

**Public Servants or Professional Alienists?:
Medical Superintendents and the Early Professionalization of Asylum
Management and Insanity Treatment in Upper Canada,
1840-1865**

by
Danielle Alana Terbenche

A thesis
presented to the University of Waterloo
in fulfillment of the
thesis requirement for the degree of
Doctor of Philosophy
in
History

Waterloo, Ontario, Canada, 2011

© Danielle Alana Terbenche 2011

Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any required final revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

In nineteenth-century Upper Canada (Ontario), professional work was a primary means by which men could improve their social status and class position. As increasing numbers of men sought entry into these learned occupations, current practitioners sought new ways of securing prominent positions in their chosen professions and asserting themselves as having expertise. This dissertation studies the activities and experiences of the five physicians who, as the first medical superintendents (head physicians) at the Provincial Lunatic Asylum, Toronto from 1840 to 1865, sought such enhanced professional status. Opened in January 1841 as a public welfare institution, the Toronto asylum was housed initially in a former jail; in 1850 it was relocated to a permanent building on Queen Street West. During the asylum's first twenty-five years of operation physicians Drs. William Rees, Walter Telfer, George Hamilton Park, John Scott, and Joseph Workman successively held the position of medical superintendent at the institution. Given the often insecure status of physicians working in private practice, these doctors hoped that government employment at the asylum would bring greater stability and prestige by establishing them as experts in the treatment of insanity. Yet professional growth in Upper Canada during the Union period (1840-1867) occurred within the context of the colony's rapidly changing socio-political culture and processes of state development, factors that contributed to the ability of these doctors to "professionalize" as medical superintendents. Rees, Telfer, Park, and Scott would never realize enhanced status largely due to the constraints of Upper Canada's Georgian social culture in the 1840s and early 1850s. During the 1850s, however, demographic, political, and religious changes in the colony brought about a cultural transition, introducing social values that were more characteristically Victorian. For Joseph Workman, whose beliefs more reflected the new Victorian culture, this cultural shift initially involved him in professional conflicts brought about by the social tensions occurring as part of the transition. Nevertheless, by the 1860s, changes in government led to the development of new legislation and departmentalization of welfare and the public service that led him to gain recognition as a medical expert in a unique field.

Acknowledgements

Many people contributed to the production of this dissertation and helped to make my experience as a Ph.D. student a positive one. My advisor, Dr. Wendy Mitchinson, encouraged my pursuit of this topic even as it diverged from my original plans regarding subject and time period. I am grateful for her understanding, generosity, and humour, which provided support and balance throughout my years in the program. Dr. Heather MacDougall provided similar support during the writing of this thesis. Her willingness over the past two years to engage in frequent discussions about Upper Canadian medicine and politics has been much appreciated. I am also thankful to Dr. MacDougall for supporting my teaching interests during two teaching assistantships with her as I completed the university's teaching certificate program.

I wish to thank Dr. Douglas McCalla for agreeing to join my dissertation committee. His helpful comments (and corrections!) about Upper Canadian politics, economics, and culture have been invaluable to my critical thinking about the professional lives of the doctors studied here. Thanks also to Dr. Norman Smith for both his initial role as my gender field instructor early in the program, but more importantly for his ongoing support and friendship as I completed the dissertation.

The Tri-University History Program and the University of Waterloo proved to be friendly and stimulating environments in which to study history and grow professionally. I appreciate the interest of faculty in my work and the many words of encouragement, often simply offered in passing. Special thanks to graduate assistants Irene Majer and Donna Lang for helping me navigate the many administrative tasks of the Ph.D. and for moral support during my studies.

I am grateful for the friendship of other Tri-University graduate students. Two deserve special recognition: Kim Anderson was a much-needed "study buddy" during my reading fields at the beginning of the program. Jane Whalen's enthusiasm during our efforts to develop a student association (TUGSA) in 2008 and her support throughout the writing of this dissertation has been much appreciated. I thank both of them for these experiences and much laughter.

This project was funded by the Ontario Graduate Scholarships program, the Social Sciences and Humanities Research Council of Canada's Doctoral Fellowships, the University of Waterloo President's Graduate Scholarships, and the Friends of the Archives at the Centre for Addiction and Mental Health (Hewton Memorial Bursary). I wish to thank these organizations for this practical aspect of support.

Sources of academic support outside my university life have also been appreciated. Thanks to John Court, archivist at the Centre for Addiction and Mental Health, and to Dr. Roy Merrens for their interest in various aspects of this study. Thanks also to Rev. Ron Scott, former rector of St. Margaret-in-the-Pines Anglican Church (Scarborough) for his interest in my work, and for allowing me to be a "drop in" participant in his Bible study class whenever I was in Toronto. His discussions on the history of Anglicanism provided insights that helped to shape the religious aspect of this thesis.

I have been fortunate to have the love and support of many friends and family. Thanks especially to Kimberley Basso who has been by my side for thirty-one years from my first day of school to my last. My grandmother, Anne Coffin, is a wonderful listener who has always taken an interest in my work. My parents, Dan and Toni Terbenche, have made my many years of studentship possible. I am grateful for their constant encouragement and engagement with my research.

Last, but not least, I wish to thank Bella, a long-haired calico cat who came into my life just as I was beginning this dissertation. Thank-you for the many cuddles and distractions and for always being the "sweet girl" initially indicated on your humane society ID tag.

Dedication

In memory of my grandfather,

Allan Emery Stewart, LLB
(1922-1996)

A professional gentleman who was not here for this project,
but I know would have appreciated it.

And also of my step-grandmother,

Isabel Lillian Ellen Stewart
(1929-2010)

Who saw the beginning of this project, but sadly not the end.

Table of Contents

Author’s Declaration.....	ii
Abstract	iii
Acknowledgements.....	iv
Dedication.....	vi
Table of Contents.....	vii
List of Abbreviations.....	viii
Introduction	1
1. Medical Warders of the Insane: Professional Disempowerment in the Era of the Temporary Asylum, 1840-1848.....	31
2. Agents of Medical and Professional Reform: Drs. George Park, John Rolph, and Joseph Workman at the Toronto Asylum, 1848-1854	84
3. “Mr. Brown – you are a <i>gentleman!</i> ”: Joseph Workman’s Professional Conflicts in Toronto during the Georgian-Victorian Transition, 1854-1857	139
4. A New Medical Field Emerges: Medical Superintendents’ Professional Advancement during the Expansion of Canadian Welfare Institutions, 1853-1865	191
Conclusion	246
Appendices	
1. Hafferty & Castellani’s Complex Systems Levels of Analysis	259
2. Hafferty & Castellani’s Seven Types of Medical Professionalism	260
3. Capital Locations, Province of Canada, 1841-1867	261
4. Population Statistics, 1831-1871	262
5. Salaries of Medical Superintendents, Toronto Temporary Asylum, 1841-1848	263
6. Salaries of Selected Employees, Kingston Penitentiary, 1836-1848	264
7. Medical Superintendents’ Salaries Compared – Government-Run Asylums, British North America, c.1852-1854	265
8. Architectural Plans for Lunatic Asylum, Toronto (John Howard, c. 1845)	266
9. Patient Populations of Upper Canadian Lunatic Asylums, 1860 & 1862	267
10. Salaries of Head Administrators of Upper Canadian Lunatic Asylums, 1862	268
Bibliography	269

List of Abbreviations

AJHAUC	<i>Appendix to the Journals of the House of Assembly of Upper Canada</i>
AJI	<i>American Journal of Insanity</i>
AJLAPC	<i>Appendix to the Journals of the Legislative Assembly of the Province of Canada</i>
AJMS	<i>The Asylum Journal of Mental Science</i>
BAJ	<i>British American Journal</i>
BAJMPS	<i>British American Journal of Medical and Physical Science</i>
BAMPJ	<i>British American Medical and Physical Journal</i>
DCBO	<i>Dictionary of Canadian Biography Online</i>
DLAUC	<i>Debates of the Legislative Assembly of United Canada</i>
JHAUC	<i>Journals of the House of Assembly of Upper Canada</i>
JLCPC	<i>Journals of the Legislative Council of the Province of Canada</i>
MLA	Member of the Legislative Assembly
PSC	<i>Provincial Statutes of Canada</i>
SPDC	<i>Sessional Papers (Dominion of Canada)</i>
SPPC	<i>Sessional Papers (Province of Canada)</i>
SPC	<i>Statutes of the Province of Canada</i>
SUCU	<i>Statutes of Upper Canada to the time of the Union</i>
UCJMSPS	<i>Upper Canada Journal of Medical, Surgical, and Physical Science</i>

Introduction

On August 6, 1855, Dr. Joseph Workman, medical superintendent of the Provincial Lunatic Asylum at Toronto wrote a letter to legislative assembly member William Lyon Mackenzie commenting on public criticisms of his admission practices. Over its fifteen-year history the Toronto asylum had become severely overcrowded due to a growing demand for institutional welfare services and insufficient space in the building itself. To address this problem, Workman used his position as the asylum's head physician and administrator to control its patient population, refusing admission to persons he considered incurable or treatable at home. Wanting to create an institution oriented around a therapeutic treatment program that would cure insanity, he was critical of "the almost astonishing ignorance of the medical profession on the true nature and the proper treatment of insanity" that had "contributed to the filling of th[e] asylum with incurables".¹ Having only been appointed to the Toronto asylum two years earlier, Workman believed that inappropriate insanity diagnoses by doctors during the past fifteen years had burdened the institution with patients who had little hope of recovery. His refusal to admit certain applicants was an attempt to rectify these past errors.

