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CARE OF THE MENTALLY ILL IN BRITISH COLUMBIA

by

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FOREWORD

The wise observation, "Nature says what may happen, but nurture says what will happen", is still valid. The opportunities that are afforded an individual to "blossom out and flower" are of much greater significance than many of the genes that may be tucked away in some of his chromosomes. A beneficent social environment will protect many an individual from the development of a mental disorder that may be potentially present because of "tainted" heredity; while, on the other hand, a social environment that induces constant tension, anxiety, and frustration will not only evoke the pathological contributions of heredity, if they are present, but will even create mental ill health in those individuals in whom heredity factors are out of the question.

Schreiber, Julius. "The Interdependence of Democracy and Mental Health", Mental Hygiene, vol. 29, p. 615, April, 1945.

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Thesis Abstract

This thesis is a study of the care of the mentally ill in British Columbia from the early days of the pioneers to the present time. It is hoped that this study will be of value to those charged with the care of the unfortunate persons among us who suffer from some form of mental illness. It is also hoped that this work will help to clear up some of the misconceptions surrounding the whole topic of mental hygiene.

The study begins in the early years of the nineteenth century. The so-called insane were at first sent to an asylum in California but later were placed in the gaol in Victoria. Later the Royal Hospital in that city was used to house them up until the first asylum was built in New Westminster. After the turn of the century many new ideas regarding the care of the mentally ill began to spread throughout the civilized world, and had a profound affect on the administration of the mental hospitals in British Columbia.

After World War I psychiatry developed very rapidly and scientific treatment began to replace simple custodial care in the mental hospitals. The findings of a survey made by the Canadian National Committee for Mental Hygiene in 1919 and the recommendations of a Royal Commission in 1927 greatly influenced the government in providing better facilities

throughout the province. The first social worker came to hospital at Essondale in 1932, and later that year the Child Guidance Clinic was opened. It has done excellent work but it has been successful in helping only the children who need urgent attention.

Shock therapy is used extensively at Essondale and the results have been very encouraging. Other modern forms of therapy are used including organized recreation, handicrafts, and cosmetherapy. Neither psychoanalysis nor group psychotherapy is practised at the hospital.

There has been a gradual development in British Columbia from simple custodial care to modern treatment procedures. In spite of present day knowledge, however, the mentally ill in this province are not getting the full benefit of all the techniques for curing them. Overcrowding has always been, and still is, a major problem. Lack of trained personnel, of adequate methods of after-care, of satisfactory preventive services are all problems which need more attention.

INTRODUCTION

Since early times mental illness has been surrounded with superstitions and misconceptions which have persisted to this day. The great majority of the general public has little opportunity to obtain reliable information on this vital subject. Through the medium of the radio and motion picture, however, they often obtain a garbled and very much exaggerated idea of mental disease.

The nineteenth century saw great strides made in looking after those who were mentally afflicted. During the latter half of the century, the great reformer Dorothea Lynde Dix made it her mission in life to have the mentally ill transferred from gaols and poorhouses to special institutions for them alone. Her crusade beginning in 1841, lasted for forty years, and was devoted to building enough "insane asylums" to look after all the mentally sick confined in penal and pauper institutions.

In 1872, the New York Neurological Association was founded and almost immediately found itself at cross purposes with the organized medical superintendents of mental hospitals. The new association became allied with social workers who for many years had seen the social and economic consequences of mental disease in the homes of the afflicted. The social work approach to the subject was therefore, much broader than the medical, and workers were thoroughly in favor of Dorothea

Dix's campaign to get the insane out of almhouses and into special hospitals where they might receive humane treatment. They were also among the first to recognize the great social and economic benefits that would accrue from a program of prevention of mental illness.

The beginning of the twentieth century saw the inception of great health and humanitarian movements. The period is known as the golden age of social reform. Led by a whole group of enlightened young men and women in the United States, campaigns were launched for abolishing slums, improving wages, better protection of infant and maternal health, and fuller realization of known public health principles. Most significant of all was the fact that these trends found organized expression.

The time was ripe for the start of a mental hygiene movement, and the man who started it was Clifford Beers. In 1900, he suffered a "nervous breakdown" and after attempting suicide, was put in a mental hospital in Massachusetts. During the next three years he was in three different institutions both private and public. He was brutally treated in all three of them, suffering at the hands of inhuman attendants and indifferent doctors. In order to expose the conditions under which the mentally ill were made to suffer, he wrote a book called "The Mind That Found Itself", which not only brought out the shortcomings of these mental hospitals,

but put forward well thought out ideas for improving conditions. Beers proposed to found an organization which would wage an educational campaign against the prevailing ignorance regarding mental illness. In short, his goal was to cure the disease by preventing it. His book became an American classic and founded the mental hygiene movement. It began at an auspicious moment because of the growing awareness of the need for mental hygiene. The widely accepted view that mental illness was hopeless, had raised a great barrier against progressive measures on behalf of the mentally ill.

The force of the mental hygiene movement was felt very strongly in social work. Workers in this field had long been in touch with the problems of mental disease, and the factors operating during and after World War I brought to a focus the trend toward the converging of mental hygiene and social work.

After the start of the twentieth century, psychiatrists became particularly aware of the great value of knowing the social histories of their patients. Mental hospitals began to use trained social workers in 1905 to get social histories and to do follow-up work with discharged patients in their own homes. Later, the after-care movement which had started in Europe was introduced in North America. Its purpose was to assist paroled or discharged patients to readjust to community life. Thus, psychiatrists began to recognize the

role of environmental factors in the causes, prevention, treatment, and ultimate cure of mental illness, and more and more called in social workers to collaborate with them.

The years after the first world war saw the application of mental hygiene principles to the child welfare field. The child guidance movement formally began in 1922, and clinics were established in connection with juvenile courts and industrial schools. Mental hygiene clinics for adults also were started in communities, many of them being connected with the mental hospital; others were part of the out-patients' departments of general hospitals, social agencies, courts, or correctional institutions. Some were independently created.

The care of the mentally ill in British Columbia during the last hundred years was naturally influenced by developments in other parts of the world. At first mentally ill persons were put in the gaol in Victoria, and later transferred to a hospital on the outskirts of the city formerly used as a pest-house. By 1878, a new hospital had been completed in New Westminster, and all the inmates were removed to this institution. Before the end of the century conditions had become so bad that a Royal Commission was appointed to investigate. Many of the recommendations made by this Commission were later carried out.

After Clifford Beers started the mental hygiene movement in the United States, a National Committee for Mental Hygiene was established in Canada in 1918, and in the following

year at the request of the provincial secretary, a survey was made in British Columbia in order to find out the needs regarding the care of the mentally ill and the mentally defective. The report of the Committee was full of suggestions for improvement, some of which were put into effect.

The Child Guidance Clinic started in Vancouver in 1932, reflecting the growth of similar clinics under the aegis of the mental hygiene movement. The first social worker came in 1932 to the mental hospital, and her salary was paid for one year by the Canadian National Committee for Mental Hygiene.

In British Columbia, there has been a gradual development from simple custodial care of the mentally ill to real treatment procedures. With the exception of convicts who happen to be mentally ill, patients in the provincial mental hospitals receive the benefit of modern treatment. The Child Guidance Clinic reflects the need for some preventive service and is attempting to expand its program.

Against the background of this historical survey it will perhaps be clear that there are still certain inadequacies in the public care of the mentally ill in British Columbia, and it may also be that there are clearer indications of how these shortcomings might be overcome.

CHAPTER I

THE EARLY YEARS

Pioneer Days

The early settlers in British Columbia were comprised of business-like traders, hardy colonials, speculating gold-seekers, Imperial officials, and Royal Engineers. Pioneers were first attracted to this part of the continent by the insatiable desire to obtain furs. Alexander Mackenzie crossed overland to Bella Coola in 1793 to establish a trading post for the North West Company, and in 1805 Simon Fraser in the interests of the same company came down the muddy river which was later called after him. The Hudson's Bay Company was not to be outdone and in 1846, after the famous Boundary Dispute with the United States had been settled, built a fort at the southern tip of Vancouver Island to protect its fur trading interests in British Territory.

Colonization followed and in 1850 the Colony of Vancouver Island was created, and Victoria on the site of the Hudson's Bay fort became the capital. Queen Victoria appointed governor, Richard Blanshard, but he was succeeded the next year by James Douglas who had been the Hudson Bay factor and was a vital and dominant personality. He had great faith in the future of the young colony and was largely responsible for the success of its early years. Trade was begun with Russian ports in Alaska and by the time gold was discovered

in 1858, the colony was firmly established.

The influx of some 20,000 gold-seeking adventurers in 1858 changed Victoria from a small trading post to a fair-sized city. One of the early settlers was very critical of the hordes that were pouring in and describes the influx in vivid terms:

> Victoria was assailed by an indescribable array of Polish Jews, Italian fishermen, French cooks, speculators of every kind, land agents, auctioneers, hangers on at auctions, bummers, bankrupts, and brokers of every description. . . To the above list may be added a fair seasoning of gamblers, swindlers, thieves, drunkards, and jail birds let loose by the Governors of California for the benefit of mankind, besides the halt, lame, blind, and mad. In short, the outscourings of a population containing like that of California, the outscourings of the world . . . When the older inhabitants beheld these varied specimens of humanity steaming down in motley crowds from the steamers and sailing vessels, and covering the wharves as if they had come to take possession of the soil, they looked on in amazement, as if contemplating a second irruption of the barbarians. 1

The gold-seekers outfitted at Victoria, which at the time was the only port of entry for the territory and proceeded to seek the precious metal on the lower bars of the Fraser River. Soon towns grew up on the mainland, New Westminster, Hope, and Yale being the first of these. Many who failed to find gold settled on the rich land along the valley and by 1859 the population had grown to such an extent that

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1. Waddington, Alfred, The History of Four Months, or The Fraser Mines Vindicated, Victoria, P. DeGarro, 1858, pp. 17-18.

the new Colony of British Columbia came into being. The Queen sent the Royal Engineers that year to help build the capital city of New Westminster, survey the land, build roads, and take over the Royal Navy's job of policing the territory. More gold was discovered in the Upper Fraser in 1861, and more adventurers came, this time chiefly from Eastern Canada and the United Kingdom.

Paralleling these events was the swift development of responsible government. The two colonies united in 1866, a year before Confederation. When this was accomplished in 1867, there was varied opinion in the western colony. Some wished to retain colonial status, others wanted annexation with the United States, and those from Eastern Canada pressed for union with the new Dominion. These diverse opinions did not prevent the new governor, Anthony Musgrave, from drawing up terms on which the colony would enter into confederation and eventually in 1871 British Columbia became part of the Dominion of Canada.

In 1873 the Legislature of British Columbia passed the first Act which set forth the regulations for establishing Asylums for the Insane in the province. The Act called for a Medical Superintendent to direct and control "the medical and moral treatment" of the patients, a Superintendent to conduct the financial business and affairs of the Asylum, and such other officers and servants as may be required. The Act provided that a lunatic should be committed to the Asylum

upon the certificate of two medical practioners, who were to examine the patient in the presence of each other. One dangerous provision was set forth in section twenty-two which gave the superintendent the right to provide extra comforts for patients with money. This provision was an invitation for grafting and it was not long before a dishonest superintendent took advantage of the opportunity.

Until the gold rush of 1858 there had been only one instance recorded of an insane person in British Columbia. In 1850 a young immigrant from Scotland "proved himself to be a genuine maniac by making a most unprovoked attack upon Dr. Helmcken during a visit".[1] He was sent home and later recovered. Dr. J.S. Helmcken who held the position of Gaol Surgeon in Victoria for fifty years, thus was the first physician to come in contact officially with a mentally ill person in British Columbia.

When the gold rush started in 1858, many newcomers broke down under the strain and hardships endured and had to be taken care of. The nearest asylum at this time was in California, and the only place in the province for looking after violent cases was the gaol in Victoria. The authorities began to send the insane back to California where they were committed to the Napa Asylum in that state. This procedure

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[1]British Columbia Sessional Papers, Annual Report on the Public Hospital for the Insane, 1901, pp. 463-464.

continued until California notified the British Columbia Government that it must pay towards the upkeep of those persons sent from that colony. This suggestion was not accepted, instead the mentally ill were kept in the gaol in Victoria until it became too full to hold any more, and the milder cases were transferred to the Royal Hospital.

The gaol of those early days contained only ten or twelve cells and was built on hewn logs at first, but later a two story brick administration building was added to the front of it. The site was the same as the one later occupied by the Law Courts on Bastion Street. The gaol continued to be used until women patients began to appear and the government was forced to provide a more adequate place.

The Royal Hospital was a hospital for men only and was situated on the Songhees Indian Reserve, on the other side of the harbor opposite the city. It was originally built as a pest-house, so for that reason was located outside the city limits. Women patients were housed at first in a hospital on Pandora Street opened by Victoria women, but because of financial difficulties it was amalgamated with the Royal Hospital which supplied a woman's ward.

When two mentally ill women came under the notice of Dr. I.W. Powell, he made the suggestion to the government of remodelling the Royal Hospital for an asylum. This was done and on October 12, 1872 it became the first provincial

mental hospital in British Columbia and fulfilled that function for five and one half years. The new institution came under the office of the Provincial Secretary, which department has been responsible for its management ever since.

The first asylum was a whitewashed wooden building of two stories, in size about fifty feet by forty feet. A door from the upper story led onto a balcony which commanded an excellent view of the harbor, and all in all the situation was a pleasant one. The interior had been remodelled and consisted of cells or very small single rooms.

Five men and two women made up the first patients, two days after the opening a third woman being admitted. Dr. I.W. Powell became the first Medical Superintendent (non-resident), Mr. E.A. Sharpe was appointed Superintendent of the Asylum, with Mrs. Flora Ross as Matron. The rest of the staff consisted of three "keepers" or male attendents, a cook, and an Indian washwoman. Thus at first there were as many employees as patients, a situation which did not last very long, however.

"Crude as things must have been in this embryo asylum, there were malingering applicants for admission. Dr. Helmcken tells of one who pretended to be not only insane but paralyzed, but as his deception was suspected by a physician, the latter took a pail of water up to the balcony while the man was in front of the building and suddenly dashed the

the contents upon the would-be lunatic, who suddenly made a complete recovery and displayed good action in his legs while hurrying away."[1]

Internally the asylum was ill adapted for its work and a carpenter was kept busy repairing the damage done by disturbed patients. To keep order, it was necessary at times to use some form of mechanical restraint, and this objectionable feature developed and stayed with it for many years.

The first superintendent of the institution proved unsatisfactory in every way. He treated the pauper patients in a patronizing manner and gave them the poorest of food. Those with money were better off as he was authorized to see that they received "greater comfort" and in providing this he had ample opportunity for grafting. He tried to replace the matron by his own wife, but in a series of letters to the Provincial Secretary the matron exposed the whole sordid affair and the Superintendent was removed from office for "theft, intoxication, quarrelling, and interfering". It was nearly four years, however, before the change was made.

At the end of 1873, when there were fourteen patients, Dr. Powell resigned and was succeeded by Dr. J.B. Mathews. By the close of 1875 there were thirty-two patients, and in the spring of 1876 a small shed-like addition was built

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[1]British Columbia Sessional Papers, Annual Report of the Public Hospital for the Insane, 1901, p. 465

to make more room. On December 1, 1877, Dr. Mathews having resigned, Dr. MacNaughton-Jones became the first resident Medical Superintendent. At the end of that year there were thirty-seven patients and the building could accommodate no more.

A Select Committee appointed to inquire into the Provincial Lunatic Asylum in 1875 agreed that the original building was unfit in every respect for the treatment of the insane, and urged the transfer of the establishment.[1] At the time, there was a capacity for twenty patients (thirty-two were in residence), there was no furniture and wooden beds were the only "comfort" for the inmates. The government decided to build a new asylum and chose a site near New Westminster apparently as some compensation to that city for being passed over as the provincial capital. The land used for the purpose was a government reservation of about 180 acres.

