

# The Making of Criminal Insanity in British Columbia: Granby Farrant and the Provincial Mental Home, Colquitz, 1919–1933<sup>1</sup>

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On March 25 1919, nine male patients, arriving by steamship from the Public Hospital for the Insane (PHI) in New Westminster, were admitted to British Columbia's first institution for the criminally insane in Saanich, ten kilometres northwest of downtown Victoria.<sup>2</sup> The Provincial Mental Home, Colquitz was located on a gently rolling twenty-five-acre tract of land originally purchased by the BC government in 1912. Its main building, a double-winged, red-brick, castle-like structure, designed by Colonel W. Ridgeway Wilson<sup>3</sup> and erected in 1913 at a cost of \$100,000, had served first for two years as a provincial jail known as the Saanich Prison Farm<sup>4</sup> under the direction of warden John Munro,<sup>5</sup> then as a military detention barracks operated by the Royal Canadian Navy for the duration of the First World War. Following a brief interlude in 1918–19 while it was run as a pheasant farm by the Provincial Game Board, the property was transferred to the Provincial Secretary's Department for redesignation as a mental facility with the intention of relieving overcrowded conditions prevalent at the two mainland institutions<sup>6</sup> while offering a specialized facility for the confinement of men who were deemed criminally or dangerously insane, or who otherwise posed apparent problems of management, public safety, and institutional security.

From the outset, the inauguration of Colquitz signalled a new era in British Columbia's treatment of mentally disordered criminals and the 'violently insane.' Prior to its creation, 'criminal lunatics' were seldom segregated institutionally from other psychiatric and penal populations.

Between 1900 and 1919, only twenty-one men and four women had been admitted to the PHI either as 'order-in-council' prisoners transferred from the BC Penitentiary in New Westminster under section 53 of the federal Penitentiary Act,<sup>7</sup> or as warrant of the lieutenant-governor (WLG) patients adjudicated under the Criminal Code of Canada as unfit to stand trial or not guilty by reason of insanity (NGRI).<sup>8</sup> Whereas these legal categories had long existed for the regulation of criminal insanity as a discrete forensic category in British Columbia, as had been the case elsewhere in Canada,<sup>9</sup> there was much resistance to the admittance of criminal lunatics from those responsible for running the mental homes, who tended to view these people as a particular threat to the orderly maintenance of their establishments. Indeed, as noted in 1918 by then Provincial Secretary J.D. MacLean, for some time previously there had been an agreement between the provincial authorities and the federal Department of Justice to the effect that 'no dangerously insane criminals were to be sent to the Hospitals,'<sup>10</sup> and that any transfers of order-in-council or WLG cases would require the prior notification and consent of medical experts.

Before Colquitz, the majority of those 'dangerous' convicts who 'went mad' while imprisoned at the BC Penitentiary or its provincial counterpart, the Oakalla Prison Farm in Burnaby, simply stayed put and were dealt with by the resident physicians. Similarly, when civilly committed hospital patients<sup>11</sup> presented control problems of a violent or other kind, there was no segregative institutional setting to which they could be diverted. Instead most of these 'special needs' subjects remained at PHI or Essondale where they were watched and managed under circumstances that were at best unsuitable, and at worst downright dangerous for themselves, attendants, and other patients. For decades, the enabling possibilities offered by the legal category of criminal insanity were short-circuited by the organizational dictates of regulation and security in British Columbia's asylums. Until the end of this century's second decade, the flow of problem people across legal and medical frontiers was held to a mere trickle. The mutual convergence of medical power and criminal law, and their galvanization into the hybrid category of legal insanity, awaited the emergence of an institutional milieu where authorities could mediate between systems and assemble in one setting, and constitute through scientific knowledge and legal discourse, a separate species of subjects characterized as the criminally insane.

The Provincial Mental Home, Colquitz was just such a place. Immediately upon its entry onto British Columbia's regulatory landscape, the number of 'order-in-council' cases<sup>12</sup> in the province began to rise, attain-

ing a total of sixty-one between 1920 and 1933, including fifty-eight men and three women.<sup>13</sup> Even more dramatic was the expansion of the Colquitz inmate population itself, which reached ninety-six men by the end of 1919, and continued to increase annually with a virtually unabated stream of subjects coursing in from the hospitals and prisons<sup>14</sup> until, by 31 March 1933, 265 patients were confined within its walls. For nearly half a century, Colquitz would be the main repository for many of British Columbia's most feared and reviled citizens. By the time of its closure in 1964, more than 800 men would have passed through its gates. It became the end-of-the-line institution, secreting away those whose lives had exploded into public episodes of madness and mayhem, or had simply drifted with desultory but ineluctable monotony beyond the reach of reason and control.

This chapter explores the structures and practices of medico-legal regulation as these were manifest at Colquitz during the fourteen-year tenure of its first supervisor, Granby Farrant. Adopting a recursive and multi-dimensional approach to the understanding of therapeutic and penal power,<sup>15</sup> the study is concerned less with charting an institutionalist chronology or legalistic narrative than with reconstructing the lived experience of authority and restraint, compliance and resistance, as they were played out within and beyond the walls of this 'deep end'<sup>16</sup> carceral site.

Following Foucault, Smart, and Garland,<sup>17</sup> *inter alia*, the forms of legal and professional power circulating at Colquitz in the early part of this century are seen in this chapter to be contingent, volatile, reciprocal, and continuously open to negotiation and negation. Even at a heavy-security 'psychiatric prison' such as Colquitz, where the intensity of control over madness and criminality in some respects reached its very pinnacle, there were nonetheless many constraints and contradictions that impeded authorities, and resources available to inmates and others, which functioned to blunt and disperse medico-legal ordering efforts. Moreover, this 'closed' institution was in many ways highly permeable to the outside world, not only in its dependency upon the citizenry, police, and judicial authorities to supply its inmate population through the mobilization of civil or criminal law, or in its ongoing relationship to the surrounding community, but also in the extent to which its organizational life reflected and reproduced wider state and public structures and discourses about insanity, violence, and crime, along with the hierarchical relations of social class, race, ethnicity, gender, and sexuality that infused the thoughts, words, and deeds of medical experts, administrators, attendants, and patients alike.

In what follows I enlist a number of archival, clinical, and media sources in an effort to probe the relations of power, compliance, restraint, and resistance – medical, legal, and otherwise, both within and without the Colquitz Mental Home – that came to contextualize and shape British Columbia's first experiment in the segregative institutionalization of those deemed criminally and violently insane.<sup>18</sup> In concentrating on one component of a wider institutional history that extends to the facility's closure in 1964, the narrative is confined to two main points of interest: first, the relationship between Colquitz and the surrounding community, particularly as these were mediated by Granby Farrant, and the images and discourses about insanity, crime, and danger that prevailed in the province during the post-First World War period; and second, the politico-economic, cultural, and medico-legal forces that governed the designation of citizens as criminally insane or dangerous and occasioned their detention at this forensic psychiatric establishment.

#### IMAGES OF COLQUITZ: PUBLIC DISCOURSES ABOUT MADNESS AND CRIMINALITY

When Granby Farrant arrived to take on his supervisory duties at the Wilkinson Road site on 5 June 1919, he was resuming a lengthy career in the service that had begun in 1899 with a six-year term as attendant at the PHI in New Westminster. Following a short absence while serving with the Westminster Club, he had been rehired by then Medical Superintendent Charles E. Doherty<sup>19</sup> in 1909, and spent the next seven years first as supervisor of the Vernon branch of the PHI, then as assistant to the bursar at the newly opened Essondale institution. He subsequently enlisted in the Armed Forces and was sent overseas and wounded at Vimy Ridge before being demobilized in 1919 and appointed by Doherty to the supervisor position at Colquitz.<sup>20</sup>

During the more than fourteen years from his arrival until his death in November 1933, Granby Farrant's personality dominated the organizational culture and daily routine at Colquitz. As a lay supervisor, with no university education or clinical training, Farrant was officially subordinate to the medical superintendents stationed in the lower mainland,<sup>21</sup> who retained sole responsibility for patient classification, treatment, and release. In practice, however, the exigencies of administrative routine and the relative seclusion of Saanich necessitated much delegation of medico-legal and bureaucratic authority. It was Farrant who oversaw the maintenance of the building and surrounding grounds and farmland, who hired

and fired attendants, who assigned patients to dormitories and 'rooms,' who determined work assignments, who controlled the regulatory system of rewards and sanctions, who received visitors and corresponded with outsiders, and who generally represented the institution and fashioned its external image and internal regimen. Although he was occasionally overruled by the medical experts on matters of patient diagnosis and suitability for transfer or discharge, on the whole Farrant's judgments were authoritative. In an era where both mental and criminal institutions were being subjected to increasingly powerful 'psychiatrizing' forces, Colquitz remained a bastion of lay superintendency throughout the first half of this century.

And Granby Farrant was not a man to take such powers lightly. An imposing figure, weighing more than 150 kilograms in his prime,<sup>22</sup> Farrant presents himself – in his recorded relations and correspondence with officialdom, families, and patients, in the observations of others, and in the medical files and institutional ward notes (which he personally compiled) – as a quintessentially Edwardian character, who oversaw the facility and its inhabitants with a blustering charisma, an unabashed moral ardour, and a purposive sense of allegiance to the service. In an era where the secular and sacred had yet fully to detach, and where the spirit of social gospel and discourses of moral purity were deeply entrenched within the province's public institutions,<sup>23</sup> Farrant ruled Colquitz with cleric-like presence. In an institution where the pretence of medical treatment scarcely existed,<sup>24</sup> Farrant's authority derived in large part from the ideologies of moral management that had permeated British Columbia's asylums from the mid-1890s onward,<sup>25</sup> and from the climate of individual salvation that he personally endeavoured to command and to elicit from the fallen men around him.

Ceaselessly cajoling his charges to reclaim their sanity and humanity and to partake in the restorative activities of physical labour, ever admonishing recalcitrant relatives who had somehow failed to fathom the inherent benevolence of his mission, decrying public ignorance about the insane, dismissing in outrage those attendants who were caught brutalizing patients, Farrant was in many respects a throwback, a smaller-scale and peculiarly British Columbian lay rendition of the alienists and medical superintendents – the John Conollys, Joseph Workmans, and Richard Buckes – who had dominated the nineteenth-century asylums on both sides of the Atlantic.<sup>26</sup> Whereas his powers were plainly circumscribed by medical superiors on the mainland and by bureaucrats in the provincial secretariat, and while his efforts ultimately foundered in the tide of professionalization and centralized authority that increasingly permeated

the psychiatric establishment between the wars, Farrant managed to stamp a resonant personal imprint on Colquitz, and served to represent and reproduce the general ambience of public service and moral rectitude that continued to prevail with varying degrees of intensity in the province's mental homes throughout his supervisory tenure.

