

**VICTORIAN MADNESS IN ONTARIO: A MAD PEOPLE’S HISTORY OF THE
MIMICO BRANCH ASYLUM, 1882-1908**

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Abstract

The project explores how Mad Studies provides an appropriate lens to examine and realize a unique alternative history of the Mimico Asylum. By researching archival sources on the Victorian era Mimico Asylum, this project explores how medical superintendents exercised their substantial authority over state, land, and patients'. However, clinical case books offer a challenging counter-narrative to that of the omnipresent medical superintendent, and reveal outstanding examples of resistance to asylum authority. Many former patients of the Mimico Asylum vigorously fought or fled their Alienist captors in creative and tenacious ways. The study also examines how asylum authorities controlled patients and their families through surveillance of patient and family correspondence, revealing asylum corruption, callousness, and in one case, kindness. The project ultimately demonstrates the importance of doing Mad Studies focused research to reveal the voices of Mad people and their ongoing struggles to resist oppression. Mad people engaging in Mad Studies research also facilitates the privileging of Mad perspectives' over that of very common Alienist and psychiatric perspectives.

Keywords: Mad Studies, Mad People's History, Mimico Branch Asylum, Lakeshore Psychiatric Hospital, Lakeview Hospital, Medical Superintendent Daniel Clark, N. H. Beemer

Introduction

Decades after the *Lakeshore Psychiatric Hospital*¹(LPH) closed its doors in 1979 (Heald and Belton, 1994, p. 56; PSAT, 2015), only a small group of researchers have examined the institutional history of the LPH. Yet, the majority of current secondary source historical research on the LPH (Heald and Belton, 1994; Janiszewski, 2008; Barc, 2014) generally lack in-depth, critical Mad Studies analysis and perspective, which have been distinguished by Gorman (2013) as a research approach that “takes social, relational, identity-based, and anti-oppression approaches to questions of mental/psychological/behavioral difference, as is articulated, in part, against an analytic of mental illness” (p. 269). Such an analytical lens is well suited to focus a critical archival research study on the LPH because current, privileged historical constructions of LPH histories (with the exception of Reaume, 2000/2009; PSAT, 2014) require additional verification and, whenever possible, re-analyzed and re-constructed within a critical Mad Studies paradigm that privilege the voices of Mad people over institutional narratives, histories and artistries.

Such a study would also work to challenge the dominant histories of psychiatry, which is a necessary scholarly endeavor because when left unchallenged these dominant and uncritical histories effectively construct themselves as relevant and powerful due to the fact that few alternative histories exist to challenge them. This Mad Studies based research works to remedy that situation. By providing an alternative, critical Mad focused

¹ Most common of the many names this institution has been assigned over the years.

perspective, as written by a Mad person, it is hoped that this study will revive a small piece of his own Mad history.

Asylum Research from a Mad Perspective

Lefrancois, Menzies and Reaume (2013) identify that Mad people have always been writing about ‘madness’, and therefore is not a new concept (p. ix). It is a practice that has been carried out by mad activists, academics, and other “radical practitioners since the very beginning of organized psychiatry in Canada and abroad” (Lefrancois, Menzies & Reaume, 2013, p. 1). However, *Mad Matters* (2013) differs from much of these early writings as it actively works to reclaim ‘Mad’ writing and scholarship. Mad Studies is a discipline that challenges medicalized models of ‘mental illness’ that have dominated western societies “since the 18-century Enlightenment” (p. ix).

Mad Studies offers psychiatricized people a way to challenge dominant psychiatric power structures embedded within medical model explanations of mental illness (Lefrancois, Menzies & Reaume, 2013, p. ix), which highlights issues of concern to Mad people which are not necessarily the same as that of other groups within the disability community. *Mad Matters*, and Mad scholarship in general, attempts to fill the gap in disability studies literature by addressing their own issues and topics related to ‘mental illness’ in a way that is sensitive to the perspectives and lived experiences of Mad people themselves. Thus, the emerging field of Mad Studies offers an alternative research paradigm in which to explore issues of mental illness madness from the perspective of Mad people.

Key Questions:

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Central questions that re/surfaced in this study relate to the fact that current research on the LPH, while sometimes well researched, tend to be more informative than critical of the institutional processes that asylums were imbued with during their time of operation. For example, preliminary research on secondary source histories found that they often excluded Mad perspectives in favour of simplified (and sometimes superficial) topics like historical site preservation, emotional artistic musings, and supernatural narratives. The lack of Mad perspectives on the history of the LPH is troubling, and as this study will show, Mad perspectives are an important counterpart to challenge the dominant histories written so far. Additionally, this study reveals the importance of utilizing a critical Mad Studies perspective when exploring LPH archival materials, which resulted in the foundation of an alternative history of the LPH. This study, in addition to being the first Mad Studies focused archival study on the Mimico Asylum/LPH, raises critical questions, and demonstrate that popularized, uncritical research on psychiatric asylums like the LPH, can speak more to the dismissing of Mad people's involvement, rather than offering balanced, critical and academic discussion on this important historical site.

Therefore, this study will contain a reexamination of archival and documentary records related to the earliest period of the LPH—the period when it is referred to as the *Mimico Branch Asylum*. This study also strives to engage with previously unexplored avenues of research on the institute, with the primary goal of exploring patient perspectives as expressed in Annual Reports, Clinical Case Book, and medical Superintendent correspondence books. It is hoped that such a Mad Studies based research

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study of the early LPH will result in the foundation of a new history of the LPH, that privileges patient perspectives over that of medicalized, professional insights that almost always overwhelm Mad asylum histories.

In considering the above problematics, this primarily archival research study sets its author as the centre of inquiry. Themes that arose out of this study came out of a simple desire of the researcher to strive to reveal Mad lives and narratives typically left out of the historical record. Such a personalized mode of inquiry is not far removed from that of Ontario asylum historian, Dr. Geoffrey Reaume's (2000) guiding methodological principle, which employed "no sophisticated methodology...other than a desire to uncover stories about people who were patients [there] (p. 5).

Methodology

This study examined Mimico Branch Asylum (LPH) materials held at the Archives of Ontario (hereafter AO). A general search was made from the AO website which yielded general information on holdings related to the LPH. Three major groupings of archive materials were selected: 1. *Annual Reports of the Asylums, Prisons and Public Charities on the Asylums for the Insane* (hereafter AR), 1882-1895, were examined in order to explore and reconstruct the earliest days, from conception to realization, of the Mimico Asylum from a Mad Studies critical analysis perspective; 2. *Clinical Case Books* were examined critically in order to discover themes related to discovering what patient life was like at the Mimico Branch Asylum (hereafter Mimico Asylum or LPH); 3. *Superintendent's Outgoing Letterbook, 1892-1894* was examined to demonstrate how a Mimico Asylum medical superintendent exercised absolute control

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over the lives of women through interception of correspondence to and from inmates' family and friends.

1 Annual Reports

Annual Reports (AR) dating back as far as 1882 were critically examined for this section of the research (Govt doc he/hosp/A 1882-1898; microfilm: B78-Reel 12; MS 2099; MS 2100). The analysis of these early reports allowed a unique reexamination of the early history of the LPH, then known as the Mimico Branch Asylum. All ARs between 1882-1895 containing "Mimico", "Farm", "Mimico Farm" or "Mimico Asylum", were compared and contrasted with other ARs in order to uncover consistencies and inconsistencies in the histories reported by medical superintendents' of the LPH/Mimico Asylum over the period of thirteen years. The recoded events and histories in the ARs encompass the superintendence periods of (in order) Dr. Daniel Clark, Dr. J. B. Murphy, and the earliest histories and reports of Dr. N. H. Beemer.

Complications arising in this part of the archival study include the challenging task of sifting through of a vast amount of materiel covering almost a century of asylum history. Thus, the ARs examined in this study must, necessarily (due to time and length constraints) cover only a relatively short period in the history of the institute. Therefore, a more thorough, longitudinal historical survey and study of the Mimico Asylum's ARs (nineteenth and twentieth-centuries) is needed, especially as conceptualized within a Mad Studies framework, in order to complete this essential history of this under-researched institute.

2 Clinical Case Books:

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Clinical case books (RG 10-298: barcode(s) D305404; D308462; D308456; D308457; D308458) examined in this study contained a vast amount of patient records in excess of 2000 pages of records covering hundreds of patients. In order to narrow the search, specific search criteria was chosen which included the presence of any atypical items or entries such as photos, newspaper clippings, data sheets, special entries and/or letters. The majority of atypical items identified were photos of patients and newspaper clippings. Following these ITEMS are written notations of resistance, and unique admissions (two medical doctors as patients). One typed letter written by a patient was found.

Issues involved in examining and analyzing the clinical case books mostly include practical problems. For example, handwriting in the clinical case books was often difficult to decipher, which took a great deal of time to decode. However, time facilitated a kind of familiarity with the writing styles of at least three of the asylum staff members who made entries in the case books.

Additional issues include the very action of accessing clinical records and files of the LPH due to Provincial/state privacy legislation. In Ontario, for example, many clinical records were available for open access only when they were 100 years or older. However, research carried out in this study found that even when patient records and asylum files were 100 years or older, they were often stored on media (i.e. microfilm reels) which contained records that were *less* than 100 years old. In such cases, under the Freedom of Information and Privacy Commission legislation, access to *all* files (of all dates) was restricted. Researchers with academic credential are given the option to sign a

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legally binding contract called a ‘Researcher Agreement’ that contain important conditions on doing such research, such as the anonymization of personally identifying data as well as other ethical considerations (see AO website). This solution is problematic as it does not simplify access of Mad historical records to non-academic researchers, although a great deal of materials is accessible to the public (i.e. Annual Reports for Ontario Asylums are classed as open access in the AO reading-room).

3 Outgoing Letterbook:

The Outgoing Letterbook dates back to 1890, and is very fragile. It contains 995 pages in total, but only utilized pages 2-328 for entries. The front of the book has an index of patient’s names and the pages where their entries could be located in the book. Pages 1-124 contained primarily handwritten entries, while pages 125-328 were mostly typed and, consequently, more readable. An index section enabled the creation of an inventory of the names which were matched against an *Infrastructure Ontario* (URS Canada, 2009) report. Surprisingly, when comparing the index of people in the Letterbook with people listed the *Infrastructure Ontario* institution’s cemetery report, thirty-one people documented as patients in the Outgoing Letterbook were *also* found to be buried in the Mimico/LPH Asylum cemetery. Surprisingly, after only four years of operation, the Mimico Asylum counted at least thirty-one patient deaths at the institution. All of these thirty-one patients were buried in the institution’s cemetery. Sadly, many more patients died at the Mimico Asylum than were indicated in this study. Some deceased patients’ were excluded from this study because they were not found in the burial records (URS Canada, 2009). Of the thirty-one deceased patients (men and

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women) motioned in both the Outgoing Letterbook and the URS report, three women were included in this section of the study. These individuals were selected on the basis of the amount of entries found in the index which was corroborated by the URS Canada (2009) list of names and dates of death. Individuals with at least three entries/letters in the Outgoing Letterbook were selected. Selection of individuals was made without regard to the readability of their respective entries. As in all areas of this study, I have anonymized people's names.

The Outgoing Letterbook (RG 13-300: Barcode: D308463) method of analysis faced several problems. The most notable problem related to the condition of the pages in the Outgoing Letterbook, many of which were illegible and therefore very hard to transcribe. Additionally, handwritten entries in the book were written in flamboyant script which was at times hard to decipher. These handwritten entries often bled through the thin, onion skin-like pages, leaving some sections extremely blurred. Thankfully, much of the handwritten entries used in this section of the study were decipherable (with the exception of one entry which was excluded).

