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NEWSLETTER

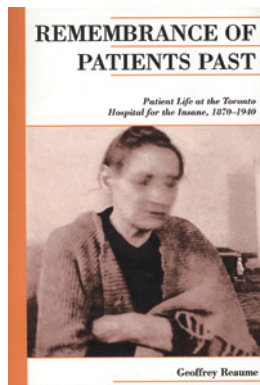
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Autumn 2021 Volume 29, No. 2

Historical and Personal Reasons to Preserve and Maintain Psychiatric Hospital Patients' Records

By Geoffrey Reaume

Every year, several people whom I don't know, contact me about researching their deceased relative who was a patient in an Ontario provincial psychiatric facility. They have read my book, *Remembrance of Patients Past*, and request research advice. Some of them knew their relative. More often, others did not know them but instead grew up hearing stories about them, or had to deal with barely suppressed memories of a person who died in a psychiatric facility long ago. Their deceased relative, having been a part of their family history, had been sent away to an asylum long before the person contacting me about them was born. In each case they have asked for advice on locating



information about their lost relative. In some cases, the location of their grave is part of the search. One descendant looked for their great-uncle whom they never knew and visited his grave over three quarters of a century after his death. Given the research this person had to undertake to find his grave, which was not known when they initially wrote to me, they were probably the first family member in many decades to visit this deceased patient's last resting place.

In cases such as these, finding more information about a deceased relative was made possible by the existence of psychiatric patients' records which have been stored in the Archives of Ontario under long-standing agreements. People whose forebears were patients in Provincial Psychiatric Hospitals in London, Hamilton, Toronto, Kingston and Brockville, Ontario have the potential to locate those files which exist. Of course this is not universal, as not all historical patient files were saved. But there is at least a chance of finding some information. People whose loved ones were in most of the other provincial psychiatric facilities,

William Ingram at Queen Street, Oct. 1932, courtesy of the Ingram Family and Archives of Ontario, RG 10, Series 20-B-2. His niece, Charlotte Ingram said of this photo, "Now I have a picture with eyes I can finally look into."



Photo courtesy of Charlotte Ingram seen here at William Ingram's gravesite in York Cemetary.

(INSIDE): Truth and Reconciliation for the CAMH historic Queen Street property site "Lands of the Asylum, Part 2" - see page 5



Toronto Asylum, ca.1880. Photo by F. W. Mickelthwaite, courtesy Toronto City Archives.

(continued)

however, have less hope of getting their departed relative's records, with a few exceptions as will be described shortly. It is standard policy in the province to destroy records after a certain period of time has elapsed between the final use date of a patient's file, after last discharge, death or deportation. At the Centre for Addiction and Mental Health (CAMH), the existing policy is for patient records to be destroyed thirty-five years after last use for all patient files which have been created since 1998, when CAMH took over from its predecessor. Under current policy, for example, a CAMH patient's file which ends in 2021 will be destroyed in 2056, assuming the person whom it concerns is no longer a patient in the interim. The purpose of this policy is one which concerns anyone who is, or ever has been a patient anywhere: confidentiality. There are ways to ensure confidentiality, however, without destroying important historical records.

The right of a person with a psychiatric diagnosis to determine who should or should not see their file should be paramount. At the same time, the importance of preserving mental health records, with legal safeguards around removing a person's identity when such records are used in any kind of research, will help to ensure that personal privacy is respected for people who have no choice in who looks at one's records in the future. As well, limiting access to records created after a certain period is standard when historians ask to conduct research. When I undertook my historical research in the early 1990s on patient records from the former Toronto Asylum, then known as the Queen Street Mental Health Centre, I was allowed to view records for people who had been admitted up to 1917 and who had died by 1954. In other words, the patient records I had access to did not begin any later than three quarters of a century before my research began, and had to end four decades beforehand, in order for me to look at them. This ensured that no record examined was from a patient who had been alive during my lifetime, let alone at the time of my research. This safeguard, along with the provision that all such records that were less than one hundred years old at the time of examining them had to have all identifying features of a person anonymized, provided confidentiality guarantees built into the research agreement between myself and the archives, so that individual privacy was maintained. Only after one hundred years have elapsed could a person's identity be revealed.

Yet, this last provision can be problematic too, since it is easy to understand that there will be plenty of people who do not want our personal medical history with identifying

information publicly available even one hundred years after we have died, no matter where we have been a patient. This practice in Ontario could be changed to guarantee confidentiality in perpetuity, unless a person chose otherwise while alive. In most cases a choice to be public or not would be unlikely since most people who have been patients in medical facilities of any kind, don't usually reflect on the long-term existence or location of their personal medical records. Only when breaches of confidentiality occur, such as



*Alex C. was a patient from 1897 until his release to a boarding house in 1935, a few months after this photo was taken when he was 73 (Archives of Ontario RG 10, Series 20-B-2, Queen Street Mental Health Centre Records Casefiles, Admissions and Readmissions). Reaume, **Remembrance of Patients Past...** p.221*

with contemporary electronic records being publicly revealed in some computer mishap, does the wider public usually think about such things. Those of us who have used or still use such sensitive primary source material do need to think about it, and how preservation and accessibility policies can make people feel less vulnerable at the hands of future researchers wanting to examine private medical records, and then writing about it somewhere.

This is a topic which some current and former psychiatric patients have expressed to me as a serious concern – they don't want anyone looking at their

medical records for any reason, now or in the future. This is all the more reason to ensure people, whose most private details are often included in such records, are guaranteed confidentiality such that all personal medical files, unless already in the public domain for legal reasons or at the choice of an individual, remain forever anonymized -- not just for one hundred years, but forever. This would go a long way to ensuring the concerns of people who have been in psychiatric facilities, among other health care settings, that they would not have to worry that at any time after their death their private medical life will be publicly discussed by using their real names without their prior written permission. Individuals who *do not want their files ever used*, should also have the right to have their file destroyed after a certain lapse of time, as a basic element of personal privacy -- however much as researchers in the future may regret this choice.