The first building at New Westminster was completed by the end of 1877 at a cost of about $24,000. It was a two story brick structure, 125 feet long by 25 feet wide. There were four wards each with seven single rooms for patients, a day room, and a lavatory. Dr. Jones, the new medical superintendent inspected the building before taking occupancy and was not at all pleased with it. In a letter to the government

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[1]British Columbia, Sessional Papers, 1875, p. 690.

dated November 19, 1877 he said:[1]

> The window bars in the cells and patients' general rooms invite and preclude the possibility of preventing suicide, while the unaccountable precautions taken to prevent the patients from even obtaining a glimpse of the outside world will have a very deleterious effect on the inmates; indeed, would be enought to drive a sane man mad.
> An ornamental hole in the upper lobby invites suicide or suggests murder.
> There are ventilating apertures for the exit of foul air in the cells and patients' rooms, but I could not discover whence pure air was to come. The transit windows are placed at the wrong end of the building.
> The officers' rooms are all constructed on the belief that these people do not require air; several of them are only boxes plastered inside...There are no bells in the building nor any means of communication except by word of mouth...There are no padded rooms. In case fire originated in the body of the building, the inmates could not possible escape. There are only three modes of exit in the building, the front door and two small ones in the direct rear of the building, at the end of the main hall. The interior is so badly lighted that one can hardly see to read. On the whole, the building, in its present state, seems to me a madhouse of former times, and not a modern hospital for patients affected with disease of the brain.[1]

The Report of the Commissioners on the state of the Lunatic Asylum of December 15, 1877,[2] made a number of recommendations none of which were carried out for several years. It recommended increasing dormitory accommodation to afford room for forty patients, lowering the windows, installation of central heating, permanent water supply, exits at the end of each corridor on both floors, two padded rooms, elim-

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[1] British Columbia, Sessional Papers, 1878, p. 517.
[2] ibid, p. 520.

ination of barred windows, erection of wings and recreation room, a detached cottage for the medical superintendent, and the setting aside of fifty acres for an asylum farm.

Patients were transferred from Victoria to the new hospital in May, 1878 and the thirty-eight of them overtaxed the accommodation which was not increased for seven years. As soon as the patients were settled Dr. Jones resigned And Dr. T.R. McInnes (later Lieutenant-Governor of B.C.) became the non-resident Medical Superintendent, the old system being reverted to. At this time the Superintendent, Mr. James Phillips received a salary of $1200 a year, while the Medical Superintendent received only $400, less than either of the five keepers, matron cook or night watchman.

The first Annual Report for the year 1882 makes interesting reading. British Columbia had a population of about 30,000 at that time, and its wealth of resources was attracting newcomers from the British Isles and Eastern Canada. There was talk of building a transcontinental railway which would provide a direct link with the more settled parts of North America. The Superintendent, Mr. Phillips, was appalled by the fact that there was one insane person for every six hundred in the population, and he recommended the construction of additional space in order to accommodate seventy-five persons. He suggested that the four acres in front of the building should be cultivated and convalescent patients allowed

to do the work, thereby saving the government a considerable sum of money. In his plea for more room he tried to be as dramatic as possible and wrote: "To have two irrational beings occupying the same room, no matter how quiet and inoffensive they may have been for even months, they are liable at any moment to become violent, raving maniacs, and like an enraged animal, pounce upon the unfortunate roommate and inflict serious injury, or even take life. This is no idle dream , , ,"[1]

Judging from the 1882 Annual Report only three kinds of insanity, mania, monomania, and melancholia, existed. The personnel at that time in addition to the superintendent, medical officer, and matron consisted of five keepers, as well as a night watchman, cook, and washerwoman. Salaries totalled $5,815. In theory, patients were charged with all expenses except house repairs and the transport of lunatics and keepers. In practice, however, they paid less than half of their upkeep as the total cost of upkeep for 1883 was $11,196, the patients contributing $507.18.

The Asylum continued to be overcrowded. In 1884 a $26,000 wing was added, the window sills were lowered, and a balcony was built on each ward. The new addition raised the capacity to seventy beds, while about sixty patients

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[1]British Columbia, Sessional Papers, Annual Report on the Asylum for the Insane, 1882, p. 325.

were in residence. On January 1, 1885, Dr. R.I. Bentley who had previously been visiting physician, was put in complete charge of the institution with an increased salary, and the former Superintendent, Mr. Phillips, became steward. This change was long overdue and was a recognition of the fact that full time medical supervision was necessary in caring for the mentally ill, although custodial care was actually still the only treatment. Dr. Bentley introduced an important innovation when he allowed the patients to work on the grounds, and henceforth exercise in the fresh air became part of the treatment afforded. Greater effort was put forth at this time to amuse patients by games and dancing. However, since the men and women were segregated, the women had to dance with each other, and in the absence of a piano, without any music.

By 1889 the hospital was so crowded that new patients had to wait in the New Westminster Penitentiary until there was room for them in the Institution. In that year, additional wings were added and also a central building with kitchen facilities and office space.

TABLE 1

Salaries, Maintenance, Total Expenditure of the Provincial Mental Hospitals in decades 1875-1945.

FISCAL YEAR	SALARIES	MAINTENANCE	TOTAL
	$	$	$
1875[1]	3,783.96	3,626.10	7,410.06
1885[2]	9,399.96	6,433.76	15,833.72
1895	15,542.07	20,006.86	35,548.93
1905[3]	38,088.88	84,560.68	122,648.56
1915[4]	119,521.43	280,207.24	399,728.67
1925[5]	305,992.41	393,476.55	699,468.96
1935	622,018.70	475,357.83	1,097,375.53
1945[6]	1,290,416.66	1,244,715.36	2,535,132.02

1 Royal Victoria Hospital 2 New Westminster Asylum
3 Includes Colony Farm 4 Includes Essondale
5 Includes Colquitz 6 Vancouver Clinic, Headquarters, Essondale, New Westminster, Colony Farm, Colquitz.

CHAPTER II

DEVELOPMENT FROM 1894-1905

The Royal Commission of 1894

The year 1894 was a momentous one in the history of the Provincial Asylum for the Insane. Ugly reports about ill treatment of the inmates had been reaching the Government and in order to find out if there were any justification for these rumours, a Royal Commission was appointed made up of two medical doctors, Edward Hasell and Charles Newcombe, the latter of whom had worked in mental institutions in Great Britain. They were given authority to inquire into "the sanitary and professional treatment of patients, the sanitary arrangements, the number and duties of the officers and employees of the Asylum and their conduct, the cost of maintenance, and generally all matters concerning the management of the Asylum, or relating to the welfare of the inmates or the public interests."[1]

The Commission visited the Asylum for the first time on October 31st and the following ten days. They found it necessary to come back later in November to reexamine certain witnesses because the official stenographer had disappeared together with all his notes. Both patients and officials were interviewed informally at first, but later the

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[1] British Columbia, Sessional Papers, 1894-95, Royal Commission Report on the Provincial Asylum for the Insane, November 27, 1894, p. 503.

attendants were put under oath in order that the Commission could get as complete and honest a story as possible. Of the stories told by the inmates, the official report says:

> It was with infinite difficulty, however, in most cases that we could induce these poor people to believe that they would not be severely punished if they reported what they had seen and suffered . . . Taken at random, from every ward, without any possibility of collusion, they, one and all, told the same story of cruelty and oppression. They all gave us the impression of being terrorized, not only by the punishments they had themselves experienced, but also by the reports which had reached them, in some cases no doubt exaggerated, of punishments inflicted upon others. Thus, they were all aware of the man Schubert's death in a dark closet while confined in a strait-jacket, and they all knew of the cage in the basement cellar . . . Having on the first day of our visit been informed that no punishments whatever were now imposed upon patients, and that mechanical restraint was only used by special order, and after proper enquiry, we were astounded at hearing patient after patient telling the same stories of inmates being thrashed with straps, of their being kicked, handcuffed for trifling offences, struck with the fist, ducked in cold water until nearly suffocated, of their being tortured by semi-strangulation by means of the strait-jacket, and of one man having a hand crippled for life by the prolonged use of a leather 'mit', followed by inflammation and abscess . . . We felt compelled to sift this matter to the bottom and hour after hour, for two days, we listened to most depressing tales of cruelty and humiliating usage."[1]

The evidence obtained from the attendants under oath proved that cruelties had been inflicted upon the patients contrary to the rules of the Asylum, and that the Medical Superintendent had not properly supervised his keepers nor enforced his own rules. At the time of the Commission's

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[1] ibid, p. 504.

visit, the Asylum was divided into six wards:

Ward "A" - for quiet patients and convalescents; 9 of these employed; 2 epileptics.

Ward "B" - contained most of the patients who helped with the work of the asylum; of the 25 patients, 21 were employed about the building.

Ward "D" - used for reception of new patients and contained the infirmary; 30 patients of whom three were epileptics.

Ward "E" - reserved for violent, noisy, and refractory patients; 29 patients, three of whom were epileptics; two penitentiary patients.

Ward "F" - for Chinese; 20 patients, four employed, no epileptics.

In contrast to the others was:

Ward "C" - women's ward; the brightest and least prison-like in the Asylum; but all three patients were employed in scrubbing, washing clothes, or sewing; contained books, newspapers, and potted plants which gave it a home-like atmosphere quite in contrast to the other wards.

Meals were served in a room set aside in each ward, the men using enamel-wear dishes with worn oil-cloth on the tables. In the women's ward, the dining tables were covered with clean white table cloths and the cups and saucers were made of crockery. The only eating utensils used by all patients were spoons.

Furniture throughout the institution consisted of wooden benches and tables with no comfortable chairs whatsoever. The only amusements provided were a few checker boards and one billiard table made by the patients. The few

books and newspapers present were old. The Chinese Ward had both plants and canaries which belonged to the head attendant there and were brought by him for the pleasure of his patients.

The Commission was favorable impressed with the care given to the female patients under the direction of the Matron, Mrs. Ross. She was so interested in the work, that at her own expense and time, had visited similar institutions in Oregon and Washington and in the care of the women under her charge incorporated some of the best features of these hospitals. At regular intervals the women went to the recreation hall situated upstairs which was furnished with a piano and had been decorated with flags representing the nations of the world. These had been made by the women themselves under the Matron's direction. When the weather was wet, instead of going outside, the women played football in the recreation hall and took much pleasure in this sport.

On the whole, the Commission found the sanitary arrangements of the hospital were satisfactory. The ventilation of the wards was good. They found, though, that the drain pipes in some cases emptied into an old brick drain causing a foul odor. The kitchen was very old and needed replacing.

The report noted that very little of the land belonging to the Asylum was available for the use of the patients. The men used an airing yard or corral which was 314 feet by 172 feet and was surrounded by a closed board fence about

fifteen feet high, which completely blocked out the view. The women's corral was 164 feet by 133 feet and was used extensively in dry weather. The Medical Superintendent had refused permission to the patients to exercise outside the asylum precincts.

The Commission recommended that the present ground at the front and sides of the building be made into a recreation and airing ground, that paths be made, and seats placed for the patients' use. They believed that exercise in the open air was absolutely necessary as a curative agent, and thought that with troublesome patients the extra space provided was a real feature in their successful treatment as it allowed them room and opportunity to "blow off steam . . . and get thoroughly tired".[1]

They were very concerned over the fact that during the autumn and winter months most of the patients were cooped in their wards for long periods because of the absence of dry paths which would have allowed exercise except in the wettest weather. The confinement and lack of exercise and fresh air they suggested, with good reason, were the cause of increased irritability and extra trouble to the attendants resulting in the use of mechanical restraint.

In their opinion, too much labor had been spent on improving the Medical Superintendent's grounds, labor

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[1] Ibid, p. 508.

which should have been used to improve the land around the Asylum itself for the benefit of the patients. They noted that only twenty acres now belonged to the institution, which was not nearly enough. The attempts at raising vegetables were desultory and inadequate.

The staff in 1894 was made up of ten attendants, two nurses for the women patients, a night watchman, cook, and laundress as well as the medical superintendent, steward, clerk, and matron.

The working day for attendants and nurses was from 6 A.M. to 7 P.M. They were allowed only one free afternoon per week and after one year were given a meagre ten days' annual leave. No notes of any kind were kept by the male attendants, but the Matron kept a journal in which was recorded notices of restraint, seclusion, and punishment. This journal was open to inspection by the Medical Superintendent.

All orders to attendants were given verbally and reports to the Medical Superintendent were also by word of mouth. He never visited the building at night unless sent for, and so the Night Watchman was in charge of the whole institution from 7 P.M. to 6 A.M. The latter was supposed to attend to patients who were wet or dirty, to change their clothing or bedding, and to bathe or wash them if necessary. He was given no written list of epileptic and suicidal patients.

Mechanical restraints found to be in use included handcuffs, leather mits, leather muffs, steel anklets, leather anklets for women, pinion straps, camisoles and strait-jackets. The Commission was appalled at the extensive use of this kind of restraint and said:

> Of the necessity of this formidable array of implements, the like of which we have never seen before except in museums, we are unable to obtain satisfactory evidence, at all events as remedial agents. The keepers do not record their use in a proper book, and, notwithstanding their printed rules, they seem to apply the restraints first and then, only sometimes, to report the fact to the steward or medical superintendent."[1]

Handcuffs were considered the mildest form of restraint and were used chiefly for general restlessness, violence, destructiveness, and to prevent masturbation. Leather muffs took their place on the women's ward. Sometimes men had their arms handcuffed behind their backs for several nights in a row, even for a matter of weeks. The leather mits often injured the patients' hands, and in one case permanent contraction of the fingers resulted.

The camisole used for the women was made of a man's shirt with extra long sleeves which allowed the arms to be held to the sides. The matron experimented with several types until she found one that was least injurious to the women under her charge. Before allowing the use of any mechanical restraint she tried it on herself and if she

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[1] Ibid, p. 510.

found it to be at all harmful, refused to sanction its use on any of the women patients.

Unfortunately no such humane impulse prevailed on the male attendants. Beating with straps (often with buckle end first) was a common occurrence, while kicks and blows with the fist were frequent incidents of "treatment". The two worst punishments were the strait-jacket and the "cold dip". These tortures were so odious and the use of them such an indictment of the callous attitude of the medical superintendent and attendants that it is necessary to give a rather full description of them.

The strait-jacket was applied by first throwing the patient down and putting his hands into leather mits, which were firmly held to the waist by a belt. A coarse, canvas jacket was then thrown over the patient's head, laced tightly to the body, and kept down by a cord known as the "martingale" which passed through the legs (this cord was used as an instrument of torture as it was often intentionally drawn tight and caused sores on the crotch of the body). The upper cord passed around the neck and through eyelets down the back and then "cinched", like a saddle to a horse, with the keeper's foot or knee pressed against the body to obtain a good purchase. The pressure thus created could be graduated and was sometimes so great that it caused swelling of the face. Patients testified that their suffering was

acute, breathing was impeded, palpitation of the heart was sometimes produced, and the circulation of the hands was so impeded that cramps and numbness resulted. Along with the physical torture, a patient became "an object of ridicule and rough horseplay for those who are unable by their infirmity to pity him . . . On the minds of those patients who retain any sensibility for the misfortunes of others, we believe the effect of this punishment to be most depressing and injurious."[1]

The other method of torture was known as the "ducking" or "cold dip". The patient was handcuffed with hands behind him, the feet held together with steel anklets, and in this helpless condition he was plunged into a tub almost full of cold water, the head being held under almost until suffocation. The head was immersed several times until the patient's spirit was broken.

"Cold Dip" was inflicted for such causes as: "Being troublesome at night", "in the case of one man for drumming on chest", "for running away", "for throwing filth at a keeper", "on epileptic patients 'for fighting'", "for refusing food", "for dirtying the ward". In no case on record was it ever used as a remedial agent.

Strait-jacket was used for many reasons including fighting, destructiveness, abusing Medical Superintendent or

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[1] Ibid, p. 510.

keepers, disturbing others by constant kneeling and praying, refusing to work, striking Medical Superintendent or keepers.

In the matter of seclusion, the evidence showed that the broom closets measuring approximately six feet by four feet were often used to confine troublesome patients. The Commission also found in the basement "a dark cell, made of scantling, lined and floored with boards. In this was lying a small piece of matting. It is a very cold place . . ."[1] Dr. Bentley, the Medical Superintendent, admitted that its construction had not been sanctioned by the Provincial Secretary and stated it had been used only once for a Chinese patient. The evidence of the steward and keepers, however, showed that it had been used for at least four men and one woman. The Matron herself said that she had used it one night when a patient of hers became so noisy that she was disturbing all the women in the ward. She had taken the woman to the basement and confined her to the "cage", but at no time had left the patient alone, and had released her after one hour.

