Historical Profiles of Criminal Insanity

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Introduction

Despite a growing collection of historical research over the past quarter-century on forensic laws, practices and institutions (e.g. Colaizzi, 1989; Eigen, 1995; Guarnieri, 1991; Harris, 1989; Moran, 1981; Robinson, 1996; Smith, 1981; Verdun-Jones, 1979; Verdun-Jones and Smandych, 1981; Walker, 1968; Ward, 1997, 1998; Weisman, 1995; West and Walk, 1977), relatively little is known about the lives of the criminally insane themselves. Apart from their official depictions in court documents and published legal judgments, forensic populations of the past remain a near-invisible constituency in the historiography of psychiatric and judicial systems. As Eigen

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writes (1995, p.163), "[o]ne looks in vain for a sustained treatment of the patient's thought-world." For the most part, in the historical pursuit of the medico-legal subject we are restricted to a scattering of early surveys of hospital inpatients (Bahr, 1925; Baker, 1902; Bowers, 1917; Nolan, 1919-20; Pilcher, 1930; Yeomans, 1930), a handful of institutional studies published on both sides of the Atlantic (Cormier, 1975; Dell and Robertson, 1988; Partridge, 1953; Ryan, 1981; Sim, 1990; Steadman and Cocozza, 1974; Thornberry and Jacoby, 1979), and some recent Canadian and British work addressing forensic patients' reactions and resistance to the exercise of penal and psychiatric authority (Chunn and Menzies, 1998; Lloyd, 1995; Menzies, 1995).

This comparative dearth of historical knowledge about the human subjects of forensic regulation is in stark contrast to the explosion of research that the wider field of general psychiatric history has witnessed in recent years. This literature has cast new light on people who were sequestered in civil and private madhouses, asylums and mental hospitals from the eighteenth century onward. Spearheaded by the work of social historians like Peterson (1982) and Porter (1989), it is characterized by an emphasis on the micropolitics of institutional existence and a reliance on documentary case file methods (Iacovetta and Mitchinson, 1998). Its exponents seek to chart the profiles and perspectives of psychiatric subjects and to recapture the lived experience of mental hospitalization from their unique point of view (see Davies, 1987; Dwyer, 1987; Geller and Harris, 1994; Kelm, 1994; Reaume, 1997; Ripa, 1990).

The current research represents an initial attempt to bring these perspectives and methods to bear upon the historical study of criminal insanity. As part of a wider project on the origin

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and development of institutional psychiatry in British Columbia, Canada, I concentrate on a sample of 100 forensic subjects who were transferred from the province's courts and prisons into psychiatric institutions between 1874 and 1950. In the next section of this article I enlist the surviving clinical files of these 100 men and women, in concert with other supporting primary and secondary documents, to survey their personal backgrounds, medico-legal attributes and hospital experiences. Following this I undertake a qualitative analysis of these clinical records, using grounded theory methods, to demarcate the five main categories of forensic patient that emerged from these organizational records.

Context and Method

This study spans nearly eight decades in the history of British Columbia's mental health system. The seventy-seven years from 1874 to 1950 witnessed many milestones and transformations in the province's legal, medical and institutional response to psychiatric disability, along with a virtually uninterrupted profusion of hospital inpatients. As in numerous other jurisdictions worldwide (Castel, Castel, and Lovell, 1982; Dowbiggin, 1997; Grob, 1983; Rothman, 1980; Scull, 1989; Shorter, 1997), the B.C. psychiatric apparatus was subject to successive waves of change in philosophy and policy through these years, as prevailing theories and practices drifted out of the nineteenth-century age of moral treatment, through the "scientific custodialism" (Rafter, 1997, pp.62-66) of the early 1900s, and onward into the era of somatic interventionism that gained ascendancy from the 1930s onward. These seismic shifts in the medical terrain paralleled developments elsewhere, but they also reflected British Columbia's remarkable metamorphosis from a colonial hinterland in the mid-1800s to a flourishing political, economic

and cultural center by the second half of the twentieth century (Barman, 1996; Bowering; 1996; Woodcock, 1990).

The first separate dwelling for the confinement of mentally disordered British Columbians, the dilapidated and virtually uninhabitable Victoria Lunatic Asylum, operated on former First Nations reserve land at the provincial capital's harborfront between 1872 and 1878 (Ferguson, forthcoming). In the year of the Victoria asylum's demise, the New Westminster Asylum, later renamed the Public Hospital For the Insane (PHI), opened on the northern banks of the Fraser River. The PHI rapidly became a mainstay of the province's segregative psychiatric apparatus. It was joined in 1913 by the Provincial Mental Home, Essondale (after 1964, Riverview Hospital), which occupied 1000 acres of hillside and farmland in the Vancouver suburb of Coquitlam.[1] Six years later the Colquitz Mental Home, located northwest of Victoria on Vancouver Island, was designated as the primary institutional site for the housing of criminally insane and generally dangerous or reprobate patients. In tandem, these three hospitals dominated British Columbia's mental health landscape until well into the 1960s (Foulkes, 1961; Davies, 1989; Kelm, 1994; Menzies, 1995). Between the inception of the Victoria Asylum and the end of 1950, a total of 28,100 patients entered the wards of one or more of these establishments (Annual Reports, 1949-50 and 1950-51).

From the first forensic admission in 1874 through to 1950, according to the Admission Registries stored at the British Columbia Archives and Records Services (BCARS) in Victoria,[2] 387 people entered British Columbia's mental health system as either criminally insane (Not

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1. Prior to the opening of Essondale, some overflow patients were consigned to a temporary satellite hospital situated at Vernon in the Okanagan Valley between 1904 and 1913. BCARS. GR 1754. Box 13, Volume 17.
2. BCARS. GR 1754, Boxes 1-2, Volumes 1-6. GR 3019, Box 1, Volume 1.

Guilty by Reason of Insanity or Unfit for Trial) or insane criminals[3] (transferred from the provincial gaols or prisons or from the federal penitentiary in New Westminster[4]). Statistically, Order-in-Council and 'BC Pen' cases constituted only 1.4% of all patients admitted to the three mental institutions over the duration of this period (see Table 1). Their proportionate admission rates increased relative to civil patients through the late nineteenth century (see also Walker, 1964, p.67), then declined after 1900, likely in response to lowering crime rates and a burgeoning non-forensic population of hospital inmates. Following World War I, their comparative numbers stabilized. With minor fluctuations, then, criminally insane patients remained a relative rarity throughout these eight decades. But despite their modest representation on the hospital rolls these B.C. medico-legal subjects commanded levels of legal scrutiny, medical intervention and public apprehension that far eclipsed their raw numerical presence.

[Insert Table 1 About Here]

The criminally insane occupied a unique status in the mental establishments of British Columbia. Unlike civil hospital inmates who were certified into Essondale or the PHI under the provincial

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3. This paper follows conventional usage and uses the term 'criminally insane' throughout in reference to both groups.

4. Under the two-year rule, accused persons sentenced to less than 24 months in Canada throughout this period were incarcerated in a provincial gaol or prison. After its opening in 1912, this was typically the Oakalla Prison Farm in the suburbs of Vancouver (Andersen, 1993). Terms of two years or longer were served at the British Columbia Penitentiary which was built in 1878.