In these early years, Colquitz rapidly acquired an infrastructure and organizational identity. By October 1921 the number of staff totalled forty.<sup>27</sup> The main building, for its part, consisted of two 'wards' of dormitories (east and west wings), which expanded to three with the construction of the 'Upper East Ward' in 1927. During the 1920s, each dormitory accommodated about fifty inmates who were bedded down in congregate arrangements at night and dispersed into work parties during the daytime hours. The remaining patients slept in 'rooms' (i.e., cells), which were arranged in four vertical tiers in each wing. 'Criminal, homicidal, suicidal and epileptic' inmates were held in the east wing, comprising forty-two people in 1922, while 'milder' cases, including those paroled with special building and grounds privileges, and those who worked elsewhere, slept in the west wing. The wards were four storeys high, with windows located twenty feet off the floor. 'Rooms' were fortified with vertical iron bars and contained no amenities other than a basic bed and toilet.<sup>28</sup>

Largely through the use of patient labour, and under the arm's-length supervision of Pete Moore, who ran the internationally renowned Colony Farm in Port Coquitlam, several acres were cleared and a highly productive agricultural venture<sup>29</sup> was established.<sup>30</sup> Stables, barns, greenhouses, fish ponds, gardens, a perimeter stone wall, and ultimately an airing court, tennis courts, and several 'occupational therapy' shops were added. Along with livestock and fowl, wild peacocks and hens populated the grounds, and Farrant kept pet racoons, a monkey, and a black bear named 'Bruin.'<sup>31</sup> Canaries were housed on the wards, although with occasional unintended results,<sup>32</sup> and radios were installed by 1928. While (as with most institutions of its kind) self-sufficiency was a guiding theme, the facility's annual budget nonetheless continually climbed, despite the depression-era austerity program of Provincial Secretary S.L. Howe, from an initial \$40,433 in 1919-20 to \$100,072 (about half of which went to salaries) by 1933-4.<sup>33</sup> But the costs would have been far greater had it not been for the contributions of patients, who performed virtually all agricultural, construction, and maintenance functions.<sup>34</sup> Without this intensive reliance on conscript patient labour, rationalized in the discourse of therapeutic benevolence,<sup>35</sup> the daily operation of Colquitz would have been unmanageable.<sup>36</sup>

Virtually from its inception, the Colquitz Mental Home achieved both prominence and notoriety as Vancouver Island's chief repository of mentally ill and 'dangerous' inmates. In its early years, the facility was generally well regarded for its perceived orderly regime and humane maintenance of those confined inside its walls and cells. While the mainland institutions in New Westminster and Coquitlam were being roundly deplored throughout the 1920s, as patient populations soared and physical conditions deteriorated, Saanich was singled out as the one exception to this overall state of entropy and decay. In 1924, for example, the home was praised by R.W. Mayhew, foreman of the grand jury responsible for inspection of hospitals, who pronounced that 'the protection is sufficient; the premises are clean and in good state of repair, and in every way give the appearance of capable and thoughtful supervision.'<sup>37</sup> A spirit of moral treatment and benevolence pervaded the institution, as it did in the mainland mental homes, no doubt contributing to its favourable image through its first decade among officialdom, the media, and the surrounding community alike.

Colquitz rapidly established a high profile in the district of Saanich and the city of Victoria. Interaction between the facility and the surrounding community was both regular and reciprocal. Patients were routinely supplied as work gangs to farmers and contractors in the area.<sup>38</sup> In turn, the institution was open to a wide assortment of community representatives,<sup>39</sup> including concert bands and orchestras, members of benevolent societies, and clergy of various denominations.<sup>40</sup> Reading materials for the patients were donated by the *Victoria Daily Times* office, the Salvation Army, and the YMCA, among others. A sense of charity motivated some citizens, like Miss M. Busby of Victoria, to conduct regular visits and to correspond with patients, although the results were not always as hoped.<sup>41</sup> Commencing in the 1930s and persisting for more than two decades of provincial political life as the CCF Member for Burnaby, E.E. Winch was a consistent presence at Colquitz, and its most vocal critic – tirelessly agitating on behalf of its denizens, challenging institutional policies and practices, and campaigning more generally for legal and mental health reform.

This mutual affinity between institution and community and the tolerance that Colquitz originally enjoyed were largely traceable to the efforts of Granby Farrant, who was an ardent spokesperson on behalf of his facility, capitalizing on every opportunity to proselytize its virtues to his medical superiors on the mainland, to government bureaucrats in Victoria, to patients and their families, and to the numerous other visitors and

correspondents whom he encountered in the discharge of his supervisory duties. Farrant's dual message of compassionate care and the restorative powers of work struck a receptive chord within the public culture of interwar British Columbia. One ringing endorsement of his institutional regimen was published by the *Victoria Daily Times* in 1927, under the protracted heading: 'Making Life Worth While for Insane. Humane Methods Lighten Suffering of World's Unfortunates. Work Proves Wonderful Tonic for Patients at the Mental Home at Colquitz. Wilderness Has Been Turned Into Beautiful Estate and Profitable Farm; Patients Build Greenhouses, Sunken Gardens and Fish Ponds; New Methods of Greatest Possible Freedom Triumph Over Old Methods of Restriction; Asylum Is No Longer a Place of Grim Despair.' According to the reporter, it was not the erosion of discipline, but rather its tempering through the daily routines of productive labour that functioned to humanize both the institution and its captive residents:

Mr Farrant's secret of success in running a mental home might be sized up in two words - 'congenial work.' Where it is possible every patient is profitably employed in the grounds or in the main building and the result of their work is shown in thirty acres of well-kept grounds and farm lands, greenhouses, gardens, buildings and furniture. Every bit of the work the superintendent points out, with justifiable pride, has been done by the labor of the patients. Mr Farrant shows a deep rooted objection to any emphasis being laid on the fact that the men are mentally defective. 'Just call them patient.' he says. 'Don't stress the reason why they are here.' Instead of looking upon those under his charge as men who have been sent to him because of some insane tendency should not be free [*sic*] to take their place in the world as ordinary citizens, he looks upon them as men to be put to work under conditions as much like those of outside workers as possible; as men to be kept busy working at jobs for which they are suited to the extent where there is nothing to remind them that they are not working differently to any other man.<sup>42</sup>

Despite these promising beginnings, however, the general climate of public trust and goodwill began slowly to evaporate during the 1920s, as rumours and revelations increasingly circulated about the apparent danger being posed to the citizenry by Colquitz inmates. The charitable leanings initially evoked among community members were to a large extent eclipsed over the course of time by preoccupations with security and fears of escaped criminal lunatics. As it turned out, the institution was indeed far from impermeable, with at least eighteen escapes being



recorded between 1920 and 1933, involving fourteen different inmates, three of these resulting in clean getaways. In 1927, one patient even managed to elude his captors en route to Colquitz, hailing a taxi at the Victoria docks and spending two days lodged at the local YMCA before being retaken (PF45). Although none of these incidents resulted in reported physical harm to citizens,<sup>43</sup> and while on more than one occasion patients received active assistance from individuals on the outside, nonetheless the damage inflicted on Farrant's public relations efforts,<sup>44</sup> and on his standing among superiors in the provincial secretariat, was palpable.

The local media, not surprisingly, were instrumental in amplifying the general atmosphere of public panic occasioned by these escapes. Following one episode where the patient had been at large for scarcely an hour, the *Colonist* reporter intoned: 'Of late there have been several escapes by inmates at the Wilkerson [*sic*] Road institution ... All the inmates there are deemed to be insane, and as nearly all of them have been sentenced for serious crimes [*sic*], residents in the vicinity of the jail are more or less nervous when an escape is effected.'<sup>45</sup> After an especially notorious breakout of two penitentiary transfer patients on 6 January 1922, hyperbole abounded in the ensuing press coverage:

They are cool and desperate men. L. has already taken human life; while M. is said to have sworn that he would never permit himself to be taken alive. The almost certain prospect that the man hunt will only be terminated with a mortal fight is supported by the fact that the men secured razors as the only available weapons of offence at the time of their escape, and by the probability that they will make it their first business to secure more deadly weapons.<sup>46</sup>

Deputy Provincial Secretary P.D. Walker, in particular, became increasingly alarmed by revelations about the apparent lapses of institutional security at Colquitz, declaring in a letter to the attorney general's office in 1931 that 'one of these days there will be a "break" made by some of the criminal lunatics, and a few rapings and murders will be the result. We are constantly on the edge of it. Only a few days ago we had an instance of a very cunningly contrived attempt at a break.'<sup>47</sup>

According to Walker, the problem was attributable mainly to deficiencies in the institution's internal regulatory regimen, to the poor quality and physical condition of attendants,<sup>48</sup> and to Farrant's own questionable supervisory capacities. By April 1931, Walker recommended to A.L. Crease that a thorough search of the premises be undertaken by Police Inspector Parsons and a contingent of his best men. As he emphasized to

Crease: 'Inspector Parsons who is by no means a man of panic is worried over conditions, as indeed I am ... We cannot afford to have a break. So far we have been very lucky and have got escapees back in most instances without the public knowing anything about it, but if one of the wild ones got out we might have murder or worse on our hands, and the public would have just cause for very serious complaint if we were obliged to admit that we had an incompetent staff there.' Crease responded by issuing a strict edict to Farrant, enforcing a litany of new security measures including a systematic search of wards and patients at least twice per week, counting of utensils after every meal, and frisking of inmates after visits, parole outings, and recreational periods spent outside the building.<sup>49</sup>

For his part, Farrant steadfastly maintained that the perceived dangers were largely fictitious, that the community had little to fear from this asylum that had been deposited in its midst, and that these cracks in the institutional armoury were in any event a small price to pay for the environment of moral regulation that he was endeavouring to foster. 'It does not seem fair,' he exclaimed to Medical Superintendent H.C. Steeves in 1921, 'that we should have to stand this false criticism without defending ourselves.'<sup>50</sup> As Farrant advised the investigating *Times* reporter in the wake of the above-mentioned 1922 breakout: 'You see this is really a hospital ... and we must not use force ... The watchmen do not carry arms, and no punishment is allowed. If L. and M. should be taken to-morrow, they will not be punished. They would be brought back and given a bath and a good meal first, and then placed back under the old conditions.'<sup>51</sup>

In the face of recurring reproach about lax security, Farrant's unflinching rejoinder was that an occasional escape was unavoidable under conditions where paroled patients were allowed freedom to roam the grounds with minimal supervision. Following another escape in August 1933, W.H. Carr, honorary secretary of the Saanich Conservative Association, suggested in a letter to Attorney General R.H. Pooley that there should be instituted 'some means of warning the people in the immediate vicinity of the Mental Home on Wilkinson Road, when a prisoner escapes, by blowing a whistle or taking other means of notifying them.' Learning of this intervention from Deputy Provincial Secretary Walker, Farrant was moved to wax indignant at Carr's proposal:

In my opinion it is not practical to blow the whistle and warn the neighbours that a patient is away. Our whistle is used for calling the patients in from the grounds for meals. I consider our escapes at a very low average to other Institutions and as

yet a patient has never got away without I found him.<sup>52</sup> I do not deem it advisable to notify the Police as it is broadcasted all through the district and disturbs the residents. I note in Mr Carr's letter he states a prison, it would be well to advise him that this is not a Gaol and the Inmates are patients.<sup>53</sup>

Farrant was generally accurate in his assessment, and his intentions were no doubt commendable. The majority of escapes were either walk-aways by innocuous patients on parole or spontaneous and failed efforts to evade capture, which ended within a few short hours and kilometres at the hands of the institution's own attendants.<sup>54</sup> But Farrant grievously underestimated the ideological and iconographic power of public fears about criminal lunacy, which were regularly rekindled by sensationalist media accounts, and which functioned to shape the policies and prejudices of medico-legal authorities.<sup>55</sup> As time passed, Farrant's regime of moral management was supplanted, as this obsession with risk containment gained ascendancy and came to dominate forensic policies and practices. The imperatives of organizational maintenance and public accountability ultimately compelled the privileging of carceral priorities and a corresponding policy of institutional apartheid that together functioned to segregate Colquitz from the community around it, and in the process to sever many of the links that had been forged by Granby Farrant while the home had been in its infancy.

