

*Edited by John McLaren, Robert Menzies,
and Dorothy E. Chunn*

Regulating Lives:
Historical Essays on the State,
Society, the Individual, and the Law



UBC Press · Vancouver · Toronto

2

Control of the Insane in British Columbia, 1849-78: Care, Cure, or Confinement?

Gerry Ferguson

The central focus of this chapter is an examination of the modes of discipline and social control of the insane employed in the white settler colony of British Columbia during its first thirty years.¹ As this largely untold segment of British Columbia's social history unfolds, it will become apparent that the new colony did not immediately adopt the prevailing nineteenth-century modes of discipline – insane asylums and moral treatment – that were employed by the new colony's parents, relatives, and older siblings in England, United States, and eastern Canada.

An account of the management and control of the insane in the first thirty years of British Columbia's history readily divides into four time frames. From 1849 to 1858, the colony of Vancouver Island was effectively controlled by the Hudson's Bay Company. The population of the colony was so small that incidents of insanity were rare. In the few cases that did arise, the insane person was looked after by friends or family, or shipped back to England if the insanity seemed intractable. The second period began in 1858 when the colony experienced a huge inundation of people associated with the gold rush. That influx brought with it a significant increase in the number of insane persons. Except for the lucky few who could pay for their passage home, insane persons who were dangerous or uncontrollable were confined in dark, foul-smelling jail cells. Over the next ten years, there were only a handful of isolated and muted calls to alleviate the plight of these jailed lunatics, either by establishing an insane asylum or by paying for their care in nearby asylums located in the United States. The few calls that were made were ignored by the colonists and their government, the economic priorities of which did not extend to compassionate care for the insane.

In the third time frame (from 1869 to 1872), public opinion, at least as expressed through the newspapers of the day, had clearly shifted. The continued confinement of these 'unfortunate lunatics' in jails, along with thieves and murderers, was now portrayed as 'heartless inhumanity,' a 'gross outrage,' a 'public disgrace,' and a 'foul blot' on the colony. Although the

colonial government was now being called upon to establish a separate facility for the insane, these reformist calls were unsophisticated in nature, and not in tune with asylum reforms elsewhere. Even so, government authorities continued to drag their feet and, when they finally did act in 1872, showed little inclination to establish a modern asylum based upon the principles of moral treatment.

The fourth and final stage involved the establishment and operation of the province's first insane asylum in Victoria. The facility opened in 1872 but was closed in 1878 when a new asylum was built in New Westminster. The asylum in Victoria did little to develop a new system for the humane care or cure of the insane. It bore no resemblance to the principles of 'modern' asylum construction, management, and moral treatment as practised, or at least preached, elsewhere at that time.

The approaches employed to control and regulate the insane in the new colony exemplify a number of themes, as developed in the introduction of this book, concerning theories of social control, moral regulation, and governmentality. First, British Columbia's methods for control and management of the insane in its first thirty years amply demonstrate that pioneer colonies do not necessarily replicate the social control and moral regulation initiatives of more established communities. Although government officials and leading citizens of British Columbia would have been fully aware of the prevalence elsewhere of insane asylums and moral treatment regimes, the establishment of a separate, expensive, and carefully staffed and managed institution for the treatment of a few unfortunate and unproductive lunatics was not a political, economic, or moral priority for the colony. Other more expedient regimes to police these individuals would have to suffice.

Second, the motivations and conditions leading to the establishment of asylums and moral treatment regimes in general in the nineteenth century are more likely to be found in a convergence of the theories of social control, moral regulation, and governmentality, rather than in one theory alone. For example, social control theorists have overstated the role of the state in establishing asylums and moral treatment regimes. Moral regulation theorists have properly pointed out that the initial inspiration and impetus for many schemes of moral control came from reform-minded laypersons and/or professionals, not from governments and their officials. That was certainly the case in regard to the establishment of British Columbia's first insane asylum. And, consistent with notions of governmentality, the moral regulators' own conceptions of self-regulation were central to their belief that asylums and moral management practices were the best way to restore an insane person's capacities for self-control and self-respect.

Third, the content of this chapter also illustrates that moral regulation theorists are correct in pointing to the significance of lay and professional

discourse in defining insanity and in shaping society's responses and reactions to it. In British Columbia, in the period under study, care and management of the insane had not yet fallen under the exclusive control of physicians or medical superintendents of asylums. Lay reformers in British Columbia perceived and generally described the insane as unfortunate souls who had lost their powers of self-control and reason, and who exhibited this loss through manic ravings, delusional beliefs, seemingly bizarre behaviours such as ripping off one's clothes, or unprovoked and irrational displays of violence. It was believed that insanity could easily befall anyone and that the best chance for recovery was placing the affected person in a calm, comfortable, and reassuring environment. Constructing insanity as an overt manifestation of significantly abnormal behaviour kept state control of the insane in check.

On the other hand, as physicians with new and expansive physiological and psychological theories of normalcy took control of the insane elsewhere, the borders of insanity expanded, thereby capturing a larger segment of the population. The cultural, social, and class-biased views that these medical men held and propagated were translated into medical jargon and medical rationales for the control, discipline, and treatment of the insane. Nowhere is this more evident than in the nineteenth-century medical views of female normalcy, the construction of female symptoms of insanity, and the employment of sex-specific treatments such as gynaecological surgery.²

Fourth, as moral regulation theorists have pointed out, regimes of control and discipline invariably meet resistance from those being regulated. While the historical material available on control of the insane in British Columbia in its first thirty years does not easily permit an illustration of this point, studies of asylum life from patients' perspectives conducted elsewhere put the validity of this assertion beyond doubt.³ Certainly, signs of patient resistance are evident in the recorded testimonies of patients of the New Westminster asylum published in the 1894-1895 Royal Commission Report that documented patient abuses at the asylum.⁴ The report also reveals that governance within the asylum was defined far more by interactions between patients and staff, than by official asylum policies or the directions of the medical superintendent. And finally, asylum scholars such as Richard Fox have documented the primary role that families played in the commitment and retention of patients in insane asylums,⁵ and in so doing have brought some needed balance to the emphasis placed by earlier social control theorists on the state as the primary actor.

Fifth, the notions of citizenship, benevolence, and knowledge, identified in the introduction to this book as key features of social control and moral regulation initiatives in British Columbia's history, are all palpably present in this chapter's account of nineteenth-century methods for the control, management, and discipline of the insane. Likewise, many of the limitations

and the fallibility of social control and moral regulation schemes are clearly evident in the control and discipline of the insane described below. For example, this chapter demonstrates the huge gap between the rhetoric of moral reformers and the reality of the social and moral programs that they propagated and/or put in place.

Insane Asylums and Moral Treatment in the Nineteenth Century

By the time the colony of Vancouver Island was founded in 1849, the creation of insane asylums and the application of moral treatment in those asylums were well under way in England and the United States, and were gaining considerable momentum in central and eastern Canada. Reliance on asylums and moral treatment was viewed, at least in the eyes of its proponents, as a dramatic leap forward in the humane treatment of the insane.⁶ No longer were the insane to be chained like wild animals and left to rot in filthy, unlit jail cells.

As originally envisaged by lay advocates, moral treatment was not equated with medical treatment. Rather, it was the use of compassion and kindness in a strictly controlled environment that was designed to relieve patients' fears, to distract them from their morbid preoccupations, and to encourage them to exercise self-control over their passions.⁷ As the nineteenth century progressed, physicians increasingly wrestled control over moral treatment and asylums from lay administrators. According to asylum proponents, effective moral treatment was dependent upon the establishment of a separate asylum, preferably with a scenic view to calm the frenzies of the insane and to insulate them from the excitement of urban life and the social surroundings that were presumed to have led to their insanity.⁸ It was assumed that the physical appearance of the asylum, both inside and out, would exert an important moral influence on the insane. Thus it was to be designed with symmetry, good taste, and comfort to induce self-respect and self-control amongst its patients. Segregation on the basis of gender, social class, and symptoms was advocated. Life within the asylum was to be a carefully structured and tightly controlled program of work, play, and worship. The program was designed to instill moral values of industry, restraint, decorum, self-control, and self-respect. As one commentator observed:

The asylum was a system. Everything from its location to the table manners of its inmates was interrelated to transform behaviour. In charge of this process was the medical superintendent, 'the very light and life of the institution,' who was expected not to practice medicine but to attract the confidence, the obedience and the emulation of his charges ... This was the moral system ... To be effective, moral treatment required a small number of patients, all of whom were in the acute stage of their illness, and a large staff to work with them.⁹

Traditional accounts of the rise of the insane asylum espoused by certain medical historians and their followers tell a story of the progress of knowledge, medicine, and science in improving conditions for the mentally ill, and the development of modern treatments and modern institutions.¹⁰ Deutsch, for example, viewed the transfer of the mentally ill from jails to asylums, the gradual improvement of asylum living conditions, the official (but seldom fully implemented) policy of not physically restraining patients, the moral treatment philosophy, and a host of new treatment modalities based on psychological and physical assumptions about the causes of mental illness, as successive and progressive steps in the humanitarian treatment and care of the mentally ill.

This narrow and overly generous traditional account of the rise of the asylum and moral treatment has been rejected by many social historians. For example, Foucault did not see asylums and moral treatment as a great liberating step in the treatment of the insane, but rather as the replacement of physical restraint and control with a more subtle, repressive form of psychological control and a new justification to try to coerce the insane into conformity with the moral views of those in control.¹¹ David Rothman has argued that the creation of the insane asylum was a form of social control and 'first and foremost a vigorous attempt to promote the stability of the society at a moment when traditional ideas and practices appeared outmoded, constricted and ineffective. The almshouse and the orphan asylum, the penitentiary, the reformatory and the insane asylum all represent an effort to insure the cohesion of the community in new and changing circumstances.'¹²

Michael Ignatieff situates the rise of the insane asylum in the context of a broad government policy of social control. He argues that it was no accident 'that penitentiaries, asylums, workhouses, monitorial schools, night refuges, and reformatories looked alike, or that their charges marched to the same disciplinary cadence.' According to Ignatieff, since these institutions 'made up a complementary and interdependent structure of control, it was essential that their diets and deprivations be calibrated on an ascending scale, school-workhouse-asylum-prison, with the pain of the last serving to undergird the pain of the first.'¹³

Andrew Scull has espoused a 'macro-sociological' explanation of the rise of the asylum in England as a form of social control that he ties directly to the growth of the capitalist social order. According to Scull's analysis, society and its capitalist economy were becoming increasingly dependent on an efficient, disciplined labour force. Workhouses were designed to correct the habits of those who were able-bodied, but unwilling to join the industrial work force. Scull argues that for the capitalist economy to thrive, the mad had to be removed from the community and the workhouses, and thus the idea of separate asylums for the insane was born.¹⁴

Both conventional and revisionist historians of psychiatry have been criticized for an overemphasis on the role of the state in the regulation of mentally disordered people. This statist tendency results in part from an over-reliance on the contributions of lawmakers, policymakers, and medical superintendents in determining the social functions and institutional cultures of insane asylums. These 'top-down' historical accounts have now been balanced by a number of 'bottom-up' analyses that look to other factors – including the families of hospital inmates, daily life as seen through the eyes of staff and patients, and local conditions beyond the institutional walls – as instructive in describing the role and function of insane asylums.¹⁵ Feminist scholars have contributed substantially to this latter analysis by contesting the view of asylum patients as an anonymous and homogeneous group. In particular, they have shown how psychiatry has differentiated male and female forms of mental disorder and treatment, and the ways in which psychiatry has been particularly repressive for women. The Victorian notion of female 'normalcy' can be viewed as a societal effort to perpetuate gender-role stereotypes considered essential to a patriarchal society. Although feminist scholars have relied largely on social control theory, they have put a gender construction on it and much more of a 'patient-centred' focus. For example, Elaine Schowalter has shown how cultural ideas about 'the proper behaviour of women' affected the diagnosis and treatment of women by a powerful, all-male medical profession.¹⁶

Whatever the accurate and complete explanation for the creation of insane asylums and moral treatment regimes elsewhere, it will become apparent in the remaining sections of this chapter that the first insane asylum in British Columbia did not arise out of a conscious, sophisticated state plan to enhance the capitalist structure or achieve widespread social stability for the colony. First, the impetus for the creation of an asylum for the colony came from laypersons and professionals, not government officials, and reflected their social commitment to notions of benevolence and citizenship. Second, while economic and social stability factors were at play, their influence was of a rather modest nature. There was a belief among lay reformers, and perhaps some government officials, that at least some insane persons could be cured if they were given proper treatment in an asylum. This in turn would contribute to social stability and save money in the long run. But, as was often the case, the promise of humane care and treatment was not met, owing in part to the failure of the state to allocate sufficient resources to the asylum.