Mental Hospitals Act,[5] forensic patients were rerouted to asylum as Warrant of the Lieutenant Governor (WLG) cases under the *Criminal Code of Canada* (*CCC)* (for NGRI and unfit and provincial prisoners),[6] or as federal *Penitentiary Act*[7] transfers from the BC Pen. Following the precedent of the 1800 *Criminal Lunatics Act* in England, as codified in the 1892 Canadian *Code* (Verdun-Jones, 1979), the WLG (generally referred to in BC as 'Order-in-Council') patients (Chunn and Menzies, 1998) were subject to indeterminate confinement at the pleasure of the Lieutenant-Governor.[8] The practice of conveying insane prisoners to mental institutions had first been authorized by the English *County Asylum Act* of 1808 and the *Criminal Lunatics Act* amendments of 1816 (for post-sentence-removals) and the *Insane Prisoners Act* of 1840 (for pre-trial transfers) (Smith, 1981, pp.21-22). In British Columbia, hospitalized convicts from the federal penitentiary remained under the jurisdiction of the *Penitentiary Act* until the expiration of their sentence, at which time those still in hospital were typically reclassified to involuntary status under the provincial legislation.

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5. The 1873 *Insane Asylums Act* of British Columbia (36 Vict., No. 28, amended 1893), was replaced by the *Hospitals For the Insane Act* (61 Vict., c.101) in 1897. The latter legislation, renamed the *Mental Hospitals Act* (*MHA*) in 1912, remained virtually unaltered until 1940. Sections 7 and 20 of the *MHA* provided for the involuntary commitment of insane persons under a sworn application, the certificates of two medical practitioners, and the signed warrant of a Magistrate or Justice of the Peace.

6. WLGs were provincial orders issued by Cabinet. They authorized, under s.970 of the CCC, the indeterminate confinement of these three categories of patient-offender "at the pleasure of the Lieutenant Governor." E. Pepler, Deputy Attorney General to R.A. Pennington, Deputy Provincial Secretary. 5 December 1947. BCARS. GR 542, Box 19, File 7.

7. *Penitentiary Act,* Canada. RSC 1906, c.147, s.53.

8. WLGs were abolished following Parliament's enactment in 1992 of Bill C-30, R.S.C. 1991, c.43, s.4.

For this project I set out to compile a representative sample of these criminal insanity cases and to chronicle their socio-demographic backgrounds, medico-legal attributes and institutional encounters over the duration of their contact with the province's psychiatric complex. Within each of the eight decades canvassed, plus the year 1950, I randomly drew 25% of the 387 forensic patients who were admitted from courts, gaols, prisons and penitentiary to the Victoria Lunatic Asylum, the PHI or Essondale. In addition to the ninety-seven persons thereby selected, three more patients were randomly identified from the population as a whole to produce a final sample of 100 subjects. As noted in Table 1, these included 12 individuals admitted prior to 1900; 6, 5, 12, 24 and 36 people confined, respectively, over the next five decades; and 5 patients hospitalized in 1950. These patients represented a proportionate sampling of criminal admissions to the province's mental hospitals over the 77-year period. Overall there were 89 men and 11 women (a slight oversampling of women in comparison to their 9.8% representation within the total population of 387 forensic patients from 1874 to 1950).[9]

Along with registry information and materials compiled from medical correspondence, institutional records, annual reports and other mental health documents available at the BCARS, the main source of data for this investigation comprised the clinical case files of psychiatric hospital inpatients. These were housed in the BCARS GR 2880 record group (for patients who died or otherwise exited the system on or before 31 December 1942) and the East Lawn Clinical

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9. While women comprised a distinct minority of the province's inhabitants throughout the study period, they were still under-represented in these forensic statistics. Against the context of a total non-Aboriginal population that grew from 7,512 in 1870 to 842,581 in 1951, the percentages of non-Aboriginal women were: 27 (1870), 26 (1881), 25 (1891), 29 (1901), 30 (1911), 42 (1921), 43 (1931), 46 (1941) and 49 (1951) (Barman, 1996, p.369).

Records Service at Riverview Hospital (for all others). These files provided a comprehensive documentation of patient backgrounds and institutional experiences along with professional depictions of their medico-legal statuses. They included, *inter alia*, legal documents authorizing hospitalization (specifically, executive Orders-in-Council and/or civil commitment papers), records of patient possessions and visits during confinement, ward progress notes, verbatim interviews with admitting physicians, personal and family histories, psychological testing results, social service reports, occasional case conference transcripts, special incident reports, accounts of treatment interventions, selected letters and other representations from patients, discharge papers and death registries where applicable, and medical superintendent correspondence with family members, legal and medical authorities and other interested parties elsewhere.

The files were transcribed and de-identified before being encoded for statistical summation using SPSSx. I then subjected the materials to qualitative documentary analysis using grounded theory methods (see Dey, 1999; Digby, 1987; O'Connell Davidson and Layder, 1994; Strauss and Corbin, 1990). These operations consist of an inductive approach to the data, using constant comparative techniques and thematic analysis to identify and label recurrent concepts that permeate the documents. As described below, following several iterations in the analysis, five main categories of patients emerged from these inferential procedures.

One Hundred Forensic Patients

The general attributes and experiences of this historical sample of 'criminally insane' British Columbians occupy Tables 2 through 5. In general these individuals closely resembled the profiles of marginality and uprootedness that have characterized forensic populations in the contemporary literature (Menzies, 1989; Peay, 1998; Steadman and Cocozza, 1974; Thornberry

and Jacoby, 1979). As shown in Table 2, only 12 of the 100 patients were born in British Columbia,[10] and another 38 elsewhere in Canada; 27 and 11, respectively, were residing in Vancouver[11] and Victoria at the time of their instant offence, with the remainder spread out across the province; 57 were of either British or Irish heritage, and 30 of continental European descent.[12] The average age at admission was 37, with a range from 15 to 83 years. Nearly two-thirds of these forensic subjects had never been married, and the 98 persons for whom information was available had a total of 63 children. Fifty-four were Protestant and 29 Roman Catholic.[13] A mere one-quarter of the sample had more than elementary school education, and only one had gone to university. Forty patients were general laborers and nine had no occupation of any kind, while in contrast just three people were professionals or managers. At the time of their initial contact with the criminal justice system, 39 were employed and 56 were not (status was unclear for another five individuals). Whereas the clinical files did not always provide an accurate record of prior institutionalization, at least 22 patients had been previously

10. In comparison, according to Census of Canada statistics, the proportion of the overall non-Aboriginal British Columbian population born inside the province was 27% in 1881, 13% in 1891, 21% in 1901, 17% in 1911, 27% in 1921, 31% in 1931, 37% in 1941, and 39% in 1951 (Barman, 1996, p.364).

11. The Vancouver and surrounding Lower Mainland area underwent a surge of population growth during the first decade of the twentieth century, with the result that, by 1911, 46% of the province's 392,480 residents lived there. By 1951 that figure had risen to 56% (Barman, 1996, p.371).

12. In 1901, 60% of the 178,657 inhabitants of British Columbian had British roots, and 12% came from continental Europe. By 1921, 74% of the 524,582 residents were British and 14% European in origin, and by 1951 the respective percentages were 66 and 27 (Barman, 1996, p.363).

13. The proportions of Roman Catholics across the entire provincial population descended gradually throughout the study period from 29% in 1881 to 14% in 1951 (Barman, 1996, p.367).

hospitalized in a psychiatric facility and 34 had spent time in prison. Eleven had attempted suicide.