#### PATHWAYS TO COLQUITZ: CRIME, PSYCHIATRY, AND MEDICO-LEGAL POWER

An appreciation of the complex socio-legal structures and professional practices shaping institutionalization at Colquitz requires an understanding of both the kinds of people who came to populate the facility and the intricate relations between law, politics, and medicine that governed the constitution of their criminal and psychiatric 'careers.'<sup>56</sup> This section looks at the Colquitz inmates themselves, through a canvassing of clinical files and an aggregate profiling of the one-hundred-patient sample, and explores some of the factors and forces that occasioned their eventual forensic internment.

The all-male patient contingent at Colquitz reflected the virtually unconditional gender division of British Columbia's early segregative institutions.<sup>57</sup> The few British Columbian women who were rechannelled from juridical to mental settings as order-in-council subjects (a scant seven between 1901 and 1933)<sup>58</sup> remained at the PHI in New Westminster

(and, after its completion in 1930, at the East Lawn 'Women's Building' at Essondale). But Colquitz itself was exclusively a male environment for both patients and staff.

Other attributes of the Colquitz inmates attest to the generally peripheral, disenfranchised character of their existence, even prior to the legal and mental troubles that had propelled them to Wilkinson Road. Only eight of the one hundred subjects surveyed, for example, were actually born in British Columbia. Of the remainder, twenty-four hailed from Europe, twenty-three from elsewhere in Canada, twenty-two from Great Britain or Ireland, ten from the United States, four from China, three from Japan, two from Newfoundland, and one from South Africa.<sup>59</sup> Reflecting the wide dispersal of the early-twentieth-century BC political economy, this was also a highly regionalized population.<sup>60</sup> Whereas twenty-four men were living in Vancouver, eight in Victoria, and five in New Westminster prior to hospitalization, there were four individuals residing in Prince George, four in Nelson, one in Dawson, Yukon,<sup>61</sup> four people had 'no fixed address,' and a full thirty-eight were living 'elsewhere in BC.'<sup>62</sup> Only twenty-seven of the men were married at the time of institutionalization (twenty-six with children), whereas seventy were single and three were divorced. Their average age at admission was 37.4 years.<sup>63</sup>

Collectively this was a poorly educated cohort, with only two (of ninety-two for whom information was available) having gone to college, one completing secondary school, and four having some high-school experience.<sup>64</sup> The plurality of patients were general labourers (thirty-seven), farmers (fourteen), miners (eight), loggers (six), or engineers (five), mirroring the the primary resource economy in which they dwelled. The others represented a welter of different trades and occupations, from plumber to printer to cannery worker. Six were classified as homeless or 'vagrants.' Only two inmates (a lawyer and a police chief) were white-collar professionals.

Medical diagnoses, among the eighty-eight specified, included thirty-two cases of dementia praecox or schizophrenia, thirty-one instances of paranoia, six manic depressives, five epileptics, four 'imbeciles' or 'morons,' four alcoholics or toxic psychotics, and one case each of moral delinquency, psychopathic inferiority, senile dementia, cerebral syphilis, post-encephalitic Parkinson's syndrome, and post-traumatic cerebral deterioration. Perhaps the patients' one consistent area of resemblance was in the spiritual realm, with seventy-seven of seventy-nine men for whom data were available specifying an organized religious attach-

ment,<sup>65</sup> and only one subject indicating 'no religion' and one declaring himself an atheist.

In aggregate, the personal histories of Colquitz patients, recorded in medical files on the basis of their interviews with medical staff, revealed the picaresque, itinerant existence led by working people in the province throughout the late nineteenth and early twentieth centuries. Particularly in the frontier regions of the continent, a fragmented economic infrastructure, subject to volatile swings of prosperity and depression,<sup>66</sup> consigned many workers to lives of near-perpetual motion in search of security and subsistence.<sup>67</sup> For those who found their way into the carceral institutions of British Columbia, the ultimate descent into criminality and insanity often appeared as an almost natural extension of this anchorless, chaotic existence, as in the case of J.L. (PF34), who was transferred from the BC Penitentiary in 1919 (and successfully escaped from Colquitz in November 1920):

Born at West Wanash in February 1869. Attended school for ten years and then came to North Dakota and started farm work at age of 17. From there went to Chicago ... and drove a hack from 1890 to 1893. Then took up carpentering and elevator work ... Returned home to Ontario and worked at framing barns for three years, then went to Michigan and sailed on the Lakes for two summers. Returned to North Dakota, drifted west and sent cow punching for Butte Cattle Company in Montana. A gold rush started in Nevada and he joined in the rush. Returned to Montana and got into trouble with the sheriff, being arrested for shop-breaking, which he denied. Broke out of jail and was re-arrested for seven years for destroying County property. On coming out worked as a machinist in a 'roundhouse' at Milwaukee in 1908 and worked at other jobs on the railroad. Drifted to Seattle and came to Vancouver in 1910 aboard a sailing vessel bound for South Africa. Deserted with two others of the crew and was arrested by the Provincial Police and sentenced to fifty days for stealing the ship's boat. Travelled inland to Kamloops and worked at various odd jobs in camps, invariably coming into town at intervals to spend his wages in carousing, etc. At one of these times he got into an argument with a man as to a song of which he claimed he was the writer, a fight ensued and patient was knocked down by a bystander, whom he claims at the same time robbed him of his money. Later this man wanted to stand him a drink with the money and it so enraged him he shot and killed him. Was sentenced to be hanged, which was later commuted to imprisonment for life.

Marginality of a different kind defined the histories of other Colquitz men, for whom the utter desolation of hinterland survival seemed to pro-

pel them inexorably beyond the boundaries of legal sanity. For W.L. (PF45), imaginary persons began to populate his cabin in 1926 after sixteen solitary years of farming in Burns Lake. His efforts to drive them off with axe and rifles attracted the attention of the local provincial police constable, who arranged for his hospitalization at Essondale. Six months later W.L. was shipped to Colquitz after refusing food and begging attendants to cut his throat. He died there seven years later of tuberculosis.

R.B. (PF55), a fifty-three-year-old order-in-council patient, was confined at Colquitz after being found unfit to stand trial by an assize court jury, presided over by Justice W.A. Macdonald, for the 1930 murder of a nine-year-old boy in Squamish. A relatively well educated man and a former professional assayer, R.B. had sustained a severe head injury in 1907, following which he drifted incrementally away from mainstream society, finally having 'eked out an existence beachcombing' for the three years prior to his arrest. As reported in the *Vancouver Daily Province*: 'He resided in a miserable shack on the mud flats near Squamish ... Annoyed by small boys throwing stones from sling-shots against his house, B. had picked up a shotgun and fired in their direction. [The boy] died in Vancouver some hours later from his wounds.'<sup>68</sup> R.B.'s own account was as follows:

I fractured my skull, you know, up near the McKenzie River ... A fellow held me up and hit me on the back of the head. By the time I got back to the station it was five or six months and it cost me five hundred dollars for the operation ... My brain won't work but my hands do ... I accidentally shot a fellow last October and they came to my house and I went into the house and the kids threw stones. I had some tomatoes on the house getting ripe. They kept throwing stones. I took a gun and went out and shot it into the air. Then I put it away because they have a five dollar license for a gun. I put the gun away ... They had the boy in a neighbour's house and he got shot and they came and arrested me and put me in the jail and kept me there four months. I went to a preliminary hearing first and made a statement of the whole thing.

R.B.'s tenuous relationship to the world around him ultimately spilled over into the proceedings and aftermath of the trial itself. The official construction of his legal insanity took shape beyond the reach of R.B.'s own knowledge or control, as revealed in his verbatim account to psychiatric authorities following hospitalization:

I had to wait for the assizes. I waited four months, went to the General Hospital,

then went to the trial and I couldn't hear half of what was going on. The judge appointed me a lawyer and it seems that they ran me on the insanity charge. I didn't want that. I wanted the lawyer to make my statement but they got me on this insanity business and the judge said my statement wasn't backed by any witnesses there. If there had been any witnesses there they would have let me out. I wanted the lawyer to tell the jury my statement how it all happened and tell them what object I had had to shoot boys about ten and twelve years old. There was no object. They didn't have no money. [Q: You are pretty clear in the head? Do you think you are crazy yourself?] I don't think so. I think I am a little wild living alone and one thing and another. Of course, a fellow can't state about his own insanity. My head doesn't work very fast. [Q: You don't think you should be in here but would rather be in jail?] Oh, as far as that part of it goes I would rather be free.

While criminal cases such as this tended to attract the highest concentration of medico-legal scrutiny and press coverage, it was through civil commitment procedures under the provincial Mental Hospitals Act<sup>69</sup> that the majority of Colquitz inmates originally entered the forensic arena. Among the one hundred men comprising this study's 1919–33 sample of admissions, eighty had been first certified by two physicians in the community and confined at New Westminster PHI or Essondale<sup>70</sup> prior to their Colquitz transfer.<sup>71</sup> Despite the formal legal distinction between these civil cases and the 'criminally insane' who had been transferred from prisons or found unfit or NGRI, in practice there was much overlap between these two populations as evidenced by their attributes, experiences, and treatment while at Colquitz.<sup>72</sup> Indeed, fully one-half (N=40) of the civilly committed men had in fact been hospitalized only following initial encounters with police, who were frequently the authors of the 'Form C'<sup>73</sup> detention order applications under the Mental Hospitals Act. For these inmates, mental institutionalization, and their eventual secure confinement at Colquitz, constituted an alternative to criminal charges and probable imprisonment. Their 'civil' status was typically conditional on the discretion of police and citizens to pursue psychiatric remedies instead of penal outcomes, and the Mental Hospitals Act was indeed a powerful regulatory instrument in an era where mental commitment was indeterminate and there were no legal provisions for mandatory review.<sup>74</sup>

For male patients, in stark contrast to women,<sup>75</sup> the events precipitating their mental confinement typically transpired in public contexts and drew in legal and other authorities. In a society where such a sizeable

proportion of men's lives was spent in labour and recreation activities outside the homeplace, transgressions against legality and normality were often highly visible events and invited official action. Their designation as 'mental' cases was frequently predicated upon the concurrent manifestation of bizarre conduct or utterances amid publicly observable behaviour that would otherwise have led to criminal prosecution.<sup>76</sup>

