"Architecture as Therapy"

by TOM BROWN*

In the last decade, Canadian historians have become increasingly interested in social history. Attention has shifted away from what have been the two traditional pre-occupations of Canadian historians, the politics and economics of nation-building and the french-english problem, to the history of cities, population, ethnic minorities, women, children, the working class and the common school.[1] But while the practitioners of the "new social history" have opened new vistas into hitherto unexplored areas of Canada's past a number of other potentially fruitful topics have been, for the most part, by-passed and ignored. One such area is the social history of Canadian medicine.

This article attempts to show, through a brief examination of the architecture of the Toronto Asylum in the nineteenth century that the history of medical institutions, in this case the mental hospital, can be a rewarding area of investigation for the social historian. Second, it attempts to bring to the attention of those who might wish to pursue further the history of the Canadian mental hospital the recent European and American literature on the asylum, a literature that no serious Canadian student of the mental hospital can ignore. And finally, it seeks to call attention to documentary and iconographic sources, to what American medical historian Charles Rosenberg has aptly called those "previously unfashionable institutional records" that are of particular value to the medical historian.[2]

In Canada, as in a number of other Western nations in the late 1950s and early 1960s, the mental hospital increasingly came to be seen as a bankrupt instrument

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1   See for example Michiel Horn and Ronald Sabourin (eds.), *Studies in Canadian Social History,* (Toronto, 1974), and *The Canadian Social History Series,* S.F. Wise and Michael S. Cross, (eds.), a number of volumes of which have already appeared.
2   Charles Rosenberg, "And Heal the Sick: The Hospital and The Patient in The 19th Century America", *Journal of Social History* 4, no. 4, (Summer 1977), p. 428.

of public policy.[3] Both professional and lay discontent with the existing "mental health" system in Canada was first brought to a focus in the Canadian Mental Health Association's "Tyhurst" report, *More for the Mind: A Study of Psychiatric Services in Canada*, which appeared in 1963. The authors of the report concluded that:

> Slowly, the tide is turning from the traditional use of mental hospitals as custodial or residential institutions. Nevertheless, the haunting vision of seemingly endless lines of anonymous faces, representing the aged and the chronic mentally ill for whom nothing seems to remain but custodial care, is a challenge to the present system, if not an indictment of it.

The time had come, the report's authors insisted, for mental illness to be liberated from the mental hospital and "dealt with in precisely the same organizational, administrative and professional framework as physical illness".[4] A year later, in 1964, the Royal Commission on Health Services in Canada reinforced the conclusion of the Tyhurst study, stating that "adequate treatment of the mentally ill patient cannot be properly achieved in large, isolated, segregated, undifferentiated mental asylums". The Commissioners strongly recommended that "most mental illnesses requiring hospitalization at all should be treated in General Hospitals, in special wings of them, or in small regional psychiatric hospitals of up to 300 beds adjoining a General Hospital".[5] In the decade and a half since the Commission report, new "community-oriented" mental health programmes and facilities have been established in many of the provinces, programmes that have been viewed by many as a "revolution" in the care and treatment of the mentally ill in Canada.

A little more than a century ago, British North America witnessed what many people at that time also saw as a "revolution" in the treatment of the insane. Then, ironically, it was the mental hospital, or lunatic asylum as it was first called, that was itself heralded as the long-sought panacea for the problem of madness. The asylum, it was confidently believed through the use of a new system called "moral treatment", would soon be curing ninety per cent or more of the insane, and in the not-too-distant future would virtually eliminate insanity as a pressing social problem.[6] The fact that these great expectations were never

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3   In both Great Britain and the United States the mental hospital was also under attack in the late 1950s and early 1960s. For Great Britain see the *Royal Commission on the Law Relating to Mental Illness and Mental Deficiency* (1957), and for the United States, the *Report of the Joint Commission on Mental Illness and Health* (1961).

4   Tyhurst et. al., *More for the Mind: A Study of Psychiatric Services in Canada* (Toronto, 1963), pp. 8, 38.

5   *Royal Commission on Health Services in Canada* (Ottawa, 1964), Vol. 1, p. 25.

6   Moral treatment had a number of major ingredients. It involved an explicit rejection of both traditional heroic medical methods of treating the insane such as bleeding, blistering and purging, and also the use of whips, chains and other brutal forms of restraint: In their place the moral treatment regime substituted a total therapeutic environment for the patient: kindness and compassion, good food, comfortable accommodation, recreation and amusements, light occupation, religious instruction, and perhaps most importantly an on-going dialogue with the resident physician. See Eric T. Carlson and Norman Dain, "The Psychotherapy That Was Moral Treatment", *American Journal of Psychiatry* 117, (December 1960): 519-524; J. Sanbourne Bockoven, "Moral Treatment in American Psychiatry", *Journal of Nervous and Mental Diseases* 124, (August and September 1956): 167-194 and 292-321; and Michel Foucault's provocative interpretation in *Madness and Civilization* (New York, 1965), chapter IX, "The Birth of the Asylum", pp. 241-278.

realized, that the asylum was seldom to achieve a cure rate higher than twenty-five or thirty per cent of admissions, and was to become little more than a custodial warehouse for the insane, should give pause to the perhaps overly optimistic advocates of the "new" community-oriented psychiatry. Will a decentralized community-centred system of treating the mentally ill prove any more successful in the long run in vanquishing the spectre of insanity from the community than has the mental hospital in the past one hundred and fifty years? The historian must remain less sanguine of the eventual success of the new system while at the same time less condemnatory of the record of the old.[7]

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It is this past record of the mental hospital system in Canada that has been least studied or understood by its recent critics. Indeed, the absence of a meaningful historical perspective is the most glaring omission in the various reports and studies on the subject that have appeared since the late 1950s. Even a cursory examination of the history of the mental hospital in Canada and abroad would have revealed that many of the much touted innovations of community-oriented psychiatry had already enjoyed a great vogue as orthodox psychiatric practice in the first half of the nineteenth century. For example, the recent demand for small regional psychiatric hospitals of no more than 300 beds is reminiscent of Dr. Thomas Kirkbride's dictum of 1854 in his *On the Construction, Organization, and General Management of Hospitals for the Insane*, the basic primer of nineteenth century asylum construction in the United States and Canada, that no asylum should house more than 250 patients. Similarly the recent insistence on "milieu therapy", on creating a total therapeutic environment for the mentally ill patient harks back to the early nineteenth century doctrine of "moral treatment". The "new" programmes of the mental health reformers, therefore, do not so much move the practice of institutional psychiatry dramatically forward but rather, as Harvey Stalwick and others have pointed out, in fact bring it back "full circle" to its very beginnings in the first half of the nineteenth century.[8]

Perhaps it is unfair to have expected such historical prescience from the recent critics of the Canadian mental hospital system. These have been practical men, psychiatrists for the most part, concerned with abuses and inadequacies in the existing system, and their focus has remained firmly fixed on its future amelioration. Those in the Canadian historical profession, on the other hand, who might have provided the necessary historical analysis of the origins, development, and ultimately the tragic failure of the asylum system in Canada have remained

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7   Doubts about the efficacy of the new community-oriented mental health programs have been expressed by a number of authors. For Canada see Harvey Stalwick, "Full Circle Plus: Canadian Mental Policy in the 1860's and 1960's", mimeograph of a paper presented to the Medical Sociology and Anthropology: Care of the Mentally Ill Section, Sixth Annual Meeting of the Canadian Sociology and Anthropology Association, 8 June 1971; also Clyde Marshall, "More for the Mind: A Review and Comparison", *Canadian Psychiatric Association Journal* 9, no. 1, (February 1964): 3-18; for the United States see M. Brewster Smith, "The Revolution in Mental Health Care", in Samuel E. Wallace (ed.), *Total Institutions* (New Brunswick, N.J., 1971), pp. 140-153. The important question of *why* there has been a movement away from the mental hospital to "community treatment" in the last two decades has not received the attention it deserves, but see Andrew T. Scull's important study, *Decarceration: Community Treatment and the Deviant — A Radical Perspective* (Englewood Cliffs, N.J., 1977).

8   Stalwick, *ibid.*

strangely silent. Unlike their colleagues in Europe and the United States they have long displayed a decided disinterest not only in the history of psychiatric institutions but also in the history of medicine in general.[9] As a result, the writing of the history of psychiatry in Canada has been left almost entirely to psychiatrists, social workers, sociologists and other interested "amateurs" who, it does not seem unfair to conclude, all too often have lacked an adequate grounding in proper historical method.