Problematic also was the fact that the Outgoing Letterbook contains reply letters presumably written by Medical Superintendent, J. B. Murphy. As such, all letters in this study were written from the perspective of asylum employees; therefore, the researcher was left to infer meaning from the superintendent's reply only. Although unavailable for this study, inclusion of complimentary materials written by family, friends, and inmates (if in existence at the AO) would greatly enhance the thoroughness of this study. However, such absences could not be helped, as letters to the asylum from family or

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inmates are not known to exist. Further archival research into the potential existence of these letters is needed.

Most speculative in this section of the study is the overall the integrity of the data contained within the Outgoing Letterbook. The researcher initially assumed entries/letters were written in earnest by the LPH/Mimico Asylum medical Superintendent, J. B. Murphy. However, several inconsistencies challenge this assumption and suggest that the Outgoing Letterbook contains at least hints of institutional deception and cover-up. The idea that the superintendent's record book contains falsified information needs to be factored in to this section of the research, considering the possibility that suspect data may lead to less concrete themes and conclusions. This is a result of gaps in the archival records which cannot be reasonably verified.

History of Mimico Asylum, 1882-1895:

The first non-archival historical reference to the LPH is from Given (1950), who vaguely states that the name 'Mimico' was derived from "Omimeca", an Indigenous² word for "home of the wild pigeon" (p. 17). Given (2007) clarifies his source of information on the word "Omimica" as coming from G. H. Armstrong's book on the geography and relevance of names and places (1972, as cited in Given, 2007, p. 77) . In fact, according to *The Ojibwe Peoples Dictionary* (2015), 'Omimica' is appropriately spelled 'Omiimiica', which connotes the collected and gathering (maamigin/maamiginan) of pigeons or doves (omiimii). Given (2007) goes on to explain how white settlers in the

² Given does not clarify which Nation this word comes from, which is highly problematic as it assumes "Indian" languages and peoples were a homogenous group, which of course they were not.

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Mimico area hunted the easily caught ‘Passenger Pigeons’³ (p. 77), which became extinct (Given, 1950, p. 17), even providing a copy of a settler recipe that explains how to prepare the pigeons for consumption (p. 77). It is important to note that Given’s histories do not provide citation that the pigeons referred to in “Omimica” were actually ‘Passenger Pigeons.’

Given’s history (1950; 2007) goes on to make reference to the LPH asylum land, which was previously the homestead of “Colonel Samuel Bois Smith of the Queen’s Rangers who received about 4, 150 acres of land extending from the lake almost to what is now Bloor Street and from Kipling Avenue to Etobicoke Creek” (p. 14). Eventually, this land would be bare farmland upon which the Mimico Asylum would be built (p. 17); however, as the following history from Annual Reports will show, it was because the land was ‘farmland’, which allowed it to be an ‘appropriate’ location for the Mimico Asylum/LPH to be opened as a patient labour colony. The asylum was opened by the Provincial Department of Health in 1890 (ibid.).

Moving back to the history of the LPH, the Mimico Branch Asylum, as of 1882, was not yet built. 1882 was in the midst of the ‘non-interventionist and moral therapy’ (1850-1905) period of psychiatry (Edginton, 2005, p. 388). This period of psychiatry was spearheaded by Joseph Workman of the Toronto Hospital for the Insane, and continued by Daniel Clark (see below). During this period, treatment was premised under a theory of cure which used work as ‘therapy’ combined with recreation (Reaume, 2000, p. 12).

³ Note that the Ojibwe word “Omiimiica” does in no way specify a singular breed of pigeon.

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Asylum Inspector W. T. O'Reilly also expresses moral therapy principles when discussing patient labour statistics for 1882. O'Reilly notes that, in comparison to the London Asylum, the Toronto Asylum's had a significantly lesser number of 'days' work performed' due to a high number of "those paying for superior wards, from whom labour is not exacted"⁴ (AR, 1882, p. 14). The inspector states that "as many patients as possible, whether paying or not, should be induced to keep their time more or less fully occupied" (p. 14). During this period, religion was integral to the operation of the Toronto Asylum. Weekly "Divine service[s]" were held by ministers of different religious denominations, although those denominations represented at the asylum are not specified (ibid.).

In terms of physical asylum buildings, as of 1882 there were five Provincial asylums in Ontario; the: 'Toronto Asylum for the Insane' (hereafter Toronto Asylum), 'London Asylum for the Insane', 'Rockwood Criminal Lunatic Asylum' in Kingston, 'Hamilton Asylum for the Insane', as well as the 'Orillia Asylum for Idiots and Feeble-Minded'. In this section of the paper, the Toronto Asylum, and its medical superintendent, Daniel Clark, will be discussed in this section as a central actor in the conceptualization and realization of the Mimico Asylum as an independent Asylum.

As a background to a discussion of the Mimico Asylum, Rowland (2008) notes that the Mimico Asylum's first medical superintendent, Daniel Clark, was born in Scotland, arriving in Canada in 1841, where he studied anaesthesia. He received his medical doctorate in 1858. Clark went on to be a volunteer surgeon in the Union Army

⁴ In 1882 there were 245 paying patients at the Toronto Asylum which generated \$27, 677.30 of income for the Toronto Asylum (Ibid.).

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(Potomac) (p. 73). Rowland relates the words of Thomas Edwin Brown (1981, as cited in Rowland, 2008), which note that Daniel Clark, in fact, “had no training or experience in caring for the insane when he was appointed superintendent of the Toronto Asylum in December, 1875” (p. 73). Daniel Clark apparently had no aspirations to be an asylum superintendent, but was given the position of Asylum superintendent due primarily to his interest in ‘insanity’, and due to his collegial affiliation with the Liberal government, who awarded him the appointment in 1875 (to 1905) as a reward for his loyalty to the political party (p. 73). Such appointments were typical during this era, as seen in the state’s appointment of Dr. William Rees to the superintendent position of the provisional Asylum in Toronto, due in part to his long-term support of state-controlled institutions in Upper Canada (Journals of the Legislative house of Lower Canada, 1824-25, as cited in Moran, 2000, p.50).[†]

Restraint

The Toronto Asylum used various forms of restraint, such as “muffs, mitts, cribbeds, chair and strap and seclusion in a light room” (AR, 1882, p. 15). According to a “restraint register”, one man had had muffs of for several days, and shockingly, 11 women were put on restraints. This shows the gendered nature of asylum control and possibly abuse.

The Toronto Provincial Asylum was overcrowded. This was not an isolated occurrence for asylums in Ontario. Many Mad people were placed in the prison system simply because there was no room for them in asylums. As far back as 1882 Asylum Inspector, W. T. O’Reilly, in his *Annual Report of the Inspector of Prisons and Public*

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Charities for the Asylum for Idiots, of the Province of Ontario (hereafter, AR), stated that “it was found that the accommodation provided by all the Asylums was taxed to its utmost capacity, and that there were many private applications which could not be entertained and several insane persons confined in Gaols⁵ who could not be removed owing to lack of accommodation in the Asylums” (AR, 1882, p. 3).

Medical Superintendent Daniel Clark’s⁶ 1882 annual report makes a plea for more room to accommodate “chronic and harmless...who could comfortably be housed in village of cottages in some city...[and] Each cottage might contain 75 to 100 inmates” (p. 47). Such a system of cottages would also facilitate classification of patients, where people with different mental conditions could be housed together (p. 48). Clark hoped that approximately 1000 patients would be gathered from various Ontario asylums, all put together in a commune-type system of cottages where order, classification of Madness, labour, and savings to the state would be attainable (p. 48). Daniel Clark’s 1882 report signaled the beginning of a campaign to create an asylum in Mimico, Ontario.

Superintendent Clark notes that high mortality rate among Mad people are from acute diseases that he considered “the bane of the insane” (AR, 1884, p. 96). Clark goes on to make a tenuous connection to tuberculosis of the lungs with local manifestations of “brain troubles”, although he does state that such “manifestations are not yet clearly understood” (Ibid., p. 97). Tuberculosis was a common disease at the time, that, according to Kelly (2012, p. 217) was strongly associated with “poverty, social disengagement and – in one form or another – institutional detention” (p. 217). . It was

⁵ Jails.

⁶ Medical superintendent of the Toronto Provincial Asylum from 1875 to 1905 (Moran, 1995, p. 52).

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overrepresented in psychiatric asylums (and residential schools) as opposed to non-institutional rates of infection and death, which were much lower (Reaume, 2000, pp. 226). The spread of tuberculosis can be attributed to the unclean and overpopulated condition of the asylum, not mental illness as many psychiatrists once believed (Agin, 2011). Tuberculosis was one of the leading causes of mortality for patients in mental institutes in Ontario until the arrangement of tubercular intervention programs in 1933-34 (Reaume, 2000, pp. 225-226).

Furthermore, in the era of evolving medical knowledge, medical superintendent Daniel Clark appears to acknowledge the rift between appearance, disease, and Madness as expressed in this apparently astute declaration:

It, no doubt, lies in depreciated organic life, engendered by low vitality in the nourishing nerve centres of the body, but in what way can only be conjectured by analogy with other diseases. We take refuge from our ignorance by applying medical terms to phenomena, but the physical facts lie unexplored behind appearances. Pathology gives us a description of the ruins left by disease, but contributes no historic chapter to explain the mode of action of the vital power which has failed to save life and which has left behind it only the products of disintegration and decay.

(AR, 1884, p. 97)

Such acknowledgments written into Toronto Asylum ARs may appear to be rare, yet Rowland (2008) recognized how such entries in fact a form of rhetoric which served to promote the interests of Alienists and the profession of psychiatry, which was still in its

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infancy. Rowland notes that “Toronto asylum doctors looked and gazed, but they also read and wrote. Their texts demonstrate, among other things, the persistent and even obsessive textuality of medical authority, even as they themselves protested—too much—that it was based on something more” (p. 8). Likewise, Gerald Grob, has noted that such medical administrators and doctors used their hospital credentials and connections to “advance claims for power and authority over others interested in social policy toward the insane” (as cited in Tomes, 1981, p. 122).

19th-Century Asylums are Dangerous Places

Superintendent Clark’s 1884 AR also gives details on an unfortunate event at the Toronto Asylum which he would use to leverage resources from the state that result in the building of a new asylum:

On April 1st two patients, named respectively Rachel [S.] and Valeria [M.], occupied one room in the refractory ward. The former was a harmless person, and the latter was melancholy but quiet, and although she had been many years in the asylum, she was never known to have assaulted anyone. The two had occupied together the same room for over a month in the most peaceful manner, and no danger was apprehended, except that of suicide by Valeria [M.]. (AR, 1884, p. 97)

This report goes on to tell that Valeria proceeded to hit her roommate, Rachel [S.], a person who she had previously got along well with, with a wooden night-pail, which was probably used as a chamber pot (AR, 1884, p. 97-98). Valeria [M.] had apparently requested that Rachel [S.] kill her, but when Rachel [S.] declined to murder her

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roommate, she was beaten over the head up to the point of death. Curiously, Valeria [M.], the woman who attacked her roommate, would also die within one day of assaulting her roommate (p. 98). For reasons that were unclear in the report, Valeria [M.] had apparently gone into a coma, vaguely diagnosed as “congestion of the brain” causing death (p. 98).