With such provisions in place, there should be some understanding by hospital administrators of the historical and genealogical importance of preserving those records which do exist and for which no personal request for destruction has been made, so that these important primary source documents will be available for future research with privacy guarantees in place. As noted above, several people a year write to me asking how they can go about accessing a deceased family member's patient file from decades ago. It would be a huge loss for many reasons to destroy all such files. I remember how a number of people – both individuals I don't know who've emailed me, and some

students I have worked with – had wanted to do family or historical research on patient records at Ontario institutions where patient files have been destroyed. Specifically those institutions were the former Mimico/Lakeshore facility and the former hospital in St. Thomas – neither of which have kept their patient records. The great disappointment of family members and researchers hoping to access these files but not being able to do so because they are gone will happen in the future in regard to CAMH, if this policy of record destruction is maintained.

Some former psychiatric patients also wish to view our records decades after last admission – not an easy thing to do given the often-upsetting experience of reading such intensely personal documents for the first time. In 2001, I accessed records from my former hospitalizations from the 1970s at two provincial facilities, one for children and adolescents and another at a large mental hospital. In one case, the records would have been destroyed a few months later, given the facility’s twenty-five year retention schedule. By coincidence, however, I requested my records just before their scheduled destruction, hence they were available for me to read and preserve! In another case, the psychiatric hospital records of my maternal grandfather were accessed in 2002, even though one of the provincial hospitals at which he was a patient over forty years earlier had destroyed his records by then. As he was a veteran of the First World War, all of his medical records, including from the Ontario hospital that had already destroyed his original records from that particular facility, had been preserved by having been copied and preserved in the Archives for Veterans Affairs Canada in Charlottetown, P.E.I., from the time of his being discharged from the army in 1919 until his death in 1974. (My grandfather’s original service records from 1914-19, like those of all First World War veterans, are stored at the National Archives in Ottawa).

As most psychiatric patients in Canada are not veterans, there is no such back up repository available. Once psychiatric records are destroyed, they are in almost all cases gone forever, except for veterans and for those of us who have already retrieved a copy of our own files. The financial cost of doing so is also high for many people who are short of money. Hence, reducing the fees to the absolute minimum for ex-patients who want their own records should be a standard practice as a matter of principle, since people should have the right to own their own history, including one’s own patient



May F. in 1938 at the age of 67. A patient from 1898 until her death in 1952, she worked as a housemaid for the superintendent and nurses. (Archives of Ontario RG 10, Series 20-B-2, Queen Street Mental Health Centre Records Casefiles, Admissions and Readmissions). Reaume, *Remembrance of Patients Past...* p.109

records, if we so choose.

All of this is a long way of stating that there are myriad reasons why patient records at CAMH **should not** be destroyed. Instead, implementing a strict confidentiality policy that guarantees patients’ anonymity in terms of identifying features in perpetuity, unless a person chooses otherwise while still alive, would help to ensure the integrity of how such records are used in the future. The ability to store such records through a digital process is also an important resource to reduce storage space. However, this comes with the caveat that as technology changes,

such records need to be safeguarded both for privacy reasons and from becoming technically inaccessible in future decades. Has anyone experienced floppy discs from just twenty years ago that now no one can access? Ultimately there is no better long-term preservation and accessibility provision than that which prioritizes paper documents, or “hard copy” as now termed in the internet age. Some primary sources are worth making space for, and certainly psychiatric patient records are such sources. Some researchers, including the



author of this article, have used such records to explain their historical importance in describing the lives of people who would otherwise no longer be remembered – poor, largely forgotten psychiatric patients in places like the former Toronto Asylum. Researchers have used such primary records to document history and persons who otherwise would have been hidden from history and even from their own families. For example, Mary Oliver published a memoir in 2019 about her father, which includes records from his time as a patient at Whitby Psychiatric Hospital during the 1930s (Mary Oliver, *Jim Neat: The Case*

of a Young Man Down on His Luck. Bridgend, Wales: Seren Books, 2019.)

The often-unseen uses to which these primary sources are put are equally as important. Family members, genealogists and ex-patients use such documents to locate information about deceased relatives or our own personal histories that would otherwise be lost to posterity if the destruction of such records continues. Other comparable facilities should revise their policy to allow the permanent maintenance of historical psychiatric patient records, through ensuring that personal anonymity is guaranteed in perpetuity, and that individual psychiatric patients have the right to decide whether or not they wish their personal medical records are to be preserved or destroyed.

AUTHOR:- Geoffrey Reaume is an Associate Professor in the Faculty of Health at York University. His acclaimed monograph, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940*, followed from his University of Toronto doctoral dissertation in History. In 2009 it was re-released by the University of Toronto Press as part of the Canadian Social History Series. The

Friends of the Archives also remain indebted to Geoffrey for spearheading the 2010 series of nine illustrated, exterior plaques for interpreting the historic, patient-built Boundary Walls at CAMH’s Queen Street headquarters site: <https://www.yorku.ca/research/category/health-research/2010/09/prof-to-unveil-memorial-wall-plaques-at-centre-for-addiction-mental-health/>

Madness Canada: A Passport into the Past, Present, and Future of Mental Health

Author: Megan J. Davies

Madness Canada/ folie Canada <https://madnesscanada.com/> is an exhibit space, an education hub, and a place for academic researchers and curious members of the general public to go for an array of resource materials. Beginning in 2000 when websites were on the cutting edge of information sharing, this bilingual site has evolved from a largely academic enterprise to a project nurtured and inspired by community members, scholars, educators and policy makers. At *Madness Canada* history is used as a tool for understanding the present and illuminating possible mental health futures.