The earliest "history" of the Canadian asylum system was Dr. T.J.W. Burgess' "A Historical Sketch of Our Canadian Institutions for the Insane", originally delivered as the presidential address before the Royal Society of Canada in 1898. To the contemporary historian perhaps the most disconcerting aspect of Burgess' "Sketch" is the obvious "Whiggish" bias that informs his work. Burgess saw no need to explain the origins of the asylum system in Canada. To him these origins were self-evident: the asylum was a noble humanitarian "reform", the inevitable concomitant of the moral progress of the Canadian community. Nor did Burgess see the evolution of the Canadian asylum system in the nineteenth century as anything other than a triumphant upward progress:

> Saved by the virtue of her youth from participation in the horrible
> cruelties which stain the annals of the history of the insane from the
> fall of the Roman Empire to the beginning of the present century,
> Canada has yet no reason to be proud of her early treatment of this
> unfortunate class. With her, as in nearly all countries, the care of the
> insane has shown a gradual process of evolution. We find, first, an era
> of neglect; then, one of simple custodial care with more or less
> mechanical restraint; and finally the present era of progress, in which
> various provinces of the Dominion, ... have accepted the maxim ...
> that the dependent insane are wards of the state, and as such to be
> cared for in special government institutions. In which epoch also,
> in the construction of such buildings, the idea of detention is subor-
> dinate to that of cure, or failing cure, that the hospitals for the insane
> should no longer be a prison but a home.[10]

Burgess' "march of progress" interpretation became, unfortunately an all-too-convenient "primary source" for those historians who came after him. J.J. Haegerty, for example, repeated it almost verbatim in his 1928 history *Four*

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9   For a review of recent work in this field in the United States and England see Charles Rosen-
     berg, "The Medical Profession, Medical Practice and the History of Medicine" in Edwin Clarke
     (ed.), *Modern Methods in the History of Medicine* (London, 1971); Gordon McLachlan and
     Thomas McKeown (eds.), *Medical History and Medical Care: A Symposium of Perspectives*
     (London, 1971); John Woodward and David Richard, "Towards a Social History of Medicine",
     in John Woodward and David Richard (eds.), *Health Care and Popular Medicine in
     Nineteenth Century England* (London, 1977); and Gerald N. Grob, "The Social History of
     Medicine and Disease in America: Problems and Possibilities", *Journal of Social History* 10,
     no. 4, (Summer 1977): 391-409.
10   T.J.W. Burgess, "A Historical Sketch of Our Canadian Institutions for the Insane", *Trans-
     actions of the Royal Society of Canada*, Section IV, 1898, p. 4. Burgess used much of the same
     material in his presidential address before the American Medico-Psychological Association in
     San Antonio, Texas, on 18 April 1905. See "The Insane in Canada", *Montreal Medical Journal*
     34, no. 6, (June 1905): 399-430. The same general survey by Burgess again appeared in Dr.
     Henry Hurd's compendious *The Institutional Care of the Insane in the United States and
     Canada* (4 volumes) which appeared in 1916.

Centuries of Medicine in Canada. Indeed, Haegerty rather unabashedly admitted that he had "freely abstracted and in great part literally transcribed" Burgess' study for his own chapter on the care of insane in Canada. And as late as 1950, Gifford Price in a M.S.W. thesis entitled "A History of the Toronto Hospital for the Insane" still followed Burgess in attempting to show "the gradual evolution of the institution from an asylum for the custodial care of the mentally ill to a hospital for medical care and treatment".[12]

Nor have more recent studies added appreciably to an adequate understanding of the origins and development of the asylum system in Canada. Dr. J.E.H. Macdermott's *One Hundred Years of Medicine in Canada*, commissioned by the Canadian Medical Association and appearing in 1967, devoted only a few pages to Canadian psychiatry, and these were little more than a panegyric to a few past "greats" of the asylum business in Canada. Likewise the numerous articles of Cyril Greenland, a professor of social work, celebrate in a rather uncritical fashion the contributions of a number of the "fathers" of Canadian psychiatry such as Drs. Joseph Workman, Richard M. Bucke and Charles K. Clarke.[13]

The Canadian student of the mental hospital, then, must of necessity turn abroad to the recent work of a number of European and American scholars to find a coherent and critical perspective on the origins and development of the asylum in the nineteenth century. The book which undoubtedly has caused historians on both sides of the Atlantic to take a fresh look at the history of the asylum is French philosopher-historian Michel Foucault's difficult but rewarding *Histoire de la Folie* which appeared in English translation as *Madness and Civilization: A History of Insanity in the Age of Reason* in 1965.[14] In this study

11   J.J. Haegerty, *Four Centuries of Medicine in Canada* (Toronto, 1928), Vol. 2, p. 246.
12   Gifford Price, "A History of the Toronto Hospital for the Insane", unpublished *M.S.W. thesis*, University of Toronto, 1950, p. iii. Other early studies of the origins of the asylum in Ontario include: Fred Landon, *Western Ontario and the American Frontier* (Toronto, 1941, 1967), Chapter 9, pp. 128-43, and Alfred E. Lavell, "The Beginnings of Ontario Mental Hospitals", *Queen's Quarterly* 49, (Spring 1942): 59-67.
13   Cyril Greenland, "Richard Maurice Bucke, M.D.", *Canada's Mental Health* 11, (May 1963): 1-5; "Richard Maurice Bucke, M.D., 1837-1902: A Pioneer of Scientific Psychiatry", *Canadian Medical Association Journal*, 91, (22 August 1964): 385-391; *Charles Kirk Clarke: A Pioneer of Canadian Psychiatry* (Toronto, 1966); "Richard Maurice Bucke, M.D., 1837-1902: The Evolution of a Mystic", *Canadian Psychiatric Association Journal* 11, no. 2, (April 1966): 146-154; "Three Pioneers of Canadian Psychiatry", *Journal of the American Medical Association* 200, no. 10, (5 June 1967): 833-842; "The Compleat Psychiatrist: Dr. R.M. Bucke's Twenty-Five Years as Medical Superintendent, Asylum for the Insane, London, Ontario, 1877-1902, *Canadian Psychiatric Association Journal* 17, no. 1, (February 1972): 71-77. Other more recent works include Harvey Stalwick, "A History of Asylum Administration in Pre-Confederation Canada", *Ph.D. thesis*, University of London, 1969. Stalwick's thesis is a distinct improvement on Burgess' study in that Stalwick does recognize the failure of Canada's asylums in the nineteenth century. He attributes this failure, however, almost entirely to economic considerations, i.e. the lack of proper funding, a perspective which is far too narrow to be an entirely satisfactory explanation of the failure of the asylum. Of related interest is Daniel Francis' not entirely satisfactory article "The Development of the Lunatic Asylum in the Maritime Provinces", *Acadiensis* 6, no. 2, (Spring 1977): 23-28.
14   Foucault himself insists that he is not engaged in an historical but rather an "archaeological" investigation of the past. For critical reviews of Foucault see David E. Leary, "Essay Review: Michel Foucault, An Historian of the Sciences Humaines", *Journal of the History of the Behavorial Sciences* 14, (1977): 286-293; Hayden V. White, "Foucault Decoded: Notes from Underground", *History and Theory* 12, (1973): 22-55; and Jean-Claude Guédon, "Michel Foucault: The Knowledge of Power and the Power of Knowledge", *Bulletin of the History of Medicine* 51, (1977): 245-277.

Foucault mounts a formidable de-bunking attack on the traditional "Whiggish" interpretation of the asylum as one of the great nineteenth century "reforms", an interpretation he clearly believes has for too long enjoyed a rather uncritical acceptance by both the medical and historical professions. "We all know the images. They are familiar in all histories of psychiatry where their function is to illuminate that happy day when madness was finally recognized and treated according to a truth to which we had too long remained blind."[15]

The "images" to which Foucault refers are two: first, that of the English Quaker William Tuke establishing at "the Retreat" in York in 1792, a humane system of "moral treatment" for insane Quakers; second, that of the French doctor Philippe Pinel striking the chains from the insane inmates of the asylum of Bicêtre in Paris in 1793. The "truth" discovered by Tuke and Pinel, a "truth" that has governed Western society's treatment of the insane down to the present day, was that insanity was not the mark of the Devil or God's judgment on the unrighteous, but simply a natural bodily disease, a medical problem whose treatment was best left to the domain of the physician. But to Foucault "the legends of Pinel and Tuke transmit mythic values. . . . the meanings assigned to Tuke's [and Pinel's] work: liberation of the insane, abolition of constraint, constitution of a human milieu—these are only justifications. The real operations were different."[16] The birth of the asylum at the end of the eighteenth century, Foucault contends, had little to do with "progress" in medical science or with the emergence of a new humanitarian sensibility. "No medical advance, no humanitarian approach was responsible for the fact that the mad were gradually isolated "in the new asylums". Rather, "a political more than a philanthropic awareness" lay at the heart of the movement to the asylum, a "political" awareness closely related to the coming to power, by the late eighteenth century, of a new class, the middle class or bourgeoisie.[17]

The bourgeoisie, Foucault seems to suggest, still insecure in their new-found place in the social order, felt particularly threatened by the "contagion" of the lower class elements in society.[18] They therefore adopted a number of defensive strategies to protect their newly won status and position. Among these strategies was the creation of new institutions that would serve both to segregate and contain various manifestations of the lower class "contagion" such as the insane, the criminal, and the indigent, and at the same time "reform" these troublesome elements by forcing them to adopt acceptable bourgeois standards of thought and behaviour as the necessary prerequisite for their release.

