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The Development of the Lunatic Asylum in the Maritime Provinces *

Late in the year 1835 some two dozen reputed lunatics who had been imprisoned in the county gaol in Saint John were removed first to the city's almshouse and then, early the next year, to the basement of a small, wooden building on Leinster Street. This building, constructed originally as a cholera hospital but as of February 1836 housing fourteen lunatics in its depths and as many sick paupers upstairs, was Canada's first mental institution. It would be another twelve years before New Brunswick had a permanent treatment center and another twenty-three years before its sister province of Nova Scotia had one.¹ Yet this little hospital, inadequate as it was, represented an important change in the treatment of the insane in the Maritimes. At last it was being recognized that the most important thing about the mentally ill was that they were mentally ill, not poor or violent or criminal, and that they required a specific kind of supervision in a specific kind of institution. It had not always been so.

The first law regarding the insane in the two colonies was a 1759 statute establishing a workhouse in Halifax. No special accommodation was provided for insane paupers in the building who were lumped indiscriminately with "all disorderly and idle persons, and such who shall be found begging, or practising any unlawful games, or pretending to fortune telling, common drunkards, persons of lewd behaviour, vagabonds, runaways, stubborn servants and children, and persons who notoriously misspend their time to the neglect and prejudice of their own and their family's support". Special consideration was given only to the retarded and lunatics who were physically incapable of labouring. Others were to be put to work alongside their fellow inmates and

* The author would like to express his gratitude to Professor S. F. Wise, department of history, Carleton University, for his invaluable assistance with the thesis from which this article is excerpted.

1 Prince Edward Island is not considered in this article because not until very late in the period under discussion was a hospital for the mentally ill constructed on the Island. An asylum was opened near Charlottetown in 1847 but it doubled as a house of industry and in construction resembled a workhouse more than a hospital. This building, chronically overcrowded and underfinanced and poorly lit and ventilated, remained the only facility for the mentally ill until 1879 when the first proper hospital built for the purpose was opened. See R. N. Stalwick, "A History of Asylum Administration in Canada Before Confederation" (unpublished Ph.D. thesis, University of London, 1967), pp. 89 *passim*; Henry Hurd, ed., *The Institutional Care of the Insane in the United States and Canada* (Baltimore 1917), vol. 4, pp. 203 *passim*. When the term Maritime is used in the article, therefore, it is meant to refer to New Brunswick and Nova Scotia only.

with them to be whipped "moderately" upon entering the workhouse and strenuously if they proved "stubborn or idle"? In 1774 a second statute, entitled "An Act for Punishing Rogues, Vagabonds, and other Idle and Disorderly Persons", provided that persons "furiously mad and dangerous to be permitted to go abroad" should be "safely locked up in some secure place".³ In New Brunswick an 1824 statute directed dangerous lunatics to be "kept safely locked up in some secure place" and if necessary chained, a practice which was already being followed.⁴ Lunatics who fell afoul of the law were thus placed in conditions which could only aggravate their illness and then expected to behave normally or suffer for it.

Yet the insane certainly were not actively persecuted. If they caused no problems and could look after themselves, they were left to wander at will. Those who were either wealthy themselves or had wealthy relations were usually packed off to a private madhouse in the United States or Britain. Far from seeking out inmates for the prisons and poorhouses, the authorities hoped a mentally ill person's family would assume the responsibility of caring for him at home. But since many of the insane were quite understandably paupers, those who could not support themselves or rely on their families were placed in almshouses or workhouses. From their beginnings the two colonies adopted the British poor law system which was based on the administrative principle that each town or parish had to support its own poor by a compulsory assessment of the inhabitants.⁵ While able-bodied unemployed were either gaoled for being "idle and disorderly persons" or set to work by an Overseer of the Poor, some kind of accommodation was found for the infirm poor, often in private homes or in buildings rented for the purpose. A major drawback to this system of relief was that many communities did not have the resources to care for their poor and as a result the practice of auctioning off paupers developed.⁶ Overseers of the Poor were authorized to pay local residents to take paupers into their homes and support them for a year. The price was arrived at by a process of down-bidding at a public auction. The person willing to take the pauper for the least amount of money won his or her services. Originally the practice was regulated but gradually controls were relaxed and the system became one of brutal abuse. Paupers became a kind

2 *Statutes of Nova Scotia*, 32 Geo II, c.1.

3 *Ibid.*, 10 Geo III, c.5.

4 *Consolidated Statutes of New Brunswick*, 5 Geo IV, c.9.

5 For the following discussion of poor relief I am indebted to Brereton Greenhous, "Paupers and Poorhouses: The Development of Poor Relief in Early New Brunswick", *Social History*, I (April, 1968), pp.103-26, and James Whalen, "New Brunswick Poor Law Policy in the Nineteenth Century" (M.A. thesis, University of New Brunswick, 1968), part of which was published in *Acadiensis*, II (1).

