and the assemblage of onlookers present at the laying of the resulting institution's foundations seven years later could agree that the asylum was a very noble work. But what is less clear to historians, at least, is whose noble work the asylum represented. The answer lay in the “inconsistent visions” of asylum reformers in the 1830s.<sup>4</sup> In truth, the rough consensus embodied in the Asylum Act was not reached without a measure of negotiation and compromise. Ideas of

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<sup>3</sup> *Statutes of Upper Canada*, 2 Victoria, Ch. 11 (1839).

<sup>4</sup> Moran, *Committed to the State Asylum*, 20-21. Moran applies Charles Rosenberg's model of the “inconsistent visions” of medical doctors and lay authorities in American hospitals to the Provincial Lunatic Asylum in Upper Canada. Whereas Moran refers specifically to the later management of the institution, I contend that “inconsistent visions” between those who

the precise nature and priorities of asylum care varied between individual reformers. Some prioritized the medical treatment of insanity and the humanitarian care of destitute lunatics, while others envisioned the asylum more in terms of its generalized promotion of a loosely defined public good, or public advantage.

Others, still, sought to unite the advantages of humanitarian medical treatment and institutional utilitarianism in one benevolent and functional lunatic asylum. This chapter explores the various appeals and proposals for asylum care throughout the 1830s, uncovering a process of reform which was neither wholly deliberate nor completely disorganized. Asylum reform in Upper Canada was a dialectic process animated by various class interests, professional ambitions, and colonial aspirations. There was no unanimity in early asylum reform, however much some historians have attempted to impose a narrative of concerted social control or inevitable medical advancement. The only point that advocates for asylum care could agree upon was the basic necessity of a lunatic asylum in Upper Canada. The result of their negotiations was the emergence of an institution which embodied distinct (and often conflicting) programs of reform. Before long, the asylum became entangled almost inextricably with local discourses concerning the formation of an efficient and productive Canadian state.

#### *Towards a Medical Model of Lunacy Care in Upper Canada*

In January 1830, after witnessing for himself the painful conditions of the three insane women caged in the prison's gloomy basement, William Lyon Mackenzie concluded that "were they taken to a particular ward in the Hospital, and the usual restraints put upon their persons, (of straight waist-coats) and gently treated, [they] might either wholly recover their reason, or at

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envisioned the asylum as a medical institution versus those who envisioned it as a socio-political enterprise extended back to the beginnings of asylum reform in Upper Canada.



least become convalescent.”<sup>5</sup> Like most of his contemporaries in the Assembly, Mackenzie was not trained in the medical sciences, yet he was apparently aware of the rehabilitative potential of modern insanity treatments. Mackenzie seemed to take for granted that these women, whose confinement was “severe beyond that of the most hardened criminal,” were not completely hopeless cases.

It is difficult to pinpoint where exactly Mackenzie developed his impressions of lunacy care, but his recommendation of “the usual restraints” and the use of “straight waist-coats” indicates at least a passing familiarity with early nineteenth-century medical methods such as those employed at the infamous Bethlem Royal Hospital in London (colloquially known as ‘Bedlam’), for example. In *A Dissertation on Insanity* [1811], medical statistician William Black approvingly recounted the use of restraint at Bedlam, specifically of fetters, chains, and straight waistcoats.<sup>6</sup> During a period when madness was a “royal malady, and therefore a popular subject”—the result of an abiding popular obsession with the mental deterioration of King George III—works such as Black’s presented the public with a window into a little-known (yet morbidly engrossing) world of madness and misery.<sup>7</sup> Other popular works such as John Haslam’s *Observations on Insanity* [1798] were widely read throughout Britain, Europe, and North America, presenting many members of the reading public with their sole engagement with the alien world of lunacy and the madhouse.

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<sup>5</sup> Mackenzie, “Report on petition of prisoners in gaol at York,” 162.

<sup>6</sup> William Black, *A Dissertation on Insanity: Illustrated with Tables Extracted from Between Two and Three Thousand Cases in Bedlam* (London: Ridgeway, 1810), 13-4.

<sup>7</sup> *The Edinburgh Medical and Surgical Journal: Exhibiting a Concise View of the Latest and Most Important Discoveries in Medicine, Surgery, and Pharmacy*, vol. 7 (Edinburgh: George Ramsay & Company, 1811), 220. The “royal malady” referenced was that of King George III, whose apparent madness led to the passing of the Regency Act of 1811, after which his son acted as Regent until George’s death in 1820.

Haslam's *Observations* included extensive remarks on the intricacies of life in Bedlam, where he served as apothecary for more than a decade. Despite noting that "if insanity be a disease of ideas, we possess no corporeal remedies for it," Haslam did observe the efficacy of Bedlam's system of restraint, reporting that 1,402 of 4,832 women were "discharged cured," and 1,155 of 4,042 men.<sup>8</sup> Haslam's confidence in the curability of insanity, and his primitive statistical analysis thereof, was a precursor to what historian Albert Deutsch has termed a "cult of curability," whose apostles included Pliny Earle, Thomas Story Kirkbride, and Amariah Brigham. This first generation of professional medical superintendents would guide the United States, at least, into the age of the lunatic asylum beginning in the 1830s.<sup>9</sup> But the notion of curability—of an institutionalized, rehabilitative approach to insanity to match prison discipline's desired reclamation of the criminal mind—did not escape the notice of keen observers in Upper Canada.

Mackenzie's proposal to remove the York jail's lunatics to a ward in the hospital was no doubt influenced by a growing sense in Upper Canadian society of the curability of insanity, cultivated by a diet of statistical works including Black's and Haslam's. Mackenzie's report may also have been influenced by the well-publicized successes of Benjamin Rush's separate ward for the treatment of insanity in the Philadelphia Hospital. Rush's methods included bleeding and purging, for which he employed the purgative calomel. He was an enthusiastic advocate for the medical treatment of insanity, often citing the influence of physiological processes upon the mind—a rather novel idea in the late eighteenth century. In a lecture delivered to his students at

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<sup>8</sup> John Haslam, *Observations on Insanity* (London: F. and C. Rivington, 1798), 105-9.

<sup>9</sup> Albert Deutsch, *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times* (Garden City, N.Y.: Doubleday, Doran, & Co., 1937). See also Abraham S. Luchins, "The cult of curability and the doctrine of perfectibility: social context of the nineteenth-century American asylum movement," *History of Psychiatry* 3 (1992).

the University of Pennsylvania in 1789, Rush enthusiastically endorsed the medical treatment of mental ailments:

Permit me to recommend to you the study of the anatomy of the mind, commonly called metaphysics. The reciprocal influence of the body and mind upon each other can only be ascertained by an accurate knowledge of the faculties of the mind and of their various modes of combination and action. It is the duty of physicians to assert their prerogative, and to rescue the mental science from the usurpations of schoolmen and divines. It can only be perfected by the aid of medicine.<sup>10</sup>

News of the medical treatment of lunacy in a growing number of specialized hospitals such as the Friends Asylum for the Relief of Persons Deprived of the Use of their Reason [1811] in Philadelphia, the McLean Asylum for the Insane [1811] in Massachusetts, the Bloomingdale Asylum [1821] in New York, and the Hartford Retreat for the Insane [1824] in Connecticut would also have spread quickly, even to a small (albeit burgeoning) colonial outpost such as York.<sup>11</sup> Certainly, there was a growing sense in Upper Canada among both medical professionals and the public that lunatics required some measure of specialized care for their affliction. Ideas of the necessary extent and nature of that care varied from observer to observer, however. For a layman such as Mackenzie, the particulars of lunacy care may not have been as important as the promise that lunatics could be cured of their frightful malady within the proper medical setting.

Regardless of Mackenzie's intent, or the origins of his ideas about lunacy treatment, his report on the conditions of the York jail indicated his acknowledgment of two increasingly widespread principles: first, that lunatics did not belong in jails, and second, that their chances of recovery would be vastly increased by their care and/or treatment in a medically specialized facility. What Mackenzie's reference to a lunatic ward did not indicate was any particular

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<sup>10</sup> Benjamin Rush, "Observations on the duties of a physician, and the methods of improving medicine," 7 February 1789, cited in Daniel Hack Tuke, *The Insane in the United States and Canada* (London, 1885), 6.

<sup>11</sup> Baehre, "The Ill-Regulated Mind," 7.

knowledge of emerging international discourses on the medico-scientific treatment of lunacy.<sup>12</sup> Mackenzie's comments reveal no acquaintance whatsoever with the early nineteenth-century medicalization of lunacy care beyond vague ideas of restraint, nor of the particularities of modern systems of moral treatment. In fact, his endorsement of straight waist-coats would have seemed positively retrogressive to any serious adherent of French physician Philippe Pinel's increasingly popular model of non-restraint.<sup>13</sup> Nor did Mackenzie's comments indicate any particular interest in *asylum* reform. Interestingly, this fact may have made Mackenzie's proposal all the more appealing to some mid-century medical practitioners. Asylums, and the system of moral treatment so often employed by their superintendents, were identified by many physicians as being thoroughly unscientific, even at the height of their popularity in the mid to late nineteenth century. Largely as a result of its utilization by non-medical practitioners such as the Tukes in England and similarly-inspired Quakers in the United States, moral treatment came to be increasingly derided by many professional physicians, culminating in a highly publicized professional quarrel between asylum superintendents and neurologists in the latter decades of the nineteenth century.<sup>14</sup>

In reality, there was no single definitive system of moral treatment. The *traitement morale* espoused by Philippe Pinel (administered first by the doctor at l'Hôpital Bicêtre and then at the Hospice de la Salpêtrière in France) differed radically from the moral treatment practiced by the Tukes at the York Retreat in England. Pinel's encouragement of the unshackling of lunatics, and their overall gentler handling, was balanced by his comprehensive attention to

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<sup>12</sup> Baehre, "The Ill-Regulated Mind," v.

<sup>13</sup> See Pinel, *Traité médico-philosophique sur l'aliénation*.

<sup>14</sup> For more on the declining reputation of insane asylums in North America, see Chapter 4. For more on the professional dispute between neurologists and asylum superintendents, see Chapter 8.

medical methods for the relief of insanity, whereas the Tukes' system of gentle care was premised largely upon notions of benevolence and a missionary impulse. Nevertheless, moral treatment—in all of its various manifestations—was often quite distinct from medical treatment in the minds of both lay and professional observers. For his part, Mackenzie made no mention of moral treatment in his proposal for a lunatic ward; in fact, his endorsement of restraint quite precluded his support for the increasingly popular method—or *methods*, as it were—of lunacy care, if he knew of them at all.

William Lyon Mackenzie did not recommend the establishment of a specialized asylum in Upper Canada, nor indeed an approximation of the York Retreat, turning instead to the more familiar (and immanently more practicable) custom of restraining lunatics within local hospitals.<sup>15</sup> Similar methods were employed at hospitals throughout North America and Europe, though not necessarily to any observable rehabilitative effect. Contemporary reports of the inadequacy of hospitals for the care of lunatics would have alerted Mackenzie to their shortcomings as lunacy care facilities, had he read them. However, while Mackenzie's recourse to hospitalization and restraint may appear retrogressive, there is no reason to doubt the sincerity of his appeals to introduce the three lunatics in the York jail to conditions more conducive to their recovery, or at least their comfort. At worst, Mackenzie's appeal for hospitalization and restraint represented an ill-informed yet well-meaning gesture towards the necessity of medicalized lunacy reform. Most importantly, Mackenzie's report provides us with insight into

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<sup>15</sup> For an example of contemporary experiences with the hospitalization of lunatics, see the 1836 report of St. John's district surgeon Edward Kielley: Provincial Archives of Newfoundland and Labrador, GN2/2, Incoming Correspondence of the Colonial Secretary's Office, District Surgeon Edward Kielley to Colonial Secretary James Crowdy, 17 September 1836, cited in Melvin Baker, "Henry Hunt Stabb and the Establishment of a Lunatic Asylum in St. John's, Newfoundland, 1836-1855," *HSTC Bulletin* 8, no. 1 (June 1984), 59-60.

the mind of an early lay supporter of lunacy reform in Upper Canada. By 1830, even amongst those not intimately familiar with contemporary methods of lunacy treatment (either moral *or* medical), some sense of a natural connection between lunacy and medicine existed in the province. Yet the proposed means of addressing that connection were not drawn from international medical or religious discourses on the treatment of insanity, but rather from the conclusions of individual reformers such as Mackenzie.

The first vocal supporter of a thoroughly medico-scientific approach to lunacy care in Upper Canada was Dr. Christopher Widmer, an accomplished physician whose professional qualifications included his own private medical practice, the presidency of the Medical Board of Upper Canada, and medical stewardship over the recently established York general hospital [c. 1829]. Unlike Mackenzie, Widmer would have been intimately familiar with the most current advancements in medicine. As president of the Medical Board since 1822, Widmer was responsible for the licensing of Upper Canadian physicians. Widmer was completely dedicated to the promotion and legitimization of the medical profession in Upper Canada, serving not only as president of the Medical Board, but also of the province's first professional associations of physicians, the Medico-Chirurgical Society of Upper Canada [1833] and the Toronto Medico-Chirurgical Society [1844].<sup>16</sup> Not lightly, then, did the doctor propose the "erection of a suitable lunatic Ward" offering "medical or moral treatment" in the newly-opened York general hospital in his report to the Assembly in January 1831.<sup>17</sup>

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<sup>16</sup> Paul Romney, "WIDMER, CHRISTOPHER," in *Dictionary of Canadian Biography*, vol. 8, University of Toronto/Université Laval, 2003.

<sup>17</sup> Christopher Widmer, "Annual Report of the York Hospital and Dispensary," 17 January 1831, *JHAUC* (1831), 169; Widmer, "Annual Report," 28 November 1831, *JHAUC* (1832).

Notably, as in Mackenzie's earlier report, Widmer's request for a lunatic ward in the general hospital did not follow the asylum trend already well underway by 1831 in England, Europe, and the United States. Widmer's reports to the Assembly clearly encouraged the provision of medical and/or moral treatment for the province's lunatics, but stopped short of recommending a specialized hospital for the care of lunatics. There are a few possible reasons for Widmer's apparent preference for a lunatic ward before a lunatic asylum. His observation that a lunatic ward could be built in the existing hospital "at a small expense" was consistent with the economic anxieties of many of his colleagues in the Assembly, and there can be no doubt that Widmer himself held a vested interest in the economic welfare of the province, not least in his capacity as a director of the Bank of Upper Canada.<sup>18</sup> A similar preoccupation with the financial costs of lunacy care was prevalent amongst legislators, magistrates, and prison officials, as illustrated in the first chapter. However, the most likely reason for Widmer's endorsement of a lunatic ward was his own professional involvement in the York general hospital. In his capacity as the hospital's chief medical officer, Widmer complained from the first of the institution's lack of financing, stating his regret that the establishment should be "so limited in its usefulness by want of ample funds" and proposing, on numerous occasions, various costly additions to the building which would, he promised, improve its overall functionality.<sup>19</sup>

Funding for a lunacy ward in the hospital promised to infuse the York general hospital with much needed capital, expand its public utility, and address at least one of Widmer's numerous frustrations with his (ostensibly) ill-equipped facility. In his November 1831 report to the Assembly, Widmer lamented the intrusive presence of lunatics in his hospital:

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<sup>18</sup> Widmer, "Annual Report," 1831. Romney, "Christopher Widmer," *DCBO*.

<sup>19</sup> Christopher Widmer, "Annual Report, Of the York Hospital and Dispensary," 27 January 1830, *JHAUC* (1831). See also Chapter 1, p. 39.

This year a case of Fever followed by severe Maniacal symptoms, and an Insane Woman, who had suffered an injury of the Spine from jumping out of a window, were from necessity admitted, to the great disturbance of the sick throughout the Hospital.<sup>20</sup>

The need for an alternative medical solution for lunacy care would only further deepen in 1835, when the general hospital's board of governors decreed that "no patient shall be admitted into the Hospital whose case shall be considered incurable, or who is insane, or an idiot, nor any whose cure does not require the particular benefit of in-door practice."<sup>21</sup> The regulation imposed even stricter limitations upon lunacy care within the hospital than were present prior to 1835, when the care of lunatics was only informally prohibited. Whether or not Widmer's proposed lunacy ward was motivated by professional ambition, charity, parsimony, or some combination thereof, his advocacy for the "medical or moral treatment" of Upper Canada's lunatics marked a significant moment in the development of the medical treatment of lunacy, a "rupture with the past" management of lunacy in the province.<sup>22</sup> Widmer's medico-scientific vision of lunacy reform marked only the first of several similar appeals in Upper Canada for the medical treatment of lunacy throughout the 1830s. However, his reforms represented distinctly parochial propositions shaped by the conditions of life in the Town of York, specifically, and in Upper Canada more generally.

William Lyon Mackenzie and Christopher Widmer's early proposals for medically-oriented lunacy reform are representative of the complex intellectual, economic, and social forces which influenced lunacy reform in mid-nineteenth-century Upper Canada. While both

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<sup>20</sup> Christopher Widmer, "Annual Report of the York Hospital and Dispensary," 28 November 1831, *JHAUC* (1832).

<sup>21</sup> "Rules and Regulations proposed for the Government of the General Hospital," *JHAUC* (1835), Appendix no. 117, p. 8.

<sup>22</sup> Andrew Scull, "Moral treatment reconsidered: some sociological comments on an episode in the history of British psychiatry," *Psychological Medicine* 9 (1979), 424.



men were likely guided by international intellectual trends, the scope of their proposals was ultimately determined by a combination of local and international forces. Although the poor conditions of Upper Canadian jails were not unique, the young colony's economic limitations, the conditions of its new and underfunded general hospital, and the ambitions of its individual legislators and medical authorities all came to bear upon early appeals for lunacy reform. Local circumstances would also have affected the general reception of medical theories of insanity, with few (if any) of the province's already limited population of physicians trained in the treatment of mental afflictions. If Christopher Widmer, president of the Medical Board of Upper Canada, advocated for the medical treatment of insanity, who in the province would challenge his professional authority? Yet even Widmer's considerable professional influence could not guarantee the acceptance of a medical model of lunacy reform by the province's parsimonious legislators. An examination of early legislative reforms of Upper Canada's lunacy management practices reveals an Assembly that was hesitant—although not wholly unwilling—to accommodate the specialized medical treatment of lunatics.

While Mackenzie and Widmer argued for the medical treatment of lunacy, members of the House of Assembly opted for a more temporary and expedient solution to the overcrowding of lunatics in district jails.<sup>23</sup> The Relief of Insane Persons Act, passed in 1830, stipulated that a “just and reasonable sum ... be allowed for maintenance and support of such Insane persons ... and also, to present such sum or sums as [the Court of Quarter Sessions] may think it necessary for the purpose of maintaining and supporting Insane destitute persons” in the Home District.<sup>24</sup> The act was passed following a “Petition by the Chairman of the Quarter Sessions in and for the

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<sup>23</sup> Brown, “The origins of the asylum in Upper Canada,” 30.

<sup>24</sup> *Statutes of Upper Canada*, 11 Geo. IV, Ch. 20 (1830).

Home District,” and a “presentment of the Grand Jury of said District,” both of which contained complaints about the lack of any legal sanction for the added expenditures associated with the maintenance of insane prisoners in the common jail and “pray[ed] that ... some place may be provided as an asylum for Lunatics, or insane persons, and funds to maintain the same.”<sup>25</sup>

The corresponding move by the Assembly to extend existing accommodations for the insane within jails did not reflect a repudiation of either medical or moral theories of lunacy care and treatment, nor of asylum care more specifically. The Relief of Insane Persons Act was in fact quite socially progressive, representing the first official acknowledgement of public responsibility for the insane in Upper Canada.<sup>26</sup> The act did not rule out the future possibility of the sort of care proposed by Mackenzie, Widmer, and the Home District magistrates. Instead, it set in place a two-year stopgap to address the immediate deficiencies of local jails. The act was, however, a decidedly cautious response to the province’s growing lunatic problem. Compared with the confident first steps towards asylum reform and the medical treatment of lunacy taken by reformers and legislators in Massachusetts, for instance, the actions of Upper Canadian legislators appear indecisive and tentative. Members of the Assembly were apparently skeptical of the promised advantages of the medical treatment of lunacy, and were thus unwilling to invest the resources and capital required to implement a system of asylum care in Upper Canada, at least until further investigation. Certainly, authorities in 1830 did not share the serene confidence in the institution exhibited by John Beverley Robinson in his speech some sixteen years later.

Just as lunacy reform efforts appeared to be intensifying, attempts to establish either a lunatic ward or an asylum stagnated until 1833, when several further steps were taken by the

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<sup>25</sup> Brown, “The origins of the asylum in Upper Canada,” 29.

<sup>26</sup> *Ibid.*, 30.

Assembly to provide for the relief of Upper Canada's lunatics. On 13 February, the Relief of Insane Persons Act was amended to include "the several Districts of this Province" besides the Home District and extended for the duration of a further two years. A new bill to appoint a commission "for procuring plans and estimates of an Asylum for Insane persons" was also introduced in 1833, advancing to a third reading before ultimately failing to pass into law.

Much of the lunacy reform advocacy which arose in the early years of the 1830s addressed either the possibility of a lunatic ward in the hospital (as in the case of Mackenzie and Widmer's proposals), or the possibility of a lunatic asylum, albeit in mostly vague and general terms. The first proposal to directly address both the medical and social utility of a lunatic asylum (and not simply a lunatic ward) was Charles Duncombe's 1836 *Report on Lunatic Asylums*. Penned in the summer and fall of 1835, during and after the doctor's government-funded tour of asylums and medical facilities in the United States, the report presented a glowing endorsement of asylum care and the men—both doctors and philanthropists—who made it possible. "I cannot refrain from remarking," he wrote, "that the generous, disinterested philanthropy, of many gentlemen in the United States, far exceeded my expectations."<sup>27</sup>

Born in Connecticut and raised in New York State, where he completed his medical training, Duncombe moved to Upper Canada and began practicing medicine in 1819. Consequently, he would have been acutely aware of the disparities between Canadian and American medical praxis.<sup>28</sup> During his state-funded tour of American facilities in the summer of 1835, Duncombe praised the various methods of relief afforded to lunatics throughout the United States, including several medical treatments. In Kentucky, he observed the use of the

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<sup>27</sup> Charles Duncombe, "Report on Lunatic Asylums," *AJHAUC* (1836), Appendix no. 30, p. 1.

<sup>28</sup> Michael S. Cross, "DUNCOMBE, CHARLES," in *Dictionary of Canadian Biography*, vol. 9, University of Toronto/Université Laval, 2003.

“tranquilizing chair,” an invention of Dr. Benjamin Rush’s into which patients were strapped, their heads covered so as to deprive them of their senses. By reducing blood flow to the brain and “suspending animation,” the chair could allegedly cure those variations of madness which arose as a result of the inflammation of the brain.<sup>29</sup>

Duncombe also dedicated a significant portion of his report to the documentation of cure rates at American hospitals for the insane. With prompt, “active *medical treatment*,” patients admitted to the asylum could hope to be completely rehabilitated, according to Duncombe’s findings. “A proportion amounting to ninety per cent of *recent cases* has been actually cured in some of the insane hospitals of the United States,” he claimed, noting also that even including less recent or incurable cases, institutions such as the Worcester Lunatic Asylum boasted impressive cure rates as high as 55 per cent. “The public ought to be more deeply impressed,” Duncombe implored, “with the importance of placing all cases of insanity, whilst yet *recent*, under proper medical treatment.”<sup>30</sup>

Charles Duncombe was joined in his promotion of the medical treatment of lunacy by William Rees, a York physician whose credentials included his own medical practice and a previous position as an immigration health officer at the port of Quebec.<sup>31</sup> Rees, like Duncombe, specifically endorsed the *medical* treatment of lunacy, despite the increasing prevalence of *moral* treatments of a less medico-scientific nature at celebrated institutions such as the Friends Hospital and the Hartford Retreat. Beginning sometime before Duncombe submitted his report in 1836, Rees began to urge the government to adopt a system of medical treatment for lunacy.

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<sup>29</sup> Duncombe, “Report on Lunatic Asylums,” 2.

<sup>30</sup> Duncombe, “Report on Lunatic Asylums,” 9. All emphasis in original.

<sup>31</sup> Terbenche, “‘A soldier in the service of his country’: Dr. William Rees, professional identity, and the Toronto Temporary Asylum, 1819-1874,” *Histoire sociale / Social History* 43, no. 85 (2010), 100.

Rees later described his own advocacy in a memorial to the Legislative Assembly requesting compensation for injuries sustained during his tenure as the first medical superintendent of the Provincial Lunatic Asylum between 1840 and 1845:

That having during the course of his professional life applied much of his time to the study of insanity, and having from his first arrival in this Province been most painfully impressed with the condition in which patients labouring under that malady were of necessity kept, being distributed among the cells of several District Gaols, without any adequate medical treatment, he devoted all his energy for many years, by public applications and private representations, to induce the Legislature to provide the requisite means for their reception, and, if possible, their cure.<sup>32</sup>

There can be no doubt that Rees' applications for an asylum were based in large part upon his sympathy for the afflicted—his philanthropic endeavours in York alone included free clinics for the poor and a wharf spa constructed for the reception of destitute emigrants. The “benevolent physician,” as he was described in the memoirs of Anna Brownell Jameson, even offered a block of his own land, located a few miles from Toronto, as a site for his proposed asylum.<sup>33</sup> However, historian Danielle Terbenche has suggested that Rees' enthusiasm for an asylum—and specifically an asylum under his medical supervision—was rooted at least partially in his desire to secure professional respectability and recognition.<sup>34</sup>

Rees nevertheless exhibited a strong commitment to the principles of medical treatment during his tenure at the asylum. True to the system of “humane treatment” that he promised to implement in Upper Canada during his earliest agitations for asylum reform in the 1830s, Rees introduced a new system of medical and moral therapy upon assuming his role as medical superintendent.<sup>35</sup> Years later, in a memoranda to the government, Rees reflected upon his own

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<sup>32</sup> William Rees, “Return to an Address from the Legislative Assembly ... respecting the claim of Dr. Rees for further remuneration of his services,” *AJLAPC* (1846), Appendix K.K.K., p. 8.

<sup>33</sup> Jameson, *Winter Studies and Summer Rambles in Canada*, vol. 1, 167.

<sup>34</sup> Terbenche, “A soldier in the service of his country.”

<sup>35</sup> William Rees, *The Case of Doctor William Rees* (Quebec: Hunter, Rose & co., 1865), 14.

innovations at the institution: “a soothing nonrestraint, and entirely new system was adopted.” Under this “new system,” Rees’ patients were treated “by tranquilising the nervous vascular and voluntary systems under energetic medical and moral treatment.”<sup>36</sup> Rees’ combination of medical and moral treatment was not wholly unique—Duncombe reported a similar merger of medical techniques with moral systems of gentle treatment and non-restraint in the management of institutions in the United States in 1836.

Widmer, Rees, and Duncombe were no doubt guided by the advancements of international practitioners such as Philippe Pinel and Benjamin Rush. However, their approach to lunacy reform was also mediated by their immediate surroundings. York’s brand new general hospital may have seemed a fitting site for a lunatic ward, despite prevailing theories indicating the insufficiency of hospitals for the administration of lunacy care. Similarly, Rees’ singular brand of medico-moral treatment did not so much reflect an international consensus as it did the doctor’s own invention, assembled piecemeal from some combination of personal study and experience, international medical discourse, and, inevitably, shaped by the limitations of the temporary asylum’s dilapidated quarters in the moldering York jail. And even if Upper Canada’s physicians had reached a consensus regarding the medical treatment of lunacy, they still needed to contend with the province’s untrained and often bullheaded legislators. Although there was a general agreement that some variety of lunacy reform was imminently required, the process of lunacy reform in the 1830s and early 1840s was less a march of progress than a shambling and erratic advance towards a vaguely-defined medical model of lunacy care.

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<sup>36</sup> *Report of the Select Committee of the Legislative Assembly, in the Case of Dr. Rees* (Hunter, Rose & co., 1861), 23.

*Social Utility Doctrine and the Therapeutic Asylum*

The medical treatment of lunacy presented a world of exciting and interesting possibilities for a medical doctor like Charles Duncombe. It was with the professional curiosity of a physician that Duncombe reported the minutiae of treatments offered at lunatic hospitals throughout the United States. However, there was more to his careful reproduction of cure rates than the simple enthusiasm of a medical doctor. The impressive rates of rehabilitation boasted by Dr. Samuel B. Woodward of the State Lunatic Hospital at Worcester, Massachusetts held an ulterior appeal for Duncombe, beyond that of medical progress or even charity. Certainly, in its “humane treatment” of the insane, the hospital counted “amongst the noblest charities of the land.” However, Duncombe was careful to relate to his readers—the lay members of the Assembly in whose hands rested the ultimate fate of a similar institution in Upper Canada—that “the peculiar character of this institution should always be borne in mind.” It was in the hospital’s capacity as a “receptacle . . . of all lunatics who are adjudged to be furiously mad, as to render their continuance at large manifestly dangerous to the peace and safety of the community” that it was distinguished “from other institutions of the same kind.”<sup>37</sup> In its assurance of peace and safety, the asylum gained a measure of collective utility beyond the individual rehabilitation of lunatics.

The hospital’s accommodation of both criminal and pauper lunatics contributed nominally to its social utility by removing them from circumstances in which they might do harm to the public. But the jewel in the Worcester institution’s crown was its remarkably high cure rate. Duncombe testified that Woodward’s exertions at the hospital proved that “nearly all patients labouring under recent attacks can . . . be restored to soundness and usefulness.”<sup>38</sup> By

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<sup>37</sup> Duncombe, “Report on Lunatic Asylums,” 8.

<sup>38</sup> *Ibid.*, 9.

returning these afflicted men and women to the “bosom and business of society,” Duncombe felt that a similar hospital in Upper Canada would contribute to “the quiet, good order, and happiness of the community, of families, and of individuals.”<sup>39</sup>

Such was the allure of the asylum for many reformers: alongside the penitentiary, the house of industry, and other segregative institutions, the asylum promised not only to remove dangerous and disorderly individuals from the community but also to return many of them to social productivity, completely cured. Duncombe was decisive in this matter—his proposed asylum was first and foremost a therapeutic institution. It would serve a custodial role only in those incurable cases which he promised would constitute the minority of admissions. Even in those unfortunate circumstances, Duncombe argued, incurable patients could be made “to contribute something from their *means* or by their *labours* towards their own expenses.”<sup>40</sup> If nothing else, Duncombe’s plan for a lunatic asylum was eminently pragmatic. What is more, Duncombe’s construction of the asylum as a medical space assured members of the Assembly of the institution’s contribution to the collective good.

Dr. Woodward was not the only physician to claim unprecedented cure rates around the time of Duncombe’s fact-finding tour of the United States. Beginning in the early 1830s, with the spread of public asylums throughout America, many superintendents began to rely heavily upon such statistics to boost their professional image and encourage further public support for their asylum initiatives. Woodward himself stated unequivocally in 1835 that insanity, if addressed promptly, was as treatable as many diseases of the body, a claim enthusiastically documented by Duncombe in his 1836 report. In 1837 Amariah Brigham, future superintendent

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<sup>39</sup> Ibid., 10.

<sup>40</sup> Ibid., 7.



of the New York State Lunatic Asylum at Utica, proudly proclaimed in the *North American Review* that “it is gratifying to be able to state that no fact relating to insanity appears better established than the general certainty of curing it in its early stage.”<sup>41</sup> Buttressed by the enthusiastic endorsements of practitioners such as Woodward and Brigham—the first “apostles of the cult of curability”—the promise of a cure for insanity mounted a powerful and persuasive defense of the nascent science of asylum medicine.<sup>42</sup> The humanitarian, medical mandate of asylum care figured predominantly in public proposals for its implementation, but it was the asylum’s social utility as a therapeutic institution, capable of curing and restoring its patients, which initially propelled the asylum ideal to widespread popularity.

For evidence of this fact, one need look no further than the dramatic decline of the therapeutic asylum ideal in the latter nineteenth century. As asylum professionals realized the folly of their cult of curability, and the malaise of the custodial age of asylums set in, the institution’s fall from grace was so much the greater for having once held so much promise. John Beverley Robinson’s speech at the laying of the Provincial Lunatic Asylum’s cornerstone in 1846 came at the very height of the cult of curability, and expressed in no uncertain terms (and in implicitly utilitarian terms, no less) the collective utility of the asylum:

[The] method of supporting this institution [by a small rate] is at once just and effectual. It lays a small and proportionate burthen upon all for a purpose in respect to which all owe a common duty, and ought to feel a common interest . . . There can be nothing odious in a tax of which the proceeds are to be thus expended, for God knows the poor sufferers who are to partake of the fund can be objects of jealousy to none . . . and if there can be any who would begrudge the little tribute to their suffering fellow creatures which this excellent law will extract from them, they must be so few in number that their murmurs may be safely allowed to pass unheeded.<sup>43</sup>

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<sup>41</sup> Amariah Brigham, cited in Deutsch, *The Mentally Ill in America*, 151.

<sup>42</sup> Luchins, “The cult of curability and the doctrine of perfectibility,” 212.

<sup>43</sup> Draft of an Address by John Beverley Robinson, Toronto, 22 August 1846. *Robinson Papers*, AO.

That Robinson's vaunted "noble work" would pass, like its sister institutions in the United States and Great Britain, into disgrace and disrepute could not have been further from the minds of his audience in 1846, nor from the minds of Duncombe's readers in 1836.

The early positive attention generated by Woodward's statistics proved advantageous to the spread of lunatic asylums throughout Europe and North America, as advocates like Duncombe called upon the incredible figures in support of state-funded asylum care. "Cures" quickly became the social capital of asylum physicians, proving particularly effective in securing the support of reformers and politicians eager to remove lunatics from common jails. For their own part, the asylum superintendents who reported high cure rates were rewarded with professional notoriety and acclaim. Perhaps the highest praise that Dr. William Rees would ever receive in his tenure as medical superintendent at the Provincial Lunatic Asylum in Upper Canada was based upon his own reported cure rates. To the doctor's immense pride, the *Montreal Medical Gazette* reported in 1845 that Rees' asylum placed second *internationally* for cures, rating just behind the 63 per cent cure rate posted by the Hartford Retreat in Connecticut and ranking well above comparable institutions in France and England.<sup>44</sup> Rees, who proudly recounted the *Gazette's* esteem for his practice in a memorial to the colonial government, felt that his impressive rates spoke to his professional credibility as well as his successes as superintendent of the asylum.

But impressive cure rates could be deceiving. As historian Albert Deutsch illustrated in his excoriation of the early psychiatric profession, *The Mentally Ill in America* [1937], many

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<sup>44</sup> *Montreal Medical Gazette*, 1 April, 1845. Rees later reproduced the *Gazette's* article in his presentment to the Upper Canadian government, citing the achievement as proof of his professional accomplishment in the hopes of receiving compensation for the career-ending injuries that he received while on duty at the asylum in 1845.

physicians resorted to statistical manipulation in order to achieve their desired numbers. Deutsch's dishonest doctors based their ratios upon the numbers of cures relative to discharges rather than admissions and reported cures based on individual cases, ignoring the repeated institutionalization of the same "cured" patients.<sup>45</sup> In William Rees' case, roughly 25 per cent of patients admitted during his tenure were discharged and readmitted at least once, amounting to around 40 per cent of the doctor's "cured" patients returning with recurring symptoms, now ready to be "cured" once again, and so on and so forth.<sup>46</sup> American practitioner Pliny Earle publicized his similarly-doctored cure rates with a showman-like zeal. It was the work of practitioners like Earle that catapulted asylum care to popularity with an even broader public in the 1840s. Yet even in the 1830s, before asylums became a subject of polite conversation amongst the general public, before their construction in places like York drew crowds of onlookers, early apostles of curability like Woodward had already begun the work of sermonizing for their growing profession. Their labours did not go unheeded, as reformers like Charles Duncombe in Canada and Dorothea Dix in the United States lifted the banner of cures in their attempt to bring asylum care to every corner of civilized society.

The apostles of curability understood, like Duncombe, that only observable and measurable results would secure the endorsement of their pragmatic government benefactors. The obvious professional benefits of high cure rates for early asylum doctors have prompted many historians to suggest that the statistics were wholly and deliberately fabricated, to the professional advantage of psychiatric practitioners. Deutsch went as far as to condemn the entire enterprise of asylum care as nothing more than a "psychiatric fraternity," arguing that early

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<sup>45</sup> Deutsch, *The Mentally Ill in America*, 153.

<sup>46</sup> Statistics aggregated from AO, QSMH, PR, GR, PQ.

practitioners “were fully conscious of the error of the doctrine they were advancing.”<sup>47</sup> Deutsch was hardly the first to call the numbers into question, however. Beginning in the late nineteenth century, many contemporary practitioners also challenged the supportability of early cure rates, which usually sat well above 50 per cent, and even higher when only “recent” cases were considered (as in Duncombe’s report).

Perhaps most notably, in the twilight of his own career, Pliny Earle publicly decried earlier mid-century abuses of statistics by superintendents. Earle set out to correct the errors of the past (including his own) in 1876 by publishing *The Curability of Insanity: A Series of Studies*, in which he assailed his fellow asylum superintendents for their often deliberate manipulations: “Self-interest, in some instances, and ambition in perhaps all ... have probably not been wholly inoperative in the reporting of recoveries from insanity.”<sup>48</sup> Historian Lawrence Goodheart has taken a more sympathetic view of the so-called cult, suggesting that there was something more to inflated cure rates than “professional aggrandizement or snake oil hucksterism.” In Goodheart’s estimation, an earnest desire to implement a more humane system of lunacy care, as well as honest-to-goodness statistical incompetency, also played a significant part in the inflation of recovery rates.<sup>49</sup> The truth of their motivations remains obscure, but early asylum doctors and advocates were most likely guided by some combination of professional, humanitarian, and scientific ambition.

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<sup>47</sup> Deutsch, *The Mentally Ill in America*, 133.

<sup>48</sup> Pliny Earle, *The Curability of Insanity: A Series of Studies* (Philadelphia: J.B. Lippincott & Co., 1876), 18.

<sup>49</sup> Lawrence Goodheart, “‘The Glamour of Arabic Numbers’: Pliny Earle’s Challenge to Nineteenth-Century Psychiatry,” *Journal of the History of Medicine and Allied Sciences* 71, no. 2 (2016): 176-8.

Regardless of their provenance, high cure rates and their mobilization by reformers such as Duncombe do indicate that early support for asylum reform was not motivated solely by the institution's capacity to effect a humane system of medical treatment towards the gentle care and cure of lunatics. Or, more accurately to the sentiment of the 1830s, the gentle care and cure of *individual* lunatics was not the most promising facet of asylum care. Rather, as the mid-century obsession with cures indicates, it was the statistical promise of the asylum which resounded with so many would-be reformers. If these institutions could perform such impressive feats of rehabilitation amongst a population previously believed to be irretrievably lost to reason (and thus to society), they promised almost immeasurable social utility.

In Upper Canada, Duncombe urged the Assembly to imagine the possibilities of an institution which could cure 82 per cent of recent cases of insanity. Samuel B. Woodward claimed to have accomplished this very feat, and Duncombe included meticulous appendices precisely recounting Woodward's figures of admissions and discharges in his 1836 report.<sup>50</sup> By invoking Woodward's cure rates, Duncombe shrewdly tapped into some of his contemporaries' deepest social anxieties. He was careful to point out that the Worcester asylum counted amongst its inmates both paupers and lunatics sent from common jails—so, too, would his proposed Canadian lunatic asylum. Could a lunatic asylum effectively reduce the numbers of both criminals and paupers as well as lunatics in Upper Canada, not by remanding them to permanent and costly custodial care, but by effectively *curing* many of them of their insanity? Duncombe hoped to convince the members of the Assembly of this very fact.

Duncombe's *Report on Lunatic Asylums* offers an intriguing insight into the intellectual foundations of upper-class Canadian political and social reform ideologies in the mid-nineteenth

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<sup>50</sup> Duncombe, "Report on Lunatic Asylums," 8-10.

century. His emphasis on both the humanitarian and socio-economic advantages of asylum care signals a tradition of utilitarian thought which has not yet been explored by historians of Upper Canadian lunacy and asylum reform. According to Duncombe, and the practitioners in the United States to whom he was indebted for the statistics cited in his report, humane treatment was necessary to achieve a high percentage of cures. The humanitarian approach to lunacy care embodied by the modern lunatic asylum was thus inextricably connected to the institution's potential for collective advantage. Even those who would see the asylum mobilized as an implement of social control could not do away with the humane treatment of lunatics—it was that very treatment which imbued the asylum with its more cynical social virtues.

Duncombe's preoccupation with statistical evidence for the social utility of a humane, therapeutic system of lunacy care also speaks to the attentive engagement of some Canadian legislators with increasingly popular international discourses on social statistics, quantitative analysis, and social improvement. As Ian Hacking has observed, in the early nineteenth century "numbers were a fetish, numbers for their own sake," and in the field of medicine in particular numbers were sometimes used as a bludgeon with which to assert professional authority, as evidenced by the mid-century cult of curability.<sup>51</sup> Yet while it is true that many practitioners availed themselves of statistical fetishism for personal and professional gain, Duncombe's report illuminates an early instance of the reasoned application of quantitative analysis in the service of social reform.

Building upon Jeremy Bentham's notion of a *felicific calculus*, many late eighteenth- and early nineteenth-century legislators and political theorists applied emerging methods of social mathematics to the measurement of "the degree of happiness of a society," to borrow a later

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<sup>51</sup> Ian Hacking, *The Taming of Chance* (Cambridge, UK: Cambridge University Press, 1990), 81.

expression from Emile Durkheim.<sup>52</sup> This practice found its fullest expression in the mid-nineteenth century, when Adolphe Quetelet's plans for statistical census-taking, alongside his concept of *l'homme moyen*, popularized the role of quantitative analysis in the measurement of social progress and improvement. Quetelet's cosmology of a social physics—a uniform “state of society” reflected in statistical analysis—helped to imbue social measurements like cures with an empirical legitimacy.<sup>53</sup> Practitioners from various scientific fields began increasingly in this period to incorporate statistical methods into their theorizations of individual and collective human behaviour.<sup>54</sup> Nevertheless, statistical methods also found considerable popularity among late eighteenth- and early nineteenth-century theorists seeking to rationalize the increasingly erratic social experience of modern capitalism. Their unsophisticated engagement with statistical analysis may appear facile in the eyes of modern observers, but it is important to recognize that early nineteenth-century efforts to apply new quantitative methods to the measurement of social phenomena were undertaken quite earnestly.

Sir John Sinclair set out in the late eighteenth century to measure the “quantum of happiness” in his hugely popular *Statistical Account of Scotland* [1799], John Powell found a window into the miseries of the “productive classes” in his *Statistical Illustrations ... of the British Empire* [1825], and by the 1820s government authorities in England had begun to seek “the probability of sickness” in an effort to apply the hammer of statistical analysis to problems

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<sup>52</sup> Emile Durkheim, “Suicide et natalité: Étude de statistique morale,” *Revue Philosophique* 26 (1886), 447, cited and trans. in Hacking, 170.

<sup>53</sup> Theodore M. Porter, *The Rise of Statistical Thinking, 1820-1900* (Princeton: Princeton University Press, 1986), 41-55.

<sup>54</sup> Bruce Curtis, *The Politics of Population: State Formation, Statistics, and the Census of Canada, 1840-1875* (Toronto: University of Toronto Press, 2001), 19; see also Pick, *Faces of Degeneration*.

of disease, disorder, and social decline more generally.<sup>55</sup> Everywhere, the social applications of science and mathematics became a matter of great interest, and they were used with increasing frequency to impose rationality and order upon a society seemingly beset on all sides by poverty, criminality, and other social disorders such as lunacy.

For reformers such as Duncombe, statistical measurements like cure rates offered not only an insight into the successes of a particular branch of medicine, but also an indication of the broader social utility of medical reform. Citing the successes of practitioners like Dr. Woodward, Duncombe promised that an asylum would cure a large majority of lunatics of their mental disorders, consequently restoring them to social “usefulness,” and thereby increasing “the quiet, good order, and happiness of communities”—a clear invocation of Benthamian principles, and an even clearer indication of the asylum’s value in an emerging capitalist market economy (for those pragmatic assemblymen interested in such a proposition).<sup>56</sup> Duncombe’s insistence upon the asylum’s capacity to restore Upper Canadian society to its natural state of order mirrored the rising liberal appeal of statistics throughout Britain and North America, and their increasingly frequent role in public policy reform.<sup>57</sup> The asylum’s utilitarian characteristics also complemented Duncombe’s appeals to Christian duty, ensuring that those who were unconvinced of their spiritual obligation to asylum reform would at the very least be made aware of its contributions to efficiency and good order.

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<sup>55</sup> Sir John Sinclair, *The Statistical Account of Scotland*, vol. 21 (Edinburgh: William Creech, 1799); John Powell, *Statistical Illustrations of the Territorial Extent and Population; Commerce, Taxation, Consumption, Insolvency, Pauperism, and Crime, of the British Empire* (London: J. Miller, 1825), cited in Curtis, *The Politics of Population*, 19; Hacking, *The Taming of Chance*, 47-9; 170.

<sup>56</sup> Scull, *Museums of madness*, 32.

<sup>57</sup> Porter, *The Rise of Statistical Thinking*, 55-70.



In the tradition of quantitative social inquiry pioneered by the likes of Bentham, Sinclair, Powell, and others, Duncombe understood that a numerical accounting of the successes of asylum care and its positive effects upon society constituted a powerful inducement for social reform. Apparently, Duncombe was right to believe in the rhetorical power of asylum statistics. The House of Assembly received Duncombe's proposals, delivered by the doctor himself in February of 1836, with general approbation: an ensuing bill designated £10,000 for the erection of a lunatic asylum in Upper Canada and made provisions for its continued support through local taxation—a system closely resembling the one eventually set in place by the 1839 Asylum Act. The bill introduced on 13 April was dead in the water, however, lost in the wake of Sir Francis Bond Head's dissolution of government the following month.<sup>58</sup> Still, despite its ultimate failure to pass into law, the 1836 bill signalled considerable interest in Duncombe's reform proposals. It is far more likely that this interest was generated by Duncombe's in-depth analysis of the social utility of asylum care than by the institution's more intangible contributions to medical progress and humanitarianism.

Duncombe presented his *Report on Lunatic Asylums* during a Reform interregnum in Upper Canada's government. The twelfth Parliament of Upper Canada, which opened in January of 1835, was distinguished by the openly combative relationship between the Reform majority in the House of Assembly and the staunchly conservative Lieutenant Governor, Sir Francis Bond Head. At the outset of his political tenure in Upper Canada in 1835, Bond Head announced his goal to “[root] up the tree of abuse” and clear government of the partisan fowl who had for too long “feathered their nests in its branches.”<sup>59</sup> Owing, presumably, to this vow to clear the

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<sup>58</sup> Baehre, “The Ill-Regulated Mind,” 64.

<sup>59</sup> Francis Bond Head, “Reply to the Address of the Inhabitants of the City of Toronto,” 40.

government of Reform patronage, Bond Head refused to give his assent to any money bills passed during the session, and eventually prorogued parliament on 20 April 1836, dissolving the government at the end of the following month.

After the contentious elections that followed, the Assembly was restored to a Tory majority.<sup>60</sup> It has been argued that asylum legislation was introduced in fits and starts during intervals of Reform leadership.<sup>61</sup> The first Relief of Insane Persons Act was indeed passed by a Reform Assembly, but the 1833 extension of that act was legislated by a Tory-dominated Assembly. William Jarvis' two failed attempts to introduce his asylum bill in 1831 also belie the notion of a Reform-led asylum campaign. Even assuming that Duncombe's 1836 asylum bill would have passed into law had Bond Head not dissolved the government, one must then consider the not insignificant matter of a majority Tory parliament ushering through the Asylum Act in 1839—an act which was arguably the most significant piece of asylum reform legislation to be passed in the whole of the nineteenth century in Upper Canada.

Lunacy reform was not, strictly speaking, a partisan affair. Of the most notable asylum advocates during the generative years of lunacy and asylum reform legislation [1830–1839], several were avowed Reformers (including William Lyon Mackenzie and Charles Duncombe), but a great number were dyed-in-the-wool, establishment Tories (such as John Beverley Robinson, Christopher Widmer, and John Macaulay). Despite its bipartisan appearances, however, certain elements of early asylum reform demand a closer exploration of the institution's political origins. Unlike the period from 1841 through 1853—the era of the temporary asylum, which was characterized by an almost constant stream of highly publicized

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<sup>60</sup> John Mercier McMullen, *The History of Canada*, third edition, vol. 2 (Brockville: McMullen &co., 1892), 109.

<sup>61</sup> Terbenche, "Public Servants or Professional Alienists?," 36.

scandals—the public’s engagement with asylum reform during the 1830s was relatively limited. Outside of token gestures towards the benevolence of asylum care in several newspapers, printed alongside the odd dispatch describing lunatic asylums in the United States or England, the subject received scant attention in the daily papers. What little was written of asylum reform was quite telling, however, especially considering the scandals of the 1840s and early 1850s.<sup>62</sup>

An editorial in a May 1836 edition of the *Montreal Courier* alleged that “the majority of the Legislative Council being deeply interested in the success of the Banks already established, have been swayed by disgraceful self-interest to have recourse in their extremity to the device of endowing Lunatic Asylums, to thwart the establishment of new Banks.”<sup>63</sup> With Bond Head blocking all new money bills, the anonymous accuser insinuated that the Legislative Council conspired to mobilize a state-supported asylum in order to divert existing tax monies earmarked for the establishment of several proposed banks. Such a manoeuvre would effectively protect the monopoly of existing establishments like the Bank of Upper Canada, which counted amongst its principle stockholders several members of the province’s Tory aristocracy, among them Christopher Widmer and the Reverend John Strachan. The validity of these accusations of a Tory patronage conspiracy are perhaps less significant than the simple fact of their existence. As early as 1836, the general public was alive to the possibility that state-supported institutions like the asylum might be manipulated to fulfil partisan agendas. The missive on the dubious advantage of asylum reform and the promotion of a banking monopoly also reveals that certain members of the public had, by 1836, begun to consider a potential asylum in terms of its social utility.

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<sup>62</sup> See Chapter 4.

<sup>63</sup> *Correspondent & Advocate*, 4 May 1836.

Far-reaching conspiracies encompassing the asylum and the Bank of Upper Canada notwithstanding, both Tory and Reform assemblymen acknowledged the utility of a lunatic asylum. The institution's social utility (or its *public advantage*, as it would be frequently identified in public discourse over the course of the coming decade) grew to represent a central consideration of its inherent value to Upper Canadian society. Even the anonymous author of the accusations in the *Courier* framed his critique of asylum reform in terms of the institution's utility: "To far less honorable motives is [the Legislative Council's] front of an exaction for a Lunatic Asylum ... The amount of public advantage is deemed too inconsiderable to have induced any body of men to be so partial and unjust..."<sup>64</sup> This objection to the inconsiderable public advantage of a lunatic asylum suggests that there was still some doubt by 1836 regarding its collective advantage to the Upper Canadian public, certainly, but that it held the potential for any advantage whatsoever was a consideration worthy of rebuttal.

The communal value of similar institutions such as the general hospital was considerably less contested. An 1837 editorial in the *Correspondent & Advocate* outlined a scandal reminiscent of the banking conspiracy of the preceding year. The attorney general, Tory politician and Kingston native Christopher Hagerman, was said to have exchanged a valuable plot of public land for his own unwanted property, an uninhabitable quagmire which was quickly dubbed "Hagerman's frog pond" by his political opponents. The public plot, it seems, had been designated for the use of a general hospital by an order-in-council. Unlike the asylum, however, there could be no doubt of the public utility of the hospital—outrage over Hagerman's usurpation of the land, for which "a more humane appropriation could not have been made," coalesced around the fact that the land could no longer be used to care for the "destitute sick"—a deserving

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<sup>64</sup> Ibid.

contingent of the poor if ever there was one.<sup>65</sup> The attack on Hagerman in the *Correspondent & Advocate*—penned, no doubt, by that paper’s editor (and Hagerman’s long-time political rival) Father John O’Grady—mobilized the public’s inborn support for a humane enterprise like the hospital against Hagerman’s self-interested political abuses.<sup>66</sup>

The “frog pond” affair stood in stark contrast with the banking scandal of the previous year. In the first instance, the self-evident public utility of the hospital was mobilized as a means of contesting the legitimacy of a political rival; in the second case, the dubious advantage of the asylum was offered instead as proof of political malfeasance. The seeming reluctance of the public to accept the social utility of asylum care on the same grounds as the general hospital was likely owed to the dubious scientific status of the lunatic asylum, as well as widespread misinformation regarding both lunacy and lunacy care. Though local practitioners such as Christopher Widmer championed the professional legitimacy of the medical care of lunacy, and reformers such as Charles Duncombe promoted the statistical victories of asylum care, the asylum would never quite escape the stigma of its uncertain intellectual foundations, in Upper Canada or otherwise. Lacking as it did the *bona fides* of a comparable institution such as the hospital, the asylum retained for many in the general public the appearance of a space for political advancement rather than a socio-medical institution.

A growing number of government authorities nevertheless found themselves increasingly convinced of the utility of a public lunatic asylum with the passage of the 1830s, a fact evidenced by the positive reception of Duncombe’s report in February 1836. The asylum’s increasing

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<sup>65</sup> “Mr. Hagerman further rewarded,” *Correspondent & Advocate*, May 3, 1837.

<sup>66</sup> S.F. Wise, “The Rise of Christopher Hagerman,” in *God’s Peculiar Peoples: Essays on Political Culture in Nineteenth-Century Canada*, edited by A.B. McKillop and Paul Romney (Ottawa: Carleton University Press, 1993), 61.

popularity throughout the 1830s was actually owed in large part to its appeal to inherently conservative social values. After all, the asylum was at its heart a paternalistic institution—the care of mostly destitute lunatics would be undertaken by a cohort of middle- and upper-class professionals who would apply their scientific expertise to the identification and elimination of insanity. The therapeutic model of the asylum, which Duncombe cemented through his adroit representations of American statistics, thus appealed to a thoroughly conservative impulse towards the rehabilitation and reform of deviant behaviours.

Whereas Upper Canada's jails had become what Hugh Thomson dubbed "a nursery instead of a preventative of crime," devolving as a result of their poor management into heretical "seminaries kept at the public expense for the purpose of instructing His Majesty's subjects in vice and immorality," authorities hoped to turn institutionalism instead towards the *positive* reshaping of human behaviour.<sup>67</sup> Yet these same impulses also informed the asylum's appeal to more liberal philosophies. Though the paternalistic interventionism of the asylum may well have clashed with liberals' inclination towards absolute individual freedom, the important distinction came down to a definition of who was and was not an *individual*. Inclusion within the rational-critical discourse of the public sphere, political enfranchisement, and the ownership of property all formed fundamental exclusions within contemporary definitions of liberal individualism. What Duncombe's proposition offered was a pathway to enlightenment—to rationalism, and thus to *individualism*—for the inmates of the asylum. That those unfortunate souls who could not be "restored to health, to their friends, and to society" might still contribute to that society by means

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<sup>67</sup> LAC, Upper Canada Sundries, presentment of grand jurors, Niagara District, March 16, 1839; H.C. Thomson, "Report of Select Committee on expediency of erecting a penitentiary," *JHAUC* (1831), 211-12; H.C. Thomson, "Report of the Select Committee on the expediency of erecting a penitentiary," *AJHAUC* (1831), 211.

of their *labour* was not a happy by-product, but rather a central element of the liberal appeal of Duncombe's report.

The simultaneous development of asylum and penitentiary reform, as well as the establishment in 1837 of the House of Industry, signalled a tendency in Upper Canada towards the institutional rationalization of punishments and public welfare reform. The success of Duncombe's argument from utility, and the appearance of similar arguments for institutional reform throughout the 1830s, further indicates that the idea of a therapeutic asylum resonated with paternalistic impulses towards government interventionism, public charity, and institutional state-building, as well as liberal impulses towards the restoration of the individual. The "custodial asylum" of the late nineteenth century would bear no resemblance to the imagined asylum of the 1830s—in those years of optimism, it was *specifically* in its therapeutic capacity that the asylum appealed to the paternalistic ideology of Upper Canada's socially conservative élite. The duty of the asylum, within this worldview, was not to imprison or restrain the individual, but to *free* them from the shackles of their own diseased mind.

In 1831, the Home District grand jury issued a representation to the Assembly calling for the establishment of not only a provincial lunatic asylum, but also a provincial penitentiary and a police magistrate's office at York. The representation tellingly linked the two institutions to a broader project of poor relief and immigration control, as the grand jurors promised that the asylum and penitentiary would jointly help to point out "the path of honest industry, sobriety, and perseverance in their several pursuits" to recently-arrived emigrants, ensuring the "peace and happiness of a people."<sup>68</sup> The largely conservative grand jury, whose numbers included D'Arcy

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<sup>68</sup> "Representation of the Grand Jury of the Home District on the subject of an Asylum," 27 October 1831, *AJLAUC* (1832), 115-6.

Boulton, Robert Stanton, James Fitzgibbon, and several other notable Compact Tories, thus constructed their proposed asylum as a bulwark against phenomena which threatened the good order of society, not to mention the hegemony of the province's established élite.

According to the received wisdom of the early nineteenth-century aristocracy, the maintenance of a peaceful, well-ordered society depended upon the dispensation of charity to the “deserving poor” by the wealthy. This Christian obligation was predicated in part upon humanitarian principles, but also upon the assumption that charity would be received by the poor alongside a healthy dose of moral guidance.<sup>69</sup> Charity was most valued where it promised to recover some of the productive faculties of the poor, or at the very least mitigate their disruptive presence within an emerging capitalist labour market. Benjamin T. Jones identifies “the frequent inter-textuality of Biblical language in political speeches and documents” as an important distinguishing feature in the merger of a distinctly non-liberal tradition of Christian reformist politics premised upon the idea of duty, and parallel traditions of Lockean liberalism.<sup>70</sup> Indeed, Christian obligation could coexist quite comfortably with the non-interventionist, individualist tendencies of liberal thought when self-identified liberal reformers acknowledged that “liberty is to be used not for self gain but for the holier purpose of creating a virtuous society.”<sup>71</sup> From any perspective, the contributions of institutions like the asylum and the penitentiary to the “quiet, good order, and happiness” of their communities was undeniable.

Where the asylum was most plainly differentiated from the penitentiary was in its charitable ornamentations. Even the furiously mad, though not necessarily cherished by the

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<sup>69</sup> Oliver, *Terror to Evil-Doers*, 101-2.

<sup>70</sup> Benjamin T. Jones, *Republicanism and Responsible Government: The Shaping of Democracy in Australia and Canada* (Montreal: McGill-Queen's University Press, 2014), 15-6.

<sup>71</sup> *Ibid.*, 16.



community, were almost universally pitied. Despite their objectionable demeanour, they were nevertheless considered to be deserving objects of charity. The 1839 Asylum Act ensured that the asylum was identified, at least in part, as a charitable institution. Yet the admission of “any destitute Insane or Lunatic person” was nevertheless subject to the “satisfaction” of the asylum’s Board of Directors.<sup>72</sup> Charity was not to be given lightly, and certainly not without first satisfying the particular requirements of the institution’s government-appointed overseers.

Upper Canadian authorities’ growing confidence in the social utility of asylum reform was rooted in the lunatic asylum’s institutional and intellectual pedigree, to be sure, but their belief that the institution constituted a worthy addition to Upper Canada’s infrastructure, specifically, was also based upon its compatibility with existing programmes of private and public welfare reform within the province. The asylum may have been a novel institution founded on emerging medical advancements, religious ideals, and principles of governance, but it was nevertheless rooted in existing social and political practices in Upper Canada. Nowhere was this more evident than in the asylum’s perceived contribution to ongoing efforts for the relief of destitute emigrants. Fears that unmanaged immigration would lead to rampant poverty in the province abounded in many circles, but equally worrisome was the effect of migration upon the mind.

The Archdeacon John Strachan hypothesized in 1831 that many emigrants fell “sick from want” upon their arrival in Canada, where “from the influence of a new climate, the intense heat of our summer months, and mental anxiety ... they become particularly liable to disease.”<sup>73</sup> This change in climate exposed emigrants not only to diseases of the body, but also of the mind. An

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<sup>72</sup> *Statutes of Upper Canada*, 2 Victoria, Ch. 11 (1839).

<sup>73</sup> John Strachan to John Colborne, 5 September 1831 LAC, Colborne Papers, MG24A40, 4/605-605, cited in Baehre, “Pauper Emigration,” 349.

1831 article in the *Canadian Freeman* likewise suggested that “in a new country, like this, where the most delicate constitutions have to bear the shock of a sudden change both of climate and habit of living,” mental derangement “may reasonably be anticipated.”<sup>74</sup> Institutions like the penitentiary could ensure the rehabilitation of emigrants of a criminal inclination, but what of those touched by madness? A lunatic asylum that could complement the reformatory work of the penitentiary represented a natural addition to the colony’s growing infrastructure for the management of a growing class of paupers perennially expanded by unchecked emigration.

Starting in the 1820s, a number of colonial officials began to lobby for the establishment of a structured immigration scheme in Upper Canada. Alexander Carlisle Buchanan, British Emigration Agent at Quebec City, pleaded with the colonial government in 1833 to assess plans for an official plan for immigration to British North America. He noted an “unfounded clamour against Emigration” in the colony, and suggested that a more organized approach to colonization would quell widespread anxieties about pauper emigration and “outcry against the mother country for sending out her destitute beggars.”<sup>75</sup> Buchanan was joined by the likes of John Strachan and Lieutenant Governor John Colborne in his appeals for a national immigration scheme, but to no avail. Official sentiment in the metropole favoured emigration policies which aligned with prevailing strategies of Malthusian non-intervention and *laissez faire* economics; unofficial policy, on the other hand, saw no small amount of encouragement for paupers to leave their homeland and make for the colonies.

In the absence of any colonial support, local and provincial authorities turned to private charity for a solution to rampant poverty, illness, and deviance which came quickly to be

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<sup>74</sup> *Canadian Freeman*, 9 June 1831.

<sup>75</sup> Baehre, “Pauper Emigration,” 341-3; “Mr. Buchanan’s Report,” 26 October 1833, *Kingston Chronicle & Gazette*.

associated with new emigrants. As evidenced in the previous chapter, doctors such as Christopher Widmer and William Rees contributed to the relief of destitute emigrants by volunteering their time at private charities and emigrant aid institutions. One such institution, the Toronto Emigrant Asylum, was established in 1831 under the auspices of the Society for the Relief of Strangers in Distress [SRSD], a private voluntary association co-founded by John Strachan. Though the nominal purpose of the Emigrant Asylum was to distribute charitable aid to the “deserving” poor, the institution doubled as a paternalistic implement of social control and social conditioning. Emigrants were expected to make the most of the assistance granted to them by charities like the SRSD and emerge as hard-working contributors to Upper Canadian society.

