# Accounts of Abuse of Patients at the Toronto Hospital for the Insane, 1883-1937*

GEOFFREY REAUME

**Abstract.** In an effort to uncover the experiences and perspectives of patients about abuse in institutions, this article will present the writings of asylum inmates and third-party observers, including relatives and staff, on this topic. These documents consist almost entirely of material from the Toronto Hospital for the Insane, from the late nineteenth and early twentieth centuries. References include physical, verbal, and sexual abuse. Methodological challenges when coming across this evidence will be addressed, most notably the problem of verification when charges of abuse are denied or are met with silence by hospital officials. Furthermore, this topic will include a discussion of inmates abusing other patients in an effort to compare how these episodes were reported in contrast to incidents that involved staff.

**Résumé.** Dans le but de relever les expériences et les perspectives de patients au sujet d'abus au sein des institutions, cet article présente des écrits d'internés en asile ainsi, que ceux d'observateurs, comprenant à la fois la parenté et les employés. La quasi totalité de ces documents provient de matériel de l'Hôpital des aliénés de Toronto datant de la fin du XIX$^{e}$ siècle jusqu'au début du XX$^{e}$. Y sont incluses des références à des abus physiques, verbaux et aussi sexuels. À partir de ces témoignages, nous aborderons des défis méthodologiques, notamment en ce qui a trait au problème de la vérification d'accusations d'abus qui ont été niées ou étouffées par les administrateurs de l'Hôpital. De plus, cet article comprend une discussion concernant l'abus d'internés sur d'autres patients afin de voir comment ces épisodes ont été rapportés comparativement aux incidents impliquant le personnel.

---

In 1910, Elaine O., a single, 40-year-old domestic servant was discharged from the Toronto Hospital for the Insane, 999 Queen Street West, after more than five years incarceration. In a letter written shortly after her release, she wrote the following lines to asylum officials:

Geoffrey Reaume, 19 Homewood Avenue, Apt. 301, Toronto, Ontario M4Y 2J7.

the idea of having men like Carson and others to play with a woman as they have with me and you laugh[.] I have a good memory of what it ment to me to be locked up in that Prison house of Satan for 5 years for nothing.... you had no Business to take me into that Prison or touch my head or Body to do dispite to me.... what you have done and allowed done to me....[1]

This letter, along with over 30 other existing documents written by this former patient, provides evidence that for some asylum inmates, life behind the walls of an insane asylum was traumatic not only because of their distressed mental state, but also because of abusive situations they encountered while hospitalized. For a researcher, Elaine's letters, along with material written by other patients, family members, and staff, present methodological challenges for trying to understand the occurrence of abuse from an inmate's perspective, especially when accusations against staff members were met either with denial or silence. This article examines what this evidence can tell us about abuse within the Toronto Hospital for the Insane and how gender, class, race, and physical ability were influencing factors in accounts.

The extent to which inmates were abused by one another or by staff is an area which can only be sporadically discovered. Writings from former inmates during the nineteenth and early twentieth centuries in the United States and Europe confirm that abuse did take place. The compilation of accounts by Dale Peterson, Jeffrey Geller, and Maxine Harris, for instance, provide a record of how some people experienced terrible trauma while confined.[2] In an early critique of the social control school of thought, Gerald N. Grob argued that the abusive nature of institutions has been overemphasized to the neglect of pointing out the way in which such places acted as a refuge for indigent members of society.[3] Grob expanded on this point in a later article, noting that while abuses did occur among the hundreds of thousands of people who were in mental hospitals, the term is too "broad and all-inclusive," as individual examples do not show a "general pattern of patient abuse."[4] Yet it also needs to be pointed out that a quantitative assessment of the abuse hypothesis is difficult to achieve for institutions during the nineteenth and early twentieth centuries. Systematic compilation of statistics on the number of altercations or types of abuse between inmates and staff, or between particular patients, during this period was not usually maintained by administrators. Ellen Dwyer notes that it is possible to retrieve statistical data on this subject, however, by examining ward injury books, as she did for the Utica and Willard Asylums for the 1880s; as well, administrators voluntarily sent statistics about patient-directed violence to New York state officials for the year 1883 for Willard Asylum.[5]

However, there was not a standard method of reporting incidents of violence during this period at provincial facilities in Ontario. This is not

surprising, as formal hospital bureaucracies were only in their most immature stages at this time, with such a category as "Types and Frequency of Abuse" not being established as an area in which to compile statistics.[6] So while there were annual reports on Ontario's charitable institutes for the entire period covered by this article, these reports do not include tables relating to the numbers of reported cases of abuse within specific facilities. More recently, statistics on physical and sexual abuse against patients and staff have been publicly reported for 1992 regarding the Queen Street Mental Health Centre, formerly the Toronto Hospital for the Insane.[7] However, a 1996 report by Liz Stimpson, Colleen Weir, Georgia Maxwell, and Margaret C. Best entitled *Unlocking the Doors: Abuse against Vulnerable People within Ontario's Institutions* notes that efforts to obtain quantitative data for their report from four provincial government agencies were unsuccessful, prompting them to ask "Where are the statistics?"[8] Thus, the collection and accessibility of data on abuse within public institutions continues to be an issue. For earlier periods, all that researchers have to go on when this topic arises is the occasional report in clinical files, letters from family members and, most poignantly, writings from the patients themselves. Taken together, these documents show that abuse did occur at the Queen Street facility. While it is not possible to quantify such abuse in any extensive manner, the mere existence of these documents illustrates the importance of trying to understand both the distressing reality that existed for some of those patients who clearly suffered at the hands of staff or other inmates, and how these episodes were handled by administrators. In so doing, researchers can gain more insight into the ward dynamics that existed, as well as to realize that even had there been statistical records on this issue, some accounts of abuse would almost certainly have gone unrecorded due to official denial of their having taken place.

In reviewing 50 accounts by former patients published up to 1940, Gerald N. Grob notes that a majority of former patients criticized institutions for the treatment they received; they did not wish to abolish them, but instead wanted to improve conditions. There were also former patients who were pleased with the care they received. Generally, these authors can not be considered representative, as many illiterate, or mentally disabled, residents of asylums left no first-hand accounts of what they thought about their institutional lives. The critical views Grob reviewed include the negative impact of lengthy incarceration upon individuals; unqualified attendants; the dreariness of day-to-day life; occasional attacks on inmates and employment of restraints; problems in getting discharge; and isolation between doctor and patient.[9]

Between 1883 and 1937, the earliest and latest years for which allegations of abuse have been uncovered for this study, 15,365 people were

admitted to the Toronto Hospital for the Insane.[10] During this 54-year period, the average number of patients varied annually from 700 to 1,100, with these totals having been as high as 1,200 during some of the intervening years.[11] Given such massive numbers of men, women, and in some cases children, who went in and out of this institution, this article does not make claims of being representative of all of these people. Nor is it the intent to portray all staff as abusers of inmates, as documents also reveal the existence of friendships and caring relationships between employees and patients. Rather, the purpose of focusing on this particular topic is to understand how incidents of abuse were reported, what these documents illustrate about life for asylum inmates who experienced maltreatment, and why there are at times two very different accounts of whether there was, in fact, abuse taking place. For the purposes of this discussion, the term "abuse" will refer to allegations which illustrate physical, verbal, and sexual abuse, almost all of which are taken from the clinical records of patients who were at the Queen Street facility. Physical abuse includes both direct assaults and coercive treatment which inmates, or their families, complained about. Charges by patients of unjust incarceration and the censorship of letters will not be addressed here so as to narrow the focus to how patients, staff, and outside observers responded to allegations of overt acts of physical, verbal, and sexual aggression while confined.[12]

## PHYSICAL ABUSE BY STAFF

The most frequently cited allegations relate to physical abuse. Who happened to report abuse was often crucial in determining whether or not such reports were taken seriously. In 1883 Katerina D., the sister of patient Nancy D., wrote a letter about the treatment this 32-year-old woman received at the hands of staff. As the following excerpt shows, her information was conveyed by another patient who was trying to help:

> ... during my last visit to the Asylum on Wednesday when in the ward with my Sister one of the patients, Miss D___, told me that she felt pained sometimes when the nurses were "punishing" my Sister. I then said what do they do + she replied "pull her hair and thump her." Miss D___ must have remonstrated with them as she said that they told her it was to make my Sister "better" + that they would do the same to her if she needed it.[13]

Superintendent Daniel Clark responded by declaring that the charges made by this patient had "no foundation," as she was endeavoring to turn people against the staff.[14] Nancy D. remained confined until her death in 1933. While Clark's letter appears to resolve the dispute, in light of subsequent reports about allegations of abuse, a pattern

emerges in which greater weight is given to denials by employees than to charges made by others against them.

Patients could find themselves vulnerable to being harmed in other ways as well, particularly if they were physically disabled. Maude B., a 72-year-old woman who was unable to walk, said that she did not want to be left alone as she "has a fear of people getting in to hurt her," a point mentioned several times in her clinical record prior to Maude's death in 1913.[15] In this instance, her comments do not make it clear whether she feared being abused by other patients, by staff, or by both. Nevertheless, Maude's fear raises the important point of how physical ability was closely related to abuse, something which is made explicit when considering the experiences of a contemporary of hers.[16]

Jim W. was a blind 66-year-old inmate of the Toronto Hospital for the Insane who claimed to be humiliated by both patients and staff. He said attendants "were always pulling his nose and throwing water on his head."[17] In one incident in 1911, after he was told to get out of the way of the floor polisher, Jim stated that the attendants had "thrown him down on the floor," a point which he reiterated during two separate interviews with Second Assistant Physician, Dr. Kidd.[18] When a black-and-blue bruise was observed on his swollen hip, his pain was obvious to both the doctor and Jim's sister, who made inquiries about the incident. Dr. Kidd wrote that a male attendant had "picked him up and carried him into his room and put him on his bed."[19] It was after this that Jim started complaining about his hip. The attendants and their supervisor on the ward denied all knowledge of the origin of Jim's injury, views which were accepted without a doubt by the physician. Instead, other patients were blamed for this injury. It is clear from his clinical record that this patient was harassed by other inmates from whom he had to be separated at the dinner table. Yet it is also clear from his comments in the clinical record, that Jim had no doubt about who had caused this particular injury—hospital attendants, and not other patients as stated by ward staff. Three years after this incident, Jim was discharged into the care of his sister. The fact that this elderly man was blind obviously placed him at greater risk of abuse. Yet the fact that he could not see who was abusing him does not lessen his reliability as perceiving who had thrown him on the floor, since Jim's awareness of who was around him would have been based on familiarity with people's voices and their proximity to him.[20]

This episode, and the contradictory reports involving Nancy D., illustrate the difficulty of retrieving the patient's point of view around such contentious issues as maltreatment. On the one hand, there are references about the physical abuse of inmates, while on the other hand there are comments from the staff which refute these claims, at least in-

sofar as having the blame fall on the shoulders of hospital employees. In both instances, it is important to note, the recorded observations were prompted by relatives, as inquiries were made by the sisters of Nancy and Jim. Yet even where there were outside observers who witnessed rough treatment of a patient, these comments held less weight than the opinion of staff.

Several days after her admission in 1906, 40-year-old Erin C. escaped and went to the nearby residence of her niece and her niece's husband. They in turn informed Erin's sister Alice, who lived in Brockville, Ontario, that when asylum staff arrived to return her to the 999 Queen Street West facility, she was treated "exceedingly rough" by a "brutal" male attendant.[21] Even though this incident was witnessed by two other people who claimed to have protested on the spot, Superintendent C. K. Clarke said there was no "evidence to support the statement," as she was not injured, nor were there "bruises of any kind" on Erin's body.[22] Erin remained confined at Toronto until being transferred to an institution in Penetanguishene, Ontario in 1910. A few months after this episode, Dr. Clarke became even more defensive when responding to accusations of staff-initiated violence against an inmate.

In early 1907, Angela H. wrote to Superintendent C. K. Clarke that she had been informed that her husband Jacob, a patient, had been "used very rough" and was kicked so severely he could not sleep due to the pain, and asked that he "be used better."[23] In response, Dr. Clarke said this claim was "absolutely untrue" and that when he went and asked Jacob H. about whether there was any truth to the charge, this patient replied "absolutely none."[24] Clarke wrote that Jacob was always trying to escape out the door whenever it was opened, so staff had had problems keeping him on the ward. He then concluded:

> I should like to know the source of your information because statements of this kind are heartlessly cruel and do a great injustice to the very much tried and conscientious Staff. It is my business to see that no cruelties are perpetrated here, and while it is true that there have been occasional mistakes made by attendants, such persons have been discharged instantly and will be discharged instantly as long as any reason for complaint is found.[25]

There is no response to this letter in the file. A month after this exchange of letters, Jacob H. successfully escaped back to his home in Lloydtown, Ontario, where he remained and so was discharged from the hospital since he was not returned by his relatives within 30 days.

Some of the most revealing evidence about why such contradictory reports could originate within an institution appears in a letter written by Elsa P. She was admitted in 1903, at the age of 50, and was discharged in 1915. This 12-page letter, addressed "To The Superintendent," provides a number of crucial insights and so is quoted at consider-

able length. It was written while Elsa was out on probation, prior to discharge, at her daughter's residence on Centre Island in Toronto Harbour.