Our new advisory board reflects our commitment to diversity and an attention to social justice issues. Peter Hoong contributes public health expertise in mental health and is a queer health advocate in Vancouver, BC. **Eugène LeBlanc** is the Director of a peer-based mental health activity centre in Moncton, New Brunswick and publisher of the internationally circulated *OUR VOICE / NOTRE VOIX*. **Dr. Marie-Claude Thifault** is a historian at the University of Ottawa’s School of Nursing and author of important studies of psychiatric institutions and mental health care in Quebec and Canada. Friends of the Archives will know Lucy Costa, deputy executive director of the Empowerment Council at CAMH, and a tireless advocate for the rights of mental health service users/survivors. Read about the rest of our talented advisory board and meet our steering committee on the website.

Visitors to *Madness Canada* will be interested in viewing two new exhibits that were mounted in the spring of this year. Created by the late architect Arthur Allen, “The Asylum Project in Western Canada” is rooted in Allen’s conviction that architects have been silent on the shortcomings of institutional treatment – not only because mental illness is a difficult subject, but because the story of asylum buildings challenges the complex web of professional, artistic, and business interests that exist in architecture. The ethics and morality of activities that take place within buildings



should be of concern to architects, Allen argues, setting out fascinating historical architectural details and perspectives – illustrated with his own careful floor plans and elegant sketches – from eight western institutions. The Asylum project is the first presentation in our new public exhibit space, intended to showcase academic and community displays of interest. We welcome expressions of interest for other exhibits. Email madness@yorku.ca and tell us your ideas!

“The Mad Cities” section of the site took further shape this past spring as well, facilitated by a Knowledge Mobilization grant from York University. **“MAD CITY: Legacies of MPA”** <https://madnesscanada.com/mad-cities/legacies-of-mpa/> presents an activist public history exhibit about the early days of the Mental Patients Association (MPA). Using the lens of the past, the exhibitors invited visitors to imagine a mental health world conceived and directed by people with first-person knowledge of navigating the system, and whose self-worth is enhanced because they are building a better future for their community. Now a broader public can view the exhibit panels, visit MPA’s iconic 1970s Kitsilano drop-in, and learn about “Being Present with the Past,” an education event that brought 30 community mental health workers into the gallery for a private viewing and workshop.

AUTHOR:- Megan J. Davies, PhD, Professor in the Department of Social Science, teaches in the Health and Society Program at York University. A social historian of health with a regional specialization in BC, Megan has researched and published on old age, social and health policy, madness, food history and home health. Since 2000, she has been involved in educational and research projects connected to the *History of Madness* website, including as film producer and co-creator of “The Inmates Are Running the Asylum.” <https://profiles.laps.yorku.ca/profiles/daviesmj/>

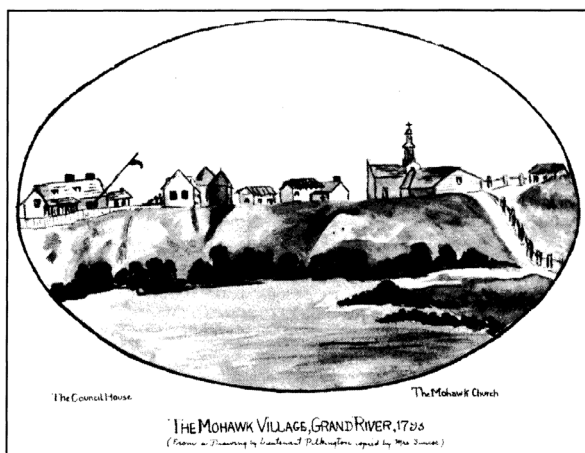
Lands of the Asylum – Part 2 Neighbours and Allies for Toronto’s 19th- Century Asylum

by John P.M. Court

Arthur Wellesley, the UK’s Duke of Wellington, was launched politically through his army’s iconic, 1815 victory at Waterloo over their expansionist enemy, Napoleon. “The Iron Duke” went on to serve at the helm of British politics. His interest in defending their North American colonial holdings against U.S. aggression emerged in the decade following the War of 1812-14. Wellington instructed his chief engineering general to study and recommend strategic enhancements for fortifications and supporting infrastructure in all public works, for developing them as “effectually defended and secured against any attempt to be made upon them hereafter by the United States.”

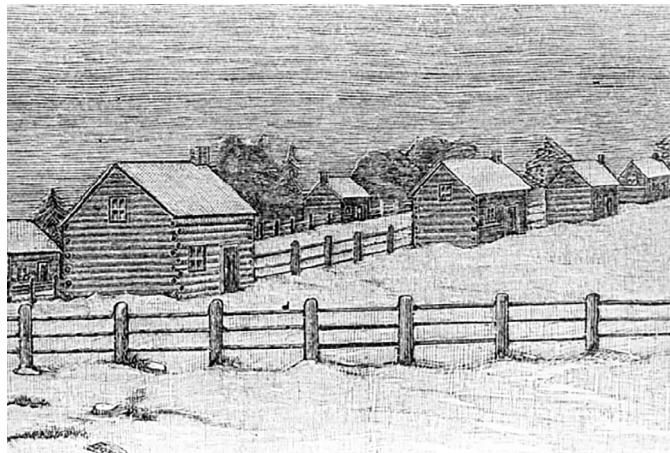
Then fifteen years later, as Canadian thesis student, Harvey Stalwick discovered in the UK National Archives’ Confidential papers relative to the Fortification of Canada, in 1841 Wellington confidentially surmised, concerning Toronto as a Provincial capital and “the seat of the Government of the Lieutenant-Governor, that it would be necessary (for the enemy) to secure the possession of that town.” Hence as Stalwick observed, “within this atmosphere of war anxiety, strategy and Colonial office policy,” by 1843 their chain of command imposed official oversight for adding defence considerations to civilian project planning – for military discretion in locating and constructing public buildings, canals, ramparts and other substantial works.