In making such statements about other physicians, Workman showed that he viewed himself as different from other members of the Upper Canadian medical profession. A few months later he reinforced this professional vision of himself in an annual asylum report to the provincial government. Advocating for the appointment of a knowledgeable architect to create designs for expanding and completing the Toronto asylum building, Workman remarked that "Lunatic Asylum Architecture, like Lunatic Asylum management, and the treatment of lunacy, is

¹ Archives of Ontario (hereafter AO), Mackenzie-Lindsey Family Fonds, F 37 (hereafter MLFF), Workman to Mackenzie, 6 August 1855.

a *specialty*”.² Insanity treatment or “alienism” had emerged as a medical field in Britain and France during the late eighteenth century. Yet even by the mid-1850s, asylums in British North America remained much less developed than many in Europe and the United States, with Upper Canada’s Provincial Lunatic Asylum (Toronto) and Lower Canada’s Beauport Asylum the only large institutions providing insanity treatment. Asylums had also been opened in New Brunswick, Newfoundland, and Prince Edward Island, but the smaller population of these colonies meant these institutions were smaller and kept under stricter government control, a situation that did not provide their medical superintendents with much professional autonomy. As manager of the Toronto asylum, Workman believed he had been presented with a medical opportunity that would elevate his status from that of ordinary physician to “alienist” insanity expert and senior public servant. Over the next decade, he would direct his asylum work toward cultivating a unique professional identity for himself as an insanity expert and high-ranking administrator.

Workman’s ambitions were typical of many Upper Canadian men born into Georgian Britain’s evolving middle-class culture at the beginning of the nineteenth century. The social environment of eighteenth-century Britain had been characterized by a strict class hierarchy with traditions of landed wealth and power placing the nobility and gentry in primary positions of political authority. Protestant beliefs grounded in Calvinist ideas of original sin and predestination legitimized and reinforced these class formations. By the early nineteenth century, however, influenced by egalitarian and rational philosophies from the Revolutionary and Enlightenment periods as well as Protestant Evangelical ideas of universal salvation, the lower social classes increasingly sought access to privileges formerly enjoyed only by the

² *AJLAPC*, 1856, Appendix No. 2., p. 4, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 18 February 1856 (italics added).

aristocracy. Because it was not possible for these Georgians to assert themselves through land or title, work became the means by which they achieved enhanced social status and was the primary avenue through which they formed a new middle-class identity.

With men positioned as heads of household in most families, the emphasis on work caused masculinity to become closely linked to occupational position. Middle-class manhood was legitimated through the ability of men to work in occupations that allowed their families to live comfortably and respectably, free from the clientage systems of landed wealth and power.³ The concept of the Georgian “gentleman” was soon incorporated into middle-class ideas of masculinity. The term “gentleman” had traditionally referred to a man who was financially independent or had income from property. While this definition remained important for men aspiring to enhanced class status, self-control and rationality were traits that were increasingly associated with gentlemanly status. The term was no longer strictly linked to the aristocracy, and its parameters became more flexible as middle-class men reflected these qualities in their work, social activities, and private life.⁴ As R. J. Morris notes in his recent study of nineteenth-century economic and social strategies in Leeds, by the 1830s the city’s gentlemen “ranged from a lawyer with a game licence and retired merchants to a slum landlord whose property...[was discussed] in every public health report.”⁵ Thus, specific social backgrounds, levels of income, and property holdings were less important to aspiring early-nineteenth-century gentlemen than their ability to earn an independent living in an occupation deemed socially respectable.

³ Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*, 2nd ed. (London & New York: Routledge, 2002), pp. 16-28.

⁴ Cecilia Morgan, *Public Men and Virtuous Women: The Gendered Languages of Religion and Politics in Upper Canada* (Toronto: University of Toronto Press, 1996), pp. 69-75, 128-29, 217.

⁵ R. J. Morris, *Men, Women and Property in England, 1780-1870* (Cambridge: Cambridge University Press, 2005), pp. 80, 82.

For several reasons, the professions of law, medicine, and ministry became attractive “gentlemanly” options for young men from upwardly mobile families: First, separation from the labouring classes was assured because professionals were generally not required to engage in manual work, nor were they positioned in the role of client. Second, because the professions appeared to give greater attention to ethics and reasoning than profit and loss, and with professional success demanding a strong work imperative, practitioners were similarly distanced from the characteristics of aristocratic life that were seen as contemptible in middle-class circles, such as financial extravagance and the primacy of leisure. Third, the “regular” education and training required for a man to be accepted as a professional was central to his ability to present himself as a middle-class gentleman. While ideally he would obtain this education at a British university, apprenticeship training was a more affordable and accessible option for many labouring-class families wanting their sons to enter professional careers. Finally, the Evangelical ethos followed by many British middle-class families which emphasized work and earthly good deeds had the effect of associating professional entry with the acceptance of a “calling”, giving the occupations moral legitimacy. With limited occupational alternatives for social elevation, medicine, ministry, and the law thus became the primary occupations sought by a generation of upwardly mobile young men in early-nineteenth-century Britain.⁶

Many of the social patterns that emerged in Georgian Britain at the beginning of the nineteenth century were replicated in British North America following the immigration of these British middle-class families to the colonies. Class and status were established and negotiated somewhat differently, however, in this pioneer settlement environment. Upper Canada’s earliest

⁶ Davidoff and Hall, *Family Fortunes*, pp. 18, 20, 111; R. D. Gidney and W. P. J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), pp. 6-7, 10-14; Andrew Scull, Charlotte MacKenzie, and Nicholas Herve, *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade* (Princeton, NJ: Princeton University Press, 1996), pp. 5, 50.

residents were a mix of British aristocrats, army personnel, and upper-middle-class families; from the colony's creation in 1791, this group controlled much of its political and social environment. Strongly Tory and influenced by Calvinist theology, they valued the hierarchical class structures of eighteenth-century Britain that appeared to be disintegrating there with the emergence of the new middle class. Initially Upper Canada's small population, which had only reached 150,000 by 1824, seemed to provide opportunities to re-establish traditional class structures, while also enabling many upper-middle-class men to have political and social leadership roles that were less accessible to them in Britain (Appendix 4). Yet, because colonial status was not guaranteed or assured by landed wealth or title inheritance, the hierarchical social order imposed by this group was unstable, causing them to struggle to maintain power and authority in Upper Canada.

The social position of this colonial aristocracy was made even less certain with the rapid immigration of middle-class families from the British Isles after 1820. Many families believed greater opportunities for social elevation existed in British North America than at home, while others who had experienced financial misfortune or social downfall in Britain thought the colonies offered the possibility of escaping failure and rebuilding a comfortable middle-class existence. Whatever their motivations, these new settlers caused Upper Canada's population to triple between 1824 and 1841 (Appendix 4), and their presence and desire for enhanced status further threatened the stronghold of the Tory aristocracy. The colony's proximity to the United States also meant that Republican values influenced the thinking of some settlers, adding a further threat to the securing of a traditionally-ordered British society.

From the 1830s, the combined influences of new Georgian middle-class ambition and American Republicanism continued to pose a threat to the dominance of the old-order Tory

aristocracy. This situation meant the social and political culture of Upper Canada between 1830 and 1860 would become characterized by tensions between individuals and groups accepting or rejecting Tory establishment values who occupied different positions on the spectrum of social order in Georgian Upper Canada. These tensions brought ongoing conflicts, compromises, and political reorganization to the colony. Ian McKay has recognized these occurrences as characteristic of the evolution of liberalism in Canada, understanding certain large-scale events such as the 1837-1838 Rebellions and the late-1840s achievement of Responsible Government in the colonies as “arresting moments” in the history of Canadian liberalism.⁷ The importance McKay attributes to these events is warranted; however, this dissertation demonstrates that local conflicts between men seeking social prominence were equally significant to Upper Canada’s political and cultural development, particularly since they formed part of daily life in the colony’s cities and towns. While in 1840 a hierarchical class structure governed by a Tory aristocracy modelled on the cultural traditions of eighteenth-century Georgian Britain remained largely intact, beginning in the late 1840s this structure would slowly give way to a new cultural order led by the professional middle class whose social values were based in the Evangelical Protestantism, rationalism, and egalitarianism that had first emerged in Georgian Britain. It would form the basis for a transition in the 1850s to a new style of Victorian liberalism with more flexible class structures, emphasizing moral character over predetermined status.

During the 1820s and 1830s, colonial class structures were in the early stages of formation, making social elevation a primary concern for British immigrants aspiring to sustain or eventually reach middle-class status. As in Britain, professional work remained the primary

⁷ Ian McKay, “The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History”, *The Canadian Historical Review*, vol. 81, no. 4 (December 2000), p. 632, reprinted in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution*, eds. Jean-Francois Constant and Michel Ducharme (Toronto: University of Toronto Press, 2009).

means by which this might be achieved. Yet, professional entry was complicated in British North America by more limited opportunities for training, a lack of available clientele, and, perhaps most important, the dominating control over the professions exerted by the Tory aristocracy who typically headed colonial licensing boards. R. D. Gidney and W. P. J. Millar have acknowledged in their study of the professions in nineteenth-century Ontario that “[t]o have a profession in the Georgian era was to lay claim to membership in the group which would guide the destiny of the colony by providing it with its political leadership, social values, and ruling ideas.”⁸ New entrants thus threatened the elite status and political authority of the colonial aristocracy, causing established professionals to attempt to limit entry to their gentlemanly circles by imposing licensing restrictions and penalties for unlicensed practice.⁹

Even when a man succeeded in becoming a doctor, lawyer, or minister, professional life was not secure. To be successful, professional men required a steady clientele, limited professional competition, and appropriate financial remuneration. None of these was a certainty in Upper Canada during the 1830s and 1840s when towns and cities often had an overabundance of qualified professionals, while rural and unsettled frontier regions had a dearth of potential clients. As the Upper Canadian population grew, greater numbers of alternative practitioners and licensed professionals made it increasingly difficult to assert one’s skills as distinctive. Rankings within the occupations of law, medicine, and ministry also posed challenges since not all practitioners were automatically regarded as “professional gentlemen”. Among lawyers, barristers who were qualified to argue cases in the superior courts had a higher status than ordinary attorneys who primarily dealt with legal documents and other paperwork duties.

⁸ Gidney and Millar, *Professional Gentlemen*, pp. 5-6.

⁹ *Ibid.*, pp. 14-25; R. D. Gidney and W. P. J. Millar, “The Origins of Organized Medicine in Ontario, 1850-1869”, in Charles G. Roland, ed., *Health, Disease, and Medicine: Essays in the History of Medicine*, (Toronto: The Hannah Institute for the History of Medicine, 1984), pp. 65-95.