Sir for several years I have been tempted to write to the Superintendent.... I do firmly believe it is the right thing to do.... I certainly should never have done it while there because there are so many watching to get each other in some trouble that seems to be the nature of insanity. I have too much sympathy for my fellow sufferers to resent that.... Sir I am very sorry to say that could you know and see what I have in the Toronto Asylum you would at least pity those poor unfortunates *especially* those who are without kith or kin. its a deep grief to me to do this and I dont wish to mention any names or cause any woman to lose her position but some of those women ought to blush to take the money they are supposed to work hard for.... if they only went about things differently it would be a blessing to us who are afflicted[.] I must mention a few things in confidence no one even knows that I am doing this altho many times I resolved the next time I came to my daughters I would do so—I have suffered at their hands and altho I forgive them I feel sure it will be measured back to them some day.... I want if possible to help those who are at their mercy[.] I dont know how some of them dare to put on the beautifull uniform also partake of your goodness and treat those poor creatures in the manner they do sometimes[.] I have watched until I could have thrashed some of the nurses myself... is the milk sent up to the wards to be skimmed for the nurses benefit also the best of everything kept back in their cupboard for their extra *meals*[.] we were allowed perhaps ten minutes from the time we went in the dining room X until we returned (illegible) out called sometimes before our meal was half eaten, then the poor verandah patients pulled & knocked about like dogs, dogs sir[.] I *would not* treat a *cur so*, then the poor things scarsly ever got a kind look, I have been so crushed there no wonder at what I had either said or done, I say the nurses have a splendid time and the poor insane patients are at the mercy of a lot of inhuman giddy girls[.] I am very sorry indeed to speak like this[.] I shall say nothing of what I had to endure at their hands[.] God help us all but it seems so different when they are expecting the doctors or Matron that I feel sure you do not know and we are ordered about by the worst patients and they to[o] get privileges, are allowed to deceive and steal our food for the Nurses. I know it so because I made it my business to help in the dining room to see for myself—& the food that those who are sick and need it is given to the favourites. Yes, when my appetite was entirely gone they would give me things to eat but when I might have had a relish for something they would just be mean, I did not mind at all because when I am well I can eat dry bread for that matter[.] excuse me being so plain but I am just relieving my mind, this will do me good. I do not wish to be any detriment to a living soul, but I (illegible) believe in some way they are bribed to be kind to a few, God help the others... my sympathy is with them all, and I do assure you sir I could write a volume of the treatment I myself have seen there, but at present this is sufficient—trusting you will forgive my intrusion and that you will in some measure be led to see these things, I remain Yours sincerely....[26]

There is no response to this communication in Elsa's file. Elsa makes it plain that she chose to wait until she was away from the institution be-

fore writing this letter to avoid punishment. This raises the point about the fear that patients had when it came to speaking out. It is also clear that Elsa is not disputing her diagnosis, as she identifies with "my fellow sufferers" of insanity and refers to "us who are afflicted." Her focus is on the treatment accorded others and suggests how strong were her feelings for fellow inmates whom she clearly wanted to help. The contentious nature of abuse reports are also indicated in her comments about how ward nurses changed their behavior when they expected doctors or the matron to appear. This observation highlights how abuse could be hidden or obscured from the official recorders, who were primarily hospital physicians. The maltreatment which Elsa referred to happened out of sight of officials making their rounds, something this former patient implies was a deliberate tactic. Thus one can infer why doctors found some reports of abuse unbelievable because they only saw one side of the equation while visiting wards. Elsa's letter was an attempt to say there is another side of the story, one that needs to be taken seriously and addressed.

What comes through so very clearly in Elsa's letter is the physical and emotional cruelties inflicted on patients by some staff members, aided by their "favourites" among the inmate population, and how the observation of this sort of conduct reverberated around the ward in an atmosphere of intimidation. This document gives a valuable insight into both a patient's experience of abuse and why such occurrences are so difficult to corroborate, since they usually took place beyond the sight of official recorders. Whether anything was ever done in response to Elsa's plea for help is unknown.

## THE 1917 INVESTIGATION

James W. Trent has written that official investigations into allegations of maltreatment of patients by staff provide an "unusual glimpse" into the "underside of institutional life."[27] During the decades covered by this study one such investigation reveals how complainants could be discredited by officials, even while doing so with contradictory information from staff.

In April 1917, two years after Elsa left the hospital, a complaint about abuse at 999 Queen Street West was investigated by the Provincial Inspector of Hospitals, W. W. Dunlop. The wife of a patient had contacted municipal authorities in Toronto in March 1917, an action which, along with subsequent attention in the press, led to an official hearing regarding allegations of abuse committed against a male patient by a male attendant.[28] What made the charges particularly explosive at this particular period was that the alleged victim was an unnamed returned soldier from the war in Europe; his status in turn led to involvement of the

Great War Veterans' Association, who were concerned about the treatment of their comrades. As will be seen, the charges of abuse went beyond this one soldier.

The complaint was lodged by Hazel W., the wife of a 60-year-old patient, Wesley W., who had been admitted to the Queen Street facility in November 1916, where he died on 21 March 1917 of syphilis.[29] During this period, Hazel W. stated that she had seen her husband nearly every visiting day, about 60 times in four months. During her frequent visits, she was required to pass through a nearby ward to get to the ward where her husband was staying. During one such visit in the days before her husband died, Hazel told the inquiry that she witnessed the following incident while passing through Ward 4:

> Well, I saw the attendant running the soldier up the hall by the back. He had hold of his coat collar and his trousers. He opened the door and threw him in a room, kicked his feet in and locked the door. I looked at him and said "Oh, dear, dear." He looked at me as much to say "Mind your own business."[30]

Hazel stated that she had never seen this particular inmate before and witnessed this incident facing the back of the patient. However, she did recognize the attendant she claimed was involved. After the soldier was thrown inside this room she said there was a loud "bang," like someone falling on the floor, but heard nothing more after the door was shut by the attendant. She then "passed right through" the ward on her way to visit her husband, Wesley W. During this interview, Hazel W. stated that another patient, John D., whom she spoke with on her husband's ward, talked about "the cruelty in this Institution." This patient, John D., and her husband, both claimed that Wesley was kicked and shoved against the wall by another male attendant, Basil N. Hazel said her husband showed her bruises on his hand, shoulder, and side. While the head nurse, Miss Dodds, was well liked for her kindness by Wesley W., he claimed that the male attendant, Basil N., "treated him like a dog." Hazel also mentioned that Wesley told her attendant Basil N. had said to him: " 'Your wife is no better and she will be here soon.' " She stated that her husband cried after telling her about this comment.

Six more witnesses were called: three attendants, the Head Nurse of Wesley's ward, the Assistant Superintendent, and the Medical Superintendent. Joseph M., the attendant who was accused of assaulting the soldier-patient, denied having done so. He claimed that at the time of day in which the alleged incident took place he was outside supervising patients working in the coal gang. This attendant also stated that there was in fact a soldier on the ward about five weeks earlier, who had since been transferred to another ward. He specifically stated that this unnamed man "had his uniform on," which was how Hazel W. was able to identify this person. William McCreary, the Chief Attendant of

Ward 4 where the assault was alleged to have occurred, confirmed that a uniformed soldier was on his ward for two days, though "hardly a month ago." He also stated that the accused attendant was innocent of abusing any inmate as Joseph M. was not on the ward at the time of the alleged incident, and that had McCreary seen any such occurrence, this person "would go in five minutes." Both of these employees called the place into which the soldier-patient was said to have been thrown, as "between doors." This euphemism appears to refer to a place used as a seclusion room, much as Andrew M. Sheffield's letters mentions the term "cross hall" when referring to this type of room during the period when she was confined at Bryce Mental Hospital in Alabama from 1890 to 1920.[31]

As for the allegations relating to Hazel's husband, Letitia Dodds, the Head Nurse of Wesley's ward, mentioned that she had heard of this patient being abused, and asked him about it, but he said "I am very comfortable" and that his wife was "nervous and worried" about him.[32] Basil N., the employee accused of physically and verbally abusing Wesley W., testified he was difficult to look after: he liked to smoke his pipe too much in bed and had to be cleaned, causing this attendant to vomit "on more than one occasion." He testified that neither he nor anyone else had ever abused this patient. Assistant Superintendent Harvey Clare also insisted that Wesley W. was not ill-treated, as the latter was under constant observation for syphilis, and he would have seen the evidence. As for the unnamed soldier, Clare claimed that there were no uniformed soldiers on Ward 4 because their uniforms were taken off them. Medical Superintendent Forster stated that when Wesley W. was asked in the presence of attendant Basil N. whether this employee had abused him, he replied "No, Mr. N___, you have been very good to me always." When asked whether a returned soldier had been abused, Forster said such incidents would be reported to him but that in this specific case there was "nothing to go on." He then concluded his testimony with the statement that it was standard for an "excited" patient who tried to get away to be physically restrained by two attendants who would lock him in isolation "until he became quiet." Forster then said:

> Now with our short staff it may be necessary that one man may have to do it. If a man is kicking he would have to take him by the back to put him in the room. If [a] patient's feet were sticking out he would have to give them a little shove or his hands will catch in the door which must be avoided. That would be an ordinary thing, it would not be rough, it needs to be done so as to avoid a possible roughness which is not allowed unless one's life is in danger.

In his report to Provincial Secretary MacPherson, Inspector Dunlop exonerated the staff and said there was "absolutely no ill-treatment" of

the unknown soldier or Wesley W.[33] Dunlop accepted the claim of the employee who stated that he was not on the ward at the time of the alleged assault on the soldier. The Inspector wrote that "there was not a returned soldier in uniform on the Ward." This is evidently in reference to Dr. Clare's comments to this effect, even though the transcript clearly states that both attendants claimed there had been a uniformed patient on the ward more than a month earlier. There is no specific date mentioned by Hazel W. about when she saw this incident, as she was not asked during the inquiry. The closest the transcript comes to providing a date is when the Inspector states that the alleged incident took place "about a month ago" and "on some particular day" in questions put to the two male attendants from Ward 4. The Annual Report to the Provincial Government for 1917 confirms that "a number" of returned soldiers were domiciled at Toronto.[34] However, after a military mental hospital was opened that year in Newmarket, Ontario, the remaining seven soldiers were transferred there.

It should be kept in mind that Hazel W.'s husband had died between the time of the alleged incident with the soldier and the holding of the inquiry. The fact that she was so devoted to Wesley W., visiting him at every opportunity, is corroborated by hospital employees who testified to her frequent visits. In Inspector Dunlop's report her supposed motives and source of information form the basis for why her claims of staff-initiated abuse are dismissed. Hazel is described as "revengeful" because the matches she gave to her husband were taken away from him after she was repeatedly told not to leave him with such dangerous items—especially after he had set fire to his bed.[35] Furthermore, allegations of abuse relating to her husband were "guided" by a "patient declared to be insane" who was always making such comments. It was noted that the sores Hazel saw on her husband's body were the result of his "loathsome, revolting disease," to which he had succumbed, rather than physical assault. As an epilogue to this inquiry, a representative of the Great War Veterans' Association was given a guided tour of the male and female hospital wards, after which he declared himself "entirely satisfied with the treatment accorded the patients."[36]

The fact that Hazel took her charges related to the soldier to local city officials, which then made their way to the press, indicates the reason that this inquiry was called. The allegation of a soldier being abused at a mental hospital, especially during wartime, was too scandalous to leave unanswered. As Tom Brown has written, during the latter part of World War I psychiatrists in Canada, as elsewhere, were striving to come to terms with the mental disorders afflicting soldiers.[37] Dr. Forster wrote that most of the soldiers confined at Toronto had not been in France but had served elsewhere overseas, though a newspaper article about this

incident states that the alleged victim was "little more than a boy, and is suffering from shellshock."[38] Given such negative publicity, dealing expeditiously with these allegations was politically astute, especially at a time when efforts to treat traumatized soldiers had become an area of increasing clinical interest.

While the staff were cleared of maltreatment during this investigation, several issues need to be raised about the methodological challenges presented by these documents when trying to understand abuse in an institution. Hazel's views about claims that Wesley had been abused were dismissed, in part, on the basis of her believing patient John D. Since this man was "declared to be insane," and was always talking about abuse, Inspector Dunlop makes it clear that such a person was not credible. This point of view has implications for all of the other patients whose charges could also be dismissed on the basis of their mental illness and highlights the far more difficult position in which patients found themselves when making accusations. Their views, in and of themselves, were considered automatically suspect because of their diagnosis, thereby raising the question: under what circumstances could a patient's claims be believed when up against the denials of staff? Furthermore, the charges of "revengefulness" levelled at Hazel could also be seen as misguided good intentions towards her husband. While the staff's anger with her for continuing to provide Wesley with matches was entirely justified, she may have been simply trying to provide her husband with one of the few pleasures he seemed to enjoy during his final days. She neither raised, nor was asked, about the matches during the investigation; nor did the inquiry address any alleged maliciousness for making false claims.

The second point relates to staff testimony that when Wesley W. was asked directly by employees if attendant Basil N. had abused him, he denied such claims. In the specific instance when Dr. Forster posed this question with the alleged victim and alleged perpetrator in the same room, just how vulnerable was a patient when being put on the spot like this? If one patient's claims of abuse can be so easily dismissed on the basis of his mental illness, why accept the word of another patient, even when it relates to denials of wrongdoing? In light of the fear of retribution already mentioned by Elsa, it is worth noting that an inmate could be vulnerable to punishment for speaking out by staff who remained behind. The physical deterioration of Wesley could very well explain the marks which Hazel said she saw on her husband, but they could also obscure bruises caused by kicking and shoving.

Hazel's description of how she allegedly saw a soldier being run up the hall and thrown into a room matches quite accurately what Dr. Forster himself stated later in the inquiry about how a single attendant was

trained to restrain and isolate a disturbed patient. How could she have known such specific details? Forster does not state that patients were hurled inside a room, as Hazel claimed. However, his reference to taking a person by the back, and it being necessary sometimes for an attendant to "give . . . a little shove" to protruding feet before locking the door, suggests he knew this could happen—a person would have to be lying on the floor, presumably after being physically thrown, or dumped, to be in such a position. The fact that physical force was condoned by the Superintendent in certain circumstances lends credence to Dick Sobsey's observation that staff-initiated abuse is "not viewed as either deviant or socially unacceptable" when it is considered a "normal" part of work.[39] It is also notable that no effort appears to have been made by the investigators to interview any soldier-patient who was confined at the Toronto facility in early 1917 for the purposes of getting his views and ascertaining whether or not this unidentified soldier really existed.