The Commission was quite satisfied with the by-laws, rules, and regulations of the Asylum drawn up in 1885 by Dr. Bently and copied from the Napa Asylum in California. They believed that most of the rules were well carried out and found no fault with the cleanliness of the institution

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[1] Ibid. p. 511.

and the patients. Rule 14, however, they found had been constantly broken, and no real attempt made to carry it out. this rule stated:

> The use of restraining apparatus is prohibited, except by express permission of the Medical Superintendent. Seclusion to a private room, or the personal care of the keepers must be employed until further directions can be obtained. Whenever a patient becomes so noisy or violent as to demand seclusion, ample aid should be procured, and if force be required it should be used in a firm and decided, but mild and gentle manner without any anger or appearance or anger. The reasons should be pleasantly and kindly explained.[1]

They noted that Dr. Bentley's memory seemed to be a complete blank regarding the use of mechanical restraint, seemingly having ordered its disuse rather than use. He had never used his power to discharge an attendant for breaking any of the rules, and had in no instance informed the Provincial Secretary when Rule 14 had been broken. The only conclusion was that he could not have considered mechanical restraint a serious matter, because he could easily have controlled it by keeping all instruments in his own care.

In their final report the Commission made a number of suggestions and recommendations the most important of which were:

1. Proper seclusion and padded rooms. Elimination of "cage" in the basement.

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[1]Bentley, R.I., By-laws, Rules and Regulations of the Provincial Lunatic Asylum, B.C. Steam Print, 1885, p. 14.

2. The Asylum to be enlarged to provide living space for the Superintendent. His present house to be used for patients working outdoors and also for the recreation and amusement of the patients.

3. Provision of easy chairs, pictures, newspapers, and books for each ward.

4. Record books to be kept, especially a punishment and restraint book.

5. Proportion of attendants to patients one to eight as in England, rather than one to thirteen as at present; this would necessitate additions to the staff.

6. Obtain attendants with some trade who are qualified to instruct patients in useful occupations, rather than ones who are big and strong.

7. Substitute an open picket fence for the present one in the airing yards.

8. Provision for a number of dry paths throughout the grounds so that patients may get exercise.

9. Medical Superintendent to see every patient twice a day, to have Night Watchman report to him every night at 10 P.M., and to visit wards unexpectedly at night at least once a week.

10. Abolition of mechanical restraint. The Commission believed that "Chains, handcuffs, strait-jackets, and the like have been done away in Great Britain for about forty years and their place has been taken by humaner and more scientific methods of treatment. These involve higher qualifications, both mental and moral, on the patience of attendants than before, and in some cases a larger staff, but whereever what is called the non-restraint system has been tried, success has invariably followed, and we do not know of a single instance where a return has been made to the older and more primitive methods . . . Restraint was formerly resorted to in all cases to save trouble, and so it became wholesale neglect".[1]

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[1]British Columbia, Sessional Papers, 1894-95, Royal Commission Report on the Provincial Asylum for the Insane, November 27, 1894, p. 513.

Four days after the Royal Commission submitted its report, the Provincial Secretary sent a letter to Dr. Bentley suspending him from all duties connected with the Asylum. He was severely censured for the cruelties which had been inflicted upon the inmates, and the letter concluded with these words: "If the lunatics had been criminals of the worst type, the treatment administered would have been inexcusable; but considering that the poor creatures are irresponsible for their actions, the manner in which they have been governed is nothing short of barbarous."[1]

Dr. Bentley resigned at the end of 1894 and Dr. Newcombe who had served on the Commission became temporary Superintendent until a permanent appointment could be made. A number of doctors applied for the vacant position, one of whom, Dr. G.F. Bodington, enclosed no less than eighteen references from eminent medical men in England who testified to his ability and moral character. He promised, if appointed, to revolutionize the system and reorganize the hospital on a new and sound basis along the lines of the asylum in England where he had been superintendent for seventeen years. The government was impressed with his record, and on January 9, 1895 appointed him at a salary of $2,500 a year.

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[1]British Columbia, Sessional Papers, Letter to Dr. Bentley dated December 1, 1894, p. 574.

Improvements resulting from the Investigation

Dr. Bodington served the institution for six years and during that time implemented most of the changes recommended by the Royal Commission. Unfortunately, mechanical restraint was not done away with because of the great influx of new patients, the number more than doubling from 164 to 349. Restraint, however, was rigidly controlled and used not as a punishment but as protection of the patient or other inmates. The two worst male attendants were discharged, and one of the others resigned. They were replaced by five new men, and a shoemaker and tailor were engaged also to act as trade instructors and attendants. For a number of appointments, the men secured had had previous experience in asylums in England or the United States. Obtaining trained staff was an important step in the gradual development from custodial care to treatment.

A new residence for the superintendent was added to the front part of the institution and his former dwelling was taken over for convalescent women patients. Renamed Lawn House, it started a new life. A trained nurse, Mrs. Janet Crawford, with several years experience in United States asylums was appointed as Assistant Matron in charge of Lawn House and a Miss Gamble who had had eight years service in a Toronto Asylum became a member of staff. This change is the

first recorded instance of classifying patients according to their condition.

The padded room recommended by the Commission was completed in 1897, and this anachronism still exists today although it has not been used for many years.

Socials held once a month became an entertainment feature and were thoroughly enjoyed by the patients. The Matron, Mrs. Ross, was responsible for organizing them and their success was largely due to her efforts. One of the attendants was an accomplished violinist and he encouraged the patients to learn music and formed a choir for the Sunday services. The inmates were given more opportunity to get away temporarily from the hospital and attended the New Westminster Exhibition and lacrosse games in that city. Others, accompanied by attendants, went on fishing trips and long hikes.

Mrs. Ross died in 1897 having served the hospital faithfully for over a quarter of a century. She had been ill for several months before her death but asked to stay on until the very end. Dr. Bodington paid tribute to her faithful service and stated that the one bright spot in the whole institution when he took over was the management of the women patients. He praised her energy and enthusiasm and hoped that the same treatment might be afforded the male patients as had been rendered the women inmates.

The year 1897 saw a forward step made in legislation regarding the mentally ill. The Insane Asylum Act was changed to become the Hospitals for Insane Act, a recognition of the fact that custodial care alone was not enough, but that medical treatment was required for the mentally sick. The new Act also made provision for specific forms for the commitment of persons to the hospital. In addition, the administrative and financial aspects of the hospital were put into the hands of a steward and clerk who were responsible to the superintendent.

In 1899, Dr. G.H. Manchester was appointed Assistant Superintendent and in 1901 succeeded the elderly Dr. Bodington, who retired because of ill health. The new Superintendent was an able and forthright individual with admirable ideas on the care of the mentally ill, who made a real attempt to put them into practice. His conception of the treatment of mental illness came closer to modern thought on the matter. He believed that "the cure of the insane is not to be compassed by the use of medicines alone, nor of any other single measure, but rather by every means that will tend to put the body in good condition and divert the mind from its morbid action."[1]

Dr. Manchester believed in giving the best of food to the patients and thought it should be properly prepared

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[1]British Columbia, Sessional Papers, Annual Report of the Hospital for the Insane, 1901, p. 475.

and served. During his administration, benches in the dining rooms were replaced by chairs, and knives and forks were placed upon the tables, as well as spoons.

Regularity of living habits and long hours of rest he also considered important, but felt that the latter was somewhat overdone in the hospital as many patients were kept in their rooms too long at night. He realized that employment was an absolute necessity to relieve the monotony and boredom of institutional life. To provide occupation for the patients was one of his foremost duties, he believed, and he encouraged the building of workshops to teach the inmates a variety of trades.

In his estimation amusement and recreation were essential and fundamental requirements of treatment. He deplored the fact that they received such little attention at the hospital and remarked, "I know of no similar institution where there are so few provisions under this head as here, where not even a campus is available."[1]

Entertainments and dances became a fortnightly feature. Dr. Manchester managed to obtain a piano for the women patients and remarked: "Music is something that possesses a place of its own in the lives of most persons, and nothing can take its place . . . I would place a piano in

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[1] Ibid, p. 476.

in every ward and hope some day it may even come to pass."[1] Two more billiard tables were added to the male wards, and a variety of reading matter made available to the patients.

Special Problems

During Dr. Manchester's regime two special problems began to develop. Previously very few mental defectives had been admitted, but in 1903, five boys and two girls of this type became patients. The Superintendent believed that more and more of these unfortunates would arrive and thought it necessary to provide a different kind of institution where they could receive proper education. The other problem was the increase in patients of a criminal tendency. The doctor hoped that the government would soon provide special quarters for these people whom he considered were a danger to the other inmates.

The probation idea which allowed convalescent patients to return to the community, was developed rather fully by Dr. Manchester. It worked satisfactorily in two ways, giving the patient the opportunity to adjust to his old surroundings and former work while still under supervision, and allowing many eccentric people who did not really need hospital care to earn their own living. During 1902, fifty-seven patients were allowed to leave on probation, and of these

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[1] loc. cit.

twenty-seven were fully discharged, sixteen were still out at the end of the year, and twelve returned to the hospital.

Treatment facilities were completely inadequate at this time and the Superintendent remarked that the institution narrowly escaped ranking as a mere house of detention. He listed as vital needs in this respect examining rooms, laboratories to examine blood, urine, and sputum, hydrotherapy, electrotherapy, a gymnasium, a campus for outdoor recreation in summer, and walks which would allow an airing for patients.

In 1905 Dr. C.E. Doherty became Superintendent when Dr. Manchester resigned. The latter had found the responsibility of running the hospital very trying. There were four different governments while he was superintendent and many of the attendants taken on the staff were politically appointed. Dr. Manchester's only recourse was to discharge them if they proved unsatisfactory. The attendants struck for higher wages and the superintendent discharged nine of them which made him very unpopular. Another problem he was faced with was the leasing of part of the hospital grounds to a brickmaking company. This move meant that the patients had little space for walks. A sidelight on the instability of the government of the day was the fact that provincial revenues were so low the provincial secretary used to phone the superintendent at frequent intervals and ask for the

money which had been collected from the patients for their board and lodging.

CHAPTER III

1905-1919: New Institutions

A very important treatment procedure was started during the first decade of the twentieth century. Previous to this time the value of work in the open air had been recognized, but because of the limited land available for cultivation of the soil, attempts in this direction had been only on a small scale. At this time patients began to clear land at Coquitlam for what was to become Colony Farm and Essondale Mental Hospital. The growth of this feature is interesting and warrants a section by itself in any history of the care of the mentally ill in British Columbia.

In 1904, the Provincial Government acquired one thousand acres of virgin land at the junction of the Coquitlam and Fraser Rivers, a distance of six miles from the New Westminster Institution. Dr. Manchester had been looking for a new site for the hospital and one day while enroute by boat to a church picnic he saw a suitable tract of land. He suggested that the government erect a complete modern hospital for the insane upon the property and use the present institution as an asylum for idiot and chronic cases.

Colony Farm

In July, 1905, a start was made in the work of clearing land and erecting temporary buildings on the new site. From August 1st on, an average of eighteen patients

accompanied by two attendants, helped to clear land. They worked all summer and winter and in the following spring, their number was increased to thirty. At first they lived in tents, but later moved into buildings which consisted of four bedrooms, three rooms for attendants, a billiard room, dining room, kitchen, and lavatory.

In the management and laying out of this large area, the authorities had in mind the accomplishment of three general results:

1. The pleasure and health of the patients.
2. Providing employment for those who would benefit by regular work in the open air.
3. Economy by using this help to provide fruit, flowers, vegetables, and farm and dairy products for the hospital.

The work continued for six years. In 1911 Colony Farm was completed, and the value of the produce in that year was $24,065. More important was the fact that the advantage to patients was shown by the increase in recoveries. Work done by patients in that year is impressive:

Work on farm	13,071	days
Cutting wood and clearing land	1,919	"
Work in kitchen	1,007	"
Work in dining-room	2,145	"
Work in stables	1,007	"
Ward or housework	5,423	"
Work with engineer	424	"
Work with carpenter	266	"
Work with surveyor	359	"
Work with plasterer	906	"
Work with teamster	482	"
TOTAL	27,009	days

The publication in 1909 of a book on mental diseases by an Italian doctor had a profound effect on the care of the mentally ill in British Columbia. The ideas expressed in the book were similar to those of Dr. Doherty who was very enthusiastic about farming. He was particularly impressed with one section dealing with outside work:

> Work and especially work in the open air and in open and healthy surroundings is of the utmost value for mental patients. It renders them more composed and patient, and better satisfied with themselves. Being a factor in the production of health and happiness, it also becomes a means of cure. In those asylums in which work for patients is carefully organized the mortality rate is decreased, mechanical restraint is reduced to a minimum, and recoveries are more frequent; the spirits of the patients are brightened, the labour of those who attend them is ameliorated, and the mission of the State, provinces, and communes, which thus provide not only for the custody but also for the recovery of their patients is ennobled. Hence every good asylum possesses an agricultural colony.[1]

The author believed that such a farm could also be used as a place of probation, particularly since an open door policy could be freely adopted. He was not concerned with the occasional escape which might occur, as "it does not constitute a danger or a fault, but will serve to impress upon the patients and the public the liberal spirit of the institution."[2]

By 1913, after several years experience at Colony Farm the administration was thoroughly convinced of the value

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[1]Tanzi, Eugenio, A Textbook of Mental Diseases, London, Rehman Limited, 1909, p. 788.

[2]loc. cit.

of occupation as a remedial agent in the treatment of mental illness. Suitable employment as the best remedy for many ills of the mind and body had long been recognized, but it was thought that only a very few types of insanity would benefit from actual work. It was evident, however, that at least two-thirds of all the male patients were capable of employment and needed it as much as sane people. With the new resources, as a man's symptoms improved he was sent to Colony Farm, where much greater freedom prevailed, and from there to his own home. By adopting these methods it was found "that only a very small residuum is relegated to that eyesore, the refractory ward."[1]

The work in the open air amid healthy surroundings was found to be far superior than any other form of occupation, and in 1913 nearly two hundred male patients received the benefit of this valuable therapy. Its very success led to some misunderstanding, however.

Colony Farm received considerable criticism when it began to exhibit livestock in various fairs in Canada and the United States. It was alleged that the property was approaching the stature of an experimental farm and that the patient was being lost sight of in order to breed prize-winning livestock. Nevertheless, the many blue ribbons won

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[1] British Columbia, Sessional Papers, Annual Report of the Mental Hospital, 1913, p. H 9.

by Colony Farm stock focused attention on the experiment being carried out in British Columbia for the mentally ill. Other similar institutions in Canada were impressed by the benefit that patients received from field labor and were encouraged to make similar arrangements for their own inmates.

International recognition came for the new treatment in 1913 when a Chicago newspaper published a panegyrical account of this method of treatment:

> When the judges pinned the blue ribbon on Nerissa at the International Livestock Show, they not only put the official seal of approval on the handsome mare, but they recorded a victory for the new method of treating insanity which is being worked out in the Province of British Columbia. Nerissa and her companions . . . are the product of the care and labor of insane patients at the Mental Hospital at Coquitlam, where agriculture and stock-breeding have proved a self-sustaining means for curing insanity . . . The result of this Hospital's revolutionary methods may mean world-wide changes in the administration of State institutions for the care of those who are in the twilight state of mental derangement.[1]

According to the superintendent, Dr. Doherty, Bayard Holmes, a well known psychiatrist at that time was very favorable impressed with the methods of treatment for the mentally ill in this province and was particularly enthusiastic about Colony Farm of which he said: "The out-of-door labour and work with animals . . . are all excellent, and when combined with careful medical treatment should produce noteworthy results."[2]

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[1] Ibid, p. H 10. [2] loc. cit

In 1912 the per capita cost of caring for patients was reduced to $177.71 or a per diem rate of 48.6 cents, lowest in the history of the institution to that year. The Superintendent, Dr. Doherty, in his Annual Report for the year wrote:

> For this reduction of cost we have nothing to thank but Colony Farm and its abundant crops, and the fact that we are now living in an age which permits of a more enlightened perception of insanity. You yourself, sir, by the modern methods which you have always insisted upon, have at last robbed the freeman of much of his self-conceit and made him look upon his brother's greater infirmity with a larger charity. Through your Government this Province has at last learned that all the mental weaklings in our midst need not be locked up, and that many of them may lead the extramural life of usefulness, with profit not only to themselves, but also to British Columbia.[1]

Essondale

1906 was an important date in the development of the care of the mentally ill in British Columbia, for in that year Henry Esson Young, a medical doctor, became provincial secretary and served in that capacity for many years. This able and socially minded Minister made the mental hospital one of his most vital concerns and was largely responsible for building the new institution at Coquitlam which was named after him.