Similarly, physicians with medical degrees or military experience were more assured of professional recognition than doctors in general practice trained by apprenticeship. And while Anglican and Presbyterian ministers ordained in the established Churches of England and Scotland were “gentlemen”, as “dissenters”, Baptist, Congregationalist, and Methodist preachers were not.¹⁰ Whatever a man’s professional ranking, monetary compensation still depended on clients’ ability and willingness to pay for services. This lack of financial stability was problematic given the Georgian middle-class associations between debt and aristocratic extravagance; professional success became partly determined by a practitioner’s ability to remain free of debt.¹¹

These challenges led professional men to become involved in a variety of occupational, political, and social activities that might offer opportunities for securing a stable income, confirm their identity as professional gentlemen, and ideally, highlight skills that could differentiate them from their colleagues. By the 1850s, insanity treatment and asylum management had become one means by which a small number of Upper Canadian doctors sought professional distinction and social elevation. Joseph Workman’s 1855 assertion of specialized status demonstrated his own efforts to present himself as having expert knowledge and responsibilities not characteristic of other physicians. Although certain medical colleagues and politicians rejected Workman’s claims, they would ultimately gain greater acceptance than those made by his predecessors Drs. William Rees (1840-1845), Walter Telfer (1845-1848), George Hamilton Park (1848), and John Scott (1850-1853). The continued strength of hierarchical class structures and Georgian Tory political leadership in the 1840s made it difficult for aspiring middle-class men to lay claim to

¹⁰ Ibid., pp. 6-8.

¹¹ Davidoff and Hall, *Family Fortunes*, p. 20; Gidney and Millar, *Professional Gentlemen*, pp. 8-10.

membership in this group, especially if the professional status of their occupation was questionable.

During the 1850s this leading group of Tories began to be outnumbered and replaced by a new generation of more established middle-class British immigrants and Canadian-born men seeking access to the professions. This middle-class population had participated in the class restructuring of late Georgian Britain that had been influenced by Protestant Evangelical values. This Evangelical emphasis also gradually strengthened in the colonies, causing new moral codes to be adopted that prioritized work and respectability over power and status. These values would form the basis of a new Victorian social order in Upper Canada that altered the hierarchical class structures of the Georgian period and created new ideas about proper gentlemanly behaviour, professionalism, and social status. They would also change Upper Canada's political environment, creating the beginnings of party-style governance in which Tory conservatism became more moderate and centred in the eastern part of the province, while reformers became more radical and centred in the western section of the province. These changes, however, did not occur immediately, and it would be some time before they were broadly accepted. Toronto's geographic location in the colony, its status as the largest city, and the relatively small populations of professionals meant it became a centre of political tensions and debates. A study of the Toronto asylum's medical superintendents from 1840 to 1865, this dissertation discusses the tenures of Rees, Telfer, Park, Scott, and Workman, examining the efforts of these physicians to negotiate professional identities as insanity experts and senior public servants within Upper Canada's changing cultural environment, described here as the Georgian to Victorian transition.

Upper Canada and the Union Period

As Upper Canada's (Canada West) first institution for the insane and its largest public asylum in British North America before Confederation, the Toronto asylum provides an appropriate setting to assess the efforts by Drs. Rees, Telfer, Park, Scott, and Workman to form distinct professional identities as medical superintendents, and the processes by which insanity treatment initially developed as a distinct medical field.¹² The colony's rapid population expansion in the quarter century covered in this thesis led to an expansion of public institutions, including welfare facilities. By Confederation, a number of additional asylums modelled on Toronto were being developed and planned. After 1867, this expansion would continue, eventually forming a broad network of public asylums across the Province of Ontario.

While the institutional growth and administrative reforms that took place as Upper Canada transformed from "colony to nation" make the period between 1840 and 1867 historically significant, just as important to this period, however, was the cultural transition from Georgian to Victorian belief systems about class, social position, and political authority that allowed these developments to occur.¹³ Commonly referred to as the Union period, the years before Confederation have also been understudied in the Canadian historical literature of the past thirty years, despite the significant cultural changes occurring in this period. This lack of attention has been unusual since the politics and demographics of the United Province of Canada (formerly the colonies of Upper and Lower Canada) were studied by several leading historians

¹² Although from 1841 the former colony of Upper Canada was formally known as Canada West, for clarity the western section of the Province of Canada will be referred to as "Upper Canada" throughout this dissertation.

¹³ This phrase is taken from Arthur R. M. Lower, *Colony to Nation: A History of Canada* (Toronto: Longmans, Green, 1946).

writing between the 1950s and 1970s.¹⁴ This interest slowly disappeared from the 1980s with a few exceptions. Bruce Curtis' *Building the Educational State: Upper Canada, 1836-1871* (1988) and the anthology *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (1992), edited by Allan Greer and Ian Radforth, used social control theories to explain institutional growth in Upper Canada as a project of state hegemony.¹⁵ Moving beyond large theoretical analyses, subsequent studies by Curtis, Douglas McCalla, and Michael Piva have since presented detailed, critical analyses that reveal more complex pictures of state development. With many aspects of the period's politics and culture still awaiting further investigation, their approaches exemplify the type of detailed assessments of the Union period that should be pursued by historians.¹⁶

To provide further insight into the Union period, this study of the professional experiences of asylum medical superintendents situates their careers in the broader context of Upper-Canadian state development, providing a history that is not just a story of professionalization, but also an account of changes in the political and social life of the colony.

¹⁴ J.M.S. Careless, *Brown of the Globe, vol. I: The Voice of Upper Canada* (Toronto: The Macmillan Company of Canada Limited, 1959, 1966); ed., *The Pre-Confederation Premiers: Ontario Government Leaders, 1841-1867* (Toronto: University of Toronto Press, 1980); *The Union of the Canadas: The Growth of Canadian Institutions, 1841-1857* (Toronto: McClelland and Stewart Ltd., 1967); Paul Grant Cornell, *The Alignment of Political Groups in Canada, 1841-1867* (Toronto: University of Toronto Press, 1962); Donald Creighton, *John A. Macdonald: The Young Politician* (Toronto: The MacMillan Company of Canada Ltd., 1956); Michael B. Katz, *The People of Hamilton, Canada West: Family and Class in a Mid-nineteenth-century City* (Cambridge, MA: Harvard University Press, 1975); W. L. Morton, *The Critical Years: The Union of British North America, 1857-1873* (Toronto: McClelland and Stewart, Ltd., 1964); Stanley B. Ryerson, *Unequal Union: Confederation and the Roots of Conflict in the Canadas, 1815-1873* (New York: International Publishers, 1968).

¹⁵ Bruce Curtis, *Building the Educational State: Canada West, 1836-1871* (London, ON: The Althouse Press, 1988); Allan Greer and Ian Radforth, eds., *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1992).

¹⁶ Bruce Curtis, *True Government by Choice Men? Inspection, Education, and State Formation in Canada West* (Toronto: University of Toronto Press, 1992); *The Politics of Population: State Formation, Statistics, and the Census of Canada, 1840-1875* (Toronto: University of Toronto Press, 2001); Douglas McCalla, *Planting the Province: The Economic History of Upper Canada, 1784-1870* (Toronto: University of Toronto Press, 1993); Michael J. Piva, *The Borrowing Process: Public Finance in the Province of Canada, 1840-1867* (Ottawa: University of Ottawa Press, 1992).

While the individual experiences of Drs. Rees, Telfer, Park, Scott, and Workman differed, their ability to find occupational stability and form respected professional identities through asylum employment was determined by many factors. Faulty administration and unclear legislation created a variety of problems for Rees, Telfer, and Park at the asylum. Yet, they were not the only factors shaping these superintendents' negative experiences of asylum management; as this thesis shows, these institutional problems themselves were products of the cultural beliefs and political systems of the 1840s. The Calvinist religious perspectives held by the Tory political majority viewed insanity, criminality, and poverty as punishment for original sin. As such, welfare institutions became a means of reinforcing this idea. While a minority of reformers and moderate Tories wanted these facilities to have a rehabilitative function, the governing majority believed the asylum and other welfare institutions should have a punitive, custodial function, emphasizing deterrence. Through the 1840s these attitudes led the government to perceive the Kingston Penitentiary (the only other large welfare institution) as more valuable than the asylum, a perception that caused its warden (head administrator) to have a higher status than the medical superintendents. With the insane located at the bottom of the hierarchical class structure, and patronage systems limiting the medical superintendents' abilities to develop humane, therapeutic treatments, the 1840s asylum would offer few opportunities for professional growth. Rather, Rees, Telfer, Park spent much of their asylum employment ensuring they received financial remuneration for their work and preserving their professional reputation as doctors.

Workman also faced a variety of challenges during his asylum tenure, but they differed from those of his predecessors because of the changes which were occurring in Upper Canada's and Toronto's political and social environment during the 1850s and early 1860s. Victorian discourses were more amenable to legislative and institutional changes that would benefit the

asylum and his professional position. The Evangelicalism popular among the British middle class gradually re-oriented welfare objectives away from deterrence toward rehabilitation; helping the insane and other good deeds became viewed as a morally acceptable means of ensuring one's own salvation. These values made it easier for Workman to advocate for asylum reform and by the 1860s they gave social recognition to the medical superintendent as a provider of insanity treatment and legitimized his administrative duties. Yet, because the transition to these new Victorian perspectives did not occur immediately, social tensions developed in the 1850s as Georgian Tories and radical reformers struggled to secure political and social dominance in the colony. In Toronto, the uncertain professional status of the medical superintendent's position and Workman's efforts to assert himself as a professional caused him to become involved in a series of personal conflicts that were disruptive to his asylum work and potentially damaging to his professional reputation during the early years of his asylum tenure.