For G.S. (PF38), a Doukhobor immigrant who had abandoned his community and was subsisting in 1926 by foraging on the banks of the Fraser River, a minor altercation led to his arrest by Burnaby police, and his agitated demeanour in court secured his committal<sup>77</sup> and subsequent transfer to Colquitz where he died three years later. In the case of E.O. (PF83), a fifty-two-year-old sailor who spent thirty-two years in Colquitz, the circumstances precipitating his 1932 arrest, appearance in the Vancouver police court, and subsequent commitment under the Mental Hospitals Act, while rather more dramatic in character, were similar in demonstrating the mutual convergences between legal and psychiatric powers. As recorded in his medical file 'personal history' compiled at the time of hospitalization, 'He has been living at the Columbia Hotel, Vancouver ... On information that he was in a dangerous frame of mind, he was taken into custody and subsequently sent to this hospital from the Police Station.' The circumstances of his arrest were splashed across the front page of the *Province*, which reported that, 'armed with a seaman's marlinspike, E.O. withstood for more than half an hour the combined efforts of police and fire squads who used gas bombs and fire hose to dislodge him from his room ... to execute a warrant for his arrest on a charge of insanity'<sup>78</sup> E.O. later recalled the police raid and its aftermath in his hospital verbatim report:

I asked who was there if it was someone I knew for you can't be too careful these days. So I went over and got a spike and opened the door and looked out and there was two men there and I didn't know them. They said they wanted to talk to me: 'Come on out. We want to talk to you.' I says: 'No, I am no going out.' So I saw one fellow's hand go into his pocket and I slammed the door and bolted it. Finally one of them got up on a chair and opened a tin of tear gas and broke the panel and threw it into my room so it flew all around the place and I got hold of it in time and threw it back at them through the broken panel. I knew it was gas and I went and threw up both windows and stayed there a while till I got clear and in the room right above me this detective McGinn was there with a couple of his arch-criminals. He had nearly put me out twice. I had to watch over myself and keep my head clear and get that gas away. Finally I felt the whole door come in,



Bang! It hit me right in the face, full face with a hose and that was on me. I was in my stocking feet running around the floor. I had the old spike in my hand all the time. I held the spike and they retreated to the hallway again. They wanted to talk to me the worst way and I said: 'You go away or explain what you wanted.' It was no good. There were too many against me. The next thing I found was right behind me one of these detectives and he hit me right here and I didn't like to use the spike because I knew if I did they would have a charge against me. I felt something through the window and it was a cold water hose and he turned around and tried to throw me out of the window and coming away from the window they were coming towards me and they saw me coming and retreated to the door again. Then the water pushed me that way and they got hold of me. There wasn't any use resisting any further. I got to the Police Station and I had to go to bed in my wet clothes all night.

For R.R. (PF60), a mining engineer born in South Africa, the final decline in 1929 toward civil commitment, and ultimately to Saanich, was precipitated by an alcoholic binge in the company of a friend at the old Grosvenor Hotel in Vancouver. During the bender he had impulsively purchased a train ticket to Calgary, and en route he became disoriented and proceeded to disembark at Rosedale, British Columbia, where he sought out a local minister, disclosing that 'a gang of dope men were after him.' The good cleric's response was directly to summon the provincial police, who promptly arranged for his certification to Essondale. Displaying a tendency in hospital to 'pick quarrels with the attendants and other patients,' within two months R.R. was shipped off to Colquitz and lodged by Granby Farrant on the west ward. Eighteen days after admission to Saanich, he committed suicide by scaling the ward windows, reaching the second storey, and thereupon diving thirty feet to his death by fracture of the skull. He was twenty-three years old.<sup>79</sup>

Sometimes it was family members themselves who set into motion the medico-legal processes that eventuated in Colquitz containment.<sup>80</sup> C.H. (PF48), the thirty-two-year-old brother of 'a very respected citizen in Vancouver,'<sup>81</sup> was certified in 1926 (his second admission) on the application of his mother. The patient had a long history of minor encounters with the law, and had recently entered into a bigamous marriage during the course of a prior imprisonment in Oakalla. On the detention application the mother wrote:

Will not hold a job for any length of time. Drinks when he can. General conduct unreliable. Will not tell truth and is an habitual thief. Marry every girl he met

though already married. Tells the most marvellous lies. [Dangerous] ... by telling plausible lies to get money. One story is that his mother is dead and he wants to go to her funeral. Has followed such an unbalanced life that it is not safe to let him remain out of custody as his conduct shows a serious defect of the brain.

This account was upheld by one of the certifying physicians, who added: 'His history for the past few years and of which I am very cognizant is one continual history of moral delinquency. His mother tells a very sad story. This man has no right to be at large.'

What distinguished this case was the utter absence of any contention from family or physicians that C.H. was mentally ill. Instead, civil commitment, first at Essondale, then under the more inclusive quarantine of Colquitz, represented a last-ditch effort to manage the subject's conduct under conditions where the power of criminal law itself seemed deficient. The mother was fully appreciative of the potential for civil legislation to fill this regulatory void. In a 10 November 1926 letter to Medical Superintendent H.C. Steeves, she wrote:

After I talked to you on the phone I got in touch with Mr Shaw [lawyer] and he showed me plainly how the law works. I could not get him committed unless that girl he has married put in a charge and I could not get her to do so. Now, Dr Steeves ... while I know you do not consider he should be there, he is there on the advice of two outstanding Drs of Vancouver and the JP and I ask you for God's sake and my sake and the sake of all the people he comes in contact with to let him stay – I do not want him doing a certain amount of time in the pen and living in torture and the thought of what he will do when he gets out ... I fully appreciate all you did before and I understand fully that you are a Dr who would not keep a sane man there for anybody. But in this case I beg you to keep him for a time until we can settle him without publicity.

Redoubling her efforts to keep C. in hospital, Mrs H. wrote again to Steeves on 24 November 1926 declaring:

There is inside of that pleasing exterior of C. a being whose mentality is so warped and so unreasonable and who has no regard or idea of consequence that one would be horrified if one could see it. We have had glimpses where he has been crossed in his plans – if he *must* spend his time in custody, he might as well be there as serving short sentences in jail for which he has no chance and getting out to be as bad as ever ... He measures up to the type in Dr Goddard's book 'The criminal imbecile.' The utter absence of moral stamina. He will gaze into my eyes

with a smile in those eyes of his and say the most untrue things that I don't know how he can even think of them and then when he is found out and brought face to face with his guilt he just cries like a 10 year old kid and tells all about it. It is simply awful.

This fierce lobbying had an obvious effect on the medical authorities, who proved to be highly compliant with Mrs H.'s quest for a psychiatric resolution. Indeed, it appears that the above letter was pivotal in securing C.'s transfer to Colquitz, for on 1 December 1926 Granby Farrant informed her that: 'We have received your letter of Nov 24th concerning C. and have very carefully noted the contents. There is little doubt but that he will remain in the hospital for a considerable time ... It has now been decided to transfer him to the branch of the hospital at Saanich on Vancouver Island where ... he will be given some light employment so that his time will be more or less pleasantly occupied.' To this the mother responded: 'I am very glad he is there, and although he wants to go back to Essondale I feel that it is better for him to be there.'

Despite the evident absence of mental illness, C.H. remained at Colquitz for more than two years, until his discharge in full on 21 January 1929 into the care of his mother, with the plan that he would go to work on a farm where she had recently purchased a house. Farrant's prognosis for the case, however, was guarded. In a letter to the patient's brother he advised: 'I may state that the time has now arrived, when C. should be given another opportunity to make good, he is certainly not insane and should he fall from grace again, there is the proper place for him to pay the penalty ... You will really understand, that he cannot be expected to carry along indefinitely with this freedom, if he finds he is not going to be released, he will only escape, which would cause no little worry for your mother.' Predictably, C.H.'s freedom was relatively short-lived. On 26 May 1932 he received two concurrent sentences of six months in Oakalla from the Burnaby police court on convictions of false pretences. As reported in the *British Columbian*: 'The accused's line was to present a card allegedly from a friend of the potential victim asking for a small sum toward the expense of attending the obsequies of a mother conveniently dead in Seattle.'<sup>82</sup>

Among those who entered Colquitz by way of criminal or penal process, the road to criminal insanity inevitably passed through the province's judicial and carceral institutions. The two main categories of 'criminal insanity' cases confined in Saanich, to reiterate, were the prison transfer patients, and those who had been determined incompetent to

stand trial or not guilty by reason of insanity. The latter cohort, comprising eight unfit and three NGRI subjects amid this study's one-hundred-patient sample, was diverted away from penal contexts and into the forensic arena under orders-in-council and warrants of the lieutenant-governor issued by the provincial cabinet. Their stories, embedded in the institutional records, graphically reveal the powerful and often contradictory forces that are unleashed when criminal law combines with medical power. While psychiatric expertise had ostensibly entered their lives as a defence against the blunt instrument of juridical control, in practice the therapeutic regulation to which these 'criminal lunatics' were subjected in Colquitz and elsewhere came to both emulate and surpass the power of criminal law itself. These historical narratives of criminal insanity were more about the mutual empowerment of science and law, and the facilitating properties of public and official fear of madness and violence, than about the purported formal protections to be afforded to mentally disordered defendants under the aegis of the Criminal Code.

The case of W.R. (PF95), admitted to Colquitz as unfit to stand trial, was illustrative. Ostensibly exempted from criminal regulation on the grounds of an insanity acquittal in 1920, the accused spent the next forty-four years incarcerated at Colquitz until his transfer upon the institution's closure to Valleyview Home for the Aged in 1964 and his death there later that same year. In a case that was sensationalized in the local media, W.R. had been charged with the July 1920 murder of his estranged wife in Vancouver's Stanley Park. The homicide remained front-page news for several weeks. For one thing, it turned out that W.R. had eloped a month earlier from New Westminster, where he had been committed for having threatened his wife and voicing delusions about her poisoning his food. For another, the defendant's mother was revealed to be a PHI patient herself, thereby raising the then-resonant and alluring spectre of hereditary insanity. Moreover, the circumstances of the crime were themselves bizarre. One headline appearing on the following day announced: 'Kills Wife, Then Puts Wreath on Body; Confesses Sordid but Amazing Story is Told by W.R. to Police, Who Recover Remains of His Victim. Talked of Children With Woman after First Shot, Then Ended Her. Revisited Scene Twice After Crime of Monday, Each Time Placing Flowers on Corpse – Surrenders at Station.' Under the subtitle 'A Weird Tale,' it was reported elsewhere that:

He first shot his wife through the abdomen ... His wife, a muscular person of 200 pounds, retained her vitality and though probably mortally wounded talked with

R. His rather incoherent account is that it was suggested that the affair be made to appear a suicide, but the plan was rejected 'and for the sake of the children it was agreed that Mrs R. should be killed.' He had been supporting her head during this conversation, he said, and letting her down to the ground, he fired three more shots which went through the upper part of the skull ... He had hidden the body of his victim under a covering of leaves and fern and later had visited the scene on two succeeding days, on each occasion strewing flowers over the corpse.<sup>83</sup>

All of these elements rendered the case ripe for medical intervention. From the outset, the Vancouver city prosecutor, William McKay, announced to the press that 'alienists' would be immediately examining the defendant. Within a week, unnamed police authorities were speculating to reporters that 'W.R., the self-confessed slayer of his wife in Stanley Park ... will probably be committed to the Wilkinson Road Asylum for the criminally insane at Victoria.'<sup>84</sup> In the arraignment, a one-week adjournment was secured, and provincial Attorney General Farris, asserting that 'an examination should be conducted by experts,' obtained the services of Drs A.L. Crease (in lieu of the then-terminally ill PHI Medical Superintendent C.E. Doherty)<sup>85</sup> and former Acting Superintendent J.G. McKay through the offices of his departmental solicitor A.H. Carter. The ensuing pre-trial assessment report, conveyed in haste by telegram to Victoria, was unequivocal: 'R. examined yesterday afternoon by Dr J.G. McKay and myself. Undoubtedly very insane at present and at time of act. Full report being prepared and will be forwarded as soon as possible.' Later they added in their elaborated letter: 'We have no hesitation in stating that he is now suffering from Dementia Praecox Insanity (Paranoidal type); that he was afflicted with this disease at the time of the crime and that the crime was the direct result of this mental disease.'