The New Colony, 1849-58

In 1843, the Hudson Bay Company (HBC) began construction of a new depot named Fort Victoria¹⁷ on the southern tip of Vancouver Island. After Britain and the United States signed the Treaty of Washington in 1846,

which designated the 49th parallel and the middle of the Juan de Fuca Strait as the boundary line between the two nations, Fort Victoria was destined to replace Fort Vancouver on the Columbia River as the HBC's Pacific Northwest headquarters.¹⁸

The British government was concerned about 'the encroaching spirit of the US'¹⁹ and therefore encouraged, at the least expense possible, the settlement of British subjects north of the new border.²⁰ This objective was achieved by creating the Crown Colony of Vancouver Island in 1849, whereby Britain gave proprietorial rights over the Island to the HBC for ten years, in exchange for the Company agreeing to establish a colony of British settlers within five years. Britain retained civil authority, including the appointment of the colony's governor.²¹ However, the first governor, Richard Blanshard, soon learned that all the real power lay with James Douglas, the chief factor at Fort Victoria and head of HBC's North Pacific operations.²² Within a year of his arrival, Blanshard resigned in frustration. Douglas was then named governor, while still maintaining his post with the HBC.²³ Political and economic power over the colony was now united in the hands of one HBC official. Even the election of a seven-person legislative assembly in 1856 had limited transformative impact on the real source of power.²⁴

From 1849 until the first onslaught of gold seekers hit Victoria in April 1858, the colony developed slowly.²⁵ Land prices and other HBC policies did little to attract independent settlers.²⁶ The vast majority of immigrants came out on five-year, indentured contracts as employees of the HBC's subsidiary company, known as the Puget's Sound Agricultural Company. According to a census conducted by Governor Douglas, the total non-Aboriginal population of the Island by mid-1855 was just shy of 750 men, women, and children.²⁷ Three-quarters of these people lived in or near the fort or on Company farms in the greater Victoria district. In short, the colony was a very small, tightly controlled, class-structured²⁸ Victorian settlement at the far reaches of the British Empire.

How might this 'most unusual colony'²⁹ respond if one of its settlers showed signs of insanity? With such a small population, incidents of insanity were rare. An examination of official colony records and private correspondence and diaries reveals very few such incidents. When they did arise, the colony had to improvise. Options were limited. Care by family or friends was the first level of response. Where family care was not possible or feasible, in some instances because the insane person was considered dangerous or unmanageable, confinement in a public institution would have been the next logical option. But no hospital – let alone a lunatic asylum – existed in these early years. Initially there was not even a jail.³⁰ However, by late 1852 the HBC account book shows that an HBC barracks within the fort was used as a lock-up or jail for the colony.³¹ Although it is certainly possible that one or more insane persons might have spent time in these barracks, I

have not uncovered records of any such cases, and conditions were such that long-term confinement of the insane in the barracks would have been utterly unsuitable.

A third, more drastic option involved the return of insane persons to England. Although rare, this option was exercised on at least two occasions. There is one account of a young Scottish immigrant who became deranged soon after his arrival at Fort Victoria in 1850 and 'proved himself to be a genuine maniac by making a most violent and unprovoked attack on Dr. Helmcken during a visit.'³² It is reported that he was sent back to England on the next sailing vessel and later recovered. There is no indication of the means by which he was restrained, or for how long, before the next sailing vessel departed.

Another such incident involved James Tait, who sailed with his wife from London, arriving in Victoria in January of 1853. Tait was engaged as a labourer by the Puget's Sound Agricultural Company at its Craigflower farm. As with many other employees there, his was not an entirely happy experience. In July 1855 he was removed from the farm and returned to Victoria.³³ In December of that year, Annie Deans, a friend of Mrs. Tait, writes that Tait 'has been out of his mind 5 months,' but 'he has been quieter this last week than what he has been for a long time.'³⁴ The HBC's Casual Poor Fund account shows several entries from July to December authorizing cash to be paid, by Governor's grant, to Mrs. Tait 'for the use of the insane man Tait.'³⁵ In January 1856 a charity ball was held in Victoria to raise money for the Tait's,³⁶ who sailed back to England soon after. The nature and degree of Tait's insanity is not entirely clear from the available records, nor are the conditions of his confinement from July until his departure in January. However, the HBC accounts for October 1855 do indicate that 'canvas and twine [were] given for the use of the insane Tait.'³⁷ Whether these materials were used for the purpose of binding Tait is unknown.³⁸ In addition, the accounts for November and December 1855 show payments to two persons named Montgomery and Waugh 'for watching the insane Tait.'³⁹ There is no further detail on where or how Tait was watched.

The Gold Rush and Beyond, 1858-68

Rumours of abundant gold in the Fraser and Thompson rivers were circulating in the US states of Washington, Oregon, and California with growing frequency in 1857. Late that year, Governor Douglas issued a proclamation asserting British Crown authority over all gold deposits found in those regions. Soon thereafter he also required all prospective miners to obtain a licence from Victoria.⁴⁰ In May 1858 Douglas proclaimed Victoria as the sole legal port of entry for miners and threatened to confiscate goods not imported through the colony's capital.⁴¹ As a result, in 1858, some 20,000 to 30,000 persons – mainly gold prospectors, merchants, and a host of other

legal and illegal service providers – headed to Victoria and then on to the mainland goldfields. Not surprisingly, the relative tranquility and social and economic make-up of the little fort and village of Victoria were 'irrevocably shattered.'⁴² Within a short time, Victoria's population had risen to 6,000, and in 1862 it was incorporated as a city.

Meanwhile, to more effectively assert its authority over the mainland, Britain established the Crown Colony of British Columbia in 1858. Douglas, who continued as governor of the Colony of Vancouver Island, was also appointed governor of the mainland colony on condition that he resign his post with the HBC. Fort Langley was the provisional capital while a contingent of the Royal Engineers, encamped at Sapperton, built the capital of New Westminster the following year. The mining settlements that sprang up in the interior were generally small and primitive, with the exception of Barkerville, which underwent a boom during the 1862 Cariboo gold rush. In 1866 the two colonies were merged to become the United Colony of British Columbia.

The rapid growth and changing character of the population after 1858, along with the publication of several newspapers, brought new and discordant voices to bear on social, political, and economic concerns in the two fledgling colonies. Undoubtedly, this transformation brought changes to the nature of crime and other social problems. In contrast to the tightly controlled HBC settlement, Victoria now exhibited a more permissive atmosphere characteristic of gold-mining settlements, albeit more muted and law abiding than its California counterparts. In the early 1860s, for example, the city had at least eighty-five licensed drinking houses. Illegal gambling and prostitution prospered in many of these.⁴³ Drunkenness was a significant source of social disorder.

In addition to prospectors and merchants, the gold rush brought with it 'gamblers, thieves and other disreputable persons.'⁴⁴ There was also a noticeable increase in the number of insane people. In November 1858, eight prisoners and five insane men were confined in the Victoria jail.⁴⁵ The police commissioner in Victoria remarked in 1861, and again in 1862, that gold-mining settlements attract a larger than average number of insane persons. In 1865 Judge Begbie offered similar observations.⁴⁶ There was a common belief that the initial excitement involved in the search for gold followed by the bitter disappointment of not finding gold could cause a prospector to lose his mind.⁴⁷

How did this rapidly growing colony contend with residents who showed signs of insanity? The response chosen was in part dependent on the nature or extent of the madness and the social and economic status of the individual. Where feasible, care and control by family or friends remained the preferred alternative. However, this option was not without its risks, as demonstrated by the tragic case of Mrs. Crote who, in 1859, while insane but

left alone at home, killed one of her children and wounded two more before killing herself.⁴⁸

Another response, if family or friends were not available, was to simply ignore those lunatics whose behaviour was not considered dangerous or beyond tolerance. For example, in 1861, during the first visit to Victoria of Lady Franklin, widow of the lost Arctic explorer Sir John Franklin, a man presented himself at her lodgings and asked to see her.⁴⁹ He was intercepted by Lady Franklin's niece, Sophie Cracroft, who asked him his name. He replied: 'I am the Son of God Madam – I have been a great traveller, and Lady Franklin is also a great traveller and I have a great wish to see her.'⁵⁰ Upon being told that Lady Franklin was not available due to a cold, Miss Cracroft reports that 'the poor maniac was easily persuaded, and went away quietly.'⁵¹ When Miss Cracroft mentioned the incident later that day to Police Commissioner Pemberton, he indicated that he knew the man, that the man had been in church earlier that morning, that he was quite harmless but that he would nonetheless have him carefully looked after during the remainder of Lady Franklin's stay. There is no further report of what, if anything, Pemberton did. However, he did tell Miss Cracroft that 'insanity was only too common here, and may be attributed to the disappointment of highly raised hopes and to the excitement of speculation especially prevailing in gold producing countries.'⁵² Similarly, in 1862, Police Commissioner Pemberton advised the Colonial Secretary that 'the excitement of a gold country brings with it many persons partially deranged and were the Police to take up every silly individual who appears to be mad the gaol would be crowded with lunatics.'⁵³

Where disregarding a lunatic did not seem practicable because the behaviour was dangerous or somehow intolerable, or because the lunatic was totally incapable of caring for him- or herself, repatriation to his or her country of origin was a possible but often impractical solution. Apart from the rigours of a four-to-five-month sea voyage, most insane persons could not afford the cost of passage for themselves (and a keeper), and the government was not routinely inclined to cover that substantial cost. There are only five recorded incidents between 1858 and 1870 where repatriation was actively pursued. These cases also demonstrate connections between the colonists' prevailing notions of benevolence and citizenship. One such case involved Mr. Templeton, 'a hard working and strictly sober' person who became 'mentally deranged' in 1863. The citizens of Victoria were asked to exercise their charity to raise the requisite funds for Templeton's passage to England.⁵⁴ In another instance, Mr. Pride, a former sapper, was confined in the New Westminster jail as a dangerous lunatic in 1869. His friends were anxious to see him placed in a lunatic asylum in England. Accordingly, they agreed to pay some of the expenses of conveying him back to England while the government agreed to pay the rest.⁵⁵

If home care and repatriation were not always possible, why not care for the insane in the two colonies' public hospitals? Simply put, these hospitals were not generally seen as appropriate establishments for the care or treatment of the insane. In particular, hospital administrators expressed concerns that dangerous lunatics would pose a safety risk to 'ordinary' patients, and that even lunatics who were not dangerous, through their unpredictable 'ravings,' would disrupt the peace and tranquility required for the recovery of the other patients. Treatment of the insane at the Royal Victoria Hospital, which was established in 1859 on the Songhees reserve,⁵⁶ appears to have been rare. During the first two years of its operation, 160 patients were admitted, but only two were listed as 'insane.'⁵⁷ Ironically, after being vacated, the original Royal Victoria Hospital building was reopened in 1872 as the province's first lunatic asylum.