[Insert Tables 2 and 3 About Here]

Table 3 displays the medico-legal backgrounds and statuses of the 100 BC forensic subjects. As with similar populations in other historical and contemporary contexts (Partridge, 1953; Steadman and Cocozza, 1974; Thornberry and Jacoby, 1979), the majority of these patients had been transferred to hospital from provincial prison (36), federal penitentiary (25), or pre-trial gaol or lockup (17). Eleven individuals had entered under a WLG as unfit to stand trial, 10 had been found not guilty by reason of insanity by judge or jury, and one had been referred directly from the psychiatric ward of the Vancouver General Hospital (VGH) prior to adjudication. Slightly fewer than half of the sample had been charged with a violent crime (23 with murder), while the most frequently-occurring transgression was property-related, and other offences included vagrancy (8), disorderly conduct or public drunkenness (6), property damage or arson (5), and sexual infractions, drug trafficking and attempted suicide (2 each). Three people had received a direct admission at the hands of police or gaolers before charges were laid. For those who had incurred a criminal sentence (37 patients had been referred to hospital in lieu of sentencing), the average term of incarceration was just over three years, with three patients receiving life in prison, two a commuted death sentence,[14] and one an indeterminate period

14. Until 1961, all murderers in Canada were sentenced to death, with the possibility of commutation by the federal Cabinet. The last two hangings in the country occurred in 1962 at the Don Jail in Toronto. Parliament officially abolished capital punishment in 1976 (Chandler, 1976; Grant, Chunn & Boyle, 1994; Hustak, 1987).

under the federal *Juvenile Delinquents Act*.[15] About one-third of the 100 subjects bore a primary diagnosis of paranoidal dementia praecox or paranoid schizophrenia;[16] another quarter were classified with a non-paranoidal category of psychosis; and the remainder received a multitude of labels including, among others, psychopathy and moral delinquency (11), mental deficiency (6), manic depression (5), and general paresis of the insane (4). According to hospital physicians, only five persons were not insane.

Four out of every five of these forensic subjects spent time at Essondale, which after 1924 took over from the Public Hospital for the Insane as the administrative center and site of first admission of patients to the province's mental health complex. Exactly half (all men) were confined for at least part of their internment at the Colquitz Mental Home, and a quarter were institutionalized at the PHI.[17] The average length of forensic confinement was 11.4 years, with terms varying in duration from less than a week to 46 years. Active psychiatric treatment was a relatively infrequent occurrence for this group. Only 28 of 100 patients underwent any form of

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15. Under the 1908 federal *Juvenile Delinquents Act* (*JDA*), young persons found to be in a condition of delinquency were declared wards of the court for an indeterminate period until they reached the age of majority. The JDA was replaced by the *Young Offenders Act* (*YOA*) in 1982 (Leschied, Jaffe & Willis, 1991; Hudson, Hornich & Burrows, 1988).

16. Dementia was a nineteenth-century construct that gained additional theoretical rigor and clinical popularity through Emil Kraepelin's incorporation of the term dementia praecox (literally, premature derangement) into the classification scheme comprising his 1903 textbook *Lectures on Clinical Psychology* (first translated into English in 1912). Subsequently, as Colaizzi writes (1989, p.107), "Eugen Bleuler introduced the concept of schizophrenia as a dynamic interpretation of dementia praecox. But, up until 1924, when A.A. Brill translated Bleuler's textbook, Kraepelin's terminology still dominated the literature."

17. These frequencies sum to more than 100, as many patients were hospitalized at more than one institution.

medical intervention, with antipsychotic medication (9), electroconvulsive therapy or electronarcosis (8) and insulin therapy (8) leading the list. At death or departure the mean age of subjects was 48 years, with a range from 19 to 93. Forty-five of 100 persons died during their forensic confinement. The leading causes of death were heart problems (18), pneumonia (8), cancer (4), tuberculosis and septic infection (3 each). In descending order of frequency, those who survived their forensic hospitalization departed in the following ways: discharged in full (14),[18] deported or informally repatriated (12), probation under the provincial *Mental Hospitals Act*[19] (9), escaped (8), returned to the provincial prison at Oakalla to serve out an already-imposed criminal sentence (4), back to Oakalla for trial (3), on leave to a nursing home (3), and back to the BC Penitentiary (2).[20]

[Insert Tables 4 and 5 About Here]

Next, Table 4 delineates the in-hospital conduct of these 100 criminally insane patients, as distilled from the contents of ward progress notes and incident reports. Among the sample, 7 persons made a total of 17 suicide attempts during their confinement, 19 committed 37 assaults on staff or other patients, and three were themselves the victims of a single assault each. Elopements were a remarkably frequent occurrence, particularly as this collection of forensic subjects was ostensibly subject to exceptionally stringent security arrangements (see Colaizzi, 1989, p.100; Partridge, 1953, p.72, 116). Yet nearly a quarter of individuals hazarded at least

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18. These discharges from hospital, along with transfers back to prison, required the issuance of a second Order-in-Council by the provincial Cabinet.

19. Supra, note 5.

20. Smith (1981, p.24) reports that, between 1816 and 1864 in England, 10.4% of men and 27.2% of women criminal lunatics eventually gained their freedom.

one escape attempt, and one person tried to abscond on ten separate occasions. Thirty-nine of these attempts could be characterized as successful to the extent that their authors managed to exit the hospital grounds and elude authorities for a minimum of several hours. As noted in Table 3 above, eight persons were discharged without ever being recaptured.

Finally, in Table 5 appear summaries of post-forensic institutional contacts. Among the 55 patients who exited alive from hospital, 15 (27%) sustained at least one subsequent psychiatric confinement in British Columbia, and 3 more (5%) were hospitalized outside of the province, for a total of 32 admissions. The records of follow-up criminal justice encounters are limited to medical files and are therefore almost certainly underestimates of subsequent criminality. Nonetheless the general findings do appear to mirror more contemporary studies of discharged forensic patients (Borum, 1996; Monahan and Steadman, 1994; Hodgins, 1993; Sales and Hafemeister, 1984; Steadman and Cocozza, 1974; Thornberry and Jacoby, 1979), in that officially recorded criminal conduct following release was relatively infrequent and small minority of patients (10, or 18%) were responsible for all of the registered 26 post-hospital criminal convictions and 25 prison confinements.

Categorizing the Criminally Insane

In the remainder of this article I shift emphasis away from the statistical profiling of patient attributes and activities, and toward the construction of qualitative typologies that demarcate the various classes of medico-legal subjects who entered the provincial hospital system as both criminal and insane.

As in the contemporary context (Allen, 1987; Menzies, 1989; Pfohl, 1978), criminal ‘lunatics’ in late nineteenth and early twentieth centuries posed uncommon diagnostic and

management problems for legal and medical authorities. Their dual forensic status—what Smith terms their "ambivalent social position between patients and criminals"—represented "a sharp problem in the rational differentiation of miscreants" (Smith, 1981, p.12). In attempting to derive intelligibility from these inherently confounding cases, alienists and psychiatrists were obliged to forge what Ward (1997, p.345) terms an "unstable accommodation" between law and science. Moreover, it was common sense more so than medico-legal knowledge (Ward, 1997, 1998) that generally informed and structured official responses to the forensic patient. That formal renderings of the criminally insane should emulate public understandings is hardly a surprise. For as Eigen asserts (1996, p.5), "[t]he keepers and the kept were very much part of their culture, and the images and metaphors employed by *all* parties to make sense of severe mental torment needs to be placed in the context of contemporary concerns and anxieties."

The surviving clinical files of criminally insane patients in British Columbia offer a unique opportunity to learn about the different categories of medico-legal inmate who presented themselves to the mental health establishment during this seventy-seven year period. By surveying the criminally insane through the documents compiled by their overseers, we can both delineate the vast array of histories and problems that these patients (re)presented, and at the same time assemble them into relatively coherent categories. The relationship of individual patients to these typologies helps to explain, in turn, how and why they entered the system, how they were perceived by authorities, how they reacted to the diagnostic and treatment practices, and in general what factors shaped their careers as they negotiated the twin control systems of psychiatry and law.

