

History of Canadian Western Psychiatry: From Its Earliest Beginnings to the Twentieth Century

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A reasonable, comprehensive early history of Western Canadian psychiatry would take far more space than that which is allotted in a journal article. I will therefore merely focus and highlight some developments of this history which you may find of interest. What is being focused on may not, in this overall mosaic, be of great historical or for that matter psycho-historical significance. Bear with me! These vignettes are powerful and interesting.

In 1849, Britain proclaimed Vancouver Island a colony. When gold was discovered on the mainland in 1858, Britain created the new Crown Colony of British Columbia which became a province of Canada in 1871. The Canadian Pacific railway was completed in 1885 linking BC to the rest of the country. The population at this time numbered 10,586 Europeans and BC was most sparsely populated province in Canada. However some services for the mentally ill had developed before this. By the 1860s jails had been established on Victoria and New Westminster and the mentally ill were placed in these institutions.

John Robson, editor of the British Columbian who later became Premier of the province wrote in an editorial in 1863 about the New Westminster Goal: "the cells on which they (the lunatics) are confined are not at all adapted for such a purpose entirely too small, ill ventilated, unheated, and an offensive effluvia arising from beneath them, the result of no proper system of drainage."

In November of 1858, in the Victoria Gazette there had appeared an editorial which stated:

"It is the pride of England that the land is studded with asylums, hospitals and free institutions to meet the requirements of the sick and afflicted...Why, then, are we such laggards. The legislative talk of building bridges, and other improvements, while they have a jail out of which murderers escape and with which madmen tear their flesh."

Edward Gridge wrote in the Victoria Gazette that, "If we would imitate the example of the mother country we ought immediately to unite and found a hospital and asylum. In 1862, the Royal Columbian Hospital of New Westminster was founded but provided little relief for the mentally ill. In the same year the hospital passed a resolution that "no insane person be admitted in any pretence, into the hospital."

In 1860, a Grand Jury Report of the Victoria goal makes mention of the integrated accommodation of "debtors, lunatics and felons" as follows"

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“If a proper system were instituted, or apartments suitably made in the prison, neither of these classes of unfortunates would be thrown together. We hope, therefore, that early attention will be given to this matter, and thus not force the poor but honest debtor into the society of the insane or the depraved.”

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

It was in 1872, years later that the old Royal Hospital, was remodeled and was opened as the first provincial asylum. By 1877 there were 37 patients in the asylum; however the building did not lend itself to any further expansion. The institution was then relocated to a place near the city of New Westminster.

In 1894, charges of ill treatment were laid reporting that restraint and behaviour of if an unusually severe character was meted out to the patients. This was not resorted to prevent violence but as, “punishment, while still more appalling cruelties had been practiced with the cognizance of the Superintendents.”

The Royal Commission on the Asylum for the Insane reported the use of restraints at the “will” of the attendants; patients being beaten with straps; patients being forced to sleep while their hands were in handcuffs for days and sometimes weeks on end; and kicks, blows and other barbaric measures. Seclusion and cold water dunking were frequently the case in this institution.

As a result of the findings of the Commission, the Superintendent, Dr. Bodington of the UK, replaced Dr. Bentley of this institution in 1885. In 1886 he wrote that it was, “too much in vogue in Great Britain of shipping off to the colonies weak minded young persons who are unmanageable at home, and unable to make a career for themselves, or earn a livelihood there...Such persons as these naturally gravitate into the Asylum and swell the ranks of the already too numerous lunatics.

The common perception has been that institutional care was overly bureaucratic and that for instance families did not influence the care and treatment of the mentally ill.

However in an article entitled *women, Families and the Provincial Hospital for the Insane, British Columbia 1905-1915*, Ms. Mary- Ellen Kelm concludes that evidence drawn from psychiatric case files of 774 women patients at British Columbia’s Provincial Hospital for the Insane show that families significantly influenced such factors of institutional life as the conditions of care, the timing of discharge and the possibility of readmission. Some families simply refused to go away and leave asylum care to the institution.

Manitoba

Up until 1891 Manitoba’s population had grown at a slow but steady rate, reaching 150,000 in that year. This was a considerable increase from the 12,000 of 1870, In 1871 the Manitoba penitentiary was established. From 1871-1877, the and I quote” the insane were cared for in this institution”. In 1877 the convicts as well as the mentally ill were transferred to the new Stoney Mountain penitentiary. In 1879 the mentally ill of this institution were separated from the convicts in a portion of this penitentiary. The segregation of the mentally ill was done primarily to ensure discipline in the institution because of and, I quote,” wanderings of the “lunatics which required “additional guards on duty. Custodial rather than treatment was the operational dynamic here; it was an afterthought from a treatment perspective.

