Contesting Criminal Lunacy:
Narratives of Law and Madness in West Coast Canada, 1874-1950

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Introduction

Since the 1960s an impressive body of literature has emerged on the historical jurisprudence of criminal insanity. In Britain, the Continent and North America, criminologists and psychiatric historians have painstakingly chronicled the evolution of legal competency and responsibility as key constructs in the adjudication and institutional deployment of mentally disordered offenders. From Walker's encyclopedic treatment of the subject[1] to the more recent work of Eigen, Guerniari, Harris, Robinson, Smith, and Ward,[2] scholars have borne witness to the complex and contradictory relations of law, medicine and public culture that govern historical responses to criminal lunacy among both judicial authorities and scientific practitioners.

Yet, as Prior has recently observed,[3] in contrast to this wealth of legal knowledge, there has been remarkably little historical work focussing on either the regulation of afflicted people following their adjudication as criminally insane, or the wider social function of carceral contexts specializing in the containment of these doubly deviant populations.[4] Further, available historical accounts of insanity and law often relegate criminal 'lunatics' themselves to at best a peripheral role in their own stories, or even render them invisible altogether. Apart from the rich biographies of celebrated nineteenth-century figures like Hadfield, Oxford and McNaughtan,[5] we know little of substance about the criminally insane of the past. This is particularly the case when it comes to their encounters beyond the courts, within the realm of their families and

communities and, inevitably, as involuntary inmates of closed asylums. According to Eigen, "occasionally a practitioner left behind a chronicle of case histories, but again, these are written not from the perspective of the sufferer but from that of the listener cum systematizer. One looks in vain for a sustained treatment of the patients' thought-world."[6]

The marginalization of the criminally insane in legal and medical scholarship is all the more surprising in view of the abundant historical ethnography that is now available on the lives and experiences of patients confined in the general madhouses, asylums and psychiatric hospitals of the nineteenth and early twentieth-centuries. Around the world, inspired by the pioneering work of medical historians like Porter and Peterson[7] and nourished by a plethora of surviving institutional case file archives,[8] researchers have begun to open up the mental health establishment to historiographic scrutiny. The official profiles, verbatims, diaries and correspondences of patients comprise, in McGovern's words, "a rich and relatively unmined source … which allow[s] us to get inside the asylum walls to discover the inadvertent deceptions that superintendents … practiced upon us."[9]

At its best, historical research based on such materials is capable of recapturing the absorbing human qualities of asylum culture and reconstructing the dynamic worlds of its inhabitants, both staff and patients. This work is also democratizing and subversive of convention to the extent that it takes patient thoughtways and culture seriously, problematizes the authoritative accounts of medicine, and challenges one-sided treatments of the asylum as an inherently benevolent embodiment of progressive science.[10]

In what follows, I attempt to apply these approaches to a study of psychiatric experts and their criminally insane subjects in the Canadian west coast province of British Columbia between 1874 and 1950. Enlisting the case files of 100 men and women charged with criminal offences

and rerouted to the asylum, in concert with a variety of other primary and secondary sources, I chart the recorded encounters between physicians and patients[11] and their respective efforts to derive meaning and power from the legal, medical and cultural resources at their disposal.

While they resided at opposite ends of the institutional hierarchy and were frequently embroiled in conflict, asylum doctors and their criminally insane subjects also shared many common problems, outlooks and ideologies. They were both active theorists of crime, madness and life. They were both immersed in the cultural preoccupations of the outside world, constrained by the institutions they inhabited, and forever struggling to make some sense out of the incomprehensible human tragedies that confronted them. In exploring the words they left behind, we can learn much about the institutional psychiatrists and patient-offenders of this era. From the former, we can determine what images of criminality and disorder dominated the thoughts of medical authorities, and how they operated on their knowledge and beliefs. From the latter, we can discover what it meant to be criminally insane, and how this designation was both enacted and contested within and beyond the mental health establishment.

And when it comes to the construct of criminal 'lunacy' itself, an historical ethnography invites a mundane and contextual depiction that belies the incendiary accounts of murder and mayhem that permeate public culture and the media. Revisioned through the microscopic lens of grounded historiography, criminal insanity assumes an unabashedly human and only partially knowable identity. Liberated from the rarefying discourse of law, disordered criminality reveals itself as a complex and opaque social phenomenon. It resists all efforts to assimilate and manage. Viewed from within and framed in social context, criminal insanity was at once less monstrous than its public images, less deranged than its psychiatric representations, and more

connected to the everyday commerce of social life than virtually anyone was prepared to concede.

The Problem of Criminal 'Lunacy' in British Columbian History

British Columbia in the late nineteenth and early twentieth centuries was a domain of unfathomed possibility. Known as the "West Beyond the West,"[12] BC was one of the last frontiers of North American colonialization. In 1874, at the onset of this chronicle of insanity and law, the province had been a member of Canadian confederation for only three years, and Aboriginal peoples still comprised the preponderance of its population. Through the following decades, everything changed. Successive waves of European and Asian immigration, the emergence of an aggressive resource extraction economy, the 1885 completion of the transcontinental railway and the rise of towns and cities like Victoria, Nanaimo, New Westminster and Vancouver inalterably resculpted the British Columbian landscape. From a settlement society with at best a tenuous foothold on the surrounding wilderness, by mid-twentieth century the colony had metamorphosed into a multicultural and economically diverse province with the country's third-largest population—the majority of whom lived in urban settings.[13]

But British Columbia was also a realm of striking contrasts. Detached from the rest of Canada by mountains and history, the province fast developed a local political culture that fostered rampant regionalism, factionalism and demagoguery. The mining, forestry and fishing industries were wellsprings for an escalating class conflict between capitalism and union labour.[14] A succession of devastating economic depressions that descended from the 1880s to the 1930s intensified these disputes and contributed to the hardships of working people

everywhere. Assimilation and disease decimated the province's First Nations. In a world that was both statistically and politically malestream, the women minority was confined mainly to the private realm of family or to gender-scripted careers as domestics, servers, nurses and teachers.[15] The British colonialists who reigned supreme in the nineteenth century were loath to relinquish their hegemony over the province, and campaigned to prohibit Asians and eastern and southern Europeans from entering. As immigration intensified before and after the Great War, exclusionist and racist organizations multiplied and found sustenance in the eugenist, social darwinist and hereditarian philosophies that flowed freely.[16] Inter-war state projects for constructing the new Canadian citizen frequently translated into parochial crusades aimed at maintaining racial purity and keeping the province British.

By the lowest point of the Great Depression, British Columbia had in many respects partitioned into two provinces—one commanded by a privileged côterie of predominantly white male professionals, owners and entrepreneurs, and the other inhabited by a majority populace of labourers, miners, loggers, fishers, farmers, millworkers, shopkeepers, 'housewives' and countless others who were still struggling to achieve a station in west coast society.

The legacy of these turbulent times, and the social divisions they encompassed, was felt in every arena of British Columbian public life. Nowhere were these influences more apparent than in BC's state mental health system. Institutional psychiatry drew its energies from the same forces and ideas that were fuelling various other state projects and social movements across the province. At the core of asylum ideology and practice was the widely shared vision of a well-regulated citizen who was at once morally reputable, disciplined, industrious, and committed to the advance of British and Canadian culture. Throughout these decades, even as their hospitals

expanded and patient populations surged, alienists and psychiatrists remained steadfast in their representation of these core political values.

There is ample evidence that their public responsibilities weighed heavily on British Columbia's mental health establishment. Throughout their institutional accounts, organizational correspondence and patient files, provincial medical superintendents like G.F. Bodington (1894-1900), G.H. Manchester (1900-1905), C.E. Doherty (1905-1920), H.C. Steeves (1920-1926) and A.L. Crease (1926-1950) reveal a profound sense of duty, decorum and destiny. Educated in England or in the best medical schools of eastern Canada, and entrenched among the political and social elite of west coast society, these men considered themselves the enlightened bearers of Victorian, and later, Progressivist civilization.[17] In every aspect they were creatures of their own class and time.[18]

Moreover, the fact that the professional responsibilities of these men happened to coincide with the preservation of their own reputation and position was scarcely incidental. Like their British counterparts, the province's psychiatrists "saw themselves as playing for the highest stakes: the future of both society and civilization—a society they wanted to continue has it was, with their own power intact."[19] When it came to their professional encounters with the mentally unfit, their mandate was at once restorative and segregative. They were to reshape damaged citizens and reintroduce them to a state of rationality and industry for the mutual benefit of individual, province and nation. But when patients were too unruly or sick to benefit from such reclamation efforts, medical men also had at their disposal the awesome authority to sequester and exclude.

The institutions that these physicians built, and the programs they administered, were also emblematic of the wider social order within which they were located. With convulsive social

change came equally dramatic transformations in British Columbia's asylum apparatus. Far from being an undifferentiated block of time, the 77 years canvassed by this research represent a critical period of transition in the province's psychiatric infrastructure, organizational culture, legal framework, treatment philosophy and professional personnel. From the dilapidated Victoria Lunatic Asylum (1872-1878)[20] to the sprawling enterprise of the mid-1900s, the period witnessed revolutionary expansion and diversification across virtually every component of the province's mental health system. The following case studies of physician and patient activities and thoughtways need to be situated within this wider context of turbulence and change. They should be interpreted with the understanding that, for everybody involved, the psychiatric establishment of the 1930s and 1940s was a far different place from the lunatic asylum of earlier eras.

Nevertheless, amid these wider transformations, the internal order of the hospital, and the everyday experiences of practitioners and patients, displayed a quite remarkable degree of constancy and continuity. As will become resolutely clear as these case analyses unfold, relations of power and resistance between authorities and subjects remained relatively stable across these tumultuous decades. Even as the mental health system was being buffeted by seismic shifts in policy and practice on all fronts, the essence of asylum life, from the standpoint of those locked inside the gates, for the most part did not change in any meaningful way.

Shortly after Confederation, legislators granted legal powers over the mentally ill that by 1912 had consolidated into the *Mental Hospitals Act* (*MHA*).[21] Through the last three decades of this study, three separate institutions were in full operation. The Public Hospital For the Insane (PHI) opened on a New Westminster hillside in 1878. The Provincial Mental Hospital, Essondale, a 1000 acre facility, became the centrepiece of BC psychiatry soon after its 1913

inauguration. The Provincial Mental Home, Colquitz was a maximum-security unit housing up to 300 criminally insane and other 'recalcitrant' male patients on Vancouver Island between 1919 and 1964.[22] The three institutions eventually evolved into a massive and multi-tiered operation as the mental health bureaucracy grew increasingly complex, hundreds of staff joined the ranks, professions like psychology, social work and psychiatric nursing emerged, annual expenditures continually rose (to $4.8 million by 1950), and the hospital establishment gradually opened to the outside world through the development of outpatient services, community clinics and 'psychopathic' facilities focussing on short-term acute hospital care. Philosophies and modes of treatment, too, underwent profound changes through these years, as the moral treatment era of nineteenth-century alienists eroded into a resigned custodialism in the early decades of the 1900s, which in turn yielded to the somatic theories and practices of mid-century.