A town hall held late in 1836 to address problems of poverty and pauperism in Toronto revealed something more of the equivocal nature of charity. The meeting was convened at the request of a cross-section of the city’s Tory élite, including John Strachan, John Beverley Robinson, and D’Arcy Boulton. The “chief objects” of the assembled men and women were “the total abolition of street begging, the putting down of wandering vagrants, and securing an asylum at the least possible expense for the industrious and distressed poor.” Any institution which could secure these objects would be “essential to the comfort and happiness of the community at large.”<sup>76</sup> The meeting ended with the forming of a committee “to enquire into the extent of the distress,” and the opening of a subscription for the charitable aid of the poor during the cold months of winter.<sup>77</sup> The same public concerns that were aired at the town hall were also instrumental in the passage of the 1837 House of Industry Act, by which poor relief in Upper

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<sup>76</sup> Council Papers, Turquand to Morrison, 28 December 1836, cited in Baehre, “Paupers and Poor Relief in Upper Canada,” in *Historical Essays on Upper Canada: New Perspectives*, J.K. Johnson and Bruce Wilson, eds. (Ottawa: Carleton University Press, 1989), 325.

<sup>77</sup> *Correspondent & Advocate*, 28 December 1836.

Canada was effectively brought indoors.<sup>78</sup> The new House of Industry would incorporate many of the services previously provided by charitable associations, including the Emigrant Asylum.<sup>79</sup> Toronto Mayor George Gurnett observed in 1837 that the “vice[s] of Intemperance, street begging, pilfering, dissipation, indolence, and juvenile depredation of the destitute” could be mitigated by the re-education of children, at least, within institutions such as the House of Industry, where they would be taught “the habits of industry, sobriety, morality, and religion.”<sup>80</sup>

Many powerful and influential Tories, including Widmer and Strachan, were quite eager to endow like-minded institutions which would guide the city’s growing class of paupers (consisting largely of newcomers) towards productive citizenship.<sup>81</sup> Yet the efforts of voluntary associations like the SRSD (many of which were established in the 1820s and 1830s) were simply not enough to attend to the wants of the masses of destitute emigrants arriving in the province. Likewise, the Toronto Public Health Board set up to address the cholera epidemics of 1832 and 1834, the struggling general hospital, and district jails were not sufficient to meet the needs of Upper Canada’s rapidly growing population.<sup>82</sup> The House of Industry, the penitentiary, and the lunatic asylum were all established in Upper Canada within the span of seven years (1834–1841) to address new social evils intimately connected to the unprecedented migrations of the 1820s and 1830s. Each institution was inspired and influenced by similar forerunners in the

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<sup>78</sup> *Statutes of Upper Canada*, 7 William IV, ch. XXIV (1837).

<sup>79</sup> Baehre, “Paupers and Poor Relief,” 325.

<sup>80</sup> *Toronto Patriot*, 14 March 1837 and 28 March 1837, cited in Baehre, “Paupers and Poor Relief,” 326.

<sup>81</sup> It is worth noting that a significant number of Reformers also supported the establishment of public institutions for the relief of the poor and the management of disorder. William Lyon Mackenzie, whose representation on the York jail was instrumental in the beginning of lunacy reform in the province, and Jesse Ketchum, who sat upon the Home District grand jury which recommended the establishment of an asylum and penitentiary in 1831, were political radicals, surely, but socially conservative.

<sup>82</sup> Chilton, “Managing Migrants,” 241-2.

United States and England, but the timing of their genesis in Upper Canada spoke to localized experiences and growing pains within the young colony.

The international popularity of the lunatic asylum thus directed the course of Upper Canadian lunacy reform, but it was Upper Canada's unique situation as a growing colonial outpost which laid the groundwork for local support for an asylum initiative. The Home District grand jury was the only body to explicitly situate the lunatic asylum within contemporary emigration discourse, yet the exigencies of colonial growth also unmistakably contributed to other assessments of the institution's social utility. Charles Duncombe's insistence upon the "peculiar character" of the asylum as a receptacle for insane criminals and pauper lunatics spoke to the doctor's acute perception of perennial concerns amongst the assemblymen and their constituents about evils commonly associated with emigration.<sup>83</sup> Indeed, the effect of emigration upon the public consciousness in Upper Canada in the 1830s was such that the course of asylum reform simply cannot be assessed without consideration to the effects of emigration discourses upon deliberations of the public advantages of asylum care.

When presented with Charles Duncombe's utilitarian vision of a therapeutic asylum, assemblymen already preoccupied with the wages of poverty and disorder introduced by large-scale emigration were only too happy to embrace any institutional solution. That the population of the asylum in the years between 1841 and 1853 included a remarkable over-representation of recent emigrants only further speaks to the institution's initial role in the management and resettlement of problematic emigrants. Furthermore, the alignment of existing practices for the management of emigrants and the emergence of the asylum as a proposed solution to the same

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<sup>83</sup> For more information regarding widespread emigration anxieties in Upper Canada, see Rainer Baehre, "Pauper Emigration in Upper Canada" and Lisa Chilton, "Managing Migrants."

social problems exemplifies how the asylum was “rooted in much earlier forms of cultural organization and practice.”<sup>84</sup> The asylum ideal was compatible with contemporary political thought precisely because its advocates successfully situated it in a liminal space between conservative and liberal ideologies.

The unanimous appeal of the asylum lay principally in its compromise between the Christian, paternalistic impulses of conservatives and the non-interventionist inclinations of their more liberal counterparts. The asylum merged charity with the pursuit of individualism, in the sense that it would contribute to the collective happiness by restoring the individual productive capacities of its patients—it met the fundamental requirements of emerging ideals of “liberal community ... whereby one’s own interests come to be identified with those of the political community.”<sup>85</sup> This pseudo-liberalism was characteristic of a distinctive Canadian political culture. The consolidation of liberal and communitarian ideals embodied in public institutions such as the asylum was consistent with the emphasis on “peace, order, good governance, and deference to authority” enshrined in the British North America Act [1867]. That Act clearly recalled Charles Duncombe’s “quiet, good order, and happiness” because his principles were so carefully non-revolutionary and in tune with the dominant political culture of loyalism and conservatism.<sup>86</sup> Whether or not Duncombe artfully designed his report to appeal to the greatest number of his fellow assemblymen (and the remainder of this chapter will argue that he undoubtedly did), his call for asylum reform reflected the broader political culture of Upper Canada as much as it did an isolated effort to bring institutional lunacy care to the province.

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<sup>84</sup> Brown, “Rethinking Early Nineteenth-Century Asylum Reform,” 451.

<sup>85</sup> Duncan Ivison, “The Art of Political Liberalism,” *Canadian Journal of Political Science* 28, no. 2 (June 1995): 214n39.

<sup>86</sup> Barry Wright, “Quiescent Leviathan? Citizenship and National Security Measures in Late Modernity,” *Journal of Law and Society* 25, no. 2 (June 1998): 234.

The asylum did not thus emerge as a singular response to lunacy reform, but rather as one among a broader suite of social reforms engendered to address perennial dilemmas of social organization and colonial expansion in Upper Canada. The institution was thus incorporated from its inception (indeed, even before its physical erection) into contemporary narratives of social reform, poor relief, and colonial state-building. Above all, supporters of the asylum praised its utility and expressed their hopes that it would contribute to the greater happiness and security of the Upper Canadian people. But, as we shall see, the utility of the asylum extended beyond its more earthly contributions to the well-being of the province's inhabitants.

*Paleyan Utility, Moral Obligation & Asylum Reform*

By the 1830s, Upper Canadian thought had turned inexorably towards the resolution of several pressing social issues. Pauperism, criminality, and deviance became the perennial concern of legislators and social reformers seeking new answers to questions about “the casualties of the transition to the new capitalist market economy.”<sup>87</sup> A more visible (and disruptive) class of paupers in Upper Canada was generated by the bipartite pressures of the new market in wage-labour and the surge in emigration prompted by increasingly aggressive welfare policies in England, particularly after 1834. Consequently, colonial authorities began to worry over those maladies most commonly associated with an increase in pauperism, namely criminality, disorder, and indolence. Peter Oliver has demonstrated that Upper Canadian authorities were not entirely convinced that crime rates, specifically, experienced a surge during this period.<sup>88</sup> Nevertheless, reformers and legislators expressed a creeping anxiety concerning the crumbling fabric of society. How these influences weighed upon asylum reform has been outlined in the preceding

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<sup>87</sup> Brown, “The origins of the asylum in Upper Canada,” 43.

<sup>88</sup> Oliver, *Terror to Evil-Doers*, 87-97.

chapter, as well as comprising the central focus of several extant studies of lunacy and asylum reform in Upper Canada. Yet anxieties about social disorder were not limited to the structural challenges posed by demographic growth.

In both Great Britain and her colonies, intellectuals also grappled with the spiritual dilemmas of modernity—how could a nation preserve the moral integrity of its citizens in the face of the assaults upon morality and piety posed by the barreling advance of science and industry? In particular, the scientific and rational modes of inquiry associated with atheism and infidelity, those spiritual blights of the Enlightenment, left the pious nervous.<sup>89</sup> Concerns about secularization and the decline of religious feeling resonated doubly with Anglican authorities in Upper Canada. The colony's dangerous proximity to the burned-over district of New York and the treasonous republican ideologies of the United States made the protection and fortification of Anglican ideals an even greater priority. In the 1820s, the Reverend John Strachan warned against the “zeal without knowledge” of the Methodists, whose irrational ideologies were borne “from the Republican States of America.”<sup>90</sup> But how, exactly, could devout Anglicans such as Strachan hope to combat the two-headed dragon of godless Enlightenment rationalism and overzealous, irrational revivalism to protect the establishment status of Anglicanism in Upper Canada? How could they secure the continuing loyalism of the Canadian people?

In an effort to curb the erosion of religious morals, many educators and reformers in Upper Canada turned to natural theology to promote their vision for a civilized society. The Scottish Common Sense tradition, which held that “a properly conducted inquiry into the world

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<sup>89</sup> Jonathan Sheehan, “Enlightenment, Religion, and the Enigma of Secularization: A Review Essay,” *The American Historical Review* 108, no. 4 (October 2003): 1062.

<sup>90</sup> Elizabeth Cooper, “Religion, Politics, and Money: The Methodist Union of 1832-33,” *Ontario History* 81 (1989): 89-91, 101.



of nature, whether physical or human, would reveal the wondrous handiwork of God” found popularity amongst early educators in the province, including John Strachan and Egerton Ryerson.<sup>91</sup> Ryerson, in particular, sought to restore moral principles to Canadian society by emphasizing God’s “footsteps in the works and laws of the material universe” and applying His teachings to the administration of human society.<sup>92</sup> Ryerson hoped to incite a religious reawakening of his own kind—yet his was no Second Great Awakening, lacking as it did that movement’s emotional dynamism and eschatological imperative. In fact, Ryerson’s call for a return to religious principles constituted an eminently rational appeal to furnish Upper Canadians with an empirical understanding of religion, nature, and social order. His Christian apologetics was rooted largely in the work of the preeminent eighteenth-century utilitarian and theologian William Paley. Ryerson shared Paley’s belief that by restoring God’s place in nature and human inquiry, Upper Canada could be guarded from the “goliath of skepticism and infidelity.”<sup>93</sup> The path to social improvement was clearly laid out in the Bible, for those with eyes to perceive it. Through a proper system of education, Canadians could be taught the values of citizenship and loyalty. What those ideas meant, exactly, was a matter of fierce debate. Loyalty, in particular, was not a word oft associated with Ryerson (a devout Methodist) by his religious and political rivals. After all, Ryerson’s educational programme, begun in 1842 with the opening of Victoria College, would serve the ancillary purpose of weakening the Anglican Church’s influence in Upper Canada, which was no small consideration in itself.

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<sup>91</sup> A.B. McKillop, *A Disciplined Intelligence: Critical Inquiry and Canadian Thought in the Victorian Era* (McGill-Queen’s University Press: Montreal, 1979), 62-3.

<sup>92</sup> Rev. Egerton Ryerson, *Inaugural Address on the Nature and Advantages of an English and Liberal Education* (Toronto, 1842), 22, cited in McKillop, 62.

<sup>93</sup> Ibid.

While his commitment to dogmatic principles was more dubious, given his endorsement of non-sectarian education, among other considerations, Charles Duncombe shared many of Egerton Ryerson's views on institutional utility. Just as Ryerson sought to mobilize his university against the advance of heretical tendencies in Upper Canadian society, Duncombe hoped that a new system of natural theology would rejuvenate the province's schools, which "want in character ... respectability ... [and] permanency." The present system, Duncombe argued, was "radically defective" and tended "to beget and foster a criminal selfishness."<sup>94</sup> The reformer maintained that there were two principle objects to education: "the good of the individual educated, and the good of the world."<sup>95</sup> What Ryerson and Duncombe did not share was the latter's inclination towards a somewhat radical argument from utility divorced from the Scriptures, embodied in his goal "to carry into all departments of human life, the economy of God."<sup>96</sup> It was an economy that was not to be found in the Bible, but rather in the study of nature and an emphasis on the modern sciences over works of classical literature and philosophy.

Like Paley, to whom his several works of social reform were deeply indebted, Duncombe adopted a self-sufficient natural theology which bore no apparent allegiance to religious doctrine. Rather, Duncombe argued from utility, maintaining that the purpose of education was to find evidence of God's will in nature, and consequently to find in nature His blueprint for social improvement. In his *Principles of Moral and Political Philosophy* [1785], Paley argued that "that what promotes the public happiness ... is agreeable to the fitness of things, to nature, to reason, and to truth ... [and] that what promotes the general happiness, is required by the will of God."<sup>97</sup>

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<sup>94</sup> Duncombe, *Report upon the subject of Education* (Toronto: M. Reynolds, 1836), 22.

<sup>95</sup> *Ibid.*, 15.

<sup>96</sup> *Ibid.*, 29.

<sup>97</sup> William Paley, *The Principles of Moral and Political Philosophy* (Boston: John West & co., 1810), 56-7.

Society's organization depended upon a deeper understanding of God's plan for the universe. God may have been a watchmaker, but upon the intricate mechanism of the universe was nevertheless writ His indelible plan—not only for the design of “the most humble and insignificant organisms,” but also for human society.<sup>98</sup> Duncombe emphasized this tenet of Paleyan anthropic cosmology in his own proposals for educational reform. “Whenever love to God, and the desire to do His will, is the regulating principle of the mind,” he wrote in his *Report upon the subject of Education* [1836], “men are prepared for Heaven; and ... without this character no happiness is to be hoped for in a *future state*.”<sup>99</sup> Duncombe feared the consequences of a society guided only by secular principles, or worse, by a frenzied state of emotion of the kind induced in a Methodist camp. He also took to heart Paley's warning against establishing a “system of morality independent of a *future state*.”<sup>100</sup>

Despite their radical overtones, then, and their close intellectual similarities to Ryerson's own reform writings, Duncombe's reform protocols were grounded firmly in the familiar (and eminently palatable) language of conservative, communitarian values derived from contemporary British thought. Paley's *Natural Theology* [1802] may have been criticized by Anglican scholars for its negligence of the Scriptures, who compared it to the radical theology of Thomas Paine,<sup>101</sup> but there is no evidence to suggest that Duncombe's peers in the Upper Canadian government read any such radical political sentiment into Duncombe's reform doctrine. In fact, unlike Ryerson's reforms, which reeked of Methodism and thus antagonized members of the province's politically conservative Anglo-Tory elite, Duncombe's more

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<sup>98</sup> Ibid.

<sup>99</sup> Duncombe, *Report upon the Subject of Education*, 50. Emphasis added.

<sup>100</sup> William Paley, *The Works of William Paley*, vol. III (London, 1830), 37-41. Emphasis added.

<sup>101</sup> Aileen Fyfe, “The Reception of William Paley's ‘Natural Theology’ in the University of Cambridge,” *The British Journal for the History of Science* 30, no. 3 (September 1997): 323.

ambiguous call for a return to religious principles retained a universal appeal which would serve him well in galvanizing a bipartisan Assembly. His call for a return to religious principles, however shrouded in the language of natural theology, was a welcome balm for the political infidelity and atheism that were perceived around every corner by the more conservative factions of the House of Assembly. And for those more politically radical elements, the social conservatism inherent in Duncombe's missive proposed a non-threatening, and importantly non-sectarian, appeal to commonly-held views about the need for a marriage of religious and secular principles—views held by political conservatives and radicals alike.

Duncombe's Paleyan argument from utility was absent from his *Report on Lunatic Asylums*, but his utilitarian appeal to the "quiet, good order, and happiness of the community" was not. Historian Ian Radforth has observed that Utilitarianism had entered the mainstream of English-speaking culture by the 1830s.<sup>102</sup> Duncombe's mobilization of Benthamian utility—in particular the greatest-happiness principle—surely would not have been lost on his audience, then, but neither would his emphasis upon the Paleyan conception of moral obligation have escaped the congregated assemblymen, each acutely attuned to prevailing ideas of Christian duty. Much of the social and political identity of each of the assembled members of the Assembly was premised upon the performance not only of the desirable attributes of their elite social standing, but also of a detached, gentlemanly benevolence rooted in Christian ideals.<sup>103</sup>

And while Paleyan ethics took a back seat to quantitative analysis in his report on asylums, Duncombe was careful to open his report with a commendation of the "generous,

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<sup>102</sup> Ian Radforth, "Sydenham and Utilitarian Reform," 67.

<sup>103</sup> For more on the performance of identity (and particularly upper-class, masculine identity) in the Upper Canadian political sphere, see Cecilia Morgan, *Public Men and Virtuous Women*, 69-91.

disinterested philanthropy of many gentlemen in the United States”—a challenge, in the ears of his loyal and patriotic colleagues, to be even more generous, even more disinterested than their American counterparts.<sup>104</sup> Duncombe also presented his proposals on asylums and education within mere days of one another; the two documents were self-referential, with the report on asylums alluding to the numerous advantages of his educational reform protocols rooted in ideas of Christian obligation and the theological utilitarianism of William Paley:

many of the pains and afflictions of this life might be obviated; practical morality and christianity promoted; civil, political, and religious rights preserved; and the peace, prosperity, and happiness of a nation increased, just in the same ratio as practical knowledge is diffused among the people.<sup>105</sup>

Duncombe’s appeals for educational reform and asylum reform would thus have registered to the members of the Assembly as complementary, if not entirely reciprocal. Duncombe’s asylum reform doctrine was imbued with the same ideas of Christian philanthropy which underscored his educational reforms: the new institution’s social utility was predicated largely upon a statistical analysis of American hospitals, yes, but also upon Paleyan notions of moral obligation. These notions would have been more than recognizable to Duncombe’s fellow assemblymen, who shared in common a sense of reciprocal obligation deeply rooted in Christian doctrine.<sup>106</sup> The philosophy of theological utilitarianism present in Duncombe’s report—represented by his appeal to the moral obligations decreed by God which would increase the happiness of society—also buttressed Duncombe’s appeal to the more secular variety of institutional utility present in his discussion of cure rates and social productivity.

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<sup>104</sup> Duncombe, “Report on Lunatic Asylums,” 2.

<sup>105</sup> *Ibid.*, 1-2.

<sup>106</sup> William Westfall, *Two Worlds: The Protestant Culture of Nineteenth-Century Ontario* (Kingston: McGill-Queen’s University Press, 1989), 192.

The idea that a benevolent enterprise such as the asylum would satisfy the Christian obligations of both the province's authorities and their god-fearing constituents was readily apparent in public discourse around asylum reform, particularly towards the close of the 1830s. With the notable exception of the banking conspiracy printed in the *Montreal Courier* in 1836, what little attention the asylum was given in Canadian newspapers expressed a temperate appreciation for the institution's appeal to Christian notions of charity. The *Kingston Chronicle & Gazette* observed in February 1835 that "an institution, where that unhappy class of our fellow creatures who have lost their reason, could be protected and reclaimed, would be a public blessing—for the granting of which our Representatives would receive the thanks of every benevolent heart."<sup>107</sup> An 1831 article in the *Canadian Freeman* similarly asserted that the establishment of an asylum in Upper Canada "must be pleasing news in every philanthropic breast," and praised the "benevolence of His Excellency [John Colborne] for his promise to establish an asylum at York."<sup>108</sup> (It was a promise that Colborne ultimately failed to keep.)

Members of the press were not alone in acknowledging the benevolent and philanthropic aspects of both asylum reform and those who promoted it. In his 1830 appeal for the removal of three insane women from the basement of the York jail, William Lyon Mackenzie appealed to a sense of Christian duty among his fellow assemblymen: "Their confinement is severe beyond that of the most hardened criminal, although their situation entitles them to a double portion of the favorable regard of all in whom the blessing of reason has been restored."<sup>109</sup> Lieutenant Governor Sir Francis Bond Head was even more explicit in his indication of a Christian obligation for asylum reform. In his opening address to the reconvened House of Assembly late

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<sup>107</sup> *Kingston Chronicle & Gazette*, 25 February 1835.

<sup>108</sup> *Canadian Freeman*, 9 June 1831.

<sup>109</sup> Mackenzie, "Report on petition of prisoners in gaol at York," 162.

in 1836, Bond Head outlined in clear terms nothing less than a divine sanction for asylum care in Upper Canada:

Having been made aware that cases of neglected misery and distress have long existed within the Province, from want of some place of public refuge for those of our fellow creatures; to whom, in His Divine Providence, the Almighty, by depriving them of reason, has given peculiar claims upon our care, I feel satisfied that the necessity of establishing a Provincial Asylum for Lunatics, need only be suggested, to receive your benevolent consideration.<sup>110</sup>

These “peculiar claims” did not prevent Bond Head from declaring only a month later to a newly appointed select committee headed by Captain William Dunlop that “there are no means within my control, by granting land or otherwise, out of which a Lunatic Asylum could be supported,”<sup>111</sup> yet his appeal to Christian sensibilities was nevertheless consistent with those expressions of obligation presented in the papers, by William Lyon Mackenzie some years earlier, and by Charles Duncombe in his report on asylums. Though the theological utilitarianism of Duncombe’s asylum reform was more muted than in his works of educational reform, his assurances that the asylum would contribute not only to the improvement of Upper Canadians’ happiness and security but also to the betterment of their mortal souls lent his proposals further credibility and urgency amongst his fellow assemblymen. The promise that their contributions to the asylum project would place them in the company of the generous, disinterested philanthropists of the United States surely would not have detracted from their sense of national pride and their own genteel masculinity, either.

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<sup>110</sup> *Correspondent & Advocate*, 9 November, 1836.

<sup>111</sup> *Correspondent & Advocate*, 7 December, 1836.

### *Conclusions*

After 1836, asylum care was by all appearances the accepted solution to lunacy management in Upper Canada. Although renewed support for asylum reform by the House of Assembly in 1838 was met with parsimonious requests for amendments by the Legislative Assembly, the notion that a lunatic asylum was a viable state institution had clearly taken hold. It was in May of the following year that the Asylum Act was finally passed, providing for a public asylum to be supported by an annual tax and managed by a government-appointed Board of Directors.

The path to asylum reform in Upper Canada was neither straight nor clearly marked. Never mind that the Provincial Asylum embodied in the Asylum Act was not even properly completed until 1850, removed from the golden era of asylum reform by a decade of scandal and acrimony—the asylum as described in the statute was itself the product of ten years of deliberation and negotiation. The proposed asylum became as a mirror, in which the various social, cultural, and political aspirations and anxieties of mid-century Upper Canadians were made manifest. The institution met the requirements of emerging international developments in the medical and/or moral treatment of insanity, certainly, but the ideological continuity between asylum reform and existing projects of poor relief, institutional reform, and emigration reform speak to the role of localized socio-demographic contexts in the formation and gradual acceptance of a distinctly Upper Canadian variety of asylum reform. The notion of a therapeutic (ie. medical) asylum, in particular, situated asylum reform within broader discourses of poor relief and social welfare reform in the province. Charles Duncombe's emphasis upon the social utility of the lunatic asylum, which was itself premised upon its statistical, therapeutic potential, illuminates one way in which asylum care resonated with traditions of conservative paternalism in the province. Yet asylum advocates were careful not to situate the institution firmly within a



partisan framework, for fear that the institution's political advantages might be thought to outweigh its public advantage. As it was, a body such as the Home District grand jury—comprised of a majority of Tory élites, but also the notable and outspoken Reformer, Jesse Ketchum—was able to agree upon the utility and necessity of a public lunatic asylum.

Finally, Duncombe's *Report on Lunatic Asylums*, as well as his *Report upon the Subject of Education*, indicate how asylum reform was seamlessly woven into broader discourses of charity and moral obligation. The next chapter will elaborate upon the role of social performance, and the integration of Christian notions of charity with contemporary ideals of professionalism, in the enactment of asylum reform and the early management of the lunatic asylum. For now, however, it is enough to identify that Duncombe's appeal to Paleyan utility was consistent with the broader mobilization of Christian apologetics against the threat of moral and religious destabilization within the province.

The fragmented appeal of the idealized asylum—to notions of Christian obligation, medical advancement, conservative paternalism, and institutional rationalization—was perhaps the greatest strength of asylum reform throughout the 1830s. Because the asylum ideal carried a bipartisan appeal, because it represented a non-sectarian fulfilment of religious obligation, and because it promised both humanitarian care and social control, no single aspect of asylum care presented enough of a threat to any social or political platform to guarantee the demise of asylum reform at the hands of an unscrupulous or self-interested politician. Quite the opposite, the amorphous, unfixed nature of the asylum ideal gave asylum reform a broad and growing appeal throughout the 1830s.

**Chapter IV**  
**“A theatre of party bickerings”**  
**Toronto’s Asylum in Upper Canadian Political Culture**

When it first opened its doors on 17 January 1841, Toronto’s Provincial Lunatic Asylum was already firmly established in popular and political discourse as a “public blessing,” deserving of the “thanks of every benevolent heart.”<sup>1</sup> Throughout North America, the inauguration of one public asylum after another similarly “gladdened the hearts of the benevolent.” A sympathetic and optimistic public looked to a new class of medical men, with their promises of impossibly high cure rates, for answers to the “terrible secrets of insanity.”<sup>2</sup> Asylum doctors were widely commended for their disinterested and generous character, an image carefully encouraged by the Association of Medical Superintendents of American Institutions for the Insane (AMSAI), an organization assembled in 1844 to standardize and consolidate the emergent profession.<sup>3</sup> To a public largely convinced of its collective Christian obligation to the insane, the doctors of AMSAI appeared “composed of men whose outward appearance bespoke their character. Love for the afflicted of their race, kindness and benevolence were written in their countenance.”<sup>4</sup> Individual doctors were praised for their “urbanity and gentleness of disposition.”<sup>5</sup> They were, by and large, model gentlemen and professionals: “kind and courteous,” vigilant, and humane.<sup>6</sup>

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<sup>1</sup> *Kingston Chronicle & Gazette*, 25 February 1835.

<sup>2</sup> *Voice of Freedom* [Montpelier, VT], 23 October 1845.

<sup>3</sup> Constance McGovern, *Masters of Madness: Social Origins of the American Psychiatric Profession* (Hanover: University Press of New England, 1985), 61; 205n2. McGovern writes that asylum superintendents, more than other medical professionals, relied upon a carefully curated gentlemanly “character” to advance their professional interests, as their field of medicine was lesser-known and still, to many other medical practitioners, scientifically dubious.

<sup>4</sup> *New-York Daily Tribune*, 16 May 1846.

<sup>5</sup> *Alexandria Gazette*, 23 May 1843.

<sup>6</sup> *The North-Carolinian*, 8 October 1853.

There were always those who questioned the economy of public asylums, but early popular appraisals of asylum care largely echoed the sentiments of asylum administrators. For example, the trustees of the Vermont Asylum for the Insane declared in December 1842 that “we consider it no longer necessary to prove the importance and necessity of this institution to the State, nor its utility to those who are afflicted with this severest of human sufferings.”<sup>7</sup> William Beverley Robinson was not alone in proclaiming the lunatic asylum to be a noble work. “It becomes us as Christians and citizens,” wrote the editor of South Carolina’s *Edgefield Advertiser* in 1842, “to employ all proper means to alleviate the sufferings of those of our friends and neighbours who are bereft of reason.”<sup>8</sup> It is jarring, then, to read the bitter condemnations of asylum superintendents published in the same papers not two decades later. The editor of the *Daily National Democrat* declared in 1859 that “a man that receives \$5,000 per year—not to speak of free quarters and other accessories—from the State, may elicit the admiration of those who partake in his hospitality; but that he deserves praise for simply performing legitimate duties may well be doubted.”<sup>9</sup> Yet it is not ultimately surprising that many observers had grown wary of lunatic asylums, least of all the Insane Asylum of California disparaged in the *Democrat*. The previous medical superintendent at that asylum, Dr. Samuel Langdon, retired in infamy in 1857 after losing a duel against his assistant physician.<sup>10</sup> Though they rarely engaged in activities quite as dramatic as duelling, the personal and professional defects of North American medical superintendents slowly but surely wore away at the veneer of early reform enthusiasm.

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<sup>7</sup> *Vermont Phoenix*, 23 December 1842.

<sup>8</sup> *Edgefield Advertiser*, 22 June 1842.

<sup>9</sup> *Daily National Democrat* [Marysville, CA], 10 February 1859.

<sup>10</sup> *An Illustrated History of San Joaquin County, California* (Chicago: The Lewis Publishing Company, 1890), 189.

In Upper Canada, pistol duels were substituted with body snatching, embezzling, and even an alleged assassination attempt, but all to the same effect. The public came gradually to see the asylum as a political space. In 1851 Charles Lindsey, editor of Toronto's *Examiner*, summed up public feeling about the Provincial Lunatic Asylum when he called it "a theatre of party bickerings."<sup>11</sup> Much the same as in other North American locales, the lustre of the lunatic asylum at Toronto had all but faded as early as the 1850s. For many North Americans, questions of political favouritism, personal profit, and general corruption became gradually inseparable from the nobler works of the lunatic asylum. The asylum profession was in a state of transition, as the material realities of the administration of lunatic asylums and their place within the socio-political contexts of their host societies became ever clearer. In Toronto, connections between the asylum and the city's political culture were forged through traditional systems of patronage, as its commissioners, servants, and medical staff initiated reciprocal patron-client relationships arranged to capitalize on the institution's wealth of material, professional, and political resources.<sup>12</sup> The Provincial Lunatic Asylum offered many opportunities for socio-economic mobility, political influence, and professional advancement, making it an ideal site for the negotiation of social and political power.

*Negotiating Professional Authority at the Asylum: The Case of Doctor William Rees*

When the Provincial Lunatic Asylum opened in its temporary home at the old York jail in January 1841, Dr. William Rees commenced his duties as the institution's first medical superintendent. Rees's path to employment at the asylum was fairly typical of a physician

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<sup>11</sup> "Weekly Retrospect," *Examiner*, 5 April, 1851.

<sup>12</sup> Sharon Kettering, "The Historical Development of Political Clientelism," *The Journal of Interdisciplinary History* 18, no. 3 (Winter 1988).

seeking a comparable appointment at a public hospital, and as typical as could be for a man in his specialized field of medicine. Because lunatic asylums were a relatively novel innovation, there was no *typical* career path to asylum superintendence. Nevertheless, aspects of Rees's career reflected general trends in the medical profession. Rees engaged in a process of proto-specialization typical of early asylum doctors. Specialization of any kind was regarded by most medical practitioners with some skepticism, however, a sentiment which was often anathema to the professional career of a would-be specialist.<sup>13</sup> Thus, like many other contemporary physicians, Rees also relied upon his participation in upper-class social networks to ensure his professional advancement. Rees's deliberate mobilization of patronage power was reflective of the broader systems of professional and political authority which exerted themselves within public institutions like the Toronto asylum.

Rees received his medical education in England as an apprentice to Sir Astley Cooper, a renowned surgeon and anatomist. Shortly after completing his education, Rees set out for British North America. There are several possible reasons for this move: the young doctor may have fled an overcrowded "medical marketplace" in England, or he may have been encouraged by colonial authorities to depart for the colonies as an "agent of Empire."<sup>14</sup> After emigrating to Lower Canada in 1819, Rees worked at the port of Quebec as an immigration health officer in the early 1820s before moving to York, where he passed the Medical Board of Upper Canada's licensing examinations in 1830 and transitioned into work as a general practitioner. He purchased the medical practice of Dr. John Porter Daly and settled into his new life as an urban physician.<sup>15</sup>

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<sup>13</sup> Rosenberg, *The Care of Strangers*, 169-75.

<sup>14</sup> M. Anne Crowther and Marguerite W. Dupree, *Medical Lives in the Age of Surgical Revolution* (Cambridge, UK: Cambridge University Press, 2007), 2-5.

<sup>15</sup> William Ormsby, "REES, WILLIAM," in *Dictionary of Canadian Biography*, vol. 10, University of Toronto/Université Laval, 2003.

At this time, Rees began to establish personal and professional relationships with a cross-section of York and Upper Canada's governing class. In 1831, he co-founded the York Literary and Philosophical Society (YLPS) with Dr. William "Tiger" Dunlop and Charles Fothergill, both established and well-connected "public men" whose friendship proved invaluable in the development of Rees's professional career and his respectable public image within the close-knit social circles of early nineteenth-century York.<sup>16</sup> Participation in the YLPS enabled Rees to develop "fraternal ties" with other members and establish himself more firmly as a "professional gentleman," a social status which historians have argued was essential to success within the competitive early nineteenth-century medical profession.<sup>17</sup> These bonds of masculinity, forged through mutual participation in public life, also gave Rees access to channels of influence which would be essential to the future realization of his professional ambitions.

Rees made a conscientious effort in the 1830s to qualify and promote himself not only as a professional gentleman, but also as an asylum doctor. He was an early and vocal advocate for asylum reform, petitioning the government to support the construction of a public lunatic asylum in Toronto throughout the 1830s, and even offering to donate a plot of land for the use of an asylum in 1837.<sup>18</sup> In January 1840, after the passage of the Asylum Act, he tendered his application for the position of medical superintendent at the proposed asylum. At this time, Rees

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<sup>16</sup> Heather Murray, *Come, Bright Improvement!: The Literary Societies of Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 2002), 41; Suzanne Zeller, *Inventing Canada: Early Victorian Science and the Idea of a Transcontinental Nation* (Montreal: McGill-Queen's University Press, 2009), 22; Morgan, *Public Men and Virtuous Women*.

<sup>17</sup> Terbenche, "A soldier in the service of his country," 105; R.D. Gidney and W.P.J. Millar, "The Reorientation of Medical Education in Late Nineteenth-Century Ontario: The Proprietary Medical Schools and the Founding of the Faculty of Medicine at the University of Toronto," *Journal of the History of Medicine and Allied Sciences* 49, no. 1 (January 1994): 76. See also Gidney and Millar, *Professional Gentlemen*.

<sup>18</sup> Jameson, *Winter Studies and Summer Rambles in Canada*, vol. 1, 167.

also began to treat the 17 insane inmates confined in Toronto's jail (per the 1830 Relief of Insane Persons Act) on a voluntary basis.<sup>19</sup> The physician's proclivity for charity was indisputable. He established himself as a generous philanthropist by providing free vaccinations and medical advice to the poor from his rooms at Market Square on King Street and constructing a wharf for the reception of emigrants in 1837.<sup>20</sup> There is little reason to doubt Rees's earnest charitability. He would also have been cognizant of the professional advantages of his charitable work at the jail, however, which provided him with valuable clinical experience in the treatment of insanity—a fundamental step forward in his medical specialization.

At some point in the late 1830s, Rees also “travelled over Europe, (at his own expense), to investigate the various institutions of the kind” at which he would later seek employment.<sup>21</sup> Other participants in this early, informal practice of professional networking included such eminent North American alienists as Pliny Earle, Amariah Brigham, and Isaac Ray, to name only a few.<sup>22</sup> Like many of his contemporaries in the field of asylum medicine, Rees believed that “the true guide” for asylum management “must be sought from the practice pursued in the improved Institutions of Europe.”<sup>23</sup> By 1840, an elaborate network of “scientific and professional travellers” was established between asylums and hospitals for the insane in Britain, Europe, and North America.

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<sup>19</sup> Terbenche, “A soldier in the service of his country,” 112.

<sup>20</sup> Ibid., 106; William Canniff, *The Medical Profession in Upper Canada, 1783-1850* (Toronto: William Briggs, 1894), 570-1.

<sup>21</sup> *Report of the Select Committee of the Legislative Assembly, in the Case of Dr. Rees*, 21.

<sup>22</sup> The accounts of their respective travels comprised the basis for the professional organization and design of many of North America's asylums, particularly those under their medical stewardship. See Pliny Earle, *A Visit to Thirteen Asylums for the Insane in Europe* (Philadelphia: J. Dobson, 1841); Amariah Brigham, *Journal of Amariah Brigham from Feb. to Aug. 1829, while on Tour in Europe*, McGill Library, Osler Microform 219.

<sup>23</sup> “Copies of all Correspondence between the Commissioners ... and all other documents relating to the appointment and dismissal of Dr. Rees,” *JLAPC* (1849), appendix F.F.F.

This informal professional network formed the basis not only for a *de facto* clinical education in modern lunacy treatment (where no formal educational was yet available), but also for the early professional regulation of asylum medicine through inspection and observation by established asylum doctors.<sup>24</sup> It also substantiated asylum doctors' claims to expertise, distancing them from non-specialists and carving out a unique sub-field in medicine. The practice predated the formation of AMSAII in 1844 by several decades, but the Association of Medical Superintendents eventually routinized professional travels through the organization of annual conferences and official inspections. Rees frequently appealed to the experience accrued through his scientific travels in later defenses of his medical qualifications and institutional authority. These early psychiatric networks, and the popular accounts of professional travelers like Brigham and Earle, helped to construct a respectable professional identity for asylum superintendents and solidify them within the popular imagination as empirical and trustworthy men of science.<sup>25</sup>

When Lieutenant-Governor George Arthur approved the Assembly's request to establish a temporary asylum pending the construction of a permanent building, Rees was offered the position of medical superintendent. He was reasonably qualified to conduct the medical treatment of the insane at the time of his appointment, on the basis of his work with the insane inmates at the York jail and his scientific travels throughout Europe. Formal, specialized training in lunacy care was not yet offered by any of Europe or North America's premier medical universities and as such, Rees's meagre clinical qualifications would still probably have surpassed the other physicians who applied for the position. According to an apocryphal claim in

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<sup>24</sup> "Return to an address ... respecting the claim of Dr. Rees," Appendix K.K.K., *JLAPC* (1846).

<sup>25</sup> McGovern, *Masters of Madness*, 127-48.



a memorandum compiled by Rees decades later, he was also offered the position “under the high recommendations of Drs. [Christopher] Widmer & [William] Dunlop.”<sup>26</sup> Given Dunlop’s close associational relationship with Rees through the YLPS, it would come as no surprise if it was Rees himself who solicited his professional recommendation.

Christopher Widmer’s alleged endorsement of Rees is curious, however. The veteran practitioner does not appear to have held the younger doctor in very high esteem. In a private letter dated January 1843, he counselled the attorney general, Robert Baldwin, to pursue Rees’s “present removal” from the asylum, insisting that “the cure of the insane should certainly be consigned to a practical man, with a philosophic knowledge of the treatment of insanity.”<sup>27</sup> There is little evidence to suggest that Rees was any less qualified for the position than other applicants; between his brief clinical experience and his professional travels, Rees had exhausted all of the avenues to medical specialization that were available to him. There may, however, have been some truth in Widmer’s claim that Rees was “smuggled into office” by three of his “sworn friends” on the temporary asylum commission—namely Robert Sympson Jameson, William Botsford Jarvis, and Dr. William Charles Gwynne.<sup>28</sup> Rees may have possessed the necessary qualifications for a medical superintendent, but his competence did not guarantee that favouritism was not also a factor in his appointment.

It is unclear whether Rees actively called upon his “sworn friends” to secure his appointment at the asylum. He became a “good friend” of Jameson’s estranged wife, Anna Brownell Murphy, during her visit to Upper Canada in the late 1830s, and Sheriff Jarvis was a

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<sup>26</sup> *Report of the Select Committee of the Legislative Assembly, in the Case of Dr. Rees*, 13.

<sup>27</sup> Christopher Widmer to Robert Baldwin, [n.d.] January 1843, Baldwin Collection of Canadiana, Toronto Reference Library. Emphasis in original.

<sup>28</sup> *Ibid.* There is nothing in Widmer’s letter, nor elsewhere, to suggest that Rees had any connection to the fourth commissioner, the Toronto architect and businessman John Ewart.

member of the Toronto Mechanics' Institute alongside Dunlop, but the commissioners' documented social connections to Rees are tenuous at best.<sup>29</sup> It would not have been unusual, however, for Rees's friendship with these men to have influenced his appointment, as Widmer alleged. Jameson, Jarvis, and Gwynne were each personally appointed to the temporary asylum commission by Arthur, so their bonds of patronage formed a coherent link between Rees and the lieutenant governor, who Widmer alleged had sanctioned Rees's appointment "sub rosa."<sup>30</sup>

Personal relationships were a common foundation for medical appointments in this period. North American hospitals did not begin to institute competitive examinations for medical appointments until later in the nineteenth century.<sup>31</sup> In Upper Canada, degree requirements for medical appointments were not introduced until the 1860s, contributing to a lack of formal standardization in professional hiring practices.<sup>32</sup> In the early nineteenth century, medical appointments were typically made by hospital trustees or government commissioners, sometimes (but not always) under the advisement of medical professionals. As a result, hospital staffs often comprised what Charles Rosenberg calls "networks of relatives."<sup>33</sup> At the Provincial Lunatic Asylum, this phenomenon could be observed by an accounting of the numerous matrons, stewards, keepers, and other servants bearing the same surnames. Several Cronyns, Devines, Byrnes, and Ramsays populated the asylum's lay staff.<sup>34</sup>

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<sup>29</sup> Jameson, *Winter Studies and Summer Rambles*, vol. 2, 32-3; Richard A. Jarrell, *Educating the Neglected Majority: The Struggle for Agricultural and Technical Education in Nineteenth-Century Ontario and Quebec* (Montreal: McGill-Queen's University Press, 2016), 72.

<sup>30</sup> Christopher Widmer to Robert Baldwin, [n.d.] January 1843.

<sup>31</sup> Rosenberg, "And Heal the Sick: The Hospital and the Patient in the 19<sup>th</sup> Century America," *Journal of Social History* 10, no. 4 (Summer 1977): 446.

<sup>32</sup> Terrie M. Romano, "Professional Identity and the Nineteenth-Century Ontario Medical Profession," *Histoire sociale/Social History* 28, no. 55 (1995): 91.

<sup>33</sup> Rosenberg, "And Heal the Sick," 445.

<sup>34</sup> James Moran, "Keepers of the Insane: The Role of Attendants at the Toronto Provincial Asylum, 1875-1905," *Histoire sociale/Social History* 28, no. 55 (1995): 61.

James Moran suggests that these networks were not necessarily founded in nepotism alone, as existing attendants represented one of the most reliable sources for referrals when hiring new staff.<sup>35</sup> Nevertheless, nepotism and patronage were identified by many physicians as a black mark on the good name of the medical profession. Some practitioners took it upon themselves to hold their colleagues to account for unethical hiring practices. Thomas Wakley, for example, used his popular medical periodical, the *Lancet*, as a platform to expose abuses such as nepotistic appointments to both British medical practitioners and a wider lay audience.<sup>36</sup>

Nevertheless, Widmer's accusations of nepotism were quite audacious. As president of the Medical Board of Upper Canada and chief medical officer at Toronto's general hospital, the well-connected doctor was surely well-acquainted with patronage placements himself. He was appointed to the Medical Board by Sir John Colborne, after all, whom he had previously attended as a private physician.<sup>37</sup> His appointment to the commission to erect an asylum building (per the 1839 Asylum Act) was likely also the result of paternalistic patronage, as George Arthur identified Widmer as one of the "respectables" of the Reform party, and thus a prime candidate in the lieutenant governor's bid to surround himself with loyal moderates.<sup>38</sup> Patronage was a fact of life in the early nineteenth-century medical profession, as in mid-century Upper Canadian society more generally. Physicians seized any opportunity for advancement within a competitive

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<sup>35</sup> Ibid., 62.

<sup>36</sup> Brittany Pladek, "'A Variety of Tastes': The 'Lancet' in the Early-Nineteenth-Century Periodical Press," *Bulletin of the History of Medicine* 85, no. 4 (2011): 561, 567, 582.

<sup>37</sup> Edith Firth, ed. *The Town of York, 1815-1834* vol. 8, 126, 236. See also Tracey L. Adams, *Regulating Professions: The Emergence of Professional Self-Regulation in Four Canadian Provinces* (Toronto: University of Toronto Press, 2018), 59.

<sup>38</sup> Paul Romney, "Widmer, Christopher," *DCBO*; Phillip Buckner, "ARTHUR, Sir GEORGE," in *Dictionary of Canadian Biography*, vol. 8, University of Toronto/Université Laval, 2003.

job market—Rees was not the only doctor to leave England’s overcrowded “medical marketplace,” it seems, and the result was an increasingly crowded Canadian field.<sup>39</sup>

Despite winning the coveted office of superintendent, by the end of 1841 Rees found himself subjected to a deep “pecuniary embarrassment.”<sup>40</sup> Having quit his private practice upon his appointment to the asylum, Rees was largely dependent for his income on the £300 salary promised to the superintendent, yet he was payed irregularly, if at all. Between 1840 and 1845, the superintendent never received more than £225 in yearly wages.<sup>41</sup> That he had also occasionally paid for asylum supplies out-of-pocket only further exacerbated Rees’s financial hardship. Rebuffed in his initial claims for compensation by a largely unsympathetic Board of Commissioners, Rees finally turned to his old friend William Dunlop for assistance. Dunlop wrote to the provincial secretary, Samuel Bealey Harrison, on the superintendent’s behalf in November 1841, explaining that “Dr. Rees, conceiving that you would be more apt to attend to the representations of a representative than his own, has requested me to write to you on the state of the Asylum under his charge.”<sup>42</sup> Dunlop’s frank acknowledgement of the necessity of his representation highlights the entrenched and assumed networks of social and political influence at work in the governance of even the meanest early-nineteenth-century public institutions. His letter also clearly outlined Rees’s active role in the process of remediation.

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<sup>39</sup> Crowther and Dupree, 285-6.

<sup>40</sup> “Return to an address . . . respecting the claim of Dr. Rees,” Appendix K.K.K., *JLAPC* (1846).

<sup>41</sup> Baehre, “The Ill-Regulated Mind,” 137. A comparable annual salary for a physician in Massachusetts or Chicago in the same period was \$600, but Rees’ income was commensurate with the salaries offered to faculty at King’s College in 1843—they were only offered £200. Physicians often supplemented their salaries, which were comparable to working-class wages, with consulting. See E. Brooks Holifield, “The Wealth of Nineteenth-Century American Physicians,” *Bulletin of the History of Medicine* 64, no. 1 (Spring 1990): 80; Canniff, 186.

<sup>42</sup> Dr. Dunlop to the Hon. S.B. Harrison, 22 November 1841, copied in *Report of the Select Committee of the Legislative Assembly, in the Case of Dr. Rees*, 14.

Whether or not Rees's appointment was itself the result of nepotism, the ambitious physician undoubtedly mobilized informal patron-client networks to protect his professional interests once his tenure at the asylum was secured. The social networks that Rees developed in the 1830s through his participation in associations such as the YLPS were thus made coherent by transactions such as Dunlop's performance of vertical political influence and patronage power. The precise nature of the social transactions involved in both Rees's appointment and his later representations is difficult to identify, however. Patronage, of the kind alluded to by Widmer in his letter and enacted in Dunlop's representations on behalf of Rees, was not a uniform social process. Rather, the popular mid-century bugbear of "patronage" evoked a discursively-associated collection of discrete and fluid practices linked by common patterns of patron-client exchange. Thus, as a historically-embedded discursive concept, patronage suggested a relationship of social or political favouritism, but the term was not bound to one specific set of exchanges. The mobilization of patronage power could involve the reasonably straightforward exchange of goods and services (*clientelism*), or it could entail more nebulous transactions involving political power, deference, and authority (*paternalism*).

According to a later exposé of corruption at the asylum published in the *Globe*, Dunlop and Rees were "mixed up ... in pecuniary interests" together.<sup>43</sup> While the doctors' mutual financial obligations may explain Dunlop's involvement in Rees's personal financial troubles, the reciprocal elements of their patron-client bond were also embedded within the classed and gendered associational practices which initially brought them together. The granting of favours, political or otherwise, comprised one of many "class-based expressions of symbolic

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<sup>43</sup> "The Lunatic Asylum," *Globe*, 6 August 1844.

masculinity.”<sup>44</sup> Cecilia Morgan has argued that loyalty—to Crown and Empire—often played out on an associational or inter-personal level: the “respectable gentleman” was differentiated from his irrational and feminized counterparts by his maintenance of the social bonds and responsibilities which were the local and domestic foundations of imperial authority.<sup>45</sup>

Dunlop’s intervention was thus evocative of an underlying and ubiquitous system of inter-class paternalism which “was the basis of the elite’s ideology of social relations.” Much like clientelism, paternalistic exchanges conferred significant material benefits to social subordinates in exchange for their deference and loyalty, in what Bryan Palmer has called the “ostensible *noblesse oblige* of the Tory oligarchy,” albeit with more traditionally symbolic rewards.<sup>46</sup> Dunlop’s performance of the traditional obligations of paternalistic representation may thus have confirmed his masculine, upper-class social identity. His representations were certainly encouraged by Rees for the access that they provided to higher echelons of political authority—his financial hardships could be rectified far more effectively with the support of men like Harrison, who exercised direct authority over the asylum commissioners.

Dunlop’s letter to the provincial secretary was not an isolated act of vertical paternalistic intervention. In April 1845, Dunlop again wrote on his friend’s behalf, this time to Robert Jameson, the acting chairman of the Board of Commissioners. This time, Dunlop requested that Jameson mobilize his own channels of influence to elevate Rees’s financial grievances: “At the beginning of the next Session, if God spares me, I shall commence the Session with [Rees’s

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<sup>44</sup> Kevin B. Wamsley and Robert S. Kossuth, “Fighting It Out in Nineteenth-Century Upper Canada/Canada West: Masculinities and Physical Challenges in the Tavern,” *Journal of Sport History* 27, no. 3 (Fall 2000): 406.

<sup>45</sup> Morgan, *Public Men and Virtuous Women*, 73-5.

<sup>46</sup> Wilton, *Popular Politics and Political Culture*, 9; Bryan D. Palmer and Gaetan Heroux, “‘Cracking the Stone’: The Long History of Capitalist Crisis and Toronto’s Dispossessed, 1830-1930,” *Labour / Le Travail* 69 (Spring 2012): 17.

petition], and it would be much more proper were you and the original Committee to memorialize the Governor General ... to do Dr. Rees justice.”<sup>47</sup> Rees thus also appealed to his “sworn friends” Jarvis and Jameson to bring his professional grievances to the attention of higher authorities, either in person or through mutual acquaintances such as Dunlop. In May 1844, Jarvis called upon Jameson to take some action to alleviate Rees’s financial embarrassments, presumably at Rees’s behest. At some point after Rees’s ignominious departure from the asylum in 1845, Jameson wrote to Henry Sherwood, former MP and mayor of Toronto, requesting that he represent Rees’s interests in the case: “You are at present disconnected with the Government, and therefore may be supposed to be a disinterested advocate.” Jameson concluded his letter by urging Sherwood to “use your proper moral influence in what many deem to be a good cause.”<sup>48</sup>

Rees’s professional success or failure as medical superintendent was almost entirely dependent upon his ability to negotiate the systems of power and influence which shaped the asylum. Rees owed much of his upward social mobility to the representations of his friends. Yet, whereas contemporary accounts of patronage such as Widmer’s tended to depict clients like Rees as the passive recipients of favouritism from above, patronage was an active and mutualistic process which extended beyond the initial act of appointment.<sup>49</sup> Rees’s social mobility may have been constrained by traditional structures of power, but as sociologists Emirbayer and Goodwin remind us, “intentional, creative human action serves in part to constitute those very social networks that so powerfully constrain actors in turn.”<sup>50</sup> Rees’s intentional and creative

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<sup>47</sup> Dr. Dunlop to R.S. Jameson, V.C., 22 April 1845, reproduced in *The Case of Doctor William Rees*, 21.

<sup>48</sup> Jarvis to Jameson, 20 May 1844, and Jameson to Sherwood, [n.d.], reproduced in *Ibid.*, 20-1.

<sup>49</sup> Terbenche, “A soldier in the service of his country,” 99.

<sup>50</sup> Mustafa Emirbayer and Jeff Goodwin, “Network Analysis, Culture, and the Problem of Agency,” *American Journal of Sociology* 99, no. 6 (May 1994): 1413.

engagement within vertical power structures demonstrated the fundamental role of the personal agency of clients within historical patron-client exchanges.

Even so, Rees's social mobility was stymied to some extent by changing popular attitudes towards patronage practices. Although patronage was long understood to be a natural procedure for the consolidation of political power, public opinion in North America was shifting. In the United States, a civil service reform movement emerged from critiques of the so-called spoils system, after the 1829 election of Andrew Jackson saw the replacement of nearly ten per cent of government-controlled postings nation-wide.<sup>51</sup> In Upper Canada, similar stirrings were prompted by the publication of John George Lambton's *Report on the Affairs of British North America* in 1839. In his report, the former governor-in-chief identified the disbursement of a "large number of petty posts" by ambitious local élites as a major contributing factor to the oligarchical rule of Upper Canada by the Family Compact and the destabilization of colonial governance. Durham recommended that patronage power among the local aristocracy be checked, lest the colonial government ultimately "[yield] to this well-organized party the real conduct of affairs."<sup>52</sup>

Durham's report was followed by several high-profile debates about the morality and political utility of partisan patronage, culminating in a heated election in 1844, during which Governor-General Charles Metcalfe's mobilization of patronage to conciliate partisan imbalances in Upper Canada's government became a principal issue.<sup>53</sup> Rees was unfortunately

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<sup>51</sup> Ari Hoogenboom, *Outlawing the Spoils: A History of the Civil Service Reform Movement, 1865-1883* (Urbana: University of Illinois Press, 1961), 7-8; Daniel W. Howe, *What hath God Wrought: The Transformation of America, 1815-1848* (New York: Oxford University Press, 2007), 328-33.

<sup>52</sup> John George Lambton, *Report on the Affairs of British North America from the Earl of Durham, Her Majesty's High Commissioner* (Toronto: Robert Stanton, 1839), 65.

<sup>53</sup> Donald R. Beer, "METCALFE, CHARLES THEOPHILUS, 1st Baron METCALFE," in *Dictionary of Canadian Biography*, vol. 7, University of Toronto/Université Laval, 2003. For contemporary assessments of Metcalfe's policy, see Egerton Ryerson, "Sir Charles Metcalfe



implicated in these broader public deliberations of patronage power when it was alleged that Metcalfe had intervened at the asylum on the superintendent's behalf. Hugh Scobie, the editor of Toronto's *British Colonist*, claimed that Metcalfe had suppressed a report by the commissioners which was critical of Rees.<sup>54</sup> The full extent of the governor general's alleged meddling at the asylum—and of his relationship with Rees—was never clarified by Scobie, but George Brown, editor of the *Globe*, also accused Metcalfe of “attending to *private* representations rather than such as are *official* and *responsible*.” Brown contrasted Metcalfe's “listening and favouritism” with the “harmonious and zealous” efforts of the “gentlemen” on the Board of Commissioners, thus drawing the asylum into the broader political maelstrom of the so-called Metcalfe Crisis.<sup>55</sup> The reports cannot have been favourable to Rees's professional stature as a physician or a gentleman, nor to the asylum's reputation as an institution in the service of public interests.

What ultimately ended Rees's medical career was not the shifting tide of public opinion, however, but rather conflicting patronage arrangements at the asylum. In 1844, tensions between Rees and his servants came to a head. The superintendent had been troubled by insurrection among his staff for years, prompting Dunlop to mention that “the servants are in a state of mutiny” in his communication with the provincial secretary in 1841.<sup>56</sup> One servant in particular, a steward by the name of Napleton, undermined Rees's authority time and again, by entertaining guests in patients' rooms, taking patients on unauthorised excursions into the city, and refusing to acknowledge a servant hired by the superintendent.<sup>57</sup> Rees petitioned the Board to dismiss the

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Defended against the Attacks of his late Counsellors,” *British Colonist*, 30 July 1844; “Mr. Baldwin's Party Character,” *British Colonist*, 5 January 1844.

<sup>54</sup> “The Lunatic Asylum,” *British Colonist*, 13 August 1844.

<sup>55</sup> “The Lunatic Asylum,” *Globe*, 6 August 1844. Emphasis in original.

<sup>56</sup> Dunlop to Harrison, 22 November 1841.

<sup>57</sup> Moran, *Committed to the State Asylum*, 53-6; Baehre, “The Ill-Regulated Mind,” 134-43.

insubordinate steward on several occasions but, as with his financial grievances, these requests fell on deaf ears. Rees later expressed his suspicion that the commissioners were reluctant to grant him the authority to hire or dismiss servants because it would undermine their own preferential hiring practices. According to Rees, the servants would fix contracts for asylum provisions with companies owned by either the commissioners or their associates.<sup>58</sup> It was thus in the commissioners' interests to ensure their continued employment.

The timely appearance in the *British Colonist* of two reports supporting Rees's claims to greater institutional authority marked yet another intentional and creative effort by the superintendent to wrest power from the hands of his servants and the uncooperative commissioners. Published on 26 April 1844, each of the two reports—furnished by the Home District grand jurors and none other than Dr. William Dunlop—affirmed Rees's previous complaints to the commissioners that he lacked the requisite authority to properly manage the asylum.<sup>59</sup> The jurors offered their assessment that “the efficiency of the Institution is impaired from the absence of a controlling power and authority therein.”<sup>60</sup> Dunlop similarly commented on “the executive influence with which the Medical Superintendent should be invested in such an establishment.” He further observed that “the evils arising from this defect has necessarily produced the greatest embarrassment.”<sup>61</sup> The timeliness of the reports was no happy coincidence, according to several observers. An anonymous letter to the paper attributed their publication to “a trick of the Medical Superintendent.” Suggesting that Rees had mobilized “the influence he possesses over some of the Commissioners” to evade an inquiry into his medical practices, the

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<sup>58</sup> Moran, *Committed to the State Asylum*, 55.

<sup>59</sup> *Ibid.*, 53.

<sup>60</sup> “Presentment of the Grand Jury,” *British Colonist*, 26 April 1844.

<sup>61</sup> “Dr. Dunlop's Report,” *British Colonist*, 26 April 1844.

pseudonymous *Honesty* concluded that “I verily believe that Dr. Dunlop was imposed upon by gross misstatements when he was induced to pen that letter.”<sup>62</sup> The Board of Commissioners also expressed their conviction that Rees was the originator of the two reports in their own report, submitted to the *Colonist*.<sup>63</sup>

If Rees did in fact contrive to have the reports published, his plan cannot have proceeded as he had initially hoped. Besides dragging Dunlop’s name through the mud, Rees also exposed George Gurnett, foreman of the grand jury, to public censure. The superintendent subsequently appealed to Gurnett to clear both of their names, provoking the foreman to write that “the statements ... expressed in the presentment (which I believe to be irrefutable) ... had no reference whatever to any observations made by you to me personally, either privately, or as Foreman of that Grand Jury.”<sup>64</sup> Further, Rees’s publication of the reports drew the ire of the Commissioners, who acknowledged that Rees was “desirous of being authorised summarily to dismiss the keepers and nurses.” The commissioners insisted, however, that Rees’s claims of subordination against Napleton were “groundless,” and that he had furnished both Dunlop and the jurors with false information. “It is painful to have to add,” they nevertheless added, “that the gentleman has for a long time by complaints and accusations ... disturbed the harmony that ought to exist between himself and both the steward and the commissioners.”<sup>65</sup>

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<sup>62</sup> “Toronto Lunatic Asylum,” *British Colonist*, 30 April 1844.

<sup>63</sup> “Report of the Commissioners to Governor General on the Grand Jury Presentment, &c.,” *British Colonist*, 9 August 1844.

<sup>64</sup> George Gurnett to William Rees, 14 June 1845, reproduced in “Copies of all Correspondence between the Commissioners ... and all other documents relating to the appointment and dismissal of Dr. Rees,” *JLAPC* (1849), appendix F.F.F.

<sup>65</sup> “Report of the Commissioners to Governor General on the Grand Jury Presentment, &c.,” *British Colonist*, 9 August 1844.

Rees' professional disputes with the commissioners culminated in their decree—with the support of the provincial government—that Rees be demoted to the position of resident physician.<sup>66</sup> Months earlier, Rees had been kicked in the groin by one of his patients, a man named Philander Grant Fitch. The attack left Rees bed-ridden for days and severely incapacitated. Another incident involving a blow to the head by another patient left the doctor similarly debilitated.<sup>67</sup> Between his physical injuries and now his wounded pride, Rees had seen enough of the asylum—the superintendent resigned his post in October 1845, citing his injuries as the principle reason for his departure, and narrowly avoiding the professional embarrassment of a demotion to resident physician.

Despite his ultimate failure to win his desired authority at the asylum, Rees's canny manipulation of the vertical channels of patronage power demonstrate the doctor's active participation in his own professional development during his time at the asylum. Rees continued to mobilize his social networks to pursue financial compensation from the government even after his resignation. The list of men who provided character references for Rees during his decades-long pursuit of restitution, or who otherwise offered general support for his claims to remuneration, included not only Dunlop, Jarvis, and Jameson, but also powerful local and provincial authorities such as the Archbishop John Strachan, John A. Macdonald, and John Beverley Robinson, among others.<sup>68</sup> Rees's financial claims against the government were never resolved, however, and were finally dismissed upon his death in 1874.

An analysis of Dr. William Rees's medical career highlights his own agency in navigating the external social and political networks which governed power and authority within

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<sup>66</sup> *Ibid.*, 56.

<sup>67</sup> "Return to an address . . . respecting the claim of Dr. Rees," Appendix K.K.K., *JLAPC* (1846).

<sup>68</sup> *The Case of Doctor William Rees*.

the asylum, but it also points to the intersection of several discrete channels of influence within the asylum. In a letter to the provincial secretary dated 4 April 1845—only months before his resignation in October—Rees alleged that the commissioners had mobilized their influence over the steward, Napleton, to secure preferential contracts between the asylum and companies owned by their friends, families, and themselves. Rees’s recommendation to dispense with the office of the steward completely (and thus with Napleton) and contract directly with vendors for supplies was rejected outright by the commissioners. Their private financial interests in the asylum thus directly contributed to a “network of insubordination” at the institution.<sup>69</sup> Rees’s threat to their profiteering also likely contributed to his premature departure from the asylum. His allegations of petty patronage were echoed by several of his successors throughout the 1840s, indicating not only that these practices were real, but also that they were deeply rooted in the institutional authority of the commissioners.

