



FRIENDS OF THE **camh** ARCHIVES

NEWSLETTER

A not-for-profit, charitable organization of hospital volunteers

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An Early Attempt to Understand the Belcher Island Murders

by David Berg

Regular readers of this Newsletter may recall that it was announced in the Spring 2021 edition that I had been awarded the Griffin Archival Research Award to continue my work on the so-called Belcher Island Murders of 1941. The Belchers are off the east coast of Hudson's Bay and are part of Nunavut. The modern community of Sanikiluaq is located there. In early 1941, there was no settlement, the inhabitants living the traditional nomadic lifestyle of the Inuit. A burst of religious fervour early that year resulted in the deaths of several people and some others were ultimately charged with their murders. The focus of my research is the trials that took place there in late August of that year.

Archival research during a time of plague is somewhat constrained. Archivists take the position, for some unfathomable reason, that their own health and safety trumps my need to root around amongst the fonds. Thankfully, their common sense governs my obsessive research style. That said, being fully vaccinated, possessing masks of the highest quality, and able to take advantage of lulls between waves of variants, I have managed to access the archival collection at the Canadian Museum of History in Gatineau as well as that held by the Avataq Cultural Institute in Montréal. Some of what I found in those collections, I believe, may be of interest to the readers of this Newsletter.

Psychiatry played a narrow role but had a significant effect at the 1941 trials. One of the accused, a woman by the name of Akeenik (Agnes) was found to be not guilty due to temporary insanity, a finding that was not supported by any psychiatric evidence and that did not exist as a legal concept in Canadian law. The legal concept of 'insanity' (i.e., not being criminally responsible due to mental illness) as opposed to 'temporary insanity' exists and of course has done so for a long time in our law; it was the law in 1941. However, here, there was no evidence that Akeenik was suffering from a mental illness either generally speaking or at the time she killed Sarah Apawkok. A finding of temporary insanity suggests that perhaps some transient psychosis was in effect, a psychosis

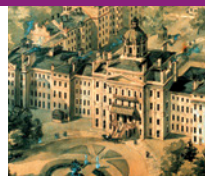
that was never diagnosed either prior to or after the event. From the legal standpoint, there must be some evidence that an accused 1) suffers from a mental illness and 2) that the symptoms of that illness were in effect at the time of the offence such that the accused either did not know that their actions were wrong, or was unable to appreciate the nature/quality of those actions. The term 'temporary insanity' sounds good, but it is meaningless from the legal standpoint. The presiding judge, the Crown Attorney, and the defence lawyer would all have been well aware of this.

Another woman, Mina Sala, was found to be unfit to stand trial. Prior to the trial, she had been sent from the north down to the Toronto Psychiatric Hospital for an assessment. It was ultimately the opinion of Dr. Farrar and his team that there was nothing wrong with her. Nonetheless, upon her return north, the jury found her to be unfit. My working thesis is

(continued)

NEXT ISSUE: 40th ANNIVERSARY

The FoCA - Our 40 Years of Preserving & Sharing Canada's Mental Health History, 1982 to 2022



FRIENDS OF THE **camh** ARCHIVES
NEWSLETTER

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***Forty Years and Still Volunteering
- the FoCA Since 1982***

that the outcomes at trial for Mina and Akeenik had more to do with the existence of the death penalty as a virtually inevitable outcome for a conviction for murder, and little or nothing to do with psychiatry.

I was aware of the foregoing prior to attending at the Canadian Museum of History and Avataq. It was while I was at those institutions, masked but happily working my way through the files, that I came across indications that there had been a plan in the mid-1950s to attempt to understand the causes of the religious murders of 1941 by means of psychology and psychiatry. For reasons that I will explain, this research does not appear to have ever been carried out. Nonetheless, it is an interesting story.

Early in 1941, one of the 160 inhabitants of the Belcher Islands declared that he was Jesus. This man, Charlie Ouyerack, told some of the other Inuit who lived in that part of the islands that a second man, Peter Sala by name, was God. Charlie explained that Jesus, the real Jesus, would be coming back to the world soon (the finer theological points of this parousial movement are obscure). The belief of the people who accepted what Charlie was saying reached fever pitch. Over the course of a few days, three people who appear to have rejected the teachings of Charlie Ouyerack were identified as Satan and killed; two were shot, a third, a teenaged girl, was beaten to death. Then, a bit later, Mina Sala, the sister of Peter, became convinced that the Second Coming was imminent. She convinced a group of women and children to go out onto the sea ice and strip off their clothing. Several died from exposure.

The RCMP became aware of what had occurred and commenced an investigation. Charlie, Peter, and Mina as well as four others were charged with murder. A judge and two lawyers were brought from the south and the trials were held in the Belchers in late August of 1941. One man was acquitted. Akeenik, the killer of the teenaged girl, was found to have been 'temporarily insane'. As we have seen, Mina was found to be unfit to stand trial. The others were found guilty of manslaughter. No one was found guilty of murder, a capital offence at the time requiring the death penalty. The book I am preparing will show how the jury was brought to these outcomes by the judge and lawyers.