Five overall categories of patient emerged from the qualitative analysis of documentary records for the 100 BC forensic cases. I label these, in turn, 'murderous lunatics,' 'criminals for

life,' 'recalcitrants and resisters,' 'the ordinarily afflicted,' and 'manipulators and malingerers.' In what follows I provide a brief summary of each category, enlisting illustrations elicited from the historical files. While these patient classes were neither fully exhaustive nor mutually exclusive, they did provide a reliable and patterned template for analyzing the properties of forensic cases in the sample. They were also remarkably stable across time. In the following presentation of case file materials, patients classed within each of these five groupings can be found across the entire eight-decade span of this study. Despite revolutionary changes in assessment methods and diagnostic systems over the past century (Grob, 1985; Kutchins and Kirk, 1997; Lerman, 1996), these documents reveal much constancy in the kinds of patients who presented themselves to practitioners in the B.C. context (see also Colaizzi, 1989, p.96).

Murderous Lunatics

Numerous historians of law and psychiatry (Eigen, 1995; Harris, 1989; Moran, 1981; Robinson, 1996; Smith, 1981) have noted the longstanding tendency in public culture and professional discourse to equate criminal insanity with homicidal violence. As Colaizzi writes (1989, p.5), "physicians believed that insanity and danger were inseparable" and "the predominant issues were the management of homicidal lunatics in the asylum and the question of when to turn them loose." The image of the insane criminal as crazed killer persists to the present day, and is recurrently reproduced in media accounts of high-profile cases involving homicidal violence and mental disorder (Birch, 1993; Cameron and Frazer, 1987; Wahl, 1995).

In actuality, however, a multitude of historical and contemporary research (Borum, 1996; Hodgins, 1993; Menzies, 1989, 1995; Peay, 1998; Pilcher, 1930; Sales and Hafemeister, 1984; Steadman and Cocozza, 1974; Verdun-Jones, 1979) has consistently documented the minority

representation of homicidal insanity cases among both pre-trial and post-sentence forensic populations. The stereotyping of the criminally insane as a uniform collection of murderous madpeople is thoroughly at variance with the historical record. Typically, killers have been statistically overshadowed in medico-legal contexts by persons facing an array of other violent, property, morality, public order, drug and sex crimes.

The randomly selected sample of 100 British Columbian forensic patients included twenty-three people who were either accused or convicted of manslaughter[21] or murder.[22] These individuals, like homicide perpetrators generally (Boyd, 1988; Elliott, 1996; Leyton, 1996), represented a wide range of human experience. Their biographies of privation, pathos and distress, and the histories of social and intrapersonal conflict that led to their encounters with law, were scarcely unique. What distinguished these twenty-three people, and qualified them for psychiatric intervention, were the peculiar circumstances of the crimes themselves, and the disorders that they presented to legal authorities upon apprehension. Like other forensic patients, the homicidal insane posed special conceptual and dispositional dilemmas for authorities. These people found themselves in psychiatric hospitals as a function of expert

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21. Manslaughter in Canada is non-intentional homicide. It was punishable by a maximum of life imprisonment during an era, prior to 1961, when all murder convictions carried a mandatory sentence of death. Supra, note 9.

22. Murder and manslaughter offences were almost certainly over-represented among the province's criminally insane (see also Colaizzi, 1989). As McLaren reports (1998, p.162), over a near quarter-century period between 1900 and 1923, only 270 men and 18 women across the entire province were charged with homicide. While valid aggregate court statistics are difficult to retrieve for this period, it is doubtful that homicide comprised more than one or two percent of total crime statistics. The vast majority of convicted killers either hanged or served their time in the BC Penitentiary.

efforts to comprehend the relation between their internal processes and outward actions, and to manage both.

In practice, homicides were particularly apt to be rerouted into forensic settings when they triggered outpourings of media and public reaction, when they seemingly materialized 'out of the blue,' and when their perpetrators voiced unmistakable expressions of paranoidal delusion.

In the first group fell patients like A.F,[23] a fifty-three year-old widow whose alleged 1902 axe murder of her only daughter prompted an intensive flurry of newspaper coverage, a swift pre-trial remand to the Public Hospital for the Insane, and nearly three decades of psychiatric confinement until her death in 1930. Other high-profile criminal homicide cases in the province included W.R., an escaped mental patient who was institutionalized for forty-four years after shooting his wife in a Vancouver park in 1920 and converting the death scene into a flower-strewn shrine; and N.M., another former patient whose inexplicable shotgun slaying of an eleven-year-old neighbor girl in 1945 evoked front-page headlines throughout the province, an extensive manhunt, and eventually an Assize Court adjudication of unfitness to stand trial and twenty-two years of internment at Essondale and Colquitz before this ill-fated man's death by pneumonia in 1967.

The second feature of homicide cases that seemed to elicit forensic attention was the sudden and unforeseen character of the precipitating crimes. All three of the above-mentioned incidents gave evidence of having detonated without warning, until medical experts were able to scrutinize the patients after the fact in clinical settings, and in the process to reconstruct the

23. To protect patient confidentiality, names are initialized and other potentially identfying details altered. Otherwise, passages extracted from clinical files are reproduced verbatim, with spelling and grammatical errors preserved.

antecedent chain of events and thereby attach meaning. In similar fashion, when A.G., the son of a prominent politician in the US, murdered his cabin-mate in the Yukon[24] in 1899, no explanation could be unearthed prior to his unfitness finding and removal under a WLG to the PHI, where he was diagnosed with chronic dementia praecox and detained for the rest of his life. In the case of W.F., the 1931 slaying of a game warden in the British Columbia interior seemed senseless until medical expert J.G. McKay testified at Assize trial that the murderer had sustained a concussion during World War I and suffered from "an obscure type of epilepsy"[25]; the doctor's evidence precipitated an NGRI finding from the jury and a quarter-century of confinement at Colquitz.

Finally, delusions of persecution and grandeur were a recurrent element in the (re)construction of these homicidal insanity cases. Signs of paranoidal content were considered a significant factor in determining criminal and dangerous insanity among homicide defendants. As the Medical Superintendent of the Indiana Hospital for Insane Criminals wrote in 1917, "[t]he most dangerous of all insane patients is the one who harbors in the recesses of his diseased mentality systematized delusions of persecution" (Bowers, 1917, p.79). Examples abounded amongst this historical collection of British Columbian forensic patients. B.S., a Japanese immigrant, in 1919 murdered his wife and three children who, in his imagination, had been conspiring to cause him intolerable torment. Homesteader W.M. was found NGRI in 1927 after shooting a forest ranger whom W.M. had accused of doping his food. When I.D. discovered in

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24. Under an 1899 agreement between the Dominion and British Columbian governments, all mental patients from the Yukon were transported south and detained at the Public Hospital For the Insane at federal expense. BCARS. GR 2880, Box 7, File 953.

25. Unless otherwise indicated, direct quotations are extracted from patients' clinical record files.

1933 that she and her baby were both "going numb," her response was to carry the infant out to a snowbank and cut his throat. Diagnosed with manic depression and found insane at trial, she was hospitalized and treated with metrazol convulsive therapy before being released two years later as recovered. A very different fate awaited M.K.S.. After three years of fantasized persecution at the hands of two fellow Chinese-Canadian farm workers, M.K.S. shot them both in 1945 and was found unfit for trial. During his first two years of confinement at Colquitz, he twice attempted to disembowel himself to atone for the murders and evade his feared deportation to China. Surviving these incidents, M.K.S. endured for another two decades in hospital, living to an advanced age, before wandering away from the Essondale grounds and drowning in the floodwaters of the Fraser River in the early summer of 1967.