The above event is tantamount to a modern day murder-suicide story, only lacking in all elements of such a crime. For example, Valeria [M.] was said to have quite casually asked her roommate to help her kill herself. Rachel [S.], being familiar with her roommate for almost a month, would most likely have been appalled by this request, and probably tried to talk her out of it, possibly going to seek the help of asylum staff. However, attempted suicide at the Toronto Asylum had repercussions, such as the use of restraints and the previously mentioned application of “muffs, mitts, crib-beds, chair and straps and seclusion in a light room” (AR, 1882, p. 15).⁷ These punitive consequences may have been the reason why Valeria [M.] hit her roommate. And while there is little excuse for violence among Mad people, the above instance well demonstrates how tragic situations can be taken out of context and blown out of proportion—but not without reason or purpose.

It is important to note the way superintendent Clark frames the incident, which due to an overall lack of specifics, makes these two individuals appear as dangerous and unpredictable animals, which further implies a narrative so as to suggest that no matter how Mad people may appear to the casual observer, such women and men need to kept

⁷ Common practices at the Mimico Asylum in 1882.

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under strict surveillance, within locked institutions. In this expression of thought through words, superintendent Clark is enacting an organized and to be preserved set of data that will be constructed as important “lines of words that translate in visible characters thoughts that were formed in some other time and place, we have in the density of discursive practices, systems that establish statements and events (with their own conditions and domain of appearance) and things (with their own possibility and field of use)” (Foucault, 2010, p. 128). This kind of constructed narrative not only served to construct psychiatric discourse as relevant, but such Mad criminality was important for early psychiatrists who were less interested in gaining knowledge than in “conquer[ing] a modality of power to be secured and justified...it functioned as a sort of public hygiene” (Foucault, 2003, p. 214).

It is also important to note that superintendent Clark skillfully uses the above tragedy to reinforce his idea that asylum overcrowding leads to lack of safety and detrimental circumstances for staff and patients (and perhaps the public at large). This tragic event allows Daniel Clark to subtly imply the overwhelming need for greater resources to control inmate violence, and ultimately contributes to the realization of Clark’s new asylum in Mimico.[‡] Clark’s political maneuvering of the previously mentioned incident was noted in W. T. O’Reilly’s report, which notes “the medical superintendent [Clark] in his report calls attention to certain structural changes which are required in the Asylum at Toronto, the want of which a recent unfortunate event has emphasized” (AR, 1889, p. 33).

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Narratives of patient violence as tools for political maneuvering have been well documented. Digby (1986), for example, documents how asylum superintendents were acutely aware of the particularly complex needs of many of the patients admitted to the York Asylum in England. Several patients in the 1860s were documented as being suicidal, and in some cases violent toward staff members—one typically non-violent, long-term patient killed his attendant—as well as several other recorded situations of patient and staff peril at the York Asylum (pp. 37-38). These occurrences, although somewhat stressful to the York Asylum superintendent and administration, were not noted as being particularly eventful, or useful, to the York Asylum operators. Yet, some tragedies would prove to be more valuable than others.

Thurman (1845; Digby, 1985; Digby; 1983) goes on to relate the account of the unfortunate death of Hanna Mills, a Lees woman, who was admitted to the York Asylum. The York Asylum at that time promised “patients a progressive regime that included a judicious combination of medicine and management” (Digby, 1985, p. 12). After her incarceration on March 15th, 1790 (Digby, 1983, p. 229), Hanna’s family, who lived a long distance from the York Asylum, made arrangements for friends and acquaintances to visit her. These visitors were prohibited from visiting Hannah “on the ground of the patient not being in a suitable state to be seen by strangers” (Thurman, 1845, p. 1). On April 29th, 1790⁸, only weeks after her incarceration, Hannah died under suspicious circumstances (Thurman, 1845; Digby, 1983). The somewhat unexplained death caused

⁸ According to Digby (1983, p. 229: footnote ⁶⁶), Thurman (1845), as well as other scholars have incorrectly dated Hannah’s death to be 1791. Digby notes that superintendent Tuke’s entry in the ‘admission books’ recorded an erroneous date, and that error was replicated by several historians as far back as 1845.

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the ‘Society of Friends’, or Quaker community, to make an institution that they would control, that would adopt a more kind and gentle method of treating patients (Thurman, 1845, p. 1). What was needed, it would seem, was a tragedy that would catapult the ideological concept and realization of a new asylum under the control of those interested in its construction. The result of this tragedy was the York Retreat, built and operated by and under Quaker control. Thurman (1845) clarifies the political mechanics behind the establishment of the York Retreat:

Many very useful undertakings have originated in circumstances apparently accidental; and we are informed that, to a great extent, this was the case in the establishment of a separate institution for the insane members of the Society of Friends, or Quakers, and those connected with them. (Thurman, 1845, p. 1)

As the above documentation and reports demonstrate, asylum authorities readily use patient tragedy in a selective ways in order to advance their political, and, I would argue, religious agendas.

Moving forward in time, the 1884 AR is the first noteworthy reference to the Mimico “farm” (AR, 1884, p. 99), which would be the future location of the Mimico Asylum. The 1885 AR re-states a passage from the 1884 AR that:

About five and a half miles from our gate is situated the Government farm. It contains about 320 acres of available land. There is a house and barn on the property. It is fairly well fenced and watered. Were it put in our care, we could profitably work it in addition to our land nearer the

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Asylum. It would produce all the hay and grain we needed and give pasture to our cows in summer, which are now housed all the year round. A family could occupy the house, and all the farm work could be done by patients, to our gain and their benefit. It would annually mean a handsome revenue to us, and save our maintenance fund by at least \$5,000 annually. It is little or no use to the Government at present, so this proposition is worthy of consideration. (AR, 1885, p. 47).

The above proposition pushes for the highly lucrative side of such a land purchase, but is in contrast to superintendent Clark's 1887 AR, which again pleads for the Mimico land, with its 185 acres of farmable land (AR, 1893, p. 133), except that in this report the reasons stated for it are "not so much on its financial side—but for the benefit of our insane, who need out-door labour as a curative agent" (AR, 1887, p. 44). Clark was essentially correct in this assertion because the state's entire purchase of the Mimico "tract of land six hundred acres in extent" (James, 1914, p. 571) was somewhat scandalous. In the farming education community there were "rumors and suggestions that the soil at the Mimico farm was productive of thistles and better adapted to brick making than to the raising of crops" (ibid.).

The next mention of the Mimico "Farm" in relation to the future Mimico Asylum, comes in the 1886 AR. Clark explains that the Toronto Asylum farm "[wa]s no longer at our disposal" (p. 6) due to the Toronto Asylum's loss of its sixty acres of farmable land. Superintendent Clark again suggests Mimico farmland as the best solution. Clark makes the observation in his report that "for ten years we have been endeavoring to procure the

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Government farm at Mimico, but without success. Now such a place is absolutely necessary” (ibid.). This statement, if we are to take Toronto Asylum superintendent, Daniel Clark at his word, would mean that the Mimico Asylum had been planned, in one iteration another, as far back as 1876.

The next important historical event in the Mimico Asylum history comes from asylum inspector, W. T. O’Reilly, who explains in his 1888 AR that cottage style dormitories are to be erected at the Mimico farm:

“two cottages, for fifty patients each, as promised for May next [1889], and others to accommodate patients to the extent of three hundred more, are contracted for. These cottages will, for a few years to come, be sufficient for the wants of the western part of the province. (AR, 1888, p. 35)

Superintendent Clark’s report of the same year also contains a troubling message, foreshadowing an insipid sentiment that will become all too apparent in twentieth-century Canada. Clark states that his own inquiry into overcrowding at asylums is not only a sign of an overrepresentation of people from British and Irish asylums, but superintendent Clark somehow perceives evidence that “such a class is not coveted by this Province, nor will the progeny of many of these patients make level-headed citizens” (AR, 1888, p. 3). Such a comment reveals Daniel Clark to be one of the first Ontario psychiatrists to be onboard with, and on the forefront of, eugenic ideology which would come to into greater expression by the early to mid twentieth-century.

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The 1888 AR also makes mention the Toronto Asylum's formal acquisition of the "Mimico Farm", which Superintendent Clark notes to be in poor shape. Even so:

[W]ith the labour of patients and constant plodding, a goodly quantity of hay, oats and potatoes was taken from it, in spite of pernicious weeds, Canada thistles and a dry season. Next year there doubtless will be better results if we can shelter working patients on or near the farm. We found it very difficult to send out patients five miles, return them at night, and do much work with them in the middle of the day. To succeed, the workmen must live near their work. (AR, 1888, pp. 4-5)

As the above quote reveals, Superintendent Clark again contradicts himself, except this time overtly as he outright defines patients' as labourers, workers and workmen. This is in contrast to his 1887 AR, where Clark claimed that that the Mimico land was to be used "for the benefit of our insane, who need out-door labour as a curative agent" (AR, 1887, p. 44). The phrase "workmen must live near their work" (AR, 1888, p. 5) clarifies the true purpose of this kind of moral therapy—to provide the institutions with free hard-labour. Clark's expressed desire to have patients work and live on-site at the Mimico farm (and soon-to-be Asylum) appear more related to the financial and labour motive rather than to any curative "therapy". Such exclamations of work-as-therapy were common amongst asylum administrators and operators across North America and Europe who "were not shy about stressing how supposedly therapeutic benefits of work for patients could also benefit the finances of mental institutions" (Reaume, 2009, p.160).

Psychiatric Survivor Archives, Toronto (PSAT, 2014)⁹ also verifies that Superintendent Clark acquired labour from the Toronto Asylum to work on the Mimico site: “In 1888 [ten¹⁰] male patients from the Provincial Lunatic Asylum, later called the Queen Street Mental Health Centre began construction on of the Mimico Lunatic Asylum” (2014). The use of patient labourers from the Toronto Asylum is further confirmed and clarified in the 1899 AR, which identifies: “The transfer recently of a number of male patients to Mimico [Asylum] from the [Toronto] Asylum consignment upon completion of two of the cottages relieved the congested condition of the institution for the present” (p. 33). Perhaps to soften the impact of such statements—or to reiterate moral perspective behind such ideologies—Superintendent Clark’s report immediately follows with sections on religious activities (Flower Mission) and amusements that were also religious in nature (AR, 1888, p. 5).

By January 1890 the Mimico Asylum was apparently operational, with two cottages already built; one housing fifty male inmates, the other fifty female, with another two or more cottages to be built later that year (AR, 1889, p. 32). All one hundred of the patients at Mimico Asylum were transfers:

[From] Asylums from the Toronto, London and Kingston to Mimico, the greatest number, however, from the Toronto Asylum. The vacancies created in these Asylums have been utilized for the emptying of the goals of lunatics awaiting transfer, and at this time there is not a lunatic in any

⁹ As researched by Dr. Geoffrey Reaume pre-2006 (personal communication, May 22, 2016).

¹⁰ Ten labours from Toronto Asylum: See below (AR, 1889, p. 3); Also noted in Reaume (2009).

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gaol in the province a fit subject for Asylum treatment whose transfer is overdue. (AR, 1889, p. 32)

This is in contrast to Superintendent Clark's prediction from his AR of the same year. Clark predicts: "From present appearances it is not probable that the cottages of Mimico can be occupied to any extent before spring [1890]. Good progress has been made, but drainage, heating and water supply are among the essentials not yet supplied" (AR, 1889, p. 4). The Mimico Asylum was technically opened on January 21st, 1890, but some 112 male patients were housed onsite on or before the 26th of January (AR, 1890, p. 43), most likely transferred there to perform hard labour to finish the Asylum by the January 21st, 1890 completion date. As of 1890, 116 male patients were transferred from the Toronto Asylum, and twelve women were transferred from the Kingston and London Asylum's.