As for the patients, they continued to arrive at the asylum gates in ever-escalating numbers. In the entire decade of the 1870s, the Victoria and New Westminster asylums witnessed a mere 144 admissions. In the fiscal year 1949-50 alone, 1415 women and men entered the hospital wards.[23] Whereas the 1872 census of the Victoria Lunatic Asylum registered a sum total of 16 souls, through the first half of the twentieth century the patient population increased by nearly 1000 people per decade, until on 31 March 1950, 4602 inpatients were resident inside the province's three main hospitals.[24]

Into these fields of medico-legal authority arrived the criminally insane. While the vast majority of British Columbian 'lunatic' cases were involuntary committals certified by two physicians under the *MHA*, insane criminals followed a different route to the asylum. They had allegedly violated the *Criminal Code* and had subsequently been deflected from the judicial process on account of insanity before or during their trial[25]; or declared incapable of defending

themselves or not criminally responsible[26]; or deposited in hospital from provincial gaols like Oakalla[27] or the federal BC Penitentiary[28] as insane convicts.

Like their counterparts in contemporary forensic systems,[29] these people were enigmas for carceral officials and medical experts alike. They occupied a kind of conceptual purgatory, traversing legal, scientific and moral categories and resisting all efforts to subsume them within the languages and practices of extant systems. Their Manichean status—in equal parts criminals in need of censure and sufferers deserving of relief—was ultimately irreconcilable, and therefore dangerous beyond words. Society and its constituted authorities wrestled mightily for more than two centuries with the paradoxes and mysteries that the criminally insane posed.[30] Arguably, by the late 1900s, they had succeeded in erecting entire infrastructures, languages and methodologies aimed exclusively at domesticating the madly bad.

But for the psychiatric establishment of early British Columbia, there was no such recourse to pre-existing practices. Insane criminals were trouble cases in every aspect of their being. In their efforts to achieve mastery over mental affliction and criminality, professionals expressed both the ambitions and fears that inspired them, and the contradictions that ultimately thwarted their disciplinary and therapeutic projects. The records that they left behind, moreover, exposed the affectingly human face of criminal insanity that informed the lacerating exchanges and experiences of physicians and patients, and the eloquent words through which the latter so frequently voiced their own trenchant understandings of madness and crime.

Not only did criminal lunacy challenge the epistemology of institutional psychiatrists, but it also posed a litany of administrative and pragmatic challenges. As will be elaborated below, the medical superintendents and their staff exercised at best an indirect and mediated order of control over their criminally insane charges. Unlike civil patients, who were entirely under the

aegis of mental health officials, the Order-in-Council inmates remained wards of the criminal justice system, and more specifically the Attorney General of the province. In the case of provincial and federal prisoners, this authority remained in effect until the expiry of their criminal sentence; for those found unfit or insane by the courts, it was indeterminate. Consequently psychiatrists were not at liberty to dictate the status of these subjects, nor to effect their release should the patients regain their sanity during confinement. While in some instances medical officials were able to assume absolute control over criminally insane people after their Order-in-Council had expired, in general this administrative dependency on judicial authorities was a direct affront to their professional autonomy, and it fostered a deep antipathy toward their subordinate role in the disposition of criminally insane people.

Lives of Criminal Insanity

In this section and below, I chronicle the encounters between institutional physicians and 100 criminally insane persons who fell into the orbit of British Columbia's mental health system during its first eight decades of operation. These years traverse the formative phases of the province's psychiatric apparatus from the opening of the Victoria asylum to the midpoint of the twentieth century.[31]

Among the 28,100 patients whom authorities ushered into British Columbia's mental hospital system between 1872 and 1950, 387 were indeterminate transfers from the criminal courts (as unfit for trial or not guilty by reason of insanity (NGRI)), or from gaols, prisons or penitentiaries (under the provincial *Mental Hospitals Act* or federal *Penitentiary Act*).[32] For this study I drew a random 25% sample of these 387 patients,[33] proportionately selected from each of

the eight decades reviewed plus 1950, and added three more to reach a total complement of 100 cases.[34]

I then consulted and selectively transcribed the clinical files of these 100 'criminally insane' people.[35] While the records varied in comprehensiveness across cases and over time (with significant augmenting of the average file in the early 1920s, and a more or less continuous expansion of detail thereafter), they typically contained the following materials: legal documents pertaining to arrest, psychiatric commitment, transfer, discharge and death; 'verbatims' of patient interviews on admission; occasional press clippings; physicians' observations of conduct on the wards; medical, social and family histories; notations by nurses and social service workers; physical health and treatment records; psychological testing results; case conference transcripts and outcomes; special incident reports; communications between physicians and other authorities, patient family members and other interested parties; correspondence between patients and staff; and patient letters and assorted other writings that were deemed unfit for conveyance and therefore 'confiscated.'

As selective renderings that were inevitably filtered through the organizational practices and preoccupations of medical personnel, the contents of these records must be interpreted with care.[36] At the same time, the files literally overflow with knowledge and harbour a wealth of social, clinical and legal insight about the personal lives, public encounters and institutional experiences of the 100 women and men in this study. I supplemented these records with the abundant primary document sources available in the British Columbia archives, along with government reports and assorted secondary documents and literature. I analyzed the case files using both statistical summary methods and qualitative grounded theory techniques.[37]

These 100 criminal insanity cases selected from the years 1874 through 1950 included 11 people found unfit for trial, 10 NGRIs, 36 prisoners transferred from provincial prison, 25 convicts from the BC Penitentiary, and 18 defendants remanded to hospital before or during their trial. The most common charge or conviction was for property offences (24), followed by murder or manslaughter (22), other violent crimes (16), vagrancy (8), and drunk and disorderly conduct (6).[38] Police had arrested two people for attempted suicide. In three instances no formal charges had been laid. For those who had incurred sentences from a criminal court, the average term of imprisonment was just over three years. Three people were facing a life term, two had sentences of death commuted to life,[39] and one was facing indeterminate confinement under the federal *Juvenile Delinquents Act*.[40]

In total the group comprised 89 men and 11 women.[41] Their ages at admission ranged from 15 to 83 years, with an average of 37. Fifty-seven people were of British or Irish descent, 30 were of continental European ancestry, six were Chinese, three were Aboriginal, two were from Japan, and one each was of South Asian and African heritage.[42] Only 12 patients had been born in British Columbia, and 38 others in another Canadian province.[43] Twenty-six persons were married, and another two were living 'common-law.' Three-quarters had acquired no more than a grade school education, and just one had attended university. The majority of men were either general labourers or were involved in occupations associated with resource extraction industries like mining, forestry and fishing. Authorities identified six of the 11 women as 'housewives.'[44] Fifty-six patients were unemployed prior to admission. Thirty-four had a prior history of imprisonment, and 22 had been in psychiatric hospital before. Diagnoses of paranoidal dementia praecox or schizophrenia were most frequent (31). Hospital authorities categorized 25 other people within other classes of dementia or schizophrenia, 11 as psychopaths

or moral delinquents, 6 as mentally deficient, 5 as manic depressive, 4 as suffering from syphilis or paresis, 3 from toxic psychosis, 2 from epileptic insanity, 2 from organic disorders, and 2 from traumatic insanity. Physicians considered 5 patients to be not insane.

The contrast between these criminally insane patients and the clinicians who attended them could not have been more striking. If the medical superintendents and their staff were illustrative of the enlightened professional classes that increasingly came to dominate west coast politics, economy and culture, the criminal 'lunatics' under their care were representatives of a far different British Columbia. Their province was a disorderly and capricious world of class, gender and racial divisions, frequent economic depressions, backbreaking physical labour (where it existed), meagre leisure opportunities, sparse social services, and countless desperate lives of itinerancy, poverty and isolation. Recurrently, the files of these medico-legal subjects echo themes that resound throughout the historiographies of working and indigent men and women in late nineteenth and early twentieth-century coastal society. Their verbatim accounts delivered to asylum doctors, and their biographies reconstructed by authorities, read in part as an anthology of everyday life in the mills, mines, forests, fields, streets and homes of the young province.[45]

But these are also tales of crime and madness. While so many others survived these arduous conditions and sometimes thrived, or at least managed to elude prison and asylum, the 100 criminally insane subjects of this study unfathomably descended into a less happy fate. Whatever might have been the source of their mental and legal troubles—whether internal afflictions, unbearable private burdens, the oppressions of an unjust system, or some combination—for unfathomable reasons their worlds had either slowly eroded into medico-legal oblivion or detonated in a public eruption of inexplicable mayhem. Typically it was on these most perturbing transgressions that authorities and communities directed their vigilance.

The expert preoccupation with these most alien aspects of criminal insanity was hardly surprising. To proceed otherwise, and acknowledge the typicalities of such obviously insane and risky people, was tantamount to inviting a bedlam of politically charged accounts that would have been anathema to medical practitioners of the day. Instead, official narratives endeavoured to underscore the unique attributes of the criminally insane—the mental, moral and constitutional factors that set them apart from their less ill-fated counterparts outside the hospital walls.

These differentiating discourses, however, were inevitably incomplete and porous in their application. Practitioners and public alike faced the uncompromising fact that these criminal 'lunatics' were in many respects too normal for description, and entirely prototypical of the culture that yielded them. Their poignant personal tragedies were alive through every page of the institutional case files. Moreover, their histories, words, thoughts and deeds defeated all efforts to subsume these people within the objectifying categories of medicine and law.

The criminally insane population of British Columbia was both of and apart from west coast society. These people constituted a kind of diaspora, sprinkled around the province in seemingly random fashion, and attracting the attention of legal and psychiatric authorities for a dazzling array of reasons.

Criminal lunacy was a symbolic threat, despite its rare occurrence, precisely because of its apparent arbitrariness and the myriad guises in which it arrived. It could seemingly strike anywhere, and inhabit anyone. However assiduous their efforts to establish scientifically knowable causes for insane crime, professionals at least partially recognized that it was beyond their power to predict or prevent it. Nor were they capable of deriving a set of distinguishing characteristics that would readily demarcate the boundaries of criminal mentalities. Moreover, the defendants and convicts who arrived on their wards furnished institutional physicians with

ample reminders of the disquieting banality that characterized these people's lives. Their crimes and illnesses aside, these men and women resembled so many others in their ongoing struggle to survive in an often hostile social climate.

Among their number were many members of the "occupational wanderer"[46] army that constituted much of the province's workforce. These people, often first-generation immigrants, led austere lives of migratory labour that transported them for years around the province, and sometimes the globe, before crime and madness occasioned their downfall.

There was Jeremy Ashcroft[47], found unfit for trial on a murder charge in the mid-1920s, who had worked without incident in dozens of occupations throughout the United States and Canada over more than three decades, finally settling in a Vancouver Island fishing community where he unaccountably developed delusions of persecution and murdered his business partner. Born to a respected family in eastern Canada, George Flinders was, between 1903 to 1926, variously engaged as a farmhand, logger, factory worker, millworker, beachcomber and finally an independent farmer in central BC when, in an apparent state of automatism, he threatened his closest friend with a pistol and soon entered the provincial hospital system as NGRI. Another insanity acquittee, whom police had charged with murdering his cabinmate, Ezra Harrison was 62 years old at the time of his arrest in 1940. Raised in Kentucky, one of 16 children, he had drifted across the continent for most of his life, labouring whenever needed as a horseman, linesman, logger, farm worker and prospector, although "the love of gold I guess has led me as much as anything else."