The ability of each medical superintendent to achieve occupational and professional success through asylum work was thus largely determined by the broader cultural values and political systems operating in Upper Canada at the time of his tenure. Considered along with various aspects of their personal backgrounds such as their family circumstances, religious beliefs, occupational interests, expectations of asylum employment, temperament, and the presence of external support from family or friends, this professional identity formation is shown to be a multi-faceted and complex process. Using as much information as is available on each medical superintendent, this thesis analyses these various components to provide a comprehensive understanding of the professional experiences of these physicians.¹⁷

¹⁷ Government documents, especially asylum reports and correspondence between the medical superintendents and government officials, form the basis of my assessment of the doctor's professional experiences while at the asylum. Although the contents of these documents were written or compiled for public consumption and record-keeping, they include significant detail about events at the asylum and other institutions, as well as

Asylum Medical Superintendents and Canadian Historiography

Examination of the Canadian asylum and medical scholarship suggests that a comprehensive analysis of asylum medical superintendents is long overdue. Despite a proliferation of work from the 1980s on the asylum careers of British, French, and American superintendents and the development of asylum management as a distinct profession by historians studying asylums in Europe and the United States, no comparable study of medical superintendents and professionalization can be found within Canadian asylum studies.¹⁸ Although the asylum careers of Rees, Telfer, Park, Scott, and Workman were assessed in unpublished Ph.D. dissertations by Thomas E. Brown and Rainer Baehre in the early 1980s, these were institutional studies intended both to counter the sympathetic assessments of Canadian asylum administration proposed by Harvey N. Stalwick in 1969, and to respond to the Foucauldian social control perspectives of Christopher Lasch, David Rothman, and Andrew Scull in the 1970s.¹⁹ Brown and Baehre gave similar assessments of the confused objectives of

discussions and disputes between the doctors, other professional men, and administrators. While the analysis of professional identity offered here is therefore largely determined by competing public ideas of professionalism, these government documents also offer insight into the private and personal perceptions of these doctors as “gentlemen”. The personal nature of some of the remarks in these documents along with their public visibility and wide distribution made the government documents contentious and a source of much professional conflict. Other sources used in this study to provide a broader sense of the way medical colleagues and other influential men in Upper and Lower Canada and the United States understood these doctors as professionals and gentlemen include medical journals as well as relevant newspapers. Private letters and other personal correspondence have been included wherever possible to understand the private lives and attitudes of the men in this study. Yet, sources of this type are largely unavailable and certain questions about their family lives and their ability to conform to nineteenth-century ideals of manliness in the private sphere remain unanswered, due to archival limitations.

¹⁸ Ian Dowbiggin, *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France* (Berkeley and Los Angeles: University of California Press, 1991); Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Chicago and London: The University of Chicago Press, 1987, 2001); Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: The Free Press, 1973), Chapter 4, pp. 132-73; Nicholas Hervey “A Slavish Bowing Down: The Lunacy Commission and the Psychiatric Profession 1845-1860”, in *The Anatomy of Madness: Essays in the History of Psychiatry, vol. II: Institutions and Society*, eds. W. F. Bynum, Roy Porter, Michael Shepherd (London: Tavistock, 1985), pp. 98-131; Scull, MacKenzie, and Hervey, *Masters of Bedlam*; Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (New York: Cambridge University Press, 1984).

¹⁹ Rainer Baehre, “The Ill-Regulated Mind: A Study in the Making of Psychiatry in Ontario, 1830-1921” (PhD. diss.: York University, 1985); Thomas E. Brown, “‘Living With God’s Afflicted’: A History of the Provincial

asylum advocates, unclear legislation, and systems of Georgian patronage in the 1830s and 1840s that, because of the resulting inability to properly manage and treat insanity, turned the asylum into a failed public welfare project.²⁰ Within these studies the Toronto medical superintendents are shown to be inept victims of this system, with no control over the negative circumstances of their employment. While Baehre provided a short discussion of gentlemanly character and professionalism at the end of the third chapter, this theme is never fully developed.²¹ The emphasis on problematic administration and custodial treatment in these studies supported the social control theories of the British and American asylum studies that preceded them. Given the historical movement away from such broad theories in the past three decades, Brown's and Baehre's interpretations now seem dated and unreliable.

Following the work of Brown and Baehre, Canadian historians of the "new social history" interested in socially marginalized groups became interested in the institutional experiences of asylum patients. Viewing the social control emphasis on institutional repression as too overreaching and the notions of patient victimization as objectifying, social historians began assessing patient experiences and autonomy, as well as the abilities of families and

Lunatic Asylum at Toronto, 1830-1911" (Ph.D. diss.: Queen's University, 1980); Harvey N. Stalwick, "A History of Asylum Administration in Canada before Confederation" (PhD diss.: University of London (UK), 1969).

Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* [1965] (New York: Vintage Books, 1988); Christopher Lasch, "Origins of the Asylum", *The World of Nations: Reflections on American History, Politics, and Culture* (New York: Alfred A. Knopf, 1973), pp. 3-17; David Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic*, (Boston: Little, Brown and Company, 1971); Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (New York: St. Martin's Press, 1979).

²⁰ Throughout this period, criminality, insanity, and poverty were widely understood to be moral afflictions, rather than a medical or social problem. As such, the colonial welfare system was oriented more towards public protection than institutional rehabilitation. Given the persistence of this public protection model throughout much of the Union period, I attempt to maintain historical accuracy by using the phrase "public welfare" rather than the broader, more contemporary term "social welfare", which denotes a combined purpose of protection and rehabilitation.

²¹ Baehre, "The Ill-Regulated Mind...", pp. 177-83.

communities to influence institutional terms of commitment and discharge. Involving detailed archival assessments of patient files and other institutional records, this approach remains popular and has offered important critiques of the theoretical presumptions made by proponents of social control.²² Yet, the long continuation of this patient-focussed style of analysis has promoted a dualistic “curative/custodial” model of asylum care in Canada that both ignores other factors and agents influencing institutional insanity treatment, and presumes long-term asylum care had inevitably negative outcomes.²³ In recent years, only James E. Moran’s *Committed to the State Asylum* (2000), a comparative study of nineteenth-century asylums in Ontario and Quebec, has moved beyond studies of patients and the curative/custodial framework; Moran assesses the various ways government, physicians, and communities influenced asylum development and management.²⁴ Recent articles published in the anthology *Mental Health and Canadian Society* (2006) suggest these alternative agents are gradually attracting more attention

²² These studies include: Mary-Ellen Kelm, “‘The only place likely to do her any good’: The Admission of Women to British Columbia’s Provincial Hospital for the Insane,” *BC Studies*, 96 (Winter 1992-93): pp. 66-89; “Women, Families and the Provincial Hospital for the Insane, British Columbia, 1905-1915,” *Journal of Family History*, 19, 2 (1994), pp. 177-193; Wendy Mitchinson, “Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case,” *Canadian Bulletin of Medical History*, 4 (1987), pp. 99-117; “Reasons for Committal to a Mid-Nineteenth-Century Ontario Insane Asylum: The Case of Toronto,” *Essays in the History of Canadian Medicine*, eds. Wendy Mitchinson & Janice Dickin McGinnis, (Toronto: McClelland & Stewart, 1988), pp. 88-109; *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada* (Toronto: University of Toronto Press, 1991), chapters 10, 11; Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: Oxford University Press, 2000); Danielle Terbenche, “‘Curative’ and ‘Custodial’: Benefits of Patient Treatment at the Asylum for the Insane, Kingston, 1878-1906,” *The Canadian Historical Review*, vol. 86, no. 1 (March 2005), pp. 29-52; Cheryl Krasnick Warsh, “‘In Charge of the Loons’: A Portrait of the London, Ontario Asylum for the Insane in the Nineteenth Century,” *Ontario History* 74, 3 (September 1982), pp. 138-184; *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923* (Montreal & Kingston: McGill-Queen’s University Press, 1989); David Wright, James Moran and Sean E. Gouglas, “The confinement of the insane in Victorian Canada: the Hamilton and Toronto asylums, c. 1861-1891,” *The Confinement of the Insane, 1800-1965: International Perspectives*, eds. Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003), pp. 100-128.

²³ Terbenche, “‘Curative’ and ‘Custodial’...”, pp. 31-32.

²⁴ James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal & Kingston: McGill-Queen’s University Press, 2000).

from Canadian historians.²⁵ Nevertheless, many aspects of Canadian asylum and insanity history remain unexplored, including the careers of the physician medical superintendents both before and after Confederation.

The absence of studies of asylum medical superintendents' professional careers and their emergence as medical experts in the Canadian historical literature is somewhat strange given that several of the social historians writing after Brown and Baehre also have suggested that doctors made an important contribution to patient life in asylums. Wendy Mitchinson studied asylum doctors' diagnostic practices and care of women patients, critiquing certain gynaecological treatments imposed on women to "cure" their insanity.²⁶ Biographical studies of London Asylum Superintendent Dr. Richard Maurice Bucke and Dr. Joseph Workman respectively by S. E. D. Shortt (1986) and Christine Johnston (2000) have addressed these doctors' understandings of insanity, their treatment practices, and their scientific research. Yet, neither author discusses their subject's professional status as an alienist and occupational identity as a medical superintendent. Shortt's study of Bucke has been the most academic study of a Canadian alienist to date, providing an evaluation of his career at the asylum and detailing several cultural movements with which Bucke was involved that shaped his professional ideas about patient care and curative treatments. Yet, as a series of essays on Bucke's life and intellectual interests, the book does not offer a full professional evaluation of the doctor's career as an alienist and public

²⁵ James E. Moran and David Wright, eds. *Mental Health and Canadian Society: Historical Perspectives* (Montreal & Kingston: McGill-Queen's University Press, 2006).

²⁶ Wendy Mitchinson, "Gynecological Operations on the Insane," *Archivaria*, vol. 10 (1980), pp. 125-44; "Gynecological Operations on Insane Women: London, Ontario, 1895-1901", *Journal of Social History*, vol. 15, no. 3 (Spring 1982), pp. 467-84; id. "Gender and Insanity as Characteristics of the Insane..."; *The Nature of Their Bodies...* chapters 10, 11.

servant.²⁷ Johnston's more recent biography provides a well-researched account of Workman's life and asylum work, documenting his many professional achievements; however, because her book is aimed at a general audience, it contains little discussion of his relationship to other doctors and contains more laudatory praise than critical analysis.²⁸ Thus while aspects of these doctors' careers are discussed in a number of works, to date no Canadian asylum scholar has considered these men as a specific occupational group whose professional identity evolved with the development of the institution itself.