Criminals For Life

The "career criminal" constituted a relatively distinct category of patient who was typically construed as an inappropriate candidate for medical intervention. Persons with histories of criminality but no discernible mental disorder were a common constituent of British Columbia's forensic populations throughout the late nineteenth and early twentieth centuries. They ordinarily arrived directly from provincial prisons or the federal penitentiary in New Westminster where their aggressive or unruly conduct had precipitated a reassignment to mental hospital. The tendency for prison doctors to impute mental disorder to such cases was routinely challenged by Essondale, PHI and Colquitz psychiatrists who sometimes accused their colleagues of sloughing off their most recalcitrant prisoners under the umbrella of factitious psychiatric diagnoses.

During an era where classification and segregation played increasingly prominent roles in carceral regimes (Garland, 1985), officials were particularly alarmed about the enforced intermingling of criminal and civilian patients. Such anxieties had been expressed as early as the 1860 Select Committee on the erection of Broadmoor in England, which had proclaimed that "to mix such persons, that is criminal lunatics, with other patients is a serious evil" (Partridge, 1953, p.2). These sentiments were echoed by a succession of mental hospital authorities in British Columbia. In 1901, for example, Medical Superintendent G.H. Manchester decried the practice of "plac[ing] these patients on any ward where it was convenient, which cannot be avoided so long as the wards are so full and no special provision is made for this special class" (Annual Report of the PHI, 1901, p.472). More than forty-eight years later, Director of Mental Hygiene and Psychiatry A.L. Crease opined in a letter to the Deputy Provincial Secretary of the province that "those who are ill … should not be required in any way to live with [the criminally insane] as long as they are in there for very different purposes. An Institution that takes care of them is not considered by the public as a hospital."[26]

The presence of psychopaths and other varieties of 'moral delinquent' was a much resented irritant for clinical professionals who labored inside the walls of British Columbia's public mental institutions. Since the advent of 'the psychopathic constitution' as a distinctive psychiatric construct via William Alonson White's 1908 textbook (Colaizzi, 1989, p.81), this category of patient was a potent source of aversion and apprehension throughout the system (Rafter, 1997). Practitioners endeavored to screen out psychopaths, but when rejection proved impossible (as it was with criminally insane patients who entered hospitals under compulsory executive orders-in-council), they strategized to contain them and effect their return to prison at

26. A.L. Crease to R.A. Pennington. 28 November 1949. BCARS. GR 542, Box 20, File 4.

the earliest opportunity. In this respect, medical authorities in British Columbia shared "the predominant opinion in the psychiatric literature of the 'twenties and 'thirties," to wit, that "the psychopathic personality was a menace to society and ought to be locked up" (Colaizzi, 1989, p.114).

As illustrated above, at least 34 of the 100 criminally insane subjects in this historical sample had a history of imprisonment at the time of their psychiatric admission. Eleven people were diagnosed with psychopathy or moral delinquency, three exhibited alcohol- or drug-related disorders, and five were deemed not insane.

The profiles of these predominantly criminal patients remained remarkably consistent. R.H. had "spent considerable time in the Penitentiaries" before being shot in the stomach during a botched hold up in 1935 and sentenced to five years in the BC Pen. After two half-hearted suicide attempts in his cell he was certified to Essondale, only to be deported to England a year later.[27] Bearing a prior diagnosis of psychopathic personality, twelve previous imprisonments and a drug addiction, thirty-five year-old E.R. proceeded to Essondale from Oakalla Prison in January 1947 where, high on benzedrine, "I tore up my mattress and burned up all the straw." After administering one course of electric shock therapy, medical officials returned him to Oakalla after less than three months, observing in case conference that "[t]here are very few drugs he doesn't know … for diagnostic purposes he is undoubtedly a psychopath" … and … "[t]hey are sending him over here to partially shift responsibility in this case." For his part, R.R. first appeared at Essondale in April 1947 on transfer from the BC Pen, where he had been serving the most recent in a long inventory of prison terms for assorted property offences. Repeated suicide attempts had occasioned his admission to Essondale and subsequent delivery to

27. On the deportation of immigrant mental patients from Canada, see Menzies (1998).

Colquitz, from where he eloped after a year inside. By 1952 R.R. was once more in Essondale, then Colquitz, only to be shepherded back to the penitentiary in the wake of yet another escape attempt. His clinical designation of psychopathic inferiority accompanied him throughout his peripatetic forensic career. Finally, P.M. was one of three women in the sample to be diagnosed with psychopathy or moral delinquency. A near lifetime of truancy, intransigence, violence, sexual transgression, neglectful motherhood and recurrent imprisonment had earned P.M. the psychopath label long before her transfer from Oakalla Prison to Essondale following a conviction for vagrancy and assaulting a police officer in late May of 1949. "Very unpopular with other patients," "abusive and assaultive … with nurses" and generally "sarcastic and at times impulsive," P.M. was removed to the secure J ward of the East Lawn Women's Building a month after admission. There she was held in seclusion until, her criminal sentence having expired in early August, she was expeditiously discharged in full from Essondale into the care of her husband, her diagnosis of "psychopath without psychosis" fully intact.

Recalcitrants and Resisters

Perhaps the most powerful modes of psychiatric categorization and censure were reserved for those unruly subjects who proactively resisted the overtures of professional authority (Menzies, 1989, pp. 94-97; Pfohl, 1978; Ussher, 1992). "The ill-disciplined and recalcitrant" (Sim, 1990, p.5) constituted a special class of patient who ostensibly eluded all manner of regulatory remedy. For clinical practitioners, they clearly necessitated extraordinary measures. Indeed, the management problems that intransigent and risky patients embodied had first fuelled the cry for separate and secure establishments in the mid-nineteenth century (Colaizzi, 1989, p.39). Such people challenged both hospital security and public safety. As Smith observes (1981, p.165), for

both legal and medical officials "[l]ack of control was the universal enemy, recognisable in the shared rhetoric of degeneracy, beastliness, barbarism, and impulsiveness surrounding both insanity as brain disease and depravity as moral evil."

From the outset, it was the disruptive forensic patient who posed the most pressing problems of management, treatment and security for asylum administrators and staff. As noted above, medical superintendents had little control over the flow of criminal defendants and convicts into their establishments. Even after the 1919 opening of the secure facility at Colquitz (Menzies, 1995), many forensic inmates, and all women criminally insane (Chunn and Menzies, 1998), remained at Essondale and the PHI as the Colquitz population rapidly swelled to capacity with the admission of recalcitrant and floridly psychotic general patients, most of whom were under provincial mental health jurisdiction. At all these institutions, their criminal status under federal legislation demanded that forensic patients be placed under exceptional security arrangements. These conditions were relatively easy to impose at Colquitz, which was a converted prison building, but they were far less readily manageable at Essondale and the PHI. Typically the criminally insane patients languished indefinitely on locked wards. Even those who presented low risks for elopement or assault were generally relegated to secure detention for years at a time with no opportunity for grounds privileges.

Under these restrictive conditions, it is hardly surprising that a number of forensic patients did rebel. What is of more interest is the sheer frequency of resistance and the multiplicity of resources and strategies available to those who refused to comply. Among the 100 Order-in-Council and BC Pen patients who comprised the British Columbia sample, forty-three registered some manner of opposition or protest against the institutional regime in their

clinical files (for twenty-seven of these, an attempted or successful escape was one manifestation of this resistance). The conflict and intransigence took many forms.