For those who had immigrated to west coast Canada from Britain, the Continent, Asia and elsewhere, their crimes and disorders often seemed inextricably woven with the cultural privations and exclusions that they faced.[48]

Istvan Novicek was a Hungarian citizen who had disembarked at the eastern Canadian port of Saint John in 1926 at the age of 21. With little education, few skills, a limited command of English and no relatives in Canada, he gravitated slowly westward, labouring sporadically for paltry wages on farms across the prairies, before finally landing in the Fraser Valley of British Columbia. Late in the summer of 1931, still penniless and alone, Istvan stabbed to death a neighbour in a convulsion of rage that earned him five years in the BC Penitentiary. From there doctors transferred him to Essondale where he remained before succumbing to a coronary in 1943.

Juzo Terizawa, a Japanese immigrant, arrived in British Columbia at the age of 26 in 1922 aboard the SS Arabia Maru. For four years he led a cheerless life of labour in the lumber mills of Vancouver, dwelling in a small room rented from his brother, and slowly declining into a paranoidal psychosis. Convinced that his sister-in-law was cavorting sexually with phantom men, in the early spring of 1926 Juzo repeatedly stabbed the unfortunate woman and her young daughter with a kitchen knife while the brother was away at work. Five months later a jury found Juzo Terizawa not guilty by reason of insanity. Following a seven-month stay at Colquitz, authorities arranged for his deportation to Japan, where an unknown fate awaited him.[49]

The severities of existence in early British Columbia were especially acute for many women who were engulfed by the multiple burdens of poverty, dependency, violence, sexual abuse, cultural isolation, relegation to the domestic sphere, and exclusion from meaningful work. The narratives of these criminally insane women comprise a litany of gender experience, injustice and rebellion. But at the same time each tells a unique story of lives gone wrong.

Jane Pickering was a 48 year-old single mother with an ‘illegitimate’ son living on the outskirts of Vancouver in the late 1920s. Abandoned by her husband and ostracized by relatives,

she subsisted for years by waiting tables and working a cash register before running afoul of the law, earning a diagnosis of paranoia and two years at the Public Hospital for the Insane. For her part, Edith Olmstead, a 24 year-old married women with three children, proved incapable of meeting the domestic requirements of matrimony and motherhood. According to a social worker she "showed no capacity for housekeeping and seemed to take little or no interest in her home … [her husband] has to cook his own meals, fill his lunch-pail, wash his own clothes [and] cooks and washes for the children." Edith finally met her undoing in 1948 in the form of a prostitution charge and was first gaoled, then hospitalized at Essondale, where physicians diagnosed schizophrenia and treated her for the next 13 years with somnolent insulin, nitrous oxide, ritalin, largactil and electroshock. Sadie Kennedy presented problems of a different kind. With a longstanding history of violent crime, fecklessness, ill-discipline, child abandonment and 'promiscuity,' Sadie seemed to violate the very preconditions of feminine identity. After only two months at Essondale pursuant to a vagrancy conviction, doctors had reached their threshold with this 'mannish' woman and engineered her discharge in full, into the care of her husband, in August of 1949.

Like their private histories, the crimes and misdemeanours of these 100 British Columbians were both eclectic and alive with cultural content. In contrast to popular images of criminal insanity in past and present,[50] their violations were not confined to sanguinary deeds of insane violence, but instead distributed liberally across the pages of the *Criminal Code*.

In December 1888, Vera Renfrew had launched a drunken disturbance on the streets of Victoria. Roy Meadows had threatened to shoot two men in 1898 over a business dispute. Oliver Ladd was charged with the carnal knowledge of a girl under 14. In 1926 Jane Pickering had committed a defamatory libel against two neighbours. A delusional John Bendix shot and

killed a game warden in the East Kootenay district during the summer of 1931. Believing that he was the Prince of Wales and had every right to seize the funds, Vernon Norwood robbed a Vancouver branch of the Royal Bank. Miles Darling had for years sexually and physically abused his two teenaged daughters. After Thomas Washington had been apprehended by private police for "riding the rails," a court sentenced him to six months in Oakalla for vagrancy. James Standish broke a glass window in 1938 because "he was hungry and had no money, and did it in order to secure attention and a place to eat and sleep." At the age of 83, Brendan Hoover slashed his wrists in a public park outside Victoria and was straightaway charged with attempted suicide. Learning of her infidelity, Serge Lalonde stabbed his wife to death on the streets of a northern community, then, according to the presiding Essondale physician, "gave himself a lobotomy with a gun shot wound." In 1946, Zachary Kane attempted to murder a young woman in Vancouver who had broken off their engagement. William Downey, an Essondale employee, had set a number of fires at the hospital farm during the late 1940s that caused half a million dollars damage and killed an elderly teamster. Jonathan Protz was a heroin trafficker. And in the expressive words of Stan Melanchuk, yet another patient convicted of vagrancy, "I got arrested for bumming around."

Whatever the galvanizing forces, then, that had assembled them within the province's mental health establishment, the transgressions of these criminally insane men and women—like their biographies and mentalities—could not have been more widely arrayed across the full spectrum of social concourse and conflict.

The Medical-Legal Regulation of Crime and Madness

How did psychiatrists contend with the presence of these criminally insane people in their professional practices and institutions? In the mental establishments of early British Columbia, as elsewhere, medical responses to mentally disordered offenders were replete with paradox and contradiction. According to Smith, "[c]riminal lunatics posed a special problem in the rational differentiation of miscreants"[51] Experts in the pathology of mind navigated less comfortably in the courts and prisons than they did within the more familiar terrain of the public asylum. Their criminally insane charges often proved less tractable, and less receptive to scientific scrutiny, than other afflicted subjects.

Moreover, legal authorities were not necessarily receptive to the insights and prescriptions that medicine furnished for the human defects and social problems that crime embodied. "[I]t was the psychiatrist," Guarnieri writes, "who … found himself on trial each time; for the evidence he presented to demonstrate the pathological identity of the accused—his incapacity for understanding and free choice—served at the same time to prove the psychiatrist's own scientific identity as well as his capacity for judgement."[52]

Law was both dependent on and inherently resistant to the authority of medicine. Medical accounts of crime were continuously subject to accommodation, challenge and dispute in these adverse judicial fields. "The 'science' of law and psychiatry does not accept inconsistencies, ambiguities, contradictions, indeterminacies, and other so-called anomalies that defy the rule of identity or sameness."[53] In order to establish their legal relevance, therefore, psychiatrists needed to modify their methods, incorporate novel ideas and discourses, and establish hybridized practices that would afford them a distinctive role in the mastery of criminal madness. In so doing, they were endlessly negotiating a precarious frontier between the

mutually confluent but ultimately irreconcilable regimes of medicine and law. The consequences for criminal psychiatry were far-reaching and profound:

> Between prisons and asylums there came to exist a very disturbing system of communication, regulated partly by medical expertise. This led to the creation of a new medical cum legal method of criminal analysis. Judges by no means always resorted to this method, and thus they slowed down the will to power of the alienists and protected themselves from attempts to encroach on their own territory. Crimes had to be illogical, immoderate or extraordinary for the law to call on the psychiatric system.[54]

Psychiatrists were able to negotiate the spaces between pathology and crime because their participation promised concrete answers to the ideological and practical dilemmas posed by criminally insane people for juridical authority. But the solutions that these experts offered were only nominally scientific. In actuality, as Eigen, Ward, Smith and others have convincingly shown,[55] wider cultural understandings of madness, morality and risk saturated psychiatric formulations for the courts. "[T]he medical and legal personnel," observes Allen, "are themselves also commonsense subjects, caught up in the ordinary attitudes of everyday life."[56] Medical witnesses and practitioners were in the business of pacifying criminal lunacy, of immobilizing insane crime by reinscribing it with social and ethical meanings that were accessible to courts and public alike. "Psychiatry … deals," in other words, "with the leakages at the edges of the publicly conceived and sanctioned order."[57] Expert knowledge was deployed to resuture the fissures that deeds of criminal insanity tear open in the social fabric. As such it was inevitably fuelled by contemporary obsessions with order and anarchy. In professional accounts about madness and crime there were buried messages about what it meant to be sane and normal in the modern world.

Medical experts achieved legitimacy and influence by devising universal abstractions that subsumed the otherwise meaningless and miscellaneous mentalities of mad criminals.

Symptoms became stand-ins for experience. The criminally insane were rendered thoroughly knowable as individuals—or rather passive bearers of the pathologies that governed them—and therefore not worth knowing at all. Their crimes, in contrast, became meaningless, randomly distributed acts that—while still to be feared as exemplary of the vagaries and dangers of social life—were no longer to be dreaded as the material products of a human will. In this way medicine operated to nullify the most terrifying attributes of criminal lunacy by severing it from society. Mad crime was rendered inert precisely, and contradictorily, because it was so resolutely unintelligible. And in the process insane criminals came to pose less of a threat, and required little remedial work, because they represented nothing more than their own damaged mentalities. Authorities could in confidence and conscience invisibilize criminal lunatics and sequester them away in the archipelago of special security hospitals that burgeoned around the 'civilized' world throughout the late nineteenth and early twentieth centuries.

Relative to the anarchic realm of law, the asylum must have seemed a veritable sanctuary for British Columbia's criminal psychiatrists. Inside the province's segregative mental institutions, practitioners were at least able to fashion some measure of governance over the ideas, people and practices that constituted criminal insanity.

Yet here, too, physicians did not operate in solitude or with impunity. Like the court, the hospital was pregnable to wider social influences and constraints. Even on the locked back wards, professionals' ambitions and activities were not entirely of their own making. Physicians were implicated in regulation projects that transcended their own milieus, and they were accountable to a host of powerful audiences with much at stake. "The essential question," writes Foucault, is the role of the asylum "in the reproduction of power in the world beyond its walls."[58] As both a microcosm and instrument of state control, the psychiatric institution was an

indispensable fixture in the social regulation machinery that evolved through the late Victorian and Progressive eras. As guardians of the asylum, medical superintendents and their staff were responsible for maintaining its functions and symbols in the enduring struggle against unreason and disorder.

The presence of the criminally insane in their midst, however, was seen to seriously undermine these regulatory endeavours. Their hybrid status and unruly reputations meant that these "undesirable classes"[59] were liabilities to the projects of institutional psychiatrists. Medical authorities in the province opposed the rerouting of insane criminals into hospital settings. For more than half a century superintendents and their staff lobbied against this practice which they deemed "distinctly harmful to our Mental Hygiene Programme."[60] Particularly in the case of transfers from penitentiaries and gaols, physicians were convinced that wardens often contrived to concoct false diagnoses of madness in order to jettison their most recalcitrant convicts into the hospitals. Even other inmates sometimes resented the presence of accused or convicted felons like John Bendix, whom one co-patient accused of scheming to "dodge the hangman." Whereas the 1919 conversion of the Colquitz Prison Farm into a maximum-security mental home relieved some of the pressure, the antipathy toward criminal patients never fully relented. Mental health officials in BC continued to agitate for a separate system for the criminally insane—an ambition that they were not to realize until the inauguration of the Forensic Psychiatric Services Commission in the mid-1970s.[61]

Until then, however, insane criminals were in the system to stay. Faced with this unrelenting fact, provincial psychiatrists aspired to optimize their institutional command over these inconvenient people.