### *Profit & Patronage*

Throughout the 1830s, North American asylum reform discourses largely fixated on the therapeutic and philosophical possibilities of asylum care. Hopeful discussions of “gentlemanly, disinterested philanthropy,” astronomical cure rates, and Christian benevolence largely eclipsed cynical rumblings of fiscal impracticability and corruption. The most notable exception to the general optimism of the Canadian public was a conspiracy published in the *Montreal Courier* in May 1836, in which it was posited that the “disgraceful self-interest” of the Legislative Council had led them to prevent the establishment of new banks by endowing a lunatic asylum, thus

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<sup>69</sup> Rees to Provincial Secretary, 4 April 1845, cited in Moran, *Committed to the State Asylum*, 55.

protecting their interests in existing banks.<sup>70</sup> Here, the assumed disinterested philanthropy of the lunatic asylum was confronted with the economic consequences of asylum reform.

Prior to the passage of the Asylum Act in 1839, the asylum ideal existed almost entirely within a “politically ‘cathected’ space,” where discursive definitions and practices were largely divorced from the practical considerations of their material implementation.<sup>71</sup> After the Asylum Act, however, the asylum ideal was gradually reified through the process of constructing a physical asylum building. With this physical materialization came a new awareness of the asylum’s economic and political utility. It soon became apparent that the asylum offered numerous opportunities for personal profit, from the control of countless lucrative contracts for its construction and provisioning to the mobilization of free patient labour and access to other valuable resources such as alcohol, food, and cadavers. Involvement in the management of the asylum was thus understood less frequently as an act of “generous, disinterested philanthropy” and more frequently as one of “disgraceful self-interest.”

Early in October 1839, the papers announced that George Arthur had appointed John Macaulay, Alexander Wood, and Dr. Christopher Widmer to a Board of Commissioners tasked with the construction of a model lunatic asylum in Upper Canada.<sup>72</sup> Not one week passed before one of the commissioners was publicly accused of exploiting the asylum for personal gain. Hugh Scobie warned Macaulay and Wood that their fellow commissioner, Dr. Widmer, had “shewed his tact and management already, when he contrived to gull the magistrates of the District into the belief, that *marsh miasmata* do not produce ague or other fevers, and that the borders of an

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<sup>70</sup> Reprinted in the *Correspondent & Advocate*, 4 May 1836.

<sup>71</sup> Dennis Sweeney, “Reconsidering the Modernity Paradigm: Reform Movements, the Social, and the State in Wilhelmine Germany,” *Social History* 31, no. 4 (November 2006): 410.

<sup>72</sup> *British Colonist*, 9 October 1839.

extensive foul swamp [in Toronto's east end] were as healthy and desirable for the habitation of man, as any other spot on *terra firma*.”<sup>73</sup> Widmer's insistence that the asylum should be erected on a swamp flew in the face of contemporary theories of medical geography and the miasmatic origins of disease. The doctor's proposal appears to have been motivated solely by his own self-interest, at the expense of the therapeutic functionality of the asylum. James Macfarlane, editor of the *Kingston Chronicle & Gazette*, later corroborated that “the worthy Doctor ... was fully of opinion that there was no spot in all Toronto so suitable as a certain marsh or swamp in which he was interested.”<sup>74</sup> Rebuffed, perhaps, by Scobie's public censure, Widmer hastily abandoned his attempts to unload his worthless swampland on the government.

Widmer was not discouraged from using his position on the commission to dispense patronage to his friends, however. In a letter dated 5 February 1840, William Macaulay expressed his disapproval of Widmer's ongoing attempts to profit from the construction of the asylum: “I find that Dr. Sampson has been to Toronto about the Lunatic asylum, but he finds that Widmer and Wood are not persuadable material. On the contrary, they are in treaty with Small to build it on a bog.”<sup>75</sup> Indeed, Widmer petitioned the College of Physicians and Surgeons of Upper Canada in 1840 to examine several proposed sites for the lunatic asylum. The College approved each of the sites, particularly one belonging to James Small, the MP for York East and “member

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<sup>73</sup> *British Colonist*, 16 October 1839.

<sup>74</sup> “Site of the Lunatic Asylum,” *Kingston Chronicle & Gazette*, 4 July 1840.

<sup>75</sup> Dr. Charles Sampson replaced John Macaulay on the asylum commission for unknown reasons in November 1839. Although Rainer Baehre has suggested that Sampson replaced Wood, evidence from contemporary newspapers indicates that it was in fact Macaulay who left the commission. As this letter indicates, Wood was still an active participant in the commission as of February 1840. William Macaulay to John Macaulay, 5 February 1840, Macaulay family fonds, AO, MS 78 Reel 4.

of one of the founding families of Upper Canada.”<sup>76</sup> Widmer and Small were politically and socially affiliated, having campaigned together in the Toronto municipal elections of January 1837.<sup>77</sup> Incidentally, Widmer was also the sitting president of the College of Physicians and Surgeons at the time that it inspected the proposed sites. Despite his attempts to leverage his position on both the asylum commission and the College of Physicians and Surgeons, Widmer was seemingly unable to force a consensus on the location of the asylum. The first Board of Commissioners was dissolved in June of 1840, having been unable to agree on a suitable site.<sup>78</sup> This would not be the end of Widmer’s opportunities to profit from the asylum, as he was later appointed chairman of the Board of Commissioners of the permanent asylum from 1850 to 1853. He was also more than likely involved in the appointment of his friend, John George Howard, as the architect of the permanent asylum building on Queen Street.<sup>79</sup>

The opportunity for profit also extended to the construction of the asylum building. In Upper Canada, as elsewhere, contracts for public works presented lucrative opportunities for the formation of patron-client relationships. The construction of the Grand Trunk Railway, for instance, was undertaken for the most part by small, inexperienced local contractors and sub-contractors under the patronage of agents in the government.<sup>80</sup> The result of such practices was the formation of an oligarchical “commercial elite” who commanded the majority of business in

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<sup>76</sup> Commissioners to the College of Physicians and Surgeons, 16 April 1840, and College to Commissioners, 25 April, 1840, reproduced in Canniff, 142-4; Frederick H. Armstrong, “SMALL, JAMES EDWARD,” in *Dictionary of Canadian Biography*, vol. 9, University of Toronto/Université Laval, 2003.

<sup>77</sup> Paul Romney, “Widmer, Christopher,” *DCBO*.

<sup>78</sup> *British Colonist*, 17 June 1840.

<sup>79</sup> Sharon Vattay, “Defining ‘Architect’ in Nineteenth-Century Toronto: The Practices of John George Howard and Thomas Young” (PhD diss., University of Toronto, 2001), 192.

<sup>80</sup> David J. Hall, “The Construction Workers’ Strike on the Canadian Pacific Railway, 1879,” *Labour/Le Travail* 36 (Fall 1995): 13.



any given district of Upper Canada.<sup>81</sup> In Toronto, a large number of public contracts for building construction were awarded to John Ritchey, a well-connected local alderman whose social networks included powerful local elites such as Henry John Boulton, George Gurnett, and John Strachan.<sup>82</sup> Ritchey availed himself of Toronto's "tight webs of patronage" to secure a lucrative public contracts for the construction of emergency sheds on the grounds of the Emigrant Hospital during the famine migration of 1847.<sup>83</sup> His firm was also responsible for the construction of a number of notable public buildings including Osgoode Hall and King's College.

Ritchey won the contract for the construction of the Provincial Lunatic Asylum in 1846 with a tender of £32,934. The work was to be completed by 1847, according to his initial agreement with the commissioners.<sup>84</sup> Such a large project entailed the contracting of scores of specialized labourers such as glaziers, carpenters, masons, and more, providing Ritchey with the means to initiate further reciprocal patron-client exchanges throughout the process of construction.<sup>85</sup> The final cost of the unfinished asylum building was £75,146, exceeding Ritchey's initial tender by more than £40,000 and three years.<sup>86</sup> That total did not include two wings originally drafted by Howard—those were not completed until 1870. There is no hard

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<sup>81</sup> Frederick H. Armstrong, "The Oligarchy of the Western District of Upper Canada, 1788-1841," in *Historical Essays on Upper Canada: New Perspectives*, ed. J.K. Johnson and Bruce G. Wilson (Montreal: McGill-Queen's University Press, 1989), 518.

<sup>82</sup> John Strachan to John Ritchey, 20 August 1844, Letterbooks of John Strachan, AO, MS 35 Reel 12.

<sup>83</sup> Mark McGowan with Michael Chard, "Great Famine History," Ireland Park Foundation, accessed December 18, 2018, <http://irelandparkfoundation.com/famine-memorial/great-famine-history/>.

<sup>84</sup> Commissioners for Erecting Lunatic Asylum, 1839-1850. Articles of Agreement with Builder, 1846, AO, 20-B-5, Vol. 6.

<sup>85</sup> Commissioners for Erecting Lunatic Asylum, 1839-1850. Specifications for Sundry Works (manuscript), AO, 20-B-5, Vol. 4.

<sup>86</sup> "Statement of the Annual Expenditure for the support of the Temporary Lunatic Asylum at Toronto," Appendix M.M., *JLAPC* (1847); Baehre, "The Ill-Regulated Mind," 104.

evidence to suggest that Ritchey engaged in contract-fixing and patronage, beyond the fact that such practices were common in the mid-nineteenth-century construction industry.<sup>87</sup> However, the public was sceptical of all contractors and authorities involved in the construction and management of the asylum. Toronto's *Daily Leader* estimated that only one-third of the tax assessed for the lunatic asylum actually went to asylum expenses, reflecting that "the balance goes—goodness knows where."<sup>88</sup> The (suspected) influence of patronage was most pronounced within the wards of the asylum itself; first at the temporary asylum in the 1840s, and then again at the completed permanent asylum after 1850. There, two distinct types of patronage unfolded: the more traditionally paternalistic and partisan appointments of favoured medical superintendents, and the largely clientelistic employment of stewards, matrons, nurses, and other asylum staff.

William Rees was succeeded by Dr. Walter Telfer in October 1845. Telfer was considerably less experienced in the care of lunatics than Rees had been prior to his appointment. His qualifications were limited to a brief tour of American asylums in 1846, as well as attendance at the annual conference of the AMSAII. These professional travels occurred after he assumed the post of medical superintendent. Telfer's early medical career in Toronto brought him into the orbit of Christopher Widmer, when he petitioned for the expansion of the Medical Board of Upper Canada and questioned the competence of its existing members. His attacks on the legitimacy of the Medical Board do not seem to have endeared him to Widmer, who resented

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<sup>87</sup> Paul Romney, "'The Ten Thousand Pound Job': Political Corruption, Equitable Jurisdiction, and the Public Interest in Upper Canada 1852-6," in *Essays in the History of Canadian Law*, Vol. 2, ed. David H. Flaherty (Toronto: University of Toronto Press, 1983), 143-199; White, "Information, Markets, and Corruption," *The Journal of American History* 90, no. 1 (June 2003).

<sup>88</sup> "The Provincial Lunatic Asylum," *Daily Leader*, 15 February 1855, quoted in Baehre, "The Ill-Regulated Mind," 106.

Telfer almost as much as he did Rees. In an 1843 letter to Baldwin, Widmer suggested that a King's College Faculty of Medicine which included Telfer would be "the derision of the profession."<sup>89</sup>

Telfer does appear to have fostered beneficial relationships with some of Toronto's medical and political elite, however. Widmer's letter to Baldwin indicated that Telfer enjoyed the sponsorship of Dr. John McCaul, the "effective working head" of King's College under its president John Strachan, as well as the Bishop himself. The two men were apparently "anxious to bring in" Telfer, who had for some time coveted the Professorships of both surgery and anatomy.<sup>90</sup> As with Rees, however, it is difficult to determine the extent to which these relationships contributed to Telfer's appointment at the asylum. He submitted an application for the superintendence in 1840, but was passed over in favour of Rees. During Rees's tenure, he was active in trying to unseat his professional rival. In 1844, he participated in an inquiry into Rees's medical methods and submitting a scathing assessment of his treatments.<sup>91</sup> Like Rees, Telfer was an agent in his own professional advancement, and owed his appointment to some combination of social influence and professional self-promotion.

Telfer was dismissed in March 1848 after being accused by a servant of drinking on the job and stealing asylum provisions. He was replaced temporarily by a local physician, Dr. Francis Primrose, who was subsequently relieved by his (ostensibly) permanent replacement, Dr. George Hamilton Park, three months later in June 1848. Park's ties to the government were more easily discernable than Telfer's. The new superintendent was trained in Canada under Dr. John

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<sup>89</sup> Christopher Widmer to Robert Baldwin, 7 May 1843, Baldwin Collection of Canadiana, Toronto Reference Library.

<sup>90</sup> Ibid.; Geoffrey Bilson, "TELFER, WALTER," in *Dictionary of Canadian Biography*, vol. 8, University of Toronto/Université Laval, 2003.

<sup>91</sup> Baehre, "The Ill-Regulated Mind," 83-6.

Rolph, albeit not in asylum medicine. Rolph had been exiled from Upper Canada for his involvement in the 1837 rebellion, but he returned with a pardon in 1843. Over the following years, he became increasingly influential in party politics, emerging as the *de facto* leader of the Clear Grit wing of the Reform party from 1849 to 1851.<sup>92</sup> It is unlikely that Rolph exercised much influence over the Reform government of Robert Baldwin and Louis-Hippolyte La Fontaine—in fact, he was highly critical of his old friend Baldwin. Nevertheless, Rolph was accused by his political rivals of contriving to place his former student and now brother-in-law, Dr. Park, at the asylum.<sup>93</sup>

Unlike Rees and Telfer, Park's patronage appointment carried obvious (to some) partisan implications, and his patron-client relationship with Rolph entailed transparent material exchange. Rolph's critics surmised that he placed Park at the asylum to secure placements for students of his Toronto School of Medicine. According to some morbid rumours, Park's situation also opened channels for an illicit trade in cadavers between the asylum and Rolph's school.<sup>94</sup> Moreover, Rolph was accused of leveraging his influence over Park to incite discord at the institution with the intention of embarrassing Robert Baldwin's ministry, even stepping in on several occasions as interim superintendent and effecting unilateral staffing changes that were highly unpopular with the Board of Commissioners.<sup>95</sup>

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<sup>92</sup> G. M. Craig, "ROLPH, JOHN," in *Dictionary of Canadian Biography*, vol. 9, University of Toronto/Université Laval, 2003.

<sup>93</sup> *Ibid.*

<sup>94</sup> For more on the links between the Provincial Lunatic Asylum and the Toronto School of Medicine (including the trade in cadavers), and the patronage appointment of George Hamilton Park, see Chapter 5.

<sup>95</sup> R.B. Sullivan to W.W. Baldwin, n.d., cited in Victor Loring Russell et al., "SULLIVAN, ROBERT BALDWIN," in *Dictionary of Canadian Biography*, vol. 8, University of Toronto/Université Laval, 2003.

Park was dismissed amidst great public scrutiny on New Years' Eve, 1848. Like Rees, his downfall came upon the heels of a heated dispute with the Board of Commissioners about the hiring and dismissal of servants by the medical superintendent. Park's vacancy was filled by Dr. Primrose throughout 1849, once again on an interim basis, until the contentious appointment of Dr. John Scott one year later. With no training in lunacy care whatsoever, Scott was both unqualified for the post and the most conspicuous beneficiary of patronage at the asylum yet. His father-in-law, the Reverend John Roaf, was appointed to the Board of Commissioners in 1843. Following the resignation of Dr. William Rees in 1845, Roaf commenced an ongoing campaign to implant his son-in-law as medical superintendent of the asylum. He failed in 1845, and once again in 1848, despite calling upon his influential friends to provide references for Scott. Christopher Widmer wrote to Robert Baldwin on March 14 1848 to attest to Scott's medical qualifications and "moral qualities." "There is no doubt of his being eligible for the appointment he seeks," Widmer told the attorney general, a full 17 days before Telfer's official termination.<sup>96</sup> After Park's unceremonious exit from the asylum, Roaf finally succeeded in securing Scott's appointment in February 1850.

The Reform press was highly sceptical of Scott's appointment, crying corruption from the very beginning. Charles Lindsey, editor of the *Examiner*, proclaimed dramatically that "the 'great chiseller' is triumphant. Things have turned right side up at last. *Dr. Scott, son-in-law of Mr. Roaf, has been appointed Medical Superintendent!*" Calling the appointment "the perfection of chiselling," the *Examiner* also compared Roaf's manoeuvring to the broader partisan melodrama of Canadian parliament: "This ... beats the most brilliant conception of Aylwin

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<sup>96</sup> Christopher Widmer to Robert Baldwin, 14 March 1848, Baldwin Collection of Canadiana, Toronto Reference Library.

hollow.”<sup>97</sup> Thomas Cushing Aylwin was a Reform MP who famously resigned his seat in 1843 in protest against Sir Charles Metcalfe’s handling of patronage. He continued to assail Conservatives in the press for their abuses throughout the 1840s.<sup>98</sup> By invoking Aylwin’s anti-partisan spirit, the *Examiner* thus equated Roaf’s conspicuous patronage abuses with the worst kinds of partisan chiselling amidst the upper echelons of the provincial government.

George Brown likewise condemned Scott’s employment in the *Globe*, stating that “we deeply regret the appointment,” but dismissed Lindsey’s insinuation of a “deep plot” as nothing more than a figment of his fellow editor’s “heated imagination.” Rather, Brown suggested that “the error, it appears to us, is in the system, not in the Commissioners.” Were they empowered to offer a salary fitting of a qualified practitioner, and was the superintendent “not made . . . the mere servant of the Commissioners,” Brown concluded, “it might have been otherwise.”<sup>99</sup> Yet Lindsey was not alone in suspecting that a deeper partisan intrigue was at work within the asylum. The editor of the *Hamilton Spectator* also speculated that the appointment was somehow linked to parliamentary politics: “The son-in-law of the *ruling* Commissioner, who is hardly known as a medical man, is the fortunate individual. The Ministry and their supporters are equally reckless. The one will perform the most outrageous acts; and the other are just as ready to defend the most infamous job that can be perpetrated.”<sup>100</sup> These critiques of Dr. Scott were animated not only by outrage at the corruption of a benevolent public institution, but also by a more general preoccupation with government cronyism. Newspaper readers (and editors) were

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<sup>97</sup> *Examiner*, 27 February 1850.

<sup>98</sup> André Garon, “AYLWIN, THOMAS CUSHING,” in *Dictionary of Canadian Biography*, vol. 10, University of Toronto/Université Laval, 2003.

<sup>99</sup> “The Provincial Asylum,” *Globe*, 28 February 1850.

<sup>100</sup> “The Lunatic Asylum,” *Hamilton Spectator*, 3 March 1850.

not always as interested in the asylum itself as they were in how the asylum reflected broader trends in the partisan disbursement of government patronage.

Upper Canada's emerging party press contributed to the development of a distinctly bipartisan political culture throughout the 1830s. The corresponding emergence of an essentially binary political consciousness of support or opposition for the ruling government contributed to the atmosphere of political paranoia evidenced above, an atmosphere which was only intensified by the very real connections between paper and party.<sup>101</sup> Brown's *Globe* was recognized widely as the official party organ of Baldwin and La Fontaine's Reform Ministry.<sup>102</sup> Deepening fractures within the Reform party brought Brown and the *Globe* into opposition with Lindsey and the *Examiner*, which allied itself increasingly with the ascendant Francis Hincks and the emerging Clear Grit faction of Reformers. The allegations of patronage at the asylum printed in the *Globe*, *Examiner*, *Spectator*, and other papers thus assumed a partisan character which transcended the petty politics of that institution's staff and commissioners. As evidenced above, each of the three papers' editors marshalled Scott's appointment as an opportunity to take their rival editors to task for their own political allegiances. Somehow, in many newspaper articles ostensibly dedicated to discussions of appointments at the asylum, discussion of the asylum itself was often curiously absent.

Did relatively minor civil service appointments within the lunatic asylum present a real advantage for patrons? And how much were reports of petty patronage among the asylum commissioners exaggerated for rhetorical effect? From a practical perspective, patronage appointments could be used to build a base of partisan support. However, patronage was also

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<sup>101</sup> Wilton, *Popular Politics and Political Culture*, 7-8, 19.

<sup>102</sup> George Emery, *Elections in Oxford County, 1837-1875: A Case Study of Democracy in Canada* (Toronto: University of Toronto Press, 2013), 57.

very much a rhetorical weapon, to be wielded with abandon against one's political opponents. Prejudiced though he was by his own party loyalties, George Brown had the measure of partisan mudslinging when he wrote in 1848 that "when the Reformers get into power the Tory officeholder who gets unseated, no matter how good the reason for it, becomes at once a martyr, a most suffering martyr." Tories were not the only ones to invoke the spectre of patronage, however, as evidenced by Brown's own unflattering portrait of puffed up Tories, who took the "pomp and circumstance of office and patronage" and "managed to magnify it in the public eye."<sup>103</sup> The rhetorical and discursive positioning of patronage varied between Tories and Reformers, often aligning with partisan constructions of loyalty and masculinity,<sup>104</sup> but both parties regularly levelled accusations of self-serving patronage abuses with mutual contempt.

Whether they were truly partisan in nature or simply rooted in paternalistic relationships between various asylum commissioners, local élites, and medical practitioners, the appointments of the temporary lunatic asylum's successive medical superintendents in the 1840s exhibited the unmistakable identifiers of patronage exchange. Other appointments at the asylum also bore the hallmarks of patronage, albeit of a more practical and commercial character. Take, for example, Dr. William Rees's arch nemesis, Napleton. The steward was clearly under the protection of the Board of Commissioners, who undermined Rees's ongoing efforts to dismiss his combative and insubordinate servant. To some extent, the protracted struggle between Rees and the commissioners was undeniably the consequence of a complicated and contested structure of institutional authority, as demonstrated by James Moran in his study of the social history of the Provincial Lunatic Asylum.<sup>105</sup> However, as Rees himself contended in his memorials to the

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<sup>103</sup> "Government Patronage," *Globe*, 6 May 1848.

<sup>104</sup> Morgan, *Public Men and Virtuous Women*, 70-88.

<sup>105</sup> Moran, *Committed to the State Asylum*.



provincial secretary, the managerial turmoil at the asylum was also agitated by the existence of conflicting systems of patronage within the asylum. The commissioners were eager to implant their confederates amongst the staff to ensure the arrangement and maintenance of profitable contracts for provisions.

The extent to which the commissioners exploited asylum contracts during Rees's tenure is unclear, given the piecemeal nature of documentation as well as the commissioners' obvious interest in keeping conspicuous arrangements out of the official records. The minutes of proceedings for the commissioners' meetings thus reference applications for tenders, as on 2 May 1842 "for furnishing the temporary Lunatic Asylum with Bread, Beef, and such other articles of provisions as may be required from day to day," but the process of determining vendors was not always similarly recorded.<sup>106</sup> Rees cast some doubt upon the quality of the provisions received by the asylum on at least two separate occasions, as when he recorded on 2 November 1844 that "the potatoes this day supplied the patients are scarcely fit for Swine," and complained again twelve days later that better potatoes ought to be secured by the commissioners. Dr. Park later claimed, after his own dismissal, that this was "the period when the helpless lunatics were fed by contract, at so much per head."<sup>107</sup> Park alleged that by charging to feed patients "per head" and providing inferior foodstuffs, contractors stood to earn an inflated profit at the expense of the patients' well-being.

During his own tenure as medical superintendent, Park charged that the commissioners directly ordered the asylum's staff to disobey the superintendent where matters of profit were

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<sup>106</sup> "Minutes, 24 January 1842 – 9 September 1843," Commissioners of the Temporary Lunatic Asylum, 1842-1846, AO, 20-B-6 Vol. 1.

<sup>107</sup> George Hamilton Park, *Narrative of the Recent Difficulties in the Provincial Lunatic Asylum in Canada West* (Toronto, 1849), 30.

concerned. He later recalled that “the unfortunate inmates of this Institution appear to be made a matter of secondary consideration to that of a paltry patronage to keepers and servants vigorously exercised by the Commissioners.”<sup>108</sup> The keepers, matrons, nurses, steward, and various other staff were thus offered considerable autonomy within the asylum in exchange for their compliance in certain matters of pecuniary interest to the commissioners ... if Park was to be believed. There is little reason to doubt that Park’s allegations of contract-fixing and sanctioned insubordination were at least grounded in reality, if somewhat exaggerated. Evidence of collusion and familial connections between commissioners and staff is too abundant to be ignored. Park recalled an episode when he placed an order of clothing and blankets for the patients. At a later meeting of the commissioners one of their number, Martin O’Beirne, “finding that his son-in-law, Mr. O’Dea, had missed his usual bargains, expressed his dissatisfaction in a manner unbecoming and unjust to me.” On another occasion, the commissioners advertised for tenders for clothing “and after receiving them, violated good faith with the parties, by distributing the orders arbitrarily by way of patronage.” Despite offering the lowest tender, a contractor named Mr. Lawson received only a portion of the asylum’s custom, “Commissioner O’Beirne’s son-in-law getting his share.”<sup>109</sup>

Non-familial kinship could also be the basis for patronage appointments. Besides promoting his son-in-law’s business dealings within the asylum, O’Beirne may also have awarded positions based on associational, religious, and ethnic affiliation. As O’Beirne was the founder of the St. Patrick’s Benevolent Society (1832), Danielle Terbenche suggests that he may have hired Robert and Margaret Cronyn in 1843 as a result of his commitment to helping settle

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<sup>108</sup> Ibid.

<sup>109</sup> Ibid., 44.

Irish-Catholic immigrants.<sup>110</sup> Such a system would not have been unique, as William J. Smyth has observed that ethnically-based patronage was disbursed among Protestant and, to a lesser extent, Catholic-Irish communities in the mid-nineteenth century.<sup>111</sup> O’Beirne certainly appears to have exerted his authority to protect the Cronyns during their employment at the asylum. A keeper named McCormack testified in an 1848 inquiry into the dismissal of Dr. Telfer “that Mr. O’Beirne stated that he would put me out of my situation for not agreeing with the Cronyns.” Ethnic affiliation crept into the commissioner’s furtive business dealings with the asylum as well, as he apparently exploited the Cronyns’ influence to sell low-quality goods to the asylum. Another keeper, John Grieves, testified “that Mr. O’Donohue sold rotten tea at 3d. per pound to Mr. O’Beirne, which was sent to the Asylum.”<sup>112</sup> O’Beirne thus drew from Toronto’s Irish-Catholic community to find loyal subjects for low-level patronage appointments.

The staff appointed by commissioners such as Martin O’Beirne experienced other benefits than employment as a result of their reciprocal patronage exchanges. Several of the servants engaged in their own profit-making enterprises within the asylum. The aforementioned keeper, Mark Craig, sold cabbages to the asylum according to the testimonies of several of his colleagues. John Grieves recalled that “Craig has boasted before me that he got 1s. 6d. more for his cabbages than Dr. Gwynne got from the Steward of the Asylum.” Another keeper, Edmund Byrne, attested that “I know that the Keeper Craig did sell cabbage to the Institution.” Other servants profited from theft rather than contracts for vegetables. When asked if she ever saw Mrs. Cronyn send provisions from the asylum, Bridget Byrne (wife of the keeper Edmund

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<sup>110</sup> Terbenche, “Public Servants or Professional Alienists?,” 60.

<sup>111</sup> William J. Smyth, *Toronto, The Belfast of Canada: The Orange Order and the Shaping of Municipal Culture* (Toronto: University of Toronto Press, 2015), 117-53.

<sup>112</sup> “All papers and correspondence relative to the removal from office of Dr. Telfer, late Medical Superintendent of the Lunatic Asylum at Toronto,” *JLAPC* (1848), appendix G.G.G.

Byrne) said that “I have seen her send apples with Craig, and potatoes to Mrs. Lynch.”<sup>113</sup> Bridget Devine, another servant, spoke of the rampant theft and smuggling committed under the supervision of the Cronyns:

From the time the Cronyns knew that I was aware that they sent articles belonging to the Institution to their relations in the country, they persecuted me. I knew that Mr. O’Beirne sent clothing to the Asylum. McCormack has seen the Matron several times, when he was in the house below, send tinfulls [sic] of tea and sugar from the Institution by the milk boy.<sup>114</sup>

Dr. Telfer was also supposed to have smuggled vegetables and other goods from the asylum, with the assistance of Robert Cronyn. “I have known Mr. Cronyn to send word to Mrs. Telfer to send for potatoes, as he had them good,” Edmund Byrne reported.<sup>115</sup> If the testimonies of various stewards, matrons, keepers, and other staff are to be believed, the asylum under the stewardship of Robert Cronyn was the site of many underhanded business dealings and a source of free goods and services for many workers and their families, all at the expense of the government.

As a result of the commissioners’ petty patronage—in particular Martin O’Beirne’s—the asylum staff came to be dominated in the mid-1840s largely by the city’s emerging Irish-Catholic working class. This ethnic uniformity cannot merely have been the result of economic ambitions or of word of mouth within a tight-knit ethnic community. In her study of asylum workers in late-nineteenth-century Australia, Lee-Ann Monk suggests that co-employment at lunatic asylums allowed family and friends to maintain social relationships.<sup>116</sup> In truth, many of the Toronto asylum’s staff appear to have used the institution as a place of sociability and leisure, relying upon their protection by the commissioners to enable their unprofessional and

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<sup>113</sup> Ibid.

<sup>114</sup> Ibid.

<sup>115</sup> Ibid.

<sup>116</sup> Lee-Ann Monk, “Working in the Asylum: Attendants to the Insane,” *Health and History* 11, no. 1 (2009): 93.

often immoral behaviour. Robert Cronyn was supposed to have attended to his duties on many occasions while drunk. Edmund Byrne reported that “I was often obliged to wait up until a late hour at night on account of Mr. Cronyn’s visitors,” alluding to Cronyn’s use of the asylum as a social space.<sup>117</sup> Mrs. Fergus, the head nurse in 1842, was permitted by the commissioners to “use the cooking apparatus in the asylum for preparing her meals,” despite being granted £25 per annum “in lieu of Board.”<sup>118</sup> All around the asylum were signs that the staff had reclaimed the institution, in many ways, as a social and domestic space.

Ruth Frager has urged historians to examine the “interlocking hierarchies” of gender, ethnicity, and class when considering workers’ adaptation to capitalist society.<sup>119</sup> At the asylum, evidence of the interplay of these social identities in the determination of the character and conditions of labour is abundant. Attendants were aware of the labour precarity associated with their religious and ethnic status, and religious and ethnic hierarchies were sometimes used to enforce the hierarchies of the asylum. Edmund Byrne reported that on one occasion, Robert Cronyn “tried to excite my feelings against the Doctor [Telfer] by saying that he wanted to put all the Catholic servants out of the house ... taking the English plan, to put Irish against Irish.”<sup>120</sup> Mrs. Cronyn, the matron, apparently pretended to be Episcopalian, to exercise greater authority over her Catholic subordinates, but rumour within the asylum was that “she was a Catholic, and

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<sup>117</sup> “All papers and correspondence relative to the removal from office of Dr. Telfer, late Medical Superintendent of the Lunatic Asylum at Toronto,” *JLAPC* (1848), appendix G.G.G.

<sup>118</sup> “Minutes, 24 January 1842 – 9 September 1843,” Commissioners of the Temporary Lunatic Asylum, 1842-1846, AO, 20-B-6 Vol. 1.

<sup>119</sup> Ruth Frager, “Labour History and the Interlocking Hierarchies of Class, Ethnicity, and Gender: A Canadian Perspective,” *International Review of Social History* 44, no. 2 (August 1999).

<sup>120</sup> “All papers and correspondence relative to the removal from office of Dr. Telfer, late Medical Superintendent of the Lunatic Asylum at Toronto,” *JLAPC* (1848), appendix G.G.G.

all her relations were Catholics.”<sup>121</sup> Mrs. Cronyn, like her staff, understood that one’s religious identity was a marker of social status, both within and without the asylum.

Mrs. Cronyn also used gendered language to assert her authority over her staff. “I have heard her call Mary [Saunders] the housemaid, ‘rotten beast,’ ‘dirty lump,’ and often call her an old prostitute,” Bridget Devine reported. Other women were chastised for their allegedly immoral behaviour: “she would call us (the servants) a mass of corruption.”<sup>122</sup> Given the shared Irish identity of many of the staff, the internal politics of the asylum were also mediated by a common external ethnic community. Sexual and domestic impropriety was policed informally through an active rumour mill. Reports of the possible illegitimacy of the Cronyns’ marriage threatened to undermine the steward’s authority within the asylum. Robert Cronyn apparently had a wife back in Ireland, a revelation conveyed by Norey Reheny, one of the servants “who came from the same place that Mr. Cronyn did, and who knew the family at home [in Ireland].” She stated to Mrs. Cronyn, within the hearing of other servants, “that she hoped his lawful wife would come out and take him from her.” A nurse, Mrs. Nicholson, was previously dismissed when the commissioners learned through shared acquaintances that her husband, a keeper at the asylum, had a wife back in Ireland.<sup>123</sup> The internal hierarchy of the asylum was thus intermittently challenged and reinforced along gendered, ethnic, and denominational lines. Despite the disruptions introduced by their shared membership in a close-knit ethnic community outside of the asylum, the institution also offered its Irish staff a unique opportunity for upward social mobility, thanks in no small part to Martin O’Beirne’s system of paltry patronage.

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<sup>121</sup> Ibid.

<sup>122</sup> Ibid.

<sup>123</sup> Ibid.

In a city where the emerging market in wage labour was clearly stratified along gendered and ethnic lines, the asylum offered unique opportunities for upward economic and social mobility among working-class labourers who might otherwise find themselves relegated to arduous and undesirable manual labour. Irish-Catholic men in Toronto were most often engaged in unskilled labour throughout the 1840s, at a rate disproportionate to other religious denominations and ethnicities. Although Irish-Catholics found some success in rural Upper Canada, their struggles in urban areas such as Toronto is well documented.<sup>124</sup> Irish women, who comprised 40% of pre-Famine migration and an even greater proportion thereafter, were largely employed as domestic servants for wealthy Protestant families, constituting the majority of domestic servants not only in Toronto but also in other urban centres such as Hamilton.<sup>125</sup> Whereas historians such as Andrew Scull have contended that asylum attendants “received suitably low status and financial rewards,” others have challenged historiographical interpretations of asylum service as “an occupation of last resort.”<sup>126</sup> James Moran has

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<sup>124</sup> A. Gordon Darroch and Michael D. Ornstein, “Ethnicity and Occupational Structure in Canada in 1871: The Vertical Mosaic in Historical Perspective,” *Canadian Historical Review* 61, no. 3 (1980); Mark McGowan, *The Waning of the Green: Catholics, the Irish, and Identity in Toronto, 1887* (Montreal: McGill-Queen’s University Press, 1999), 30; Smyth, *Toronto, the Belfast of Canada*, 122-3. Similar patterns of Irish-Catholic engagement in unskilled labour continued into the 1880s, but had mostly abated by 1910. William Jenkins, *Between Raid and Rebellion: The Irish in Buffalo and Toronto, 1867-1916* (Montreal: McGill-Queen’s University Press, 2015), 57-71, 237.

<sup>125</sup> Lorna R. McLean and Marilyn Barber, “In Search of Comfort and Independence: Irish Immigrant Domestic Servants Encounter the Courts, Jails, and Asylums in Nineteenth-Century Ontario,” in *Sisters or Strangers? Immigrant, Ethnic, and Racialized Women in Canadian History*, Marlene Epp and Franca Iacovetta, eds. (Toronto: University of Toronto Press, 2003); Angèle Smith, “Fitting into a New Place: Irish Immigrant Experiences in Shaping a Canadian Landscape,” *International Journal of Historical Archaeology* 8, no. 3 (September 2004): 220-1; Michael B. Katz, *The People of Hamilton, Canada West: Family and Class in a Mid-Nineteenth-Century City* (Cambridge: Harvard University Press, 1975), 289.

<sup>126</sup> Scull, *Museums of Madness*, 182-3; David Wright, “Asylum Nursing and Institutional Service: A Case Study of the South of England, 1861-1881,” *Nursing History Review* 7 (1999): 154; both cited in Monk, “Working in the Asylum,” 84.

demonstrated that, by the 1880s, financial remuneration for asylum attendants was commensurate with that of manual labour.<sup>127</sup> Many of the asylum's staff would have enthusiastically seized the opportunity to work in an atypical occupation with ancillary opportunities for profit and the relative autonomy conferred by their patron-client relationships with one or more of the commissioners.

Whereas the asylum was not an inherently desirable place of employment, given the dangers of attending to the patients and the social stigma attached to insanity, the social freedoms and material benefits of work at the temporary asylum likely influenced workers' preference for asylum service over other careers such as manual labour and domestic service.<sup>128</sup> These freedoms were invariably furnished by the systems of patronage exchange introduced by the commissioners. Word of the opportunities presented by work at the asylum spread throughout Toronto's working-class communities through the 1840s and into the 1850s, particularly through ethnic kinship networks. Word also spread to others, like George Brown, who saw in these patronage appointments another kind of opportunity. The *Globe* and other newspapers published rumours of the theft and embezzlement which constituted patron-client exchanges at the asylum in an effort to undermine the reputation of the patrons—high-profile public men such as Roaf, Rolph, and O'Beirne who presented editors with political targets for partisan mudslinging. In turn, when they learned of the willingness of newspaper editors to publish gossip about the asylum, the institution's working-class staff identified another opportunity of their own: they could mobilize the press to increase their leverage within the asylum's internal hierarchy.

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<sup>127</sup> Moran, "Keepers of the Insane," 66.

<sup>128</sup> Monk, "Working in the Asylum," 86.



### *Publishing the Asylum*

In an 1857 letter to William Lyon Mackenzie, whose daughter Barbara was a patient at the Provincial Lunatic Asylum, medical superintendent Joseph Workman complained of frequent threats from his staff that they would “publish me in the newspapers.”<sup>129</sup> After years of public scandal at the asylum, Workman’s staff understood that publication in the press could signal the end of a medical superintendent’s career. After all, the downfall of each of Workman’s predecessors had played out in the pages of Upper Canada’s newspapers for all to see. Although much had changed at the asylum by 1857, especially in terms of its internal management, the threat of publication remained an unwavering constant.

In truth, Workman was afforded a great deal more professional autonomy within the asylum than his predecessors. Dr. Scott was finally driven from the asylum in 1853, despite riding out a controversy involving his unauthorised dissection of patients in 1851 (with the help of his father-in-law), when parliamentary reforms destabilized the entrenched power base of the commissioners and threatened Scott’s support structure on the Board. Workman was thus appointed to a thoroughly reformed institution. The Act for the Better Management of the Provincial Lunatic Asylum at Toronto, championed by John Rolph, replaced the permanent Board of Commissioners with a rotating board of four visiting commissioners. Dr. Workman was granted the authority to hire and dismiss attendants, a power long coveted by his predecessors, and the office of bursar was introduced to manage the purchasing of provisions, effectively

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<sup>129</sup> Joseph Workman to William Lyon Mackenzie, 2 March 1857. Lindsey family fonds, AO, MS 516, Reel 12. For more on Mackenzie and Workman’s relationship, and Barbara Mackenzie’s institutionalization, see Chris Raible, “‘Your Daughter & I Are Not Likely to Quarrel’: Notes on a Dispute between Joseph Workman and William Lyon Mackenzie,” *Canadian Bulletin of Medical History* 11 (1994).

eliminating the clientelist patronage networks of the 1840s.<sup>130</sup> The act undoubtedly contributed to Workman's unprecedented tenure as medical superintendent; the physician maintained his post at the asylum from 1853 until his (voluntary) retirement in 1875. It did not, however, stem the constant interventions of the press in the management of the asylum, nor the accusations of patronage abuses which had loomed over the appointment of each successive medical superintendent since the asylum's foundation.

Like Drs. Rees, Park, and Scott before him, Workman was labelled by several newspapers as the beneficiary of patronage. Charles Lindsey, editor of the *Examiner* and staunch supporter of the reigning Hincks-Morin ministry, chided his fellow editors for their libels against Workman. Their accusations were, in Lindsey's estimation, animated by party feelings:

It was not unnatural to expect that such an institution as the Lunatic Asylum would cease to be the theatre of party bickerings and political strife. If in any public institution it was desirable that such should be the case, one would have supposed it would have been this. Instead, however, of it being so, we find the new appointment inaugurated with exhibitions of petty hostility against the newly appointed Superintendent, evidently dictated by malevolence, and published in ignorance.<sup>131</sup>

Chief among the partisan naysayers was the indefatigable George Brown. Brown nursed a special animosity reserved only for Workman, it seemed. The editor's mistrust appears to have been an effect of the new superintendent's professional association with John Rolph, the leader of the Clear Grit faction of the Reform party and Brown's arch political nemesis—Workman was a lecturer in midwifery and *materia medica* at Rolph's Toronto School of Medicine. Brown wrote upon hearing of the appointment that “jobbing in this institution appears to be a necessary evil,” attributing the appointment of a “comparatively young man” with no training in the treatment of lunacy to Rolph's scheming. As Lindsey observed, Brown connected the

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<sup>130</sup> Moran, *Committed to the State Asylum*, 63-5.

<sup>131</sup> “Weekly Retrospect,” *Examiner*, 5 April 1854.

appointment to broader partisan rivalries: “Surely the extravagance of the Clear-grit economists, the quondam advocates of retrenchment, exceeds all the wastefulness of the Compact!”<sup>132</sup>

Of course, Brown’s concerns were not without any merit. A rational critique could be made of Workman’s medical qualifications, as Christopher Widmer observed in a private correspondence with Rolph early in 1854. Widmer cautioned Rolph about his plan to send Workman on a “tour of professional observation” so soon after his appointment: “It is ... an erroneous movement you are about to make in allowing the Doctor to absent himself ... on the supposed necessity of acquiring a degree of practical knowledge that, it is taken for granted, he is in possession of.” “The shafts of political animosity will fly thickly about his ears,” Widmer predicted.<sup>133</sup> Bitter decades of exposure to Upper Canada’s political culture informed the doctor’s prophetic warning. George Brown wasted no time in confirming it.

As we have seen, public institutions such as the asylum were often dragged into partisan rivalries for their rhetorical effect. The benevolent origins of asylum care made the Provincial Lunatic Asylum an exemplary case study in the selfish, partisan corruption of public interests by the private agents who sought to exploit them. Other benevolent institutions were similarly co-opted for the purposes of political grandstanding, as when Brown assailed a proposed Protestant general hospital in Bytown in 1849. A general hospital, by its “strict meaning,” wrote Brown, is “one into which all sick will be admitted without respect to creed, but [also] one in the management of which sectarian peculiarities are set aside.” The Bytown hospital would not be a *general* hospital, Brown asserted, comprising instead “a means of enabling a sect to make

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<sup>132</sup> “The Lunatic Asylum,” *Globe*, 3 April 1854.

<sup>133</sup> Christopher Widmer to John Rolph, 1 April 1854. Thomas Fisher Rare Book Library, University of Toronto. W.T. Aikins Papers, Box 2, #90.

proselytes of the sick at the public expense.”<sup>134</sup> Brown assessed the lunatic asylum in much the same way, denouncing those who gave precedence to their “private representations” at the expense of “such as are *official* and *responsible*.”<sup>135</sup>

This distinction between *private* representations (be they partisan, sectarian, or pecuniary) and *public* interests stemmed from the asylum’s initial discursive construction in the 1830s as a utilitarian institution serving the public good. The benevolent asylum conjured the “rhetorically-appealing image of a disinterested and inherently virtuous civil polity,” an image which could easily be contrasted against the self-interested machinations of partisan agents.<sup>136</sup> Editors like George Brown relied upon this juxtaposition of public and private interests to give weight to their denunciation of partisan jobbers and chisellers like Rolph. These accusations prompted Charles Lindsey’s designation of the asylum as a “theatre of party bickerings” in 1851—an epithet he would return to again in 1854, as we have seen. Yet according to Lindsey, Brown’s apparent defense of the public interest against private representations was nothing more than a facade for his own partisan vendetta against Joseph Workman and John Rolph.

Partisan newspaper editors were not the sole instigators of the public scandals which plagued the asylum throughout the 1840s, however. The asylum’s successive medical superintendents also mobilized the press to advance their own interests. Frustrated by his inability to gain traction through his private representations to the government in 1844, William Rees turned to the newspapers to pressure the commissioners into action. The publication of the two reports in the *British Colonist* was perceived by some, like the pseudonymous “Honesty,” as

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<sup>134</sup> *Globe*, 19 October 1849.

<sup>135</sup> “The Lunatic Asylum,” *Globe*, 6 August 1844.

<sup>136</sup> Brown, “Rethinking Early Nineteenth-Century Asylum Reform,” 428.

a “trick of the medical superintendent,” but to what end?<sup>137</sup> Rees never explicitly referred to his role in the publication of the reports, nor did he explain his reasons for mobilizing the power of the press, but he did appeal directly to the public in a letter to the *Globe* in September 1844. Maintaining that a permanent building was desperately required for the proper moral treatment of the patients, Rees exhorted any interested readers to contact the representatives of their respective Districts directly, requesting funds for the erection of a permanent asylum.<sup>138</sup>

The public could exercise considerable authority through the means described by Rees in his letter. Public meetings, circulars, and petitions became increasingly popular methods by which Upper Canadians sought to collectively influence colonial policy throughout the early nineteenth century. There was another reason for men like Rees to seek the publication of their grievances, however, namely the growing influence of the so-called *public opinion*. By the 1840s, public opinion was often discursively constructed in Upper Canada as “the final tribunal or court of appeal,” where public men could make a case for either their own political legitimacy or the illegitimacy of their political rivals.<sup>139</sup> Though not a political actor in the traditional sense, Rees did rely increasingly upon the intervention of politicians to buttress his authority at the asylum. His publication of the two reports in the *British Colonist* might be interpreted as a further attempt to sway the public opinion in his favour, forcing the government to act in his interest lest they run afoul of the will of the people.

Whereas an historical reading of Rees’s mobilization of the public opinion is frustrated by a scarcity of documentary evidence, his successors demonstrably invoked the public opinion to support their respective cases against the asylum commissioners. Like Rees before him, Dr.

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<sup>137</sup> “Toronto Lunatic Asylum,” *British Colonist*, 30 April 1844.

<sup>138</sup> *Globe*, 22 April 1845.

<sup>139</sup> *Ibid.*

Walter Telfer opted to anonymously defend himself from rumours of his drunkenness and larceny through the medium of the press. After Telfer's dismissal, the *British Canadian* published several articles containing information from documents and testimony supplied by Telfer himself.<sup>140</sup> Brown pounced on the *Canadian*, providing witness testimonies which contradicted Telfer's version of events—"the *Canadian* will now begin to see how he has been hoaxed," he pronounced, before presenting evidence of Telfer's moral failings as medical superintendent from the mouths of his mutinous staff. Brown explicitly constructed the exchange between his paper and the *Canadian* as a trial before the public opinion, referring to figurative witnesses, testimonies, evidence, judges, and juries. The matter was not suited for judgment before a formal court, Brown insisted: "the offences charged are not those for which courts of law and forms of oath are established—they are ungentlemanly and unprofessional acts, and were not treated as violations of law."<sup>141</sup> Rather, Brown offered the pages of his own paper as the setting of a different sort of trial, one which would take place before the court of public opinion.

Telfer consented to his public trial, responding to Brown in a letter to the *Globe*: "I shall leave your readers to judge, after I shall have laid before them a few observations on your editorials upon this subject."<sup>142</sup> Adopting Brown's legal metaphor, Telfer proceeded to lay his own version of events before the public. He professed his own innocence and turned accusations of theft, particularly of vegetables meant for asylum patients, back upon his accusers. The steward, Robert Cronyn, and the commissioners O'Beirne and Gwynne were the true perpetrators of larceny at the asylum, Telfer charged, providing evidence in the form of accounts

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<sup>140</sup> "The Telfer Case," *Globe*, 12 August 1848.

<sup>141</sup> *Ibid.*

<sup>142</sup> "Letter from Dr. Telfer," *Globe*, 2 September 1848.

of the surreptitious business dealings of the servants and commissioners.<sup>143</sup> Telfer did not likely imagine that his testimony would lead to his reinstatement as medical superintendent at this late stage. Rather, he sought to rescue his reputation from Brown's accusations of ungentlemanly and unprofessional behaviour. A doctor such as Telfer was expected to "inhabit a moral domain outside of the marketplace," a feature of his professional stature essential to the maintenance of an essential "medical disinterestedness," as well as the fundamental boundary between public and private interests which was guarded by the empirical and scientific detachment of physicians.<sup>144</sup> Telfer thus sought to deflect public suspicion of his ungentlemanly participation in contract-fixing upon the steward and commissioners. "I now commit the whole matter to the judgement of the public," he concluded, "with the fullest confidence that their decision will do ample justice to all parties concerned."<sup>145</sup> Justice, in this case, was to be of a moral and not a legal character.

Dr. George Hamilton Park also pursued an extra-judicial appeal in the court of public opinion. In his *Narrative of the Recent Difficulties in the Provincial Lunatic Asylum* (1849), Park outlined the imbalances between the commissioners, who "however wrong, are sustained by the Government," and "the single-handed Medical Superintendent [who] must rest on the honesty of his case and the virtue of public opinion."<sup>146</sup> Given these imbalances, Park turned to the recourse of publication to ensure that his own version of events was heard and understood by an engaged and critical public. In his responses to highly-publicized scandals during his tenure, Park adopted

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<sup>143</sup> "Second Letter from Dr. Telfer," *Globe*, 27 September 1848.

<sup>144</sup> Helen Hyunji Kang, "Medical Disinterestedness: An Archaeology of Scientificness and Morality in the Canadian Medical Profession" (PhD diss., Simon Fraser University, 2013); Gidney and Millar, *Professional Gentlemen*, 10.

<sup>145</sup> "Second Letter from Dr. Telfer," *Globe*, 27 September 1848.

<sup>146</sup> Park, *Narrative*, 28.

a similar tone, writing that “I shall rely upon the approval of the Crown from whom I receive my appointment,—upon the support of an intelligent public, and of an honourable and enlightened profession.”<sup>147</sup> Park, Telfer, and Rees each turned to the court of public opinion to vindicate themselves and indict the true perpetrators of crimes against the asylum..

The Toronto superintendents’ public appeals reflected a wider trend within the growing North American asylum profession. In the years following the establishment of the AMSAII in 1844, members of the fledgling organization mounted a unified campaign to expose the abuses of self-interested asylum boards. Patron-client exchange was common in institutions throughout North America. Although each asylum had a unique set of rules and regulations governing its hierarchy, none were immune to profiteering and private influence. By no means innocent of patronage abuses themselves, superintendents nevertheless unanimously condemned lay patronage as a threat to the proper treatment of their patients.

One of AMSAII’s principle objectives, according to historian Constance McGovern, was to curate public understandings of lunatic asylums and the science of asylum medicine. AMSAII’s public relations strategy called for critical engagement with the public sphere, largely through publications by individual superintendents in local newspapers. Superintendents’ public comments were remarkably consistent, pointing to the development of “organizational channels” designed to facilitate a unified public image for the asylum profession.<sup>148</sup> Accusations of patronage in Toronto were consistent with AMSAII’s broader North American public relations agenda. In 1846 Isaac Ray, one of AMSAII’s “Original Thirteen” founding members, decried the ignorance and wanton corruption of lay asylum governors, stating that “the most of them can

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<sup>147</sup> “Letter from Dr. Parke, Medical Superintendent,” *Globe*, 29 November 1848.

<sup>148</sup> McGovern, *Masters of Madness*, 127-30.



have but a vague idea of the duties of their office, yet they are naturally pleased with the exercise of the power it confers, and especially that kind of it most pleasing to a certain class of minds—the power of patronage.” According to Ray, the cardinal failure of lay governors was their inability to overcome self-interest: “The small share of the general interest, is swallowed up in the more direct and personal interest that springs from his official relations.”<sup>149</sup>

In the resolutions adopted at its foundation, AMSAII roundly denounced any similar behaviour in the administration of American asylums, noting “that any attempt, in any part of this country, to select such officers through political bias, be deprecated by this association as a dangerous departure from that sound rule ... of seeking the best men, irresponsive of every other consideration.”<sup>150</sup> American asylums were nevertheless beset by patronage abuses. Blackwell’s Island Lunatic Asylum in New York City became a particular target for the association, largely because it did not employ a medical superintendent and experienced frequent staffing changes.<sup>151</sup> In reference to Blackwell’s Island and other, similarly afflicted institutions, the association noted that “the medical officers to these establishments are changed very often—usually whenever the politics of the city changes. This is deeply to be regretted, and we hope the practice will not long be continued.”<sup>152</sup> The association called for the resident physician of Blackwell’s Island to be “a man of well established reputation for skill in his profession, for intelligence, energy and integrity, and *freedom from all political alliances*, and to him should be delegated sufficient power to make the Asylum a good curative establishment.”<sup>153</sup> One might very well add

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<sup>149</sup> Isaac Ray, “Observations on the Principal Hospitals for the Insane, in Great Britain, France, and Germany,” *AJI* 2 (1846), 296.

<sup>150</sup> “Proceedings of the Association,” *AJI* 5 (1849), 91.

<sup>151</sup> McGovern, *Masters of Madness*, 104.

<sup>152</sup> “Lunatic Asylums in the United States,” *AJI* 2 (1846), 145.

<sup>153</sup> “Blackwell’s Island Lunatic Asylum,” *AJI* 4 (1848), 273. Emphasis added.

politically-charged terms such as *patronage*, *political bias*, and *private interests* to the “nomenclature of the profession” described by Constance McGovern.<sup>154</sup> These terms were frequently and interchangeably used in official AMSAII publications to differentiate allegedly “disinterested” asylum doctors from their self-interested government counterparts.

Patronage and political corruption were logical targets for medical superintendents seeking bureaucratic asylum reform. They touched upon a broader current of North American political anxiety, reflecting the civil service reform movement championed by the likes of Josiah Quincy, who famously condemned partisan patrons and clients in a speech to the United States House of Representatives in 1811, calling them “creatures who, under the pretence of serving the people, are in fact serving themselves.”<sup>155</sup> Whether or not they did so knowingly, members of the Association of Medical Superintendents adopted the utilitarian framework of civil service reformers like Quincy in their critiques of asylum governance, characterizing lunatic asylums as benevolent, utilitarian institutions under siege by self-serving bureaucrats.

Though the superintendents’ remonstrations were meant to strengthen AMSAII’s case for the increased authority of medical officers, they also highlighted the susceptibility of public asylums to destructive private and political influences. By promoting a narrative of public institutions beset by private influences, the Association of Medical Superintendents opened themselves to the scrutiny of the North American public. What is more, they unwittingly entered lunatic asylums into broader discussions of civil service reform. They would soon find that their narrative of self-interested civil servants preying upon benevolent public institutions could just

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<sup>154</sup> McGovern, *Masters of Madness*, 130.

<sup>155</sup> “Speech of the Hon. Josiah Quincy in the House of Representatives of the U. States,” quoted in Edmund Quincy, *Life of Josiah Quincy of Massachusetts* (Boston: Fields, Osgood, & co., 1869), 220.

as easily be turned back upon them. Such was the discovery made by Drs. Rees, Telfer, and Park, who ultimately fell upon their own swords. The three physicians became the targets of allegations of patronage and corruption remarkably similar to those which they had invoked against the asylum's Board of Commissioners.

The public's interest in lunatic asylums was not merely a construction of ambitious medical superintendents and newspaper editors, however. Having been alerted to the numerous abuses perpetrated within the temporary asylum, watchful observers like the self-styled "Old Reformer" imagined the public opinion as one of a number of natural checks and balances against further corruption at the asylum. In a letter to the *Globe* dated 31 January 1850, the Old Reformer cautioned the commissioners against appointing an unqualified physician to the office of medical superintendent:

If, however, the Commissioners leave any means untried to secure the most competent person ... how deep must be their guilt! But we anticipate a different course to be pursued by these gentlemen, who are, we trust, in the true sense of the term, honourable men. Let them, however, remember that they are called on to act in a matter which affects the happiness, in time, and it may be, in eternity, of multitudes of their fellow men; and that, for the proper execution of the duties devolving upon them, they will have to answer at the bar of conscience—at the bar of public opinion—and, above all, at the Tribunal of Heaven.<sup>156</sup>

Like Brown, the anonymous public sentinel suggested that dishonourable and unmanly behaviours were subject to judgment at the "bar of public opinion." Abuses against the public trust thus belonged to the jurisdiction of the public opinion. But what did Brown and the anonymous Reformer imagine was the punitive power of their popular court?

Traditional judicial punishments for criminally dishonourable conduct in early to mid-nineteenth-century Upper Canada ranged from imprisonment in jail to violent forms of public

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<sup>156</sup> *Globe*, 31 January 1850.

ridicule such as whippings or time in the stockade. These vulgar spectacles were not considered suitable for the resolution of disputes between men of status and distinction, so the Upper Canadian gentry often substituted their own form of extra-judicial public humiliation for the corporal punishments reserved for their social inferiors. The province's new order of middle-class professionals could not rely on the distinction conferred by their family names, wealth, and land-holdings. As such, public attacks threatened to endanger their privileged place within Upper Canadian society.<sup>157</sup>

Upper Canada had no true aristocracy, although the Family Compact came in time to stand in as the province's own approximation of the mother country's titled élite.<sup>158</sup> The protection of one's gentlemanly status through the observance of social norms became paramount in these colonial circumstances. As Dr. George H. Park would later write of his own public embarrassment as medical superintendent of the asylum, "reputation is justly valued by every man—professional reputation doubly so: for its loss involves not only a general fame, but worldly fortune; the very means of living."<sup>159</sup> Social constructions of professionalism and masculinity thus guided the use of publication as an extra-judicial punitive process. Walter Telfer may have avoided legal charges for his alleged intemperance and theft at the asylum, but men like George Brown and the Old Reformer understood that they held the power to seek a different kind of penalty for such dishonourable conduct. Should public servants step beyond the popularly defined bounds of honour and respectability, they risked judgment—in the form of public and professional humiliation—at the bar of public opinion.

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<sup>157</sup> Wamsley and Kossuth, "Fighting It Out," 408.

<sup>158</sup> Morgan, "In Search of the Phantom Misnamed Honour: Duelling in Upper Canada," *The Canadian Historical Review* 76 (1995), 536.

<sup>159</sup> Park, *Narrative*, 41.

Joseph Workman's working-class staff must also have been aware of the power of publication, as they threatened their superior with it frequently. A nurse whom Workman had fired for "taking a patient and locking her up in her bedroom to make a new frock for the said nurse" approached the superintendent in his office and "threatened in the East end of the city she would publish something that would make me sorry." After being informed by Workman that his employment at the asylum would terminate at the end of his contract, another servant "told one of the keepers that he would publish me in the newspapers." In his correspondence with William Lyon Mackenzie, Workman suggested that he was unruffled by these threats. To the nurse, he said that "if she had anything to publish the public interests demanded that no time should be lost."<sup>160</sup> In truth, he characterized the act of publication to Mackenzie as an undignified thing, beneath his stature: "You think I should have condescended to step into the filthy columns of the Globe." He also likened publication to pugilism, casting it in a distinctly lower-class light: "And now you say I should have, Irishman-like, tossed off my coat and fought with James Mager [sic], & George Brown would act as an honest second to both the boxers."<sup>161</sup> That Workman, an Irishman by birth, had long ago descended into the *Globe's* filthy columns to defend Rolph's medical school does not appear to have counted against his principled stance on the matter.

Access to the press was not the sole prerogative of the upper classes. That Workman's staff sought to use publication in newspapers as a means of negotiating their labour status points to the proliferation in the mid-nineteenth century of the idea that the press could be used to "promote the public interest or to facilitate ... private advancement." The resulting publication—whether an editorial informed by anonymous testimony or a letter to the editor—might then be

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<sup>160</sup> Joseph Workman to William Lyon Mackenzie, 2 March 1857. Emphasis in original.

<sup>161</sup> Ibid.

further diffused in “sociable spaces” including “market places, church congregations, society meetings, coffeehouses, dances, theatrical events,” or other public gathering places.<sup>162</sup> Historians have largely attributed such developments to the formation of what German sociologist Jürgen Habermas identified as a bourgeois, “rational-critical” public sphere.<sup>163</sup> Yet the threats made by Workman’s staff point to a critical engagement well beyond the bounds of a bourgeois public sphere—with the spread of literacy came the inevitable expansion of the rational-critical public. Jeffrey McNairn estimates that by 1840, 80 per cent of Upper Canadian adults could read and write—a considerably greater proportion than the two-thirds of men and 50 per cent of women in Britain.<sup>164</sup> However distasteful the idea may have been to Workman, the press offered a remarkably level playing field for the settlement of disputes between men and women of varying socio-economic classes.

The idea of publication disturbed Workman. He expressed to Mackenzie that he longed for a bygone era, before newspaper editors ran amok: “Old Willie Allen said those were quiet days in Canada, before newspapers were introduced! I begin to feel very much of Willie’s notion.”<sup>165</sup> But there was no returning to quieter days, and the newspapers continued to report regularly on the workings of the asylum. The result was a slow decline, over decades, not only of the professional reputations of successive medical superintendents, but also of the public image of the Provincial Lunatic Asylum itself.

### *Conclusions*

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<sup>162</sup> Michael Eamon, *Imprinting Britain: Newspapers, Sociability, and the Shaping of British North America* (Montreal: McGill-Queen’s University Press, 2015), 10-11.

<sup>163</sup> Jürgen Habermas, *The Structural Transformation of the Public Sphere: An Inquiry into a Category of Bourgeois Society*, trans. Thomas Burger (Cambridge, MA: MIT Press, 1991).

<sup>164</sup> McNairn, *The Capacity to Judge*, 133.

<sup>165</sup> Joseph Workman to William Lyon Mackenzie, 2 March 1857.

The patron-client exchanges of the 1840s and early 1850s, as well as the mobilization of the press by various staff, commissioners, and superintendents to negotiate power and authority within the asylum, contributed to the deterioration of the institution's public image. Popular constructions of the asylum gradually shifted from a charitable and benevolent "public blessing" in 1835 to a "theatre of party bickerings" by 1851.<sup>166</sup> Beyond reports of patronage and partisan schemes, the asylum also played host to a succession of lewd and indecent events which did nothing to promote erstwhile notions of its noble mission. To the eyes of a captivated public, the asylum was indeed a theatre.

The fate of the Provincial Lunatic Asylum was shared by many North American asylums. Although the transformation of asylums into custodial rather than therapeutic spaces was owed to the disappointments of the mid-century cult of curability, medical superintendents also contributed to the declining public estimation of asylums through their dogged efforts to uncover and uproot patronage practices among asylum boards and trustees. Several local factors also contributed to the Toronto asylum's fall from grace. Upper Canada's tight-knit political community presented both motive and opportunity for physicians to advance their professional careers within an increasingly competitive job market. The same social networks enabled ambitious businessmen to secure appointments on the asylum's Board of Commissioners and, using traditional channels of patronage exchange, tender lucrative contracts for the construction and provision of the institution. Finally, the emergence in Upper Canada of both an active political press and a rational-critical public sphere contributed to the frequent *publication* of the asylum and its functionaries, as Workman's staff termed it—a process of negotiation whereby

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<sup>166</sup> *Kingston Chronicle & Gazette*, 25 February 1835; "Weekly Retrospect," *Examiner*, 5 April, 1851.

contemporary notions of professionalism and morality were challenged and enforced within a so-called court of public opinion.

