THAT PRISON ON THE HILL:

The Historical Origins of the Lunatic Asylum in the Maritime Provinces

by

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TABLE OF CONTENTS

ABSTRACT

In the early years of the nineteenth century attitudes toward insanity changed and lunacy came to be considered curable. This new understanding of madness resulted in reforms in the treatment of the mentally ill and the creation of the lunatic asylum. Recognized causes of insanity were various but usually the cause was considered to be a moral infraction of some kind. Madness occurred when a relaxation of the will allowed the passions to overwhelm the mind. Madness was a moral disease and it had a moral cure, the so-called "moral treatment". This treatment involved establishing an isolated, controlled environment, the lunatic asylum, in which the patient could be retaught by good example to behave in a socially acceptable manner. In Nova Scotia and New Brunswick the provincial asylums were overcrowded almost from the day their doors opened and little treatment of any kind was given. Nevertheless, few improvements were made during the century. Inmates of the asylums were largely paupers or immigrants or both and it is because of this fact that legislators were not called upon to improve conditions at the institutions. It is concluded that rather than primarily a therapeutic one, the nineteenth century asylum was a custodial and correctional institution.

INTRODUCTION

When I began the research for this study I intended to examine the ideas people had about insanity and the insane in New Brunswick and Nova Scotia in the nineteenth century. I wanted to know how Maritimers reacted to the lunatic and what images the word conjured up in their imaginations. Yet as I progressed, I found myself more and more preoccupied with the concrete fact of the lunatic asylum. That institution embodied the ideas which I sought but it also distorted them and in that sense created them anew. It is this relationship between the asylum and the society encompassing it which took over and became my subject. What follows, then, is, like the asylum itself, a story that became transformed in the telling.

I have experienced since beginning this thesis enough questioning looks to realize that my choice of the two Maritime provinces as its focus is not entirely self-explanatory. I suppose that had I chosen the whole of British North America there would be no questions asked but for perfectly obvious reasons of time and talent I did not, so there are. David Potter has warned that "the purpose of history is not simply to show that events which might have happened to anyone did happen to someone, but rather to explain why a special sequence of events befell a particular aggregation of people".[1] The

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[1] David Potter, People of Plenty (Chicago: University of Chicago Press, 1954), p. 29.

people of Nova Scotia and New Brunswick established asylums not simply because the Americans and the Europeans had done so. The conditions and ideas which called forth the asylum may have been international but the form the institution took was affected by immediate circumstances in Maritime society. Geography and trading patterns isolated the two colonies from the Canadas. History estranged them from their neighbours to the south and west. These were distinctive societies, distinctive to a degree from one another and from the societies which surrounded them. It would be wrong to exaggerate the degree to which the Maritime asylum differed from any other. Maritimers were not innovators in this regard. But I hope that in what follows there is ample evidence that the founders of the asylums in the Maritimes were conscious that their institutions were different from, and an improvement on, other institutions elsewhere.

Furthermore, because these colonies had an eighteenth century, it is possible in New Brunswick and Nova Scotia to witness the treatment of the insane experiencing a transformation as one century shades into another. These are both societies which attain a level of maturity in the first half of the nineteenth century and I will argue that this development relates to changes in the status of the mentally ill. Because of their age, the two provinces allow for an analysis which others, with the exception of Quebec, do not.

Aside from the occasional glance backward for comparative purposes, this study begins quite naturally with the creation of the asylum. The date at which I choose to end it, around 1900, is not so conveniently justified. The history of an institution and the ideas

which it embodies cannot be organized neatly into a series of independent stages. The experience of the past continually influences the present. Nevertheless, it can be argued, and I do argue in chapter five, that the history of the asylum in the nineteenth century is the history of the rise and decline of moral treatment. It would be impossible exactly to date the end of moral treatment (indeed, vestiges of this therapy are evident in the milieu therapy and behaviour modification of contemporary psychiatry) but it seems that by the end of the century the "moral method" was only one of many therapeutic techniques, no longer enjoying the unequivocal allegiance of practitioners. My study ends, therefore, at that point, on the threshold of the Freudian era.

To my knowledge, "That Prison on the Hill", is the first attempt to explain the asylum and the ideas which animated it in a British North American context. A doctoral student at Queen's University apparently is completing a thesis on psychiatry and insanity in Upper Canada from 1830 to 1914 and that will presumably cover much of the same ground for that province. I am indebted to R.N. Stalwick's thesis, "A History of Asylum Administration in Canada Before Confederation", which documents the incidents leading to the creation of the asylums in Nova Scotia and New Brunswick and the mechanics of administration before 1867. Also, James Whalen's thesis, "New Brunswick Poor Law Policy in the Nineteenth Century", provides a necessary context of social welfare policy in that province. The most useful study of the history of the asylum in Britain is Kathleen Jones' A History of the Mental Health Services. Her

approach is exhaustive in detail but attempts little interpretation. For the American example, three studies are invaluable. Norman Dain's Concepts of Insanity in the United States is a much more comprehensive account of the ideas informing the treatment of the mentally ill than I have attempted. Gerald Grob, in his Mental Institutions in America, accounts for the failure of the asylum in its American setting and David Rothman, in The Discovery of the Asylum, offers a stimulating explanation of the creation of a variety of institutions for deviant and dependent individuals in the nineteenth century.

Lastly, a word about the sources I have tapped for this study. I cannot pretend to any degree of certainty about how widely most of the ideas and attitudes discussed in this study were shared by all members of Maritime society. I attempted to go beyond the legislators and the educated laymen by supplementing a reading of government documents and newspapers with popular novels, medical handbooks and what temperance literature survives. Any attempt to get at the popular mind is only partially successful, however, and I admit freely that the attitudes expressed in this thesis are those of the articulate, interested minority.

PART ONE - MADNESS, THE MORAL DISEASE

1. THE FRAGMENTED MIND

In 1859 two apparent lunatics were transported by sea from an outlying county to the new lunatic asylum in Dartmouth, across the harbour from Halifax. The two men passed the nine-day coastal voyage confined in small cages exposed on the ship's deck. They arrived half-starved and clothed in almost nothing but their chains. It was winter. One had reportedly been imprisoned in his coop for two years. They were met at the asylum by Dr. James DeWolf, the institution's first medical superintendent. Dismayed at such ignorance and cruelty, DeWolf angrily released the victims from their confinement. A few months later, in his annual report,[1] Dr. DeWolf remarked that the two were enjoying good health under no restraint whatsoever.

This incident illustrates the encounter of two concepts of madness. According to one, mental illness was diabolic and incurable. It followed, therefore, that the insane were viewed with either fear or indifference. A legacy of the eighteenth century, this attitude was doubtless shared by many Maritimers well into the nineteenth, but it had been eroded gradually by the modern attitude

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[1] Nova Scotia, Legislative Assembly, "Report of the Medical Superintendent for 1859", Journals, 1860, Appendix. (Future references to Assembly journals in both provinces will be to J.N.A.)

illustrated by the optimism and solicitude of DeWolf. By the 1850's in New Brunswick and Nova Scotia, benevolent interest in the situation of the mentally ill was more characteristic than ignorant indifference. Why this change came about is partly the subject of this study; what it represented was the demystification of madness.

Prior to the nineteenth century, lunacy was regarded throughout Europe and North America as an affliction of the spirit.[2] The lunatic was suffering either under the judgement of God or in the possession of the devil. Because it was reason which distinguished man from animal, madness transformed its victims from men into beasts. Reduced to animality the lunatic was considered exempt from humane standards of comfort and care. In this way the most extreme acts of barbarity, such as those practised on the two Nova Scotians, were rationalized. Psychiatric treatment, in the modern sense, did not exist. Cure was considered unlikely and accidental. The dangerous and irrational lunatic was put away in a locked room and if necessary further restrained by a variety of straitjacket-like devices. Medical treatment was no more effective. It was based primarily on the theory that all disease was caused by an excess of one or other of the body's four basic humours - blood, phlegm, black bile and yellow bile. Treatment involved correcting the imbalance by draining off the excess; for example, by bleeding or purging. In New Brunswick and Nova Scotia it is doubtful whether the mentally ill received even this degree of

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[2] I am indebted for this brief discussion of earlier attitudes to Norman Dain, Concepts of Insanity in the United States, 1789-1865 (New Jersey: Rutgers University Press, 1964); Michel Foucault,

care since there were so few doctors in the colonies and their training was so limited. At the turn of the century there were but sixty doctors in Nova Scotia[3] and probably only half that number in New Brunswick.[4] The majority of these men had been trained as apprentices rather than at medical schools and therefore had no education in treating mental illness.[5] Perhaps Maritime settlers followed the advice in John Wesley's Primitive Physic, a book of home remedies first published in 1747 but republished over forty times before 1832. For cases of "raging madness", Wesley recommended:

> Set the patient with his head under a great waterfall, as long as his strength will bear: Or, pour water on his head out of a teakettle. Or, let him eat nothing but apples for a month. Or, nothing but bread and milk.[6]

This advice illustrates the two medical approaches to insanity in the eighteenth century. One was to shock the lunatic out of his madness; the other was to purge him of it.

Madness and Civilization (New York: Random House, 1965); and Kathleen Jones, A History of the Mental Health Services (London: Routledge and Kegan Paul. 1972).

[3]K.A. MacKenzie, "Nineteenth Century Physicians in Nova Scotia", Collections of the Nova Scotia Historical Society 31 (1957): 119.

[4]J.W. Lawrence, "The Medical Men of St. John in its First Half Century", Collections of the New Brunswick Historical Society 1 (1897): 273.

[5]By the 1840's this situation had improved and a majority of doctors, at least in the urban centers, had medical degrees, usually from European universities. The men who eventually would superintend the Maritime asylums all received training at Scottish medical schools with access to mental institutions. (Mackenzie, op. cit. p.1

[6]Cited in Marion Robertson, ed., Old Settler Remedies (Barrington: Cape Sable Historical Society, 1962).

Toward the end of the eighteenth century, however, largely because of the work of Philippe Pinel in France and William Tuke in Britain, it came to be understood that the lunatic was not indifferent to his surroundings. Kind treatment, it was argued, increased dramatically the chances of cure. Coincidental with this revulsion from the barbarity of the past, the whole concept of what insanity was changed. No longer was madness cloaked in the mysteries of satanic possession. The Enlightenment exorcised the devil and found in science a new explanation for madness. Insanity had its causes and cures and both were as understandable as those of any other disease.

The new understanding of madness, and the new attitudes towards its sufferers, appear to have penetrated the Maritimes by the 1830's. A dramatic change, such as this one was, takes time to permeate a whole society but by the fourth decade of the century there was a reformist minority beginning to agitate for changes in public policy toward the insane.[7] In Europe and the United States by this time asylums for the insane had been constructed and the reform-minded individuals of New Brunswick and Nova Scotia held these institutions up as examples of the enlightened policies they hoped to see adopted in their own provinces. By mid-century the asylum was an ornament of a civilized society. "Hospitals for the cure of the sick are the illustrations and triumphs of Christianity",

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[7]See chapter four.

wrote a correspondent in the Halifax Times in 1844, referring to the contemporary discussion about the need for an asylum. "Paganism possessed no such Institutions".[8] Neither, of course, did Nova Scotia, and it wouldn't for another fifteen years, but the author of this letter was expressing the new confidence in reform. The fact that the sentiment did not always conform to the reality need not concern us here.

What science had done, or at least what the educated Maritimer believed science had done, was prove that insanity was an organic disease of the brain. This theory was the orthodoxy of the nineteenth century. Insanity might manifest itself in psychological symptoms but, in fact, it was a disease of the physical matter of the brain. "It is ascertained, and now universally conceded, that mental derangement is the Result of some bodily disease which affects the brain."[9] While most everyone interested in mental illness shared this belief, different groups in the society had different interpretations of what it meant. Temperance advocates, for instance, explained that alcohol poisoned the blood which fed the brain. "By its eager attraction for oxygen and its extreme inflammability"[10] alcohol restructured the blood which then went on to damage the brain. Laymen who hadn't the demon rum to fall back on were less confident about how the brain was actually damaged.

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[8] Halifax Times, 5 November, 1844.

[9] Nova Scotia, J.H.A., 1845 , Appendix 70.

[10] The Abstainer, Halifax, 15 December, 1856.

They spoke obscurely of either a disease of the physical structure of the brain or an impairment of its function or "nervous organization".

Medical men were, unfortunately, seldom more precise. We've seen that in the early years of the century a large number of doctors were trained as apprentices, not at medical schools. This situation gradually changed but the result must have been for the first half of the century at least that a large percentage of doctors hadn't any special training in the treatment of mental illness. There was in British North America no association of doctors interested in mental disease or of asylum superintendents which met to discuss questions of theory. The only occasion for the public discussion of insanity was in the annual reports of the medical superintendents to the colonial governments and because these were directed at laymen they generally did not contain theoretical discussion. If they were neither original nor inclined to theorize, at least the doctors involved with the insane were well-informed. From the earliest public report, the 1836 commission report in New Brunswick, these medical men and interested laymen showed a comprehensive familiarity with the annual reports of the well-known American and British asylums. Later, when asylums were established in the two provinces, their superintendents regularly, if quietly, attended meetings of the British Association of Medical Officers of Asylums and Hospitals for the Insane and the American Association of Medical Superintendents of Institutions for the Insane and asylum libraries collected copies of the journals of both these

organizations, the American Journal of Insanity and the Journal of Mental Science. Maritime doctors were very familiar with international currents of thought, though they might not have speculated much themselves. They were practical men and, as we shall see, it was in practical matters that they showed their originality.

It is clear from the reports and from a small number of other references that the medical fraternity believed insanity was always accompanied by organic changes in the brain. Insanity, argued a doctor in 1849, is "the consequence of a morbid condition of the substance of the brain, and the aberration of mind is the symptom and not the disease".[11] In the 1850's, Dr. John Waddell, superintendent of the New Brunswick Asylum for twenty-seven years, was telling his private patients that"the mind acts through the bodily systems, and is affected by the derangement of the same".[12] Thirty years later Dr. A.P. Reid, medical superintendent of the Nova Scotia asylum, agreed. While precise knowledge of the nature of the mind was still inadequate, he said, treatment of insanity could be successful because whatever the mind was, "its manifestations take place through the brain and nervous system, a material organism subject to ordinary pathological conditions".[13] It was this act of logic which throughout the century dictated the rela-

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[11] Morning News, St. John, 21 December, 1849.

[12] Journal of James Brown, 1844-1870, Section C, 26.

[13] Nova Scotia, J.H.A., 1881, Appendix 3A.

tionship between mind and body. The immaterial mind acted through the material brain. If thoughts were disturbed, it was because the organ which made them conscious was diseased. This theory was articulated less by Maritime doctors than it was in the wider medical community of the United States and Britain. "Insanity is regarded as a disease of the body", proclaimed the authoritative American Journal of Insanity in 1844, "and few at the present time, suppose the mind itself is ever diseased".[14] In their influential Manual of Psychological Medicine, the two British physicians, Bucknill and Tuke, emphasized that however insanity was defined, disease of the brain was an essential condition".[15] Maritime doctors were less forthright, or at least less public, in expressing their opinions but it can hardly be imagined that they dissented from such an accepted theory.

Equally uncontentious was the explanation these early 'psychiatrists' offered of what was happening inside a mind going mad. Basically, insanity was a disequilibrium of the mind. It occurred when either the emotions or the intellect acquired undue influence over the other. The mind was a dichotomy consisting of one part moral nature to one part intellectual nature. The former was related to an individual's emotions, his feelings or sentiments and his relationships with other individuals, what were termed his

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[14] American Journal of Insanity, 2,(October 1844). 99.

[15] J.C. Bucknill and D.H. Tuke, Manual of Psychological Medicine. (Philadelphia: Blanchard and Lea, 1858).

"social affections". Also included in the moral nature were deeply emotional, passionate elements which had to be muted to preserve stability. The intellectual nature was the realm of reason and calculation. It was the individual's window on the world, through which he viewed the reality of his environment. At the risk of oversimplifying, the intellect apprehended the world, the moral nature responded to it. Standing between these two "natures" was the conscience or will, the inhibitory strength which ensured a correct balance. Sanity was, quite literally, a well-balanced mind. It was preserved by observing certain rules of conduct. "Keep a well-balanced mind, bridling the passions, not taxing too highly the intellectual powers, nor yet allowing frivolity or mere pleasure to usurp the place of useful employment", warned James DeWolf. "Avoid stimulants and shun all excesses".[16] If this advice went unheeded, then as likely as not either reason or morality would become perverted.

Medical men recognized two broad kinds of insanity. The first was intellectual insanity, an impairment of the mind's capacity to reason properly. Lunatics who hallucinated regularly, for example, or had no contact with reality, were suffering from a diseased intellect, as were those "monomaniacs" obsessed with a single idea. The second kind of insanity was moral. According to Norman Dain[17], moral insanity was named and defined by the English

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[16]Nova Scotia, J.H.A., 1869, Appendix 2.

[17]Dain, op. cit., p. 73.

physician, James Prichard, in 1835. It was intended to apply to those lunatics whose reasoning ability seemed intact yet whose behaviour was decidedly mad. While the patient was lucid and intelligent, his tastes may have changed radically or his opinions become extravagant or he may have turned against his family and friends. The moral lunatic was an individual whose apparently motiveless behaviour could only be explained as an aberration of the mind's moral faculty. When they discussed moral insanity, medical men no longer described the mind as a democracy of equal parts. Instead, they conceived of it as a dictatorship of reason over passion. The immoral side of man's nature was kept in check by a vigilant intellect. If, for a variety of reasons, this darker side of the mind was liberated, then insanity could result. "Every well-balanced mind appreciates the restraint which the higher faculties must exercise over the baser ones that are inherent with our common humanity".[18] By this definition insanity differed from simple vice merely in degree, a theory which could, and often did, lead logically to the mentally ill being held guilty of their affliction. Many doctors did not take this step, arguing that the factors which caused the intellect to be overwhelmed were involuntary. But others did. DeWolf, for example, was of the opinion that "man's power over himself is far beyond what is generally supposed, and when properly guided and directed almost everyone can so control his emotion, and limit his desires,

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[18] Nova Scotia, J.H.A., 1881, Appendix 3A.

as to retain mental stability".[19] Moral insanity was not so much a perversion of the mind as it was the liberation of something latent in human nature and whatever that was it could be controlled with simple will power. In fact, one of the popular medical handbooks of the period defined insanity as exactly that, "the loss of control of the will over the mental faculties or impulses".[20]

The theory and practice of phrenology, as it spread throughout North America after 1830, had an important influence on psychiatric theory.[21] In the Maritime colonies the influence was largely indirect since most of the notorious phrenologists were American. Maritime doctors were familiar with, and influenced by, developments in the United States and it must have impressed them when men like Amariah Brigham, superintendent of the Hartford Retreat and one of the founders of the American Journal of Insanity, endorsed the phrenological approach.[22] The influence can be seen directly in comments made by Dr. Reid. According to the phrenologists, the mind consisted of a number of faculties, each centered in a specific sector of the brain. Reid incorporated the implications of this approach into his own explanation of insanity. Conforming to

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[19]Nova Scotia, J.H.A., 1876, Appendix 3.

[20]Henry Hartshorne, Essentials of the Principles and Practice of Medicine: A Handbook for Students and Practitioners (Philadelphia: Henry C. Lea, 1874), p. 384.

[21]J. D. Davies, Phrenology: Fad and Science (New Haven: Yale University Press, 1955).

[22]Ibid., p. 93.

the orthodoxy of his time, he believed that mental illness was always accompanied by an organic alteration of the brain. "The problem now being worked out", he wrote, "is the relation between different forms of mental alienation and abnormal structure or condition."[23] He anticipated that in the near future doctors would be able to tell which area of the brain was diseased by observing which actions of their patients were affected. In other words, sickness in different parts of the brain produced different kinds of insanity. While the influence of phrenology, with its diagram of the brain as a conglomerate rather than a duality, complicated the nineteenth century image of the brain, doctors in the Maritimes at least were able to preserve their basic dichotomy by classifying all the mind's various faculties as either good or evil. Therefore, Reid could still talk about the "higher faculties" and the "baser ones". Needless to say, there was more to phrenology than mere superstition. Reading cranial bumps has gone the way of all fads. In our own century, however, it has been proven that certain areas of the brain have their own distinct functions to perform and can be isolated and treated independent of the rest of the organ.

Doctors were usually quite hesitant in drawing the moral implications their hierarchical view of the mind seemed to make inevitable. Not so the more popular mind, expressed by the temperance reformers and men of the church. As far as they were concerned the mind existed in a constant state of moral struggle, with the base

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[23]Nova Scotia, J.H.A., 1881, Appendix 3A.

passions threatening to overthrow reason at the slightest relaxation of will. "All observation proves that it [alcohol] weakens the will, confuses and perverts the intellectual powers, diminishes conscientiousness, cautiousness and the other moral sentiments, while it at the same time intensifies the imagination, and goads on the mere animal propensities to mastery and domination over all."[24] Alcohol, and to a lesser degree tobacco, were the influences these moralists chose to exaggerate but all immorality had similar effects. For example, "many are injured by attending theatres, parties, balls and other meetings",[25] warned the Church Times in 1850. Still, it is in the temperance papers that one gets the clearest explanation of the effects on the brain of immoral behaviour. After all, "three-fourths of all the pauperism in the civilized world, four-fifths of all aggravated crime, one-half of all madness, one-half of all sudden deaths, and one-fourth of all deaths"[26] had a single cause - alcohol! Reason enabled humanity to comprehend religious truth. When the passions were bridled, a man could live according to the dictates of his God. If, however, his reason was baffled by alcohol then his religious instincts were paralyzed and he was reduced to mere animality. Similarly, alcohol perverted the immortal soul, making ascension into heaven impossible. Perhaps the best description of the effects of alcohol on the mind was given by Professor Yeomans in The Abstainer,

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[24] Temperance Telegraph, St. John, 23 July, 1857.

[25] Church Times, 1 February, 1850.

[26] Temperance Telegraph, St. John, 7 April, 1859.

a Nova Scotian temperance journal. Alcohol, explained Yeomans, modified the material changes in the brain which accompanied every mental act. The "automatic" activities of the mind were exaggerated at the expense of its "self-controlling, self-regulating power".

> The influence of alcohol is thrown entirely in the scale of the animal impulses against the reason, judgement and conscience and it is evident that where these are just able to hold the baser passions in subjection and maintain the mind's equipoise the effect of the disturbing agent must be to destroy the mental balance...[27]

Obviously not every bout of drunkenness was a fit of temporary insanity, though Yeomans referred to them as the "incipient stage of insanity". But permanent derangement was the inevitable result of continual indulgence. The Reverend W. Harrison wrote that "as the result of oft repeated, and long continued" visits to the bars, "minds of the finest and firmest mould are sometimes shattered into the fragments of mere idiocy, or broken down into the frightful ruins of incurable madness".[28]

Emerging from these discussions of madness is a concept of insanity which rationalized, indeed necessitated, an ethic of prudence and self-denial. The elements of the mind were in precarious balance, awaiting only sufficient cause to invert, releasing all that was passionate and immoral and extreme and sending the individual reeling into madness.