In truth, a sizable contingent of patients required little such managerial attention. Many, as chronicled in the following section, were willing participants in the ubiquitous compulsory routines. Other patients were acutely intrapunitive, racked with remorse, and given to self-administering physical and psychic pains in apparent atonement for past transgressions. Moreover, patients collectively fashioned their own control networks, establishing inter-patient coalitions, igniting and resolving conflicts, and working with and against each other to establish a level of internal cultural order that would have been otherwise inconceivable. Inmates could play a variety of regulatory roles in their institutional communities, as patient leaders, trustees to the administration, physical enforcers of the peace, and informants like Ernie Young, who intervened to alert Colquitz supervisor T.A. Morris about an impending mass escape in 1948. In the British Columbia system, as at Broadmoor, "[a] kind of criminal lunatic hierarchy had evolved,"[62] which resonated with and functioned to reinforce the official administrative regime.

Perhaps the most potent resources on the side of provincial psychiatrists were the ever-present imperatives of convention and time. Time was both an instrument and symbol of institutional power. The merciless routines of asylum existence could function to immobilize even the most intractable of insane criminals. Institutionalization was a prevalent phenomenon among patients, and custodial care was the operant objective of their overseers. Particularly at the Colquitz Mental Home where no pretense of treatment was even evident—but also increasingly at the PHI and Essondale as patient populations exploded and wards overflowed—countless men and women simply vanished into these institutional netherworlds for years and decades at a time. For men confined at Colquitz, the institution was, like the Bethlem criminal lunatic wing before it, "simply a *receptable*; into which the waifs of criminal law are swept, out of sight and out of mind."[63] And even when their criminal status expired, patients sometimes

found themselves reassigned to civil law and their confinement extended under provincial certificates.[64]

Henry Hooton, a 23 year-old Yukon resident found unfit for standing trial on an 1899 murder charge, languished interminably in hospital, passing his days on a back ward bench "without moving or talking to anyone" before dying of a septic infection in 1923. First admitted from Oakalla to the PHI in 1919, then removed to Colquitz after a brief escape and ensuing vagrancy conviction, Fergus O'Reilly remained at the Vancouver Island institution for nearly four decades until a coronary claimed him at age 75. James Standish's act of vandalism in 1938 earned him 27 years at Essondale and Colquitz, where his "persecutory nature" and "impulsive and aggressive" conduct regularly disqualified him from grounds privileges. Instead he remained on the wards, slowly deteriorating and portrayed in 'progress' notes as "quite seclusive, does not work and … rather surly and sullen and uncommunicative." When transferred to Colquitz in 1949, Arnold Ferguson—yet another Oakalla prisoner convicted on a minor property infraction—presciently reported to Colquitz superintendent L.G.C. d'Easum that "I think I have been sent here to die." After 18 years of detention where "he lies about on the ward benches actively hallucinating and takes very little interest in his environment," Arnold Ferguson finally secured a trial in a local boarding home, which lasted all of three weeks before his emergency return to Essondale and sudden death from an acute pancreatic haemorrhage in June of 1967.

Beyond their purely custodial capacity, the provincial hospitals were also venues for the deployment of a formidable assortment of compulsions and constraints aimed at domesticating patient populations and securing internal order. Treatment and control in the provincial hospitals were deeply and dialectically intertwined. Like asylums in various other jurisdictions,[65] the BC

hospitals of this era were intensely regulated theatres in which discipline and therapy, regulation and restraint, coercion and kindness, sanctions and rewards all circulated around each other in intricate patterns. Rhythms of labour, leisure, and (by the 1930s) somatic treatment dominated the daily circulation of patients—criminals and others—at Essondale, Colquitz and the PHI. Through increasingly variegated modes of classification, physicians sorted and segregated patients according to their gender, race, affliction, level of risk, and mode of treatment. They sought to instill in patients the habits of industry, regularity, deference, restraint, serenity and temperance that were deemed essential for a normal life of citizenship. By the inter-war period, authorities recruited psychologists to administer batteries of intellectual and personality tests, and teams of social and field workers extended the gamut of patient governance into community and family life.

For those patients who demured, hospital administrators and staff had in their arsenal a litany of persuasive measures including seclusion, censorship, physical restraint, medication, withdrawal of work, visiting and recreation privileges, imposition of medication, ECT,[66] lobotomy[67] and other interventions,[68] and transfer to 'recalcitrant' wards or the maximum-security facility at Colquitz. Moreover, as with eight of the criminally insane subjects of this study, doctors could enlist federal Immigration Branch officials to secure the deportation of those patients who had not established domicile, or who were demonstrably insane prior to their entry into Canada. In the 1920s and 1930s alone, provincial and federal authorities colluded to transport 750 British Columbian psychiatric inmates back from whence they came.[69]

Perhaps above all else, isolation was a chronic hardship for many of these criminally insane British Columbians. Their very status as 'Order-in-Council' patients carried with it special restrictions, such as the routine denial of grounds privileges, that were not experienced by

their civilly committed counterparts. Further, histories of immigration, itinerancy, transgression and disorder had for many inmates functioned to sever all social contact, such that they spent decades inside hospital without a single letter or visit from the outside world. And when relatives and friends did intercede, medical authorities were not always encouraging. In response to entreaties from eastern Canada by the sister of patient Donald Pierce, Superintendent Manchester reported in 1903 that "[h]e never speaks about his relatives and I think that his mind is in such a state as to render him indifferent to all his people." Similarly, to the wife of Hugh Sullivan, a BC Penitentiary convict transferred to hospital in 1894, Manchester opined quite simply and finally that "your husband … does not improve mentally and never will."

Numerous relatives and acquaintances needed no such convincing. Those whom patients had harmed, disappointed or deceived, or who simply came to view their incarcerated kin or friends as too heavy an encumbrance, sometimes relinquished all accountability for their welfare.

The daughter of Bernard Trenton, whom in her childhood he had physically and sexually abused, in 1941 addressed a letter to the supervisor of Colquitz, where the man had been committed for the past seven years (and would remain until his death in 1960). "This may seem a strange and rather heartless request," she began, "but I write to ask you if it is possible to have letters to me from my father, Bernard Trenton, destroyed before being mailed. I find the receipt of them rather painfull, and, as my brother and I were taken from our father a few years after our mother's death, because of cruelty and drunkeness on his part, I can feel no affection for him whatever." Poignantly, in spite of everything the daughter's sense of filial duty was still in evidence. "I would like," she added, "to send a small sum of money monthly to buy smokes or anything that would give my father a little pleasure, but without his knowing my whereabouts."

Others were less magnanimous. The mother-in-law of Serge Lalonde, a trapper who had stabbed his wife to death in a northern town and was subsequently found unfit for trial, wrote to hospital officials in 1945 declaring that "I want no communication with him of any kind. He has forfeited any right to any knowledge of the two small children whom I have taken to care for and I do not intend that they shall know anything of him. I would like to know if he is making any recovery or is ever likely to stand trial for as brutal a murder as was every committed. If not my only interest is to know that he is confined for as long as he lives." Upon receiving a mailed inquiry from psychiatrist E.J. Ryan shortly after the patient's 1938 Essondale admission, the brother of James Standish advised "I believe that the last time we met was in the spring of 1931. … He was always very cynical and hard boiled. In case he should mention any other members of the family, I would appreciate it very much; if for the time being you would not communicate with them." Similarly, in the 1950 case of Cedric Pride, 25 year-old Vancouver man with an already imposing repertoire of criminal convictions, his father allowed "I will accept no responsibility as I believe he was under the jurisdiction of the Govt at the time [of his arrest]. I have nothing to say in the matter. I feel it is entirely in your hands."

Forsaken, abandoned and reviled, such unlucky men and women were utterly alone in the asylum and the world. They had ceased to be a problem for all but their medical attendants.

Deference, Defiance, and Transgression

Historians of psychiatry have documented the extraordinary capacity of asylum inmates to resist and sometimes transcend the conceptual and institutional regimes that enveloped them.[70] The power asymmetries of psychiatry and law notwithstanding, the prevailing discourses and methodologies around insanity were sites of immense conflict between and among experts,

officials and laypersons. Psychiatric authority, both within and outside the institution walls, was a conditional and contested commodity. Physicians working in asylums everywhere voiced their consternation at the unruliness of their insane charges and the seeming imperviousness of madpersons to the rational and benign interventions of science. As Tomes observes, "… the patients refused to be orderly and content. They grew bored, fought with their ward mates, and complained almost endlessly about hospital life. By suicide, escape, and destruction, they continually expressed their resistance to the therapeutic regimen of the asylum."[71]

Patients also had at their disposal assorted resources in their encounters with medical superintendents and their staff. The mad were not always inert receptacles for the outpourings of therapeutic practice. To the contrary, many among their number were inventive, artful, eloquent and energetic advocates in defence of their own identity, reason and human rights. They strove to make connections with the outside world, to demonstrate that they were not alone. Their conduct in the asylum, and their exchanges with doctors, co-patients and the community beyond, traversed the full latitude of human experience.

The criminally insane patients at Essondale, Colquitz and the PHI, like their civilly committed peers,[72] exhibited an exhilarating range of adaptations to their medico-legal status and the regulatory routines that it authorized. Some people surrendered to their circumstances in "a state of hopeless resignation."[73] Others even embraced the regimen and became enthusiastic champions of their psychiatric managers. 'Model' patients simply fell into lockstep with the daily cadences of hospital life and disappeared into the shadows of habit and time.

Wendell Collins uncomplainingly endured 31 years at the Public Hospital for the Insane and Colquitz, performing myriad labours and assisting in the care of other patients, before a heart attack felled him in 1936. Jenny Albright was a 54 year-old widow when, in 1902, she

bludgeoned her daughter to death while in a delusional fugue and spent the remaining 23 years of her life, evidently recovered from her psychosis, sewing for patients and nurses on a locked ward of the PHI. Ned Haskell's 1920 murder of his estranged wife in a Vancouver park catapulted him into a 44-year career as a "thoroughly institutionalized" but favoured patient at the Colquitz Mental Home, where he worked in the fields, waited tables and loaded trucks until the facility closed in 1964 and he died nine months later.