Finally, the guided tour of hospital wards by a representative from the veterans' association deserves some caution when considering just how much an outsider could verify under these conditions. Alice Bingham Russell, who was confined at a state mental hospital in St. Peter, Minnesota in 1883 and again from 1903 to 1906, wrote about the nature of such tours: "Visitors see but the best side of things, places which they see are put on dress parade, and cleaned up for the occasion. . . ."[40] Sobsey notes that the "extreme power inequities" between patients and staff help to foster an "abusive subculture" especially when reports are intercepted within an institution.[41] This point is essential when considering this topic and emphasizes how disadvantaged patients were in comparison to staff when abuse occurred. Ironically, it was only by circumventing the medical bureaucracy that Hazel was able to get her complaints addressed with an inquiry. The documents that exist because of her efforts raise more questions than they answer. What can be said for certain is that the ward power dynamics between patients and staff were much more complicated and unbalanced than the official investigators acknowledged during this particular episode.

## COMPLAINTS ABOUT RESTRAINTS AND FORCED TREATMENT

Restraining patients had been raised on a number of other occasions prior to this inquiry. Reflecting the influence of ongoing debate among officials at Anglo-American institutions, Superintendent Daniel Clark officially abolished physical restraints at Toronto in 1883, in an effort to move away from the most regressive forms of confinement.[42] But documents show that this form of treatment continued to be used for some patients in later years. In 1903, 33-year-old Mary M. was placed in a spe-

cially made moleskin waistcoat with arm cuffs which prevented her from grasping anything. She wore this device even during meals, when she was spoon-fed. Dr. Clark defended this treatment to the Inspector, after protests from Mary's brother Timothy. Clark said Mary was destructive to both people and property.[43] Notes in the clinical record describe her violent propensities for over another decade, after which Mary became more languid in the years prior to her death in 1934. During the period in which her violent conduct towards staff and patients was recorded until 1916, there are no further references to restraining devices such as arm cuffs being used on her; instead, she was restrained by being frequently isolated in a single room.[44]

Patients could be physically non-violent and have restraints used on them in order to bring them to the hospital. On two occasions, Evelyn M., a journalist and newspaper editor in her early 30s, was confined for several months, both times, in 1905-6 and in 1906-7, before being returned to her family. During one of these episodes she wrote to a male acquaintance for help, mentioning how she was brought to an institution which her family had not told her was a facility for the mentally ill: "I do not know if you have heard of the dreadful thing that has happened. Please come and see me... I was running the business... when three men secured my wrists and knees and brought me to this place, Queen Street Sanitarium, Toronto, where I have been perfectly miserable ever since."[45] There is no evidence that this man helped Evelyn—partly because he did not receive her letter, which had been confiscated.

Staff could claim that such intrusive methods were an inevitable part of working with so many people. Ellen Dwyer and Gerald N. Grob have written that conflict between inmates and attendants had a great deal to do with the stress which staff members encountered during their daily work lives, particularly with patients who were among the most physically and mentally disabled.[46] Dwyer also notes that these same attendants could have less-disturbed inmates clean severely incapacitated patients, in effect handing over the most unpleasant tasks to those under them who were not in much of a position to refuse.[47] This sort of back-and-forth dependence could cause irritation and resentment on the part of both patients and staff, leading to a wide range of disputes from petty quarrels to outright assaults.

However, it needs to be emphasized that the difficult working environment for employees was *not* of the inmates' making, though patients were especially vulnerable to suffer the consequences when staff became tired or tried to get certain tasks done more quickly. Patients did not set the hours of work, or the low wage rates for employees; nor were they responsible for being placed in often overcrowded, unsanitary

wards, where amenities such as toilets and bathing facilities were "a menace to the health of the inmates," as C. K. Clarke stated in 1906, a year after he assumed charge of the Toronto Hospital for the Insane.[48] Overcrowded conditions were chronic, with patients sleeping on sofas in the corridors in 1909.[49] This situation even spilled over to lack of accommodations for hospital workers. By 1923 30 nurses lived with patients, half on wards in the main complex and the other half in one of three cottages, large buildings on the grounds of the hospital housing about 50 non-resistant patients each.[50] Such poverty of resources—the subject of repeated complaints by Superintendents over the years—was beyond the influence of patients who resided in the hospital. Yet these conditions could only add to stress levels for everyone who lived and worked in such an environment, especially for inmates, thus leading to a greater potential for conflict.

The high turnover rate among staff indicates that they had the option to leave the institution which did not exist for most patients when they found conditions to be intolerable.[51] So while staff were able to remove themselves from patients they considered difficult for most of the period studied here, either at the end of their shift, or by looking for another job, the majority of inmates had no such choice, short of escape, when wanting to avoid employees they feared or disliked on their wards. It needs also to be said that patients were on their ward usually much longer than were most attendants, but historians have not suggested that these "long hours" excuse inmates who engaged in abusive behavior. Staff who were employed to care for residents of a hospital have been allowed the privilege of the full range of human emotions in historiographical discussions of abuse thus far. However, this same scope of feelings has not been logically extended to inmates on this issue, who, it can be argued, were under much greater stress over a longer period of time by their very status as mental patients than were employees.[52]

Looking at the experience of abuse by staff solely on the basis of their working and living conditions posits their feelings and experiences as more worthy of consideration than that of their charges. Patient care is thus constructed from a strictly able-bodied perspective, as if the feelings and needs of individuals who were incontinent, physically disabled, and mentally ill were secondary to the perceptions of those responsible for them. The social aspect of people being cared for in situations like this is no less important to contextualize than is the social reality of health-care providers, as Lilith Finkler and Jenny Morris have observed.[53] It would have been frustrating, at times terrifying, for mental patients to be treated as if their disabilities were their fault, for which they should be punished because the staff were too impatient or tired

when relating with them. In the process, some inmates responded aggressively, just as did some attendants. Institutionalized people are no less human than employees, but they are much more disadvantaged under these circumstances due to colossal power imbalances. Explaining away abuse by staff on the basis of their living and working conditions ignores the reality that patients were consistently living under much greater distress by being in such a situation in the first place, about which they could do little, if anything. Efforts to uncover patient agency also need to acknowledge the severe limits of agency for people who were confined in mental institutions when the issue of abuse is addressed, as the vast majority of patients did not relate to staff on an equal basis, as Thomas Brown has noted.[54]

In his study of the work life of male and female attendants at the Toronto facility from 1875 to 1905, James E. Moran found that their average daily duties lasted 15 to 16 hours.[55] Moran notes that Superintendent Clark stipulated that no more than four patients were to be bathed in the same bath water. However, in order to cut down on the time it took them to bathe patients, some ward supervisors said "it was usual" to have 10 to 19 patients use the same tub before the water was changed.[56] Thus it is not hard to understand why some patients resisted such degrading routine. Nevertheless, a patient who was resistive to attention could be hurt by impatient staff, something which appears to have been accepted on occasion. Sixty-seven-year-old Elaine M. was known to fight with the nurses when they tried to comb her hair or give her a bath. Dr. McClenahan wrote in her clinical record that "once or twice [she] has had a black eye as a result of this."[57] This incident, which occurred in 1918, is recorded in matter-of-fact style without any hint that staff members should not hit an elderly patient, or anyone else they were supposed to be helping.

There is also the issue of certain types of treatment being considered physically wearing on an inmate, which may not have appeared so to the staff, or to an outside observer. In such instances, what constitutes abuse needs to be addressed. Forcing a patient to remain in a particular physical position was one way to manage large numbers of inmates on wards, especially individuals who were prone to run off. Frequent references in clinical records to "bench patients" indicates men and women who remained seated on a bench in a room on their ward with other patients, where staff could more easily watch them. The mental distress for a patient who had to remain in a fixed station during the day was written about by Angela B., a woman in her early 40s when she was confined from 1904 to 1907. She eventually was deported to the United States, where her family planned to place her in an institution in Michigan. During the early part of her confinement in Toronto, Angela was

noted to be constantly walking about and so was forced to sit or lie down, and was also force-fed when she refused to eat.[58] An undated letter from Angela to her husband Norman mentions what it was like for a patient to have to remain in one position, in this case to remain in a sitting position, for long periods:

> I beg + implore them to let me lie down.... For the love of God Norman come to see me or take me away. They have changed all the nurses here and they wont let me lie down. I am nearly dead from it all day so weak I can hardly stand.... Norman I suffer hell sitting up all day. My hands are crippled Norman and they put splints on and they hurt me horribly.... I want the splints off and to lie down and not to be locked up, only at night. May God help me... why I cant sit up straight even... after I have lain down for months to sit up now. Norman some of us here must lie down, some sit + some stand or walk all the while, we poor miserable wretches, + they should leave us alone....[59]

Marle Woodson wrote about a similar experience while he was confined in 1931 at Eastern Oklahoma Hospital, a public mental institution in Vinita, Oklahoma. Woodson, who published his manuscript under the pseudonym, "Inmate Ward 8," recorded how he was directed to go into the day room and sit down:

> So I sat there, just like the others. I had nothing to read; I had nothing to do but chew my scrambled thoughts. Soon I was squirming in my chair. Time was dragging, dragging, dragging.... The patients just sat there, silent, staring into space.... Sitting still becomes wearing under any circumstances, but if you are compelled to sit still it is far worse. It can become almost a twitching torment, particularly to a nervous person. And for its sheer worst form let me commend enforced sitting still on a ward of an insane asylum. To make it worse I could see other men in the hall, laughing and talking. I felt badly militated against and both hurt and angry because I was not permitted to do the same thing.[60]

With these views of another inmate, the context of what forced sitting was like for Angela takes on a much different perspective than that which administrative reports could provide. The coercion involved in forcing a person to remain stationary, therefore, could be experienced as a form of abuse by some patients. Why Angela had splints on her hands is not clear, though she hinted at rheumatism. The fact that documents show she had been force-fed also raises the issue of patterns of forced behavior and its effect on a person. Since Angela experienced more than one type of coercive treatment, the distress in her letter quoted above may have been built up by repetitious treatments which she found invasive, unwelcome, and therefore abusive. It is important to note that refusing to eat was not the only reason for resorting to a stomach tube with a patient. In 1905, by this method Jonathan C. was forcibly given medicine which he would not willingly take in spite of being urged by physicians to do so.[61] How he felt about this is not recorded.

The difference in interpretation of what a patient saw as abusive, and what staff considered abusive, is illustrated by a passage written in the clinical record of Elsie H. in 1915, the same year she was discharged as improved after nine years confinement. Superintendent Forster wrote that Elsie "complains bitterly of the treatment which she receives, particularly from the doctors, and the food. This is in great contrast to the former state of depression when she was humble; very appreciative of anything that was done for her, and even had to be fed with the stomach tube."[62] Several years earlier, this patient had also claimed to have been physically abused by nurses and patients, though Assistant Superintendent Dr. Clare wrote that there was "no foundation" for these claims.[63] Could it be that her complaints about treatment related to being force-fed, which Dr. Forster mentioned rather innocuously? Since the Superintendent saw this as part of standard procedure in caring for patients, to ensure that they received regular nourishment, it is likely that he saw nothing wrong with it. For a patient like Elsie, who was on the receiving end of such treatment, the perceptions may have been quite different, though we will never know for sure as she did not leave any first-person evidence on this matter.[64] As the following discussion will show, the nature and reporting of physical abuse by patients illustrates how less contentious are methodological challenges when corroborating this side of the story.

## PHYSICAL ABUSE BY PATIENTS

Unlike abuse of patients by staff, which was seldom recorded in official documents, abuse of inmates by fellow patients was frequently cited in clinical records. Mathilda M. was known to terrorize timid female patients through acts of physical violence and screaming.[65] George C. was similarly abusive towards male inmates on his ward, assaulting other patients for no recorded reason.[66] Irene T. attacked both patients and nurses on her ward, by throwing chairs, kicking, punching, and pushing. On one occasion she broke a patient's arm, and another time it was stated that she had to be closely watched during visits by family members to the asylum, as it was feared she would assault her mother.[67] All of this led to her being placed in an isolation room during periods when there were not enough nurses around to monitor her behavior. Anna B. regularly struck other female patients and nurses with various objects including a vase, a boot, and crockery. She was also placed in isolation and given an injection to restrain her violence.[68] Each of these violent patients died of natural causes within a few years of these incidents.

These latter two episodes serve as a reminder that violent patients were not allowed to do whatever they wanted, though staff could claim that this was the case.[69] In 1900, 17 years after the use of physical re-

straints had been officially ended at the Toronto facility, Clark reported "we use but little" of such methods as chemical restraints.[70] However, clinical records and letters from family members and patients quoted above show that inmates were not completely free from restraint; nor did patients escape punishment when they engaged in violent behavior, as the files of Irene T. and Anna B. prove.[71] It is also important to note that the stereotype of the violent asylum inmate, so common in popular prejudices, was grossly unfair.[72] Superintendent Daniel Clark estimated in 1895 that restraints were unnecessary for most of his charges because only 5 percent of the patient population were "suicidal or maniacal."[73] Certainly the murder of a staff member, such as the fatal stabbing by a patient of Superintendent Metcalfe at Kingston Asylum in 1885, was *extremely rare* and should *not* be taken as in any way typical of how patients related to staff or to one another.[74] The vast majority of people who were patients in mental institutions were not, and are not, murderers or "maniacs" any more than are people in society as a whole.[75] Writers should therefore be very careful not to lump all patients into one category, as to do so would place patients who were abused by another patient as being in the same category as their abuser.