Academic interest in the events of 1941 began with the arrival of scholars in the islands and along the east coast of Hudson's Bay in the late 1940s and early 1950s. One of

those researchers was a French anthropologist by the name of Claude Desgoffe who was in the employ of the Canadian Government. From an article that was published in 1955, it becomes apparent that Desgoffe had been speaking to the *Qikirtamiut* (the Islanders) about the religious killings of 1941. He had probably conducted this preliminary research during the summer of 1954. He returned to the Belchers the following year and, unfortunately, was killed there along with two Inuit companions, probably as a result of an explosion on their boat. Their bodies were never found.

Prior to his death, it seems that he was preparing to conduct multi-disciplinary research into the effects on the Islanders of cultural contacts with the south. This would have included the effects of Christianity on the *Qikirtamiut* who had followed traditional religious beliefs earlier in the century. Clearly, the spasm of violence in 1941 would have been grist for the mill and his 1954 discussions would, it seems, have been a prelude to more intensive

cross-cultural psychological research. It is unclear whether he did anything further in this regard prior to his death during the 1955 research season. However, there are certain indications that some initial field work possibly was done.

After his death, friends and colleagues gathered up his belongings including material related to his research efforts. Some went to what was then the National Museum of Canada, while it seems that some of his colleagues divided the rest amongst themselves. The Archives of the Canadian Museum of History (a successor to the National Museum of Canada) contains a document entitled "A Comparative Study of Anxiety in the Eskimos: Suggested Pilot Study". Desgoffe proposed to commence fieldwork in the summer of 1955 and to continue the following year. The deaths of 1941 are not mentioned in the proposal document, however, there is reference to the study of

psychological and social mechanisms for dealing with socially induced fears and those due to external danger, the breakdown of such mechanisms under severe [sic] stress and in the process of acculturation, improvised mechanism developed in such situations, and individual reactions as part of the social phenomena.

Clearly, the murders would have been grist for the research



Mina Sala in Inukjuak, ca.1948. Frederica Knight. © Avataq Cultural Institute, IND-FK-009



All the accused (except Mina Sala) and their lawyer, J.P. Madden. Photo by James McCook, Sheila McCook Fonds, Nunavut Archives.

mill. The proposal notes that the research would have been led by Desgoffe and a psychiatrist then at McGill University, Dr. T.J. Boag.

Related, perhaps, to Desgoffe's "Suggested Pilot Study" is an undated, unsigned, draft document that may have been authored by the late Lee Guemple (later a professor of anthropology at the University of Western Ontario) and is found in the archival collection at Avataq Cultural Institute in Montréal. It makes reference to "a number of Rorschach protocols for some of the principles in the [1941 religious] movement," noted that Mina Sala had undergone psychiatric observation, and remarked that "Peter Sala ... also underwent interview [sic]. Rorschach protocols are also available for him." The author of the document does not seem to have been aware that the observation that what Mina Sala had undergone had been at a psychiatric hospital in Toronto, and provided no further information about the analysis of Peter Sala.

I have not been able to track down field notes for any interview of Peter Sala by Desgoffe or a colleague. However, my search continues. I very recently came across a reference to movie film stock that was utilized by Desgoffe in the Belchers during the weeks prior to his death. He had been provided with movie film stock by the National Film Board in order to record things of ethnographical and anthropological interest. Archivists at the NFB are trying to locate this film for me.

Have I mentioned my obsessive manner of research? I would be grateful to any reader of this Newsletter who has an idea of where else I might look for Desgoffe's field notes, if they reach out to me at davidallenberg@gmail.com.

Author:

David Berg, MA, LLB, PhD, an independent scholar based at Ottawa, Ontario, was granted a Griffin Archival Research Award in 2021 by the Friends of the CAMH Archives. He has received permissions for reproducing the above two photographs.

Further Reading:

For those interested in reading further on the subject of the Belcher Island Murders, see two excellent studies: William Closson James, "Sacred Death: the Belcher Island Massacre" in *Locations of the Sacred* (Waterloo: Wilfred Laurier University Press, 1998) pages 101-130; and Corah Lynn Hodgson and P. Whitney Lackenbauer, *'Religious Frenzy' and the Application of Canadian Law: The Belcher Island Murders, 1941:*

<http://lackenbauer.ca/wp-content/uploads/2020/12/belcher-island-murders-CH-PWL-upload.pdf>

Hewton and Griffin Archival Research Awards for 2022

Suze G. Berkhout, MD, PhD, FRCPC

*Clinician-Investigator, University Health Network;
Assistant Professor, Dept. of Psychiatry, and Institute for
the History and Philosophy of Science and Technology
(IHPST) – University of Toronto*

Griffin Archival Research Award

Limits of Cure:

Treatment Resistance (TR) in Mental Health

I am undertaking this research in collaboration with Csilla Kalocsai, Education Scientist at Sunnybrook Health Sciences Centre. Dr. Kalocsai and I are studying TR in mental health as an emerging classificatory schema, with the aim of understanding the history, politics, and unintended consequences of TR's development. TR refers to the experience of not adequately responding to medical intervention despite adequate treatment dosages or protocols. The term is most frequently employed in schizophrenia-spectrum illnesses and major depressive disorders and is increasingly applied across different areas of mental health.