In examining the various public scandals and sensations which contributed to the gradual defamation of the asylum, we also come to understand the ways in which the institution reflected, as a mirror, the world outside of its walls. The networks of associational and ethnic kinship forged in the streets, houses, markets, and other public spaces of mid-century Toronto were often replicated within the wards of the asylum. The partisan and denominational cleavages of Upper Canada created similar rifts among the asylum's staff, physicians, and commissioners. So too did social constructions of class, ethnicity, and gender play out within the wards—in rumours amongst nurses, matrons, porters, and keepers, and in public confrontations between superintendents and commissioners.



**Chapter V**  
**The Medical Profession in Toronto:**  
**Professional Organization, Institutional Geography, and the Asylum, 1839-1857**

If a medical student were to set out from the site of the Toronto General Hospital in the spring of 1841 and stroll east along King Street, he<sup>1</sup> would be greeted first by a rough and very possibly muddy road—it was not for nothing that the city had been given the epithet of “Muddy York” some years earlier. Walking east towards Yonge Street he would have before him the heart of the city, with its “commodious, and even elegant houses” and St. James Cathedral’s lofty bell tower forming a pleasing urban backdrop. Steps away, at the corner of King and Toronto, sat the temporary lunatic asylum, which had only just begun to operate out of the abandoned jail building months before. Looking back westward, our aspiring doctor could take in a full view of the campus of the general hospital at King and John. Its grounds would soon be crowded with immigrant sheds built to accommodate the epidemics which ravaged the city in the 1840s. Existing sheds, built for the cholera epidemics of the early 1830s, may also have been visible on the waterfront.<sup>2</sup> Beyond the hospital, he would see only the ends of civilization as Toronto’s urban landscape petered out into fifty miles of pine forest stretching all the way to Hamilton.<sup>3</sup> Within a decade the modern, purpose-built Provincial Lunatic Asylum building might also be visible, perched on the outskirts of the city with a clear view of the lake [Figure 5.1].

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<sup>1</sup> Medical students in Upper Canada were exclusively male in the early- to mid-nineteenth century. Emily Stowe, the first woman to practice medicine in Ontario, was denied admission to the Toronto School of Medicine in the early 1860s, and so studied in New York instead. The first female medical student in the province was actually Emily’s daughter, Augusta, who received her medical degree from the University of Toronto in 1883. Gina Feldberg, “Jennings, Emily Howard (Stowe),” *DCBO*.

<sup>2</sup> Chilton, “Managing Migrants,” 242.

<sup>3</sup> Jameson, *Winter Studies and Summer Rambles in Canada*, vol. 2, 4-7.



*Figure 5.1.* The Provincial Lunatic Asylum, c. 1867.  
Courtesy of Toronto Public Library.

In the growing city of Toronto, bounded on three sides by forest in the west, swamp in the east, and Lake Ontario to the south, a brisk walk of not much more than one hour would take a medical student practically anywhere he needed to be to pursue his education. From the grounds of the hospital, a brief stroll north would bring our hypothetical student past the site of Dr. John Rolph's former medical school on Gerrard Street, now shuttered after his flight from Canada in the winter of 1837. Still further north, he would find himself amidst the greenery of Queen's Park where, in only two short years, Bishop John Strachan's decades-long effort to establish an Anglican university would finally be realized. King's College was to become the central site of medical education in the province for the greater part of the next decade. Little could our physician-in-training know what turmoil would soon seethe beneath those quiet stone

and brick exteriors—the hospitals and schools which comprised the physical sites and spaces of the medical profession in mid-century Upper Canada.

The geographic proximity of the Toronto General Hospital, the Provincial Lunatic Asylum, and the University of Toronto medical faculty was the result of years of political and professional negotiation. The three medical spaces, which formed the institutional foundations of the medical profession in Upper Canada, were adjacent to each other by a combination of circumstance and design. Whatever the cause, the three institutions were situated in such a way that a young medical gentleman might avail himself of each of them in the pursuit of his education. As a result, perceptions of the lunatic asylum within the medical profession would not have matched those of the general public. For a medical student, or indeed a full-fledged physician, the asylum represented not only a site for the care and treatment of lunatics but also a classroom, a workplace, and a source of much-needed anatomical specimens. More cynical physicians also understood the hospital and the asylum to be sources of profit. A medical school with access to the wards of the hospital and asylum could charge a premium for tuition, and a supply of fresh cadavers promised considerable financial reward for an enterprising doctor willing to cross a few moral (and legal) lines. The ease with which the hospital and the asylum could be accessed by students of the University of Toronto's medical faculty and, later, by pupils of the city's proprietary medical schools, fundamentally affected its development.

The management and development of the asylum was thus directed by the simultaneous development of the medical profession in Upper Canada and informed by the “locational history” of health care in Toronto.<sup>4</sup> The limits of professional influence at the asylum were at all

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<sup>4</sup> Hester Parr and Chris Philo, “‘A forbidding fortress of locks, bars, and padded cells’: The locational history of mental health care in Nottingham,” *Historical Geography Research Series* 32 (May 1996), 2.

times mediated by the interests of political actors. However, among those actors were a number of physician-politicians, polymaths with a foot in both the wards of the hospital and asylum and the halls of parliament. These men shaped the very landscape of Toronto to advance their personal and associational interests.

Historical geographers Hester Parr and Chris Philo have emphasized the importance of attuning our historical understandings of institutions like the Provincial Lunatic Asylum to the contours not only of their surrounding geography but also of their social and political contexts.<sup>5</sup> What is particularly intriguing about the asylum in this context is not its exceptionality, then, but rather how representative it was of all public institutions. Within its particular constellation of medical knowledge and practice, the asylum may have been unique. Within the galaxy of Upper Canada's public institutions, however, the asylum was very typically reflective of the locational history of the city. Like Toronto's medical institutions, the city's legal, cultural, and political institutions were also shaped and situated by social phenomena such as patronage, professionalization, and bureaucratization.<sup>6</sup> The "geometric space" of Toronto thus mapped not only the physical contours of the city through time, but also its social and political structures.<sup>7</sup> The streets of Muddy York told a story of infrastructural development and demographic growth,

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<sup>5</sup> Ibid., 1-15.

<sup>6</sup> For further discussion of the relationship between geography and institutional-social development, see C. Houston and W.J. Smyth, "The Orange Order in Nineteenth-Century Ontario: A Study in Institutional Cultural Transfer," Discussion Paper no. 22 (Toronto: Department of Geography, University of Toronto, 1977); Barbara Sanford, "The Political Economy of Land Development in Nineteenth-Century Toronto," *Urban History Review* 16, no. 1 (June 1987); Raphaël Fischler, "Development Controls in Toronto in the Nineteenth Century," *Urban History Review* 36, no. 1 (Fall 2007).

<sup>7</sup> "Geometric space," as a historical-geographical concept within the field of medical geography, refers quite simply to the "distance and location" between sites of medical treatment and the communities that they serviced. R.A. Kearns and A.E. Joseph, "Space in its place: developing the link in medical geography," *Social Science and Medicine* 37, no. 6 (September 1993): 712.

certainly, but also one of the spread of political influence and the many fraught battles for professional and political dominance which shaped both governance and enterprise in the city and province.

*Locating the Asylum: The Geographies of Public Health Care and Medical Education*

The York Hospital and Dispensary (later the Toronto General Hospital) officially opened its doors in June 1829, after years of campaigning by a cross-section of the province's upper class, including John Strachan, William Beverley Robinson, and John Macaulay.<sup>8</sup> Under the medical stewardship of Dr. Christopher Widmer, the hospital began immediately to dispense care and medicines to both paying and pauper patients. Like the asylum, the hospital was founded in large part upon the Christian paternalism of Tory philanthropists.<sup>9</sup> It was also a decidedly therapeutic institution, and enterprising members of the province's growing doctoring profession began immediately to build upon its medical and professional capital. Led by Widmer, Upper Canada's physicians rallied around the hospital as the centre of medical practice and education in the province.

Widmer's early reports detail the struggle by physicians to combat both epidemic disease (the city was stricken with smallpox, typhus, and cholera within the first three years of the hospital's establishment) and the ignorance of a group that Widmer identified as the province's "Lower Classes," who often refused free vaccinations and thus contributed to the continued spread of preventable diseases.<sup>10</sup> Amidst the turmoil of rampant illness and frequent budget

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<sup>8</sup> A detailed account of early hospital reform can be found in the first chapter of Connor, *Doing Good*.

<sup>9</sup> Oliver, *Terror to Evil-Doers*, 100-1; Connor, *Doing Good*, 26.

<sup>10</sup> Christopher Widmer, "Annual Report, Of the York Hospital and Dispensary," 17 January 1831, JHAUC (1831); Christopher Widmer, "Annual Report, Of the York Hospital and Dispensary," 28 November 1831, JHAUC (1832).

shortfalls, Widmer and his colleagues made time to train the next generation of physicians. The wards of the hospital provided an ideal environment for education, furnishing students with “daily opportunities of observing diseases and their treatment.” “It is at such institutions,” Widmer insisted in a circular distributed by the Medical Board in 1832, that students “can best acquire, at the bedside of the patient, under experienced practitioners, the practical information most essentially befitting them to render professional services to their fellow creatures.”<sup>11</sup> The hospital soon came to be acknowledged by many as the centre of medical education in the province.

In Upper Canada in the early 1830s, the education of young physicians was limited largely to apprenticeships under experienced practitioners, as described in the Medical Board’s circular. These apprenticeships could (and did) take place in rural practices, but Widmer’s public plea signalled the beginnings of a concerted effort by Upper Canadian medical practitioners to centralize the development of their profession in Toronto. An 1834 petition by Toronto medical students acknowledged the general hospital to be the “only source” for the practical knowledge and experience necessary for their professional education.<sup>12</sup> The city thus played host to some of the province’s first medical schools, including John Rolph’s ill-fated school on Gerrard, which he opened in 1832. Until his flight from Canada in December 1837, Rolph’s school enjoyed a symbiotic relationship with Widmer’s hospital—Rolph’s students benefitted from their education at the province’s premiere medical hospital, Rolph profited from their tuition, and Widmer and his beleaguered colleagues gratefully accepted the assistance of their professional protégés. After the closure of Rolph’s school, students continued to study independently under experienced

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<sup>11</sup> Christopher Widmer, *An Appeal to Parents and the Public*, reproduced in William Canniff, *The Medical Profession in Upper Canada* (Toronto: William Briggs, 1894), 61-2.

<sup>12</sup> LAC, *Upper Canada Sundries*, vol. 137, quoted in Connor, *Doing Good*, 39-40.

practitioners, until John Strachan finally realized his decades-long dream of establishing Upper Canada's first university. In 1842 the cornerstone of a university building was laid, and in 1843 the medical faculty of the University of King's College began accepting students.

The Medical Board of Upper Canada met regularly to discuss Strachan's proposed university and its role in the fortunes of the medical profession. In August 1837, the Board noted regretfully that "in the composition of the Council of the University of King's College there is not ... one member of the medical profession to guard and advance its interests, although it is evident that the department will furnish a large proportion of the students at the University should it be provided with teachers of acknowledged talent." These regrets were forwarded to the Chancellor of the university. The assembled members of the Medical Board, whose numbers included Widmer and Rolph, acknowledged the "usefulness of such an institution in an eminent degree of preparing those youths who have already received an elementary education for the practical discharge of the duties of the learned professions." They added that "the healing art has at all times been regarded among the most honourable, the most learned and the most useful."<sup>13</sup>

The College of Physicians and Surgeons drafted a similar appeal to the governor general, Charles Poulett Thompson, in 1840, praying for provisions for the expedient establishment of the medical faculty at King's College. "The medical student of Upper Canada ... must pursue his studies without a library," they lamented, "without an hospital, without a dissecting room, in fact without any public instruction in any branch of the profession." The effects of these wants would be dire for the medical profession in Upper Canada, they warned. Without any remedy to the dearth of educational institutions in the province, students would be forced to seek "the

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<sup>13</sup> The Medical Board to Mr. Secretary Joseph, 22 August 1837, reproduced in Canniff, *The Medical Profession in Upper Canada*, 90-1.

attainment essential to the knowledge of the profession by attendance on the institutions of a foreign country.”<sup>14</sup> These correspondences were highly representative of the professional culture of physicians in this period. Medical practitioners continually sought legitimacy and respectability by way of inclusion on the boards of hospitals, asylums, and universities. They also pursued autonomy by lobbying for legislation granting them authority over licensing, professional regulation, and medical curricula.

Many Upper Canadian doctors aspired towards self-regulation as a means of enshrining in law their own definitions of professional identity and medical practice. Three physicians—Walter Telfer, James Muirhead, and Francis W. Porter—wrote to Christopher Widmer and Attorney General Henry Boulton in 1832 suggesting the establishment of a medical association “resembling your Law society, with power to regulate our own affairs.” Professional incorporation, they argued, would enable “respectable” physicians to curtail the adulteration of the profession by “empirics” and pretenders. They proposed to achieve this goal by licensing a body of physicians to remove offending practitioners from practice, among other regulatory powers.<sup>15</sup> Christopher Widmer expressed some discomfort with the idea of incorporation, claiming that “a corporation invested with the powers you propose appears to be of doubtful propriety, if not of dangerous tendency,” but his anxieties were fleeting.<sup>16</sup> His name appeared at

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<sup>14</sup> College of Physicians and Surgeons to Charles Poulett Thomson, 24 August 1840, reproduced in Canniff, *The Medical Profession in Upper Canada*, 159-60.

<sup>15</sup> “A letter to Doctor Widmer from Doctors Muirhead, Telfer and Porter, of Niagara, with a copy of a communication from them to the Attorney-General, and his answer,” 22 October 1832, reproduced in Canniff, *The Medical Profession in Upper Canada*, 63-5. Also available for reference at Thomas Fisher Rare Book Library. See Minutes of the Medical Board. See also Terbenche, “Public Servants or Professional Alienists?,” 48; Baehre, “*The Medical Profession in Upper Canada* Reconsidered,” 109.

<sup>16</sup> “Reply of the Medical Board to Drs. Muirhead, Telfer and Porter’s communication to the Attorney-General through Dr. Widmer,” 10 November 1832.



the top of a list of practitioners incorporated into the College of Physicians and Surgeons of Upper Canada in 1839, a professional corporation boasting very similar powers to those recommended by Telfer and his associates only seven years prior.<sup>17</sup> The College was short-lived, however, as Queen Victoria repealed the act less than two years later after hearing complaints from the Royal Colleges of London, whose members felt that their own professional rights and authority were threatened by the incorporation of Upper Canadian physicians.<sup>18</sup> The province's medical practitioners would not achieve self-regulation again until 1866, after the passage of the 1865 Medical Act. Nevertheless, the brief incorporation of the College of Physicians and Surgeons in 1839 signalled the deepest ambitions of Upper Canada's leading practitioners.

The Medical Board, as well as other professional associations including the Medico-Chirurgical Society and the College of Physicians and Surgeons of Upper Canada, advocated for the professional interests of their membership, which comprised many of the leading medical practitioners in the province.<sup>19</sup> These associations served various formal and informal functions within both the medical profession and Upper Canadian society more generally. Though officially responsible for examining and licensing the province's physicians per the Medical Acts of 1818 and 1827, the Medical Board also acted as an intermediary between its members and influential politicians, notables, and the Upper Canadian public. A convention of roughly seventy members of the Board met in June 1852, for example, to discuss continuing efforts to incorporate the profession, as well as the general "improvement of the regular medical profession, and the

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<sup>17</sup> *Statutes of Upper Canada*, 2 Vict., Ch. 38 (1839).

<sup>18</sup> Romano, "Professional Identity and the Nineteenth-Century Ontario Medical Profession," 83.

<sup>19</sup> A full list of the practicing physicians included in the ranks of the Medical Board can be found at the beginning of the 1839 Act to incorporate certain persons under the style and title of the College of Physicians and Surgeons of Upper Canada.

education of the people.”<sup>20</sup> The Medical Board of Upper Canada and its counterpart in Lower Canada also frequently presented petitions to the government addressing matters concerning the professional interests of their members.<sup>21</sup> In a similar manner, the College of Physicians and Surgeons was incorporated in 1839 to regulate the medical profession in Upper Canada, but its members also met and acted to promote the interests of medical education and to support the expansion and centralization of the medical profession in the province.

It was in such a spirit that the College convened a special meeting on 9 June 1840 to discuss a recent decision by the lieutenant governor, Sir George Arthur, to erect the provincial lunatic asylum in Kingston, as outlined in the 1839 Asylum Act. The College’s assembled fellows agreed that Arthur’s decision would have “injurious effects ... upon the best interests of the profession, as well as the rising members thereof.” In a move which acknowledged the pivotal role of medical institutions such as the asylum in the education of young physicians, the College charged its president, Christopher Widmer, with preparing a memorial to the lieutenant governor expressing their collective hope that he instead “locate the asylum in the immediate vicinity” of Toronto.<sup>22</sup> Widmer’s memorial, presented at yet another special meeting of the College the following day, stressed the “vital importance” of Arthur’s decision for the future of the medical profession in the province. The advantages to the profession most emphasized by Widmer included the “opportunities for observation in so large a field as this asylum would present” that would be afforded to medical students at Strachan’s proposed university. He assured Arthur that “the pressure of an institution for the cure of mental diseases as an adjunct to

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<sup>20</sup> “The Medical Profession.—Convention of Members.” *Globe*, 3 July 1852.

<sup>21</sup> “The Petition of the Medical Board of Canada West,” 11 April 1846, reproduced in Canniff, *The Medical Profession in Upper Canada*, 194-5; *Kingston Chronicle & Gazette*, 3 July 1841.

<sup>22</sup> Minutes of a Special Meeting of the College of Physicians and Surgeons of Upper Canada, 9 June 1840, reproduced in Canniff, *The Medical Profession in Upper Canada*, 147-8.

the present practical benefits offered by the General Hospital, will present to the student of medicine, advantages of an importance that he should not ... be deprived of.”<sup>23</sup> Widmer had long held that “the public suffer much from the want of suitable opportunities of medical education” in the province; neither he nor the fellows of the College were prepared to allow such an opportunity to pass them by.<sup>24</sup> As far as the College was concerned, the hospital, the asylum, and the university belonged to the same educational paradigm—they were parts of an inseparable whole, the institutional bedrock of the medical profession. Their proximity was essential to the development of medical education. Divided between Toronto and Kingston, their independent social and medical utility would be dramatically diminished.

Seasoned physicians like Christopher Widmer and the other fellows of the College of Physicians and Surgeons were cognizant of the pedagogical advantages offered by medical internships at working hospitals. By 1850, larger hospitals had become fairly established sites for medical education throughout North America, with students taking on active duties under the supervision of attending physicians in what amounted to *de facto* internships, precursors to the professionally regulated residency programs of the later nineteenth century. These positions were coveted by students, for whom a timely placement in an established hospital promised to confer both professional capital and valuable practical experience, tools which would allow them to rise quickly through the hierarchies of a crowded medical profession.<sup>25</sup> Hospital administrators often referred to the “advantages of place” offered by positions within their institutions.<sup>26</sup> Yet as the

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<sup>23</sup> Memorial of the College to His Excellency Major-General Sir George Arthur, 10 June 1840, reproduced in Canniff, *The Medical Profession in Upper Canada*, 148-9.

<sup>24</sup> “Reply of the Medical Board to Drs. Muirhead, Telfer and Porter’s communication to the Attorney-General through Dr. Widmer,” 10 November 1832, reproduced in Canniff, *The Medical Profession in Upper Canada*, 66-7.

<sup>25</sup> Rosenberg, *The Care of Strangers*, 47-8, 58.

<sup>26</sup> *Ibid.*, 58.

intense debate around the site of Upper Canada's lunatic asylum demonstrates, there were also distinct advantages of place regarding the location of a hospital (or asylum) itself, particularly concerning its proximity to medical schools.

Widmer's claim that an asylum "removed without the pale of the University" would be "shorn of a most valuable and important feature in its usefulness" outlined the College's professional valuation of the asylum, particularly where it concerned the advantages of place conferred by its geographic situation. Yes, the asylum would "afford to the friends of [its] pitiable objects ... the assurance of receiving the most efficient and popular professional aid," but its most valuable results, "politically and morally, to the inhabitants of this favoured Province" lay in its physical contribution to the education of Upper Canada's future medical practitioners.<sup>27</sup> The memorial delineated the roles of the hospital, asylum, and university in medical education, but it did not limit the benefits to those institutions, nor to the medical profession itself. A healthy medical profession meant a healthy society. Widmer's appeals to the broader social utility of a Toronto asylum may have been calculated to convince George Arthur—who had no vested interest in the proceedings of the medical profession—of the vital importance of the College's case. However, Widmer's sentiments were also consistent with the doctor's long-standing commitment to "public welfare" and the "protection of the health of the general community."<sup>28</sup> It could be that Widmer honestly believed that the promotion of medical education in Upper Canada was irrevocably intertwined with matters of public health and social

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<sup>27</sup> Memorial of the College to His Excellency Major-General Sir George Arthur, 10 June 1840, reproduced in Canniff, *The Medical Profession in Upper Canada*, 148-9.

<sup>28</sup> "A letter to Doctor Widmer from Doctors Muirhead, Telfer and Porter, of Niagara, with a copy of a communication from them to the Attorney-General, and his answer," 22 October 1832; "Reply of the Medical Board to Drs. Muirhead, Telfer and Porter's communication to the Attorney-General through Dr. Widmer," 10 November 1832.

welfare. Regardless of his motivations, the intervention of the College of Physicians and Surgeons in the search for a suitable site for asylum care reflected a general interest in the lunatic asylum among medical practitioners, particularly in its capacity as an educational institution.

The Medical Board's memorial appears to have fallen on deaf ears, however. The lieutenant governor did not retract his commitment to Kingston, and plans to erect an asylum there progressed in spite of Widmer's warnings.<sup>29</sup> Judging by Widmer's passing reference to the role of "trifling considerations" in the selection of Kingston as a site for the asylum, as well as several public accusations of corruption among the three commissioners initially selected to oversee the process (whose numbers included Widmer himself), it is safe to say that the search was directed in large part by individual and corporate interests. Widmer was accused of trying to "gull" the magistrates of the Home District into believing that a plot of marshland that he owned was suitable for the site of a lunatic asylum, despite the harmful influences of "*marsh miasmata*."<sup>30</sup> Widmer soon abandoned the path of self-interest, however, if ever he did follow it. He and Alexander Wood, a fellow commissioner and resident of Toronto, presented three suitable sites to the north of the city for the inspection of the College of Physicians and Surgeons, at a distance from the area to the east of the city "within which marsh miasmata are known usually to have a noxious influence."<sup>31</sup> Whatever his underlying motives, Widmer's commitment to a Toronto asylum was unwavering.

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<sup>29</sup> Baehre, "The Ill-Regulated Mind," 100-1.

<sup>30</sup> *Toronto British Colonist*, 16 October 1839.

<sup>31</sup> Minutes of the College of Physicians and Surgeons of Upper Canada, Special Meeting, 16 April 1840, reproduced in Canniff, *The Medical Profession in Upper Canada*, 142-4. Widmer's name does not appear in the minutes for the special meeting in which his proposals were considered, suggesting that he recused himself from the proceedings to avoid further accusations of conflict of interest.

Accusations in both Toronto and Kingston newspapers of the influences of “local partialities” indicate that an ongoing rivalry between the two cities may also have entered into the final selection of a site for the asylum. James Macfarlane, editor of Kingston’s *Chronicle & Gazette*, referred to the “advantages” conferred by public buildings like the asylum, lending credence to historical arguments that the number and character of public institutions figured prominently in contemporary answers to the so-called “capital question.”<sup>32</sup> Certainly the asylum, once finished in 1850, bestowed “significant civic symbolism” upon Toronto “as one of the most expensive and illustrious institutions in Victorian Canada.”<sup>33</sup> Indeed, the asylum would have contributed substantially to “the symbolic identity of [its] host communit[y].”<sup>34</sup> The asylum comprised an important addition to the urban geography of its host city well beyond its significance to medical education and practice. It stands to reason that some residents of Kingston wished to bring that symbolism home in support of the city’s bid for capital status.

Perhaps it was with these considerations in mind that William Macaulay wrote to his brother John, the third member of the asylum commission, to insist that “a pretty noise will be made about it” if the asylum was not located “near Picton.”<sup>35</sup> What other cause would an Anglican clergyman have to intervene in the commission’s search? William probably touched upon the real reason for Arthur’s selection of Kingston in a letter to his uncle, John Kirby, when he surmised that “the Governor General considered that Kingston in the event of the Union

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<sup>32</sup> David B. Knight, *Choosing Canada’s Capital: Conflict Resolution in a Parliamentary System* (Ottawa: Carleton University Press, 1991), 21, 223.

<sup>33</sup> David Wright et al, “A Janus-Like Asylum: The City and the Institutional Confinement of the Mentally Ill in Victorian Ontario,” *Urban History Review* 36, no. 2 (Spring 2008): 43.

<sup>34</sup> R.A. Kearns and A.E. Joseph, “Deinstitutionalisation meets restructuring: the closure of a psychiatric hospital in New Zealand,” *Health and Place* 2, no. 3 (1996): 183.

<sup>35</sup> William Macaulay to John Macaulay, 5 February 1840.

would be the most central place.”<sup>36</sup> The slowness of the government to realize the Asylum Act, likely due to the political “confusion” surrounding the impending union of the Canadas, meant that little progress was made in actually erecting the asylum during the early years of the 1840s.<sup>37</sup> Ultimately, the site of the asylum was removed to Toronto once the Canadian government was transplanted from Kingston to Montreal in 1844.<sup>38</sup> Nevertheless, Christopher Widmer and the College of Physicians and Surgeons had their way in the end. Whether as a result of their campaign or in spite of it, the asylum would contribute to their collective vision for medical education after all—although not, perhaps, as they had initially imagined.

#### *Classrooms, Cadavers, and Commissioners*

Even as the establishment of a permanent asylum building in Kingston appeared well underway, many officials felt that a more expedient solution to the over-crowding of the province’s jails was required. A grand jury met in June 1840 to inspect the Toronto jail and found eleven “destitute insane persons ... confined in the same wards and cells with the other prisoners.” “So long as that building is made to answer the triple purpose of a gaol, a lock-up-house for the City of Toronto, and lunatic asylum,” the jurors concluded, “the best management and most liberal expenditure will fail in keeping the District Gaol in proper order.”<sup>39</sup> Heeding their recommendation that “a temporary asylum should be provided ... until such time as the Provincial Asylum shall be erected,” George Arthur assembled a second commission to oversee the establishment of a provisional asylum.

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<sup>36</sup> William Macaulay to John Kirby, 1 July 1840, Macaulay family fonds, AO, MS 78 Reel 4.

<sup>37</sup> Thomas E. Brown, “‘Living with God’s Afflicted’: A History of the Provincial Lunatic Asylum at Toronto, 1830-1911” (PhD diss., Queen’s University, 1981), 95.

<sup>38</sup> Baehre, “The Ill-Regulated Mind,” 100-1.

<sup>39</sup> “Presentment of the Grand Jury,” *Toronto British Colonist*, 17 June 1840.

At Arthur's suggestion, the commissioners—Robert Sympson Jameson, Sheriff William Jarvis, and Dr. William Gwynne—renovated the former Home District jail for use as a temporary asylum. The new asylum was thus established in the very same building where William Lyon Mackenzie had observed the plight of three lunatic women some twenty years prior. On 21 January 1841, Dr. William Rees recorded the official reception of 17 lunatics in the asylum's register, but in reality, the hospital's first patients—11 men and 6 women—simply remained in the building when their fellow inmates were transferred to the new jail, moving from their old cells to the more spacious, "purified and airing debtors' rooms" once renovations were completed.<sup>40</sup> The only features to distinguish the new asylum from the old jail were £200 in refurbishments, repairs, "stoves, furniture, surgical instruments, dispensary," and clothing for the patients.<sup>41</sup> Nobody imagined that the building was actually suited for the long-term care of lunatics—Jameson commented that "with all that has been done to it, the old Gaol of Toronto, erected for no purpose but that of close confinement, and situated in the most thickly populated part of the City, is little adapted for a Lunatic Hospital."<sup>42</sup> Even the enthusiastic Dr. Rees could not help but acknowledge that his asylum operated "under all the disadvantages ... of a Building originally occupied as a Gaol, situated in a confined part of the City, and surrounded by population."<sup>43</sup>

Regardless, the temporary asylum furnished an opportunity for independent professional advancement—in the medical profession and otherwise—as illustrated in the preceding chapter. It also offered many of the same educational benefits highlighted by the College of Physicians

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<sup>40</sup> "Report ... for the Temporary Asylum for Lunatics at Toronto," *JLAPC* (1842), appendix L.L.

<sup>41</sup> "Statement of the Annual Expenditure for the support of the Temporary Lunatic Asylum," *JLAPC* (1847), appendix M.M.; "Report ... for the Temporary Asylum."

<sup>42</sup> "Report ... for the Temporary Asylum for Lunatics at Toronto," *JLAPC* (1842), appendix L.L.

<sup>43</sup> "Report of the Medical Superintendent," *JLAPC* (1842), appendix U.



and Surgeons in their appeal to bring the permanent asylum to Toronto. In a period when the medical profession was becoming more crowded with each passing year, study in a field as new and untested (and thus unpublished) as asylum medicine grew increasingly appealing.

Specialization was one of several means by which upstart medical practitioners could distinguish themselves and advance their careers within a competitive job market.<sup>44</sup> Besides, a medical student need not even pursue medical specialization to avail himself of the asylum's resources—the asylum also offered an institutional avenue for the observation and treatment of its patients' more common physical ailments.

Toronto's leading physicians were clearly alive to the asylum's potential as a supplement to the medical education furnished at the nearby university and general hospital. The extent to which the temporary asylum was marshalled by professional medical associations as a teaching hospital during its early years is unclear, however. Christopher Widmer certainly exercised some degree of influence in staffing the asylum, writing to Robert Baldwin on several occasions to recommend Rees's dismissal and replacement by consulting physicians, but he gave no sign in these correspondences of his prior ambitions for a teaching asylum.<sup>45</sup> Whereas professional associations were relatively silent about the temporary asylum in the early 1840s, however, some individuals did avail themselves of the asylum's educational potential. The brother of the temporary asylum's steward, Robert Cronyn, was employed as the "Assistant Steward" at the Branch Asylum under Dr. George Hamilton Park. "Mr. Cronyn has been a Medical Student for three years," Park wrote in defense of his qualifications in 1849, "and attended the Medical

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<sup>44</sup> Rosenberg, *The Care of Strangers*, 167.

<sup>45</sup> Christopher Widmer to Robert Baldwin, 16 January 1843, Baldwin Collection of Canadiana, Toronto Reference Library.

Lectures at the University in the winter of 1846 and 1847.”<sup>46</sup> Though not an official internship, Cronyn’s employment at the asylum gave him ample opportunity to observe patients, administer medicines, and accrue the practical experience so essential to his pursuit of a medical career.

Despite the eagerness of the College of Physicians and Surgeons to bring the asylum to Toronto, the organization made no official plans to mobilize the temporary asylum as an educational tool. Nor were any such plans developed by any other professional association during the 1840s. In fact, asylums were generally neglected as formal teaching resources in the English-speaking world throughout the 1840s and 1850s. In an 1858 letter to the *British Medical Journal*, an English doctor, John Webster, lamented “the neglected teaching power of our public lunatic asylums.” Citing the French practice of engaging “*internes*” at public asylums, Webster suggested that lunatic asylums could be rendered, “like general hospitals, more available towards the diffusion of psychological knowledge among medical students.”<sup>47</sup> The asylum was by all accounts the site of several medical internships in the 1850s, after the ascendancy of Dr. Joseph Workman to the office of medical superintendent, but Workman nevertheless complained in 1881 that no official program of medical residency had ever been established at his asylum in conjunction with the medical faculty at the university.<sup>48</sup> Medical internships were not the sole contribution to professional education made by lunatic asylums, however. Institutions such as Toronto’s temporary asylum also provided support for another practice essential to the advancement of medical education: the trade in cadavers.

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<sup>46</sup> Park, *Narrative of the Recent Difficulties in the Provincial Lunatic Asylum in Canada West*, 41.

<sup>47</sup> John Webster, “The Neglected Teaching Power of Our Public Lunatic Asylums,” *British Medical Journal* 1.65 (27 March 1858), 251.

<sup>48</sup> Joseph Workman, “Asylum Management,” *American Journal of Insanity* 38 (1881), 12-3.

As medical education was formalized in Upper Canada, the demand for anatomical specimens increased significantly. It was important for the supply of cadavers to be as local as possible; refrigeration and chemical preservatives were not developed and put to widespread use until the later nineteenth century, and Upper Canada lacked a rapid transportation system like the railroads used in the conveyance of cadavers to Oxford University in England.<sup>49</sup> In fact, such was the relationship between geography and dissection that “living in close proximity of the anatomy school, cemetery, or workhouse enhanced the chances of ending up as research material,” according to historian Elizabeth T. Hurren.<sup>50</sup> Similarly, patients of a state-supported public institution in close proximity to a hospital or medical school were far more likely to be used as medical specimens upon their deaths than those in more distant locales.

Faced with the logistical complications associated with the procurement of cadavers, the Medical Board of Montreal prepared a petition “praying for the enactment of a law to regulate the study of anatomy” in 1842.<sup>51</sup> That same year John Simpson, the member for Vaudreuil County, presented a bill entitled “An Act to regulate and facilitate the study of Anatomy,” in which it was suggested that the bodies of deceased emigrants be submitted to “medical men” for the uses of medical education, namely anatomical dissection and “making skeletons.”<sup>52</sup> Simpson faced some resistance from his fellow assemblymen. Several members expressed their worries

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<sup>49</sup> Tatjana Buklijas, “Cultures of Death and Politics of Corpse Supply: Anatomy in Vienna, 1848-1914,” *Bulletin of the History of Medicine* 82, no. 3 (Fall 2008): 587; Elizabeth T. Hurren, “Whose Body is it Anyway? Trading the Dead Poor, Coroner’s Disputes, and the Business of Anatomy at Oxford University, 1885-1929,” *Bulletin of the History of Medicine* 82, no. 4 (Winter 2008): 795-6.

<sup>50</sup> Elizabeth T. Hurren, “A Pauper Dead-House: The Expansion of the Cambridge Anatomical Teaching School under the late-Victorian Poor Law, 1870-1914,” *Medical History* 48, no. 1 (2004): 88.

<sup>51</sup> *Journals of the Legislative Council of the Province of Canada*, vol. 3 (1843), 31.

<sup>52</sup> *Debates of the Legislative Assembly of United Canada, 1841-1867*, ed. Elizabeth Nish (Montreal: Presses de l’École des hautes études commerciales, 1970), 464-7.

that the act would give too much license to physicians who, they suggested, could not be counted on to respect the dead. They also maintained that the act encouraged barbarity against “friendless emigrants.” The assemblymen’s concern for the fates of these impoverished, friendless, and nameless emigrants reflected the intersection of anxieties about the morality of the medical profession with traditional notions of charity and interment. Historian Brian Young has exemplified how the emergence of public, non-profit cemeteries across the Western world reflected efforts to preserve familial and religious identity in the face of encroaching modernity.<sup>53</sup> The charitable interment of orphans and the poor became associated with urban, bourgeois identity and respectability; failure to properly administer the burial rites of these friendless classes reflected poorly on their paternalistic benefactors and flew in the face of “shared understandings of decent and customary interment.”<sup>54</sup>

The callousness with which medical students reportedly treated their anatomical specimens, be they rich or poor, was also understood by the assemblymen, and indeed most Upper Canadians, to be an affront to both religious and secular propriety. Newspapers frequently reported cases of body-snatching, also popularly referred to as “resurrection,” with attitudes ranging from distaste to alarm.<sup>55</sup> Popular opposition to practices of resurrection led in a few

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<sup>53</sup> Brian Young, “Death, Burial, and Protestant Identity in an Elite Family: The Montreal McCords,” in *Negotiating Identities in 19<sup>th</sup> - and 20<sup>th</sup>-Century Montreal*, ed. Bettina Bradbury and Tamara Myers (Vancouver: University of British Columbia Press, 2005), 102-4.

<sup>54</sup> Ibid.; Julie-Marie Strange, *Death, Grief, and Poverty in Britain, 1870-1914* (Cambridge, UK: Cambridge University Press, 2005), 100.

<sup>55</sup> This contemporary phraseology of *resurrection* bespeaks the immanently (sac)religious nature of the practice. Christian eschatological narratives often conflated the body with the soul (or self), as in biblical imagery of corporeal bodies ascending to heaven, even as Lockean philosophy challenged assumptions about “the centrality of the body in the establishment and preservation of personal identity and the promise of resurrection.” Many believed that only the proper burial of the body could ensure the continuance of the self into the afterlife. Lucia Dacome, “Resurrecting by Numbers in Eighteenth-Century England,” *Past & Present* 193

cases to eruptions of violence—several resurrection riots in the United States specifically targeted university medical departments—and the practice was almost universally disparaged outside of the medical profession.<sup>56</sup> Although some medical students responded to public critiques of resurrection by petitioning for legislation to legitimize anatomical dissection, many students behaved in ways which did nothing to improve their public image. In 1870, the *Star* reported a gruesome scene of “rowdiness” in Montreal, when seventy medical students “promenaded the streets ... with a human leg, thrusting it into a passer’s face.” The newspaper threatened to publicly name six of their number if they did not present the newspaper with the names of three of their classmates who had allegedly “‘resurrected’ a young woman before her time” and subsequently anatomized her body in a “private dissecting-room in the city.”<sup>57</sup> The *Star*’s stunning allegation of murder by these “enterprising gentlemen” recollected the infamous Burke and Hare murders in Scotland almost fifty years prior, which prompted countless allegations of “burking” throughout the latter half of the nineteenth century, many of them of dubious authenticity.<sup>58</sup> Certainly there is no evidence that there was ever a so-called “burking house” in the city of Toronto.

Widespread anxieties about dissection and resurrection nevertheless contributed to the reluctance of the Province of Canada’s assemblymen to accept John Simpson’s Anatomy Bill.

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(November 2006): 76. See also Fernando Vidal, “Brains, Bodies, Selves, and Science: Anthropologies of Identity and the Resurrection of the Body,” *Critical Inquiry* 28 (2002).

<sup>56</sup> Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton, NJ: Princeton University Press, 2004), 117-8. See also Linden F. Edwards, “Resurrection Riots during the Heroic Age of Anatomy in America,” *Bulletin of the History of Medicine* 25, no. 2 (March/April 1951).

<sup>57</sup> Reprinted in the *Toronto Globe*, 22 November 1870.

<sup>58</sup> Sappol, *A Traffic of Dead Bodies*, 236, 317-8; Alun Evans, “Irish Resurrectionism: ‘This Execrable Trade,’” *Ulster Journal of Archaeology*, 3, no. 69 (2010): 167; John Knott, “Popular Attitudes to Death and Dissection in Early Nineteenth-Century Britain: The Anatomy Act and the Poor,” *Labour History* 49 (November 1985): 15.

Thomas Cushing Aylwin also expressed apprehensions about Simpson's bill, suggesting that bodies should be turned over to municipal authorities, rather than doctors—a clear challenge to the professional authority and respectability of the province's physicians. Henry Sherwood, the member for Toronto, "concurred in the necessity of facilitating the study of medicine," but suggested that "the bodies of ruffians executed for crimes may be given over for dissection" instead of emigrants.<sup>59</sup> In the acquirement of anatomical specimens, traditional Christian notions of proper interment thus met uncomfortably with pragmatic acknowledgements of the scientific necessity of anatomical dissection.<sup>60</sup> Even the use of the bodies of so-called "ruffians" as anatomical specimens was met with a certain amount of public discomfort, leading the Kingston *Whig* to comment after the daylight delivery of a convict cadaver to a medical school that "it is all right," but "a little more secrecy about such matters should be practiced."<sup>61</sup> The necessity of anatomical dissection was difficult to challenge on empirical grounds, but Victorian standards of morality made it difficult for public figures to endorse the practice in the light of day. Even so-called "friendless emigrants," who were buried in mass graves from necessity during epidemics were not considered fit subjects for dissection.

Ultimately, Simpson's bill passed with some revision. The resulting Act to regulate and facilitate the study of Anatomy [1843] allowed for "public teachers of Anatomy or Surgery, or private Medical Practitioners having three or more pupils for whose instruction such bodies shall be actually required" to claim "the bodies of persons found dead publicly exposed, or who immediately before their death shall have been supported in and by any Public Institution

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<sup>59</sup> *Debates of the Legislative Assembly of United Canada*, 466.

<sup>60</sup> Julie-Marie Strange, "Only a Pauper Whom Nobody Owns: Reassessing the Pauper Grave, c. 1880-1914," *Past & Present* 178 (February 2003): 148-9.

<sup>61</sup> *Globe*, 27 January 1871.

receiving pecuniary aid from the Provincial Government.”<sup>62</sup> The concurrence of the act with the inauguration of King’s College was not coincidental. The legislation clearly favoured the advancement of medical education in the province, despite some of the assemblymen’s reservations about the conduct of the medical profession.

The act does not seem to have adequately addressed the requirements of Upper Canada’s medical schools, however, as the illicit trade in cadavers continued unabated in the province after 1843.<sup>63</sup> In 1849, for example, three men were caught exhuming the body of a soldier of the Canadian Rifle Corps in Toronto’s military burial ground. Two of the men were confirmed to be students of medicine at the University of Toronto.<sup>64</sup> Medical students at the Victoria University Medical School complained in 1855 that the bodies they received for anatomical dissection were too mutilated to be useful for instruction.<sup>65</sup> The 1843 Anatomy Act also limited the reception of specimens to medical instructors, meaning that physicians requiring cadavers for independent research were frequently stymied in their search for legal cadavers. Even legal specimens were so limited as to encourage the employment of traditional practices of resurrection by medical students well into the late nineteenth century. The provincial papers thus intermittently reported “corpse raisings” similar to the exhumation of the soldier in 1849.

As a “Public Institution receiving pecuniary aid from the Provincial Government,” the temporary lunatic asylum represented a legal source for cadavers. Given the complaints of medical students regarding the quality of bodies received from the government via the Anatomy

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<sup>62</sup> “An Act to regulate and facilitate the study of Anatomy,” *The Provincial Statutes of Canada*, 7 Vict., Ch. 5 (1843).

<sup>63</sup> Royce MacGillivray, “Body-Snatching in Ontario,” *Canadian Bulletin for the History of Medicine* 5 (1988): 54-6.

<sup>64</sup> “The Late Corpse Raising,” *Globe*, 3 February 1849.

<sup>65</sup> Romano, “Professional Identity and the Nineteenth-Century Ontario Medical Profession,” 88.

Act, and the general dearth of cadavers, physicians desired a more direct control over the supply of bodies. An anonymous statement printed in the *Globe* on 18 November 1848 alleged that Dr. George Hamilton Park, the medical superintendent at the temporary asylum, and Dr. John Rolph, who had for some time served as provisional superintendent in Park's absence, were involved in a scheme to procure the bodies of asylum patients for the use of Rolph's medical school. The anonymous accuser claimed that Rolph fired a servant of the asylum so that he could fill the vacancy with "a man discharged from the General Hospital, for arranging the stealthy removal of a body," leaving bundles of wood in its place. "This in a Lecturer in a Medical School was enough to call forth caution on the part of the Board," the informant concluded.<sup>66</sup> If these allegations were true, then the role of the proximity of Toronto's medical institutions in the illicit pseudo-medical careers of men like Rolph's favoured servant (whose name was given only as O'Neill) should not be underestimated.

Joseph Workman, editor of the *Mirror* and lecturer in midwifery at Rolph's school, suggested that the claims had originated from a member of the Board in an attempt to air their grievances before the court of public opinion. The claims themselves he disregarded as nonsense: "The allusion that Dr. Rolph, as a lecturer in a Medical School, *insinuating* as a motive in the employing of O'Neill, that he was placed in the Asylum as a person who would be useful in procuring subjects, we regard as peculiarly unbecoming."<sup>67</sup> Yet Rolph's past and future experiences with anatomy indicate that the anonymous allegations were not as preposterous as Workman suggested. After Rolph fled to Rochester following the 1837 rebellion, Christopher Widmer wrote to his exiled colleague to complain of the decreased frequency of dissections in

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<sup>66</sup> "Lunatic Asylum," *Globe*, 18 November 1848.

<sup>67</sup> "The Lunatic Asylum," *Mirror*, 1 December 1848.



the city: “There are no dissections going on now [at your school] or anywhere else. In you we have lost our Hunter!”<sup>68</sup> While living in Rochester, Rolph continued to instruct several of his students, who followed him there after his flight from Toronto. Rolph conducted dissections in his attic, arranging for cadavers to be shipped across Lake Ontario in whisky barrels to accommodate his lessons; an indelicate method, perhaps, but an expedient one.<sup>69</sup> And Rolph’s school did indeed suffer from a deficiency of cadavers throughout the 1840s and 1850s. John Strachan, with networks forged through years as a trustee of the general hospital and all of his Anglo-Tory connections in the city, controlled the flow of legal specimens from the hospital, leaving Rolph to seek out other means to procure bodies for his own school, some of them less than respectable.<sup>70</sup> Under pressure to find subjects for dissection, it is not so unbelievable that Rolph would have turned to the lunatic asylum. In a strictly regulated market, alienists such as Dr. Park became “gatekeepers to cadavers.”<sup>71</sup>

Whatever the truth of Rolph’s involvement at the asylum in 1848, he was not the last physician to be accused of manipulating the institution to secure cadavers for dissection. In 1851, Dr. John Scott made headlines throughout the province when he was accused of conducting clandestine dissections at the asylum, or else covertly providing anatomy students with subjects for anatomical study. On a Monday afternoon in early November 1851, the sexton of the Potter’s

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<sup>68</sup> Christopher Widmer to John Rolph, 26 September 1838, reproduced in Marian A. Patterson, “The Life and Times of the Hon. John Rolph, M.D. (1793-1870),” *Medical History* 5, no. 1 (January 1961): 27. William Hunter was a famed Scottish anatomist known for his work in dissection.

<sup>69</sup> Sappol, 60.

<sup>70</sup> Jacalyn Duffin, “In View of the Body of Job Broom: A Glimpse of the Medical Knowledge and Practice of John Rolph,” *Canadian Bulletin of Medical History* 7, no. 1 (Spring 1990): 24.

<sup>71</sup> David Wright et al, “Dying to Get Out of the Asylum: Mortality and Madness in Four Mental Hospitals in Victorian Canada, 1841-1891,” *Bulletin in the History of Medicine* 87, no. 4 (2013): 591.

Field cemetery was alerted by an undertaker to an unusually light casket sent from the asylum. Upon examination, the coffin was found to contain carpenter's shavings and the "mutilated" remains of a patient, whose head, neck, arm, and leg were missing. An inquest by the city coroner, two physicians, and a grand jury revealed that the body belonged to a patient named George Andrews. Having been discovered, Dr. Scott returned Andrews' missing body parts, but not in time to avoid both public and professional scrutiny for his misappropriation of asylum resources—in this case, the bodies of his patients.

This episode revealed the degree to which interpretations of both the asylum and the practice of anatomical dissection differed between medical practitioners and the lay public. One of the physicians present at the inquest—a doctor named Lyons—confirmed that the body had indeed been dissected by a medical professional, observing that "an incision at the bend of the arm looks as if some person had been practicing tying the artery." He further observed that it "could not have been made by a person altogether ignorant of anatomy," suggesting either Scott's involvement or that of a medical apprentice. Lyons also ruled that it "was not necessary to amputate those parts and to make these dissections" in the course of a routine autopsy. Dr. Scott, on the other hand, insisted that the dissections were performed as part of a necessary "*post mortem*" to determine the role of insanity in his patient's death.<sup>72</sup> These distinctions were of great significance to the public.

The *Examiner* accepted Dr. Lyons' assurances that "the dismembering of the body was not necessary to ascertain if Andrews had died of insanity," and thus concluded that the dissection was "a personal, a gratuitous, an illegitimate, a foreign 'anatomical purpose' for which

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<sup>72</sup> "The Asylum Dissecting Affair," *Examiner*, 19 November 1851.

these portions of the body were cut off and unwarrantably retained by Dr. Scott.”<sup>73</sup> Scott’s most egregious failing was in neglecting to properly inter the specimens after dissection. Despite the assurances of the asylum’s apothecary that the dismemberment of patients’ bodies was “done very rare,” the public was not mollified. It was both a legal requirement of the Anatomy Act and a matter of propriety that anatomists ensure the “decent interment” of their subjects “after they shall have served the purposes required.”<sup>74</sup> Furthermore, Scott’s actions confirmed existing prejudices against the medical profession, such as those exhibited in the deliberation of the Anatomy Act years earlier. “This mangling of the body and this fraudulent pretence of sending it for interment are defended, we understand, on the ground that the unfortunate deceased had no friends! No friends!” went the call from the *North American Semi-Weekly* (though no such defense was mounted by either Scott or his supporters).<sup>75</sup> The sentiment matched almost exactly the earlier fears of some assemblymen that “friendless emigrants” would become the prey of unscrupulous medical men in the wake of the Anatomy Act.<sup>76</sup>

The *Globe* also offered a circumspect assessment of the situation. “We have no prejudice in regard to the examination of dead bodies,” wrote George Brown, “for the practice is absolutely necessary for instructing the professors of the healing art.” However, the asylum did not figure within George Brown’s paradigm of medical instruction. “It does not seem decorous,” he elaborated, “that an Institution such as the Lunatic Asylum should be converted into a College of Anatomy.”<sup>77</sup> Self-evident though the relationship between the asylum and medical education

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<sup>73</sup> “The Lunatic Asylum Affair,” *Examiner*, 19 November 1851.

<sup>74</sup> “An Act to regulate and facilitate the study of Anatomy,” *The Provincial Statutes of Canada*, 7 Vict., Ch. 5 (1843).

<sup>75</sup> “The Lunatic Asylum Business,” *North American Semi-Weekly*, 18 November 1851.

<sup>76</sup> *Debates of the Legislative Assembly of United Canada, 1841-1867*, ed. Elizabeth Nish (Montreal: Presses de l’École des hautes études commerciales, 1970), 464-7.

<sup>77</sup> “The Lunatic Asylum,” *Globe*, 25 November 1851.

may have been to medical practitioners such as Scott, their connection was far more tenuous in the eyes of the lay public. “So it seems we have sent Dr. Scott to the Asylum to give him an opportunity of studying practical anatomy!” exclaimed the *North American Semi Weekly*. Like the *Examiner* and the *Globe*, the *North American* did not recognize the legitimacy of dissections of asylum patients for any purpose beyond autopsy. Scott’s dismembering of his patient was an effect not of “necessary researches,” but rather of “the caprice of the Medical Superintendent.”<sup>78</sup> Whether or not Scott’s caprice impelled him to perform these dissections himself, or to enable their performance by medical students (as insinuated in Dr. Lyons’ report), the asylum had clearly become implicated once again in the morally ambiguous world of body-snatching, dissection, and anatomy.

Scott escaped meaningful discipline for his professional indiscretions, largely because of the exertions of his father-in-law John Roaf, who was an influential member of the asylum commission. It is unclear whether or not Scott’s anatomical “researches” continued after the winter of 1851. There were no further reports of Scott performing unsanctioned dissections, but the public did worry that he used altogether “too much enthusiasm” in his later role as associate coroner for the city of Toronto more than a decade later.<sup>79</sup>

As for dissections at the asylum, if they did continue it was with considerably more discretion. In 1857, an asylum attendant named James Magar reported that “I have known the bodies of the dead to be dissected for the information of Doctors not connected with the Asylum, and their brains kept after the body was interred.”<sup>80</sup> Given the timing of Magar’s allegations in

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<sup>78</sup> “The Lunatic Asylum Business,” *North American Semi-Weekly*, 18 November 1851.

<sup>79</sup> A.W. Rasporich and I.H. Clarke, “Scott, John,” *DCBO*.

<sup>80</sup> “Return to an address . . . relating to the recent investigation into certain charges preferred against the management of the Provincial Lunatic Asylum,” *AJLAPC* (1857), Appendix 12.

1857, the attendant likely referred to Workman's contribution of cadavers to the professors of the Toronto School of Medicine. These transactions were part of the same arrangement with John Rolph which saw Workman granted the office of medical superintendent in 1853.

*"Dr. Rolph's Objects Accomplished"*

Having relied during his residence in Rochester upon the transnational traffic in cadavers, Rolph no doubt developed an appreciation for the convenience of local supplies of anatomical subjects.<sup>81</sup> The proximity of the asylum (and its supply of bodies) to the Toronto School of Medicine [TSM] was likely a factor in his pursuit of authority at the institution. It is possible that he acted through his son-in-law, Dr. George Hamilton Park, during Park's tenure as medical superintendent. He undoubtedly enjoyed unrestricted access to the institution during his time as its provisional superintendent in the summer of 1848.

Rolph's efforts to secure managerial control of the asylum did not go unnoticed. James Hervey Price, one of a growing number of Rolph's Reform adversaries, linked the doctor's involvement at the asylum with the advancement of his medical school. In a private letter to George Brown dated 28 December 1848, Price insisted that the "bitter, gloomy, and revengeful" Rolph was determined "either to destroy the Baldwin ministry or to compel that ministry to alter the Bill for the Lunatic Asylum giving all power to Park that Rolph and his medical school might rule it for the School's benefit."<sup>82</sup> Historian A.B. McKillop suggests that contemporary critics suspected that Rolph's "medical schemes" were supported by Francis Hincks in return for his

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<sup>81</sup> Sappol, *A Traffic of Dead Bodies*, 60.

<sup>82</sup> G.M. Craig, "Rolph, John," *DCBO*; Brown Papers, Price to Brown, 28 December 1848, cited in J.M.S. Careless, *Brown of the Globe volume 1: The Voice of Upper Canada, 1818-1859* (Toronto: The Macmillan Company, 1959), 105.

cooperation in propping up the Hincks-Morin combination cabinet.<sup>83</sup> Likewise, the editor of the *Sarnia Shield* reported that “people very naturally consider that [Rolph] has a medical school in Toronto himself,” when contemplating the doctor’s later steps to secure control over Toronto’s suite public health institutions and the University of Toronto’s faculty of medicine.<sup>84</sup> Indeed, Rolph’s actions between his return to Toronto in 1843 and the collapse of his medical school in 1857 do seem to indicate that the physician-cum-politician conspired to employ not only the asylum but also the general hospital and the university in an extensive scheme to ensure the success of the Toronto School of Medicine.

Historians R.D. Gidney and W.P.J. Millar argue that “the history of medical education in nineteenth-century Ontario, and especially in Toronto, is not that of the United States writ small.”<sup>85</sup> Many aspects of their histories are similar—just as Toronto and Kingston battled for control of the lunatic asylum, “urban rivalries” dictated much of the institutional development of medicine in the United States. However, country schools in the US bore little resemblance to the proprietary medical schools that developed in mid-nineteenth-century Toronto.<sup>86</sup> Unlike country schools, which did not often benefit from access to hospitals, proprietary institutions like the TSM enjoyed varying degrees of access to the Toronto General Hospital and, as we have seen, the Provincial Lunatic Asylum. The extent of the privileges enjoyed by a proprietary school, however, was based upon a complex network of interpersonal, interinstitutional, and political relationships. Where Toronto’s medical history differed from that of the United States was in its integration with the city’s unique political culture. For many in Toronto, medical practitioners

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<sup>83</sup> McKillop, *Matters of Mind*, 60.

<sup>84</sup> “Dr. Rolph and the University,” reprinted in the *Globe*, 15 March 1853; “University Bill,” 21 October 1852.

<sup>85</sup> Gidney and Millar, “The Reorientation of Medical Education,” 53.

<sup>86</sup> Rosenberg, *The Care of Strangers*, 195.

were viewed as “the scalpel-wielding heirs of the old Tory oligarchy.”<sup>87</sup> To understand how Rolph came to dominate the medical profession in Upper Canada for a brief period from 1853 to 1857, it is necessary to understand the shared history of politics and medical education in the province.

Medical schools before the 1840s did not enjoy any special recognition by the Medical Board of Upper Canada. Practitioners who held a diploma from a recognized university (such as Oxford or Cambridge in England), who had served as a military surgeon, or who belonged to the College of Physicians and Surgeons in London were granted a license to practice medicine in Upper Canada after an official review of their credentials. Other applicants were required to submit to examination by the Medical Board.<sup>88</sup> Small schools such as the one established by John Rolph and Charles Duncombe at St. Thomas in 1824 did not thus receive any special status—their graduates were required to submit to examination by the Medical Board as would any other quack or rural practitioner. The same was true of Rolph’s first Toronto school, opened in 1832. The nature of institutional medical education changed in the 1840s, however, when the medical faculty at King’s College and the re-formed TSM were both recognized by the Medical Board.<sup>89</sup> The legitimacy conferred by this accreditation made tuition at Rolph’s school a more appealing option than a rural (or even urban) apprenticeship, as did the advantages of place offered by the TSM’s proximity to the general hospital. Yet, just as the TSM began to reap the rewards of its new found legitimacy, Rolph was faced with a new barrier to the advancement of his school. Space for medical students at the hospital was limited, and the TSM was forced to compete for internships with the far better-connected faculty of medicine at King’s College.

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<sup>87</sup> McKillop, *Matters of Mind*, 59.

<sup>88</sup> Baehre, “*The Medical Profession in Upper Canada Reconsidered*,” 104-5.

<sup>89</sup> McKillop, *Matters of Mind*, 60.

John Strachan was deeply involved in the early life of the Toronto General Hospital. In 1819, when the government of Upper Canada granted 400 acres of land for the establishment of a hospital, Strachan—along with fellow Anglo-Tory notables Chief Justice William Drummer Powell and James Baby—was named trustee; a position to which he was granted a hereditary right.<sup>90</sup> The undemocratic provisions of the hospital’s Board of Trustees drew criticism from none other than William Lyon Mackenzie, who submitted a grievance to the Assembly in 1835 calling for its reform. Mackenzie’s fellow assemblymen agreed that “unless its managers shall be made elective by proper bodies of the inhabitants of the city and county, there is reason to fear that [the hospital] will not prove of that utility to the public, which its means otherwise indicate.”<sup>91</sup> Mackenzie’s demands were echoed by efforts to democratize the hospital and Medical Board in 1836, when a public meeting of physicians was held at Toronto’s court house to protest the privileged access to the hospital enjoyed by only a few practitioners (these were largely the Anglo-Tory “heirs” to the Family Compact), and to discuss the expansion of the Medical Board’s membership to include a wider cross-section of the Upper Canadian medical profession.<sup>92</sup> Despite these interventions, Strachan maintained a firm hand in the management of the hospital until 1841, when the Board of Trustees was reformed without him. Yet the bishop’s departure from the board did nothing to sever his personal ties to the hospital’s other managers, including Christopher Widmer and Henry Boulton, nor to diminish his overall influence within the government of the city and province.

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<sup>90</sup> Connor, *Doing Good*, 27, 41.

<sup>91</sup> *JHAUC* (1835), Appendix no. 21, “Seventh Report of Committee on Grievances,” no. 64, p. 79, “Toronto Hospital.”

<sup>92</sup> *Recorder*, 6 January 1836; see also William Gwynne to Sir Francis Bond Head, 29 January 1836 and 5 March 1836, cited in Baehre, “*The Medical Profession in Upper Canada Reconsidered*,” 112.



In the summer of 1847, the Board of Trustees was reformed once again, as several new regulations were introduced for the hospital's better management. Included among the new rules were stipulations which ensured that the hospital wards were open for the training of medical students, as well as a requirement that the Board of Trustees include the mayor of Toronto, the president of the Board of Trade and, significantly for John Rolph's future schemes, "two Senior Professors of any School of Medicine to be hereafter established in the said City."<sup>93</sup> Although the Act to incorporate the Trustees of the Toronto Hospital ostensibly democratized the hospital's management, and protected the rights of students to learn in its wards, the act's vague terminology ensured future complications. Specifically, the question of *which school* the two "Senior Professors" should come from, and what defined seniority, would frustrate the city's medical educators in the coming years.<sup>94</sup>

Despite these efforts to democratize the hospital, Rolph was consistently frustrated by his school's lack of access to its wards—or, perhaps more accurately, he was resentful of the privileged access to the hospital enjoyed by the medical faculty at the university. Besides receiving Strachan's leavings when it came to medical specimens, Rolph also found that the TSM was given short shrift in the matter of medical tickets—passes handed out by the hospital permitting students to observe surgeries and participate in medical internships in the wards. A letter from an anonymous "Medical Student" printed in the *British Colonist* in 1855 referred to "an evil which has grown grey in sin," namely the longstanding preferential management of the hospital in favour of the medical faculty at the university and the subsequent exclusion of TSM

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<sup>93</sup> *Statutes of the Province of Canada*, "An Act to Incorporate the Trustees of the Toronto Hospital," 10 & 11 Vic., cap. 57 (1847), 1583-6.

<sup>94</sup> Connor, *Doing Good*, 47-8.

students from its wards.<sup>95</sup> Students of the TSM also complained in 1851 that the Medical Board and the medical faculty of the university were comprised of many of the same physicians and thus, the examinations of TSM students by the Medical Board were not impartial.<sup>96</sup> Furthermore, a special commission of inquiry into the affairs of King's College found that the university's medical students had been sponsored by the government "in attendance on the Hospital practice" to the order of £1,145 16s. 8d. The commissioners concluded that "this expenditure would seem uncalled for" and that "the University medical students should have been permitted to attend the Hospital on the same terms as the students from other schools; that is, on paying the usual Hospital fees." The report further noted that students from other medical schools, including the TSM, were required to pay the professors regular fees for "Clinical tickets."<sup>97</sup> Rolph's school thus operated at a significant disadvantage throughout the 1840s.

Rumblings amongst the province's political élite suggest that Rolph began weighing legislative resolutions to the TSM's troubles as early as 1848, when James Hervey Price intimated to George Brown that Rolph hoped "either to destroy the Baldwin ministry or to compel that ministry to alter the Bill for the Lunatic Asylum."<sup>98</sup> Rolph's intentions became clear in the fall of 1852 and the spring of 1853, when he introduced three separate bills to reform the University of Toronto, the Toronto General Hospital, and the Provincial Lunatic Asylum. True to

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<sup>95</sup> *Toronto British Colonist*, 24 March 1855; *Report of An Investigation by the Trustees of the Toronto General Hospital, into certain charges against the management of that institution* (Toronto: Globe Book and Job Office, 1855), 6.

<sup>96</sup> *JLAPC* (1851), 83-4. Medical students in Lower Canada made similar complaints in the same year, when "Students in the School of Medicine and Surgery of *Montreal*" requested to be placed "upon an equal footing with those of *McGill College*, with regard to their examination by the Provincial Medical Board. See *JLAPC* (1851), 37.

<sup>97</sup> "Final report of the commissioners of inquiry into the affairs of King's College University, and Upper Canada College." *JLAPC* (1851), Appendix E.E.E.

<sup>98</sup> Brown Papers, Price to Brown, 28 December 1848, cited in Careless, *Brown of the Globe*.