W.R.'s fate was thereby sealed. The expert declarations confirmed what everyone already knew about W.R. and his crime and cleared the way for a lasting medical resolution. By 26 August 1920, less than a month after the instant offence, the attorney general had issued an order-in-council, the criminal charge had been withdrawn before Magistrate H.C. Shaw, and W.R. was securely ensconced in Colquitz. He became an institutional fixture, a 'useful and good worker ... friendly [and] cooperative,' who waited table for many years in the staff dining-room and served as a swamper on the home's pick-up truck. Never considered for release during the near half-century of his confinement, despite the absence of apprehended psychosis in the medical documents and ward notes, W.R. was among the last patients to leave Colquitz in 1964. Ten months later,

still institutionalized, he expired. Cases such as this exhibit not only the awesome, and often interchangeable, power of psychiatric and legal authorities over the lives of mentally disordered defendants, but also the remarkable degree of deference frequently displayed by criminal court judges of the time (as in contemporary contexts)<sup>86</sup> to the observations and prescriptions of medical experts.

In the trial of W.F. (PF100), found not guilty by reason of insanity at the 1930 Fernie Assizes in the shooting death of a game warden in Canal Flats, the evidence of J.G. McKay, by then superintendent of the private Hollywood Sanitarium in New Westminster, was pivotal. Indeed, McKay had been recruited by the BC attorney general on the explicit request of Justice Murphy, who was presiding over the case. Subsequent to McKay's evidence during examination-in-chief that W.F. was 'suffering from an obscure type of epilepsy, not the ordinary type of epilepsy where we see an individual fall in a fit, but where you have an irritation of the frontal lobes of the brain giving lapses of memory varying from a short time to a very prolonged time, and in my opinion, assuming the same to be true, any act a person commits in that state they are not mentally responsible for it,' Justice Murphy endeavoured, with positive effect, to underscore the authoritative nature of this declaration:

Dr McKay is one of the leading if not the leading expert in British Columbia on questions of insanity, and he comes here, not as being called by the defence; he is not a defence witness in the ordinary sense. He has been sent here by the Attorney General, and I do not think it would be improper of me to say that that action was taken as a result of communications by myself. Dr McKay, therefore, is a man who is established here to be well qualified on the matter of insanity or sanity of the accused ... An alienist, particularly one of the standing of Dr McKay, has this very great advantage, that he not only can compare the actions of the accused with sanity, with a man who is sane, but he has had experience and a vast experience with insane men and he can compare those actions with the actions of insane people, and with his knowledge of diseased human mentality, and that being so, his opinion is entitled to very considerable consideration at your hands.<sup>87</sup>

Having been thus instructed, it is not altogether surprising that the jury returned a verdict of not guilty by reason of insanity in relatively short order.

But it is noteworthy that this judicial embrace of medical knowledge did not necessarily extend into the provincial offices of the attorney general, who could display considerable reticence about the psychiatric

diversion of high-profile criminal cases. S.F. (PF46), a Japanese immigrant arrested in Vancouver for the killing of his sister-in-law and her young child in 1926, was interviewed through a translator at the Oakalla Prison Farm by H.C. Steeves, who concluded that 'this man is suffering from Demential Praecox Psychosis, was suffering from it at the time of the murder and ... the murder was the direct outcome of hallucinations and delusional beliefs held by the patient at that time.' Attorney General A.M. Manson was less than enthralled with the outcome of this pre-trial assessment, requesting a re-evaluation of the accused:

In view of the fact that this man has been charged with murder I feel that we should pursue his mental examination further. I note in the second paragraph of your letter that your examination was somewhat hampered by the fact that the interpreter was not an experienced interpreter. In fairness to yourself and in fairness to the public I think that you should be provided with a thoroughly competent interpreter. I feel too that in fairness to yourself and the public you should associate a very good man with you in the examination, perhaps one of your staff or perhaps some other practitioner who has reasonable knowledge of mental diseases. It is a grave responsibility for me to accept, to recommend that a man charged with murder be committed to the Mental Hospital without standing trial. I have been severely criticized for so doing on one previous occasion, and although I was quite right in doing so, at the same time I realize that the utmost precaution should be taken.

The reassessment transpired a week later, and the medical superintendent's resulting letter once again bore witness to S.F.'s condition of legal insanity:

I was again much impressed with the apathetic and disinterested manner of the prisoner, his lack of attention and monotonous childish responses to questions. With the assistance of this interpreter, I was able to obtain a better history of the prisoner; as a result of this history, I am of the opinion that the prisoner has always been an imbecile, and that the crime with which he is charged was the result of an acute psychosis superimposed upon imbecility. I am quite satisfied that he was insane at the time of the murder, that the murder was the result of hallucinations and delusions from which the prisoner suffered at that time, and that his condition at that time ... was such that he could not be said to know the nature and quality of his acts, and know that they were wrong.

Yet notwithstanding this additional documentation, Manson still elected

to proceed with the trial, avowing in a 27 September 1926 letter to Steeves: 'I am inclined to believe that it is better for all concerned that the matter should be tried in open court. There can then be no objection to the outcome.' S.F. was subsequently tried and found not guilty by reason of insanity. After serving eight months at Colquitz he was deported back to Japan in July 1927.

Lastly, there were those men who had 'lost their sanity' while incarcerated in the BC Penitentiary or Oakalla, and who were certified by prison doctors upon the application of prison wardens, usually in conjunction with an order-in-council signed by the attorney general and premier on behalf of the provincial executive council. Serving a six-month sentence in Oakalla for theft and obstructing peace officers, J.F.'s (PF29) condition, according to the prison physician's medical certificate entry, 'was manifest by hearing noises and fearful of hypnotism, and very peculiar actions. Shadow boxes, replies to imaginary voices, drums on the wall of his cell and gets down on his hands and knees and barks like a dog.' In 1933, prisoner J.O. (PF89), serving five years for manslaughter, was characterized by BC Penitentiary physician G.H. Manchester (former superintendent of the PHI) as 'a Hungarian with a limited command of English ... difficult to understand ... but his manner of speech is strong evidence of mental derangement to one familiar with such things ... very morose and surly. Has much the manner of a chronic masturbator.' After ten years in Colquitz, J.O. died in 1943 of heart disease.

In other instances there was evidence that Colquitz might have been a coveted destination for some penitentiary inmates who envisioned the prospects for better institutional conditions or the presentation of opportunities for escape. These 'malingerers,' however, were at times rapidly disabused of such expectations. Certified from the BC Penitentiary in April 1927, C.H. (PF51) was deeply dismayed by the penal environment that he encountered at Colquitz, and he initially responded to this revelation with threats and aggression. Three days after admission, his motives for having secured transfer were revealed in a conversation recorded by Granby Farrant: 'Today I went into patient's cell, and had a heart to heart talk with him, at first he was somewhat threatening, but soon calmed down. I told him to cut out the rough stuff, and take a tumble to himself. I intended to put him to work, he admitted that he knew what he was doing, saying that another convict had told him it was a whole lot better down here.' Within two weeks, C.H. was requesting transfer back to prison, 'as he sees little hope of getting out of here.'<sup>88</sup> In February of the following year, he managed to abscond in the middle of the night



through a broken window screen, only to be retaken later that afternoon twenty-five miles up the Malahat Road. Within twelve days C.H.'s aspiration for a return to the BC Penitentiary was realized.

In yet another occurrence, J.L. (PF34), a BC Penitentiary lifer transferred to Colquitz in 1919 based on what were, in retrospect, highly suspect symptoms,<sup>89</sup> managed successfully to negotiate his escape, after one abortive attempt, in collaboration with a co-patient by sawing through the bars of their respective cells, surprising the ward attendant, and disappearing into the night. At liberty for nineteen months, J.L. was finally retaken in Chicago in May 1924, and incarcerated in Portsmouth, Ontario, for three more years before being released on a ticket-of-leave in 1927.<sup>90</sup>

Yet for the vast majority of Colquitz inmates, the prospects of securing freedom from the institutional regimen were far less promising. As with most 'hospitals for the criminally insane' in both historical and contemporary context,<sup>91</sup> liberty typically arrived only at the end of life, and the most common mode of departure from Colquitz was a plain wood coffin. Among the study sample of one hundred patients, sixty died inside the institution (one by suicide),<sup>92</sup> with the vast majority of these receiving paupers' burials. Among the other forty, twelve (including four Chinese men) were deported, nine were discharged on probation, seven were reassigned to Essondale for purposes of treatment, six left upon the facility's closure in the early 1960s, three successfully escaped, and one each was returned to the BC Penitentiary, transferred to Ponoka Hospital in Alberta, and discharged in full on an order-in-council issued by the provincial cabinet.