6 See Greenhous, *op.cit.*, and Grace Aiton, "The Selling of Paupers by Public Auction in Sussex Parish", *Collections of the New Brunswick Historical Society*, 16 (1961), pp. 93-110.

of slave labour in the backwoods of the provinces and people began to use the auctions as a means of making an income and as a source of subsidized labour. Clearly, many of the victims of the auction block, at least before asylums were built, would have been paupers suffering from mild forms of mental illness.

In Nova Scotia the mentally ill first were provided for in the Halifax Poor's Asylum in 1812. It was originally intended that they be confined apart from the healthy paupers but as the institution became overcrowded this distinction was not enforced. In 1832 a legislative committee touring the poorhouse reported that "every room from the cellar to the garret is filled to excess" and told of one room with eighteen beds which nightly held forty-seven persons.⁷ The committee urged the erection of a hospital but did not consider a separate lunatic asylum necessary. It was not really until Hugh Bell became mayor of Halifax in 1844 that an energetic movement for the establishment of an asylum began. Bell had arrived in the colony from Ireland in 1782 at the age of two years and had been in turn a journalist, a Methodist preacher, a successful brewer and a politician. He was sixty-four when, apparently influenced by a term as commissioner of the Poor's Asylum, he undertook to persuade the government to build an asylum.⁸ His first move was to pledge his own salary as mayor to a special asylum fund. Next, he organized public meetings to gather similar private pledges, hoping to force the government's hand. Bell's campaign was supported by a number of wealthy Haligonians and endorsed by at least two Halifax newspapers, the *Novascotian* and the *Times*, but the scheme did not seem to capture the imagination of the populace. As the *Times* reluctantly reported, Bell's activities "do not appear to be well seconded".⁹ In 1845, prompted by an abortive suggestion from New Brunswick that it, Nova Scotia and Prince Edward Island build a joint asylum, a commission was established with Bell as the chairman to investigate the possibility of establishing an asylum in Nova Scotia. The Bell Commission enthusiastically endorsed the project the next year but no action was taken and in 1848 another legislative committee argued that "it would be improper at this time to recommend any appropriation of the public monies which would require so great an expenditure".¹⁰ Early in 1850 Dorothea Dix, the American psychiatric reformer, delivered an impassioned plea to the legislature on behalf of the mentally ill but she failed to prompt any action and not until 1852 did "an Act for Founding a Lunatic Asylum" pass the Assembly

7 Nova Scotia, Legislative Assembly, *Journals*, 1832, App. 49 [hereafter references to Assembly journals in the Maritimes will be to *JLA*].

8 Henry Hurd, *op. cit.*, p. 549.

9 *Novascotian*, 25 November 1844 and *Times*, 5 November, 22 December 1844.

10 Nova Scotia, *JLA*, 1846, App. 32; *JLA*, 1848, App. 54.

and not until January 1859 were the first patients admitted.¹¹

A number of factors may have contributed to this delay. During the 1840s, when Hugh Bell was trying to get government backing for an asylum, the assembly was preoccupied with the noisy struggle for political power between James Johnston's faction and the "Liberals" led by Joseph Howe. Another explanation, the one advanced at the time, was that other demands were being made on the provincial treasury.¹² For the first half of the century the hospital annexed to the Halifax Poor's Asylum was the only public hospital in the city. During the typhus epidemic in 1847 this facility was woefully overcrowded and the local medical community began to petition the government for a new hospital. In 1849 a legislative committee conducted an investigation into the matter which resulted in funds being allotted. Since at the same time the assembly was financing the construction of a new prison, the legislators apparently felt justified in putting off the asylum recommended by the 1846 commission. Furthermore, in the early 1850s railway fever absorbed the attention and the revenues of the province. "Provincial finances were completely compromised by railway legislation and there was a powerful aversion to new taxation for any other purpose".¹³

Agitation for the reform of treatment of the mentally ill began earlier in New Brunswick than in its neighbouring colony, perhaps because in the former the social dislocation associated with higher rates of immigration made the plight of the insane more evident and more urgent. The movement was led by a medical man, Dr. George Peters. Peters had been born in Saint John in 1811 but had been exposed to more advanced ideas about insanity during his years as a medical student in Edinburgh.¹⁴ In the 1830s he was the visiting medical officer at the Saint John almshouse and county gaol and it was the degraded condition in which he found the insane incarcerated in these institutions which prompted him to petition the assembly for the provision of an asylum. In the gaol Peters was horrified to find that warders were making no attempt to separate the mentally ill from other criminals and he discovered many lunatics under heavy restraint, "some of them perfectly naked and in a state of filth".¹⁵ At the Almshouse Peters found similarly inadequate conditions. This institution had been built in 1819 to house sixty persons.¹⁶ In 1836 it held one hundred and forty paupers, forty

11 Nova Scotia, *JLA*, 1850, App. 72.

12 *Novascotian*, 23 March 1846.