Part 1 of this narrative outlined findings on the military connections between the First Nations – notably the Ojibwe-Mississaugas (subsequently “of the Credit”) – the Givins family, and Fort York’s Military Reserve (Garrison Common),



The Mohawk Village, Grand River, 1793, with the “neat little church” situated prominently on the right, from a drawing by Lieutenant Pilkington, copied by Mrs. John Graves Simcoe. National Archives of Canada, C8448

Robert S. Allen. *His Majesty’s Indian Allies: British Indian Policy In the Defence of Canada, 1774-1815*, p.102. E-book, Toronto: Dundurn Press, 1992, <https://hdl.handle.net/2027/heh.01327>.



Caption courtesy of D.B. Smith (*Mississauga Portraits*, 2013, 56): *The Mississauga village on the Credit River, during the winter of 1826–27. Two families occupied these log homes, each family having its own room. Originally twenty of these houses were built, others followed. The Indian Department paid for them from the Credit Mississauga’s annuities, and the sale of lands at the Twelve Mile and Sixteen Mile Creeks, and lands north of Dundas Street in the remaining Credit River Reserve. Drawing taken from Egerton Ryerson, “The Story of My Life,” ed. by J. George Hodgins (Toronto: William Briggs, 1883), 59.*

encompassing the future Provincial Asylum site (1845–1976). Three structures on the future Asylum site were identified on 1816-18 military survey maps, as inferentially linked for follow-up support from the Mississaugas’ front-line service, partnering with the British-Canadian forces at the 1813 Battle of York. Also documented was their well-established allegiance with the Givins family, whose settler homestead was adjacent. Major Givins liaised with their leaders for their joint, front-line defence in that ill-fated battle. As the Warriors were overwhelmed in numbers and forced to retreat, his wife, Angelique Givins medically tended to their dying and wounded in the family’s dining room. Their home was later ransacked and pillaged by rogue American troops in a life-threatening reprisal – as well for prior losses to the Warriors and Givins at Detroit and Niagara. The invading General Dearborn professed to town leaders that he was powerless to stop them or interfere!

Then from the 1820 era, as unrelenting colonial settlement continued to pressure the Mississaugas’ traditional way of life, new conflicts arose for their creatively negotiated initiatives evolving in an agricultural and fishing economy based around the mouth of the Credit River. Robert Allen’s DCB entry for William Claus, a senior “Indian Department” official and Militia Colonel during the War of 1812-14, ably records that:

“For Claus and the department, the post-war years were marked by a dramatic shift in British policy towards

the native people of Upper Canada. In the new era of peace, the unhindered development of the province was urgently desired, and plans were put forward which would change the Indians from warriors to wards. Key elements in the strategy were the extinguishment of Indian land title and the location of Indians in specified villages or reserves. The first post-war decade witnessed seven major land cessions by the Ojibwas of Upper Canada, and Claus played a major role in negotiating them all. An agreement made at York (Toronto) with the Mississauga Ojibwas in February 1820 was typical, concluding with the assurance by Claus that ‘the whole proceeds of the surrenders . . . shall be applied towards educating your Children and instructing yourselves in the principles of the Christian religion’ and that ‘a certain portion of the said Tract – will be set apart for your accommodation and that of your families, on which Huts will be erected as soon as possible.’

And thus by 1820 was launched the official settler-colonial policy of steady, high-pressured Indigenous relocations, to clear the way for land-hungry European immigrants. While we now may think in terms of Indian residential schools having been launched from the 1870s – in fact it was a half-century earlier that the local agents of London’s Colonial Office outlined to their formerly crucial allies in wartime that both children and adults would henceforth be instructed in Christianity, and assimilated into European-style economies and towns.

Yet while the now-Port-Credit Mississaugas’ contacts in and with the Town of York steadily diminished, their land claim relating to the future Asylum site had not in fact been extinguished. Their historic tenure and uses of that site are now renewed and proudly celebrated in CAMH’s jointly-shared institutional history. <https://www.camh.ca/-/media/files/shkaabe-makwa-land-acknowledgement-poster-pdf.pdf>

After the War of 1812-14, the 1815 Treaty of Ghent did little to improve British-USA relations, leading up to cross-border raids flaring from both nations at Niagara during the Rebellions of 1837-38. By 1839, Upper Canada’s Lieutenant-Governor, Sir George Arthur believed that war with the United States ‘could ‘scarcely be avoided;’ and in spite of frequent lulls in the crisis he continued to forecast war.’ With prospects for further hostilities, the Great Lakes were considered crucial for Britain’s defence. Their armament in 1841 included four steamships and a schooner on the lakes, with two more steamships on order.

As the Town of York’s colonial growth continued and diversified to become the City of Toronto in 1834, population

pressures and civic activity steadily altered most of the Garrison Reserve’s original 1,040 acres from military to civil land uses. In the broader context, as the 1837-38 Rebellions saw border skirmishes in both directions at Niagara, Britain’s colonial expansion and defence authorities considered fortifying prominent civilian facilities – notably harbours, general hospitals, and prisons including Kingston Penitentiary.