In the case of the insane, the major raison d'être of the new asylums, Foucault insists, was "to impose in a universal form, a morality that [would] prevail from within upon those who [were] strangers to it".[19] The insane were certainly not set free in the new asylums but managed only to exchange "a dungeon and chains"

15   Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York, 1965), p. 241. An example of the type of "Whig" history that Foucault was reacting against is Gregory Zilboorg's *A History of Medical Psychology* (New York, 1941).

16   *Ibid.*, pp. 243, 247.

17   *Ibid.*, p. 224.

18   *Ibid.*, see chapter VII, "The Great Fear", 199-220 and chapter VIII, "The New Division", 221-240. The first to feel the "contagion" of the insane, Foucault argues, were the other prisoners, the criminals and the paupers, in the common jails and houses of detention (p. 224).

19   *Ibid.* p. 259.

for the even more suffocating straitjacket of an imposed bourgeois morality.[20] In effect what Tuke and Pinel had created in the new asylums, according to Foucault, was "not a free realm of observation, diagnosis, and therapeutics" but rather

> a structure that formed a kind of microcosm in which were symbolized the massive structure of bourgeois society and its values: Family-Child relations, centred on the theme of paternal authority; Transgression-Punishment relations; centred on the theme of immediate justice; Madness-Disorder relations centred on the theme of social and moral order.[21]

For Focault, then, the asylum, far from being the great humanitarian "reform" pictured by the "Whig" historians, was a rather insidious instrument of bourgeois social control cloaked in the garb of a supposedly dispassionate and humane medical science. "What we call psychiatric practice is a certain moral tactic contemporary with the end of the eighteenth century, preserved in the rites of asylum life, and overlaid by the myths of [a medical] positivism."[22]

Since the publication of *Madness and Civilization* in 1965 the "social control" perspective has been eagerly embraced by "radical" scholars, particularly in the United States.[23] It has been used to explain not only the asylum but also other nineteenth century institutions ranging from the penitentiary to the common school.[24] It is an interpretation, however, that has not gone unchallenged. Critics have questioned whether the "social control" perspective is any more adequate as a causal explanation than the "Whig" interpretation it seeks to replace. Both

20 As Foucault notes in a chapter called "The Historical Constitution of Mental Illness" in an earlier study *Mental Illness and Psychology* (New York, 1976, originally published in french in 1954), Pinel "freed the mentally ill of the material bonds (though not all of them) that physically restricted them. But he reconstituted around them a whole network of moral chains that transformed the asylum into a sort of perpetual court of law: the madman was to be supervised in his every movement, to have all his pretensions shattered, his ravings contradicted, and his mistakes ridiculed; sanctions were immediately applied to any departure from normal behavior" (p. 71). It was the mind, therefore, and no longer the body of the lunatic that was the target of the new asylums.

21 Foucault, *Madness and Civilization*, pp. 269 & 274.

22 *Ibid.*, p. 276.

23 It would be misleading to suggest that the "social control" interpretation owes its present popularity solely to the appearance of Foucault's important book. The work of Erving Goffman on "total institutions", *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Garden City, N.Y., 1961); Thomas S. Szasz, *The Myth of Mental Illness* (New York, 1961), *Law, Liberty and Psychiatry* (New York, 1963), and *The Manufacture of Madness* (New York, 1970); R.D. Laing, *The Divided Self* (London, 1959), *Self and Others* (London, 1961), and *The Politics of Experience* (Harmsworth, England, 1967); and David Cooper, *Psychiatry and Anti-Psychiatry* (London, 1970) have all been influential in forcing historians to re-assess the history of the asylum. In more general terms the "social control" viewpoint owes much to Edward P. Thompson, *The Making of the English Working Class* (London, 1963); Clifford S. Griffin, *Their Brothers' Keepers: Moral Stewartship in the United States, 1800-1865* (New Brunswick, N.J., 1960); and Roy Lubove, *The Professional Altruist: The Emergence of Social Work as a Career, 1880-1930* (Cambridge, Mass., 1965).

24 Studies of the asylum that employ the "social control" perspective include: David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (New York, 1971), Christopher Lasch, "Origins of the Asylum" in his book of collected essays *The World of Nations* (New York, 1974), pp. 3-17 and 313-316, Robert Perrucci, *Circle of Madness: On Being Insane and Institutionalized in America* (Englewood Cliffs, N.J., 1974), and Andrew T. Scull,

viewpoints are essentially reductionist explanations which attempt to account for historical change by an appeal to *the* single cause, in the case of the "Whig" historians it being an appeal to "progress" and in the case of the "social control" theorists an appeal to middle class economic self-interest. The danger, as Martin Wiener warns, is that

> a once dominant "Whig" picture of the (19th) century as character-
> ized by the steady beneficent advance of liberty and social ameliora-
> tion—a one-sided and inadequate conception of reality—will be re-
> placed by an equally one-sided new orthodoxy of radical cynicism.[25]

Of all the voices raised against the "new orthodoxy" of the "social control" inter-
pretation, the most serious and sustained attempt to get beyond mere criticism
and to provide a meaningful alternative explanation (at least in the case of the
asylum) has been made by Rutgers University historian Gerald N. Grob. In the
introduction to this 1973 study *Mental Institutions in America: Social Policy to
1875* Grob emphasizes that he is unable

> to subscribe to the prevailing conventional wisdom that argues that
> Americans have traditionally penalized poor and dependent groups
> by imposing a welfare system whose basic ingredients were to ensure
> social stability and control the behaviour of lower class groups and
> ethnic and social minorities. Such arguments are invariably based on
> an oversimplification and emotional view of the way in which
> complex social processes operate.[26]

The major mistake the "social control" historians have made, Grob argues, is "to
infer motives from outcome". It is essential, Grob insists,

Museums of Madness: The Social Organization of Insanity in 19th Century England (London, 1979). On other institutions see: Michael Katz, *The Irony of Early School Reform: Educational Innovation in Mid-Nineteenth Century Massachusetts* (Boston, 1968), Michael Ignatieff, *A Just Measure of Pain: The Penitentiary in the Industrial Revolution, 1750-1850* (New York, 1978), Anthony M. Platt, *The Child Savers: The Invention of Delinquency* (Chicago, 1969), and Frances Fox Piven and Richard A. Cloward, *Regulating the Poor: The Functions of Public Welfare* (New York, 1971). In the Canadian context see Alison Prentice, *The School Promoters: Education and Social Class in Mid-Nineteenth Century Upper Canada* (Toronto, 1977).

25   Martin J. Wiener, review of *Social Control in Nineteenth Century Britain*, edited by A.P. Donajgrodzki, (Totowa, N.J., 1977), *Journal of Social History* XII, no. 2, (Winter 1978), p. 315. For other critiques of the "social control" model see William A. Muraskin, "The Social Control Theory in American History: A Critique", *Journal of Social History* X, no. 4, (Summer 1976): 559-569, and his review of *Regulating the Poor* by F.F. Piven and R.A. Cloward, (New York, 1971), *Contemporary Sociology* 4, no. 6, (November 1975): 607-613; Richard Fox, "Beyond 'Social Control': Institutions and Disorder in Bourgeois Society", *History of Education Quarterly* XVI, (1976): 203-207; Barbara G. Rosenkrantz, "Bobby-Hatch or Booby-Trap: A New Look at Nineteenth Century Reform", *Social Research* 39, (1972): 733-743; and Lois Banner, "Religious Benevolence as Social Control: A Critique of an Interpretation", *Journal of American History* LX, no. 1, (June 1973): 23-41. Patricia O'Brien has also pointed out that both the "Whig" and "social control" hypotheses are little more than "moral judgments" masquerading as historical explanations. For the "Whig" historians things were always "getting better" while for the "social control" historians things were always "getting worse". See her article "Crime and Punishment as Historical Problem", *Journal of Social History* XI, no. 4, (Summer 1978), p. 510.

26   Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York, 1973), p. xii.

to separate intentions from subsequent developments; the two often had little to do with each other. It is, after all, extraordinarily difficult to infer motives from outcome without adopting a viewpoint that makes events the result of strictly rational, logical and conscious behavior. Nor can we assume with any degree of confidence that undesirable consequences resulted simply from callous behavior or malevolent intentions, even though such elements were by no means absent. Knowledge about individual behavior—and institutions—remains limited and fragmentary. Few human beings—no matter how well informed—can predict with any degree of reliability the actual results of their actions. And to argue that there had to be a better way of doing things is only to repeat a cliché.[27]

Grob's method, therefore, is to study "process as much as result" in an attempt to illuminate "those incredibly obscure processes that often give rise to results that diametrically contradicted starting intentions and objectives".[28]

The "discovery" of the lunatic asylum in the United States in the 1830s and 1840s, Grob argues, was not primarily the result of a growing middle class fear of social disorder. Rather,

Demographic changes, a growing sensitivity to social and medical problems, a surge of philanthropic giving by elite groups and knowledge of significant medical and psychiatric developments in France and England all combined to give rise to a movement to establish mental hospitals.[29]

As to the "intentions and objectives" of the early asylum promoters, these were not unclear Grob contends: they were "primarily concerned with uplifting the mass of suffering humanity.... Mental hospitals, they argued, would diminish or eliminate mental illness."[30]