In New Westminster, the thirty-bed Royal Columbian Hospital opened on 7 October 1862.⁵⁸ On 18 November of that year, Arthur Bushby, secretary of the Royal Columbian Hospital Board of Management, wrote to the Colonial Secretary seeking advice on what to do with a certain James Kelly. Dr. W. Macnaughton Jones, medical officer at the Royal Columbian Hospital, reported that Kelly had entered the hospital on 8 October 'suffering from general debility, ulcers and dementia. The two former diseases were remedied ... he now labors under dementia and is at times a dangerous lunatic. I consider that, as he daily gains strength, it would be unsafe to permit him to remain in hospital any longer.'⁵⁹ Bushby's letter to the Colonial Secretary noted that the hospital board of management is 'at a loss to know how to deal with this matter. It is not its province to deal with lunatics. I have therefore been requested to ascertain from you the necessary course to pursue in this and any similar cases that may occur.' Similarly, on 9 June 1863 Chief Inspector Chartres Brew wrote to the Colonial Secretary with reference to another patient at the Royal Columbian Hospital, indicating that he had received a request from the secretary of the Royal Columbian Hospital 'that a harmless but incurable lunatic at present in Hospital should be received into the lunatic prison. I have not authority to commit a lunatic unless he be proved to be dangerous. I have therefore to put the case for the consideration of His Excellency the Governor and request to be informed whether His Excellency will sanction the admission of this lunatic to the prison.'⁶⁰ There is no further report in the colonial correspondence concerning this matter. These cases make it clear, however, that the colonies' two main hospitals were not seen as appropriate places for the care or management of the insane.

Given that care by friends or family, repatriation, and treatment in general hospitals were often not feasible responses for controlling dangerous or unmanageable lunatics, jail was considered to be the sole resort. As Attorney General Henry Pering Pellew Crease noted in 1865 in regard to the case

of a Mr. Chateley: 'In the absence of a Lunatic Asylum, the Gaol is the only refuge for persons of unsound mind. The Sovereign as *parens patriae* is the legal guardian of such persons and their property ... and the Governor as representing the Sovereign can direct both the person and estate of the lunatic to be taken care of in such manner as he may deem best for the lunatic.'⁶¹ It would be fair to assert that the government did not pursue an aggressive policy of apprehending and imprisoning all mentally deranged persons. Confinement of lunatics in jails was generally reserved for those who were considered dangerous or totally incapable of caring for themselves,⁶² but this was largely a class-based strategy. Lunatics who were too poor to finance their return to their native countries were jailed. By choosing not to finance the repatriation of indigent lunatics, or transfer them to asylums in the United States, or construct its own asylum, the government consciously allowed the jailing of such lunatics to occur. Jail conditions were quite inhumane, a fact that was attested to in many grand jury reports.⁶³ Although confinement of the insane in jails may have been considered a practical necessity in the first year or two of the colonies' rapid expansion, reliance on this expedient became less and less justified as each year passed.

In 1858, with the rapid influx of people associated with the gold rush, the need for better jail accommodations in Victoria became all too apparent. A committee of the House of Assembly was appointed that year to inquire into the state and discipline of the city's existing public jail. It recommended that a larger and better ventilated jail was needed and that the new facility include a prison hospital,⁶⁴ perhaps because the jail was also being used to confine lunatics. The new jail was quickly established in Bastion Square, but it was a rudimentary hewn-log structure with a total of twelve cells and no separate prison hospital, as had been recommended.⁶⁵ The first jailer's report, issued in November 1858, stated: 'Eight prisoners confined in gaol. Three admitted on bail to appear this a.m. and five insane men.'⁶⁶

In February 1861 complaints were made about the conditions of the Victoria jail.⁶⁷ That summer a grand jury reported that there was a pressing need for proper accommodation for females and the insane.⁶⁸ The building was described in the *British Columbian* as 'a miserable wooden rookery.'⁶⁹ In July 1862 there were nineteen people housed in the Victoria jail, four of whom were lunatics and one a 'raving madman.'⁷⁰ Early in the following year an extension was built that included ten new cells and increased the jail's capacity to fifty inmates.⁷¹ Prisoners sentenced to hard labour (who worked in chain-gangs on road construction) were given a more substantial diet than those who were imprisoned without hard labour. Somewhat surprisingly, the lunatic inmates were fed the same as prisoners at hard labour.⁷² None of the insane persons committed to jail were there as a result

of a not-guilty-by-reason-of-insanity verdict. Although the insanity defence was raised in four murder trials between 1858 and 1872, none succeeded.⁷³

Rudimentary jails and lock-ups were also established in mining and frontier communities. As noted by Chief Justice Begbie: 'At Fort Yale and Douglas there are gaols; but they are unfit for confining even one of the lower order of animals – mere dark cells – open to the weather, unfurnished, without any means of warmth, and as insecure as they are inhuman.'⁷⁴ Since simple rudimentary jails were totally lacking in security, prisoners were shackled with leg-irons and handcuffs in order to prevent escape.⁷⁵ By the mid-1860s there were approximately eleven lock-ups (generally consisting of two cells each) in the two colonies.⁷⁶ These were used for remand purposes and for very short sentences (a few days to a few weeks). For longer periods, sentenced prisoners were sent to the jails in Victoria or New Westminster.⁷⁷

Extremely poor living conditions in both the Victoria and New Westminster jails constituted a serious health risk to all inmates, but especially to the insane whose cells were always the most unsanitary. Certainly, insane persons died in these jails. Richard Gee,⁷⁸ Mathieu Nicholas,⁷⁹ and Ah Ming⁸⁰ all expired in the New Westminster jail between 1861 and 1863, after having been confined there as dangerous lunatics. These are but a few examples, and though the exact causes of their deaths are not recorded, the appalling conditions in jail were no doubt a contributing factor. In light of grand jury reports and various other correspondence, it would be difficult to argue that senior government officers were unaware of the poor condition of jails. In November 1866, for instance, the executive council was expressly advised in writing by the superintendent of police in charge of the Victoria jail that several of the cells (likely those reserved for the insane) were unfit for use. This claim was backed by a medical certificate. The council approved the paltry sum of \$256 to render the cells fit for habitation.⁸¹

Some official reports on jail conditions, however, painted a far more favourable picture than did grand jury or newspaper accounts. On 1 May 1865, Governor Frederick Seymour reported to the Colonial Office in London on the condition of the New Westminster jail. He boasted that there had been no suicides in the institution, that no person had become insane there, and that 'the prison is clean, healthy and well-managed.'⁸² Seymour's account is scarcely consistent with the description of the conditions endured by lunatics detained at New Westminster provided a year later by the editor of the *British Columbian*: 'The cells in which they are confined are not at all adopted for such a purpose. Entirely too small, they are illy ventilated, unheated, and an offensive effluvia arising from beneath them, the result of no proper system of drainage having been adopted to carry off the impure

deposits that accumulate, it is not to be expected that persons of unsound mind, however hopeful their cases might be under more favourable circumstances, can derive benefit from the treatment they there receive.⁸³

During this early period a number of insane persons living in the colonies resorted to suicide. Whether or not the absence of other options was a contributing factor to these suicides is a matter for speculation. What can be said is that there were at least twelve coroner's inquest verdicts of death by suicide between 1859 and 1872 (when the first asylum opened in Victoria), and in at least seven of those cases the verdict was 'suicide while temporarily insane.'⁸⁴ From 1872 to 1878 another eight inquests recorded a verdict of death by suicide, with three of these registering a finding of 'suicide while temporarily insane.'⁸⁵

Towards the Establishment of an Asylum: Public Demands and Government Apathy

The early colonists were aware of the general inadequacy of the existing options for dealing with lunatics. Despite this, there were very few calls during the decade 1858-68 to develop a separate system designed specifically for the needs of lunatics. By 1869, however, public opinion seems to have shifted. Newspapers now passionately advocated the establishment of a separate and proper place for the care or treatment of the insane. These calls were not generally accompanied by any careful explanation of what such an asylum would look like, what it would cost, or how it would operate. Nonetheless, it is noteworthy that these calls for reform were clearly instigated not by state authorities but by lay moral reformers who, through their dual lenses of benevolence and citizenship, viewed the continued confinement of lunatics in the colony's jails as inhumane and shameful.

On the other hand, state authorities demonstrated a distinct lack of enthusiasm to deal with the practice of confining lunatics in gaols. Indeed, the government's conduct was characterized by delay and neglect. When it did finally act by opening an asylum in October 1872, its actions betrayed only a minimal concern for the needs of the insane. The asylum was ill conceived, underfunded, and wholly inadequate as measured by existing asylum standards. What emerges is a picture of a government that did not consider the existence of insane persons in the colony as a pressing social concern. There was no distinct government policy or plan to deal with the insane. When the need arose to control dangerous, bothersome, or helpless lunatics, the government knew it could always fall back on the use of jails.

1858 to 1868

The calls for the establishment of a separate insane asylum that arose between 1858 and 1868 were isolated and fairly low key. They certainly did not constitute any great moral reform movement similar to that experienced

in England, the United States, or eastern Canada. No doubt this quietude related at least in part to the young colony's preoccupation with other matters and to its natural reluctance to increase taxes to support another public institution.

The first public plea for the creation of an insane asylum came from Reverend Edward Cridge in 1858. He suggested that such an asylum should be established and supported by charitable donations. In November of that year, shortly after the publication of the first jailer's report that indicated that five insane persons were being kept in the Victoria jail, Cridge wrote a letter to the *Gazette* stating: 'We ought immediately to unite and found an hospital, and an asylum, (or an institution combining the two) and having founded it, subscribe to its maintenance.'⁸⁶ Although a hospital was founded soon after, Cridge's call for an asylum was ignored. In 1861 and 1862, at least three grand juries reported that there was a need for proper accommodation for the insane but, as was often the case, their recommendations were ignored by the government.⁸⁷ The matter arose again two years later in regard to Reverend Garrett's efforts to raise money to send the insane Mr. Templeton back to England. While supporting the charitable plea for Templeton, the editor of the *British Colonist* took the occasion to urge the government to establish a lunatic asylum.⁸⁸

In December 1865, Justice Begbie noted in his report to the Colonial Secretary on the New Westminster general jail delivery that there were three lunatics confined in the jail at that time.⁸⁹ One, who had been there three years, was very destructive and at times violent, and another was paralysed and required constant attention. He pointed out that their confinement in the jail disrupted ordinary prison discipline and was inappropriate for their care. He observed that it would be 'a humane and useful result' to create a separate asylum or to pay for their care in 'lunatic asylums in neighbouring States.'⁹⁰ Despite such pleas, the government failed to act for another seven years and, in the interim, made no general attempt to send insane persons to lunatic asylums in the United States.⁹¹

This chronicle of conscious government neglect continued. On 16 January 1867, the governor sought the advice of the Executive Council in regard to the existing practice of keeping lunatics in the prisons of Victoria and New Westminster. The Executive Council in turn recommended that until more proper accommodation could be provided, lunatics detained at New Westminster should be transferred to the Victoria jail where a portion might be set apart as a lunatic asylum.⁹² There was no mention of the miserable conditions prevailing in the Victoria jail, nor any suggestion that proper accommodation for lunatics was a priority and should be provided without delay. Nor did the government act upon the council's proposal that all the imprisoned lunatics be put in a portion of the Victoria jail, no doubt because that facility had no appropriate space for that purpose. Further, the

Legislative Council twice suggested amalgamating the Victoria and New Westminster jails in order to save money, but on neither occasion was there any mention of the plight of the insane imprisoned there.⁹³

1869 to 1872

It was not until 1869 that public pleas for the creation of a separate insane asylum began to occur with more frequency. On 4 February 1869 the Legislative Council passed the following resolution: 'That this Council is of opinion that the present practice of confining Lunatics in the common prisons of the colony, is *both inhuman and inconvenient*, and that an humble address be presented to His Excellency the Governor, earnestly recommending that a *suitable building* may be provided in which such unfortunate persons may receive *proper treatment*.'⁹⁴

More than three years passed before the government acted on this resolution and, when it finally did proceed, the building it provided was scarcely 'a suitable building' for the 'proper treatment' of the insane. The resolution did, however, prompt a more sustained plea from the newspapers of the day. A long editorial in the *British Colonist* on 23 March 1869 noted the council's unanimous resolution⁹⁵ and argued that since insanity had many causes that were quite distinct in nature,⁹⁶ it required treatment that only thoroughly educated medical men could provide in a separate institution. The duties of a jailer, continued the writer, are 'wholly incompatible with that of an educated attendant upon lunatics.' The editorial also observed that 'these unfortunate creatures are reduced to their present condition from causes over which they had no control,' and 'that anything less than the best we can do in the premises lays us open to be taxed with heartless inhumanity.' In calling citizens to action, the editorial reminded readers that 'the seeds of insanity are much more widely sown than people have any idea of' and that 'the dreadful fate of the unfortunate afflicted' could easily befall any one of them.