It was not until 1886 that the Selkirk Lunatic Asylum began to admit patients. The Dominion Government in 1884 had notified the provincial authorities that it was mandatory that the mentally ill be removed from the federal penitentiaries. In Manitoba the mentally ill were transferred to Lower Fort Garry the site of the former Manitoba Penitentiary. By 1890 the Selkirk Asylum was filled to over

capacity and patients were transferred to Portage La Prairie to a Home for the Incurables. It soon proved to be a temporary measure and a second asylum was opened in Brandon, Manitoba.

How bad were conditions for the mentally ill in Manitoba in the early 20th century? In July of 1918 the Public Welfare Commission of Manitoba asked the Canadian National Committee for Mental Hygiene to “make a study of conditions in Manitoba” This is what they found: “the most painful and distressing survey undertaken while we were in Manitoba was at the so-called Home for Incurables at Portage la Prairie. Two visits were made, the first on October 8, 1918, the second on October 15, 1918, as we did not wish to labour under any misapprehension in regard to what was seen there. The name, Home for Incurables, misleading, and the institution has become a recuperation house for every kind of ailment, - as one of our party expressed it, “from eczema to dementia.” Apparently any family in Manitoba which had a troublesome member, either old or young, simply passed it on to the Home for Incurables, until this institution possessed an unhappy conglomeration of idiots, imbeciles, epileptics, insane, seniles; and mentally normal people suffering from incurable diseases.

Physical restraint was used frequently at the Home for Incurables, as was seclusion. The inspectors counted six patients in muffs, a device for tying together and wrapping up in canvas the hands of someone supposed to be violent or destructive. Overcrowding was serious. The 335 patients mentioned were accommodated in space designed for about 200.”

In the Brandon Asylum conditions were no different; seven hundred patients with only one physician, the Superintendent. He had no time for the treatment of patients. He stated “the male attendants were the roughest looking groups I have ever seen.” Because of the number of black eyes among the patients it was evident among that the attendants used strong arm methods of control. In addition devices such as “muffs,” whereby patients’ hands were wrapped on canvas were widespread.

Conditions at the Selkirk Hospital were somewhat better in that the surveyors reported:

“Selkirk is on the whole admirably managed as a custodial institution, but totally unfit to meet the modern demands of a hospital for the insane.”

The report concluded by saying, “The hospitals for the insane in Manitoba are organized without the slightest regards of modern science.”

The North West Territories---Saskatchewan and Alberta

The Northwest Territories also included *Saskatchewan* and *Alberta*. In 1871 the population was 48,000. By 1900 there were cries to make the prairie area provinces.

In 1905, Alberta and Saskatchewan both became provinces in Canada. By special arrangement with the government of Canada, the mentally ill of Saskatchewan and Alberta were cared for in Manitoba. In many instances this necessitated the transport of the mentally ill over vast distances by the RCMP. Alberta had its first asylum in 1908; the Insane Asylum in Ponoka. It did not admit patients until 1911.

The Saskatchewan Provincial Hospital admitted patients in 1914. Two hundred and twenty-eight men and 115 women came from Manitoba on February 4, 1914. Institutions for the mentally ill appeared later in the in Alberta and Saskatchewan than in other parts of Canada as this land was sparsely populated until the late nineteenth century. During the inception of institutional care in these provinces, facilities in other provinces, which had been established during the previous four decades, were used as models in developing architectural plans, administrative policies and clinical practices.

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

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While all the Canadian institutions professed a moral treatment approach, overcrowding, the rather crude biological, psychological and social treatment methods of the time, and the lack of adequate resources-human, fiscal and physical-militated against humane institutional conditions by today's standards in all the provinces of Canada. In many ways, it is not a pretty picture; the new ideas which were brought to Canada by progressive medical professionals from the United Kingdom were implemented in a haphazard manner. Neither the political will nor the economic capacity was yet harnessed to put these new principles into practice."

One cannot wholly put all the blame on external conditions. Perhaps, there are other kinds of explanation, reasons inside the mentality of the public, the provincial governments, and even the professionals which resisted the newer ideas about the mind and the treatment of its illnesses already well advanced by 1914.

British Columbia, compared to its counterparts in Central and eastern Canada is of relatively recent origin. The province's public asylum operations officially began with the opening in 1872 of the Victoria Lunatic Asylum in traditional Songhees First Nations territory on the north shore of the city's inner harbour. For the next numerous decades, institutional psychiatry in British Columbia would parallel other Canadian and international jurisdictions in experiencing an explosion in physical facilities, organizational structures, treatment approaches, personnel, professional and front line and patient populations.

Community Care by the year 2000 made inroads in all the provinces in Canada but that is another narrative

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