13 W. S. MacNutt, *The Atlantic Provinces* (Toronto, 1965), p. 261.

14 Hurd, *op.cit.*, p. 584.

15 George Peters to Executive Council, 28 November 1836, New Brunswick, Records of the Executive Council, Health and Sickness, vol. 2, Provincial Archives of New Brunswick [hereafter PANB].

16 Whalen, *op.cit.*, p. 55.

of whom required medical treatment and were kept in a makeshift two-room infirmary big enough to handle eight people comfortably.¹⁷ Sick patients overflowed these two rooms into the section of the almshouse reserved for the mentally ill. It was this situation which provoked Peters into seeking permission from the government to move the insane from the almshouse to the basement of the cholera hospital. Unfortunately, the situation did not improve. Lunatics were able to mingle freely with the sick paupers who were being treated in the upper stories of the hospital and the building was too crowded to allow Peters to practice any kind of treatment. The temporary asylum was really just an extension of the almshouse; as Peters himself described it, it was "essentially a pauper institution".¹⁸

At the same time as the temporary asylum was opening in 1836, the justices of the peace in Saint John County, alarmed at the growing number of mentally disturbed inmates in the gaols, petitioned the assembly to establish a more permanent asylum.¹⁹ A legislative committee was appointed with instructions to gather information from the United States and Europe about the treatment of the insane and to plan a permanent facility. Although this committee reported in December of that year, it was a decade before the assembly was convinced of the inadequacy of the temporary building and appropriated funds that allowed construction of the new asylum to begin.²⁰ It is not difficult to account for this reluctance to commit provincial funds to the asylum project. While it is true that between 1838 and 1841 the newly acquired control over the revenues from the crown lands swelled the provincial coffers, the decentralized manner in which these funds were dispensed meant that provincial projects did not always receive financial support. As MacNutt has pointed out, the individual assemblyman had control over how and where government money was spent in his constituency.²¹ Control of the purse strings was crucial to him because by deploying the money skillfully he could ensure electoral support. He might be reluctant, therefore, to surrender any portion of his patronage money to projects of a more general purpose. Yet the parochialism of legislators should not be exaggerated. The late 1830s and early 1840s were years of heavy immigration and economic crisis in the colony and the assembly was faced with a variety of immediate needs. In response, it undertook in the years between 1834 and 1847 four major welfare measures aside from the asylum.²² In 1834 a cholera hospital

17 *New Brunswick Courier* (Saint John), 24 December 1836.

18 George Peters to Executive Council, 3 May 1845, New Brunswick, Executive Council Papers, vol. 118, p. 1442, PANB.

19 Hurd, *op.cit.*, p. 37.

20 Report of the Commissioners, December 1836, New Brunswick, *JLA*, 1836-7, App. 3.

21 W. S. MacNutt, *New Brunswick* (Toronto, 1963), pp. 258-9.

22 Whalen, *op.cit.*

was opened in Saint John; in 1836 funds were authorized for the construction of a county gaol in the city and a house of correction; in 1838 a new alms-house-workhouse-infirmity complex was approved; and in 1847 the Emigrant Orphan Asylum opened its doors in Saint John. Proponents of a mental asylum had to vie with all these different interests for a share of the public funds and were actually at a disadvantage since gaols and poorhouses could if necessary double as mental institutions.

The Maritime mental institutions which eventually were established in the 1840s and 1850s were designed to accommodate a specific treatment technique known as moral treatment. A few simple drugs, both tranquillizers and purgatives, were administered to control behaviour; assorted bathing techniques were advised for manic or depressed patients; and blood-letting had not entirely been discredited. But moral treatment, or the humane method, was the principal therapeutic technique. It was to the nineteenth century what psychoanalysis became to our own. Moral treatment had its origins in the last decade of the eighteenth century in Europe where it developed out of the practical experiences of Philippe Pinel in France and William Tuke in England. Pinel (1745 - 1826) attained legendary stature in the history of psychiatry by being the first to strike the chains from the insane and free them from confinement in dungeons, first at the Hôpital de Bicêtre in Paris in 1793 and two years later at the Salpêtrière, a hospital for women. His major work, *A Treatise on Insanity*, was published in an English translation in 1806 and his theories were known in the Maritimes as he was referred to approvingly in the New Brunswick report of 1836. Tuke (1732 - 1822), an English tea merchant and Quaker, pioneered moral treatment in the York Retreat for the Insane which he founded in 1792. His grandson, Samuel Tuke, wrote *Description of the Retreat* in 1813, which was published in the United States the following year and became a standard text for reformers throughout the English-speaking world. Really not treatment in a medical sense at all, the moral method employed compassion and lenience within a strictly controlled environment in an attempt to coax the mind back to sanity. The intention was first of all to relieve the patient's fears and then to distract the mind from its morbid preoccupations. In this manner the patient was encouraged to exercise self-control and to reassert the primacy of will over passion. At mid-century this technique was extended by John Conolly, a British asylum doctor, to include the complete abolition of all mechanical and physical restraints.