So for a few select men, the Colquitz experience was a nightmarish but transitory incursion that was eventually overcome through the marshalling of countervailing forces and the partial neutralization of medico-legal structures and practices. But for the majority of Wilkinson Road inmates, there was no finitude to this regulatory experience, except death itself. When their carceral careers at last expired, it was with a brief and solitary ride to the nearby Colwood cemetery, a few diffident words from a fee-for-service local pastor, and a perfunctory last lowering into a two-casket-deep unmarked grave.<sup>93</sup>

#### DENOUEMENT

Granby Farrant's death on 6 November 1933 punctuated an extended period of ill health and decline for Colquitz's first lay superintendent. Farrant's gradual loss of command over his institution and employees

did not go unnoticed by officials in Victoria and Essondale, who had been grooming his successor F.M. Spooner since at least October 1931.<sup>94</sup> Deputy Provincial Secretary P.D. Walker, in particular, had been expressing alarm about conditions at Colquitz at regular intervals for more than two years, writing to A.L. Crease in April 1931 that 'Farrant is not the man he was,' and on the following 16 May that 'I am not very happy about conditions at Colquitz ... I have been out there twice in the last day or two to investigate, but without any definite results. I have also spoken pretty freely when I was out there. However, I am afraid things do not look any too good and I don't just see what we can do about it.'<sup>95</sup> Farrant's penchant for personally hiring attendants, in an era of political patronage, without securing clearance from 'the powers that be' in Premier Simon Fraser Tolmie's Conservative administration had also raised 'a good deal of feeling against himself' to the extent that 'it would take very little to have them insist on his removal.'<sup>96</sup>

The general morale of attendants had also eroded dramatically by the early 1930s. Colquitz Chief Attendant P.T. McLeod wrote to Crease on 9 July 1932 claiming that Farrant had been neglecting his duties, falling behind in his correspondence, failing to make his rounds, fabricating stories about lost hacksaws, capriciously rationing tobacco, and so on. 'During this period,' continued McLeod, 'he has had exaggerated ideas concerning himself, which under different circumstances might be considered humorous. But which as matters stand, add to the problems that are daily confronting me.' The chief attendant's recommended remedy betrayed, however, a distinct lack of altruism in his motives: 'As I am obliged in the interest of the institution, to assume sole responsibility, I suggest I be given authority to cope with any situation that might arise. I also think that a suitable increase in salary should be given, when everything is considered.'<sup>97</sup>

Whereas Farrant was somehow able to weather these crises and tenaciously preserve his position until the time of his death, the Colquitz Mental Home itself would never be the same. With Farrant's passing, the era of buoyant optimism and secular moralism nurtured under his stewardship came slowly to an end. For the more than three decades from Farrant's passing until the facility's ultimate closure, Colquitz was increasingly exposed to the centralizing forces of mental health administration, and began less and less to reflect the personal values and preoccupations of its lay supervisors. The mood (some would say pretence) of charitable avocation that characterized the Farrant years was quietly eclipsed by a more pragmatic bureaucratic regimen that was explicitly in

the business of carceral containment. Under F.M. Spooner (1933–41), T.A. (Bob) Morris (1941–7), and Dr L.G.C. d'Easum (Colquitz's first and only medical superintendent, 1947–64),<sup>98</sup> the institution and its population of criminally insane and 'dangerous' inmates gradually grew old together, and Colquitz grew to be acknowledged as the psychiatric prison that it had always been.

By the 1950s, Colquitz had become an embarrassment to the medical establishment and the provincial government alike. In early 1954, Leo Nimsick, the CCF MLA for Cranbrook, asserted that patients were 'milling around like animals' and 'living in a snakepit,' and even Medical Superintendent d'Easum conceded that 'it's no good pretending this is anything else but a prison ... It's difficult to make a cell look like anything else but a cell.'<sup>99</sup> Journalists characterized the home as 'an oubliette, a place for forgotten men to be restrained'<sup>100</sup> and as 'horrifying, revolting, sickening; a barred, locked, sealed, confining Hell.'<sup>101</sup> While Social Credit Provincial Secretary W.D. Black managed to muster a lucklustre defence of Colquitz on the legislature floor in 1959, submitting that 'it is not bad at all compared with many mental hospitals I've seen elsewhere,'<sup>102</sup> for the most part the condemnations were universal, univocal, and unopposed.<sup>103</sup> It had become abundantly clear that Colquitz was beyond reclamation, and finally, after years of neglect, denunciation, and demise, plans for closure were implemented.

Commencing in 1962, the inmate population began to be transferred, at first in trickles, by late 1963 in droves, back to Essondale and its ancillary institutions. Many of those considered potentially violent or security risks were funnelled into the Riverside Unit at Riverview Hospital,<sup>104</sup> paving the way for the emergence of the Colony Farm Forensic Institute, which a decade later came under the direction of the BC Forensic Psychiatric Services Commission.<sup>105</sup> At long last, and as a pitiable denouement to forty-five years of institutional history, the final thirty Colquitz patients, destined for mainland hospitals, were loaded onto a bus on Wednesday, 27 January 1964.<sup>106</sup> Their collective departure mercifully closed the curtain on British Columbia's first forensic experiment in the segregative confinement of the criminally insane.

## NOTES

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- 2 T.A. Morris, Colquitz Supervisor to Thelma Whitlam, Editor, *The Annual*, Provincial Mental Hospital, Essondale, 20 April 1942, British Columbia Archives and Records Service (hereafter BCARS), GR501, Box 7, File 1.
- 3 'A Sextette of Court Houses,' *Victoria Colonist*, 22 Dec. 1912, at 5. The building was designated a heritage property in 1979, and as of 1995 is still in operation as a provincial correctional facility ('Bid to Rebuild Jail Fought,' *Victoria Times-Colonist*, 9 May 1981, at 17).
- 4 BCARS, 'Farm at Provincial Mental Home, Colquitz,' 5 May 1960, Vertical File D-19, Set 1, at 849-50.
- 5 Cecil Clark, 'Jailhouse Blues Shade Lighter Now,' *The Daily Colonist*, Sunday, 25 Aug. 1968, at 10. One convict, Bob Suttie, was hanged at the jail on 5 January 1915, following his conviction for the murder of a fellow road-gang labourer in Oyster River ('When It Was a Jail: Man Once Hanged in Colquitz Yard,' *Victoria Colonist*, 28 April 1960, at 19).
- 6 The PHI in New Westminster had been accepting patients since 1878, whereas the Provincial Mental Home, Essondale (named after Provincial Secretary Henry Esson Young) was opened on 1 April 1913. By the end of fiscal year 1919-20 there were 1,458 in-patients lodged in the system, and the constraints imposed by overcrowding, congestion, and the postwar fiscal crisis reverberated through the reports, institutional files, and correspondence of medical superintendents and personnel. See British Columbia Legislative Assembly *Sessional Papers*, 'Annual Report of the Medical Superintendent (of the Provincial Hospital for the Insane) for the Twelve Months Ended March 31st, 1920'; also Richard G. Foulkes, 'British Columbia Mental Health Services: Historical Perspective to 1961,' 85 *Canadian Medical Association Journal* (1961), 649-55; Mary-Ellen Kelm, "'The Only Place Likely to Do Her Any Good": The Admis-

- sion of Women to British Columbia's Provincial Hospital for the Insane,' *BC Studies* (Winter 1992), 66–89, and 'Women, Families and the Provincial Hospital for the Insane, 1905–1915,' 19 *Journal of Family History* (1994), 177–94; David Davies, 'A History of the Mental Health Services of British Columbia,' unpublished manuscript (Coquitlam, BC: Riverview Hospital Library 1984).
- 7 Penitentiary Act, RSC 1906, c. 147.
  - 8 Annual Reports of the Provincial Hospital for the Insane, 1900–20, *supra* note 6.
  - 9 The Rockwood Asylum in Kingston, Ontario (1857–1915), a branch of the Kingston Penitentiary, had been the first Canadian institution to specialize in the confinement of the criminally insane. See Simon N. Verdun-Jones and Russell Smandych, 'Catch-22 in the Nineteenth Century: The Evolution of Therapeutic Confinement for the Criminally Insane in Canada, 1840–1900' 2 *Criminal Justice History* (1981), 85–108.
  - 10 Correspondence from J.D. MacLean, BC Provincial Secretary, to J.C. Crown, Warden, BC Penitentiary, 27 Sept. 1918, BCARS, GR87-024, Patient Files Box 68.
  - 11 Under ss. 7 and 20 of BC Mental Hospitals Act. The Hospitals for the Insane Act (61 Vict., c. 101) had supplanted the 1873 Insane Asylums Act (36 Vict., No. 28, amended 1893) in 1897, and was later renamed the Mental Hospitals Act in 1912 (see BCARS, Ministry of Health Administrative Outline).
  - 12 These included both WLG cases found unfit and not guilty by reason of insanity, and those prisoners transferred directly to mental hospital from either the BC Penitentiary or Oakalla.
  - 13 British Columbia, 'Annual Reports of the Provincial Mental Hospital, 1920–33,' *supra* note 6. Figures for the fiscal year 1929–30 were not reported.
  - 14 The peak years for admissions were the initial fifteen-month fiscal year 1919–20 (with 113 incoming transfers), and 1926–7, when a new ward was constructed in the building's upper east wing (making room for sixty-eight additional patients).
  - 15 Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Pantheon 1977); Stanley Cohen, *Visions of Social Control: Crime, Punishment and Classification* (Cambridge, UK: Polity 1985); Stanley Cohen and Andrew Scull, eds., *Social Control and the State* (Oxford: Martin Robertson 1983); John Lowman, Robert Menzies, and Ted Palys, eds., *Transcarceration: Essays in the Sociology of Social Control* (Aldershot, UK: Gower 1987); Anne Edwards, *Regulation and Repression: The Study of Social Control* (Sydney: Allen and Unwin 1988); David Garland, *Punishment and Modern Society: A Study in Social Theory* (Chicago: University of Chicago Press 1990); Barbara A. Hudson, *Penal Policy and Social Justice* (London: Macmillan 1993).

- 16 Stanley Cohen, *Against Criminology* (New Brunswick, NJ: Transaction 1988).  
 17 Foucault and Garland, *supra* note 15; Carol Smart, *Feminism and the Power of Law* (London: Routledge 1989).  
 18 The case file sample comprised one hundred men, or 26.7 per cent of the total number of 375 patients admitted during this period. Throughout the chapter, cases are referred to using an assigned consecutive numbering system, which bears no relation to actual medical record numbers. The first seventy-one cases (PF1 through PF71) were compiled from the BCARS, GR87-024 collection after being identified from the institution's Patient Transfer Book (GR1754), and the remaining cases (PF72 through PF100) were located and transcribed at the Riverview Hospital Clinical Records Service. Cases were randomly selected within years as follows:

Total			Total		
Year	Adms.	Sample	Year	Adms.	Sample
1919	113	23	1927	68	15
1920	16	5	1928	8	5
1921	12	5	1929	12	6
1922	12	3	1930	38	10
1923	23	7	1931	6	2
1924	14	2	1932	9	3
1925	16	3	1933	14	5
1926	14	6			

- 19 In gratitude, Farrant reciprocated by naming his only son Charles Edward.  
 20 British Columbia, 'Annual Report of the Provincial Mental Hospital, Esson-dale, 1933-4,' *supra* note 6.  
 21 C.E. Doherty died in 1920 and was replaced by H.C. Steeves, who in turn succumbed of a heart attack while visiting Colquitz in 1927. Subsequently, A.L. Crease assumed the position of medical superintendent, and went on to attain the position of provincial psychiatrist and to become the major figure in British Columbia psychiatry until his retirement in 1950.  
 22 As one patient described him, 'Our Super is a very large man in more ways than one, physically, when he approaches you would think the landscape or a mountain had arrived, and as for his intellectuality, he is not so dumb, obese tho he is ...' (PF94).  
 23 Dorothy E. Chunn, *From Punishment to Doing Good: Family Courts and Social-*