That these great expectations were quickly to be dashed in almost every American asylum, Grob argues, was the result of a "series of events, many of which were unanticipated and unpredictable."[31] Most of these "events" were external to and beyond the control of the asylums' superintendents and involved "the legal, administrative and financial framework established by most states".[32] Under the commitment laws enacted by most states the medical superintendents had little or no say in the number or type of patient that was admitted into their institutions. The asylums, therefore, soon began to fill beyond capacity, not with

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27 Grob, "Rediscovering Asylums: The Unhistorical History of the Mental Hospital", *Hastings Centre Studies* 7, (August 1977), p. 39.
28 Grob, *Mental Institutions in America*, p. xiii.
29 *Ibid.*, p. 35.
30 *Ibid.*, 109-110. In *Museums of Madness*, Andrew T. Scull argues that Grob's viewpoint is little more than "the traditional meliorist [i.e. Whig] interpretation ... albeit in a more sophisticated and seductive modern guise ..." (pp. 256-257). On this conflict between Grob and "social control" historians like Scull see Joseph F. Kett's useful article "On Revisionism", *History of Education Quarterly* 19, (Summer 1979): 229-235. As Kett notes, "when a debate becomes as politicized as this one it becomes almost impossible to resolve the issue by historical evidence. Historical evidence can correct distortions and misstatements, but on critical issues one is left with a conflict of values" (p. 233)
31 Grob, p. 176.
32 *Ibid.*, 221.

lunatics in the early stages of the disease who were most amenable to "moral treatment", but with chronic and mostly incurable lunatics, insane criminals, alcoholics, epileptics, idiots and often with the old and unwanted and the sick and the indigent whom the state could care for in no other way. Nor did the superintendents have any real voice in the funding of their institutions. All too often the rather parsimonious state legislators attempted to run the asylums on a "shoe-string" budget thereby effectively preventing the hiring of an adequate number of attendants without whom "moral treatment" for the insane was rendered largely ineffectual.

The asylums, almost from the day they opened, were overcrowded and understaffed as a result of circumstances beyond the control of their superintendents. Most state legislators were cognizant of the difficulties facing the asylums, but few if any of the states possessed long-range or carefully thought out welfare policies capable of coping with these problems. Rather, as Grob stresses, "policy decisions tended to flow out of immediate circumstances, ... [and] were often made on an incremental basis".[33] The states responded either by enlarging existing institutions and thereby further limiting the effectiveness of moral therapy, or by building new asylums which were often "inadequate to meet the demand by the time they were ready for the reception of additional patients".[34] Soon a vicious and "constant cycle of growth" had set in that only served to further exacerbate the already considerable problems of the asylums. And as Grob concludes, "by the 1860s the cumulative impact of rapid growth, and the influence of the existing legal and administrative framework had combined to undermine many of the therapeutic goals of mental hospitals".[35]

Beyond these "external influences", however, Grob shows that,

> internal practices and prevailing staff attitudes, both of which were related to class, ethnic and social composition of the patient population, contributed also to the transformation of mid-nineteenth century institutions in subtle ways.[36]

The medical superintendents of most American asylums were drawn almost without exception from the highly educated, native-born, Protestant middle class.[37] But as the state governments increasingly forced their institutions into the role of the undifferentiated welfare receptable, the superintendents found themselves catering to a patient population composed almost entirely of those from an uneducated, foreign-born, Catholic lower class background. And consciously in some cases and unconsciously in others they found it more and more difficult to establish the rapport and empathy with their patients that was so vital a part of the moral treatment regime.

At the same time the presence of an ever growing and increasingly heterogeneous patient population forced medical superintendents to devote more and more of their time to the more mundane "administrative and managerial" problems that were bound to arise in the running of any such large and complex institution.

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33   *Ibid.*, 95.
34   *Ibid.*, 196.
35   *Ibid.*, 219.
36   *Ibid.*, 221.
37   *Ibid.*, see p. 136.

Such concerns, of course, significantly limited the time and energy the superintendents had available to spend on the wards with their patients, and clearly the administrative demands for order, discipline, regularity and efficiency in the institutions all too quickly began to outweigh the need for a free and open therapeutic environment for the patients. As Grob indicates, "the rise of what might be conveniently designated as administrative psychiatry reflected the dominance of an institution in which therapeutic concerns were slowly being pushed into the background".[38]

Grob, then, seeks to provide what is, in effect, a more traditional multi-causal explanation of both the origins and transformation of the asylum from a curative into a custodial institution in nineteenth century America. He eschews any attempt to psycho-analyse the early promoters of the asylum. He accepts their rhetoric at face value and therefore finds little evidence to support the contention of the "radical" historians that these men were engaged in what amounted to a conspiratorial exercise in social control. For Grob, the failure of the asylum partakes much less of conspiracy than of tragedy. The asylum, he concludes, was "not fundamentally dissimilar from most human institutions, the achievements of which usually fall far short of the hopes and aspirations of the individuals who founded and led them".[39]

II

Nowhere can the validity of Grob's perspective on the history of nineteenth century asylums be more readily demonstrated than by examining the way in which the architecture of the asylum itself eventually served to undermine the therapeutic goals of the institution. Certainly this was the case with the Provincial Lunatic Asylum at Toronto. A building seen by contemporaries in the 1840s to be so innovative, indeed revolutionary in design, that the eradication of insanity seemed only a matter of time, quickly became, within a generation, little more than a custodial warehouse for its insane inhabitants. A building whose completion in 1850 was the source of considerable civic pride and self-congratulation, soon began to be viewed by the public with a growing feeling of ambivalence and uneasiness. Indeed, until it was torn down in 1975 amid a storm of controversy over attempts by local heritage groups to save it, the Toronto Asylum—999 Queen as it was most often discreetly referred to—symbolized, for many generations of Torontonians, all the terrors and horrors of the dark and hidden world of the mad.[40]

In early Upper Canada the insane were not perceived to be a pressing social problem, certainly no specialized institution for their care and treatment was deemed necessary. They were dealt with in an informal and largely *ad hoc* manner by their families, and only occasionally, in cases of dangerous or pauper lunatics, by the local community, usually by short-term incarceration in the dis-

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38 *Ibid.*, 205. On the "total institution" aspects of the asylum see Irving Goffman's seminal study *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates* (Garden City, N.Y., 1961).
39 Grob, p. 342.
40 See "999 Queen: A Collective Failure of Imagination", *City Magazine* 2, nos. 3 & 4, (Summer 1976): 34-59.

trict jail.[41] Only in the 1830s did the insane begin to be recognized as both a medical problem and a public responsibility in Upper Canada. The first call that "some place may be provided as an asylum for Lunatics" was made jointly by the magistrates and Grand Jury of the Home District in January 1830.[42] In 1836, Dr. Charles Duncombe presented his *Report on Asylums* to the Upper Canadian Assembly, a report which had resulted from Duncombe's tour of "the principal Lunatic Hospitals of the atlantic, middle and western states" in the previous summer.[43] And, finally, in 1839 "An Act to authorize the erection of an Asylum within this Province for the reception of Insane and Lunatic persons" was passed.[44] A "temporary" asylum was opened in the old York jail in Toronto in January 1841, and in 1844 a design competition for the "permanent" Provincial Lunatic Asylum was held.

The winner of the design competition was Toronto architect John G. Howard. Born in England in 1803 Howard had apprenticed to a number of London architectural firms and had emigrated to Upper Canada in 1832. By 1844, he was one of Upper Canada's most established and most experienced architects.[45] But even Howard had never before confronted the design problems inherent in a building of such size, scale and specialized function. He had been asked by the "Board of Commissioners for Erecting the Asylum" to "design a Building for the care (not incarceration) of about 500 of the Insane of Upper Canada".[46]

To prepare himself for this demanding commission Howard, like Duncombe before him, "made a tour of the United States in search [sic] of the best information upon that subject".[47] He visited asylums in Utica, Syracuse, Boston, Philadelphia and New York, collecting floorplans and talking with their medical superintendents.[48] What he was told, in effect, was that in asylum architecture, form was to follow function. Insanity, the prevailing psychiatric orthodoxy held, was an organic brain disease, but it was most often brought on by "moral", i.e. psychological stresses in the environment.[49] It followed therefore that if insanity was the product of a faulty social environment it could be cured by placing the insane in a controlled "therapeutic" environment, an asylum. It was for this reason that such lavish attention was devoted to every detail of asylum architecture. Everything about the asylum was to be "therapeutic".

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41   Upper Canadian practice in the period before 1830 differed little from that in colonial America. See Grob, *Mental Institutions in America*, pp. 1-34; Rothman, *The Discovery of the Asylum*, pp. 3-56; Richard H. Shryock, "The Beginnings: From Colonial Days to the Foundations of the American Psychiatric Association", in J.K. Hall et. al. (eds.), *One Hundred Years of American Psychiatry* (New York, 1944), pp. 1-28. Less satisfactory is Albert Deutsch, *The Mentally Ill in America: A History of their Care and Treatment from Colonial Times* (New York, 1937).