Allan Memorial Institute ("Ravenscrag") - McGill U Archives

As a concept, definitions of TR have been divergent and shifting, and these shifts are often naturalized in the psychiatric literature. As such, there is an urgent need to understand the social and historical context that has shaped the development of the concept. To better conceptualize TR as an emerging construct in mental health, I propose to undertake research at the McGill University archives, which are home to the records of psychiatrists central to shifting treatment paradigms for schizophrenia and depression. I will examine the complete D.E. Cameron fonds, as Cameron was the first director of the Allan Memorial Institute; he played a significant and controversial role in the use of

ECT in schizophrenia. I will also examine letters from the Wilder Penfield fonds relevant to schizophrenia as well as relationships between the Allan Memorial Institute and the Montreal Neurological Institute, and related materials in the Robert Allen Cleghorn and Theodore Sourkes fonds.

The archival search will aid in examining the movement away from somatic treatments for schizophrenia and depression (insulin coma, ECT) to the use of pharmaceuticals in Montreal in the late 1950s and early 1960s, and the rise of neuropsychopharmacology in psychiatric practice at that time. The transition away from technological and somatic intervention to medications is a foundational paradigm shift in the history of TR, and Cameron as well as others at McGill were part of the debates and practices that surrounded this shift. The archival research will complement work that we are currently undertaking, as part of our genealogy of TR.

The archival research will also support our plan to expand the "Limits of Cure" project through a SSHRC Insight Grant in 2023. We will undertake an ethnographic study that examines the dynamic relationship between TR diagnosis and interventions in psychiatry, practices surrounding TR diagnosis, and the impact of the TR label on psychiatric service users.

Heather Ellis, BA, B.Ed, MA

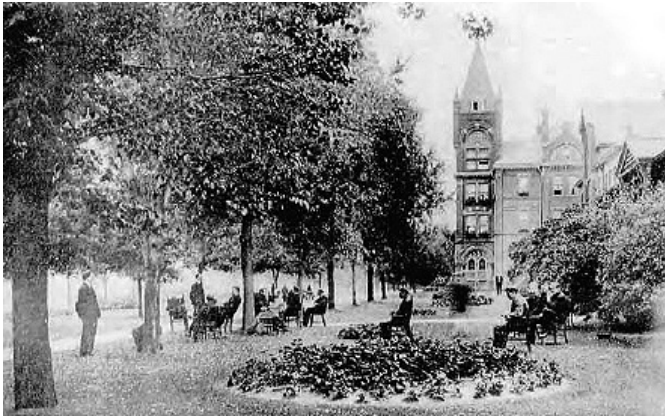
PhD candidate - History, Western University

Hewton Archival Research Award

Family Members, Hospitals and Bureaucracy: Working to Care for Psychologically Wounded WW1 ex-Servicemen

The past two decades, there has been increasing concern over the rising mental health crisis in the Canadian Armed Forces. Veterans' organisations, community leaders, and veterans' family members have called upon the Canadian federal government to intervene in this crisis. As of November 2020, 26% of the returned armed forces receive disability benefits from Veterans Affairs Canada for a mental health condition. Of this group, 71% are diagnosed with Post Traumatic Stress Disorder. Questions as to who is responsible for the mental well-being of returned soldiers and how the government can adequately provide for these veterans have dominated public discourse of ex-servicemen. These questions and arguments have deep historical roots within Canadian military and medical history.

My dissertation explores the historical underpinnings of these discussions by examining the postwar experiences of



Ontario Hospital Lakeshore, ca1930 - CAMH Archives, PK Crawford fonds

shell-shocked ex-servicemen and their families. The "Great War" was the first Canadian conflict that saw a dramatic rise of mental illness in returned soldiers. Divided into five thematic chapters, each explores a specific element of a veteran's life in the postwar period. I explore pension policy and how this constructed a particular image of shell shock, the experiences of hospitalisation, the process of applying for a pension, the impact mental illness had on family members and the role family members played as advocates and at-home nurses. The third chapter explores how shell-shocked veterans applied for pensions and other forms of financial assistance in the interwar period. In this chapter, I will examine the ways in which organisations such as the Soldiers' Aid Commission interacted with, and aided veterans.

Many veterans with mental illness were forced to apply for different forms of financial assistance because their pension rates were not high enough to maintain their families. My final chapter explores the ways in which mental illness impacted family members and the roles family members played in veteran care. The Soldiers' Aid Commission Records will also be used in this chapter, examining the ways in which families were impacted by mental illness and the importance of familial care in the postwar period. This chapter will also use select court records to uncover domestic disputes between husbands and wives. Several wives took their husbands to court for spousal neglect and abuse; these records are not held in the pension files. Access to the Soldiers' Aid Commission documents and the court records will allow me to explore how disability was negotiated in multiple landscapes. These records are important to uncover and complicate the financial and emotional strain mental illness placed on veterans and their families in interwar Canada.