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[27] The Abstainer, 5 December, 1856.

[28] Temperance Telegraph, 7 April, 1859.

2. THE CAUSES OF INSANITY

The causes of insanity were grouped into two broad categories during the century. First of all, there were organic causes, actual physical injuries to the brain. These included everything from blows to the head and the excessive use of alcohol and tobacco to "getting wet and taking cold". Pretty well any bodily ailment was used to explain an instance of insanity. While mental illness always had physical manifestations, it could have immediate physical causes as well. The second group of causes were termed "moral". These included severe shocks, extreme grief (indeed, most any trying emotional experience), religious excitement, illicit sexual activity such as masturbation or adultery, excessive study, even "resisting taxes". The distinction between physical and moral causes was not rigid, of course. Intemperance, for example, might abuse the body badly but to the Maritime teetotaller it was wicked and immoral as well as unhealthy.

The causes of mental illness, physical and moral, were also either predisposing or "exciting". Predisposing causes, heredity for example, weakened the mind without altogether addling it. "It would not be amiss to say that insanity is due to a state of system which we call a constitutional predisposition or tendency, acted upon by mental or physical suffering..."[1] These

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[1] New Brunswick, J.H.A., 1877, Appendix 6.

causes made some minds more susceptible to the grief and misfortune of everyday life. Exciting causes were the immediate moral or emotional excesses which brought on an attack of insanity. Religious excitement, for example, was considered a common cause of derangement. An article in the Acadian Recorder in 1876 describing a New York meeting featuring the well-known revivalists Moody and Sankey, explained that "sensitively organized people are of delicate fibre, and their constitutions are easily overpowered by the tremendous appeals made nightly by Mr. Moody".[2] Bouts of insanity brought on by exciting causes were often short-lived, and just as often recurring. "Some are insane only in connection with a single person, scene, circumstance or interest", wrote Dr. Waddell. "They only need to go away from home, business or other sources of irritation, to regain their mental health."[3]

As the century progressed, opinions about the causes of insanity changed. In the first fifty years or so there were a staggering number of causes cited. Any official, institutional list of causes, and they were rare in these early years, gave physical and moral factors equal influence but everyone who interested themselves in the subject seems to have been preoccupied with moral considerations. Here, for example, is a doctor who listed the causes of mental disease among his patients in the New Brunswick

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[2] Acadian Recorder, 22 March, 1876.

[3] New Brunswick, J.H.A., 1871, Appendix 6.

Courier in 1836: "Theatres and places of worship; indulgence in wine, spirits and smoking; indolence; sudden changes in the atmosphere; force of imagination; gluttony; love; grief; unsuccessful gambling; study; reading novels".[4] Pretty well every form of behaviour not approved by the community was thought to lead to insanity, as well as every emotional ordeal. Intemperance was a favourite cause, and not just among the temperance fanatics. George Matthews, an overseer of the poor and superintendent of the New Brunswick temporary asylum in Saint John, wrote the legislature that "the intemperate use of ardent spirits prevailing so extensively amongst the lower orders of society, and particularly with males, accounts for the great prevalence of Insanity".[5] Fifteen years later John Waddell agreed that "intemperance, directly and indirectly, unquestionably is the great cause of this dire malady".[6] But the abuse of alcohol was not the only perceived cause of insanity. The case book from the New Brunswick asylum for 1854 to 1862 provides a more inclusive cataloguing. Of the one hundred and forty-eight cases noted in the first two years, only thirty were caused by "drink". The others were attributed to physical sickness, head injuries, disappointment (which meant failure in love or business), religious excitement, fright, anxiety for wealth, election excitement, jealousy and study.[7] In other words, virtually

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[4] Courier, New Brunswick, 26 November, 1836.

[5] New Brunswick, "Report Upon the Lunatic Asylum", J.H.A., 1838, Appendix 11.

[6] New Brunswick, J.H.A., 1853, Appendix.

[7] New Brunswick Asylum Case Book; Canadian Psychiatric Association Collection, PAC.

any change or excess in a person's lifestyle was thought to be a cause of insanity.

As the century progressed, explanations not so much changed as became less confident. In 1836 Dr. George Peters could without second thoughts attribute most cases of insanity to "sudden fright" among females and "the abuse of spiritous liquors"[8] among men. By the 1860's, however, medical men, at least, were much less assured and had stopped invoking single causes to explain cases of mental illness. "The great majority of cases owe their development to a variety of influences where it is impossible to assign to any one a primary or more prominent place".[9] These practitioners seemed to be recognizing, however dimly, that the roots of insanity often lay deep in the history of the individual personality and were not lying exposed on the ground of recent experience. As Dr. Steeves grandiloquently told the New Brunswick legislature: "Man is like a watch wound up by fate to go for a season; he is made for good or evil, by the past; and it is not the present that predetermines the future, but the past that predetermines all time".[10] There was not a little frustration in this more complex attitude to causation, for it was forced on the medical men by their own lack of success in treating their mad patients. As

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[8] New Brunswick, Records of the Executive Council, Health and Sickness, 2, Lunatic Asylums, 28 November, 1836.

[9] New Brunswick, J.H.A., 1861, Appendix 15.

[10] New Brunswick, J.H.A., 1878, Appendix.

the number of "incurables" mounted and the incidence of insanity appeared to increase, it became evident that "lack of sleep" or "overstudy" were not sufficient explanations.

Whether or not insanity actually was on the increase was a subject of constant debate in the wider psychiatric community throughout the nineteenth century. Those who refused to accept the reality of an absolute increase argued that an apparent increase was the result of a number of factors. For one thing, modern medical advances made it possible to save the lives of many lunatics who formerly would have died. Furthermore, mental illness was much more visible. The creation of asylums congregated large numbers of the insane in the public eye. Doctors were more and more able to differentiate mental disease from other illness. And gradually people were becoming less reticent about admitting that their relatives might be afflicted. None of these factors, however, convinced Maritimers, who were adamant that, in the words of an early legislative report, "it is the decided opinion of most persons who have investigated the subject, that insanity is on the increase".[11]

In the first half of the century the only evidence for this "decided opinion" was what one could see. Every year more and more people seemed to be going mad. In New Brunswick, for example, a temporary asylum had been opened in 1836 and from the beginning its administrators complained of overcrowding. A permanent asylum was built in the colony in 1849 and just three years later the legislature had to strike a committee to investigate enlarging the institu-

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[11] New Brunswick, "Report of the Committee to Investigate the Erection of a Provincial Lunatic Asylum", J.H.A., 1836, Appendix.

tion. Insanity had to be on the increase. As asylums began to compile statistics in the 1870's, the figures seemed to verify the conclusions of common sense. James DeWolf, using figures compiled at the Nova Scotia asylum, proved, to his satisfaction anyway, that the apparent increase in the numbers of insane was very real. DeWolf showed that while the population of his province had increased by forty per cent between 1851 and 1871, the number of lunatics had increased by one hundred and sixty-nine per cent.[12] DeWolf's successors used their own statistics to come to similar conclusions.

Looking back, it is impossible to say whether these fears were justified or not. Undoubtedly, ever-increasing numbers of patients were taxing the facilities of the Maritime asylums. But this can be accounted for in different ways. For one thing, optimism about the possibility of cure must have encouraged people to take their sick friends and relatives to an asylum instead of being resigned to their confinement at home. Changing attitudes towards the role of the state in these matters and a declining tolerance of the public lunatic might also have contributed to the acceptance of the asylum as a substitute family. Statistics like those used by DeWolf were hopelessly inaccurate because they included each individual admission to an asylum, whether or not the patient had been admitted before. This had the effect of inflating the actual number of insane people, since many were re-admitted any number of times, and rendering hospital statistics useless as proof of anything but

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[12] Nova Scotia, J.H.A., 1876, Appendix 3.

the institutions' overcrowdedness. Luckily, however, my concern is not whether Maritimers were right when they said that insanity was on the increase. I am concerned simply with the fact that they did say it.

One of the most common explanations of the perceived increase in the incidence of insanity was that comfortable disease, progress. As early as 1850 John Waddell linked economic progress and modernity to mental illness. Speaking of the recent interest in railway construction in New Brunswick, he warned:

> ...besides, the new impulse which such great works will impart to the latent energies of a hitherto quiet population, will contribute largely, I have no doubt, to the production of mental disease. It is probable that to this cause more than to any other the great increase of insanity in those countries where Rail Roads and other great public works are revolutionizing the business transactions and over-stimulating the energies of the people, may be attributed.[13]

Overstimulation. Perhaps it seemed a reality to Maritimers in the 1850's. The ship-building and fishing industries were flourishing. In New Brunswick, the timber trade, unexpectedly healthy after the removal of British preferential duties, was recording record profits. Reciprocity helped of course, but even the early Fifties were years of unprecedented prosperity. Railway building, or at least railway planning, was all the rage. "Free trade, reciprocity and a revival of the ancient faith in the calling of the sea created a material prosperity that was to pass as the Golden Age of the Atlantic Provinces."[14]

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[13] New Brunswick, J.H.A., 1851, Appendix.

[14] W.S. MacNutt, The Atlantic Provinces. (Toronto: McClelland and Stewart, 1965). p. 250.

Those who thought about the causes of mental illness recognized in this expansive economic activity new strains on the mental equilibrium of Maritimers. As the century progressed and a more industrial economy developed, this explanation of the increasing incidence of insanity became widely accepted. The world of business and commerce, it was argued, was far less healthy than life back on the farm. Maritimers saw the period as one of constant progress and innovation. When the Honorable William Kinnear told the Saint John Mechanic's Institute, "the times we live in are eventful beyond all which preceded them",[15] he was telling them something they already believed. What they also believed was that such activity threatened the mind's precarious stability. "There is an amount of brainwork going on in the present age, far different in kind from, and far greater in degree than, any that was ever known before, and which must play a very important part in predisposing the subjects of it to insanity."[16]

Yet the years between these two remarks were not at all years of uninterrupted economic development. The Fifties and the early Sixties may have been a boom period in the Maritimes but the "Golden Age" was followed after Confederation by alternating periods of depression and merely moderate expansion. At Confederation, "the industrial development of the Maritimes...was slight".[17] Just over half the employed population of both provinces were working at the traditional occupations of farming, lumbering, fishing and, to a

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[15] New Brunswick Courier, 20 January, 1849.

[16] Nova Scotia, J.H.A., 1876, Appendix 3.

growing degree, mining.[18] When construction workers and unskilled labour were added, two-thirds of the work force was accounted for. The provincial economies relied almost exclusively on the export of raw materials, lumber in New Brunswick and to a lesser degree fish in Nova Scotia, and "were largely dependent upon imports from abroad for their implements, machinery and hardware".[19] This situation changed, of course, but much more gradually than the excited observations quoted above suggest. The Seventies was a transition period for the Maritime economy as steam power succeeded the wooden sailing ship and railways began to threaten the coastal carrying trade. Generally the economy was forced to turn away from its reliance on the sea and orientate itself to the new world of manufacture. From 1870 there was in the two provinces an increase in manufacturing but it was primarily confined to artisan type operations such as blacksmithing and leather-working.[20] True, in the decade between 1871 and 1881 the amount of capital invested in manufactures increased by sixty-eight per cent in Nova Scotia and forty per cent in New Brunswick. But this was well behind the national increase of one hundred and twelve per cent for the same period.[21]

(Ottawa: Study prepared for the Royal Commission on Dominion-Provincial Relations, 1940). p. 26.

[18] Report of the Royal Commission on Dominion-Provincial Relations, Book 1. (Ottawa: 1940). p. 22.

[19] Creighton, op. cit., p. 26.

[20] S.A. Saunders, The Economic History of the Maritime Provinces. (Ottawa: Study prepared for the Royal Commission on Dominion-Provincial Relations, 1939). p. 90.

[21] Canada, The Maritime Provinces Since Confederation. (Ottawa:

It was not really until after 1890 that industrial development and the concentration of manufacturing began to occur on any large scale and even then the Maritimes chronically trailed central Canada's rate of industrial expansion.[22]

"It appears", wrote the editor of the Saint John Daily Evening News breathlessly:

> that life grows more intense, more exciting continually and that the brain and the heart give way to the pressure, reason being endangered in the one case and life in the other. The race for riches grows more eager daily. Speculation grows more daring... The mental powers are subjected to sudden and heavy strains... The brain gives way.[23]

Again, such observations, if they were meant to apply to the cities of Nova Scotia and New Brunswick, were grossly distorted. The population of the two provinces was indeed growing, however, its rate of growth was declining. Between 1851 and 1861 the population increased by 24.6 per cent but between 1871 and 1881 the increase had fallen to 13.5 per cent[24] and after 1880 population growth almost ceased altogether.[25] Cities, which commentators seemed to think were breeding grounds for mental illness, showed an equally slow growth rate. In the twenty years between 1851 and 1871, for example, the population of Montreal doubled and that of Toronto almost doubled. In the same period, the population of Halifax increased by less than half (from 20,749 to 29,805) and that of Saint John by less than a third (from 22,745 to 28,805).[26] Donald Creighton accurately des-

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Dominion Bureau of Statistics, 1927). p. 76.

[22] Saunders, op. cit., p. 91.

[23] Daily News, Saint John, 23 October, 1882.

[24] Saunders, op. cit., p. 12. [25] Ibid., p. 12.

[26] Creighton. op. cit.. p. 27.

cribed these centers when he wrote that "in these small provincial towns the march of progress appeared often to be extremely slow".[27]

Yet medical men and newspaper editors, inhabitants of these small provincial towns, apparently held to a different view. As far as they were concerned, modernity had come to the Maritimes and was creating an environment conducive to mental strain. Insanity thrived in industrial centers, said Dr. James Steeves, because of the "intemperance, vice, poverty and dirt which attaches to so many in closely inhabited places".[28] James DeWolf deplored "an eager desire for wealth and a rash spirit of speculation" and agreed that work in crowded factories and the independence provided the young by a salary promoted vice, intemperance and, inevitably, mental illness. Dr. George Sinclair, near the end of the century, gave this description of the modern age:

> Again, this is an age of competition and stress, and the weakest goes to the wall. Our cities are overcrowded with a jostling, rushing throng, amid artificial conditions of life, subjected to the exhausting effects of high pressure existence, coupled with anxiety and worry, and to which are in many cases added to the deleterious effects following the use of narcotics and alcoholic stimulants and the evil results of excessive and impure sexual indulgence. As a consequence more people are exposed to the conditions which make for insanity.[29]

How does one reconcile such exaggerated opinions with the much more bucolic image of Maritime society emerging from the economic statistics? Nova Scotia and New Brunswick were not highly

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[27] Creighton, op. cit., p. 73.

[28] New Brunswick, J.H.A., 1879, Appendix.

[29] Nova Scotia, J.H.A., 1879, Appendix 3A.

urbanized or heavily industrialized. And figures compiled by the medical superintendents themselves made it clear that farm people were the largest single occupational category in the asylums throughout the century.[30] A number of factors may explain the discrepancy between reality and illusion. Most of the economic development that was going on was centered in the larger cities, which is where these doctors lived and worked. Witnessing some of the abuses of crowding and the development of manufacturing, they naturally concluded that the whole province was likewise infected by economic expansion. As well, there is quite evident in the remarks quoted above a distaste for the bustling, industrial city and perhaps medical men were not so much criticizing what was, as warning about what might be. When George Sinclair raised the alarm about narcotics and "impure sexual indulgences", he probably had in mind the example of the United States and preferred for the Maritimes a more cautious pattern of development. But perhaps the most accurate explanation is that the Maritime medical community, conscious as it was of trends of opinion in the United States and abroad, echoed explanations of mental illness which were currently fashionable but had little relevance to the facts of Maritime life. Instead of testing these explanations against local conditions, the doctors merely repeated them and thus their warnings at times seem extraordinarily inappropriate.

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[30] Between 1859 and 1881 farmers were almost three times as numerous in the Nova Scotia asylum as the next occupational group (Nova Scotia, J.H.A., 1882, Appendix 3A.). In 1904 a writer in the Saint John Daily Sun noted that since 1875 the majority of inmates of the asylum had been from the countryside (Saint John Daily Sun, 2 March, 1904).

Some observors did recognize that progress was not a convincing explanation for the apparent increase in mental illness in the Maritimes. John Waddell may have warned against the railway fever in 1850 (see above) but just two years later he expressed a less dramatic view of New Brunswick's environment.

> The combination of elements to produce a large increase in mental disease does not exist in the province. Educationally, it is improved and improving - politically, it is tranquil - commercially, it is prosperous and steady - agriculturally, it never till now attained so high a position, and labourers in department of industry are profitably employed; and as regards climate, none is more healthful.[31]

Implicit in these remarks is the assumption that certain social environments are more productive of mental illness than others; the assumption, indeed, that mental illness is as much a social problem as an individual one. Of course, insanity had its immediate roots in the individual personality, but certain social conditions could provide an encouragement. These conditions were economic but in the opinion of many Maritimers they were also political. Here is Dr. Waddell once again.

> Political revolutions, which seem to convulse other communities all around, produce but a very transitory effect here, and while the land is productive of everything that is good for the sustenance of its inhabitants...it is a soil in which spiritualism, and all other isms, so prolific of insanity, do not flourish.[32]

Waddell's remarks were obviously intended to excuse, indeed praise, the slow rate of economic expansion in the Maritimes. Coupled with earlier critiques of the city, they indicate the conservatism of

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[31] New Brunswick, J.H.A., 1853, Appendix.

[32] New Brunswick, J.H.A., 1861, Appendix 15.

these Maritime doctors, the suspicion with which they viewed change of any kind, be it political, economic or religious. Maritime society was less conducive to mental illness than American society (the comparison is implicit in Waddell's comments) because the excesses and rapid change of the latter had been rejected by the more stable and moderate Maritimes.

But if industrialism was not yet having the unhealthy effect in Nova Scotia and New Brunswick that it was having elsewhere, what did explain the overflowing asylums? "In our experience", reported Dr. Reid, "the prime factor among the causes is HEREDITARY PREDISPOSITION".[33] Often, if there had been a history of mental disorder in the family, "a want of stability in the nervous organization" was handed down to the next generation. While not necessarily causing insanity directly, this inheritance made the individual susceptible. "All are subjected to the trials incident to life, but those whose nervous systems are most easily thrown off balance are those that become insane".[34] Dr. Reid was not the first psychiatrist to emphasize heredity. It had always been considered a predisposing cause of insanity and from the earliest years patients being admitted to asylums were asked if there were instances of mental disorder in their families. Earlier in the century, however, heredity was not thought to be as important as the more immediate, more "moral" causes. As these proved insufficient, heredity became more impor-

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[33] Nova Scotia, J.H.A., 1883, Appendix 3A.

[34] Ibid.

tant and by the 1880's asylum records showed that it was the greatest single cause of insanity.

James DeWolf was the first medical superintendent in the Maritimes to emphasize heredity. "Of all diseases", he wrote in 1868, "insanity is the most hereditary",[35] though "some exciting cause" was needed to precipitate an attack. This opinion led DeWolf to comtemplate eugenics. "Would that it were possible, by the enactment of prohibitory laws, to prevent those with either incipient or innate insanity, as well as the habitual drunkard, from entering into the married state."[36] DeWolf's suggestion was perhaps exceptional for the period in which he made it. Later in the century the possibility of breeding out insanity was discussed often in Britain and the United States. For example, Dr. S.A.K. Strahan, referring to "tainted" people, recommended to the British Medico-Psychological Association in 1890, that "all men and women who have been insane once and have a bad family history; those who have been twice insane, even if the history be good; and all those who are confirmed epileptics or drunkards, should be prevented by the State from becoming parents".[37] Strahan's colleagues endorsed his proposition in principle but agreed that the chances were slight that such legislation would ever be enacted. By the time George Sinclair, one of DeWolf's

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[35] Nova Scotia, J.H.A., 1869, Appendix 2.

[36] Ibid.

[37] Dr. S.A.K. Strahan, "The Propagation of Insanity", Journal of Mental Science, 36 (July, 1890): 325-338.

successors, suggested in 1897 that parents who had been mentally ill should not be allowed to "inflict the state with children having such an inheritance"[38] he was very much in the mainstream of psychiatric thought.

Dr. Reid was playing a variation of this theme of heredity when he outlined his demographic theory of insanity and its increase. According to Reid, individuals who had inherited a predisposition to mental disorder were, even when apparently sane, a little "weak-minded". These individuals, he explained, "have not the energy that impels the 'pushing' class, who, in most countries, go to foreign or distant parts to better their condition".[39] With the "sturdy of mind" gone to greener pastures, the "weak-minded" predominate and insanity increases out of proportion to the size of the population. Presumably what Reid had in mind was the constant emigration of Maritimers to the United States. Still, one wonders how the doctor reconciled his theory with the fact that the Maritime asylums, at least in their early years, were inhabited primarily by members of that "pushing class", the immigrant.[40]

Confident as they were that insanity was inheritable, these medical men were woefully inexact when it came to explaining how. Often, of course, insanity could be traced directly back to a relation who also had been insane. More often than not, however, what

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[38]Nova Scotia, J.H.A., 1897, Appendix 3A.

[39]Nova Scotia, J.H.A., 1883, Appendix 3A.

[40]See chapter seven.

was inherited was not the affliction itself, but a "weak nervous organization". Not just mental but all manner of illness in parents was used to explain insanity in their progeny. "A consumptive or rheumatic parent may have children who are quite free from tendencies to these particular forms of disease, and yet inherit a brain of such unstable organization that they have attacks of insanity".[41] Even intemperance was thought to cause insanity somewhere down the family line. This emphasis on heredity was an index of the psychiatrists' helplessness. As I will explain, the Maritime lunatic asylums were constantly overcrowded almost from the time their doors opened. Cure rates declined and more and more of the doctors' time was spent attending to cases considered incurable. Knowledge was inadequate and, in the words of Dr. Reid, treatment was "guided by blind conjecture".[42] As patients failed to respond to treatment based on earlier and simpler ideas of causation, asylum personnel found in heredity a conveniently ambiguous explanation.

It should not be thought that these various opinions on the causes of mental illness either succeeded one another in neat sequence or were at any one time the only ones abroad in Maritime society. Quite the opposite is true. Each theory was current, to a greater or a lesser degree, with every other and each was held with a different intensity by different groups in society. Simple, moral causes con-

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[41] Nova Scotia, J.H.A., 1897, Appendix 3A.

[42] Nova Scotia, J.H.A., 1881, Appendix 3A.

tinued to be the ones understood by churchmen and the popular press throughout the century. In his The Household Physician, published in 1865, Ira Warren was warning that "self-pollution", that is, masturbation, was one of the most important causes of insanity[43] and in 1883 the Honorable John Boyd told an asylum benefit meeting in Saint John about a young man in his employ who was "a victim to the inordinate use of tobacco, which had destroyed his reason."[44] Similarly, progress was constantly being invoked as the primary cause of insanity long after some doctors began to doubt its applicability to the Maritimes. Generally, the lay population must have absorbed what little information it did get about mental illness from the scanty news reports of the odd person who went mad and committed some crime. There was almost no informed debate about mental illness and the proper care of it in the popular press and it can be assumed that well into the last half of the century the population at large held closely to a view of insanity as retribution for some sin committed.