42   See *Journals of the Legislative Assembly of Upper Canada* (hereafter J.L.A.U.C.), 2nd Session, 10th Parliament, 28 January 1830, p. 25; and Presentment of the Grand Jury of the Home District for Care of Insane, Public Archives of Canada, *Upper Canada Sundries* V. 98, cited in Edith D. Firth (ed.), *The Town of York, 1815-1834* (Toronto, 1966), pp. 233-234.

43   See Report on Asylums, *J.L.A.U.C.*, 2nd Session, 12th Parliament, 1836, Appendix no. 30, p. 3.

44   *Statutes of Upper Canada*, 2 Victoria, chap. 11, 1839.

45   On Howard see Eric Arthur, *Toronto: No Mean City* (Toronto, 1964), pp. 248, 57-63, 68, 82-83.

46   Toronto Public Library (hereafter T.P.L.), John G. Howard Papers, Section III, 1368.

47   Howard Papers, *ibid.*

48   Howard Papers, Daily Diary, vol. V, 4 October 1844.

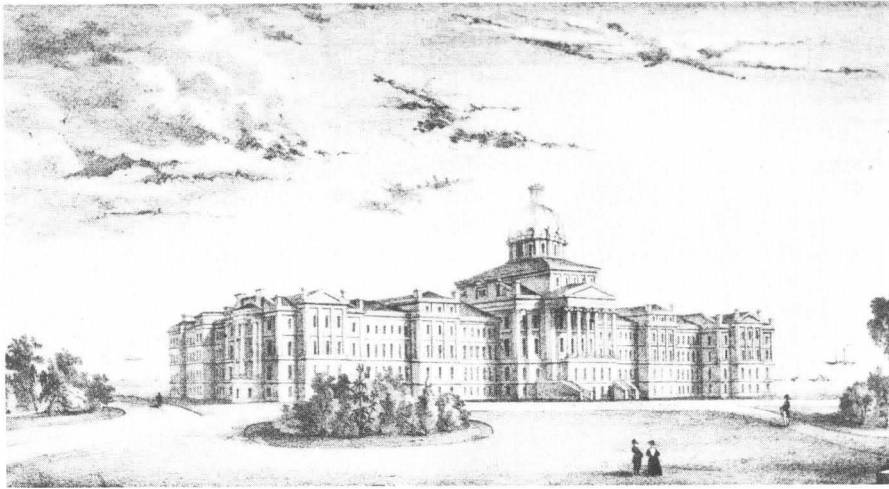49   See Norman Dain, *Concepts of Insanity in the United States, 1789-1865,* (New Brunswick, N.J., 1964).

Fig. I *Howard's architectural rendering of the proposed Provincial Lunatic Asylum at Toronto. Lithograph, probably 1846.* (Toronto Public Library)

First, the size of the building was to be kept small. No asylum, as Dr. Thomas Kirkbride of the Pennsylvania Hospital for the Insane and *the* leading mid-nineteenth century American expert on asylum construction, insisted, was to house, at least ideally, more than 250 patients.[50] The asylum was to be like a large extended family, headed by the patriarchal figure of the medical superintendent and with the patients as his children. The building, therefore, was not to be so large that the superintendent could not know intimately and by name each of his insane charges. Second, the building was to reflect the medical superintendents' undisputed power and authority in the asylum. As Foucault has pointed out:

> It is thought that Tuke and Pinel opened the asylum to medical knowledge. They did not introduce science, but a personality... *the medical personage*... [who] was Father and Judge, Family and Law—his medical practice being for a long time no more than a complement to the old rites of Order, Authority and Punishment.[51]

Such an omnipotent figure had, of course, to occupy a position at the very centre of the asylum world. It was for this reason, which, when coupled to the basic utilitarian need for certain service areas common to both male and female patients such as the Chapel, Surgery and Amusement Hall, that what came to be known as the "Kirkbride plan", at least in North America, came to dominate asylum design. The "Kirkbride plan" called for a central administrative structure housing not only the general service rooms but more importantly, both the superintendent's office and living quarters. This central structure was flanked on either side by dormitory wings, one for female, the other for male patients. The architecture

50   See Thomas Kirkbride, *On the Construction, Organization, and General Management of Hospitals for the Insane,* (Philadelphia, 1854).

51   Foucault, *Madness and Civilization,* pp. 271, 269, 272.

of the central structure was most often grander and more ornate than that of the wings, as befitted the superintendent's power and status within the asylum. From his vantage point, which in a quite literal way was at the very heart of the asylum, the superintendent could constantly monitor and order life in all wards of his institution.

Third, the building was to be so designed as to facilitate the proper classification of patients. Kirkbride recommended that there should be no less than eight separate wards for each sex. What this meant in architectural terms was that each floor had to be a self-contained unit, having its own dining room, day rooms,

Fig. II *The Toronto Asylum as built, without Howard's Greek Revival Portico, 1884.* (Toronto Public Library)

airing verandah, bath and water closets. Patients with one form of insanity would thereby be protected from the possible disruptive and unsettling influences which proximity to patients with another variety of the disease might generate. Fourth, special attention was to be directed to the lighting, heating and especially the ventilation of the building. As Dr. Duncombe noted in his 1836 *Report on Asylums*, "Everything about the asylum must contribute to the comforts of the insane. The rooms and halls must be spacious, well-ventilated, and preserved of an agreeable temperature".[52] The insane were to be provided with as comfortable and home-like an environment as possible within the institutional setting of the asylum. And lastly, the location of the asylum building was to be carefully chosen. "The site of the asylum", as Duncombe commented,

52   Report on Asylums, *J.L.A.U.C.*, 1836, Appendix no. 30, p. 6

should be elevated, commanding an extensive prospect of surround-
ing scenery from which the patients may look down on the surround-
ing countryside without being too near, so as to be incommoded from
the too frequent approach of the imprudent and thoughtless stranger
or visitor. It should contain land sufficient to employ the whole
number of insane in some interesting and profitable occupation as
well as afford each class a large yard entirely separated from the yards
of other classes....[53]

The asylum, then, was to be situated in the country, and yet be near an urban
centre, command a pleasant prospect to divert the lunatic mind, and have ample
grounds for both patient recreation and occupation.

Howard attempted to incorporate as many of these American suggestions as
possible into his design for the Toronto Asylum. He could not, of course, limit
the size of the building to 250 patients having received specific instructions from
the Commissioners to design a 500 patient facility. But in all other respects he
seems to have opted for the "Kirkbride plan", with the addition of a few new
innovations of his own. In terms of the building's over-all architectural style
Howard chose that of the Classical Revival then at the height of its popularity in
both North America and Europe.[54] It was an architectural style that, at least in
symbolic terms, was not entirely inappropriate when applied to asylum build-
ings. For if form was to follow function what could be more appropriate in a
building given over to restoring the lunatic mind to sanity and reason than that
the architecture of its facade in particular should reflect and indeed display to the
world the classical virtues of order, harmony, symmetry and restraint.

The centre-piece of Howard's neo-classical design was a five-story structure,
120 feet long by 90 feet wide, surmounted by a 40 foot diameter dome and entered
through a "handsome cut-stone portico of the Grecian Ionic order", which, un-
fortunately, from the standpoint of the asylum's over-all compositional balance
and aesthetic appeal, was never constructed.[55] (Figures 1 & 2) On each side of this
central structure was a four story wing, 210 feet in length and 60 feet in depth,
ending in a semi-circular airing verandah of 50 foot diameter. (Figure 3) The total
frontage of the building, therefore, was 584 feet (including verandahs), but as
architectural historian William Dendy has noted, "Howard broke the great
length of the side wings into two pavilions each,—one large, with its own pedi-
ment, and one only three windows wide—to ease the monotony of [such] an ex-
tended facade".[56] (Figure 4) Completing the building (although they were not
erected until 1869 and 1870 and then on the slightly different design of Kivas
Tully, the then architect of the Public Works Department) were two, four story
wings, extending back from "the extremities of the main building, forming with
the latter three sides of a quandrangle, open to the south".[57] (Figures 5 & 6) The

53   *Ibid.*, p. 5.
54   See Robert F. Jordan, *Victorian Architecture* (Harmsworth, England, 1966), pp. 136-169.
55   The general information on the building is taken from: *Ontario Sessional Papers* (hereafter
     O.S.P.), 1880, No. 8, 26-28; *Globe*, "The New Asylum Buildings", 31 January, 1850; and *Diary
     of the Ontario Hospital*, Toronto, 1878-1886, Archives of Ontario, RG 10, 20-B-4, Box 2, p. 19.
56   William Dendy, *Lost Toronto* (Toronto, 1978), p. 129.
57   O.S.P., 1880, no. 8, p. 27 The back wings which Tully designed were 215 feet in length, 60 feet
     wide, four stories high and were connected to the main building "by a covered passage way 30
     feet in length, 9 feet wide, and two storeys in height". These wings had 12 foot wide corridors and
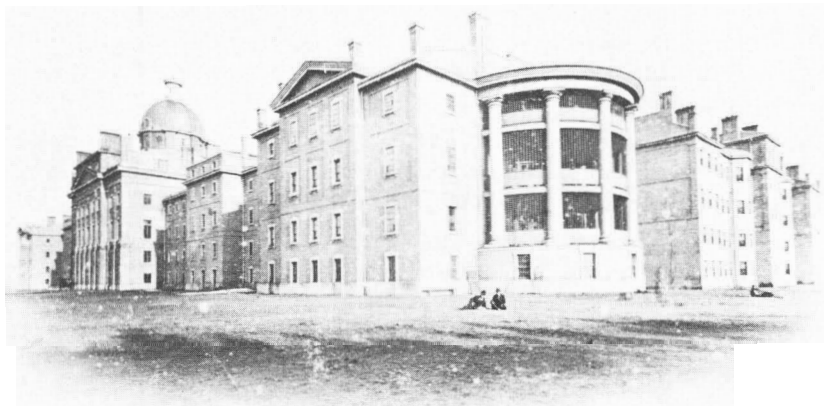   most of the rooms were 12 feet by 6 feet.