As will be cited below, there were a total of four patients whose deaths can be directly attributed to the violent actions of other patients for the 54-year period examined by this study. This number derives from examining the Annual Reports for each year, where three of these murders are mentioned, and compiling information from the clinical files of 400 patients admitted between 1870 and 1907, which uncovered one violent assault leading to death. It can be said for certain that out of the 400 patient records from which information was taken, 99.75 percent do not record *any* patient murdering *any* person in the institution, neither another inmate nor a staff member. Dozens of other patient files were also examined from the 1870 to 1907 cohort, though information was not compiled on them; however, there were no references in these additional records to patients killing any person. No evidence has been uncovered which attributes the violent behavior of a patient to the death of a staff member at 999 Queen Street West between 1883 and 1937.

When a violent patient did assault another inmate, isolation or constant monitoring was employed to try to prevent a recurrence of such abuse. In instances such as this, the vigilance of responsible staff members helped to protect inmates who were vulnerable to abuse from their peers. Thus staff intervention in such cases would most likely have been welcomed by patients who found themselves being attacked. Intervention would have also been intended to prevent an escalation of violence, especially among patients who were able to defend themselves. Indeed,

at least one patient went to the aid of a staff member who was assaulted by another inmate, as Sandra L. was recorded by Dr. Forster as having once done when a nurse was attacked at the Kingston facility.[76] For patients who were on the receiving end of abuse from their peers, the physical consequences could be very serious, even fatal. Margaret L., 37, was so severely assaulted by another patient who attacked her in bed without warning that she suffered a severed artery in her head. Quick action by patients and staff enabled her to survive this incident, as she lived another four years before dying of natural causes.[77] Other inmates were not so fortunate. Between 1884 and 1890, Superintendent Clark reported three murders of a patient by another inmate, each in the refractory ward where there were two patients locked inside a small room at night.[78] Over two decades later, the death of a woman patient suggests how these cramped conditions continued to perpetuate such violence. Maude M. was confined at the nearby King Street branch of the Toronto facility in 1911 when she was attacked by another inmate, who knocked her over and jumped on her with both feet in the room they shared. Two nurses who were present did not initially stop this assault as they feared that they would be injured as well. After she was rescued, Maude's pulse was noted to be weak and her limbs were immobile. Dr. Clare suspected she might have had a fracture of the femur. He decided to "leave her alone until she might rally a little."[79] The next day, Maude died, at which time Dr. Clare found that she did have a fracture of the left femur.[80]

The devastating impact of this assault ultimately led to Maude's death through her physical collapse. The fact that she had no one on the outside to look out for her says a great deal about how crucial were personal advocates for patients, as she had no relatives to ask for more immediate attention, or to call for an inquiry by the Inspector into the circumstances surrounding her death. It also illustrates how crucial staff response time could be to saving a patient from harm when being attacked by a fellow inmate.

As these incidents illustrate, when patient-initiated physical abuse was recorded there was little, if any, doubt on the part of officials that these incidents took place. In the absence of contradictory evidence, a researcher has little difficulty stating that violent incidents committed by patients did in fact occur, in the manner described. This is not surprising because these episodes and their aftermath were either witnessed by the recording physician, or were reported to him by staff who were trusted as reliable. However, when similar complaints were made in regard to staff abusing patients the dynamics were completely different. Since someone confined as insane was considered inherently unreliable in thought, it followed that any charges by such a person were

automatically suspect. As has also been shown above, even where outsiders who were not considered mentally ill reported abuse by staff, such claims could be dismissed. When it comes to verbal abuse, the possibility of showing such unequivocal proof to a hospital administrator becomes even more difficult. As will be shown below, verbal abuse inflicted on others by a patient is much more likely to be recorded than that directed at an inmate by staff members.

## VERBAL ABUSE BY STAFF AND PATIENTS

Since the purpose of clinical records was to document the behavior of patients, it is not surprising that staff-initiated abuse is seldom referred to by other staff members in charge of this process. This is as true for verbal abuse as for physical abuse. Clinical records provide numerous examples of patients who yelled at others on the ward, but no references have been found to indicate similar ill-treatment coming from ward staff or doctors. The few examples of patients being verbally abused appear in confiscated letters from inmates, placed in their files, which give a different perspective from that found in official medical reports.

Ralph M. was confined in the Queen Street facility at the age of 57 in 1898, where he remained until his death 13 years later. In an undated letter, written to "My Dear Wife," Ralph wrote: "I have been called a son of a bich I believe one hundred thousand times since I came to this place, If I had heard any one call my mother a bitch when I was young I would have knocked him down with a club and thought I was doing Gods service like Saul I would have been kicking against the pricks. . . ."[81] This record of verbal abuse directed at an inmate suggests how frequently a person could be sworn at; furthermore, Ralph's being insulted in this manner "one hundred thousand times" indicates how pervasive such comments could be in the day-to-day life of a patient. A contemporary patient of Ralph, Frances G., took her claim of verbal abuse to unnamed doctors and a friend outside the institution, to whom she sent the following letter in 1910: "The illusage of the Asylum has got to quit. . . . [Nurse] W___ said she would kick me up the hall. If this thing is going to continue I will simply find the quickest way of seeking my Lawyers. . . . Come down as soon as possible as my life is in danger. . . ."[82] The following year Frances successfully escaped from the institution. There is no evidence that anything was ever done about the complaints by Ralph and Frances. There is also no evidence that Frances ever contacted lawyers.

Verbal abuse recorded in patient files often involved remarks of a discriminatory character based on race, ethnicity, class, or religion. What evidence there is suggests that some patients did not passively accept such treatment. Sandra T. was a patient at Toronto for the last 30

years of her life. It was noted that she "has been known to have pieces of iron and stick hidden under her mattress to use as weapons on the white (she is coloured) people she calls her enemies."[83] Recorded in 1909, Sandra's contemporaries included inmates like Willard C. and Minnie S., who are cited in their clinical records as frequently using racist comments to describe blacks.[84] This form of abuse is sporadically hinted at in hospital documents, as bigotry came from all segments of the asylum population. Henrietta B. lived in a comfortable private room, was very artistic and well-educated, with notable musical talent. One of her two surviving letters include derogatory references about Native Canadians.[85] Agatha H. expressed class prejudice, stating that she did not want to be confined "with such common people."[86] On the other hand, some patients could transcend the prejudices of contemporaries, or at least claim to be above such views. Emma W. was confined for 17 years until her discharge in 1915. Six years before her release she wrote in a letter, "I am not a bigot, for I can do my duty toward God + my neighbour without respect of [a] persons creed or race...," though she nevertheless associated "Romanism and Mormonism" with "crime and vice."[87] Bigotry was also expressed towards Jews by patients like Charles C., who made antisemitic remarks in the last years of his life, right up until his death in 1914.[88]

Verbal harassment of patients by another inmate could also come in the form of taunting about their mental illness. Jerold M. was repeatedly warned by staff to stop this behavior lest other patients attack him in retribution, though this was never recorded as having occurred prior to his death of natural causes in 1912 after eight years' confinement.[89] Elizabeth P. spent the last 10 years of her life in the Toronto Hospital for the Insane, where she died at the age of 47 in 1916 of chronic endocarditis. It is noted in her clinical record that Elizabeth was filled with despair during these last years of her life. A contributing factor that brought about this distress is mentioned in a letter to Superintendent Forster in 1911 in which Elizabeth noted how she was treated by certain patients: "Talk of *Hell* this is worse than Hell. I cannot think how you allow the most impertinent and violent of your patients to sit around and deride me all day long. O God I cannot endure this *life*."[90] She became so distraught about the verbal abuse she claimed to experience on the ward that she withdrew from everyone, including both patients and nurses, so much so that during her last year of life, Elizabeth was said to have been "terrified upon the approach of any staff."[91]

Again, the problem of verification arises for patients who leave writings claiming verbal abuse, as with those quoted above, as opposed to observations in clinical files where an official recorder has provided evidence. How do we know for sure whether Ralph was really sworn at, or

Frances was threatened with being kicked, or Elizabeth was derided, as each claimed? Since there are no corroborating documents which say these incidents did take place, does that lessen their worth as historical evidence of what institutional life was like for these people? To argue that a lack of official references to such abuse in clinical files suggests a cover-up on the part of staff would be going too far without specific evidence—such as that provided by Elsa, who wrote about the dynamics of changing staff behavior while the doctor or matron are present. In other words, a researcher should avoid falling into the trap of claiming no corroborating evidence is in itself evidence of something suspicious going on. To do so would condemn the staff to damnation both when there is and is not documentation. Instead, one should present this material where it does exist, as with the writings of Ralph, Frances, or Elizabeth, as historical evidence which shows that inmates were verbally abused by staff and by one another. To deny the possibility that such occurred is to call into question the intense interpersonal relations that were a part of daily institutional life.

When considering such contentious material written by inmates of an insane asylum, it is essential to avoid devaluing their views because of their status as being mentally ill.[92] Is there the same degree of scepticism expressed toward the writings left behind by physicians and other staff members when they report altercations with patients? Would researchers be as willing to question the validity of statements written by patients when these sentiments are complimentary to the staff? It is important not to weigh the evidence written by one group, such as medical doctors, as being automatically more reliable than that of their patients. This is especially important when trying to understand abuse within an institution, where an asylum inmate was far more vulnerable than were employees. Nowhere is this point more obvious than in the area of accusations of sexual harassment and abuse.

## SEXUAL HARASSMENT AND ABUSE BY STAFF AND PATIENTS

Sexual abuse within institutions in which children and adolescents have been confined has received more serious attention in recent years than ever before.[93] How widespread this was for earlier periods is extremely difficult to document since statistics were not kept by authorities, and first-person accounts are rare. However, one notorious case of a repeat sexual abuser was reported by Dr. C. K. Clarke and Dr. J. Webster in 1914. They wrote an article about a man who had been confined since 1870, first in Kingston Asylum and then later in Hamilton Asylum, where he was still alive at the time of this publication in the *Bulletin of the Ontario Hospitals for the Insane*.[94] This patient, William B., was extremely violent, and was recorded as having sexually assaulted other

people and killed numerous animals over many years. In the clinical records of the Toronto Hospital for the Insane, for patients admitted between 1870 and 1907, there are no detailed accounts about similar institutional abuse in the physicians' own writing. However, a few references do indicate that harassment did occur and that abuse was feared by patients.

There is documentation which illustrates how one man was sexually harassed by other males. The physical appearance of inmate Warren S. so challenged gender conventions around "proper" masculine attire during the mid-1920s, that he became the object of scorn from both male inmates and staff. Warren was a cross-dresser who "wears a womans switch on the back of his head, and wears womens skirts."[95] Two separate entries note that he would complain about someone "nearly every day," and said that attendants and other patients, including those he worked with in the laundry, "try to do him harm."[96] Warren eventually changed from wearing women's skirts by the late 1920s, a few years before his death in 1932, "although he still wears a truss outside of his clothing entirely for ornament."[97] Memoirs by a former Queen Street patient, cited by Cyril Greenland, brings to light how another patient was treated by attendants because of presumed sexual practices. The punishment of a younger male patient by staff for being suspected of masturbating was recalled by an older inmate, known only as David, who witnessed the following scene, circa 1906, which was published 40 years later: "I saw a young boy of seventeen thrashed with an attendant's belt. They had torn down the clothes of his bed in the morning and accused him of self-abuse and then thrashed him...."[98] This former inmate also wrote about patients physically abusing one another and staff. Thomas Brown has uncovered a sexual assault which occurred at the institution in 1886 when a former male employee was charged with rape following sexual intercourse with a female patient. However, the victim was blamed when it was charged that she suffered from "erotomania," thus leading to the acquittal of the defendant.[99]

Sexual life on the ward during this period is extremely difficult to document, but there are references which provide glimpses related to this subject. Agatha H. spent the last 44 years of her life in the asylum, being admitted in 1903 at the age of 31. During the 1930s, two clinical entries four years apart allude to her sexual fears, with one observation noting her refusal to sleep on a mattress.[100] The other reference, written in 1937, is more detailed and relates the significance of this practice: "She is unapproachable and runs away. She sleeps on the floor all night, because she has many sexual ideas and believes she is abused during the night."[101] While these references do not contain enough information for us to understand what happened to Agatha to make her so fearful,

her expression of such thoughts points to the unseen, traumatic side of institutionalization in which some inmates could find themselves vulnerable to sexual abuse by other patients or by employees.

By far the most voluminous comments about sexuality while in the institution are from the writings of Elaine O. Confined in 1905 at the age of "about" 35, this single domestic worker wrote almost three dozen letters and postcards to hospital officials after her release in 1910.[102] In one letter she described what she thought of how she was brought to the asylum after her arrest: "I was no Street Harlot or picked up or found among city refuse[.] I was taken by rape to that Place."[103] Elaine's statement suggests that she was a victim of sexual assault during the admission process, whether in jail, or while in transit to the asylum, something which brings to light the vulnerability female patients in particular could encounter. The word context could also mean that she was seized and taken to the asylum by force. She alludes to other sexual imagery, denying that she was a "Street Harlot." Given the Christian moralism that permeates her letters, it is obvious that Elaine reflected the social prejudice against women who were involved in the sex trade. Thus, she admonished the men whom she implied picked her up as if she were a prostitute, which as Linda Gordon has written had, by this time, become "the most pervasive symbol of female sin."[104]

Further suggestions that some type of assault occurred during the admission process are provided in other case files. For many warrant inmates being transferred from prison to the asylum after 1896, there appears in their case files a small onionskin sheet giving the name and date of the new arrival from gaol, with a statement attesting to hygiene and physical state that specifically noted the individual was "free from marks or bruises."[105] The need for such a receipt raises the possibility that it was done to try to ensure a degree of security for inmates during their transferral, by making sure that those who were responsible for this operation were held accountable for the physical state of a new patient. However, as Elaine's letter suggests, abuse still could have taken place in ways that may not have been immediately evident to the hospital authorities.