As in the AR of 1888, the 1889 AR (Asylum Inspector's Report section) also notes that an influx of patients to the Mimico Asylum will provide an "abundance of labour availabilities from the one hundred patients resident there" (AR, 1889, p. 33). Yet, what has been unclear from the ARs is what kind of labour patients performed at the Mimico Asylum and "Farm". The following passage taken was from the 1889 AR of the medical Superintendent, Daniel Clark, and shows the kind of hard labour that was carried out by only ten male patients (AR, 1889, p. 6) who worked at the Mimico Asylum grounds and Farm:

We have put all the available land on this farm to cultivation. A great deal of it is in a natural state, which was used for pasturage. This portion

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will need a great deal of labour to make it fit for crops.¹¹ We broke up about 20 acres of this kind of land and put in them a crop of potatoes, notwithstanding the season was wet and there was no tile-draining. The coming season a good deal of this drainage will require to be done in the flat land. The principle crops were hay, oats, potatoes, and Western corn. A great deal of the old rail fencing was taken down and substantial wire fences were substituted. There was also done a great deal of open ditching, as main drains, to carry off the flows from the surface of the various fields adjacent thereto. Ten patients and two attendants occupied the old farm-house during the summer months, and were under the direction of the farmer engaged in farm work. They are now domiciled in one of the new cottages near the lake. We expect they will remain there during the ensuing winter to look after the stored crops, buildings, implements, and horses. (AR, 1889, p. 3)

As can be observed from this entry, the broad extent of hard labour involved in working on low-quality farm land is quite severe. Ten patients did all of the farming and, as the final sentence of the entry notes, they also laboured on the buildings themselves. It is apparent that patients were expected to do all forms of manual labour for the benefit of the Asylums and its medical Superintendent.

It is also noteworthy that the above entry employs the word “we”, which rhetorically implies that Superintendent Clark was somehow physically involved in the

¹¹ The fact that Mimico lands were of poor agricultural value was well known amongst farm sciences instructors (James, 1914, p. 571).

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kind of hard labour that these ten patients were tasked with performing; however, it is doubtful that Superintendent Clark, a paid state official, engaged in any physical labour, other than to cleverly arrange the acquisition of lands that patients were forced to work on without being given adequate wages. The above entry also states that ten male patients (AR, 1889, p. 3; Reaume, 2009, p. 173) were housed at the Mimico Asylum instead of being shipped back and forth to the Toronto Asylum on a daily basis, which was considered to be unprofitable in terms of labour time lost (ibid.).

Running at medium capacity in 1890, it is ironic that the political maneuverings of Superintendent Clark to acquire lands and labour to build the Mimico Asylum, which were claimed to be barely enough to provide adequate accommodation for Clark's stated 103 patients per year (average) increase in Mad people in Ontario¹² (AR, 1890, p. 1), would turn out to be highly oversold. According to the 1890 AR, the expanded housing required for patients at the Mimico Asylum would, even after the addition of three more cottages (to hold sixty patients each), only provide sufficient accommodations for the "constantly increasing number of this afflicted class" (ibid, pp.1-2). It was planned that eight cottages would be built at the Mimico Asylum (AR, 1891, p. 8).

It would also turn out that Superintendent Clark's previously seized upon 1884 AR narrative about the reasons behind the death and murder of Toronto Asylum patients, Valeria [M.] and Rachel [S.], due to asylum overcrowding was unsubstantiated. Despite Mimico Asylum's reduction of patients from the Toronto Asylum, another almost identical murder occurred again at the Toronto Asylum in 1890. As observed in Clark's

¹² Over fourteen years.

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report, the reporting of this incident was a complete about-face from the previous incident of violence recorded in 1884 where:

A delusional patient struck another weakly patient with a pulp night pail only weighing 2-1/4 pounds, and wounded her to such an extent that she died a few hours afterward from the injury received. An inquest was held and no one was blamed in the matter. (AR, 1890, p. 40)

It is curious that the only contributory explanation given to this tragedy were that the patient's dormitory rooms were able to be locked at night, which contained almost the exact set of circumstance as the deaths of 1884.

The 1891 AR contains another significant event, in that Superintendent Daniel Clark officially states his desire to hand over administration of the Mimico Asylum over to Dr. J. B. Murphy (from 1890-1894). Superintendent Clark states that it would be an impossible task for him to administrate both Toronto and Mimico Asylums simultaneously (AR, 1892, p. 10). Clark notes that after the completion of two additional cottages that will house "disturbed and disturbing patients" (AR, 1891, p. 5; see: AR, 1892, p. 10) that the Mimico Asylum "will then be an Asylum in itself" (AR, 1891, p. 5).

In 1893, J. B. Murphy became the dedicated medical Superintendent of the Mimico Asylum. Murphy's first AR was the year 1893, which is fairly uneventful with the exception of a brief mention of the cottage at the farm which expanded to now house twenty patient laborers' (AR, 1893, p. 133). It is interesting to note here that Superintendent Murphy compliments the farmer for his hard work, but no mention is made in regard to the hard work patients in the farming and general maintenance of the

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grounds (ibid.). Additionally, the report describes the planting of numerous trees that were planted on the land (p. 132), along with the popularity of the gender-segregated¹³ pavilion (a type of gazebo) near the lake which patients were fond of visiting (p. 132). Further examination of the 1893 report reveals additional information on the general condition of the buildings and farm land in 1892-1893.

In 1894, the Mimico Asylum, under the jurisdiction of the inspector of asylums, Robert Christie, identifies the Mimico Asylum as “No. 3 or Mimico Asylum District Asylum” (p. xvii). As of 1894 The Mimico Asylum was given a very large catchment area that included:

[C]ounties of Peel, Simcoe, Ontario Victoria, Peterborough, and the Districts of Muskoka, Parry Sound, Nipissing, Algoma, Thunder Bay and Rainy River, having an aggregate population of 318,728, for which there is accommodation in District Asylum for 1 patient to every 569 of the inhabitants. (AR, 1894, p. xvii)

Additionally, the Asylum Inspector’s 1894 report shows that even though the Mimico Asylum was very new, that there were still major deficits in its (and several other) asylum operations. For example, newly appointed Asylum Inspector, Robert Christie, notes that Dr. Thomas Kirkbride, asylum medical superintendent of the Pennsylvania hospital for the insane for over 40 years (AR, 1894, p. xiii), and one of the most well known advocates for the legitimization of psychiatry through asylum design (Digby, 1981, p. 123), suggests an optimal ratio of attendants to patients as 1:8 (one attendants to eight

¹³ Pavilion access: Males in the morning, females in the afternoon.

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patients) with a maximum of 1:10. Yet the Mimico Asylum, as in other asylums in Ontario were averaging at a very high 1:14 attendant to patient ratio.

J. B. Murphy's 1894 medical superintendent's report shows an overall improvement in the upkeep of the grounds, with the completion of the driveway, lawn seeding, greenhouse, picket fence (along the north and west side of the lot), silo at the farm, and overhaul of machines and infrastructure that included laundry, electric lighting, floor plumbing and telephone installations (AR, 1894, p. 142). J. B. Murphy's report also note deficits in the institution relating to the infirmary, coal vaults, boiler-room, and to the need for plastering of the "exterior sub-structure of the subways" which were underground tunnels that connected the various buildings together (p. 143). Reaume (2009) discusses Mimico Asylum's underground 'subways', where patient workers labored for 517 days (year round) doing maintenance and repair of the previously constructed tunnel's infrastructure (p. 173). The 1894 report concludes with a plea to increase the wages of staff at Mimico which would, according to Superintendent Murphy, help "secure permanent and efficacy among employees" (AR, 1894, p. 143). However, gendered disparities in pay were alive and well in the Mimico Asylum in 1894, as proven by Murphy's request for male attendants to receive an increase in pay to \$30 monthly, but only \$18 monthly for women.¹⁴

In 1895, J. B. Murphy was removed from Mimico Asylum and given the medical superintendent position at the Brockville Asylum. It is interesting to note that in the early Clinical Case Books of the Mimico Asylum that the majority of patient transfers from

¹⁴ To reach a maximum of \$20 only after women have proven themselves "faithful" and "competent" (AR, 1894, p. 143).

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Mimico were *to* the Brockville Asylum (followed by Penetanguishene Asylum).¹⁵

Mimico Asylum's next medical Superintendent, N. H Beemer, writes in his 1895 report his suggestion to change the name of the Mimico Asylum to the Lakeview Hospital for the Insane (AR, 1895, p. 156). Beemer also writes his history of the Mimico Asylum. Beemer notes that the first patients at Mimico Asylum were transferred from the Toronto Asylum (AR, 1895, p. 155). But this assertion is incorrect, as Toronto Asylum only made up the majority of patients who were transferred from the Toronto Asylum—several patients were transferred there from the London and Kingston asylums (AR, 1889, p. 32). Beemer, goes on to make several other semi-accurate historical claims and notations in his 1895 report. For example, Beemer refers to the Mimico Asylum as also being called the Mimico Branch Asylum, which it was sometimes referred to. Beemer then goes on to state that the Mimico Asylum was intended to be a chronic care asylum, which was partially accurate, except that Daniel Clark had initially stated in 1891 that only two of the cottages would be used to accommodate what he referred to as “disturbed and disturbing patients” (AR, 1891, p. 5).

Beemer then goes on to describe an experiment, supposedly resulting from queries by the Ontario Legislature by way of “leading philanthropists” (none are mentioned) to create an asylum dedicated to “chronic insane from all the other Provincial Asylums, where accommodation had been insufficient” (AR, 1895, p. 155). This overt change in the Mimico Asylum history, as written by Superintendent Beemer, could be seen as an attempt to re-conceptualize the Mimico Asylum itself as a specialized chronic

¹⁵ See next section: Mimico Asylum: Clinical Case Books.

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and severe-case facility, which Daniel Clark had never stated it to be in any of his Annual Reports on the Mimico Asylum. What Beemer was referring to, however, was the cottage housing system that was used at the Mimico site, not the concept of creating an asylum dedicated to chronic care patients alone. Furthermore, Beemer claims that the Mimico Asylum was specifically selected to house such 'chronically insane' due to its geography, central location in relation to other Ontario Provincial Asylums, and for sanitary reasons (AR, 1895, p. 155). Conversely (to that of N. H. Beemer's history), Superintendent Daniel Clark (as discussed previously) instead cites the selling points for the Mimico Asylum to be: reduced patient violence as a result of overcrowding; agricultural land potential; real-estate availability (state owned, but unused); and its closeness to the Toronto Asylum. As can be seen, Beemer's history is quite different from that of the former Superintendent, Daniel Clark's, version of events during Mimico Asylum's infancy. Superintendent Beemer's attempt at rewriting history (in his 1895 AR) may be deconstructed as a somewhat preemptive, creative (albeit transparent), political strategy to position the Mimico Asylum as eligible for future funding opportunities. As noted previously in this section of the study, such political maneuverings by medical superintendents and asylum administrators were not without precedent, as similar orchestrations by asylum magistrates occurred in England's York Asylum, resulting in the foundation of the York Retreat.

As this section of the study has shown, patient labour was often used by medical superintendents as a way to justify the establishment of new asylums. Asylum superintendents and managers selectively twisted patient tragedy into narratives of

patient-on-patient violence, which directly contributed to the creation of the Mimico Asylum, as a patient labour work colony which employed harsh patient workloads under the guise of violence through ‘moral therapy’. However, as the next section of the study demonstrates, not all people were on-board with the Mimico Asylum’s control over inmates.