Other people, upon being released, inscribed their sentiments in notes of gratitude addressed to hospital staff, like Norma O'Grady who in 1938 asserted "I hereby wish to express my sincere appreciation and thanks to the Institution for their kindness to me as a patient in their hospital … I now feel very well. Mere words cannot express my thanks to the doctors and staff in assisting in my recovery" and Thomas Brunton who 12 years later avered that "I have been treated exceptionally good under these circumstances. … I shall leave here with nothing but respect for this institution and the kind of work that is carried on here."[74]

Further, even when they did erupt, the afflictions and aggressions of certain criminally insane inmates were directed squarely inward rather than against the persons or administrations of their doctors and attendants. Seven of the 100 people in this study harmed themselves or attempted suicide on 17 separate occasions during their tenure in the BC hospital system.

Norma O'Grady, who was so appreciative of the ministrations provided by Essondale staff, was less forgiving of herself. Ordered to hospital without trial by the provincial Attorney-General, after allegedly stabbing her seven-month-old son to death in an eastern BC town during the winter of 1937, Norma repeatedly endeavoured to obliterate all memory of the incident by swallowing needles, pins and nail files until 14 rounds of metrazol convulsions[75] finally dampened her resolve. Pauline Boone was a First Nations woman from the north provincial

coast who in 1940 was shipped 1000 kilometers away to Oakalla Prison on a one-year sentence for attempting suicide. Following three further efforts to eliminate herself in gaol, Pauline landed in Essondale, where seven more suicide gestures followed until she contracted tuberculosis and expired in 1944 at age 25. Shamed by his transgressions and terrorized by the prospect of being deported to his Chinese homeland,[76] Ling Pong attempted to disembowel himself shortly after his 1945 admission to Colquitz as unfit to stand trial for the shooting deaths of two compatriots. Recovering from his self-mutilation, Ling remained in Colquitz, then Riverview Hospital,[77] for another 22 years until he walked away from the Coquitlam institution in June of 1967 and drowned in the Fraser River tidewaters at age 71.

In contrast to these alternatively compliant and intrapunitive people were those insane patients who did transgress vigorously against the forces of psychiatry and law. Resistance is defined by Sim as "structured political behaviour which is deliberate and purposeful."[78] As Foucault has written, resistance is immanent to all power relations, and it is continuously being constituted and deployed within and through the exercise of power. Resistance is subversive, praxiological, democratizing and wildly transformative. It presupposes the active and enlightened engagement of all who participate, both rulers and ruled. Resistance is more than protest or revolt against authoritative others, and it derives from something far broader than an endogenous sense of outrage, self-preservation, desperation or longing. Those who resist are engaged in a fully social and theoretically rich activity that contests the methods, ethics, and very epistemology of recognized authority. While resisters are concerned with the preservation or enhancement of themselves in the face of powerful forces, their ideas and actions both originate and end in a profound sense of connectedness. Ultimately, resistance is contingent on a capacity

to extend experience outside the self, here and now. It contemplates a future beyond the circumstances of its author, and a collectivity of others who are similarly situated.

So conceived, resistance was everywhere evident in the demi-monde of British Columbia's three main mental facilities. Its penetration even into sites populated by ostensibly sick and depraved people was emphatic testimony to both the pervasiveness of resistance in social life and the infinite facilities of 'lunatics' for articulate directive action. Among the criminally insane, as with civilly committed individuals, resistance assumed a pantheon of attitudes and forms. Patients transgressed through whatever means and media were available to them.

Some like Miles Darling, a 1934 transfer patient from the BC Pen who had been serving two years on a carnal knowledge conviction, wielded raw rebellion as an instrument of insurrection. Certified by Penitentiary doctors after assaulting a guard, Miles persevered in his aggression until physicians shuttled him along to the security ward at Colquitz. Miles Darling's riotous performances continued virtually unabated until he contracted TB and returned to Essondale for treatment in 1951. Soon thereafter he smashed through a verandah pillar and vanished without a trace. Whenever confronted about his attacks on staff through his 16 years at Colquitz, Miles invariably replied that "it is the only way to get out." In his own account of life in that institution, Miles maintained that his ostensibly deranged conduct was not without design, and moreover that the violence meted out by patients was routinely returned in kind: "I sought to have the attendants kill me," he wrote. "I smashed the bed toilet and washbowl in the cell and when the attendants arrived I walked out with my hands behind my back, to take another terrific beating, then dragged along the concrete floor, with the skin being rubbed from my body, bumped down the stairs and thrown into another cell, but I did not die. …"

The experience of Peter Berezin even more compellingly disclosed the intelligibility and strength of will that frequently resided just beneath the surface of an outwardly mad demeanour. Peter Berezin was a Doukhobor leader from the Kootenay mountains of eastern British Columbia.[79] An Assize court judge had sentenced him in 1947 to seven years in the BC Pen for firebombing a local building in an act of protest against provincial government interference in the region. When he refused to eat, the penitentiary warden arranged for Peter's certification in 1950 to Essondale. In hospital, the man continued his fast, requiring daily tube feedings. He ripped his clothes to shreds, and for his troubles was "confined to a side-room completely nude with neither furniture, sheets or clothing." In the isolation cell Peter "spends most of his time squatting in a corner of his room in the 'foetal' position," and smeared his feces liberally about the floor and walls. Multiple insulin shock treatments had little salutary effect. After nearly a year of these degradations, hospital authorities arranged for Russian translators to assist in an interview. This was apparently their very first attempt to communicate directly with Peter Berezin in his own language, and the results offered a very different outlook on his ostensibly psychotic conduct. "A long interview between informant and patient," the attending physician conceded, "suggests that patient is actually in good contact; he discussed things in quite an animated manner, running the gamut of his religious convictions (which to us are delusional in quality but which informant says are well within the limits of Doukhobor group standards); he stated his incontinence is because he is treated like an animal and will accordingly act like one; he tears clothing because clothes are a corrupt artificiality." More than two years passed, mostly spent in the locked ward at Colquitz, before Peter Berezin finally attained his probation home in the summer of 1953. But within a month, after further incidents of nudity and arson, his sponsors returned him to Essondale. Several courses of ECT had little effect, and when several

unexplained fires occurred on the wards, officials arranged for a pre-frontal lobotomy in November 1954. Following surgery, hospital physicians initially remarked that "[t]his patient's personality has undergone a profound change … he is pleasant, cooperative, and works well on the ward, he is helpful to other patients and mixes well with them." Then, in a final act of defiance on 24 December 1954, Peter Berezin strode up to the lobotomy ward Christmas tree and set it ablaze with a lit piece of paper. The fire was quickly doused. Peter, on the other hand, was destined for yet a further year of confinement, including one more round of electroshock, before his daughter and son-in-law finally secured his permanent release.

People like Miles Darling and Peter Berezin were personifications of the recursive role played by identities of madness amid the complex power relations of psychiatry and law. They established that even the crudest assaults on the institutional order could harbour deeper meanings. They demonstrated as well that the surrounding legal and professional culture could be immensely enabling, and institutional regimens could become resources, for opponents as well as arbiters of the prevailing parameters and rules.

The concept of criminal insanity, for its part, was an adaptable commodity, available for mobilization as much by subjects as authorities. In the process, lunacy often acquired an expressly political content. Many insane people proved themselves more than capable of capitalizing on their official attributions as crazy and criminal to effect desired outcomes. And a designation of madness could, ironically, bring palpable benefits as well as stigma to its bearers. It could become not only a mode of protest, as with Peter Berezin above, but sometimes also a means to achieve refuge from the grim realities of penal confinement.

A number of the BC Pen transfers, like Mack Mead, Walter Jones and Ernie Young, had evidently 'malingered' their afflictions in order to procure their transfer to hospital. After four

years in hospital Walter Jones allowed that "I deliberately smashed the sink and cupboard with my chair (while at the Penitentiary) hoping it would get me to Essondale. I don't consider myself mentally ill but when a guy knows the angles about mental hospitals, why would he stay at hard labour in the 'Pen'?" Alternatively, patients could brandish their reputations as criminally insane to gain status or intimidate others on the ward, as with Adele Ross, who had slashed her husband's jugular vein and was given to approaching nurses and doctors and inquiring whether they would like to have their own throats cut.

Resistance was therefore a multifarious and omnipresent social process in these psycho-legal sites. Patients enlisted every means available to register their "culturally-specific challenges to the homogenising routines."[80] Some, as above, brandished their madness as a resource or lashed out at others or themselves. Others for years on end declined to eat, work, speak, or fall in line with the organizational routine. Still others summoned potent skills of communication and persuasion, either parodying their predicament, challenging the competencies of experts, appealing to the human sensibilities of their overseers, or tirelessly demanding justice and release.

There were those who hotly contested the judgment of medical practitioners or who forwarded their own interpretations of their mental status, like Angus MacGregor who claimed that "I was really no case for 'criminal treatment,'" or Roger Stanford who asserted to doctors that "I don't want to sound impolite but I am not interested in your help. I'm not here on my own wish." In such cases their institutional experience operated to extinguish any sense of justice that patients might once have harboured. Miles Darling directed his wrath against the government officials, writing that "there is nothing wrong with Canada it is a wonderful country, but I cannot say as much for the people who are in it, or who govern our land."

Assorted patients exhibited a highly sophisticated command of legal knowledge and rights discourse, summoning up working theories of law, disorder and entitlement that were highly competitive with those brandished by professionals. People like Zachary Kane and Adele Ross simply refused to converse with doctors in the absence of a lawyer. And above all else, many criminally insane patients—even those who had originally feigned their way out of penitentiary—soon hungered for a return to the realm of law. Jonathan Protz, certified from the BC Pen where he was serving seven years following a heroin conviction, was "constantly asking to be returned to the Penitentiary," declaring that "it would be heaven compared to this hospital."

Permeating these appeals was a belief that justice was to be more readily found inside the courts and prisons than within the realm of psychiatry. Such was especially the case with persons whom judges had found criminally unfit, like Isaac Duncan, an Aboriginal man whom the court ordered to hospital in 1949 without trial on a wounding indictment. Doctors later described Isaac as "surly and sullen, annoyed at his long Hospitalization. He feels himself that he is quite capable of standing trial and that he should be sent back to Oakalla rather than to Essondale." After 13 years at Essondale and Colquitz, Isaac Duncan at last obtained his discharge, whereupon physicians promptly returned him to court to face the outstanding charge.

Many criminally insane patients were utterly alone in the world, and in their struggles for sanity and freedom. But others, their histories of miscreance and madness notwithstanding, had formidable allies agitating on their behalf from beyond the hospital gates. Those patients with intimate or official connections were the most likely to prevail in their remonstrations against medico-legal authority. Their cases were also most exemplary of the permeable and recursive relations that prevailed between the mental hospital and external society. While the entreaties

and interventions of relatives and other advocates certainly did not go uncontested, they constituted an affecting, and often effectual, implement in the arsenal of patient protest.

Relatives and friends were often able to position themselves in letters and visits as defenders of the legal and human rights of criminally insane patients. They frequently furnished theories and accounts that were highly competitive with those fostered by authorities.