In spite of the *British Colonist's* high-sounding plea, the remedy proposed in the editorial was less than inspiring. The editorial recommended that, in the name of common humanity and for 'the possible cure of some,' all lunatics be placed 'in one establishment and under the charge of some person who has experience, if not absolute medical knowledge of the disease under which these patients suffer.' The jails in New Westminster and Victoria might be used separately, one for criminals and the other 'for the lodging and treatment of our lunatics. This concentration ... would not only secure the proper treatment to persons of unsound mind, but would be an advantage both in efficiency and economy in respect to our Police and Gaols. In this way no new expenditure would be required.' The suggestion that one of the jails could be used as an asylum demonstrates that there was no

real commitment to establish a modern institution according to the best asylum practices of the day.

In May 1869 a rumour was afoot that the government was considering the amalgamation of the Victoria and New Westminster jails with the former to be used for prisoners and the latter to be converted into a lunatic asylum.⁹⁷ However, no further action was taken in this direction. In October 1869 the *British Colonist* once again advocated the establishment of a separate asylum, and asked in particular why the executive had not yet acted upon the Legislative Council's recommendation for proper accommodation for lunatics. The editor did not mince words, reminding readers that the 'unfortunate lunatics have been caged up in small cells to rot and die amid reeking self-created filth' and that 'such treatment as can at best be accorded lunatics in the common prisons of the colony is scarcely calculated to restore truant reason.' It is 'scarcely credible to us as a colony,' concluded the writer, 'that no provision has been made for the proper treatment of lunatics.'⁹⁸

Soon thereafter, an editorial appeared in the *Mainland Guardian* entitled 'Our Treatment of Lunatics.' The editorialist noted that the press, the people, and the legislature were all united in their opposition to 'the inhuman practice of confining lunatics in the common jails' and that the time for ignoring and excusing 'so gross an outrage on our better feelings' had long since passed. Readers were asked to picture 'these poor unfortunate creatures' rendered 'perfectly helpless, hence entitled to all the warmest sympathies of our nature, placed in the same building and sharing the same surveillance as our worst criminals' and without the medical attention such patients require. The writer suggested that property adjoining the Royal Columbian Hospital would provide a perfect setting, 'isolated from the noise and bustle of the city,' to erect 'a building for the reception of lunatics from all portions of the colony.'⁹⁹

As strong as such pleas were, they obviously were not sufficient to embarrass the government into immediate action. However, the confinement of the first two female lunatics in the Victoria jail provided a new occasion to express heightened indignation. In early December 1869, the night watchman had found Margaret and Jane Mills wandering the streets of Victoria in a state of 'great excitement and alarm.'¹⁰⁰ They were taken to the police barracks and confined there. The barracks was a two-storey brick structure that had been added on to the front of the jail a few years earlier.¹⁰¹ A third sister, Catherine, was provided with quarters in the debtors' cell of the barracks so that she could attend to her sisters. Margaret and Jane Mills were described in the *British Colonist* as educated, church-going, self-supporting women of highly respectable character.¹⁰² However they had developed delusional beliefs that they were being poisoned and that Christ had sent

for them. One of them refused to wear any clothes, and they were at times violent and loud. The following day a letter appearing in the *British Colonist* observed that the unfortunate case of the Mills sisters 'surely calls for action on the part of this community. It certainly is a disgrace to us that patients laboring under such a fearful malady should be confined in a place so unsuitable.' The editors appended their own comments to the same effect.¹⁰³

Even the plight of the Mills sisters,¹⁰⁴ however, was not enough to prod the government into immediate action. The authorities were still hoping to avoid the costs of constructing an asylum. British Columbia was at this time actively considering union with Canada. One of the terms that had been proposed by British Columbia for its entry into Canada was that 'the Dominion shall erect and maintain at Victoria, a Marine Hospital, and a Lunatic Asylum, either attached to the Hospital, or separate as may be considered most convenient.'¹⁰⁵ This proposed term of agreement was approved by the executive council in February 1870¹⁰⁶ and by the Legislative Council in March 1870.¹⁰⁷ Governor Musgrave sent a three-person delegation¹⁰⁸ to Ottawa to negotiate with representatives of the government of Canada concerning the proposed terms of union. Those negotiations were concluded in early July 1870, with most of British Columbia's demands being met. However, the Dominion government indicated that it was not responsible for establishing lunatic asylums in the other provinces, and it was not prepared to do so for British Columbia.¹⁰⁹ Ottawa did however agree to build a Marine Hospital in Victoria, and the Dominion officials apparently intimated that they would not object to a ward of that hospital being used to admit other patients, provided that reasonable allowance was paid for their care.¹¹⁰ The final terms of agreement, which included the establishment of a Marine Hospital in Victoria but omitted any reference to a lunatic asylum, were approved by British Columbia at its next Legislative Council session in January 1871.¹¹¹

Meanwhile, the newspapers were still carrying on a spirited campaign for the establishment of an asylum. The *British Colonist* published a long editorial in June 1870, entitled 'Half-An-Hour in Bedlam.'¹¹² The editorial described a recent visit to the Victoria jail, noting that there were thirty-seven inmates, six of whom were insane. The editorial briefly described the insane persons and their behaviour, condemned the jail conditions as 'utterly incompatible with the proper treatment of lunatics' and concluded: 'To assert that the continuance of this condition of things is a crying shame and a public disgrace, for which the Executive is mainly responsible, is but to give expression to general sentiment. No one who has visited the cells in which these lunatics are caged, and inhaled the horrid stench [leaking] therefrom, will hesitate to say that it is not only an outrage but a positive crime to subject those unfortunate, and for the most part fellow-creatures to such a living death as they are made to endure.'¹¹³

Further, as the year 1870 closed, the *British Colonist* published a letter to the editor in which the correspondent stated 'the present system of placing unfortunate lunatics in immediate contact with criminals in a crowded common prison is, to say the least, most unjust to both, and cannot be too strongly condemned.'¹¹⁴ The editor of the *Colonist* used the opportunity to add, with vintage Victorian fervour:

There are now three females compelled to herd with black guards, felons and murderers, and for no other cause than that they have been so unfortunate as to lose their reason! Think of a refined and well-conducted female, driven mad by poverty and the cruel neglect and abandonment of her natural protector, confined in one of these loathsome and unhealthy dens. It is a disgrace to the colony, a foul blot upon the civilization of the age, that such a condition of things should be allowed to exist for a single day.¹¹⁵

These dramatic expressions of outrage must have embarrassed authorities, but they failed to shake the lethargic government into immediate action. Nor did law enforcement officials show any great alarm over the matter.¹¹⁶ However, on 13 January 1871, Mr. Nelson, a member of the Legislative Council, raised the issue in council stating that it is 'too bad that insane persons must still be confined in the common prison.'¹¹⁷ The Colonial Secretary replied that 'insofar as Victoria prison was concerned, arrangements had recently been made by which the lunatics were much more comfortably provided for. The three unfortunate females now confined were in very comfortable quarters upstairs, over the police offices, and had a female attendant.'¹¹⁸ The chief commissioner of lands and works, Mr. Trutch, who had been part of the three-person delegation that went to Ottawa to negotiate the terms of union, pointed out that the 'Dominion Government undertook to provide a naval hospital, and he had reason to think there would be no difficulty in the way of using a ward of that institution as a lunatic asylum, until such time as the colony could provide itself with a proper one.'¹¹⁹ Clearly, the government was not planning to rush headlong into the establishment of its own asylum, despite the fact that there was no apparent time frame for the construction of the naval hospital. Still, the Colonial Secretary was evidently at least thinking about the matter. In early February 1870 he requested Dr. Black examine the various buildings formerly used by the Royal Engineers at their camp at Sapperton, to determine whether one could be fitted up as a lunatic asylum for the colony. In his report of February 1871, Black stated that the engineers' hospital building could be easily adapted for this purpose.¹²⁰ For some reason, his recommendation was not taken up.¹²¹

Although government officials may have had other priorities, it is obvious that the establishment of an asylum was still on the minds of newspaper

editorialists,¹²² as well as many politicians. In February 1872, at the first session of the new province's Legislative Assembly, Mr. Robson, the member from Nanaimo, moved for 'the appointment of a Commission to enquire into and report upon the condition of the Provincial Gaols, the number of prisoners, the number of lunatics, and the accommodation provided for the same, and make such recommendations as they may think fit, with a view to ameliorating the condition of the inmates.'¹²³ After a heated debate,¹²⁴ the motion was passed and a committee was subsequently struck.

The following day the *British Colonist* carried on the debate in an article entitled 'Insanity and Crime.' The editors seemed, in part, to be satisfied with the Provincial Secretary's explanation 'that a wing of the Marine Hospital about to be built by the Dominion Government would be set apart for the purposes of a lunatic asylum.' 'Under these circumstances,' they wrote, 'it is, we think a mistake to urge the immediate erection of a Provincial asylum; but it is right and highly proper to urge the necessity for making some temporary arrangements which enable lunatics to be properly treated until such time as the hospital wing may be in readiness to receive them ... It must be thoroughly understood that the present condition of things in this respect is not to be tolerated for a single month.'¹²⁵

The matter also provoked a letter to the *Mainland Guardian* from Archdeacon Woods, of New Westminster, who suggested that many lunatics are harmless and 'need restraint solely for their own sakes ... To confine them within the walls of a prison and to shut them up in cells, cannot be regarded as caring for them in any true sense.' Referring to his experience as chaplain to the Warwick County Lunatic Asylum, Woods suggested, consistent with nineteenth-century moral treatment theory, that there is no chance of recovery for the lunatics confined in Victoria and New Westminster jails since they are lacking the necessary fresh air, exercise, and appropriate occupation. He concluded by stating: 'Secure at once (even though it be for a temporary expedient) an asylum, where those unfortunates may be separated from the debasing and unfair association with criminals and where they can have the almost inestimable advantage of out-of-door exercise and out-of-door employment ... Regard must of course be had to the financial question, but in the cause of humanity, and of Christian duty, it is not the first question.'¹²⁶

By March 1872 the government appears to have finally reached a decision in regard to the care and custody of lunatics. According to the *British Colonist*, the Colonial Secretary had announced that 'arrangements were afoot to transfer the Female Infirmary to the colony for the purposes of a general hospital, and that the present Royal Hospital building would be converted into a Lunatic Asylum.'¹²⁷ This building had been erected in 1858 across the harbour from Victoria on the Songhees Reserve lands.¹²⁸ Despite objections from some quarters,¹²⁹ the government proceeded with its plan.¹³⁰

By July 1872, E.A. Sharpe of New Westminster was appointed superintendent of the lunatic asylum.¹³¹ Sharpe, who previously had been foreman of road construction on the mainland, evidently had no experience in running an asylum. About the same time, the government also contracted with a local architect to make renovations to the Royal Hospital building. British Columbia's first institution for the insane, the Victoria Lunatic Asylum, was opened on 12 October 1872, with a patient population of seven lunatics who were transferred on that day from the Victoria jail.