Fiona L. Kenney, BA, Master of Design Studies, PhD candidate

School of Architecture, McGill University, Montreal

Griffin Archival Research Award

**Dissertation - Architecture as/of Care:
Interpretations of Palliative Philosophies,
1967 - 2000**

This funding will support my dissertation research at the McGill University School of Architecture, under the supervision of Professor Annmarie Adams. My project has changed slightly since this time last year; I previously saw my dissertation as being primarily philosophical, seeking to answer questions such as 'what impact might a shift towards care in architectural ethics have on the way we design for palliative care?' Through my research over the last year, however, I've discovered just how little attention has been paid to historical approaches to architectures for care. While historians and architects have studied specific typologies—like the hospice, the sanatorium, or the asylum—in isolation, no study has grouped these typologies together under the umbrella of 'architectures of care': a concept I define as those medical environments outside the purview of the traditional medical desire to cure.



"The Village," Langley, BC. (By permission.)

I specifically look at palliative care, the architectures of which have resisted adjacent typologies (the institutional architecture of the hospital, for example) in the same way that the hospice philosophy resists the medical desire to cure—simultaneously presenting a unique challenge and opportunity. My project has shifted to include significantly more historical research as I seek to uncover what care, as an amorphous concept, has looked like to architects since the early 1970s, when the term 'palliative care' was coined by Canadian (McGill) urologist Dr. Balfour Mount.

Palliative care today occurs in many settings, treating many chronic illnesses. Although the Alzheimer Society of

Canada suggests that palliative care improves the quality of life of those living with advanced dementia, research has found that seniors with dementia are “Infrequently referred to or are denied access to hospice care.” (C.I.H.I.)

My research focuses on certain questions. What assumptions have historically underlain approaches to hospice design? How, if at all, have designers attempted to negotiate between the universal specifications of hospice architecture and the unique needs of residents depending on specific conditions? For example, the dementia village model, developed in the Netherlands and most recently adapted in Langley, British Columbia, is an example of an architectural response to specific needs.

Carly Seltzer, BA, MSW, RSW

*Social Worker, Early Psychosis Intervention (EPI),
Canadian Mental Health Association (CMHA), Toronto*

Hewton Archival Research Award

Archival Research on the Forensic Mental Health System in Canada

I am a social worker in Toronto, working on an Early Psychosis Intervention team with individuals ages 16-34, doing case management, advocacy and coordination of care. It is with great pleasure that I receive this grant in support of my archival research on the forensic mental health system in Canada. Through my experience supporting clients, I have learned a great deal about the intersection of the mental health system and the justice system. This intersection is significant and unique in the forensic mental health system.



*CAMH buildings, 1001 Queen St. W., Toronto - 23 July 2019.
Photo by Veronica Henri /Toronto Sun*

Over the past year I have been working collaboratively with a criminal defense attorney and a person with lived experience navigating the forensic system, to conduct research on the forensic mental health system, with a specific focus on CAMH and Waypoint Hospital. Together, we have produced a chapter for a forthcoming publication looking critically at social work as a practice and an institution. Our chapter focuses on both anecdotal experience and academic research while highlighting the lack of formal and accessible data on the forensic system. For example, information on the use of solitary confinement and restraints in hospitals, inpatient suicides, inpatient fatalities, inpatients with precarious immigration status, and racial demographics.

We know from our experience and research that Black and Indigenous men and people of colour are over-represented in this system. We requested this information from CAMH and Waypoint through making Freedom of Information (FOI) requests. The cost of our FOI to CAMH was well beyond our means due to no formal funding for our project. Through the FOI requested data for active patient records, we believe it would be beneficial to the canon of knowledge to have archival data and analysis available to the public about this system.

Our hope and intention with continuing this project would be to develop a deeper understanding of the historical records of forensic mental health within Ontario and potentially across Canada. It is our hope that this research could continue to become more publicly available through publication and community-driven initiatives. We share a mutual belief in the transformation of this system and a hope for a different future.

In our historical research we found that, interestingly, indefinite confinement as a response to individuals deemed NCR can be traced back to the 1800s. The Law Reform Commission Report, 1976 recommended that a person acquitted on the grounds of insanity be genuinely acquitted, as opposed to indefinitely detained. Entering the forensic system today, you are not given a definite sentence. A 2020 report by CAMH states that individuals often remain in the forensic system for an average of 7-8 years, sometimes for decades or indefinitely. Archival research would continue to support a contemporary analysis of this complex and at times fatal system.

Kira A. Smith, MA (Public History)

Doctoral Candidate – Critical Disability Studies, York University

Hewton Archival Research Award

Dissertation: Institutionalizing Mad Children in Canada, 1870 – 1940

My dissertation research seeks to explore the understudied subject of children in psychiatric institutions. My research will answer several questions including: how were children's experiences shaped by provincial psychiatric institutions, and how did contemporary thinking perceive children deemed mentally ill? What were the social conditions that led to the institutionalization of children? How did children experience these institutions' policies and practices? How does this affect the current mental health treatment of children?