Also, it should be recognized that these different explanations were often different not in kind but merely in degree. In the 1830's a man in Halifax might have believed that his neighbour went mad because he masturbated excessively while in 1898 an asylum doctor might invoke the "age of competition and stress". The doctor perhaps emphasized the social milieu while the layman had a heightened

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[43] Ira Warren, The Household Physician (Boston: Ira Bradley, 1865), p. 174.

[44] Daily Sun, Saint John, 3 February, 1883.

sense of individual sin. Nevertheless, despite the differences in sophistication, both men agreed that insanity resulted from the violation of moral values and the pursuit of excess. Throughout the nineteenth century, insanity was to a large extent defined as a moral disease. This was true even when its cause was traced back to heredity since, while an individual might have inherited a predisposition to madness, some moral infraction was required to precipitate a breakdown.

3. THE MORAL NATURE OF MADNESS

Emerging from these ideas of what insanity was and what caused it are two apparently different stereotypes of the lunatic. One of these can be found in the reports of the asylum superintendents and infrequently in the opinion columns of newspapers. This lunatic was definitely sick, his behaviour was sometimes, though not necessarily, odd and unpredictable and anti-social. Nevertheless, he was not destitute of all dignity, all intelligence, all humanity. Because they hoped to convince the public of the curability of insanity, doctors emphasized how well asylum inmates responded to gentle treatment and how subdued they were under the influence of regular habits and religious counsel. It was part of the dogma of moral treatment, the most important treatment technique of the century, that, if attended with ordinary humanity, lunatics could be expected to behave as ordinary humans. So it is not surprising to find practitioners emphasizing this stereotype and playing down the excessive aspects of lunatic behaviour which fascinated the more popular mind. "There is no shouting, no agonizing shriek, no sound of noisy wrangling, no wail of distress", wrote a reporter after a visit to the Saint John asylum in 1864. Instead, he described an institution beautifully situated above the Reversing Falls, free of harsh restraint and all that was "gloomy and depressing"; an institution in which it was impossible to tell the insane from their keepers. "There

is a pleasing sense of quiet and retirement",[1] he reported, much to his own surprise.

The other stereotype is found in some of the popular literature of the period - the sentimental novel, the temperance harangue, the minister's sermon. The image conjured up was of a crazed lunatic, with fiery eyes, streaming hair and satanic laugh. This lunatic was violent, tragic, unpredictable, mysterious and fearful. No melancholic, he was driven "by an ungovernable and furious violence of temper"; he saw "frightful illusions"; was "haunted by demons, feeling snakes, spiders and vermin crawling over the naked flesh"; he was compelled to wild excess by base passions or disappointed desire. This wild-eyed lunatic most often played a leading role in some story of moral instruction. For example, the Saint John Morning News carried a news story explaining how a woman, whose son was hung for murder after a life of crime and dissipation, was driven insane by sorrow, anxiety and poverty. She was characteristically described as having eyes "blazing with unnatural fire".[2] These short accounts of misfortune were a regular feature in the newspapers and always they had a didactic intent. The Temperance Telegraph told the story of an honest, hard-working farm lad who went to the city, fell in with bad company, began drinking heavily and eventually went mad. The reporter tells us that the young man used to believe he was pulling wire from his mouth, that he had

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[1] Morning Telegraph, Saint John, 26 September, 1864.

[2] Morning News, Saint John, 30 April, 1847.

fits and mutilated himself, and that finally he killed himself.[3] The details were recorded with enthusiasm. On another occasion the same paper asked, "who that has ever heard the howling of the frantic maniac, or seen him when he tore his hair, beat upon his breast, or dashed himself against the grating of his cell"[4] could fail to take a strong stand against intemperance?

As well as these "factual" stories, newspapers frequently published serialized fiction and short stories. These often included lunatics in their cast of characters and when they appeared these insane were invariably the "howling maniac" type. For example, a short story in the Fredericton Head Quarters in 1845 told of a struggle between the narrator and his Mexican companion who suddenly, inexplicably, went mad and tried to throw him from a mountain top.

> As I stood perfectly horror stricken he clasped his hands, and wringing them slowly but with his whole strength, raised them above his head, looked upwards at the same time, with eyes sparkling from unnatural fire, grinding his teeth, as if from anguish, a moment, and with a wild howl of despair, that rang like the cry of a vulture, he sprang upon me![5]

This stereotype was also invoked when the contemporary treatment of the insane was contrasted to the brutality of the past. Speaking to a large audience at the laying of the corner-stone for the Nova Scotia asylum, the Reverend Dr. Twining asked,

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[3] Temperance Telegraph, 17 November, 1859.

[4] Ibid., 1 September, 1859.

[5] Head Quarters, 19 February, 1845.

"Who that has ever seen him in his cell (the only abode hitherto provided for him among us), the drivelling idiot, or the raving maniac restrained by force" could fail to desire the recovery of "the being made in the Divine image - now, by the deprivation of reason, sunk lower than the brute?"[6]

In the sentimental novel of the period the lunatic appeared frequently.[7] This genre of fiction had a variety of aims, only one of which was to entertain. More importantly it was intended to instruct, to teach what the Fredericton authoress Agatha Armour called "the sad but profitable lesson"[8] that good, while often severely tested, inevitably triumphs over evil. And thirdly, this fiction was intended to develop what might be called refined emotion and sensitivity in its readers. Persecuted innocents struggling with scheming villains through a series of sensational situations - that was the basic theme on which the sentimental novelist played endless variations in an attempt to engage the sympathies and exhaust the emotions of their audiences. For each of these purposes, the lunatic served well.

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[6] Novascotian, 16 June, 1856.

[7] This discussion of the sentimental novel is based on a complete reading of eleven novels written by Maritime authors of the 1860-90 period. If others still exist, I was unable to find them. These novels were supplemented by a wide reading of the fiction serialized in the newspapers. I am indebted to H.R. Brown, The Sentimental Novel in America, 1789-1860 (New York: Books for Libraries Press, 1970.).

[8] Agatha Armour, Marguerite Verne (Saint John: Telegraph Printing, 1886.) p. 3.

In the Maritimes these sentimental tales were serialized in many of the newspapers and, as well, were written by two local talents, Agatha Armour and May Agnes Fleming.[9] A representative plot is that of A Terrible Secret[10], written by Mrs. Fleming and published in 1874. At the commencement of the story a young woman is brutally murdered and extreme grief "turns the brain" of her husband, Victor Catheron. (Indications of his derangement are "a light in his eye - a flush on his face there was no mistaking".) Catheron is quietly taken into seclusion and for the rest of the novel is nursed offstage by a woman who had formerly loved him, indeed still does love him, but whom he had spurned in favour of his wife. The rest of the plot consists of events arising from the murder and the secret that broods in the background. Innocent people are hounded by suspicion and Catheron's son loses his intended bride because of her discovery that there is "madness in the family". The reader at first is led to think that the terrible secret of the title is the identity of the murderer and the fact of Catheron's insanity. But it turns out to be that, and more. In a climactic death-bed scene the old man's reason returns and he

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[9]Mrs. Fleming (1840-80) has been called "Canada's first spectacularly successful professional novelist". Born in Saint John, she was originally a school teacher but turned to writing and during the most successful period of her career, the 1870's, was earning more than $10,000 annually from her books. Her work was published by an American publisher and was well-known in the United States and Britain, as well as Canada. Mrs. Fleming wrote a total of forty-two novels. The last five years of her life she lived in New York.

[10]All references are to A Terrible Secret (New York: G.W. Dillingham and Co., 1874.).

reveals that it was he himself who murdered his wife. Apparently Catheron had inherited a monomania which inexplicably left him sane in every respect except for an irresistable urge to kill his wife. Once accomplished, the enormity of the act had driven him into "the dark night of oblivion and total insanity".

In this novel, and to one degree or another in all of the popular fiction, the lunatic played four roles. First of all, there was the lunatic as victim. While it is true that the hereditary nature of insanity was being stressed by medical men in the last half of the century, it is equally true that the family curse was an effective element of melodrama. A character suffering under an affliction in no way his own fault engaged the reader's sympathy and added a hint of the supernatural. Innocent victims were a constant requirement of sentimental fiction and the hereditary lunatic often did nicely. Secondly, there was the lunatic as invalid. This lunatic again was introduced to create sympathy. In A Terrible Secret Catheron was permanently an invalid but more often attacks of insanity were temporary and affected women. After much swooning, a spell of "brain fever" and a recuperative voyage to warmer climates, this character returned to the action, now the object of much more compassionate and intense interest. Furthermore, invalids needed nurses who were self-less and superior. One often suspects in A Terrible Secret, for example, that Catheron's illness is merely a pretext for expanding on the self-sacrificing nature of his companion. Thirdly, there was the lunatic as condemned sinner. If the tale of sentiment preached a moral lesson, the madman was a moral

example. His affliction was the price paid for some evil act. His insanity was usually not curable; it was an eternal punishment. As another character said of Catheron, "he paid for the penalty of his crime in a life of insanity". And lastly, there was the lunatic as Savage. He was described with monotonous regularity as having a strange light in his eyes and a diabolical laugh. His perverted passions contributed an element of unpredictable violence to these stories. The insane played just one or all four of these fictional roles. Invariably the image that emerged was a frightening one. This was partly a literary device but it must also have reflected a strongly - and widely-held perception of the mentally ill, a perception which was rooted more deeply in the superstition of the eighteenth century than the new rationality of the nineteenth.

It would be incorrect to draw a too rigid distinction between popular conceptions of insanity and more educated ones, however, for they shared an essential element. In both cases mental illness was a moral disease. What I mean by this is that lunacy was believed to pervert the opinions an individual had about what was right and what was wrong and what good conduct was. The mind was a mixture of good and depraved impulses organized by a healthy intellect and a strong moral sense. If their control was for any reason successfully challenged by the latent depravity of human nature, then insanity was the inevitable result. It was the triumph not simply of unreason but of actual immorality.

Many of the accepted causes of insanity, at least those which were not purely physical, were violations of moral standards. Intemperance, adultery, "unrestrained vicious habits", and a host of other immoralities serious and trivial were thought to cause derangement because they stimulated the evil side of man's nature. Other causes, while not necessarily instances of wickedness in themselves - a sudden shock, for example - were still believed to precipitate the kind of imbalance which made moral derangement at least a symptom of insanity. Causes and symptoms were often confused, of course. When an individual went mad, observers sought an explanation in any recent change in his environment or lifestyle. Since it was most remarkable, anti-social behaviour was invariably the factor isolated as the cause of insanity when often this behaviour was merely a symptom, if it was related to the illness at all.

Cure was defined as a return to the attitudes and behaviour which characterized the individual before his attack. In other words, cure was a reassertion of moral standards. "In a portion of the insane there is accompanying the disease a marked change of character, and of instincts apparently, and especially in those whose moral nature has been cultivated; and it is my experience, when these recover their physical and mental integrity, that their ethics assume their former standing".[11] Often a patient

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[11] New Brunswick, J.H.A., 1880, Appendix.

whose insanity seemed to have passed and whose behaviour was in every way normal was not pronounced sane because some opinion still offended the moral sensibilities of the doctor. An example is a young woman who "had shown for several weeks every mark of a sound mind, except one - she hated her father". The woman was, therefore, kept at the asylum until: "At length, she one day acknowledged with pleasure the return of her filial attachment, and was soon discharged entirely recovered".[12] Not only, then, were moral aberrations the cause of the mental disease, they often were the disease itself. If you didn't like your father, or sister, or wife, that was enough to identify you as insane. Now, this is an extreme instance and it would be an exaggeration to insist that all inmates of Maritime asylums were in reality mentally healthy but anti-social individuals. Clearly, most were sick people with serious mental problems. My point is that their sickness was considered as much a moral one as a physical or psychological one.

Because insanity involved immorality, it also involved guilt. Here the temperance advocates were most explicit. They grouped the lunatic with the criminal and the idler, all guilty of that mortal sin, drunkenness. "Not that we could absolve the mind from the guilt in the matter, for intemperance is clearly a crime."[13] Similarly, in his speech to the asylum benefit, the

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[12] New Brunswick, J.H.A., 1837, Appendix 3.

[13] Temperance Telegraph, 16 March, 1860.

Honorable John Boyd talked of the insane "who erred wilfully, and suffer from their acts".[14] Not all lunatics were blamed for their affliction. Clearly some illness was accidental. But for that species of insanity caused directly by immorality, the insane were held responsible. Doctors were less explicit but the idea of guilt is logically implicit in their explanations of insanity. If patients were declared insane because of masturbation or excess study of the scriptures, conduct clearly amenable to self-control, then the medical fraternity was holding those patients personally responsible for their own condition.

When Maritimers in the local vanguard of modern medical thought believed themselves to be reformers, they were correct to the extent that they advocated the more humane treatment of the unfortunate insane. However, they were at the same time a conservative influence because their concern also was to protect and preserve the dominant value system in the community. If insanity resulted from immorality, then the fear of insanity could be used to persuade people to behave in certain acceptable ways. By divesting of their sanity those who did not conform to them, the values of Maritime society were reinforced.

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[14] Daily Sun, Saint John, 3 February, 1883.

PART TWO - TREATMENT OF THE INSANE

1. ALONG THE ROGUES AND VAGABONDS

Late in 1835 some lunatics who had been imprisoned in the county gaol in Saint John were moved first to the city's alms-house and then, early the next year, to the basement of a small, wooden building on Leinster Street. This building, constructed originally as a cholera hospital but as of February, 1836, housing fourteen lunatics in its depths and as many sick paupers upstairs, was Canada's first mental institution. It would be another twelve years before New Brunswick had a permanent asylum and another twenty-three years before its sister province had one, yet this little hospital, inadequate as it was, signalled an important change in the treatment of the insane in the Maritimes. At last it was being recognized that the most important thing about the mentally ill was that they were mentally ill, not poor or violent or criminal, and that they needed a specific kind of supervision in a specific kind of institution. It had not always been so.

The first law relating to the insane in the two colonies was a 1759 statute establishing a workhouse in Halifax. There was no special accomodation provided for insane paupers in the building but instead the legislation lumped them, indiscriminately with "all disorderly and idle persons, and such who shall be

found begging, or practising any unlawful games, or pretending to fortune telling, common drunkards, persons of lewd behaviour, vagabonds, runaways, stubborn servants and children, and persons, who notoriously misspend their time to the neglect and prejudice of their own and their family's support".[1] Special consideration was given only to idiots and lunatics who were physically incapable of labouring. Others were put to work alongside their fellow inmates and with them were whipped "moderately" upon entering the workhouse and strenuously if they proved "stubborn or idle".[2] The second statute dealing with the insane provided that persons "furiously mad and dangerous to be permitted to go abroad" should be "safely locked up in some secure place" designated by two Justices of the Peace.[3] This law was entitled "An Act for punishing Rogues, Vagabonds, and other Idle and Disorderly Persons." The situation was identical in New Brunswick where an 1824 statute directed dangerous lunatics to be "kept safely locked up in some secure place" and if necessary chained[4], a practice which was being followed anyway.

But this is the cold language of legality. Luckily, a case study has survived, in the form of the history of Henry More Smith, a horse-thief who went mad while confined in New Brunswick's

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[1] 32d. Geo. 2d. Cap. 1. 1759.

[2] Ibid.

[3] 10th Geo. 3d. Cap. V. 1774.

[4] 5 Geo. 4. c. 9. 1824.

King's County gaol in 1814-15.[5] Smith, one of the most extraordinary outlaws in Maritime history, was arrested in the summer of 1814 for stealing a horse. He managed to escape his captors twice, almost reaching the American border, but was recaptured and back in the gaol in October. After two more escape attempts it was discovered that Smith had a concealed saw strapped to the inside of his thigh. This tool was taken from him and he was left heavily chained without any hope of further escape. As fall deepened into winter, Smith became frantic and violent.

Smith's cell measured twenty-two feet by sixteen feet. It had one small, grated window and no furniture except a straw bed and a blanket. It had become bitterly cold but Smith was not allowed a fire and after an unsuccessful attempt at hanging himself even his blanket was taken from him. He became more and more frenzied, throwing himself against the walls of his cell and howling dreadfully through the night. The gaoler responded to this suffering by restraining the prisoner with more iron. The county sheriff relates:

> I then prepared a pair of steel fetters, case hardened, about ten inches long, which we put on his legs, with a chain from the middle, seven feet long, which we stapled to the floor; we also put on an iron collar about his neck, with a chain about eight feet long, stapled also to the floor in a direction opposite to the other; and also a chain from his fetters to the neck collar, with handcuffs bolted to the middle of his chain in such a manner as to prevent his hands from reaching his head and feet when standing, leaving it just possible for him to feed himself when sitting.[6]

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[5] Walter Bates, The Mysterious Stranger (St. John: John A. Bowes, 1910.). This is an account of the months in which Smith was imprisoned, written by the sheriff of the county and originally

In all, this amounted to forty-six pounds of chain. Yet amazingly enough, Smith's frenzy enabled him to burst free of every chain, collar and cuff his gaolers could devise for him. His feats of strength became legendary and the villagers living about the gaol were convinced he had supernatural powers.

During his trial in the spring of 1815, Smith was at one moment adamantly mute, at the next so loud and violent that he had to be restrained by ropes. There was no plea of insanity entered. The judge ruled that Smith's behaviour in the court was the result of a "visitation of God", which did not stop him from convicting Smith of horse theft and sentencing him to hang. Always unpredictable, Smith's behaviour suddenly became, if not rational, at least composed. Back in his tiny cell, he turned his energies to manufacturing puppets. One night shortly before his trial the gaoler entered Smith's cell to find his prisoner standing in front of a life-size doll suspended from the ceiling. Despite his manacles, Smith had managed to fashion a replica of his wife from pieces of straw, strips of his own clothing and a wooden drinking trough. The doll became a fixture in the cell, sitting at the head of the bed reading the Bible to the prisoner, and after the trial it was joined by a growing number of others. The simple fact that Smith could manufacture these figures while bound hand and foot was enough to stagger his gaolers. The expertness with which he did so was almost beyond belief. There were eventually two dozen puppets hanging from the ceiling of the cell and Smith could manipulate them singly or together. They were all made in

the manner of the first one, with straw and strips of cloth. Their features were painted on with blood and charcoal and each had a distinctive costume and character. There were a number of musicians who played drums and tambourines, some small children, an old soldier, a dancing master, servants, and a group of finely dressed dancers. Smith would play on a flute and the whole company would perform an elegant dance.

Smith called the figures his "family" and he explained to the many visitors who flocked to the gaol to witness his performances that he had dreamed them and fashioned them out of some inner compulsion. He was now quite content, spending his time working his puppets, carrying on conversations with them and entertaining the curious. Perhaps because of his reputation, Smith was eventually pardoned and in the summer of 1815 he disappeared from the Maritimes. Despite the obvious peculiarities, the case of Henry More Smith does indicate how lunatics who fell afoul of the law often were treated. They were placed in conditions which could only aggravate their illness and expected to behave normally or suffer for it. Likewise, the insane who could not support themselves were placed in almshouses or workhouses where conditions were not much better than the gaols.

Yet the insane certainly were not actively persecuted. If they caused no problems and could look after themselves, they were left to wander at will. Those who were either wealthy themselves or had wealthy relations were usually packed off to a private mad-

house in the United States or Britain.[7] Far from seeking out inmates for the prisons and poorhouses, the authorities hoped a lunatic's family would take the responsibility of caring for him at home. In fact, until the 1850's, all statutes dealing with the insane emphasized that it was not the intention of the law to take responsibility for the insane away from friends and relatives. Before that time, laws ended with the assurance that "nothing herein contained shall be construed to extend to restrain or prevent any relation, guardian or friend from taking such insane person or dangerous idiot under his own care and protection".[8]

Since many of the insane were quite understandably paupers, it is useful to remember how poor relief was administered in the Maritimes in the early years of the century.[9] From their beginnings, the two colonies adopted the British poor law system which was based on the administrative principle that each town or parish had to support its own poor by a compulsory assessment of the inhabitants. The able-bodied unemployed were either gaoled for being "idle and disorderly persons" or were set to work by an Overseer of the Poor. Some kind of accomodation was found for the infirm poor, often in

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[7]Asylum medical superintendents complained of this practice continuing long after their provincial institutions were established.

[8]Nova Scotia, Statutes, 1854, Chapter 34.

[9]For this discussion of poor relief I am indebted to Brereton Greenhous, "Paupers and Poorhouses: The Development of Poor Relief in Early New Brunswick", Social History 1 (April, 1968): 103-126; and James Whalen, "New Brunswick Poor Law Policy in the Nineteenth Century" (M.A. Thesis, University of New Brunswick: 1963).

private homes or in buildings rented for the purpose. Children of the poor were bound out as apprentices, with or without parental consent. The major drawback to this system of relief was that the local communities did not have the resources to care for their poor. It was precisely in those areas which had some kind of tax base, however small, that is, the urban centers, that the poor congregated and so a number of small fines and taxes had to be imposed to supplement the poor rates. For example, in 1801 a dog tax was levied in Saint John and three years later wandering horses and hogs were being fined for trespassing. In the countryside there were fewer paupers but there was also almost no tax base from which to collect the poor rates.

One result of this inability to finance poor relief was the practice of auctioning off paupers.[10] Overseers of the Poor were authorized to pay local residents to take paupers into their homes and support them for a year. The price was arrived at by a process of down-bidding at a public auction. The person willing to take the pauper for the least amount of money won his or her services. Originally the practice was regulated but gradually controls were relaxed and the system became one of brutal abuse. Paupers became a kind of slave labour in the backwoods of the provinces and people began to use the system as a means of making an income and as a source of subsidized, cheap labour. It was apparently

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[10] Greenhous and Grace Aitken, "The Selling of Paupers by Public Auction in Sussex Parish", Collections of the New Brunswick Historical Society 16 (1961): 93-110.

common practice to bid on ageing and obviously ill paupers in the hope that they would soon die, with a clear profit the result. This system of pauper auctions survived almost into the twentieth century, the last one being held in 1898 in New Brunswick's Sussex parish. Clearly, many of its victims, at least before asylums were built, must have been the insane poor.