Fig. III *The airing verandah at the asylum's western end. The verandahs certainly contributed to the building's "gaol-like" appearance.* (Archives of Ontario S-15336)
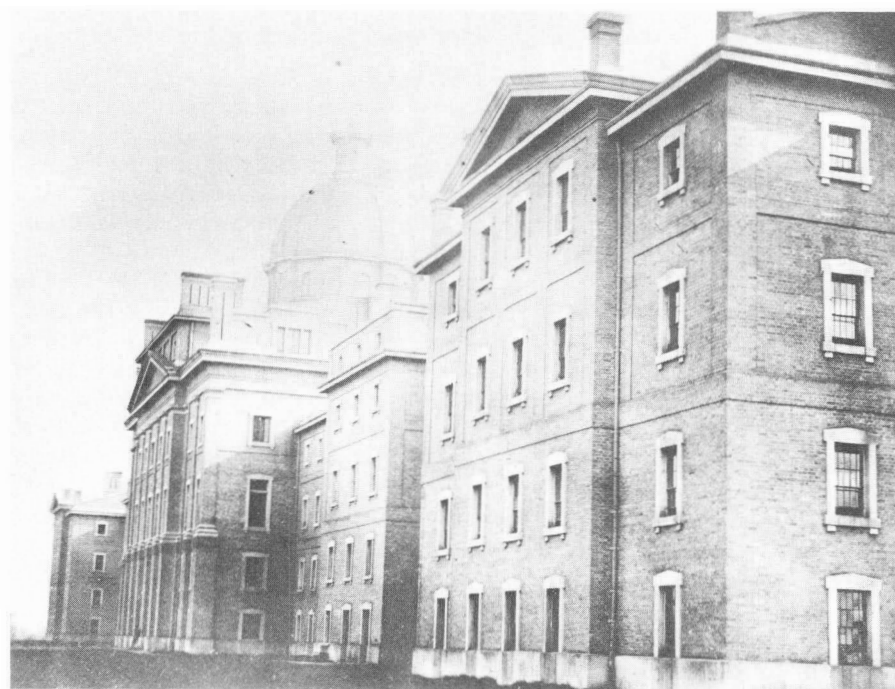

Fig. IV *The west wing of the asylum showing the larger "pavilion" with its own pediment in the foreground.* Photo by Octavius Thompson, 1867. (Toronto Public Library)

entire building was faced in pale yellow brick, the plinth, belt, cornices and window dressings of cut stone from the Thorold quarries, the gutters of copper and the roof of tin (and later slate). The over-all impression was one of massive but well-proportioned solidity.[58] (Figure 7)

Internally, Howard's use of space in the asylum again reflected the influence of the "Kirkbride plan". The central structure was given over to administrative uses and housed both general service rooms such as the Chapel, Surgery, Ballroom and Reception Room, and the superintendent's (and later the assistant physicians') office and living quarters. The west wing housed the male patients, the east wing the female patients, each floor being self-contained for the purposes of proper classification. (Figures 8 & 9) But where Howard was most innovative was in his provision of services for the building. Each floor had its own bathrooms and water closets (something of a rarity in large public buildings in this period) supplied with water, pumped from Lake Ontario, stored in the 11,000 gallon iron-tank under the dome and distributed to each floor on the gravity principle. Each floor (in the front wings at least) also had a 14 foot wide by 11½ foot high main corridor lighted directly by windows in the south wall of the building (see Figure 8). The entire building was heated by means of a central heating system originally developed by A.M. Perkins of London, England, and adopted by Howard. There were forty brick furnaces distributed throughout the basement story of the building. Each furnace was "5 feet square and 4 feet in height" and enclosed "coils of iron pipe one inch in diameter, through which the water circulate[d] to the several apartments, about 1200 feet of pipe being connected with each furnace".[59] The ventilation system, however, was perhaps the most innovative feature of the building. Not content with natural ventilation, Howard installed a mechanical system which seems to have been of his own design. As Dr. Joseph Workman described the system in 1854:

> In the corridors and apartments connected with them, orifices about six inches in diameter, at the junction of the ceiling with the partition walls, indicate the commencement of ascending vertical flues, which terminate in the attic, in zinc tubes about eight inches in diameter. These tubes run horizontally, and terminate, in each division of the house, in a large chimney, the inferior openings or fire-places of which, are in the basement, some sixty or seventy feet below the entrance of the zinc tubes mentioned. By means of these chimneys, with fire kept burning briskly at the bottom of them . . . a free current of air from the corridors and bed-rooms [was to] be induced.[60]

With such features as central heating, mechanical ventilation and indoor plumbing, Howard's building was one of the most technically advanced of its kind in North America.

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58   See Dendy, *op. cit.*, pp. 129-131; Eric Hounsom "An Enormous Building for its Times", *Journal of the Royal Architectural Society of Canada* 42, no. 6., (June 1965): 64-65; and Douglas Richardson, "The Original Building and its Architect", *City Magazine* 2, nos. 3 & 4 (Summer 1976): 45-49.

59   *O.S.P.*, 1880, no. 8, p. 26. George Brown noted that there were five miles of pipe in the asylum (*Globe,* 31 January 1850).

60   Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto, *Journals of the Legislative Assembly of the Province of Canada* (hereafter cited J.L.A.P.C.), 1854, Appendix H.

The new asylum was to be built on a 50 acre plot of land known as the "Garrison Common", "nearly three miles [west] from the centre of the city, and on the road to Hamilton".[61] This location had originally been suggested by Dr. William Rees, who, in October, 1840, while investigating sites for the "tempo-
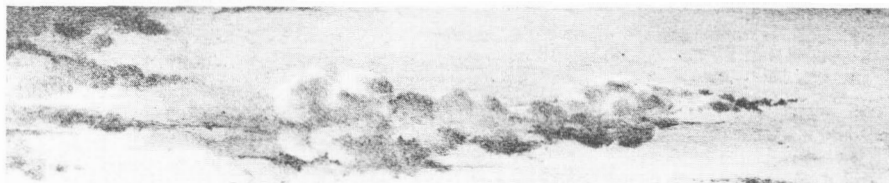

Fig. V *The asylum's two rear wings as designed by Howard. Lithograph, probably 1846.* (Toronto Public Library)

rary" asylum had noted that "the Garrison Point overlooking the Humber Bay" seemed "most eligible" to him as a site for the "permanent" asylum.[62] The final decision to build on this site, however, have been dictated by the British government. Lord Stanley, the Colonial Secretary, favoured the site for strictly military reasons. Conscious of the virtual indefensibility of Toronto during the War of 1812, the Colonial Secretary seemed determined to see that a number of strong points were available for the future defence of the city. The construction of a solid and massive asylum on the Garrison Point, just west of the city, controlling the Hamilton road and overlooking the harbour, fitted well into this scheme of thinking. As Stanley informed Governor General Metcalfe on 17 September 1843, the design of the new asylum was to be cleared with the Royal Engineers in Montreal who were to judge whether the building afforded "collateral defence in the want of its becoming desirable to occupy it hereafter by a local force".[63] Military considerations alone, therefore, determined the location of the Toronto asylum. Fortunately, the "Garrison Common" also seemed to meet all of the prescribed criteria for an asylum site: it was in the country but not too far removed from the city, had ample grounds, and was on a height of land that commanded both the on-shore breezes and a pleasant view of Lake Ontario.

61   *Globe*, 31 January 1850.
62   Archives of Ontario, *Ontario Ministry of Health Records, Psychiatric Hospitals Branch*, RG 10, Series 20-B, Letterbooks of the Commissioners for Erecting the Asylum, Rees to Commissioners, 19 October 1840.
63   Public Record Office, War Office 1/539, Stanley to Metcalfe, 17 September 1843, cited in Harvey Stalwick, "A History of Asylum Administration in Pre-Confederation Canada", Ph. D. diss., London, 1969, p. 181. See also Letterbooks of Commissioners, W.H. Boulton to D. Daly, 9 June 1845.