A Poor Excuse for an Asylum, 1872-78

While the government had finally established an asylum, the state of the facility was ample proof of the low priority with which the government treated the plight of lunatics in the province. While space limitations preclude a full chronicling of its five-and-a-half-year history, even a short account will reveal why the Victoria structure was 'a poor excuse for an asylum.' The old Royal Hospital building was unsuitable as a lunatic asylum for many reasons. Moreover, the repairs made to the building were of a modest nature. A week before the asylum opened, the *British Colonist* made reference to 'the insecurity, inadequacy and inadaptation of the building for the purposes to which it is to be devoted.'¹³² Ten days later the *Colonist* published a rancorous editorial contrasting the speed with which the government attended to the repairs for the residence of the lieutenant governor to its dilatory tactics in providing appropriate accommodation for the lunatics.¹³³

The provincial lunatic asylum had accommodation for approximately nineteen or twenty patients. The inside structure of the original hospital building was rearranged to provide for seventeen very small single rooms or cells. As of 1 January 1873 there were sixteen patients in the asylum – eleven men and five women. During that year, fourteen additional patients were admitted; nine were discharged as recovered, and five died (four males and one female). The asylum was staffed by Dr. Israel Wood Powell as part-time medical superintendent, E.A. Sharpe as resident superintendent, Mrs. Flora Ross as matron for the female patients, two male attendants, one cook, and one Aboriginal woman who carried out washing duties. The two attendants were let go in early 1873 and not replaced, presumably as a cost-saving measure.¹³⁴

Dr. Powell resigned his position at the end of 1873. In his report on the asylum for the year ending 1873, Powell summarized the year's activities, noting that nine patients had been discharged as recovered, and that two more had been discharged as markedly improved, although one was readmitted later that year. Six of the patients were described as incurables who had been previously confined in the prison for many years. In his assessment of the facilities, Powell lamented that 'the existing accommodation for the insane of the Province, is wretched and insufficient, and considering the

consequent disabilities we labour under in treatment, the results are very satisfactory.' He calculated that if even four or five additional applications for admission were to be received, 'there would not be house room for the increased number ... Should the present asylum be retained,' he concluded, 'many repairs are desirable and necessary, but its dilapidated condition, in my opinion, does not justify any great outlay, while the erection of a more suitable building, upon some more appropriate site, which might serve as a wing to a larger edifice at some future period, is more economical and certainly preferable in every respect.'¹¹⁵

The inadequacy of the facilities as described in the medical superintendent's report was only half of the story. As modern asylum literature has demonstrated, it is the interactions of patients and staff, more than asylum buildings or policies, that tell the real story. There were clearly problems with the management of the asylum, and the relations between E.A. Sharpe and Flora Ross were totally strained. In October 1874 Sharpe advised Ross that she would have to resign her position since he was getting married and wished to appoint his wife to the position of matron. A series of correspondence over the next two years between Ross, Sharpe, and the Provincial Secretary showed the unhappy state of administration at the hospital.¹¹⁶ Ross accused Sharpe of running a tyrannical and arbitrary administration, as well as being drunk, denying proper food and treatment to patients, and wearing the patients' clothing. Surprisingly, the 1875 Select Committee on the Lunatic Asylum reported that it had found the facility 'in as good and comfortable a condition as could be expected, considering the smallness of the building and the miserable position of its location.'¹¹⁷ This sanguine assessment notwithstanding, two years of intermittent allegations and investigations followed, and still another select committee published a report finding that the building was totally unsuitable, the superintendent was unfit, and the administration of the asylum should be placed in the hands of a resident physician.¹¹⁸ In consequence of this latest report, Sharpe was formally accused of incompetence and dismissed in May 1876.

One month later, John J. Downey, a former member of the Irish Constabulary, was appointed temporary superintendent to replace Sharpe. Apparently, under Downey's superintendency conditions did improve somewhat.¹¹⁹ The *British Colonist* reports that 'an enlightened system of dealing with the mildly insane has been inaugurated.'¹²⁰ This appears to have included a work program whereby those who were willing could participate in such activities as haymaking and cutting firewood. Reports also indicate a greater degree of cleanliness and minor renovations being carried out to increase the comfort of patients.¹²¹ However, with the absence of adequate staff and the structural deficiencies of the facility, the practice of using mechanical restraints to control refractory patients was still seen as necessary.¹²²

By the beginning of January 1876, the population of the asylum had mushroomed to thirty-two patients. At the end of that year, there were thirty-seven inmates, only three of whom were women.¹²³ A ramshackle ten-bed extension was quickly added, but long-term expansion of the existing facilities was not feasible in light of the condition of the buildings and because the land did not even belong to the provincial government.¹²⁴ In fact, the government had already decided by mid-1875 to construct an expensive lunatic asylum on a government reserve just outside of New Westminster.¹²⁵ The planning and construction of the new asylum, which was not ready for another two and a half years, was another comedy of errors. Dr. W. Macnaughton Jones, who was appointed medical superintendent of the new mainland establishment, summarized the new asylum's condition just prior to its opening: 'On the whole, the building, in its present state, seems to me a madhouse of former times, and not a modern hospital for patients affected with diseases of the brain.'¹²⁶

Not only was the new building unfit, but so was its management. Dr. Jones resigned in frustration within a year. He was replaced by Dr. T.R. McInnes who, during his tenure as part-time medical superintendent (1878-83), failed to implement a moral treatment regime and did not exert any real control over the day-to-day routine of his patients. Dr. Richard Bentley was appointed as the visiting medical superintendent in 1883, presided over the asylum's renovation in 1884, and became the asylum's first resident medical superintendent in 1885. Dr. Bentley's annual asylum reports over the next ten years paint a picture of a well-managed asylum operating on progressive, humane, moral treatment principles. But that false image came crashing down with the revelations in the 1894-95 Royal Commission Inquiry of a litany of patient abuses routinely administered by asylum staff, and the apparent ineptitude and mismanagement of the medical superintendent.¹²⁷ Even after Bentley's forced resignation in the wake of the commission's report, and his replacement by a succession of medical superintendents who publicly espoused the principles of moral treatment, conditions did not necessarily improve dramatically for the patients and staff who resided and laboured in the province's asylums. The huge gap between the rhetoric of moral treatment and the reality of asylum life, which was played out time and again in nineteenth-century asylums in Britain, Europe, and eastern North America, did not disappear in British Columbia under the subsequent administrations of Dr. G.F. Bodington (1895-1900), Dr. G.H. Manchester (1901-5), and Dr. Charles E. Doherty (1905-20).

Conclusion

The above account of the treatment of insane persons in the first thirty years of British Columbia's existence reveals a relatively small colony

responding to the insane in a variety of ways. In general, the government did not seem to view the insane as a major social problem. Where possible, government officials were content to allow family or friends to deal with lunatics by repatriation or care at home. Where such options were not feasible, authorities resorted to confinement of the insane in ill-suited jails. Jails appear generally to have been reserved for seriously insane persons who could not finance their own repatriation. There is no evidence of an overt or aggressive state policy aimed at the confinement of all lunatics. Where possible, lunatics who were not dangerous were ignored and tolerated. Indeed, the government was reluctant in the first three decades of its history to expend any money on proper facilities for the treatment of the insane.

The moral treatment reform movement appears to have had little effect during this period. Although the press and government officials on Vancouver Island and the mainland made frequent references to the need for humane treatment of the insane, that discourse was seldom elevated to the broad philosophy of moral treatment that was being espoused and sometimes practised in other parts of the English-speaking world. Certainly, there was no sign of moral treatment in the handling of insane persons who were imprisoned in the Victoria and New Westminster jails. Nor was the opening of British Columbia's first asylum accompanied by anything remotely approximating a moral treatment regime. And, when the rhetoric and practices of moral treatment did finally arrive at the New Westminster asylum, they fared no better here than they had elsewhere.

Control of the insane in British Columbia during its first thirty years was achieved principally through incarceration in jails. The opening of the province's new asylum in Victoria amounted to little more than confinement in a slightly improved, jail-like condition. Although public and political pleas for better treatment of the insane were premised on humanitarian grounds, such expectations of compassionate treatment were not realized. The establishment and operation of the Victoria asylum followed an all-too-common pattern seen elsewhere, especially in the Maritimes and Ontario. Asylums were often started in temporary and totally inadequate buildings – sometimes former jails. The facilities were almost invariably of poor quality and buildings soon became overcrowded. Chronic understaffing was commonplace and staff were seldom trained. Moreover, there was typically a lack of day-to-day supervision of the staff by the institutional director or medical supervisor. Official asylum reports often painted a picture of humanitarian progress, but occasional investigations revealed quite a different picture. The promise of humane treatment in British Columbia's embryonic asylum system, as elsewhere, was consistently frustrated by a scarcity of economic resources and a general dearth of political will.

Acknowledgments

The author gratefully acknowledges the valuable research assistance of Ruth McDonald and Jeff Locke. James Moran's excellent book *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal: McGill-Queen's University Press, 2000), describing the complex relationships and factors affecting the development of asylums in those two provinces, was published after this chapter was written and therefore is not otherwise referred to here.

Notes

- Two preliminary qualifications and one definition are in order here. First, the terms 'insane' and 'lunatic' are employed throughout this chapter as a reflection of their common usage during the period under study. In reproducing these terms without recurrent contextualization or critique, I by no means wish to imply that the designation of people as mentally disordered in nineteenth-century British Columbia was any less problematic or socially contingent than it is today. Second, while a vitally important topic in its own right, the treatment and control of mental illness or 'spirit sickness' by Aboriginals in their communities during the same time period is beyond the scope of this chapter. See e.g., Robert E. McKechnie, *Strong Medicine: History of Healing on the Northwest Coast* (Vancouver: J.J. Douglas, 1972), 5-44. Third, for the purposes of this chapter, the term social control refers to 'the organized ways in which society responds to behaviour and people it regards as deviant, problematic, worrying, threatening, troublesome or undesirable in some way or another.' See Stanley Cohen, *Visions of Social Control: Crime, Punishment and Classification* (Cambridge, UK: Polity Press, 1985), 1.
- Wendy Mitchinson, *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991); Elaine Showalter, *The Female Malady: Women, Madness and English Culture* (New York: Pantheon Books, 1985); P. Susan Penfold and Gillian Walker, *Women and the Psychiatric Paradox* (Montreal: Eden Press, 1983); Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840-1883* (Cambridge: Cambridge University Press, 1984).
Although gender was clearly relevant to the definition and treatment of insanity, insane women in British Columbia were not overrepresented in the jail or asylum population, as occurred in other jurisdictions. Women who were suspected of being insane were seldom jailed. When the insane asylum in Victoria was in operation from 1872 to 1878, women averaged between 10 and 15 percent of the total asylum population. By 1900, female admissions to the insane asylum in New Westminster averaged between 25 and 35 percent. Such data are recorded in the annual *Report on the Asylum for the Insane* published in the BC Sessional Papers. Mary-ellen Kelm has shown that British Columbia women were underrepresented in the provincial insane asylum between 1905 and 1915, constituting approximately 35 percent of the general population but only 25 percent of the asylum population. See Mary-ellen Kelm, "'The only place likely to do her any good': The Admission of Women to British Columbia's Provincial Hospital for the Insane," *BC Studies* 96 (1992-93): 66-89, 68.
- Roy Porter, *A Social History of Madness: Stories of the Insane* (London: Weidenfeld and Nicholson, 1987); Porter, *Mind Forged Manacles: A History of Madness in England from the Restoration to the Regency* (London: Athlone Press, 1987). See also Megan J. Davies, 'The Patients' World: British Columbia's Mental Health Facilities, 1910-1935' (MA thesis, University of Waterloo, 1989); Richard Fox, *So Far Disordered in Mind: Insanity in California, 1870-1930* (Berkeley: University of California Press, 1978); Kelm, 'The only place likely to do her any good'; Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840-1883* (New York: Cambridge University Press, 1984).
- Report of Royal Commission – Asylum for the Insane*, British Columbia Sessional Papers [hereinafter BCSP], 1894-95.
- Fox, *So Far Disordered in Mind*. To the same effect, see Kelm, 'The only place likely to do her any good.'
- See generally Franz Alexander and Seldon Selesnick, *The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present* (New York: Harper