After 1815, thousands of immigrants, many of them destitute, poured into the Maritimes, aggravating the problem of pauperism. Until the late 1820's, the two colonies had no regulations for controlling immigration, such as head taxes or quotas. Therefore, many immigrants discouraged from entering the United States came to the Maritimes instead. Inevitably, these were the poorest class of immigrant, since even when a head tax was applied in 1832 it was much less than the American levy, and furthermore the cost of overseas passage from the British Isles to British North America was less than to America. "Immediately upon landing, half the immigrants became public charges."[11] Between 1815 and 1838 43,000 immigrants entered Nova Scotia though that province did nothing to encourage the often destitute newcomers. Assistance was given by private charitable organizations and by immigrant societies which helped the new arrivals get established on the land. The provincial government gave piecemeal assistance reluctantly and on an ad hoc basis, and was pleased to watch the rate of immigration decline in the middle 1840's. Nova Scotia was more commercially than agriculturally oriented and only the remo-

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[11] Hacquett, New Brunswick, p. 210.

test lands were still available for settlement.[12] The province did not want, because it feared it could not absorb, hordes of unskilled, penniless settlers. After the heavy Irish migration of 1847, the legislature doubled the head tax on immigrants to protect the province from paupers.[13]

While immigrants arriving in Nova Scotia were predominantly Scots, the vast majority of those who went to New Brunswick were Irish.[14] Like their Nova Scotia counterparts, many New Brunswick immigrants were destitute when they arrived in the New World. "Scarcely one-twentieth...of the Irish emigrating to the colonies had more capital than a small provision of clothes and bedding."[15] Whereas Nova Scotia's rate of immigration declined after 1843,[16] New Brunswick's skyrocketed. In 1847 alone, as many immigrants disembarked in New Brunswick (16,250)[17] as the total number of immigrants arriving in Nova Scotia between 1838 and 1851.[18] The cities of New

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[12]Norman Macdonald, Canada, 1763-1841: Immigration and Settlement (Toronto: Longmans, Green and Co., 1939), p. 316.

[13]R.G. Flewelling, "Immigration to and Emigration from Nova Scotia, 1839-1851", Collections of the Nova Scotia Historical Society 28 (1949): p. 80.

[14]Of the total number of immigrants prior to 1850, seventy-one per cent were Irish. Hugh Thorburn, Politics in New Brunswick (Toronto: University of Toronto Press, 1961), p. 76.

[15]Helen Cowan, British Emigration to British North America, the first Hundred Years (Toronto: University of Toronto Press, 1961), p. 66.

[16]Flewelling, op. cit. p. 87.

[17]New Brunswick, J.H.A., 1847, Appendix.

[18]Flewelling, op. cit. p. 75.

Brunswick, especially Saint John, seem to have been more adversely affected by this immigration than those of its sister province, judging by the number of relief facilities established during the period. In the 1830's a wave of Irish immigration strained the colony's poor rates and forced the legislature to provide for a new cholera hospital, gaol, house of correction and almshouse, all in Saint John.[19] In 1842, "employment failed and destitution raged throughout the province".[20] And again in 1847-48, while Halifax was coping with 1,200 Irish immigrants[21], New Brunswick was swamped with over 16,000.[22] Most of those who did not re-emigrate to the United States remained in urban centers because the lack of cleared land and the comparitively low wages in the backwoods discouraged inland settlement.[23] Moses Perley noted in 1848 that "at present, New Brunswick may be considered almost in a retrograde state".[24] In both provinces workhouses and poorhouses were chronically overcrowded and the mentally ill who were incarcerated in them got no treatment whatsoever.

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[19] Whalen, op. cit., p. 42.

[20] Norman Macdonald, Canada, Immigration and Colonization, 1841-1903 (Toronto: Macmillan Co., 1966), p. 159.

[21] Flewelling, op. cit., p. 87.

[22] New Brunswick, J.H.A., 1848, Appendix.

[23] New Brunswick, J.H.A., 1847, Appendix.

[24] New Brunswick, J.H.A., 1849, Appendix.

In Nova Scotia the insane had first been provided for in the Halifax Poor's Asylum in 1812. It was originally intended that they be confined apart from the healthy paupers but as the institution became overcrowded this distinction was not enforced. In 1832 a legislative committee touring the poorhouse reported that "every room from the cellar to the garret is filled to excess"[25] and told of one room with eighteen beds which nightly held forty-seven persons. The committee urged the erection of a hospital but did not consider a separate lunatic asylum necessary. It was not really until Hugh Bell became mayor of Halifax in 1844 that a vocal movement for the establishment of an asylum began. Bell had lived in Nova Scotia since his arrival in the colony from Ireland in 1782 at the age of two years. During his long and productive life, he was in turn a journalist, a Methodist preacher and a successful brewer.[26] As a member of the legislative assembly, he supported Joseph Howe and when the asylum was eventually established he acted as chairman for a number of years of the board which administered it. Bell was sixty-four when he took upon himself the challenge of persuading the government to build an asylum. His first move was to pledge his own salary as mayor to a special asylum fund. Next, he organized public meetings to gather similar private pledges, hoping to force the government's

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[25] Nova Scotia, J.H.A., 1832, Appendix 47.

[26] Henry Hurd, ed., The Institutional Care of the Insane in the United States and Canada, 4 vols., (Baltimore: Johns Hopkins Press, 1917), vol. 4.

hand. Bell's campaign was supported by a number of wealthy Haligonians and endorsed by at least two newspapers, the Novascotian[27] and the Halifax Times.[28] But the scheme did not seem to capture the imagination of the populace. As the Times reluctantly noted, Bell's activities "do not appear to be well seconded".[29] In 1845, prompted by an abortive suggestion from New Brunswick that it, Nova Scotia and Prince Edward Island build a joint asylum a commission was established with Bell its chairman to investigate the possibility of establishing an asylum in Nova Scotia. The Bell Commission reported enthusiastically and in detail the next year but no action was taken and in 1848 another legislative committee argued that "it would be improper at this time to recommend any appropriation of the public monies which would require so great an expenditure"[30] as an asylum. Even Dorothea Dix's impassioned plea to the legislature early in 1850[31] on behalf of the mentally ill failed to prompt any action and it was not until 1852 that "an Act for Founding a Lunatic Asylum" passed the Assembly and not until January, 1859, that the first patients were admitted.

Agitation for the reform of treatment of the mentally ill began earlier in New Brunswick than in its neighbouring colony. Here

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[27] Novascotian, 25 November, 1844.

[28] Times, Halifax, 5 November, 1844.

[29] Times, Halifax, 24 December, 1844.

[30] Nova Scotia, J.H.A., 1848, Appendix 54.

[31] Nova Scotia, J.H.A., 1850, Appendix 72.

the movement was led by a medical man, Dr. George Peters. Peters had been born in Saint John in 1811 but had been exposed to more advanced ideas about insanity during his years as a medical student in Edinburgh. In the Thirties he was the visiting medical officer at the Saint John almshouse and county gaol and it was the degraded condition in which he found the insane incarcerated in these institutions which prompted him to petition the assembly for the provision of an asylum. In the gaol Peters was horrified to find that warders were making no attempt to separate the mentally ill from other criminals, a situation he believed as detrimental to the sane as to the insane inmates. As well, he discovered many lunatics under heavy restraint, "some of them perfectly naked and in a state of filth".[32] At the almshouse Peters found similarly inadequate conditions. This institution had been built in 1819 to house sixty persons.[33] In 1836 it held one hundred and forty paupers, forty of whom required medical treatment and were kept in a makeshift, two-room infirmary big enough to handle eight people comfortably.[34] Sick patients overflowed these two rooms into the section of the almshouse reserved for the mentally ill. It was this situation which provoked Peters into getting permission to move the insane from the almshouse to the basement of the cholera hospital.

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[32]Nova Scotia, Records of the Executive Council, Health and Sickness, Vol. 2, letter from George Peters, November 28, 1836.

[33]Thalen, op. cit., p. 55.

[34]New Brunswick Courier, 24 December, 1836.

Unfortunately, the situation did not improve. Lunatics were able to mingle freely with the sick paupers who were being treated in the upper stories of the hospital and the building was always too crowded to allow Peters to practise any kind of treatment. The temporary asylum was really just an extension of the almshouse; as Peters described it himself, it was "essentially a pauper institution".[35]

At the same time as the temporary asylum was opening in 1836 the assembly appointed a committee to gather information from the United States and Europe about the treatment of the insane and to plan a permanent facility. This committee reported[36] in December of that same year but it was not until a decade later that the assembly appropriated funds that allowed construction of the building to begin. It is not difficult to account for this reluctance to commit provincial funds to the asylum project. While it is true that between 1838 and 1841 the newly acquired control over the revenues from the crown lands swelled the provincial coffers as never before,[37] the decentralized manner in which these funds were dispensed meant that provincial projects did not receive much financial support. As

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[35] New Brunswick, Executive Council Papers, vol. 110, p. 1442, letter from Peters to the Provincial Secretary, May 3, 1845.

[36] New Brunswick, J.H.A., 1837, Appendix 3.

[37] MacNutt, New Brunswick, p. 259.

MacNutt has pointed out,[38] the individual assemblyman had complete control over how and where government money was spent in his constituency. Control of the purse strings was crucial to him because by deploying the money skillfully he could "buy" support and make certain his re-election. He was reluctant, therefore, to surrender any portion of this patronage money to projects of a more general purpose; for example, a lunatic asylum.

When the New Brunswick assembly did choose to finance a provincial improvement it was faced with such a variety of immediate needs that the plight of the insane was understandably overshadowed. As already indicated, the late Thirties and early Forties were years of heavy immigration and economic crisis in the colony. As a response to these conditions the assembly undertook in the years between 1834 and 1847 four major welfare measures aside from the asylum.[39] In 1834, a cholera hospital was opened in Saint John; in 1836, funds were authorized for the construction of a county gaol in the city and a house of correction; in 1838, a new almshouse-workhouse-infirmary complex was approved; and in 1847, the Emigrant Orphan Asylum opened its doors in Saint John.

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[38] Ibid., p. 258. "To consolidate their authority in the constituencies it was to the interest of members of the house of assembly to disperse the revenues throughout the country in this piecemeal fashion without benefit of skilled financial, engineering, or technical advice of any kind. Provincial projects such as...the construction of a lunatic asylum...received only token financial support or no support at all."

[39] Whalen, op. cit.

These improvements were not accomplished without opposition. As the accumulated surpluses from the crown land revenues dwindled, the province went into debt to finance these welfare projects and an element in the assembly began to criticize what they considered to be profligate spending.[40] These men, who called themselves "Liberals", were supported by the Saint John Morning News[41] and that paper seized on the proposed permanent asylum as the worst example of financial mismanagement by the ruling clique. The editor, George Fenety, accused the asylum commissioners, appointed by the 1842 legislation, of overspending their budget; he complained that the land on which the asylum was being constructed was too expensive: he argued that the building as planned was far too large. Referring to the asylum project, Fenety wrote: "Surely it is high time that a strong opposition party had sprung up in the House and the Province - opposition we mean to the present hap-hazard system of dealing with the public funds".[42] Throughout 1848, as the asylum was being built, the News ran on the front page of each issue a list of "The Way the Revenues are Squandered" and always the lunatic asylum was included. It would be unfair to suggest that the News and its readers who worried over government spending were especially unfeeling toward the needs of the mentally ill. Rather, it was the case that these needs had become secondary to the political anxieties of the period.

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[40] Wachutt, New Brunswick, p. 202.

[41] Ibid.

[42] Morning News, 16 April, 1847.

Given the particular manner in which provincial revenue was apportioned, the variety of welfare needs demanding attention and the opposition to government spending, it is not surprising that New Brunswick did not have a permanent asylum for the mentally ill until December, 1848. It is more difficult to understand why Nova Scotia lagged a decade behind. One factor may have been that during the Forties, when Hugh Bell was trying to get government backing for an asylum, the assembly was preoccupied with the noisy struggle for political power between James Johnston's in-group and the "Liberals" led by Joseph Howe.[43] Another explanation, the one advanced at the time,[44] was that other demands were being made on the provincial treasury. For the first half of the century the hospital annexed to the Halifax Poor's Asylum was the only public hospital in the city. During the typhus epidemic of 1847 this facility was woefully overcrowded and the local medical community began to petition the government for a new hospital. In 1849 a legislative committee conducted an investigation into the matter which resulted in funds being alloted. Still, it was not until 1859 that the new building was opened, the same year as the asylum eventually opened its doors. At the same time as this new hospital was being contemplated, the assembly was also financing the construction of a new prison, so the legislators apparently felt justified in putting off the asylum recommended by the 1846 commission. As well, in the

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[43] MacNutt, Atlantic Provinces, p. 221.

[44] Novascotian, 23 March, 1846.

early 1850's railway fever had absorbed the attention and the revenues of the province. "Provincial finances were completely compromised by railway legislation and there was a powerful aversion to new taxation for any other purpose."[45]

Yet these explanations are not really convincing. New Brunswick had a political climate every bit as turbulent as Nova Scotia's, yet the younger colony managed to build a number of social welfare institutions, including an asylum, during the Thirties and Forties when Nova Scotia did nothing. The real difference between the two colonies was that the need for a whole spectrum of welfare institutions was much greater in New Brunswick than in Nova Scotia. Both MacNutt[46] and Macdonald[47] suggest that of the two ethnic groups which accounted for so many of the immigrants to the Maritimes after 1815, the Irish, who settled primarily in New Brunswick, were on the whole poorer and less capable of adjusting to frontier life than the Scots, who settled primarily in Nova Scotia. Thus many more New Brunswick immigrants became dependent on government help than their Nova Scotian counterparts. As well, Nova Scotia's economy was more stable than that of New Brunswick. Without the violent ups and downs of the timber trade, Nova Scotia hadn't the same recurring periods of economic recession and unemployment. For example, late in 1836 a number of bank

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[45] MacNutt, Atlantic Provinces, p. 261.

[46] MacNutt, New Brunswick, p. 163.

[47] Macdonald, Canada, 1763-1841, p. 27.

failures in the United States dried up certain sources of capital and the highly speculative timber business went into a tailspin.[48] Again, in 1841-42 British timber preferences were reduced and production in New Brunswick had to be cut back. The government had little money to provide employment for those out of work and unemployment was widespread.[49] By virtue of its more diversified economy, Nova Scotia was in both instances less severely affected. Again, in 1847 New Brunswick was flooded with 17,000 immigrants, primarily from Ireland, many infected with disease.[50] The Saint John almshouse was converted into a hospital and a quarantine station was quickly set up in the harbour but still over two thousand of the immigrants had to be accomodated in sheds on the water-front wharves. "The misery that had been familiar in recent years quadrupled in intensity as hundreds of wanderers took to the countryside."[51] In the same year Nova Scotia was admittedly suffering from two successive crop failures and an influx of 1,200 Irish immigrants at Halifax,[52] yet Joseph Howe was still able to declare himself well pleased with the state of Nova Scotia's economy.[53] It is clear that differences in immigration patterns and a dif-

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[48] Wynn, New Brunswick, p. 244.

[49] Ibid., p. 293.

[50] Ibid., p. 309.

[51] Ibid.

[52] Flewelling, op. cit., p. 87.

[53] MacNutt, Atlantic Provinces, p. 236.

ferent, and more stable, economy insulated Nova Scotia from the degree of social dislocation that New Brunswick experienced periodically during the Thirties and Forties. Since institutions such as prisons and poorhouses were more severely overcrowded in New Brunswick, the suffering and the inconvenience of the mentally ill in these institutions was more evident and the provision of separate facilities came sooner.

Yet if we step outside the Maritime provinces and compare them as a unit to countries such as the United States and Britain, we find that while New Brunswick may have been twenty years ahead of Nova Scotia in recognizing the requirements of its insane, both provinces lagged behind the rest of the western world. In Britain during the eighteenth century lunatics were kept in prisons and poorhouses just as in British North America but there were also a number of private madhouses for the care of those mentally ill who could afford the fees. The only large hospital admitting the insane was the notorious Bethlem or Bedlam, in London which had in fact been treating, or at least housing, the insane since the fourteenth century.[54] Patients in Bethlem were responsible for their own upkeep, though paupers were charged to their parish of settlement. In the latter half of the eighteenth century three new hospitals for the insane were built in England, all by private subscription and all relatively humane in their treat-

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[54] This brief discussion of the British situation is based on Kathleen Jones, A History of the Mental Health Services (London: Routledge and Kegan Paul, 1972).

ment of patients.[55] The first of these was St. Luke's Hospital in London, established in 1751, followed by the Manchester Lunatic Hospital (1763) and the York Retreat (1792). Many lunatics were still, however, being incarcerated in the country's gaols and pauper institutions and so in 1808 Parliament passed the County Asylum Act, authorizing all counties to build their own asylums for the pauper and criminally insane.[56] This was followed in 1815 by the inquiry of a parliamentary select committee into the practices at a number of the older asylums, such as Bethlen, and the extraordinary abuses exposed by this inquiry led to the Acts of 1828 which established tighter controls over the private madhouses and attempted to improve conditions in, and administration of, the county asylums. By the time Nova Scotia and New Brunswick built their first asylums, the mentally ill of Britain had almost all been in certified hospitals for three decades and those who still were confined in the poorhouses were protected by an elaborate inspection procedure.

In the United States the first hospital devoted exclusively to the mentally ill was opened in 1773 in Williamsburg, Virginia, but it was not until the nineteenth century that interest in the treatment of insanity resulted in any widespread construction of asylums.[57] Early institutions were partly, if not entirely,

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[55] Ibid., p. 40.

[56] Ibid., p. 50.

[57] Based on G.N. Grob, Mental Institutions in America (New York: The Free Press, 1973).

financed by private charity and were inspired by the reformist impulses of wealthy philanthropists. They included the McLean Asylum in Boston, the Friends' Asylum in Pennsylvania and the Hartford Retreat in Connecticut, all constructed between 1811 and 1822,[58] and all inspected carefully by the legislative committees appointed to plan the Maritime asylums. The first government-financed asylum in the United States was the Worcester State Lunatic Hospital, opened in 1833,[59] the first of a number of public, state asylums which succeeded the original cluster of private institutions.

This brief outline of the development of institutional care for the insane in other countries is meant to provide a context in which to view the Maritime situation, not to provide a critique of that situation. Nova Scotia and New Brunswick quite naturally lagged behind the Mother Country and the United States since both colonies, but especially New Brunswick, were still frontier societies in the first quarter of the century. While centers such as Halifax and Saint John were certainly growing, they were still no bigger than large towns and the majority of the population lived in the country. The importance of this for the treatment of the insane is that it was not really until people began to congregate in cities that the problem of large numbers of lunatics with no means of support became evident to many

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[58] Ibid., p. 57.

[59] Ibid., p. 58.

people. In the backwoods farm and lumber camp there might have been the odd mentally ill person but certainly not to a degree that would seem to require public relief. The people of these colonies still had the independence of the pioneer. They desired a life free from social responsibility and its inevitable costs in the form of taxation. As MacNutt wrote of the New Brunswick of the 1820's, there was "a considerable degree of social injustice and bucolic indifference to it on the part of the people".[60] As the experience of Britain and the United States indicates, the creation of privately subscribed asylums supported by a number of wealthy philanthropists was the first phase of the deliverance of the insane from their confinement. New Brunswick in the early nineteenth century had neither the necessary accumulations of private wealth to spark this development nor an intellectual elite whose members were interested in and conversant with the latest reforms abroad and able and willing to act as the cutting edge of innovation in the colonies. Nova Scotian society was not quite so leaderless. A college education had been available in the colony since King's College was established in Windsor in 1789. The Nova Scotia Magazine and Comprehensive Review of Literature, Politics and News, an attempt by a handful of "gentlemen" to provide a forum for intelligent and public discussion of the arts and current affairs,[61] began publication in the

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[60] MacNutt, New Brunswick, p. 215.

[61] D.C. Harvey, "The Intellectual Awakening of Nova Scotia", in George Rawlyk, ed., Historical Essays on the Atlantic Provinces (Toronto: McClelland and Stewart, 1967), p. 107.

same year. Furthermore, Halifax could boast by the outbreak of the War of 1812 a significant number of wealthy merchants who took an interest in the advancement of the colony. Nevertheless, these first indications of social and self consciousness did not translate themselves into any kind of philanthropic movement until later in the century.

There is another, more general factor which influences when a society will decide to do something about its mentally ill. I have called New Brunswick, and Nova Scotia to a lesser degree, frontier communities. I mean by that that they were communities with small populations, widely dispersed, employed almost entirely in the arduous physical tasks of cutting a place for themselves out of the wilderness. Individuals had a highly developed sense of their own independence. There was no recognition of any group identity or character which might encompass the community as a whole. As time passed, however, as each community established an inter-related and characteristic economy, as they endured long enough to have a history, as they each grew large enough and urban enough to throw their members into relatively constant contact with one another;[62] as their populations became less imported and more

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[62]The population of Nova Scotia increased by two and a half times between 1817 and 1838, from 81,351 to 202,575 (Censuses of Canada, 1665-1871 (Ottawa: 1876), vol. 4.). New Brunswick's population more than doubled between the census of 1824 (C.J.L.A., 1824) and that of 1840 (C.J.L.A., 1841).

home-grown;[63] as all these developments took place, then each of these communities began to recognize itself as something distinct. Part of this distinctiveness was a set of shared values which indicated what kinds of behaviour were considered acceptable and what kinds were not. It is when a community reaches this point that it feels compelled to recognize and deal with the insane as insane. While still in the frontier stage, a community will recognize and protect itself against those who threaten life and property; i.e., criminals; and against those who do not contribute to the struggle for survival; i.e., paupers and the idle. But until a community has a set of recognized values and ways of behaving it will not, indeed cannot, attempt to deal with individuals whose behaviour is morally aberrant. In other words, it isn't until standards are set that people can be singled out for violating them. And it isn't until people are singled out for violating them that standards can be effectively maintained.[64] It is a very complex exercise to isolate exactly when these factors I have mentioned transform a frontier society into something else and I am not attempting to do it. What I am attempting to do is to indicate that at a certain stage of social development the recognition of insanity as a

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[63] "By the early 1850's there was no longer important immigration from the British Isles. At the end of the decade eighty-nine per cent of Nova Scotians were natives. Twenty years earlier in New Brunswick immigrants had considerably exceeded the number of natives, but by 1857 the latter had a considerable majority" (MacNutt, Atlantic Provinces, p. 258.). I realize that MacNutt is referring to a period much beyond the period I am discussing. What I am identifying is a trend, not an accomplished fact.

[64] These ideas draw on a theoretical discussion of deviance

problem distinct from criminality and pauperism becomes possible, even necessary. As D.C. Harvey has pointed out,[65] Nova Scotia was reaching that stage in the early years of the nineteenth century so the fact that an asylum was not established in Halifax until 1859 is not really explained by this analysis. On the other hand, New Brunswick, the younger colony, was maturing into self-consciousness in the third and fourth decades of the century, right at the point agitation for reform of the treatment of the insane began.

It must not be supposed that the opening of asylums in the Maritimes signalled the immediate end to the incarceration of the insane in gaols and poorhouses. This practice unfortunately continued throughout the century. For example, in 1895 the chief of police of Saint John in his annual report requested that a cell in the city jail be padded and set aside especially for insane inmates, of whom he had had thirty-five during the year.[66] The criminally insane who were considered dangerous were not allowed in the asylums but were confined in the prisons. In New Brunswick, all kinds of mentally ill and mentally defective patients were accepted into the asylum during the century, including cases of senility, epilepsy and retardation, or idiocy as it was called. This caused problems which will be discussed in a later chapter but it avoided

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in the first chapter of K.T. Erikson, Wayward Puritans: A Study in the Sociology of Deviance (New York: John Wiley and Sons, 1966), pp. 3-19.