Examples abound. The father of Stuart Niven, a 22 year-old patient convicted of assault in 1943, was relentless in his supplications to Essondale authorities, citing his son's military service record and ceaselessly imploring doctors to effect his discharge until after more than two years they complied. In refusing to sign a blanket consent to treatment form for Thomas Brunton upon his transfer from Penitentiary in 1948, his mother admonished physicians: "all that is needed for Thomas is a change of surroundings. I will not sign for anything immediately. Why not just try him out on some light occupation for a while & see how it effects him. … It just seems to be the environment of the penitentiary that brings on his nervous collapse." Protesting his 1932 deportation from Canada after a conviction for stealing a railway velocipede, the Dutch aunt of Willem van den Haag queried "for what reason are they going to deport him? He really was <u>not</u> responsible for his doings, his Mother was grave ill, he wanted to go home, but, he had no money, and on account being so homesick, he lost his mind. … Can't you see how his mother is suffering?" In the case of Stan Melanchuk, who spent nearly two decades in the psychiatric system following a 1950 vagrancy conviction and diagnosis of schizophrenia, his brother lobbied for years to secure his discharge. "He is very discontended [at Colquitz] and home-sick," wrote the brother in Stan Melanchuk's seventh year of confinement, "and he wanted to get home. I can not see why he is confined there … just because he was picked up on vagrancy charge that is no reason for detaining people in mental Institutions because fellow was

unable to find a suitable work. … Stan will get worse if he will be detained there any longer. Every Person wants his freedom in every country. Here they all Preach so much freedom but Practise nothing but otherwise." With 44 year-old Louise Hamelin, a Doukhobor mother of five certified from gaol in 1935 for refusing to eat while imprisoned for public nudity, her husband contested the allegation of mental illness, declaring "I am positive that there is nothing wrong with her. It is the enviormant under which she is forced to live makes her nervous … according to her letter we learned that the wound is barthering her very bad, she tried to explain you about her sickness but she says that you could not understand her, and she could not understand you." Upon engaging an interpreter, physicians came to concur and dispatched Louise Hamelin back to Oakalla Prison to complete her sentence.

Finally, and ironically, just as the most expedient regulation strategy invoked by medical superintendents was the expulsion of unwanted patients through deportation or other permanent discharge, the ultimate resistance available to patients was escape. Twenty-four of the 100 criminally insane people in this study effected a total of 39 elopements from Essondale, Colquitz or the PHI at some point during their confinement, and eight of these never returned. They included Charles Drinkwater, a cheque forger from the Yukon territory who ran off from the Public Hospital for the Insane in late summer of 1908; Mack Mead, who had malingered his way from the BC Pen to Essondale and Colquitz, where in the summer of 1920 he cut through his cell bars, overpowered an attendant and vanished into the night; and George Flinders, who with the apparent collusion of his brother simply walked away from Colquitz on 8 September 1926 after spending the day working on the grounds. For each of these men, and many others, an unknown future outside was a tolerable option compared to the lifetime of seclusion that they potentially faced in the province's segregative psychiatric system.

Enduring Echoes

But in the end few of these criminally insane people succeeded in fully evading the melancholy fortunes that their respective crimes and afflictions had incurred. Their encounters with the machinery of psychiatry and law translated, for many, into sentences that never end. Altogether the 100 women and men spent a total of 1140 years confined in British Columbia's mental hospitals.[81] Twenty-eight were inside for more than 20 years each, and three endured beyond four decades. Forty-five women and men never left the hospital alive.[82] Federal authorities deported another 12 people to their country of origin, and nine more returned to gaol or prison. Three patients moved along to nursing homes in their declining years. Altogether there were only 14 discharges and 9 releases on probation.[83] The average age upon departure or death was 48 years, whereas 21 patients lingered on into their seventies, eighties and even nineties.[84]

And while some of the criminally insane did manage to surmount the institutional forces that ensnared them,[85] most were not so blessed. However remarkable the lives and struggles of these 100 women and men, it would be erroneous to conclude from their case studies that patients were entirely in command of their mentalities, performances and fates. For every asylum inhabitant who finessed her way to freedom, or who at least managed to sustain his sense of self, time and place, there were more who succumbed. With few social resources at their disposal, the preponderance of people were at a decided disadvantage in their struggles against institutional authority.

And failure to submit was most assuredly a two-edged sword. As de la Cour and Reaume observe, "[r]esistance to institutionalization at a psychiatric facility was always a precarious undertaking for patients."[86] Again and again, the dialectics of conflict reverberated back upon

those who rebelled. Medical and other professionals brandished nearly all the trump cards in these contests of identity and knowledge. When confrontations flared, the authorities usually prevailed in their efforts to pathologize and control.

According to his physicians, the mutinous conduct of Miles Darling, chronicled above, was no more than a manifestation of chronic paranoia, and it led to nearly two decades of confinement on a two-year prison sentence until he finally escaped at age 50. For his part, Peter Berezin's years of resistance earned him the label of an "irreversible" paranoid psychotic and rationalized the decision to lobotomize him in late 1954. Similarly, hospital officials branded the recalcitrant Adele Ross as a "great menace to be at large" and subjected her to recurrent rounds of insulin coma treatment, ECT and chlorpromazine during her 16 years inside Essondale. Conversely, authorities were also capable of nullifying the very existence of patient pathology and protest. Doctors dismissed Roger Stanford's remonstrations, for example, as the indulgences of a "hostile and disturbed … habitual criminal" who merited punishment not treatment; and before returning Zachary Kane to the courts after just six weeks in hospital they depicted him as a common psychopath who "is putting on an exhibition of insanity in order to defeat the ends of justice."

These were, in essence, contests over reality itself. Patient resistance at Essondale, Colquitz and the PHI was forever subject to the invalidating forces of medicalization. Inside the asylum, protest and pathology were impossible to disentangle. However reasonable and just, the insubordination of criminally insane people, in the minds of physicians and public, was less than authentic human action. Moreover, such protest served to cement and reaffirm widely held beliefs about the inherent unruliness of madness, and the grievous threat that these people posed.

It established grounds for further legal and therapeutic interventions in the name of mental health and public safety.

Even as they challenged and sometimes overcame the dire circumstances of their internment, patients seldom managed to annul the individualizing discourses that attributed their legal troubles to their own defective minds and morals. And even when they did escape, their stigma often followed them into the community. These 100 narratives of insanity and crime in west coast Canada, culminating as they so often did in disorder, despondency and death, are compelling testament to the enduring and asymmetrical attributes of institutional order inside these medico-legal spheres.

In the final analysis, the chronicle of these criminally insane men and women who were confined inside the asylums of early west coast Canada bears vivid witness to the affectingly mundane and human features of crime and disorder, and to the eternal dialectic that constitutes relations between authorities and subjects within segregated spaces such as these.

In Canada and elsewhere, criminal insanity was more than just the fodder for arcane jurisprudential rumination and public moral panics. It was not a disembodied legal construct, but rather a living idea that was actuated in the complex social patterns of medical practice, carceral control and patient conduct. In this sense insane crime was both a template on which preoccupations about reason and order were inscribed, and a fully social experience for all those who grappled over its definition, understanding and control. However partial and distilled their content, the surviving case files of these incarcerated people confirm that they, too, were dynamic participants in these enduring contests over psychiatric and legal order. Through these historical accounts, the criminally insane speak from the locked wards of the asylum and help breathe life into the otherwise rarefied psycho-legal discourses of criminality and madness.

Notes

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[1] Nigel Walker, *Crime and insanity in England. vol I: The historical perspective* (Edinburgh, 1968).

[2] Joel Eigen, *Witnessing insanity: Madness and mad-doctors in the English court* (New Haven, Conn., 1995); Patrizia Guarnieri, "Alienists on trial: Conflict and convergence between psychiatry and law (1876-1913)", *History of science*, xxix (1991), 393-410; Ruth Harris, *Murders and madness: Medicine, law and society in the fin de siècle* (Oxford, 1989); Daniel N. Robinson, *Wild beasts and idle humours: The insanity defense from antiquity to the present* (Cambridge, Mass., 1996); Roger Smith, *Trial By medicine: Insanity and responsibility in Victorian trials* (Edinburgh, 1981); Walker, *ibid.*; Tony Ward, "Law, common sense, and the authority of science: Expert witnesses and criminal insanity in England, ca. 1840-1940", *Social and legal studies*, vi (1997), 343-62; Ward, "Law's truth, lay truth and medical science: Three case studies", *Law and science: Current legal Issues* i (1998), 243-64.

[3] Pauline M. Prior, "Mad, not bad: Crime, mental disorder and gender in nineteenth-century Ireland", *History of psychiatry*, viii (1997), 501-16.

[4] Exceptions include Janet Colaizzi, *Homicidal insanity, 1800-1985* (Tuscaloosa, Alab., 1989); Ralph Partridge, *Broadmoor: A history of criminal lunacy and its problems* (London, 1953); Smith, *op. cit.* (ref. 2); and Walker, *op. cit.* (ref. 1).

[5] See, for example, Richard Moran, *Knowing right from wrong: The insanity defense of Daniel McNaughtan* (New York, 1981); Smith, *op. cit.* (ref. 2); Walker, *op. cit.* (ref. 1); and Donald J. West & Alexander Walk (eds), *Daniel McNaughton: His trial and the aftermath* (Ashford, 1977).

[6] Eigen, *op. cit.* (ref. 2), 163.

[7] Dale Peterson (ed), *A mad people's history of madness* (Pittsburgh, 1982); Roy Porter, *Mind-forg'd manacles: A history of madness from the restoration to the regency* (London, 1987); Porter, *A social history of madness: Stories of the insane* (London, 1989).

[8] Franca Iacovetta & Wendy Mitchinson (eds), *On the case: Explorations in social history* (Toronto, 1998).

[9] Constance M. McGovern, "The myths of social control and custodial oppression: Patterns of psychiatric medicine in late nineteenth-century institutions", *Journal of social history*, xx (1986), 3-23, p.16.

[10] Among many other such works, see Anne Digby, *Madness, morality and medicine: A study of the York Retreat, 1796-1914* (Cambridge, 1985); Ellen Dwyer, *Homes for the mad: Life inside two nineteenth-century asylums* (New Brunswick, N.J., 1987); Jeffrey L. Geller & Maxine Harris (eds), *Women of the asylum: Voices from behind the walls, 1840-1945* (New York, 1994); Wendy Mitchinson, *The nature of their bodies: Women and their doctors in Victorian Canada* (Toronto, 1991); Peterson, *op. cit.* (ref. 7); Porter, *op. cit.* (ref. 7); Yannick Ripa, *Women & madness: The incarceration of women in nineteenth-century France*

(Minneapolis, 1990); Geoffrey Reaume, *Remembrance of patients past: Patient life in the Toronto Hospital for the Insane, 1870-1940* (Toronto, 2000); Nancy Tomes, *A generous confidence: Thomas Story Kirkbride and the art of asylum-keeping, 1840-1883* (Cambridge, 1984); Cheryl Krasnick Warsh, *Moments of unreason: The practice of Canadian psychiatry and the Homewood Retreat, 1883-1923* (Montréal and Kingston, 1989).