- Row, 1966), ch. 5; Albert Deutsch, *The Mentally Ill in America: A History of Their Care and Treatment from Colonial Times to the Present*, 2nd ed. (New York: Columbia University Press, 1949), ch. 1; T. Burgess, 'A Historical Sketch of Our Canadian Institutions for the Insane,' *Proceedings and Transactions of the Royal Society*, vol. 4, section 4 (1898).
- 7 Daniel Francis, 'The Development of the Lunatic Asylum in the Maritime Provinces,' *Acadiensis* 6 (1976): 23-38, 28.
 - 8 For a general description of moral treatment, see Francis, *ibid.*, 30-33. The public was often warned by physicians that the insane could not be treated at home, that they required treatment in asylums to avoid becoming permanently incurable. Francis, *ibid.*, 30.
 - 9 Francis, *ibid.*, 33-34. By 1882, Dr. A.P. Reid admitted that only about ten percent of the 400 patients at Mount Hope [in Halifax] had much hope of regaining their mental health. *Report of the Medical Superintendent*, Nova Scotia Journal of the Legislative Assembly, 1883, App. 3A. In 1891, the superintendent of the New Brunswick institution stated that 'out of four hundred and forty-two patients only sixteen were expected to be restored to mental health.' *Report of the Medical Superintendent*, New Brunswick Journal of the Legislative Assembly, 1891, App.
 - 10 See note 8 above.
 - 11 Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Random House, 1965).
 - 12 David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, 1971).
 - 13 Michael Ignatieff, *A Just Measure of Pain: The Penitentiary in the Industrial Revolution* (New York: Columbia University Press, 1978), 215.
 - 14 Andrew Scull, *Museums of Madness: The Social Control of Insanity in Nineteenth Century England* (London: Allen Lane, 1979).
 - 15 See note 3 above.
 - 16 See note 2 above.
 - 17 See W. Kaye Lamb, 'The Founding of Fort Victoria,' *BC Historical Quarterly* 7 (1943): 71, 88-89.
 - 18 See generally Jean Barman, *The West beyond the West: A History of British Columbia* (Toronto: University of Toronto Press, 1991), 47-49; John S. Galbraith, *The Hudson's Bay Company As An Imperial Factor, 1821-1869* (New York: Octagon Books, 1957; reprinted 1977), 218-50, 283-307; Kenneth Mackenzie, 'Fort Victoria: The Hudson's Bay Company's Centre on Vancouver Island,' in *The Hudson's Bay Company in British Columbia: Forts Langley, Kamloops, Victoria and Simpson*, ed. Barry Gough (Vancouver: Simon Fraser University, 1983); Margaret A. Ormsby, *British Columbia: A History* (Toronto: Macmillan, 1958).
 - 19 See letter of Colonial Secretary Earl Grey, September 1846, quoted in Galbraith, *The Hudson's Bay Company*, 283. See also Barman, *The West beyond the West*, 47-49.
 - 20 Galbraith, *The Hudson's Bay Company*, 284; Richard Mackie, 'The Colonization of Vancouver Island, 1849-1858,' *BC Studies* 96 (1992-93): 3-40.
 - 21 Barman, *The West beyond the West*, 53.
 - 22 G.P.V. Akrigg and Helen B. Akrigg, *British Columbia Chronicle, 1847-1871* (Vancouver: Discovery Press, 1977), 28-29; Ormsby, *British Columbia*, 99-102.
 - 23 Ormsby, *British Columbia*, 106.
 - 24 For an explanation, see George Woodcock, *British Columbia: A History of the Province* (Vancouver: Douglas and McIntyre, 1990), 90-92.
 - 25 Galbraith, *The Hudson's Bay Company*, 297-99.
 - 26 *Ibid.*, 292-96.
 - 27 Dispatch by James Douglas to Lord John Russell, 21 August 1855, correspondence outward 305/6, cited by William Swanton Thackray, 'Keeping the Peace on Vancouver Island: The Colony Police and the Royal Navy, 1850-1866' (MA thesis, University of Victoria, 1980). This may be contrasted with estimates by Douglas of approximately 20,000 Aboriginals on the island in 1852 and 25,000 in 1856. See Thackray, 26 and 76.
 - 28 The top rung of the stratified class structure included IIBC officers, naval officers, and the farm bailiffs and their families, followed by educated employees such as teachers, clerks, and clergy, then skilled tradesmen. At the bottom were the common labourers. Aboriginals were of course totally outside this structure. See Maureen Duffus, *A Most Unusual Colony: Vancouver Island 1849-1860* (Victoria: Fleming Express Press, 1996) for an interesting depiction of life in the colony through one settler's eyes. Though fictional, the account is constructed from and based on letters, diaries, and official records of the colony. For other chronicles of early life in Victoria before and after the gold rush, see Kathryn Bridge, 'Two Victoria Gentlewomen in the Colonies of Vancouver Island and British Columbia: Eleanor Hill Fellows and Sarah Lindley Crease' (MA thesis, University of Victoria, 1984), ch. 2; Kathryn Bridge, *Henry and Self: The Private Life of Sarah Crease, 1862-1922* (Victoria: Sono Nis Press, 1996); Maureen Duffus, ed., *Craigflower Country: A History of View Royal, 1850-1950* (View Royal, BC: View Royal Historical Committee, 1993); Valerie Green, *Above Stairs: Social Life in Upper Class Victoria 1843-1918* (Victoria: Sono Nis Press, 1995); Harry Gregson, *A History of Victoria 1842-1970* (Victoria: Victoria Observer Publishing, 1970); David C. Lai, *The Forbidden City within Victoria* (Victoria: Orca Book Publishers, 1991); Charles Lillard, *Seven Shillings A Year: The History of Vancouver Island* (Ganges, BC: Horsdal and Schubart Publishers, 1986); Derek Pethick, *Victoria, The Fort* (Vancouver: Mitchell Press, 1968); Derek Pethick, *James Douglas: Servant of Two Empires* (Vancouver: Mitchell Press, 1969); Terry Reksten, *'More English than the English': A Very Social History of Victoria* (Victoria: Orca Book Publishers, 1986); Robin Ward, *Echoes of Empire: Victoria and Its Remarkable Buildings* (Madeira Park, BC: Harbour Publishing, 1996).
 - 29 Duffus, *A Most Unusual Colony*.
 - 30 Fines, flogging, banishment from the settlement (usually applied against Aboriginals), and hanging for serious offences such as murder or attempted murder were used to punish criminals instead. See generally Thackray, 'Keeping the Peace.' For an account of the first imprisonment of an offender in the fort, see Dorothy Blakey Smith, ed., *The Reminiscences of Doctor John Sebastian Helmcken* (Vancouver: UBC Press, 1975), 136.
 - 31 HBC, *Victoria Affairs, October 1852-December 1859*, British Columbia Archives and Records Service [hereinafter BCA], AC15 H86. See also Diana Doherty and John W. Ekstedt, *Conflict, Care and Control: The History of the British Columbia Corrections Branch 1848-1988* (Vancouver: Simon Fraser University Institute for Studies in Criminal Justice Policy, 1991), 3.
 - 32 *Report of the Medical Superintendent of the Public Hospital for the Insane, 1901*, BCPS, 1902, 463-64. This account presumably comes from Dr. Helmcken. The author of the 1901 Report, Dr. George H. Manchester, thanks Dr. Powell (the first medical superintendent of the Asylum for the Insane in Victoria) and Dr. Helmcken 'for collecting the data which relates to the earlier part of the history' set out in that report. *Ibid.*, 463. Val Adolph, *In the Context of Its Time: A History of Woodlands* (Victoria: Ministry of Social Services 1996), 1-2, reports that this young Scotsman was put in a tiny jail in the fort because of irrational behaviour and it was there that he made an attack on the visiting Dr. Helmcken.
 - 33 'Diary of Robert Melrose Concerning Five Years Servitude under the Hudson's Bay Company on Vancouver's Island,' reproduced in *BC Historical Review* 7 (1943): 119, 199, and 283.
 - 34 Letters of Annie Deans, BCA, Record #E/B/D343.
 - 35 HBC, *Victoria Affairs*, 99, 104, 109, 154, 155, and 158.
 - 36 'Diary of Robert Melrose,' 283.
 - 37 HBC, *Victoria Affairs*, at 109.
 - 38 The practice of binding insane persons at home had been used in England and elsewhere in earlier times. See Gerry Ferguson, 'Legal Regulation of Mental Disorder: Looking East and West,' in *Asia Pacific Legal Development*, ed. Douglas Johnston and Gerry Ferguson, (Vancouver: UBC Press, 1998), 285-90.
 - 39 HBC, *Victoria Affairs*, 155, 158.
 - 40 Barman, *The West beyond the West*, 64; Woodcock, *British Columbia*, 92-93.
 - 41 Barman, *The West beyond the West*, 65; Woodcock, *British Columbia*, 92-93.
 - 42 Barman, *The West beyond the West*, 61.
 - 43 Woodcock, *British Columbia*, 101.
 - 44 Alfred Waddington, *The Fraser Mines Vindicated* (Victoria: P. de Garro, 1858), 16-18, cited by Thackray, 'Keeping the Peace,' 94 n. 9. On 27 April 1858, Douglas described the arriving prospectors as 'the very dregs' of society and 'all adventurers': see *Times Colonist*, 1 September 1998 at C3. Reverend Matthew Macfie, who spent five years in Victoria