Institutional proposals, such as the pressing need identified for an asylum, involved significant considerations. New Brunswick’s 1836 report led that province to build an asylum dedicated to humane and moral treatment of the mentally ill. Our original Queen Street structure followed after years of study and debate as the next Canadian facility for ‘moral treatment’ therapy, in the progressive models of Pinel and Tuke. Those and other planning studies by colonial authorities attracted strategic attention, as Wellington had expressed in 1841, to an institution’s prospective defence role through its scale and/or setting. From a therapeutic standpoint, mental hospitals aimed to benefit from varied scenery, and to lie within range of public roads thronged with life, ‘to encourage in patients the belief that they

were in a world of hope, and among beings engaged in the everyday business of life,’ as historian Sydney Wise later wrote. ‘The structure itself should exert a moral influence,

a Nova Scotian report held; ‘good taste and a regard for comfort should characterize all the arrangements, both internal and external, as calculated to induce self-respect and a disposition for self-control.’”

Considerable attention and debate were indeed paid in the 1830s–40s to our future Asylum’s setting and location – though often in broad terms such as Kingston versus Toronto, pastoral vs. urban – while attempting to make do temporarily in the city’s former jail. The Garrison Reserve as a locale for the future Asylum was evidently first suggested early in 1843 by the influential Upper Canada Receiver-General, John H. Dunn, who had been granted or leased five acres there. Dunn was a Reformer, and incidentally a Militia Colonel (evidently honorary). One of his Tory rivals was then attempting to pitch a competing location, not taken up, in North Toronto. As an interesting aside, in 1854 Dunn’s son – soon after his father’s death, sadly – for his distinguished gallantry became the first Canadian to be awarded the Victoria Cross, and the only officer thusly decorated, at the Charge of the Light Brigade. <https://www.veterans.gc.ca/eng/remembrance/medals-decorations/canadian-victoria-cross-recipients/dunn>

In September of 1843, however, persuaded by the area’s strategic location in the event of any recurring enemy hostilities, the Garrison Reserve – generally, not Dunn’s five acres – was selected (in the UK, by the Colonial Secretary,

Institutional proposals, such as the pressing need identified for an asylum, involved significant considerations



John George Howard, *Design for a University*, 1835. TPL: DC Pictures - R - 3956 and Heritage Toronto, #78.41.90

Lord Stanley) as the Asylum's locale. Col. William Holloway at Montreal, commanding their Corps of Royal Engineers, conveyed by a sketch his specific location, along the south side of today's Queen Street. His superior officer for all forces in Canada, General Sir Richard Jackson, also despatched to Stanley his advice that, "should an 'unscrupulous enemy' attack, perhaps the asylum could be made available for purposes of defence and the 'afflicted inmates' be removed to a place of safety."

Then in a two-year interval of general governmental inertia was included the appointment of a design and construction Board of Commissioners, which in Dec. 1844 selected an emerging Toronto architect, John George Howard. He set about designing the Asylum in the striking "monumental classicism" style, deriving inspiration from landmark buildings admired in the UK and USA. Previously Howard had proposed a monumentally ambitious concept in a Design for a Guild Hall (1833-4), that also combined a courthouse, post office, public library and Merchants' Exchange. A massive, ornamental block with Ionic portico and domed centre, later recalled in his Asylum design, this complex was depicted for an open space between the existing Jail and Courthouse on King Street, at Church Street. Next followed Howard's dramatic, classical "*Design for a University*" in 1835 – **reproduced above** with a prominent, central turret. Neither contract was awarded. Both proposals were then far too elaborate and expensive for Toronto. Yet pleased with those concepts, while his Asylum was under construction in 1847, Howard submitted those proposal presentations to Toronto's Society of Arts exhibition.

In her incisive doctoral thesis on Howard and a contemporary architect, Thomas Young, art and architecture history authority, Sharon Vattay revealed Howard's love

of other high or soaring symbols, notably church spires, steeples, and his proposal (declined) for Brock's monument. Concerning Howard's career-defining Asylum contract, as well as his sidelines as a structural engineer and surveyor, Vattay observed:

"An earlier Anglican project that brought a good deal of recognition to Howard was St. Paul's, Toronto, in 1841. He was particularly proud of his work there, demonstrating special expertise in the raising of the spire. Illustrations in Howard's surviving sketchbooks show his propensity towards mechanics and engineering. The wooden steeple was built on the ground in a horizontal position, comparable to the technique used by shipbuilders. Howard then devised machinery to raise the steeple, and hoist it into place, securing it in a vertical position. This resulted in speedy erection and did not pass unnoticed. It took a few hours and 'appeared to those unacquainted with what was going on to have risen amongst the trees as if by magic,' quoting Henry Scadding, 1873.

Insofar as the Asylum was concerned, Vattay located details of meetings in Montreal with Colonel Holloway, the commanding officer of the Royal Engineers, in Howard's Journal and the Commissions' Minute Book: "The purpose of the meeting was to give the commanding officer the opportunity to offer suggestions "in respect of the disposition of the buildings as may tend to afford collateral defences in the event of it being desired to occupy it hereafter by a local force. The architect was under the dictate of not just the client, but another level of authority that had a say in the design of the building." Shirley Morriss, Toronto historical

preservationist and the Editor of Howard's Journals, has collaboratively observed: "In the Spring [1845], in compliance with the colonial secretary's orders, Howard and two of the Asylum Commissioners journeyed to Montreal to present the completed plans to [Colonel Holloway]. Whether changes were requested is not known, only that the authorities granted approval in June. ... They may have wanted a sentry lookout against invasion, or a beacon for shipping on Lake Ontario." The former explanation is the more likely, since lighthouses closer to the lake would serve the latter function.