Mad Historical Reliquaries: Clinical Case Books & Files (1890-1908)

Over the years, historians have carefully analyzed clinical case books and patient files. Asylum historians have clearly identified that these source materials are central to expressing patient perspectives within the context of medical history. These historians also note the complex nature of patient to doctor interactions as were recorded in these documents on a regular basis (Andrews & Scull, 2003, p. 23). Clinical case books (and patient files) provide researchers with a highly important source of information on the history of psychiatry, and, as Andrews & Scull (2003) note, such primary sources were used by medical historians to explore both the medical side of the history of ‘disease’ and ‘sickness’ defined not only by medical practitioners, but by patients themselves (p. 23). As such, scholarly analysis of clinical case books, and their counterpart—clinical patient files—not only provide medical historians with important data for the history of medicine (in cases highly favorable to alienist and psychiatrist perspectives), but are of immense value to the discipline of Mad Studies. For example, Mad Studies scholar and historian, Dr. Geoffrey Reaume (2000), in terms of critical Mad Studies research on Ontario Asylums, has written the most substantial critical research on the Toronto Asylum, including an important discussion of patient labour and a key examination of abusive

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staff¹⁶, which, contrary to the analysis of several historians, were found to have been downplayed and justified by staff, while patient violence was expressed in absence of relevant context (p. 75) usually in terms of stereotyped, blanket statements about patients being “violent, abusive, and disruptive” (p. 74) without understanding the reasons why patients were resisting asylum authorities (p. 75). Additionally, Reaume notes that patient (and staff) violence commonly went unreported (or underreported) in patient records by the asylum staff (p. 73). It is important to note that Reaume (2000), as an adjunct to his Toronto Asylum research (2000; 2009; PSAT, 2014), has consequently written the majority of scholarly research on the LPH/Mimico Asylum.¹⁷

Reaume’s initial research on asylums was the first of its kind in Ontario, Canada, to reconstruct psychiatric patient narratives derived from archived patient files from the Toronto Hospital for the Insane¹⁸ (1870-1940). The Toronto Asylum, under Daniel Clark, was the institute from which the LPH/Mimico Asylum originally branched out of as a result of political maneuvering (see: Annual Reports section) and as relief to the overcrowding of patients at the Toronto Asylum (Reaume, 2009, p. 173). As in the case of contemporary scholars like Malacrida (2015), Reaume (2000) reads patient files and institutional documents ““against the grain”” (Dubinsky, 1998, p. 361) of medicalized asylum staff documentation in order to reveal touching yet critical narratives of the lives of inmates in psychiatric hospitals. Writing this way, Reaume uniquely reconstructs an historical portrait of the day-to-day life of persons’ in a mental hospital, where the

¹⁶ Reaume (1997) identifies physical abuse at the Toronto Asylum (see footnote 18) as including “both direct assaults and coercive treatment which inmates, or their families, complained about” (p. 68).

¹⁷ Although other well researched histories exist online. See asylumbythelake.com.

¹⁸ Hereafter referred to as the Toronto Asylum.

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patient's themselves are the focus, instead of the common narrative trope of asylum medical superintendent as hero and savior to/for all that is Mad or 'insane.

Likewise, Malacrida (2015) critically examined the institution during the era of eugenics programs in Alberta, Canada. Research methods used included examination of institutional documentation, archival materials, and survivor narratives. Survivor narratives were brought into focus by the use of an alternative reading of medical documentation (patient files) that was also ““against the grain”” (Dubinsky, 1998, p. 361) of medicalized patient file documentation. As in the case of Reaume (2000), Malacrida's alternative reading of patient files revealed numerous omissions in the recording of violence in inmate files. Likewise, Malacrida (2015) found that although staff regularly reported medical trauma, the causes for those severe injuries were routinely omitted (p. 176).

Malacrida's (2015) work is a powerful testament of the horrors that occur in Canadian institutions for disabled people. Under the canopy of medicalized professionalization and control, disabled youth at the Michener were subjected to some of the worst maltreatment that children in Canada have ever experienced.

As contemporary Mad Studies researchers, both Reaume and Malacrida provide excellent models on how to analyze asylum documentation in the form of patient files. Reaume, without intention, writes much of the history of the LPH/Mimico Asylum, and focused primarily on patient narratives, labour exploitation, and patient resistance. As Reaume's research did not exclusively examine the history LPH/Mimico Asylum, Mad historians have a promising research project in the examination of LPH/Mimico Asylum

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clinical case books. As this study has demonstrated, clinical case books, although not as thoroughly investigated as Toronto Asylum patient files, still hold a world of subtle historical nuances that contribute to Mad Studies scholarship.

While the above researchers skillfully examined clinical patient documentation to reveal hidden histories, it should be noted that analysis of clinical case books and patient files can be complicated. This is in part due to the way such primary sources provide “a window into the world of patients, albeit a view refracted for the most part through the eyes and hands of those who ran the institutions in which they were confined” (Scull, 1999, as cited in Blok, 2015, p. 893). As noted in Reaume (2000), analysis of such texts, although written by the incarcerators, can be ‘read’ in a way that is “against the grain” (Dubinsky, 1998, p. 36) of institutionally powerful agents who wrote them (such as alienists, psychiatrists, nurses, etc.).

Historian Karen Dubinsky (1998), as cited above, was concerned with how historians were writing about history, as encountered in case files. Dubinsky accurately notes that research on patient files is necessary, yet “endlessly interesting” (p. 361) to historians. Dubinsky goes on to question case files as evidence, and how they reveal social inequalities that for decades went unnoticed. Interpreters of such files can review materials in a way that does not simply accept obvious content as any given ‘truth’, but reads deeper into the text to reveal alternate and complex interpretations that were not specifically intended by the original writer of the files. Such a “reading ‘against the grain’” (Dubinsky, 1998, p. 36) of psychiatric institutional documentation is a technique and method well suited to Mad Studies, which is in part concerned with revealing

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submerged asylum histories and Mad narratives. Such alternate interpretations are often absent from history (pp. 362-363), and therefore, I suggest, are all the more necessary for Mad Studies researcher to study. As such, it is important to keep in mind that clinical case and patient files, while not without inherent complications, can express concrete examples of power relations that need to be explored and documented.

Case Records and Filing Systems

1905 would prove to be an eventful year at the Mimico Asylum. Firstly, on Christmas day (1905), there was a fire in an attic of Cottage Two (women's) which spread to the entire cottage. No patients were injured, but the interior of Cottage Two was destroyed (AR, 1906, p. 76). According to the 1905 AR of the medical superintendent, N. H. Beemer, the Cottage was to be rebuilt by patient labour under the direction of three asylum 'artisans', who were named in the report (and therefore, most likely, were not patients). Furthermore, in terms of case book documentation, 1905 was also a significant year, in that a standardized system of case-book (or clinical records), and "fyling [sic]" system, was implemented in asylums across Ontario (p. xi). What this meant was that individual asylums in Ontario were less able to shift patient documentation to different books or files, depending on the circumstances. This is especially relevant to the early Mimico Asylum clinical case books, which contained numerous gaps in the patient documentation, but should be understood within the context of asylum documentary practices of the Victorian period in Ontario. Similarly, the new standardized filing system mentioned above also had large gaps, in some cases years would pass between file and clinical case book entries.

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Moving to the latter part of the 20th-century, psychiatric regulatory bodies began to instituting rigorous methods of managing psychiatric patient information. Among these bodies were the American Psychiatric Association (1971), who stated that “[the] management (or mismanagement) of medical records...[wa]s a matter of utmost concern to physicians” (p. 6). However, in 19th-Century Ontario, asylum patient files and records, like the ones from the Mimico Asylum, were far less carefully controlled. This aspect, while quite common in archival research of Victorian asylums in Ontario, was quite troublesome for this section on the study on clinical case books. The lack of centralized, uniform record keeping (which was common in early asylums), meant that patient documentation was found to end abruptly, providing few follow-up answers. Yet, in a few cases research would continue if a patient’s name was located on the burial plot list (URS Canada, 2009). An important learning that arose from this section of the study was that, although unavoidable, gaps in clinical case book documentation inevitably exist. Although important sources of information for historians (Andrews & Scull, 2003, p. 23), such records alone should not be relied upon as a complete narrative of patient life in an asylum, but instead should be considered a fragment of patient life and history. However, comprehensive exploration of relevant archival materials should be carried out when such files exist,¹⁹ if and when it is feasible for the researcher.²⁰

For example, Larry L. admitted to the Mimico Asylum on February 1st, 1906, after only three documented notations, is was shown to have died on April 5th, 1909.

¹⁹ Which in the case of the Mimico/LPH were destroyed by the AO (Heald and Belton, 1994, p. 56).

²⁰ Future studies of the LPH should address this concern by carrying out additional archival research on existing patient files, which is presently beyond the scope of this research project.

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Included in Larry L's case book documentation is a single 'CLINICAL RECORD's page pasted to his clinical case book record. The inclusion of this typed institutional document (in contrast to the handwritten notations of the clinical case books), calls into question the circumstances surrounding Larry L's death. Rather dubious is the fact that this page (only one of less than a handful ever found in these case books), appears to corroborate the case book notes of Larry l's unexplained death, which was apparently from a massive trauma suffered to his left side.

It was obvious from the 'clinical record' page pasted to the case book that additional patient documentation was present concurrent to his death, but was selectively added, or presumably withheld, depending on its relevance to the Mimico Asylum's participation level in the death. Such notations, being in multiple locations and places, serve institutional purposes, likely facilitating the unregulated behavior of asylum employees to allow or commit unfortunate, dangerous, or possibly criminal abuses toward patients. According to both records cited above, no coroner or police investigation was held into the death of Larry L. (RG 10-298: D308458). The lack of investigation into Larry L's deaths, while sad, was quite typical of the period, where the vast majority of asylum inmate deaths were uninvestigated.

Resistance: Fight and Flight

This section of the study is primarily about the daily life of asylum inmates during the early years of the LPH/Mimico Asylum. As noted in the methodology section, clinical case books were examined in this study which resulted in the generation of a list of entries (as selected by the pre-defined criteria). As the list of patient entries and

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documentation grew, distinct themes began to emerge. Of the aggregate themes revealed, *resistance* surfaced as a meta-theme. The theme of resistance was selected as it encompassed the most frequent amount of atypical entries found in all five clinical case books. Consequently, the meta-theme of *resistance* was further broken down into two sub-categories, or expressions, of resistance found in the case books: fight (physical or otherwise) and flight (elopement).

Fight

Lara W.— One of the first examples of outspoken patient resistance is that of 32 year old, Lara W., who was first admitted to the Hamilton Asylum on January 9th, 1889. On December 23rd, 1890, less than one year later, she was transferred to the Mimico Asylum. According to the incomplete record in clinical case books (RG 10-298: D350404), Lara was committed as a result of her jovial, joking nature, her tendency to avoid answering questions, transgressing personal hygiene norms, sexually inappropriate actions, voracious appetite for food, and her cessation of “household duties”, which, for married women of this period was mandatory. Lara had no children, which in the latter part of the nineteenth-century, was rare for a married woman at the age of 32. It was also observed in this study that many married people over twenty years old appeared to have children. However, a possible explanation for this was found later in the file.