- beginning in 1859, reported that the 'motley throng' which invaded Victoria during the gold rush included not only individuals of every trade and profession but also 'gamblers, "loafers," thieves and ruffians': Matthew Macfie, *Vancouver Island and British Columbia: Their History, Resources and Prospects* (London: Longman, Green et al., 1865), 65.
- 45 Doherty and Ekstedt, *Conflict, Care and Control*. The *Gazette*, 18 November 1858, refers to only three insane persons being kept in the jail.
- 46 Letter of Matthew Baillee Begbie to the Acting Colonial Secretary, H.M. Ball, 11 December 1865, BCA, B1308, F142/21, where Begbie stated: 'gold mining countries exhibit always (as might naturally be expected) a larger proportion of lunatics than any other countries.' For similarly held views in Australia and California, see David Goodman, *Gold Seeking: Victoria and California in the 1850s* (Stanford: Stanford University Press, 1994), ch. 6.
- 47 Hellen C. Pullem, *New Westminster: The Real Story of How It All Began* (New Westminster: The Hawkscourt Group, 1985), 106.
- 48 *British Colonist*, 4 November 1859.
- 49 Dorothy Blakey Smith, ed., *Lady Franklin Visits the Pacific Northwest: Being Extracts from the Letters of Miss Sophia Cracroft, Sir John Franklin's Niece, February to April, 1861 and April to July 1870* (Victoria: P.A.B.C. Memoir No. XI, 1974), xii.
- 50 *Ibid.*, 28.
- 51 *Ibid.*, 29.
- 52 *Ibid.*, 29.
- 53 Letter to the Colonial Secretary dated 13 May 1862, BCA, B-1329, F593/24, indicating why C.E. Griffiths, an alleged lunatic, was not confined in jail.
- 54 There is no indication in the newspapers whether Templeton was indeed repatriated. Reverend Garrett suggested that this case called for the community's 'sympathy and aid' since his 'unhappy state of mental weakness has not been induced by any irregular or improper conduct.' It is probable that Templeton was not considered dangerous, although he did require a 'keeper' who was being paid from private donations. See 'The Case of Mr. Templeton and the Want of a Lunatic Asylum,' *British Colonist*, 25 September 1863; Adolph, *In the Context of Its Time*, 7.
- 55 Pride was presumably returned to England, although the colonial correspondence makes no further reference to him in this regard. Dr. Arthur Black, medical officer for the jail, wrote to Magistrate Ball concerning Pride. Black stated: 'I am of the opinion, that his general state of health is good and that although his intellect is still deranged, yet he is no longer dangerous. I do not believe that any further improvement can take place in his mental condition while he remains in confinement, but I am of the opinion, if he could be sent home to England, the voyage and change of scene, etc. would greatly benefit his condition, if not effect an entire cure.' Dr. Arthur Black, Medical Officer, New Westminster Gaol to Stipendiary Magistrate H.M. Ball, 7 April 1869, BCA, B-1305, F101/2; H.M. Ball to Colonial Secretary, 7 April 1869, BCA, B-1305, F101/2; Colonial Secretary to H.M. Ball, 14 April 1869, B-1305, F101/2.
- The third incident occurred in 1865 and involved Mr. Chateley, a French citizen. In that case, the attorney general advised the Colonial Secretary that the governor, in exercise of the Sovereign's *parens patriae* powers, could sell a lunatic's property and use the funds to transport the lunatic back to his native country. However, Chateley recovered before that option became necessary. Colonial Secretary to Dr. W. Macnaughton Jones, Medical Officer, New Westminster Gaol, 9 May 1865, PABC, B-1335, F856/5; Dr. Jones to Colonial Secretary, 9 May 1865, PABC, B-1335, F856/5; Colonial Secretary to Warden at New Westminster Jail, 15 May 1865, PABC, B-1335, F856/5.
- The fourth incident involved Mr. Dillon, 'a monomaniac,' who was confined in the Victoria jail in 1865. The Executive Council permitted him 'to leave the Colony.' Minutes of Meeting of Executive Council of the Colony of Vancouver Island, 12 August 1865, in *Journals of the Colonial Legislatures of the Colonies of Vancouver Island and British Columbia 1851-1871*, ed. James Hendrickson, vol. 1, 190 [hereinafter *Journals of the Colonial Legislature*].
- The fifth case involved Fan Lowe who was likewise confined in the New Westminster jail in 1870 as a dangerous lunatic. His friends arranged for him to be conveyed back to China.
- Arthur Black, Medical Officer, New Westminster Jail to Arthur Bushby, Stipendiary Magistrate, 9 September 1870, PABC, B-1309, F155/14.
- 56 On 18 August 1857, the House of Assembly discussed the need for a public hospital. See 2 *Journals of the Colonial Legislatures*, 50. The House was of the view that the hospital should be supported by charitable public subscription, although some government assistance would be appropriate. The following year, Governor Douglas provided funds for a temporary hospital in a cottage at Broad and Yates Streets. Then, in 1859, a committee was struck to establish a permanent hospital, which among other things could serve as a quarantine hospital for new arrivals with infectious diseases. Perhaps for that reason, the twenty-bed, two-storey wooden Royal Victoria Hospital was built across the harbour from the city on the Songhees reserve, very near the Songhees village. In 1862, two other small wooden structures capable of housing four and seven patients respectively were hastily assembled near the hospital to deal with a smallpox outbreak affecting mostly Native people. The hospital was originally for men only, but in 1863 a small female ward was created. The latter was inadequate and, in 1864, a new female infirmary was opened on Pandora Street. By 1869 the female infirmary was in financial difficulty and, as a cost-saving device, it was amalgamated with the Royal Victoria Hospital to form the Royal Hospital, with all the male patients being moved to the expanded Pandora Street location. It seems that some patients were still being treated at the old hospital building after 1869. The *British Colonist*, 27 July 1872, 3, reports: 'The Royal Hospital patients will be removed to the Infirmary on Monday, and in about ten days time lunatics will take possession of the Royal Hospital building.' On 12 October 1872, the old hospital building on the Songhees reserve was reopened as British Columbia's first Asylum for the Insane. See Grant Keddie, 'Victoria's Early Hospital Properties,' *Discovery: Friends of the Royal British Columbia Museum Quarterly Review* 19(3) (1991): 4-5; Patience Day, *Pioneer Days: Provincial Royal Jubilee Hospital* (Victoria, 1924), 5-20; Herbert Murphy, *Royal Jubilee Hospital, 1858-1958* (Victoria: Hebben Printing, 1957).
- 57 Val Adolph, *The History of Woodlands* (Victoria: Ministry of Human Resources, 1978), 3. See also 'The Royal Hospital,' *British Colonist*, 3 July 1860, 2.
- 58 The genesis of the Royal Columbian Hospital dates back to April 1859, when military staff surgeon Dr. J.V. Seddall opened a small tent hospital at the Royal Engineers' barracks in Sapperton in order to attend to the surveyors and work gangs building the road to the Cariboo goldfields. By 1862 the need for a more permanent hospital was recognized and the Royal Columbian Hospital was established in New Westminster. When the Royal Engineers' barracks was dismantled in 1863, Dr. Seddall turned over his equipment to the hospital. See Pullem, *New Westminster* 99-129; Margaret McDonald, 'New Westminster: The Royal City' (MA thesis, University of British Columbia, 1947), 252-61; *Report of the Board of Management, Royal Columbian Hospital for the Year Ending 12th February, 1863* (CIHM No. 17830).
- 59 Certificate of Dr. Macnaughton Jones attached to letter of Arthur T. Bushby, Secretary of the Royal Columbian Hospital Board of Management, 28 November 1862, BCA, B-1312, F242/9.
- 60 Chartres Brew, Chief Inspector of Police, New Westminster, to William A.G. Young, Colonial Secretary, Victoria, 9 June 1863, BCA, B-1310, F192/8.
- 61 Attorney General Henry P.P. Crease to Colonial Secretary, 4 May 1865, BCA, B-1303, F65/7.
- 62 One such case involved John Jones, an insane miner who was found wandering in a state of nudity near the town of Douglas. He was so violent that he had to be tied hand and foot. Jones was confined to New Westminster jail for safekeeping but was released six months later as recovered. John Gaggin of Douglas, BC, to William A.G. Young, Colonial Secretary, 6 February 1861, BCA, B1330, F620/8; Chartres Brew to William A.G. Young, Colonial Secretary, 16 February 1861, BCA, B-1310, F190/4; Brew to Young, 2 August 1861, BCA, B-1310, F190/25. A second example occurred in Nanaimo in 1862 and involved a Mr. Griffiths, who, according to an affidavit by the Reverend John Booth Good, was behaving so strangely and violently as to cause considerable alarm. He was apprehended, transported to Victoria, but then released by the commissioner of police, acting as a justice of the peace, since he was of the opinion that Griffiths showed no signs of violent insanity after arriving in

- Victoria. Deposition on oath from John Booth Good to Justice of the Peace W.H. Franklyn, 27 March 1862, BCA, B-1331, F653/1; W.H. Franklyn, Justice of the Peace, Nanaimo, to William A.G. Young, Colonial Secretary, 8 April 1862, BCA, B-1329, F593/23; Franklyn to Young, BCA, 19 April 1862, BCA, B-1329, F593/24. Report - Commissioner of Police, Victoria, 13 May 1862, BCA, B-1329, F593/24.
- 63 Doherty and Ekstedt, *Conflict, Care and Control*, 13-15; Adolph, *In the Context of Its Time*, 5-6.
- 64 In August 1858, the House of Assembly recommended that the jail within the fort (which had been in existence since at least 1852) be enlarged and 'that a portion of the new addition to the Prison should be so planned as to serve the place of an Hospital for sick prisoners and that the building should be made chiefly for the purpose of keeping the nonconvicted from the convicted': 2 *Journals of the Colonial Legislatures*, 49-50. Since the fort jail was HBC property, the governor advised the House that the recommended enlargement was 'both unadvisable and impossible': *ibid.*, at 54. As a result, a new rudimentary jail was constructed at Bastion Square in Victoria, but it contained no separate hospital wing.
- 65 *Asylum Report*, 1901, 462.
- 66 See note 45 above.
- 67 Doherty and Ekstedt, *Conflict, Care and Control*, 12-13.
- 68 *Ibid.*, 13.
- 69 *Ibid.*, 13-14. A rookery is a crowded, dilapidated housing unit.
- 70 *Ibid.*, 14.
- 71 *Ibid.*
- 72 *Ibid.*, 13.
- 73 Reliance on insanity as a defence to criminal charges was rare at this time. There is only one case in Judge Begbie's bench books from 1858 to 1870. Robert Wall was tried and convicted before Begbie for the murder of a Dr. Pfeifer. On 5 July 1861 Wall walked into Pfeifer's office and shot him. Wall had contracted venereal disease and had at one time been treated by Pfeifer, as well as by another doctor named Crain, apparently unsuccessfully. Wall thought that Pfeifer's treatment had made him much worse and rendered him impotent. In his trial notes, Begbie remarked that insanity was the only possible defence and he so instructed the jury. The defence failed, Wall was convicted of murder, and Begbie issued a warrant for his execution and opposed clemency. Wall was subsequently hanged at Yale on 23 August 1861. See David Williams, *The Man for a New Country: Sir Matthew Baillie Begbie* (Sidney, BC: Gray's Publishing, 1977), 142. The insanity defence was raised unsuccessfully in three other cases in 1872 (*Regina v. Bell*, *Regina v. Qutl-noh*, and *Regina v. Braferman*).
- 74 Doherty and Ekstedt, *Conflict, Care and Control*, 15.
- 75 *Ibid.*, 15. A lunatic named James Bovyer died in Richfield jail on the night of 31 January 1870. Aged thirty-one and a native of Charlottetown, PEI, Bovyer was brought in on 24 January from Dragging Creek, where he had been mining, and was put into custody. There is no report as to the cause of his death. Chartres Brew to Colonial Secretary, 10 February 1870, BCA, B-1311, F200/7.
- 76 *Ibid.*, 17-18.
- 77 The first jail at New Westminster was built in 1860 and had twelve cells with a capacity for approximately thirty inmates.
- 78 Chartres Brew to Colonial Secretary Young, 4 October 1861, BCA, B-1310, F190/33, reporting that Richard Gee died 'from natural causes.' The *British Columbian*, 3 October 1861, reported: 'Richard Gee ... committed on the 20th of February on account of lunacy expired on Tuesday ... it is due to Captain Pritchard to say that he was most assiduous in his attentions to this unfortunate man and he wanted for nothing which human kindness could do for him ... He could not have fared better if he had died amongst his own kin. We would also state that Mr. Seddall [sic] RE, was most attentive to the deceased, and rendered all the assistance in his power gratuitously.'
- 79 Chartres Brew to Colonial Secretary Young, 14 September 1862, BCA, B-1310, F191/20. The cause of death is not noted.
- 80 Chartres Brew to Colonial Secretary William Young, 12 October 1863, BCA, B-1310, F192/12.
- 81 *Journals of the Colonial Legislatures* (6 November 1866), 231.
- 82 BC Dispatches, p. 302-3, Seymour to Cardwell, 1 May 1865, cited in McDonald, 'New Westminster,' 208. Five weeks earlier, Seymour wrote: 'The lunatic asylum in New Westminster though situated within the prison walls is detached from the main buildings. The keeper of the gaol and his wife, both remarkably kindhearted people, reside on the premises ... The lunatics have no special accommodation apart from the prisoners. As the latter are employed on out-of-door work from morning till night there is abundant time for the recreation of the lunatics without their being brought into communication with criminals.' Governor Seymour to Cardwell, 24 March 1865, BC Dispatches, p. 285.
- 83 *British Columbian*, 17 November 1866.
- 84 See British Columbia, Attorney General Inquisition/Inquests, 1859-1871, GR 1328, BCA; British Columbia Coroner's Inquiries/Inquests, 1865-1937, GR 431, BCA.
- 85 *Ibid.*
- 86 *Victoria Gazette*, 20 November 1858, 2.
- 87 See Doherty and Ekstedt, *Conflict, Care and Control*, 13; Adolph, *In the Context of Its Time*, 5-6.
- 88 See note 54 above.
- 89 Matthew Baillie Begbie to H.M. Ball, Acting Colonial Secretary, 11 December 1865, BCA, B-1308, F142f/21.
- 90 *Ibid.*
- 91 During the early years of the gold rush, 'the authorities began to send the insane who came under their notice in those days back to California, where they were committed to one or other of the asylums belonging to that State. This went on very well for a time until the Americans, although very obliging, gave our authorities to understand that the practice could not continue, but that if the British Columbia Government were willing to pay for their patients some arrangement might be made. However, this suggestion was not acted upon.' *Report of the Medical Superintendent of the Public Hospital for the Insane, 1901*, 464. See also T.F. Rose, *From Shaman to Modern Medicine: A Century of the Healing Arts in British Columbia* (Vancouver: Mitchell Press, 1972), 143.
- 92 *Journals of the Colonial Legislatures*, 71 (16 January 1867).
- 93 *Journals of the Colonial Legislatures*, 51 (5 March 1867) and 147 (28 April 1868).
- 94 *Ibid.*, 211 (4 February 1869) [emphasis added].
- 95 *British Colonist*, 23 March 1869, 2.
- 96 *Ibid.* The suggested causes included 'disease, mental shocks, accident, unnatural habits, a&c.'
- 97 *British Colonist*, 4 May 1869, 3.
- 98 *British Colonist*, 15 October 1869, 2.
- 99 *Mainland Guardian*, 20 October 1869, 2. Ten days later, an editorial again called for a separate asylum, referring to the harsh measures sometimes resorted to in jail to control lunatics: *Mainland Guardian*, 30 October 1869, 3.
- 100 *British Colonist*, 8 December 1869. See also correspondence of Dr. Ash, note 91, and David Davies, 'Folie à trois - Part of BC's Early History,' *BC Medical Journal* 26(1) (January 1984): 27-28.
- 101 Doherty and Ekstedt, *Conflict, Care and Control*, 9 and 14.
- 102 'The Insane Ladies,' *British Colonist*, 9 December 1869, 3.
- 103 'Lunacy at the Police Barracks,' *British Colonist*, 10 December 1869, 2.
- 104 The Mills sisters were released from the Victoria jail in early 1870 after Jane Mills was said to have recovered. Margaret Mills, according to her physician Dr. John Ash, had subsided into a state of dementia but was taken home and placed under Jane's care. The two sisters were supported by the earnings of their sister Catherine and some charitable donations. In mid-May 1870, Dr. Ash was asked to look at Margaret and he reported that 'she had a paroxysm of manic screaming, tearing her clothes and trying to get away.' Although that attack subsided, Ash suggested that the government pay the cost (\$35 monthly) of maintaining Margaret in Stockton Asylum in California. That proposal was ultimately rejected by Jane and Catherine, and Margaret remained at home. Dr. Ash was concerned that 'the