Price's estimation, Rolph had indeed benefitted from the fall of Baldwin's ministry in 1851. Leveraging his popularity as *de facto* leader of the Clear Grit wing of the Reform party, Rolph became the lynch-pin of Francis Hincks and Augustin-Norbert Morin's combination government. It was from this advantageous position that Rolph orchestrated his attempted coup of the Upper Canadian medical profession in 1853.

The University of Toronto was the first casualty in Rolph's war against the entrenched hierarchy of the province's medical profession. John Strachan's control of university education in Upper Canada had already been destabilized in the wake of Robert Baldwin's 1849 University Act, which secularized the university and brought it under government control, marking "the extension of the secular state into the realm of higher education."<sup>99</sup> Determined to provide an Anglican option for university studies, Strachan subsequently established the University of Trinity College in 1851. Trinity promptly arranged an affiliation with the Upper Canada School of Medicine [UCSM], a proprietary medical school founded in 1850. The UCSM added to Rolph's frustrations—his professors complained that "Trinity men" were monopolizing corpses from the hospital—but the University of Toronto medical faculty, and their close affiliation with the Medical Board, remained his priority.<sup>100</sup> In October 1852, Hincks introduced a bill to reform the university, and in April of the following year the Act to amend the Laws relating to the University of Toronto received royal assent.<sup>101</sup>

By all outward appearances, the Hincks Act was a thoroughly liberal piece of legislation. Building upon the government centralization of the 1849 Baldwin Act, the bill restructured the University of Toronto as an examining body; teaching duties would henceforth be undertaken by

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<sup>99</sup> McKillop, *Matters of Mind*, 20. Henceforth the Baldwin Act.

<sup>100</sup> George W. Spragge, "Trinity Medical College," *Ontario History* 58, no. 2 (June 1966): 72.

<sup>101</sup> Henceforth the Hincks Act.

denominational colleges affiliated with the university, so as to limit the central authority of the government over higher education.<sup>102</sup> The bill also abolished the university's faculties of medicine and law—a massive blow against the province's medical oligarchy. This measure was couched within *laissez faire* rhetoric which suggested that “public funds should not be used to educate members of a lucrative profession.”<sup>103</sup> Despite these outward appearances of liberal equanimity, however, several critics suggested that the bill was merely a contrivance of Rolph's, designed to serve the interests of his medical school. John A. Macdonald intimated as much in a speech to the Assembly, and James Henry Richardson suggested in a letter to the university's president, James Loudon, that Rolph had demanded “control of the Toronto Gen Hospital. The Lunatic Asylum & the University of Toronto Question” in return for his pivotal support of the Hincks-Morin ministry.<sup>104</sup> Contemporaries who were critical of Hincks and Rolph's unhallowed alliance thus referred to the Hincks Act by another name: “the Rolph act.”<sup>105</sup>

Freed of his professional rivalry with the now-defunct medical faculty of the University of Toronto, Rolph turned his attentions to his sole remaining competitors: Strachan, Trinity College, and its Upper Canada School of Medicine. As we have seen, Strachan's Anglo-Tory connections helped to make the UCSM an authoritative presence in the city's medical institutions. Unable to influence the operations of the UCSM directly from his position in government, Rolph instead introduced two bills to reform the hospital and the asylum. His Act to

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<sup>102</sup> Some critics did consider the bill to be regressive, as it returned the university to a non-denominational rather than a secular paradigm.

<sup>103</sup> Duffin, “In View of the Body of Job Broom,” 11.

<sup>104</sup> Dr. J.H. Richardson to President [James] Loudon, June 27 1853, quoted in Martin L. Friedland, *Notes for The University of Toronto: A History* (Toronto: University of Toronto Press, 2002), 31 n103.

<sup>105</sup> Friedland, *The University of Toronto: A History* (Toronto: University of Toronto Press, 2002), 41.

amend the Laws relative to the Toronto General Hospital, like the Hincks Act before it, was clothed in liberal rhetoric. The bill promised to rationalize and democratize the management of the hospital in such a way that even George Brown, the renowned cynic and self-proclaimed guardian of liberal democracy, heralded the proposed changes as being “much required.”<sup>106</sup> The bill would place the fiscal management of the hospital in the hands of a reformed Board of Trustees and a designated clerk, turning the management of its wards over to an eight-person medical staff.<sup>107</sup> Effectively, the act introduced a new bureaucratic managerial paradigm, entrusting experts with the medical stewardship of the hospital while designating its fiscal supervision to transparent and specialized administrative bodies.

Of course, the act promised unique benefits for Rolph and the Toronto School of Medicine, but even these were heralded as equalizing measures in the altogether uneven Upper Canadian medical profession. In the immediate wake of the act’s passage in June 1853, Drs. William Thomas Aikins and Henry Hover Wright, lecturers at the TSM, were appointed to the hospital’s medical staff—a definitive coup for the school in terms of its access to the wards. Samuel J. Stratford, a former faculty member at both the Toronto School of Medicine and the Upper Canada Medical School, declared in the *Upper Canada Journal of Medical, Surgical and Physical Science* that Aikins and Wright’s appointments were a remedy to the recent complaints about intrigue and “non-attendance” at the hospital and a “great advantage to the Student.”<sup>108</sup> Stratford felt that the Hospital Act did not go quite far enough, however. He penned an open letter to Rolph calling for the “incorporation of the medical profession” in Upper Canada, citing

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<sup>106</sup> *Globe*, 31 May 1853.

<sup>107</sup> *The Provincial Statutes of Canada*, 16 Vict., Ch. 220 (1853).

<sup>108</sup> Samuel J. Stratford, “Toronto General Hospital,” *Upper Canada Journal of Medical, Surgical and Physical Science* 3 (1853), 29.

the “miserably divided and degraded condition” of the profession, and the consequent manner in which medical students were “deceived and disheartened” by the inequality of the medical schools.<sup>109</sup> Rolph had certainly taken strides to unite the profession, though not as Stratford set forth in his plea for incorporation. Each step he took ensured that Toronto’s medical institutions would work in harmony ... to the benefit of the Toronto School of Medicine.

The asylum was the final piece in Rolph’s bid to unify the medical profession. His involvement there dated back to his dalliances in asylum medicine with Park in 1848, but the temporary asylum proved difficult to infiltrate. The chief problem lay with its intractable Board of Commissioners. The lunatic asylum proved to be a very profitable enterprise for some of the commissioners, as discussed in the previous chapter. Commissioner O’Beirne, for instance, tendered contracts for clothing to his son-in-law, Mr. O’Dea, “arbitrarily by way of patronage.” Another of the commissioners, William McMaster, also arranged with Park to fill an order for clothing.<sup>110</sup> Faced with an entrenched board whose members were appointed for indefinite terms, Rolph was unable to gain the leverage he desired in 1848. He may have tried other tactics to secure a foothold at the asylum. Rolph’s Clear Grit associate, Malcolm Cameron, was discovered interfering at the asylum in 1852, when Dr. Scott opened a letter addressed to the clerk. In a letter to William Lyon Mackenzie, Scott explained that Cameron promised the clerk he would “have the government attend” to the asylum, referring to an “expected Bill” which promised to “dispense with the Board.”<sup>111</sup> The bill in question was introduced not long after Scott’s discovery of Cameron’s letter.

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<sup>109</sup> Stratford, “Incorporation of the Medical Profession,” *Upper Canada Journal of Medical, Surgical and Physical Science* (1854), 266-70.

<sup>110</sup> Park, *Narrative*, 44.

<sup>111</sup> John Scott to William Lyon Mackenzie, 27 October 1852, Lindsey family fonds, AO, MS 516 Reel 12.

Rolph's Act for the Better Management of the Provincial Lunatic Asylum at Toronto was yet another wolf in sheep's clothing. The bill promised several liberal reforms to the asylum which aligned with public demands for transparency and accountability at the institution following from the endless scandals of the 1840s. Much like the Hospital Act, the 1853 Asylum Act introduced a bursar who would see to the financial interests of the asylum, effectively putting an end to the lucrative contracts arranged by the commissioners. The Board of Commissioners itself was replaced by four rotating visiting commissioners, and the medical superintendent was finally vested with the authority to hire and dismiss his own attendants.<sup>112</sup> Fearing that the dissolution of the board would leave him without the support of his father-in-law and other sympathetic commissioners, Dr. Scott resigned in anticipation of the passage of the bill in April 1853, effective 1 July.<sup>113</sup> The act was passed in June, alongside the Hospital Act, and it realized Rolph's ambition of destabilizing the entrenched power of the commissioners.

Joseph Workman succeeded Scott as the interim medical superintendent in July 1853. After a well-publicized call for applications, Workman was given the position officially in April 1854. William Aikin was also appointed to the asylum as consulting physician. Despite the progressive changes instituted by the Asylum Act the previous year, Workman's appointment was met with outrage by George Brown, who wrote that "jobbing in this institution appears to be a necessary evil." Never one to miss an opportunity for political grandstanding, Brown added that "the extravagance of the Clear-grit economists, the quondam advocates of retrenchment, exceeds all the wastefulness of the Compact!"<sup>114</sup>

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<sup>112</sup> Moran, *Committed to the State Asylum*, 64-5.

<sup>113</sup> "Lunatic Asylum—Resignation of Dr. Scott," *Globe*, 9 April 1853.

<sup>114</sup> "The Lunatic Asylum," *Globe*, 3 April 1854.

Even more concerning than the happenings at the asylum, however, was the broader plot that Rolph's final touches at the asylum brought to light. Under the suggestive headline of "Dr. Rolph's Objects Accomplished," Brown laid out his assessment of Rolph's pervasive and systematic takeover of the entire institutional infrastructure of the medical profession in Toronto:

Dr. Rolph and his pupils in the Toronto School of Medicine had formerly but little influence or authority in the Toronto Hospital, but under the pretence of reforming the institution, he has succeeded in introducing his creatures within its walls, both as Commissioners and attending medical officers.

And that was not all. Rolph's "objects" also included the dissolution of the medical faculty at the University of Toronto, which Brown was quick to point out served the same purposes as his moves at the asylum and the hospital:

Dr. Rolph had many professional opponents among the medical professors of Toronto University. He had conducted a rival school and there had been constant jealousy and bitterness of feeling between them. In entering office, he determined to make them feel the weight of his anger. Eighteen months had not elapsed ere their school was broken up, their pupils dispersed, and themselves turned out upon the world.

Brown's assessment of "the bureaucrat's" unobtrusive political machinations was undoubtedly accurate, even if Brown wielded the revelation as a weapon in his partisan rivalry with Rolph. He ended his exposé with a dramatic warning to his political adversary: "Let him beware the day of retribution. The time will come when his cold-blooded cruelty will be expiated upon himself."<sup>115</sup> Despite his theatrics, Brown was right: Rolph had succeeded in carrying out what was surely the most thorough monopolization of the medical profession in the history of the province. "Dr. Rolph's Objects Accomplished," indeed.

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<sup>115</sup> "Dr. Rolph's Objects Accomplished," *Globe*, 30 March 1854.



## *Conclusions*

Was John Rolph the mastermind architect that George Brown conjured in his damning portrait of “cold-blooded cruelty” and political self-interest? Certainly he was a bureaucrat, as Brown named him, but that very fact pointed to the first of several foundations for Rolph’s coup which owed little to the doctor’s own machinations. Besides their obvious benefit to the TSM, Rolph’s reforms were in fact bureaucratic, in the sense that they addressed several of the deeply-held grievances that Brown himself had aired throughout the 1840s, in the process dismantling John Strachan’s stranglehold over much of the profession. Rolph was able to pass his three bills because they aligned with broader processes of liberal bureaucratization. His legislation contributed to the better management of the hospital and asylum precisely because it dismantled the entrenched power structures which had long stood in the way of their more efficient management. Both acts democratized their respective institutional subjects, paving the way for their enlightened management by experts while submitting their financial management to bureaucratic administrators. Rolph’s reforms thus aligned with broader trends in Upper Canadian society, as the reins of power slowly fell from the hands of oligarchs and were picked up by what historian Bruce Curtis has termed “bureaucratically organized cadres.”<sup>116</sup> The process of bureaucratization more generally was one of the rationalization of governance through the replacement of individual rulers by “standardized procedures.” Yet Curtis also reminds us that “established right and privilege” did not disappear with the advent of bureaucratic procedures. “Bureaucratic administration developed out of, and was for a time continuous with, the methods of governance that preceded it,” and the face of this hybrid governance—in the medical

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<sup>116</sup> Bruce Curtis, “Class Culture and Administration: Educational Inspection in Canada West,” in *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1992), 125.

profession, at any rate—was John Rolph’s.<sup>117</sup> Brown was right to identify the continued influence of “jobbing” at the asylum, even if it wore a more liberal mask.

On a structural level, however, Rolph’s reforms were shaped by the geography of the medical profession in Upper Canada. The Toronto School of Medicine was at the mercy of a decades-long process of professional institutional formation. Toronto’s emergence as the seat of the medical profession in Upper Canada was not guaranteed by the mobilization of various bodies of the medical profession, as evidenced by search for a site for the lunatic asylum, but the development of the profession in that city was nevertheless inextricably tied to its spatial-institutional arrangement. Which sites were occupied by medical buildings was determined to a great extent by “national discourses and local politics,” contributing to a locational history of the medical profession dependent upon both medical and political ideologies.<sup>118</sup> Consequently, the development of the medical profession in Upper Canada, as well as the fate of the Provincial Lunatic Asylum, was governed by the concentration of medical spaces in the city of Toronto. The Toronto General Hospital’s essential role in medical instruction led to the clustering of several medical schools within only a few square kilometers. The schools relied on the hospital to such an extent that “lectures [were] tailored to the extra travel time required for clinical instruction” at the hospital.<sup>119</sup> When the hospital was moved to the east end of the city in 1856, the decision was met with outrage from students and professors of medicine. How would students at the UCSM, “in search of practical knowledge,” convey themselves from the medical schools at the heart of Toronto to the site of the new hospital on Gerrard, east of Parliament?<sup>120</sup>

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<sup>117</sup> Curtis, *True Government by Choice Men*, 174-7.

<sup>118</sup> Parr and Philo, “A forbidding fortress of locks, bars, and padded cells,” 2.

<sup>119</sup> Gidney and Millar, “The Reorientation of Medical Education,” 59.

<sup>120</sup> Jennifer Bonnell, “Toronto General Hospital,” *Don Valley Historical Mapping Project*, accessed August 22, 2018, <https://maps.library.utoronto.ca/dvhmp/tgh.html>.

Moreover, would the “poisonous miasm” of the city’s eastern swamps not expose its patients to malaria, ague, and other ailments whose spread was associated with bad air?<sup>121</sup>

Throughout the asylum’s early history, its geographical context—particularly its proximity to the hospital and Toronto’s medical schools—fundamentally informed its development and management. Competition for limited professional resources defined the development of medical education, and thus the asylum, throughout the 1840s and early 1850s. Physicians battled for control of the fledgling asylum for its role in obtaining valuable medical specimens, or for the opportunities that it provided for clinical observation and instruction. For better or for worse, the management of the asylum was thus linked to the broader developments of the medical profession in Upper Canada. The most significant reform to its rules and management—the Act for the Better Management of the Provincial Lunatic Asylum at Toronto—came at least in part as the result of the asylum’s place within John Rolph’s scheme to advance his proprietary medical school.

Rolph’s victory was short-lived, if it was truly a victory at all. His reforms offered Joseph Workman a level of professional security that none of his predecessors had enjoyed—Workman’s tenure lasted more than twenty years and ended with his retirement in 1875. However, Rolph’s university, hospital, and asylum reforms failed to provide his school with the same security. Despite eliminating his main competitor and securing more representation for the TSM at both the hospital and the asylum, Rolph’s measures could not overcome the competitive and fickle nature of the medical profession in Toronto. By 1855, despite Rolph’s interventions, the representatives of the TSM and the UCSM had “sharpened their scalpels for the fight,” to quote George Brown. Tensions between the two schools reached a peak early in 1855, with

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<sup>121</sup> Connor, *Doing Good*, 84.

actual fisticuffs breaking out on one occasion as students and professors alike scrambled for space in the hospital's operating theatre. Hostilities escalated to such a level that special constables were assigned to the hospital to keep the peace. All of this "to decide whether Trinity or Victoria shall have the greater number of medical students."<sup>122</sup> The TSM continued to face challenges in gaining access to the wards of the hospital, as well. An inquest into complaints by students of Rolph's school found that it was "the impression of the students of the Toronto School of Medicine that they are not treated with that courtesy and attention with which the students of Trinity College are treated."<sup>123</sup>

Following years of infighting among the medical staff of the hospital, the Board of Trustees made the decision to dismiss Drs. Aikins and Wright, the sole representatives of the TSM at the hospital, in early 1855. Rolph was incensed, but his self-righteous condemnations of the board withered after one of the students of his school was convicted for manslaughter in the death of a patient of the hospital, a carpenter named Job Broom.<sup>124</sup> Chastened in the aftermath of the inquiry into a patient's death at the hands of one of his school's pupils, Rolph was dealt a further blow two years later when his faculty left the TSM to establish a new medical school.<sup>125</sup> Rolph may not, then, have ultimately accomplished his object of monopolizing medical education in Upper Canada, but his interventions had lasting implications on the management of the Provincial Lunatic Asylum, and on the medical profession at large.

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<sup>122</sup> "Doctors Differing," *Globe*, 17 August 1855. Victoria, in this case, refers to Egerton Ryerson's Victoria College, with whom Rolph affiliated the TSM following the dissolution of the University of Toronto medical faculty in 1853.

<sup>123</sup> *Report of An Investigation by the Trustees of the Toronto General Hospital, into certain charges against the management of that institution*, 6.

<sup>124</sup> Duffin, "In View of the Body of Job Broom," 10; Connor, *Doing Good*, 71-8.

<sup>125</sup> Connor, *Doing Good*, 78.

**Chapter VI**  
**“A little confinement might do her some good”:**  
**Criminal Justice, Community Regulation, and the Peopling of the Provincial Lunatic Asylum, 1841-1865**

John Rolph’s ambitious regulatory reforms effectively consolidated authority over the daily operations of the Provincial Lunatic Asylum into two offices. The medical superintendent’s oversight of the treatment of his patients was bolstered by his ability to hire and dismiss his own staff, while the provisioning of the asylum was allocated to the newly appointed office of the bursar. In many ways, the reforms introduced by the Act for the Better Management of the Provincial Lunatic Asylum at Toronto [1853] and the subsequent By-laws for the Government of the Provincial Lunatic Asylum [1855] directly targeted the systems of patronage which had fundamentally undermined the medical superintendent’s ability to carry out his duties to his patients. With the channels of influence between commissioners and staff almost wholly severed, and the responsibility for purchasing and distributing provisions entrusted to one official, the asylum’s capacity for personal profit and reward was seriously diminished, if not completely eliminated. The asylum’s new, more bureaucratic paradigm ensured that specialized responsibilities were entrusted to two acknowledged experts—Dr. Joseph Workman would oversee all aspects of the care and treatment of his patients while the bursar, James McKirdy, was left to manage the asylum’s finances as he saw fit. Both men occupied their respective offices at the asylum for decades, largely unmolested by ambitious staff and commissioners.

Much of the corruption which had plagued the asylum in its first decade was eliminated as a result of the centralization of authority in the early 1850s. In many ways, however, control of the institution’s foundational mandate—the care and cure of lunatics—remained diffuse. Whereas Dr. Workman could now almost completely shape the experiences of his patients within

the walls of the asylum, the critical function of locating and identifying lunatics within the scattered Upper Canadian population remained an impossible task for one man, or even one institution. Workman did invoke his “direction and control of all matters regulating [the] admission and management” of patients to refuse admission to chronic patients in an effort to resist the state’s mobilization of the asylum as a custodial institution.<sup>1</sup> Nevertheless, his discretion was limited to those patients who were brought before him. Neither Workman nor any of his predecessors or successors at the Provincial Lunatic Asylum played any significant role in the initial identification and incarceration of lunatics within their communities—the first step in a complex process of committal. Workman’s role in the institutionalization of lunatics, however important, was thus that of a gatekeeper rather than a recruiter to the asylum.

Who, then, were the recruiters? Historian Wendy Mitchinson has demonstrated that throughout the nineteenth century, 45.6 per cent of admissions originated from local jails, while 49 per cent were initiated by the family, friends, or other social relations of patients.<sup>2</sup> The responsibility for identifying and segregating lunatics thus fell largely to the community and local legal authorities such as sheriffs, jailers, and magistrates. Given this, I argue in this chapter that the process of committal was not shaped by a regulatory state apparatus that was distinct from the social logic of its individual intermediaries. Prior to the development of the Board of Inspectors of Prisons, Asylums, and Public Charities in 1857 (or, perhaps more accurately, after its reformation following Confederation in 1868), no infrastructure existed for the regulation of

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<sup>1</sup> *By-Laws for the Government of the Provincial Lunatic Asylum, Toronto* (Toronto: “Globe” Book and Job Office, 1855), 3; Moran, *Committed to the State Asylum*, 70.

<sup>2</sup> Wendy Mitchinson, “Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case,” *Canadian Bulletin of Medical History* 4 (1987): 103. I take Mitchinson’s term “family” to encompass the family, friends, and neighbours of alleged lunatics, and not necessarily their blood relatives.

the asylum by a centralized, hegemonic state.<sup>3</sup> Local and regional assumptions, prejudices, and popular practices were central to the process of committal and thus the shaping of medical praxis at the Provincial Lunatic Asylum.

Magistrates, sheriffs, jailers, and other local legal authorities cannot be interpreted unproblematically as representatives of a centralized state in mid-century Upper Canada. While it is true that these authorities acted according to the statutory laws set out by the province's central government, I argue that these officials did not act exclusively in their capacity as representatives of the state. Rather, I will demonstrate that they were also subject to the same influences as the communities of which they were an important part. The summary judgments of magistrates, in particular, were influenced by what French sociologist Émile Durkheim has called "social facts."<sup>4</sup> Within Upper Canada's "discretionary, moralized justice system," magistrates thus represented both state and community values.<sup>5</sup> The social characteristics of lunatics, including their religious beliefs and practices, ethnicity, gender, and socio-economic class, thus figured prominently in judgments by officials whose perception of these characteristics was shaped by localized social and cultural prejudices. Committals frequently manifested from relations at the community level, between local authorities, members of the community, and so-called lunatics. They thus reflected not only the boundaries of judicial tolerance for deviant behaviours but also the social construction of acceptable behaviours as mediated by the socio-economic circumstances and social characteristics of the offender, and their regulation by family, friends, and local authorities.

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<sup>3</sup> Fecteau, *The Pauper's Freedom*, 50-2.

<sup>4</sup> Émile Durkheim, *The Rules of Sociological Method* (New York: The Free Press, 1964).

<sup>5</sup> Sascha Auerbach, "'Beyond the Pale of Mercy': Victorian Penal Culture, Police Court Missionaries, and the Origins of Probation in England," *Law and History Review* 33, no. 3 (August 2015): 622.

*Identifying Lunacy and Criminality in Upper Canada's Courts and Prisons*

In 1856, a woman named Maria Sawdon was brought before George Gurnett, the former mayor of Toronto and sitting magistrate for Toronto's police court. George Allen, the governor of the Home District jail, brought Sawdon to Gurnett because her violent behaviour had made her difficult to manage. Allen reported that she had "conducted herself ... in a most violent manner" in prison, "breaking the glass in the window of her cell, and requiring efforts to prevent her from injuring herself." Gurnett ultimately decreed "that a little confinement might do her some good," and sent her back to the jail.<sup>6</sup> The police magistrate's judgment was not based on any prior medical experience.

In other cases, police authorities were ordered to investigate whether or not a lunatic could be safely kept by their friends or family, as in the case of Eliza Burns, an insane woman arrested for roaming the streets in June 1856. Gurnett ordered Burns "confined in the City Hall [police] station," a temporary measure, no doubt meant to be replaced by a more permanent solution.<sup>7</sup> Christian May was similarly "found running along Queen street ... acting in an insane manner" in 1859 and brought before the police magistrate. In May's case, Gurnett determined that "Police authorities will take charge of her till Monday, so as to give time for inquiries to be made regarding her friends."<sup>8</sup> The crucial distinction between these women and Sawdon seems to have been their capacity for violence. Whether or not a lunatic was institutionalized often depended upon whether their symptoms "made the individual dangerous to society or to self."<sup>9</sup>

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<sup>6</sup> "Police Intelligence," *Globe*, 4 January 1856.

<sup>7</sup> "Police Intelligence," *Globe*, 21 June 1856.

<sup>8</sup> "City Police," *Globe*, 20 June 1859.

<sup>9</sup> Mitchinson, "Reasons for Committal to a Mid-Nineteenth-Century Ontario Insane Asylum: The Case of Toronto," in *Essays in the History of Canadian Medicine*, Wendy Mitchinson and Janice Dickin McGinnis, eds. (Toronto: McClelland and Stewart, 1988), 95.



However, in many cases, magistrates such as George Gurnett also appear to have exercised their judicial discretion based on their assumptions regarding the gender, socio-economic status, or other social characteristics of their subjects.

After all, Gurnett and his fellow judges operated within a system of which “discretion, prejudice, opinion, and sentiment [were] an inevitable part.”<sup>10</sup> Within Upper Canada’s paternalistic (and patriarchal) criminal justice system, Victorian social sensibilities could very well determine whether an offender was punished, released, or even granted asylum from the harsh winter in a prison. Men and women thus encountered an “unequally applied system of law” within which women were often given lighter sentences than their male counterparts for crimes such as shoplifting and pickpocketing. This protective impulse was also evidenced in Victorian Ontario by a judicial reverence for motherhood and sympathy for abused and abandoned wives.<sup>11</sup> Rather than indicating a “degree of respect for women” among sentencing magistrates, however, these paternalistic practices actually “reflect[ed] women’s social and legal inferiority to men and emphasis[ed] their putative need to be supported, guided, and protected.”<sup>12</sup> In keeping with these theories of gendered paternalism, Gurnett and his fellow Canadian magistrates often dealt out lighter sentences to women whose moral character appeared to belie the allegations against them.

A “respectable young woman, dressed in mourning” was brought up on charges of drunkenness in September 1856, presenting George Gurnett with a serious quandary. The

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<sup>10</sup> Susan S.M. Edwards, *Sex and Gender in the Legal Process* (London: Blackstone Press Ltd., 1996), 2. For more on the role of judicial discretion in nineteenth-century courts, see John C. Weaver, *Crimes, Constables, and Courts: Order and Transgression in a Canadian City* (Montreal: McGill-Queen’s University Press, 1995).

<sup>11</sup> Lori Chambers, *Married Women and Property Law in Victorian Ontario* (Toronto: University of Toronto Press, 1997), 24-7.

<sup>12</sup> Deirdre Palk, *Gender, Crime, and Judicial Discretion, 1780-1830* (Suffolk, UK: The Boydell Press, 2006), 37.

woman's good reputation, it seems, gave some credit to her allegations that the arresting constable had "attempted to take liberties with her" and, upon her refusal, fabricated his own allegations of her drunkenness.<sup>13</sup> In light of these considerations, Gurnett ordered a further investigation of her case. Such moralistic judgments could also work in the inverse, however. In March 1859, Gurnett told Catherine Moran, a woman described by the *Globe's* court reporter as "a slip-shod damsel, who appears fonder of her cup than her prayers," that he was "too old to be caught up in such chaff" as her protestations of innocence.<sup>14</sup> She received an extended sentence of two months in jail, twice the typical one-month sentence for public drunkenness.<sup>15</sup>

The "influences of values" in law—in particular English values—were often borne out in moralizing and didactic judgments by Canadian magistrates. George Gurnett's inconsistent sentencing of the unnamed "respectable" woman and Catherine Moran, the "slip-shod damsel," was based upon elements of their social performance and identity including their physical appearance and socio-economic class, as well as his own assumptions about feminine virtue. The expression of these values in legal judgments such as Gurnett's in turn re-enforced them, particularly through court reports presented several times a week in newspapers like the *Globe*, contributing to the shaping of Canadian values.<sup>16</sup> But did the moralistic discretion of magistrates influence committals for insanity? Patterns in committals to the Provincial Lunatic Asylum for infanticide and intemperance indicate that they did have an impact.

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<sup>13</sup> "City Police," *Globe*, 5 September 1856.

<sup>14</sup> These colourful descriptions were given by the *Globe's* court reporter (signifying, perhaps, that the moral judgments of at least some members of the community were in line with Gurnett's) but the magistrate's judgment was nevertheless based upon the appearance and demeanour of his subjects, as evidenced by his own statements (however fanciful their reporting).

<sup>15</sup> "City Police," *Globe*, 7 March 1859.

<sup>16</sup> R.C.B. Risk, "The Law and Economy in Mid-Nineteenth-Century Ontario: A Perspective," *The University of Toronto Law Journal* 27, no. 4 (Autumn 1977): 422.

Cases of infanticide were rarely brought before Upper Canada's courts, and convictions for infanticide were even more uncommon. Only seven women were charged with the crime in Toronto during the 1860s, even though between 50 and 60 dead infants were discovered in the city's streets, privies, and gutters in the same time period, likely representing only a fraction of total infanticides.<sup>17</sup> Cases of infanticide that did reach trial were met with sensational coverage in the local newspapers and, in the case of a young woman named Mary Thompson, with serious efforts at legislative reform by some of Upper Canada's most influential élites, including John Strachan and John Beverley Robinson. As we shall see, both the public perception of infanticides and the manner in which they were processed by the courts reflected popular ideas about the relationship between gender, class, criminality, and insanity.

Mary Thompson was arrested and charged with the murder of her newborn child in Toronto in 1823, at twenty-two years of age. The young domestic servant was found guilty, but the jurors recommended mercy. She was nevertheless convicted and sentenced to hang by Chief Justice William Drummer Powell. Powell expressed his sympathy for Thompson's circumstances, but claimed that his verdict was the only possible outcome under the existing statutes. Because of the discontinuities between the law and the moral judgments of Powell and the jury, Thompson's case provoked a re-examination of existing laws regarding not only infanticide itself, but also the concealment of pregnancy, for which heavy penalties were imposed by the 1624 Act to Prevent the Destroying and Murdering of Bastard Children.<sup>18</sup>

Thompson was eventually granted an unconditional pardon, largely because of the efforts of

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<sup>17</sup> Eric James Jarvis, "Mid-Victorian Toronto: Panic, Policy and Public Response, 1857-1873" (PhD diss., University of Western Ontario, 1978), 134-5.

<sup>18</sup> Robert Lochiel Fraser, "THOMPSON, MARY," in *Dictionary of Canadian Biography*, vol. 6, University of Toronto/Université Laval, 2003.

several Upper Canadian élites (including Powell himself) to secure her respite and release. By the moral standards of the period, women like Thompson were to be pitied, not punished.

Thompson's case was followed by nearly nine years of legislative reform efforts which culminated in the introduction in December 1831 of An Act to prevent the operation within this province of ... "An Act to Prevent the Destroying and Murdering of Bastard Children," and to make other provisions for the prevention and punishment of Infanticide.<sup>19</sup>

Many young women, in particular domestic servants like Thompson, chose to conceal and terminate their illegitimate pregnancies because their discovery could easily lead to "disgrace, loss of employment and shelter, and even starvation."<sup>20</sup> Because infanticide presented itself disproportionately as a lower- or working-class crime (possibly only because upper-class women possessed the means to better conceal their actions) it was understood by both the courts and the public to be an act of desperation rather than malice, most often perpetrated by destitute women who had been coerced or hoodwinked by a dishonest male employer or a Lothario. This attitude was not unique to Canada. Numerous historians have demonstrated the compassionate use of discretion in cases of infanticide throughout Britain, Ireland, the United States, and Europe well into the twentieth century.<sup>21</sup> In each of these cases, the application of the law was modulated by the moral judgments of magistrates. These judgments did not arise from the logic

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<sup>19</sup> Ibid.

<sup>20</sup> Constance B. Backhouse, "Desperate Women and Compassionate Courts: Infanticide in Nineteenth-Century Canada," *The University of Toronto Law Journal* 34, no. 4 (Autumn 1984): 458.

<sup>21</sup> See Mark Jackson, ed. *Infanticide: Historical Perspectives on Child Murder and Concealment, 1550-2000* (Aldershot, UK: Ashgate, 2002); Michelle Oberman, "Understanding Infanticide in Context: Mothers Who Kill, 1870-1930," *The Journal of Criminal Law and Criminology* 92, no. 3/4 (Spring-Summer 2002); Karen M. Brennan, "'A Fine Mixture of Pity and Justice': The Criminal Justice Response to Infanticide in Ireland, 1922-1949," *Law and History Review* 31, no. 4 (November 2013); Felicity Turner, "Rights and the Ambiguities of Law: Infanticide in the Nineteenth-Century U.S. South," *Journal of the Civil War Era* 4, no. 3 (September 2014).

of a centralized state, but rather from a combination of statutory prescriptions and popular morality administered largely on a local level.

Maybe the paternalistic judicial attitudes on display in cases such as Thompson's can account for a curious anomaly in committals for infanticide at the Provincial Lunatic Asylum in the 1840s. Despite the apparent prevalence of the act itself in nineteenth-century Upper Canada, only one patient was admitted for infanticide in the period between 1841 and 1848.<sup>22</sup> Sophia Baker, a 25-year-old English emigrant living with her husband in Vaughan, was committed to the temporary asylum in October 1841 for "kill[ing] her own child by cutting its throat" after attending a protracted meeting of Methodists.<sup>23</sup> Baker was sent to the asylum from the Home District jail on the order of Justice Jonas Jones.

Despite its outlier status, Baker's case deserves some attention. Considering the reluctance of most magistrates to try (let alone convict) cases of infanticide, Baker's journey from the courts, through the jail, and on to the asylum might tell us something of the circumstances in which infanticide merited a judicial, medical, and/or institutional response. If most cases of infanticide that made it to trial ended in acquittals, what made Sophia Baker the exception? Perhaps it was a lack of sympathy. In her study of popular representations of infanticide in nineteenth-century Britain, Christine L. Krueger highlights contemporary portraits of courtrooms packed with "sympathetic girls."<sup>24</sup> The public did, in truth, often express sympathy for the accused, but only in cases of socio-economic desperation. When evidence was

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<sup>22</sup> This period is selected because the medical superintendent no longer recorded patient histories in any detail after July 1848. Detailed reasons for patients' committal are not thus given for the majority of patients in the years following.

<sup>23</sup> AO, QSMH, PR, 42; AO, QSMH, PQ, 39.

<sup>24</sup> Christine L. Krueger, "Literary Defenses and Medical Prosecutions: Representing Infanticide in Nineteenth-Century Britain," *Victorian Studies* 40, no. 2 (Winter 1997): 275.

presented to suggest that a woman had the means to care for her child but killed it nonetheless, both magistrates and the public were less forthcoming with their sympathies. Was Sophia Baker a desperate woman? And who was granted the authority to decide?

In May 1854, Flora Woodrow was brought before a grand jury for the murder of her four-month-old child. After hearing testimonies to suggest that Woodrow was employed, that the autopsy of the infant revealed that “the child appears to have been well-nourished,” and that Woodrow had access to childcare, the jury returned an indictment of “guilty of wilful murder.”<sup>25</sup> However, after hearing evidence of Woodrow’s good character from her former employers and co-workers at the Toronto assizes several weeks later, John Henry Boulton assured the jury of Woodrow’s credibility, supporting her story that she had turned her child over to another woman for safekeeping. The jurors subsequently returned a verdict of not guilty.<sup>26</sup> In this case, the jury found that Woodrow had actually been absent at the time of her daughter’s death, and was thus not implicated in the crime. However, even in cases where the mother undeniably committed infanticide, juries could be sympathetic under the proper circumstances. The grand jury that screened Sarah Howe, a woman tried for abandoning her child to starve in 1881, were moved by the woman’s attempts to find a safe home for her daughter. Howe’s marital status also figured prominently in the case—the sympathies of the jury hinged largely upon whether or not Howe was married at the time of her crime.<sup>27</sup> Unmarried women lacked the financial support of a spouse or husband, lending their decision to dispose of their children a perverse capitalist logic. Married women, on the other hand, were more likely to be charged and convicted for infanticide, particularly where there was evidence that the concealment of pregnancy and subsequent

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<sup>25</sup> “Child Murder.—Commitment of the Prisoner.,” *Globe*, 18 May 1854.

<sup>26</sup> “Toronto Assizes,” *Globe*, 1 June 1854.

<sup>27</sup> Backhouse, “Desperate Women,” 473.

infanticide came on the heels of an extramarital affair.<sup>28</sup> The role of fathers in Canadian cases of infanticide has received little attention from historians, likely because fathers were so infrequently mentioned by name in cases of infanticide, much less accused. In Irish cases, the father was only mentioned by name in six per cent of cases analyzed by historian Elaine Farrell. However, Farrell notes that in those rare cases when direct evidence linked a father to infanticide he received a punishment equal to or greater than that of the mother, supporting the theory that gendered paternalism was a significant factor in convictions.<sup>29</sup>

Unlike Flora Woodrow and Sarah Howe, Sophia Baker *was* married. Her crime was also particularly violent, as she slit her child's throat with a knife rather than suffocating it (of which Woodrow was accused) or simply neglecting it (as in Howe's case). The degree of visible physical violence to a child appears to have been instrumental in findings of infanticide.<sup>30</sup> If so, the brutal nature of Baker's actions may have brought her case to trial where other women would have been dismissed. Furthermore, Baker's motive was evidently not financial desperation, as she allegedly killed her child only after succumbing to a religious frenzy. Data which might illuminate Baker's economic circumstances is unavailable, precluding any further analysis of how her socio-economic circumstances contributed to her institutionalization at the Toronto asylum. However, an analysis of committals to the Rockwood Asylum for the Insane in Kingston two decades later promises to shed further light on the role of judicial discretion in the determination of female insanity in cases of infanticide.

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<sup>28</sup> Brennan, "'A Fine Mixture of Pity and Justice,'" 807.

<sup>29</sup> Elaine F. Farrell, "'The fellow said it was not harm and only tricks': The Role of the Father in Suspected Cases of Infanticide in Ireland, 1850-1900," *Journal of Social History* 45, no. 4 (Summer 2012): 991.

<sup>30</sup> Simone Caron, "'Killed by its Mother': Infanticide in Providence County, Rhode Island, 1870 to 1938," *Journal of Social History* 44, no. 1 (Fall 2010): 213.

The Rockwood Asylum was established in 1855 to accommodate a new class of mental deviants termed “criminal lunatics.” Although the basic idea of criminal lunacy preceded its medical codification in the late 1850s, theories of criminal insanity increasingly gained the acknowledgement of prominent English medical practitioners such as John Charles Bucknill and William Charles Hood. The disorder was officially recognized in Upper Canada in 1859 with the erection of Rockwood’s permanent building, a purpose-built facility to house criminal lunatics. Hood, in particular, called for the segregation of criminal lunatics from other, less dangerous patients.<sup>31</sup> Neither Joseph Workman nor his predecessor, John Scott, approved of the committal of these “moral monsters” to the Provincial Lunatic Asylum in Toronto, and a matching intolerance for the insane at the Kingston penitentiary added urgency to calls for a specialized facility for their care.<sup>32</sup>

Workman and Scott’s aversion to treating criminal lunatics may provide some indication as to why more women like Sophia Baker were not committed to the asylum during its early years: it is possible that they were simply denied entry by the institution’s successive medical superintendents. However, despite his lack of sympathy for “moral monsters,” Dr. Workman showed mercy for Elizabeth Pearson, a woman committed to the asylum for the murder of her two children in April 1853. Finding that she had been “badly treated by her husband,” Workman exercised his own paternalistic discretion when he determined that “her object in killing her children was to secure their early admission into heaven, and save them from the sufferings such as she herself had undergone.”<sup>33</sup> In cases of criminal insanity, as in cases of more common

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<sup>31</sup> W. Charles Hood, *Suggestions for the Future Provision of Criminal Lunatics* (London: John Churchill, 1854).

<sup>32</sup> Moran, *Committed to the State Asylum*, 147.

<sup>33</sup> Joseph Workman, quoted in Moran, *Committed to the State Asylum*, 148.



mental afflictions and even criminality, women were far more likely to be granted mercy for their actions.

In his seminal work on criminal insanity, Bethlem Hospital's Dr. William Charles Hood suggested that "unfortunate women" whose violent deeds were the "manifest consequence of a *temporary* attack of puerperal mania" were eminently curable and should not be remanded to custodial care.<sup>34</sup> Though classified in some cases as an act of criminal insanity, infanticide was the unhappy result of temporary changes brought about by "the pains of labour—the fever—the delirium—the maniacal paroxysm" and thus, in many cases, did not warrant committal at all.<sup>35</sup> In this case, the logic of medicine aligned with the logic of law—or at least law as it was applied by local magistrates. Infanticides perpetrated near the moment of child-birth were excused as the unfortunate results of puerperal mania. The murders of older children, such as Sophia Baker's, or infanticides committed outside of the allowable timeframe of "maniacal paroxysm" following child-birth, such as Flora Woodrow's suspected child murder, were not so easily forgiven, either in an examining room or a court of law.

The characteristics of women committed to Rockwood for infanticide in the 1860s and 1870s appear to conform to the medical, legal, and moral boundaries of child murder delineated by medical practitioners such as Workman and Hood. Infanticides leading to committal at the asylum were often shockingly violent, and perpetrated by married women upon their non-infant children. Emma Snowden was committed in May 1869 for the murders of her three children. "[S]he had attended church that morning as usual," the medical superintendent reported. "While [her] husband was attending to his duties at the barn she seized the axe and decapitated the

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<sup>34</sup> Hood, *Suggestions for the Future Provision of Criminal Lunatics*, 163-4. Emphasis added.

<sup>35</sup> *Ibid.*, 162.

children one after the other.”<sup>36</sup> Other women committed to Rockwood for infanticide in this period were also married and employed, with stable domestic situations. Mary Clary was a tailoress; Eliza Jane Anderson was a farmer’s wife.<sup>37</sup> Women committed for the murder or attempted murder of adults, on the other hand, typically exhibited far more dramatic symptoms of insanity which explained or contributed to their homicidal acts. Bridget Kavanagh was admitted directly to Rockwood for the attempted murder of her employer’s sister in August 1873. Kavanagh was employed for some time as a domestic servant in the early 1870s, a typical situation for an Irish emigrant woman of her social stature.<sup>38</sup> She departed Toronto for Buffalo, where she claimed to have been visited by the ghost of her sister. Her spectral sister instructed her to return to Toronto and commit the murder for which she was eventually institutionalized; Kavanagh obliged, after which she attempted suicide.<sup>39</sup>

Kavanagh’s crime was obviously incited by extreme delusions, but the murder of a child without any social or economic justification nevertheless appeared equally insane to a mid-nineteenth-century observer. These crimes flew in the face of the very logic of middle- and upper-class motherhood.<sup>40</sup> Many women were committed to asylums after losing their children—the loss of a child was widely acknowledged as a common exciting cause of insanity. But to sever such a natural connection purposefully, and without reason? The notion was illogical even by the inherently irrational metrics of insanity. Infanticide thus presents a stark example of the role of moral discretion and the social construction (or “framing”) of illness in determinations of

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<sup>36</sup> AO, Kingston Psychiatric Hospital Patients’ Clinical Casebooks [KPH], 1857-1904, MS 717-1, 29.

<sup>37</sup> AO, KPH, 48, 65.

<sup>38</sup> Servant was also the occupation of over one-quarter of women committed to the Rockwood Asylum by 1875. McLean and Barber, “In Search of Comfort and Independence,” 149.

<sup>39</sup> AO, KPH, 49.

<sup>40</sup> Brennan, ““A Fine Mixture of Pity and Justice,”” 808-9.

insanity.<sup>41</sup> Whereas infanticide was unambiguously illegal, its legal punishment and/or treatment was determined by a complex array of social and cultural assumptions. Prison and asylum terms were not always determined according to the logic of the state (*ie.* statutory law). Rather, they were frequently meted out by magistrates, doctors, and jailers whose discretionary approaches to defining and managing insanity comprised part of a broader social logic of moral regulation originating in the shared values and assumptions of their communities and society. It was no mistake that women committed to state institutions for infanticide were almost uniformly married and employed. As we shall see, the social characteristics of patients committed to the Provincial Lunatic Asylum for behaviours relating to intemperance and drunkenness indicate the influence of a similar logic of moral regulation.

Between January 1841 and July 1848, fifty-six patients were committed to the Provincial Lunatic Asylum with symptoms of insanity whose supposed cause was the use of alcohol (or, as it was most often listed in the asylum's register, "intemperance").<sup>42</sup> Intemperance was thus presented as the "exciting cause" for just over ten per cent of admissions during this period. Intemperance continued to represent one of the most prominent physical causes of insanity into the 1850s. In 1850, Dr. John Scott counted intemperance as the second most common physical cause among patients transferred to the new asylum building behind "idiocy," and the most

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<sup>41</sup> For more on the "framing" of illness, see Charles E. Rosenberg, "Introduction," *Framing Disease: Studies in Cultural History*, eds. Rosenberg and Janet Golden (New Brunswick, NJ: Rutgers University Press, 1992).

<sup>42</sup> Statistical and proportional data for the patient population has been consolidated from three separate collections of patient records available at the Archives of Ontario: the Patient Register, the General Register, and the Questionnaires for Patients, all collected in AO, MS 640, reel 1, QSMH. Specific patient files will be noted by their file numbers where appropriate. The period of 1841 through 1848 has been selected for the comprehensive demographic and etiological data available. After July 1848, likely due to a change in the medical superintendence of the asylum, etiological data was no longer recorded in the patient registers with reliable frequency.

common cause (either moral or physical) in patients first admitted between 26 January and 5 November 1850.<sup>43</sup> Patients admitted for intemperance were most usually male and, by a significant margin, Irish-born. Roughly sixty-two per cent of patients diagnosed with alcohol-related insanity between 1841 and 1848 were natives of Ireland, more than triple what one would expect.

Over forty per cent of patients admitted to the Toronto asylum in the 1840s were born in Ireland. Some historians have concluded that this over-representation was a result of abundant Irish migration in this period, in particular pauper migration. Poverty and social dislocation led the Irish to the asylum in greater numbers than other ethnic groups.<sup>44</sup> Joseph Workman himself concluded that Irish poverty and dislocation played at least some role in their high rates of confinement (though, as we shall see, Workman also believed that heredity had a part to play). “A large proportion of them are poor,” the superintendent wrote in 1865, “and their families are unable to keep them at home, and very many of them have neither home nor friends. They, therefore, are sent to the asylum more promptly than other classes.”<sup>45</sup>

A closer investigation of institutional approaches to Irish drunkenness—within not only the lunatic asylum but also the province’s jails and courts—demonstrates that there was more the over-representation of Irish patients at the asylum than their emigrant status. Popular prejudices and social mores also contributed significantly to their remarkably high rates of institutionalization. The effects of prejudicial policing and judgments were cumulative

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<sup>43</sup> Report of the Medical Superintendent, *JLAPC* (1851), Appendix (C).

<sup>44</sup> David Wright and Tom Themeles, “Migration, Madness, and the Celtic Fringe: A Comparison of Irish and Scottish Admissions to Four Canadian Mental Hospitals, c.1841-91,” in *Migration, Ethnicity, and Mental Health: International Perspectives, 1840-2010*, Angela McCarthy and Catharine Coleborne, eds. (New York: Routledge, 2012), 47.

<sup>45</sup> Joseph Workman, “Observations on Insanity,” *Canada Medical Journal* 1, no. 9 (March 1865): 401.

throughout Upper Canada's criminal justice system. A higher rate of arrests of Irish-born inebriates contributed, in turn, to a higher rate of imprisonment of Irish Canadians for drunkenness. The disproportionate imprisonment of Irish-born offenders placed them within the triage system of the province's jails, where they were more vulnerable to identification and segregation as lunatics. Once they were determined to be insane, prisoners did not have the same recourse to community care or other non-institutional alternatives as did their counterparts outside of the prison walls.

In Toronto, at least, the Irish presented a highly visible target for institutionalization, largely as a result of their congregation in working-class ethnic enclaves—a probable effect of their largely emigrant status. In his late-career memoir, long-time police court magistrate George Taylor Denison recalled the visibility and geographic segregation of Toronto's "Irish element," and the associations with criminality which attended their peculiarly urban poverty:

Many years ago there was a street called March Street. It was one of the slums of the city, and had acquired a very unsavoury reputation. In order to improve its standing, the City Council changed its name to Stanley Street. The old saying that a rose by any other name would smell as sweet was verified in the opposite sense, for Stanley Street smelled as bad as March Street. Another attempt was made to improve it by naming it Lombard Street, and I think that then it was worse than ever, for the old wooden shanties were continually becoming more decrepit.<sup>46</sup>

Indeed, neighbourhoods like Stanley Street represented a centre not only of Irish poverty, but also of the "saloon culture" typical of North American Irish enclaves during this period, hosting no less than seven licensed inns in 1847, many of them bearing distinctly Irish names like the *Cavan Arms* and the *Erin Go Bragh*.<sup>47</sup> Drinking was an undeniably significant part of Irish

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<sup>46</sup> George T. Denison, *Recollections of a Police Magistrate* (Toronto: The Musson Book Company, 1920), 174.

<sup>47</sup> William Jenkins, "Poverty and Place: documenting and representing Toronto's Catholic Irish, 1845-1890," in *At the Anvil: Essays in Honour of William J. Smyth*, eds. Patrick J. Duffy and William Nolan (Dublin: Geography Publications, 2012), 487.

culture. Alcohol was not only “integral to leisure activities,” but also an important element in the collective celebration of festivals and holidays throughout the year.<sup>48</sup> Yet, however prevalent social drinking was among Irish emigrants, the Irish were not the only people drinking (and drinking to excess) in Upper Canada. Upper Canada’s taverns, inns, and so-called “disorderly houses” were multi-ethnic sites of both male and female socialization.<sup>49</sup>

The social realities of ethnicity and alcohol consumption were not reflected in admissions to the Toronto asylum, however. If the Irish were remarkably over-represented among the asylum’s patient population at over forty per cent (against their provincial proportion of roughly eighteen per cent), they were grossly over-represented among admissions for intemperance at sixty-two per cent. Some historians would attribute this trend to the socio-economic circumstances of Irish emigrants. Whereas the social consumption of alcohol was ubiquitous in mid-century Upper Canada, the province’s élite largely tiddled in private or semi-private social spaces, either within their homes or at the gathering places of any number of exclusive societies and associations.<sup>50</sup> Among Toronto’s urban poor, alcohol consumption was highly visible and immanently public, and there was no more conspicuous class of urban poor than Irish Catholics.

The poor were also more likely than their more “respectable” counterparts to be charged or imprisoned for the crime of drunkenness. In his judgments of cases of drunk and disorderly, George Gurnett exercised his trademark paternalistic discretion in his determinations of offenders’ guilt. The police court reporter for the *Globe* remarked that “it is indeed humiliating” to witness people “of the class generally termed ‘respectable’ ... plead ‘it is the first time, your

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<sup>48</sup> McLean and Barber, “In Search of Comfort and Independence,” 143.

<sup>49</sup> Walmsley and Kossuth, “Fighting It Out.”

<sup>50</sup> Glenn J. Lockwood, “Temperance in Upper Canada as Ethnic Subterfuge,” in *Drink in Canada: Historical Essays*, ed. Cheryl Krasnick Warsh (Montreal: McGill-Queen’s University Press, 1993), 46.

honour, we have ever been here, and if your honour will let us off, we shall never get drunk again.”<sup>51</sup> Yet time and again, they did. Their charade, however unbecoming, often worked in their favour. If an offender was respectable enough, pleading was not even necessary. Such was the case for “*Richard Bull*, an unfortunate young man, and member of a very respectable family,” who was discharged after being “found drunk on the street.”<sup>52</sup> Similarly, a respectable offender might successfully plead “the influences of bad company,” as John Woodhead did before Gurnett’s successor, Alexander McNabb.<sup>53</sup> Woodhead was discharged, but the outcome of a similar plea from one who might themselves be considered bad company was more dubious.

The targeting of Irish inebriates by the city’s police force was not merely a result of their poverty, however. The Irish were identified by both reformers and municipal authorities as a “criminal class.” They thus “bore the brunt of police vigilance” in mid-century Toronto.<sup>54</sup> The city’s increasingly Protestant police force adopted a class-control approach to policing as the century wore on, increasingly targeting Toronto’s criminalized lower orders.<sup>55</sup> As Toronto’s police force fell increasingly under the influence of the city’s Orange lodges, ethno-religious tensions in the city between Orange and Green were inflamed, contributing to disproportionate arrests of Catholic offenders.<sup>56</sup> Policing thus assumed a moralistic aspect: something as innocuous as the prosecution of misdemeanours could well become a battleground between rival ethnic and religious communities.

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<sup>51</sup> “Police Intelligence,” *Globe*, 18 June 1855.

<sup>52</sup> “Police Intelligence,” *Globe*, 27 June 1855.

<sup>53</sup> “Police Court,” *Globe*, 16 December 1868.

<sup>54</sup> 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, no. 2 (December 1987): 308, 318.

<sup>55</sup> *Ibid.*

<sup>56</sup> Smyth, *Toronto, the Belfast of Canada*, 170-1.

In many ways, Toronto's taverns were also sites of ethno-political conflict. Inns, taverns, and disorderly houses operated and frequented by Irish Catholics were targeted by Orange sympathizers in the city's government. This informal policy not only applied to the misdemeanour arrests of drunkards, but also to the regulation of licenses for the sale of liquor. John Lindsay, Protestant keeper of the *North of Ireland Tavern*, petitioned the Assembly in 1841 regarding his unfair treatment at the hands of Toronto's Orange elite. After becoming disillusioned with Toronto's partisan Orange lodges, Lindsay publicly voted for a Reform candidate in defiance of his former Orange brothers. He reported hearing Sheriff William Jarvis remark that "we will serve him out." He was subsequently denied a renewal of his license to sell liquor. A neighbouring tavern keeper informed him that "he had heard Magistrates of the City say, that I should never have a License in the City of Toronto again."<sup>57</sup> Ethnic conflict, or in Lindsay's case intra-ethnic conflict, was undoubtedly a factor in mid- to late-century temperance reform movements. Just as Irish Tories mobilized Orange lodges as partisan spaces, Irish-Catholic Reformers used Temperance lodges to mask their own political mobilization throughout the province.<sup>58</sup> Temperance became an instrument of social control in the hands of authorities such as Jarvis and Gurnett, as anti-tavern campaigns became linked to broader political issues like the struggle for responsible government.<sup>59</sup>

These trends in policing and regulation suggest that there was more to the story of Irish institutionalization than simple social dislocation and socio-economic disadvantage. Ethnic prejudice was undoubtedly a factor in the disproportionate representation of Irish offenders

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<sup>57</sup> Petition of John Lindsay, *JLAPC* (1841), Appendix (S.), no. 32.

<sup>58</sup> Lockwood, "Temperance in Upper Canada as Ethnic Subterfuge," 43-4.

<sup>59</sup> Jan Noel, *Canada Dry: Temperance Crusades before Confederation* (Toronto: University of Toronto Press, 1995), 16, 141-4.



within the city's criminal justice system. The Irish were arrested for drunkenness at a far greater rate than any other ethnic group, and with a frequency which belied their proportional representation within Toronto's population. A surname analysis of the *Globe's* regular "Police Intelligence" column, which reported arrests and convictions in the city's police court, reveals that the Irish were not only arrested but also imprisoned for drunkenness in disproportionate numbers. In the first half of 1856, roughly fifty-two per cent of arrests implicated Irish-born or ethnically-Irish offenders, most of them Catholic. Between 1858 and 1863, the Irish accounted for roughly three-fifths of all arrests in Toronto, more than double the expected number.<sup>60</sup>

The Irish were not only arrested at a disproportionate rate. Sixty-one per cent of all prison sentences for drunkenness involved Irish offenders, meaning that the Irish were punished at a rate disproportionate to their already over-representative number of arrests.<sup>61</sup> Even though Toronto was "the most Irish of all cities in North America" by 1851, with 37 per cent of its population consisting of Irish-born residents, these numbers nevertheless suggest an over-representation of Irish offenders in cases of drunk and disorderly. Gurnett was a prominent member of the Orange Order in Canada, a fact not completely incidental to this phenomenon. Whatever the cause, Irish defendants in the police court were racialized with increasing frequency. By the 1860s and 1870s, the popular influences of craniometry and phrenology could be observed in sketches in publications such as the *Canadian Illustrated News*. William Cruikshank's "Police Court Sketches" depicted offenders in Toronto's police court with exaggerated "criminal" features above the heading "Police Court physiognomy" [Figure 6.1].

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<sup>60</sup> Brian P. Clarke, *Piety and Nationalism: Lay Voluntary Associations and the Creation of an Irish-Catholic Community* (Montreal: McGill-Queen's University Press, 1993), 26-7.

<sup>61</sup> The above data was collected from every one of the *Globe's* available "Police Intelligence" columns from the first half of 1856.



Figure 6.1. William Cruikshank's "Police Court Sketches" observes the exaggerated facial and skull features common to popular late-nineteenth century pseudo-sciences such as craniometry and phrenology. *Canadian Illustrated News*, Vol. XIII, No. 14, Page 212. Photo: From Library and Archives Canada.

Magistrates may not have possessed the unilateral authority to commit lunatics to the Provincial Lunatic Asylum, but they were able to place them on a fairly straightforward path to psychiatric committal. George Gurnett did so in at least a few cases of drunkenness. William Wright, for instance, was arrested in November 1854 after attempting to drown himself in the wharf. Observing that Wright suffered under the effects of delirium tremens, Gurnett sentenced the man to a term in the city jail, with instructions that he be examined by a physician as a "[fit] subject for the Lunatic Asylum."<sup>62</sup> Robert Halliday was brought before the magistrate only a few weeks later. Halliday was arrested in Yorkville for "threatening to kill every person who came within his reach." The man was judged to be insane, the cause of his lunacy given as "the use of liquor." Gurnett ordered that Halliday be "kept in custody until he be admitted to the lunatic asylum."<sup>63</sup> Where lunatics represented a threat to the public's safety, they were remanded to jail, but in cases where the physical and mental toll of drinking had apparently driven an offender to

<sup>62</sup> "Police Intelligence," *Globe*, 1 November 1854.

<sup>63</sup> "A Lunatic," *Globe*, 14 November 1854.

madness, magistrates like Gurnett made use of the province's jails as intermediary institutions for the observation of lunatics.

Magistrates were neither the sole "recruiters" of drunk lunatics nor, perhaps, the most effective. Although they undoubtedly played a part in the identification and segregation of lunatics, magistrates were not always well situated to observe and identify insanity. Jailers, on the other hand, were called upon to identify the symptoms of insanity, and in particular, alcohol-induced insanity. For inebriates, the symptoms of insanity often did not arise until some time after their confinement. In her study of soldiers admitted to the Fort Wellington Hospital at Prescott, medical historian Jacalyn Duffin found that cases of delirium tremens at the hospital had all been "triggered by cessation of drinking."<sup>64</sup> It could be that the onset of similar symptoms of alcohol withdrawal preceded the diagnosis of insanity in prisoners at Toronto's jail, instigating their transfer to the Provincial Lunatic Asylum. The more common symptoms of alcohol withdrawal syndrome might also have presented themselves to the prison's staff as symptoms of insanity, symptoms which included "anxiety, tremor, sweating, nausea, tachycardia [elevated heart rate], and hypertension."<sup>65</sup> In the event that jailors noticed symptoms they believed were caused by alcohol-related insanity, including delirium tremens or even the mania or "frenzy" more commonly associated with active alcohol consumption, they might bring their prisoners before a magistrate for reassessment, as was the case when George Allen brought Maria Sawdon before George Gurnett in 1856. More likely, the jailer would have the suspected lunatic examined by a physician. As Wendy Mitchinson has demonstrated, thirty-four per cent of

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<sup>64</sup> Jacalyn Duffin, "Soldiers' Work; Soldiers' Health: Morbidity, Mortality, and their Causes in an 1840s British Garrison in Canada," *Labour/Le travail* 37 (Spring 1996): 55.

<sup>65</sup> Ed Day et al., "Assessment and management of alcohol use disorders," *British Medical Journal* 350 (16 Feb 2015 – 22 Feb 2015): 2.

committals to the Provincial Lunatic Asylum in in 1840s and ninety per cent in the 1850s came from jails.<sup>66</sup> Consequently, it is worth considering the effects of Irish over-representation in Upper Canada's criminal justice system on their committal to the asylum.

Only roughly fourteen per cent of Upper Canada's Irish population lived in the province's cities by the 1850s.<sup>67</sup> Forty per cent of Irish inebriates committed to the asylum were inhabitants of Toronto, suggesting the influence of Toronto's staggeringly high numbers of Irish arrests and prison convictions on the composition of the asylum's patient population, or at least its cohort of intemperate lunatics. It is worth mentioning that there appears to have been a notable disparity between arrests and convictions for drunkenness in Upper Canada's urban and rural areas. Jail returns submitted to the provincial government in 1855 indicate that the Irish were arrested and convicted at much lower rates in rural areas than in Toronto. A surname analysis of the Norfolk returns suggests that only fourteen per cent of arrests for drunkenness involved Irish-born offenders. In Kent County, for which more comprehensive demographic data was returned, roughly nineteen per cent of arrests for drunkenness from 1851 through 1853 involved natives of Ireland.<sup>68</sup>

Rural areas such as Kent County nevertheless contributed significantly to the asylum's population of insane inebriates—between 1841 and 1848, forty per cent of all patients committed for intemperance were natives of Ireland and inhabitants of rural areas of Upper Canada including East Gwillimbury, Peterborough, and Gananoque. The disparity between urban and rural jail committals may be explained in part by the largely urban focus of vice reform efforts

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<sup>66</sup> Mitchinson, "Gender and Insanity," 103.

<sup>67</sup> Donald Harman Akenson, *The Irish in Ontario: A Study in Rural History* (Kingston: McGill-Queen's University Press, 1984), 34-6.

<sup>68</sup> "Returns from Sheriffs of Counties in Upper Canada," *Journals of the Legislative Assembly for the Province of Canada* (1855), Appendix (A.A.A.).

and the conspicuous nature of the province's urban Irish-Catholic population. Nevertheless, Irish-born offenders were imprisoned at an exaggerated rate in the province's rural municipalities. In Kent County, despite the fact that Irish-born offenders accounted for only nineteen per cent of all arrests for drunkenness, they received thirty-three per cent of all prison sentences for the same crime.<sup>69</sup> Regardless of the statistical disparity between urban and rural committals, the high numbers of rural Irish inmates who were committed to the lunatic asylum indicates an over-representation. If committals of Irish-born inebriates were not as astronomically high in rural Upper Canada as they were in the province's cities—most notably Toronto—they were still wildly disproportionate to their representation within the province's rural population.

Without a comprehensive investigation into the overlap of prison and asylum committals and the rates at which patients of various social and economic backgrounds were transferred between them, it is difficult to draw any definitive conclusions regarding the exact nature of the province's jails as an institutional triage. Nevertheless, the data presented here strongly indicates a correlation between the two, at least in Toronto, pointing to the role of judicial discretion and moral regulation in high rates of Irish institutionalization. The social and cultural prejudices of the province's magistrates, as well as its incipient police forces, undoubtedly contributed to the over-representation of the Irish in the province's various social welfare institutions. However, although they did not always act as recruiters for the asylum, the province's medical practitioners were far from blameless.