The principles of moral treatment were carried into the Maritimes by reform-minded laymen such as Hugh Bell and more importantly by doctors who had been educated in Europe or the United States. At the beginning of the century most Maritime medical men were trained as apprentices but by the 1830s a number were being educated at universities in Great Britain and this was certainly true of the doctors who became medical superinten-

dents at the new asylums and the main exponents of moral treatment in the two colonies.²³ George Peters, the original superintendent of the New Brunswick institution, and his successor John Waddell, superintendent for twenty-seven years, both received their degrees from Scottish universities affiliated with mental hospitals where modern treatment techniques were employed. James DeWolf, the first superintendent of Mount Hope, likewise was a graduate of Edinburgh University. Later in the century aspiring doctors began to attend American medical schools; for example, James Steeves, Waddell's successor, studied in Pennsylvania and New York.²⁴ Even when these early alienists were not formally trained in the United States, their annual reports indicate that they kept a close watch on developments there and frequently toured the more famous American institutions where moral treatment was practiced. While the broad principles of moral treatment were endorsed by all the asylum superintendents, there were differences in the way these principles were applied. This was especially true of the elimination of physical restraints. In New Brunswick Waddell early on rejected the "indiscriminate and frequent use" of mechanical restraints but argued that sometimes they had to be applied for the good of the patient and this moderate position was adopted by his successors.²⁵ In Nova Scotia, on the other hand, there were quite radical differences of opinion at different points in time. Dr. DeWolf invoked Conolly and endorsed "the total disuse of mechanical restraint" whereas his successor, Dr. A. P. Reid, defended physical restraints as a form of discipline.²⁶ Despite these differences of emphasis, however, medical personnel at the Maritime asylums shared a perception of themselves as practitioners of moral treatment.

Moral treatment enjoyed such unequivocal allegiance because it was believed to be effective. The decades of the 1840s and 1850s were a period of unbridled optimism regarding the curability of mental illness. "It is the decided opinion of most persons who have investigated the subject," the New Brunswick commissioners reported in 1836, "that insanity is on the increase. But at the same time it is consolatory to observe, that the disease is not now considered of so formidable a nature as it used to be, because it is found easily to yield to judicious treatment timely applied."²⁷ In the United

23 See K. A. MacKenzie, "Nineteenth Century Physicians in Nova Scotia", *Collections of the Nova Scotia Historical Society*, 31 (1957), pp. 119-20 and J. W. Lawrence, "The Medical Men of St. John in its First Half Century", *Collections of the New Brunswick Historical Society*, 1 (1897), pp. 273-305.

24 Hurd, *op.cit.*, pp. 561, 584, 591, 595.

25 Report from the Medical Superintendent of the Provincial Lunatic Asylum, New Brunswick, *JLA*, 1851, App.

26 Report of the Medical Superintendent of the Nova Scotia Hospital for the Insane, Nova Scotia, *JLA*, 1872, App. 20; 1881, App. 3A.

27 New Brunswick, *JLA*, 1836 - 7, App. 3.

States optimism reached a high point in the period 1830 - 1850 and it is not surprising that the same is true of the Maritime colonies since they looked across the border for proof that their asylums would be successful.²⁸ The Bell Commission, for example, reported recovery rates of 82 ½ per cent and 86 ½ per cent respectively at the Worcester Asylum in Massachusetts and Boston's McLean Asylum and concluded confidently that "Wherever an Asylum is established, there the numbers of Insane in proportion to the population begin to diminish".²⁹ An important qualification invariably made was that a lunatic was curable primarily in the very early stages of his illness, usually in the first three months. If madness could be detected at the outset and the afflicted person removed from his home to an asylum before temporary symptoms became permanent illness, then cure was virtually assured. If not, if family or friends hesitated before bringing the mentally ill to the asylum, then doctors promised nothing. In fact, they hinted at the worst. When John Waddell stated categorically that "No insane man recovers at home" he was speaking for all his colleagues.³⁰ Insanity demanded moral treatment and moral treatment demanded the asylum.