- excitement, fatigue and anxiety' experienced by Jane in looking after her sister 'will very soon wear her out, and most probably cause another attack of alienation [mental disorder].' On 6 June 1870, the Colonial Secretary authorized a charitable allowance of \$100 to assist with the care of Margaret Mills at home. On 30 October 1870, it was Catherine who cracked under the strain, was certified insane and admitted to the Victoria jail, followed by Margaret on 30 November 1870, and then Jane soon after. See Dr. John Ash to Colonial Secretary, 19 May 1870, and Colonial Secretary to Ash, 30 May 1870, BCA, B-1301, F37/4; Ash to Colonial Secretary, 3 June 1870, and Memo, Colonial Secretary Office, 6 June 1870, BCA, B-1301, F37/5. See also David Davies, 'Folie à trois - Part of BC's Early History,' 27.
- 105 See clause 9 of the proposed terms and conditions for confederation with Canada, 4 *Journals of the Colonial Legislatures*, 144 (9 February 1870).
- 106 *Ibid.*
- 107 *Journals of the Colonial Legislatures*, 309 (17 March 1870).
- 108 The delegation was composed of J.W. Trutch, Dr. Helmcken, and R.W. Carrall. See Smith, *The Reminiscences of Dr. Helmcken*, Appendix 3, which contains references to Dr. Helmcken's Diary of the Confederation Negotiations, 1870.
- 109 *Ibid.*, 353-54 and 356.
- 110 *Ibid.*, 354-54 and the *British Colonist*, 27 February 1872, 3.
- 111 *Journals of the Colonial Legislatures*, 390-91. Clause 5G of the final agreement imposed responsibility on the Dominion government to assume responsibility for 'Quarantine and Marine Hospitals, including a Marine Hospital at Victoria.'
- 112 *British Colonist*, 16 June 1870, 2. The same newspaper returned to the topic four months later in 'Our Lunatics,' *British Colonist*, 28 October 1870, 2.
- 113 *Ibid.*
- 114 'A Capital Suggestion,' *British Colonist*, 31 December 1870; 3 (signed by 'Z').
- 115 'Insanity and Impecuniosity,' *British Colonist*, 31 December 1870, 2.
- 116 A report by Magistrate Bushby to the Colonial Secretary on the New Westminster jail, dated 30 October 1870, demonstrates the uncritical eye that officials had for the plight of the lunatics confined in the colonies' jails and lockups. 'The best information I can obtain with reference to the Lunatics confined in New Westminster Gaol,' wrote Bushby, 'is that the lunatics are confined in the ordinary cells, that no cases of cruelty have ever been reported, and that the lunatics have daily exercise in the Gaol Yard.' See Bushby to Colonial Secretary, 31 October 1870, BCA, B-1312, F245/11a. The practice of having an untrained prisoner as the keeper or attendant for the lunatics did not seem to be a concern either, except in one case where an Indian prisoner had been appointed to that job and Dr. Arthur Black, the medical officer at the New Westminster jail, expressed the opinion that 'an Indian is not a proper person to have charge of lunatics' and recommended instead 'the services of a white prisoner.' See Black to Bushby, 31 May 1870; Captain John Pritchard [gaol warden] to Bushby, 31 May 1870; Bushby to Colonial Secretary, 1 June 1870, PABC, B-1312, F244/9.
- 117 *British Colonist*, 14 January 1871, 3, reporting on debate in the Legislative Council for 13 January 1871.
- 118 *Ibid.* Apparently the Colonial Secretary's reference to improved conditions for the lunatics referred only to the accommodation of women in the upstairs portion of the police barracks.
- 119 *Ibid.*
- 120 Arthur Black, Medical Officer, New Westminster Gaol, to Colonial Secretary, Victoria, 7 February 1871, BCA, B-1309, F155/15. In part, Dr. Black said: 'The lofty ceilings, airy wards, and other conveniences, such as an unfailing supply of pure water, admirably furnishing all the desiderata. Also the isolated position precluding all possibility of complaint from residents in the neighbourhood. The land available for recreation grounds for the patients is extensive, and easily cleared ... I shall be enabled to make ample accommodation for twelve or fourteen patients by only using one half of the building, the other half remaining unused for any future period if required. The situation cannot be surpassed in a sanitary point of view, the building is situated on a gentle slope and commands a fine view of the river. I cannot but think that both His Excellency and the Executive will be favourable for having at once the Institution put in working order simply on the grounds of economy, general adaptability combined with the site above referred to.'
- 121 Black died soon after, on 26 March 1871, when his horse slipped and fell on top of him, killing him instantly.
- 122 See, for example 'Our Public Institutions,' *Mainland Guardian*, 29 July 1871, 2.
- 123 *Journals of the Legislative Assembly of the Province of British Columbia*, 26 February 1872.
- 124 The *British Colonist*, 27 February 1872, 3, reported on the legislative debate concerning this motion. In the course of introducing the motion, Mr. Robson indicated that he had visited the Victoria jail during the previous week and described what he had seen there. According to the *British Colonist*, Robson described the jail as very overcrowded, with eighty-three prisoners for a jail with a capacity for thirty to fifty prisoners. In two instances he also found
- raving lunatics and presumable sane persons confined in the same cells!! In two cells were confined as many lunatics, who had been there for several years; and he expressed surprise that they were still lingering out the living death. These cells were neither lighted nor ventilated, and the effluvia issuing from the little hole in the door was enough to knock a man over. He said all civilized and Christian Governments were careful about the treatment of prisoners, and they were presumed to be especially tender as to the treatment of insane prisoners. But he had no hesitation in saying the condition of things he saw on Friday was a disgrace to any civilized community. Not only were criminals improperly treated, but lunatics were held under conditions calculated to drive any man insane, instead of, as ought to be the case, their being treated in a way to restore them.
- 125 'Insanity and Crime,' *British Colonist*, 28 February 1872, 2.
- 126 *Mainland Guardian*, 6 March 1872, 3. 'Nor is it fair to the criminals,' allowed Woods, 'who ought not to be deprived of their rest and sleep at night by the imbecile mutterings or maniacal ravings of an unfortunate lunatic, confined in some neighboring cell.'
- 127 *British Colonist*, 26 March 1872, 3. See also *Mainland Guardian*, 23 March 1872, 3, where the editors criticize the rumoured selection of Victoria rather than New Westminster as the site for a lunatic asylum.
- 128 See note 56 above.
- 129 On 30 March 1872 a disappointed New Westminster resident wrote to the *British Colonist*: 'In my opinion the site of the present Royal Hospital is the very worst that could be found for the sick either in body or mind. Both classes of patients should be removed as far as possible from exciting influences, and a visitor to the hospital cannot help being struck with the many agents for feeding a fever or prostrating a mind diseased that surround the locality. The lunatics should be placed in some more secluded spot - say the Camp at Sapperton - if the object be to restore them to mental health!' (*British Colonist*, 30 March 1872, 3). Soon after the asylum opened, the following criticism was published: 'There is one thing in connection with this establishment which makes us wish that it had been located in some spot remote from the disturbing sounds of steamer-whistles and signal guns. The arrival and departure of steamers never failed to throw the patients into a deplorable state of mental excitement and alarm, and must lessen their chances of recovery' ('The Lunatic Asylum,' *British Colonist*, 30 October 1872, 3).
- 130 *The Report of the Commissioners Appointed to Inspect the Condition of the Victoria Gaol* indicated that when the commissioners visited the Victoria jail on 19 March 1872, there were fifty-six prisoners confined there, including five male and two female lunatics. The report noted 'there were four lunatics, each in a cell by himself, two of the cells are dark and very badly ventilated. There were two other lunatics; one confined with two Chinamen, the other with one Chinaman.' 2 *BC Journals and Sessional Papers 1872-73*, Return to an Address of the Legislative Assembly, 28 January 1873.
- 131 *British Colonist*, 27 July 1872, 3.
- 132 *British Colonist*, 4 October 1872, 2. The following day the architect in charge of the alterations to the hospital wrote a letter of reply [*British Colonist*, 5 October 1872, 3], but the editors were unmoved and replied: 'looking to the security, capacity, convenience,

- comfort, as well as the hygienic properties of the establishment, we see nothing whatever to retract or modify in our previous remarks.'
- 133 'The Contrast,' *British Colonist*, 15 October 1872, 2. See also 'The Executive and the Lunatics,' *British Colonist*, 30 October 1872, 2.
- 134 Report of the Medical Superintendent of the Provincial Lunatic Asylum, 1873, 3 *BC Journal and Sessional Papers*, 91-92 (1874). See List of Officers Discharged or About to Be Discharged dated 19 February 1873, which is an appendix in 2 *Journals of the Legislative Assembly*. The list records the discharge of the two lunatic attendants, Mr. Jackman and Mr. Goode. See the 1873 Estimates in the *Journals of the Legislative Assembly*, *ibid*.
- 135 *Ibid*. Powell quoted from a resolution of the Association of Medical Superintendents of American Institutions for the Insane that had been adopted at a meeting in Toronto in June 1871. The resolution said in effect that the care, cure, and comfort of mental patients could nowhere be better provided for than in well-arranged hospitals for the insane; that such hospitals should be furnished in a plain but substantial character; and that expenses incurred by these institutions were neither unwise, inexpedient, or beyond the means of any one of the United States or British provinces.
- 136 *British Columbia Sessional Papers*, 1876, 661-72. Correspondence – Lunatic Asylum.
- 137 *BC Journals and Sessional Papers*, 690 (13 April 1875). The committee recommended 'removal of the Asylum to New Westminster as soon as practicable.'
- 138 *British Columbia Sessional Papers*, 1876, 741, *Report of the Select Committee Appointed to Visit the Royal Hospital and the Provincial Lunatic Asylum* (11 May 1876). The report stated: 'Your Committee found very unpleasant personal relations to exist between some of the employees at the Asylum. They think these to be due, in great measure, to the unfitness of the Superintendent for his position.'
- 139 *British Colonist*, 2 June 1876, 3.
- 140 *British Colonist*, 16 June 1876, 3.
- 141 *British Colonist*, 6 September 1876, 3. This report was corroborated by the findings of a subsequent Select Committee on the Lunatic Asylum that 'visited the institution and found it in a better and more comfortable condition than ever before.' *Journals of the Legislative Assembly of British Columbia*, 1877, Appendices – Reports of Select Committees at iii (19 March 1877).
- 142 Henry M. Hurd et al., *The Institutional Care of the Insane in the United States and Canada*, vol. 4. (Baltimore, MD: Johns Hopkins Press, 1917), 10.
- 143 *Report of the Medical Superintendent of the Lunatic Asylum, 1876*, *BC Sessional Papers*, 1877, 385-86 (15 January 1877).
- 144 *Report of the Select Committee Appointed to Visit the Royal Hospital and the Provincial Lunatic Asylum, May 1876*, *BC Sessional Papers* 1876, 741.
- 145 *Daily British Colonist*, 13 May 1875, 3; 1 July 1875, 3; 15 July 1875, 3; 6 August 1875, 3; 12 August 1875, 3.
- 146 *Daily British Colonist*, 14 March 1878, 2. These findings were confirmed by an appointed commission that concluded that extensive alterations were required. See *Legislative Journals*, 1878, 517.
- 147 *Report of Royal Commission – Asylum for the Insane*, BCSP, 1894-95.