In 1908 a competition was opened to the architects of the province who were asked to draw up plans for a modern hospital for the mentally ill. It was very significant

[1]British Columbia, Sessional Papers, Annual Report of the Hospital for the Insane, 1912, p. G 13.

that among the conditions laid down for the competitors were that "all prison and custodial features were to give way, as far as possible, to wholesome and curative features, while every essential for the scientific study, classification, and treatment of cases was to be afforded."[1] Several leading architects in B.C. spent considerable time and money visiting modern hospitals in Canada and the United States, and the plans finally accepted by the government received great commendation from psychiatrists in general and from the Lunacy Commission of New York State.

Franklin B. Ware, State Architect of New York was the adjudicator and he awarded first prize to a design of an institution arranged in the corridor-pavilion style, consisting of a central administration unit, with service quarters on the second floor, and a kitchen and bakery on the third story. The other buildings in the design were an infirmary, and buildings for the acute and chronic cases respectively, on either side of the administration building in a horseshoe arrangement. Convalescent homes, were to be built in front and on either side of the administration building, and behind them the isolation hospital, mortuary, and laboratory were to be placed on one side, with workshops and amusement hall on the other.

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[1]British Columbia, Sessional Papers, Annual Report of the Hospital for the Insane, 1908, p. D 16.

All the buildings were to be completely fireproof and faced with red brick. They were designed to accommodate 1800 patients and the cost was estimated at between $1,600,000 to $2,000,000.

Dr. Doherty, the Medical Superintendent, insisted on three features in the provisions for construction:

1. The isolation of all cases of acute insanity or acute mania, and provision for them to have fresh-air treatment.

2. The provision for accommodation of at least ninety percent of the chronic insane in congregate dormitories.

3. The provision of proper buildings for manual arts and crafts as well as for amusement.

In his visits to similar institutions he had noted the inadequate provision of buildings for manual arts and crafts training and felt that a modern hospital should have well-equipped departments for this type of activity. He therefore urged that "surely it is a matter of economy for us to supply this class of the best producing patients with every means of proper hygiene just as well during waking hours as it is at any other time."[1]

The superintendent had great hopes for the new hospital. The plans as drawn up were never fully carried out but this was not for lack of vision on the part of the

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[1]British Columbia, Sessional Papers, Annual Report of the Hospital for the Insane, 1912, p. G 37

director. His views reflect the change which was taking place in the care of those afflicted with mental illness. Dr. Doherty was completely carried away by his enthusiasm for the future hospital, but his attitude is typical of the liberalism which was making itself known throughout North America. "I am inclined to think", he said, "that British Columbia's new Mental Hospital, now rapidly nearing completion, will approach more nearly the ideal standard than any other Canadian hospital yet constructed. Here we will have buildings of the very best possible construction, absolutely fireproof throughout, with separate buildings for the chronic cases comprised of large airy dormitories and single rooms; with day rooms, all of which have natural light from three sides, are artificially ventilated, and each of which opens out upon a comfortable solarium. The Acute buildings are splendidly adapted for the reception, examination, and proper treatment of those actually insane; while the Hospital pavilion for the treatment, medical and surgical, of those physically ill, I think will compare with the most up-to-date general hospitals in this Dominion. Another feature worthy of mention is the Isolation Hospital for the tubercular and other cases, which is splendidly laid out for the purpose for which it is intended, as also are the buildings for manual arts and crafts training, with all the needs which

experience has dictated."

"Given such an equipment", Dr. Doherty wrote, "it certainly behooves all to form the highest ideals of the particular part which each is to play in the carrying to success of his or her special duties in this new hospital. Now, by ideals, I do not associate my views with any slovenly or weak sentimentalism or corrupting counterfeits; I mean the real sentiment, the rational instinct for service; no star-gazing or crystal-readings, but work. In our new Hospital, let our ideal be application of imagination to realities, the greatest of which will be the patient himself."[1]

The cornerstone for the new hospital was laid by the Lieutenant-Governor on February 25th 1911, and two years later the new institution opened its doors to male patients. At the end of 1913 there were 453 men under its roof.

Progressive Developments

By the turn of the century a new spirit regarding the treatment of mental illness was beginning to permeate the mental institutions. The many voices which had been raised in the past in regard to social reform at last found organized expression and a more enlightened view of mental illness began to pervade the hospitals devoted to the care

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[1]British Columbia, Sessional Papers, Annual Report of the Hospital for the Insane, 1911, p. D 6.

of the mentally ill.

In British Columbia it was becoming clear that all mental patients should be treated as sick persons, and treatment on an individual basis was being attempted. The Annual Report for 1907 declared that "kind and humane treatment is enforced in every department; mechanical restraint of all kinds has been abolished; the physically sick receive special diet according to their needs; all engage in judicious open-air exercise, both winter and summer, while everything is done, during leisure hours, to divert the patient from his trouble."[1]

The new Superintendent, Dr. Doherty, effected a number of changes. The accommodation at New Westminster was enlarged and the chronic and curable cases were segregated. The feeble and infirm were given separate quarters in a new ward. In 1907, a Department of Pathology was set up to aid diagnosis, and in the laboratory report for that year was an account of blood counts and several scientific terms referring to mental disorders. Hydrotherapy and Electrotherapy were added in the same year and the results from the former of these treatments were very encouraging.

The superintendent proceeded along lines of practice established in the more modern hospitals. All patients were classified according to the seriousness of their illness.

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[1]British Columbia, Sessional Papers, Annual Report of the Public Hospital for the Insane, 1907, p. F 7.

After a sojourn in the receiving ward, those considered curable were segregated from the so-called incurable, the feeble and infirm were sent to special quarters, while the convalescents were assigned to quiet quarters with ample libraries, reading and amusement rooms. Absolute rest in bed was enforced for the acute cases and the principle was to see that "they receive every care, treatment, and attention that the sick should receive."[1] The modern hydrotherapeutic apparatus recently installed for the treatment of these cases was found to be "very beneficial." All patients not physically incapacitated were encouraged to take exercise in the open air both summer and winter. Regular concerts and dances were held and it appears were much appreciated by the inmates.

In 1907, Dr. J.G. McKay became Assistant Medical Superintendent. During the years of the first World War he was acting superintendent in the absence of Dr. Doherty who served overseas as an army medical officer. Upon Dr. Doherty's return, Dr. McKay resigned and later opened the Hollywood Sanatarium in New Westminster, a private institution for mentally ill persons which he still heads.

The value of properly trained nurses, both male and female, was commented on more than once. The superintendent made every effort "to retain as attendants well-principled persons, intelligent enough to understand the

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[1] Ibid, p. F 7.

reason of their rules and the unreason of their patients; . . . with kindness of heart enought to put themselves in the position of their patients at times; with self-control enough never to abuse the poor unfortunates entrusted to them, and with observation enough to recognize changes in the mental condition of their patients so that they may anticipate outbreaks, either suicidal or homicidal . . ."[1]

Until this time the hospital had not been provided with night nurses. The night watchman used to make hourly rounds carrying a kerosene lantern. In the past all patients were locked in their rooms at night and stayed there until they were allowed out in the morning. This archaic system was eliminated through the improvement of adding a number of night nurses to the staff, and henceforth patients had the use of toilet rooms for the full twenty-four hours of the day. In retrospect this innovation seems mild enough, and little more than logical, but to many superintendents of that time it constituted a very radical change. Many previous discussions among heads of mental hospitals had centred on the chamber pot as an offensive or defensive weapon and the possibility of using some lighter material in its construction!

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[1]British Columbia, Sessional Papers, Annual Report of the Public Hospital for the Insane, 1906, p. J 7.

Justifying the use of night nurses, the superintendent wrote "having someone with the insane patients day and night, dealing firmly, yet kindly and gently, has a subduing effect; a warm bath, a cold bath, a warm pack, a cold pack, or a glass of warm milk, are much better than restraint, hypnotics and locked doors."[1]

The schism between the surgeon and the psychiatrist was apparent even in those days, and in his Annual Report for 1911 Dr. Doherty undertook to prove that the institution which he headed was a modern hospital in every respect. "Let the house surgeon from any general hospital go into the offices of a modern mental hospital, and he will find the alienist with his bacteriologist and clinical clerks diving into histories and making examinations so thoroughly that he is astounded."[2] He proceeded to explain how accurate charts were kept of the progress of each patient, and that complete family and personal histories were obtained showing that the history of the present illness proceeded step by step until mental unbalance ensued. Charts were kept showing all variations of temperature, the state of the blood, and variations from normal of all secretions and excretions.

He continued: "Take him into the acute wards and let him see for himself the precautions taken in feeding

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[1] British Columbia, Sessional Papers, Annual Report of Hospital for the Insane, 1909, p. C 8.

[2] British Columbia, Sessional Papers, Annual Report of Hospital for the Insane, 1911, p. D 6.

maniacal cases in order to support strength against exhaustion; let him see the upbuilding of nutrition by forced feeding and suitable tonics; and, if not yet satisfied, take him into the shops, or, better still, out to the farm, and let him witness the arousing of the sluggish and the diversion of the depressed mind by occupation, and he surely will by this time be disillusioned and will recognize that our treatment is purely medical and surgical treatment, just as much as that adopted in his hospital in carrying a patient over the crisis of pneumonia, or that adopted by him in the application of splints in the treatment of a fractured leg. In fact if he has been properly shown through the mental hospital I think he will admit that here it requires, to a much greater extent, an insight and knowledge of the individual and of human nature seldom called for in the conduct of a case of bodily illness."[1]

Dr. Doherty was very concerned about the lack of knowledge regarding mental illness on the part of the general practitioner. At a meeting of the British Columbia Medical Association in 1906 he presented a paper entitled "Diagnosis of Insanity by the General Practitioner and the Consequent Duties Which Must Necessarily Devolve Upon Him". In the light of present day knowledge, his opening paragraph is most illuminating. "A proper recognition of the early and

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[1] loc. cit.

premonitory symptoms of insanity is urgently required, as prompt and judicious treatment will often save the patient from an impending attack. It is usual among the public to picture an attack of insanity as coming on suddenly, whereas, in nearly all cases, the onset is gradual. Even in acute mania there is often a short foregoing period of depression."[1]

Foreshadowing the use of social workers he stressed the need of obtaining a full case history from a relative or friend, because of the invaluable help this gave the doctor in the subsequent treatment of the patient. Much to his disgust many persons were being brought to the hospital shackled and handcuffed, and he noted the surprise of the nurses or policemen when the hospital officials immediately removed this restraining apparatus. Dr. Doherty was very much opposed to the establishment of psychiatric wards in general hospitals, and in this regard pleaded . . . "if any effort is to be made in the interests of the insane, let it be in the shape of increasing the general comforts, amusements, and the scientific treatment in our public institutions".[2]

Scientific Classification

The 1905 Annual Report in its list of disorders shows the result of the more scientific classification of

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[1]British Columbia, Sessional Papers, Annual Report of Hospital for the Insane, 1908, p. D 36.

[2]Ibid, D 38.

mental illness devised by Kraeplin some years earlier. In contrast to the first reports which showed only three types of insanity, the one for that year broke down the kinds to no less than seventeen.

Dementia, praecox	25	Senile melancholia	2
" senile	8	Resistive "	4
" terminal	12	Delusional "	2
General Paresis	21	Toxic insanity	3
Epileptic insanity	2	Idiocy	2
Melancholia	12	Imbecility	1
Acute mania	10	Dementia paralytic	1
Recurrent mania	4	Not classified	1
Paranoia	13		

The alleged cause of the attacks of insanity for 1905 were listed, the greatest number of patients supposedly breaking down for these reasons: heredity, onanism, syphilis, alcoholic intemperance, mental worry, senility, lactation, and child birth.

In 1912, the legislative assembly passed an amendment to the 1897 Act which eliminated the word "insane" in the title, the new name becoming the Mental Hospitals Act. The previous year the Act had been revised but no great change was effected. The revisions taking place, however, were but a reflection of the changing attitude regarding the mentally ill.

Branch at Vernon

In spite of the many progressive features in the care of the mentally ill which thus made themselves manifest

after the turn of the century, a backward step had been taken in 1904. The hospital at New Westminster had become so crowded that some drastic move was necessary in order to relieve the situation. The superintendent was given the choice of using the gaol either in Kamloops or Vernon. After visiting both of them, he chose the latter, because it was new and would at least give the patients reasonable satisfactory physical comfort. In September, forty-eight male patients and five attendants were transferred to Vernon, and of the move the superintendent wrote "the relief is welcome, but a gaol is a gaol and bears no similitude to a hospital for the insane."[1] This so-called Branch Hospital operated until the opening of Essondale and housed at times as many as seventy-five to eighty men. There are no records of how the patients fared in this institution; but it is doubtful if they could ever have escaped the impression of being under forcible detention.

In the Annual Report for 1914 the idea was expressed for the first time that the excessive use of alcohol might be a symptom of mental disorder rather than the cause of it. In that year Dr. A.L. Crease, the present General Superintendent and Provincial Psychiatrist joined the staff of the New Westminster Hospital as third physician. He came

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[1]British Columbia, Sessional Papers, Annual Report of Hospital for the Insane, 1904, p. I 13.

to British Columbia from Rhode Island where he had done four years of research work and it was thought that he would be a valuable addition to the medical staff, which certainly proved to be the case.

In 1915 the Binet-Simon Intelligence Test was first used to form a table of mental development, and to determine the amount of deterioration that takes place after prolonged excited or depressed periods. The year 1916 saw the appointment of a dentist for one day a week. In the same year, the superintendent recommended that a hospital be built for the feeble-minded where they could attend educational classes.

Colquitz

A modern building at Saanich on Vancouver Island was taken over in 1918 for the so-called criminally insane. It was opened in the first part of 1919 and by March of the following year there were ninety-nine inmates. Also in 1919 the first attempt at segregation of the feeble-minded was made when excavations were made for a subnormal boys' school. An old carpenter's shop standing on the grounds of the hospital was renovated and refitted to make a reasonably comfortable home for some sixty children.

CHAPTER IV

1919-1932: MODERN INFLUENCES

In 1919, the Canadian National Committee for Mental Hygiene, founded the previous year, conducted a survey of British Columbia at the request of the Provincial Secretary. The study was carefully and thoroughly conducted and included an examination of conditions in connection with the insane and mental defectives.

Mental Hygiene Survey, 1919

In the foreword to the report the committee stated that it received the utmost co-operation from those in charge of the various institutions. It felt that the people of British Columbia were fully alive to the importance of making social reforms and that the province generally was to be congratulated on the progress made in the care and treatment of the insane. Although the war had impeded advance, the outlook for the future was hopeful in their opinion. The Committee believed the west had the advantage of not being hampered by many traditions which often impede progress, and the western provinces did not think they were above criticism, which made them more prepared to accept modern dictums regarding the mentally ill.

They thought the management of the New Westminster Institution was admirable, but deplored the fact that

the authorities were forced to accept all mental types, from idoicy and acute insanity to senile dementia. Owing to conditions of overcrowding and want of space, the staff was asked to do the impossible in making a proper classification. In the words of the report: "the demands of the modern hospital for the insane are quite as exacting as those of the general hospital, and until this fact is recognized no real progress can be made."[1] The committee acknowledged, however, that British Columbia had not been penurious in making expenditures for the mentally ill, but noted that Essondale might be classed as having adopted too elaborate a type of construction. If a mistake was made, though, they held that it was on the right side of the account.

