

The Emergence of Psychiatric Institutions in the Maritime Eastern Provinces of Canada including Newfoundland (Part Two)

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Abstract

This represents part two regarding Canadian Psychiatric Institutions. We shall close this discussion with a historical research article dealing with the rest of the Canadian Provinces. We shall start with Canada's eastern most province Newfoundland.

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Newfoundland

The province of Newfoundland joined Canada in 1949. Prior to this it had been a British possession since the year 1583. A settlement which eventually became the city of St. John's was established in 1610. Crown colony status came in 1824.

Newfoundland like other jurisdictions in Canada, placed the mentally ill in substandard and subhuman conditions as described in an 1835 Grand Jury Report of the St. John's Fever Hospital which housed the physically ill and some mentally ill. In this edifice, rudimentary provisions for heat were absent and patients were shackled and chained to benches and walls. This report stated that it was a wonder that these poor "creatures" were not frozen in their beds.

In the same year, 1835, Governor Prescott appointed two Justices of the Peace to make recommendations. The Justices of Peace, in their letter of the 24th of October 1835, proposed that an asylum should be erected separate from the Fever Hospital. In 1844, twenty eight pounds sterling was provided to cover the costs of caring for 18 "pauper lunatic" at the general hospital. In addition, lunatics were maintained on the government's permanent pauper list and placed in private boarding homes.

The establishment of the first lunatic asylum in Newfoundland owed its existence to Dr. Henry Hunt Stabb who was born in 1812 at Torquay, Devonshire, England. He was a graduate of the University of Edinburgh medical school. He began advocating for an asylum for the province and wrote letters and made speeches.

Dorothea Dix, who was born on April 4, 1802, was an American woman, who was first a teacher and then a social reformer for the treatment of the mentally ill. At the age of 39, she began a change in mental institutions in the United States. By the time she was 54, she had covered half of the United States and Europe inspecting institutions for mistreatment.

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During her visit to St. John's in 1848 and 1849 she gave Dr. Stabb moral, financial and technical support. In 1847 a building known as Palk's Farm was secured for the mentally ill under Dr. Stabb's supervision. Twelve patients were removed from the general hospital and taken to this temporary asylum which operated until 1854 when the Provincial Asylum was opened.

In 1851, the government financed a trip undertaken by Dr. Stabb to visit asylums and practitioners of moral treatment in Paris, Germany, England and Scotland. He attempted to apply the principles of Moral Therapy in Newfoundland and urged non-restraint, proper diet, patient activity and adequate staff. However, overcrowding and the lack of resources led to a state of ruinous neglect which was characteristic of all public institutions in Newfoundland.

An 1863 dispatch in the 1864 Colonial Office Report stated that, "The defects of the hospital are that though designed for only 77 patients, it is crowded with an average of 88 ½ and has once admitted 107; the dormitories give only from 510 to 561 cubic feet of space; that there is a great want of more commodious airing-courts, and a better means of amusement and employment"

In 1876, two additional wings were built for obstreperous patients and these wings accommodated 80 patients.

New brunswick

New Brunswick, first settled by the French in 1631, came under British control in 1755. In 1762 the first British settlement was established. In 1784, New Brunswick became a separate colony having formerly been administered as part of Nova Scotia.

New Brunswick is credited with being the first provincial jurisdiction to make separate state provision for the mentally ill in that a cholera hospital, a small wooden building built in 1832, was being utilized as an asylum in 1836. Authoritative sources such as Hurd, Appleton and Griffin make no mention of the fact that the upper stories of this hospital were filled with physically sick paupers. Fourteen "lunatics" were housed in the bowels of this institution.

Prior to this time, patients with means were sent abroad or to institutions in the United States. The majority of the mentally ill in this province, as well as others, did not of course have means and they were placed in almshouses supported by either a town or parish as part of the British Poor Law system.

Dr. George Peters was the visiting physician at the St. John almshouse and county jail and deplored the fact that there was no separation between the criminals and the mentally ill, some of whom were "perfectly naked and in a state of filth." This led to his support for moving the mentally ill to the basement of the cholera hospital as a temporary expedient. Peters, in 1845 described it as "essentially a pauper institution."

In 1836, the Province had set up a commission on the erection of a lunatic asylum and Sir Archibald Campbell authorized the Commission made up of six commissioners "to ascertain the most eligible site near the city of Saint John for a Provincial Lunatic Asylum together with a plan of same and an estimate of the probable cost of land and the erection of such buildings...also any information relative to the management of similar institutions."