A clear idea of the aim of moral treatment is best obtained by examining how it was intended to be implemented in the new, Maritime asylums. Practitioners began with the building itself. The ideal location was on a height of land commanding a scenic view, right at the edge of civilization. Such a site offered the insane the scenery which was expected to soothe their frenzies and divert their attention. Advocates of moral treatment had great faith in the remedial influence nature exerted over the deranged mind: ". . . the sounds caused by rushing water is the music of nature, and is always in harmony with, and soothing in its effects on, the nervous organism".³¹ Diversion was also a rationale for building the asylum on the edge of a city, remote enough so that the insane were insulated from the excitement of urban life but close enough so that they had "constant proofs that they are in a world of hope, and among beings who are engaged in the every day business of life."³² These asylums were not built on secluded sites far from the centers of population. On the contrary, as examples of the charitable character of the populace, they were trophies to be displayed.

The physical appearance of the institution was an important aspect of moral treatment. As in all things, the emphasis was on symmetry and good taste, what came to be called "moral architecture".

28 See Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Brunswick, N.J., 1964), p. 114.

29 Nova Scotia, *JLA*, 1846, App. 32.

30 Report of the Medical Superintendent, New Brunswick, *JLA*, 1849, App.

31 Report of the Medical Superintendent, New Brunswick, *JLA*, 1875, App. 6.

32 Report of the Commissioners, New Brunswick, *JLA*, 1836-7, App. 3.

As it is found that the external appearance, as well as the internal economy of the Hospital for the Insane, exert an important moral influence . . . - it is a principle now generally recognized and acted on, that good taste and a regard for comfort, should characterize all the arrangements both external and internal, as calculated to induce self-respect and a disposition to self-control.³³

As important as the countenance of the asylum was the arrangement of its buildings. Within the Maritime asylums certain classes of patients were to be isolated from each other. For example, patients were segregated by sex and special accommodation was provided for "frantics" whose violent behaviour might disturb the other inmates. Another criterion for separating patients was social class. In part the rationale for this practice was economic. Asylum administrators hoped to attract wealthy patients whose fees would contribute to the upkeep of the institutions. It was thought necessary to offer this class of patient comfortable surroundings and assurances that it would not be subjected to the unsettling manners and morals of lower class lunatics.³⁴ This reasoning also betrays a therapeutic rationale. Patients had to be insulated from all that was offensive to them and which might cause them to retreat into their derangement. Segregation by class was one of the practices asylum personnel anticipated would make Maritime institutions superior to their American counterparts in which conditions were distressingly democratic.³⁵ As it turned out, however, overcrowding and lack of funds kept asylums in Nova Scotia and New Brunswick from achieving a rigorous separation of social classes. It was a recurring complaint throughout the century that the indiscriminate mixing of classes was diverting wealthier patients to foreign institutions, thereby losing local asylums desperately needed funds.³⁶

As for the organization of time within the asylum, moral treatment combined three elements — work, play and worship. The most important of this trinity was work, physical labour within the asylum itself or in the gardens surrounding the institutions. Useful employment was intended to have a variety of effects, not the least of which was to defray the expenses of maintaining the institution. More importantly, labour had therapeutic value, if for no other reason than it exhausted the patients, improving their sleeping habits and their physical health. Like the scenery, physical work, by forcing the patient to concentrate on something other than himself, diverted his attention from his sickness, theoretically weakening the irrational forces in their struggle with the will. Since many of the insane seemed to suffer

33 Nova Scotia, *JLA*, 1846, App. 32.

34 Report of the Commissioners, New Brunswick, *JLA*, 1836-7, App. 3.

35 Report of the Medical Superintendent, New Brunswick, *JLA*, 1849, App.

36 See, for example, New Brunswick, *JLA*, 1850, 1851, App. and Nova Scotia, *JLA*, 1860, App.; 1874, App. 6.

from excess energy which made their behaviour frenzied and unpredictable, regular labour was intended to divert and give vent to some of this energy in a more useful and healthy way. But perhaps the most important influence labour was expected to have on the insane was its moral influence. If a patient was to rejoin society as a productive member, then he or she had to be taught independence, industry and self-respect. Useful employment was as much a way of instilling moral values as it was of healing broken minds.³⁷ But work could not occupy all the time nor all the patients in an asylum. It was anticipated that upper class inmates, who apparently did not require the moral lessons of useful employment, would be exempt from physical labour. For them, and for the lower classes in their spare time, instructive recreation had to be provided. As well, regular religious observances were scheduled, though for reasons more behavioural than spiritual. Religion was useful as another distraction and the services, because of their communal nature, were considered excellent opportunities for practicing decorum and restraint.³⁸

The final element of moral treatment, and one which circumscribed all the others, was isolation. While it was considered healthy that the mentally ill be aware of, and to some degree witness to, the daily life of society beyond the asylum walls, it was also considered crucial that the individual patient be removed from the immediate social surroundings which had been witness to his fall from reason.

