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THE CARE OF THE INSANE IN CANADA.*

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The Province of Ontario has always been looked upon as the most progressive part of Canada, and in the care of the insane this Province has endeavoured to keep up with the advance of science and in a few respects has possibly led. The development of the State care under the intelligent eye of that accomplished alienist, Dr. Workman, is a chapter in history known to too few, but the influence of this remarkable man has been felt for many years and a great deal that is best in the present asylum system can be traced to his thoughtful foresight. Non-restraint has been accepted as a principle in nearly all of the Ontario institutions and, in two, at least, has been an accomplished fact for ten years.

I believe in one institution the long sleeved jacket is still used at times, but beyond this there is nothing that can be called restraint. At the same time all of the superintendents are agreed that while non-restraint is admirable, the case might occur in which restraint would prove of value and should be adopted.

Dr. Bucke, of London Asylum, who has always been a progressive man, was the first to adopt non-restraint some ten years ago, and was closely followed by Dr. Metcalf, of Kingston.

These facts are of interest and should be recorded, as at that time nearly every institution in America ridiculed non-restraint as an impossible fad, and those who adopted the system were looked upon as "cranks" and imbeciles.

The Asylums of Ontario are State institutions in the most complete sense of the word; and, in all but a few wards in Toronto, patients are cared for at the expense of the Government.

When they are able to contribute to their support, a rate that covers the bare cost of maintenance is charged.

The Province furnishes asylum accommodation for about three thousand insane persons, and another institution is being erected at Brockville on the St. Lawrence River.

Ontario has never been lavish in her expenditure on buildings, and, it is possible, has gone to an extreme in economy in this matter.

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There has been a good deal of doubt in regard to the most desirable style of hospital to erect, but now it seems to be accepted that a central building with detached cottages is the most convenient institution for the purposes of the Province.

Mimico is composed of several cottages and affords a refuge for chronics chiefly,—the other asylums are on the plan before mentioned.

If Ontario has had any particular merit, it has been in the way of substituting employment for restraint, and that this has been successfully done, a visit to almost any of the hospitals will show. In the institution over which I preside the occupation of patients has been regarded as a most important matter and, as the Superintendents of London and Hamilton asylums are firm believers in employment, possibly a description of the methods followed in Kingston may apply to a great extent to the other hospitals referred to. In Toronto the patients are from a different class; the grounds are limited and different conditions generally obtain so that varied occupations cannot be followed as in the other asylums.

In Kingston the idea has been not only to furnish plenty of occupation but variety as well, and it is the aim of those in charge to find the particular employment that is likely to prove suitable to each case. With this end in view there have been established the following industries:

Cabinet making, upholstering, broom making, weaving, shoe-making, laundry work, painting and decorating, farming, stone cutting, carpentering, brush making, bookbinding, tinsmithing, tailoring, blacksmithing, gardening, quarrying, sewing and knitting.

In addition, those who care for music are instructed in the band room,—a school is carried on and the patients who cannot be trusted outside are regularly instructed in gymnastics.

The physical culture classes reach the highest development in wards that were formerly designated, refractory. These wards are now as orderly as any in the asylum and the word refractory has lost its meaning. Different forms of drill such as dumb bell, extension movements, marching, &c., with parallel bar exercise are adopted by the men, while the women are drilled to music in one large class and go through Barbell exercise, hoop drill, &c.

The brass band of twenty-two is made up chiefly of patients, the

majority of whom have been taught music since admission to the asylum. A qualified instructor has charge of the band and gives his whole time to the care and development of his patients. This brass band plays well and, outside of its use as furnishing employment, is a valuable addition to our resources in the way of providing music for indoor and outdoor concerts.

The school is modelled after that in the Utica asylum and is appreciated by the women who attend it.

It has been found possible to do a great deal by patients' labor, and last year a fine stone cottage for thirty farm patients was put up almost entirely by their work, and the success of this experiment has induced us to launch out on a bigger undertaking.