In a letter which was destined for England the Lieutenant-Governor asked for English parliamentary reports, acts, descriptions and plans. In addition he requested returns from asylums such as Bethlem, the asylum at Hanwell (Middlesex County Asylum) and the Glasgow Royal Lunatic Asylum.

In 1841 and 1844, in reports to the Lieutenant Governor, Peters stated that many of the patients were cured. In the 1844 report he stated that the institution though "exceedingly limited in the means for the proper treatment of the insane, will bear no mean comparison with others more highly favoured."

Many of the reform minded “alienists”, as psychiatrists used to be known, believed that Moral Therapy could effect actual cures in patients. Reported cure rates of 80% in the UK, USA and Canada, were not unusual.

It should be noted that an attempt in 1845 to create one asylum for New Brunswick, Nova Scotia and Prince Edward Island was proposed but was aborted and instead a recommendation was made that each jurisdiction should have its own institution.

In 1846, 2500 Pounds was allocated for the erection of a Provincial Lunatic Asylum and in 1847 the cornerstone was laid with in St. John, New Brunswick. This represented the culmination of more than eleven years of deliberation by the Legislature of New Brunswick.

In 1848, Dr. Peters was appointed Medical Superintendent of the New Brunswick Asylum and in his first annual report, stated that the asylum was “second to none on this continent.”

In late 1849, Dr. George Waddell, a proponent of Moral Therapy, became the Medical Superintendent of the New Brunswick Asylum. The “new institution” soon became overcrowded and took on the character of a poorhouse and general hospital. Some admissions were in an exhausted and dying state and others were paupers overlooked or unprovided for in their local parishes.

In 1850, Waddell stated that treatment was impossible to implement due to the sub-standard physical structure and the Lieutenant-Governor in the same year expressed his regret that the asylum was “hardly fit for the reception of patient.”

It wasn't until 1874 that the original architectural plan of the Commission was completed. From 1868 to 1913 new edifices were added to replace buildings destroyed by a fire in 1909 and to accommodate new patients as well as alleviate existing overcrowding. In 1885, a 250 acre farm was purchased, about a mile from the asylum, where pavilions were added for the patients. Hurd stated that in 1913 the hospital had a capacity of 630 and that 600 people occupied it at that time.

Nova Scotia

The first settlements in Nova Scotia were made by the French in 1605, who called the region Acadia. The English refused to recognize French claims and called the entire region Nova Scotia, meaning New Scotland. The dispute continued until 1713 when control passed to Britain. In 1758, an Act of the Nova Scotia Legislature created an almshouse as well as a “dwelling” for the insane, in that mention is, made in this Act of “lunatics or sickened weak, and unable to work, they should be taken care of and relieved by the master or keeper of the said house...”

In 1812, a “lunatic wing” was added to this facility in order to segregate the insane from the healthy paupers but this arrangement broke down due to overcrowding and it was soon filled with people suffering from both mental and physical illnesses.

In 1823, it was reported by the legislative committee that “every room from the cellar to the garret is filled to excess” and it mentioned the case of a room filled with 47 people at night and only 18 sets of beds. The committee urged the erection of a hospital but not of a separate asylum. The major impetus for the creation of an asylum did not occur until Hugh Bell became the mayor of Halifax in 1844.

Hugh Bell, a native of Ireland was a social activist who urged the building of an asylum. He pledged a year's salary towards the establishment of an asylum and his son had written that “into this work he threw his whole soul and energies for ten years or more.” It is not too much to say, that an asylum for the mentally ill would not have been carried out had it not been for the persistent zeal, tenacity of purpose and untiring activity of Hugh Bell. In 1845, Lord Falkland, the Lieutenant-Governor of Nova Scotia set up a commission under Bell to address the proposal of the Province of New Brunswick that an asylum be built for Prince Edward Island, Nova Scotia, and New Brunswick and failing the above to study the erection of an asylum for Nova Scotia alone.

The notion of a joint asylum, as mentioned beforehand, was soon dismissed and in February of 1846 the Commission recommended that an appropriate asylum be built immediately to accommodate 120 patients for the province.

The deliberation of this Commission was recorded in a fourteen page report which included the writings of Jean Esquirol, a student of the famed French psychiatrist Phillipe Pinel, who advocated “traitement morale” and the annual reports of some English asylums which advocated the moral treatment approach. In 1849 Dorthea Dix stated, “It appears that the subject, though of admitted importance, has been suffered to slumber.” It was not until 1856 that construction began and the first patient was admitted to the new Mount Hope Asylum in February of 1859.