However uncertain the context was about what happened to her during admission to the asylum, there is no question about what she was stating happened to her while institutionalized. The anger in these letters, including the one at the beginning of this article, provides glimpses of the sexual life of one female inmate at 999 Queen Street West. The following was sent to the hospital by Elaine O. after her release:

You all aught to be ashamed of your selves such obscene practice.... I was no man's wife nor was I running after men or keeping company with any man[.] to be Kept in that filthy Prison as tho I was a Polygamy or Bigamy conuBine the indecent assault a lot of men up there wrongly imployed the wicked ungodly Villains. I was not your servant the cheek of you or them... my life was to[o] pure for such carnal minded rebels to know anything about me... You would not dare to do and be so free to any other Toronto woman.[106]

Medical Superintendent Clarke received this letter in September 1910:

that Brutal crowd of men you call cooks. You needn't think every one insane that gets into that cruel inhospital uncharitable Asylum get such a claw and paw on me. What right or licence have they. I cant see why you allow what you do.... I never did any-thing so insane or as bad in all my life as the Asylum attendants did any way....[107]

In another undated, unaddressed note Elaine wrote: "I am no admirer of men and I am very particular what Kind of Girls I associate with go out with...."[108] She referred to the Queen Street facility as a "horrid licientious place," where she had been placed for the "carnal fleshly lusts" of certain individuals.[109] Elaine also made references in several letters to something she called a "dirty, filthy kiss game," and lamented about "a clean respectable girl to get filthyed in a place of that kind."[110] A newspaper clipping from a paper dated February 1910 which she sent to the hospital is about an occultist with the headline, "Can This Man Read Your Life?" Above this story Elaine has written: "that man or men have done me enough harm."[111] In September 1910 she wrote a comparison about her treatment in local jails to what she had experienced in the hospital:

the Asylums physicians attendants and employees have no more right or Authority to do what they have done to me and what I seen them do to patients than the Toronto Jail Guards Governors or physicians nor the Central Prison Officers do to their prisoners[.] they do not punish or allow them to do more than the magistrate or judge committs them for[.] Toronto Asylum goes beyond any thing I ever seen or heard tell of....[112]

Throughout her writings Elaine expressed anti-Catholic and, on occasion, anti-Irish sentiments. She also made repeated references to biblical scriptures and wrote about her involvement with the Salvation Army. Above all else she insisted over and over that she was not insane and demanded that her name be removed from the hospital books. At times the contents of some of her letters appear disjointed and chaotic to someone reading them almost 90 years after their composition. Yet, what may appear to be a confusing cascade of thoughts to later readers can also be seen as someone pouring out her emotions to those with whom she was angry. Stephanie Golden has written about the thoughts

of mentally ill street women in contemporary America, showing that what may appear to be incoherent thoughts to some do in fact contain meaningful insights about an individual's life experiences.[113] Elaine's letters contain repeated references to sexual abuse and harassment in the asylum. Comments which denounce men who "play with women," or who "touch my head or body," or who commit "indecent assault," or who "get such a claw and paw on me" leave little room for doubt as to what Elaine was describing. There is also a clear indication in these quotations about the anger of this woman towards the men who abused her or whom she claimed allowed such abuse to take place. While she also denounces women at times in her letters, these comments are far fewer and more selective than about men whom she clearly dislikes as a group.

As with other allegations contained in inmate writings, the issue of verification arises for an historian who comes across this material. Since there are no comments by a third-party observer in her file which allege any sexual misconduct while confined, does this mean that these documents should not be taken seriously? Mary Elene Wood provides a succinct analysis of the importance of listening to these alternative, traumatic accounts of life in an institution:

> They tell of women being raped, then called insane and removed to lower wards if they told anyone. They tell of untrained attendants threatening, dragging by the hair, dunking in cold water, beating and torturing patients out of frustration, impatience, or for no discernible reason at all.... Patients who reported abuses to authorities after their release were seen as vengeful, bitter trouble-makers who probably had not fully recovered from their illnesses.[114]

Elaine's overwhelming emotional pain and anger that her three dozen letters convey raises the issue of the occurrence of sexual harassment of patients, particularly female patients, by male staff members and male patients. There is no evidence in the file that she ever received any acknowledgment from hospital officials after writing these statements. In effect, her letters and postcards were a form of self-advocacy, demanding some sort of recognition for what she said happened to her in the institution. As far as can be traced in hospital documents, Elaine was left to resolve her anger on her own. Medical officials responded to these writings with silence. In 1913, three years after her discharge, she contacted lawyers about initiating proceedings against the hospital. But there is no indication that this went anywhere, as Superintendent Forster informed barristers that "there can be no doubt about the illness in [Elaine's] case," thus collapsing these accusations back into her diagnosis.[115] There is no further evidence about what happened to her after this date.

Elaine's writings bring to light the sexual vulnerability female patients could experience around male staff and, by extension, male patients. The silence with which her accusations were treated reflects partly on her status as an ex-inmate of an insane asylum whom the authorities could choose to ignore. It is also clear that as a working-class woman making accusations of sexual misconduct against men, especially when it involved the responsibility of professional men, Elaine had virtually no chance of being taken seriously by officials, as Carolyn Strange has shown for Toronto of this period.[116] It should also be noted that men were seldom prosecuted, let alone convicted, of rape in Canada prior to 1918.[117] This context of the obstacles faced by disadvantaged groups, especially females, people with physical and mental disabilities, and individuals who belonged to a racial, religious, or ethnic minority, needs to be kept in mind when considering this evidence. Nancy Tomes has written about the difficulty of determining the accuracy of a patient's complaints due to lack of corroboration, but she also notes that a superintendent's dismissiveness towards such complaints was not reliable because of his self-interest.[118] This point serves as a reminder that superintendents at the Toronto Hospital for the Insane had a similar position when they dismissed patient complaints, which leads into the issue of enforcement of anti-abuse policies.

## ANTI-ABUSE POLICIES AND PROBLEMS OF ENFORCEMENT

Sexual abuse and harassment of female patients by male patients was believed by officials to be prevented by strict segregation, at least on the wards, which were on the east side for females and west side for males at Toronto. However, as James W. Trent has observed about facilities for the "feeble-minded" in the United States, this was also done to stop the birth of "the next generation of mental defectives," thus recognizing the reality of consensual heterosexual activity among residents.[119] Homosexual relationships were not specifically addressed in regulatory codes at the Toronto Hospital for the Insane during this period. However, given the prevailing prejudice against same-sex relations, there is no reason to doubt that homosexuality also came under the forbidding strictures of hospital authorities. Elizabeth Lunbeck has written about the concern of some early twentieth-century American psychiatrists that some male inmates needed to be isolated from female employees in institutions, to avoid sexual incidents from taking place at the instigation of men patients.[120] Preventing any type of contact, sexual or otherwise, between male staff and female patients was also strictly spelled out in regulations at other facilities, as Steven Noll has shown for the Florida Farm Colony in the early decades of the twentieth century, where male workers were told, "Do not violate this rule even once . . . if

you wish to hold your position."[121] At the Toronto facility female attendants worked with female patients, and the same arrangement was in place for male inmates and staff. However, women patients who had parole of the grounds, or went off the ward to places of work, could come into contact with both male staff and male patients. Eventually, due to practical administrative needs, Superintendent Forster decided to permit women staff to work with some male inmates. Beginning in 1912, women were employed on the male admission ward, due to the high turnover rate of male attendants. Women at this time represented 60 percent of the entire nursing staff at Toronto.[122]

Protection of patients from staff abuse was proclaimed by officials. Superintendents at the Queen Street West facility during the late nineteenth and early twentieth centuries stated that the abuse of inmates would lead to loss of employment. However, as James E. Moran has written, "there appeared to be a fine line between clearly unacceptable, outright physical abuse (which, when discovered, resulted in dismissal) and a kind of 'rough handling' of patients which was tolerated by [Daniel] Clark," when he was in charge from 1875 to 1905.[123] How an abusive employee's guilt was established is unclear, but if it was attested to by another staff member, especially a physician, then the chance of an employee being found culpable was very strong. Moran found one instance where a patient's complaint of abuse was supported by the Superintendent, leading to the dismissal of an employee, and another instance where an inmate's charges, while not leading to a firing, did bring about a warning to an attendant.[124] However, evidence from patient files indicates that the most common response was that if there were no such "authoritative" witnesses, or if there were employees who contradicted the patient's complaint, then the burden of proof would have been difficult for an inmate or outsider to demonstrate. This was not only because patients were in a subordinate position within the institution, but also because it was an inmate's word against that of a staff member who could dismiss the charge as part of a complainant's mental illness, if it was not corroborated by another worker. This was the route taken by Inspector Dunlop during the 1917 investigation into Hazel W.'s charges, when discrediting the comments of patient John D.

There were additional influences within the institution that weighed against patient's complaints. Peter McCandless has highlighted an administrative rationale for not wanting to dismiss an abusive employee, which was divulged by an official investigation into conditions at the South Carolina State Hospital in 1909: that very few replacements were available.[125] Toronto's Superintendents complained about lack of staff repeatedly, particularly during and just after World War I, and indeed

Dr. Forster raised this point during the 1917 Investigation.[126] Internal efforts by ward staff to hide abuse from their superiors, about which Elsa P. wrote, are another important part of the equation. This particular point has gained greater recognition in recent years among investigations into abuse at long-term care facilities.[127]

Patrick J. Connor has also noted this practice of silence by attendants when confronted with allegations of abuse by official investigators at the Kingston Asylum for the Insane between 1877 and 1905.[128] Patients whom the staff decided were "troublesome" could be confronted with disgruntled ward employees who became a law unto themselves, dispensing "punishment and reward" among those under them.[129] This abuse of power serves only to underline how anti-abuse policies, while impressive-looking on paper, could be and were circumvented by staff to the distinct disadvantage of patients who were on the receiving end. The majority of patients who were confined at the Toronto institution also did not have the personal or financial resources to bring lawsuits against abusive staff members, as figures from the beginning and end years for this study suggest.[130] In 1883, 61 percent of all patients were public charges at 999 Queen Street West.[131] By 1937 it was noted that out of 1,546 dental treatments at the Toronto facility, only 15 were paid for by private charge, while 1,531 were paid for by public charge.[132] If most families were unable or unwilling to provide financial support for patients' living quarters or dental care, it is difficult to see how they would be able or willing to pay for legal services. People without any external support would have been especially vulnerable to complete isolation, as would patients who became resigned to their situation when they "felt overwhelmed from repeated abuses and had given up fighting back," as is described by the authors of a 1996 report on this topic.[133]

It is also worth noting that during the entire period covered by this study, there are no references in the Annual Reports to a staff member losing his or her job because of physically or sexually abusing an inmate.[134] The only explicit references by Superintendents and Inspectors of patient abuse occurring at the Toronto facility relate to patient-initiated violence. In his "Hand Book for Attendants," Daniel Clark wrote that an employee "should never behave with harshness towards a patient," but he also cautioned that an employee was to be considered innocent of misconduct unless there is "absolute proof of wrongdoing."[135] Thus, while there existed an acknowledgment that employees had a right to be treated fairly when dealing with complaints, there was no such code set down about how a patient could get a fair hearing when he or she brought charges forward. Under such circumstances, patients and those who may have supported them from outside were usually on their own.[136]

In contrast, other institutions were more open to pursuing patient complaints of abuse. At both the Willard Insane Asylum during the late nineteenth century and at the Boston Psychopathic Hospital during the early decades of the twentieth century, physicians believed accusations that attendants had committed abusive acts against patients, unless the accused could prove otherwise, though Lunbeck shows that this was very much due to class prejudices towards employees.[137] This was the complete reversal of the practice that occurred at the Toronto Hospital for the Insane, where the onus was on the accuser to prove charges, usually against great odds. At the Homewood Retreat in nearby Guelph, Ontario, Cheryl Krasnick Warsh found that an employee had to be caught by a doctor in the act of ill-treatment in order to face the consequences.[138] Yet Warsh also notes that because of their distance from constant supervision by administrators, attendants had a great deal of independence from their superiors.

This is especially important when considering the ratio between inmates to ward staff. In the late nineteenth century, it was 16 patients for every attendant at Toronto.[139] But this was so variable over time and on different wards that on one of the female back wards at Toronto in 1918, there was one nurse for every 41 inmates.[140] With such widely diverse population ratios, it is conceivable that some staff-initiated abuse would be difficult to spot by other employees who were on the ward at the same time, as they may have been busily occupied elsewhere with other patients. Thus, depending on the time and place, doctors could have had fewer employees to ask to corroborate an inmate's accusations when such incidents were reported.

## CONCLUSION

The institutional make-up of the Toronto Hospital for the Insane, from the suspicion shown to patients' or outsiders' complaints to the difficulty in corroborating accusations on understaffed wards, all served to militate against accounts of abuse being allowed to stand when the alleged culprit was a staff member. This is unlike the much more clear-cut cases when patients abused other inmates or staff, incidents which were regularly reported in a matter-of-fact style in clinical records. Under such a system, the degree to which patients were vulnerable to not being taken seriously when they complained was in direct relation to their subordinate position within the asylum and who it was that they claimed had abused them. For researchers coming across this material decades later, the methodological challenges of whose version of events was accurate needs to be placed within a broader institutional framework of how such complaints were handled over an extended period, rather than as isolated events which cropped up from time to time.