The training school for psychiatric nurses established at New Westminster just before the war began was now doing excellent work, although it had been somewhat disorganized during the war years because of the absence of so many of the staff. The course was two years long and instructors included Drs. Doherty, Steeves, Crease, McAllister, and Ryan. The report stated that no institution without a training school should be called a hospital. It put forward the suggestion that the male wards should be placed under the control of women nurses because "they do the work with intelligence and have a humanizing influence that is

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[1]Canadian National Committee for Mental Hygiene, Report of Survey of British Columbia in 1919, Vol. 2, p.5, April 1920.

of especial value in the care of the insane."[1]

Whenever nurses are placed in mental hospitals the result is to establish even institutions for chronic patients on a new basis. Trained nurses on the various wards help to convince the public that intelligent and skilled treatment is taking the place of mere custodial care. The report affirmed that it had become the habit in some quarters to regard all mental maladies as incurable and to relegate the patients suffering from such diseases to the scrap heap.

The committee considered the medical staff at New Westminster far too small, although the scientific part of the treatment of patients had not been neglected and the physicians were enthusiastic about their work. The necessity of having one doctor for every hundred patients was pointed out, as understaffing left little time for investigation, and assistants hampered by a mass of routine and clerical work were apt to lose their zeal for research and eventually become fossilized and useless. In hospitals that accumulate many chronic cases this tendency must be combatted for "the moment the individual is forgotten in a herd, his chance of improvement has practically gone."[2]

The report proposed a change in the form of admission as theoretically at least, the majority of the insane

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[1] Loc. Cit.

[2] Ibid., p. 6.

had to suffer the indignity of having to appear before a magistrate upon somewhat the same plain as a criminal. Many patients were kept in gaol before being admitted to the Hospital. The gaol system, except in extreme cases, should be abolished, and provision made for voluntary admission. Why should acute mental illness be put on a different level than is the care of physical disability in general hospitals? To quote from the survey made in Manitoba previously: "The intelligent method of admissions seeks to remove the suspicions of the public in regard to institutions and to recognize that insanity is a disease, not a crime."[1]

Facilities for providing suitable occupation for mental patients were found to be inadequate. The number of inmates who were employed was far too small to meet modern requirements, but if occupational therapy were adopted as a policy to be followed, the results would be gratifying, thought the committee. The hospital management realized the importance of this feature, but lacked the money to institute this much needed reform. The report stressed the need of providing qualified teachers and well equipped shops because "occupation is not only a substitute for restraint, but is also a therapeutic measure of value."[2]

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[1] Ibid., p.8

[2] Ibid., p.10

A well organized social service department was considered to be a primary need, as the absolute necessity of such a service in general hospitals had already been proved. It was almost impossible to prevent patients from developing the hospital habit without the assistance of well trained social workers who could exercise intelligent supervision over the patients who might win their way to improved health and freedom. British Columbia because of its scattered population was particularly in need of social workers. The employment of trained workers would effect a real economy to the government, as it would relieve it of the burden of maintenance while the patient was on probation.

The committee was pleased with the relative lack of mechanical restraint at New Westminster and Essondale, and maintained that the development of occupational therapy on an extensive scale would tend towards the complete disappearance of this objectionable feature of hospital management.

The most glaring need in British Columbia in the opinion of the committee was provision for the immediate care of mentally ill persons without the hamperings of red tape and routine. They looked over the university buildings connected with the Vancouver General Hospital and found two of them which would lend themselves admirably

to the purpose of providing a psychopathic hospital containing thirty or more beds with the best types of equipment for suitable treatment. They stressed emphatically the need for psychopathic wards in connection with general hospitals and could see no reason for any delay in providing them for Vancouver.

The committee was pleased to note that the importance of psychiatry had been brought to the fore by the developments of the war. Previously insanity had been misunderstood by general medical practitioners, largely because clinical studies were neglected due to the lack of material for the student and interne in hospitals, and because the subject of psychiatry was forgotten for the great part in medical schools. The committee contended that the rights of the insane to early scientific treatment be recognized and provision made for this in general hospitals, where physicians and students could be put in the position of seeing more of the disease and its treatment. Psychopathic wards at the Vancouver General Hospital would not only prove a boon to the community, but would form a clearing house for many cases before being sent to the Hospital for the Insane.

Those who made the survey advocated the erection of a psychopathic unit either at New Westminster or Essondale to supplement the psychopathic wards in Vancouver.

This building should contain everything necessary in the way of equipment and should have provision for extensive research work. In their opinion, no branch of medicine was more in need of research than psychiatry.

The report asserted that Essondale which housed men only was a sort of glorified farm colony for chronic cases of insanity and had much to commend it, if custodial care alone was aimed at. The patients were housed in large dormitories with fifty patients each. The young men on the staff were doing excellent work and from a purely physical standpoint the inmates were well cared for. The chief lack, however, outside of scientific equipment was the humanizing influence of women nurses.

The committee's recommendations regarding the insane were:

1. Establishment of a psychopathic hospital. The advantages of such a unit were formulated by the Mental Hygiene Committee of the New York State Charities Aid Association, which in summary declared that such a hospital is an integral part of a complete provincial hospital system, and without it the system goes lame; it would check the present rapid increase in the number of the insane by heading off the stream at its source; such a hospital by preventing and curing cases of mental disease in incipient and early stages, would prevent their becoming chronic insane patients and would save the state the expense of continuous care of chronic cases for a long term of years: finally, the hospital would prevent overcrowding in other provincial hospitals by diminishing the number annually committed.

   In addition to other duties, the staff could be used for survey work in Vancouver public schools, and for the mental examination of juvenile and adult court cases.

2. A building for acute cases at Essondale. Facilities should be provided for occupational therapy and hydrotherapy.

3. Construction of a nurses' home at New Westminster.

4. Provision for voluntary admission to mental hospitals placed on the statute books.

5. A convalescent home at either New Westminster or Essondale to facilitate the more rapid recovery of patients.

6. Social service in connection with New Westminster and Essondale.

7. Travelling psychiatric clinic for mental examination of paroled patients, public school cases, and others resident outside of Vancouver. The effect of such a clinic on the hospital, the hospital physician, and on the community would be invaluable.

8. Appointment of a pathologist at New Westminster.

9. Increased medical staff at both mental hospitals. The staff of three physicians for some 600 patients at New Westminster is not sufficient to conduct efficiently the work required. The proper ratio should be one doctor for every 100 patients.

10. Occupational therapy to curb mental deterioration and increase the number of recoveries.

11. Annual visits of staff members to other institutions.

In regard to the feeble-minded of the province, the committee were convinced that from the data presented mental deficiency lay at the very root of such conditions as crime, juvenile delinquency, prostitution, and pauperism and that it was a significant public school problem. They made three recommendations for mental defectives, advocating facilities for diagnosis, for training, and the extension of special classes.

Two further general recommendations were made. Abandonment of the building which housed the Boys Industrial School was one and the other was a strong recommendation for the appointment of a Mental Hygiene Commission in British Columbia to make a study of the problem of mental abnormality in the province, and then to develop a suitable plan for its solution. It would consist of a well trained and competent man in whom the people had confidence as its head, a well trained psychiatrist, possibly the general superintendent of the provincial mental hospitals, and a lawyer to help with the many points of law in connection with all institutions. In addition, there should be a secretary.

This commission should be an independent body, free from political control, but in the confidence of the government and responsible to it. It should be empowered to inspect the activities of all institutions supported by governmental aid. The history of the State Commission in New York founded in 1889 was cited as an example; it was very unpopular at first because it interfered with political patronage, but had more than justified its existence from the standpoint of economy, humanity, and general progress. All appointments made were from those who reached the high standard demanded by competitive civil service examinations.

In concluding the report, the medical director, C.K. Clarke, and the assistant medical director and secretary, C.M. Hincks, on behalf of the Canadian National Committee for Mental Hygiene, announced that they did not expect that all the recommendations would be put into effect immediately, but felt that the desire for progress in British Columbia was so great that many of their suggestions would be adopted in the comparatively near future.

The report of the survey was presented to the provincial secretary in October, 1919, and some of the recommendations were immediately put into effect. By the time the report was published in the Canadian Journal of Mental Hygiene in April, 1920 provision had been made for the establishment of a training school for mental defectives on the Essondale property, arrangement for a new building for acute cases at Essondale and for the erection of a nurses' residence at New Westminster.

Amendments to Mental Hospitals Act

The recommendation of the mental hygiene committee regarding voluntary admission to the mental hospitals was placed on the statute books in 1920. The amendment to the Act in that year also made provision for removing mentally ill convicts from prison and placing them in the new institution at Colquitz. They were transferred by means of an Order-in-Council from the Lieutenant-Governor. A form was filled out by the keeper of the gaol or

lock-up, or by the superintendent of the Industrial School and forwarded to the medical superintendent. Mentally ill convicts considered to be recovered were returned to the institution from which they came, to finish their sentence.

The Mental Hospitals Act of 1924 contained the forms of admission used to-day. Ordinary admission required one form signed by anyone having knowledge of the patient (preferably a relative), two forms signed by qualified physicians, and one form signed by a judge. Voluntary admission necessitated voluntarily written application by the patient accompanied by a form signed by a medical practitioner. Urgent admission could be obtained without the forms signed by doctors, but these had to be obtained within fourteen days of admission.

Death of Dr. Doherty

Dr. Doherty died in 1920 after a short illness and was succeeded by Dr. H. C. Steeves. The new superintendent acknowledged the great debt the people of this province owed to his predecessor, praising his energy and organizing ability and genial personality. During his long and successful administration the mental hospitals had been brought to a very high standard of efficiency. In the words of Dr. Steeves: "His name will be ever associated with the history of progress in the care of our insane."[1]

[1]British Columbia Sessional Papers, Annual Report of the Provincial Mental Hospitals, 1921, p.W 9.

Need for a Building Program

Recommendations for the erection of a building for acute cases at Essondale were held in abeyance. By this time the buildings were overcrowded by at least one third and the management of the hospital felt that some distinct policy should be made to provide a building every five years to take care of the increase in population. In the 1923 report, Dr. Steeves called attention to the pressing need for a building program and also stressed the need of separate institutional care for the feeble-minded. The hospital population when the last building was completed in 1912 was 752, but ten years later it had risen to 1649. In other words, the hospital was greatly overcrowded. During this period modern cottages were erected at Essondale for married employees.

New Building

By the end of 1924 the new acute building at Essondale was completed and opened. Occupation of this building made it possible to reclassify patients, and enabled the staff to modernize methods of reception and treatment. The top floor was set aside as a psychopathic admission unit entirely separate in its staff organization and in its care of patients from other parts of the institution. Two years later a new complete central heating plant was built, to take care of the increase in buildings.

Dr. Crease Becomes Superintendent

Dr. Steeves died in 1926 while on a visit to Victoria to discuss hospital matters with the provincial secretary. He had been with the hospital since 1914. Dr. A. L. Crease succeeded him and has been in charge ever since.

Royal Commission on Mental Hygiene, appointed 1925

The year 1925 was an important one in the history of the care of the mentally ill in British Columbia, for in November of that year a select committee of the legislative assembly was appointed. The original motion said that "whereas the number of patients treated in the Mental Hospital and its branches is increasing to an alarming extent, whereas 66 per cent of the inmates are not Canadian born and 90 per cent are not natives of the province, and whereas it is necessary to erect further buildings, and whereas the cost to the people of the province for the maintenance of the mentally afflicted is now over $750,000.00 annually, exclusive of capital charges, and whereas the treatment and care of subnormal and mentally deficient children has also become an urgent and very serious question," that a select committee be appointed to investigate and report upon the following matters:

1. The reasons for the increase in the number of patients maintained in the Provincial Mental Hospitals and branches thereof.

2. The causes and prevention of lunacy in the province generally.

3. The entry into the province of insane, mentally deficient, and subnormal persons.

4. The cure and treatment of subnormal children.

5. All such matters and things relating to the subject of insanity, especially as they effect the province of British Columbia, as the said Committee may deem pertinent to the enquiry.

The Committee composed of Messrs. Rothwell, Odlum, W. A. McKenzie, Hayward, and Harrison proceeded with their enquiry for a month and then asked permission to continue the investigation. On December 30, 1925 they were appointed Commissioners under the provisions of the "Public Inquiries Act."

During the next year the Royal Commission held public hearings in Vancouver and Victoria where evidence was given and recommendations made by members of the medical profession, public officials, representatives of various welfare organizations, and other interested persons. The members inspected the Provincial Mental Hospital and its branches and made a survey of the records of all patients admitted during the previous ten years. Unlike the Royal Commission appointed some thirty years earlier, no inquiry was made into individual cases and complaints as the members considered it outside the scope of the inquiry to enter into any questions affecting individual cases in the mental institutions. The Commission in the time at

their disposal secured and studied all available information from other parts of the world, particularly in the other provinces of Canada, the United States, Great Britain, and the other dominions.

Their first report dated February 28, 1927, was fifty-four pages in length including seven appendices. In their general observations, the commissionery contended that mental disorder should be recognized as a disease like other diseases, and mental deficiency as an abnormality like any bodily abnormality. They stated that a mind diseased may be treated no less effectively than a body diseased; the duty of society and the state to the mentally afflicted in no way differs from its recognized duty towards the afflicted in body. Treatment of the mentally afflicted, the science of psychiatry, was making great advances as the result of an awakened interest and a growing sense of the importance of the problem.

That a clear distinction be recognized between mental disorder (commonly known as insanity), which in many cases may be prevented or cured, and mental deficiency (commonly known as feeble-mindedness), which cannot be cured, but whose effects might be mitigated in many cases by suitable training, was put forward in the report. The two groups constituted separate problems requiring different care and treatment.

The members of the Commission stated that the problems of prevention and care were greatly complicated in British Columbia because of its great area and the scattered nature of settlement outside a few large centres.

In regard to the causes and prevention of mental disorder, they found that a search of the recorded opinions of men prominent in the medical profession in various countries forced the conclusion that not enough was known as to the causation of mental disorder to justify any definite general pronouncement. Apart from that, records of what was known were too complicated to find a place in their report.

The members studied the 1926 report of the British Royal Commission on Lunacy and Mental Disorder, which observed at the outset:

> It has become increasingly evident to us that there is no clear line of demarcation between mental illness and physical illness. The distinction as commonly drawn is based on a difference of symptoms. In ordinary parlance, a disease is mental if its symptoms manifest themselves predominantly in disorders of conduct and as physical if its symptoms manifest themselves in derangement of bodily function. This classification is manifestly imperfect. A mental illness may have physical concomitants; probably it always has, although they may be difficult of detection. A physical illness on the other hand may have, and probably always has, mental concomitants. And there are many cases in which it is a question whether the physical or the mental symptoms predominate.[1]

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[1]British Columbia, Sessional Papers, Report of the Royal Commission on Mental Hygiene (1927), 1926-27, p. CC11.

These words written over twenty years ago, are as good a description of psychosomatic medicine as one could find to-day, except that at the present time we have more specific knowledge of the psychogenic factors which cause bodily malfunction.

The Committee noted that complete abstinence from alcohol would not wipe out all insanity attributed to that cause because many people drink excessively because of their mental condition. The mental hospitals were getting fewer general paresis cases, which according to the superintendent, Dr. Steeves, was the result of the venereal disease preventive campaign of the Provincial Board of Health. The idea was advanced that greater attention be paid to general bodily hygiene in earlier years in order to prevent senile insanity. It was felt that the diseases of old age were usually insidious in origin and gradual in development and that their seeds had been sown in middle life or even earlier. When old age comes, prevention is then too late.