Some patients exercised close restraint over their communications with officials, as in the cases of W.H., who on the advice of lawyers declined to converse with doctors about his criminal offence, and G.B., who according to his Essondale personal history report "will not give specific detail … because he fears that any information will be held against him and mostly he fears being sent to [Colquitz]." For J.T., resistance was manifest in his refusal to perform hospital labour without remuneration, punctuated by the pronouncement that "I am taking care of myself not your patients." Other individuals, including J.L. and H.M., rebuffed all overtures at medical intervention, declaring respectively that "I was really no case for 'criminal treatment'" and "I don't want to sound impolite but I am not interested in your help." Still others like W.C. refused all food. M.B. a Doukhobor Freedomite leader imprisoned for arson, for years starved and mutilated himself, tore his clothes and smeared feces around his cell, asserting under sodium amytol through an interpreter that "he is treated like an animal and will accordingly act like one."

Many patients forged dynamic alliances with family, friends and other confederates who agitated from outside the hospital walls, sometimes for decades on end, for their relief and release. Several proved to be formidable adversaries in their own right. Following his admission to Colquitz in 1934, C.Q. shunned all clothing and attacked staff members at every opportunity, "saying that it is the only way to get out." E.H., an African-Canadian man who spent thirty-one years in hospital following a 1936 vagrancy conviction, continuously agitated for his discharge, composing letters of protest to, among other luminaries, Lieutenant Governor George Randolph Pearkes ("I understand that I am incarcerated here at your pleasure. … So kind

sir, I Hope you will free me … as soon as your pleasure sees FIT") and BC Provincial Secretary Eric Martin ("So, Eric, show my Beef letter to your Premier. … I desire my freedom, so I … hope my Letter gets results, pronto"). M.B. elected to pour his vitriol over Colquitz Supervisor Granby Farrant, writing in 1920 that "war is declared … till I start to go 'over the top' … you contemptible ape … If I can't get my liberty by law means I must have recourse to the foulest means that I can think of." Finally, among those forensic patients who successfully eloped from one of the provincial hospitals were W.H. who was evidently assisted by relatives in his 1926 escape from Colquitz; W.A. who, concerned about father's recent marriage, slipped out of a window at the Essondale Chronic Building in the summer of 1950; and C.Q. who, after 17 years of virtually uninterrupted conflict with authorities, permanently disappeared after breaking through a wall at that same facility in October 1951.

The Ordinarily Afflicted

Next in this inventory of patient classes was that cohort of forensic subjects who, outside of their official demarcation as criminally insane, were virtually indistinguishable from other mental hospital inmates. For such individuals, their confrontations with criminal justice authorities either were secondary to their more enduring involvements with the mental health machinery, or were attributable to their desolate lives of poverty, homelessness, joblessness, solitude, exclusion, and gender or racial subordination. Overall it was psychiatric affliction, economic privation and spiritual despair, more so than criminality, that structured these people's encounters with the world at large, and with law and psychiatry more specifically.

According to the official records, a sizeable proportion of this sample of 100 British Columbians who entered the province's forensic system between 1874 and 1950 were severely

debilitated mentally. As indicated above, twenty-two had prior experience as psychiatric inpatients; fifty-six (58%) were suffering from dementia or schizophrenic; and another five were manic depressive. Conversely, levels of criminalization were relatively low. Two-thirds registered no previous history of imprisonment. More than half were facing or convicted of non-violent offences at the time of hospital admission. Many of their crimes were relatively minor property, vagrancy, public order, alcohol, drug, or sexual transgressions. Two patients had been arrested for attempting to kill themselves.

Further, in actuality there was much slippage between the respective statuses of criminal and civil patients. Those forensic subjects who appeared to pose little risk of violence or elopement often resided on the same wards as *Mental Health Act* patients, and they intermingled freely in labour and leisure. Some inmates were even granted liberty to roam the hospital grounds, and a fortunate few benefitted from special privileges including probationary leaves of absence from the institution. Conversely, many civil patients were subject to severe restrictions in response to their resistance to authority or perceived threat of danger or escape. Indeed, the high-security Colquitz Mental Home housed far more general than forensic patients during its forty-six years of existence (Menzies, 1995). Moreover, many people who commenced their confinement under the *Criminal Code* or *Penitentiary Act* ultimately underwent a reassignment by Order-in-Council to civil commitment status under the provincial *MHA* when their charges were dropped or their term of imprisonment expired. The formal legal dichotomy between federal and provincial jurisdiction, therefore, frequently collapsed under the necessities of administrative practice to produce a hybridized brand of patient who was neither exclusively criminally nor civilly insane.

The life histories of forensic patients frequently dovetailed with those of other destitute, dependent and disordered people who drifted into the province's mental health system over the course of these eight decades. Many were drawn from the legions of idle and itinerant men and women who were bereft of work, home, funds and support during the economic depressions that regularly descended on the province and nation from the 1870s through to the 1930s. Sometimes their fate—whether they landed in prison, asylum, or the community—seemed more an arbitrary effect of happenstance and whim than a product of medico-legal science.

Diagnosed as a chronic paranoid schizophrenic, C.H. spent the final twenty-six years of his life inside Essondale and Colquitz after breaking a glass window in 1938 and being sentenced to three months at Oakalla Prison, "stating that he was hungry and had no money, and did it in order to secure attention and a place to eat and sleep." Another officially labelled paranoid schizophrenic, J.M. was permanently institutionalized in the wake of a vagrancy conviction for wandering the streets of a small town in the interior of the province, peering into residents' windows and muttering ominously to no one in particular. E.H., head-injured at a young age and thereafter diagnosed as mentally deficient, remained in detention for more than three decades following the last in a long succession of vagrancy convictions for "riding the rails" during the Great Depression. Throughout his confinement at Essondale, Colquitz and Skeenaview, friends in the community lobbied in vain for his release. These supporters included provincial legislator E.E. Winch who wrote in 1940 that "his main trouble is 'itchy feet' which is hardly a crime nor of itself sufficient to warrant keeping him in confinement."

The careers of still other forensic patients, like so many of their civilly committed counterparts, seemed to pivot around their gender or ethnic identity, and the lives of marginality and deprivation that these attributes often entailed (Chunn and Menzies, 1998; Kendall, 1999a,

1999b; Menzies and Chunn, 1999). In such instances the social and medical tragedies that they personified far overshadowed their status as accused or convicted criminals. The case of C.M. was illustrative. A twenty-two year-old First Nations woman living on an aboriginal reserve on the northern coast of the province, C.M. attempted suicide during the Christmas season of 1939. She later explained her actions by writing that: "my heart Broke, since 1938 … Because my Boy-friend he was killed by the cop's in 1938. The one I suppose to marry him and I thought to myself I cant be happy without him and that is the first time I started drinking." For this transgression C.M. sustained a one-year prison sentence and was transported several hundred kilometers south to the Oakalla Prison outside Vancouver. An effort to hang herself in Oakalla earned C.M. a transfer under Order-in-Council to Essondale. There she was diagnosed as a severely depressed imbecile, with the resident psychologist describing her as "slow, dull and apathetic … she does not show much interest and makes no effort to respond, remarks in Indian fashion 'I dont know.'" Five more suicide attempts ensued at Essondale, punctuated by long periods of restraint and seclusion on the recalcitrant ward of the Women's Building. In 1942 C.M. developed a swelling under her right arm and began coughing up blood. Physicians diagnosed active tuberculosis of both lungs. C.M. endured for another two years when, after one brief flight from hospital in the company of another First Nations woman patient, she succumbed to T.B. in the early spring of 1944. Her prison sentence for attempted suicide had long since expired.