Howard laboured over the plans for the new asylum through the winter and spring of 1844-45.[64] Construction began in June 1845, the cornerstone was laid by Chief Justice John Beverley Robinson on 22 August 1846, and because the government had urgent need of one of the "temporary" asylum buildings, the new Provincial Lunatic Asylum was hastily but prematurely opened on 26 January 1850, without its two back wings and Howard's "handsome" Greek Revival portico. It was, nevertheless, even without its two rear wings, the largest building constructed in Upper Canada up to that time. More importantly, it won the accolades not only of the lay public but also of the professionals who judged it to be perhaps the most advanced and up-to-date asylum building on the continent. To Chief Justice Robinson, one of the early advocates of asylum care and treatment for the insane, the asylum was "proof of [the] oppulence, of [the] enterprise, intelligence and philanthropy" of the Upper Canadian community.[65] To George Brown, editor of the Toronto *Globe* and an informed lay expert on both asylums and penitentiaries, the new asylum was

> ... exceedingly handsome, commodious, healthful and safe.... The erection, ... of such an edifice ... is honourable to the foresight, and charity, and energy of our rulers—it is a monument to the Christian liberality of the people.[66]

And to Dr. Joseph Workman, the asylum's second superintendent, the institution was simply the best in North America. He informed his friend Dr. Edward Jarvis of Massachusetts in November 1855 that,

> I had a very pleasant tour after I left the convention in Boston: and I derived valuable knowledge from my inspections of American asylums. Perhaps not the least useful discovery made by me was, that my own asylum here is, in many respects, perhaps in the main, superior to any which I visited.[67]

To those Upper Canadians, then, who since 1830 had pushed for the need for such an institution, the Toronto Asylum, in the winter of 1850, seemed to promise much: the cure of the great majority of the province's insane and indeed, perhaps even the elimination of the dread disease itself.

III

Before the decade of the 1850s was out, however, many of the features of the building that had seemed most innovative in Howard's design were already being questioned and condemned in the Annual Reports of both the superintendent and the government's inspectors as being inefficient, out-moded, generally wrong-headed, and certainly not conducive to creating a comfortable "therapeutic" environment for the insane. As early as 1854 Howard's system of me-

64   T.P.L., *Howard Papers*, Daily Diary, vol. V, various entries, e.g. 12 December 1844, 5 January 1845, 4 April 1845, 7 June 1845.

65   Draft of an Address by John Beverley Robinson at the laying of the foundation stone of the Asylum for the Insane, Toronto, 22 August 1846. Archives of Ontario, Robinson Papers.

66   *Globe*, 31 January 1850. See also Susanna Moodie, *Life in the Clearings*, (New York, 1853), pp. 299-308.

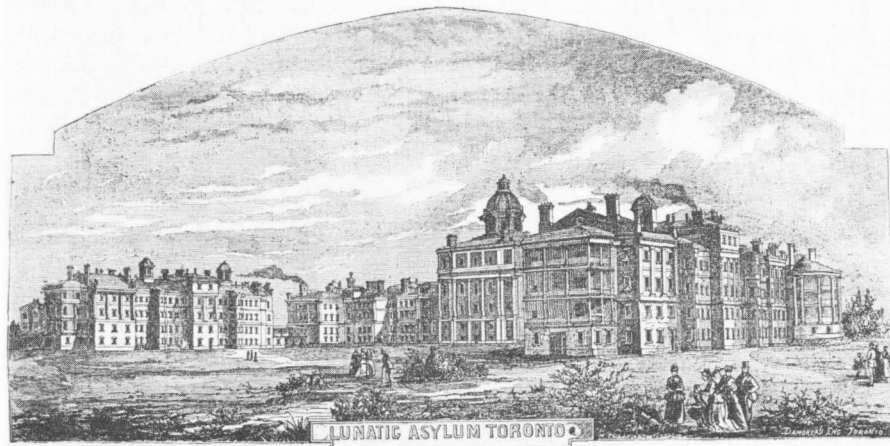67   Edward Jarvis Papers, Workman to Jarvis, 1 November 1855, Countway Library, Harvard University.

Fig. VI *The rear wings as built (after the design of Kivas Tully). Notice the square airing verandahs, a departure from Howard's semi-circular design for the verandahs of the front wings.* (Archives of Ontario S-14757)

chanical ventilation came under scathing attack. Dr. Workman described the system as being "so manifestly useless and absurd, as to render it a matter of surprise that it had ever been adopted". The major problem, Workman explained, and one that "a very slight acquaintance with the simple laws of pneumatics might have anticipated", was that

> the foul air flues serve as often for the conducion of air and smoke from the round chimneys into the interior, as from the interior into the chimneys ... Had the foul air tube in the attic, been made to deliver its contents beneath the fire in the chimney, instead of sixty feet above it, the shaft might have served as an efficient air pump to the parts of the house connected to it. It was an idea, not altogether unworthy of a Lunatic Asylum, that the moving fluid would be drawn into the pump, not from beneath the piston, but above it.[68]

The problem was more easily identified than solved, however, and seven years later the asylum inspectors were still calling the attention of the government to the fact that

> the principal defect in this Asylum is the absolute want of a rationale system of ventilation. The stench in some certain of the apartments is intolerably noisome, and in the night the air of certain sleeping rooms becomes somewhat suffocating.[69]

Clearly something had to be done, and finally in 1863, a novel system suggested by Dr. Fisher, the asylum's assistant physician, was installed in the building (a system later used in the two back wings when they were constructed in 1869 and 1870). The system, designed particularly to ventilate the asylum's water closets,

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68   Report of the Medical Superintendent ... *J. L. A. P. C.,* 1854, Appendix H.
69   First Annual Report of the Board of Inspectors of Asylums, Prisons, etc ..., *J. L. A. P. C.,* 1861, Sessional Paper no. 24.

Fig. VII *The Toronto Asylum in 1868. The building's immense size and scale dwarfed its human inhabitants.* Photo by Notman and Fraser. (Toronto Public Library)

where, not surprisingly the air was most stagnant and evil smelling, consisted of chanelling the existing "foul air flues" into fourteen new brick furnaces (seven per wing) installed in fire-proof rooms in the attic. The furnaces which were to create the essential draft that had always been non-existent in Howard's system were in turn connected to near-by chimneys and in this way the bad air was expelled from the building.[70] Fisher's furnaces were effective, but only minimally so, and while the air in the water closets and a few adjacent rooms was somewhat improved, the over-all ventilation of the asylum remained a serious and unsolved problem for the remainder of the nineteenth century.[71] The air in the asylum not only

70 See *J.L.A.P.C.*, 1864, Sessional Paper no. 39, both reports of medical superintendent and inspectors.
71 William Dendy, *Lost Toronto* (Toronto, 1978), p. 129, is certainly in error when he states that "There was also a steam-heating system for the entire building and a ventilation system that, until the turn of the century was one of the finest in North America."

continued to have a certain "closeness" about it, as Inspector Langmuir noted in 1871, but the entire building was soon permeated with a peculiar odour. It was an odour that had many sources: the exhalations of closely confined patients in overcrowded wards, a number of whom were physically ill or sometimes filthy in habit; the lye and carbolic used to disinfect the establishment; the smells from the seven kitchens located in the basement, which, as Dr. Daniel Clark noted, "were at times far from being perfumes"; the offensive emanations from "the faulty construction of the water closets in the [rear] wings"; and the peculiar stink "caused by the large quantity of soft soap and its absorption into the pine" floors of the bathrooms.[72] The smell of the building was so unique and distinctive that it was the one feature of the institution that most visitors seem never to have been able to forget. For example, when F.E. Downes, a reporter for the Toronto *Evening News* visited the asylum in January 1883, he observed that, "the first thing that struck us on entering the wards, was the strange and decidely disagreeable odour which prevailed, and which forever after, ... would at once inform us that we were in the haunts of lunacy".[73] And almost a century later it was again the smell that Toronto *Sun* reporter Joan Sutton could not forget. "But mostly, 999 was a smell. If you were never there, I hope you never smell that smell. But if you were, it will never leave your nostrils."[74]

Howard's ventilation system, then, was something less than a success. Equally unsuccessful was his attempt to warm the building by means of A.M. Perkins central heating apparatus. In operation this "cumbersome hot-water system", as Dr. C.K. Clarke later described it, proved to be an almost total failure. The first major complaint about the heating system was voiced by the Inspectors in their annual report for 1861. The Inspectors "were of opinion that the awards of the Asylum were not sufficiently warmed on cold and damp days, ... [75] What "not sufficiently warmed" actually meant to the patients was spelled out in a much more vivid fashion by Inspector Langmuir during one of his many visits to the asylum during the 1870s. "The perished and nipped features of some of the women" patients, he observed, attested to the fact that "in ordinary winter weather the thermometer seldom rises above 55 degrees except in some of the single rooms".[76] An attempt was finally made to remedy the situation in 1889 when the old brick furnaces in the basement were replaced by more modern hot water boilers.[77] But even this system proved to be less than satisfactory, the major problem being that "great numbers of the return pipes are reduced in size by deposits, which have taken place in them". The result was that as late as 1906, conditions in the asylum were little better than they had been when the heating problem had first been identified in 1861. As Dr. C.K. Clarke summed up the situation in his annual report for 1906:

> At the present time, many of the wards are so cold that the patients suffer severely during the winter. This is particularly the case in the wards of the main building, the long corridors of which are, at times,

72   See *O.S.P.*, 1905, no. 38, p. 5; *O.S.P.*, 1877, no. 2, p. 204; and *O.S.P.*, 1878, no. 4, p. 20.
73   Toronto *Evening News*, "The Insane Asylum, Toronto", 15 January 1883.
74   Toronto *Sun*, 17 December 1975. Dendy, *op. cit.*, p. 130, also mentions first hand experience of "the rancid smell of the place".
75   Annual Report of the Board of Inspectors ..., *J.L.A.P.C.*, 1862, Sessional Paper no. 19.
76   *O.S.P.*, 1870-71, no. 6, p. 42 and *O.S.P.*, 1875-76, no. 4, p. 22.
77   *O.S.P.*, 1905, no. 38, pp. 6-7 and *O.S.P.*, 1890, no. 10, p. 5.

too cold to be occupied by delicate patients, whose physical ailments should obtain for them every comfort that a properly heated building will give.[78]

Fig. VIII *The floor plan of the Toronto Asylum. Notice that the main corridor in the front building is lighted directly by windows in the south wall.* (Archives of Ontario S-14758)

Beyond the defects in the building's heating and ventilation systems, the sheer physical size of the building also proved to be a major problem. Both staff and patients found if difficult to get around the building easily. As Dr. Daniel Clark pointed out, in

> huge structures [such as the asylum] with long corridors and bed-rooms in tiers, the one above the other and the whole ranging in height from three to five stories . . . the extra labour in climbing stairs and elevating supplies can only be appreciated by those who have had the experience.

The sick and old, Clark continued, found "it difficult or impossible to have a walk in the ground when such an obstacle is before them as three or four flights of stairs". The large number of stair-wells and other dust shafts and dumb waiters in the building created additional problems. It was found impossible to prevent both the "foul air" and the "foul language" of the lower wards from being communicated to those above. As Clark lamented, "The noisy, boisterous, and those who use foul language can be heard from one ward to another".[79]

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78 *O.S.P.*, 1907, no. 41, p. 4. The furnaces were also "great consumers of coal and needed constant attention in winter". (*O.S.P.*, 1905, no. 38, p. 7). Because of the cold many of the day rooms had "open fire places, carefully guarded with iron screens". (*O.S.P.*, 1883, no. 8, p. 17).

79 Interview with Dr. Daniel Clark, "Protestant Insane Asylum", *Montreal Herald*, 28 May 1885.

Not only did the building impose additional and unnecessary work on the asylum staff and prevent some patients from enjoying one of the few forms of recreation available to them, but it also tended to be, in a psychological sense, a building that was both intimidating and alienating. The building simply lacked any sense of human scale and proportion, a fact perhaps first recognized by the perceptive George Brown. When he visited the asylum shortly after it had opened in January 1850, he observed that

> ... candour requires us to add a few considerations.... We much doubt whether it was the best judgment to make but one building instead of several contiguous and much smaller erections.... The present imposing appearance would not then have been obtained; but a home-like attractiveness might have pervaded the establishment, more congenial to the feelings of the mentally afflicted, than can ever be the case with vast and evidently public buildings. Then, too, there would not have been the sameness and monotony which are so striking in the present house where one corridor is just like all the others, and where thus no change (and change is very necessary) can be brought in objects surrounding the insane.[80]

Dr. Daniel Clark could only echo Brown's observations, describing the asylum in 1885 as "cheerless and barn-like" and noting that "in spite of all internal decoration there is a goal-like appearance about it".[81] There was little, then, that was "home-like" about the Toronto Asylum. It was a vast impersonal place that seemed to swallow up its insane inhabitants.

But if the building provided little in the way of accommodation that was conducive to the recovery of the insane, the location of the asylum also contributed, in the long run at least, to their misery and discomfort. As early as 1861, Inspector Taché noted in his "Special Report on Lunatic Asylums" that "the most important fault of the [Toronto] Asylum is its location". What most troubled Taché about the site was its lack of diverse and pleasant scenery:

> Being built about the middle of a level tract in which no broken ground occurs to enliven the prospect, the aspect of the huge structure, destitute of any object calculated to interest the eye, is sad and mournful. Dr. Workman has done his best to embellish the grounds and intends to continue his efforts to ornament them, but it is difficult to make up for natural deficiencies. I would that this instance may always serve to remind all authorities of the axiom concerning the choice of a place for a public institution: "Let the site be elevated and dry and have a good exposure.[82]

Drainage on the site also seems to have been a problem. Reviewing the history of the asylum in his annual report for 1878, Dr. Daniel Clark concluded that "a more unsuitable site for an Institution of this kind could not have been selected by the most ignorant person". The building, Clark noted, was "planted in the midst of a veritable swale, with no convenience as regards pure water, and diffi-

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80   *Globe*, 31 January 1850.
81   *Montreal Herald*, 28 May 1885.
82   "Special Report on Lunatic Asylums" by Inspector Taché, *J. L. A. P. C.*, 1861, Sessional Paper no. 24.

culties to be overcome in the matter of drainage that have since cost considerable outlay and annoyance".[83]

Aside from aesthetic and drainage problems, the site's biggest liability was that it lay on the much travelled Hamilton Road (later Queen St. West) and slowly but inexorably the city, which in 1850 had been three miles to the east, grew out to the meet and then engulf the asylum. By the late 1870s the building was no longer in the country but was now just within the western limit of the city of Toronto. And as the city grew up around the asylum more and more of its land, first the 150 acre farm to the south and east, and then, a portion of the original 50 acre "asylum grounds" itself were either expropriated or given up. As a result, by 1906 the asylum site had been reduced to a mere 34 acres prompting the new medical superintendent, Dr. C.K. Clarke, to remark that,

> a large Asylum population requires suitable surroundings; plenty of breathing space, in a quiet locality, where fresh air and restful conditions generally are obtainable. At Queen Street West, the antithesis of these requirements is the case. Instead of the desirable two or three hundred acres, 26 acres are enclosed within goal-like walls; [8 acres were just outside the walls] the days and nights are made hideous by electric cars, on the one side, and railway traffic passes directly by the south wall, where a freight shunting yard is also located. Queen Street, one of the busiest thoroughfares in the city, is directly to the north. The smoke from the many trains and factories in the neighbourhood, pollutes the air. A more undesirable site for a hospital could not be selected.[84]

The Toronto Asylum, then, in terms of its services, its size, internal layout and location fell far short of being one of the more successful nineteenth century experiments in building design. To patients first entering the asylum in the late nineteenth century the experience must have been a frightening, dis-orienting, and ultimately overwhelming one. The building assaulted the senses. It was an oversized, cold, smelly, noisy, and throughout its history, seriously overcrowded place. It was the very antithesis of the hopeful "therapeutic" environment which Howard and the other asylum promoters of the 1840s were convinced they were creating. The tragic experience of the Toronto Asylum, therefore, clearly demonstrates the validity of Grob's contention that "mental hospitals were not fundamentally dissimilar from most human institutions, the achievements of which usually fall far short of the hopes and aspirations of the individuals who founded and led them".[85]

83   Report of Medical Superintendent ..., *O.S.P.*, 1879, no. 8, p. 263.
84   *O.S.P.*, 1907, no. 41, p. 5.
85   Grob, *Mental Institutions in America*, p. 342.

Résumé

L'auteur discute des attitudes changeantes face à la planification et à l'organisation des hôpitaux pour les malades mentaux. Dans le contexte de cette discussion, il analyse la validité des assertions en ce qui a trait à l'avant-gardisme du nouvel asile provincial, situé au 999 de la rue Queen à Toronto, à la fin du XIXe siècle. Brown a découvert que dans la plupart des cas, les facilités ne sont pas suffisantes.
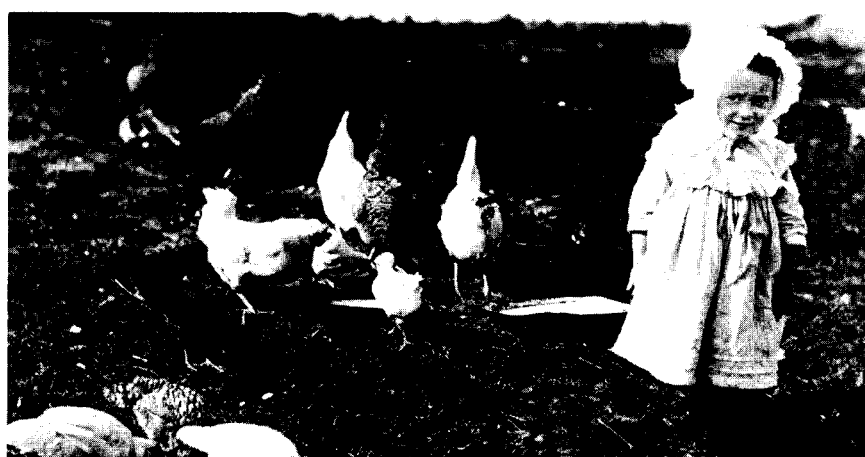
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