Early 20th cent. childrens' instit. - CAMH Archives, CB Farrar fonds

To answer these questions, I will use a combination of provincial archival holdings from across Canada, historical texts on child psychiatry, and relevant political documents concerning psychiatric care. I will consult a variety of archives across that country that I have identified as likely the most successful options for studying children. This list includes the Brandon and Selkirk Asylum, the Orillia Asylum, Toronto Asylum for the Insane, Woodlands Institution, Riverview Hospital, the Prince Edward Island Hospital for the Insane, and the Quebec Lunatic Asylum. The information collected from case files will produce an overview of children in Canadian Asylums.

Additionally, specific case files will be used to reconstruct an average day from the patient perspective. In doing so, I will be able to create a human dimension to this history, which is often told from an institutional and medical perspective. The purpose of this approach is to diversify perspective—taking while writing this history, and decentre the power that is generally held by the institution and those

in decision making positions. In writing this history, I intend to blend fact and fiction. This approach requires a close reading of the case files to listen to the emotions behind the documents. In using fiction, I will be able to get at the heart of what the average days may have looked like and how the space of the asylum was experienced — experiences that are not explicitly found in the historical documentation.

My research will contribute to the growing number of scholars pushing to centre disability as a legitimate social location, and work towards the development of an intellectual corpus that validates the historical experiences of mental illness. As it stands, we currently know little about how psychiatry was experienced, and almost no attention has been paid to children.

Recounting Huronia, a project in collaboration with survivors of the Huronia Regional Center, revealed some of the substantive abuse institutionalized children and youth faced. This project highlighted the need for survivor knowledge, especially children. Furthermore, Reaume argued for the need to understand the history of mental illness and psychiatry, noting its relation to current inequalities (Reaume 1994). It is with a better understanding of both historical and contemporary children's experiences, as valid and significant, that we can begin to imagine a new mad consciousness and approach to collective care, which centres kindness, compassion, and choice.

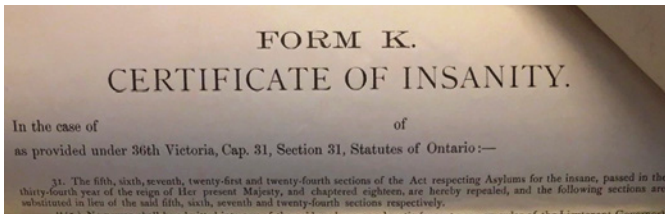
Filippo M. Sposini, MA, PhD candidate

Institute for the History and Philosophy of Science and Technology (IHPST), University of Toronto

Hewton Archival Research Award

Dissertation – The Certification of Insanity: A Transnational History

The certification of insanity was a medico-legal procedure for regulating admission to lunatic asylums. My dissertation explores the certification of insanity as a transnational phenomenon emerging in the second half of the nineteenth century. Considering a variety of sources, it traces the origins of a certification system developed in Victorian Britain and its diffusion in numerous jurisdictions. A relatively uncharted territory in historiography, my thesis is that the spread of lunacy certificates around the world created far-reaching consequences for individuals, science, and society. In particular, this procedure created stigmatized identities for patients, it exposed medical practitioners' lack of expertise, and it produced the “certified insane” as a statistical category.



Thanks to previous funding granted by the Friends of the CAMH Archives, I have traced the origins of certification in England and Ontario. Years of research have resulted in several publications. First, I focused on the confinement provisions before the British North America Act 1867. Second, I described the certification of insanity in Ontario during the 1870s. Third, I explored the similarities between lunacy certificates and today's forms for involuntary detention. The next step is to look at other provinces within the broader context of imperial networks. This is the focus of my application.

As Britain enlarged its sphere of influence, mental institutions started to populate the colonial world. Nova Scotia and New Brunswick were some of the earliest jurisdictions that adopted a certification system originally developed in England. Nova Scotia, for instance, was the first jurisdiction outside Europe to adopt lunacy certificates including “facts of insanity” as early as 1858.

My plan is to trace the early emergence of the British system of certification in New Brunswick and Nova Scotia. This project will require a variety of sources situated in local archives in Saint John and Halifax. First, I will consider the reports of the Inspectors of Public Charities over the period 1850s-1890s. Second, I will examine correspondences of superintendents of the Lunatic Asylum in Saint John and of the Mount Hope Asylum in Halifax. Third, I will look at statutes from the 1850s to the 1900s, for certification provisions were essentially regulated by provincial statutes.

Question 14: *Is the Patient Addicted to Any Secret Bad Habit?*

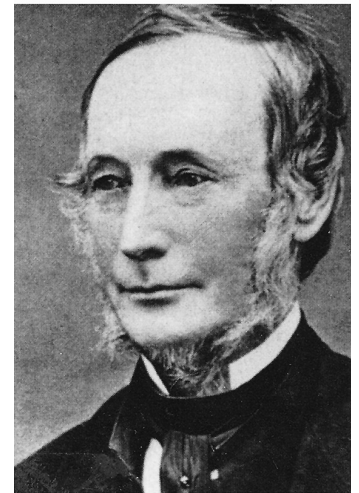
by Filippo Sposini

In 1863 the superintendent of the Toronto asylum, Joseph Workman (1805–94) arrived at the conclusion that the admission process was poorly regulated. The McGill-trained physician and now professional leader strongly supported the therapeutic goal of confinement, believing that custodial care should target only curable cases. To identify patients that would benefit most from early treatment, Workman proposed to restrict hospitalization to “cases of insanity of a certain character.” In order to do so, he by-passed the statutory procedures for committal in Upper Canada in adding a peculiar document to the admission papers which inquired about people’s “bad habits.”