The first and most important step is to remove the patient from his own home and from all the objects which he has been accustomed to see. His false notions and harassing impressions are associated in his mind with the objects exposed to his senses during the approach of his disease. His relations have become to him stale and uninteresting, and afterwards cause of angry irritation The most favourable situation is a retirement, where the patient will be surrounded by objects which have a composing influence.³⁹

The mind, once shattered, needed a quiet place, a kind of laboratory, in which it could be carefully reconstructed. Throughout the century medical men repeatedly warned the public that the insane could not be treated at home, that they had to be surrendered up to the asylum if they were not to become forever incurable.

When all these elements were combined, the result was a self-enclosed, tightly organized institution, the aim of which was the reformation of its

37 See Report of the Commissioners, New Brunswick, *JLA*, 1836-7, App. 3 and Nova Scotia, *JLA*, 1846, App. 32.

38 Report of the Commissioners, New Brunswick, *JLA*, 1836-7, App. 3.

39 *Ibid.*

inmates' behaviour into socially conventional patterns. Perhaps the most revealing statement about moral treatment can be found in the Nova Scotia report of 1846 — "without system there cannot be success".⁴⁰ The asylum was a system. Everything from its location to the table manners of its inmates was interrelated to transform behaviour. In charge of this process was the medical superintendent, "the very light and life of the Institution", who was expected not to practice medicine but to attract the confidence, the obedience and the emulation of his charges.⁴¹ The system ignored causes because the understanding of them was rudimentary.⁴² Instead, doctors concentrated on symptoms — the hallucination, the frenzy, the melancholy — and tried to eliminate them by reinforcing the patient's self-control. This was the moral system and it flowered in a brand new institution, the asylum.

At the same time as the new Maritime asylums were opening their doors, a noticeable change occurred in the attitude of the law to the incarceration of the insane. Prior to this time statutes had illustrated a reluctance on the part of the lawmakers to take responsibility for the care of the mentally ill. However, as the asylum began to be emphasized as the only proper place for treatment, legislators became much more aggressive in their attitude toward the insane. In New Brunswick the original bylaws governing the new asylum restricted inmates to "lunatics proper" and refused admission to all but exceptional cases of idiocy and delirium tremens.⁴³ This changed in 1852 when "An Act to Amend the Law Relating to Lunatics and Insane Persons" provided that "any person furiously mad or so far disordered in his reason as to be dangerous when at large" was to be taken forcibly to the asylum and incarcerated there on the orders of two Justices of the Peace.⁴⁴ No doctor need be consulted and the superintendent of the asylum could not refuse a patient. Seven years later the law was changed to ensure that no one was admitted to the provincial asylum without first being certified by a doctor but the asylum's superintendent still had no right to refuse admittance to anyone so certified, be they senile, retarded or epileptic.⁴⁵ The legal emphasis was on making it as easy as possible to get the mentally ill into the asylum. In Nova Scotia the situation was similar. Prompted by four murders com-

40 Nova Scotia, *JLA*, 1846, App. 32.

41 *Ibid.*

42 For a detailed discussion of contemporary theories of insanity and its causes see my thesis, "That Prison on the Hill: The Historical Origins of the Lunatic Asylum in the Maritime Provinces" (unpublished M.A. thesis, Carleton University, 1975).

43 Correspondence, Reports and Returns, New Brunswick, Records of the Executive Council, vol. 118, Lunatic Asylum, 1843-57, pp. 1540-6, PANB.

44 Report of the Medical Superintendent, New Brunswick, *JLA*, 1854, App.

45 *Consolidated Statutes of New Brunswick, 1903*, vol. I, c. 101.

mitted within a year, all by men who were subsequently found to be insane, the legislature passed a law which allowed two Justices of the Peace to hold in custody any person who “seemed” to be insane and “seemed” to have “a purpose of committing some crime”.⁴⁶ If found to be mentally disturbed by a doctor, the individual was held either in gaol or in the poorhouse, or in the asylum when it opened four years later. The Nova Scotia asylum superintendents had more discretionary power than their New Brunswick counterparts. From the beginning the Nova Scotia asylum at Mount Hope was governed by a law which allowed recent and acute cases of insanity to be given preference over more chronic cases.⁴⁷ This meant that when the institution became crowded, which it very soon did, mental defectives and cases of long-term illness were refused admittance. While at no time were persons ever legally committed to the Nova Scotia asylum without certification by a physician, there was a perceptible shift in the legal attitude. An 1858 statute, “An Act For the Management of the Hospital for the Insane”, provided for the incarceration of any person who could be proven to be “by reason of insanity, unsafe to be at large or suffering any unnecessary duress or hardship”.⁴⁸ By 1872 the law made no reference to public or personal safety. It merely stated that “any lunatic being at large may be apprehended”.⁴⁹

Unhappily, the medico-legal campaign to institutionalize the mentally ill had an effect quite opposite to that intended by reformers and medical men. To be effective, moral treatment required a small number of patients, all of whom were in the acute stage of their illness, and a large staff to work with them. What happened, however, was that the asylums were immediately and continuously overcrowded, especially with what were considered chronic incurable cases, and had neither the staff nor the facilities to be anything more than places of confinement. The heady optimism of mid-century evaporated into exasperation, and sometimes plain brutality, as asylums proved unable to fulfill their role as successful treatment centers.