[65] Harvey, op. cit., pp. 99-121.

[66] Chief of Police Annual Report, Reports of the Accounts of the City of Saint John, 1895.

the situation of Nova Scotia where the medical superintendent of the asylum was given authority to refuse admittance to cases of mental disease he considered incurable. Since there were no other institutions for the care of the senile, the epileptic and the defective, these invalids inevitably ended up in gaol or in some poor relief institution or back in the garrets of their families' homes. In 1889 Dr. Reid estimated that there were 1,600 of these cases in his province who were not getting proper care.[67] Just because asylums were built did not mean necessarily that all who should have benefitted from them did so.

This chapter has investigated the way in which the mentally ill were treated in the years before the asylum and has attempted to account for the sudden recognition of mental illness as distinct from its symptoms, criminality and pauperism. Yet to explain why a society became conscious of, and sympathetic to, the needs of the insane is still not to explain why that society chose one way of meeting the problem instead of another; why, in other words, the asylum instead of some other institution or no institution at all. That question will be answered in the last section of this study. First, as a necessary prelude, the operations of a Maritime asylum will be outlined.

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[67] Nova Scotia, J.H.A., 1889, Appendix 3A.

2. THE MORAL "SYSTEM"

During the nineteenth century in the Maritime provinces, as abroad, moral treatment was the principal technique for ministering to the mentally ill. It was to that century what psychoanalysis became to our own. At different times and in different settings the technique enjoyed a greater or lesser popularity but always it was at least one weapon in any doctor's arsenal, and it was usually the most important one. In 1901 Dr. W.H. Hattie still described his activities at the Nova Scotia asylum in terms of moral treatment ("By occupation, recreation and entertainment, we try to avert the tendency to morbid thought, and to direct the energy of the patient into proper channels."[1]) but it would seem that by the turn of the century doctors had taken up other tools provided by the advances of medical science. In 1894 George Sinclair listed the sedatives and stimulants in use at the Nova Scotia asylum[2] and it is obvious that drugs were becoming more prevalent. The next year he claimed to be employing "every known therapeutic agency"[3], a list which included "electricity", blood tests and instruments such as the microscope, the sphygmograph (which measured pulse rate and variations) and the opthalmoscope (which was used to examine the eye).

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[1] Nova Scotia, J.H.A., 1901, Appendix 3A.

[2] Nova Scotia, J.H.A., 1894, Appendix 3A.

[3] Nova Scotia, J.H.A., 1895, Appendix 3A.

The heyday of moral therapy had passed.[4]

Really not treatment in a medical sense at all, moral treatment (or the humane method as it also was often called) combined compassion and lenience with controlled activity in an attempt to coax the mind back into sanity. The intention was first of all to relieve the patient of fear and then to distract his mind from its morbid preoccupations. In this manner the patient was encouraged to exercise self-control and to reassert the primacy of reason over passion.

Because insanity was generally thought to be a disease with organic manifestations, moral treatment was throughout the century, supplemented with more purely medical treatment, ranging all the way from Radway's Ready Relief, a patent medicine which protected the brain against insanity when rubbed vigorously on the temples and spine, to this procedure outlined by Dr. Waddell for a patient suffering from brain fever: "remove the hair, cold applications to the head, profuse bleeding, purging and blistering and keeping up the heat of the surface".[5] There was by no means unanimous approval of these rather unsophisticated techniques, even at the time Waddell was applying them. At the Nova Scotia asylum, Dr. DeWolf believed that "in the treatment of insanity depletive measures are now ascertained to be highly injurious in the majority of cases, and only tend to

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[4] About the United States Dain writes: "But all chronological boundaries are compromises, and the story of the decline of optimism actually ends about the turn of the century when moral treatment virtually disappeared in the corporate mental institutions that had introduced it in the United States" (Dain, op. cit., p. xiv).

[5] New Brunswick, J.H.A., 1854, Appendix.

retard, if not prevent recovery".[6] He was supported by Buckhill and Tuke who cautioned against bleeding in any but the most extreme cases of acute mania.[7] Still, Waddel was not without support - the American doctor, Pliny Earle, for example, wrote that since insanity was a physical disease, blood-letting was both useful and necessary[8] - and it was really not until later in the century that purgatives, emetics and bloodletting went completely out of fashion.

At the time Maritime asylums were opening, a few simple drugs were being used to control the behaviour of the insane in asylums. Perhaps the most popular was opium, used as a tranquilizer, but tartrate of antimony, a sedative, and calomel, a purgative, were also used. While drug therapy was in its infancy, the use of baths by mid-century was a venerable tradition. The "bath of surprise", a tub of frigid water into which the lunatic was plunged in an attempt to shock him into his wits, was too cruel to be any longer fashionable but the experts still advised assorted bathing techniques for the excited or depressed patient. There was, of course, the ordinary bath of warm water which was considered an effective tranquilizer but there were also a variety of strangely-shaped apparatuses which dropped streams of cold water from different heights onto the heads of patients seated with their feet in tubs of warm water below. Cold water dropped from

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[6] Nova Scotia, J.H.A., 1859, Appendix.10.

[7] Buckhill and Tuke, A Manual of Psychological Medicine, p. 263.

[8] Pliny Earle, "An Examination of the Practice of Bloodletting in Mental Disorders", Journal of Mental Science 2 (1856): 167-74.

a height was "one of the most certain means of subduing violent maniacal excitement"[9] the American Journal of Insanity informed its readers in 1847.

Yet physical and/or medicinal remedies were not administered with much confidence in the new asylums. "The pride of medical science is disconcerted", admitted John Waddell, "by the reflection that mere medicine has had but a small part in the cure of many patients who leave an asylum well."[10] Given the poor understanding of the nature and causes of insanity (remember that in 1881 Dr. Reid would still be referring to the "blind conjecture"[11] which characterized the medical treatment of the insane), it is small wonder that medical techniques were so ineffective. And because they were ineffective, doctors did not enjoy the confidence of the populace. It has been argued[12] that in the United States respect for the ability of the medical profession declined sharply in the 1830's and 1840's. The country was teeming with medical quacks and legislators felt no need to regulate them. A similar bias may have existed in the Maritimes. In 1842-43 John Waddell, not yet superintendent of the New Brunswick asylum, wrote the Novascotian recommending that doctors be tested and licensed before they be allowed to practise medicine in the province. Waddell

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[9] American Journal of Insanity 3, (April, 1847): p. 353.

[10] New Brunswick, J.H.A., 1852, Appendix.

[11] Nova Scotia, J.H.A., 1881, Appendix 3A.

[12] C.E. Rosenberg, The Cholera Years (Chicago: University of Chicago Press, 1962).

worried about the growing number of "empirics", a polite word for quack, and the declining standards of medical practice. "The Country is everywhere inundated with the spurious professors of our art", he wrote, and went on to admit that there was a large number of Nova Scotians who "join in the cry against us - who impugn our motives, and denounce us selfish."[13] Among these sceptics was the Novascotian itself which called Waddell's proposal self-serving and argued that the true test of a practitioner was his ability, not his credentials or his education. Given that medical men admitted the ineffectiveness of purely medical techniques, and given that there was a recognition of this ineffectiveness among the populace, it is not surprising that moral treatment was accepted as the most promising means of combating mental illness.

Moral treatment had its origins in Europe in the last decade of the eighteenth century. It has generally been attributed to the therapeutic advances of two men, Philippe Pinel of France and William Tuke of England. Pinel (1745-1826) attained legendary stature in the history of psychiatry by being the first man to strike the chains from the insane and free them from confinement in their filthy dungeons. This event took place at the Hopital de Bicêtre in Paris in 1793 and was repeated two years later at the Saltpetrière, a hospital for women. Pinel transformed the two hospitals into therapeutic environments in which the patients were offered kindness instead of cruelty, hope instead of despair. Pinel's

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[13] Novascotian, 23 January, 1843.

major work, A Treatise on Insanity, was published in an English translation in 1806 and from Britain made its way across the Atlantic. The French physician was quoted approvingly in New Brunswick's 1836 legislative report, though he was referred to as Dr. Penel.

The second parent of moral treatment was William Tuke, a British tea merchant and Quaker, who in 1792 founded the York Retreat for the Insane near York in England. Tuke's interest had been aroused when a young Quaker woman who had been sent to the established asylum in York died under suspicious circumstances. Later it would be discovered that inmates of this asylum were living in conditions of extreme filth and were systematically flogged and starved as part of their treatment.[14] Secrecy surrounded the institution in the early 1790's, however. Recognizing that reform was impossible, Tuke and the Quakers determined to establish their own asylum and to practise a radical new form of treatment which came to be called moral. Tuke's grandson, Samuel Tuke, wrote a book[15] describing the Retreat which was published in 1813 and thereafter became a standard text for reformers throughout the English-speaking world.

Not a medical man himself, the elder Tuke had little patience with medical techniques. Instead, he liberated the

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[14]Jones, A History of the Mental Health Services, p. 66.

[15]Samuel Tuke, Description of the Retreat (London: Dawsons of Pall Mall, 1964).

Retreat's inmates from all the traditional mechanical restraints and set out to win their confidence by being kind, gentle and familiar. Kindness was intended to overcome the alienation felt by many of the insane, especially if they had been mistreated in the past. Treating them as if they were healthy individuals was intended to arouse their self-confidence. Good conduct in the Retreat was rewarded and Tuke played on the patients' desire for respect to encourage proper behaviour.

> ...yet when properly cultivated, it (the desire for esteem) leads many to struggle to conceal and overcome their morbid propensities; and, at least, materially assists them in confining their deviations, within such bounds as do not make them obnoxious to the family.[16]

Tuke's approach assured madness could be cured by reforming the madman's behaviour and that this could be accomplished by educating him to self-control. Self-restraint had replaced external, physical restraint. In a sense, the gaoler had been internalized.

These were the sources of moral treatment but a clearer idea of its purpose is revealed by examining how it was intended to be implemented in the asylums of the Maritimes. The legislative reports leading up to the construction of the asylums in the two provinces are really extensive discussions of moral therapy. They show how all-encompassing the intention was, how firm the conviction that a total environment was necessary to win back the lunatic to his sanity. Landscapes and buildings were as important a part of moral treatment as useful labour and healthful recreation.

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[16] Ibid., p. 157.

The ideal location for a nineteenth century asylum was on a height of land commanding a scenic view, right at the edge of settlement. Such a site offered the insane the scenery which was expected to soothe their frenzied minds and divert their attention from morbid preoccupations. Advocates of moral treatment had faith in the remedial influence nature exerted over the deranged mind.

> ...the sounds caused by rushing water is the music of nature, and is always in harmony with, and soothing in its effects on, the nervous organism, and is an influence perpetual in its operation, and in some measure an antidote to the grating effect of the modern railway and mill whistle, by which we are now surrounded.[17]

If madness was a psychic disharmony, then contemplation of the sounds and sights of nature might reawaken the mind to its proper, and natural, symmetry. And even if great nature didn't cure, it at least diverted. Diversion was also the rationale for building the asylum on the edge of civilization, remote enough so that the insane were insulated from the excitement of urban life but close enough so that they had "constant proofs that they are in a world of hope, and among beings who are engaged in the every day business of life".[18] The world beyond the asylum walls posed a threat, but it also provided an example and an incentive. Asylum administrators expected that as their patients stood and looked across the Saint John River to the city or across the harbour to the Halifax docks, they would be provoked into sanity by the desire to participate in the healthy, active world before their eyes.

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[17] New Brunswick, J.H.A., 1875, Appendix 6.

[18] New Brunswick, J.H.A., 1836, Appendix 3.

These asylums were not, therefore, built on secluded sites far from the centres of population. In fact, quite the opposite was true. When locations for the asylums were being sought, various counties in both provinces competed for the privilege and when the buildings were opened large crowds turned out in a spirit of celebration and pride. As examples of the charitable character of the populace, the asylums were trophies to be displayed. Given the inadequate care provided by the institutions, this pride may have been naive, but it was nevertheless genuine.

The physical appearance of the asylum was an important aspect of moral treatment. As in all things, the emphasis was on symmetry and good taste, what came to be called "moral architecture". "As it is found that the external appearance, as well as the internal economy of an Hospital for the Insane, exert an important moral influence... - it is a principle now generally recognized and acted on, that good taste and a regard for comfort, should characterize all the arrangements both external and internal, as calculated to induce self-respect and a disposition to self-control."[12] This concern resulted in an attempt to minimize the bleak stolidity of large institutions which tended to depress patients used to the kinder surroundings of their own homes.

As important as the countenance of the asylum was the arrangement of its buildings. The Maritime asylums were built with the intention of partially isolating certain classes of patients from each

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[12]Nova Scotia, J.H.A., 1846, Appendix 32.

other. For example, patients were segregated by sex and special accomodation was provided for "frantics" whose violent behaviour might disturb the other inmates. Another criteria for separating patients was social class. In part the rationale for this practice was economic. Asylum administrators hoped to attract wealthy patients whose fees would contribute to the upkeep of the establishments. It was argued that it was necessary to offer this class of patient comfortable surroundings and assurances that it would not be subjected to the unsettling manners and morals of lower class lunatics.

> Patients who have been liberally educated, and have been accustomed to the elegancies of polished life and manners, often retain a fastidious taste, and a proud sense of their superiority. They feel indignant unless their accomodations be of a superior kind, and are apt to be offended when exposed to the company and conversation of any person whom they may deem to be an unworthy associate.[20]

Class segregation, therefore, had also a therapeutic rationale. Patients had to be insulated from all that was offensive to them and which might cause them to retreat into their derangement. Tuke had recommended the grouping of inmates "into distinct and appropriate classes"[21] and Maritime asylums were interded to follow his advice. It was one of the procedures asylum personnel anticipated would make Maritime institutions superior to their American counterparts. In the asylums of the United States, doctors such as Waddell and Peters argued, conditions were distressingly democratic

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[20] New Brunswick, J.H.A., 1896, Appendix 3.

[21] Tuke, op. cit., p. 23.

and many of the wealthier inmates from Nova Scotia and New Brunswick, who went there prior to the construction of asylums in their own provinces, were suffering for it.

> ...take a man who has been used to live like a gentleman in one of the Provinces, and place him in a lunatic asylum in the United States, and how is he situated? He is not associated exclusively with those of his own class, but with others that he has never been in the habit of mixing with; he is also on an equality with what is called his attendant, and is rather required to make a companion of him, and even to look up to him; and a lady is similarly circumstanced. This attendant, though performing all the duties of a menial, is placed over the patients as a master or a mistress, and any disrespect shown to them is visited upon the patient with temporary punishment. No one of this class of patients can understand or tolerate a servant who performs all menial duties sitting down to eat with them, and in all other respects put upon a perfect equality, and as a matter of course taking occasionally advantage of their situation to exercise a little arbitrary authority; it serves to irritate and annoy them, and I have been told by patients in the asylum that it is one of the chief causes of unhappiness and discontent among them. Of course, we shall take care that no such evil shall exist in our asylum.[22]

Asylum society was a microcosm of the wider society. If patients were to be educated to the values and manners of that wider society in order that they might rejoin it, then it followed that the organization of the asylum should reflect those values and manners. American asylums may have been adequate for Americans, but in the Maritime provinces a man knew his place and resented an inferior who wished to share it. The proposed asylum, the New Brunswick Courier assured its readers in 1843,

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[22] New Brunswick, J.H.A., 1849, Appendix.

> will be much better suited for a place of residence for those of our own people who are afflicted with insanity, than any asylum can be in the United States. However kindly and judiciously they may be treated in other respects, still there are things arising out of the peculiar institutions of the country, which are offensive to patients, which in their irritable moments serve to excite them and render them more irritable; and so in a great measure impede if they do not prevent their ultimate recovery.[23]

As it turned out, however, overcrowding and lack of funds kept the Maritime asylums from achieving a rigorous separation of social classes. It was a recurring complaint throughout the century that the indiscriminate mixing of classes was diverting wealthier patients to foreign asylums, thereby losing the Maritime asylums desperately needed money.

As for the organization of time within the asylum, moral treatment consisted of a combination of three elements - work, play and worship. The most important of this trinity was work, physical labour either in the asylum itself or in the gardens surrounding the institutions. "Indeed, the great feature which characterizes the management of modern Hospitals for the Insane, is the extensive use of labour as a means of moral treatment."[24] "Useful employment" was intended to have a variety of effects. One non-medical consideration was that if patients were put to work producing small handicraft goods, as well as keeping up the asylum and its grounds and growing food in the gardens, then the institution might actually be made to pay for itself. In the brave days before the asylums were built, this was not

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[23] New Brunswick Courier, 11 November, 1848.

[24] Nova Scotia, J.H.A., 1846, Appendix 32.

just a possibility, it was an assumption. It did not take long, however, for legislators and asylum administrators to learn that hospitals were not factories and could not be made to break even financially. Labour did have its therapeutic value, of course, if for no other reason than it exhausted the patients, improving their sleeping habits and their physical health. Like the scenery, physical work, by forcing the patient to concentrate on something other than himself, diverted his attention from his sickness, theoretically weakening the irrational forces in their struggle with the will. Since many of the insane seemed to suffer from excess energy which made their behaviour frenzied and unpredictable, regular labour was intended to divert and give vent to some of this energy in a more useful and healthy way. But perhaps the most important influence labour was to have on the insane was its moral influence. If a patient was to rejoin society without becoming a drag on it, drained of initiative, self-confidence gone, then he had to be taught independence, industry and self-respect. Useful employment, the century's fetish, was as much a way of instilling moral values as it was of healing broken minds. Moral treatment concerned itself with behaviour; that is, with symptoms. Patients might be distracted; they might feel alienated from society because they were unable to participate in it; they might feel guiltily dependent on the good will of others. Work was the means by which this distracted, alienated, demoralized individual was woven back into the moral fabric of society.

But work could not occupy all the time nor all the patients in an asylum. It was anticipated that upper class inmates, who apparently did not require the moral lessons of useful employment, would

be exempt from physical labour. "There will always be found some patients whose station in society, or previous habits have been such, as not to have called forth exertions in such occupations, and who may therefore be indisposed to labour."[25] For them, and for the lower classes in their spare time, recreation had to be provided. This included open areas for walking, organized sports such as bowling, a library of books and newspapers[26] and regular evenings of entertainment. Again the object of such recreation was to promote physical health and provide diversions. A representative list of "amusements" at the Nova Scotia asylum included excursions by ferry into the harbour, concerts by the Rosebud Band of Hope and the Northend Amateur String Band, an evening of singing and recitations by Miss Pilsbury, a lecture on Pilgrim's Progress by a local clergyman. If the image of poor Miss Pilsbury intoning romantic poems to a room full of lunatics seems pretty questionable entertainment we must remember that the purpose of such evenings was only partially to entertain; they were also meant to elevate and civilize.

Certainly regular religious observances in the asylums must have been endorsed by the population at large for purely spiritual reasons. For those who still felt that the devil somehow had a hand in driving people insane, such observances were a kind of

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[25] New Brunswick, J.H.A., 1836, Appendix.

[26] Is there some wisdom in Dr. DeWolf's remark that "no kind of reading is more acceptable than newspapers to the insane"?

purgative. For those who equated madness with a fall from grace, winning back a mind was the same as winning back a soul. Everyone believed that the healing words of God relieved to some degree the psychic wounds of man. Yet moral treatment endorsed regular worship for reasons more behavioural than spiritual. Religion was another distraction, another way of filling in time and keeping the patients busy. "Any employment tending thus to break in upon uniformity and innocently to occupy idle time, would be useful".[27] More importantly, religious observances, because of their communal nature, were considered excellent opportunities for learning decorum and restraint. In fact, it was suggested[28] that permission to attend worship be treated as a privilege and used to subtly coerce the patient's behaviour.

All these different aspects of moral treatment were, of course, informed by a theoretical commitment to non-violence in the treatment of the insane. Gone were the days when lunatics were shut away in cramped cells, beaten and starved. Patients were to be coaxed, not threatened. The most radical exponent of humane treatment was John Conolly, a British asylum doctor, who wrote two books[29] putting the case for the complete abolition of all mechanical and physical restraints in the asylum. It was Conolly's opinion

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[27] New Brunswick, J.H.A., 1836, Appendix.

[28] Ibid.

[29] The Construction and Government of Lunatic Asylums (1847) and The Treatment of the Insane Without Mechanical Restraints (1856).

that freeing the patient from all restraint revived his self-respect as a human being. "The abolition of the old methods of coercion, and the consequent mitigation of the symptoms of insanity, have led, as a natural and happy consequence, to the recognition of the possession, by insane persons, of many of the feelings which relieved their affliction from debasement, as well as of surviving intellectual faculties capable of cultivation."[30] These ideas were hotly debated in the journals throughout the century and Maritime doctors were familiar with Conolly,[31] his work and the controversy.

In New Brunswick, **Waddell** early on rejected the "indiscriminate and frequent use"[32] of mechanical restraints but argued that sometimes they had to be used for the good of the patient. This moderate position was taken by his successors as well. In Nova Scotia, on the other hand, there were quite radical differences of opinion at different points in time. The first medical superintendent at the asylum, James DeWolf, began his tenure by somewhat cautiously reporting the "almost entire **absence** of personal restraint".[33] Twelve years later DeWolf went all the way when he, invoking Conolly, endorsed "the total disuse of mechanical restraint"[34] and claimed

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[30] J. Conolly, The Construction and Government of Lunatic Asylums (London: Dawsons of Pall Mall, 1968), p. 122.

[31] Nova Scotia, J.H.A., 1872, Appendix 20.

[32] New Brunswick, J.H.A., 1851, Appendix.

[33] Nova Scotia, J.H.A., 1860, Appendix.

[34] Nova Scotia, J.H.A., 1872, Appendix 20.

his asylum was completely free of "every kind of restraining apparatus".[35] As we shall see in the next chapter, DeWolf, if not lying, was being semantically obscure. Nevertheless, at least in principle, the Maritimes had its defenders of non-restraint.

DeWolf was succeeded in 1878 by Dr. A.F. Reid who turned out to be the only superintendent in the Maritimes who in the last half of the nineteenth century was still willing publicly to defend physical restraint as a mode of treatment. It was Reid's opinion that restraining a patient whose mind was irrational and whose behaviour was frenzied was perfectly consistent with humanity and common sense.

> Restraint is the influence every child feels is exercised over it by parents and teachers. Every well-balanced mind appreciates the restraint which the higher faculties must exercise over the baser ones that are inherent with our common humanity. It is essential to society. The laws of every country are systems of restraint. Non-restraint is not consistent with civilization or Christianity, and the term, being misleading, should be dropped.[36]

Reid was not rejecting moral treatment, he was just shifting its emphasis. Recognising that the human personality was everywhere disciplined by society, Reid thought it unnecessary to pretend that the asylum was in any way different. Physical restraints, he argued, were better for the patient than the drugs or isolation cells in use in other asylums and in this regard Reid was perhaps free of the hypocrisy which led some of his colleagues to jump aboard the non-restraint bandwagon without being prepared to accept its practical application. Reid was superintendent of the Nova

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[35] Ibid.