Manipulators and Malingerers

This final category encompasses the 'pseudo-insane' whose forensic confinement comprised, in the eyes of authorities, a fraudulent usurpation of scarce psychiatric resources. As in

contemporary contexts (Nissman, Barnes, and Allport, 1980; Rogers, 1997), medical officials of the day were vigilant in their efforts to screen out perceived malingerers. Indeed, dating back to the renowned alienist John Conolly in nineteenth century England (Colaizzi, 1989, p.23), practitioners had been alert to the capacity of some people to feign madness as a means to evade responsibility and secure favourable outcomes. At Essondale, Colquitz and the PHI, experts endeavoured to identify these interlopers, and they reacted with acrimony whenever they detected duplicitous exhibitions of mental illness. Nonetheless, they remained vulnerable to the deceptions that were occasionally staged by their forensic charges.

For their part, a number of BC penitentiary convicts seemed eager to adopt the mantle of psychiatric disorder to secure an early release from the penal system. Seven of the 100 criminally insane patients in this British Columbian sample appear to have contrived their illness in order to finesse a passage out of prison and into hospital. The efforts of these prisoners to dissemble their way into mental health settings was indicative of a prevalent, if often erroneous, image of the mental hospital as an entirely benign alternative to carceral confinement.

Originally condemned to death in 1918 for shooting a man during a barroom brawl, J.L. had his sentenced commuted to a life term at the BC Pen. A few months later he managed to convince prison doctors that he was insane by wearing a prison blanket like a kilt, claiming to be the Messiah and expressing assorted sexual fantasies. By Order-in-Council authorities transferred J.L. to the Public Hospital For the Insane, then on to Colquitz, where after a year of exemplary conduct and little sign of illness he sawed through his cell bars, ambushed the night man, and with a second patient absconded from the institution without a trace. Similarly, D.S., serving three years for theft of securities, conceded to physicians following admission “that he found life in the penitentiary almost intolerable” and “that he exaggerated his symptoms greatly

in order to secure his transfer to the Provincial Mental Hospital." For his part, R.R, sentenced to the BC Pen for theft of $700, candidly revealed his intentions to Colquitz Medical Superintendent L.G.C. d'Easum: "To tell you the truth, 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'?"

But to their surprise and chagrin, most of these forensic imposters were swiftly disabused of any idealized images they might have harboured about life inside the province's mental hospitals. Confronted with the severities of closed wards, meager amenities, isolation from friends and families, and most of all indeterminate detention, they learned that asylums were scarcely the sanctuaries from punishment that their names might have implied. Indeed, some patients were soon clamouring to be returned to the penitentiary.

For H.D., a convicted burglar with a protracted criminal record, the Colquitz Mental Home was a scarcely tolerable environment. Acknowledging that "the reason why I was put in this hospital I faked an act over at the jail," H.D. was imploring Colquitz Supervisor T.A. Morris for reimprisonment within months of his admission. "I have made up my mind to finish my time at the pen," he wrote. "I can not finish it here at this rate."

The case of C.J. assumed a similar trajectory. C.J. arrived at Essondale from the BC Pen in April 1927 after penitentiary physicians had certified him as insane. Shortly thereafter he journeyed to Colquitz where he soon confessed to then Supervisor Farrant that "he knew what he was doing, saying that another convict had told him it was a whole lot better down here." Within three weeks of his admission, disheartened by his Colquitz experience, C.J. was imploring Farrant to return him to prison. "I do think," he wrote, "I could get along better there than I can

here. ... If you could arrange to get me back to the Pen, I surely will be satisfied." His pleas unheeded, C.J. escaped from hospital the following winter before being recaptured twenty-five miles up-island. This escapade finally secured the desired results and he was conveyed, presumably not without some relief, back to the New Westminster penitentiary to serve out his remaining time.

Conclusion

Many legal, clinical and institutional developments have occurred since the last of these 100 British Columbian forensic patients passed through the doors of Essondale in November of 1950. The mandatory indeterminate confinement of NGRI and unfit criminal defendants under Warrants of the Lieutenant Governor came under increasing criticism in Canada during the 1970s and 1980s, and was finally abolished when Parliament enacted sweeping changes to the mental health sections of the *Criminal Code* in 1992.[28] Although the 'caps' this legislation imposed on the length of psycho-legal detention have yet to be proclaimed, a Review Board now routinely monitors every forensic case in the province. On other fronts, two major revisions to British Columbia's *Mental Hospitals* (now *Health*) *Act* have transpired since 1964, and a third set of amendments is currently before the provincial Legislature. As in various other jurisdictions, inpatient populations in the BC psychiatric system reached their peak in the mid-1950s, and thereafter declined steadily through to the end of the twentieth century. The Colquitz Mental Home, the province's secure psychiatric facility on Vancouver Island, closed its doors in early 1964, and its criminally insane inhabitants were dispersed to Essondale (after 1965,

28. Supra, note 8.

Riverview Hospital) and other mental health establishments on the mainland. In 1975, the *Forensic Psychiatric Services Commission Act*[29] gave birth to one central organization with the mandate to oversee all psycho-legal policies and practices in the province.

But amid these torrents of change, much has remained constant. The basic questions confronting forensic organizations and professionals around the world—the conflicting philosophies, policies and practices of law, medicine and psychology; the intricate relations between mind, will and criminality; the dialectics of treatment and compulsion; the colliding aims of individual salvation and public protection; the daunting moral and legal dilemmas pervading the practice of clinical psychiatry and psychology within judicial and carceral contexts—remain unresolved after more than 300 years of deliberation and discourse.

Moreover, the human subjects of forensic organizations and practices—the hundreds of thousands of women and men whom the State has assessed and confined over the centuries as both criminal and insane—have not much changed in their life histories, legal conflicts and mental torments, in their encounters with the psycho-legal complex, and in their understandings and expectations of law, ethics, medical expertise and social justice. This clinical file research, situated in one Canadian province during the tumultuous era of late nineteenth and early twentieth centuries, has offered a glancing glimpse at one such historical collection of forensic patients. In so doing it has very tentatively embarked on the process of reclaiming the abundant wealth of experience that constitutes the worlds of the criminally insane. But much work remains to be done, in both past and contemporary contexts, to bring these people and countless like them back to life. And in the process, the historical study of forensic psychiatry and psychology must be reconceived as far more than an unpopulated chronology-from-above of

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29. 22-3 Eliz. II (1975), c.35.

legal reform, scientific progress and institutional expansion. The human subjects of psycho-legal systems can convey much that is otherwise unknowable about the realms they inhabited. It is out of the raw material of patient voices, subjectivities and experiences that a living history of criminal insanity might finally be assembled.

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Table 1
British Columbia General and Criminal Insanity Cases
By Year of Admission and Gender

Year of Admission[a]	Total General Admissions N	Total Criminal Insanity Admissions N	Criminally Insane as % of Total %	Study Sample N
1872-1879	144	4	2.7	1
1880-1889	205	12	5.9	3
1890-1899	659	29	4.4	8
1900-1909	1559	22	1.4	6
1910-1919	3774	21	0.8	5
1920-1929	4963	41	1.5	12
1930-1939	6264	94	1.6	24
1940-1949	9117	143	1.5	36
1950	1415	21	1.5	5
Total	28,100	387	1.4	100

Gender	Total in Province		Study Sample	
	N	%	N	%
Women	38	9.8	11	11
Men	349	90.2	89	89

[a] Annual patient tallies were compiled for 1 January through 31 December until 1919, and for 1 April through 31 March thereafter.