During the first decade of the Toronto asylum (1851-1863), civil confinement operated as a two-step procedure, from local communities to the doors of the institution. Presented with a “Form of Admission” bearing the signatures of three practitioners and a local authority, the medical superintendent was obliged to accommodate the new arrival. For Joseph Workman this procedure was abominable; not only did it create hygienic problems due to overcrowding, it also thwarted the therapeutic goals of the asylum. His idea was to “award admission” only upon vacancies, which meant that families could not expect an immediate confinement of their referred relative. Yet this protocol prevailed for decades, into the era of his successor, Supt. Daniel Clark. Prof. Geoffrey Reaume observed (*Remembrance*, 27) that, “it is apparent that this was a very tenuous process with all kinds of personal

biases influencing the certification process. Like anyone else, physicians were influenced by a host of factors, including class, gender, race, even political affiliation ...” while determining not “*whether* he was going to be locked up, but only where he was to be sent.”

After years of negotiation, Workman convinced the asylum commissioners to alter the steps for confinement. A “Memorandum” dated 31 December 1863 noted: “As it has been found impossible to receive into this asylum all the insane persons for whose admission application has been made, a by-law authorizing the medical superintendent to give preference to cases of insanity of a certain character, has been enacted by the commissioners and sanctioned by His Excellency the Governor General” (AO, B296095, No 2948). Following this by-law, admission files became more conspicuous as a two-page form was attached to each patient’s file. This new template included a list of standardized questions, printed with a heading simply stating “(circular)”.



Asylum Sup't. Joseph Workman

This document regulated admissions to the Toronto asylum for approximately nine years, January 1864 to April 1873.

This “circular” consisted of a list of 13 standardized questions, which became 15 by 1865. Besides reproducing some of the queries included in admission forms, it significantly enlarged the spectrum of investigation. In particular, it required people to give details about physical impairments, organic diseases, previous treatments, and speech alterations. It also included a most peculiar “Question 14: Is the patient known, or suspected, to be addicted to any secret bad habit?”

At first, this entry appeared rather nebulous to many respondents. For instance, the first applicant presented with the Question 14 was a 37-year-old Scottish “labourer” described as having “steady habits of life”. His wife filled out the circular and explained his difficulty in eating food, sleeping, and speaking. As for the patient’s “secret bad habits,” she stated vaguely: “no, has [not] been addicted to anything” (AO, B296095, No 3057). Other respondents thought that Question 14 alluded to diverse and unspecified concerns. For example, Jennet C., a 34-year-old “farmer’s wife” from Scarborough with seven children was awarded admission on 28 August 1867. Her husband, John C., with the help of a local physician, answered the Question 14 by saying: “Not that we are aware of, unless smoking may be regarded as such” (AO, B296096, No 3326). Many people were thus unsure about the precise meaning of “secret bad habits”.

For its creator, however, Question 14 aimed to probe a precise issue – viz., masturbation. While the regulation of sexual desires in Western jurisdictions was traditionally a matter of mores and taboos, the framework of the debate changed considerably in the second half of the nineteenth century. Following the Malthusian analysis on human reproduction and resources, theories coming from disciplines like statistics and criminology propelled a psychiatric investigation of human sexuality in its supposedly normal and abnormal manifestations. In that context, Question 14 emerged for investigating mysterious, problematic sexual transgression among Upper Canada’s young men and women whose outward social disturbances had brought them to the

attention of the authorities.

This query was very sensitive to age and gender. It was mainly interpreted as targeting young, unmarried boys and girls still living with their parents. People most likely to be “guilty” of bad habits were single men from ages 16 to 28. Take the example of Alexander W., a 20-year-old single carpenter from Ramsey, who came from a Presbyterian family and, according to the documents filled in by his father in 1868, he was “very regular and temperate”. The circular stated that Alexander talked “incessantly and irrationally, and while on board the cart a few days ago would have jumped off while in full motion if he had not been prevented.” The cause of his condition appeared unanimous: “masturbation.” In answering Question 14, his father simply stated “yes, to masturbation” (AO,