Historical studies of doctors in nineteenth-century Canada have similarly paid little attention to the experiences of asylum medical superintendents. Past and present ideas about the function of medicine, equating doctors' professional success with their ability to treat and cure illness, partly explain this exclusion. The medical superintendents' occupational circumstances as government employees in "non-curative" long-term care institutions have emphasized their role as welfare administrators and public servants more than their identities as medical doctors. Historical studies of the medical profession in Upper Canada have generally focussed on the common experiences of physicians, the majority of whom were allopaths; the primary areas of concentration have thus been doctors' struggles to maintain viable practices, stable incomes, and to gain group control of practice through licensing, medical education, and self-regulation.²⁹

²⁷ S. E. D. Shortt, *Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry* (Cambridge: Cambridge University Press, 1986).

²⁸ Christine I. M. Johnston, *The Father of Canadian Psychiatry: Joseph Workman* (Victoria, BC: Ogden Press, 2000).

²⁹ Examples include: Jacalyn Duffin, *Langstaff: A Nineteenth-Century Medical Life* (Toronto: University of Toronto Press, 1993); R. D. Gidney and W. P. J. Millar, "Medical Students at the University of Toronto", *Canadian Bulletin of Medical History*, vol. 13, no. 1 (1996), pp. 29-52; "The Origins of Organized Medicine in Ontario, 1850-1869", in *Health, Disease, and Medicine: Essays in the History of Medicine*, ed. Charles G. Roland (Toronto: The Hannah Institute for the History of Medicine, 1984), pp. 65-95; id. *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994); "The Reorientation of Medical Education in Late-Nineteenth-Century Ontario: The Proprietary Medical Schools and the Founding of the Faculty of Medicine at the University of Toronto", *Journal of the History of Medicine & Allied Sciences*, vol. 49, no. 1 (January 1994),

For Rees, Telfer, Park, Scott, and Workman, professional separation from other colonial physicians was one consequence of accepting the position of asylum medical superintendent. During their asylum tenures, their professional concerns differed considerably from doctors in private practice. Geographically separated from other asylum doctors in British North America, they lacked the ability to form a Canadian professional organization of their own, a circumstance that caused them to affiliate more closely with alienists in the United States than with other Canadian physicians. With minimal professional interaction with regular practitioners, it is not surprising that the medical superintendents have not been included in studies of the Upper Canadian medical profession. Nevertheless, all of the pre-Confederation superintendents worked as private practitioners before assuming the asylum position, and some later returned to regular practice, warranting their inclusion in the history of medicine in Upper Canada. By examining the efforts of Toronto's medical superintendents to develop distinct professional identities as insanity experts and through government employment, this dissertation attempts to rectify these lacunae in the medical and asylum literature and demonstrate the professional origins of asylum management in Canada.

Professionalization: History and Theory

Any study of professionalization and its associated social identities must review accepted definitions of "profession" and identify the hallmarks of professional development that have

pp. 52-78; Ronald Hamowy, *Canadian Medicine: A Study in Restricted Entry* (Vancouver: Fraser Institute, 1984); Charles G. Roland and Bohodar Rubashewsky, "The Economic Status of the Practice of Dr. Harmaunus Smith in Wentworth County, Ontario, 1826-67," *Canadian Bulletin of Medical History*, 5, 1 (1988), 29-49; Terrie M. Romano, "Professional Identity and the Nineteenth-Century Ontario Medical Profession," *Histoire Sociale/Social History*, vol. 28, no. 55 (May 1995), pp. 77-98; David A. E. Shepherd, *Island Doctor: John Mackieson and Medicine in Nineteenth-Century Prince Edward Island* (Montreal & Kingston: McGill-Queen's University Press, 2003).

shaped these definitions. Historical assessments of professionalization in Canada have frequently studied forms of work already established as occupations, examining their “rise” and “transformation” as recognized professions through the development of training schools, forming professional associations, and self-regulatory legislation.³⁰ The importance of the label “profession” for an individual’s social identity and self-conceptualization has received much less attention. One of the strengths of Gidney and Millar’s *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (1994) and its earlier American counterpart, *The Quest for Authority and Honor in the American Professions, 1750-1900* (1991) by Samuel Haber, was these authors’ recognition of the centrality of the “gentleman” social identity in the nineteenth century.³¹ Professional identity was not simply a matter of engaging in a particular occupation that was culturally sanctioned as a “profession”, but also required earning the status through a combination of education, behaviours, and attitudes. As historian J.K. Johnson has suggested, in Upper Canada where class structures were not firmly established, professionalization involved other means of “becoming prominent” as much as it did gaining entry into a respected occupation. Occupational membership was only one component of a larger social process.³² To this extent, Gidney and Millar, Haber, and Johnson indicate that professional identity should not be exclusively linked to a limited number of established occupations. For emerging occupations such as early-nineteenth-century asylum management, such limitations give little room for

³⁰ Tracy L. Adams, *A Dentist and a Gentleman: Gender and the Rise of Dentistry in Ontario* (Toronto: University of Toronto Press, 2000); R. J. Clark “Professional Aspirations and the Limits of Occupational Autonomy: The Case of Pharmacy in Nineteenth-Century Ontario”, *Canadian Bulletin of Medical History*, vol. 8, no. 1 (1988), pp. 43-63; Kathryn McPherson, *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*, (Toronto: Oxford University Press, 1996); J. Rodney Millard. *The Master Spirit of the Age: Canadian Engineers and the Politics of Professionalism, 1887-1922* (Toronto: University of Toronto Press, 1988).

³¹ Gidney and Millar, *Professional Gentlemen*; Samuel Haber, *The Quest for Authority and Honor in the American Professions, 1750-1900* (Chicago: University of Chicago Press, 1991).

³² J. K. Johnson, *Becoming Prominent: Regional Leadership in Upper Canada, 1791-1841* (Montreal & Kingston: McGill-Queen’s University Press, 1989).

analysing their potential for gaining professional recognition and the extent to which their practitioners might advance their own professional identity through other activities and behaviour.³³ To more fully understand the processes of professional identity formation flexible perspectives are needed with regard to which occupations might be included as professions, giving consideration to the historical period that is being examined.

The concept of professionalism itself has also long been recognized by scholars as an evolving identity that changes over time. As early as 1915 such an argument was put forth by education scholar Abraham Flexner, best known for his 1910 “Flexner Report” on North American medical schools. In a paper addressing the professional status of social work, Flexner argued that definitions of “profession” must never be unhistorical since “[t]he nature of a profession has undergone a readily traceable development and the number of professions has not remained stationary.”³⁴ Nevertheless, he took an empirical approach, identifying six criteria derived from the “universally admitted” professions of “law, medicine, and preaching” to evaluate the relative professionalism of several occupations including social work. He believed professional occupations could be characterized by their: 1) intellectual operations and individual responsibility; 2) derivation of raw material from science and learning; 3) practical use and application; 4) educationally communicable techniques; 5) tendency to self-organize; and 6)

³³ Asylum management and insanity treatment is not the only emerging medical field to be overlooked by Canadian historians. Although physician Dr. Abner Rosebrugh (1835-1914) trained in ophthalmology during the mid-nineteenth century and established the Toronto Eye and Ear Infirmary in 1867, his work has not been closely studied, despite the publication of articles addressing the field’s development in Britain and the United States during the early nineteenth century. *DCBO*, s.v. “Rosebrugh, Abner Mulholland” (by J. T. H. Connor), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=7677&interval=20&&PHPSESSID=hvrt4vatt4djiii5ojtojca02 (accessed May 23, 2011); Peter John Brownlee, “Ophthalmology, Popular Physiology, and the Market Revolution in Vision, 1800-1850”, *Journal of the Early Republic*, vol. 28 (Winter 2008), pp. 597-626; Luke Davidson, “ ‘Identities Ascertained’: British Ophthalmology in the First Half of the Nineteenth Century”, *Social History of Medicine*, vol. 9, no. 3 (December 1996), pp. 313-33.

³⁴ Abraham Flexner “Is Social Work a Profession?” (1915), reprinted in *Research on Social Work Practice*, vol. 11, no. 2 (March 2001), p. 153.

increasingly altruistic motivations. Careful not to devalue occupations which did not meet these criteria, Flexner ultimately concluded that social workers in 1915 were not professionals. Rather than having original agency as problem-solvers, he believed social workers occupied a “middle” position in which they served clients through the recruitment of other professionals, most often from the legal and medical fields. He also saw their occupational activities as so diverse that “no compact, purposefully organized educational discipline” or training in the field was feasible.³⁵ Clearly, social work has changed significantly since the time of Flexner’s 1915 analysis, suggesting the importance of his historical argument.

While Flexner’s idea of professionalism was a useful starting point, by strictly adhering to characteristic traits, he and later scholars such as the sociologist Talcott Parsons created a limited definition of “profession”.³⁶ Despite acknowledging the evolving nature of occupations, they do not indicate whether particular traits might also lose relevancy with time. Beginning in the 1980s, historians and sociologists began to view “professionalism” as an ideological concept shaped by cultural priorities which pre-determine the characteristics denoting professional status.³⁷ As the studies by Gidney and Millar and Haber demonstrate, cultural conditions determine the value of different occupations such that the meaning of “profession” and its associated social identity shifts across time in what Bruce Kimball has described as episodic

³⁵ Ibid., pp. 153-54, 156, 160-62.

³⁶ Talcott Parsons “Professions”, in *International Encyclopedia of the Social Sciences*, ed. David L. Sills (New York: MacMillan & The Free Press, 1968), entry located at [encyclopedia.com](http://www.encyclopedia.com/topic/Professions.aspx#1-1G2:3045000992-full) <http://www.encyclopedia.com/topic/Professions.aspx#1-1G2:3045000992-full> (accessed May 30, 2011.)