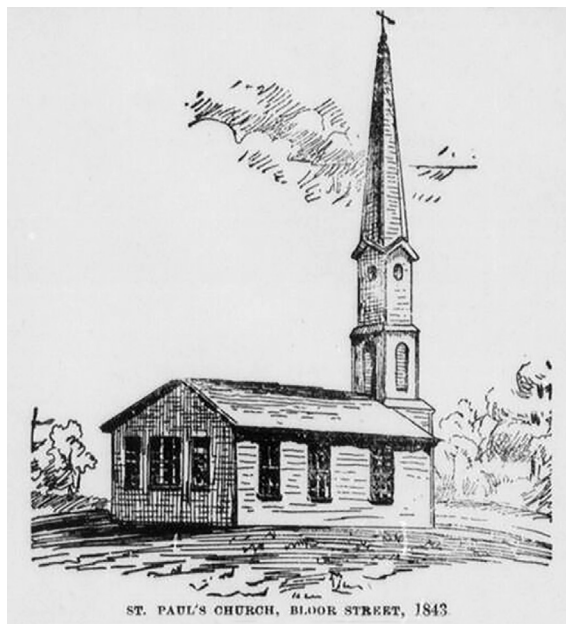
What, then, may have been agreed at this 1845 Montreal conference for designing and readying the Asylum as a partially fortifiable structure? Exactly which defence considerations did the experienced and dedicated chief military engineer, Col. Holloway – who was also then engaged in reporting to his UK superiors on "the Defences of Canada" – outline as requirements for the Asylum Commission representatives and architect Howard?

Since secrecy is a fundamental characteristic of strategic/tactical military planning, Holloway's precise official advice

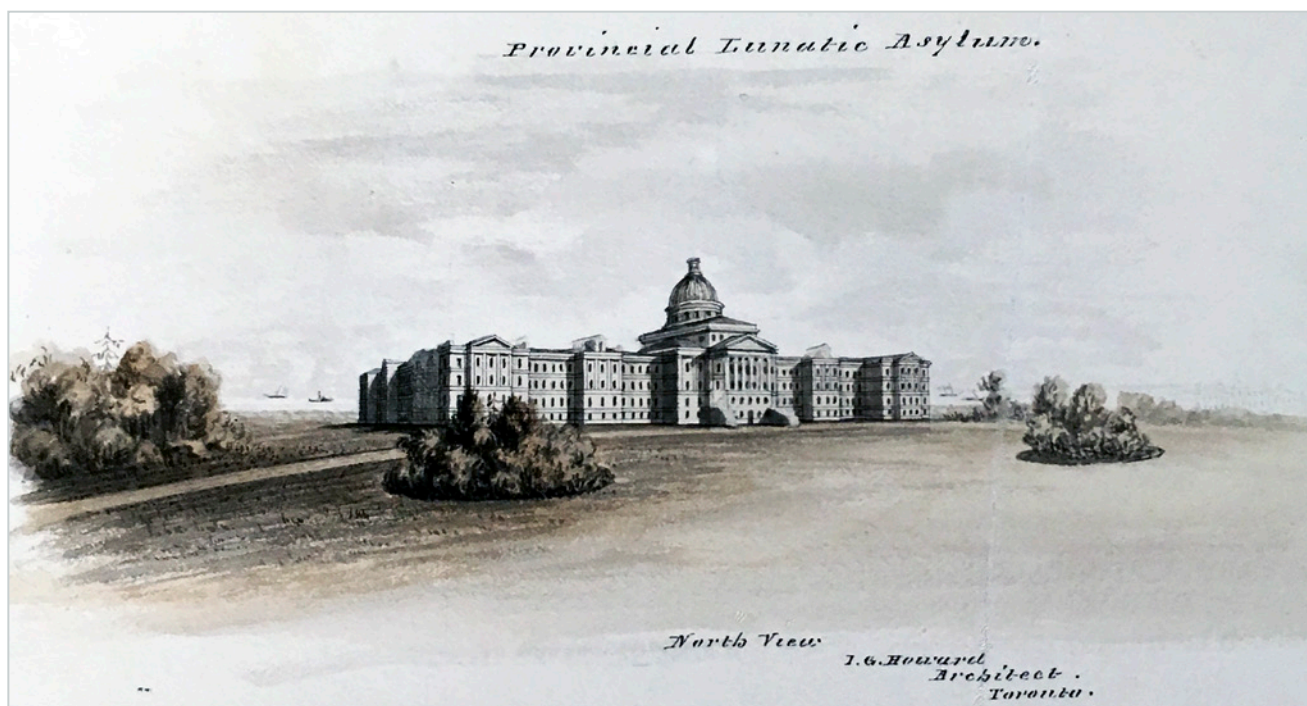
has mostly eluded written sources. Clearly, however, the rooftop's prominent lookout turret would have been a military stipulation – based on: its design for personnel access as a secure, windowed observation tower; its considerable additional expense in this carefully-budgeted Asylum project; and the design for access into it via an elaborately-suspended, interior circular staircase.

An additional, likely defence-related aspect, as well as for "the privacy of the patients" (Superintendent's Report, 1852), were the site's high, brick-and-stone perimeter walls – still partly preserved today via a Heritage Designation. From designs by two successive architects, they emerged in stages over the initial eleven years as the facility opened in operation. As well, the building's outer structural walls were primarily of "white brick" having a high, limestone base to

the ground-floor window sills, with stone cornice and trim. The pitched roof, although later re-shingled with slate in 1857, was initially a sheet-metal surface with "shiny tin ... which could be seen from Oakville" – and was more fireproof than wood shingles. Architectural reviewer, Eric Hounsom has also noted that: "Howard's building was one of the first on



John G. Howard, Architect - St Paul's Church, 1843, in J.R. Robertson, *Landmarks of Toronto*, p.15.