[11] Throughout this article I follow the conventional parlance of the time and refer to these 'criminally insane' men and women interchangeably as 'patients' and 'inmates.' This usage is by no means intended to discount their special status as subjects of both criminal justice and mental health systems, nor to downplay the unique forms of treatment and control to which they were sometimes subject. Further, in the words of one anonymous reviewer, my patient-centred perspective should not be read in any way to one-sidedly romanticize or consecrate these people as uniformly "transgressive figures" or "politically noble individuals" who were unendingly engaged in self-conscious struggle against the malign instrusions of psychiatric authority. As the following pages reveal, these 100 women and men are stunningly diverse in their characters and qualities. They straddle an expanse of attributes and experiences from the execrable to the sublime. Any valid historical rendering of criminally insane people must openly engage with these complex and contradictory lives that often encompass both the worst of transgressions against others, and the most extraordinary acts and expressions of human spirit. To do otherwise would risk reproducing, albeit in inverted fashion, the caricatures and distortions that too frequently typify official accounts of their illnesses and crimes.

[12] Jean Barman, *The west beyond the west: A history of British Columbia, 2nd ed.* (Toronto, 1996).

[13] On the early history of west coast Canada, see Barman, *ibid*.; Margaret A. Ormsby, *British Columbia: A history* (Toronto, 1958); W. Peter Ward & Robert A.J. McDonald (eds), *British Columbia: Historical readings* (Vancouver, 1981); George Woodcock, *British Columbia: A history of the province* (Vancouver, 1990).

[14] See Donald Avery, *"Dangerous foreigners": European immigrant workers and labour radicalism in Canada, 1896-1932* (Toronto, 1980); Mark Leier, *Where the Fraser River flows: The Industrial Workers of the World in British Columbia* (Vancouver, 1990); Martin Robin, *The rush for spoils: The company province 1871-1933* (Toronto, 1972); Martin, *Pillars of profit: The company province 1934-1972* (Toronto, 1973).

[15] Gillian Creese & Veronica Strong-Boag (eds), *British Columbia reconsidered: Essays on women* (Vancouver, 1992); Barbara K. Latham & Cathy Kess (eds), *In her own right: Selected essays on women's history in B.C.* (Victoria, 1980); Latham & Roberta Pazdro (eds), *Not just pin money: Selected essays on the history of women's work in British Columbia* (Victoria, 1984); Adele Perry, "'Fair ones of a purer caste'; White women and colonialism in nineteenth-century British Columbia", *Feminist studies* xxiii (1997), 501-24.

[16] Constance Backhouse, *Colour-coded: A legal history of racism in Canada, 1900-1950* (Toronto, 1999); Angus McLaren, *Our own master race: Eugenics in Canada, 1885-1945* (Toronto, 1990); Patricia E. Roy, *A white man's province: British Columbia politicians and Chinese and Japanese immigrants, 1858-1914* (Vancouver, 1989); W. Peter Ward, *White Canada forever: Popular attitudes toward Orientals in British Columbia* (Montréal and Kingston, 1990).

[17] Colaizzi, *op. cit.* (ref. 4), 95.

[18] On the lives and practices of BC hospital superintendents and supervisors see Megan Jean Davies, "The patients' world: British Columbia's mental health facilities, 1910-1935", Unpublished thesis (Waterloo, Ont., 1989); Mary-Ellen Kelm, 'Women and families in the asylum practice of Charles Edward Doherty at the Provincial Hospital for the Insane 1905-1915", Unpublished thesis (Burnaby, B.C., 1990); Robert Menzies, "The making of criminal insanity in British Columbia: Granby Farrant and the Provincial Mental Home, Colquitz, 1919-1933", in Hamar Foster & John McLaren (eds), *Essays in the history of Canadian law. vol. VI: British Columbia and the Yukon* (Toronto, 1995), 274-312.

[19] Jane Ussher, *Women's madness: Misogyny or mental illness?* (Amherst, Mass., 1991), 75.

[20] Val Adolph, *In the context of its time: A history of Woodlands* (Richmond, B.C., 1996); Gerry Ferguson, "Control of the insane in early British Columbia: Care, cure or confinement?" in John McLaren, Robert Menzies & Dorothy E. Chunn (eds), *Regulating lives: Social control, law and the state in British Columbia history* (under review).

[21] In 1897, the British Columbia *Hospitals for the Insane Act* (61 Vict., c.101) replaced the 1873 *Insane Asylums Act* (36 Vict., No. 28, amended 1893). Renamed the *Mental Hospitals Act* (MHA) in 1912, the legislation underwent amendments in 1940 before being rechristened the *Mental Health Act* in 1964.

[22] Adolph, Davies, Ferguson, Kelm and Menzies, *op. cit.* (refs. 18, 20).

[23] "Report of the medical superintendent of the provincial lunatic asylum, 1872-1879", "Mental hospitals of British Columbia. Annual report for 12 months ended March 31st 1950", *Sessional papers of British Columbia. 1872-1880, 1951*.

[24] As patient admission rates rose on a virtually steady incline from the inception of the provincial system through to 1950, proportionate numbers of discharges also increased through

this same period. Prior to 1900 there was on average about one discharge for every two hospital admissions. In the 1940s, in contrast, the percentage of discharges to admissions ranged from a low of 56 (in 1941-42) to a high of 89 (in 1939-40). These trends were no doubt attributable to a general tendency across the decades toward shorter periods of inpatient confinement. For example, a census of the PHI taken on 1 January 1900 showed that 76 of the 243 inmates had been in residence for more than five years. While no comparable statistics are available for later decades, an indirect comparison can be extracted from discharge summaries. These data show that during fiscal year 1949-50, only 57 of 982 leaving hospital (5.8 percent) had been confined for five years or longer. *Ibid.*, 1900, 911; 1949-50, V52-3, V63.

[25] Depending on the nature of the offence and circumstances of accused persons, provincial authorities variously arranged for civil commitment under the *MHA* or issued Orders-in-Council under the *Criminal Code*. All 18 cases diverted prior to or during trial in this study fell under a federal O-in-C, although for three people no criminal charges were eventually pressed.

[26] Accused persons in Canada found unfit for trial or not guilty by reason of insanity (NGRI), in the tradition of the 1800 English *Act for the Safety of Insane Persons Charged with Offences* (39, 40 Geo. III, c.93, s.2), were automatically confined under Warrants of the Lieutenant Governor (WLG) pursuant to s.970 of the federal *Criminal Code*. Release or modification in conditions of detention required a second order from the provincial cabinet. In British Columbia, these inmates were known as 'Order-in-Council' patients.

[27] The Canadian 'two-year rule,' still in effect, provides that criminal sentences under 24 months be served in a provincial institution. After 1912, the majority of provincial prisoners served their time at the Oakalla Prison Farm in the Vancouver suburb of Burnaby. The provincial cabinet had the authority to enact Orders-in-Council providing for the indeterminate

hospitalization of prison inmates. On the history of Oakalla see Earl Anderson, *Hard place to do time: The story of Oakalla Prison, 1912-1991* (New Westminster, B.C., 1993).

[28] Under the federal *Penitentiary Act* (*RSC* 1906, c.147, s.53) prison authorities were empowered to order inmate convicts to hospital through medical certification. Like its neighbouring institution the Public Hospital For the Insane, the British Columbia Penitentiary opened in New Westminster, on the slopes above the Fraser River, in 1878.

[29] Hilary Allen, *Justice unbalanced: Gender, psychiatry and judicial decisions* (Milton Keynes, 1987); Susan Dell & Graham Robertson, *Sentenced to hospital: Offenders in Broadmoor* (Oxford, 1988); Ann Lloyd, *Doubly deviant, doubly damned: Society's treatment of violent women* (Harmondsworth, 1995), c.7; Robert Menzies, *Survival of the sanest: Order and disorder in a pre-trial psychiatric clinic* (Toronto, 1989); Jill Peay (ed), *Criminal justice and the mentally disordered* (Aldershot, 1998); Terence P. Thornberry & Joseph E. Jacoby, *The criminally insane: A community follow-up of mentally ill offenders* (Chicago, 1979).

[30] See Colaizzi, Eigen, Guarnieri, Harris, Moran, Robinson, Smith, Walker and Ward, *op. cit.* (refs. 1, 2, 4, 5).

[31] I chose the fiscal year 1949-50 as the closing date of the study both because it bifurcated the century; and because it coincided with the retirement of longtime Provincial Psychiatrist A.L. Crease, the opening of the Crease Clinic of 'psychopathic' medicine, and the high water mark of institutional expansion prior to the advent of community mental health movements and attendant decline in patient populations later in the decade.

[32] *Op. cit.* (refs. 25, 26, 27).

[33] The names, record numbers and selected information on all provincial patients are recorded chronologically in hospital admission registries available in the British Columbia provincial archives. BCARS, GR 1754, Boxes 1-2, Vols. 1-6; and GR 3019, Box 1, Vol. 1.

[34] The distribution of sampled patients across time, with corresponding decades in parentheses, was: 1 (1870s), 3 (1880s), 8 (1890s), 6 (1900s), 5 (1910s), 12 (1920s), 24 (1930s), 36 (1940s), and 5 (1950).

[35] These files are stored in the GR 2880 accessions group at the British Columbia Archives and Records Service (BCARS) in Victoria BC, and the East Lawn Clinical Records Service of Riverview Hospital in Coquitlam, BC.

[36] Iacovetta & Mitchinson, *op. cit.* (ref. 8).

[37] Ian Dey, *Grounding grounded theory: Guidelines for qualitative inquiry* (San Diego, 1999); Barney G. Glaser & Anselm L. Strauss, *The discovery of grounded theory: Strategies for qualitative research* (Chicago, 1969); Anselm L. Strauss & Juliet Corbin, *Basics of qualitative research: Techniques and procedures for developing grounded theory, 2nd ed.* (Thousand Oaks, Cal., 1998).

[38] The remainder had been arrested for property damage or arson (5), robbery (4), violent sex offences (3), nonviolent sex offences (2), drug possession or trafficking (2), and attempted suicide (2). In three cases police had not laid charges.

[39] Judges automatically sentenced all convicted murderers in Canada to death until 1961, with the provision that juries could recommend mercy and the federal Cabinet could commute to life imprisonment. The last executions in Canada occurred in 1961. Parliament abolished capital punishment in 1976. See Isabel Grant, Dorothy E. Chunn & Christine Boyle, *The law of*

homicide (Toronto, 1994); Alan Hustek, *They were hanged* (Toronto, 1987); Carolyn Strange (ed), *Qualities of mercy: Justice, punishment, and discretion* (Vancouver, 1996).

[40] Following the passage of the 1908 *Juvenile Delinquents Act* (*JDA*), young persons found delinquent became indeterminate wards of the court until they reached the age of majority. Parliament replaced the *JDA* with the *Young Offenders Act* (*YOA*) in 1982.

[41] This gender ratio was typical. Indeed, it was not until the 1940s that a 'feminization' of criminal insanity began to unfold and women showed up in appreciable numbers as Order-in-Council patients. See Dorothy E. Chunn & Robert Menzies, "Out of mind, out of law: The regulation of 'criminally insane' women inside British Columbia's public mental hospitals, 1888-1973", *Canadian journal of women and the law*, x (1998), 306-37; Lloyd, *op. cit.* (ref. 29)*;* Partridge, *op. cit.* (ref. 4). As Davies, *op. cit.* (ref. 18), 42 notes, "… men of this period, in contrast to women, spent much of their lives in a public world where they were more likely to come into direct contact with the policing arm of the state."