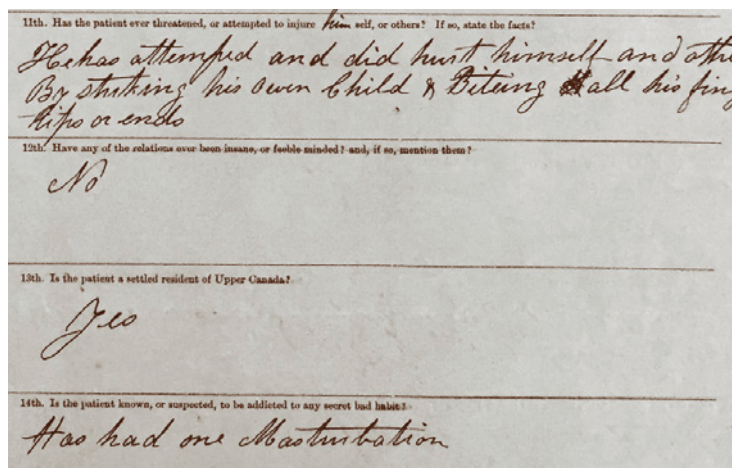
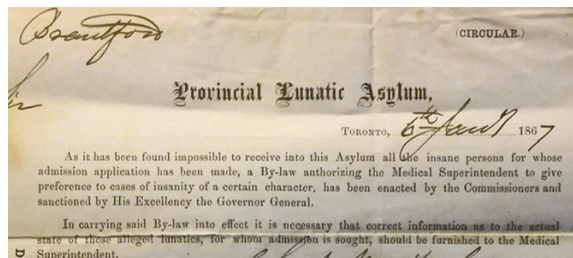
B296096, No 3622). In a similar case, Michael O’D., a 23-year-old single labourer from Wellington, was admitted as a free patient on 30 December 1871. He grew up in a Roman Catholic family and he had had no previous “attacks of insanity”. The supposed cause of Michael’s condition was “masturbation” as he showed a propensity for “exposing his penis in public” (AO, B296097, No 3861).

Workman’s circular thus probed for exploring peoples’ hidden habits – in particular, those considered shameful or otherwise socially and/or religiously taboo – hence prospectively fraught with self-guilt along with social-familial opprobrium. In the context of that era’s mores and stigmata,

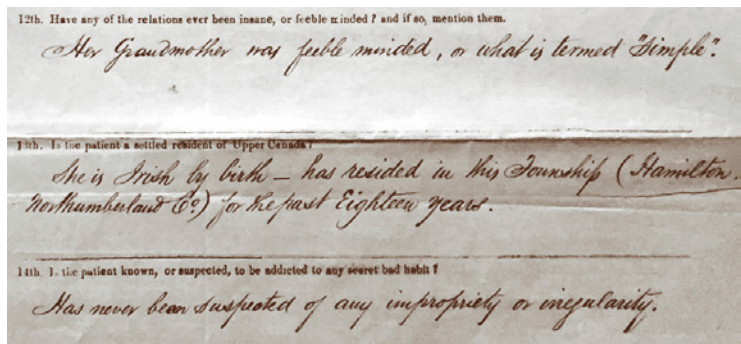
attention frequently became focussed on youngsters’ masturbation as a serious transgression. For medicine’s jurisdiction over mental illness confinement and treatment, their interest in masturbation can be traced from a New England medical-surgical journal’s 1842 article, shortly before Workman’s lecturer appointment at the Toronto School of Medicine; next, to the first

Canadian psychiatry text for medical students, in 1895, by Queen Street Superintendent Daniel Clark; then to Sigmund Freud’s *Totem and Taboo* (1913).

Yet, how could Workman as a clinician interrogate third-party testifiers on a generally hidden, even secret domain of conscience? Based on the asylum records of this period, various relatives and close associates were called upon to attest.



On 27 December 1870, Alexander D., a 28-year-old single farmer from Waterloo, was admitted to the asylum. After the notification of vacancy, three physicians and the Reeve of Waterloo had examined him on Christmas Eve, and evidently the latter reported that he was a “sober” Presbyterian who thought that “his soul was lost.” His father, John D., wrote that the supposed cause of his son’s insanity was “masturbation;” for Question 14, he simply stated “yes” – i.e., his son was addicted to secret bad habits (AO, B296097, No 3718). In a similar case, Thomas A., a 24-year-old farmer from Walpole, was awarded admission as a pauper patient on 11 February 1864. The circular was completed by his father, John A., who stated that Thomas’s habits appeared to be of “a superior kind” as he was “full of strange imaginations.” In answering Question 14, the father stated: “religious self-accusal, unpairdonable addiction to masturbation [sic]” (AO, B296095, No 2993). Sometimes friends as well had a role. For example, Cinthya V., a 28-year-old housekeeper from Wellington, was described as “quiet and steady,” showed no secret bad habit, at least “none that her friends are aware of.” (AO, B296096, No 3295).



Responses to Question 14 typically ensued from a collaboration between doctors and relatives. Such was the case for John M., a 29-year-old clerk from Toronto, who was of “religious” habits of life, although he expressed “fear, anxiety, and says he is possessed by devils.” (AO, B296096, No 3365). Similarly, on 29 October 1867 a circular depicted George L., a 26-year-old man from Toronto, as “very taciturn and generally very sad.” For Question 14, his father Edward with the collaboration of a doctor affirmed, “yes to masturbation, since he was 14 years of age.” The physician wrote at the bottom of the circular that “the replies to the above interrogations are filled in by the father of the patient and are believed correct” (AO, B296096, No 3382).

By prompting an exploration into people’s intimacy, Question 14 tended to foster a climate of suspicion. Even in the absence of specific “signs of derangement,” individuals could nonetheless be suspected of having indulged in one or more social contraventions such as self-abuse.