Initially Lara W. was put to work in the cottages (no specific work was identified); however, after being incarcerated for many years, Lara’s frustration escalated. On October 5th, 1894, Laura W. began stating that she wanted to go home. Almost ten months to the day after this, Lara’s frustration could no longer be contained, and on

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August 8th, 1895, she proceeded to strike an attendant, leaving the staff member with a cut on her face. After this point, Lara W. continued to resist asylum staff. The asylum staff, in answer to this resistance, put Lara on a fluid diet, which for Lara, who especially liked eating, must have been particularly hard. Instead of succumbing to this punishment, Lara W. refused further medical treatment (for arthritis) and began striking out at asylum staff. Toward the end of the record (June to September, 1899), almost ten years after her incarceration, Lara is observed as trying to make ‘connections’ with her fellow patients, which should not be considered as an anomaly. However, the last entry clarifies the staff’s accusations toward Lara as a woman “making in sodomy” (September 20th, 1899). This is where Lara’s case book documentation ends, and her documentation is noted as being transferred to case book ‘Vol. II’—which apparently was one of the many documentary materials (of the LPH) that the AO did not collect.

The story of Lara W. is a sad one. Lara was forced to fit into a mold where she faced massive societal pressure to follow the ‘moral’ Protestant path, where she was expected to get married to a man, have children, and clean house for her husband and children. Lara W. apparently resisted the moral determinism of the time, and possibly decided to not have children or to clean house for a man. However, expressing female sexuality in the nineteenth-century was not uncomplicated, although “male commentary on occasional lesbian lovemaking...became more common” (Vicinus, 1992, p. 479). This type of documented reaction to Lara W’s ‘sodomy’ in the case books is appropriately framed by Vicinus (1992), who notes how during the early part of nineteenth-century both medical and legal communities began seeking increased jurisdictions related to sex

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through efforts to “define, codify, and control all forms of sexuality and thereby to replace the church as the arbiters of sin and morality” (Vicinus, 1992, p. 484). Although not explicitly stated in this case book documentation, Lara W.’s label of ‘sodomy’, would have forced her to be in direct conflict with nineteenth-century male “priorities and privileges [and would therefore be] punished” (p. 477).

Further examination of a psychiatrized moral control over lesbian and gay patients in the history of the Mimico Asylum is required. However, case book documentation of Lara W.’s incarceration has uncovered just one of the many examples of women who have fought vigorously against psychiatry’s gendered, sexist repression and oppression of Mad people.

Emma M.— Emma was a 33 year old, unmarried schoolteacher who was incarcerated in the “a. g. j.”²¹ for striking her sister and throwing articles. According to pre-admission and history reports (RG 10-298: D350404), Emma was admitted into the Mimico Asylum for several reasons, including her mistrust of strangers, her tendency to sit for hours in a chair while smiling, and her unwillingness to “go to bed at night”. While these actions do not appear to be out of character for a 33 year old professional woman, her housing at her married sister’s home, and her apparent resistance to familial control, most likely contributed to her incarceration to the municipal jail on July 28th, 1884. Almost unbelievably, Emma languished in jail for over six years until she was transferred to the Mimico Asylum on November 13th, 1890.

²¹ A kind of Municipal jail.

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Only minimal case book documentation for Emma is present during those first few years of her incarceration at the Mimico Asylum. However, in early 1896 Emma M. begins to resist asylum authorities by verbally expressing her frustrations to those around her. On January 28th, 1898, almost 12 years after being put into a jail and then forcibly institutionalized in a psychiatric asylum, Emma begins to physically resist the asylum control when she strikes out at Mary Walsh²², causing only minor bruising. Years after this show of resistance, Emma M.—showing almost Zen-like self-control after almost 3 years of peaceful incarceration—once again lashes out in frustration over her to forced incarceration: On December 14th, 1901, Emma proceeded to destroy asylum property by throwing glassware. This act of defiance caused no physical injuries, yet it resulted in Emma being labeled as ‘manic’. Emma continued to resist asylum authority by physically and verbally fighting it until November 4th, 1903, which is the last entry in Emma M’s case book file which notes her transfer to the London Asylum.

Emma M., as in the previous instance (Lara W.), was guilty only of transgressing the patriarchic social norms of the period. At the risk of romanticizing strong women of the Victorian era, Emma M., a strong-willed, educated and unmarried woman, lived her life in the way she wanted to, yet such independence transgressed against the patriarchal values of the period. Emma M., like that of other feminists of her generation, “resist[ed] the social definitions that confine [women] to the doll’s house of bourgeois femininity” (Showalter, 1987, p. 5). Her resistance, however, came at a cruel price of expulsion by/from her family into a sexist, punitive institutional system that constantly castigated,

²² It is unclear whether Mary Walsh was an asylum staff member or patient.

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confined and wore down strong women's sense of confidence, intelligence and independence. Emma M. remains a testament to the strength of Mad women in Ontario Asylums, and how they assertively resisted gendered societal norms and taboos of the nineteenth-century, usually to their personal detriment.

Stan W.— This section of the study has observed that in many cases women were as resistant to asylum control as male patients. The case book documentation related to Stan W's status is included here as it is unique in regard to his past experience as a farm worker. As demonstrated in the Mimico Asylum history section (archival grouping 1) of this study, as reconstructed from AR and other documentary sources, the Mimico Asylum came about in part due to it being a centrally located (to Toronto) farm. As such, skilled or semi-skilled farm labourers were needed by asylum superintendents to perform free labour as cost saving strategies for the asylum and to the Province. As a result, skilled farm workers were co-opted by the asylum to perform heavy manual labour, toiling for hours daily as unpaid farmhands—although it is more accurate to refer to these inmates as unpaid patient labourers (Reaume, 2000).

As in the previous example of Emma M., Stan W. (RG 10-298: D308456), was initially a prisoner of the “a. g. j.” Municipal jail. He was incarcerated there by warrant on March 2nd, 1874, but was transferred to the Mimico Asylum on January 2nd, 1890—this was 16 years after his initial jail incarceration. The case book states that in 1890 Stan W. was 29 years old, which would mean that Stan W. would have been approximately *13 years old* when he was sent jail (for threatening to burn down buildings). At 29 years of age, Stan W. was a man of imposing stature who apparently, due to his size and

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appearance, frightened people. He was assessed by Mimico Asylum doctors as being both “suicidal and dangerous to others”, believing that his brother-in-law had bewitched and castrated him. Asylum intake doctors accused him of being a brutal, indolent man who “masturbates”.

Post-committal clinical case book entries for Stan W. were ordinary during the almost 6 years that Stan toiled at the Mimico Asylum’s farm. This changed on June 5th, 1896, when Stan, while grooming a horse in the barn, was bitten by the animal. Becoming outraged at being bitten, Stan began hitting the animal, therefore catching the attention of asylum work supervisors, including a cottage clerk and a male attendant, both of whom Stan threatened with a pitchfork in order to keep them at bay. Eventually, an attendant struck Stan on the side of his head, causing the stunned patient to fall hard onto some barn equipment on the ground. The result to Stan W. was a facial bruise and damage to his rib area, which was most likely broke, yet improperly attended to due to Superintendent N. H. Beemer’s inability (or unwillingness) to diagnose the injury (which Stan claimed to be suffering with). Stan was eventually placed in charge of the Asylum’s chicken coop, but these animals were confiscated from him, which caused Stan W. to go on strike from work! However, he returned to working in the stables and, as the last entry of his case book documentation comments, Stan W. was “a splendid worker” (1908). Unfortunately, documentation for Stan W. ends here, but judging from the picture pasted into the first section of his case book documentation, Stan W. would have been in his mid to late 40s. Sadly, a URS Canada (2009) report identifies that Stan W. died at the Mimico Asylum at age 59. He was buried at the institution’s cemetery in November of 1920—46

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years after he was first put into jail as a child for simply acting like a kid—which ultimately led to his asylum incarceration, decades of unpaid hard labour, and subsequent death.

After 34 years of incarceration in a jail and psychiatric asylum, followed by decades of hard labour, Stan W. was lauded by asylum staff as being a “splendid worker”. Such conflicting circumstances and documentations (supposedly a person is incarcerated due to insanity, yet also able to do ‘splendid’ work) have been examined by Reaume (2000) who notes that such unpaid patient labour was in no way therapeutic, but outright exploitation (p. 160) of patients by the asylums. And yet, Stan W., although having an obviously strong work ethic, at appropriate times did overtly resist asylum authorities by physically defending himself when needed, and on occasion, by refusing to work.

Flight

Research carried out in this section of the study²³ revealed that the majority of persons who fled their incarceration (elopement) were men. Two of the three example reported about in this section are about men who resisted asylum authority by elopement. However, there are a few examples of women who attempted to elope from the Mimico Asylum²⁴, and one is included for this section dedicated to patient resistance in the form of ‘flight’, also known as ‘elopement’:

²³ In order to maintain the privacy of former Mimico Asylum patients, archival sources cited do not include page numbers. This data was retained by the researcher should clarification be sought at a later date.

²⁴ NB: This study has observed that significantly more men than women were found to have successfully eloped (written-off) from the Mimico Asylum.

Melissa E.— Archival research of clinical case books sometimes reveals fantastic histories. Such was the case of Melissa E., a 33 year old mother of three who was incarcerated at the Mimico Asylum on June 19th, 1896. According to the first page of the record (of two), “Drs. Harrision + Shaw” (RG 10-298: D350404), committed Melissa E. because of her tendency to roam about at night, once being found to be outside of her home in her night-dress. As the records note, on the same day of Melissa E’s incarceration she began to feel depressed, and fear of imaginary people. As one might imagine, being separated from one’s family into an imposing institute filled with strangers would be cause for depression and fear of the unfamiliar people there. Instead, Melissa’s quite appropriate emotions are used against her, serving to contribute to the construction of this somewhat dubious psychiatric diagnosis.

However, Melissa E. was not an individual who would capitulate to her incarceration, and as the case book documentation makes abundantly clear. The records note that Melissa E. made numerous attempts to escape from the Mimico Asylum. Her first attempt was made on June 20th, 1896, only one day after her incarceration, when she attempted to walk away from a veranda, getting as far as the waterfront of the lakeshore (Lake Ontario) before she was returned. Melissa’s second attempt at elopement was only two days later, on June 22nd, 1896, where, after retiring to her room for the evening, she proceeded to remove the window sash to let down her rope of bed linen that had been tied together to make a rope. She was caught in the act of repelling down her rope by asylum staff. Less than a month later, Melissa would make her third escape attempt by pulling out the screen staples from a veranda door and jumping out of it. After these unsuccessful

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escape attempts, Melissa E. begins to show her frustrations, becoming noisy and verbally disruptive. Melissa is clearly frustrated with her husband for allowing her to be incarcerated, and on November 9th, 1896, she was found to have broken her wedding ring into four pieces.

For over 6 months, Melissa M. is quiet, allowing her to be transferred to the presumably less guarded quarters of “Cottage 4.” However, she continues to scold her husband and friends when they come to visit her. On August 24th, 1897, Melissa made her fourth escape attempt when she simply made a break for freedom by running from the asylum. She was immediately recaptured and returned. Melissa M’s fifth attempt to elope was on January 3rd, 1898, when she tried to take a staff member’s door keys from her, which she continued to attempt to steal away from staff. As with the majority of the previous examples of resistance, Melissa M’s story does not have a satisfying conclusion due to the gaps in documentation. However, the final case notes (second page) report that on May 8th, 1908, after almost 12 years incarceration, that Melissa began having migraines for which she was given “migraine tablets.”