[36] Nova Scotia, J.H.A., 1881, Appendix 3A.

Scotia asylum until 1893 when he was succeeded by George Sinclair, who immediately ended the practice of mechanical restraint.[37]

The necessity for restraint was believed to differ from country to country. The British doctor, D. Hack Tuke, wrote in 1885 that it was conventional wisdom that restraint was employed to a much greater degree in American asylums than in British ones.[38] The reason for this was that Americans supposedly lived in a more democratic society where eager ambition infected everyone and economic progress made the pace of life swift and unstable. The result was supposed to be that the American insane were much wilder and harder to control. I don't know how widespread this idea was in the two Maritime provinces but at least Dr. DeWolf was in agreement with Tuke. DeWolf regretted that the Maritimer was often as intractable as the American, thereby explaining why some restraint might still be required in Nova Scotia though completely abolished in the Mother Country. "On this side of the Atlantic", he wrote, "a different climate acting conjointly with other causes peculiar to the country, produces a state of excitability and resistance to all authority and discipline, as well in the sane as in the insane, that is happily unknown in England. Granting that in Great Britain only one case in a lone thousand requires restraint, here the proportion would be ten fold."[39]

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[37] Nova Scotia, J.H.A., 1894, Appendix 3A.

[38] D.H. Tuke, The Insane in the United States and Canada (London: H.K. Lewis, 1885), p. 57.

[39] Nova Scotia, J.H.A., 1860, Appendix. It is odd to find DeWolf equating the character of his province with that of the United States because, as I've tried to show, in other respects

The final element of moral treatment, and one which circumscribes all the others, was isolation. It has already been shown that it was considered healthy that the insane be aware of, and to some degree witness to, the daily life of the society beyond the asylum walls. But it was also considered crucial that the individual patient be removed from the immediate social surroundings which had been witness to his fall from reason.

> The first and most important step is to remove the patient from his own home and from all the objects which he has been accustomed to see. His false notions and harassing impressions are associated in his mind with the objects exposed to his senses during the approach of his disease. His relations have become to him stale and uninteresting, and afterwards cause of angry irritation. The places where he has been accustomed to feel perplexity of thought cannot be seen without in some measure reviving it.... The most favourable situation is a retirement, where the patient will be surrounded by objects which have a composing influence.[40]

The rationale was not that madness might be the result of an unsuccessful adaptation to a family or social situation but rather that the mind, once shattered, needed a quiet place, a kind of laboratory, in which it could be carefully reconstructed. Throughout the century, medical men repeatedly warned the public that the insane could not be treated at home, that they had to be surrendered up to the asylum if they were not to become forever incurable. An example of how far some superintendents were willing to take this

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Maritimers were quick to point out the superiority of their institutions and their values. During this study this is the only instance I have found of someone in either province actually attributing a "North Americanness" to his province.

[40] New Brunswick, J.H.A., 1836, Appendix.

isolation is the case of Richard Hurley.[41] Hurley, a young man in his late teens, was a patient at the Mount Hope Asylum during the winter of 1866-67. Dr. DeWolf refused his parents visiting privileges, ostensibly for fear that they would aggravate their son's illness. The only news the anguished parents received was if by chance they happened to run into DeWolf in Halifax. On these occasions the doctor was non-committal and would say only that their son was "improving". After six months in the asylum, Hurley died of consumption.

We are entitled to be suspicious of DeWolf here, as were his contemporaries. (An inquiry was held but the superintendent was exonerated.) As we shall see, conditions in the Maritime asylums were not good and possibly this emphasis on privacy was merely a pretext for keeping the facts from the public. Nevertheless, there was a strong theoretical prejudice in favour of isolation that was an integral part of moral treatment. Practitioners had to have patients removed from all outside influences which might disturb them and interfere with the process of treatment.

When all these elements were brought together, the result was an enclosed, tightly organized institution, the aim of which was to redirect the inmates' behaviour into conventional patterns. Perhaps the most revealing statement about moral treatment can be found in the Nova Scotia report of 1846 - "Without system there

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[41] Novascotian, 27 May, 1867.

cannot be success".[42] The asylum was a system. Everything from its physical 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",[43] who was expected not to practise medicine (there was little enough to practise) but to attract the confidence, the obedience and the emulation of his charges. The function of the superintendent in moral treatment was not to be so much a doctor as a wise man and a moral example,[44] in a sense, a father. Continually in the Nova Scotia report the proposed asylum was referred to as a "household" and the superintendent's role seems to have been that of the father of a substitute family, disciplining and instructing his "children".

The system ignored causes because the understanding of them was rudimentary. Instead, doctors concentrated on symptoms - the hallucination, the frenzy, the melancholy - and tried to eliminate

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[42] Nova Scotia, J.H.A., 1846, Appendix 32.

[43] Ibid.

[44] Describing the role of the doctor in moral treatment, Michel Foucault has written: "However, and this is the essential point, the doctor's intervention is not made by virtue of a medical skill or power that he possesses in himself and that would be justified by a body of objective knowledge. It is not as a scientist that 'homo medicus' has authority in the asylum, but as a wise man. If the medical profession is required, it is as a juridical and moral guarantee, not in the name of science. A man of great probity, of utter virtue and scruple, who had had long experience in the asylum would do as well. For the medical enterprise is only a part of an enormous moral task that must be accomplished at the asylum, and which alone can ensure the cure of the insane" (Michel Foucault, Madness and Civilization (New York: Random House, 1965), p. 270.).

ther by reinforcing the patient's self-control. In fact, the insane were taught to be normal. They were taught to enjoy useful employment, to worship God, to enjoy Miss Pilsbury, to mind their place in the social hierarchy. When they had learned their lessons, they were allowed to go.

There was a newspaper cartoon not long ago showing a psychiatrist in a padded cell saying to his strait-jacketed patient, "Just between ourselves, your obsession that the rest of society is mad is probably true...but they are in charge". In a sense, sanity is always what society says it is. Some societies, and the Maritime society of the nineteenth century was one of these, demand quite strict behavioural conformity, but all at one point draw a line and say that anyone who steps over is mad. My point in this chapter, however, has been less to do with how insanity was defined than with how it was treated. A psychiatrist in the twentieth century (at least until recently) has been concerned with a patient's actual illness and has dealt with symptoms only as they lead back into that illness. Put simply, heal the sick mind and the behaviour will look after itself. In the nineteenth century, on the other hand, doctors ignored the actual deranged mind because they did not understand it and instead attempted to transform behaviour, thinking that the mind would take care of itself. This was the moral system, and it flowered in a brand new institution, the asylum.

PART THREE - THE ASYLUM

1. "THAT PRISON ON THE HILL"

An enthusiastic editorial writer in the Saint John Daily Evening News early in 1883 used the occasion of an asylum fund-raising event to make the by-then predictable comparison between the benevolence of "modern" mental health treatment and the "outrages" of the recent past. "How different their lot now", he wrote of the insane.

> Sheltered in palatial buildings provided with every comfort they are fitted to enjoy, favoured with abundant sunlight, a plentiful supply of pure air, well fed, judiciously exercised in interesting employments, kept clean and warm, and treated kindly and tenderly, life is not wholly a burden to them.[1]

This Edenic image of the asylum was contradicted just two years later by someone with much more experience of the realities of the New Brunswick institution than the newspaperman.

Mary Pengilly had been a patient at the asylum during the winter of 1884-85 and her impressions of it were published upon her release as a Diary Written in the Provincial Lunatic Asylum.[2] In her diary Mrs. Pengilly quite readily admitted the religious delusions, the prolonged fasting and the hearing of angels' voices which had led to her being committed to the asylum. However, she claimed to have been held against her will for many

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[1] Saint John Daily Evening News, 3 February, 1883.

[2] Mary Pengilly, Diary Written in the Provincial Lunatic

months after her sanity had returned because of the machinations of her son. She described an institution which was more like a prison than a hospital. Food was allegedly so distasteful that patients often refused to eat it. Rooms, in which the patients were locked each evening, were poorly heated and ventilated. The atmosphere was sombre and depressing. Attendants discouraged the inmates from fraternizing with each other. Mrs. Pengilly charged that the attendants were far too rough with the patients and neglected their physical health. She claimed that many patients were, like herself, not mad but that conditions at the asylum were rapidly making them so.

Mrs. Pengilly published her diary after failing to convince the legislators at Fredericton to intervene at "That Prison on the Hill". The book seems to have fallen on deaf ears. No legislative committee was struck. The author was not commissioned to 'clean up' the asylum, as she had hoped she would be. And there was no public outcry[3] against illegal detention or in favour of an investigation of the asylum. Mrs. Pengilly quietly removed herself to the United States and was not heard of again.

Mrs. Pengilly may have been inspired by the case of Mrs. Georgiana Weldon, an eccentric and wealthy English society woman whose estranged husband had tried to have her committed in London

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Asylum (Saint John, published by the author, 1885).

[3]There were no references to the book in the major New Brunswick newspapers at the time of its publication, the summer of 1885.

in 1877. The incident was widely publicized[4] and not resolved until 1884, the year before the Diary appeared in New Brunswick, when Mrs. Weldon was awarded damages by the courts. Even though Mrs. Pengilly might have seen herself as a colonial Mrs. Weldon, her indictment of conditions at the New Brunswick asylum was not necessarily exaggerated. It was, however, strongly at variance with the views expressed by the Evening News editor. What had the Maritime asylum become, prison or palace?

The body of evidence regarding conditions in the institutions during the century is overwhelmingly on the side of Mrs. Pengilly. The lunatic asylum, the child of medical reform and moral optimism, proved unequal to its founders' aspirations. Plagued by economy-minded legislators, incompetent staff and overcrowded facilities, the institution was forced to neglect its curative function in favor of a custodial one. The purpose of this chapter is to document that change.

As far as the medical men and lay reformers who had agitated for the establishment of the Maritime asylums were concerned, the mental asylum was a requirement of moral treatment. The latter was unthinkable without the former. No other setting could provide the necessary isolation and organization. The asylum was accepted, and explained, as the product of the latest advances in the treatment of the insane. Because moral treatment was humane and progressive, it was assumed in the beginning that the asylum would be as well.

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[4]Jones, A History of the Mental Health Services, p. 168.

The Maritime asylums were launched in a period when insanity was widely believed to be on the increase. Yet, paradoxically, the 1840's and 1850's was also a period of optimism regarding the curability of mental illness.

> It is the decided opinion of most persons who have investigated the subject, that insanity is on the increase. But at the same time it is consolatory to observe, that the disease is not now considered of so formidable a nature as it used to be, because it is found easily to yield to judicious treatment timely applied.[5]

The reason for this optimism, what Albert Deutsch called the "cult of curability",[6] was a faith in the efficacy of moral treatment, and of its instrument, the asylum. Dain has shown that in the United States the period 1830-1850 was the high point of optimism[7] and it is not surprising that the same is true of the Maritime colonies since they looked across the border for proof that their asylums would be successful. The Bell Commission reported recovery rates of eighty-two and a half per cent and eighty-six and a half per cent respectively at the Worcester asylum in Massachusetts and Boston's McLean Asylum[8] and concluded confidently that "Wherever an Asylum is established, there the numbers of Insane in proportion to the population begin to diminish".[9] This opinion was seconded by Dorothea Dix who in 1850, while making one

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[5]New Brunswick, J.H.A., 1836, Appendix.

[6]Albert Deutsch, The Mentally Ill in America (New York: Columbia University Press, 1949), p. 132.

[7]Dain, Concepts of Insanity, p. 114.

[8]Nova Scotia, J.H.A., 1846, Appendix 32.

[9]Ibid.

of her celebrated memorials on behalf of the mentally ill to the Nova Scotia assembly, assured the legislators that "the malady of insanity... is, except there be organic disease, equally manageable and curable as a fever or a cold".[10]

It was not just the "experts" who believed so fervently in the asylum and the probability of cure. At the laying of the corner-stone for the permanent New Brunswick asylum, Lieutenant-Governor Colebrooke reminded a crowd of two thousand on-lookers that "the influence of patience and gentleness, combined with tranquilizing pursuits and associations, will rarely fail to restore self-possession".[11] Two years previous, the Nova Scotia legislative committee enquiring into the state of the insane in the Halifax poorhouse claimed that cure rates at American asylums were an astounding ninety-one and a half per cent.[12] And in 1856 at the cornerstone ceremony for the Nova Scotia asylum the Reverend Dr. Twining assured his audience that ninety per cent of the patients admitted to asylums were cured.[13]

The important qualification which was always made was that a lunatic was curable primarily in the very early stages of his illness, usually in the first three months. If madness could be detected at the outset and the afflicted person removed from his home to an asylum before temporary symptoms became permanent illness, then cure

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[10]Nova Scotia, J.H.A., 1852, Appendix 72.

[11]New Brunswick Courier, 26 June, 1847.

[12]Nova Scotia, J.H.A., 1845, Appendix 70.

[13]Novascotian, 16 June, 1856.

was virtually guaranteed. If not, if family or friends hesitated before bringing the mentally ill to the asylum, then doctors promised nothing. In fact, they hinted at the worst. When John Waddell stated categorically that "no insane man recovers at home",[14] he was speaking for all his colleagues. Insanity demanded moral treatment and moral treatment demanded the asylum.

In the late Forties and Fifties a noticeable change occurred in the attitude of the law to the incarceration of the insane. Prior to this time, it will be recalled, statutes had illustrated a reluctance on the part of lawmakers to take responsibility for the care of the mentally ill. However, as the asylum began to be emphasized as the only proper place for treatment, legislators became much more active in their attitude towards the insane. In New Brunswick the original bylaws governing the new asylum restricted inmates to "lunatics proper" and refused admission to all but exceptional cases of idiocy and delirium tremens.[15] This changed, however, in 1852 when "An Act to Amend the Law Relating to Lunatics and Insane Persons" provided that "any person furiously mad or so far disordered in his reason as to be dangerous when at large" was to be taken forcibly to the asylum and incarcerated there on the orders of two Justices of the Peace.[16] No doctor need be consulted and the superintendent of

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[14] New Brunswick, J.H.A., 1847, Appendix.

[15] New Brunswick, Records of Executive Council, vol. 2, Lunatic Asylum, 1836-46, p. 1540-46.

[16] New Brunswick, J.H.A., 1854, Appendix.

the asylum could not refuse a patient. Waddell campaigned against this law, arguing that his asylum was no place for the mentally retarded and the alcoholic and in 1859 the law was changed once more to ensure that no one was admitted to the provincial asylum without first being certified by a doctor.[17] Still, the asylum's medical superintendent had no right to refuse admittance to anyone so certified, be they senile, retarded or epileptic, and wouldn't have until 1883. The legal emphasis was on making it as easy as possible to get the mentally ill into the asylum.

The situation was similar in Nova Scotia. Prompted by four murders committed within a year, all by men who were subsequently found to be insane,[18] the legislature passed a law which allowed two Justices of the Peace to hold in custody any person who "seemed" to be insane and "seemed" to have "a purpose of committing some crime".[19] If found to be mentally disturbed by a doctor, the individual was either held in gaol or in the poorhouse, or in the asylum when it opened four years later. Curiously, this statute, which quite aggressively singled out the mentally ill, at the same time contained the qualification that "nothing herein contained shall be construed to extend to restrain or prevent any relation, guardian or friend from taking such insane person or dangerous idiot under his own care and

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[17] New Brunswick, J.H.A., 1859, Appendix.

[18] Novascotian, 1 January, 1855.

[19] Nova Scotia, Statutes, 1855, Chapter 34, ser. 1-6.

protection".[20] This was the last time a law concerning lunacy included that qualification and it provides a nice juxtaposition of the two dominant aspirations of the legislators of the time - that of social order and that of economical administration. In the future, the former would predominate.

The Nova Scotia asylum superintendents had more discretionary power than their New Brunswick counterparts. Right from the beginning the Mount Hope institution was governed by a law which allowed recent and acute cases of insanity to be given preference over more chronic cases.[21] This meant that when the institution became crowded, which it very soon did, mental defectives and cases of long-term mental illness were refused admittance. Similarly, at no time were persons ever legally committed to the Nova Scotia asylum without certification by a physician. Nevertheless, there was a perceptible shift in the legal attitude. For instance, an 1858 statute, "An Act For the Management of the Hospital for the Insane", provided for the incarceration of any person who could be proven to be "by reason of insanity, unsafe to be at large or suffering any unnecessary duress or hardship".[22] By 1872 the law made no reference to public or personal safety. It merely stated that "any lunatic being at large may be apprehended".[23] In April, 1860, concerned that the asylum was not yet filled to capacity, the Committee

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[20] Ibid.

[21] Nova Scotia, J.H.A., 1859, Appendix 10.

[22] Nova Scotia, Statutes, 1858, Chapter 38.

[23] Ibid., 1872, Chapter 3.

for Humane Institutions,[24] suggested that in each county persons be appointed to investigate reports of cases of mental illness and be authorized to get as many cases as possible certified.[25] A law embodying this recommendation was passed in May, 1860.

This shift in the intention of the law can only partly be ascribed to the requirements of moral treatment. Austerity-minded legislators would not have been eager for the governments to take on the additional expense of caring for the mentally ill in large numbers unless there were other benefits besides mental health to be derived. In the 1850's, after the accession to power of the "Smashers", who in an earlier incarnation as "Liberals" in the late Forties had opposed the "squandering" of money on the asylum, New Brunswick's finances were largely taken up by railway construction.[26] And in Nova Scotia, during the winter of 1859-60, there was a great deal of controversy in the legislature and the press about the cost of the Mount Hope asylum.[27] Even the committee which recommended the aggressive 1860 statute mentioned above was careful to recommend in its next breath a policy of "retrenchment and economy" to cut costs at the

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[24]This body was one of the committees of the legislative assembly. Its five members periodically visited the lunatic asylum, the poors' asylum and the home for deaf mutes and annually reported on conditions at these facilities. The committee's responsibilities did not include penal institutions which were inspected by a separate legislative committee.

[25]Nova Scotia, J.H.A., 1860, Appendix.

[26]MacNutt, New Brunswick, p. 380.

[27]British Colonist, 3 December, 1859; Novascotian, 28 May, 1860.

institution.[28] Evidently, legislators had serious reservations about spending money on the asylums. Yet at the same time they passed laws designed to bring more clients to those asylums. Their motives, therefore, were apparently less medical than socio-political. Their intention was increased social order, as much as improved mental health. But that is the subject of the next chapter. It is enough simply to recognize here that, for whatever reasons, the perceived necessity of hospitalizing the mentally ill was supported by the laws of the two provinces.

Unhappily, the campaign to institutionalize the mentally ill had an effect quite opposite to that intended by reformers and medical men. 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. What happened, however, was that the asylums were immediately and constantly overcrowded, especially with what were considered chronic, incurable cases, and hadn't the staff or the facilities to be anything more than places of confinement. The heady optimism of mid-century evaporated into exasperation, and sometimes plain brutality, as asylums proved unable to fulfill their role of successful treatment centers.

The New Brunswick asylum opened in December, 1848, and in his report for 1849 the medical superintendent, John Waddell, was already asking that the institution be immediately enlarged. When completed,

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[28] Nova Scotia, J.H.A., 1860, Appendix.

the institution was intended to handle one hundred and eighty patients in a complex consisting of a center block and two wings but originally only the center building had been constructed. Waddell reported that in the first year that building was full to overflowing, and that highly excited inmates were unavoidably mixing with "the better class of patients". He requested that work begin immediately on the first wing and on a detached lodge for "frantic" patients. Waddell also regretted that he was being sent people who were not insane but were merely "harmless and friendless" and unable to look after themselves. The asylum, he said, was a "semi-Poor House".[29]

In 1852 a wing was added to the asylum[30] but two years later the Grand Jury was urging that the institution be enlarged again.[31] It was finally completed in 1864 to hold the intended one hundred and eighty patients. Unfortunately, the daily average of patients in the asylum that year was one hundred and ninety-four.[32] Demands for expansion continued, as did the overcrowding, and despite the addition of a sixty-bed unit for men in 1879[33] and a fifty-bed unit for women two years later,[34] the asylum did not achieve what was considered a satisfactory patient population until 1885 when a farm annex capable

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[29]New Brunswick, J.H.A., 1850, Appendix.

[30]New Brunswick, J.H.A., 1853, Appendix.

[31]New Brunswick, J.H.A., 1854, Appendix.

[32]New Brunswick, J.H.A., 1865, Appendix 14.

[33]New Brunswick, J.H.A., 1880, Appendix.

[34]New Brunswick, J.H.A., 1882, Appendix.

of handling one hundred and fifty of the more long-term cases was built about a mile from the main building.[35] Now New Brunswick had facilities for three hundred and twenty acute cases and almost half that many chronics and complaints about overcrowding were seldom heard.

The situation was similar in Nova Scotia. There the asylum which opened in 1859 had a capacity of one hundred and fifty patients. As we have noted, the medical superintendent was given discretionary powers to exclude cases which were not considered acute; in 1861 DeWolf reported that it had become necessary because of crowding to start exercising that power.[36] DeWolf regularly complained about the inadequacy of facilities at Mount Hope but it was not until 1874 that the asylum was enlarged, to a capacity of two hundred and seventy-eight patients.[37] Again, this enlargement was only temporarily adequate since five years later the asylum was treating up to three hundred and seventy cases of mental illness daily. It was not until 1886 that the problem of overcrowding at Mount Hope was solved. In that year the legislature passed an act allowing the province's counties to build asylums for "harmless insane, idiotic persons, and epileptic persons who are insane but who have not manifested symptoms of violent insanity";[38] in other words, for chronics. By 1897 there were fifteen of these county asylums throughout Nova Scotia.[39]

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[35]New Brunswick, J.H.A., 1886, Appendix.

[36]Nova Scotia, J.H.A., 1862, Appendix 6.

[37]Nova Scotia, J.H.A., 1875, Appendix 8.

[38]Nova Scotia, Statutes, 1886, Chapter 44.

[39]Nova Scotia, J.H.A., 1899, Appendix 3A.

Conditions at the asylums made the successful treatment of patients almost impossible and cure rates never approximated the heady forecasts of eighty and ninety per cent. Those figures were inflated anyway, since patients who might have returned a number of times to the asylum for treatment were counted as separate cures each time. Furthermore, cure rates were calculated on recent admissions only. What constituted "recent" differed from asylum to asylum but it seldom meant longer than six months. Anyone who had been in the asylum for more than that period was considered incurable and was not included in the population from which the cure rates were computed. But even given the dubious manner in which they were calculated, Maritime cure rates were much lower than anticipated. After the first five years of operation, the Nova Scotia asylum had a reported recovery rate of thirty-four per cent[40] and for the rest of the century that figure fluctuated between thirty and fifty per cent. In New Brunswick, Waddell produced statistics in 1874 that showed his asylum had for the previous twenty-five years a recovery rate of forty-four per cent.[41] Later in the century, however, superintendents recognized the absurdity of leaving the so-called incurables out of their computations and recovery rates plummeted. In 1882, Dr. Reid admitted that while officially the cure rate at Mount Hope was forty-five per cent, only about ten per cent of the four hundred patients had much hope of regaining

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[40] Nova Scotia, J.H.A., 1864, Appendix 10.