In community-initiated committals for drunkenness, the prejudices of physicians almost certainly factored in the disproportionate diagnosis of Irish insanity, as many families consulted

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<sup>69</sup> Ibid.

a local doctor before pursuing institutionalization for insanity.<sup>70</sup> Furthermore, in non-warrant committals, the asylum's medical superintendent reserved the right to reject patients who were deemed unfit for the asylum, whether because of their incurability or their lack of symptoms. In such a way, medical stereotypes shaped the character of the asylum's patient population. As evidenced by the abovementioned cases of infanticide, these stereotypes could be based on social characteristics such as gender, domestic status, and socio-economic class. They could also be based on the ethnicity and religious beliefs and practices of a prospective patient.

Despite the fact that only one-third of Irish-born Upper Canadians were Catholic, fifty-four per cent of Irish-born patients admitted to the lunatic asylum for intemperance were Catholic. This over-representation points convincingly to the role of medical prejudice in the over-representation of Irish Catholics. In 1865, reflecting on his first decade as medical superintendent of the Provincial Lunatic Asylum, Dr. Joseph Workman registered his lack of surprise with the over-representation of Irish-Catholic patients:

When we reflect that this class have, for ages, *as a race*, been marrying in and in, and call to mind the serious bearing of this course on the development and perpetuation of insanity, and the continual augmentation of hereditary taint certainly resulting, we are not surprised that they present the highest figures in the rate of incurability.<sup>71</sup>

Workman was not alone in his essentialist belief in hereditary Irish insanity. Some medical authorities suggested that a generally weaker constitution among the Irish, combined with their experience as immigrants, contributed to their higher rates of insanity.<sup>72</sup> One result of these medicalized prejudices may have been that two patients, presenting similar symptoms, might

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<sup>70</sup> Matthew Warner Osborn, "A Detestable Shrine: Alcohol Abuse in Antebellum Philadelphia," *Journal of the Early Republic* 29, no. 1 (Spring 2009): 101-3.

<sup>71</sup> Workman, "Observations on Insanity," 401.

<sup>72</sup> Catherine Cox et al, "Emaciated, Exhausted, and Excited: The Bodies and Minds of the Irish in Late Nineteenth-Century Lancashire Asylums," *Journal of Social History* 46, no. 2 (Winter 2012): 502.

have been presented with different diagnoses depending upon their ethnicity; the same may have been true, to a greater or lesser extent, for socio-economic class. In this way, the discretion of a physician like Joseph Workman might operate quite similarly to that of a magistrate like George Gurnett. For a nominally “respectable” patient, a night of binge-drinking might represent an error in judgment, or the influence of “bad company,” whereas drunkenness in an Irish patient of questionable social pedigree might be attributed to hereditary intemperance.

As Catharine Coleborne has argued of psychiatry in Australia and New Zealand, it is very possible that medical diagnoses of insanity in mid-nineteenth-century Upper Canada were, to some extent, “bound up with ideas about ‘race,’ family and heredity.”<sup>73</sup> The Irish were not the only “race” whose sanity was tied closely to heredity. Several North American alienists determined that “Cherokee Indians” and “Negroes” were “exempt” from insanity.<sup>74</sup> Dr. Wedderstrandt of the Charity Hospital in New Orleans concluded that “Indians though drunk half of the time did not have mania a potu, and he thinks the Spanish, French, and the negroes when exposed to the same causes far less liable to this disease than the English, Irish, and Germans.”<sup>75</sup> The Canton Asylum for Insane Indians was established in South Dakota in 1902 to specifically treat Indigenous patients, but in the mid-nineteenth century it was generally accepted in the medical community that insanity did not present among Indigenous people.<sup>76</sup>

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<sup>73</sup> Catharine Coleborne, *Madness in the Family: Insanity and Institutions in the Australasian Colonial World, 1860-1914* (New York: Palgrave Macmillan, 2010), 43.

<sup>74</sup> “Exemption of the Cherokee Indians and Africans from Insanity,” *The American Journal of Insanity* (Utica: Printed by Bennett, Backus, & Hawley, 1844-5), 287-8.

<sup>75</sup> “Editorial Correspondence,” *The American Journal of Insanity* (Utica: Printed at the Asylum, 1848-9), 47.

<sup>76</sup> For more information, see Carla Joinson, *Vanished in Hiawatha: The Story of the Canton Asylum for Insane Indians* (Lincoln: University of Nebraska Press, 2016).

Drunkenness in one group (such as Indigenous or Black North Americans) would thus be interpreted by medical professionals as a sign of moral profligacy, or even a “physical vulnerability,” whereas in others it was either a cause or a symptom of insanity linked to heredity.<sup>77</sup> Race, family, and heredity were certainly bound up with ideas of insanity as far as Joseph Workman was concerned. Whether or not the medical superintendent’s dim view of Irish Catholics affected their recovery rate under his administration deserves further comment, although it falls outside of the scope of this study. Workman also seems to have shared many common Victorian notions of stereotypical Irish behaviour with his fellow Upper Canadians. In a letter to William Lyon Mackenzie, Workman invoked the popular stereotype of Irish pugilism to question whether or not he should deign to respond to James Magar’s allegations of professional misconduct: “Now you say I should have—Irishman-like, tossed off my coat and fought with James Magar & George Brown would act as an honest second to both the boxers.”<sup>78</sup> The distinction between Irish Catholics and other Irish natives would also have been important to Workman, who was born in Northern Ireland.

The intersections between Upper Canada’s criminal justice system, medical theory, and the Provincial Lunatic Asylum explored above offer an entry point into a much more comprehensive investigation of ethnicity, socio-economic class, social prejudice, and racialized medicine, not only in Upper Canada’s lunatic asylum but also in its hospitals. Nevertheless, it is evident that moral regulation—by magistrates, police, jailers, and physicians—almost certainly contributed to the over-representation of Irish-born and Irish-Catholic patients among those

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<sup>77</sup> Mimi Ajzenstadt, “The Changing Image of the State: The Case of Alcohol Regulation in British Columbia, 1871-1925,” *The Canadian Journal of Sociology* 19, no. 4 (Autumn 1994): 443.

<sup>78</sup> Joseph Workman to William Lyon Mackenzie, 2 March 1857.



admitted to the Provincial Lunatic Asylum for intemperance. The same selective application of law present in the cases of infanticide examined above was present in the moral-legal regulation and punishment of drinking and drunkenness. The social construction of Irish drunkenness and criminality, as well as the medical “framing” of Irish intemperance and insanity, contributed to an ethnically-specific view of alcohol-induced insanity in the province’s courts, prisons, and hospitals. In much the same way that socio-economic class, habits of living, and gender-based ideas of insanity interacted to determine punishments for infanticide, Irish poverty and migration also likely shared a role in the framing of a peculiarly Irish insanity.

### *The Community Regulation of Insanity*

Although the social framing of medical theory and the influence of ethno-cultural and political mores in Upper Canada’s criminal justice system played an important role in the moral regulation of some types of insanity, the province’s populace also mobilized the lunatic asylum to police particular behaviours within their communities. Community regulation was “a product of community pressure” and its influence upon social regulation. Social regulation, in the mid-nineteenth-century, was governed by “an effective equilibrium between traditional community-based sanctions and the state’s laws.”<sup>79</sup> To some extent, the discretionary, paternalistic justice on display in Toronto’s police court thus constituted a form of community regulation, whereby traditional mores crept into the courtroom and shaped the application of the laws of the state.

Despite its origins in the centralization of municipal governmental authority, the police court retained on some level the characteristics of a “popular community institution.”<sup>80</sup> The

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<sup>79</sup> J.I. Little, *State and Society in Transition: The Politics of Institutional Reform in the Eastern Townships, 1838-1852* (Montreal: McGill-Queen’s University Press, 1997), 13, 118.

<sup>80</sup> George Marquis, “The Contours of Canadian Urban Justice, 1830-1875,” *Urban History Review* 15, no. 3 (February 1987): 271.

communal quality of the police court was owed to the influence of self-interest, favouritism, and paternalistic values in judgments by stipendiary magistrates, as well as its popular use by the working classes and their often familiar relationships with the magistrate.<sup>81</sup> Although magistrates were by no means peers to their subjects, they were men with a “stake in the community.”<sup>82</sup> We have observed how a number of Upper Canadians brought their family members before trusted local magistrates in search of respite. In June 1856, for example, Alexander McMullen was brought before George Gurnett after being “arrested at suit of his brothers.” McMullen suffered from “derilium [sic] tremens,” and his family must have felt that imprisonment was the only option for his safe-keeping. McMullen was subsequently sentenced to a term of imprisonment in the Toronto jail.<sup>83</sup> However, the community regulation of insanity also frequently involved a more direct interaction between members of the community and asylum authorities.

Of the 57 patients committed to the Provincial Lunatic Asylum for drunkenness in the 1840s, ten (or around seventeen per cent) were admitted by their families. Several others were admitted by members of their communities, including friends, neighbours, and representatives of community institutions including clergymen and small-town mayors. In the case of symptoms relating to a socially-constructed phenomenon such as “drunkenness,” wherein the limits of respectable or appropriate behaviour were determined by the prescriptions of the community, these family- and community-initiated committals can provide us with some insight into the role of popular values and customs in the peopling of the Provincial Lunatic Asylum.

Of the ten patients committed by their families for alcohol-related insanity, six were Irish. The prevalence of the Irish among family-initiated committals more generally does appear to

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<sup>81</sup> Ibid., 270-2.

<sup>82</sup> Ibid., 271.

<sup>83</sup> “Police Intelligence,” *Globe*, 16 June 1856.

indicate that the Irish were more disposed than other groups to turn to the asylum for aid.<sup>84</sup> Several historians have pointed to the “embeddedness of asylums within Irish society” as an explanation for high rates of Irish institutionalization.<sup>85</sup> Many of the motivations for family-initiated committals were universal, however. The Irish were not the only Upper Canadians who brought their friends and family to the asylum in their time of need. When the asylum first opened its doors in 1841, native-born inhabitants of the province may not have had the same entrenched cultural predisposition to use the institution as their Irish-born neighbours, but they soon came to understand its role and function all the same.

There are many reasons that a suspected lunatic’s friends and/or family would have sought aid in treating or managing their intemperance. In cases where a person’s drinking resulted in highly visible symptoms of illness, such as delirium tremens, their families often sought aid wherever they could find it. This typically meant a visit to the local physician rather than a petition to the asylum, however. Friends and family would also seek medical assistance at a hospital, if one was convenient. Despite the hallucinations which often accompanied an attack of delirium tremens, the condition largely registered to the community as a medical rather than a psychiatric issue, probably because of the violent tremors associated with the illness.<sup>86</sup> A more likely cause for appeal directly to the lunatic asylum was the sudden onset of uncharacteristic or otherwise disturbing behaviour, most commonly violence. Assault by an otherwise docile loved one could prompt institutionalization, not only because of the unprecedented nature of the violent outbursts, but also because of their threat to public safety and the public order.

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<sup>84</sup> Mark Finnane, “Asylums, Families, and the State,” *History Workshop* 20 (Autumn 1985): 136.

<sup>85</sup> Damien Brennan, *Irish Insanity, 1800-2000* (London: Routledge, 2014), 91.

<sup>86</sup> Ric N. Caric, “The Man with the Poker Enters the Room: *Delirium Tremens* and Popular Culture in Philadelphia, 1828-1850,” *Pennsylvania History: A Journal of Mid-Atlantic Studies* 74, no. 4 (Autumn 2007): 180.

The asylum's registers are predictably full of shocking acts of violence and self-harm. John Langford's file leaves little doubt as to the reason for his committal: the forty-two-year-old yeoman from Kent was admitted by his family on the permission of one of the commissioners, Dr. Gwynne, after he intentionally cut off his own hand.<sup>87</sup> George Daniels, a twenty-eight-year-old farmer from Markham, was committed as an "imbecile" after attempting to murder his parents.<sup>88</sup> Then, of course, there was Sophia Baker, who cut her child's throat with a knife in the throes of a religious frenzy. These patients' acts of violence obviously marked them as dangerous, dysfunctional, and out of control, and as Wendy Mitchinson has argued, "any form of lack of control pre-disposed society to view a person as insane."<sup>89</sup> Other, less shocking losses of control could also mark suspected lunatics for institutionalization by their communities. For example, a successful and respectable innkeeper, William Sargint, was committed by his family after his excessive drinking led him to commit assault and tear his own clothes.<sup>90</sup> As we shall see, the comparatively innocuous act of tearing clothes was loaded with a cultural significance beyond its negligible material consequences, presenting an intriguing case study in the community regulation of insanity based on popular mores.

Tearing one's clothes was a commonly acknowledged indicator of insanity, both within the medical community and in popular culture. In their 1832 report to the Massachusetts legislature, the commissioners appointed to oversee the establishment of an asylum observed that "many cases of insanity exhibit no delusion, nor even permanent excitement." So-called *monomaniacs* were typified instead by their "impulse, which is excited so suddenly that

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<sup>87</sup> AO, QSMH, PR 176, PQ 90, GR 104.

<sup>88</sup> AO, QSMH, PQ 22, GR 22.

<sup>89</sup> Mitchinson, "Reasons for Committal," 95-6.

<sup>90</sup> AO, QSHM, PR 160, PQ 82, GR 96, 166.

counteracting or antagonizing influences do not move seasonably to prevent mischief.”

According to the commissioners, common symptoms of monomania included “breaking of glass and crockery, tearing clothes and bedding, [and] sudden excitement of passion”<sup>91</sup> The commissioners, led by educational reformer Horace Mann, were not medical professionals, but their understanding of monomania did reflect contemporary medical theory. Throughout the world, the tearing of clothing was recognized as a classic symptom of insanity. Dr. John McClelland, Inspector-General of the colonial medical department in Bengal, commented in an 1862 report on “the habit, all too common with insane patients, of tearing clothes in pieces.”<sup>92</sup> A guidebook for medical and sanitary regulations for medical officers serving in the Madras Presidency likewise recommended “close attention on the part of the keepers ... so that the patient can have no opportunity for tearing clothes.”<sup>93</sup> John Connolly, the consulting physician to the Middlesex Lunatic Asylum at Hanwell, also observed that patients given “perfect freedom of action ... abused it by breaking unprotected windows, and by tearing clothes and bedding.”<sup>94</sup>

French alienist Jean-Étienne Dominique Esquirol acknowledged tearing clothes as a definitive symptom of monomania. He also identified a complex correlation between the outbreak of monomania and drunkenness—when involuntary impulses were followed by delusions or insanity, they were an effect of intemperance. The impulse to drink itself, however,

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<sup>91</sup> *Report of Commissioners appointed under a Resolve of the Legislature of Massachusetts, to Superintend the Erection of a Lunatic Hospital at Worcester* (Boston: Dutton & Wentworth, 1832), 70-2.

<sup>92</sup> John McClelland, *Annual Report of the Insane Asylums in Bengal for the Year 1862* (Calcutta: Bengal Secretariat Office, 1863), 13.

<sup>93</sup> William Robert Cornish, *A Code of Medical and Sanitary Regulations for the Guidance of Medical Officers Serving in the Madras Presidency* (Madras: H. Morgan, 1870), 76-7.

<sup>94</sup> John Connolly, *The Treatment of the Insane without Mechanical Restraints* (London: Smith, Elder, & Co., 1856), 201.

could be a symptom of an underlying monomania.<sup>95</sup> Esquirol's diagnostic categories of madness appear to have been observed by whomever compiled the patient questionnaire for the Provincial Lunatic Asylum (likely Dr. William Rees). Between questions regarding a patient's propensity for "self-violence" and their family history of insanity, the questioner would ask the patient (or their family): "Is the patient prone to tear clothes, or to break windows or furniture?"<sup>96</sup>

Tearing clothes was undeniably recognized as a symptom by physicians, but what about the lay public? In eighteenth- and nineteenth-century popular culture, madness came to be popularly associated with nakedness and the destruction of clothing.<sup>97</sup> The final piece in William Hogarth's eight-painting series, *A Rake's Progress*, depicts its fictional protagonist, the heir Tom Rakewell, in the throes of madness at Bedlam, his white gown reduced almost to nothing [Figure 6.2]. The protagonist in the eighteenth-century broadside ballad, *The Distracted Sailor*, "rends his cloaths asunder" before being committed to Bedlam.<sup>98</sup> Countless other fictional lunatics bore the same culturally-specific indicators of their insanity: dishevelled or ripped clothing, with dirtied faces and wild hair to match. The image of the half-naked madman (or madwoman) was ubiquitous enough within nineteenth-century popular culture that it was likely familiar to most members of the lay public. These cultural representations were only affirmed by the published accounts of visitors to mental hospitals like Bedlam.<sup>99</sup>

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<sup>95</sup> Esquirol, *Mental Maladies*, 355-6. See also William F. Bynum, "Chronic Alcoholism in the First Half of the Nineteenth Century," *Bulletin of the History of Medicine* 42, no. 2 (March-April 1968): 164-5.

<sup>96</sup> AO, QSMH, PQ.

<sup>97</sup> Jonathan Andrews, "The (un)dress of the mad poor in England, c.1650-1850. Part 1," *History of Psychiatry* 18, no. 1 (2007): 6.

<sup>98</sup> Ibid.; Bodleian Library, *The Distracted Sailor* (London: n.p.). Bodleian Ballad Catalogue, Douce 3(23a). Retrieved from: <http://www.bodleian.ox.ac.uk/ballads/ballads.htm>.

<sup>99</sup> Jonathan Andrews, "The (un)dress of the mad poor in England, c.1650-1850. Part 2," *History of Psychiatry* 18, no. 2 (2007): 145-8.



Figure 6.2. William Hogarth's *A Rake's Progress*, 1734. Tom Rakewell is depicted in Bedlam at the bottom-right, his ankle and wrist manacled, covered only by a length of torn fabric.  
Photo: From Wikimedia Commons.

Tearing clothes was just one of many disruptive or deviant behaviours which may have factored in community identifications of lunacy. The act itself implied a loss of self-control, and was often accompanied by the destruction of property—behaviours which would certainly have been targets for community regulation. Tearing clothes was thus both a medical diagnostic category for the identification of monomania *and* a lay diagnostic category for the distinction of acts of insanity from acts of common drunkenness or criminality. In William Sargent's case, an otherwise common act of alcohol-induced violence was identified as insanity because of cultural understandings of the act of tearing clothes. Along with the highly-visible physical symptoms of

delirium tremens (also known as mania a potu) and alcohol-induced frenzies, such behaviours would have been vital to the initial identification of insanity at the community level.

Besides the exhaustion of caring for a perpetually intoxicated loved one and the necessity for segregative care signalled by violent behaviours such as the tearing of clothes, further impetus for the community regulation of alcohol-related insanity came from Upper Canada's incipient temperance movement. Proponents of temperance often grouped drunkenness with insanity, poverty, vagrancy, and other social ills which could be solved through a programme of codification, segregation, and institutionalization. In a *Globe* editorial dated 26 October 1855, Gordon Brown<sup>100</sup> complained at length of the lack of public infrastructure in Upper Canada for the accommodation of the province's inebriates, identifying them as taxonomically distinct from lunatics, criminals, and the poor. Brown's editorial described their predicament in almost obscene detail:

We have sometimes stumbled on a man, whose abject misery startled and agonized us. His hair was uncombed, his beard unshaved, and his face grim and unwashed. He had almost no clothes on his back, and he trembled from debauchery and exposure. His eye was dim when he spoke, his voice was husky; when he moved he tottered, and when he stood he leaned on the wall for support. His story was the old one. With fair prospects once, he had given himself up to the bottle. He had been a Jolly fellow once, and had arrived at the Jolly fellow's goal.<sup>101</sup>

"Can nothing be done for these poor men?" Brown implored his readers. "We have a Magdalene Asylum for unfortunate women—we have a General Hospital and a Lying-in Hospital, a House of Industry for the destitute, and an Asylum for the Insane, Police Stations for the disorderly, and Gaols for criminals ... WHY THEN HAVE WE NO HOME FOR DRUNKARDS?"<sup>102</sup>

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<sup>100</sup> Gordon was raised to the position of sub-editor of the *Globe* after his brother George's departure for provincial politics.

<sup>101</sup> "Jolly Fellows," *Globe*, 26 October 1855.

<sup>102</sup> *Ibid.* Emphasis in original.



In reality, Brown had already described the multitude of homes for drunkards in Upper Canada. The so-called victims of intemperance could be found in each of these places, sent there by a merciful or baleful magistrate, to recover or to be punished for their misfortunes or their sins. Others were committed in desperation by their mentally and physically exhausted families. Which of these institutions would become a home for any given drunkard depended largely upon the moralistic judgments of the province's police, jailers, magistrates and, in cases of community-initiated committals, an inebriate's friends and family. As we have seen, these judgments were very often coloured by the stereotypes and prejudices of the Victorian era.

The families, friends, and neighbours of a "Jolly fellow" may have been encouraged by temperance rhetoric to submit their loved ones to one of Upper Canada's many social welfare institutions. After all, the penitentiary, the House of Industry, and the lunatic asylum were each founded upon the same liberal principles of rehabilitation, self-improvement, "honest industry, sobriety, and perseverance," to recall the 1831 petition of the Home District grand jury requesting a police court, penitentiary, and lunatic asylum.<sup>103</sup> Historical research on the temperance movement has largely focused on the later nineteenth century, when the so-called "social purity movement" was animated by the establishment of international bodies such as the Women's Christian Temperance Union, whose paternalistic efforts alongside similar organizations to "raise the moral tone" of Canadian society included a suite of educational reforms.<sup>104</sup> These efforts were the culmination of more than a half-century of moral reform organization, however. As we shall see, early temperance efforts included calls for the social re-

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<sup>103</sup> "Representation of the Grand Jury of the Home District on the subject of an Asylum," 27 October 1831, Appendix to the JLAUC (1832), 115-6.

<sup>104</sup> Mariana Valverde, *The Age of Light, Soap, and Water: Moral Reform in English Canada, 1885-1925* (Toronto: McClelland & Stewart, 1991), 17.

education of inebriates—calls which may very well have resulted in their committal to reformatory and rehabilitative institutions like the Provincial Lunatic Asylum.

From as early as the 1830s, associations such as the Toronto Temperance Reformation Society and publications such as the Montreal-based *Canada Temperance Advocate* offered Upper Canadians instructive advice for the suppression of intemperance in their communities. The August 1841 issue of the *Advocate* commended the formation of the Victoria Temperance Society in Montreal, praising in particular their efforts to seek out and help inebriates within the community: “We sincerely wish this Society God-speed, and earnestly advise every friend of the cause to give all the help in his power to save the lost; a labour which the Son of God himself visited earth to perform. The waters are being troubled by an angel of mercy, let us all help the diseased to step into them and be healed.”<sup>105</sup> Although pledges to abstain from intoxicating substances formed the backbone of educational efforts, such calls to assist drunkards were commonplace in temperance pamphlets, sermons, and lectures. Whether these calls were met with active “moral suasion” within the community is somewhat more dubious. Jim Baumohl has argued that early temperance rhetoric “sought to confirm the sobriety of the sober,” and was not thus “sympathetic to the plight of drunkards.”<sup>106</sup> However, groups such as the Washingtonians in the United States increasingly called for the reclamation of inebriates by reformed drunkards. Similarly, in Canada, Montreal’s Victoria Temperance Society consisted of “reformed drunkards and sailors,” to the approbation of at least some adherents of the wider temperance movement.<sup>107</sup>

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<sup>105</sup> “Constitution of the Montreal Society for Reforming Drunkards,” *Canada Temperance Advocate*, August 1841, 55.

<sup>106</sup> Jim Baumohl, “Inebriate Institutions in North America, 1840-1920,” in *Drink in Canada: Historical Essays*, ed. Cheryl Krasnick Warsh (Montreal: McGill-Queen’s University Press, 1993), 92.

<sup>107</sup> “Constitution of the Montreal Society for Reforming Drunkards,” *Canada Temperance Advocate*, August 1841, 55.

More often than not, however, efforts at reclamation turned to *coercion* and involuntary committal to various social welfare institutions, either through the criminal justice system or by concerned or exasperated loved ones.<sup>108</sup>

By the 1840s, it was generally acknowledged that drunkards ought to be committed to places like the lunatic asylum or even the penitentiary—institutions where they would be rehabilitated at best, and at worst be removed from polite society. In time, the call sounded by men like Gordon Brown for a discrete institutional answer to drunkenness was answered by efforts to establish specialized inebriate asylums, particularly by organizations such as the American Association for the Cure of Inebriates. This organization was established in 1870 as a direct answer to the formation of the Association of Medical Superintendents of American Institutions for the Insane decades earlier, calling for a “faculty of physicians prepared to do for inebriety what has been done for insanity.”<sup>109</sup> In the years before such efforts could be realized, however, the lunatic asylum presented one of the more viable institutional solutions to problematic drunkenness, given its therapeutic, medical mandate. Again, the extent to which calls for the institutionalization of inebriates were answered by the public is difficult to quantify. However, the mobilization of the asylum by the families of a number of so-called drunkards indicates a general awareness of medicalized theories of alcohol-induced insanity, an acknowledgement that medical intervention at the asylum could hold the answer to intemperance, and a general standard for the community regulation of drunkenness by which the fine line between the temperate consumption of alcohol, drunkenness, criminality, and insanity could be discerned.

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<sup>108</sup> Baumohl, “Inebriate Institutions in North America,” 95.

<sup>109</sup> *Ibid.*, 96.

There is also evidence to indicate the influence of local religious authorities in community-initiated committals of inebriates. Thomas Chambers was brought to the Provincial Lunatic Asylum by his brother, John, in August 1845 with symptoms relating to his intemperate habits. Chambers was “a pilot on board the different Boats ... on the River St. Lawrence,” so his inability to safely perform his job was likely a factor in his committal (he was dismissed by his “Master”). Chambers was also violent—Dr. Rees recorded that he “would injure his Brother if possible” in his patient questionnaire.<sup>110</sup> Chambers’ propensity to violence, as well as his inability to contribute to society by his labour, present convincing reasons for his committal, at least initially. Chambers was discharged one month after his admission to the asylum, and committed by his brother once again one month later, after which he escaped. A few days after his flight from the asylum, Chambers was once again sent back by his brother, this time “admitted on a letter of Rev. Mr. Boyd.”<sup>111</sup>

Robert Boyd was a Presbyterian minister, sent to Prescott by the Church of Scotland in 1819. Like many religious authorities in this period, Boyd was involved in various charitable efforts within his community. He was tasked by the government with administering money granted “for the relief of Sick and Destitute Emigrants at Prescott” in 1832, and he was an active educational reformer.<sup>112</sup> The nature of his involvement in Chambers’ re-admission to the asylum is unclear. Did Boyd counsel the fugitive Chambers to rectify his wrong-doing in fleeing the asylum? Did he offer Chambers guidance in fighting the temptations of alcohol? Boyd was only one of several religious authorities who appeared intermittently in the asylum registers as either instigators or helpers in the committal of their parishioners. Bridget McGill was transferred to

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<sup>110</sup> AO, QSMH, PR 247, PQ 243.

<sup>111</sup> Ibid.

<sup>112</sup> *Statutes of His Majesty’s Province of Upper Canada*, William IV, Ch. XXXIV.

the lunatic asylum from Toronto's general hospital in 1847 at the recommendation of the Reverend Mr. Grasett—likely Henry James Grasett.<sup>113</sup> Religious authorities could evidently mobilize their channels of influence within their communities to expedite committal to the asylum for patients or parishioners for whom they felt that institutionalization may be helpful. This assistance may have been rendered at the request of the friends or families of prospective patients, or it may have come unsolicited.

Given the evidently significant role of patients' communities in initiating their committals to the Provincial Lunatic Asylum, the stories of individual patients such as Thomas Chambers and William Sargint offer valuable insight into why and how their friends, families, and neighbours turned to the asylum. Irrational, uncontrollable violence—epitomized in Sargint's case in the act of tearing clothes—undoubtedly influenced the committal of many patients, and not only inebriates. Similarly, the efforts of moral reformers to encourage the institutional rehabilitation of drunkards likely played a part in at least some of the community-initiated committals for alcohol-related insanity. The mysterious letter of the Reverend Mr. Boyd, for instance, points suggestively to the role of religious authorities in some committals for insanity related to social transgressions such as drunkenness. Religious authorities also helped to shape religious discourses in Upper Canada in favour of the establishment church, contributing to popular conceptions of religious insanity. Committals to the Provincial Lunatic Asylum for “religious excitement” indicate that Upper Canadians identified certain non-normative religious practices with the onset of insanity, contributing to a widespread community regulation of heterodox religious beliefs and practices.

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<sup>113</sup> AO, QSMH, PR 180, GR 554.

The annual report of Samuel B. Woodward, the medical superintendent of the State Lunatic Hospital in Worcester, Massachusetts, was published widely in April 1844. Although the report included various statistical observations and reflections, Woodward's conclusion that cases of "insanity from religious causes" had increased dramatically in the previous year attracted substantial public interest throughout North America. According to Woodward, 12.7 per cent of all committals in 1843 involved religious madness. More than half of those cases (15 of a total 28) he attributed to the so-called "Miller excitement."<sup>114</sup>

Dr. Woodward was referring, of course, to the public sensation provoked by the millenarian prophesies of William Miller. In 1818, the eccentric New England farmer-cum-preacher became convinced that his Biblical exegesis had revealed the date of the Second Coming of Christ, which he believed was "near, even at the door" and would transpire "on or before 1843."<sup>115</sup> After Miller published 16 articles outlining his predictions in the *Vermont Telegraph* in 1832, his prophecies slowly mounted in popularity, providing the foundations for a bona fide movement by 1843, the year of his anticipated apocalypse.

The Miller excitement was not peculiar to Massachusetts, nor even to the United States. Miller's ideas were universal enough to kindle a sizable transnational Adventist movement bearing his name, generating substantial public interest as far afield as Great Britain.<sup>116</sup> Several well-attended Millerite meetings were held in Upper Canada, some of them preached by Miller

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<sup>114</sup> Samuel B. Woodward, cited in "Insanity produced by Millerism," *British Colonist*, 23 April 1844.

<sup>115</sup> William Miller, cited in Sylvester Bliss, *Memoirs of William Miller, generally known as a Lecturer on the Prophecies, and the Second Coming of Christ* (Boston: Joshua V. Himes, 1853), 79.

<sup>116</sup> Louis Billington, "The Millerite Adventists in Great Britain, 1840-1850," *Journal of American Studies* 1, no. 2 (October 1967).

himself.<sup>117</sup> The movement proved disruptive to established social and religious practices in many parts of the province. In the town of Tyrconnell, for example, the local Methodist church was reportedly broken up when a group of Mennonites preaching Millerism set up on a farm outside of town, where they held several camp revival meetings.<sup>118</sup> Millerism was prevalent enough in Upper Canada that Woodward's findings were eagerly taken up and reprinted by a number of provincial newspapers. Hugh Scobie, editor of the *Toronto British Colonist*, felt that the Worcester asylum's religious lunatics shared a good deal in common with the Millerite fanatics that he had encountered in Upper Canada. "And what matters whether they go mad or not?" Scobie pointedly asked his readers: "They are quite as well in an asylum as lunatics, as they are conducting themselves like idiots out of it." Scobie had little time for those "excitement-loving fools" who would fall for the tricks of false prophets. The "women running after every snuffling imposter who sets up in the preaching line, and then going crazy" rightly belonged in a lunatic asylum, he proclaimed.<sup>119</sup>

The reality of Millerite insanity in Upper Canada (or, at least, of their institutionalization) did not necessarily measure up to Scobie's jeremiad. Only three patients were admitted to the Provincial Lunatic Asylum between 1843 and 1845 with symptoms *explicitly* attributed to Millerism.<sup>120</sup> Many more committals in the early 1840s were credited to religious excitement,

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<sup>117</sup> David L. Rowe, "A New Perspective on the Burned-Over District: The Millerites in Upstate New York," *Church History* 47, no. 4 (December 1978): 412.

<sup>118</sup> Hugh Joffe Sims, *Sims' History of Elgin County* (St. Thomas, ON: Elgin County Library, 1984), 76.

<sup>119</sup> "Insanity produced by Millerism," *Toronto British Colonist*, 23 April 1844.

<sup>120</sup> Millerism persisted even after the passing of Miller's first ordained day of judgment on 21 March 1843. Miller contended that the Advent could come as late as 21 March 1844, and when that day too passed, he was forced to admit his error. "I *confess my error*, and acknowledge *my disappointment*," he wrote to "Second Advent Believers" in May 1844, insisting that the day of reckoning was nevertheless soon (Bliss, 256). An amended Advent in October 1844 also passed, leading to the so-called Great Disappointment and widespread withdrawal from the movement.

however, with a number of patients suffering from fears about the “consummation of time” or other eschatological anxieties. In the period for which diagnostic data is available, from January 1841 through January 1848, roughly twelve per cent of all committals to the Toronto asylum involved some form of religious delusion, mania, or excitement. Cases of religious insanity accounted for only ten per cent of all committals in 1843, but the numbers for 1842 were much higher, at sixteen per cent of all cases.<sup>121</sup> Although the influence of Millerism on these numbers is dubious, religious insanity was undoubtedly a concern for Upper Canadians in the early 1840s. Clearly, men like Scobie and Woodward associated an increase in cases of religious frenzy and fanaticism with the millennial fervour attendant to Millerism, but in truth, the moral panic around Millerist doctrine was indicative of a more deeply-rooted and persistent social anxiety surrounding non-normative religious practices. In particular, ordinary Upper Canadians, clergymen, and physicians alike were all apprehensive about practices which promoted an intense and experiential communion with God—namely, evangelical revivalism.

Hugh Scobie was not alone in dismissing the prophecies of Miller as hokum and labelling his followers as lunatics. While the general public expressed a definite interest in Miller’s prophecies—Millerites and skeptics alike flocked to “tented camp meetings” across the northern United States and Upper Canada to hear his message—audiences largely approached his apocalyptic predictions as a source of carnivalesque amusement.<sup>122</sup> Such was the showmanship at some Millerite revivals that apocryphal stories linked P.T. Barnum’s “Greatest Show on

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Nevertheless, some of Miller’s adherents continued to anticipate the immanent return of Christ, under his banner or that of one of several millenarian preachers who were his spiritual successors (Billington, 210).

<sup>121</sup> AO, QSMH, PR, GR, PQ.

<sup>122</sup> Benjamin McArthur, “Millennial Fevers,” *Reviews in American History* 24, no. 3 (September 1996): 370.



Earth” to the enormous tents typical of Millerite meetings.<sup>123</sup> Yet even if the general public found some sordid amusement in the theatrics of the Millerite movement, Miller’s doctrine was widely recognized as an irrational and even dangerous screed. Many earnest Millerites were thus driven out of their mainstream congregations and ostracized by their communities throughout the late 1830s and early 1840s.<sup>124</sup> Consequently, Scobie’s caustic description of Miller’s followers was likely more indicative of popular reception of the ideology than the spectacle of even the most well-attended Millerite camp meeting.

The elements of Millerism which were the most deeply disruptive—namely, “fanaticism, wild enthusiasm, and religious frenzy”—were also understood to be present in several increasingly mainstream Christian denominations. In a sermon delivered in New Bedford, Massachusetts in October 1844 and printed in a pamphlet shortly thereafter, Universalist preacher Silas S. Fletcher warned of the intrinsic relationship between the denominations “most susceptible to fanaticism”—“the Methodist, the Free-will Baptist, the Calvinist Baptist, and we may add, the Orthodox Congregationalist”—and the spread of the so-called “Miller delusion.”<sup>125</sup> “The very excitements to which [these denominations] have been exposed—which they have *encouraged*, in their respective churches, have unfitted the mind to *resist* such delusions,” Fletcher warned. “Where there is less excitement,” he concluded, “there is less fanaticism.”<sup>126</sup> Substantial public criticism was thus directed at camp meetings and other outlets for conspicuously dynamic and experiential piety which many circumspect observers believed

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<sup>123</sup> Catherine A. Brekus, *Strangers & Pilgrims: Female Preaching in America, 1740-1845* (Chapel Hill, NC: University of North Carolina Press, 1998).

<sup>124</sup> McArthur, “Millennial Fevers,” 371.

<sup>125</sup> Silas S. Fletcher, *A Sermon on the Fanaticism of the Present Age, in which is shown Wherein both the Literary and Religious Past are responsible; and wherein brought to bear upon the Fatal Delusion of Millerism* (New Bedford, MA: Press of Benjamin Lindsey, 1844), 4-5.

<sup>126</sup> *Ibid.*, 5.

weakened the mind's resistance to delusion, as Fletcher put it. The "religion of experience" thus came to be equated with insanity and credulity in both popular and elite discourses.<sup>127</sup> Religious expressions and practices which recalled the more enthusiastic practices of revivalism could therefore prompt community-initiated committals to the lunatic asylum.

Besides exposing their followers to the disordering influences of movements like Millerism, many believed that the so-called revivalist "awakenings" of the early nineteenth-century encouraged a number of socially disruptive behaviours. Albert S. Rhodes reflected in *Appletons' Journal* in December 1875 that the revivalist doctrine of "the Great American Revival" of the 1830s had encouraged the breaking-up of marriages (or, worse yet, the consummation of sacrilegious *marriages à trois*, in the French tradition), the invocation of occult "celestial companions," and a generalized mental and physical degeneration amongst its followers.<sup>128</sup> Of course, Rhodes' account dramatized the social disorder of revivalism and the excesses of camp meetings, in much the same way that the contemporary accounts of the 1830s had over-emphasized the mentally and morally destabilizing characteristics of revival.

Similarly, the social disorder produced by Millerism (both the fanaticism which preceded 1843 and "the Disappointment" that followed) was greatly exaggerated. Joshua Himes, one of Miller's most influential supporters, claimed in an open letter printed in November 1844 that "the reports so generally circulated by the 'press' and otherwise, as the 'fruits of Millerism'—of insanity, suicides, and the breaking up of families, with poverty, distress, &c. ... are, most of them, unfounded; and those which have any semblance of truth, are greatly distorted and

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<sup>127</sup> Westfall, *Two Worlds*, 50.

<sup>128</sup> Albert S. Rhodes, cited in Boris Sidis, "American Mental Epidemics," *New England Review* 35, no. 3 (2014): 185-6.

exaggerated.”<sup>129</sup> Whether or not Millerites had been beset by a true madness, however, the community enforcement of normative religious practices was undoubtedly reflected in admissions to North American asylums, particularly in the large number of cases of religious excitement attributed to Millerism in Massachusetts.

The Miller delusion was less prominent among asylum committals in Upper Canada than it was in Massachusetts, yet the high number of committals attributed to *religious excitement*, particularly in 1842, does indicate that popular conceptions of a relationship between religious excesses and insanity also prevailed north of the border. Among committals for religious excitement at the Provincial Lunatic Asylum, Methodists stand out as the most over-represented religious denomination. They accounted for forty-three per cent of all committals for religious insanity between 1841 and 1848, despite comprising less than 10 per cent of the population of Upper Canada.<sup>130</sup> Interestingly, Methodists were only slightly over-represented among the asylum’s general population during the same period, comprising twelve per cent of all patients.

One possible cause of this statistical anomaly was the diagnostic practices of the asylum’s medical superintendents. Just as a physician may have been more likely to attribute symptoms of insanity in an Irish patient to drunkenness before other causes, medical practitioners may have been influenced by popular and medical stereotypes of revivalist delusions to attribute insanity in Methodist patients to their religious practices. The delusory effects of Methodist worship (and revivalism more generally) were widely acknowledged by mid-nineteenth-century alienists. Amariah Brigham observed the prevalence among his patients

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<sup>129</sup> “Second Advent—Mr. Himes’s Statement,” *Liberator*, 15 November 1844, cited in Gary Scharnhorst, “Images of the Millerites in American Literature,” *American Quarterly* 32, no. 1 (Spring 1980): 26.

<sup>130</sup> 96,640 Methodists reported in the 1851-2 census of Canada West out of a total population of 952,004 (for a total of 10.1 per cent of the population).

of a “religious melancholy.” Brigham’s description of religious insanity was highly reminiscent of the religious madness which allegedly drove Sophia Baker to murder her own child. Religious melancholy, which Brigham maintained was brought on as often as not by revivalist camp meetings, led its “unhappy sufferers to kill or attempt to kill their children or dearest relatives, believing they should therefore ensure the future happiness of those they destroyed.”<sup>131</sup>

American alienists generally agreed that such melancholic episodes could result from an “intemperate style of preaching” at “extraordinary and spasmodic” meetings of Methodists and other revivalist creeds. Preaching of this sort, alienists warned, could prove “powerfully depressive to the vital energy” and contribute to the onset of “nervous exhaustion.”<sup>132</sup>

Isaac Ray, co-founder with Brigham of the Association of Medical Superintendents of American Institutions for the Insane, also identified the “unusual excitement of the religious sentiment” commonly experienced at religious meetings as a leading cause of insanity.<sup>133</sup> In his 1861 report for the Butler Hospital for the Insane in Providence, Rhode Island, Dr. Ray recalled a middle-aged couple who attended religious meetings “for three or four days, when reason began to give way under the unnatural excitement, and, within a week . . . they both became furiously insane.” Shortly after their admission to the Butler Hospital, both husband and wife passed away.<sup>134</sup> Brigham, Ray, and other prominent alienists such as Pliny Earle each contributed to the popular medicalization of religious insanity while also linking religious excitement to heterodox religious practices.

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<sup>131</sup> Amariah Brigham, *Observations on the Influence of Religion upon the Health and Physical Welfare of Mankind* (Boston: Marsh, Capen, & Lyon, 1835), 291.

<sup>132</sup> Joseph C.G. Kennedy, *Population of the United States in 1860* (Washington: Government Printing Office, 1864), *xc*.

<sup>133</sup> Isaac Ray, Report of the Medical Superintendent of the Butler Hospital for the Insane (1861), quoted in Kennedy, *Population of the United States*, *xc*.

<sup>134</sup> *Ibid.*

The first several medical superintendents of Upper Canada's lunatic asylum also appear to have acknowledged the prominent role of certain religious practices in the onset of insanity. In his 1865 retrospective of his first ten years as medical superintendent, Joseph Workman commented on his predecessors' identification of religion as a cause of insanity: "Of the 146 [cases] ascribed to 'religious excitement,' probably in 140 the religious excitement germinated in latent insanity."<sup>135</sup> Workman thus diverged from Drs. Rees, Telfer, Park, and Scott in his etiological approach to cases involving religious excitement. Nevertheless, religious excitement was, in the 1840s, a medically-acknowledged *cause* of a large number of cases of insanity in Upper Canada.

Evidence from community-initiated committals suggests that popular perceptions of the relationship between religion and insanity also influenced the committal of many patients thought to be suffering under the effects of religious excitement. Patterns in the lay identification of religious insanity by patients' families suggest that too much talk of religion, too much religious study, or an inordinate attention to distressing religious concepts were often connected *by patients' families* to their recent attendance at Methodist meetings, well before those patients were brought to the asylum, or even to a local physician. George Glasgo, a thirty-four-year-old cobbler from Newmarket, was brought to the asylum by his father and brother one week after "attending too much at a Methodist meeting."<sup>136</sup> The effects of his attendance were immediately apparent to his family, who promptly made arrangements for his treatment. Other religious lunatics raved incessantly about the coming of Christ, sometimes as an effect of their attendance at Methodist or other revivalist meetings. These cases were not explicitly connected to

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<sup>135</sup> Workman, "Observations on Insanity," 404.

<sup>136</sup> AO, QSMH, PR 195.

Millerism, but the timing of many of them (in 1842 and 1843) suggests some connection to the movement. Their families would have become concerned with their millenarian obsessions. Millenarian anxieties were not limited only to Miller's prophesied end of days, either. Twin Irish-born brothers Joseph and William Medill were brought to the asylum on the same day in 1846, when they became melancholic. "Due to the preaching of a Baptist minister," Dr. Telfer observed in both of their registers, "he thought he was doomed to destruction."<sup>137</sup>

It is important, in cases of religious insanity and a variety of others, to remember the role of the family and friends of a patient in the establishment of their medical history. The questionnaire and other documents filled out by the superintendent upon the reception of a patient was an invaluable resource in the doctor's later diagnosis, and the information provided therein was fundamentally shaped by the perceptions and experiences of patient communities. As evidenced above, popular community-based sanctions regarding the proper practice of religious worship, drunkenness, and other behaviours undoubtedly contributed to the initial identification and segregation of many lunatics, as well as their eventual diagnosis and the superintendent's determination of the etiology of their illness.

The influence of popular social mores in the identification and diagnosis of religious insanity in particular is further confirmed by the rapid decline in cases of religious excitement in Methodist patients after the 1850s. In his 1865 "Observations on Insanity," Joseph Workman noted not only the inherent problems with his predecessors' assessments of religious insanity, but also the remarkable "exemption of Methodists from insanity." According to Workman, this phenomenon was due in large part to the fact that many Methodists were also natives of Canada, but he also noted that "it cannot be denied, that the general habits of Methodists, and the more

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<sup>137</sup> AO, QSMH, GR 373, 373.

comfortable physical condition therewith associated, must operate as important mental conservators.”<sup>138</sup> Workman’s observations on the mental *stability* of Methodists may seem remarkable given the medical consensus in the 1830s and 1840s regarding their propensity to insanity. However, his comments align with the evolution of popular sentiments towards Methodism. The Methodists underwent a significant institutional and cultural transformation in the early Victorian period. The “tempering of revivalism” contributed to a general increase in the respectability of Methodists in the 1850s and 1860s.<sup>139</sup> That the committal of Methodists declined in correspondence with their social ascent strongly suggests the role of community regulation in their over-representation among committals for religious insanity in the 1840s.<sup>140</sup>

### *Conclusions*

Interpretations of early psychiatric institutionalization which emphasize the role of the state in the identification and segregation of insanity do not adequately account for the role of popular values and community regulation in the management of insanity in mid-nineteenth-century Upper Canada. Despite the centralization of authority at the Provincial Lunatic Asylum in the early 1850s, much of the responsibility for identifying and segregating lunatics fell to the community as well as a criminal justice system shaped by popular values. The social identities of

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<sup>138</sup> Workman, “Observations on Insanity,” 411.

<sup>139</sup> Westfall, *Two Worlds*, 82.

<sup>140</sup> For more on the development of nineteenth-century Methodism in Canada, see G.A. Rawlyk, *The Canada Fire: Radical Evangelicalism in British North America, 1775-1812* (Kingston: McGill-Queen’s University Press, 1994); Nancy Christie and Michael Gauvreau, *Christian Churches and their Peoples, 1840-1965: A Social History of Religion in Canada* (Toronto: University of Toronto Press, 2010); Todd Webb, *Transatlantic Methodists: British Wesleyanism and the formation of an evangelical culture in nineteenth-century Ontario and Quebec* (Montreal: McGill-Queen’s University Press, 2013).

prospective lunatics—their ethnicity, gender, socio-economic class, and religious beliefs—thus shaped both their likelihood of committal and their subsequent medical diagnosis.

This chapter has explored the influence of various assumptions, prejudices, and popular practices on committals to the Provincial Lunatic Asylum. Paternalistic attitudes towards women and the poor shaped the diagnosis and institutionalization of women tried for infanticide; community and judicial perceptions of drunkenness, criminality, and insanity likewise influenced the character of committals for intemperance-related insanity; and dominant cultural attitudes towards religion informed both the initial identification of religious lunatics and subsequent etiological determinations of “religious excitement” by medical practitioners. Committals for infanticide, drunkenness, and religious insanity do not account for all patients admitted to the Provincial Lunatic Asylum in this period. They do, however, point to the continuing role of local and regional socio-cultural contexts in the medical administration of the Toronto asylum, as well as indicating the innumerable social and cultural phenomena continuously acting upon the management and character of the asylum.

Just as the political culture of Toronto and Upper Canada influenced almost every aspect of the asylum’s early management; as the professional ambitions of the province’s physicians determined everything from the location to the by-laws of the institution; and as contemporary ideas of liberalism, charity, and religious obligation formed the very foundations for asylum care in the province, Upper Canadian society and culture fundamentally shaped the peopling of the Provincial Lunatic Asylum. Through the lens of the mid-century asylum, we may observe in microcosm how the institutional character of the early Canadian state was shaped, not by the methodical organization of centralized principles, but rather by the diffuse interaction of popular and elite morals, lay and professional ideologies, and legal and discretionary authorities.



**Chapter VII**  
**“The fury of the wave of popular delusion”:**  
**Professional Conflict, Public Opinion, and Early Inspectoral Reform, 1854-1859**

By the mid-1850s, Upper Canadian physicians had proven themselves capable of almost anything in their quest for professional supremacy. The schism between the city’s rival medical schools following John Rolph’s decimation of the University of Toronto’s medical faculty in 1853 led Toronto’s doctors to commit unseemly acts in the name of medical advancement and professional sabotage. Bodysnatching, physical assault, fraud, and theft were all tolerated, if only because they were perpetrated in the name of medicine. The professional war for control of the city’s medical resources had several battlegrounds. In August 1855, the *Globe* reported that “special constables are to be sworn in to-day to keep the peace” after physical altercations broke out between faculty and students from both schools in their attempts to secure space within the hospital’s operating theatre, “all to decide whether Trinity or Victoria shall have the greater number of medical students.” By all appearances, the city’s doctors had “sharpened their scalpels for the fight.”<sup>1</sup> It would hardly have surprised anyone familiar with the storied professional conflict had the faculty and students of the Toronto School of Medicine (TSM) and the Upper Canada School of Medicine (UCSM) quite literally turned their scalpels upon one another.

The wards and operating theatres of the Toronto General Hospital were one battleground in the war between the TSM and the medical faculty of John Strachan’s newly appointed Trinity College. The Provincial Lunatic Asylum was another, albeit one upon which the battles had become more subdued. The high-profile skirmishes for control of the asylum’s professional resources which inspired Dr. John Scott’s resurrectionism largely ended with the passage of

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<sup>1</sup> “Doctors Differing,” *Globe*, 17 August 1855.

Rolph's 1853 Asylum Act, but the entrepreneurial doctor's legislative reforms did not mark the end of professional conflict at the institution. After the seemingly endless public scandals which plagued the asylum in its first fifteen years, those who sought to prise the institution from the control of Joseph Workman and the TSM understood that publication in the newspapers represented an effective avenue for the pursuit of reform at the institution.

Despite the relative administrative stability introduced by the Asylum Act, Dr. Workman was faced with several challenges to his authority in his first years as medical superintendent. Unlike earlier scandals, the two major conflicts which followed closely after Workman's appointment—the Eliza Ward case, in which Workman discharged a so-called “impostor” from the asylum and prohibited her future admission, and the public allegations published in a letter by asylum porter James Magar—did not implicate the medical superintendent in moral transgressions such as the theft of asylum resources or public drunkenness. Rather, the public allegations which surfaced against Joseph Workman between 1854 and 1857 largely comprised attacks against the doctor's professional credibility. Accepting that they were unlikely to seize direct control of the asylum in the wake of Rolph's Asylum Act, members of the Trinity faculty instead opted to remove their competition, lobbying for stricter government control of the institution and Workman's dismissal. Similarly, members of the asylum's staff sought to replicate popular responses to the scandals of the 1840s, publishing (or threatening to publish) the asylum's internal squabbles in an attempt to turn professional conflicts in their favour.

Faced with these incursions into the asylum's internal affairs, Workman also lobbied for greater oversight of the institution in the hopes that supervision by experts would help to put an end to interventions by those who knew nothing of the treatment of insanity. These institutional barriers to his total control over asylum admissions also led Workman to lobby for external

oversight, which might help him maintain the therapeutic integrity of his asylum in the face of the “imposters” and incurable lunatics who were regularly committed by ignorant or contriving municipal authorities.

This chapter thus explores the foundations for inspectoral reform which were laid during the second wave of public scandal and intrigue at the asylum in the mid-1850s. These controversies originated from multiform individual and associational interests, including the medical profession, asylum staff, the public, and newspaper editors like the indefatigable George Brown. Each of these groups framed their critiques of the asylum within a unique interpretive framework founded upon their own understandings of the asylum’s utility. Likewise, each faction proposed some form of external investigation or inspection to mitigate what they identified as infractions against the asylum. Toronto’s physicians thus cited Workman’s professional ineptitude and failure to uphold the standards of medicine at the asylum as cause for both his dismissal and the establishment of better, more informed medical oversight at the institution. Other critics demanded asylum reform on the basis that the institution was not upholding its initial promise to serve the public interests, although these claims were as often as not a mere disguise for the more cynical professional or political ambitions of the petitioners.

For his part, Joseph Workman pressed for reforms which would enable him to manage the asylum without interference from interlopers, calling upon both existing and prospective supervisory bodies to intervene on his behalf. These appeals were consistent with his later claim that the provincial inspectorate which emerged in the 1850s and 1860s formed a “protecting breakwater that might withstand the force or avert the fury of the wave of popular delusion.”<sup>2</sup> The superintendent’s motivations were nevertheless questionable. On the one hand, like his

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<sup>2</sup> Joseph Workman, “Asylum Management,” *American Journal of Insanity* 38 (July 1881).

rivals at the UCSM Workman appears to have been motivated to some extent by the professional contest between Toronto's rival medical schools. On the other hand, his conduct during the controversies of the mid-1850s was consistent with his continuing efforts to encourage the development of a more efficient system of asylum care in the province. Workman's ongoing commitment to the preservation of the Toronto asylum against external pressures towards custodialism was reflected most particularly in his response to the Eliza Ward affair, when he publicly defended his decision to eject the perennial inmate from his asylum once and for all.

The multitude of calls for external intervention at the asylum which surfaced in the 1850s, combined with a growing popular awareness of the interconnectedness of the province's various penal and social welfare institutions, anticipated the passage of the first Prison and Asylum Inspection Act in 1857. Ultimately, it was not only the government's desire to establish greater central control of its public institutions which animated and encouraged inspectoral reform. Much as liberal prison reform philosophies inspired early asylum reform in Upper Canada, the fundamental connections between the province's carceral institutions—both practical and discursive—continued to inform their parallel development into the mid nineteenth century.

#### *Eliza Ward, the Toronto Ten, and Professional Imposture at the Asylum*

When Joseph Workman was officially announced as the new medical superintendent of the Provincial Lunatic Asylum in 1854, his appointment was met with protest from the usual quarters. George Brown and other outspoken advocates against petty patronage initially challenged the doctor's appointment on the basis of his personal and professional relationship with John Rolph and the Toronto School of Medicine. "We are told that Dr. Workman is to have a salary of £500 a year," Brown wrote after news broke of Workman's appointment in April

1854, adding disbelievingly that the doctor would “maintain his connection with the Toronto School of Medicine.”<sup>3</sup> Brown was not alone in marveling at the obvious relationship which had been forged between the TSM and the lunatic asylum. The appointment prompted Christopher Widmer to write privately to Rolph, cautioning him that the medical community would question the young doctor’s competence in the treatment of the insane, particularly since he had been selected over several more qualified candidates from the United States and England.<sup>4</sup> The tide of public fury over the appointment eventually abated, however, in no small part as a result of William Lyon Mackenzie’s impassioned defense, before the Assembly, of his daughter’s keeper.<sup>5</sup> Yet Workman had not seen the last of his enthusiastic watchdogs in the newspaper press, least of all the *Globe*.

Critics were quick to descend upon Workman and the asylum once more in 1855, when the papers publicized a hitherto private quarrel between the superintendent and a cadre of his fellow Toronto physicians. The subject of their disagreement concerned the sanity of an erstwhile inmate named Eliza Ward. The “Eliza Ward case,” as it came to be called in the *Globe*, led to repeated calls by both Workman and his rivals at the UCSM for closer oversight and regulation of the asylum. Along with the publication of internal feuds between Workman and his staff by James Magar two years later, the Ward affair signalled the need for a centralized body with whom the supervision of the asylum could be entrusted. Without an effective means of conflict resolution, it was clear that minor disputes between asylum staff and administrator and

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<sup>3</sup> “The Lunatic Asylum,” *Globe*, 3 April 1854.

<sup>4</sup> Christopher Widmer to John Rolph, 1 April 1854. Thomas Fisher Rare Book Library, University of Toronto. W.T. Aikins Papers, Box 2, #90.

<sup>5</sup> Russell Charles Smandych, “The Rise of the Asylum in Upper Canada, 1830-1875: An Analysis of Competing Perspectives on Institutional Development in the Nineteenth Century” (Master’s thesis, Simon Fraser University, 1981), 80.

differing interpretations of asylum policy between public officials would continue to escalate into full-scale popular scandals.

Eliza Ward was a quintessential “friendless emigrant.” Young, Irish, and homeless, she was passed between Toronto’s jail, asylum, and House of Industry in a manner which became typical of many so-called vagrants. Ward was first committed to the lunatic asylum by way of the city’s police court, having been recommended for treatment by two prominent Toronto physicians. Trinity College faculty members Drs. John King and William Hallowell examined Ward at the request of the police magistrate, George Gurnett, after she was brought before the police court early in 1854. The doctors designated Ward a lunatic, and by their certificates of insanity the young woman was committed to the asylum. She did not stay long. She does not appear to have stayed anywhere long.

Ward was discharged from the asylum in June, after which she was brought before the police court once again, having been “found wandering about the streets in a homeless condition.” Not knowing what to do with her, Gurnett sent the woman to jail for one month.<sup>6</sup> After serving her sentence in jail, Ward found her way once more to the asylum, once again on the certificates of Drs. King and Hallowell. Once again, Workman promptly discharged her, citing his belief that Ward was “affecting insanity” to secure room and board at the asylum—a common practice in both prisons and asylums at the time.<sup>7</sup> She was soon readmitted after being arrested and placed yet again before the police magistrate, George Gurnett. For at least the third time, Ward was committed to the asylum on the certificates of Drs. King and Hallowell.

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<sup>6</sup> “Police Intelligence,” *Globe*, 17 June 1854.

<sup>7</sup> Joseph Workman to George Gurnett, 18 January 1855, printed in “The Lunatic Asylum,” *Examiner*, 31 January 1855. For more on the use of prisons and asylums as shelter, particularly in the winter months, see Fingard, “The Winter’s Tale.”

Workman kept Ward on at the asylum this time, employing her in the kitchens, before discharging her again in January 1855.

Upon Ward's release, the superintendent wrote a letter to Gurnett, advising him that she would no longer find refuge at the asylum. Workman suspected that she would once again "[throw] herself in the way of the police" and secure another certificate of insanity.<sup>8</sup> The doctor mentioned another patient in his letter, Edward Cody, who was likewise committed to the asylum after being issued certificates of insanity by medical examiners whose "lack of psychological knowledge" contributed to the misdiagnosis of his delirium tremens. Workman suspected that the fee of £2 paid to physicians for issuing a medical certificate of insanity was to blame for the committal of these "imposters" to the asylum. He advised Gurnett that the fee ought to be discontinued, as it encouraged false diagnoses.<sup>9</sup> By writing to the police magistrate, Workman clearly intended to draw official attention to the problem, as he perceived it, of the serial admission of illegitimate lunatics to the asylum. Gurnett, in turn, submitted Workman's letter for publication to the *Examiner*, perhaps in an effort to bring public attention to the practices which Workman had exposed in his letter. The editor of the *Examiner*—a noted Reform organ—commented rather gleefully that Workman's accusations were "very discreditable to the professional character of the gentlemen who gave the certificate."<sup>10</sup> That those gentlemen were faculty of the Archbishop John Strachan's Anglo-Tory Trinity College was not likely lost on the *Examiner*.

The publication of Workman's letter caused an uproar throughout the city, both in the papers and within Toronto's close-knit medical profession. The editor of the *Examiner* named

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<sup>8</sup> Ibid.

<sup>9</sup> Ibid. See also Terbenche, "Public Servants or Professional Alienists?," 155-6.

<sup>10</sup> "The Lunatic Asylum," *Examiner*, 31 January 1855.

three physicians as the co-signers (or, as he depicted them, co-conspirators) of Eliza Ward's certificate of insanity—Drs. King and Hallowell, who were specifically named by Workman in his letter to Gurnett, and a third Trinity doctor, Cornelius James Philbrick. Incensed at his inclusion in the controversy, Philbrick initiated an action of libel against Workman, who responded to his colleague's lawyers that the fault for Philbrick's incrimination lay with the editor of the *Examiner*, and not with himself.<sup>11</sup> As to Gurnett's decision to publish his letter, Workman wrote that "I doubt not . . . he has been actuated by a desire to promote the public welfare."<sup>12</sup> Workman was undoubtedly pleased that his grievances regarding the committal system were being aired before the public.

Philbrick responded with his own letter to the *Globe*, insisting that neither of his colleagues had examined Ward in the first place and naming two other physicians whom he claimed were responsible. He then proceeded to tell a story of his own generous *gratis* diagnosis of an insane woman whom he had found roaming the city streets in a demented state only a week earlier. She had told the doctor that she was out "in hopes of reaching her home in Dublin, Ireland." To his immense surprise, Philbrick later discovered that the woman was none other than Eliza Ward herself. The woman was subsequently sent to the House of Industry rather than the asylum—a result of Workman's prior interdiction—despite having been examined by eight physicians and diagnosed insane by every one of them.<sup>13</sup> Philbrick's dubiously authentic and

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<sup>11</sup> Committal to the asylum required *three* medical certificates, but the identity of the third certifying physician is ambiguous. Several histories report that Dr. Cornelius Philbrick, another Trinity physician, was the third physician to certify Ward's insanity (as indicated in the *Examiner's* initial article about the case), but Workman's response to Philbrick's libel suit (see below) suggests that he was not involved.

<sup>12</sup> Joseph Workman to Messrs. Cameron & Robinson, Solicitors, 2 February 1855, "The Eliza Ward Case," *Globe*, 7 February 1855.

<sup>13</sup> "Eliza Ward and Cody Case," *Globe*, 9 February 1855.



self-aggrandizing tale notwithstanding—it touched rather conveniently on all points of the case—the Eliza Ward case brought an important dilemma regarding the diagnosis and institutionalization of insanity to the attention of the public: could physicians be trusted to properly diagnose a patient when only a positive diagnosis of insanity carried a guarantee of financial remuneration? Furthermore, if physicians could not be trusted because of their vested interest in returning a positive diagnosis, what measures were in effect to police their professional behaviours and ensure their honesty? Workman appears to have believed that George Gurnett could curb their imposture in his capacity as police magistrate. Gurnett, on the other hand, turned judgement of the matter over to the court of public opinion by arranging to have Workman’s letter published in the *Examiner*.