Melissa M. is one of the most outstanding examples of Canadian Mad woman who resisted their incarcerations by attempting to physically remove themselves from their imprisonments—and in Melissa’s case, attempted escape no less than five times.²⁵ Although the story of Melissa M. concludes without satisfactory explanation (other than as a result of gaps in the documentation), there is some consolation found in the URS

²⁵ Clinical case books (male) were observed to have men attempting elopement at approximately two times. Successful elopement had a significantly higher rate of success for males. Further research into elopement and gender percentages is needed.

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Canada (2009) report which does *not* list Melissa M. among the patients buried at the institution's cemetery—which likely indicates that at some point Melissa M. was released or transferred from the Mimico Asylum.

Male Elopement: The Successful Escape.— Unfortunately, Melissa M and the majority of women incarcerated in the Mimico Asylum were unable to successfully escape their incarcerations. This was most probably due to the fact that women were forced to do their labour indoors. Men, however, did the majority of their hard labour outside, toiling for long hours, day or night, at the asylum farm and grounds. Being a largely rural area it naturally provided male patients with more opportunities of escape than women (Reaume, 2000, p. 70; Mitchinson, 1991, p. 333)—which is exactly what men like Dave F. were accused of ‘conspiring’ to do (RG 10-298: D308456), and, as noted in the above case of Melissa M., many patients who eloped were recaptured. Some, male patients however, successfully escaped, and several individuals were found to have never been recaptured. In these cases, clinical case books record patient's as “written-off”, which usually occurred after 30 days of escape had elapsed (Reaume, 2000, p. 70).

For example, 37 year old farmer and stonemason, Jim M. L., incarcerated at Mimico Asylum on June 12th, 1900, who, after returning from his nightly work, stealthfully removed the fastenings of his room window, fashioned a makeshift rope out of bed linens, and proceeded to make his way to the ground to escape. Just over a month later, on October, 13th, 1900, almost exactly one month to the day of his incarceration in the Mimico Asylum, Jim M. L. was ‘written-off’ as “no tidings of him” were found (RG 10-298: D308457).

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Likewise, Joe W., a “well educated...merchant tailor” was ‘written-off’ on May 30th, 1906. As it turned out, Joe W, skillfully created a pattern of behavior that he manipulated in order facilitate his escape. The case book documentation notes that Joe would take day and evening walks around the grounds as a part of his daily routine. However, Joe W. took advantage of this pattern, which apparently allowed him to move about the grounds without supervision. On a spring day in April 1906, Joe simply walked away from the Mimico Asylum, never to return to the institute (RG 10-298: D308457).

While only limited in its scope, this section of the archival study well demonstrates how incarcerated people, in the glory days of Victorian Ontario asylum, did indeed successfully resist the numerous control mechanisms asserted over them by the Mimico Asylum. Women in Ontario asylums did indeed express their frustrations in the form of aggression and violence, which was a main diagnostic category for psychiatrists of the Victorian period (Mitchinson, 1991, p. 319). Likewise, this study found that while women were more likely to psychologically and physically resist asylum staff, it found that men were more likely to be successful in escape from the Mimico institution, mostly due to the fact that their labour was performed outdoors. In both cases of women and men, Mad people were found to have resisted asylum authority with very different outcomes. These findings replicate Reaume’s (2000) work on patient resistance (pp. 68-72), and it is hoped that this section of the archival study will offer Mad Studies with another testament to the resilience and tenacity of Mad women and men who were incarcerated in Ontario asylums during the nineteenth and twentieth-centuries.

Superintendent’s Outgoing Letterbook, 1892-1894

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In the latter part of the nineteenth century the perspectives of Mad people were suppressed in favor of psychiatry's "biologically reductionist" (Lefrancois, Menzies and Reaume, 2013, p. 2) position as sanctioned by the state (Reaume, 2000, p. 21).

Psychiatrists, having a great deal of power over the lives of asylum inmates, had the authority to control familial communications (p.21). While a limited scale study, this section of the project explores a cross-section of the lives of inmates of the early Mimico Asylum/LPH. The examination of the Outgoing Letterbook (RG 13-300 - D308463) provides a glimpse into psychiatric institutional power and control, and what Dubinsky (1998) refers to as the "subtleties of power as it was exercised...by those who have been written out of the story" (p. 365). As in previous sections of this study, this section uses a Mad studies perspective in its analysis of the Outgoing Letterbook, and does not simply assume benevolence of asylum professionals and staff, but instead challenges the actions of institutional agents as potential abusers of Mad and disabled people. By taking this perspective, archival materials were critically examined in light of supporting documentary research to identify and analyze the resulting 3 primary themes: 1. overrepresentation of *women* in the Mimico Asylum; 2. *institutional resistance to familial support*; and 3. possible *deception and/or cover-up* by the institution's asylum Superintendent, Dr. J. B. Murphy, and his staff. The section concludes with a brief summary and a discussion of the importance of doing Mad Studies based archival research. Individuals included in the examination of the Outgoing Letterbook were: Edith A., Ellen C., and May H.

Overrepresentation of Women

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Of the 31 inmates (total) initially examined for this study who had entries in *both* the *Letterbook* (AO, RG 13-300 - D308463) and the burial list (URS Canada, 2009); twenty-four were women, but only seven were men. This is not surprising in light of the gendered history of psychiatry and the asylum. In the nineteenth-century, psychiatrists considered women to be more “subject to nervous diseases” (Foucault, 1965, p. 154) such as the fictional diagnosis of hysteria. Psychiatrists of that era who based diagnosis on the notion of hysteria as natural product of a woman’s gender “got bogged down” (Foucault, 2006, p. 138) in flawed reasoning which generally avoided self-reflexivity and critique. Such perspectives were extremely harmful to women because psychiatrists’ of the era actually carried out treatments rooted in the flawed notion of female gender=flawed individual. As such, women in the age of the asylum “were especially likely to be committed, as insanity and hysteria were thought to be a characteristic of feminine[ity itself]” (St-Amand & LeBlanc, 2013, p. 38).

Psychiatry in this period framed woman’s bodies and minds as innately flawed objects in need of control, segregation and sterilization (Penney & Stastny, 2008, p. 10); consequently, women in asylums were at risk simply (or not so simply) because they were women (Mitchinson, 1991, p. 280). As a result of gendered oppression in psychiatry, asylum discharge rates for women began to decrease (Penney & Stastny, 2008, p. 10), while abuse and mortality rates climbed (Chapman, 2014, p. 35). Additionally, shockingly high death rates were reported in some Ontario provincial asylums, yet this was attributed to issues in the diagnostic method of the time (Shortt, as cited in Reaume, 2000, p. 226). Ultimately, many women would spend their remaining

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days within the asylum's walls—the most tragic of escapes that were available to them (Mitchinson, 1991, pp. 330-331). This section of the study is somewhat less uplifting than previous sections. It examines the issue of institutional control of women and their families.

Resistance to Familial Support

Individuals committed to the Mimico/LPH would find that there were restrictions. Their families would also find there were restrictions, as the father of Ms. Edith A., 'Captain A.', would discover. He found that care packages directly delivered to his daughter in the asylum were in breach of institutional protocol. A letter from the superintendent J. B. Murphy (RG 10-300: D308463) notes:

Dear Sir;-

You will ob(lige) me by sending all parcels for Emily in my care. This is necessary particularly with articles of clothing as the ass (asylum?) matron is obliged to make an entry (... of new?) clothing received for patients in a book kept for that purpose. You will understand that the practice of sending parcels directly to the cottage might lead to difficulties.

[Edith A.] (April 10th 1894 entry)

Institutional resistance to the father's loving material support may be thought of in terms of institutional control. Goffman (1961) notes how institutional control of the inmate begins immediately upon admission into the 'total institution'. Goffman refers to this as a process of 'leaving off and taking on.' 'Leaving off' was a process in which:

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[T]he individual is likely to be stripped of his[/her] usual appearance and of the equipment and services by which [s]he maintains it, thus suffering a personal defacement. Clothing, combs, needle and thread, cosmetics, towels, soap, shaving sets, bathing facilities—all these may be taken away or denied him [/her], although some may be kept in inaccessible storage, to be returned if and when [s]he leaves. (Goffman, 1961, p. 20)

The process of ‘leaving off’ is highly emblematic of institutional power and control because individuals often endow their possessions with an investment of “self feelings” (Goffman, 1961, p. 18). In ‘leaving off’, “these territories of the self are violated; the boundary that the individual places between his [or her] being and the environment is invaded and the embodiments of self profaned” (Goffman, as cited in Goodley, 2011, p. 54).

The process of ‘taking on’, however, could be argued to be just as demoralizing as ‘leaving off’. In the process of ‘taking on’, inmates were further depersonalized as standardized replacement items such as pajamas, robes, toiletries, linens, etc. were assigned to new arrivals Edith A’s father was most likely not aware of institutional power mechanisms at work at the LPH, as he lovingly sent his daughter packages of personal items meant to be delivered directly to her. As the letter demonstrates, this action was in conflict with the power mechanisms of the ‘total institution’ of the LPH, and was met with a type of vague resistance by an agent of the institution. Although Superintendent J. B. Murphy writes “You will understand that the practice of sending parcels directly to the cottage might lead to difficulties” (Edith A. April 10th 1894), he does not explain how or

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why this action might cause “difficulties”, but it is likely a reference to sharp objects being sent that an inmate could potentially use to injure themselves. It is likely that the Medical Superintendent was suggesting to Edith’s father that the Mimico/LPH asylum had command protocols as in the military²⁶ where he probably served. Unfortunately, due to gaps in archival records (which frequently occur), her father’s response to this assertion was absent.

Another example of institution’s resistance to an inmate’s familial support comes from a series of letters, again written by Superintendent J. B. Murphy, in regard to inmate Mrs. Ellen C. The first letter in the series claims Ellen C. to be in:

[G]ood bodily health [but]. She has not improved mentally but on the contrary becomes gradually more demented, and the prospects of her recovery are not good. [Ellen C.] (July 24th. 1893 entry)

Such generic replies were seen in the majority of the Superintendent’s replies, but differ in the case of Ellen C. as they become progressively more derogatory. An October 30th, 1894 entry of the *Letterbook* states that:

...Mrs. [Ellen C.] is gradually becoming more stupid and demented and takes very little interest in her surroundings. She did not appear to be affected in any way by your message as to the death of her mother. Her bodily health is fair. [Ellen C.] (October 30th, 1894 entry)

The above entry claims Ellen to be unaffected by the news of her mother’s death. Such a claim can be challenged when examining the date of her death (URS Canada, 2009) as

²⁶ Military is also a ‘Total Institution’ (Goffman, 1961).

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being almost exactly 11 months after being informed of her mother's death. This is in conflict with another of the Superintendent's letters which claim that:

In reply to yours of the 26th (...ult?), I would say that [your] sister continues in good physical health. [Ellen C.] (n.d. circa 1993-94 entry)

Although it is possible that Ellen C. simply got sick and died, it is also plausible that she was indeed deeply saddened by the death of her mother. The sadness and hopelessness of her loss in combination with her institutionalization may well have contributed to depression, which in turn may have accelerated her decline in health and subsequent death. As no patient medical records are available, it is hard to say what really 'affected' and/or eventually killed Mrs. Ellen C. on September 28th, 1895 (URS Canada, 2009).

Institutional Cover-Up?