[41] New Brunswick, J.H.A., 1875, Appendix 6.

their mental health.[42] At the end of the decade Dr. Steeves remarked of the New Brunswick institution: "Out of four hundred and forty-two patients, only sixteen were expected to be restored to mental health."[43] That is barely more than three per cent. Clearly the asylum had failed to provide the intended curative environment. It had become, instead, a place of confinement for hundreds of insane people who were given next to no hope of recovery.

Not only were the asylums hopelessly overcrowded, they were poorly staffed as well. At first, the superintendent was the only medically qualified staff member. Later in the century he was given an assistant. It was the practice of both asylums that these doctors make daily visits to all the patients but evidence given at a number of enquiries suggests that these duties were frequently neglected, and when it is remembered that towards the end of the century there were upwards of four hundred patients in the institutions we can appreciate why. Daily care of asylum inmates devolved upon a small number of attendants who had no training and often, because of overwork or simple meanness, no sympathy. Turnover in these jobs was rapid and steady so the insane seldom even had the benefit of experienced care.[44] It was not until the early 1890's that a training school for mental health nurses was established in the Maritimes at

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[42] Nova Scotia, J.H.A., 1883, Appendix 3A.

[43] New Brunswick, J.H.A., 1891, Appendix.

[44] Nova Scotia, Public Health Series A, Nova Scotia Hospital, vol. 4, letter from DeWolf.

the Nova Scotia asylum (though it is possible that trained nurses could have been imported from outside the provinces before that time).

Given these tremendous handicaps, it is not surprising to find conditions in the asylums at times as horrible as those in the gaols and poorhouses of a century earlier. There were a number of publicized incidents of attendants abusing the patients. In New Brunswick, just a year after the asylum opened, two attendants were dismissed for what was called "gross misconduct".[45] What the couple actually did the newspapers were too delicate to explain. The incident led to an investigation and the subsequent resignation of the superintendent, George Peters, though he was exonerated of any responsibility by the enquiry. In Nova Scotia, again just a short while after Mount Hope was opened, the institution's steward, Amos Black, was dismissed by a committee of investigation.[46] Apparently Black had been having sex with a number of inmates,[47] but as well he and DeWolf, the superintendent were incompatible. The committee termed the situation at the asylum a "civil war" between the two men with the patients neglected as a result. Five years after the Black incident, the bruised, lice-ridden corpse of Richard Hurley became the center of a controversy about the standard of care at the asylum. During the twenty-four-year-old Hurley's six-month stay at Mount

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[45] Saint John Morning News, 7 December, 1849.

[46] Nova Scotia, J.H.A., 1861, Appendix 6.

[47] Novascotian, 28 May, 1860.

Hope, no members of his family were allowed to visit him until the day the father was summoned to take the consumptive body of his son home to die. A committee investigating the incident concluded that parts of the asylum were indeed overcrowded and filthy but that there was "no evidence to fix any blame on either Dr. DeWolf or any of the attendants employed in the institution".[48]

While unqualified attendants were undoubtedly the cause of some abuse, the biggest problem in the asylums was lack of space. In 1877 Dr. Steeves travelled to Fredericton to try and convince the legislature to finance an addition to his asylum. There were two hundred and eighty-four patients in an institution built to handle only two hundred, Steeves told the Saint John Daily Telegraph, and one hundred of these did not have the separate rooms they required for proper treatment. "The evils involved in this simple fact are such as could not well be described in our columns", wrote the interviewer, "for the details would be offensive and even shocking".[49]

In Nova Scotia, the "offensive" details of overcrowding were described publicly, as a result of an investigation into conditions at the asylum in May, 1877. Economy was obviously a prime consideration of the investigative committee since so much of the evidence it heard related to food being wasted and expensive property being damaged.[50] Nevertheless, it was established that

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[48]Nova Scotia, J.H.A., 1867, Appendix 38.

[49]Daily Telegraph, August 28, 1877.

[50]Nova Scotia, J.H.A., 1878, Appendix 10.

because of crowding patients were being neglected, wards were filthy and no treatment was being carried out. Kate Cameron, an attendant at Mount Hope for four years, told the committee that she had once seen a female patient, who had torn her clothes, stripped, bound and left unattended in a room with no bed and no heat. It was December and the woman froze to death but there was no inquest held into the incident.[51] Michael Meagher, another attendant, told the following story:

> A patient named Graham was in the dark room [solitary confinement] while I was at the Hospital. It was in the Winter time. The glass was broken, and the rain came in and wet the floor. Graham was lying on the floor on a mattress. The room was in a very dirty condition. There was straw on the floor, and human excrements. I saw the snow not melted on the floor. We put the food in over the door sometimes. The doctor would occasionally enquire how he was.... He never went to see him. A man put in the dark room was entirely neglected. Graham was subject to fits; he might have died without assistance during the night; he was left entirely to his own resources after locking him up. Graham was a powerful, muscular man. It was the practise of the attendants to give as little food as possible to patients in that state to reduce their strength; just enough food to sustain them. The doctors never enquired into the quantity of food given them. Graham was in the dark room from one to three weeks. The room was bitterly cold; it was hardly fit for a dog; it was not fit for a human being.[52]

This was sixty years after Henry More Smith was chained like an animal in a New Brunswick gaol but apparently conditions could be as bad in the new asylums. It is tempting to explain these abuses at Mount Hope as the failure of one man, Superintendent DeWolf. One controversy after another indicates that he was an arrogant man with

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[51] Nova Scotia, Supplementary Evidence as to the Management of the Nova Scotia Hospital for the Insane, Halifax, 1872.

[52] Ibid.

whom most of his employees found it very difficult to work. But the fact that both the New Brunswick and the Prince Edward Island[53] asylums were also, in different degrees, found to be inadequate, if not barbaric, institutions, suggests that Mount Hope was not the exception but the rule.

Another abuse, perhaps as great as those taking place inside the asylum, was the fact that so many mentally ill people were refused admission since there were no other facilities for caring for them. In New Brunswick this exclusion occurred simply because the asylum was full to capacity but in Nova Scotia it was the institution's policy to discriminate against what were considered long-term cases in favor of recent ones. The ostensible rationale for this was that moral treatment was more successful with recently-ill patients but the policy was also sanctioned by economic considerations. Long-term cases generally exhausted the capacity of their relatives to finance their stay in the asylum and responsibility for their upkeep devolved either upon the province, in the case of the transient insane, or upon the county for its own pauper insane. As the asylum became more and more crowded with chronic cases, the expense for the two levels of govern-

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[53] In 1874 a Grand Jury visited the P.E.I. asylum and reported that they "find it difficult to ask your Lordships to believe that an institution, so conducted, would be allowed to exist in a civilized community. In a cell below the ground, about six feet by seven feet, they found a young woman, entirely naked, beneath some broken, dirty straw. The stench was unbearable. There were pools of urine on the floor, evidently the accumulation of many days, as there were gallons of it". The superintendent of the institution was apparently "an ordinary labourer" and the Jury concluded that "the whole Asylum is in one state of filth" (P.E.I., J.H.A., 1875, Appendix G.).

ment increased and economy-minded legislators were interested in having a larger percentage of the asylum population self-supporting, which usually meant recently admitted.[54] Asylum correspondence shows also that government officials eager to cut fiscal corners either would endeavour to prove a particular patient who had become a public charge was officially a resident of some other county than their own or, failing that, would try to convince the asylum superintendent to discharge this type of patient, whether considered cured or not.[55]

All this evidence shows that despite what some contemporary reporters said about "palatial buildings" and "kind and tender" treatment,[56] the Maritime asylum had failed to live up to its founders' expectations. Instead of a place of treatment it had become a place of confinement. Good intentions were one thing, but lack of adequate space and facilities meant inevitably that the emphasis at the asylums was on custody, not treatment. Organization became paramount as the logistics of caring for hundreds of mentally ill inmates became complicated and costly. Behaviour was subordinated to a rigidly controlled system of daily institutional life. The county asylums built in Nova Scotia after 1885 epitomized this trend. The regulations for one of these institutions laid down that "any inmate guilty of drunkenness, disobedience, obscenity, disorderly conduct, profane or indecorous

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[54]Nova Scotia, Public Health Series A, Nova Scotia Hospital, vol. 14, 1875.

[55]Ibid.

[56]Saint John Daily Evening News, 3 February, 1883.

language, theft, waste or who shall absent himself or herself from the premises without the permission of the Superintendent or who shall injure or deface any part of the house or furniture therein, or who shall commit waste or destruction of any kind in regard to property connected with the Asylum shall be subject to merited punishment".[57] "Merited punishment" included solitary confinement on a diet of bread and water for up to twenty-four hours. All activities in these institutions - getting up in the morning, eating meals, taking exercise, going to bed at night - were done en masse and regulated by the sounding of bells. Clearly these institutions were more like jails than hospitals.

The failure of the asylum to evolve as a successful treatment facility was baldly admitted by W.H. Hattie, who became Mount Hope's superintendent in 1899.

> It is useless to mince matters. The treatment today is not very different from what it has been since the doors of the institution were first opened, and the statistics of to-day are scarcely better than were those of ten, or twenty, or thirty years ago. They have been housed in a fairly comfortable manner, have been provided with clean quarters, have been fed with food and have been twice daily visited by a physician. The majority have been left to spend their time in absolute and enforced idleness with every opportunity to dwell uninterruptedly upon their morbid fancies.[58]

We have seen that even the modest claims Hattie made for the asylum were not always realised during the century. But even when they were, he described nothing more than a comfortable, custodial institution, not the brave new asylum which was going to eradicate insanity from the Maritimes.

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[57] Bylaws, Cumberland County Hospital for the Insane, 1895.

[58] Halifax Evening Mail, 22 May 1899.

Despite the evident failure of the asylum to fulfill the expectations held for it as a treatment center, a failure publicly acknowledged on a number of occasions, there is no evidence that thought was given either by government or by the public at large to finding alternate and more effective ways of treating the mentally ill. Perhaps they were waiting for a lead from the medical men acquainted with the asylums. If so, no lead came. Disillusion with the asylum was definitely being voiced in the professional literature[59] but the debate about alternatives did not seem to penetrate the Maritimes, possibly because asylum superintendents had their hands full keeping their institutions running smoothly without attempting innovations in treatment or organization. Furthermore, some doctors blamed the failure to treat patients successfully not on the asylum itself but on the failure of the populace to get mentally disturbed individuals to the asylum as soon as their illness became evident. Steeves, for one, held this opinion as late as 1890. Reporting that in the New Brunswick asylum only three per cent of the patients could be expected to be "restored to mental health", he argued this was because people were not getting their deranged relatives to the asylum at an early enough stage in the illness.[60]

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[59]For example, Dr. M.P. Jacobi, a New York doctor, in the early 1880's argued that asylums in the United States had become places of confinement offering little active treatment and that the insane needed more individual care. She also cited a British doctor, Mortimer Granville, who had made a similar observation in the widely-publicized Care and Cure of the Insane in 1877 (M.P. Jacobi, The Prevention of Insanity (Boston: Tolman and White, 1882), p.5.).

[60]New Brunswick, J.H.A., 1891, Appendix.

He did not think to question the usefulness of the institution.

The only really major change in the structure or function of the asylum during the century was the separation of chronic and acute patients which took place in both provinces in the mid-Eighties. Even that change had its disadvantages. While it did relieve the problem of overcrowding, it also meant that the main provincial asylums housed only the more frantic and hard to manage of the insane. Without the quieting influence of the inexcitable patients, conditions at the asylums were tense, often violent, and not conducive to treatment or cure. George Sinclair wrote a decade after the separate system was implemented that at Mount Hope "we are in perpetual dread of tragedy".[61]

It is understandable that an institution might fail to accomplish that for which it was intended. But it is less understandable why this institution, once perceived as a failure, was not abolished or adapted to meet more adequately the intentions held for it. Unless, that is, the institution was fulfilling satisfactorily other functions for which it might not have been established but nevertheless for which it might have proven nicely adapted.

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[61] Nova Scotia, J.H.A., 1895, Appendix 3A.

2. THE ASYLUM AND SOCIETY

The operation of asylums in the Maritimes was restricted by inadequate facilities and finances and the requirement that they accomodate mental defectives as well as the mentally ill. Yet to understand the internal transformation of the asylum from a therapeutic to a custodial institution is to understand only a part of the institution. There remain the external relations between the asylum and the world beyond its walls. Did the mental hospital have some role independent of its medical one? Did the people being committed to it have more in common than just their madness? Did they perhaps share some socio-economic characteristics and, if so, why?

While the Maritime asylum was intended to accomodate all classes of society, it was not intended to provide each class with equal care and treatment. Inequality within the institution was taken for granted since it mirrored the inequalities of society as a whole. Wealthier patients were given accomodation separate from poorer ones "so that none shall associate with those particularly obnoxious to them".[1] It was accepted that the exposure of the rich to the poor patient could only aggravate the former's illness. Slight concern was ever shown for the effect of wealthy patients on poorer ones. Presumably the poor were expected to gain from any chance encounters with their social betters. Not only were the classes to be separated, but as well, "to all sorts of persons should

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[1] Nova Scotia, J.H.A., 1846, Appendix 32.

be afforded accomodations and attendance suitable to their rank in society and such as they may have been accustomed to, and may again enjoy should it please God to restore them to their reason".[2] After all, if a patient was paying for his care (and New Brunswick originally had four different rates of board)[3] then it was only right that the rooms should be superior to those given patients paying less, or not at all. In Nova Scotia patients at first had to pay fifty pounds annually for their accomodation, while the Overseers of the Poor were charged thirty-two pounds for each male pauper and twenty-six pounds for each female.[4] This charge became a standard two hundred dollars a year in the late Sixties.[5] In New Brunswick special apartments were built for the wealthy insane, "where they might live in a style equal to the requirements of our best classes",[6] and in the institution's early years these quarters were kept vacant even when the rest of the apartments were crowded.

Unfortunately, no record of day-to-day events at the asylums has survived so we cannot know if, and in what manner, the actual treatment offered the poor was inferior to that offered

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[2]New Brunswick, J.H.A., 1836, Appendix.

[3]Ibid.

[4]Nova Scotia, J.H.A., 1859, Appendix 10.

[5]Nova Scotia, J.H.A., 1869, Appendix 2.

[6]New Brunswick, J.H.A., 1851, Appendix. In his attempts to attract the wealthy to his institution, Dr. Waddell sounded more like a real estate huckster than a medical superintendent. "While our lodge is crowded...we have elegant apartments in the center building equal to anything of the kind I believe on the Continent of America".

the wealthy. Comfortable, quiet surroundings, however, were a prerequisite of moral treatment. Because wealthier patients were offered, at least in the asylum's early years, more luxurious lodgings, it is safe to assume that the intention was a double standard of care.

The complaints of medical superintendents, which began almost immediately upon the opening of the asylums, indicate that overcrowding made the proposed separation of social classes difficult when not impossible. Dr. Waddell, for example, complained in 1850:

> How painful the sight to witness respectable persons who have been accustomed to the comforts and even the elegancies of life, peeping as it were through the dark cloud in which their intellectual faculties have been enshrouded, to look upon a scene partly made up of objects so disgusting, they naturally shrink back and plunge deeper into the gloom from which they were emerging...[7]

These complaints were motivated as much by economic considerations as therapeutic ones. Overcrowding was resulting in the indiscriminate mixing of social classes within the asylum which offended the wealthier patients and caused them to remove themselves and their fees, to more congenial institutions outside the country.[8] It had been the intention of the asylums' founders to create institutions divided along class lines. Circumstances, however, frustrated that intention.

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[7] New Brunswick, J.H.A., 1851, Appendix.

[8] Almost every superintendent's report made reference to the failure of the asylums to attract wealthy, or at least paying, patients. Likewise, legislative committees appointed to investigate asylum administration made the same complaint. For example, in 1860, Nova Scotia's Committee for Humane Institutions

The asylum became, therefore, an institution which accomodated poorer, working class members of society almost exclusively. In his annual report for 1849 Waddell had regretted that the brand new New Brunswick asylum was filling with patients who looked like they "had but recently escaped from a Poor House".[9] He referred to the institution as a "semi-poorhouse" accomodating not primarily the insane but merely the "homeless and friendless".[10] There is no evidence to indicate this situation changed appreciably during the next fifty years. In 1857 only nineteen per cent of the patients at the asylum were contributing towards their own upkeep[11] and that number declined gradually until in 1891 only seven percent could afford to pay their own way.[12] Since patients who could afford to pay were expected to do so, the vast majority of inmates apparently had low incomes. A similar situation existed in Nova Scotia where by 1891 less than three per cent of the inmates were privately paying patients.[13]

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enter the provincial hospital (Nova Scotia, J.H.A., 1860, Appendix, p. 348). Furthermore, income levels of inmates indicate that very few of them had much money.

[9] New Brunswick, J.H.A., 1850, Appendix.

[10] Ibid.

[11] Ibid. 1858, Appendix. I would like to have provided a table illustrating this decline. Unfortunately, it was not until 1880 that the asylums began regularly to provide this particular statistic. The 1857 figure is known because the superintendent mentioned it in another context.

[12] New Brunswick, J.H.A., 1892, Appendix.

[13] Nova Scotia, J.H.A., 1891, Appendix 3A.

Occupationally, the asylums catered overwhelmingly to farmers, farm labourers, fishermen, tradesmen and their wives. In the first year of Mount Hope's operation only two patients were businessmen or professionals, a merchant and a teacher. The rest had all been labourers or tradesmen - farmers, fishermen, joiners, blacksmiths, and so on. Farmers were the largest single occupational group.[14] The countryside continued to contribute the largest number of mentally ill throughout the century[15] but the ratio of urban labourers naturally increased with the size of cities until in 1878 Dr. Steeves could deny that mental illness was more prevalent in agricultural areas and argue that it thrived in "manufacturing areas" because of the "intemperance, vice, poverty and dirt which attaches to so many in closely inhabited places".[16] The fact was that in absolute terms, the doctor was wrong. Between 1859 and 1881 in Nova Scotia, for example, farmers were three times as numerous in the asylums as the next nearest occupational group, general labourers.[17] Steeves was perhaps repeating a theory which he'd adopted from abroad but which

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[14] Ibid., 1860, Appendix.

[15] Saint John Daily Sun, 2 March, 1904.

[16] New Brunswick, J.H.A., 1879, Appendix.

[17] Nova Scotia, J.H.A., 1882, Appendix 3A. Once again I would have liked to provide tables illustrating this point and once again the figures proved inadequate. It is suggestive to know that patients came almost exclusively from a certain occupational class but these figures would have more meaning if compared to the occupational distribution of the population as a whole. Unfortunately, the manner in which census data was organized differs radically from the organization of asylum statistics, making comparison impossible. For example, the census groups occupations into five classes - agricultural, commercial, domestic, industrial and professional. Asylum records, on the other

did not conform to the local situation. Nevertheless, his remark reflected actual changes in the composition of asylum populations which inevitably accompanied urbanization.

As well as the employed, there were the unemployed. This group was not included in occupational statistics kept by the asylums so it is impossible to know how many inmates came from the ranks of the unemployed. We do have, however, Dr. DeWolf's comment made in 1864 that in the first six years of operation one out of every five admissions to his asylum "either have no occupation, or are not known to have any."[18]

As well as the poor, the nineteenth century asylum provided accomodation for a disproportionate number of immigrants. Once again we are partially frustrated by a lack of adequate documentation. In Nova Scotia, no notice was taken of asylum inmates' country of origin, except, for some reason, in 1861. In that year thirty-eight per cent of the patients were immigrants, a figure three times the percentage of immigrants in the population at large.[19] In other years immigrants did not appear to form a very large percentage of the asylum population because after one year's residence they were

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hand, merely list inmate occupations and it is impossible to fit accurately these occupations into the census categories. Clearly, farmers would be members of the agricultural class. But labourers, who formed a high proportion of asylum populations, could be either rural or urban, industrial or agricultural, and since we cannot know, any comparisons would suffer from too much guesswork.

[18] Nova Scotia, J.H.A., 1865, Appendix 10.

[19] Ibid., 1862, Appendices 6 and 8.

considered Nova Scotians. DeWolf warned that because of this provision, "a much larger proportion of our inmates are of foreign birth than would here appear".[20]

It was in New Brunswick, however, that immigrants were really crowded into the asylum. When the Saint John cholera hospital was opened to lunatics in 1836, the majority of admissions were Irish immigrants.[21] At no time during the life of that institution did the Irish account for less than half of the inmates in it and taken together, immigrants of all nationalities constituted a large majority of the inmate population. For example, in 1844 two out of every three patients were born outside the colony.[22] This situation continued after the new asylum was opened. During the Fifties, the Sixties and the Seventies, Irish-born inhabitants represented a declining proportion of New Brunswick's population; nevertheless Irishmen continued to account for a disproportionate part of the asylum population. (See Table One) The Irish were the largest, but not the only, component of the immigrant population and the numbers of immigrants of all types in the asylum was similarly disproportionate. (See Table Two) In 1858, for example, two out of every three patients were still immigrants.[23]

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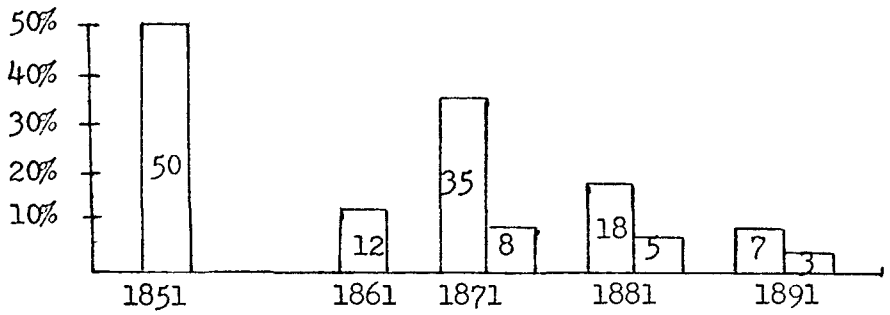
[20] Ibid., 1865, Appendix 10.

[21] New Brunswick, J.H.A., 1839, Appendix.

[22] New Brunswick, J.H.A., 1845, Appendix.

[23] New Brunswick, J.H.A., 1859, Appendix.