Asylum - J.G. Howard, ca1845 - PLA, north view - concept drawing - TPL IMG 7566 (cropped to image)



Asylum Dome interior, circular stairs, in situ, pre-demolition, ca.1974 - courtesy CAMH Archives

the continent to have hot and cold running water. Plumbing was fairly new at that time, and the architect's specification explained in detail how each item was to be made – for plumbing fixtures were constructed, rather than merely purchased and installed.”

Howard's distinctively prominent asylum dome housed a 30-foot diameter room with a 12,000-gallon, 20-foot circular water tank of rivetted boiler plate, 5'4" high, refilled twice daily by pump from the Lake to supply fresh water for indoor plumbing (then scarce) through a gravity-fed system. His

iconic, circular staircase spiraled directly above the reservoir, with an inverted “acorn” newel post ornamentally between them. The dynamics of an apparent helical vortex seemed to hold the stairs in mid-air, connecting at its lower end to the dome room's perimeter. In Peter Stokes's words, it was “a magnificent example of the joiner's art.” A steep ramp leading up to the circular, or “corkscrew” stairway provided staff access to the cupola-like watchtower (an unlit “lantern” or turret) surmounting the dome's roof. This stairway – still today partially preserved on exhibit at CAMH – combined



*Silver albumen photo (1868) reproduced as a postcard by the Notman & Fraser Studio of Toronto, courtesy of the Toronto Reference Library, Baldwin Room, and the CAMH Archives. Master image: Asylum (Toronto), 1868. William Notman and John R. Fraser Studio, Toronto. McCord Museum, Montreal, 1-34480.1. See Nathan Flis, "Images of the Toronto Provincial Asylum, 1846–1890," *Scientia Canadensis* 32:1 (2009, 21-50), 37-8.*

with the turret, may have seemed elaborate design conceits, or flourishes – especially as “the nervous government still insisted on a substantial overall reduction in costs,” as Shirley Morriss concluded.

The land had been granted by the British colonial military officials from their Garrison Reserve lands, with other conditions or precautions – perhaps including that dense building walls be thick enough to fortify in the event of an attack. As noted, that threat continued to be regarded as a distinct possibility: Upper Canada had been invaded by the USA in 1812-14, during the rebellions of 1837-38, and then later during the Fenian Raids of 1866. This turret above the dome appears striking in the familiar, 1868 photo by the notable Notman and Fraser Studio of Toronto. The turret portion, however, did not survive past the early 20th century – most likely due to lightning strikes. It did survive in situ for a 1910-era photo of the front elevation and grounds.

When the Asylum was dismantled in 1976 as a part of Queen Street’s 1970s’ reconstruction project, the staircase was extracted by crane (rather like coring an apple), and partly preserved with an interpretive plaque, initially within the Paul Christie Community Centre (“the mall”). The dome was renowned for having been visible from great distances in the city and over the lake. Over time it became emblematic of the institution. As the city, its industries and the railways expanded around it, however, the Asylum’s buildings became

blackened by smoke and soot. Prospectively costly exterior structural upkeep was steadily deferred, pending ideas for replacement structures that were considered through more than 70 years. “999 Queen Street” had regrettably become a smoke-blackened eyesore, and a conspicuous proxy for the stigma that clung relentlessly to mental illness. Brighter vistas were sorely needed, both physically and metaphorically, which gave impulse and hope to the 1970s’ and the post-2000 CAMH redevelopments.

Sources & Further Reading

As for our Part 1 article (Spring 2021), historically consistent names of people and places are used here in context.

The Mississaugas of the Credit First Nation have prepared a well-researched, illustrated account of their “Historical Territory Resource and Land Use.” <http://mncfn.ca/wp-content/uploads/2018/08/The-Mississaugas-of-the-Credit-Historical-Territory-Resource-and-Land-Use.pdf>

Fully reliable sources that relate to Upper Canada’s settler-colonial history and architecture include the doctoral dissertations by Harvey Stalwick (1969), Thomas E. Brown (1980), and Sharon Vattay (2001), and a master’s thesis by Gifford C. Price (1950).

The principal, authoritative sources consulted for Canadian, UK and USA outcomes and follow-up from the War of 1812-14 – in addition to those already cited in Part 1 – are: Kenneth Bourne, *Britain and the Balance*

of Power in North America, 1815-1908 (1967); Robert S. Allen, *His Majesty’s Indian Allies: British Indian Policy in the Defence of Canada, 1774-1815* (1993); Tony Partington (*The Fife and Drum* periodical, Oct. 2018), and the *Dictionary of Canadian Biography* (DCB) biographical entries for James Givins, **Kahkewaquonaby** (Rev. Peter Jones), Sir George Arthur and J.H. Dunn.

Authoritative, scholarly published books that extensively reference the history of the Provincial Lunatic Asylum, Toronto (and as later variously re-named) at Queen Street, prior to the post-1998 CAMH era, include: Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870 - 1940* (2000, 2009), and his preceding U. of Toronto doc. diss. on that subject; Christine I.M. Johnston, *The Father of Canadian Psychiatry: Joseph Workman* (2000); Edna Hudson (ed.), *The Provincial Asylum in Toronto: Reflections on Social and Architectural History* (2000); and Edward Shorter, *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals* (2013).

FoCA Board of Directors Bids a Sad Farewell to Aden Roberts



It is with great sadness that we report the death of a long-standing member of the FoCA Board. Aden Roberts passed away on July 3, after a long struggle with cancer. Aden joined the Board in 2008 after a career that saw him employed, at different times, by both the Lakeshore Psychiatric Hospital and the Queen Street Mental Health Centre. He strongly supported our mission and could be counted on to offer wise advice and counsel. Aden was also our “unofficial caterer,” always arriving at meetings with a box of cookies or some other treat. We will miss Aden and are grateful for the contributions he made over the thirteen years that he served.