Taken together, these documents do not prove how widespread abuse was within this particular institution, the Toronto Hospital for the Insane. Indeed, as was mentioned at the outset, the purpose here is not to quantify misery of this sort. It would probably be as difficult to quantify how many patients were displeased with their treatment as were pleased during the late nineteenth and early twentieth centuries. As the contentious nature of this topic indicates, any tabulation of statistics would have to acknowledge that numbers can obscure as much as they reveal. There is also the problem of creating an artificial hierarchy of suffering by suggesting that such reports are statistically too small to reach any definite conclusions about abuse at a given institution. How does one measure the anger expressed by Elaine O., or the fear expressed by patients who felt intimidated after seeing their peers abused, about which Elsa P. wrote? Abuse, when inflicted on one individual was one person too many for people who endured their tormentors. It would be better to try to understand, as much as is possible, what it was like for the individuals who suffered at the hands of others, and to acknowledge that the abuse of one patient had repercussions on the ward among other patients who felt vulnerable to similar treatment, an essential point that is lost in a quantitative approach. Whether or not this particular facility equals or surpasses any other mental institution in numbers of patients who suffered abuse would probably not have made much difference to the people whose experiences are recounted here. What they described were, for them, traumatic episodes that were significant in their lives regardless of how such incidents register on a graph or on the basis of a "competition" between asylums about which place was considered more oppressive. These accounts of abuse which do exist help to reveal to later generations how relatives and patients at the Toronto Hospital for the Insane faced much greater obstacles to being taken seriously when they complained of maltreatment of inmates by staff than when patients were reported to have been responsible for abuse.

NOTES

* This article is dedicated to the memory of Shirani George, 1958-96, a beautiful, compassionate, gentle soul, forever missed, forever an inspiration.

A shorter version of this article was presented to the American Association for the History of Medicine, Buffalo, New York, 11 May 1996. I wish to thank the participants for their comments. I would like to thank Michael Bliss, Lilith Finkler, Pauline Mazumdar, and an anonymous reviewer for their comments on an earlier version of this study, as well as Lykke de la Cour, Youngran Jo, Susanne Klausen, James Moran, Peggy Pasternak, and Joanne Woiak for their comments on my thesis chapter which contains portions of this article and which was discussed at a meeting of the Toronto Medical History Study Group in November 1995. All errors and omissions in this article are mine. Thanks are also due to Carolyn Heald and Jim Lewis of the Archives of

Ontario and to the Queen Street Mental Health Centre Research Committee for help in obtaining access to patient records.

1 Quotation is from Elaine O., Patient File #8016, Letter to Mr. (—men?, illegible) from Miss O., Toronto, 29 June 1910. All first names of patients and relatives have been anonymized using their actual first and last initials. Patient file numbers have also been re-coded in accordance with the Freedom of Information Act of the Province of Ontario respecting individual confidentiality. Patient files are located at the Archives of Ontario, Toronto, RG 10, Series 20-B-2, Queen Street Mental Health Centre Records. It should also be noted that the name of the Queen Street facility changed three times during the period studied here: 1871-1907—Asylum for the Insane, Toronto; 1907-19—Hospital for the Insane, Toronto; 1919-66—Ontario Hospital, Toronto. The terms asylum and hospital will be used interchangeably, while Toronto Hospital for the Insane will be the standard full reference. Also, the terms attendant and nurse are intended in this article to include both sexes. Superintendents at Toronto during the period covered by this study were as follows: Daniel Clark, 1875-1905; C. K. Clarke, 1905-11; J. M. Forster, 1911-20; Harvey Clare, 1920-25; F. S. Vrooman, 1925-28; H. A. McKay, 1928-30; W. K. Ross, 1930-32; W. C. Herriman, 1932-33; J. S. Stewart, 1933-35; R. C. Montgomery, 1935-37. Finally, spelling errors in patient writings have been left as they were originally composed without inserting *"sic"* in the text, though *"sic"* will be inserted below in the notes when indicating incorrect spelling of an individual's name by a correspondent.

2 Dale Peterson, ed., *A Mad People's History of Madness* (Pittsburgh: University of Pennsylvania Press, 1982), and Jeffrey L. Geller and Maxine Harris, eds., *Women of the Asylum: Voices from Behind the Walls, 1840-1945* (New York: Anchor Books, 1994).

3 Gerald N. Grob, "Mental Illness, Indigency, and Welfare: The Mental Hospital in Nineteenth Century America," in Tamara K. Hareven, *Anonymous Americans: Explorations in Nineteenth Century Social History* (Englewood Cliffs, N.J.: Prentice-Hall, 1971), p. 250-79.

4 Gerald N. Grob, "Abuse in American Mental Hospitals in Historical Perspective: Myth and Reality," *International Journal of Law and Psychiatry*, 3, 3 (1980): 298.

5 Ellen Dwyer, *Homes for the Mad: Life Inside Two Nineteenth-Century Asylums* (New Brunswick, N.J.: Rutgers University Press, 1987), p. 22-23.

6 The expansion of a medical bureaucracy in Ontario after 1890 and especially the use of typewriters by the early twentieth century had a significant impact on the scope and extent of records kept on individual patients. In 1907, the first typed clinical records appeared at the Toronto Hospital for the Insane, though the typewriter had been in use for several years already by this time, for administrative correspondence. For provincial developments see Barbara L. Craig, "Hospital Records and Record-Keeping, c. 1850-c. 1950, Part I: The Development of Records in Hospitals," *Archivaria*, 29 (Winter 1989-90): 63-64; Barbara L. Craig, "Hospital Records and Record-Keeping, c. 1850-c. 1950, Part II: The Development of Record-Keeping in Hospitals," *Archivaria*, 30 (Summer 1990): 22-25. See also Barbara L. Craig, "The Role of Records and of Record-keeping in the Development of the Modern Hospital in London, England, and Ontario, Canada, c. 1890-c. 1940," *Bulletin of the History of Medicine*, 65 (1991): 376-97; Barbara L. Craig, "A Guide to Historical Records in Hospitals in London, England and Ontario, Canada c. 1800-c. 1950, Part 1: An Overview of the Continuities and Changes in the Content and Forms of Records," *Canadian Bulletin of Medical History*, 8, 2 (1991): 263-87; and Barbara L. Craig, "A Guide to Historical Records in Hospitals in London, England and Ontario Canada c. 1800-c. 1950, Part 2: A Consolidated List of Records," *Canadian Bulletin of Medical History*, 9, 1 (1992): 71-141.

7 See reference to these statistics in Judy Steed's article, "Friends Rally to Help Man 'Lost in the System,'" *Toronto Star*, 29 August 1993. See also Temi Firsten, "Violence in the Lives of Women on Psych Wards," *Canadian Woman Studies*, 11, 4 (Summer 1991): 45-48.

8 Liz Stimpson, Colleen Weir, Georgia Maxwell, and Margaret C. Best, *Unlocking the Doors: Abuse against Vulnerable People within Ontario's Institutions* (Toronto: Advocacy Resource Centre for the Handicapped; Ontario Ministry of Citizenship, Recreation and Tourism—Office of Disability Issues, 1996), p. 7, 73. I would like to thank Marianne Ueberschar for bringing this publication to my attention.
9 Grob, "Abuse in American Mental Hospitals," p. 300-1.
10 See *Annual Report upon Asylums for Insane*, 1883 (hereafter, *AR*), p. 67; *AR*, 1937, p. 28. The figure, 15,365, was arrived at by subtracting the number of patients recorded to have been admitted to the Toronto facility up to 1883, 5,678, from the total number admitted up to 1937, 21,043.
11 *AR*, 1883, p. 67; *AR*, 1937, p. 24-25.
12 For a discussion about the censorship of patients' letters see Geoffrey Reaume, "999 Queen Street West: Patient Life at the Toronto Hospital for the Insane, 1870-1940," PhD thesis, University of Toronto, 1997, p. 136-40.
13 Nancy D., Patient File #2040, letter to Dr. Clark from K.C.D., Toronto, 11 May 1883.
14 Patient File #2040, letter to K.C.D., Toronto, from Dr. Clark, 13 May 1883.
15 Maude B., Patient File #9019, Clinical Record, 9 October 1909.
16 Abuse of people with disabilities is an area which some people in Canada continue to rationalize, as is most recently evident in the response to the 1993 murder of 12-year-old Tracy Latimer by her father in Saskatchewan. For a discussion of how her murder has been "excused" by some mainline media outlets in Canada, and why this bigotry on the part of able-bodied Canadians puts people with disabilities in danger, see Dick Sobsey, "The Media and Robert Latimer," *ARCH TYPE*, 13, 3 (August 1995): 8-22 (newsletter of the Advocacy Resource Centre for the Handicapped, Toronto). For the views of a Canadian parent who values the life and contributions of her son, David, who "happens to have a condition called cerebral palsy," see Alison Ouellette, "How Can This Happen in Canada?" *The Windsor Star*, 28 December 1994.
17 Jim W., Patient File #7051, Clinical Record, 11 November 1911.
18 Jim W., Clinical Record, 11 November 1911.
19 Jim W., Clinical Record, 11 November 1911.
20 Harlan Lane, *When the Mind Hears: A History of the Deaf* (New York: Vintage Books, 1984), p. 83. Lane notes that "touch could be used with the blind as well as the deaf...."
21 Erin C., Patient File #9034, letter to Dr. Clarke from Alice R., Brockville, Ontario, 7 August 1906.
22 Patient File #9034, letter to Mrs. A.J.R. from Dr. Clarke, 10 August 1906.
23 Jacob H., Patient File #10011, letter to "Dear Sir" from Angela H., Lloydtown, Ontario, 25 February (no year, though 1907 based on Clarke's response).
24 Patient File #10011, letter to Mrs. J.H. from Medical Superintendent, 27 February 1907.
25 Patient File #10011, letter to Mrs. J.H., 27 February 1907.
26 Elsa P., Patient File #7047, letter to the Superintendent of the Toronto Asylum from Elsa P., Centre Island, 7 September (no year, though letter was found at back of her file with other documents from her last years in the asylum). Elsa's reference to "verandah patients" is explained by Dr. Harvey Clare in a report a few years later: "Verandahs at the end of each ward are used as dormitories for sick patients" (*AR*, 1923, p. 11).
27 James W. Trent, Jr., *Inventing the Feeble Minded: A History of Mental Retardation in the United States* (Berkeley: University of California Press, 1994), p. 120.
28 Inspector of Asylums Records, Archives of Ontario, RG 10 Sub-series C-3, Volume 767a, Investigation, Toronto Hospital for the Insane, 1917 (hereafter referred to as Investigation, 1917). Reference to Hazel W. contacting city officials and subsequent media reports can be found on p. 12-13 of undated 18-page transcript of investigation, "In the Matter of an Assault Alleged to Have Been Made upon a Patient in the Hospital for the Insane, Toronto, During the Month of March, 1917." Letters in file

from late March 1917, announcing the holding of the investigation as well as Inspector Dunlop's final report dated 10 April 1917 to Provincial Secretary MacPherson, clearly indicate the timing of the hearing. See also "Complaint Unwarranted," *Toronto World*, 27 March 1917.

29 Investigation, 1917, Clinical Record of Wesley W. (submitted as Exhibit A and appended to report), 22 March 1917.

30 Investigation, 1917, transcript of hearing, p. 3. All subsequent quotations from the hearing are from this 18-page transcript. The names of the two staff accused of abuse, Basil N. and Joseph M., have been anonymized using actual first and last initials.

31 John S. Hughes, *The Letters of a Victorian Madwoman* (Columbia: University of South Carolina Press, 1993), p. 31. "Between doors" was a term which was used long before 1917 at the Toronto institution. First mention of it is made in Inspector Langmuir's report in 1881 when he noted that, due to overcrowding, some patients "were bedded between doors," which the Superintendent was directed "to abandon" as soon as possible, implying that this room was not very hospitable (*AR*, 1881, p. 26). Floor repairs to "between doors" are also noted two years later (*AR*, 1883, p. 46).

32 Investigation, 1917, transcript of hearing, p. 15. All subsequent quotations from the hearing are from this 18-page transcript.

33 Investigation, 1917, Memorandum for the Hon. W. D. MacPherson, Provincial Secretary, from Inspector W. W. Dunlop, 10 April 1917.

34 *AR*, 1917, p. 85.

35 Investigation, 1917, Memorandum for the Hon. W. D. MacPherson, Provincial Secretary, from Inspector W. W. Dunlop, 10 April 1917.

36 Investigation, 1917, Memorandum for the Hon. W. D. MacPherson, Provincial Secretary, from Inspector W. W. Dunlop, 10 April 1917.

37 Tom Brown, "Shell Shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War," in Charles G. Roland, ed., *Health, Disease and Medicine: Essays in Canadian History* (Toronto: Hannah Institute for the History of Medicine, 1984), p. 311-18.

38 *AR*, 1917, p. 85, and *Toronto World*, 27 March 1917. Superintendent Forster stated in this news report, before the inquiry, that he "did not believe the story" about alleged abuse.

39 Dick Sobsey, *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* (Baltimore: Paul H. Brookes, 1994), p. 91.

40 "Alice Bingham Russell (1883, 1903-1906)," in Geller and Harris, eds., *Women of the Asylum*, p. 200.

41 Sobsey, *Violence and Abuse*, p. 90-91.

42 Ezra Stafford ("E.H.S."), "Toronto Insane Asylum," *The Canadian Journal of Medicine + Surgery*, 3, 3 (March 1898): 165. See also *AR*, 1883, p. 62. For references to the debate over restraints during this period see Nancy Tomes, "The Great Restraint Controversy: A Comparative Perspective on Anglo-American Psychiatry in the Nineteenth Century," in W. F. Bynum, Roy Porter, and Michael Shepherd, eds., *The Anatomy of Madness* (London: Routledge, 1988), Vol. 3, p. 190-225, and Gerald N. Grob, *The Mad among Us: A History of the Care of America's Mentally Ill* (New York: Free Press, 1994), p. 92-94.

43 Mary M., Patient File #7026, letter to Dr. Clark from Inspector Christie, 20 March 1903, and letter to R. Christie from Dr. Clark, 25 March 1903.