The New Brunswick asylum opened in December 1848 and in his report for the following year the medical superintendent, John Waddell, was already asking that the institution be enlarged.⁵⁰ When completed, it was intended to handle 180 patients in a complex of three buildings, but these were not finally built until 1864, at which time the daily average of patients at the asylum was 194.⁵¹ Demands for expansion continued but it was not really until 1885, when a farm annex capable of handling 150 of the more long-term cases was

46 *Nova Scotian*, 1 January 1855; *Statutes of Nova Scotia*, 1855, c. 34, ser. 1-6.

47 Nova Scotia, *JLA*, 1859, App. 10.

48 *Statutes of Nova Scotia*, 1858, c. 38.

49 *Ibid.*, 1872, c. 3.

50 Report from the Medical Superintendent, New Brunswick, *JLA*, 1850, App.

51 *Ibid.*, 1865, App. 14.

built, that a satisfactory patient population was achieved.⁵² New Brunswick now had facilities for 320 acute cases and almost half that many chronics and complaints about overcrowding were seldom heard. In Nova Scotia the Mount Hope Asylum was also constantly overcrowded from its opening in 1859 until the commencement in 1886 of the county asylum system. The county institutions were meant to accommodate "harmless insane, idiotic persons, and epileptic persons who are insane but who have not manifested symptoms of violent insanity".⁵³ By 1897 there were fifteen of them throughout Nova Scotia.⁵⁴ Crowded conditions at the asylums made the successful treatment of patients almost impossible and cure rates never approximated the heady forecasts of eighty and ninety per cent. By 1882 Dr. A. P. Reid was admitting that at Mount Hope only about ten per cent of the four hundred patients had much hope of regaining their mental health.⁵⁵ In 1891 the superintendent of the New Brunswick institution admitted that "Out of four hundred and forty-two patients, only sixteen were expected to be restored to mental health".⁵⁶ That is barely more than three per cent. The asylum had become a place of confinement for hundreds of mentally ill people who were given next to no hope of recovery.

Not only were the asylums hopelessly overcrowded, they were also poorly staffed. At first, the superintendent was the only medically qualified staff member. Later in the century he was given an assistant. It was the intention of both asylums that these doctors make daily visits to all the patients but evidence given at a number of enquiries suggests that these duties were frequently neglected. Daily care of asylum inmates devolved upon a small number of attendants who had no training and often, because of overwork or simple meanness, no sympathy. Since turnover in these jobs was rapid and steady, the insane seldom even had the benefit of experienced care. Given these conditions, it is not surprising to find that there were a number of publicized incidents of attendants abusing patients. In New Brunswick, just a year after the asylum opened, two attendants were dismissed for what was delicately called "gross misconduct".⁵⁷ A short while after Mount Hope opened in Nova Scotia the institution's steward, Amos Black, was dismissed by a committee of investigation, apparently for having sexual relations with a number of the patients. In any event Black and DeWolf, the superintendent, were frequently at odds, the committee terming the situation at the asylum

52 *Ibid.*, 1886, App.

53 *Statutes of Nova Scotia*, 1886, c. 44.

54 Report of the Medical Superintendent, Nova Scotia, *JLA*, 1899, App. 3A.

55 *Ibid.*, 1883, App. 3A.

56 Report from the Medical Superintendent, New Brunswick, *JLA*, 1891, App.

57 *Morning News* (Saint John), 7 December 1849.

a “civil war” between the two men with the patients neglected as a result.⁵⁸ Five years after the Black incident, the bruised, lice-ridden corpse of Richard Hurley became the center of a controversy about the standard of care at the asylum. During the twenty-four-year-old Hurley’s six-month stay at Mount Hope no members of his family were permitted to visit him until the day the father was summoned to take the consumptive body of his son home to die. A committee investigating the incident concluded that parts of the asylum were indeed overcrowded and filthy, although it declared that there was “no evidence to fix any blame on either Dr. DeWolf or any of the attendants”.⁵⁹