(L. to R.) CAMH Vice-Chair, Michael Burns; Manager of Spiritual Care and Volunteers, Michael Taylor; and FoCA volunteer, Aden Roberts, seen studying the Archives' display of the former Administration Building's time capsule contents – installed in 1954, supplemented in 1977, and re-installed in the Doctors Assn. Bldg., 101 Stokes Street, 2012. Photo, Oct. 2009: Sharon Kelly for CAMH Archives.

Hewton and Griffin Funding Awards to Support Archival Research in 2022

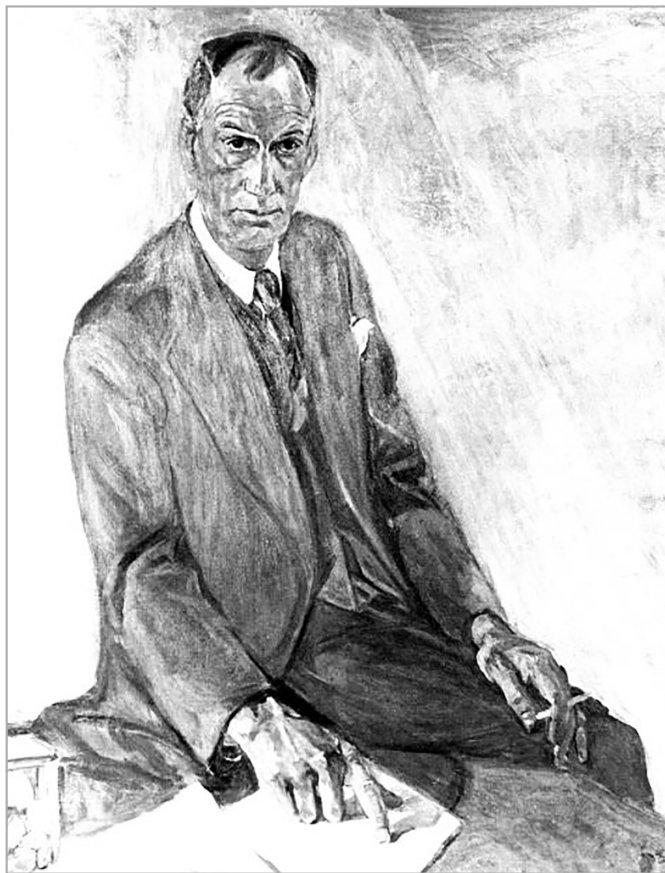
The Friends of the CAMH Archives (FoCA), dedicated to the history of Canadian psychiatry, mental health and addiction, have established two endowment funds. These endowments annually provide funding in memory of their late colleagues, Ms. E.M. (Lil) Hewton and Dr. John D.M. Griffin, OC.

These funding awards will provide financial assistance to students, and others not necessarily associated with an academic institution, who propose to undertake archival research on an aspect of the history of mental health, including addiction, in Canada. The FoCA Board at its discretion may approve awards to a maximum of \$5,000 each.

There is no application form. Candidates are invited to submit a letter of intent, not exceeding 500 words, together with a budget and résumé, not later than November 30, 2021. These research awards are conditional on the recipients agreeing to submit progress reports within one year, and a final report including a financial synopsis within two years of receiving their financial allocation.

For examples of the archival research projects (formerly “Bursaries”) previously awarded, please refer to that feature as included in the SPRING editions of our past years' Newsletters, indexed at: <https://www.camh.ca/en/health-info/camh-library/camh-archives/friends-of-the-archives>

To apply for a 2022 award, please submit an application by the November 30, 2021 deadline, preferably via e-mail, to: friendsofthecamharchives@gmail.com



Photo, c. 1952 (Page Toles Studio, Toronto) of a portrait by Group of Seven artist, Frederick H. Varley (1881–1969), of that era's prominent leucotomy (or “lobotomy”) surgeon, Dr. Kenneth McKenzie (d. 1964). Courtesy CAMH Archives, Dr. J. Allan Walters fonds, F34.5.1.

Or by surface mail:
Sydney Jones – President, Friends of the Archives – CAMH
1001 Queen Street West, Toronto, Ontario M6J 1H4

NOTICE OF ANNUAL GENERAL MEETING

To Be Held *VIRTUALLY* Wednesday October 6, 2021

NOTICE is hereby given that the 31st Annual General Meeting of the Friends of the CAMH Archives will be held remotely, rather than in-person, on Wed., Oct. 6, 2021 at 6:00 p.m.

All those interested are cordially invited to attend virtually, although only those having subscribed via current membership may participate in motions and voting.

Please register by email: friendsofthecamharchives@gmail.com

Further details for connecting virtually will follow in due course.

Friends of the CAMH Archives (FoCA)
Centre for Addiction and Mental Health
1001 Queen St. West, Toronto, Ontario M6J 1H4
friendsofthecamharchives@gmail.com

FoCA Board of Directors:
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Newsletter Design: Ted Smolak Design
ted@tedsmolak.design www.tedsmolak.design



Membership Renewal Notice for 2021

New & renewal memberships and donations are preferred via our safe, secure, online partner:



www.canadahelps.org or by surface mail

Name: _____ Prefix: _____

Address: _____ Postal Code: _____

E-mail: _____

* Membership: \$30.00 or \$25.00 for students & seniors, on a calendar year basis (currently valid through Dec. 31, 2022)

* Donation: \$ _____ (optional, at your discretion) Total: \$ _____

** An Income Tax receipt will be provided for your membership remittance plus any additional donation.*

*Please consider remitting online or, alternatively, by mailing this form together with a cheque, payable to "Friends of the CAMH Archives"
Surface mailing address: Friends of the CAMH Archives, 1001 Queen Street West, Toronto, Ontario M6J 1H4*