Indeed, this question caused some embarrassment. If having a relative in a “lunatic asylum” was already mortifying for some families, having a relative described as an “insane masturbator” was arguably more shameful. Writing in official documents that a son, daughter, husband, or a brother abused him/herself constituted a reason for regret. It is not surprising, therefore, that people in Upper Canada had mixed reactions to Question 14, with humiliation often

surfacing throughout these records.

For example, George R., a 21-year-old single, Catholic farmer described of “rather cleanly” habits of life, was received as a free patient on 6 March 1868. George’s health was “good,” and he showed symptoms of “melancholy and alarme.” In answering Question 14, the Sheriff with the help of George’s family stated: “Regret to say that he is supposed to be a subject of masturbation” (AO, B296094, No 2956). Alternatively, responders might utterly reject any suspicion of immoral conduct. For example, in the case of Sarah A., a 62-year-old “saleswoman” from Toronto, her son, John A., stated that she was of “temperate and regular habits” and the cause of her insanity was “not exactly known,” but he mentioned her “screaming at intervals; strange fancies; desires to lie in bed; thinks she is lost with no hope of salvation.” In his answer to Question 14, John A. explicitly denied any secret bad habits: “No! strictly moral and conscientious” (AO, B296097, No 3893).

More compelling than madness, however – and closely allied in some of the presenting cases – was life itself. Moral decency and prurience aside for the healers, certain patients were themselves conceivably overcome by their guilt to the point of contemplating suicide.

For example, Caroline C. was received into the asylum as a paying patient on 17 March 1870. She was a 20-year-old, single spinster from Yorkville, and her symptoms appeared to be: “Attempting to take her life. Wishes to run away and drown herself. Jump out of the window. Will not take food or drink of any kind. She is perfectly quiet but seems to have a settled determination to destroy herself. We have had to confine her.” For Question 14, the person filling in the circular wrote: “She is very much addicted to self-abuse with her finger” (AO, B296096, No 3589).

While some of the issues raised in response to Question 14 would now more likely be assessed as obsessive, compulsive, or simply quirky behaviour rather than addictions, might Caroline’s severe guilt have been a factor or even a driver in her attempts to take her own life? Harsh self-judgments, often resulting from, or joined by others’ expressions of blame and abhorrence, have consistently been a factor in suicidality, as asylum superintendents were certainly aware.

Joseph Workman’s circular thus introduced the novel approach of commandeering intimate descriptions on paper. While asking for more details about the patient’s condition, Question 14 aimed to establish a link between madness and secret bad habits, thereby promoting an investigation of sexual desires. Medical practitioners, relatives, and friends all participated in the inquiry, exposing a person’s

intimate life to hospital caregivers and potentially to the public sphere. Together with admission forms, Workman's circular oriented the assessment of lunacy in Upper Canada for more than a decade while introducing criteria such as antisocial, taboo, and stigmatized behaviours for justifying custodial treatment.

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Sources & Further Reading:

Records of Workman's circular can be found at the Archives of Ontario (AO), RG 10-268, Queen Street Mental Health Centre Admission Warrants and Histories: Records of Toronto Lunatic Asylum. Other sources noted here include: "Masturbation" [anon.], *The Boston Medical and Surgical Journal* (1828-1851); Sep 14, 1842; 27, 6; pg. 102 - ProQuest. Daniel Clark, MD, *Mental Diseases: A Synopsis of Twelve Lectures* (Toronto: Wm. Briggs, 1895), UTL and CAMH Archives.

Readers can find more information about confinement provisions in Canadian asylums in: Wendy Mitchinson, "Reasons for committal to a mid-nineteenth-century Ontario insane asylum: The case of Toronto," in *Essays in the History of Canadian Medicine*, eds. Janice McGinnis

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NOTICE OF ANNUAL GENERAL MEETING (AGM)

To Be Held VIRTUALLY Wednesday, May 25 2022

NOTICE is hereby given that the 32nd Annual General Meeting of the Friends of the CAMH Archives will be held remotely, rather than in-person on Wed., May 25, 2022 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 in advance: friendsofthecamharchives@gmail.com

Further details for connecting virtually will follow in due course.

Hewton and Griffin Funding Awards to Support Archival Research in 2023

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 may at its discretion 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, 2022. These research awards are conditional on the recipients agreeing to submit progress reports within one year, and a final report with a financial synopsis within two years of receiving their grant.

For examples of the archival research projects 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 2023 award, please submit an application by the November 30, 2022 deadline, preferably via e-mail, to: friendsofthecamharchives@gmail.com

Or by surface mail:

Sydney Jones – President, Friends of the Archives, CAMH, 1001 Queen Street West, Toronto, Ontario M6J 1H4



The Metro Toronto Forensics Service (METFORS) was established at Queen Street by Attorney General Roy McMurtry in 1977, under a multi-agency Board to which the Director & Psychiatrist in Charge, Dr R. Edward Turner (seated left) reported from the outset. Photo: CAMH Archives, R.E. Turner fonds.

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