At the time of writing the stone for our infirmary 64x72 is being quarried and dressed by our patients. It has not been decided yet whether they will undertake the erection of such a large building; but if it is decided that we shall do the work, I am satisfied that the result will be satisfactory. The chief idea governing the extensive system of employment is to furnish each patient with work that is attractive to himself. In addition, hours are short, and we have a system of rewards in the way of lunches that answers admirably.

On the whole, the insane of the Province of Ontario are well and liberally cared for by the Government and the asylums enjoy the confidence of the general public to such an extent that actions for illegal detention of sane persons do not occur, and newspaper discussions over so-called atrocities are unheard of.

The people realize the value of the service to the general public, and when it is so clearly understood that it cannot be in the interest of any one to detain a sane person, scandals do not occur.

All sick patients, both male and female, are nursed by trained hospital nurses in properly equipped infirmaries, and in Kingston all nurses are trained, not only in the nursing and care of the insane, but in medical and surgical nursing as well. The hospital idea is carefully taught and all nurses are made to understand that patients under their care are sick people and must be treated as such. In order to carry out this idea to its legitimate conclusion, separate hospital buildings are to be erected in connection with each asylum, and the day is not distant when acute cases will be treated in small buildings on the hospital plan.

Foreigners, as a rule, regard Canada as a small country with a

population centralized within a limited territory. Although the population is small, say five millions, it is scattered over an immense territory from the Atlantic to the Pacific, and each Province cares for its own insane. As a matter of fact the asylum system of Quebec is the one that is generally attributed to the whole of Canada, because its defects have brought it into glaring prominence. Since the advent of the new asylum in Montreal and the disastrous fire in Longue Pointe, a better state of things has come about, but until the Quebec Government assumes absolute control of the care of the insane, the system will be open to grave criticism. The Protestant Asylum at Montreal is a non-restraint institution and conducted on modern principles.

New Brunswick, Nova Scotia and Manitoba, have always kept up with the times and their institutions are, I believe, admirable.

About Prince Edward Island and British Columbia I am not in a position to speak from actual knowledge, but I have every reason to believe that they are well conducted.

Since Dr. Hack Tuke wrote his interesting but bitterly criticized brochure on the Insane of the United States and Canada, steady advances have been made, and it is only a question of time as to when Quebec must fall in line with the other Provinces and give up the farming out system.

Canada is behind the times in the matter of the care of the criminal insane, and I regret to have to chronicle the fact that the general public has not yet learned to regard insanity as a disease that may be the cause of crime. As long as the legal definition of insanity is so crude and imperfect, and the newspapers hold up the bogey called the "insanity dodge," we may look for little or no improvement in this line. In this respect of course we are not much worse than our neighbors, who believe that as a general policy the hanging of so-called "cranks" is very convenient in the way of ridding the world of certain dangerous elements. Of course they are not prepared to carry the argument to its legitimate conclusion and apply it generally.

In Canada it is, I regret to say, a difficult matter for an insane criminal guilty of murder to escape the death penalty, and within a comparatively recent period several men with well marked brain disease have been hanged. We have no provision for the special care of the criminal insane and will not require it until popular ignorance disappears. Many of our legal lights assert that in

Canada we make no mistakes regarding the "insanity dodge" as we hang all murderers sane and insane. It will not be many years before a complete change of sentiment will take place regarding this matter, just as it is developing in England where public opinion is not as bitter as it is with us.

Leaving this unpleasant feature of the discussion, the care of the insane in most of the Canadian Provinces may be said to be all that could be desired, that is, leaving Quebec out of the question, and even there the advance toward a better condition of affairs has commenced. Ontario, being the wealthiest Province, has of course been able to outstrip the others and has found it comparatively easy to carry the burden of the care of her insane, and has never shirked the duty. She too had the advantage of an illustrious pioneer in the shape of Dr. Workman, who introduced and developed a system characterized by kindness and gentleness. Just as the York Retreat in England exercised a beneficial influence, the teachings of Dr. Workman have silently proved a means of untold good in Ontario.

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