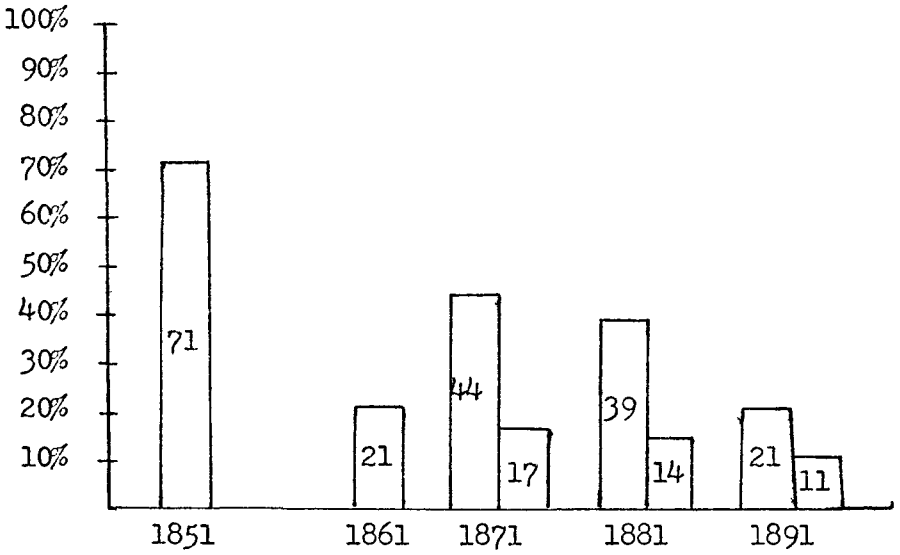
Table 1: Percentage of Irish-born patients at New Brunswick asylum compared to percentage of Irish-born immigrants in population of province, 1851-91.



☐ Percentage of asylum population born in Ireland (Source: New Brunswick, Assembly Journals, 1852, 1872, 1882, 1892. No figure for 1861.).

☐ Percentage of population born in Ireland (Source: Assembly Journal, 1862, Appendix 8; Canada Census, 1870-71, 1880-81, 1890-91. No figure for 1851.).

Table 2: Percentage of immigrant asylum inmates compared to percentage of immigrants in New Brunswick population, 1851-1891.

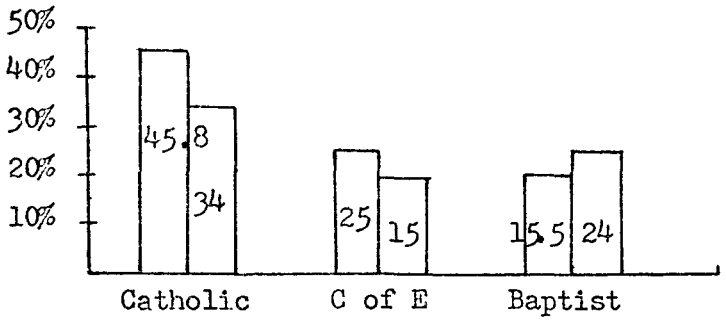


☐ Percentage of asylum population born outside New Brunswick (Source: New Brunswick, Assembly Journals, 1852, 1872, 1882, 1892. No figure for 1861.).

☐ Percentage of New Brunswick population born outside the province (Source: Canada Census, 1870-71, 1880-81, 1890-91; Assembly Journal, 1862. No figure for 1851.).

Other groups, which appear to have been over-represented in Maritime asylums, especially in New Brunswick, were Roman Catholics and, to a lesser extent, Anglicans. We might expect this over-representation to be higher in the early decades of the century. Unfortunately the statistics are not available at all for Nova Scotia and in New Brunswick do not begin until 1871. By the last quarter of the century the situation was levelling off, yet the tables below indicate that while Catholics numbered about thirty-four per cent of New Brunswick's population they accounted for almost forty-five per cent of asylum inmates in 1871 and almost forty-two per cent in 1881. (See Tables Three, Four and Five) Yet one must look beyond religion itself to explain these figures. The majority of Anglicans would probably also have been immigrants (though this cannot be proven from available figures). In other words, there was a strong correlation between religion and place of birth and the latter is the more important factor for analyzing the asylum.

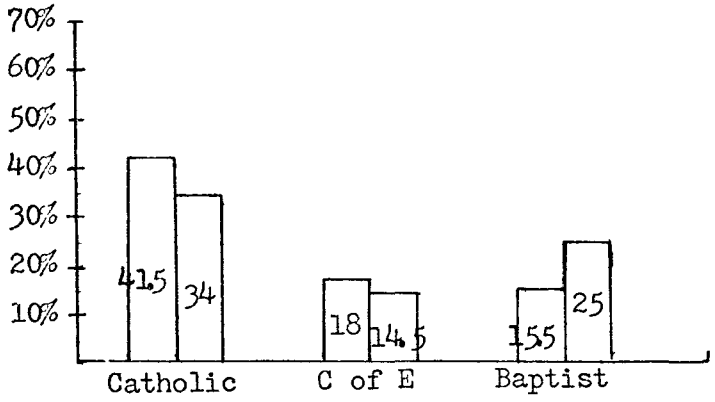
Table 3: Percentage of various religious affiliations in New Brunswick asylum compared to population at large, 1871.



☐ Percentage of asylum population (Source: Assembly Journal, 1872.).

☐ Percentage of provincial population (Source: Canada Census, 1870-71.

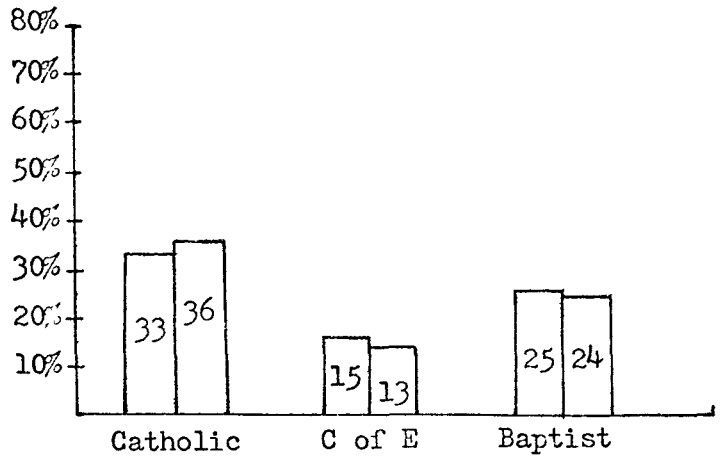
Table 4: Percentage of religious affiliations in New Brunswick asylum compared to population at large, 1881.



☐ Percentage of asylum population (Source: Assembly Journal, 1882.).

☐ Percentage of provincial population (Source: Census, 1880-81.).

Table 5: Percentage of religious affiliations in New Brunswick asylum compared to population at large, 1891.



☐ Percentage of asylum population (Source: Assembly Journal, 1892.).

☐ Percentage of provincial population (Source: Canada Census, 1890-91.).

The lunatic asylum was not the only institution of confinement established in New Brunswick and Nova Scotia in the early nineteenth century. In fact, incarceration seems to have been considered the proper response to all deviant or dependent behaviour. This rage to incarcerate was not peculiar to the Maritimes; it had its counterpart in the United States and Upper Canada.[24] It was reflected in the almost simultaneous creation of a variety of institutions - prisons, workhouses, orphanages, as well as lunatic asylums - whose purpose was to create a stable, isolated, moral environment which would reclaim the inmate for society. Prior to the nineteenth century, deviant or dependent individuals invariably had been ignored or dealt with in a non-institutional framework. The poor, when aided at all, were aided by privately-financed charitable groups[25] or outdoor public relief. The indigent poor were accomodated in almshouses. In the 1820's this system began to change when in Fredericton, for example, a workhouse was established in which the able-bodied poor could be confined. By the 1840's, in keeping with changes in the British Poor Law, almost all poor relief was given within an institution of confinement.[26] The same trend is evident in the case of prisons. In the eighteenth century gaols were used to keep lunatics,

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[24]See Rothman, The Discovery of the Asylum and J.J. Bellomo, "Upper Canadian Attitudes Towards Crime and Punishment", Ontario History 64 (March, 1972): pp. 11-26.

[25]See, for example, George Hart, "The Halifax Poor Man's Friend Society, 1820-27", Canadian Historical Review 34 (June, 1953): pp. 109-123.

[26]Greenhous, "Paupers and Poorhouses", p. 125.

insolvent debtors, the idle who refused to work and people charged with crimes awaiting trial. They were not places of punishment or rehabilitation. Punishment was generally swift and public. Criminals were branded or put in the stocks or whipped or banished or, for a number of offenses, hanged. For example, in New Brunswick's first murder trial, which took place in February, 1785, a black woman, Nancy Mosley, was convicted of manslaughter in the death of her husband whom she had struck over the head with a pitchfork.[27] Her sentence? She was branded with the letter M in the brawn of her thumb and released. It was not until the nineteenth century that that predecessor of the modern penitentiary, the house of correction, made its appearance in the Maritimes and criminals began to be incarcerated for purposes of "treatment".[28] Prisons, workhouses and asylums are just three examples of the institutions of confinement which proliferated in the two provinces, indeed around the world, in the first half of the century. Others followed.[29] They were all established in the new faith that, like madness, deviance of all types was a moral aberration, not an innate, irremedial flaw. Deviance could be 'cured' if individuals were removed from the environment that aggravated it and allowed to relearn proper values and proper behaviour.

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[27]Cited in T.W. Lawrence, "The Medical Men of Saint John", New Brunswick Historical Society Collections 1 (1893-94): p. 278.

[28]The first provincial house of correction in New Brunswick opened in 1840 in Saint John. (Whalen) In Nova Scotia, a provincial Bridewell was built in Halifax in 1815. It was succeeded by the provincial prison, Rock Head, which opened in 1858 (Neil MacKinnon, Nova Scotia From Reciprocity to Confederation (unpublished M.A. Thesis, Dalhousie University, 1965), p. 198).

Protestant Orphan Asylum and St. Vincent's Roman Catholic Orphanage (1854); a Home for Aged Females (1871); the Mater Misericordiae Home for the Aged (1888); the Boys Industrial Home, a reformatory (1893). (Whalen) In Nova Scotia, a reformatory (1864) and a new Poors Asylum (1866).

3. CONCLUSION

The first point to be made, and it may be an obvious one, about the figures presented in the previous chapter, is that a disproportionate number of asylum patients were poor and foreign-born because a disproportionate number of the poor and foreign-born suffered mental breakdowns. There is no evidence of a conspiracy to incarcerate sane individuals because of their poverty or nationality. Whereas wealthy Maritimers who were mentally ill could be sheltered at home or accomodated in private asylums, the pauper and the immigrant had no alternatives to the public asylum and this factor admittedly contributed to the small number of wealthy professionals in the asylums. Nevertheless, the incidence of mental illness seems genuinely to have been higher among socially disadvantaged groups.

The reasons why this should be so are more the province of the social psychologist than the historian. However, a few tentative hypotheses might be advanced. If one accepts that mental illness is, at least in part, a response to an intolerable life situation, then it follows that people whose lives are vulnerable to stress and sudden change will experience mental disease to a greater degree than those people whose lives are insulated by wealth, comfort and leisure. In the rural areas of New Brunswick and Nova Scotia farm families had to endure exhausting physical work, the isolation of backwoods life and the vagaries of market conditions over which they had little control. In the growing urban areas the working poor and unemployed, unprotected

by social legislation, had to cope with the obvious stresses of their position. Nineteenth century moralists had a point when they complained that cities were the breeding ground of insanity. Newcomers to them, if they did get sick, were more noticeable and often hadn't families to care for them. The high incidence of insanity among immigrants might be related to the disorientation attendant upon moving into a new environment and culture, as often as not with few material resources and no family support.

This last point is an important one. The destruction of the self-sufficiency of the family unit was central to the development of the nineteenth century asylum, just as it was central to the development of all types of social welfare.[1] Immigration and urbanization resulting from a developing industrialism combined to disperse families, exposing their members to all the pressures of an alien social and economic environment. In time, all classes would be affected by this transformation of family life. Initially, it was the friendless pauper and the immigrant. Many immigrants, especially males, came to the Maritime provinces alone. They had no acquaintances to soften the disorientation of a new life or to care for them in the event of sickness. For their part, families of the poor could not afford to harbour deranged members who not only could not work but were an actual drain on their meagre resources.

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[1]Elisabeth Wallace, "The Origin of the Social Welfare State in Canada, 1867-1900", Canadian Journal of Economics and Political Science 16 (August, 1950): p. 384.

A recent study conducted by a team of social scientists in Nova Scotia relates to the phenomenon of a higher incidence of mental illness among lower than upper classes. Called the Stirling County Study,[2] it attempted to measure the extent to which the sociocultural situation of a person affected his or her mental stability. A distinction was made between integrated and disintegrated societies, an integrated society being one with a high level of shared community life, extensive communication between members, an adequate level of wealth, developed means of enculturating newcomers and enforcing standards of behavior. The study found that when a society was not integrated certain subjective sentiments appeared, among them a feeling of powerlessness, a sense of futility and a sense of isolation. These sentiments contribute to psychological disorder because they are barriers to the enjoyment of a meaningful life. Obviously the Stirling County Study has relevance here, especially to the experience of immigrants, who because they were alone, without communal supports, in a new social situation, might be considered members of a disintegrated society.

The disproportion of the poor and the immigrant in the asylum had definite implications for the development of that institution. In an earlier chapter the progressive deterioration of conditions at the two Maritime asylums was documented. We can now at least suggest that nothing was done about these conditions because they affected individuals who were outside the mainstream of Maritime society, individuals

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[2]The Stirling County Study was published in three volumes, the second proving most valuable for this study. (Vol. 1: A.H. Leighton, My Name is Legion (New York: 1959); Vol. 2: C.C. Hughes, People of Cove and Woodlot (New York: 1960); Vol. 3: D.C. Leighton, et. al., The Character of Danger (New York: 1963).

who had neither collective voice nor influential friends to state the case for reform. They were a silent group of sick people who did not count politically and so the political apparatus which would have reformed the asylum was never really called upon to do so. A politically "useful" byproduct of this situation was that a group of citizens who might possibly have contributed to the disorganization of society, the poor and the immigrant, were safely behind walls. The asylum, in other words, like the prison and the poorhouse, became an institution for maintaining social order. This was not necessarily, or even probably, the conscious motivation of the authorities. But it was nevertheless the direction in which events developed.

In another sense, of course, social order was the conscious motivation of medical men and asylum authorities. To go back to the beginning, mental illness in the nineteenth century was considered a moral disease. The mind existed in a state of precarious balance, needing but the slightest cause to upset into madness. This cause could be physical but most often it was some moral infraction which inflamed the passions. Treatment was behavioural. Special institutions were established in which the lunatic could be isolated and cured by good example. These institutions almost immediately became overcrowded, filthy, sometimes even brutal. Yet almost nothing was done about their deterioration because the inmates were inarticulate and because they continued to serve a useful purpose, the incarceration of a group of people who might contribute to social disorder.

The Maritime asylum was never just a medical institution, a hospital like any other. From its beginnings it served the cause of

stability and morality. Whatever the intentions of its founders, the nineteenth century asylum was as much a correctional institution as the prison or the poorhouse. Its primary purpose became the protection of society, not the treatment of its sick members.

SOURCES CONSULTED

A. PRIMARY

1. Public Documents

Canada, Censuses of Canada, 1665-1871. Vol. 4. Ottawa: 1876.

_____, Census of Canada, 1881. Ottawa: 1883.

_____, Census of Canada, 1891. Ottawa: 1893.

New Brunswick Asylum Case Book, December, 1854-July, 1862. Collection of the Psychiatric Association of Canada, PAC.

New Brunswick, Consolidated Statutes of New Brunswick. Fredericton: 1903.

_____, House of Assembly. Journals and Appendices, 1836-1900.

_____, Minute Books. Quarter Sessions. Books A-F, 1828-1841.

_____, Records of Executive Council. Health and Sickness, Vol. 2, Lunatic Asylums, 1836-46.

Nova Scotia, House of Assembly. Journals and Appendices, 1832-1900.

_____, Public Health Series A. Nova Scotia Hospital, RG25, vols. 3-14.

_____, Statutes, 1759-1886.

2. Newspapers and Periodicals

American Journal of Insanity, 1844-1880. (selected articles)

Journal of Mental Science, 1855-1890. (selected articles)

New Brunswick (selected articles)

Daily Evening News, Saint John.

Daily Telegraph, Saint John.

Head Quarters, Fredericton.

Morning News, Saint John.

Morning Telegraph, Saint John.

New Brunswick Courier, Saint John.

Sun, Saint John.

Temperance Telegraph, Saint John.

Nova Scotia (selected articles)

Abstainer, 1856 - September, 1857.

Acadian Recorder.

Athenaeum and Journal of Temperance, 1850-56.

British Colonist.

Daily Sun, Halifax.

Evening Mail, May 22, 1903.

Novascotian.

Times, Halifax.

3. Books and Pamphlets

Bates, Walter. The Mysterious Stranger. Saint John: John A. Bowes, 1910.

Bucknill, J. C., and Tuke, D. Hack. A Manual of Psychological Medicine. Philadelphia: Blanchard and Lea, 1858.

Conolly, John. The Construction and Government of Lunatic Asylums. London: Dawsons of Pall Mall, 1968. (originally published 1847)

Hartshorne, Henry, M.D. Essentials of the Principles and Practice of Medicine. Philadelphia: Henry C. Lea, 1874.

Jacobi, Dr. M. P. The Prevention of Insanity. Boston: Tolman and White Printers, 1882.

Pengilly, Mary. Diary Written in the Provincial Lunatic Asylum. Saint John: published by the author, 1885.

Ray, Isaac. A Treatise on the Medical Jurisprudence of Insanity. Cambridge: Harvard University Press, 1962. (originally published 1838)

Robertson, Marion, ed. Old Settler Remedies. Barrington, N.S.: Cape Sable Historical Society, n.d.

Tuke, D. Hack. The Insane in the United States and Canada. London: H.K. Lewis, 1885.

Warren, Ira. The Household Physician. Boston: Ira Bradley and Co., 1865.

4. Novels

Armour, Agatha. Lady Rosamund's Secret: A Romance of Fredericton. Saint John: Telegraph Publishing, 1878.

_____. Marguerite Verne. Saint John: Telegraph Publishing, 1886.

Fleming, May Agnes. A Mad Marriage. New York: G. W. Dillingham Co., 1875.

_____. A Terrible Secret. New York: Dillingham, 1874.

_____. Carried By Storm. New York: Dillingham, 1879.

_____. Guy Earlscourt's Wife. New York: Dillingham, 1872.

_____. Lost for a Woman. New York: Dillingham, 1880.

_____. Norma's Revenge. New York: Dillingham, 1875.

_____. One Night's Mystery. New York: Dillingham, 1876.

_____. Silent and True. New York: Dillingham, 1877.

_____. The Heir of Charlton. New York: Dillingham, 1878.

B. SECONDARY

1. Books and Unpublished Theses

Beck, J. M. The Government of Nova Scotia. Toronto: University of Toronto Press, 1957.

Cowan, Helen. British Emigration to British North America, the first Hundred Years. Toronto: University of Toronto Press, 1961.

Creighton, Donald. British North America at Confederation. Ottawa: prepared for the Royal Commission on Dominion-Provincial Relations, 1940.

Dain, Norman. Concepts of Insanity in the United States, 1789-1865. New Jersey: Rutgers University Press, 1964.

Davies, J. D. Phrenology: Fad and Science. New Haven: Yale University Press, 1955.

Deutsch, Albert. The Mentally Ill in America. New York: Columbia University Press, 1949.

Erikson, Kai T. Wayward Puritans: A Study in the Sociology of Deviance. New York: John Wiley and Sons, 1966.

Foucault, Michel. Madness and Civilization. New York: Random House, 1973.

Grob, Gerald. Mental Institutions in America. New York: The Free Press, 1973.

Hunter, R., and Ida MacAlpine. George III and the Mad-Business. London: The Penguin Press, 1969.

Hughes, C. C. People of Cove and Woodlot. New York: Basic Books, 1960. Volume two of the Stirling County Study.

Hurd, Henry, ed. The Institutional Care of the Insane in the United States and Canada. Baltimore: Johns Hopkins Press, 1917.

Jones, Kathleen. A History of the Mental Health Services. London: Routledge and Kegan, Paul, 1972.

Leighton, A.H. My Name is Legion. New York: Basic Books, 1959. Volume one of the Stirling County Study.

Leighton, D. C., et. al. The Character of Danger. New York: Basic Books, 1963. Volume three of the Stirling County Study.

Macdonald, Norman. Canada, 1763-1841 - Immigration and Settlement. Toronto: Longmans Green and Co., 1939.

_____. Canada - Immigration and Colonization, 1841-1903. Toronto: Macmillan Co., 1966.

MacKinnon, Neil. "Nova Scotia From Reciprocity to Confederation". M.A. Thesis, Dalhousie University, 1963.

MacNicoll, E. G. "A History of the Care and Treatment of Mental Illness in New Brunswick". B.A. Thesis, Mount Allison University, 1956.

MacNutt, W. S. New Brunswick. Toronto: Macmillan and Co., 1963.

_____. The Atlantic Provinces. Toronto: McClelland and Stewart, 1965.

Martell, J. S. Immigration To and Emigration From Nova Scotia, 1815-1838. Halifax: PANS Publication #6, 1942.

Parry-Jones, W. The Trade in Lunacy. Toronto: University of Toronto Press, 1972.

Rosen, George. Madness in Society. New York: Harper and Row, 1968.

Rosenberg, C. E. The Cholera Years. Chicago: University of Chicago Press, 1962.

Rothman, D. J. The Discovery of the Asylum. Boston: Little, Brown and Co., 1971.

Saunders, S. A. The Economic History of the Maritime Provinces. Ottawa: prepared for the Royal Commission on Dominion-Provincial Relations, 1939.

Stalwick, R. N. "A History of Asylum Administration in Canada Before Confederation". Ph.D. Thesis, University of London, 1967.

Whalen, James. "New Brunswick Poor Law Policy in the Nineteenth Century". M.A. Thesis, University of New Brunswick, 1968.

2. Articles

Aiton, Grace. "The Selling of Paupers by Public Auction in Sussex Parish". Collections of the New Brunswick Historical Society 16 (1961): pp. 93-110.

Bellomo, J. J. "Upper Canadian Attitudes Toward Crime and Punishment". Ontario History 64 (March, 1972): pp. 11-26.

Burgess, T. J. W. "Canadian Institutions for the Insane". Proceedings and Transactions of the Royal Society of Canada, Section IV, 1898: pp. 3-122.

Grant, M. H. L. "Historical Sketches of Hospitals and Almshouses in Halifax, 1749-1859". Nova Scotia Medical Bulletin 17, no. 4 (April, 1939): pp. 229-238; no. 5 (May, 1938): pp. 294-308.

Greenhous, Brereton. "Paupers and Poorhouses: The Development of Poor Relief in Early New Brunswick". Social History 1 (April, 1968): pp. 103-126.

Harvey, D. C. "The Intellectual Awakening of Nova Scotia". Dalhousie Review 12 (1933).

Lawrence, J.W. "The Medical Men of Saint John". New Brunswick Historical Society Collections 1 (1893-94): p. 278.

Mackenzie, K. A. "Nineteenth Century Physicians in Nova Scotia". Nova Scotia Historical Society Collections 31 (1957): pp. 119-129.

Wallace, Elisabeth. "The Origin of the Social Welfare State in Canada, 1867-1900". Canadian Journal of Economics and Political Science 16 (August, 1950): pp. 383-393.