The popularity of the Eliza Ward controversy may well have pointed to the well-publicized discord within the Toronto medical profession more than any other social phenomenon. Each of Joseph Workman’s considerable rogues’ gallery of professional enemies appear to have come out of the woodwork, leaping at the opportunity to discredit him. Soon after the publication of Workman’s and Philbrick’s letters, the *Globe* published its own certificate attesting to Ward’s insanity. It was signed by eleven separate physicians including two former asylum superintendents (Walter Telfer and Francis Primrose), Drs. Philbrick and Hallowell, and former asylum inspector Dr. William Rawlins Beaumont.<sup>14</sup> The fact that Ward’s original examiners were Trinity doctors, and thus professional rivals of the Toronto School of Medicine,

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<sup>14</sup> “The Eliza Ward Case Again,” *Globe*, 10 February 1855. Francis Primrose served as the interim medical superintendent between the dismissal of Walter Telfer and the appointment of his replacement, George Hamilton Park. Though Dr. Primrose largely avoided the same public scrutiny to which his fellow superintendents had been subjected, he was called to account by the *Examiner* for his possible role in subverting Dr. Park, after whose dismissal he also served as a temporary replacement. “Dismissal of Dr. Park, and Appointment of Dr. Primrose,” *Examiner*, 3 January 1849.

may have influenced Workman's decision to write to Gurnett in an attempt to professionally discredit them. Professional enmity may even have influenced his decision to discharge Ward in the first instance. After all, the Ward affair unfolded just as hostilities between Trinity College and the TSM reached their climax. Fisticuffs between students and faculty of the two schools erupted regularly in the halls and operating theatres of the Toronto General Hospital, and in July 1855 the death of a patient after an overdose of medicine administered by a poorly supervised TSM student brought the material consequences of the professional rivalries to the attention of both physicians and the reading public.<sup>15</sup>

Even if Workman's decision to discharge Eliza Ward was motivated by his considerable animus towards his Trinity rivals, however, professional antagonism was only one of several considerations which informed his judgement. Throughout his career Workman was consistently outspoken against the misappropriation of the asylum by both lay and medical officials. False diagnoses such as Ward's and Cody's contributed to overcrowding at the asylum, a predicament with which successive medical superintendents had struggled. Despite his efforts to publicize the issue during the course of the Ward case, it appears that Workman continued to receive more patients than the asylum could reasonably accommodate. The *Globe* reported in 1859 that Workman had written another letter to George Gurnett "to the effect that he was unable to receive an unfortunate woman who had been sent up the previous day, owing to the overcrowded state of the Asylum."<sup>16</sup> The medical superintendent constantly complained that the current committal system encouraged the admission of illegitimate lunatics by uninformed public authorities, including physicians. "In signing a certificate of insanity, a medical examiner should

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<sup>15</sup> Duffin, "In View of the Body of Job Broom."

<sup>16</sup> "The Lunatic Asylum," *Globe*, 10 February 1859.

consider that he is doing something more than merely pronouncing a professional opinion on the mental condition of the party examined,” he wrote. “He is, in fact, discharging a highly important magisterial function, as the result of his action is the committal to a mad-house of an unfortunate fellow being.”<sup>17</sup> According to Workman, this oversight often led to the committal of “alleged lunatics” who were not at all insane, or of moderate cases which would not benefit from asylum care. His repeated appeals to George Gurnett do not appear to have reduced the problem, but this did not stop Workman from seeking external intervention to alleviate the overcrowding of his asylum.

Adding to the pressures created by false diagnoses was the abuse of the warrant system by applicants to the asylum. Workman wrote in his report for 1869 that “the discovery on the part of the friends of the insane, and of municipal authorities, that commitment to gaol has been a successful step in obtaining entrance to an asylum, will augment largely the number of such commitments.”<sup>18</sup> Apparently, local authorities and members of the public had discovered that lunatics would receive “preferential consideration” for committal to the asylum if they were already imprisoned in a local jail.<sup>19</sup> Whereas private committals depended upon there being a vacancy at the asylum, a warrant case took precedence over private cases and required committal regardless of vacancies or overcrowding at the asylum.<sup>20</sup> Workman was persistent in voicing his concern that illegitimate lunatics were frequently sent to the asylum in this manner, or otherwise remanded to the institution by unscrupulous physicians like King and Hallowell. Workman suspected that many physicians signed medical certificates without even meeting with the

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<sup>17</sup> “Report of the Medical Superintendent,” *JLAPC* (1859), Appendix (No. 11.).

<sup>18</sup> “Report of the Medical Superintendent,” *JLAPC* (1869).

<sup>19</sup> Moran, *Committed to the State Asylum*, 73.

<sup>20</sup> Mitchinson, “Gender and Insanity,” 102.

patients they were supposed to be diagnosing, all to secure financial compensation for a positive certificate of insanity.<sup>21</sup> In light of Workman's persistent quest for an answer to the problems of overcrowding and false diagnoses, his letter to George Gurnett regarding the repeated committal of Eliza Ward may not have been an act of professional sabotage after all, but rather a necessary measure to curtail excessive admissions to an already crowded asylum.

It certainly appears that Eliza Ward's discharge and Workman's injunction against her return to the asylum represented an honest effort to curb what he believed to be a systemic flaw in the committal system. He wrote in 1855 that "hardly a doubt could be entertained as to the imposture which had been practiced" to transfer convicts to the asylum from the province's jails. "So long as ... the law which orders the transmission to the Asylum of Penitentiary and Jail patients, whether real Lunatics or imposters continues to exist, it must be impossible to preserve that salutary discipline and mild management, which are indispensable to the successful operation of the institution."<sup>22</sup> Curiously, however, some critics interpreted Workman's employment of Ward during her second stay at the asylum as proof of the contrary. They cited the superintendent's decision to keep her at the institution, despite his own reassurances of her sanity, as evidence that he had turned "a charitable institution into a common gaol."<sup>23</sup> Given Workman's historically obstinate attitude towards suspected impostors like Ward, it is far more likely that he kept the woman on as a patient-employee for the reasons that he presented in his letter to George Gurnett—namely, that Ward's previous behaviours strongly predicted that she would simply turn around and seek re-admission to the asylum as soon as she was discharged.

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<sup>21</sup> Moran, *Committed to the State Asylum*, 73.

<sup>22</sup> "Report of the Medical Superintendent," *JLAPC* (1854-5), Appendix (H.).

<sup>23</sup> Terbenche, "Public Servants or Professional Alienists?," 157.

Her prompt return to Gurnett's court after being discharged in January 1855 indicates that he was justified in this assumption.

Whereas Workman appears to have ultimately acted in the best interests of the asylum, professional antagonism cannot be discounted as a factor in his decision to bring the Ward affair to Gurnett's attention. The actions of his medical colleagues following the publication of the controversy were also undoubtedly motivated by professional conflict. For example, jealousies between Telfer, Primrose, and their successor may have entered into the two former superintendents' decision to publicly repudiate Workman's diagnosis in their certificate printed in the *Globe*. For Dr. Philbrick and his Trinity colleagues, the UCSM-TSM rivalry was almost certainly a motivation for their swift and well-publicized rebuke of a rival physician. The doctors also acted in concert as members of Trinity College's medical faculty. Their remonstrations reflected the school's interests as much as they did any concern for the welfare of the asylum's patients. In a letter to Mackenzie, Workman referred to these men as the "Toronto ten," a Trinity cabal who began to plot his professional demise after Eliza Ward "made donkeys of them."<sup>24</sup> In contrast to Workman's claims that the Toronto Ten acted in response to their professional embarrassment, however, the Trinity faculty insisted that their intervention was necessary to ensure the medical integrity of the asylum under his incompetent stewardship.

Following their repartee with Workman in the *Globe*, the Toronto Ten and seven other local physicians gathered at Russell's Hotel to discuss the "unsatisfactory condition of the Lunatic Asylum." There, they resolved "that a committee be appointed to prepare a respectful memorial to the Governor General in Council, praying that his Excellency will appoint a

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<sup>24</sup> Joseph Workman to William Lyon Mackenzie, 8 March 1855.

commission to enquire into the state and management of the Provincial Lunatic Asylum.”<sup>25</sup> Perhaps the assembled physicians harboured genuine doubts regarding Workman’s ability to manage the asylum. The bodysnatching scandals of the 1840s and early 1850s offer another possible motivation for their professional mobilization, however. If Dr. John Scott had indeed stolen cadavers for dissection at Strachan’s University of Toronto during his tenure at the asylum, perhaps Philbrick and the other Trinity physicians intended to mobilize the Ward case as an opportunity to regain control of the asylum’s medical resources. Even disregarding its valuable supply of human remains, the asylum also offered an ideal educational placement for medical students. To this end, Joseph Workman eventually arranged salaried residencies for two to three medical students at the asylum, a programme which he considered to be a valuable contribution to medical education in the province.<sup>26</sup>

As with the Toronto Ten, it is very likely that George Brown’s animosity towards both Workman and Rolph motivated either he or his brother, Gordon (who had by this time taken on the lion’s share of editorial duties at George’s paper), to publish the entirety of the Eliza Ward saga in the *Globe*. Regardless of its instigators’ motivations, however, the scandal highlighted the absence of any effective central administrative body to oversee the dispersed and disorganized process of committal, or to supervise the day-to-day operations of the asylum itself. In a letter accompanying the certificate of insanity published in the *Globe* on 10 February 1855, physicians Edward Clarke and James Bovell echoed the Trinity faculty’s call for a government inquiry, questioning why the Toronto asylum was not subject to more regular examination by the visiting commissioners appointed to monitor its management. Eliza Ward’s discharge and

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<sup>25</sup> “Professional Dudgeon in Toronto,” *The Medical Chronicle, or Montreal Journal of Medicine & Surgery* 2 (1855), 414.

<sup>26</sup> Baehre, “The Ill-Regulated Mind,” 269-70.

prohibition from the asylum, they argued, presented a self-evident case of misconduct and mismanagement, as the woman was clearly insane: “she is, at the moment, hiding herself under a wood-box in the House of Industry, in a state of wild excitement.”<sup>27</sup> The Toronto Ten and other like-minded physicians were adamant that Workman be censured, and that the asylum be subjected to more rigorous, centralized supervision. Their demands were ultimately hollow, however. Beyond appealing rather ambiguously for government intervention, they offered nothing in the way of a concrete alternative to the present system of management.

After the permanent Board of Commissioners was dismantled by Rolph’s Asylum Act in 1853, the medical superintendent arguably commanded the greatest authority over the management of the asylum. Four visiting commissioners were tasked by the Asylum Act with supervising the management of the institution, but the commission was considered by many to be a mostly symbolic and largely ineffectual shadow of the former, more permanent Board of Commissioners. In their indictment of Workman’s conduct in the Ward case and his general management of the asylum, Drs. Clarke and Bovell remarked: “A commission, we believe, exists for a like purpose here. How many times have they met?”<sup>28</sup> The visiting commissioners were responsible for drafting the 1855 by-laws which governed the management of the asylum, but many in the public wondered: where was the evidence that they actually enforced them? Some observers, like Drs. Clarke and Bovell, questioned whether the commissioners met often enough to ensure proper oversight of the asylum and, if they did, whether their power over the superintendent was sufficient to guarantee the proper administration of the institution.

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<sup>27</sup> “The Eliza Ward Case Again,” *Globe*, 10 February 1855.

<sup>28</sup> *Ibid.*

Workman also appealed to the visiting commissioners in the wake of the Eliza Ward scandal, entreating them to exonerate him of any wrongdoing in his discharge of the dubiously insane woman. Despite showcasing his trademark impetuosity, Workman's appeal also demonstrated his desire to see the matter concluded promptly so that he could return to his work. He relied upon the commissioners to support his claim to authority at the asylum. "If my conduct merits censure, or removal from Office, the less delay, the better," he challenged them. But, he reasoned, "if I have acted rightly, and judged correctly, it is due me that I should be vindicated and sustained by those in whom the visitorial function of the Institution has been vested."<sup>29</sup> Supervision of the asylum did not only serve the function of guarding the public's interest in an "institution for which the country has paid so nobly," as Clarke and Bovell pronounced.<sup>30</sup> For Workman, government supervision also guaranteed that the institution was protected from interference by that selfsame public. The public interests, he argued, actually relied upon the asylum's unobstructed management by a qualified specialist in the treatment of insanity. This meant the operation of a therapeutic asylum, not a custodial warehouse for false lunatics. Specifically, it meant continuing sanctions against the committal of patients like Eliza Ward. "It is very clear," he wrote in his report for 1865, "that the public interests are best consulted by so administering our insane hospitals as to render them most efficient in the *cure* of insanity."<sup>31</sup> The admission of impostors such as Ward, of incurable lunatics, and of all a manner of illegitimate lunatics by local justices of the peace or police magistrates such as George Gurnett, all contributed to the overcrowding of the asylum and to the detriment of its therapeutic utility. Where was Workman's breakwater against popular delusion and the interferences of

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<sup>29</sup> "Report of the Medical Superintendent," *JLAPC* (1855), Appendix (H).

<sup>30</sup> "The Eliza Ward Case Again," *Globe*, 10 February 1855.

<sup>31</sup> "Report of the Medical Superintendent," *JLAPC* (1865).



unknowledgeable doctors and magistrates? In hindsight, he would concede that it was not the visiting commissioners.

In many ways, the Eliza Ward case represented yet another episode in a storied tradition of professional chess, in which the asylum served as an increasingly frayed and battered board. Rival physicians hurled insults at one another, as they had many times before, making plays for control of the institution and its valuable resources. Patients like Ward were merely pawns in their game. However, in the wake of John Rolph's Asylum Act, their exchanges took on a new dimension. For the Toronto Ten and other likeminded physicians, the Eliza Ward case offered an opportunity to mobilize the public opinion in favour of government intervention at the asylum. Without a sympathetic Board of Commissioners to support their claims to authority, this avenue presented the most conspicuous path to regaining some purchase at the institution. For this reason, their calls for institutional reform shifted in tone after 1853. Now, they demanded not only the dismissal of the medical superintendent, but also the reinstatement of a higher governing authority at the institution which, like the Board of Commissioners before it, could eventually be filled with confederates.

For Joseph Workman, Eliza Ward's serial admission to the asylum was emblematic of deeper flaws in the committal system. Her recidivism presented itself to the superintendent as an opportunity to air his grievances with the police magistrate, an external authority who he hoped would have the influence to initiate some manner of institutional reform. Whether the professional conflicts which elevated the Eliza Ward case to a high-profile public controversy belied a genuine desire to see the asylum flourish as a medical institution, or whether they confirmed that the asylum was merely a seat for professional and political power, remains unclear. Regardless, the effect was ultimately the same. Eliza Ward became a catalyst for

institutional reform at the asylum. Her case came to symbolize the greater need for institutional checks, either to the power of inexpert physicians to commit imposters to the asylum, or to Joseph Workman's power to discharge those patients with impunity. As to Ward's fate, the papers offered no conclusion: she appears to have been forgotten as soon as her case could no longer be leveraged for professional or political gain.

*James Magar, a "Loaded Blunderbuss," and the Limits of the Court of Public Opinion*

Edward Clarke, James Bovell, and the Toronto Ten were neither the first nor the last of Workman's detractors to protest the lack of centralized oversight of the asylum. On 11 January 1857, the *Globe* published an open letter addressed to Joseph Workman. The communication was written by a porter named James Magar, who dubbed himself the "moral Sentinel of the asylum." In his letter, Magar accused the superintendent of gross mismanagement. He argued that Workman's neglect had enabled the asylum's steward, George McCullough, to "seduce" a female patient.<sup>32</sup> Magar's accusations also bore the now-familiar trademarks of the partisan corruption of patronage. He contended that the superintendent was "sustained by the present corrupt government from graver charges, and until the moral pestilence of his superintendence stinks in the community, he is likely to continue his villainy and outrage."<sup>33</sup> The porter thus

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<sup>32</sup> Smandych, "The Rise of the Asylum in Upper Canada," 82-3. "Seduction" in this period referred to "extramarital heterosexual relations" in which an ostensibly non-responsible and agentless woman was sexually exploited by a "sexually aggressive, promiscuous" man. The act was criminalized in 1886 with the passage of the Seduction Act. Constance Backhouse, *Petticoats and Prejudice: Women and Law in Nineteenth-Century Canada* (Canada: The Osgoode Society, 1991), 329. In this case, it is unclear whether the term was used by Magar, as it was by many in this period, as a euphemism for rape. Even if it was not, the steward's actions would have been considered reprehensible considering both her affliction and Victorian standards of professional decency.

<sup>33</sup> "Recent Disgraceful and Outrageous Doings at the Provincial Lunatic Asylum," *Globe*, 11 January 1857.

sought satisfaction before the court of the public opinion. He called for McCullough's immediate dismissal, threatening that otherwise "I will produce a catalogue of his different offences before a tribunal where he will not escape from justice, and the disapprobation of the country at large, as the whole community depend on the virtue of the unfortunate lunatics being protected by you."<sup>34</sup> In a manner similar to the campaign of the Toronto Ten before him, Magar framed his personal grievances with his superior, Dr. Workman, as a plea for the better management of the asylum and an indictment of the superintendent's professional incompetence. He also styled himself a champion of the public good—denied recourse before an unjust government, Magar instead sought satisfaction before the court of public opinion.

After the seemingly endless scandals of the 1840s, and the series of dismissals which followed, members of the asylum staff were confident that newspapers presented a suitable venue for the pursuit of everything from sweeping asylum reform to the resolution of minor conflicts between the superintendent and his staff. As a result, Workman was faced with several insubordinate servants who threatened to "publish" him for his various transgressions at the asylum. Workman met these threats with the same spirit in which he had dared the visiting commissioners to dismiss him in the wake of the Eliza Ward scandal. After Workman dismissed a nurse for making a patient knit her a new frock, the woman "threatened in the East end of the city she would publish something that would make me sorry." Workman responded sardonically that "if she had anything to publish, the public interests demanded that no time should be lost." Recalling another such encounter in a letter to William Lyon Mackenzie, Workman "called for the fellow" who had threatened to publish him. He then "dismissed him on the spot, and told him

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<sup>34</sup> Ibid.

to go to the *Globe*, & all the papers in Toronto, and publish all he knows.”<sup>35</sup> The doctor had a rhetorical penchant for challenging his detractors in this way, daring them to produce evidence of his wrongdoing before a rational public.

Nevertheless, Workman pursued a more formal manner of justice in response to Magar’s allegations, filing a libel suit against George Brown and the *Globe*, and dismissing the audacious porter.<sup>36</sup> Unlike Magar and certain other members of his staff, the superintendent refused to resolve the conflict in the pages of the local newspapers, before Magar’s so-called “tribunal” of public opinion.<sup>37</sup> He had already tried that avenue, and Brown had refused to publish his response to Magar. It became evident to Workman that the endless cycle of publication was fruitless. “You think I should have condescended to step into the filthy columns of the Globe,” he chided Mackenzie, after the MP questioned his decision to file suit. He refused to “rebut the blackguard statements of James Mager [sic],” comparing Brown’s press to a “loaded blunderbuss which he lent for the occasion to some bloodthirsty ruffian.” Workman confided in Mackenzie that Brown had published Magar’s letter even after being cautioned by a commissioner that the porter’s allegations were patently untrue.<sup>38</sup> Despite claiming that he “venerate[d] freedom of the press,” Workman did not trust in the custodians of that freedom—namely George Brown—to uphold the truth. He had attempted to resolve the matter with the visiting commissioners, but despite coming to the “unanimous conclusion that the charges were utterly without foundation and completely void of truth,” the damage to the superintendent’s reputation was already done.<sup>39</sup>

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<sup>35</sup> Joseph Workman to William Lyon Mackenzie, 2 March 1857.

<sup>36</sup> The Crown later initiated a libel suit against James Magar.

<sup>37</sup> “Recent Disgraceful and Outrageous Doings at the Provincial Lunatic Asylum,” *Globe*, 11 January 1857.

<sup>38</sup> *Ibid.*

<sup>39</sup> “Report of the Medical Superintendent,” *JLAPC* (1857), Appendix (No. 12.).

Without an effective institutional mechanism in place to resolve the conflict internally, Workman resorted to the only authority that he felt could provide a fair resolution and allow him to return, unimpeded, to his work at the asylum. Seeking to quiet the constant stream of scandal emanating from Brown's press, Workman turned to the province's courts of law.

Meanwhile, the waves of public fury continued to crash at the walls of the asylum. Workman was (predictably) criticized in the *Globe* for dismissing Magar, a noble and "discarded servant" of the asylum, despite the fact that he had supposedly done so under "the unanimous advice of the Commissioners."<sup>40</sup> He was also roundly and widely condemned for his libel suit, which was regarded by newspaper editors as an attack upon the freedom of the press. Even when he operated under the advice and sanction of the government-appointed commissioners, Workman felt that he could not escape public criticism and, worse yet, blatant sabotage. He also claimed to have suffered further, more insidious consequences from the insubordination of employees like James Magar. "I hope you will come again soon," he wrote to Mackenzie in the midst of the Magar affair.

I want to shew you a knife which was last night taken from one of my patients. It is a formidable instrument. What is its history? The man has given us this clue. He confessed, on his knees, that Jane Quinn, the leading witness in Mager's [sic] bulletin, told him at church, the Sunday after I discharged her, that I was a great Orangeman and wrote books against the Pope. I had a narrow escape from him on the succeeding Monday.<sup>41</sup>

According to Workman's tale, his patient was goaded into making an attempt on his life (or enacting a "South Boston tragedy," as he put it in his letter to Mackenzie) by Jane Quinn, a disgruntled former nurse, and a witness in Magar's trial no less. Whether or not the incident was

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<sup>40</sup> "The Asylum Case," *Globe*, 19 February 1857; Joseph Workman to William Lyon Mackenzie, 2 March 1857.

<sup>41</sup> Joseph Workman to William Lyon Mackenzie, 2 March 1857.

an attempted assassination, as Workman made it out to be, the doctor made his feelings on the matter clear: Brown's "blunderbuss" represented not only an impediment to the sound management of the asylum and the health of its patients, but also a threat to his very life.

Irksome as the porter may have been, Workman would not afford James Magar the satisfaction of acknowledgement as a serious threat to the asylum. In fact, Workman saw Magar as nothing more than a symptom of a wider problem. He identified the roots of his woes in another letter to Mackenzie: the asylum was constantly exposed to the scrutiny and influence of men with no experience in the care and treatment of the insane. "Why have we an incomplete Asylum in Canada?" he asked his friend. "Because our Executive & Parliament men all understand everything better than any body else, & requiring no information from those who could give it, they are prepared to decide on every thing without eliciting any evidence."<sup>42</sup> The doctor had little tolerance for those who knew nothing of the care of the insane, but who nevertheless insisted upon attempting to manage the asylum from afar.

He felt that George Brown was the worst offender of all: "George Brown knows all about insanity & its treatment. He knows all about the structure & management of asylums. He never (in my time) had his foot in this asylum, but he is well posted up in all its details, wants, peculiarities, & faults."<sup>43</sup> Men like James Magar were Brown's confederates inside the asylum. Workman consistently expressed his desire to be left alone to manage the asylum as he knew best, yet the visiting commissioners provided him with little support in his quest to treat his patients in peace. "I detest the world outside these walls," Workman lamented to Mackenzie in 1857. "You had rather be an editor. I had rather restore reason. You rejoice in the function of

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<sup>42</sup> Joseph Workman to William Lyon Mackenzie, 10 March 1857.

<sup>43</sup> Ibid.

distracting it. God help the world!”<sup>44</sup> Workman longed for a world in which his work was unimpeded by editors like Mackenzie and, more to the point, George Brown.

In truth, Brown did have considerable experience in the inspection of public institutions. In 1849, he was appointed secretary of the *Commission Appointed to Inquire into the Conduct, Discipline and Management of the Provincial Penitentiary*, which came to be popularly known as the Brown Commission—a result of the editor’s forceful presence throughout the inquiry.<sup>45</sup> Then, as later, Brown questioned the wisdom of leaving a public institution in the hands of a local supervisory body. He maintained that the penitentiary’s Board of Inspectors “may be made potent for evil” by personal interests and hostilities amongst the close-knit body of local oligarchs from whom it was assembled. Instead, he and his fellow commissioners recommended the establishment of an external inspectorate, a bureaucratic body of knowledgeable experts whose officers would answer directly to the Executive.<sup>46</sup> Ironically, these recommendations aligned with Rolph and Workman’s own efforts to rid the asylum of local interests in the early 1850s.<sup>47</sup> Like Brown, Workman believed that the asylum would be most effectively governed by disinterested officers with an intimate knowledge of insanity and its management. Yet Workman and Brown were not likely to admit their agreement when it came to the administration of the asylum. The superintendent was as likely to concede to common ground with Brown as he was to “step into the filthy columns of the *Globe*.”

Workman’s libel suit against Brown and the *Globe* failed to muzzle the scurrilous editor and restore peace to the asylum. The jury could not return a unanimous verdict, and the doctor

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<sup>44</sup> Joseph Workman to William Lyon Mackenzie, 2 March 1857.

<sup>45</sup> Oliver, ‘*Terror to Evil-Doers*,’ 139-44.

<sup>46</sup> *Reports of the Commissioners appointed to inquire into the Conduct, Discipline, & Management of the Provincial Penitentiary* (Montreal: Rollo Campbell, 1849) 289-91.

<sup>47</sup> Moran, *Committed to the State Asylum*, 66-7.

was left to endure a renewed torrent of gibes from the *Globe*. Brown declared that Workman had been “thoroughly foiled” and should “look out for the consequences.”<sup>48</sup> The precise nature of these consequences was unclear, although judging by reactions from around the province’s Reform press, many hoped that Workman might be censured or even dismissed by the colonial government. The *Brant Herald* remarked that “we shall see what [Governor General] Sir Edmund Head will do in the matter now, when the whole of evidence relating to the case is published.”<sup>49</sup> The *Napanee Standard* likewise observed that “there appears some wrong in the management of the Institution, which we hope may be speedily corrected, as it is now brought to light.”<sup>50</sup>

The *Globe* reported that “the opinion of the press is in favour of a thorough reform in the Asylum.” The solution to the asylum’s recent woes, Brown insisted, lay in the intervention of the government: “We cannot allow that there is anything impossible, or even difficult, in securing a better state of things, provided the Government of the day discharge their duty in a proper spirit.”<sup>51</sup> Brown notably cautioned that none of the medical men of Toronto could be entrusted with the disinterested oversight of the asylum, as they “are mixed up with cliques and cabals, political, medical, and social, which seriously affect the position of any one chosen from among them to occupy the superintendency.”<sup>52</sup> According to self-appointed watchdogs like Brown, the intervention of the press and of “moral sentinels” like James Magar was only necessary in the absence of competent and disinterested oversight and inspection. The “court of public opinion,” as it were, convened only when the courts of law failed to bring justice to offenders like

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<sup>48</sup> “The Third Libel Case,” *Globe*, 12 May 1857.

<sup>49</sup> “Opinion of the Press in the late Libel Suits,” *Globe*, 15 May 1857.

<sup>50</sup> *Ibid.*

<sup>51</sup> “The Recent Libel Cases,” *Globe*, 15 May 1857.

<sup>52</sup> *Ibid.*



Workman. As in the aftermath of the Eliza Ward case, Magar's accusations and the ensuing libel trials engendered calls for closer scrutiny of the asylum by the government. Once again, however, these appeals for institutional oversight were disjointed and vague, offering little semblance of a viable alternative for the supervision of the institution or a clear programme for its reform. It was a problem with public deliberations of social welfare reform more generally that they did not comprise a detailed and expert assessment of their institutional subjects. Even Brown, who was arguably an expert in the workings of the penitentiary after his involvement in the 1848 inquiry into the institution, did not offer a coherent reform agenda (as he had in the 1848 report of the so-called "Brown Commission"). It is possible that he did not have any substantial recommendations for the oversight of the asylum, but it is also possible that ambiguous critiques of the asylum's existing overseers were more politically advantageous.

Who would step in as the asylum's custodian, then? As the disparate public and professional reactions to the Ward and Magar affairs demonstrate, various parties entertained their own ideas of who should supervise the institution. Workman nominated George Gurnett to monitor committals through the police court, appealing as well to the visiting commissioners to exercise their administrative prerogative to make a definitive determination of fault in the matter of Ward's discharge. He turned to the commissioners once again to settle his professional dispute with James Magar. When those avenues failed him, the doctor turned finally to the courts to uphold his and the asylum's good name. Conversely, the Toronto Ten sought a special government commission to investigate Workman's management of the asylum. The Browns and other newspaper editors also appealed for government intervention, although they were unclear as to the manner in which said intervention should be carried out. Finally, a diverse assortment of lay critics like James Magar brought Workman and the asylum before the court of public

opinion, hoping to effect change through the social and political pressures generated by the act of publication.

It seems, however, that the seventeen-year experiment in public oversight of the Provincial Lunatic Asylum—for which George Brown's *Globe* had furnished the primary laboratory—had finally come to an end. Following the Magar affair, negative publications about the asylum diminished significantly. It may be that the Browns and other editors were cowed by Workman's libel suit, however dismissive they may have been of the superintendent in the aftermath of his legal gambit. Or perhaps it was George Brown's budding political career which kept the editor from his favourite hobby of exposing corruption at the asylum. The *Globe* did not completely spare the institution in the following years. The matter of "quid pro quo" and jobbing at the asylum arose once again in April 1858, when the *Globe* reported that the government planned to locate the newest branch asylum in a failed hotel at Orillia owned by none other than Malcolm Cameron: "The Lunatic Asylum in this city is over-crowded. A branch Asylum is wanted. Mr. Cameron has a building in Orillia which he does not want; the Government wants his vote, and he wants a *quid pro quo*. How simple and how natural to satisfy all these wants by the common operation of bargain and sale!"<sup>53</sup> This case was limited to a single article, however, failing to engender the same level of controversy across multiple newspapers as had the scandals of the preceding decade. Furthermore, the exposé of Malcolm's *quid pro quo* bore more in common with the genre of Ministerial corruption so common in the papers than with the asylum scandals of the 1840s and early 1850s.

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<sup>53</sup> "The Quid Pro Quo," *Globe*, 1 April 1858.

Twenty years after the Ward case, in 1875, Workman's successor, Dr. Daniel Clark, was labelled as a beneficiary of patronage in *The Nation*.<sup>54</sup> Workman himself ran afoul of the press once again a year later, this time in response to his lecture on criminal insanity before the Medical Association. Apparently, some editors interpreted Workman's comments about the role of newspapers in encouraging crime in Canada as "actuated by a personal spite against the newspaper press."<sup>55</sup> Yet, Workman was no longer superintendent in 1876, and Dr. Clark was not forced to endure more than the usual amount of outrage afforded to a patronage appointment. The asylum, it seems, enjoyed a newfound resistance to public intrigue and popular scandal after the 1850s. Although the reason for this apparent immunity to controversy is not entirely clear, it seems likely that Workman accurately identified the corrective in an 1881 speech before the Association of Medical Superintendents, when he identified Upper Canada's modern inspectorate of prisons, asylums, and public charities as the "breakwater" which had protected him for many years from the waves of public fury.

#### *The Board of Inspectors of Asylums and Prisons*

Reacting to the popular scandals of the preceding fifteen years, as well as John Rolph's 1853 Asylum Act and the appointment as medical superintendent of his colleague at the Toronto School of Medicine, a number of Toronto's (Trinity-affiliated) medical professionals demanded stricter supervision of the asylum's management, preferably by experts familiar with the treatment of insanity. For his part, Dr. Workman also sought external support as he struggled with the asylum's problematic committal system as well as rapidly worsening overcrowding. Meanwhile, sensing an opportunity to improve their own working conditions, asylum staff like

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<sup>54</sup> *The Nation*, 26 November 1875.

<sup>55</sup> "Dr. Workman and the Press," *The Nation*, 18 August 1876.

James Magar took to the newspapers to contest Workman's authority and demand asylum reforms. Each of Workman, Magar, and the Trinity doctors represented "an ever-widening group of middle-class professionals and urban dwellers who looked to the extension of state authority as a precondition of social progress."<sup>56</sup> Their proposals for reform were disparate and often unfocused, but in their own way each of these factions drew attention to the need for a more efficient, centralized administrative body to oversee the management of the lunatic asylum.

During this period, similar remedies for the ongoing controversies at the asylum were proposed behind the closed doors of power. Continuing his intrepid navigation of the province's channels of influence, Dr. William Rees proposed the formation of a "Sanitary Board" to Augustin-Norbert Morin in 1854. Citing the "almost universal complaint" emanating from the province's newspapers to that point, Rees attempted to mobilize popular interest in bureaucratic reform to finally satisfy his grand ambitions—he would, of course, lead his proposed commission to jointly "superintend the hospitals, asylums, prisons, and Penitentiary." Wolfred Nelson, the mayor of Montreal and chief internal inspector of the Provincial Penitentiary, also pushed for similar reforms. Nelson was instrumental in lobbying the Cartier-Macdonald government in 1856 to establish a unified Board of Inspectors for the province's charitable, penal, and public health institutions. Both Rees and Nelson responded to the ongoing scandals which plagued the asylum and the increasingly evident need for expanded asylum accommodations, issues which returned to the forefront of the public consciousness after a brief hiatus with the publication of the Eliza Ward case in 1855. These issues were discussed and hotly debated amongst the province's political circles.<sup>57</sup> Rees, Nelson, and members of the

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<sup>56</sup> Oliver, *Terror to Evil-doers*, 282.

<sup>57</sup> *Ibid.*, 282-3.

Executive were well aware of the controversies at the asylum. There is little reason to doubt that the cumulative effects of years of scandal contributed in some part to the development of asylum policy by the provincial government.

Rees and Nelson's advocacy was well-timed, as the establishment of a centralized Board of Inspectors was in keeping with the government's growing tendency towards the rational bureaucratic administration of public services.<sup>58</sup> By the early 1850s, sweeping bureaucratic and inspectoral reforms had been initiated to address the needs of the province's system of public schools, professional police force, banks, transportation system, and other state-supported initiatives.<sup>59</sup> Petitions for the bureaucratic reform of asylums and prisons had also been trickling in continuously from grand juries and other municipal authorities around the province for some time.<sup>60</sup> The cumulative effect of private advocacy by individuals such as Rees and Nelson, scattered appeals for reform in the press, associational mobilization by professionals such as the Toronto Ten, and petitions from municipal authorities in all corners of the province was a consensus agreement that something must be done to address inefficiencies and shortcomings in the local administration of public institutions.

An Act for establishing Prisons for Young Offenders—for the better government of Public Asylums, Hospitals, and Prisons, and for the better construction of Common Gaols— popularly referred to as the Prison and Asylum Inspection Act—was passed in 1857, largely at Wolfred Nelson's encouragement. The Act outlined the establishment of a Board of Inspectors to monitor the province's "Public Asylums, Hospitals and Prisons."<sup>61</sup> The legislation was not a

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<sup>58</sup> Curtis, *True Government by Choice Men?*, 129.

<sup>59</sup> Allan Greer and Ian Radforth, eds., *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1992).

<sup>60</sup> Oliver, 'Terror to Evil-doers,' 282.

<sup>61</sup> *Statutes of the Province of Canada*, 20 Vict., Ch. 28.

direct response to the scandals which had plagued the asylum in recent years. The lunatic asylum was only one of the scores of institutions which would be affected by the Act, after all. Rather, the formation of a Board of Inspectors reflected the government's recognition of escalating public anxieties regarding the collective governance of the province's social welfare institutions, as well as a concession to mounting "bureaucratic impulse[s] and ... pressures towards modernization" originating both from within the government and from independent actors such as Rees and Nelson.<sup>62</sup> These anxieties grew not only as a response to successive scandals at the asylum and the penitentiary, but also from fears of social degeneration and a collective desire to reinforce Canadian society against the evils associated with crime, poverty, and disorder.<sup>63</sup>

The effect of the public scandals was nevertheless significant. Although neither the Ward nor Magar affair can be said to have directly instigated bureaucratic asylum reform, the two popular controversies were the most recent in a series of scandals which helped to bring the inadequacies of the asylum's supervisory structure to the attention of the government. It was, after all, the "almost universal complaint" evident in the papers which initially motivated Rees to petition Augustin-Norbert Morin for asylum and hospital reform in 1854. In this way, the highly-publicized and often theatrical professional conflicts between the faculties and students of the Toronto School of Medicine and the Upper Canada School of Medicine also had their part in producing centralized, bureaucratic institutional reform.

The 1857 legislation was not actually implemented until December 1859, when five members were appointed to a Board of Inspectors per an updated Inspection Act. The board would be chaired by none other than Wolfred Nelson himself.<sup>64</sup> Despite the role of private and

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<sup>62</sup> Oliver, *Terror to Evil-doers*, ' 281.

<sup>63</sup> Valverde, *The Age of Light, Soap, and Water*, 15-33.

<sup>64</sup> *Ibid.*, 284.

political advocacy in its formation, the Board of Inspectors nevertheless emerged just as public calls for the inspection and supervision of state institutions like the Provincial Lunatic Asylum reached a fever pitch. The impetus to centralize and bureaucratize the administration of the province's social welfare institutions was also cumulative across a growing system of public institutions, depending upon the widespread repudiation of existing practices. The Inspection Act was followed in 1858 by the Municipal Institutions of Upper Canada Act. The Act introduced bureaucratic reforms which restructured municipal appointment mechanisms "to meet the objectives of putatively less partisan, central administrative reform." Police boards were established to insulate the police force from the partisan and sectarian affiliations which had previously dominated constabulary appointments.<sup>65</sup> Together with Rolph's 1853 Asylum Act and other similar institutional reforms, these Acts comprised a definitive repudiation of the oligarchical governance of the early to mid-nineteenth century.

Without equally pressing calls for the reform of other institutions such as prisons, hospitals, the police force, and the Provincial Penitentiary, it is unclear how reforms to centralize the administration of the Provincial Lunatic Asylum would have proceeded, if at all. Historian Peter Oliver has argued that Joseph Workman's campaigns against the admission of criminal lunatics to the Toronto asylum "may have persuaded the government of the value of attempting to achieve greater coordination and integration of existing and emerging welfare services."<sup>66</sup> The fact that the lunatic asylum, the penitentiary, and various other public institutions faced similar challenges in the years leading up to the Inspection Act undoubtedly informed the government's decision to coordinate the administration of the institutions.

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<sup>65</sup> See Chapter 6. Willem de Lint, "Shaping the Subject of Policing: Autonomy, Regulation and the Police Constable," PhD diss., University of Toronto, 1997.

<sup>66</sup> Oliver, *Terror to Evil-doers*, 283.

The management of the penitentiary also came under close popular scrutiny in 1857, after accusations of embezzlement by its staff and administrators were widely published. These accusations were not unlike those which had plagued the asylum prior to the 1853 Asylum Act. The revelation in 1857 that a convict was killed after being assaulted by the penitentiary's hospital keeper similarly excited both the public and government officials to press for institutional reform.<sup>67</sup> Several newspapers accused the penitentiary's internal inspectors of helping to cover up these crimes to protect their own financial and professional interests at the institution, echoing the warnings issued by the Brown Commission nearly a decade prior.

The formation of a central, state-administered Board of Inspectors promised to curb the influence of the corrupt administrators whose greed had facilitated the outrages at the penitentiary. Common wisdom also recalled the Brown Commission, with many contending that direct interests in the institutions under their charge made disinterested oversight by local administrators impossible. That the new Board of Inspectors was to be founded upon "rigorous scientific investigation and the systematic study of foreign advances" ensured that it answered public calls for more impartial management of state-supported institutions while also appealing to professionals like Workman and critics like Brown who insisted that administrators should have a specialized understanding of the institutions under their stewardship.<sup>68</sup> With its proposed attention to rational and efficient organization, the Board of Inspectors marked the first truly bureaucratic attempt to collectively administrate the province's public welfare institutions.

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<sup>67</sup> "The Penitentiary," *Globe*, 24 August 1857; "The Penitentiary Frauds," *Globe*, 24 August 1857; "Embezzlement in the Penitentiary," *Globe*, 15 August 1857; Oliver, *Terror to Evil-doers*, ' 279.

<sup>68</sup> Oliver, *Terror to Evil-doers*, ' 286.



The idea of the Board of Inspectors was not universally popular, however. Of particular concern for many critics was the undying spectre of partisan patronage. According to the *Globe*, hundreds of “expectant place-hunters” had been promised the office of Prison Inspector by John A. Macdonald in the interests of securing political support for his party during the 1858 provincial election.<sup>69</sup> The impending election could possibly explain the delay in implementing the Act between its assent in June 1857 and the appointment of the Board of Inspectors in December 1859. “Wives have postponed the purchase of new dresses till papa got his office,” the *Globe* scoffed. “Little boys have been kept from school till that thorough good fellow, John A., fulfilled his promise ... To say that a man is an applicant for the office of inspector of prisons, is to describe him as something like a searcher for the philosopher’s stone.”<sup>70</sup> Gordon Brown’s criticisms of Macdonald’s patronage abuses closely resembled his brother’s allegations against John Rolph in 1853.

Brown naturally worried that the Board of Inspectors would be “thoroughly and entirely under the control of the Government by whom it is selected.”<sup>71</sup> Although he recognized the credentials of three of the board’s members—established jail inspector Edmund Allen Meredith, auditor John Langton, and penitentiary warden Aeneas Macdonell—he speculated that these men would be too preoccupied with their existing offices to actively fulfill their responsibilities as inspectors. Brown thus predicted that the bulk of the board’s work would be carried out by its final two members: Joseph-Charles Taché and Wolfred Nelson. He disputed their appointments on both political and ethno-cultural grounds: “We must also protest, on the part of Upper Canada, against the appointment of two French Lower Canadians as the active inspectors of

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<sup>69</sup> “Prison Inspectors,” *Globe*, 8 December 1859.

<sup>70</sup> *Ibid.*

<sup>71</sup> *Ibid.*

Upper Canadian institutions. Dr. Nelson's name is English, but he is French in fact." Brown staunchly opposed the inclusion of the two French Canadians as he believed that they would not represent English-Canadian interests: "We, of course, expect the 'superior race' to get the lion's share under the present *regime*, but surely Mr. Cartier might have let us have one real Inspector who was English and Upper Canadian."

In truth, the board featured two English Canadians. Meredith, in particular, was perfectly zealous in his pursuit of institutional reform, and assumed the chairmanship of the board after Nelson's death in 1863 and Taché's appointment as deputy minister of agriculture in 1864. Nevertheless, Brown was not the only person to question the appointments based on the suspicion that they were the "result of the ministry buying support with the patronage of the Crown—selling the interests of the inmates of the gaols for members' votes."<sup>72</sup> Other Reform newspapers issued daily or weekly critiques of ministerial appointments, citing familiar theories of partisan jobbing, Franco-Canadian conspiracy, and any number of other scandalous accusations which might be used to drag a political opponent's name through the mud. Notably, many of the same anxieties which had initially animated calls for bureaucratic administrative reform were almost immediately reiterated about the new Board of Inspectors. In Upper Canada's contentious political culture, some things never changed. Allegations of patronage were generally well substantiated, but then the government appointment that was not actuated by some form of party feeling or political debt was so rare as to almost be mythical.

Given his past and future comments regarding the vital role of government supervision at the asylum, Workman likely welcomed the establishment of a Board of Inspectors in 1857, although he would surely have been sceptical regarding their knowledge of insanity and respect

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<sup>72</sup> Ibid.

for his professional authority. By 1863, however, even the optimistic superintendent had grown weary of the inspectors, writing to his friend Dr. Edward Jarvis that “our province is blessed with an incompetent Board of Inspectors of asylums and prisons – men pitchforked into office by political influence and as ignorant before appointment – as dogmatical after it.”<sup>73</sup> Workman’s frustrations with the inspectors likely originated from their repeated insistence that he accommodate incurables and idiots sent from local jails.<sup>74</sup> This new Board of Inspectors, like the visiting commissioners before them, were apparently not the beneficent and knowledgeable overseers that Workman had hoped for.

It is worth noting that the board became far more palatable to Workman after Meredith’s appointment as chairman in 1864. In this re-structured board, the superintendent found a mostly sympathetic group of likeminded men who took to heart the catholic mission of the asylum. Under Meredith, the board continued to press for the expansion of the province’s asylum system, also issuing calls to restructure the process of committals to accommodate the more expedient admission of the truly insane and prevent the committal of so-called illegitimate lunatics—the very issues for which Workman sought external support during the Eliza Ward controversy. For the most part, the Board of Inspectors under Meredith also seem to have deferred to Workman’s medical expertise. Importantly, they also appear to have forestalled public interventions at the asylum to a significant degree. No more did the superintendent complain of interference from George Brown and the *Globe*, although that mercy may have been owed as much to Brown’s retirement from the editorship of the paper as it was to the presence of the inspectors.

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<sup>73</sup> Edward Jarvis Papers, Workman to Jarvis, 17 December 1863. Griffin and Greenland Collection, Toronto, Ontario, quoted in Smandych, “The Rise of the Asylum in Upper Canada,” 96.

<sup>74</sup> Moran, *Committed to the State Asylum*, 70-1.

### *Conclusions*

Even after John Rolph's comprehensive bureaucratic reforms in 1853, the Provincial Lunatic Asylum continued to be the subject of controversy, albeit of a different character from that to which the asylum's administrators had become accustomed. The scandals of the 1850s were still animated to a significant degree by professional conflict and political jealousy, but public rebukes of the asylum in the mid-1850s increasingly bore the hallmarks of centralized, bureaucratic asylum reform. In part, medical professionals like the so-called Toronto Ten hoped to mobilize government reforms to regain their lost purchase at the asylum. Their influence at the institution had been decimated when Rolph dismantled the permanent Board of Commissioners in 1853—that board being primarily comprised of confederates of Trinity College and the Upper Canadian School of Medicine.

Joseph Workman also appealed for centralized administrative reform in the mid-1850s, though not for the same reasons as the Trinity doctors. His letters to George Gurnett as well as his appeals to the visiting commissioners demonstrated his growing awareness that the administrative authority granted to the medical superintendent by the 1853 Asylum Act would not be enough to guarantee the proper and efficient management of the asylum. Rather than submit to the reforms championed by his Trinity rivals, Workman sought other avenues for the enforcement of his own particular style of asylum management. The Eliza Ward case thus represented not only an eruption of professional conflict, but also a calculated attempt on Workman's part to bring about reforms which would guarantee that local physicians and magistrates did not have the power to contest his authority over committals.

Increasingly, the tried and true methods of reform advocacy so frequently mobilized throughout the 1840s—including publication in newspapers such as George Brown's *Globe*—

became unpalatable to Joseph Workman and impractical for others like James Magar and Workman's Trinity rivals, who soon realized that the court of public opinion was a less effective tool for professional conflict resolution than it had been prior to 1853. The political momentum generated by Magar's accusations and the Eliza Ward case did animate the inspectoral reforms of the late 1850s, but in a twist of irony, the formation of the Board of Inspectors of Asylums and Prisons made it even more difficult for the chiseling faculty of Trinity College to infiltrate the asylum once again. The advent of the new inspectoral system did not mark the end of patronage allegations (nor indeed of patronage appointments), but these accusations had become such a staple of mid-century political discourse that their continued appearance in the press did not seem to indicate, as it once had, that the asylum was particularly susceptible to corruption—at least not any more than other public institutions. The power of the patronage bogeyman to mobilize public opinion and effect real change at the asylum was considerably diminished.

**Chapter VIII**  
**“Experts at everything except insanity”:**  
**Bureaucratization, Custodialism, and Inspection in Ontario, 1857-1882**

On 14 June 1881, six years after resigning from Toronto’s Provincial Lunatic Asylum, Dr. Joseph Workman delivered an address at the annual conference of the Association of Medical Superintendents of American Institutions for the Insane. The Association’s members were gathered in Toronto, at the Rossin House Hotel on the corner of King and York streets. Located no more than a few kilometers from both the former temporary asylum and the new, purpose-built Provincial Lunatic Asylum, the hotel was a fitting location for Workman’s reflections on the past, present, and future of asylum administration. To an outsider the title of Workman’s speech, “Some Points on the Management of American Institutions for the Insane,” may have appeared to belie its true purpose. Workman did not speak to the everyday details of asylum management. Rather, he embarked on an excoriating critique of the staffing and governance of American asylums, citing in particular the precarious offices of medical superintendents, the unwelcome interventions of politicians and the public, and the widespread influence of political patronage upon asylum staffing and management.<sup>1</sup>

Despite Workman’s preamble, in which he carefully softened his audience for criticism, it is unlikely that his professional colleagues were taken aback by his censure. By 1881, the asylum medicine profession was already in the midst of an existential crisis, a fact of which the medical superintendents assembled at Rossin House were no doubt painfully aware. Only three years earlier, another speech read before the New York Neurological Society initiated a well-publicized debate concerning the utility of asylum medicine. In his address entitled “The Study

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<sup>1</sup> Joseph Workman, “Asylum Management,” *American Journal of Insanity* 38 (July 1881).

of Insanity Considered as a Branch of Neurology,” neurologist Edward Charles Spitzka lambasted John Gray, superintendent of the New York State Lunatic Asylum at Utica, calling him “an indifferent, superficial man, owing his position merely to political buffoonery.”<sup>2</sup> Spitzka’s scorn was not reserved solely for Gray, however. He denounced the entire profession of asylum medicine, asserting that most asylum superintendents were selected “on grounds of nepotism and political favour” and further remarking that the articles published in *The American Journal of Insanity* left one with the impression that asylum superintendents were not even medically qualified to treat the insane.<sup>3</sup> The ensuing professional skirmish between members of AMSAII and the New York Neurological Society culminated in a successful petition by Spitzka and his fellow neurologists to conduct an official investigation into alleged abuses in New York’s asylums.<sup>4</sup> Historians have argued that the neurologists’ professional assault on superintendents was one of several shifts in the public image of asylums, marking a watershed moment in the decline of the asylum doctoring trade.<sup>5</sup> It was also a notable case of the public calling for closer government inspection of lunatic asylums.

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<sup>2</sup> Edward Charles Spitzka, “The Study of Insanity Considered as a Branch of Neurology,” quoted in E. Fuller Torrey and Judy Miller, *The Invisible Plague: The Rise of Mental Illness from 1750 to the Present* (New Brunswick, NJ: Rutgers University Press, 2001): 261.

<sup>3</sup> *Ibid.*, 261-2.

<sup>4</sup> For more on Spitzka’s address, the ensuing exchange between AMSAII and the New York Neurological Society, and the investigation into New York’s asylums, see Torrey and Miller, *The Invisible Plague*, 260-9.

<sup>5</sup> E. Fuller Torrey and Judy Miller argue that the professional credibility of American asylum doctors experienced a sharp decline beginning in the Antebellum Era, due to public attacks by former patients, Pliny Earle’s address on “The Curability of Insanity,” and the criticisms of the neurologists. *The Invisible Plague*, 260-9. David J. Rothman likewise identifies the Antebellum Era as the beginning of a shift toward the custodial operation of asylums and the declining medical legitimacy of the asylum superintendent. Rothman, *The Discovery of the Asylum*, 266-9. It is generally accepted in histories of the asylum that the period beginning in 1875 was distinguished by a shift towards custodial care and the de-legitimization of asylum medicine. Baehre, “The Ill-Regulated Mind,” 2.

There can be no doubt that AMSAII's professional authority over the care and treatment of the insane was in peril by the 1880s, but this was hardly the first time that asylum superintendents were faced with such criticisms. As we have seen, the public had long understood asylum medicine to be a political as well as a medical pursuit. The problem with these criticisms, epitomized pointedly in Spitzka's speech, was that they gradually eroded the foundations of professional credibility which the members of AMSAII had worked so carefully to build over the previous fifty years. Spitzka and other modern psychiatric professionals expressed their concern that medical superintendents had become antiquated custodians of the insane, their Sisyphean therapeutic aspirations long abandoned.

In truth, after the decline of heroic medicine in the early nineteenth century, asylum superintendents had increasingly adopted the role of lifestyle curators for their patients. Moral therapy increasingly comprised a system of environmental management, as detailed in the Kirkbride Plan, whereby patients were simply removed from emotional and environmental stressors and presented with a variety of amusements and distractions which would ostensibly help them to recover their moral equilibrium.<sup>6</sup> Spitzka wrote incisively of the thoroughly *unmedical* character of asylums and their superintendents:

Certain superintendents are experts in gardening and farming (although the farm account frequently comes out on the wrong side of the ledger), tin roofing (although the roof and cupola is usually leaky), drain-pipe laying (although the grounds are often moist and unhealthy), engineering (though the wards are either too hot or too cold), history (though their facts are incorrect and their inferences beyond all measure so); in short, experts at everything except the diagnosis, pathology and treatment of insanity.<sup>7</sup>

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<sup>6</sup> Barry Edginton, "Moral architecture: the influence of the York Retreat on asylum design," *Health & Place* 3, no. 2 (1997).

<sup>7</sup> Edward Charles Spitzka, "Reform in the Scientific Study of Psychiatry," *The Journal of Nervous and Mental Disease* 5 (April 1878), 209. Originally an address delivered before the New York Neurological Society on 4 March 1878.



Spitzka was not alone in his indictment of lunatic asylums. Robert J. Preston, the medical superintendent of Virginia's Southwestern Lunatic Asylum, warned in 1902 of the possibility that lunatic asylums might "drift into a mere custodial place."<sup>8</sup>

A similar interrogation of the therapeutic merits of asylum care has since been taken up by historians of the lunatic asylum, although they have largely focused their analysis on whether or not practitioners believed in their own therapeutic treatments, rather than the real medical legitimacy of their techniques (an approach which would be ahistorical, at best). Some have argued that "the physical chains of traditional custodialism were removed only to be replaced by the invisible shackles of moral therapy."<sup>9</sup> Even historians who have acknowledged the therapeutic origins of asylum care often argue that ambitions to cure the insane gradually lost ground to the state's hegemonic resolve to segregate them permanently from the general population.<sup>10</sup> Medical superintendents were aware of contemporary critiques of their custodialism, yet they were curiously unwilling (or, perhaps, unable) to directly refute them. Some, like Pliny Earle in his shocking exposé of the profession, seemingly confirmed them.<sup>11</sup> Most superintendents were far more inclined to partake, like Workman, in introspective

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<sup>8</sup> Anthony P. Cavender, "A Vision Lost: Dr. Robert J. Preston and the Southwestern Lunatic Asylum, 1887-1906," *The Virginia Magazine of History and Biography* 122, no. 3 (2014): 212.

<sup>9</sup> Anne Digby, "Changes in the Asylum: The Case of York, 1777-1815," *The Economic History Review* 36, no. 2 (May 1983): 218.

<sup>10</sup> See Rothman, *The Discovery of the Asylum*; Gerald N. Grob, *Mental Institutions in North America: Social Policy to 1875* (New York: Free Press, 1972); Andrew Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Allen Lane, 1979); Brown, "The origins of the asylum in Upper Canada, 1830-1839"; Baehre, "The Ill-Regulated Mind." Following this round of revisionist asylum histories in the 1970s and 1980s, studies such as James Moran's *Committed to the State Asylum* have questioned the centrality of the state in the development of the asylum, but few have explored how state inspectors and medical superintendents reacted to critiques of custodialism or how asylum policy reflected efforts to maintain the therapeutic integrity of some institutions, like the Provincial Lunatic Asylum, by establishing custodial branch asylums.

<sup>11</sup> Earle, *The Curability of Insanity*.

ruminations upon the political state of asylum doctoring than they were to engage neurologists directly on the subject of its medical legitimacy.

Workman nevertheless addressed the decline of his profession, defending asylums passionately against political destabilization by self-interested and decidedly non-professional sycophants. His scorn for partisan chiselers was directed specifically at American institutions. He proclaimed that the influence of such political evils in Canada had been all but banished by the introduction of “governmental inspectorship” in the late 1850s. Inspection, he wrote, “[is] my best protective against misrepresentation or revengeful slander.” As demonstrated in the previous chapter, Workman believed that Upper Canada’s bureaucratic inspectorate was a “breakwater” against popular and professional interference at the asylum. It was a breakwater, also, against the tides of political influence, which were fickle at the best of times. “We see [superintendents] floated out of office on the same waves on which they swam into it” he wrote of the perennial post-election reordering of the civil service in America.<sup>12</sup>

In contrast to Spitzka’s critique, Workman also maintained that government supervision helped to preserve the Provincial Lunatic Asylum from the custodial impulses of some representatives of the state. The doctor resisted efforts to transform his model asylum into a custodial warehouse for the segregation of incurable lunatic and idiots. Interestingly, Workman’s claims in 1881 contradicted not only the criticisms of contemporary neurologists, but also the arguments of later historians. Far from ushering in a new era of hegemonic, custodial care, Workman maintained that the age of government inspection actually marked the continuation of earlier efforts to preserve the therapeutic integrity of asylum care. Under the inspectorship of John Woodburn Langmuir in particular, many asylum policies continued to be shaped by

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<sup>12</sup> Workman, “Asylum Management.”

thoroughly therapeutic and rehabilitative principles. Workman and Langmuir's reforms are thus framed by a therapy/custody binary, in which economic forces of austerity met with the rehabilitative impulses of liberal institutionalism and mid-nineteenth-century asylum medicine. This framework emerged from nineteenth-century pressures to custodialize asylums and was subsequently adopted by historians as evidence of the decline of asylum care.

An exploration of the collaborative work of the first Board of Inspectors, Joseph Workman, and John Woodburn Langmuir reveals that the Provincial Lunatic Asylum continued to operate as part of a broader institutional programme for the rehabilitation of deviants in Ontario towards the close of the nineteenth century. Although the diminishing returns of asylum care were undeniable, and although Workman complained increasingly of the incurable cases thrust upon his asylum by various representatives of the state, the inspectors' efforts suggest at the very least that the "custodialization and warehousing" evidenced at the Provincial Lunatic Asylum and other North American asylums in the late-nineteenth century was not the result of a single-minded effort by the incipient Canadian state to permanently segregate unwanted or problematic members of the public.<sup>13</sup> Similarly, contrary to claims by rival professionals such as Spitzka, practitioners like Joseph Workman continued to pursue what they understood to be a thoroughly medical and therapeutic approach to the care and cure of the insane. Although Workman and the government inspector did not always see eye to eye, with their shared interest in the rehabilitation of the insane the two men produced a suite of reforms which promised to balance the infrastructural demands of a rapidly growing province with an earnest desire to sustain an uncompromised programme of rehabilitative treatment.

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<sup>13</sup> Zosha Stuckey, *A Rhetoric of Remnants: Idiots, Half-wits, and other State-Sponsored Inventions* (Albany: State University of New York Press, 2014), 29.

*Between Cure and Custody: Asylum Reform in the 1860s*

Early in his tenure as medical superintendent, Workman set out two primary objectives for the treatment of insanity in Upper Canada. First, although the doctor supported the custodial care of the province's so-called incurable lunatics, he insisted that their care should not interfere with the treatment of their curable counterparts. To this end, as the superintendent of the only public lunatic asylum in the province, he lobbied for the creation and expansion of a *system* of asylums which could accommodate the growing number of patients admitted to the Provincial Lunatic Asylum each year. Second, Workman upheld a strict injunction against the admission of illegitimate lunatics to his asylum, framing his case around issues of professional legitimacy and specialization, as evidenced in the Eliza Ward case of the mid-1850s. Both of these objectives arose as responses to chronic overcrowding at the Toronto asylum, forming the basis for the bulk of Workman's reform advocacy during his two decades of public service. After the advent of the province's first bureaucratic inspectorate of prisons and asylums in 1859, the doctor worked tirelessly to convince his new overseers of the expediency and necessity of implementing a suite of institutional reforms to accommodate various classes of insanity. His calls for reform were met with varying degrees of success—so much depended on the individual or individuals in charge.

Workman's priorities as medical superintendent became quickly self-evident during the first five years of his tenure. In 1855, the doctor's reservations about the indiscriminate practices of many of his peers were widely publicized during the course of the Eliza Ward case. According to Workman, too many so-called imposters like Ward were committed to the asylum on false certificates of insanity, or else foisted on the institution by unscrupulous magistrates, jailers, and local physicians. More pressing than counterfeit lunacy, however, was the ever-increasing

number of incurable patients housed at the asylum. In 1856, Workman oversaw the transfer of a group of these “incurables” from the main asylum at 999 Queen Street to a new “University branch” asylum in the old parliament buildings in Queen’s Park.<sup>14</sup> This was the first of several branch asylums erected by the government in response to Workman’s repeated complaints of overcrowding at the Toronto asylum—a constant refrain in his annual reports. The University branch was supplemented by the the Malden branch asylum at Amherstburg in 1859 and another branch asylum at Orillia in 1861. These branch asylums represented small and expedient concessions to the pressing need for a much broader expansion of asylum care. They did not necessarily reflect the government’s commitment to any broader programme of asylum reform aimed towards either the improved treatment or detention of lunatics.

By the late 1850s, overcrowding was an undeniable fact of life at the Toronto asylum. According to the *Globe*, the asylum took on seventy new patients from Toronto alone between August 1858 and February 1859, many of them through George Gurnett’s police court.<sup>15</sup> This influx of patients reflected steadily increasing admission rates over the preceding decade. In October 1852, and once more in August 1854, the superintendent had been forced to close the asylum’s doors to pauper patients.<sup>16</sup> Workman blamed the frequent committal of illegitimate lunatics, convicts, and incurables for chronic overcrowding at the asylum. Previous superintendents had also advised the government of the urgency of this problem. In his annual report for 1853, Dr. John Scott cautioned the Board of Commissioners that “the filling up of the house, at no very distant day, with incurables, seems inevitable.” Like Workman and scores of

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<sup>14</sup> Moran, *Committed to the State Asylum*, 68.

<sup>15</sup> “The Lunatic Asylum,” *Globe*, 10 February 1859.

<sup>16</sup> “The Government and the Lunatic Asylum,” *Globe*, 30 October 1852; “Lunatic Asylums,” *Globe*, 31 August 1854.

other asylum superintendents across Europe and North America, Scott blamed “the fatal error” in the community “of delaying the removal of the insane, at an early period of the attack, to an Asylum.” It seems that despite the interventions of early asylum reformers, the antiquated system of imprisoning the insane in local jails was never completely abandoned. Furthermore, little to no inter-institutional policy was developed to ensure the timely transfer of lunatics from district jails to the lunatic asylum. Often there was no transfer at all.<sup>17</sup> Most practitioners agreed that insanity was generally curable when treated promptly. Workman and Scott thus argued that incurable lunatics not only congested the asylum as a result of the government’s refusal to accommodate their care in a specially designated institution—they were also being *created* by government inefficiency.

When it came to Workman’s initiatives for the expansion and reform of asylum care, the responses of the first Board of Inspectors of Prisons and Asylums (established in 1859) ranged from enthusiastic support to dismissiveness, and even antagonism. The inspectors generally supported the superintendent’s mission to erect branch asylums in Upper Canada as a means to alleviate overcrowding at the principal Toronto asylum.<sup>18</sup> Historian James Moran has observed, however, that Workman and the new board were at cross purposes when it came to the accommodation of incurable lunatics at the Toronto asylum. In 1863, the inspectors ruled against Workman when he attempted to deny admission to several “idiots” scheduled to be sent to Toronto from the Perth jail. The chairman of the Board of Inspectors, Joseph-Charles Taché, agreed with Workman that the asylum should be a “corrective institution,” but nevertheless proclaimed that “we are ... obliged to crowd these institutions as much as they can be without

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<sup>17</sup> “Report of the Medical Superintendent,” *JLAPC* (1853), 6-7.