The report quoted a general statement by the statistician of the United States National Committee for Mental Hygiene which summed up the findings of the organization. It read:

> The reduction in the use of alcohol, the gradual elimination of veneral diseases, and the dissemination of more complete knowledge of the

> principals of mental hygiene tend to lower the rate of mental disease. On the other hand, the crowding of population into cities, the increasing economic stress, and the reduction of the birth-rate among the more stable elements of the population are conditions unfavourable to mental health.[1]

Need for early treatment

A study of current opinion among authorities generally and of records indicating the trend of new methods being adopted, showed a steadily increasing belief in the preventive value of early treatment. The reforms of a few years earlier had changed institutions from asylums where detention and safeguarding of the patient was the only consideration, into mental hospitals, where curative methods took first place; this development marked a notable advance in the whole attitude of the public and the state towards the mentally ill. While this change had undoubtedly resulted in a much larger percentage of cures and had thus shortened the term of illness in many cases, and had added greatly to the comfort and general well-being of the patient, it had had no preventive effect whatever. The mental hospital had no concern with any case until it reached the stage where the individual could be certified for admission. British Columbia, as in other places, had done practically nothing towards caring for the incipient cases that might be prevented from developing, or in affording treatment for young persons whose general

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[1] Ibid, p.CC12.

make-up indicated a disposition to later mental breakdown. The British Royal Commission recognized this fact when it observed that "the keynote of the past has been detention; the keynote of the future should be prevention and treatment."[1]

Dr. C. M. Hincks, Medical Director of the Canadian National Committee for Mental Hygiene, who had spent six months of 1926 in Europe, stated in a communication to the Commission that he had consulted medical specialists in six countries, all of whom advocated psychiatric or child guidance clinics. They had discovered that many cases of mental illness that eventually became institutional wards of the state could have been successfully treated during childhood. Psychiatric clinics could furnish advice and treatment that would ward off mental disaster. The clinic at Oxford, England had been so successful that the mental hospital population had decreased noticeably since its inauguration. In direct contrast to this, the number of inmates in other institutions which had no clinics was increasing. The psychiatric clinics in Montreal, Toronto, Hamilton, London, and Winnipeg had convinced Dr. Hincks that such clinics constituted the best method of prevention of mental illness. An other important function of such a program was the supervision of institutional cases on probation in the community.

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[1] Loc. Cit.

The Board of Control for England and Wales, one of the foremost authorities in the world on all matters pertaining to state provision for the mentally afflicted, stressed the value and necessity of early treatment in several reports. In 1925, it made a special plea for out-patient clinics, declaring that "there is a wide field of usefulness for out-patient treatment in regard to early cases of mental disorder and the case of psychoneurotics for whom no effective treatment is organized."[1]

Dr. C. Farrar, Director of the Toronto Psychopathic Hospital, giving evidence before the Commission, maintained:

> Mental disease, like any other disability, and probably more so, suffers from lack of prophylaxis. I do not think that any man who has really studied mental disabilities and their causes has failed to realize that, when we get a case in middle life, we find we are dealing with the main product of a process that has been going on for years, and, in many instances, right from early life...[2]

He also contended that a prevalent idea was the hopelessness of mental disorders, and that a patient's doom was sealed once he is sent to a mental hospital. It certainly was not commonly known that the improvement and recovery rates among mental patients compared favorably with those in other kinds of illness. It was true that

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[1] Ibid. p. CC13

[2] Loc. Cit.

there were those in whom disease had made such inroads when they came under treatment that little hope could be held out for them. But the same was true of other types of diseases which affected the organic systems of the body. He concluded that "neither the internist nor the surgeon can cure all his patients; and the neurologist and the psychiatrist are precisely in the same case."[1]

After studying the evidence given before them and the information obtained from other parts of the world, the Commissioners were thoroughly convinced that the most immediate need in British Columbia was for facilities for early diagnosis and treatment of mental disorder, and that such facilities should be as readily accessible and as free from legal formality as treatment for any bodily ailment under the general hospital system. The provision of such facilities should be the ultimate aim of a well-balanced program of mental hygiene, the first step of which was a psychopathic hospital.

In concluding their observations on the possibilities of practical preventive measures, the Commission found itself entirely in accord with the British Royal Commission that "the problem of insanity is essentially a public-health problem to be dealt with on modern public health lines."[2]

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[1] Loc. Cit. [2] Ibid, p CC18

The Psychopathic Hospital

After listening to medical men and representatives of various welfare organizations both in Vancouver and Victoria the memebers of the Commission were convinced of the need of clinic service. Dr. A. T. Mathers, provincial Psychiatrist for Manitoba and Director of the Winnipeg Psychopathic Hospital, placed a particular high value on the out-patient and social service branches of the work of his hospital. He had found that the value of the social service department was not confined to the individual affected. The condition of the patient was often the result of family conditions which the trained worker soon recognized and was often able to adjust, so that the whole family benefited. Social workers were also able to aid recovered patients to adjust themselves both at home and in employment.

Many of the patients of the Winnipeg Psychopathic Hospital were referred there by various social agencies which formerly had no place to send their problem cases.

In summing up the need for early treatment the Commission found that there had been a steadily mounting demand for places to which the mentally ill citizen could go for examination and advice, just as he could go to a general hospital with his bodily troubles. In the British Isles and Europe such places were known as mental wards,

mental clinics, or psychiatric hospitals. In Canada and the United States they were generally known as psychopathic hospitals. The service such an institution afforded was a very real need in British Columbia in the opinion of the Royal Commission. A sixty bed hospital with adequate facilities for occupational therapy, out-patient and social service, and the necessary administration offices would cost approximately $250,000. The Commissioners proposed that it be established in close co-operation with a leading general hospital.

Report of Analysis of Case Records

Appendix "G" consisted of an expert analysis of the case records of the mental hospitals of British Columbia for the previous ten years. It was prepared by Miss Helen Davidson, a former teacher of subnormal children in New Westminster, the main points covered by the report being heredity, country of birth, length of residence in British Columbia, and length of residence in Canada. After doing a thorough piece of research, Miss Davidson found that by putting the worst complexion on her figures, that 30 per cent was the largest amount of insanity that could be considered due to hereditary taint of varying degrees. The importance of these findings was recognized by Miss Davidson and in her report she quoted the warning of a too placid acceptance of the theory of

heredity voiced by H. A. Cotton, Medical Director of the New Jersey State Hospital:

> The doctrine of heredity as applied in the field of mental disorders has been detrimental and destructive...It has exerted a pernicious influence on both the study and treatment of mental disorders. For if we firmly believe in these doctrines of heredity and the 'inherited constitution' which means in a broader sense that in certain cases mental disease is inevitable and that nothing can be done to prevent or to cure it, then evidently it would be futile to try to arrest the disease or search for methods of relief except along eugenic lines. It cannot be denied that such has been the attitude of psychiatrists in general, and when everything is blamed on heredity, this fatalism assumes the role of a cloak to hide our ignorance and stifle initiative in the investigation of causation looking to prevention and relief.
>
> Fortunately we are to-day in a position to show that the doctrine of heredity as applied to mental disorders is not in harmony with modern biological knowledge and is, therefore, obsolescent. The inherited constitution in the newer sense would refer specifically to the individual's constitutional resistance to various toxins, rather than to merely mental instability.[1]

Miss Davidson made thirteen recommendations in her report which were given consideration by the Royal Commission, and some were incorporated into their recommendations.

Findings of the Commission

1. With regard to the large increase in the number of patients in the provincial mental hospitals in recent years, the Commission found:

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[1] Ibid, p CC36

(a) There is no reason to believe that the increase is disproportionate to the increase in the general population during the same period.

(b) It is not due to, or to be regarded as proof of, any great increase in the proportionate amount of mental abnormality in the population, but is largely accounted for by a growing tendency of the public to seek hospital accommodation when the occasion arises.

(c) In proportion to population, the increase in hospital patients is not greater in British Columbia than in the other provinces or other parts of the civilized world.

2. The present mental hospitals are seriously overcrowded and at the limit of their capacity. This fact is accounted for because they have been required to accommodate mental deficients for whom no other provision has ever been made.

3. The mental hospitals, in respect to equipment, methods of care, and curative treatment, compare favorably with any on this continent and are held generally in high regard.

4. According to the records of the provincial mental hospitals, the foreign-born in the population appear to have contributed a considerably larger proportion of mental cases than should be expected from their numbers in the general population of the province.

Recommendations of the Commission

1. The creation of a Provincial Board of Control, to be composed of officials already in the public service who shall serve on the Board without added remuneration, to act in an advisory capacity in co-ordinating and supervising the work of the provincial mental hospitals and to perform such other duties as may be entrusted to it.

2. The establishment of a psychopathic hospital.

3. Removal from the mental hospitals, as soon as other accomodation can be provided, for mental deficients (including idiots and imbeciles) and

their establishment in other appropriate quarters.

4. Sterilization in certain cases by consent after recommendation of the superintendent of the hospital and the approval of the Board of Control.

5. Conferences with other provinces looking to an agreement whereby the cost of maintenance of patients from other provinces will be borne by the province to which their support properly belongs.

6. Representations to the Dominion Government requesting greater care in the examination of immigrants to ensure the total exclusion of the mentally unfit and those liable to insanity; that this province be given notification and full particulars of all immigrants admitted to Canada under special permit.

In concluding their report the Commissioners stated that they had found the problem had wider ramifications and presented more difficulties than they had suspected at the outset. They professed the belief that the growth of public enlightenment on the subject had forced radical changes in the attitude and sense of responsibility of the state towards the mentally afflicted. The result had been something of a revolution in methods of care and treatment. Only within the last decade had serious attention been directed to the possibilities of preventive measures which might well prove as fruitful as successes in the field of tuberculosis, typhoid, and venereal disease. The new methods and new types of institutions were of such recent and varied development that there had not been time for a standard to be evolved.

Consequently the geatest care should be exercised in selecting those which appeared to be best suited to conditions in British Columbia. In the exact words of the report: "The problem is largely economic; to decide what methods offer the greatest practical promise, and then to decide to what extent they can be adapted to our particular geographical problems and how far the public purse can or should go."[1]

The final report of the Royal Commission dealt largely with the problem of mental defectives, a problem outside the scope of this essay. In the past the mentally defective and the mentally ill had been mixed up together, although some attempt had been made at segregation. The Commission came to the conclusion that the problem was educational rather than medical, and believed that nine-tenths of deficient children could be trained with greatest advantage in the public school system. They recommended custodial treatment of low-grade idiots and imbeciles and vocational training of higher-grade mentally deficients. An important general recommendation was the appointment of a provincial psychiatrist to act as medical and administrative head of the proposed psychopathic hospital and as adviser to the provincial government in matters connected with mental hygiene.

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[1] Ibid, p CC7

In his first annual report for the year ending March 31, 1927 the new superintendent, Dr. A. L. Crease recommended a new wing for chronic patients, a nurses' home, a psychopathic hospital, social service, segregation of the feeble-minded, and increased facilities for treatment of the sick and infirm. He was pleased to note that many of these recommendations were being definitely acted upon and had been thoroughly studied by the provincial secretary, with the valuable aid of members of the Canadian National Committee for Mental Hygiene and the Provincial Hygiene Commission.

New Buildings

In 1929 a nurses' residence was opened at Essondale and the following year the new Female Chronic building opened its doors to women patients from the New Westminster Hospital. The patients were transported in large vans, and this mass movement of several hundred mentally ill women with little fuss or commotion was said to be an unforgettable sight. Provision was made in the new building for occupational therapy and physical training. Dr. Crease was endeavoring to give all patients employment and supervised recreation because of the great curative value attached to such occupation. The cottage at Colony Farm was enlarged at this time to help relieve the overcrowding

there. After the women patients moved to Essondale, the New Westminster Hospital was remodelled to be used as a home for the aged, but was used instead for mental defectives.

Appointment of Occupational Therapist

In the year 1931, the first occupational therapist was appointed to work with the women patients. Many articles were made in this department, some of which were sold and the proceeds used to buy more material. The superintendent was very pleased with the therapeutic affect of the new department and found it to be more essential than was anticipated. Occupations such as weaving and basketry absorbed the patient's attention and redirected her thoughts from herself. It also provided the opportunity for a patient to attempt constructive work which gave a greater sense of security and adequacy as the time approached to leave the hospital.

CHAPTER V

RECENT DEVELOPMENTS

In 1932 the Canadian National Committee for Mental Hygiene sent a social worker, Miss Kilburn, to Essondale for one year at their expense. Thus a new period in the development of our mental institutions began, and the changes which began about this time are significant of a more enlightened outlook in regard to the care and prevention of the mentally ill. The importance of preventive measures was at last beginning to be recognized by the government.

The Child Guidance Clinic

As a result of her stimulating efforts, a Child Guidance Clinic was opened in Vancouver under the Provincial Government in July of 1932. The clinic was located in the downtown area on Hornby Street and at first was open only one day a week, the staff travelling from Essondale. Early in 1933 it was opened two days each week, but the demand for its services was so great that before the end of the year appointments were being made two months ahead.

The opening of the clinic marked the first positive step in acknowledging the possibility and desirability of prevention of mental disorders. The clinic was diagnostic of function, and attempted to keep children from

becoming psychotic, that is, developing a serious mental illness. The staff studied the personality of the child and offered vocational correction or change in the environment, in order to redirect the already existing formation of poor and undesirable habits.

In 1934 an extra social worker was added to the staff and the first travelling clinic made a trip to Victoria, By this time the clinic was examining boys and girls from the Industrial Schools. In the next year clinics were held in Nanaimo, Courtenay, and Chilliwack. In 1937 a psychologist was added to the staff and by the next year the clinic in Vancouver was open five days a week. During the war, a large private home near the City Hall was acquired and remodelled to serve as the new clinic, but the work itself was very much curtailed because of shortage of staff. Since the end of histilities the clinic has expanded its program and travelling clinics have visited Penticton, Vernon, Nelson, Prince Rupert, Prince George, Cranbrook, and Kamloops. It accepts welfare referrals, gives consultative service and vocational counselling, as well as attempting to educate the public about mental illness. Actually the clinic has been able to take acute cases only, to give adequate service would require a much larger staff.

Provision for Social Workers

After Miss Kilburn had been on the staff of

Essondale for one year, the government was convinced of the value of her services and put her on their own payroll. With the introduction of social service a new aspect of treatment was opened up, not only to the patients themselves, but also to their families. This new service was used in two ways. By means of close contact with the family, the social worker was able to obtain pertinent information in regard to the patient's background; this history enabled the psychiatrist in charge to make a more accurate diagnosis of the patient's illness and to prescribe suitable treatment. It was also the job of the social worker to interpret the hospital to the family, in order to prepare them for the patient's return. The worker acted as a link between the patient and his family and by helping to straighten out various problems, eased the patient's worries so that the medical treatment was more beneficial.

Further Developments

In June of 1932 the first graduation of the three year training course for nurses was held. Since that time many nurses have trained at the hospital, and have offered their much needed services in caring for an increasing number of patients. Several years later a system of affiliation with the Vancouver General Hospital was begun by which its nurses-in-training received a three

months course in psychiatric nursing at Essondale.

Sexual Sterilization Act

As a result of the recommendation made by the Royal Commission in 1927, the provincial legislature passed The Sexual Sterilization Act in 1933. This Act provided that the Lieutenant-Governor in Council might from time to time appoint three persons; a Judge of a Court of Record in the Province, a psychiatrist, and a person experienced in social welfare work who should constitute a board to be known as the Board of Eugenics. Section 4 states:

> Where it appears to the Superintendent of any institution within the scope of this Act (any public hospital for the insane, Industrial School for Girls, Industrial School) that any inmate of that institution if discharged therefrom without being subjected to any operation for sexual sterilization, would be likely to beget or bear children who by reason of inheritance would have a tendency to serious mental disease or mental deficiency, the Superintendent may submit to the Board of Eugenics a recommendation that a surgical operation be performed upon that inmate for sexual sterilization.[1]

If the Board unanimously agreed they were empowered to appoint some legally qualified medical practitioner to perform the operation. Such operation could not be carried out, however, unless the inmate consented in writing or if incapable of such an act, the husband or wife,

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[1]British Columbia Statutes, 1933, King's Printer, Victoria, Chapter 59, p. 199

parent or guardian, or the provincial secretary when the above parties did not exist.

Veterans' Building

In 1935 a new building was opened at Essondale for veterans. Actual segregation of this group had been a moot point, but it was finally decided that they should have a unit to themselves. The structure consisted of three stories for living quarters; the bottom floor was set aside for amusement and occupation. A separate dining room in cafeteria style was built, and full kitchens were connected to the main building by an underground passage. The modern accommodation provided for the veterans was enthusiastically endorsed by returned soldiers' organizations.

Problems Created By Overcrowding

By this time the number of patients amounted to about 3500 and there was more than fifty per cent overcrowding. The hospital budget had been severely curtailed during the great depression and an ever increasing load was put on the shoulders of too few trained personnel. Because of the overcrowding it was almost impossible to separate the acute or newly admitted cases from the chronic or long term cases. Dr. Crease advocated the establishment of an institutional school for mental defectives which would free the unit at New Westminster for intensive treatment, and would

also serve as an educational centre for the treatment and preventive program for the whole province.