³⁷ Eliot Freidson, “The Theory of Professions: State of the Art”, in *The Sociology of the Professions: Lawyers, Doctors and Others*, eds. Robert Dingwall and Philip Lewis (London: The MacMillan Press, Ltd., 1983), pp. 23-26; Gerald L. Geison, ed. *Professions and Professional Ideologies in America* (Chapel Hill and London: The University of North Carolina Press, 1983), pp. 7-8.

stages of development.³⁸ Following Kimball, this dissertation can be understood as an examination of the first “episode” in asylum management’s evolution as a profession.

Sociologist Eliot Freidson has recognized that much of the difficulty in trying to create a working definition of profession lies in negotiating between identifiable characteristics and changing ideologies of professionalism. Freidson offers an additional dimension to the theoretical conversation by identifying “profession” as a phenomenological concept, experienced differently depending on one’s subject position. This experiential idea is relevant to the case of the Toronto medical superintendents who perceived themselves as having a distinct status long before this perspective was widely accepted in Upper Canada. Freidson believes analyses of professions should consist of multi-faceted explorations of empirical traits, historical development, and phenomenological experience.³⁹

Recently sociologists Frederic W. Hafferty and Brian Castellani have revisited Flexner’s early analysis of the professions, viewing his combined application of empirical traits with a historically-evolving “systems approach” as useful for the formulation of new models of medical professionalism. Building on Flexner’s vision, in “The Increasing Complexities of Professionalism” (2010), Hafferty and Castellani theorize medical professionalism as a “complex”, multi-faceted, and multi-layered system.⁴⁰ In this system, individuals and groups of medical personnel professionally self-identify and coalesce at different times through specific relational approaches to their work. Hafferty and Castellani propose three levels of professional

³⁸Gidney and Millar, *Professional Gentlemen*; Haber, *The Quest for Authority and Honor in the American Professions*; Bruce A. Kimball, *The “True Professional Ideal” in America: A History* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 1992), p. 2.

³⁹ Freidson, “The Theory of Professions: State of the Art”, pp. 21-22, 27-36.

⁴⁰ Frederic W. Hafferty and Brian Castellani, “The Increasing Complexities of Professionalism”, *Academic Medicine*, 85, no. 2 (February 2010), pp. 288-90.

activity, represented here in Appendix 1. At the “micro level” professional activity is manifested by individual practitioners without collegial intervention. In contrast, professionalism at the “macro level” is regarded as a social movement with physicians or other medical practitioners working together to bring about occupational change. The “meso level” is proposed as a middle-ground of social interactions and relationships, where different micro- and macro-level priorities are negotiated.⁴¹

Adding further “complexity” to their systems approach, Hafferty and Castellani propose seven types of professionalization – nostalgic; entrepreneurial; academic; lifestyle; empirical; unreflective; and activist – operating and competing within these three professional activity levels. Appendix 2 offers an approximate replication of the table created by Hafferty and Castellani to outline these types of professionalism. Each type prioritizes different aspects of medical work, making it possible to identify doctors’ professional orientations according to their interests and aims.⁴² For example, an individual physician primarily interested in medical research might be said to have “academic” and/or “empirical” interests at the micro-level (his/her own work), but if that same physician simultaneously participates in a professional or collegial organization interacting with other physicians, this orientation is complemented by a “lifestyle” and/or “activist” focus at the macro-level (Appendix 2). Hafferty and Castellani’s complex systems model is thus characterized by much fluidity, showing that a variety of professional characteristics and priorities may be active at any given time.

This multi-faceted model is useful, since it does not fix professionals within a single identity or set of behaviours and does not privilege group activities over individual ones. This approach encourages scholars to compare physicians’ own professional interests to the values of

⁴¹ Ibid., pp. 293-98.

⁴² Ibid., p. 295.

the public at large. A doctor may garner greater or lesser recognition as a professional depending on the extent to which these interests correlate with those of the broader culture, shaping experience of medical work. This dissertation uses Hafferty and Castellani's approach to medical professionalism, adapting their seven professional "types" to the cultural context of early-nineteenth-century Upper Canada in order to identify the priorities and interests of the Toronto medical superintendents as revealed through their individual work and collegial interactions with other physicians. These priorities will also be used to measure the extent to which these interests adhered to understandings of physicians, welfare, and insanity work in Upper Canada to explain the evolution of their professional status over the twenty-five years of this study.

The first half of this dissertation will show that for Rees, Telfer, and Park, who worked at the asylum during the 1840s, professionalism occurred primarily at the micro level and had both entrepreneurial and altruistic motivations (Appendices 1 and 2). This entrepreneurialism differed from the private, profit-oriented medical orientation of the present day that Hafferty and Castellani likely envisioned. Rather, it involved a Georgian middle-class desire to generate a stable, satisfactory income that would allow one to live comfortably, free from debt. Beyond this desire for occupational and financial stability, the medical superintendents showed a genuine interest in treating the insane and improving their living circumstances at the asylum. Their views did not adhere to widely held ideas about welfare institutions, which most Georgian Upper-Canadians thought should be custodial in function. Collegially isolated as professionals and with little support for their visions of a rehabilitative institution, it was difficult for Rees, Telfer, and Park to transform their altruism into an "activist" professional orientation suggested in Hafferty and Castellani's modern professionalization model (Appendix 2).

As the second half of the dissertation demonstrates, changes would occur during the 1850s and 1860s with the transition to Victorian culture that enabled Joseph Workman's altruistic interests to take an increasingly activist form. Evangelicalism introduced new moral codes emphasizing work and charity, which fostered this transformation. In contrast to the experiences of Rees, Telfer, and Park, the provincial government during Workman's tenure took a greater interest in improving the asylum, allowing him to travel to the United States to study American asylums and participate in its professional organization of superintendents. With a more stable occupational and financial status achieved through new legislation, entrepreneurialism became a less important aspect of Workman's asylum career. Rather, with the provincial government's welfare interests now more closely matching his own desire to improve the asylum and create a "curative" institution, following Hafferty and Castellani, Workman's professional orientation became more activist and academic (Appendix 2). His own professional image would only be improved by helping to create a better functioning institution, engaging in anatomical research to understand the etiology of insanity, and interacting with prominent medical superintendents in the United States and Europe. Unlike Rees, Telfer, and Park, this ability to interact with other medical superintendents meant that Workman's activist and academic activities occurred at both the micro and macro levels of professionalism (Appendix 1).

Outline

The chapters of this dissertation examine the development of these professional orientations through the specific experiences of each medical superintendent. Chapter One describes the uphill struggles William Rees (1841-1845) and Walter Telfer (1845-1848) faced at

the asylum to enhance their professional identity as physicians and administrators. With private practice offering uncertain income and limited opportunities for further professional advancement, both hoped government employment through the medical superintendent's position would bring greater occupational stability and professional respect as they developed specialized knowledge as insanity experts. Yet, the degree to which Rees and Telfer could enhance their professional identity was limited by the government's administration and financing of the institution. In the Georgian culture of 1840s Upper Canada, patronage, Calvinist emphases on punishment, and hierarchical class structures created institutional circumstances that were not accommodating to the doctors' professional ambitions. Unclear legislation, inadequate pay, conflicts with the government-appointed asylum Board of Commissioners, patronage activity favouring their professional opponents, and the Tory government's lack of intervention in the asylum's administration meant that neither Rees' nor Telfer's entrepreneurial or altruistic interests would be met. Neither would realize the professional elevation they had sought from the medical superintendent's position. Rather, the experience brought occupational instability and led their Upper Canadian colleagues to question their professional capabilities.

As Chapter Two demonstrates, circumstances at the Toronto asylum did not change with the appointment of Dr. George Hamilton Park in 1848. He also confronted administrative problems with the Board of Commissioners; yet, unlike his predecessors, Park was supported by his brother-in-law and former medical instructor Dr. John Rolph, a prominent Upper Canadian physician and reformer. This time patronage would prove advantageous to the medical superintendent. Motivated by his own entrepreneurial desires to ensure survival of his medical school, Rolph initially assisted Park in his efforts to create an asylum environment that was more conducive to patient rehabilitation. Later, Rolph professionally defended Park's work at the

asylum, and later provided alternative medical work to him following his asylum dismissal. Yet, Park also mounted an active defence of his asylum work, most clearly demonstrated in an eighty-page document he wrote following his dismissal that included an analysis of the problematic administration of public institutions in the province. This document reveals Park as one of the first Upper Canadian professionals to perceive and articulate difficulties with previous systems of institutional governance. Changes to the asylum's management, however, would not be realized for another four years. Under Dr. John Scott (1850-1853) the traditional systems continued, although since Scott was favoured by certain board members through much of his appointment there were fewer conflicts; as such Scott appears in this thesis as a transitional figure among the pre-Confederation superintendents. The Board of Commissioner's authority largely continued until the early 1850s when, once again, Rolph's political influence enabled him to introduce legislation that enhanced the professional status of asylum medical superintendents. His continued involvement with the asylum would lead to the controversial 1853 patronage appointment of Dr. Joseph Workman, who was an instructor at Rolph's medical school.

The controversy surrounding Joseph Workman's appointment was partly caused by the obvious patronage involved, but was also a product of larger tensions existing in Toronto as concepts of professionalism, masculinity, and respectability shifted in the context of the cultural changes of the mid-nineteenth century. While Workman's ideas were largely compatible with the emerging Victorian values, it would take time for these cultural changes to be adopted in a form that was broadly accepted, and the 1850s was a transitional decade in this process. Several physicians and politicians of the older Tory order felt their status and traditions threatened by the expansion of the profession and the introduction of new ideas about medicine and welfare; during the 1850s a group of these men continued to have a prominent status in Toronto. At the

other extreme, the journalist and independent reformer George Brown demanded immediate and radical changes to social policies, objecting to privileged status of any sort. Workman's Unitarian background caused him to strongly reject the cultural tenets of Georgian Tory society, but also Brown's business-oriented radical extremism. In the small, localized professional circles of Toronto, Workman's attitudes and professional ambitions conflicted with those held by both Brown and the Tories. Stubborn and of quick temper, he easily became caught up in the tensions of the mid-century cultural transition, which was redefining conceptualizations of gentlemanly and professional behaviour. Brown and a group of Tories attacked his professionalism, finding excuses to undermine his credibility as a medical superintendent, administrator, and physician, which were disruptive to his asylum work. Workman's confrontations with these men and the debates about professional character which formed the basis of the disputes are the focus of Chapter Three.