The final series of five letters relate to LPH inmate, Mrs. May H. This series provides circumstantial evidence of possible medical misconduct, and may imply elements of an institutional cover-up. As mentioned previously in this paper, uncommonly high rates of abuse and mortality were known to be a part of nineteenth-century asylum 'care' (Chapman, 2014, p. 35; Reaume, 2000, pp. 73-75). In order to explain the possible cover-up, and to put May H's letters into context, we first must examine some of the physical characteristics of the Outgoing Letterbook.

Quite simply, the Outgoing Letterbook is, first and foremost, a log book. Its index section uses alphabetical tabs, with each tabbed page containing the alphabetized names of inmates, along with the page and reference number for each person in the book (all permanently handwritten in scripted ink). All 995 pages in the log were pre-stamped by

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the manufacturer—therefore tampering without leaving evidence (i.e. switching names or dates) was not possible. Superintendant correspondence letters written in the Letterbook were entered in order of their being written, and could not be reorganized after being written. Because of these physical characteristics, it was possible to identify some letters which were written out of order—that is to say, the order (page numbers) of some letters were incongruent with the content of corresponding letters (dates and text). This becomes significant when mortality is involved, as was the case of May H., whose Letterbook entries began on in January 1893, and ended after her death on February 11th, 1894 (URS Canada, 2009).

According to a January 17th, 1893 (handwritten [likely 1894]) entry in the Letterbook (close to one year before May H's death), Superintendant J. B. Murphy notes to her daughter (in generic letter format) that:

Your mother is in good bodily health and her mental condition continues
about what it was when I wrote you last . Yours truly

J. B. Murphy (signature). [May H.] (January 17th, 1893 [likely
1894] entry)

In this letter, Medical Superintendant J. B. Murphy claims to have written previously to May's daughter. However, there is no evidence of this correspondence written in the Outgoing Letterbook. The absence of a previous letter is generally no cause for concern, except when this letter placed in context with the following letter in the series we see inconsistency. The next letter (typewritten) in the series appears to be dated after the first entry (January 10th, 1894 as noted from style and context of the entry):

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Dear Madam. I am sorry to inform you that your mother is loosing [sic] strength rapidly, she has grown very thin lately and from present appearances I am doubtful as to her ultimate recovery so I thought it best to inform you that you might come and see her if you so desired.

[May H.] (January 10th, 1893 [likely 1894] entry)

The second letter in this series is somewhat cryptic and refers to the serious decline in health of M. Hillary, but provides no detail as to the reason for this decline. As this is the *second* letter in the series dated after the first letter stating the opposite of the first letter (written 7 days prior), two things can be inferred: Firstly, in the seven days after the first letter was written, Mrs. May H. was somehow injured. Secondly, that Superintendent J. B. Murphy (or one of his staff) may have tried to cover allegations of possible abuse and/or misconduct, perhaps by falsifying the date of a letter to the family. By reverse-dating the notification of serious illness to the family 7 days after she was claimed to be doing fine, these out-of-order letters were found to be quite curious to this researcher. Additionally, any discrepancies noted by the family could be easily explained by Medical Superintendent J. B. Murphy, or others in his staff, by blaming the office administration staff and/or Canadian postal services.

The final letters in the Mrs. May H. series were also revealing. The next handwritten letter in the series (January 31st, 1893 [likely 1894]) appears to be penned by someone other than Medical Superintendent J. B. Murphy. While the letter contains little new information, it seems to be somewhat less mechanical than the majority of letters I

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have seen written in the Outgoing Letterbook. It gently requests that a family member come visit her. I speculate, somewhat romantically, that this letter may have been written by a kind-hearted nurse or attendant who decided to covertly contact May H's family for her benefit. The entry reads:

Dear Madam,- In reply to yours of the 27 I would have to say that your mothers condition remains unchanged. (...She?) is too much to sit up for any length of time and is obliged to remain constantly in bed. It is (...) That she would thank you, if you come to see her.

Yours truly

J. B. Murphy

Medical Supdt.

[May H.] (January 31st, 1893[1894]

entry)

While this letter appears to be written and signed by someone other than the Medical Superintendent, this letter offers another potential example of institutional resistance, where, in this case, it was the asylum staff who may have defied institutional power structures in order to show humanity and kindness to those they cared for.

Final letters in the series relating to Mrs. May H. appear to mysteriously jump ahead over one year into the future. This jump only makes sense if we factor in the date of the original entry to be erroneous (1894 instead of 1893). Interestingly, if we assume that entries made related to May H. were altered to cover up wrongdoing, the correction in dates reasonably indicate that May H. would have become seriously ill/injured at the LPH, and died as a result of her injuries within 3 months of her presumed committal. This

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short period of committal and mortality is eerily consistent with shocking U.S. mortality statistics of women newly committed to the asylum where “within two months of admission more than 10 percent of those institutionalized died (Harley, as cited in Snyder & Mitchell, 2006, p. 91). While statistics from the United States do not always translate into relevant data for Canadian asylums (and certainly not for the LPH), it does provide insight into an overall trend toward mistreatment of women in asylums’. The final typed letter in the series (March 27th, 1894) grants permission to May H’s daughter to:

[S]ee your mother’s grave any time you wish. All the graves are numbered.

[May H.] (March 27th 1894 entry)

Of initial interest here was the observation that this was the only letter in the Outgoing Letterbook to be unsigned. However, this absent signature did not prove to be evidence of fraudulent actions. As Reaume (personal communication, July 11th, 2016) clarifies, patient file documentation does not always have a signature. This assertion was proven in the previous section study, which noted numerous absences in case book documentation, among them absent signatures. It is likely that the letter was typed by a staff member but never signed (perhaps never sent). The absence of a signature in the Outgoing Letterbook is curious, but is indicative of nothing more than neglect, carelessness, and an asylum’s “unsystematic record-keeping” practices (Reaume, personal communication, 2006; Reaume, 2000, p. 226).

Nonetheless, the above series of letters provide a somewhat sad conclusion to this section of the study. While Mrs. May H’s life and death

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demonstrate the complicated nature of asylum inmate care and administration, her story verifies the need for archival researchers to commit to using a critical Mad Studies perspective, which is well suited to examining the “subtleties of power” (Dubinsky, 1998, p. 365) embedded within LPH operations. All of the letters in the Outgoing Letterbook document and reveal valuable historical themes which provide evidence of institutional power being enacted in the everyday operations of the LPH. In particular, institutional power was most potently expressed in letters where interlocking layers of madness, gender, and mortality were revealed and explored.

Such important connections are revealed when using a Mad Studies perspective because psychiatric and other power structures are continually challenged in a sustained critique of their oppressive qualities and outcomes over time. This section of the archival study critiques the multiple power structures of the Mimico Asylum, which historically oppressed Mad people. This section of the study worked to facilitate the unique exploration and reinterpretation of hidden, and potentially subversive, texts which, a century after being written, are made relevant again as a distinctive fragment of Mad people’s history.

Conclusion

This study started out by challenging the dominant histories of the LPH because, for the most part, they lacked a critical Mad Studies perspective. With only a few alternative histories of the LPH in existence, this research was needed as it presented a challenge to those dominant historical accounts. Written from the perspective of a Mad

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person using a critical Mad Studies lens of analysis, this research project offers a unique reconceptualization of the LPH histories which challenge the relevancy and presumed power of existing psychiatrizing histories and institutional documentation. The study included archival research from LPH collection at the Archives of Ontario: A 'History of Mimico Asylum (1882-1895)', 'Clinical Case Books & Files (1890-1908)', and the superintendent's 'Outgoing Letterbook (1892-1894). Although all former inmates are deceased for at least 100 years, patient names were anonymized in order to preserve their posthumous privacy.

The 'History of Mimico Asylum (1882-1895) section revealed the Mimico Asylum selectively twisted a patient tragedy into a fear narrative of patient-on-patient violence which led directly to the acquirement and building of the Mimico Asylum. Initially, the 'farm' of the Mimico Asylum was intended to be a patient labour colony, which was revealed to employ harsh patient workloads under the guise of violence through 'moral therapy'. Yet, many inmates resisted the control of the superintendent and other asylum staff members.

Mad Historical Reliquaries: Clinical Case Books & Files (1890-1908) section of the study expresses previously untold patient narratives. The research found several themes, but found that resistance was the most apparent theme found in all five clinical case books. Resistance was broken down into two categories, patients who fight (physical or otherwise) and patients who flight (elopement). This part of the study found that women were more likely to physically resist asylum staff; men more successful at

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escaping as their labour was performed outdoors providing them with more opportunities than women.

The superintendent's Outgoing Letterbook (1892-1894) uncovered three themes: overrepresentation of women in the Asylum, institutional resistance to familial support, and deception and cover-up by the asylum superintendent and his staff. Examination of these three themes made connections by way of using a Mad Studies perspective. This lens of analysis was found to be important in all areas of this study because psychiatric and other oppressive power structures are continually challenged and critiqued.

Sadly, this study did not include research of Indigenous presences and absences (as originally intended). None of the archival records researched in this study mentioned Indigenous people (either in language, religion, birthplace, or cultural activities). However, Lakeshore Asylum Cemetery volunteer, Ed Janiszewski, provided a few possible clues to Indigenous people's presence in the asylum's cemetery (Janiszewski, personal communication, February 7, 2014). However, research on the one individual originally selected for this study did not reveal enough information to allow it to be included in this study. Future studies will need to include extensive archival examination of Mimico/LPH holdings at the AO in order to reveal Indigenous presences and absences at this asylum.

In conclusion, this archival study critiqued multiple power structures of the LPH/Mimico Asylum, which was found to have oppressed Mad people incarcerated in the Mimico Asylum during the Victorian era. Although covering only a few fragments of LPH archival sources, this study has made several key conclusions, in addition to

replicate the research of other Mad historical researchers (such as Reaume, 2000).

Ultimately, by means of a Mad Studies analytical lens, this research found a unique way of revealing Mad presences and alternative histories at the LPH, over a century after they were originally documented by psychiatrists. Mad narratives, as revealed in this study, were once again made relevant and alive, as precious and distinct fragments of Mad people's history.

NOTES:

† Patronage appointments did not solely apply to asylum appointees. For example, Bumsted (2014) notes the words of Vice-Chancellor of Ontario, Oliver Mowat, in reply to John A. Macdonald that: “[y]ou appoint the Provincial Governors, and you appoint also the provincial judges” (p. 31). But not all patronage appointments worked out well, as seen in the case of Francis Jeffrey Dickens, a failed farmer and businessman from England, who was given the commission of sub-inspector of D Company in the North West Mounted Police (a paramilitary organization policing the Canadian West in the 1880s). Apparently, Canadian Governor General, Lord Dufferin, gave the appointment to Francis in response to his sister's plea for help with her brother's problems (Bumsted, 2014, p. 31), most likely related to finding work befitting of his family's class and status. Unfortunately, Francis Jeffery Dickens (1884-1886), would have issues with his post, and would eventually come to be known as a figure in Canadian history who “contributed substantially to the worsening relations between Mounties and the Blackfoot in Alberta in the early 1880s” (p. 46).

‡ According to AsylumProjects.org (2014; Simonsen, 2010, p. 198), the cottage plan of housing, sometimes referred to as “Segregation” (Hallock, 1877, p. 1), commenced planning in the United States in 1887 (Simonsen, 2010, pp. 198). The previously preferred ‘Kirkbride Plan’, which housed patients and staff in one large building (asylumprojects.org, 2014), changed to the cottage system of housing Mad people, which was believed to be more cost-effective, while projecting a progressive image of asylum life as a “domestic ideal...of the middle-class home” (Simonsen, 2010, pp. 198).

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