- ized Justice in Ontario, 1880–1940* (Toronto: University of Toronto Press 1992); John P.S. McLaren, 'Chasing the Social Evil: Moral Fervour and the Evolution of Canada's Prostitution Laws, 1867–1917,' 1 *Canadian Journal of Law and Society* (1986), 125–65; Angus McLaren, *Our Own Master Race* (Toronto: McClelland and Stewart 1990); Mariana Valverde, *The Age of Light, Soap and Water* (Toronto: McClelland and Stewart 1991); Mimi Ajzenstadt, 'The Medico-Moral Economy of Regulations: Alcohol Legislation in B.C., 1871–1925' (unpublished PhD dissertation, Simon Fraser University School of Criminology 1992).
- 24 It was not until 1947 that a medically trained superintendent, Dr L.G.C. d'Easum, was assigned to Colquitz. Throughout Farrant's administration, patients were attended by a single part-time general practitioner, Dr George Hall of Victoria.
- 25 Given its embryonic status in the late nineteenth century, the province's asylum establishment had been comparatively exempt from the backlash against moral management that was manifest elsewhere. Moreover, the revelations of an 1894 commission of inquiry, disclosing widespread abuse at the PHI and occasioning the resignation of its medical superintendent, R.I. Bentley, had helped to precipitate a reascendancy of the moral treatment model in *fin de siècle* British Columbia. Coupled with the burgeoning ideas of progressivism that were cascading through North American institutional life, along with their endorsement by a succession of medical superintendents beginning with G.F. Boddington (1895–1901), these events ensured the survival of moral management discourses and practices in the province until well into the 1920s, when they were generally submerged in the rising tide of hereditarianism, mental hygiene, and eugenicist discourses and practices.
- 26 Andrew Scull, *Social Order/Mental Disorder: Anglo-American Psychiatry in Historical Perspective* (Berkeley: University of California Press 1989); Samuel E.D. Shortt, *Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry* (Cambridge: Cambridge University Press 1986); Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press 1991); Cheryl Krasnick Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883–1923* (Montreal and Kingston: McGill-Queen's University Press 1989); Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1830–1980* (Harmondsworth: Penguin 1985); W.F. Bynum, Roy Porter, and Michael Shephard, eds., *The Anatomy of Madness* (London: Tavistock 1985); Thomas E. Brown, 'Living with God Afflicted: A History of the Lunatic Asylum at Toronto, 1830–1911' (unpublished PhD dissertation, Queen's University Department of History 1980); Rainer Baehre, 'The Ill-Regulated Mind:

- A Study in the Making of Psychiatry in Ontario, 1830–1920' (unpublished PhD dissertation, York University Department of History 1986).
- 27 These comprised Granby Farrant himself, the visiting physician George Hall, one secretary and charge attendant, one chief engineer, one second engineer, one third engineer, one laundryman and musician, one farmer, one cook, one dining-room attendant and assistant cook, one chief attendant (P.T. McLeod), one deputy chief attendant, seven charge attendants, and twenty-one under attendants. BCARS, GR501, Box 1, File 25.
- 28 G. Farrant to H.C. Steeves, 29 Sept. 1923, BCARS, GR501, Box 2, File 5.
- 29 By the early 1930s, the Colquitz farm was annually producing approximately 90,000 pounds of vegetables, 4,000 pounds of fruit, 110,000 pounds of milk, and 15,000 pounds of meat. British Columbia, 'Annual Report of the Provincial Mental Hospital, Essondale, 1933–4,' supra note 6, at 51.
- 30 The operation was still flourishing long after Farrant's departure. In 1939 J.K. Nesbitt of the *Victoria Times* commented on 'the splendid farm worked by hospital patients,' which was 'a small, but first-class branch of the famous Colony Farm at Essondale.' *Victoria Times*, 22 April 1939.
- 31 Bruin survived Farrant at Colquitz, only to meet his own demise, and to be converted ignominiously into a rug, after dispatching the succeeding supervisor's pet dog. See Clark, supra note 5.
- 32 'It is a good move on your part to have some birds on the wards, most patients appreciate them, especially the women folk, though some patients get funny streaks, I had two dandy singers on the top ward, one morning one of the patients as soon as he got up, made a bee line for the cage, grabbed the bird and squeezed it to a pulp, then rubbed the gore all over himself, he was not a lover of our feathered friends.' G. Farrant to A.L. Crease, 14 Sept. 1930, BCARS, Box 2, File 12.
- 33 'Annual Reports, Public Hospital for the Insane, 1919–20 and Provincial Mental Home, Essondale, 1933–4,' supra note 6.
- 34 Farrant, too, could be highly discerning in his deployment of inmates to such tasks, as evidenced in a request conveyed to the PHI in 1920: 'Would it be possible to send a Chinaman down ... I would like to get a fairly bright one who would be eligible for parole for the purpose of attending to the washing' (G. Farrant to J.G. McKay, 22 Aug. 1920, BCARS, GR501, Box 2, File 2); and in a 1926 petition to the Essondale medical superintendent: 'If convenient to you, I should like to get a man who can use a sewing machine ... the Jap I had on it, became too treacherous to be allowed the use of scissors' (G. Farrant to H.C. Steeves, 21 Nov. 1926, BCARS, GR501, Box 2, File 8).
- 35 In reply to a recently deported inmate who had written from Finland to demand compensation for his years of labour, Farrant retorted: 'We appreci-



- ated the many useful jobs you executed while with us, but the work was not for anyone's gain but your own, it was simply to occupy your time and take your mind off things that worried you, but did not exist. Cheer up ...' G. Farrant to A.K., 11 Nov. 1927, BCARS, GR501, Box 1, File 24.
- 36 The value of this labour to the institution could from time to time puncture Farrant's consciousness, as in a 1933 memorandum: 'I would like to especially emphasize Orientals that would be suitable to work in the Laundry, as we are down to the last ditch, changing different patients around to do the work, they only last a few days. If I cannot get sufficient manual labour the only alternative will be to put in machinery, which would not only be brought about by considerable expense, and would not be as efficient as the hand washing, both in wear and tear and cleanliness. Our clothes frequently attract the attention of housewives who visit the grounds.' G. Farrant to A.L. Crease, 23 Jan. 1933, BCARS, GR501, Box 4, File 17.
- 37 BCARS, GR645, File 1. It is perhaps not altogether a surprise that Mayhew would offer such a sanguine appraisal, given his prominence as a member of Premier John Oliver's ruling Liberal Party.
- 38 C.E. Doherty to G. Farrant, 5 Jan. 1920, BCARS, GR501, Box 2, File 2.
- 39 G. Farrant to A.L. Crease, 4 Aug. 1928, BCARS, GR501, Box 3, File 7.
- 40 This permeability was, however, by no means absolute. Those prospective visitors who were viewed to be dilettantes, or threats to the orderly maintenance of the home, were denied access, as exemplified in a letter from Esson-dale Medical Superintendent H.C. Steeves to Deputy Provincial Secretary P.D. Walker on 18 October 1924, regarding a Mr J. Cheetham, who had applied for access to conduct observations on Colquitz inmates: 'While, no doubt, Mr Cheetham, is very sincere in his desires in this respect, I feel that it would be an extremely bad precedent to throw the Institution open to observers of any sort who wish to follow out any theories or studies they wish to make. The patients are our wards and I do not feel we should expose them to the curious public even though that be cloaked in the guise of wishing to carry on scientific observations.' BCARS, GR501, Box 3, File 6.
- 41 One letter from a long-term patient, addressed to Miss Busby on 14 October 1929 but confiscated by staff, decried her perceived inattentions: 'When our Saviour was hanging on the cross he cried for water and they gave him gall. I cried to you through my letter ... to report the threats the police made to me to the press and to appeal to the authorities at Victoria for my release as no person claims me to be insane. You ignored all these requests and handed me gall in the form of an Easter card, flowers, and rich cakes. Your refusal to grant my request made me sick at heart, your cake made me sick at the stomach, the bitterness of gall can be spewed out of the mouth in a few minutes.

- After six months the bitterness of your substitutes remain the same. You ignored my request, did not even compliment me on any of my rhymes.' BCARS, GR501, Box 3, File 18.
- 42 *Victoria Daily Times*, Saturday, 16 Jan. 1927.
- 43 In the history of Colquitz, the one death suffered at the hands of an escaped patient occurred in 1961. BCARS, GR645.
- 44 Notwithstanding the 'bad press,' Farrant remained relentless in his endeavours to educate what he considered an obtuse and unenlightened citizenry, as in a letter addressed to a Colquitz neighbour: 'I was very much surprised yesterday when interviewing my superiors in the Provincial Secretary's Department that you had lodged a complaint as to how I allowed the patients of the Home to be about the grounds without proper supervision. I should be most pleased if you would ring me up and make an appointment, that I may have an opportunity of making you more conversant with the working of the Institution. I appreciate the interest you have taken though it may be in the way of a kick, I only wish more would do the same, and become enlightened to the burden that the people of the Province have to shoulder in caring for those less fortunate than ourselves.' G. Farrant to Mr Munro, Colquitz, 14 Jan. 1928, BCARS, GR501, Box 2, File 16.
- 45 BCARS, GR645, File 4. Granby Farrant's hand-written notation on this clipping reads: 'There has been three escapes in past 12 months. Total number of hours about 4 1/2. [Patient's] record most incorrect.'
- 46 *Vancouver Daily Province*, n.d., BCARS, GR645, File 4.
- 47 P.D. Walker to Mrs Monteith (office of the BC Attorney General), 9 Feb. 1931, BCARS, GR497, Box 4, File 4.
- 48 'Some of Farrant's men,' he suggested to A.L. Crease, 'are not really competent to handle the type of patient he has. Some of them seem to me to be undersized and not able to take care of themselves in a scrap. I am inclined to think that some of them may be a little frightened of one or two of the patients.' P.D. Walker to A.L. Crease, 1 April 1931, BCARS, GR497, Box 4, File 4.
- 49 A.L. Crease to G. Farrant, 14 April 1931, BCARS, GR542, Box 21, File 1.
- 50 G. Farrant to H.C. Steeves, 24 Nov. 1921, BCARS, GR501, Box 2, File 3.
- 51 'Jail Breaks Easy in Mental Homes. Superintendent Explains Practice at Local Mental Hospital,' *Victoria Times*, 6 Jan. 1922.
- 52 In point of fact, this was a fabrication. By 1933 there had been three successful escapes by inmates (one each in 1920, 1923, and 1930).
- 53 G. Farrant to P.D. Walker, 25 Aug. 1933, PF41, BCARS, GR87-024.
- 54 When the local police did become involved, they were generally successful in rounding up escapees, much to the appreciation of Farrant, whose 26 Septem-

ber 1922 letter of gratitude to W.G. McMynn, chief of the BC provincial police, reads in part: 'Heretofore it has been the practice of the Press to publish [or] broadcast the particulars of an escaped patient and what steps were being taken to recapture them, their reports drifting through different police departments, in this case I only notified your department and got excellent results, the patient was adrift 60 hours, without the public knowing. Constable Owens received a phone message at 1.00 am that a man was acting strangely and he immediately got in touch with me and arranged to meet at a given point from three different angles, the patient was taken within 1 1/2 hours, though the actual capture was made by my men (the others having farther to travel), great credit is due Constables Owens and McPhail for systematic and energetic way they work. I would like to bring to your notice the valuable assistance they have rendered me in this and former cases.' BCARS, GR501, Box 3, File 3.