In his annual report for 1937 the superintendent noted that the population of the hospital was definitely on an upward trend; it had risen from approximately 250 at the beginning of the century to more than 3500. He attributed this largely to the fact that people generally were beginning to know that mental illness could be treated, and were taking advantage of the treatment facilities provided by the mental hospitals. Not making provision for an average yearly increase of 117 had been the cause of the overcrowding. He suggested the erection of a new mental institution in the next largest centre of population, and reiterated the desirability of a new site for a school for mental defectives. Again he stressed that "the Institution at New Westminster can be further remodelled to form an active-treatment centre, where not only treatment can be carried out, but it should be a centre for teaching the staff of all our hospital branches."[1]

Home for the Aged

In 1936 the former Boys' Industrial School adjacent to Essondale was handed over to them to be used as a home for the aged. Dr. Crease wrote: "It is a very satisfactory unit, both from point of view of the patients as

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[1]British Columbian Sessional Papers, Annual Report of the Provincial Mental Hospitals, 1937, p. V11

well as their relatives."[1] A number of senile patients from various buildings were transferred to the new institution.

An important and much needed ordnance was made in 1939 when two wards were remodelled and used for men and women patients suffering from tuberculosis.

Treatment

By the end of the 1920's malaria, tryparsamide, and bismuth treatments were being given to syphlitic patients suffering from general paresis. The results were satisfactory: one third apparent cures, one third improved, one third unimproved.

Insulin Shock

The year 1937 saw the introduction of the spectacular new treatment discovered by a Viennese doctor named Sakel some years earlier. Dr. Sakel had found that by administering large doses of insulin to schizophrenics, the patients went into a coma and afterwards many of their symptoms disappeared. Psychiatrists do not know to this day why the treatment is effective, but that it is has been proved beyond question. Eighty-nine schizophrenic patients were given insulin shock therapy at Essondale in 1937 and good remissions (temporary abatement of symptoms) were obtained in almost half of these cases. Metrazol

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[1] Loc. cit.

shock therapy was also started in that year and 212 schizophrenic patients received the treatment. Of these, 12 per cent showed marked improvement, and 28 per cent were improved. These results were considered to be encouraging when it was considered that the average length of illness was 4.3 years.

Electric Shock

In 1942 electric shock therapy was first used at Essondale for manic-depressive patients. This treatment put the patient into a brief coma, but usually within an hour he was walking about the ward. It was easy to administer, and by 1944 when this method was used in full on one-hundred and twenty patients, the results were very gratifying. Twenty-four patients recovered, and fifty-four were improved.

Paralleling the developments in the state care of the mentally ill were two experiments under private auspices. One of these was the Alexandra Cottage for children and the other was the New Vista Home for convalescent women patients from Essondale.

Alexandra Cottage for Children

In 1937, owing to the decreased demand for institutional care for children, the Board of the Alexandra Children's Home decided to use their building as a

neighborhood centre, and to transfer the ten remaining children to a smaller building to be known as the Alexandra Children's Cottage, where the best type of institutional care could be given to a small number of children.

After several conferences with the Provincial Child Guidance Clinic it was suggested that a small unit of this type might be used as a treatment centre for children with behavior problems that required adjustment, and that such a program would require the services of a psychiatric social worker. In the course of the year this proposal received careful consideration, and it was finally decided that the home would accept as part of its work, responsibility for the provision of one or more cottage homes, to be used for children requiring simple shelter care or those requiring treatment for special behavior problems. Where possible and on the advice of the Child Guidance Clinic, children in the second group were to be cared for in the same institution as those in the first group.

> "The Board of the Alexandra Children's Home considered that the primary purpose of the Cottage was to provide simple shelter care of a high standard, for a limited number of children, and at the same time to offer specialized treatment under a trained psychiatric social worker, for normally developed children exhibiting behavior problems resulting from deep seated causes. These

> problems included: petty stealing, enuresis, temper tantrums, bullying, and various forms of antisocial behavior, such as might result in the development of a difficult personality, or definite mental illness, if not checked while the child is still young. Such problems may not be of serious origin, and only skilled diagnosis can distinguish normal variations, and those variations which are due to some deep-seated cause."[1]

A private home in Marpole was purchased and in the summer of 1938 the Cottage Home opened. In October, the services of Miss Elizabeth Grubb, social worker, were secured, with the understanding that she would spend part of her time at the Child Guidance Clinic which was to pay part of her salary. The resident staff consisted of a house mother and one junior staff member. The policy of the Cottage was purposely left elastic to allow for such adjustment as experience might indicate.

During 1939 the monthly average population rose from 5.2 to 9.6. Of the twenty-one children resident during 1939, five were left over from the old Children's Home, six were referred by the Child Guidance Clinic because of behavior problems, and ten were admitted for temporary care. Although the Child Guidance Clinic referred only six children, actually 15 (or 71 per cent) attended or were preparing to attend the Clinic on account of their behavior.

Unfortunately for the future of the Cottage Home

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[1]Vancouver Council of Social Agencies, Report of the Work and Function of the Alexandra Children's Cottage, March, 1940, p. 2.

there was confusion among an overly large Board as to just what the home was trying to accomplish. There was no clear-cut objective from the beginning, and having three different groups of children was unwise. Those with behavior problems felt inferior to the others, and the feeling among the groups was always somewhat strained. The psychiatric social worker had no direct access to the Board, finances were inadequte, and the services of a visiting psychiatrist were needed. Two psychiatrists were interested in an observation home for children. Dr. Gee, of the Provincial Mental Hospitals staff, was in favor of some kind of a day home for younger children which would be a treatment centre, but the child would not stay overnight. Dr. Gundry of the Vancouver Metropolitan Health Committee, who worked largely with children in the schools, favored a home which would treat adolescents. Alexandra Cottage dealt chiefly with young children who stayed there for varying periods of time.

Miss Grubb resigned after sixteen months with the home and after she had left the so called problem children were removed. The home was used then for temporary placement of children going to foster homes and for children evacuated from Europe. It was finally closed in 1942 because the Community Chest did not want

to spend more money on it, but is used to-day as a receiving home for the Children's Aid Society. The importance of the Alexandra Cottage lies in the fact that it was the first attempt in British Columbia to provide facilities for observation and treatment of children with behavior difficulties. In other words it attempted to prevent mental illness which might lead to eventual commitment to the mental hospital or to prison.

New Vista Society

In direct contrast to the failure of the Alexandra Cottage, a successful experiment in another sphere of mental illness was begun in 1943 under private auspices. The establishment of the New Vista Society was the first progressive step, on an organized basis, made in British Columbia toward the rehabilitation of patients from the Provincial Mental Hospitals.

Mr. E. E. Winch had for a number of years taken a keen interest in the care of the mentally ill in British Columbia. He believed that one of the greatest needs was the provision of a home where convalescent patients could go for a time before being discharged from Essondale. He used his own home at first for a limited number of patients, but finally with the help of Miss Lowdon who herself had been in the mental hospital as a patient, conceived the idea of forming a society which would concern

itself with the rehabilitation of people who were ready to leave the hospital.

The initial campaign for funds in the autumn of 1943 raised more than $11,000. from a wide cross-section of individuals and business firms. At first the society planned to purchase a large residence on the outskirts of the city, but on the advice of a psychiatrist, Dr. Lindenfeld, who believed this site was too isolated, a private home was bought in the Kitsilano district in November 1943, and has been in operation ever since.

The home was not acquired without opposition. One of the property owners near the proposed home circulated a petition in the district which sought to prevent its opening because it might deflate property values and the patients would be a menace to the children in the district. That the public is woefully ignorant about mental illness was evidenced by the fact that the petition received a large number of signatures.

In the pamphlet issued by the New Vista Society the articles of incorporation state that the purpose of the organization is to "provide facilities for the care and rehabilitation of convalescent women from the British Columbia Provincial Mental Hospitals and also to provide facilities for the care and treatment of any person and upon such terms and conditions as the Directors deem the

circumstances warrant."[1] The organizers of the society felt that conditions were desperate because of the overcrowding in the mental hospitals and also because of the negative attitude of the public and in their opinion:

> More encouraging conditions will not be evidenced until the nature and implications of mental illness are more generally understood and definite agitation organized for the provision of psychopathic units; a more comprehensive program of family care; and more adequate provision for older people who are now being forced into our mental hospitals as an only recourse.[2]

The Society to-day has a membership of about 200 people. The home itself has looked after some sixty-five women patients, fifty of whom have taken their places again in the community.

Psychopathic Wards in General Hospitals - Vancouver General Hospital

Records of the history of a ward for psychiatric cases at Vancouver General Hospital are very incomplete. In 1906 a hospital committee said there was a need for segregation of patients suffering from delerium tremens, and two years later it was recommended that the hospital should add two padded cells. About 1915, the carpenter's shop in the basement was remodelled for a large open ward which was known as Ward "X" and housed patients with long-term illness. In 1918 the ward was cubicled and

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[1] Pamphlet, The New Vista Society, Broadway Printer Ltd. p. 1.
[2] Ibid, p. 4-5.

infectious persons were sent there and later removed to separate cottages. About this time, alcoholic cases and so called "tough guys" were sent to Ward "X". Many of them were heavily drugged and sent to Essondale. Two years earlier, in his annual report, the superintendent in pointing out the needs of the hospital wrote that "many mental cases have to be brought to the hospital for a few days, or for observation, or with associated conditions needing hospital treatment, and for these it is necessary to have specially located rooms."[1] In 1918 a committee of three doctors including the superintendent, pointed out the need of a special building for psychiatric cases.

In 1933 the superintendent of the school of nursing said that much thought had been given to the lack of mental hygiene training in the course. She continued: "...the experience gained on Ward "X" is not only limited and is given under most undesirable conditions (owing to location and environment) to patients who because of their malady should be receiving treatment in the brightest and most attractive ward a hospital has to offer."[2] Little was done to improve conditions in the ensuing years, but in the report for 1944, the superintendent of nurses expressed her approval of the proposed removal of patients

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[1]Vancouver General Hospital, Annual Report, 1916, p.29
[2]Vancouver General Hospital, Annual Report, 1944, p.21

from Ward "X" to Ward "R". Although to have ideal conditions, medical and nursing treatment of mentally ill patients should be given in a separate building designed for the purpose, she stated that the contemplated change was a step in the right direction, and concluded her remarks about Ward "X": "The effect of the present surroundings, however, on the care and treatment of the patients and on the morale and physical well-being of the nurses can only be detrimental, and also, such conditions can only lower the standards of service of the hospital."[1]

Ward "R" which was formerly the gynaecological department, was reconstructed, and in 1945 became the psychiatric ward of the hospital. Ward "X" is no longer used for housing patients. The present ward contains twenty-eight beds and is divided into two sections, one part containing locked single rooms and the other, two bed wards for convalescing patients. There is a sun porch at the end of the ward. Alcoholic and drug cases are not accepted unless their condition is acute, and no patients over seventy are allowed. Medical treatment includes electric shock and insulin in sub-coma doses. One very good feature of the present set-up is provision for persons to come to the hospital, receive electric shock therapy in the morning, and leave later in the day.

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[1]Vancouver General Hospital, Annual Report, 1944, p.21

There is little physiotherapy or occupational therapy given because of shortage of staff. Two beds on the ward are reserved for referrals by Dr. Panton, police surgeon. At the present time there is a long waiting list of those who need treatment on Ward "R".

Royal Jubilee Hospital, Victoria, B.C.

Psychiatric rooms have been available in this hospital since its inception in 1858. A psychiatric ward was established in 1937 which was later converted into an isolation ward (usually this sequence has been reversed in providing care for the mentally ill.) The present building known as the Observation Ward was built in 1936 and was opened in the summer of that year. It was not possible to staff the building at once, however, so that it has been fully staffed only since February, 1947.

The Observation Ward is a separate building on one floor which contains eight private rooms. The staff normally includes four graduate nurses, four orderlies, a ward maid, a social worker, an occupational therapist, and a psychiatrist - the last four being on a part time basis. With the establishment of facilities the ward has been filled to capacity at all times.

Treatment includes psychotherapy, group therapy, occupational therapy, electric shock, subshock insulin,

and narcoanalysis (the giving of a barbiturate drug, sodium pentothal or sodium amytal intravenously at a slow rate until a seminarcosed state is induced, during which many patients are able to relive a traumatic experience with release of powerful and intense emotions). Cases are also admitted for observation pending transfer to the provincial mental hospital; also for purposes of the Courts and for social agencies. Both sexes are admitted. By arrangement, a bed is available at all times for member of Alcoholics Anonymous - a bed being kept empty in another part of the hospital so that a patient may be transferred to this bed in the event of a member of Alcoholics Anonymous requiring admission to hospital. As a matter of policy no patient over the age of sixty-five will be admitted.

Mental Hospitals Act Revisions

In 1940, the word "lunatic" was completely removed from the Mental Hospitals Act. Psychiatrists had for years discarded the use of the term and the legislative action reflected the progress which had been made in the attitude of the well informed towards those who were mentally ill. A new feature of the Act was a section allowing a patient to ask for re-examination by two qualified physicians after he had been in hospital for at least three months. No person, however, accused of a crime who,

at the time of his trial, was adjudged to be insane and committed to a mental hospital, was permitted to make an appeal. The Act also provided for payments to other provinces when a patient having residence in British Columbia was treated in a public mental hospital in another province.

An amendment to the Act in 1942 stated that the committal form signed by the judge was valid for thirty days after the order. In 1945, an amendment was made placing the business management and financial affairs of the provincial mental hospitals under a business manager.

In regard to the maintenance of patients, the amount charged is according to ability to pay. Many, however, are unable to pay anything, yet they get the same treatment and care as the others. This system is evidence of an enlightened attitude in regard to the mentally ill and is a recognition that help must be given to those in need regardless of their economic status.

CHAPTER VI

THE SITUATION TODAY

Administration of the hospital treatment of the mentally ill and mentally defective, and preventive clinical treatment is under the direction of the Provincial Psychiatrist (Dr. Crease, who is also General Superintendent of Mental Hospitals), and comes under the Department of the Provincial Secretary.[1]

Provincial mental hospitals are located at Essondale, New Westminster, and at Colquitz, Vancouver Island. The Essondale unit is comprised of units for the treatment and care of men and women patients, war veterans, and senile persons. Over 4000 beds are occupied. The New Westminster institution is known as the "Home for the Feeble Minded" and houses mentally defective patients who are unable to be cared for privately. The building at Colquitz gives custodial care to those diagnosed as criminally mentally ill. Child guidance and psychiatric clinics are established in Vancouver and Victoria, and travelling clinics serve other parts of the province. The object of this service is the prevention of mental illness through diagnosis of early symptoms and prescribed social treatment. Provincial social workers assist

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[1] Resources Manual, Section II, prepared by the Social Assistance Branch, Department of the Provincial Secretary, King's Printer, Victoria, 1945, p.76-77.

in this psychiatric service by obtaining social histories from the families of patients admitted to hospital and supervising the patients during their probation period. The clinics are also used in a consultative capacity in the course of work with individuals and families known to the social workers.

The Patient in the Hospital Setting

All patients are admitted through Essondale. From there the so called criminally insane are sent to Colquitz, the mental defectives to New Westminster and the seniles to the Home for the Aged. On admission, the patient is seen by the admitting staff psychiatrist and receives a complete physical examination. He also receives a psychiatric examination when a history is taken by the psychiatrist from the patient's point of view. The physical examination entails all the laboratory examinations including the different types of blood test, urinalysis, complete dental checkup, and treatment if necessary. Optical examinations are given if needed, and treatment provided.

There are two admitting wards, one for men and the other for women. Active treatment is started as soon as possible after admission and includes electric shock therapy, and lobotomy. The latter is performed in the Vancouver General Hospital on certain longterm cases and

the technique consists of making incisions through the white matter of the frontal lobes. The superintendent reported that nine cases who were most difficult to treat and did not respond to any other known methods had been operated upon "with much benefit to the patients and the hospital".[1] Hydrotherapy and physiotherapy, including sedative baths, foam baths and needle spray, cold wet pack, massage, and ultra-violet ray are an important part of the treatment. Neither psychoanalysis nor group psychotherapy are used as treatment procedures. A beauty parlor serves the hospital population, but lacks enough personnel to give a really adequate service. After observation in the admitting ward, the patient is transferred at the medical superintendent's discretion to the ward best suited for the continuance of his treatment. About 400 patients have ground patrol. Women patients are allowed out in pairs from 9 A.M. to 4 P.M. and men from 9 A.M. to 9 P.M.