<sup>18</sup> Moran, *Committed to the State Asylum*, 69.

incurring an immediate danger for the general health of their inmates.”<sup>19</sup> Workman reluctantly complied.

Moran is correct to observe that the state’s sole priority was not the therapeutic treatment of lunatics. Taché’s comments were reflective of the government’s ultimate prioritization of economization over social welfare expenditures. Workman and the inspectors did not pursue entirely contradictory programmes of asylum care, however. Like Taché, the superintendent believed that incurable lunatics ought to receive a berth in state-supported institutions. To that effect, the board made every reasonable effort to support Workman’s ambition to redirect only chronic patients to branch asylums. The state also issued instructions to the province’s counties ordering them to inform the government promptly of all lunatics committed to their local jails. This initiative reflected Workman’s oft-repeated claim that “insanity, submitted at an early period to appropriate treatment, is found curable to a much larger extent than when it has become chronic.”<sup>20</sup> The board’s approach, in theory, was to identify and treat insanity at the earliest possible juncture to avoid its deterioration into a chronic condition. Custodialism was a last resort after rehabilitation had failed.

The board’s priority in practice was the care of *all* lunatics, not only those deemed curable by Workman. The superintendent may have resisted the admission of incurable patients to the Toronto institution, but his own philosophy of asylum care was not so different from that which guided Taché and the other inspectors. Workman wrote in 1854 that incurable lunatics “are happier and better cared for [in the asylum] than they possibly could be elsewhere, and our country is rich and generous enough to make provision for all its poor.”<sup>21</sup> Unfortunately, the

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<sup>19</sup> *Ibid.*, 70-1.

<sup>20</sup> “Report of the Medical Superintendent,” *JLAPC* (1858), Appendix No. 9.

<sup>21</sup> “Report of the Medical Superintendent,” *JLAPC* (1854-5), Appendix (H.).

superintendent soon found that his country's riches had their limits. In many cases, it was decided that provisions for incurable lunatics would have to be made at the Toronto asylum after all. Likewise, Workman was forced on several occasions to swallow his pride and accept the admission of prisoners whom he had determined to be completely sane. However, as the Eliza Ward case demonstrates, the doctor's legal and moral obligation to accept inmates did not always extend to their continued upkeep in his asylum. Workman continued, in his own small way, to resist the encroachment of the government on his asylum, as well as the creeping phenomenon of custodialism. This was a source of tension with the Board of Inspectors, particularly under Taché, yet the breakwater appears to have held. Little word of the asylum's battle with overcrowding or "imposters" reached the papers after 1859.

By foisting incurables and convicts upon Workman's asylum, the Board of Inspectors and local representatives of the state such as jailers and magistrates contributed to an undeniable trend of custodialism in Canadian asylums. Treatment at the Provincial Lunatic Asylum was undoubtedly affected by the ever increasing numbers of incurable lunatics, convicts, "imbeciles," and other custodial inmates who came to call the institution their long-term home. Workman maintained that the admission of so many patients had led both the "Chief Asylum" on Queen Street and the University branch asylum to become "dangerously crowded," largely with a class of patient which would not benefit from the curative regime offered at the Toronto asylum. What is more, the main asylum had become not only crowded but also contaminated by "the worst classes of patients."<sup>22</sup>

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<sup>22</sup> "Report of the Inspectors of Asylums, &c. for the year 1864," in *Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto* (Toronto: Henry Rowsell, 1865), 3.



According to Meredith, Workman was left by 1864 with “the noisy, the unruly, and the violent, those for whom, above all others, the amplest means of separation and classification are indispensable.”<sup>23</sup> Under Meredith, then, the Board of Inspectors endorsed the expansion of the province’s system of asylums to accommodate various classes of chronic lunatics, idiots, imbeciles, and other incurables. Interestingly, however, the board did not support Workman’s efforts to keep criminal lunatics out of the general asylum. Workman identified these patients as imposters who used lunacy as a “device by which to evade ... just punishment.”<sup>24</sup> The board, on the other hand, recommended that the Rockwood Asylum in Kingston “should be used as a general Asylum for the eastern portion of Upper Canada.”<sup>25</sup> This contradicted Workman’s express wish for a separate accommodation for the criminally insane. The inspectors expressed this belief, however, in general support of Workman’s desire that lunatics should no longer be sent to jails en route to the asylum. The superintendent and the inspectors did not always agree in all things, but in their desire to solve the overcrowding crisis in the province’s asylums and to see lunatics and convicts properly codified and segregated, their impulses toward classification and rehabilitation generally aligned.

Meredith’s response to Workman’s concerns about overcrowding demonstrates the inspector’s understanding that custodialism and therapeutic care were not mutually exclusive in practice. The inspectors may not have been experts in the treatment of insanity, but several among them were well versed in prison administration. Prior to their appointment to the board, Wolfred Nelson was inspector of provincial penitentiaries and jails, and Aeneas Macdonell was the warden of the Provincial Penitentiary. For his part, although he lacked specialized experience

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<sup>23</sup> Ibid., 5.

<sup>24</sup> Moran, *Committed to the State Asylum*, 149.

<sup>25</sup> “Report of the Inspectors of Asylums, &c. for the year 1864,” 13.

in prison administration, E.A. Meredith was an eager student of advances in prison discipline. By identifying the need for asylum expansion as a means of addressing various classifications of insanity, the Board of Inspectors applied the same principles to their assessment of asylum organization as those which informed the separation of various classes of convicts according to contemporary philosophies of prison discipline.

Workman may not have agreed with the board's reasoning, but he surely would not have argued with their conclusions—that for the asylum to operate as an effective curative institution, some consideration needed to be made for the classification of its patients. The only sensible solution, as far as both Workman and the board were concerned, was to increase accommodations for the insane in the province, both by completing the Toronto asylum's wings and by developing additional branch asylums throughout the province. However, despite the fact that the Board of Inspectors had, “again and again, in the strongest possible language, urged upon the government” to provide for further accommodations, and despite their assurances that “want of adequate accommodation for the insane multiplies incurables,” the government's intractability left them with no choice but to leave Workman to care for curable and incurable patients alike at Toronto's model therapeutic asylum.<sup>26</sup>

As several historians have observed, the legacy of the province's first Board of Inspectors was largely one of disappointed ambitions.<sup>27</sup> Their proposals to centralize penal administration through the establishment of district prisons were repeatedly rejected. The board noted the similar fate of its mental health reforms in its final reports, as evidenced by Meredith's exasperated allusion to the board's ongoing effort to finalize the construction of the Toronto

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<sup>26</sup> Ibid., 5-6.

<sup>27</sup> Oliver, *Terror to Evil-Doers*, 181; Splane, *Social Welfare in Ontario*, 39.

asylum's wings. Despite requesting further accommodations for the insane to meet the growing demands placed upon both Upper and Lower Canadian asylums, Meredith and the other inspectors found prison and asylum reform in the province to be frustratingly slow-moving.<sup>28</sup> "It is truly a most discouraging reflection," Meredith wrote in his annual report for 1865,

that after the expenditure of the large sums required to complete the extensive Asylums at Toronto and Kingston, we should, at the end of four or five years find ourselves just where we are now; looking round in vain for room to lodge the unhappy claimants for admission into our Asylums, and compelled by force of circumstances to allow many of these unfortunate creatures to linger in our Gaols until their cases have become hopeless.

The stagnation of asylum development was not, however, the result of any impulse towards custodialism amongst the inspectors. Like Workman, they supported the maintenance of two classes of asylum. "Primary Asylums," like the provincial asylum in Toronto, were to be dedicated "Curative Hospitals for the Insane." "Secondary Asylums," such as the Orillia or Malden branch asylums, would operate as "Asylums for Chronic and Incurable Patients."<sup>29</sup> "The necessary consequence of the adoption of such a scheme as this," Meredith promised, "would be *to increase to a very high degree the efficiency of the Primary Asylums as curative Institutions.*" This measure was intended to "check ... the wholesale *manufacture of incurable lunatics* ... under the present erroneous system."<sup>30</sup> Although Meredith and the other members of the board acknowledged the increasingly apparent therapy/custody binary of the late-nineteenth century lunatic asylum, they did not explicitly promote one approach above the other.

The board's attitudes towards custodialism and therapy were hardly unique. Meredith noted in his 1865 report that "the importance of excluding idiots from General Asylums" was

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<sup>28</sup> Splane, *Social Welfare in Ontario*, 39.

<sup>29</sup> *Sessional Papers*, 1866, No. 6, p. 12-5.

<sup>30</sup> *Ibid.* Emphasis in original.

echoed in circulars distributed by the Imperial government to colonial governors, as well as the annual report of the medical superintendent of the St. Johns asylum.<sup>31</sup> Meredith's reports may have alluded to the creeping custodialism of Western asylums, but they also pointed to the foundations of this trend in expediency and fiscal conservatism, rather than the widespread abandonment of therapeutic ideologies. In fact, Meredith offered a scheme which accounted in advance for the government's probable reluctance (on economic grounds) to fund the board's bipartite programme of asylum reform. Curative asylums, Meredith proposed, would be "built and maintained entirely at the cost of the State." Custodial asylums, on the other hand, would "be built and maintained by counties and districts, but should be subject to Government Inspection."<sup>32</sup> If anything, the board suggested that the central state should be responsible only for the funding of *therapeutic* asylums, with custodial care sponsored by municipal taxes.

When it came to asylum and prison reform, Meredith in particular espoused utilitarian principles similar to those expressed by prison and asylum reformers decades earlier. "The reformation of a convict means, what?" he asked in an 1862 memorandum on the penitentiary: "It means in effect that the convict on his release from prison is restored to society a good and useful citizen, able and willing to earn an honest living for himself." Meredith maintained that the state had a responsibility to support reformatory and therapeutic prisons and asylums as opposed to merely punitive or custodial institutions: "to reform our criminals is a christian duty."<sup>33</sup> If members of the government, like John A. Macdonald, dismissed such ideas as

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<sup>31</sup> Ibid., 14-5.

<sup>32</sup> Ibid., 13-4.

<sup>33</sup> *Sessional Papers*, 1862, No. 19.

“puerile utopianism,” it did not mean that the bureaucrats upon whom they had bestowed the responsibility of inspection ceased to promote therapeutic and rehabilitative ideals.<sup>34</sup>

The board thus tacitly prioritized the maintenance of state-supported therapeutic asylums, while also acknowledging society’s obligations to care for incurable lunatics and other chronic cases. Despite their best efforts, however, Workman and the inspectors’ combined efforts to establish a system ensuring the separate therapeutic treatment and custodial maintenance of lunatics died in the water. Officials like Macdonald simply did not share the board’s enthusiasm for mental health reform, nor their appreciation for the importance of curative institutions. This was likely a result of economic rather than social conservatism, however. The board’s failure to generate interest in their vision for asylum reform was more likely an effect of the fickle and parsimonious attitudes of the provincial government than it was of any centralized bureaucratic effort to impose custodial policies upon the province’s asylums. The Panic of 1857 was met with a number of austerity measures in Toronto, including the dismantling of the city’s newly-formed professional Toronto Fire Brigade.<sup>35</sup> In Upper Canada more generally, optimistic efforts to centralize and bureaucratize public institutions were sometimes met with resistance from parsimonious government officials in the wake of economic depression.<sup>36</sup>

The central Canadian state may not have supported many of the Board of Inspectors’ proposed reforms, but government representatives like John A. Macdonald did not press explicitly for custodial reform, either. At worst, the province’s distracted and parsimonious government officials simply abandoned the province’s asylums to decrepitude. Peter Oliver notes that Meredith and the board were given “a degree of latitude” by Macdonald and his

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<sup>34</sup> Oliver, *Terror to Evil-Doers*, 296-7.

<sup>35</sup> Jarvis, “Mid-Victorian Toronto,” 154.

<sup>36</sup> Oliver, *Terror to Evil-Doers*, 325.

ministry, but that the determination of policy ultimately lay with members of the Assembly.<sup>37</sup> If this was indeed the case, then the province's MPs proved largely ambivalent when it came to asylum reform. Branch asylums were approved and funded by the government, but the board's efforts to secure further space for chronic patients were rejected in favour of the more cost-effective measure of filling existing institutions to capacity, including the Toronto asylum. Asylum reform in the 1850s and 1860s was not thus shaped by a centralized, bureaucratic mandate—at least, not entirely. If any measure reflected the state's effort to centralize asylum administration, it was the formation of the centralized Board of Inspectors. Yet, the board's recommendations were repeatedly rebuffed and rejected by the government in favour of more expedient alternatives. The board's inability to effect legislative reform was largely the result of the statutory limitations on its authority to directly influence the management of the institutions that it inspected. In practical effect, the board was nothing more than an advisory body. Whether or not the government chose to follow its recommendations was largely dependent upon the priorities of elected officials.

The limitations which prevented substantial social welfare reform from being realized in the early 1860s reflected the “restraints on bureaucracy” imposed on the Board of Inspectors by a democratic system which invested real political power in popularly-elected representatives.<sup>38</sup> The central state reserved the authority to direct policy under the 1857 Inspection Act, but little direction for asylum reform originated from colonial administrators or the Executive. In a way, the development of asylum policy became an even more diffuse process in the wake of the bureaucratic reforms of the 1850s. Policy was determined increasingly by the mechanisms of

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<sup>37</sup> Ibid., 286.

<sup>38</sup> Ibid., 354.

democratic governance, rather than the whims of a few appointed ministers. The political interests of MPs and other elected officials, as well as the “narrow economic priorities of Pre-Confederation society,” were thus the more likely determinants of the practical direction of asylum reform than the philosophic approaches to asylum care championed by a few *élites*.<sup>39</sup> Whereas the everyday management of asylums fell increasingly to specialists, and reform philosophy was guided by the rational recommendations of the bureaucratic Board of Inspectors, policy was ultimately shaped by the heterogeneous interests of elected officials and their constituents.

#### *Inspection and Reform after Confederation*

The schism between the recommendation and implementation of policy closed considerably after Confederation, when responsibility for “the establishment, maintenance, and management of hospitals, asylums, charities, and eleemosynary institutions” fell to the newly constituted Province of Ontario.<sup>40</sup> To this end, the 1857 Prison and Asylum Inspection Act was repealed and replaced in 1868 by An Act to Provide for the Inspection of Asylums, Hospitals, Common Gaols and Reformatories in this Province. The Act provided for the substitution of the existing Board of Inspectors with a single Inspector of Prisons, Asylums, and Public Charities. This inspector would enjoy limited authority to frame by-laws for the governance of the Provincial Lunatic Asylum and the branch asylums at Malden and Orillia, as well as various other powers relating to the construction, inspection, and management of prisons, asylums, and publicly-supported charities. He was to inspect the province’s asylums no fewer than three times each year.<sup>41</sup> The

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<sup>39</sup> *Ibid.*

<sup>40</sup> *The British North America Act, 1867 (UK)*, 30-1 Victoria, Appendix B., xl.

<sup>41</sup> *Statutes of the Province of Ontario*, 30-1 Victoria, Ch. 21.

inspector would operate under the sanction of the lieutenant governor, but otherwise enjoyed considerable powers to direct the development and management of the new province's penal and public welfare institutions. Armed with the provisions of the 1868 Inspection Act, the first Inspector of Prisons, Asylums, and Public Charities set about once more centralizing inspectoral authority over the province's social welfare institutions.

John Woodburn Langmuir was appointed to the inspectorship by the government of Premier John Sandfield Macdonald in June 1868. Having served first on Picton's town council and later as the town's mayor, the thirty-two-year-old Scot had some experience in municipal politics. He was an established businessman and merchant, and his resume was rounded out by his military record, having served as a major in the militia during the Fenian raids of 1866. However, the new province's first official inspector of public institutions had virtually no experience managing, administrating, or inspecting public institutions. The appointment of Langmuir—a young, inexperienced, and relatively unknown Liberal—by the Macdonald's Conservative government has puzzled historians. Given the prevalence of patronage appointments in this period, it is probable that Langmuir was able to mobilize his own channels of influence to secure the inspectorship, but his connections to Sandfield Macdonald and his Cabinet (whether personal, professional, or political) remain elusive. The province's newspapers had curiously little to say of the government's choice of inspector; Langmuir's appointment was not even mentioned in many of the province's leading papers. If contemporary editors had any inclination that the new inspector was the beneficiary of government corruption, they would almost certainly have leaped at the opportunity to mobilize his appointment against their political rivals. Yet, in the days and weeks after his accession to the inspectorate on 20 June, Langmuir was spared the censure and derision of the province's political press.



His inexperience and dubious professional pedigree notwithstanding, Ontario's first Inspector of Prisons, Asylums, and Public Charities proved early on to be an earnest and capable public servant. Langmuir successfully navigated both the precarious bureaucratic terrain of his government responsibilities and the specialized professional spheres of the various administrators of the province's prisons, asylums and charities. The inspector's employment of numerical analysis furnished his policy recommendations with scientific legitimacy and endeared him to government officers, many of whom attached a "magical significance" to statistical representations of the reduction of crime through rehabilitation and education.<sup>42</sup> Langmuir's fiscal responsibility and straightforward reports likewise contributed to his successful navigation of government bureaucracy, an area where his predecessors on the Board of Inspectors had failed.

Whereas E.A. Meredith largely appealed to the expertise of asylum doctors like Joseph Workman in his recommendations for further accommodations for the insane, Langmuir highlighted the necessity of further asylum development in terms more familiar to government administrators. By December 1869, just over a year after his appointment, Langmuir had convinced Edmund Burke Wood, treasurer of Ontario under Sandfield Macdonald's new ministry, of the necessity of additional accommodations for lunatics, to the tune of \$100,000. Citing Langmuir's careful accounts of the numbers of lunatics in the province, and the numbers accommodated by existing institutions for the insane, Wood declared that "the duty and obligation of providing additional Asylum accommodation presses on the Government with so

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<sup>42</sup> Porter, *The Rise of Statistical Thinking*, 28; Paula Maurutto, *Governing Charities: Church and State in Toronto's Catholic Archdiocese, 1850-1950* (Montreal: McGill-Queen's University Press, 2003), 33.

much force that it cannot resist it.”<sup>43</sup> Following the inspector’s recommendations, Wood endorsed the prompt erection of a new asylum building in the province. The result was the erection of the London Asylum for the Insane, which opened the following year.

Langmuir did not genuflect to Workman on the basis of his professional authority as Meredith often had, but he nevertheless enjoyed an amicable relationship with the superintendent. The inspector disputed Workman’s claims regarding the numbers of lunatics in Ontario in his first report to the government, for instance, but he supported the doctor’s overall ambition to expand the province’s accommodations for lunatics. In particular, Langmuir reinforced Workman’s claim that increased admissions in the previous year were “merely indicative of increased accommodation for patients rather than of positive increase of insanity.” In other words, the province’s asylums were being utilized by municipal authorities as warehouses, just as Workman had long maintained, with no correlation between admissions and actual rates of insanity in the province. Despite noting that “the illegal commitment or detention of a sane person in any of the Asylums of the Province is unknown to me,” Langmuir urged that “there is great necessity for ... guarding against such an occurrence.” To this effect, the inspector recommended significant reforms to the process of committal. Langmuir’s proposed reforms included a requirement that certificates of insanity be presented as “distinct and separate” statements from medical examiners. In such a way, the inspector indicated that medical certificates would be “uninfluenced by mutual conversation.”<sup>44</sup> Though not by any means a response to events which had transpired nearly fifteen years earlier, the inspector’s

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<sup>43</sup> Edmund Burke Wood, *Speech of the Hon. E.B. Wood, Treasurer of the Province of Ontario, on moving the House into Committee of Supply* (Toronto: Hunter, Rose, & co.: 1869), 26-7.

<sup>44</sup> *Sessional Papers*, 1868, No. 4, “Report of the Inspector of Asylums, Prisons, &c. for the Province of Ontario, 1867-68.

recommendations nevertheless directly addressed several of Workman's apprehensions regarding professional collusion and imposture, which he had expressed publicly during the Eliza Ward affair in 1855.

Like the Board of Inspectors before him, Langmuir also addressed Workman's perennial anxieties about the committal of lunatics to local jails, and thereafter to his asylum. In particular, Workman was frustrated not only with the false reporting of insanity that resulted, but also with the degree to which actual lunatics were left to languish in jails until they had become incurable. The inspector reported that there were deficiencies and discrepancies in the existing statutes "which seriously interfere with, and obstruct the process of removal, as well as deficiencies which prevent the obtaining of information in respect to the prisoner, that it is desirable to have, before he is deprived of his liberty, and branded with insanity for life."<sup>45</sup> The reforms which Langmuir recommended would address Workman's twofold concern with the imprisonment of lunatics: first, they would ensure the timely transfer of lunatics to the asylum to prevent their mental decline beyond recovery, and second, they would prevent the incorrect assignation of insanity by justices of the peace.

Langmuir observed the same principles when attending to his more local responsibilities as inspector. After inspecting the Welland jail on 11 April 1871, he drew the sheriff's attention to a man named Cornelius Cole who had been placed in custody as a dangerous lunatic. "Whatever his condition was when committed to gaol, or whether his mental state rendered it dangerous for him to be at large," Langmuir wrote in his report to the sheriff, "it is now pretty evident that he is almost if not quite restored to a sound mind." Consequently, Langmuir

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<sup>45</sup> Ibid.

recommended Cole's discharge.<sup>46</sup> The inspector strove wherever possible to reduce inefficiency and unnecessary expense. It so happened that custodialism, writ large, presented a great number of inefficiencies and unnecessary expenses. Langmuir's general objectives as inspector thus aligned quite closely with Workman's own ambitions to prevent the admission of non-lunatics from prisons and to expedite the process of local committals to ensure the timely treatment of real, curable insanity.

What is more, Langmuir effectively convinced at least some members of the government of the importance of classification among lunatics and between lunatics and convicts. In this he also followed in Meredith's footsteps, albeit with greater success. Although the inspector conceded that lunatics of various classes could "with safety be put in an associated dormitory" for the purposes of economy, his report inspired E.B. Wood to concede that "there is an advantage ... with reference to classification in having more buildings than one."<sup>47</sup> This was no small victory considering the government's general disinclination to spend more money on the care of the insane than was strictly necessary. For his part, Langmuir called for the custodial care of lunatics when necessary, but pressed for the proper identification, classification, and treatment of various classes of lunatic wherever possible—measures which would, if properly effected, prevent custodial care in therapeutic asylums. So-called "idiots," for instance, were discharged at a rate far lower than other, "curable" lunatics. Their removal to designated facilities promised to alleviate overcrowding at the province's central therapeutic asylums [Figure 8.1]. Langmuir's great strength as an inspector (and as a bureaucrat) was in his ability to bridge the ideological gap between government officials like Wood and professional administrators like Workman.

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<sup>46</sup> "Report J.W. Langmuir, Esq. Prison Inspector," in *Proceedings of the Municipal Council of the County of Welland* (Welland: E.W. Dewhurst, 1871), 73.

<sup>47</sup> Wood, *Speech of the Hon. E.B. Wood*, 26-7.

DISCHARGES.

The following summary shews the discharges which took place from the various Asylums during the year :—

	M.	F.	Total.	Cured.			Improved.			Unimproved.		
				M.	F.	T.	M.	F.	T.	M.	F.	T.
Asylum for the Insane, Toronto . . . . .	50	47	97	38	31	69	8	13	21	4	3	7
Asylum for the Insane, London . . . . .	41	29	70	27	20	47	10	7	17	4	2	6
Asylum for the Insane, Kingston . . . . .	27	20	47	25	14	39	2	4	6	..	2	2
Asylum for the Insane, Hamilton . . . . .	2	0	2	2	0	2						
Asylum for Idiots, Orillia . . . . .	3	1	4	..	..	..	..	..	..	3	1	4
	123	97	220	92	65	157	20	24	44	11	8	19

Figure 8.1. Langmuir regularly included charts in his annual reports showing the distribution and discharge rates of various classes of lunatics throughout the provincial asylum system. These figures provided statistical evidence of the necessity of branch asylums for incurable cases. Note that no idiots are recorded as cured or improved. *Eleventh Annual Report of the Inspector of Asylums, Prisons, and Public Charities for the Province of Ontario, for the year ending 30<sup>th</sup> September 1878* (Toronto: Hunter, Rose & co., 1878), 16.

Langmuir’s tenure as state inspector involved a complex balancing act between economy and social reform. Historian Alvin Finkel suggests that Ontario’s “state social infrastructure was weak and ideologically flabby.” Finkel maintains that “economic development, not social development, absorbed most of the energies of the federal and provincial governments of this period, with the capitalist class rather than modernist civil servants largely prevailing in the formulation of government economic policies.”<sup>48</sup> Yet, Langmuir was given considerable economic latitude by the government of John Sandfield Macdonald, just as Meredith and the Board of Inspectors had been allowed a significant degree of autonomy by John A. Macdonald, even if their proposed reforms were infrequently adopted. Langmuir was able to convince John Sandfield Macdonald that a system that promoted rehabilitation rather than punishment would save the province a significant amount of money in the long term.<sup>49</sup>

<sup>48</sup> Alvin Finkel, “The State of Writing on the Canadian Welfare State: What’s Class Got to Do with It?” *Labour/Le Travail* 54 (Fall 2004): 157-8.

<sup>49</sup> Oliver, ‘*Terror to Evil-Doers*,’ 404-5.

Langmuir's rehabilitative instincts did not thus conflict either with his or the government's economically conservative impulses, largely because his rehabilitative reforms were positioned within a framework of fiscal responsibility and efficiency. His funding model for state-supported charities, embodied in the Charity Aid Act of 1874, likewise introduced a rational, results-based system which did not require that social welfare be sacrificed to economic austerity.<sup>50</sup> Mariana Valverde notes that although Langmuir's *per diem* formula for government funding did in fact increase and centralize state control of even semi-private social welfare institutions, his clever accounting actually framed increases in expenditures as savings in order "to appeal to the ideal of fiscal restraint while obtaining funding increases."<sup>51</sup> Despite his reputation for fiscal conservatism, then, Langmuir's policies were rooted in a deeply rational understanding of the science behind social welfare as well as an earnest belief in the moral necessity of social welfare reform.

While not all government representatives shared Langmuir's moral principles, they did not necessarily see social welfare spending as an economic evil. Even the "wretched municipal act of 1866"—a piece of legislation designed to temper the economic burdens imposed by the 1858 Municipal Institutions Act—increased the province's social welfare infrastructure by requiring the establishment of county Houses of Refuge.<sup>52</sup> Such seemingly contradictory legislative enactments highlight the therapy/custody binary present within institutions like houses of refuge, as well as the contradictory impulses towards both therapy and austerity inherent in liberalism itself. Although houses of refuge did represent custodial institutions for the care of the deserving poor who could no longer provide for themselves due to disability or

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<sup>50</sup> Maurutto, *Governing Charities*, 34-5.

<sup>51</sup> Valverde, "The Mixed Social Economy," 44-6.

<sup>52</sup> Jarvis, "Mid-Victorian Toronto," 198.

infirmity, the houses were also designed with the “health benefits from outdoor labour” in mind, which “could be justified as therapy for the pauper population of the refuge.”<sup>53</sup> In all, government authorities appear to have gradually awakened to the economic advantages of therapeutic institutionalization throughout the latter half of the nineteenth century.

Langmuir’s attitude towards crime was remarkably similar to Workman’s approach to insanity. The inspector believed that juvenile offenders were “embryo criminals,” and like many contemporary experts he maintained that early intervention could prevent their development into chronic offenders.<sup>54</sup> These ideas were not particularly unique to the Victorian era, per se. The idea that young men could be contaminated by established, career criminals—and, consequently, the principle of classification which promised to avoid this contamination, hearkened back to John Howard’s late eighteenth-century reform philosophies.<sup>55</sup> It was in a similar spirit that William Lyon Mackenzie had recommended the segregation of young prisoners from hardened criminals after his inspection of the Toronto jail in 1830.<sup>56</sup> Langmuir’s policies were perhaps influenced, however, by a new emphasis on the role of social institutions in combating what came to be framed discursively as “degeneration.” Specifically, the notion that crime and insanity were not only linked but also mutually productive of social anarchy would have undoubtedly figured into the significant degree of latitude given to Langmuir in his unilateral management of the province’s social institutions.<sup>57</sup>

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<sup>53</sup> Deborah Carter Park and J. David Wood, “Poor relief and the county house of refuge system in Ontario, 1880-1911,” *Journal of Historical Geography* 18, no. 4 (1992): 445.

<sup>54</sup> Bryan Hogeveen, “‘The Evils with Which We Are Called to Grapple’: Élite Reformers, Eugenicists, Environmental Psychologists, and the Construction of Toronto’s Working-Class Boy Problem, 1860-1930,” *Labour / Le Travail* 55 (Spring 2005): 55.

<sup>55</sup> McGowen, “The Well-Ordered Prison,” 78.

<sup>56</sup> Mackenzie, “Report on petition of prisoners in gaol at York,” 162.

<sup>57</sup> Pick, *Faces of degeneration*, 69-73.

Like their predecessors, Langmuir and Workman were both proponents of early intervention in the name of rehabilitation. Langmuir felt similarly about the prompt treatment of lunatics as he did about early intervention for “embryo criminals.” In his first annual report, he hypothesized that increased rates of lunacy in Ontario could be traced to the lack of asylum accommodation. “In consequence,” he wrote, “a large number of insane persons had to remain in private houses, or in County Gaols until deaths and discharges made room for them in the Asylum, and then alas! only too often to swell the list of incurable chronics, from want of prompt Asylum treatment.”<sup>58</sup> In this regard, Langmuir did defer to Workman’s expertise, citing the superintendent’s own requests for more expeditious intervention.

Langmuir’s approach had the outward appearance of a relatively non-interventionist state administration of social welfare institutions. For Workman and the Provincial Lunatic Asylum, this meant fewer meddlesome intermediaries between the superintendent and the care of his patients, which in turn meant fewer incursions into the privacy of his world within the asylum’s walls. Of course, Langmuir did intervene at the asylum, with surprising regularity. Despite the broad range of responsibilities attached to his office, Langmuir found the time to oversee everything from admissions to staffing to the replacement of defective boilers. Yet, his presence in the affairs of the asylum did not seem to disturb the medical superintendent as had that of critics like George Brown and other editors, politicians, and lay observers.<sup>59</sup> The most likely reasons for Workman’s tolerance of the inspector were his meticulous record-keeping, his informed attention to the medical treatment of the patients, and his knowledgeable and rational

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<sup>58</sup> *Sessional Papers*, 1868, No. 4, “Report of the Inspector of Asylums, Prisons, &c. for the Province of Ontario, 1867-68.

<sup>59</sup> See Chapter 6.



demeanour—in effect, the same characteristics which endeared Langmuir to government officials like E.B. Wood and John Sandfield Macdonald.

Joseph Workman retired from his post at the Provincial Lunatic Asylum in July 1875. His superintendence coincided with the first seven years of Langmuir's tenure as provincial inspector. Their relationship was cordial and respectful. In his diary, Workman recorded that he visited Langmuir's wife on at least one occasion, suggesting that the doctor had at least a familiar relationship with Langmuir outside of their respective duties to the asylum.<sup>60</sup> At the annual meeting of AMSAII in 1869, Workman described Langmuir as “our intelligent, humane, and very hard-working Inspector.”<sup>61</sup> Langmuir was equally complimentary of the doctor. In a later testimonial defending his old colleague against professional criticism, Langmuir wrote of Workman: “You left the Toronto Asylum in the best possible condition ... and what is more, you took with you the love and gratitude of every patient in the building.”<sup>62</sup> Far from a stereotypically disinterested bureaucrat, Langmuir was deeply invested in Workman's curative approach to asylum care. Langmuir's confidence in asylum care was so great, in fact, that he founded the province's first private lunatic asylum, the Homewood Retreat, in 1883. His attendance at the Toronto meeting was not a matter of simple convenience—Langmuir attended at least two other meetings of the Association, one at Toronto in 1871, and the other at Philadelphia in 1876. He maintained communications with the Association for the duration of his inspectorship.

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<sup>60</sup> 17 May 1872. Diary of Joseph Workman, 1867-1893. Joseph Workman Fonds. University of Toronto Archives, B1980-0015.

<sup>61</sup> “Proceedings of the Association,” *American Journal of Insanity* 26 (1870): 174.

<sup>62</sup> John Woodburn Langmuir, “Testimonials: 1st. by J.W. Langmuir, inspector of the asylums of Ontario during the last seven years of Dr. Workman's superintendence of the Toronto Asylum for the Insane” (Toronto: s.n., 1884?).

Nevertheless, under Langmuir's inspectorship, Workman never did achieve his ambition of establishing a two-tiered, "comprehensive and humane system" of care for both curable and incurable patients.<sup>63</sup> The inspector was instrumental in pressing for dramatically increased government expenditures on asylums during his tenure—the government of Ontario spent \$457,045 on asylums in 1878 compared to \$177, 585 in 1868—but his penchant for economizing nevertheless prevented the fullest possible realization of Workman's long-term plan for asylums.<sup>64</sup> Despite advocating for separate facilities for incurable and chronic lunatics, at least in part as a result of Workman's urging, Langmuir often disappointed the superintendent with his parsimonious dismissal of necessary asylum repairs and his repeated insistence upon increasing the numbers of beds in the province's therapeutic asylums when no alternative could be cheaply arranged.<sup>65</sup> Langmuir did not, however, press for a custodial system. Despite his sometimes aggravating (to Workman) parsimony, the inspector was guided by a rehabilitative philosophy which was incompatible with the wholesale warehousing of lunatics.

Historians have been divided regarding Langmuir's underlying motivations as Inspector of Prisons, Asylums, and Public Charities. Rainer Baehre has argued that Langmuir's reputation for economy belied his ultimately humanitarian policy.<sup>66</sup> Conversely, Harvey G. Simmons suggests that Langmuir ushered in a new era of cuts to asylum expenses (although Baehre contends that similar efforts had been evident since the 1840s).<sup>67</sup> Mariana Valverde notes that Langmuir attempted to disguise expenditures as savings in his reports in an effort to increase or

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<sup>63</sup> Baehre, "The Ill-Regulated Mind," 250.

<sup>64</sup> *Ibid.*, 266.

<sup>65</sup> *Ibid.*, 270.

<sup>66</sup> *Ibid.*, 265-7.

<sup>67</sup> Harvey G. Simmons, *From Asylum to Welfare: The Evolution of Mental Retardation Policy in Ontario from 1831 to 1980* (Toronto: National Institute on Mental Retardation, 1982), 21; Baehre, 263.

maintain funding to social services, thus circumventing parsimonious legislators.<sup>68</sup> In truth, Langmuir adopted a mindset which was somewhere between the cold-hearted auditor and the clandestine moral reformer of his frequently conflicting historical depictions. There was little need for the inspector to engage in cloak and dagger accounting when he presented expenditures in as rational and economical a manner as he so often did.

In his reports, as well as his policies, Langmuir balanced his commitment to efficiency and economy with an earnest desire to improve conditions for the insane in the province's asylums. Neither impulse defined his tenure as inspector any more accurately than the other. Langmuir was both the man who recommended and approved the transfer of chronic patients to a specialized "Hospital for Idiots and Imbeciles at Orillia" beginning in 1876 and the man who pressed for the London Asylum to be built on cheap, swampy land. At times his moral obligations and his penchant for economizing were united in the same policies. The inspector understood that curing patients was ultimately more cost efficient than leaving them to languish in the province's asylums. To this end, he often supported Workman's initiatives to classify and segregate patients. In London, where Langmuir had pressed for the erection of the asylum on unsuitable land, he later increased the minimum expenditure per patient at the request of the medical superintendent, Dr. Henry Landor, to accommodate for healthier food and recreational activities, because "the percentage of cures is in direct ratio to the nourishment and stimulant given to the patient, and to the amusements and recreation furnished."<sup>69</sup>

In his biographical sketch of Joseph Workman, historian Thomas E. Brown suggests that the doctor retired because of Langmuir's "heavy bureaucratic hand." Workman may have found

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<sup>68</sup> Valverde, "Mixed Social Economy," 42.

<sup>69</sup> Baehre, "The Ill-Regulated Mind," 264-5.

Langmuir's constant economizing difficult to tolerate, but there is no evidence to suggest that by 1875 the doctor had only just "begun to chafe in official harness."<sup>70</sup> Brown further argues that "the Workman era can best be seen as a time of shattered expectations, growing disillusionment and dissatisfaction, a search for alternatives, and, ultimately, of a forced but uneasy accommodation with the grim reality that the asylum did not cure."<sup>71</sup> However, the curative asylum was not abandoned, and in fact society's obligation even to incurable lunatics was now officially recognized in a system of branch and "idiot" asylums.<sup>72</sup> Ontario's expanded asylum system, the sub-classification and separate institutionalization of idiots and other incurables, and Workman's high discharge rates all attest to the doctor's fundamental role in an era of social welfare expansion and increased (if not wholly sufficient) accommodation for the insane.

John Woodburn Langmuir's appointment as Inspector of Prisons, Asylums, and Public Charities did not begin a paradigm shift in social welfare reform in Upper Canada/Ontario. As Bruce Curtis argues of educational inspection in the mid-nineteenth century, asylum reform in the bureaucratic Langmuir era "emerged out of prior relations of power and authority."<sup>73</sup> To a certain extent, Langmuir was granted inspectoral and administrative powers beyond anything enjoyed by his predecessors on the Board of Inspectors, but he was still required to navigate existing channels of institutional, intellectual, and governmental authority which were established in the first three decades of asylum care in Upper Canada. By pursuing asylum reform policy which was at once economical and attentive to the social and medical

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<sup>70</sup> Thomas E. Brown, "WORKMAN, JOSEPH," in *Dictionary of Canadian Biography*, vol. 12, University of Toronto/Université Laval, 2003.

<sup>71</sup> Brown, "Living with God's Afflicted," 232.

<sup>72</sup> Baehre, "The Ill-Regulated Mind," 270-1.

<sup>73</sup> Curtis, *True Government by Choice Men?*, 198.

rehabilitation of the province's lunatics, Langmuir responded to the realities of the institutional system which he inherited in 1868.

### *Conclusions*

Langmuir was not the originator of an entirely new system of lunatic asylum administration. Although his administrative reforms were in many ways pioneering, in many respects he was heir to a system long in development. Some of his reforms thus reflected practices dating back many decades. Many of the problems which Langmuir encountered in his first years as inspector hearkened back to the early years of constant scandal and interruption at the asylum. The simplification and centralization of processes like asylum committals did indeed herald the arrival of a new bureaucratic mode of administration, but they also marked the continuation of older programmes of reform which predated even the province's first attempt at government centralization and inspection. Moreover, Langmuir—Ontario's premier bureaucrat in the field of social welfare—was heir to a system which had been undergoing decidedly bureaucratic transformations since John Rolph's legislative reforms of the early 1850s.

The elements of Langmuir's career which highlight processes of bureaucratization, state formation, and centralization should not thus be allowed to overshadow the specific aspects of his bureaucratic reforms which responded to needs arising from the medical treatment of insanity. Joseph Workman and John Woodburn Langmuir may not have explicitly collaborated to pursue a programme of asylum reform which was founded in medical principles, but Langmuir's inspectorship was undeniably marked by his response to the professional demands of asylum administrators as much as it was by his promotion of a statist programme of social segregation, institutionalization, and the economic rationalization of social welfare.

Indeed, efforts to provide therapeutic and rehabilitative care at the Provincial Lunatic Asylum and, later, at the London and Hamilton lunatic asylums (established in 1870 and 1876, respectively) were very much in evidence throughout late nineteenth-century Ontario. When faced with the unconventional gynaecological surgeries employed by Drs. Richard Maurice Bucke and Alfred Thomas Hobbs at the London asylum in the late-nineteenth century, it is tempting to draw teleological conclusions about the decline of asylum medicine. As strange and misguided the doctors' methods may appear with the benefit of hindsight, however, historians agree that Bucke and Hobbs were committed to the therapeutic, medical treatment of insanity.<sup>74</sup>

Bruce Curtis has argued that “the development of rationalized political administration owed a considerable amount to the institutionalization of specific non-rationalized ways of ruling.”<sup>75</sup> By centralizing the inspection and administration of Ontario's public and private social welfare institutions under the umbrella of government aid, Langmuir did rationalize many erstwhile and non-rational systems. The result was a co-existence of rationalized and non-rationalized forms of governance. In other words, the asylum reforms of the 1860s and 1870s reflected both a shift towards new rationalized modes of governance—what theorists identify as processes of bureaucratization and state formation—and what Rainer Baehre identifies as “a humanitarianism shaped by the social, economic, and cultural context of the time.”<sup>76</sup> Workman's part in the development of asylum policy was not limited to his humanitarian impulses, however. His interventions within the new inspectorial system also represent an ongoing process of

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<sup>74</sup> S.E.D. Shortt, *Victorian Lunacy: Richard Maurice Bucke and the Practice of Late Nineteenth-Century Psychiatry* (Cambridge: Cambridge University Press, 1986), 145; Wendy Mitchinson, “Gynecological Operations on Insane Women: London, Ontario, 1895-1901,” *Journal of Social History* 15, no. 3 (Spring 1982): 467.

<sup>75</sup> Curtis, *True Government by Choice Men?*, 176.

<sup>76</sup> Baehre, “The Ill-Regulated Mind,” 272.

professionalization. His constant appeals to adopt a rational-scientific approach to the organization of the province's asylums based on therapeutic ideals represented not only an attempt to better administer to his beloved patients, but also an effort to defend the relevance of a medical field that was increasingly under attack from all sides.

Whereas Langmuir provided Workman with a breakwater against a meddling public, he could not protect either Workman or his fellow alienists from mounting accusations about their intellectual obsolescence. Asylum medicine was already a medical field in decline by the time of Joseph Workman's retirement 1875. Whether a sea change in the administration of the province's psychiatric institutions influenced his decision or not, Workman and his colleagues in the Association of Medical Superintendents of American Institutions for the Insane would soon experience new intellectual challenges to their profession. Many asylum doctors could not adequately respond to the charges of rival professionals like Edward Charles Spitzka, but others adapted to the new intellectual environment of late nineteenth and early twentieth-century psychiatry.

Dr. Charles K. Clarke was one of the physicians to incorporate elements of neurology and psychiatry in his ongoing practice as the medical superintendent of the Toronto asylum from 1905. Clarke and other superintendents like him responded to complaints from neurologists about "the absence of a spirit of scientific inquiry in the mental hospitals" by focusing on early intervention and "prevention" of insanity, exploring the "physiological and biological roots of mental disease," and promoting a new movement in "mental hygiene" based in emerging eugenical theories.<sup>77</sup> Under Clarke's watch, however, and under the administration of the inspectors who succeeded Langmuir after his retirement in 1882, the province's asylums

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<sup>77</sup> Ibid., 374-6.

continued to face problems of overcrowding and questions regarding the curability of insanity. Throughout the early twentieth century these concerns grew and, supplemented by public outcry over practices such as leucotomy and shock therapy as well as a new statistical outlook on mental health services, contributed to the eventual deinstitutionalization of mental health care in Ontario and, indeed, all of North America in the 1970s and 1980s.

Localized and widespread disillusionment with psychiatric institutionalization, distinctly twentieth-century “ideals of bureaucratization and public accountability,” and the emergence of the post-war welfare state in Canada and the United States also contributed to the movement to bring psychiatric care out from within the closed walls of the asylum.<sup>78</sup> North American asylums, many of which dated back to the 1830s and the era of moral therapy and heroic medicine, were increasingly compared to the gleaming new hospitals of the mid-twentieth century, monuments to technology and efficiency.<sup>79</sup> The Toronto asylum was renamed the “Queen Street Mental Health Centre” in 1966 amidst efforts to reduce the ward population and return patients to their communities wherever possible.<sup>80</sup> John Howard’s model asylum, constructed in 1850, was demolished in 1976, and the address of the new hospital was changed

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<sup>78</sup> Erica Dyck, “Spaced-Out in Saskatchewan: Modernism, Anti-Psychiatry, and Deinstitutionalization, 1950-1968,” *Bulletin of the History of Medicine* 84, no. 4 (Winter 2010): 642-3.

<sup>79</sup> *Ibid.*, 642; Rosemary Stevens, *In Sickness and in Wealth: American Hospitals in the Twentieth Century* (New York: Basic Books, 1989).

<sup>80</sup> F.A. Allodi and H.B. Kedward, “The Vanishing Chronic: The Reduction of the Resident Patient Population of a Large Urban Ontario Mental Hospital from 1950 to 1970 with an Analysis of Associated Administrative and Therapeutic Changes,” *Canadian Journal of Public Health* 64, no. 3 (May/June 1973): 283.



from 999 Queen Street to 1001 Queen Street in 1979 “in an effort to symbolically disconnect the new centre from its stigmatized past.”<sup>81</sup>

As much as these developments were shaped by the social, political, and cultural contexts of their specific historical moments, they also shared aspects of controversies, reforms, and intellectual movements which dated back almost to the beginning of institutional psychiatric care— asylum care—in Canada. Historians must be careful not to sever the Provincial Lunatic Asylum from its modern history. Far from a relic of an antiquated past, the development and management of the Toronto asylum tells us a great deal about the development of public health care and social welfare in Canada, from the medical history of lunacy care to the development of public policy. The same tendencies which contributed to the decline of the asylum were also productive of broader “anti-psychiatry” discourses, vocalized in academic critiques of asylums from the likes of Ervin Goffman, Michel Foucault, and Thomas Szasz.<sup>82</sup> These discourses were, in turn, influential in shaping the deinstitutionalization movement throughout Britain, Europe, and North America. Historians must thus remember their own role, however small, in the shaping of their own subjects. To divorce the Provincial Lunatic Asylum from the broader histories of state formation and institutional, political, and professional development in Canada may have implications not only for the historiography of a narrow academic field, but also for the future development of public health policy in Ontario.

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<sup>81</sup> Centre for Addiction and Mental Health, “History of Queen Street Site,” accessed May 3, 2019, <https://www.camh.ca/en/driving-change/building-the-mental-health-facility-of-the-future/history-of-queen-street-site>.

<sup>82</sup> Dyck, “Spaced Out in Saskatchewan,” 665.

## **Conclusion**

### **A Gloomy, Lightsome, Gleaming, Darksome Place**

After entering the harbour, Toronto presents a long line of frontage, covered with handsome buildings to the eye. A grey mist still hovered over its many domes and spires; but the new University and the Lunatic Asylum stood out in bold relief, as they caught the broad red gleam of the coming day.<sup>1</sup>

- Susanna Moodie, *Life in the Clearings Versus the Bush* [1853]

[Your daughter] has not the same ideas of this “gloomy, prison-like, dungeon-cold” place which you entertained. On the contrary, she contrasts its spacious and lightsome apartments with the contracted and darksome aspects of other houses.<sup>2</sup>

- Joseph Workman to William Lyon Mackenzie, 10 March 1857

Toronto’s Provincial Lunatic Asylum was many things to many people. As evidenced in the epigraph, and throughout this study, the asylum’s visitors and patients viewed it with altogether different eyes, and in altogether different lights—some bright, some dark, and some gleaming with the promise of modern medicine ... or perhaps it was just the red light of the setting sun reflecting off Lake Ontario. In truth, throughout the first several decades of its existence the asylum was, quite literally, many different places. In January 1841 the temporary lunatic asylum first opened at its provisional home in Toronto’s retrofitted jail. There, patients were treated within the very walls that the asylum was supposed to help them to escape—the walls of a prison, where so-called “lunatics” had been imprisoned for years in Upper Canada and throughout Europe and North America, all for want of more appropriate accommodations.

Although some heralded the establishment of a specialized lunatic asylum in Toronto as a sure sign of medical and social progress, others viewed Upper Canada’s temporary institution in a less favourable light. Reflecting upon his visit to the prison-cum-asylum in 1845, English

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<sup>1</sup> Susanna Moodie, *Life in the Clearings versus the Bush* (London: Richard Bentley, 1853), 280-281.

<sup>2</sup> Joseph Workman to William Lyon Mackenzie, 10 March 1857.

philanthropist James Hack Tuke remarked that “it was one of the most painful and distressing places I ever visited. The house has a terribly dark aspect within and without, and was intended for a prison.”<sup>3</sup> Tuke, the scion of the founding family of England’s famed York Retreat, also criticized the medical superintendent’s employment of the “exploded system” of heroic medicine. The methods of the said medical superintendent, Dr. William Rees, were similar to those endorsed by Benjamin Rush and practiced at the Pennsylvania Hospital at the turn of the century, but altogether different from the system of moral treatment employed at the York Retreat and, by the 1840s, at many of North America and Britain’s premier medical facilities for the care of the insane. Even physicians could not agree upon the relative merits of the asylum.

In 1850, the asylum was moved to a purpose-built facility in Toronto’s west end, on a large plot of land abutting the city’s waterfront. There, depending upon who was asked, its patients’ situations were either much improved, more or less the same, or even worse than before. The new facility was a symbol of urbanity, prosperity, and progress, as well as a site of “municipal pride and activity.”<sup>4</sup> It was also a symbol, along with the city’s new university, hospital, House of Industry, and Mechanics’ Institute, of Toronto’s metropolitan future. The asylum received many visitors like Susanna Moodie, who marvelled at the cleanliness and airiness of the institution, as well as the surprising civility of many of its inhabitants.<sup>5</sup> At the same time, for many the asylum also became synonymous with failure. Dr. John Scott, the asylum’s fourth medical superintendent in only its first decade, maligned the building’s poor ventilation, its lack of lighting, and the unacceptable absence of properly segregated

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<sup>3</sup> Tuke, *The Insane in the United States and Canada*, 215.

<sup>4</sup> Wright et al., “A Janus-Like Asylum,” 45.

<sup>5</sup> Moodie, *Life in the Clearings*, 299-301. For more on the tradition of visiting and tourism at the asylum, see Miron, *Prisons, Asylums, and the Public*.

accommodations for its paying patients.<sup>6</sup> His successor, Dr. Joseph Workman, was horrified to find raw sewage pooling beneath the floorboards of the new building, contaminating the air with harmful miasmas.<sup>7</sup> The families of the patients also made their own assessments of an institution that promised, in many cases, to cure their loved ones of their mental afflictions. William Lyon Mackenzie, whose daughter Barbara was a paying patient at the institution, shared many heated exchanges with Workman about treatments and living conditions in the asylum. Mackenzie's opinions were founded not only upon his visits to his daughter, but also upon his consumption of popular and medical texts about psychiatry, asylum care, and the Provincial Lunatic Asylum more specifically. In time, like its counterparts in Britain, Europe, and North America, Toronto's asylum fell into popular disrepute, its promise of a cure for insanity belied by the reality of its increasingly custodial function.

David Wright has called Toronto's asylum a "Janus-faced institution," citing the forward- and backward-looking impulses of asylum reform, but perhaps the Hydra presents a more apt metaphor for the multi-faceted institution.<sup>8</sup> During its first decades, the asylum was celebrated as a "very noble work," dismissed as a "theatre of party bickerings," and watched by a horrified public as its medical superintendents turned it into a "dissecting-room." The reason for the asylum's constantly shifting public reception—the cause of its public construction as a gloomy, lightsome, gleaming, darksome place—was that although the asylum was a segregative institution, it never was a *segregated* institution. Supervised by local oligarchs, administered by ambitious professionals, staffed largely by working-class emigrants, and monitored by politically motivated newspaper editors, the asylum in every way reflected the best and worst aspects of

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<sup>6</sup> John Scott, "Report of the Medical Superintendent," *JLAPC* (1851), Appendix (C.).

<sup>7</sup> Joseph Workman, "Report of the Medical Superintendent," *JLAPC* (1855), Appendix (H.).

<sup>8</sup> Wright et al., "A Janus-Like Asylum," 43.

Upper Canadian society. As just one part of a developing infrastructure of penal and social welfare institutions, coveted by professionals and politicians alike for its valuable resources, the asylum became a node in a broader network of ideas and resources, a permeable institution subject to the influence of the world outside its walls.

To its supervising physicians, the asylum was a medical space, certainly, but it also presented a means for professional advancement. To its commissioners, the asylum represented an outlet for paternalistic philanthropy and an opportunity for social regulation, but it was also a resource for the disbursement of political patronage. The public was kept abreast of every appointment at the asylum, of every surreptitious contract for provisions arranged with a son-in-law or friend of a commissioner, by the editors of Upper Canada's numerous party newspapers. In such a way, the asylum came not only to be perceived as a bastion of political corruption, but also to be mobilized for the advancement of professional, political, economic, and medical interests. For every scandal that passed from the public consciousness—for each of the Hydra's heads severed by the asylum's beleaguered staff and commissioners—some new indignity seemed to emerge in its place. Or perhaps the asylum was not a mythical monster at all, but a dark reflection of the province's ugliest social and political imperfections, finally come to light.

This dissertation represents an exercise in restoring order to the history of an institution which seemingly defies interpretation. It certainly defies metaphor—neither Janus, nor Hydra, nor the image of a dark mirror can wholly encapsulate its social importance or its discursive significance to the people who built, worked, and lived within its walls. This study has thus traced the history of the asylum as one of confusion, of misperceptions, cross-purposes, and mixed metaphors. Every one of the stories hinted at above, of professional intrigue, personal profit, medical experimentation, theft, corruption, and political infighting—each one of these

stories accurately represents the nineteenth-century asylum. At the same time, not one of these stories, on its own, wholly captures the asylum's social, cultural, or political significance.

Beyond popular, professional, and politically-motivated constructions of the asylum, the institution was integral to the shaping of public policy in the mid-nineteenth century, not only in the realm of psychiatric medicine and social welfare, but also in other areas such as education, punishment, and moral regulation. The asylum's doctors struggled endlessly to define insanity as a legal category, and in so doing they also shaped definitions of criminality, deviance, and social order. Whether drunkenness was an act of social disobedience or mental disorder, for example, was negotiated between local magistrates and physicians within the discrete process of asylum committal. In such a way, the asylum—along with the province's local jails, courtrooms, and hospitals—became a triage site for the rational negotiation and deliberation of Victorian notions of class, ethnicity, crime, and insanity. The asylum likewise presents a site, for historians, for the distinction between the operation of statutory law and moral regulation. It demonstrated, continuously, that what was written in the statute books of Upper Canada was not always what was practiced in the halls and wards of its institutions. Discretion, largely on the part of local authorities such as physicians and magistrates, added yet another dimension to the already multifaceted asylum.

There were a number of independent and associational “plans” for asylum care in Upper Canada. In the early days of asylum reform, William Lyon Mackenzie envisioned a system of carceral and psychiatric classification to separate lunatics and convicts, ensuring that one group did not contaminate the other and subvert his and other reformers' plans for institutional rehabilitation. In the decades which followed, Mackenzie's personal relationship with the asylum would change following trends in public opinion and his own experiences with the

institutionalization of his daughter, Barbara. The personal tragedy of Barbara Mackenzie, whose several visits to the asylum never fully freed her from “the dark side of her mental orbit,” in many ways mirrors the broader trajectory of asylum care in the province. Despite Workman’s continued attempts to cure her, Barbara died “from the effects of burning her clothes” on 17 February 1860.<sup>9</sup> Other plans for the asylum, by medical superintendents, social reformers, and government agents like John Woodburn Langmuir, were marked by similarly persistent efforts to pursue a curative programme of asylum care, and met with similarly disappointing ends. But, as Chapters 7 and 8 have demonstrated, the asylum’s decline into custodialism was not an effect of Langmuir’s concerted efforts to impose a new system of custodial care in Ontario. Rather, the social pressures of the province’s rapid demographic growth, the financial restraints imposed by that growth, and changing public priorities for social welfare reform all contributed to the increasing overcrowding and decrepitude of Ontario’s lunatic asylums.

From its inception to its decline, the Provincial Lunatic Asylum was shaped continually by the world outside of its walls. Transnational intellectual networks in medicine and social reform, explored at length in Chapters 3 and 4, provided the basis for the development of a specialized lunatic asylum in Upper Canada. It was local professional practices, political traditions, and reform ideologies, however, which continually shaped its growth and development. Asylum reform was conditioned, always, by the human element of its architects, administrators, and inhabitants—the pervasive effects of personal and professional interventions at the asylum explored in Chapters 4 and 5. An analysis of the asylum’s first decades reveals the interplay of various intellectual, political, professional, and social forces in the development and management of the institution. Local channels of influence, social infrastructure, and political

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<sup>9</sup> Raible, “Your Daughter & I Are Not Likely to Quarrel,” 394.

culture were as important to the development of asylum care in Canada as were broader intellectual movements in psychiatric medicine and social welfare reform.

The Provincial Lunatic Asylum was neither the product of top-down statecraft nor local developments. It was not a static entity to be categorized and segregated as were its patients. Rather, the asylum was the ever-evolving product of its dynamic socio-economic contexts. In this way, it was distinctly Upper Canadian. Like the broader formation of the Canadian state, it was not an unwavering constant but instead a “historically specific project” of social welfare reform, medical advancement, and professional development, situated in its particular time and place.<sup>10</sup> Because the asylum was so reflective of its historical context, it offers unique insights into the simultaneous development of the Canadian state. The asylum thus presents a benchmark for bureaucratic development, the administrative centralization of government, and the spread of social welfare and medical ideologies in the nineteenth century.

Like the people of mid-nineteenth-century Canada, historians have often observed the asylum in a multitude of different lights. Many have nevertheless sought to identify one essential purpose for asylum reform, and to locate within that solitary purpose the driving force behind the nineteenth-century spread of lunatic asylums more generally. The result has frequently been a story of exceptionalism, in which the asylum emerges as a *sui generis* institution, fully-formed from international medical advancements, enforcing the coercive ambitions of the state, or reflecting the spread of liberal social welfare ideologies throughout the western world. While they have not always explicitly argued that it was unique among social institutions established in the nineteenth century, historians have not, for the most part, situated the asylum within its fullest social and institutional context.

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<sup>10</sup> McKay, “The Liberal Order Framework,” 619-21.



In an effort to move beyond the walls of the asylum, this dissertation has contributed to recent trends in Canadian history by expanding our historical lens to encompass all of the complex and often messy contexts of institutional development. Whereas social welfare reform was defined in large part by the imperatives of the state, it was also shaped to a great degree by pressures generated from within the community, by individual professional and political actors, and by the emergence of a rational and deliberative public. These themes have recently been explored in the context of asylum history by James E. Moran and Janet Miron, whose studies of asylum care in Ontario have sought to observe the asylum through as many contemporary eyes as possible. Each of these studies has rejected the limiting historical frameworks which came before them, re-centering the role of Upper Canadian communities and the Canadian public in the development and management of the Provincial Lunatic Asylum. This dissertation reunites this new social history of asylums with its institutional and political past, acknowledging that no one entity could lay claim to the asylum, nor accept all of the credit (or all of the blame which was soon to follow) for its outcomes.

Furthermore, this dissertation has explored the Provincial Lunatic Asylum as one part in a broader network of public welfare institutions. The development of the asylum in Upper Canada was prompted by early-nineteenth-century liberal reform movements in the United States and Britain, wherein social deviance was codified, segregated, and institutionalized according to rehabilitative potential. Although prisons, asylums, and poorhouses served the ostensible purpose of imbuing their subjects with liberal principles of industry, personal responsibility, and sobriety, they were also targeted by individual agents who sought to mobilize their material and social capital towards their own professional, political, and financial advancement. These agents

responded to transnational trends and patterns in the institutionalization of lunacy care and social welfare which originated outside of Canada.

While international ideas were essential to the wider development of medical theory and treatment, however, the transnational liberalization of social welfare was modulated in Upper Canada by distinctly local interests. The Provincial Lunatic Asylum quickly became a coveted situation for patronage appointments by local oligarchs as well as a site for the illicit acquisition of material goods and the theft of human cadavers—a valuable resource within the province’s growing medical profession. In these ways, the transnational development of asylum care was tempered by local interests and contexts. Upper Canada’s asylum was uniquely shaped by the province’s entrenched governing élite and an emerging class of medical and administrative professionals; everything from its daily management to its geographic location was thus dictated by its political and professional utility. The province’s prisons, asylums, and hospitals were not only mobilized by its upper classes, however. Chapters 5 and 6 thus also explored how ordinary Upper Canadians used institutions like the asylum for public welfare support, social mobility, and community regulation. The asylum was the product of a multitude of social forces.

“I detest the world outside these walls,” Joseph Workman wrote in 1857. He felt them pressing ever inwards, besieged by the likes of his arch-nemesis George Brown and the hordes of doctors and politicians who would turn it towards their own ends. Workman knew that his asylum could never truly escape the world of Upper Canadian politics, nor avoid the external pressures of an ever-evolving medical field. Try as he might, the doctor could not insulate the asylum from the rest of Toronto because it was an inextricable part of that city, of the province and, eventually, of the country that it called home. The Provincial Lunatic Asylum was the product of the politics, the politicians, the editors, and the interlopers that Workman so detested.

It was theirs as much as it was his. If the asylum did not belong to any one group, it was its patients. This was not their story.

In many ways, lunacy care in Canada had changed so fundamentally by the 1880s as to become almost unrecognizable compared to the practices of the early nineteenth century. The purpose-built asylum which adorned the shore of Lake Ontario gleamed with modernity, next to the university which would supply its next generation of doctors. In other ways, life for Canada's so-called lunatics was little different from what had come before. In 1882, somewhere in our modern province, a young woman very like the one observed by John Lambert in Trois-Rivières nearly a century earlier wandered the streets in rags, crying out in confusion and desperation. Shocked onlookers might later seek to relive the thrill of their encounter with the unfortunate girl by paying a visit to the grounds of the asylum, where they could watch the lunatics frolic at leisure. Elsewhere in Ontario, another young woman sat dirty and hungry in a prison cell, awaiting a transfer to the asylum which might never come. If it did, she would be lucky to escape invasive surgical experimentation by Richard Maurice Bucke, or similar treatment by any of a number of enthusiastic and ambitious physicians. It is sobering to contemplate whether men like Bucke were the true beneficiaries of asylum reform—whether it was men like Dr. John Scott, and not their patients, who profited from the implementation of a new institutional system of lunacy care in Upper Canada after 1841. After all, despite his unceremonious departure from the asylum in 1853, Scott transitioned to a lucrative and successful career as the associate coroner for the city of Toronto in 1855, where he undoubtedly enjoyed access to no small number of cadavers. He was spared a similar fate upon his own death—his body was too decayed to be identified even by his son when it was found in Ashbridge's Bay in the spring of 1865.

Perhaps Joseph Workman did not affect his feelings for his patients when he wrote to William Lyon Mackenzie in 1857 that “I love my patients, and they love me.” Regardless, both Workman and patients like Barbara Mackenzie were caught up in a system beyond any of their control. The asylum was shaped by too many interests to bend to one doctor’s ambitions. Workman certainly left his mark on the place, and on asylum care in Ontario more generally, but so too did men like John Scott. In the end, if their passion for their patients aligned with their ambitions as physicians, it was much the better for the province’s lunatics, but it was not indicative of a broader, unified agenda coming finally to fruition. The history of the Provincial Lunatic Asylum was not shaped by any one of the forces of medical advancement, professionalization, political corruption, or social welfare reform, but by all of them at once. Above all, however, the story of the asylum in Canada was one of the negotiation of power by those with the means and the privilege to claim it. Such was the nature of the political asylum.

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