Table 2
Attributes and Medico-Legal Histories of BC Criminally Insane Patients, 1872-1950

	N	%	M
Where Born			
BC	12	12	
Canada-Other	38	38	
Newfoundland	1	1	
United Kingdom	11	11	
Ireland	3	3	
Europe-Other	15	15	
USA	9	9	
China	6	6	
Japan	2	2	
India	1	1	
Australia	1	1	
Where Residing			
Vancouver	27	27	
Lower Mainland	21	21	
Mainland	32	32	
Victoria	11	11	
Vancouver Island	5	5	
Yukon	1	1	
USA	1	1	
Race-Ethnicity			
British	38	38	
Irish	19	19	
European-Other	30	30	
Chinese	6	6	
First Nations	3	3	
Japanese	2	2	
South Asian	1	1	
African	1	1	
Age at Admission*			37.2
15 to 19	1	1	
20 to 29	31	32	
30 to 39	29	30	
40 to 49	20	21	
50 to 59	10	10	
60 to 69	4	4	
70 to 79	1	1	
80 to 89	1	1	
Marital Status			
Single	61	62	
Married	26	27	
Widowed	5	5	
Separated	4	4	
Common Law	2	2	
Number of Children			0.6
0	70	71	
1	9	9	
2	12	12	
3	2	2	
4	3	3	
5	1	1	
7	1	1	

	N	%	M
Religion			
Protestant	54	55	
Roman Catholic	29	30	
Buddhist	8	8	
Jewish	2	2	
Orthdx Catholic	2	2	
Doukhobor	1	1	
Sikh	1	1	
Education Level			
None	8	8	
Some Grade Schl	49	51	
Cmpltd Gr Schl	15	16	
Some 2ndry Schl	18	19	
Cmpltd 2ndry Schl	5	5	
University	1	1	
Occupation			
General Labourer	40	41	
Farmer-Rancher	10	10	
Skilled Worker	9	9	
Housewife	6	6	
Miner	4	4	
Professnl-Managr	3	3	
Sales	3	3	
Sailor	2	2	
Logger	1	1	
Fisher	1	1	
Student	1	1	
Retired	1	1	
None	9	9	
Other	7	7	
Whether Employed			
Yes	39	41	
No	56	59	
Prior Psych Admissns			0.4
No Mention	76	78	
1	13	13	
2	6	6	
3	3	3	
Prior Imprisonments			1.9
No Mention	66	66	
1	7	7	
2	6	6	
3	6	6	
4	6	6	
5-9	5	5	
10-19	2	2	
GE 20	2	2	
Prior Suicide Attpts			0.2
No Mention	89	89	
1	6	6	
2	3	3	
3	1	1	
4	1	1	

Table 3
Legal and Psychiatric Status of BC Criminally Insane Patients, 1872-1950

	N	%	M
Institutional Origin			
Oakalla-Postsent	30	30	
BC Pen Transfer	25	25	
Othr Gaol-Pretrl	13	13	
WLG-Unfit Trial	11	11	
WLG-NGRI	10	10	
Othr Pris Postsent	6	6	
Oakalla-Pretrl	4	4	
VGH-Pretrl	1	1	
Criminal Charges			
Property	24	25	
Murder-Mnslghtr	22	23	
Violence-Other	16	17	
Vagrancy	8	8	
Publc Ordr-Drunk	6	6	
Damage-Arson	5	5	
Robbery	4	4	
Violent Sex	3	4	
Nonviolent Sex	2	2	
Drugs	2	2	
Attempt Suicide	2	2	
No Charges Laid	3	3	
Length of Sentence			3.1 Yr
LT 1 Mth	1	1	
2-3 Mths	11	11	
4-6 Mths	14	14	
7 Mths-1 Yr	4	4	
GT1 LT 2 Yrs	5	5	
2-5 Yrs	16	16	
6-10 Yrs	2	2	
11-15 Yrs	2	2	
Life	3	3	
Death Commuted	2	2	
Indetermt-JDA	1	1	
No Conviction	37	38	
Primary Diagnosis			
Parand Schz-DP	31	32	
Schz-Dem Praecx	25	26	
Psychpth-Mrl Del	11	12	
Mental Deficnt	6	6	
Manic Depressn	5	5	
Syphilis-Paresis	4	4	
Alchl-Tox Psych	3	3	
Epileptic Insanity	2	2	
Organic-Arterioscl	2	2	
Traumatic Insanity	2	2	
Not Insane	5	5	
Which Hospital			
Essondale	80	80	
Colquitz	50	50	
PHI	25	25	
Skeenaview	3	3	
Victoria	1	1	
Vernon	1	1	
Dellview	1	1	
Valleyview	1	1	

	N	%	M
Years in Hospital			11.4
LT 1	15	15	
1	13	13	
2	10	10	
3	6	6	
4	6	6	
5-9	6	6	
10-19	16	16	
20-29	21	21	
30-39	4	4	
40-49	3	3	
Forms of Treatment			
Antipsych Drugs	9	9	
ECT-Electronarc	8	8	
Insulin	8	8	
Sedatives	4	4	
VD Antiluetics	3	3	
VD Malaria	1	1	
Sterilization	1	1	
Metrazol	1	1	
Nitrous Oxide	1	1	
Lobotomy	1	1	
Other	3	3	
No Treatment	72	72	
Age on Discharge			48.2
LT 20	1	1	
20-29	18	19	
30-39	20	21	
40-49	12	12	
50-59	16	17	
60-69	10	10	
70-79	16	17	
80-89	3	3	
90-99	1	1	
How Departed			
Died Natrl Cause	45	45	
Dischgd in Full	14	14	
Deportd-Repatrd	12	12	
Probation	9	9	
Escaped	8	8	
To Oakalla (Sentc)	4	4	
To Oakalla (Trial)	3	3	
Leave/Nrsg Home	3	3	
Back to BC Pen	2	2	
Cause of Death			
Heart	18	40	
Pneumonia-Lungs	8	18	
Cancer	4	9	
TB	3	7	
Infection-Septic	3	7	
Epilepsy	2	4	
Paresis-VD	2	2	
Nephritis-Kidneys	2	4	
Exhaustn-Dmntia	1	2	
Cystitis-Bladder	1	2	
Cerebr Haemorrg	1	2	

Table 4
BC Criminally Insane Conduct and Experiences In Hospital

	N	%	M
Suicide Attempts			0.17
0	93	93	
1	2	2	
2	4	4	
7	1	1	
Assaults			0.37
0	84	84	
1	6	6	
2	2	2	
3	6	6	
4	4	4	
5	1	1	
Violent Victimizations			0.03
0	97	97	
1	3	3	
Escape Attempts			0.46
0	73	73	
1	18	18	
2	6	6	
3	2	2	
10	1	1	
Successful Escapes			0.39
0	76	76	
1	19	19	
2	2	2	
3	2	2	
10	1	1	

Table 5
BC Criminally Insane Institutional Contacts Following Discharge*

	N	%	M
BC Hospital Admissions			0.47
0	40	72	
1	10	18	
2	4	7	
8	1	2	
Hospital Admissions Anywhere			0.58
0	37	67	
1	12	22	
2	3	5	
3	2	4	
8	1	2	
Criminal Convictions			0.47
0	45	82	
1	3	5	
2	3	5	
3	3	5	
8	1	2	
Imprisonments			0.45
0	45	82	
1	3	5	
2	4	7	
3	2	4	
8	1	2	

* The 45 patients who died during their forensic confinement were excluded from these tabulations.