[42] Cases of criminal insanity among racial minorities in British Columbia were clearly over-represented relative to civil psychiatric patients. This pattern no doubt reflects the fact that these Order-in-Council cases all originated in the criminal justice system, where persons of minority racial or ethnic heritage have historically been concentrated in disproportionate numbers. For example, the hospital registries (*op. cit.* (ref. 35)) reveal that, in comparison to their 3 percent representation among the criminal insanity sample, 198 Aboriginal patients altogether (just 0.7 percent of the total 28,100 admissions) entered the PHI or Essondale between 1872 and 1950. In the case of other racial groups, too, admission rates were lower among the criminally insane than for general patients. From 1872 to 1950 there were only 74 South Asian patients (0.3 percent of total admissions), along with 316 Japanese (1.1 percent), and 740 Chinese (2.6 percent).

[43] Among the rest, 15 patients originated in continental Europe, 11 in the United Kingdom, 9 in the United States, 6 in China, 3 in Ireland, 2 in Japan, and one each in India, Australia, and Newfoundland.

[44] Across time, selected attributes of these criminally insane people followed wider demographic trends. As the proportion of women in the B.C. population rose during the first half of the twentieth century, for example, so too did the relative number of women Order-in-Council patients (from 5, or 9 percent, of admissions before 1940, to 6, or 15 percent, of those entering hospital thereafter). Similarly, as the relative number of British Columbia-born citizens grew in relation to immigrant populations, increasing proportions of criminal inpatients, as well, were found to originate inside the province (none up to 1919, compared with 8, or 20 percent of the total, between 1920 and 1950) or elsewhere in Canada (16, or 27 percent, before 1940; and 23, or 56 percent, thereafter). On other measures, however, patient characteristics did not appear to change over the decades (for instance, the averages for inmate age on admission were as follows: 37.6 for 1874-99, 33.9 for 1900-19, 38.0 for 1920-39, and 36.8 for 1940-50).

[45] *Op. cit.* (refs. 12, 13, 14, 15, 16).

[46] Charles Kirk Clarke, medical superintendent of the Toronto Asylum, professor of psychiatry at the University of Toronto and first medical director of the Canadian National Committee for Mental Hygiene, cited in Jennifer Stephen, "The 'incorrigible', the 'bad', and the 'immoral': Toronto's 'factory girls' and the work of the Toronto Psychiatric Clinic", in Louis A. Knafla & Susan Binnie (eds), *Law, society and the state: Essays in modern legal history* (Toronto, 1995), 420.

[47] To protect confidentiality, I pseudonymize all patients and alter minor details of location and time wherever needed. I preserve the original spelling, grammar and syntax, including all errors.

Unless otherwise indicated, quotations are extracted from patient files stored in the BCARS accession group GR 2880 or the stacks of the Riverview East Lawn Clinical Records. Researchers with permission to access these files may contact me to obtain the record numbers.

[48] On immigrant mental patients in British Columbia, see Robert Menzies, "Governing mentalities: The deportation of 'insane' and 'feebleminded' immigrants out of British Columbia from Confederation to World War II", *Canadian journal of law and society* xiii (1998), 135-73; Menzies, "Race, reason and regulation: British Columbia's mass exile of Chinese 'lunatics' aboard the *Empress of Russia*, 9 February 1935", in McLaren, Menzies & Chunn, *op. cit*. (ref. 20).

[49] Immigrants qualified for deportation under the federal *Immigration Act* if they had been domiciled in Canada for less than five years, or if authorities were able to establish a history of insanity or mental defect prior to arrival in the country. *Ibid.*

[50] Otto Wahl, *Media madness: Public images of mental illness* (New Brunswick, N.J., 1995).

[51] Smith, *op. cit.* (ref. 2), 12.

[52] Guarnieri, *op cit.* (ref. 2), 393.

[53] Bruce A. Arrigo, *The contours of psychiatric justice: A postmodern critique of mental illness, criminal insanity, and the law* (New York, 1996), 15.

[54] Ripa, *op. cit.* (ref. 10), 19.

[55] *Op. cit.* (refs. 1, 2, 4, 5).

[56] Allen, *op. cit.* (ref. 29), 115.

[57] Smith, *op. cit.* (ref. 2), 4.

[58] Michel Foucault, "On the genealogy of ethics: An overview of work in progress", in Hubert L. Dreyfus & Paul Rabinow (eds), *Michel Foucault: Beyond structuralism and hermeneutics* (Chicago, 1983), 169.

[59] G.H. Manchester, "Report of the medical superintendent of the Public Hospital for the Insane, New Westminster for the year ending 31st December, 1901", *BC sessional papers*. 1902. 2 Ed. 7, p.472.

[60] R.A. Pennington (BC Deputy Provincial Secretary) to E.W. Griffith (BC Deputy Minister of Welfare). 19 December 1949. BCARS. GR 542, Box 20, File 4.

[61] *BC Forensic Psychiatric Services Commission Act*, 22-3 Eliz. II (1975), c. 35.

[62] Partridge, *op. cit.* (ref. 4), 106.

[63] Dr. John Charles Bucknill's description of conditions in Bethlem in 1854, as quoted by Smith, *op. cit.* (ref. 2), 22-3.

[64] Provincial authorities frequently arranged for the reallocation of criminally insane patients to civil status following the lifting of their Orders-in-Council, or when federal prison sentences expired. The Attorney-General Ministry opined favourably regarding the legality of this procedure in 1947. E. Pepler (BC Deputy Attorney-General) to R.A. Pennington (BC Deputy Provincial Secretary). 5 December 1947. GR 542, Box 19, File 7.

[65] *Op. cit.* (refs. 7, 10, 19).

[66] Electroconvulsive therapy, like metrazol and insulin before it, could be a supremely traumatic experience for patients. Patient Adele Ross described the after effects of her ECT treatment in a letter to an Essondale physician: "[T]he word 'Shock Treatments' or 'E.C.T.' makes me ill to my stomack, also have a terriffic pain in my stomack since then. also I'm off my food, can not sleep, also have lost weight approximiatly five pounds."

[67] Dr. Frank Turnbull, a local neurosurgeon, performed frontal lobotomies on Essondale patients, first at the Vancouver General Hospital, and later at the Crease Clinic. Administrators maintained a separate lobotomy ward at Essondale during the late 1940s and early 1950s. One of the insane criminals in this study, Peter Berezin, was among those who underwent the procedure.

[68] Sexual sterilization was another procedure in vogue during this period. British Columbia, along with Alberta, was one of two Canadian provinces to enact eugenical laws authorizing the sterilization of mental hospital inmates. The B.C. legislation was in effect between 1933 and 1972, during which time physicians sterilized an estimated 250 to 300 patients whom the provincial Eugenics Board had deemed to be congenitally mentally disordered or 'feebleminded,' and likely to bear defective children. Women and girls were disproportionately targetted. None of the 100 'criminally insane' patients in this study, however, was the target of sexual surgery, and among the total population of 387 Order-in-Council inmates I have to date found only one case of sterilization (a First Nations woman who in 1935 killed her infant son and attempted suicide). See generally Ian R. Dowbiggin, *Keeping America sane: Psychiatry and eugenics in the United States and Canada, 1880-1940* (Ithaca, N.Y., 1998); McLaren, *op. cit.* (ref 16).

[69] Menzies, *op. cit.* (ref. 48). See also Barbara Roberts, *Whence they came: Deportation from Canada 1900-1935* (Ottawa, 1988).

[70] *Op. cit.* (refs. 7, 10).

[71] Nancy J. Tomes, "A generous confidence: Thomas Story Kirkbride's philosophy of asylum construction and management", in Andrew Scull (ed), *Madhouses, mad-doctors and madmen: The social history of psychiatry in the Victorian era* (Philadelphia, 1981), 139.

[72] Davies, Kelm, *op. cit.* (ref. 18).

[73] Partridge, *op. cit.* (ref. 4), 107.

[74] There is question about the voluntariness with which some people composed their expressions of gratitude. These thank-you notes were required of all civilly committed patients upon being released, and were typically written in the presence of doctors, nurses or attendants.

[75] Metrazol (the chemical name for which is pentylenetetrazol) enjoyed a brief period of popularity as a convulsant during the late 1930s and early 1940s. See, among others, Elliot S. Valenstein, *Blaming the brain: The truth about drugs and mental health* (New York, 1998), 16-17.

[76] This was scarcely an idle fear. See Menzies, *op. cit.* (ref. 48).

[77] With the passage of the revised BC *Mental Health Act* in 1964, *op. cit.* (ref. 21), Essondale was renamed Riverview Hospital.

[78] Joe Sim, *Medical power in prison: The prison medical service in England 1774-1989* (Milton Keynes, 1990), 7.

[79] On the history and culture of the collectivist Russian Doukhobors in British Columbia, see Koozma Tarasoff, *Plakun trava – The Doukhobors* (Grand Forks, B.C., 1982); George Woodcock & Ivan Avakumovic (eds), *The Doukhobors* (Toronto, 1968).

[80] Mary Bosworth, "Resistance and compliance in women's prisons: Towards a critique of legitimacy", *Critical criminology*, vii (1996), 5-19, p.13.

[81] Over the course of time, there was a general trend toward shorter hospital detentions. The 12 people in this study confined in the Victoria Asylum or the PHI prior to 1900 remained in hospital for a mean 14.3 years, and the 11 who entered between 1900 and 1919 logged an average of 15.6 years inside. In contrast, the average duration of stay for the 36 patients

admitted from 1920 to 1939, and the 41 inmates entering from 1940 to 1950, was 11.1 and 9.7 years respectively.

[82] Among these, the causes of death, in order of frequency, were: heart attack or disease (18), pneumonia or lung disease (8), cancer (4), tuberculosis (3), infection (3), epilepsy (2), paresis or venereal disease (2), nephritis or kidney failure (2), exhaustion of dementia (1), cystitis of bladder (1), and cerebral haemorrhage (1).

[83] Under the provincial *Mental Health Act*, institutional physicians could release certified patients on six-month trials on either "probation" (with hospital support) or "special probation" (against medical advice).

[84] Four patients were more than 80 years of age at departure or death, and one (Ezra Harrison) was 91.

[85] As the decades unfolded, the prospects of a positive outcome for criminally insane inmates did appear to improve. Among the 23 inmates in this study admitted prior to 1920, 13 (56 percent) died during confinement, another six (26 percent) were deported, and only one (9 percent) achieved an unconditional discharge. The 41 individuals who entered the system between 1940 and 1950, in contrast, were far more apt to be discharged in full (10, or 26 percent) or receive probation (4, or 10 percent), and far less likely to die in hospital (7, or 18 percent).

[86] Lykke de la Cour & Geoffrey Reaume, "Patient perspectives in psychiatric case files", in Iacovetta & Mitchinson, *op. cit.* (ref. 8), 242-265, p.244.