While unqualified attendants were undoubtedly the cause of some abuse, the biggest problem in the asylums was lack of space. In 1877 Dr. James Steeves, superintendent of the New Brunswick hospital from 1876 to 1896, travelled to Fredericton to try and convince the legislature to finance an addition to the building. There were 284 patients in an institution built to accommodate only two hundred, Steeves told the Saint John *Daily Telegraph*, and one hundred of these did not have the separate rooms they required for proper treatment. “The evils involved in this simple fact are such as could not well be described in our columns,” wrote the interviewer, “for the details would be offensive and even shocking”.⁶⁰ In Nova Scotia the “offensive” details of overcrowding were described publicly, as a result of an investigation into conditions at the asylum in May, 1877.⁶¹ It was established that because of crowding, patients were being neglected, wards were filthy and no treatment was being carried out. Kate Cameron, an attendant at Mount Hope for four years, told the committee that she had once seen a female patient stripped, bound and left unattended in a room with no bed and no heat, simply because she had torn her clothes. It was December and the woman froze to death but no inquest was held into the incident.⁶² Michael Meagher, another attendant, told the following story:

A patient named Graham was in the dark room (solitary confinement) while I was at the Hospital. It was in the Winter time. The glass was broken, and the rain came in and wet the floor. Graham was lying on the floor on a mattress. The room was in a very dirty condition. There was straw on the floor, and human excrements. I saw the snow not melted

58 Nova Scotia, *JLA*, 1861, App. 6; *Novascotian*, 28 May 1860.

59 Report of Committee on Humane Institutions, Nova Scotia, *JLA*, 1867, App. 38.

60 *Daily Telegraph*, 28 August 1877.

61 Report of Commission to investigate the condition and general management of the Provincial Hospital for the Insane, Nova Scotia, *JLA*, 1878, App. 10.

62 Nova Scotia, *Supplementary Evidence as to the Management of the Hospital for the Insane* (Halifax, 1872).

on the floor. We put the food in over the door sometimes. The doctor would occasionally enquire how he was . . . He never went to see him. A man put in the dark room was entirely neglected. Graham was subject to fits; he might have died without assistance during the night; he was left entirely to his own resources after locking him up. Graham was a powerful, muscular man. It was the practise of the attendants to give as little food as possible to patients in that state to reduce their strength: just enough food to sustain them. The doctors never enquired into the quantity of food given them. Graham was in the dark room from one to three weeks. The room was bitterly cold; it was hardly fit for a dog; it was not fit for a human being.⁶³

These abuses at Mount Hope may have been aggravated by Superintendent DeWolf, an arrogant man with whom most of his employees found it difficult to work. But the fact that both the New Brunswick and Prince Edward Island asylums were also, in different degrees, found to be inadequate institutions, suggests that Mount Hope was not the exception but the rule.⁶⁴

The evidence indicates that the Maritime asylum failed to live up to its founders' expectations. Instead of a place of treatment it had become a place of confinement. Good intentions were one thing, but lack of adequate space and facilities meant inevitably that the emphasis at the asylums was on custody, not treatment. Organization became paramount as the logistics of caring for hundreds of mentally ill inmates became complicated and costly. Behaviour was subordinated to a rigidly controlled pattern of daily institutional life. The county asylums built in Nova Scotia after 1885 epitomized this trend. The regulations for one of these institutions warned that "any inmate guilty of drunkenness, disobedience, obscenity, disorderly conduct, profane or indecorous language, theft, waste or who shall absent himself or herself from the premises without the permission of the Superintendent or who shall injure or deface any part of the house or furniture therein, or who shall commit waste or destruction of any kind in regard to property connected with the Asylum shall be subject to merited punishment".⁶⁵ "Merited punish-

63 *Ibid.*

64 In 1874 a Grand Jury visited the Prince Edward Island asylum and reported that they "find it difficult to ask your Lordships to believe that an institution, so conducted, would be allowed to exist in a civilized community. In a cell below the ground, about six feet by seven feet, they found a young woman, entirely naked, beneath some broken, dirty straw. The stench was unbearable. There were pools of urine on the floor, evidently the accumulation of many days, as there were gallons of it". The superintendent of the institution was apparently "an ordinary labourer" and the Jury concluded that "the whole Asylum is one state of filth". (Grand Jury Presentment on the state of the Asylum, P.E.I., *JLA*, 1875, App. G.).

65 *Bylaws*, Cumberland County Hospital for the Insane, 1895, Public Archives of Nova Scotia.

ment” included solitary confinement on a diet of bread and water for up to twenty-four hours. All activity at these institutions — getting up in the morning, eating meals, taking exercise, going to bed at night — was done en masse and regulated by the sounding of bells. Given the intolerable conditions of the asylum, the humane aspect of moral treatment had been sacrificed to the requirements of the system. The Maritime asylum had become more a jail than a hospital.