44 Patient File #7026, Clinical Record entries, 1909-16.

45 Evelyn M., Patient File #10020, letter to Mr. M___ from E.M., 5 November (no year).

46 Dwyer states: "[P]atient abuse was rooted in social phenomena appreciated by few asylum outsiders. Elitist critics often attributed attendants' brutality to their class and ethnic origins, but asylum records tell a different story. No matter what the class or ethnicity of attendants, they found working with violent, abusive patients difficult. Not infrequently, delusional patients saw attendants as demons and attacked them. Less threatening but more exasperating were those patients so demented that they

could not converse coherently nor control their bodily functions.... Unlike parents, or even tutors and nannies, asylum attendants too seldom saw their 'children' mature and grow up. Instead many found themselves trapped in situations similar to those which produced abusive mothers, seldom relieved from care of their difficult 'children.' As a result, with a frequency impossible to estimate, overworked, harassed attendants responded impatiently, roughly, sometimes even brutally to difficult patients, even when their only offense was an unwillingness to eat or to sleep at night" (*Homes for the Mad*, p. 176-77).

Grob states: "The work was long and the pay below that of such occupations as shoemakers and woodworkers. Above all, ten or more hours daily work on the wards with the omnipresent threat of violence and social disorganization would have probably tried the patience of anyone. That attendants often responded to disruptive and incontinent patients not as loving parents but as despotic patriarchs was hardly surprising" (*The Mad among Us*, p. 93-94).

One could just as easily argue that the anger or fear of patients towards "despotic patriarchs" on the ward would also have been "hardly surprising," given that their experience of exactly who was being "disruptive" may have differed markedly from the slant provided by staff under these conditions. The metaphor of patients as perpetually immature "children" implies that people with mental disabilities or people who have been institutionalized for long periods are incapable of mature, healthy relationships. This misconception is eloquently refuted by the writings of Marie Putman, *Mently Handicapped Love* (Madiera Park, B.C.: Harbour Publishing, 1981); Tracy Odell, "Disability and Relationships," *Canadian Woman Studies/Les Cahiers de la Femme*, 13, 4 (Summer 1993): 56-58; Robert Bogdan and Steven Taylor, "Relationships with Severely Disabled People: The Social Construction of Humanness," in Mark Nagler, ed., *Perspectives on Disability*, 2d ed. (Palo Alto, Calif.: Health Markets Research, 1993), p. 97-108; as well as the comprehensive collection of 20 essays on this topic to be found in Angela Novak Amado, ed., *Friendships and Community Connections between People with and without Developmental Disabilities* (Baltimore: Paul H. Brookes, 1993).

47 Dwyer, *Homes for the Mad*, p. 16.

48 *AR*, 1906, p. 5.

49 *AR*, 1909, p. 3. Among other references to overcrowded facilities are the following by Superintendent Clark (*AR*, 1888, p. 7); by Superintendent Forster (*AR*, 1918, p. 85-86); and by Inspector McPherson and Deputy Secretary Robbins, who noted in regard to all of Ontario's mental institutions, "every one of them is full and overcrowded" (*AR*, 1924, p. v).

50 *AR*, 1923, p. 11. A year later over 30 nurses lived in the main building (*AR*, 1924, p. 8).

51 References to staff departures include the following: Daniel Clark reported that there had been 44 changes to staff in 1902 and 39 changes in 1903 (out of 116 employees) (*AR*, 1903, p. 4); C. K. Clarke reported many attendants had left due to poor pay (*AR*, 1908, p. 9); and J. M. Forster reported "staff greatly reduced in numbers in practically every branch of the service" (*AR*, 1916, p. 84).

52 Linda Gordon, when describing how stress-related factors contributed to child abuse, also offers a careful reminder about not blaming the victim in such situations, which psychiatric historians should keep in mind when writing about institutional abuse. "To acknowledge this activity of children in creating abuse is not to blame them or to lessen in any degree the absolute and singular responsibility of parents" (Linda Gordon, *Heroes of Their Own Lives: The Politics and History of Family Violence, Boston, 1880-1960* [New York: Viking Penguin, 1988], p. 172).

53 Lilith Finkler, "Notes for Feminist Theorists on the Lives of Psychiatrized Women," *Canadian Woman Studies/Les Cahiers de la Femme*, 13, 4 (Summer 1993): 72-74, and Jenny Morris, *Pride against Prejudice: Transforming Attitudes towards Disability* (London: The Women's Press, 1991), p. 117-45. See also Diane Driedger, *The Last Civil Rights Movement: Disabled Peoples' International* (London: Hurst & Company, 1989),

and Michael Oliver, *Understanding Disability: From Theory to Practice* (London: Macmillan, 1996).

54 Thomas E. Brown, "Dance of the Dialectic? Some Reflections (Polemic and Otherwise) on the Present State of Nineteenth-Century Asylum Studies," *Canadian Bulletin of Medical History*, 11, 2 (1994): 277.

55 James E. Moran, "Keepers of the Insane: The Role of Attendants at the Toronto Provincial Asylum, 1875-1905," *Histoire Sociale/Social History*, 28, 55 (May 1995): 55; see p. 59-61 for references to the high turnover rate among staff.

56 Moran, "Keepers of the Insane," p. 55. In the "Hand Book for Attendants," Clark stated patients were to receive a "warm bath as often as necessary, but not seldomer than twice a week" (*AR*, 1880, p. 292). Bathing more than several patients in the same water was also recorded on the men's wards at the South Carolina State Hospital during a 1909 investigation (Peter McCandless, *Moonlight, Magnolias, & Madness: Insanity in South Carolina from the Colonial Period to the Progressive Era* [Chapel Hill: University of North Carolina Press, 1996], p. 294).

57 Elaine M., Patient File #7044, Clinical Record, 10 July 1918. "Spray baths," or showers, were introduced at the Toronto institution on a limited basis, first in the female infirmary in 1896, and then, two years later, on the male side, to improve hygiene and bathing efficiency. It was reported that 20 to 25 patients could be bathed at a time. However, the use of baths for patients was maintained (*AR*, 1896, p. 41-42; *AR*, 1898, p. 42; and *AR*, 1899, p. 39).

58 Angela B., Patient File #8005, letter to R. F. B., Houghton, Michigan, from Dr. Clark, 11 October 1904, and letter to Mr. (?) B., Port Arthur, Ontario, from Dr. Clark, 20 July 1905.

59 Patient File #8005, letter to "My Dear Norman" from Angela B., unsigned, undated, found among letters from 1906 and 1907 in her file.

60 "Inmate Ward 8," AKA Marle Woodson, *Behind the Door of Delusion*, edited by William W. Savage, Jr., and James H. Lazalier (originally published by Macmillan, 1932; reissued Niwot, Col.: University of Colorado Press, 1994), p. 18.

61 Jonathan C., Patient File #8031, letter to Dr. F. T. Bibby, Flesherton, Ontario, from Assistant Superintendent Ross, 5 March 1905.

62 Elsie H., Patient File #9043, Clinical Record, 8 January 1915.

63 Patient File #9043, Clinical Record, 27 May 1912.

64 For an account by a person who did leave first-hand evidence about what is was like to be force-fed at an institution in Britain in 1910, see Marcia Hamilcar, "Legally Dead, Experiences during Seventeen Weeks' Detention in a Private Asylum," in Peterson, ed., *A Mad People's History of Madness*, p. 190-91.

65 Mathilda M., Patient File #7007, Clinical Record, 3 May 1910.

66 George C., Patient File #7008, Clinical Record, 23 August 1911.

67 Irene T., Patient File #7016, Clinical Record entries, 1909-15.

68 Anna B., Patient File #9006, Clinical Record entries, July 1909-August 1910.

69 An 1881 petition noted that female attendants stated that they had to endure verbal abuse, as well as assaults, because their charges had "no fear of punishments" (Moran, "Keepers of the Insane," p. 59). That same year, Inspector Langmuir reported that restraints were used a total of 45 times on women and 6 times on men during 1881 at 999 Queen Street West. As these reports covered three visits, it is not possible to tell whether some of the same people were calculated each time. He also mentioned that there were three crib beds used to restrain patients on female wards but none were located on the male side (*AR*, 1881, p. 23, 25, 26, and *AR*, 1882, p. 49). It was reported that the types of restraints used on patients at Toronto were "muffs, mitts, crib-beds, chair and straps and seclusion in a light room" (*AR*, 1882, p. 15). After the official abolition of restraints at Toronto in 1883, these references fall off almost completely in the Annual Reports, except for cases of restraints being used for surgical purposes. At the South Carolina State Hospital, restraints were primarily used among black male patients, as well as among the overall female population. Superin-

tendent Babcock claimed in 1909 that this was done because "women are rather violent," which was the same rationale used for restraining black males (McCandless, *Moonlight, Magnolias, & Madness*, p. 280).

70 *AR*, 1900, p. 5.

71 Patients could also be punished for matters that had nothing to do with violence, but rather because of their defiance of hospital routine. Kate Lee was confined for over a year at Elgin Insane Asylum, in Elgin, Illinois, in 1899-1900. She wrote of how she witnessed a female patient being choked, and on another occasion this same inmate was taken by two staff into a "dark closet," from which screams were heard and she emerged in tears, and was sent back to her ward. Both attacks upon this woman by employees were in response to her refusal to work ("Kate Lee [1899-1900]," in Geller and Harris, eds., *Women of the Asylum*, p. 210-11).

72 For a history of how madness had been depicted in visual media see Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (Ithaca, N.Y.: Cornell University Press, 1988), p. 18-49.

73 *AR*, 1895, p. 5. Four years earlier Clark stated that "not over 20 per cent of the chronic insane are quiet and harmless. A large number of the chronics are at times maniacal, noisy, filthy in their habits, and delusional..." (*AR*, 1891, p. 6). The collapsing of four negative traits into the larger category makes it impossible to separate out who was violent and non-violent, as one could be "noisy, filthy... and delusional" without being "maniacal." What these terms most clearly imply is that this larger group took up more staff time than the "quiet and harmless" patients. Clark had earlier estimated that 95 percent of the asylum patient population were chronic inmates (*AR*, 1883, p. 61). The 1891 statistics were presented in the context of requesting more money for accommodating people in Ontario's insane asylums. This "documentation of need," as Bill L. Weaver calls it, was one way of trying to get more funds from state coffers, though not always with much success (Bill L. Weaver, "Survival at the Alabama Insane Hospital, 1861-1892," *Journal of the History of Medicine and Allied Sciences*, 51, 1 [January 1996], p. 18).

74 Patrick J. Connor, "'Neither Courage nor Perseverance Enough': Attendants at the Asylum for the Insane, Kingston, 1877-1905," *Ontario History*, 88, 4 (December 1996): 254.

75 In 1900, Superintendent Daniel Clark wrote under the heading "Popular Delusions about the Insane," in which he noted that one of the most pervasive prejudices by outsiders was the belief that asylum inmates were "maniacs." Clark wrote: "All this is a travesty on the facts as seen in the wards of an asylum. There are few to whom the term maniac could justly be applied.... [T]here is little of the raving madness and delirium so dwelt upon by actors and novelists" (see *AR*, 1900, p. 6).

76 Alan L., Patient File #3033, letter to R. W. Bruce Smith, Inspector of Asylums, Toronto, from Medical Superintendent Forster, 1 March 1912. The letter is about Sandra's charges of abuse at Kingston about which Forster writes: "On no account would I be disposed to take this patient's charges with any seriousness." Sandra L. was the sister of Alan L., an inmate of the Toronto Hospital for the Insane. She occasionally wrote inquiries about her brother to her former physician, Dr. Forster, who came to Toronto from Kingston.

77 Margaret L., Patient File #9036, Clinical Record, 26 September 1912.

78 *AR*, 1884, p. 97-98; *AR*, 1889, p. 3; and *AR*, 1890, 39-40. Clark had repeatedly complained throughout the 1880s about the dangerous situation in the refractory ward for males and females. (One murder was on the male side, two murders were on the female side. One woman who committed a murder in 1884 died one day later, due to "congestion of the brain.") When no money was forthcoming to relieve overcrowding, beginning in 1890, Clark had the doors of previously locked rooms kept open all night with frequent rounds made by staff to check on inmates.