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1 British Columbia, Sessional Papers, Annual Report of the Provincial Mental Hospitals, 1945, p. HH 13.

Recreational Therapy

In 1945 a recreational director was appointed "to relieve the monotony of institutional life and enhance the treatment of patients". [1] The patients are encouraged as part of their treatment to participate in all forms of recreation as prescribed by the psychiatrists. This treatment may be indoor or outdoor, active or passive. Indoor activities include bingo games with excellent prizes, crib and checker tornaments, ring toss, a modified form of badminton played right on the wards, regular concerts featuring the patients themselves. On Wednesday afternoons a dance is held on the insulin ward for the patients that have received insulin shock therapy the same morning, and on Fridays there is a dance in the largest ward for other patients. Some of the outdoor sports are tennis, golf, horseshoes, archery, and swimming. Those who participate in the latter activity are allowed to choose their own bathing suits which are new and in the latest style. It has been found that catatonic, homicidal, and suicidal patients respond well to swimming and diving. The director, Mr. Brown, believes that organized recreation brings forward the play impulses of childhood which many persons have completely lost. He is most enthusiatic about his work and says that never in his

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[1] British Columbia, Sessional Papers, Annual Report of the Provincial Mental Hospitals, 1945, p. HH 13.

thirty years of recreational work has he worked with a more cooperative or appreciative group of people. Because at present there is no recreation hall, he is handicapped in his efforts to help the inmates and has to do a great deal of improvising to keep the program going forward.

Occupational Therapy

A part of the women"s building is set aside for this important therapy and a number of women are active in such pursuits as sewing, knitting, weaving, and painting. Unfortunately, because of the overcrowding, space that should be used for this vital service is taken up with beds. Occupational therapy for the men is housed in a large building by itself to which an addition has recently been made. In operation at present is a cabinet and woodworking shop, a mattress and upholstering shop, and a section where rugs are made from old socks (the most deteriorated patients unwind the wool). To be opened shortly is a taylor shop, and when equipment becomes available a metal shop and a modern shoe shop. According to Mr. Hall who is in charge, the idea of occupational therapy is to rehabilitate the patients and teach them a trade at the same time. He has waited fifteen years for the present facilities. At present there are eight teachers on staff besides Mr. Hall, but more are required.

Records

Records of the patients are kept in a unit file

system. All information is kept in one file and includes laboratory reports, medical charts, insulin or electric shock charts, clinical record, ward notes, social service history, probation records, and correspondence.

Colquitz Mental Home

To this branch at Saanich a hydrotherapy unit was added in 1940. About the same time a suitable building was erected to be used for occupational therapy. Writing of the latter, Dr. Crease noted "this enables still more patients to be occupied, and is not only beneficial to the patients' physical health but also helps to occupy the mind at a higher state of efficiency. In addition, it offers encouragement and serves to give them a better outlook, and altogether makes for more contentment", [1] This institution has no resident medical staff. Although it was founded primarily to house criminal types, about two thirds of the inmates are harmless cases receiving custodial care. It was formerly a gaol and is an anachronism in an age that stresses hospital treatment for the mentally ill.

Home for the Feeble Minded

This unit at present has about 650 cases and is 65 percent overcrowded. Another 200 mental defectives are mixed with mentally ill patients at Essondale because there

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[1] British Columbia, Sessional Papers, Annual Report of the Provincial Mental Hospitals, 1940, p. N 11.

is no room for them at New Westminster. Training classes under competent teachers are provided, but there are not enough of these. Actually the institution can accommodate only a small number of those who need attention, which means that the mental hospital is hampered in its work because complete segregation of the two groups is impossible. Apparently the government plans to build a special institution for mentally defective children and expects to convert the present buildings into a home for senile cases.

Home for the Aged

Cottages belonging to the Boys' Industrial School have been used to house senile patients. Two new cottages have recently been completed, one for women and the other for men. The buildings are well planned, and although not nearly as elaborate as the other buildings at Essondale, they are comfortable and well equipped. The women's building was in operation in March, 1947, and the writer was very impressed with the physical care the old people were getting. There are single rooms provided and also large bright wards which are cubicled so that each patient may have a sense of privacy. Adequate sitting rooms with comfortable chairs are in evidence on both floors. A ramp on a very slight incline leads from one floor to another. Throughout the building there are many windows with bright drapes hanging which radiate a pleasant aura

about the whole setting. When the men's building is opened, it will help to relieve the over crowding to some extent.

Colony Farm

Over 200 patients are housed at Colony Farm, adjacent to Essondale. A spectacular fire in December of 1946 destroyed one of the large buildings on the property necessitating the crowding of patients and staff into The Cottage and its Annex. Most of the work is done by paid labor, but about one fifth of the patients there help out with the more menial tasks.

Plans for the Future

The Minister of Public Works hopes to start construction this year of a nurses' home, recreation building, and a new unit at Colony Farm all in connection with Essondale. At New Westminster, a nurses' home, a one hundred bed unit, a laundry, and a shops building are planned for 1947. Total cost will be about a million and a half dollars.[1]

An addition to the Veteran's Building is now under construction and when completed will house the new psychopathic unit where all patients will be admitted. It is hoped that The Mental Hospitals Act will be revised so that patients may come to this unit for a period of three months without being legally committed. The X-ray department will move to the new unit and all intensive medical treatment will be administered there. The psychopathic unit is

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1 "New B.C. Projects", Vancouver Sun, Vancouver, March 7 1947, p.1

TABLE 2

Staff, inmates, and budget of the Provincial Mental Hospitals for the years 1932 & 1945.

	Dec. 31, 1932	Dec. 31, 1945
STAFF:		
Superintendents	3	4
Physicians, Full	10	11
" Part	2	3
Dentists, full-time	1	1
" part-time	0	2
Stewards	4	1
Matrons	3	3
Nurses, graduate	25	25
" other	113	277
Attendants	186	320
Occupational Therapists	0	7
Teachers & Social Workers	1	7
Total Personnel	526	956
INMATES:		
Male	1,913	2,407
Female	998	1,705
Total	2,911	4,112
BUDGET:		
Salaries & Wages	$ 452,808.08	$ 1229,323.86
Food	260,809.20	350,331.87
Fuel, power, water	104,746.78	151,013.21
Other	213,243.22	435,383.33
Total	$1,031,607.28	$2,166,052.27

confidently expected to be a real clinic with adequate teaching facilities for staff. The management hopes to increase the ratio of doctors to patients so that a concentrated effort may be made to treat and discharge the newly admitted patients within the three months period.

It is felt that an out-patients department away from Essondale where patients may come in, receive shock therapy, and leave the same day is needed. The management is very much in favor of a rehabilitation department which will help discharged patients to secure and hold various kinds of jobs.

They are in favor of psychiatric wards in general hospitals, but do not favor psychopathic hospitals because supplying these "puts a fence around the mental hospital" and isolates it more than ever. Such action will make it an asylum again instead of a hospital, and treatment will degenerate once more into custodial care.

When one views in retrospect the history of the care of the mentally ill in British Columbia, one cannot help but feel that we have moved forward at a great pace, particularly since the beginning of this century. This progress leads one to hope that the many difficulties that confront our mental hospitals today may eventually be surmounted. In the realm of prevention, there are many conflicts between the different schools of psychiatric

theory. As soon as these various groups can agree on some general principles of approach and public education, the road ahead will be cleared of obstacles that hamper progress. The first world war gave a tremendous impetus to psychiatric knowledge. World War II has shown us the hitherto unrevealed prevalence of incipient mental illness in the form of psychoneurosis among the young men of Canada. Let us hope that in the care and prevention of all forms of mental illness, great forward strides may be made in the future.

CHAPTER VII

CONCLUSIONS

Mental illness as a public health issue is a difficult idea for many people. Nearly everyone is familiar with the conquest of such diseases as smallpox and yellow fever by the powerful combination of medical science and enlightened public interest, yet few have as yet heard the battle cry of these same forces directed against mental illness. That the mental health of a community is of utmost importance should be obvious, for without it, even the most vigorous person cannot maintain a satisfactory social or economic adjustment in the competitive society in which we live. In regard to mental illness we have not progressed far from medieval superstition, for there is still a stigma attached to the mentally sick, and we are prone to disregard that which is either unpleasant or little understood.

Real progress has been made in the province of British Columbia in the care of the mentally ill, yet there are still many inadequacies and shortcomings. In pointing these out the writer realizes there are many difficulties in providing better facilities for those in need, but the problem will never be solved, unless the government makes a courageous effort to do what is necessary to provide the best treatment for the more than 4,000 patients already in the mental hospitals, and at the same time substantially

increases the preventive facilities already in existence.

Overcrowding

It is impossible to treat adequately the patients in the provincial mental hospitals as long as the present overcrowding exists. True, the government is at present building a large addition at Essondale, but how long will it be before the treatment facilities provided there will be handicapped by the gradual use of valuable space with hospital beds? Successive superintendents have strongly urged a regular building program to take care of the average annual increase of patients. Instead, construction has been desultory and haphazard. New accommodation for mental defectives is urgently needed today in order to segregate them completely from the mentally ill.

Colony Farm

Colony Farm was primarily started to provide meaningful work in the open air for the patients. Because of the general overcrowding at the present time, many patients are sent there who are not able to benefit from working in the fields and instead spend much of their time in idleness. Only inmates who are in need of the beneficial treatment of outside occupation should be sent to the farm. If the patients were carefully selected, some of the work now done by paid labor might be taken over by them, not as a matter

of economy, but as a treatment procedure.

Need for more trained personnel

There is unremitting need for more trained personnel. Unfortunately, Canada has given little weight to psychiatric training in her medical schools, and there is a great shortage of psychiatrists in the dominion. Since the end of the war, British Columbia has been able to increase the number of such men in her mental hospitals, but there are still not nearly enough to maintain the highest standard. The quota of social workers for the hospitals is high, but only half the establishment is filled. There are not enough graduate nurses and occupational therapists. The adoption of a new salary schedule should help somewhat to attract more professional personnel.

Convalescent homes

Convalescent homes for both men and women should be provided as soon as possible. There are many patients in hospital who are there for only one reason, that they have no other place to go. In a semi-sheltered environment, where the staff is trained in the principles of mental hygiene, the recovery of these persons would be hastened. The provision of more industrial workshops will help patients on the way to mental health.

Prevention

There are many pressing needs in the preventive field. About half of the cases going to the mental hospitals are received too late for remedial treatment. The need for earlier diagnosis is, therefore, obvious. The Child Guidance Clinic and the travelling clinics attempt to serve both children and adults, but because of the great demand for their services they are able to take the most urgent cases only. If money is not available from the provincial treasury to greatly expand this work, grants-in-aid from the federal government should be provided. In order to supplement the diagnostic facilities of the Child Guidance Clinic, an observation home should be acquired and staffed with well qualified personnel. The clinic should also operate as an educational centre where the general public may be kept well informed of the principles of mental hygiene. The service at present is inadequate. The mental hygiene program should be integrated with both the educational and welfare programs. To encompass such a goal would require social workers, public health nurses, and other welfare personnel well trained in mental hygiene principles and specialized techniques.

Revision of Committal Procedure

Some changes are required in legislation regarding the mentally ill and mentally defective. The committal

procedure for admission under the Mental Hospitals Act is not in line with the best modern thought on the subject. The present law does not differentiate between psychosis, epilepsy, and mental deficiency, and mentally defective children have to be certified as mentally ill. A simplified admission would allow a patient to go to the mental hospital in exactly the same way as he goes to a general hospital. Legal commitment, in the majority of cases, is an anachronism in the middle of the twentieth century.

Sexual Sterilization Act

The Sexual Sterilization Act has been used very little in British Columbia because of the many restrictions surrounding it. The whole subject of sterilization is highly controversial, but since certain mental defectives could only do harm to society by reproducing their kind, and since in many cases sterilization would allow them to live in the community instead of an insitution, the revising of the Act to make it more effective, could be of real benefit to them.

To inaugurate a comprehensive program of treatment and prevention, clearly, would require more trained personnel, greater institutional accommodation, convalescent homes, expansion of the Child Guidance Clinic with more travelling clinics and provision for dealing with adults, and greater integration of the program with education and welfare. Legislative revision should be made regarding

admission and sterilization.

These changes cannot be wrought overnight, but in a province as progressive in welfare matters as British Columbia, they could be brought about in the not too distant future. Such a program would require the initial spending of considerable money, but in the final analysis, the direct and indirect cost of mental illness would be diminished and mean a real saving to the people of British Columbia.

BIBLIOGRAPHY

Books

American Psychiatric Association, One Hundred Years of American Psychiatry, Columbia University Press, New York, 1944.

Beers, Clifford. The Mind That Found Itself, Longmans, Green and Company, New York, 1908.

Deutsch, Albert. The Mentally Ill in America, Doubleday, Doran and Company, New York, 1937.

English, O.S. and Pearson, H.J. Emotional Problems of Living, W.W. Norton and Company, New York, 1945.

Henderson, D.K. and Gillespie, R.D. A Textbook of Psychiatry for Students and Practioners, Oxford University Press, London, 1940.

Noyes, Arthur. Modern Clinical Psychiatry, W.B. Saunders Company, Philadelphia, 1939.

Ray, Marie. Doctors of the Mind, Little, Brown and Company, Boston, 1942.

Stern, Edith. Mental Illness - A Guide for the Family, Commonwealth Fund, New York, 1942.

Sadler, William. Modern Psychiatry, C.V. Mosby Company, St. Louis, 1945.

Tiffany, Francis. Life of Dorothea Lynde Dix, Houghton, Mifflin and Company, Boston, 1891.

Government Documents

British Columbia, Annual Reports of the Provincial Mental Hospitals, 1882-1945, King's Printer, Victoria.

British Columbia, Final Report of the Royal Commission on Mental Hygiene, King's Printer, Victoria, 1928.

British Columbia, Resources Manual, Section II, Department of the Provincial Secretary, Social Assistance Branch, King's Printer, Victoria, 1945.

British Columbia, Journals of the Legislative Assembly, 1872-1946, King's Printer, Victoria.

British Columbia, Public Accounts, 1875-1945, King's Printer, Victoria.

British Columbia, Sessional Papers, 1872-1946, King's Printer, Victoria.

British Columbia, Statutes, 1873-1946, King's Printer, Victoria.

Canada, Dominion Bureau of Statistics, Institutional Statistics Branch, Annual Reports of Mental Institutions, 1932-1945, King's Printer, Ottawa.

Canada, Report of Rowell Sirois Commission, Public Health Monograph, King's Printer, Ottawa, 1939.

Reports

Canadian Medical Association, Report of a Survey of the Canadian National Committee for Mental Hygiene (1932), The Metropolitan Life Insurance Company, Ottawa.

Canadian National Committee for Mental Hygiene, Confidential Report of a Survey of the Province of Manitoba (1918).

Vancouver General Hospital, Annual Reports, 1916-1946, Vancouver.

Periodicals

Canadian National Committee for Mental Hygiene. "Report of a Survey of British Columbia in 1919," Canadian Journal of Mental Hygiene, vol. 2, pp. 1-59, April, 1920.

Griffin, J.D.M. "Mental Hygiene in Canada," Canadian Public Health Journal, vol. 31, pp. 163-174, April 31, 1940.

Griffin, J.D.M. "Mind is your Business," Health, p. 14, March-April, 1947.

Report of a Committee of the British Medical Association, "Planning for Mental Health," British Medical Journal, pp. 276-278, August 23, 1941.

Schreiber, Julius. "The Interdependance of Democracy Mental Health", Mental Hygiene, vol. 29, pp. 606-621, April, 1945.

Numerous articles in Mental Hygiene and The American Journal of Orthopsychiatry served to document the background of the evolution of modern methods of caring for the mentally ill.

Unpublished Material

Hood, Marjorie H. History of British Columbia's Mental Hospitals, Essay submitted to the Department of Social Work, University of British Columbia, December 12, 1945.

Webber, Erminie. The Provincial Mental Hospitals of British Columbia, Essay sumitted to the Department of Social Work, University of British Columbia, December, 1945.