- 55 Indeed, it was on questions of security and patient amenability for release that Farrant's lay judgments were most susceptible to negation by his medical superiors. On 7 December 1927, for example, Farrant recommended to A.L. Crease that twenty-five-year-old W.T. be returned to the custody of his parents, declaring that 'he conducts himself well under discipline, he is a willing and fairly intelligent worker, he appears to realize that a repetition of his misconduct would be very detrimental to his freedom ... Should you grant probation, I respectfully suggest that you require him to report to me fortnightly ... It is just a case, that we have many of, yet there are thousands similar on the outside.' This recommendation was entirely dismissed in Crease's letter to W.T.'s mother dated two days later: 'The staff do not think it at all advisable for you to take your son home ... If the discipline is lifted from him, he will cause you a great deal of trouble' (PF71).
- 56 Erving Goffman, *Asylums: Essays in the Social Situation of Mental Patients and Other Inmates* (New York: Doubleday 1961); Robert Menzies, *Survival of the Sanest: Order and Disorder in a Pre-Trial Psychiatric Clinic* (Toronto: University of Toronto Press 1989); Stephen J. Pfohl, *Predicting Dangerousness: The Social Construction of Psychiatric Reality* (Lexington, MA: Lexington Books 1978); Jane Ussher, *Women's Madness: Misogyny or Mental Illness?* (Amherst, MA: 1992); Dorothy E. Chunn and R. Menzies, 'Gender, Madness, and Crime: The Reproduction of Patriarchal and Class Relations in a Psychiatric Court Clinic,' *Journal of Human Justice* (1990), 33-58.
- 57 Mary-Ellen Kelm, 'Women and Families in the Asylum Practice of Charles Edward Doherty at the Provincial Hospital for the Insane, 1905-1915' (unpublished MA thesis, Simon Fraser University Department of History 1990); Megan Barker Davies, 'The Women Beyond the Gates: Female Mental Health

- Patients in British Columbia, 1910–1935,' in *Women and Well-Being*, edited by the Canadian Institute for the Advancement of Women (Montreal and Kingston: McGill-Queen's University Press 1990).
- 58 British Columbia Legislative Assembly, 'Annual Reports of the Provincial Mental Hospital, 1901–23,' supra note 6.
- 59 Comparatively, 27 per cent of the overall British Columbia population in 1921 had been born in the province; 22 per cent hailed from elsewhere in Canada; 32 per cent originated in Britain or the Empire; and 6 per cent, 7 per cent and 7 per cent had emigrated, respectively, from continental Europe, the United States, and Asia. Jean Barman, *The West Beyond the West: A History of British Columbia* (Toronto: University of Toronto Press 1991), at 364.
- 60 In 1921, 49 per cent of British Columbians altogether were residing in the lower mainland, 21 per cent on Vancouver Island, and 40 per cent elsewhere in the province. Barman, supra note 59, at 371.
- 61 Through an arrangement with the Dominion government, British Columbia assumed responsibility for the mental hospitalization of Yukon residents.
- 62 The remaining patients were already behind institutional walls or bars at the time of their entry into the BC mental hospital system. Four had been in the BC Penitentiary, one in Oakalla, one in the Cobourg Military Hospital in New Westminster, one in a Nanaimo prisoner of war camp, and one in a mental institution in Stockton, California (there was no information for four subjects).
- 63 Three men were less than twenty years old at time of initial institutionalization, sixteen were between twenty and twenty-nine years, thirty-four were thirty to thirty-nine, twenty-three were forty to forty-nine, twelve were fifty to fifty-nine, five were between sixty and sixty-nine years, and three patients were seventy years or older (no information for four cases).
- 64 Among the others, six had no education, fifty-three had some grade school, and twenty-six had completed the primary grades.
- 65 Religious adherence distributed as follows: Roman Catholic (twenty), Presbyterian (fourteen), Church of England (nine), Protestant (nine), Lutheran (six), Methodist (five), Doukhobor (three), Greek Orthodox (three), Buddhist (three), other (five).
- 66 Jean Barman, supra note 59, c. 6; George Woodcock, *British Columbia: A History of the Province* (Vancouver: Douglas and McIntyre 1990); Robert A.J. McDonald, 'Victoria, Vancouver, and the Economic Development of British Columbia, 1886–1914,' in *British Columbia: Historical Readings*, W. Peter Ward and R. McDonald, eds. (Vancouver: Douglas and McIntyre 1981).
- 67 As Jean Barman asserts, 'The transient male labourer symbolized British Columbia just as the farmer still characterized much of the rest of Canada.' Supra note 59, at 125.

- 68 'B. is found insane. Squamish rancher will not stand trial for murder. Jury's verdict,' *Vancouver Daily Province*, 14 March 1930.
- 69 Supra note 11.
- 70 Prior to 1924, PHI was the administrative core of the BC mental hospital system and the site of initial commitment. Subsequently, Essondale assumed this role as 'intake centre.'
- 71 Among the other twenty inmates, eight had been diverted before their criminal trial under orders-in-council as unfit, four had been certified from the BC Penitentiary, three were 'not guilty by reason of insanity' WLG patients, and three had been transferred from Oakalla Prison Farm and two from the BC Penitentiary again under orders-in-council.
- 72 Altogether, among the one hundred patients whose files were surveyed, and including both civil and criminal commitment cases, sixty-nine men were not facing charges at the time of their initial hospitalization. Of the remainder, eleven were charged with murder, ten with other violent offences, four with property offences, three with vagrancy, two with desertion from the Canadian Armed Forces, and one with carnal knowledge.
- 73 Mental Hospitals Act, s. 7(c), supra note 11.
- 74 Formal appeals boards were instituted with the proclamation in 1940 of a revised BC Mental Hospitals Act, *An Act Relating to Mental Hospitals*, 4 Geo. VI, c. 27.
- 75 Supra notes 56 and 57.
- 76 Linda Teplin, 'Managing Disorder: Police Handling of the Mentally Ill,' in *Mental Health and Criminal Justice*, Linda Teplin, ed. (Beverly Hills: Sage 1984); Robert Menzies, "'Psychiatrists in Blue": Police Apprehension of Mental Disorder and Dangerousness,' 25 *Criminology: An Interdisciplinary Journal* (1985), 901-25; Sandra Wachholz and Robert Mullaly, 'Policing the Deinstitutionalized Mentally Ill: Toward an Understanding of Its Function,' 19 *Crime, Law and Social Change* (1993), 281-302.
- 77 One of the two Form B medical certificates (Mental Hospitals Act, s. 7(b), supra note 11) reads: 'Police had picked him up for throwing stones at some boys and upsetting their boat and using foul and abusive language about one of the Judges, that he was without control of his language and threatening as one in a maniacal state' (PF38).
- 78 'Bombs Fail to Subdue Seaman,' *Vancouver Daily Province*, 6 April 1932.
- 79 In general, suicide threats and attempts, along with self-inflicted injuries, were far from uncommon, with many patients at any given time (thirty-seven in May of 1929) being classified as suicidal. Internal memorandum, 28 May 1929, BCARS, GR501, Box 2, File 11.
- 80 See Patricia E. Prestwich, 'Family Strategies and Medical Power: "Voluntary"

- Committal in a Parisian Asylum, 1876–1914,' 22 *Journal of Social History* (1994), 799–818.
- 81 H.C. Steeves to G. Farrant, 25 Nov. 1926, BCARS, GR87-024.
- 82 'Six Months for False Pretences,' *British Columbian*, 26 May 1932.
- 83 *Vancouver Province*, 23 July 1920.
- 84 Ibid.
- 85 Doherty expired on 14 Aug. 1920. Annual Report of the Public Hospital for the Insane, 1920–21, supra note 6.
- 86 Menzies, supra note 56.
- 87 Evidence on Trial, *The King Against W.E.F.*, BC Supr Ct, Fall Assizes – Fernie BC, 20–1 Oct. 1930, No. 360-187.
- 88 In a letter addressed to Farrant on 21 May 1928, the patient implored: 'I would like to ask you if you could return me back to the penitentiary. I do think I could get along better there than I can here ... I think I will have to take my medicine myself without [my parents] helping me. If you could arrange to get me back to the Pen, I surely will be satisfied' (PF51).
- 89 The admitting physician at PHI observed: 'At time of examination patient was brought in grotesquely arrayed in a prison blanket, worn somewhat like a kilt with shoulder straps ... During conversation he made the following statements: "I keep myself in perfect health by a secret method ... I know a thousand things ... I can change a man back into a woman of fifty and still have her maidenhead ... I am sorry my penis is rather dilapidated this morning, but it's not from abuse, I was trying to turn it into a women's box"' (PF34).
- 90 Newspaper citations withheld to ensure preservation of confidentiality.
- 91 See Henry J. Steadman and Joseph J. Cocozza, *Careers of the Criminally Insane: Excessive Social Control of Deviance* (Lexington, MA: Lexington Books 1974); Terence P. Thornberry and Joseph E. Jacoby, *The Criminally Insane: A Community Follow-Up of Mentally Ill Offenders* (Chicago: University of Chicago Press 1979).
- 92 The above-described suicide of R.R. was not unique. Another inmate, not in the study sample, took his own life by strangulation in October of 1922. G. Farrant to H.C. Steeves, 12 Oct. 1922, BCARS, GR501, Box 2, File 4.
- 93 A section of eighty plots at Colwood Cemetery was purchased in 1934 for the burial of Colquitz patients. Four men were to be interred in each plot, '2 buried low and 2 on top.' The fee, 'less than half the cost at Royal Oak Cemetery,' was '\$15.00 for the low graves and \$10.00 for the top.' F.M. Spooner to P.D. Walker, 23 April 1934, BCARS, GR501, Box 5, File 6.
- 94 A.L. Crease to G. Farrant, 27 Oct. 1931, BCARS, GR501, Box 4, File 17.
- 95 P.D. Walker to A.L. Crease, 1 April and 16 May 1931, BCARS, GR497, Box 4, File 4.

- 96 P.D. Walker to A.L. Crease, 13 June 1931, BCARS, GR497, Box 4, File 4.
- 97 P.T. McLeod to A.L. Crease, 9 July 1932, BCARS, GR542, Box 21, File 3.
- 98 BCARS, GR501, Finding Aid Index.
- 99 Sidney Jackson, 'Only few ever leave Colquitz,' *News Herald*, 11 Jan. 1954, BCARS, GR645, File 4.
- 100 Ibid.
- 101 Tom Gould, 'Former Wilkinson Road jail to be abandoned eventually. Make-shift Colquitz Mental Hospital serving desperate need,' *Vancouver Province*, 6 May 1954.
- 102 'Mental Hospital Declared "Dungeon, Prehistoric Cave,"' BCARS, GR645, File 4.
- 103 CCF Burnaby Member Cedric Cox suggested to legislators that 'they should visit Colquitz mental hospital to see for themselves the "concrete cubby holes into which inmates have to crawl,"' *ibid.* For his part, Randolph Harding, representative for Kaslo-Slocan, observed that 'Colquitz mental institution is a "disgrace to the province,"' *Victoria Times*, 27 Feb. 1960.
- 104 The revised BC Mental Health Act, 1964, was enacted on 1 April 1965, on which date Essondale and the Crease Clinic of Psychological Medicine were amalgamated and renamed 'Riverview Hospital.' BCARS, Ministry of Health Administrative Outline.
- 105 BC Forensic Psychiatric Services Commission Act, 22-3 Eliz. II (1975), c. 35.
- 106 Jim Ryan. 'Colquitz shuts doors. Dreary story ends,' *Victoria Colonist*, 30 Jan. 1964.