Dr. James R. deWolf was appointed the first Medical Superintendent of Mount Hope Asylum. He was a native Nova Scotian and received his medical training at Edinburgh University. He was an advocate of moral treatment and the hospital at that time had the reputation of being one of the most advanced. However overcrowding very soon was evident in this asylum and the 1864 Colonial Office Report stated that,

“The asylum is unfinished, very insufficient for the want of the country and crowded with helpless imbeciles...” the dormitories provided only 510 cubic feet per person and that the “portion first built is damp and out of repair.” It is suggested a standard for each patient of 1000 cubic feet of space.

The asylum continued to be overcrowded until 1886 when a County Asylum System was introduced. County institutions admitted “harmless insane...idiots” and epileptics. By 1897 there were 15 such institutions in Nova Scotia.

Prince Edward Island

Prince Edward Island, formerly a colony and presently the smallest province in Canada in both area and population was captured by the British from the French in 1758. Up to this time under French occupation there had been only temporary fishing villages for approximately the previous 200 years. In 1837 the Governor of Prince Edward Island,

Sir Charles Augustus Fitzroy, forwarded an application to the Colonial Office from the House of Assembly for the “construction of an asylum for insane persons and other objects of charity.” There were statutes passed from 1840 onwards relating to the erection of an institution.

In May 1847, a combined asylum and poorhouse admitted eight patients. This makeshift asylum lasted until January 28, 1848 when the patients were discharged and the edifice was turned into a cholera hospital. Later in 1848, it reverted to being an asylum as well as a poorhouse. This was the situation until 1869. However, T.J. Burgess states that during the latter years of 1848-1869 the “paupers” were removed to an old military barrack “situated about half a mile distant.”

This inertia regarding the building of an asylum, it has been asserted, was due to poor communication with the mother country, Great Britain, as well as an administrative inability to manage the affairs of the island colony. As early as 1841 the Colonial Secretary, Lord Russell, denied Royal Assent to an act to authorize the construction of an asylum.

It has often been asserted that the geographic, political, social and economic conditions of isolation in Prince Edward Island at that time did not lend itself to any legislative executive orders which would have seen physical means of refuge for the mentally ill. A sea voyage from Charlottetown to Montreal took longer and was more complicated than a voyage from London around the northern tip of Scotland. The inhabitants of P.E.I. were not seafarers but “farmers who merely chanced to live near the sea.”

A search of the literature does not reveal any significant protagonist nor social reform group responsible for this asylum and it appears that it became a reality without the intervention of reformers as catalysts for change to improve the lot of the mentally ill.

Overcrowding in basement cells was the fate of the mentally ill in this asylum and the Colonial report of 1864 states that. "The basement cells allow only 323 cubic feet per head...Nor is there any means of ventilation...The means for employment are equally deficient. The combination in this case of a poorhouse with a lunatic asylum is believed to be exceedingly prejudicial to both branches."

Dorothea Dix, who visited the institution during its first year of operation, was unimpressed. In her memorial to the Nova Scotia Legislative Assembly in December of 1849 she wrote, "In Prince Edward Island, near Charlottetown, I found a small establishment for the reception of the insane, but wholly destitute through want of funds and arrangement deemed requisite for advancing the cure of patients."

In 1875, the Grand Jury Report produced a scathing indictment of conditions at the asylum. According to this Report, it exceeded what the jurors had been told of the Black Hole of Calcutta and they stated that "...we know of no crime so great as to be deserving of a punishment so terrible as to be incarcerated in one of its underground cells."

The Asylum was described as being "one state of filth." A Prince Edward Hospital for the Insane was eventually erected in 1877 and this has been attributed to the report of 1875. Overcrowding was very much a problem until the early 1900s. In 1913 the patient population at this institution, which eventually became known as Falconwood was approximately 268 with a bed capacity of 275. This now brings us to an end of the asylum building period in Canada.

The nineteenth and twentieth centuries of Canada had episodes of darkness and light with deinstitutionalization and community care merging its head at the end of the twentieth century. Unfortunately homelessness and incarceration in penal institutions both for the mentally ill and others (e.g. hospitals for the "criminally insane") is now a phenomenon in the whole of the North American continent.

Nonetheless one does not have to be Pollyannaish to state that we have witnessed profound humanitarian changes in all the western world regarding the care, observation and treatment of psychiatric mentally ill patients.

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