While the attacks on his character from adversaries impeded Workman's efforts to present himself as a gentleman and expert, Workman's untiring dedication to his patients, to welfare advocacy, and to medicine enabled him to emerge from the 1850s with a solid administrative record that would pave the way for his full emergence as a "professional" alienist during the 1860s. The final chapter examines Workman's professional endeavours and government advocacy in the late 1850s and early 1860s, showing the ways that his professional activities inside and outside Upper Canada enabled him to establish himself as a medical expert, improving his status as a physician and public servant. As he observed problems of overpopulation at the Toronto asylum and in penal institutions throughout Upper Canada, he became a firm advocate of expanding the provincial welfare system. In keeping with scientific theories promoted by alienists in Britain and the United States, he particularly encouraged the

development of specialized institutions to allow separation of criminal, curable, and incurable insanity cases. Workman was fortunate to have government support in these endeavours following the political rise of a new group of conservatives espousing more liberal values that increasingly silenced the Georgian views of the past. As Brown's primary political rival in the legislative assembly, John A. Macdonald became an important governmental source of support for Workman and the asylum, particularly since he served as the province's attorney general from 1854 and the conservative leader in Canada West from 1856. Promoted against the backdrop of political discussions of state development and expansion occurring in the 1850s, Workman presented his vision of specialized institutions in a government-managed welfare system as essential for the future growth of the Canadian state. He remained adamant, however, that all facilities should provide humane and compassionate accommodation and treatment befitting a socially advanced, Christian society.

Describing the Union period cultural shift as the Georgian to Victorian transition, this dissertation provides a critical assessment of the values and assumptions of both systems and their influence on Upper Canada's professional culture, public welfare, and the development of asylum management as an occupation. Whatever the struggles experienced by Toronto's first medical superintendents during their tenures, the degree to which they were recognized as professionals with specialized expertise was determined by the values operating in Upper Canadian society during their asylum employment. The replacement of Georgian social ideologies with Victorian values increasingly placed the medical superintendents in a more secure and respected position as nineteenth-century professionals.

1. Medical Warders of the Insane: Professional Disempowerment in the Era of the Temporary Asylum, 1840-1848

Introduction: Upper Canada and Georgian Public Welfare

Upper Canada in 1840 was not a place likely to be hospitable to the professional development of new occupations, particularly a largely unknown field such as asylum management. Its population of approximately 450,000 was spread across a wide territory extending west from the Ottawa Valley to Lakes Erie and Huron (Appendix 4). Although lumbering dominated in the Ottawa Valley, wheat and other farming products were already central to Upper Canada's economy as its "frontier" increasingly transformed from woodlands to an agricultural landscape.¹ With settlements in various states of clearance, and the extensive and ongoing arrival of immigrants, Upper Canada's social structures were unstable, particularly in the rural regions where financial security would only be reached after families had resided and worked in the colony for several years.²

Social stratification was more obvious in larger towns and cities, although compared to Montreal and Quebec in Lower Canada, each with populations of 35,000 - 40,000, urban communities in Upper Canada remained small. Toronto, the colonial capital before the Union, was the largest with a population of 14,000 (Appendix 4); centrally situated on Lake Ontario, it was well-located with access to both the western and eastern sections of the province, and to

¹ The conceptualization of a Canadian "frontier" based on Frederick Jackson Turner's 1893 American frontier thesis, has been subject to much adaptation and criticism over the past century. For a discussion of Canadian historians' applications and rejections of the thesis see Carl Berger, *The Writing of Canadian History: Aspects of English-Canadian Historical Writing Since 1900*, 2nd ed. (Toronto: University of Toronto Press, 1986), pp. 117-24, 164-69, 174-78, 242-43.

² J. M. S. Careless, *The Union of the Canadas: The Growth of Canadian Institutions, 1841-1857* (Toronto: McClelland and Stewart Ltd., 1967), pp. 27-32.

American markets through Rochester, New York. King Street, the hub of commerce and government, was already a busy thoroughfare; while Toronto's buildings were "more utilitarian than elegant" they revealed its potential for becoming an important commercial centre.³ Here a local, self-proclaimed aristocracy of Compact Tories continued to assert their political and social authority, but were increasingly challenged by a younger group of professionals and businessmen who formed a new entrepreneurial middle class.⁴ Such political and class divisions were less acute at Kingston, Upper Canada's second largest town. Established by United Empire Loyalists in the 1780s, Kingston's location at the head of the St. Lawrence River and foot of the Great Lakes had made it a major military town during the War of 1812. During the 1820s, its population grew as British relatives of military personnel, many of whom were Scottish, settled in the town. Kingston quickly became a lively commercial centre with attractive limestone architecture that gave it an "eighteenth-century urban appearance", in contrast to Toronto's more primitive buildings.⁵ By the 1840s, however, it had not experienced the ongoing population growth that Toronto did, and at the time it was chosen as the capital of the new Province of Canada in 1841, it had a population of approximately 7,000.⁶ Kingston's smaller size, early commercial development, and more moderate Tory culture meant professional and merchant classes were more clearly defined and stable there than in Toronto.

³ Ibid., p. 28.

⁴ Ibid., pp. 27-29. The term "entrepreneurial class" is taken from Michael B. Katz, *The People of Hamilton, Canada West: Family and Class in a Mid-Nineteenth-Century City* (Cambridge, MA: Harvard University Press, 1975), pp. 177-78.

⁵ Donald Creighton, *John A. Macdonald: The Young Politician* (Toronto: The MacMillan Company of Canada Ltd., 1956), pp. 8-9.

⁶ "Growth of Cities 1825-1891", *Historical Atlas of Canada*, http://www.historicalatlas.ca/website/hacolp/national_perspectives/population/UNIT_20/U20_Graph_growth_cities_5191.htm (accessed 29 June 2011). The census of 1842 did not include population statistics for Kingston.

As the population of Upper Canada's urban centres had increased during the 1830s, problems characteristic of nineteenth-century cities emerged, including poor sanitation, epidemic disease, crime, chronic poverty, and vagrancy. With these developments, questions arose about public and governmental responsibilities for health and welfare. The introduction of English common law to Upper Canada in 1792 had not included provisions for the poor; the English poor law's localized administration based on the parish was ill-suited to the sparsely settled region, and colonial administrators were reluctant to impose taxes on property, particularly for issues they believed should be the responsibility of the British colonial office. Before 1830, jails constructed in the various districts served as general repositories for criminals, vagrants, the dislocated poor, and the insane.⁷

Operated and maintained by local magistrates, these jails quickly became overcrowded and were viewed as ineffective for criminal punishment or deterrence. As the British prison reform movement gained strength, and institutional care became prevalent in Europe and the United States during the early nineteenth century, certain members of the Upper Canadian Legislative Assembly pushed for penal reform. Social enthusiasm for penal institutions was widespread during the colonial period; following visits to Niagara in 1819, Anglican clergyman John Strachan and Scottish botanist John Goldie held similar opinions of the town's new jail, respectively identifying it as "the most splendid building in Upper Canada," and "very handsome and...the finest building in Canada".⁸ As physical symbols of the colony's political and cultural

⁷ Richard B. Splane, *Social Welfare in Ontario, 1791-1893: A Study of Public Welfare Administration*, (Toronto: University of Toronto Press, 1965), pp. 65-69. The use of jails as "Houses of Correction" was formally legislated in 1810. See *SUCU*, vol. 1, ch. 5, pp. 167-68, "An Act to declare the Common Gaols... Houses of Correction...", 12 March 1810. Unless otherwise indicated, all government documents in this dissertation were obtained through Early Canadiana Online, www.canadiana.org.

⁸ David R. Murray, *Colonial Justice: Justice, Morality, and Crime in the Niagara District, 1791-1849* (Toronto: University of Toronto Press, 2002), p. 149; John Goldie, *Diary of a Journey through Upper Canada and some of the New England States, 1819* (privately published, n.d.), p. 19; James Strachan, *A Visit to the Province of*

development, correctional institutions' specified architecture, internal management systems, and purported moral function indicated Upper Canada's ability to implement British laws and values, while simultaneously conducting its affairs independently of the mother country. By the 1820s numerous large penitentiaries were already operating in Britain and the United States, and certain Upper Canadian politicians were anxious to develop such a facility in the colony to demonstrate it was culturally progressive and capable of self-government.⁹

The leading advocate for an Upper Canadian penitentiary was Hugh C. Thomson, Legislative Assembly member for Frontenac, who in February 1831 argued: "Gaols managed as most of ours are...are seminaries kept at the public expense for the purpose of instructing his Majesty's subjects in vice and immorality... A Penitentiary [would] be a place to lead a man to repent of his sins and amend his life".¹⁰ While a number of years passed before Thomson's proposal was given full attention in the assembly, in 1832 the legislature finally passed "An Act...to obtain Plans and Estimates of a Penitentiary..." with provisions for its funding enacted in 1833. Built over two years, a penitentiary opened at Kingston in June 1835.¹¹

Despite this significant development, by 1840 little had been done to improve the circumstances of the poor and the insane in the jails. This inaction was partly due to fiscal difficulties in Upper Canada, but was also fuelled by Georgian ideas of social behaviour and responsibility. During the late 1830s Upper Canada experienced a period of financial constraint following the failure of one of its British agents. Hoping to stimulate economic development,

Upper Canada in 1819 (New York: S. R. Publishers Limited, Johnson Reprint Corporation, 1968), p. 100. Strachan published his book under a pseudonym.

⁹ Murray, *Colonial Justice*, p. 100; C. J. Taylor, "The Kingston Ontario Penitentiary and Moral Architecture," *Histoire Sociale/Social History*, 12, no. 24 (November 1979), pp. 404-06.

¹⁰ *AJHAUC*, 1831, p. 211, "Report of Select Committee on expediency of erecting a penitentiary..."