79 Maude M., Patient File #8006, Clinical Record, 12 April 1911.

80 Patient File #8006, Clinical Record, 13 April 1911.

81 Ralph M., Patient File #6010, letter to "My Dear Wife," unaddressed, no year, with the date 4 December written on letter.
82 Frances G., Patient File #8001, letter addressed "To Drs" though also written on it is "Mrs. K. K. W___," Toronto, dated "Sunday, 1910."
83 Sandra T., Patient File #7041, Clinical Record, 19 April 1909.
84 Willard C., Patient File #2015, Clinical Record, 5 February 1911, and Minnie S., Patient File #8024, Clinical Record, 3 January 1930.
85 Henrietta B., Patient File #5003, letter to Superintendent Clark (*sic*—he was no longer around when letter was written) from Miss Henrietta B., 999 Queen St. West, Toronto, no date, though 1 July 1916 is written across page 1 by another person, probably a staff member. Racist comments about Native Canadians are on p. 5, 7-8.
86 Agatha H., Patient File #7046, Clinical Record, 29 September 1909.
87 Emma W., Patient File #6015, letter to the Hon. W. J. Hanna, Provincial Secretary, Queens (*sic*) Park, Toronto from Mrs. E. F. W., Provincial Institution, Toronto, 19 November 1909, p. 6-7.
88 Charles C., Patient File #9040, Clinical Record, 26 August 1911, 2 March 1914.
89 Jerold M., Patient File #8009, letter to Mrs. J. M., Barrie, Ontario, from Medical Superintendent Daniel Clark, 27 May 1904; Clinical Record, 10 January 1909, 21 January 1909.
90 Elizabeth P., Patient File #9016, letter to Dr. Forster from Elizabeth P., Asylum, 15 July 1911.
91 Patient File #9016, Clinical Record, 13 January 1915.
92 The authors of a 1996 report on abuse note this problem in institutions: "If apparent credibility is a function of factors such as a person's sex, appearance, and position, then residents of institutions are already at a disadvantage. The position of a resident in relation to institutional staff is frequently, we have noted, one of necessary dependency because of a disability or a condition. Dependency almost invariably results in the dependent one being less credible than the ones on whom she or he depend. It is further apparent that credibility plays an essential role in the power dynamics of any given relationship. Many of those interviewed experienced episodes where they were not believed by a staff member, ignored, controlled or otherwise misused because they were not taken seriously. Credibility poses a particularly serious obstacle for psychiatric patients..." (Stimpson, Weir, Maxwell, and Best, *Unlocking the Doors*, p. 37).
93 The abuse of children and adolescents at Mount Cashel orphanage in Newfoundland and at St. John's and St. Joseph's training schools in Ontario, as well as years of cover-up by authorities are documented in Michael Harris, *Unholy Orders: Tragedy at Mount Cashel* (Toronto: Penguin Books, 1991), and Darcy Henton with David McCann, *Boys Don't Cry: The Struggle for Justice and Healing in Canada's Biggest Sex Abuse Scandal* (Toronto: McClelland and Stewart, 1995). Abuse at Canadian Native residential schools is discussed in J. R. Miller, *Shingwauk's Vision: A History of Native Residential Schools* (Toronto: University of Toronto Press, 1996), p. 317-42. Various types of abuse at the Shanghai Children's Welfare Institute between 1988 and 1993, starvation and neglect of orphans, especially disabled children throughout China, and official cover-up attempts are detailed in Human Rights Watch/Asia, *Death by Default: A Policy of Fatal Neglect in China's State Orphanages* (New York: Human Rights Watch/Asia, 1996).
94 C. K. Clarke and J. Webster, "Notes of a Clinical Case: The Case of Wm. B.—Moral Imbecility," *Bulletin of the Ontario Hospitals for the Insane*, 7, 4 (July 1914): 207-31. Admitted to Kingston Asylum in 1870 William B. was sent to the Penitentiary Criminal Asylum in 1877, then was released briefly in 1878. He was re-incarcerated after attacking a 13-year-old girl. He remained confined in Kingston Asylum until 1886 when William B. was transferred to the insane asylum in Hamilton where he remained in 1914 at the age of 76 in poor health.
95 Warren S., Patient File #8039, Clinical Record, 28 March, 1924.

96 Patient File #8039, Clinical Record, 26 July 1926; 27 July 1927.
97 Patient File #8039, Clinical Record, 26 November 1928.
98 Ernest Raymond, ed., *The Autobiography of David* (London: Victor Gollancz, 1946), quoted in Cyril Greenland, *The City and the Asylum* (Toronto: Museum of Mental Health Services, 1993), p. 14.
99 Thomas Brown, " 'Living with God's Afflicted': A History of the Provincial Lunatic Asylum at Toronto, 1830-1911," PhD thesis, Queen's University, 1980, p. 275, cited in Wendy Mitchinson, "The Toronto and Gladesville Asylums: Humane Alternatives for the Insane in Canada and Australia?" *Bulletin of the History of Medicine*, 63, 1 (Spring 1989): 69.
100 Agatha H., Patient File #7046, Clinical Record, 29 May 1933.
101 Patient File #7046, Clinical Record, 31 December 1937.
102 Elaine O., Patient File #8016; background information on Elaine can be found on Schedule No. 2, 4 June 1904, signed A. W. Roffe, Toronto. She was confined at the Toronto Asylum until 1910, when she was discharged in June of that year after six months' probation. There is a discrepancy about how long she was in prior to 1905, with one document claiming this to have been 10 years since 1894, while other forms make this less clear.
103 Patient File #8016, undated letter, addressed to Mr. Hernman (probably Dr. Herriman), Toronto Asylum. The quotation is contained on page 6, at the very end of this letter.
104 Gordon, *Heroes of Their Own Lives*, p. 244. For a related discussion about prejudice towards prostitutes see Susan J. Johnston, "Twice Slain: Female Sex-Trade Workers and Suicide in British Columbia, 1870-1920," *Journal of the Canadian Historical Association/Revue de la Société historique du Canada*, New Series, 5 (1994): 147-66.
105 For an example of this onionskin sheet see James D., Patient File #5024, James' physical condition is noted on onionskin copy dated 11 November 1896, signed Philip Simsen.
106 Patient File #8016, letter to Mr. Hernman (probably Dr. Herriman) from Elaine O., undated, though found among early 1910 letters. Dr. W. C. Herriman was Assistant Superintendent at Toronto from 1908-11.
107 Patient File #8016, letter to Dr. Clark (*sic*) from E. O., Toronto, 14 September 1910. Male cooks were first introduced to mental institutions in Ontario beginning in 1908, according to Inspector Rogers (*AR*, 1908, p. xi). Patients were frequently detailed to work in kitchens which would have been likely for Elaine, a former domestic worker, though her file does not state her work station.
108 Patient File #8016, note written on two-sided scrap of paper, unaddressed, undated, unsigned, in Elaine O.'s handwriting.
109 Patient File #8016, letter to "Drs Clark and," no other names, undated, unsigned found among Elaine's letters from early 1910, and letter to Dr. Clark (*sic*) and Herriman from Elaine O., Toronto, 4 March 1910.
110 Patient File #8016, Two separate letters not addressed, unsigned, undated, clearly from Elaine O., found among 1910 writings.
111 Patient File #8016, newspaper clipping dated 12 February 1910 with Elaine's writing on top and side.
112 Patient File #8016, letter to Dr. Clark from Elaine O., Toronto, 14 September 1910.
113 Stephanie Golden, *The Women Outside: Meanings and Myths of Homelessness* (Berkeley: University of California Press, 1992), p. 188-98.
114 Mary Elene Wood, *The Writing on the Wall: Women's Autobiography and the Asylum* (Urbana and Chicago: University of Illinois Press, 1994), p. 8.
115 Patient File #8016, letter to Supt. of Hospital for Insane, Toronto, from Lennox & Lennox, Barristers, Toronto, 11 June 1913, and letter to Lennox & Lennox, Barristers, Toronto from Medical Superintendent Forster, 16 June 1913.
116 Carolyn Strange, *Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930* (Toronto: University of Toronto Press, 1995), p. 65-69. The sexual harassment that

domestic servants experienced at their places of work is discussed in Karen Dubinsky, *Improper Advances: Rape and Heterosexual Conflict in Ontario, 1880-1929* (Chicago: University of Chicago Press, 1993), p. 52-53.

117 Alison Prentice et al. note in regard to the period from 1850-1918: "It was still rare for rapists to be prosecuted, and even more rare for them to be convicted" (Alison Prentice, et al., *Canadian Women: A History* [Toronto: Harcourt Brace Jovanovich, 1988], p. 148).

118 Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (Cambridge: Cambridge University Press, 1984), p. 243.

119 Trent, *Inventing the Feeble Minded*, p. 102-3.

120 Elizabeth Lunbeck, *The Psychiatric Persuasion: Knowledge, Gender, and Power in Modern America* (Princeton: Princeton University Press, 1994), p. 173.

121 This rule stipulated that male workers were not to attempt "to notice, 'flirt' with, or talk to girl patients," or else they would be immediately fired (Steven Noll, *Feeble-Minded in Our Midst: Institutions for the Mentally Retarded in the South, 1900-1940* [Chapel Hill: University of North Carolina Press, 1995], p. 142).

122 Charles Cromhall Easterbrook, *Notes on a Visit in 1913 to Some Mental Hospitals and Clinics in the United States of America and Canada* (London: Dumfries, 1914), p. 181. See also Superintendent Forster's report (*AR*, 1912, p. 110-11).

123 Moran, "Keepers of the Insane," p. 68.

124 Moran, "Keepers of the Insane," p. 69. Moran mentions a case of an employee who was fired after a physician witnessed unacceptable behavior. How the guilt of two other employees was arrived at, and who were discharged, is not explained. In another incident cited by Moran, when a patient said abusive behavior was witnessed by another employee, this workmate of the accused dismissed the charges as not serious, something which Clark only partially accepted as he cautioned the alleged offender believing "there was something" to this complaint.

125 McCandless, *Moonlight, Magnolias, & Madness*, p. 291.

126 In 1919 Superintendent Forster wrote about the "scarcity of nurses. Our expectation during the past year of having many applicants after the close of the war has not been realized" (*AR*, 1919, p. 91). See also citations above in note 51 re: staff departures.

127 E. Gil and K. Baxter, "Abuse of Children in Institutions," *Child Abuse and Neglect*, 3 (1979): 693-98; J. L. Musick, "Patterns of Institutional Sexual Abuse," *Response to Violence in the Family and Sexual Assault*, 7, 3 (1984): 1-11; C. J. Sundram, "Obstacles to Reducing Patient Abuse in Public Institutions," *Hospital and Community Psychiatry*, 35, 3 (1984): 238-43; C. J. Sundram, "Strategies to Prevent Patient Abuse in Public Institutions," *New England Journal of Human Services*, 6 (1986): 20-25; Sandra Cole, "Facing the Challenges of Sexual Abuse in Persons with Disabilities," *Sexuality and Disability*, 7, 3/4 (1986): 71-86; A. G. Marchetti and J. R. McCartney, "Abuse of Persons with Mental Retardation: Characteristics of the Abused, the Abusers, and the Informers," *Mental Retardation*, 6 (1990): 367-71; Dick Sobsey and Sheila Mansell, "The Prevention of Sexual Abuse of People with Developmental Disabilities," in Nagler, ed., *Perspectives on Disability*, p. 283-92; and Deborah Tharinger, Connie Horton, and Susan Millea, "Sexual Abuse and Exploitation of Children and Adults with Mental Retardation," in Nagler, ed., *Perspectives on Disability*, p. 235-46.

128 Connor, "Neither Courage nor Perseverance Enough," p. 260.

129 Connor, "Neither Courage nor Perseverance Enough," p. 260. The term "troublesome" is in itself a contentious term and is open to a variety of interpretations from the point of view of both residents in long-term care facilities and staff. When discussing staff relations with 20 residents at a Young Disabled Unit, Victoria House in Margate, Britain, reported first by Susan Hannaford, Jenny Morris writes: " 'Troublesome' behaviour, which mainly took the forms of wanting to choose when to get up and go to bed, when to go out, and a wish to leave the institution, was commonly seen in pathological terms" (Morris, *Pride against Prejudice*, p. 135). See also Susan Hannaford, *Living Outside Inside* (Berkeley, Calif.: Canterbury, 1985).

A survivor of abuse, a woman with multiple disabilities and chronic illness, is recorded as having had the following experience: "Although this survivor said that she never looked upon herself as being institutionalized, she said that 'the abuse in the nursing home was real enough.' She referred to an incident which occurred after she reported a small staff infraction. One evening following the report she had made, a group of nurses closed in on her bed and started to taunt her and 'terrorize' her. The message appeared to be that non-compliant behaviour (such as reporting staff infractions) would come at a price. Many people would think twice about making another report when they are also reliant on vengeful staff." This woman died of her chronic illness prior to the publication of this report in 1996 (Stimpson, Weir, Maxwell, and Best, *Unlocking the Doors*, p. 38-39).

130 Connor, "'Neither Courage nor Perseverance Enough,'" p. 254, notes families were known to bring lawsuits when attendants caused injury to patients at the Asylum for the Insane in Kingston, 1877-1905.

131 This figure was arrived at by calculating the percentage from the average patient population of 703 out of which there were 274 paying patients at Toronto. These two figures can be found in *AR*, 1883, p. 12-13.

132 *AR*, 1937, p. 78. There were a total 1,143 patients at the Toronto facility in 1937, 554 males, 589 females (see *AR*, 1937, p. 34-35).

133 Stimpson, Weir, Maxwell, and Best, *Unlocking the Doors*, p. 36.

134 Several years before the start-date for this study, Daniel Clark reported in 1878 that an inmate died due to severe fracture of the ribs. After an investigation, he concluded that none of the attendants were at fault as this death was instead recorded as being due to the patient being "exceedingly violent and unmanageable." How this led to death is not explained (*AR*, 1878, p. 28).

135 *AR*, 1880, p. 289, 286. The closest published reports come to acknowledging poor performance, let alone abuse, by an attendant is in vague references like the following by Superintendent Clark: "It would be strange if we did not find occasionally among one hundred persons engaged in the service a few unfit to succeed..." (*AR*, 1889, p. 7).

136 Sobsey describes how administrative structures work against complainants in institutions. This includes lack of enforcement of anti-abuse policies, and the way in which resentful ward employees, lacking power with their superiors, take out their frustration on residents in the facility who are the most vulnerable of anyone in an institutional setting (Sobsey, *Violence and Abuse*, p. 104-5).

137 Dwyer notes that doctors at Utica Asylum did not believe abuse allegations as readily as did their colleagues at Willard (Dwyer, *Homes for the Mad*, p. 177-78, and Lunbeck, *The Psychiatric Persuasion*, p. 171-72).

138 Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal: McGill-Queen's University Press, 1989), p. 109.

139 The 16:1 patients-to-attendant ratio is cited twice by Superintendent Clark (*AR*, 1885, p. 42, and *AR*, 1892, p. 6). Prior to this he had once cited a slightly higher ratio of 18:1 (*AR*, 1883, p. 62). At the London, Ontario Asylum, the ratio during this period was 13 patients for every attendant (S. E. D. Shortt, *Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry* [Cambridge: Cambridge University Press, 1986], p. 43). The average around 1900 in mental institutions in the United States was 12 patients for every attendant though in the southern states it was 15:1, and on wards with black patients it was 36 inmates for every attendant, with one ward having 111 black patients and only two staff, indicating the wild fluidity of such figures (McCandless, *Moonlight, Magnolias, & Madness*, p. 288).

140 Arlene S., Patient File #7050, letter to Inspector W. W. Dunlop from Medical Superintendent Forster, 29 April 1918. This letter notes there were two nurses on a ward of 82 female inmates when Arlene S. committed suicide. As has been cited above (note 126), this was at a time of severe staff shortages.