¹¹ *SUCU*, vol. 1, ch. 30, p. 561, "An Act...to obtain Plans and Estimates of a Penitentiary...", 28 January, 1832; Splane, *Social Welfare in Ontario*, pp. 119-30.

the Executive Council placed priority on the completion of canals, roads, and other public works projects; as such, government spending was directed away from public welfare projects.¹² Georgian perspectives transferred to Upper Canada from Britain also contributed to a disinterest in welfare projects by fostering “concepts of public probity and national honour, based on ideals of economy, frugality, professionalism, and financial rectitude.” A moral hegemony over public life became established whereby poverty and insanity involved a “willful refusal to work”. Combined with a Calvinist theology that emphasized human sin and depravity, it caused jail inmates to be seen as undeserving of humane treatment and other civic rights.¹³ Whereas the rigorous disciplinary systems of penitentiaries focused on punishment and retribution, welfare institutions for the poor and insane were oriented around charity and rehabilitation; the latter perspectives did not adhere with the Tory administration’s punitive understanding of welfare or its agendas for economic and cultural improvement. And while Georgian liberals saw the Kingston Penitentiary as practically necessary to protect citizens and private property, the insane were seen as relatively harmless and posing no serious threat to society at large.

Nevertheless, certain physicians and reformers were concerned about the terrible living conditions inside the jails, which were seen as highly inappropriate for “curing” afflicted inmates. Although insanity, like criminality, was popularly regarded as a moral problem, by the 1830s insanity treatment or “alienism” had already emerged as a medico-scientific field in

¹² Discussions of the provincial debt and reforms at the time of Union may be found in Michael J. Piva, “Financing the Union: The Upper Canadian Debt and Financial Administration in the Canadas, 1837–1845,” *Journal of Canadian Studies*, vol. 25, no. 4 (Winter 1990–1991), pp. 82–98, and *The Borrowing Process: Public Finance in the Province of Canada, 1840–1867* (Ottawa: University of Ottawa Press, 1992), Chapters 1 & 2, pp. 1–56; Ian Radforth, “Sydenham and Utilitarian Reform” in Allan Greer and Ian Radforth, eds., *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1992), pp. 64–102.

¹³ Boyd Hilton, *The Age of Atonement: The Influence of Evangelicalism on Social and Economic Thought, 1795–1865* (Oxford: Clarendon Press, 1988), pp. 7, 219; Splane, *Social Welfare in Ontario*, p. 69; Michael Gauvreau, *The Evangelical Century: College and Creed in English Canada from the Great Revival to the Great Depression* (Montreal & Kingston: McGill-Queen’s University Press, 1991), pp. 20–22.

Europe and the United States, suggesting the condition might have a medical basis. The insane were offered a modicum of sympathy from physicians and reformers who believed “lunatic asylums” could offer patients the hope of recovery if given the proper environment.¹⁴ Petitions to the Upper Canadian government during the 1830s reflected these ideas as reformers advocated the construction of an institution designed specifically for the insane. Since these visions formed the minority view in the legislature, progress towards this goal was slow with asylum legislation sporadically introduced by a few reform assemblymen during the short periods of reform leadership in the 1830s Legislative Assembly.

The first bill specifically concerning insanity was enacted in 1830 to provide financial “relief of insane destitute persons in the Home District”, whether in the jail or elsewhere. Three years later, this support was extended to include destitute lunatics in other districts.¹⁵ Not until 1835 was a commission appointed to “obtain information on...establishing a Lunatic Asylum”. While Commissioner Dr. Charles Duncombe presented its study of American asylums the following year, it was 1839 before the commission’s recommendations for asylum construction and management were implemented with the passing of an “Act to authorize the erection of an asylum...”.¹⁶ Because the institution’s construction would take several years, the former Home District Gaol was sanctioned as a temporary asylum. This measure lasted almost a decade with

¹⁴ James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal & Kingston: McGill-Queen’s University Press, 2000), pp. 4, 98-99.

¹⁵ *SUCU*, vol. 1, ch. 20, pp. 514-15, “An Act to authorize the Quarter Sessions of the Home District to provide for the relief of insane destitute persons...”, March 6, 1830; *SUCU*, vol. 1, ch. 45, p. 619, “An Act to continue an Act...”, February 13, 1833.

¹⁶ *JHAUC*, 2nd Session, 12th Parliament, 1836, p.196; *AJHAUC*, 1836, Appendix No. 30, pp. 1-20, “Report on Lunatic Asylums”; *SUCU*, vol. 1, ch. 11, pp. 958-63, “An Act to authorize the erection of an Asylum...”, 11 May 1839.

the former jail operating as the asylum throughout the 1840s until the permanent structure opened on Queen Street West in January 1850.

The decision to place a physician “medical superintendent” in charge of internal management at the Toronto Temporary Asylum reflected the rehabilitation model of large American asylums, particularly that observed by Duncombe at Massachusetts’ Worcester Lunatic Asylum, which had been constructed in 1833.¹⁷ Yet the 1839 asylum act did not clarify the parameters of the superintendent’s authority, causing Superintendents Drs. William Rees (1841-45) and Walter Telfer (1845-48) to come into conflict with the government-appointed Board of Commissioners that externally monitored the asylum’s administration and operation. Because the commissioners and many government officials perceived the asylum as an extension of the former jail, they showed little support for implementing a specialized treatment program to benefit its insane inmates. Had Rees’ and Telfer’s relationships with the Board of Commissioners remained harmonious, the different perceptions of the asylum’s role and purpose would have had little importance. Unfortunately, in the case of the Temporary Asylum, by the mid-1840s the board showed no professional faith in the superintendents, refusing to give them authority over staffing, and often refusing requests for facility improvements. As such, its function remained custodial rather than rehabilitative, with facilities that were not much better than those in the jail.

Rees’ and Telfer’s professional struggles at the Temporary Asylum were caused by different understandings of their institutional role and the occupational rewards of the position. Professional growth could only occur if the medical superintendent’s position offered its physician appointee stable employment and managerial control. Before the Union most public service appointees in good standing could assume appointment for life; however, in 1839 a

¹⁷ *AJHAUC*, 1836, Appendix No. 30, p. 3, “Report on Lunatic Asylums”.

dispatch from Britain to all the colonies put an end to this policy and gave the governor authority to force public servants “to retire...as often as any sufficient motives...suggest the expediency of that measure.”¹⁸ Without an awareness of this policy or its future effects, Rees and Telfer probably believed the asylum appointment would offer more occupational stability than private practice. They also undoubtedly expected they would have significant internal control at the institution since the Toronto asylum had been modeled on American institutions where physicians had central administrative and medical authority. Yet, in light of negative Georgian attitudes towards the insane and a general disinterest in welfare reform, from the outset there was little hope that their professional ambitions would be realized. While the government gave them authority in name, they would never have it in practice. During their asylum tenures, both men lost control of the asylum’s internal management to the Board of Commissioners with whom they were to have shared authority, conflicts that eventually resulted in their removal from the position.

Evidence of Rees’ and Telfer’s diminished status may be found by comparing their employment circumstances to those of other men holding administrative positions in Upper Canada’s emerging public welfare system; few in number, they included the Temporary Asylum’s steward, the Kingston Penitentiary’s warden, and the penitentiary’s physician. As the colony’s only other specialized custodial facility during the 1840s, the Kingston Penitentiary offers a useful comparison to the Toronto asylum for assessing welfare management in Upper Canada. It has been discussed in relation to the asylum in historical studies by James Moran, Peter Oliver, and Richard Splane, but primarily with reference to its incarceration of persons

¹⁸ Quoted in Careless, *The Union of the Canadas*, p. 37.

deemed “criminally insane”.¹⁹ The internal conditions and status of the administrators at the penitentiary and asylum have not been closely compared, probably because doing so recognizes the asylum’s punitive, custodial character, rather than presenting it in the rehabilitative perspective preferred by asylum scholars since the 1980s. As previous studies of the Toronto Temporary Asylum demonstrate, however, such an optimistic portrayal is not always appropriate or possible. During the 1840s the penitentiary faced management problems comparable to those of the asylum suggesting that the administration of both facilities functioned similarly, causing them to operate as custodial institutions.²⁰

In both cases management problems were marked by conflicts between salaried employees and the supervisory boards overseeing their operation. The poignant issue at the asylum became the medical superintendent’s authority, particularly in relation to the asylum steward. As this chapter demonstrates, Rees and Telfer both experienced conflict with the steward, to whom the asylum’s Board of Commissioners extended much control over employees and finances. And while the asylum legislation had indicated the medical superintendent, like the penitentiary warden, should hold full authority inside the institution, Rees and Telfer never shared Warden Henry Smith’s degree of administrative control; their salaries as medical superintendents reflected this difference, remaining consistently lower than Smith’s during the 1840s. Both factors suggest the government perceived the penitentiary and its head administrator as having greater value in the colony’s welfare system. Various factors contributed

¹⁹ Moran, *Committed to the State Asylum*, Chapter 5, pp. 141-66; Peter Oliver, ‘*Terror to Evil-Doers*’: *Prisons and Punishment in Nineteenth-Century Ontario*, (Toronto: University of Toronto Press, 1998), pp. 232-36; Splane, *Social Welfare in Ontario*, pp. 148, 205-206.

²⁰ For a discussion of these problems in earlier historical studies of the Toronto asylum see Rainer Baehre, “The Ill-Regulated Mind: A Study in the Making of Psychiatry in Ontario, 1830-1921” (PhD. diss.: York University, 1985); Thomas E. Brown, “‘Living With God’s Afflicted’: A History of the Provincial Lunatic Asylum at Toronto, 1830-1911” (Ph.D. diss.: Queen’s University, 1980); Harvey N. Stalwick, “A History of Asylum Administration in Canada before Confederation” (PhD diss.: University of London (UK), 1969).

to this attitude, including Upper Canada's economic position, religious beliefs shaping ideas of morality and social responsibility, the public's lack of understanding of medical practices, and physicians' generally low professional status in the colony. Since Rees and Telfer entered asylum practice at a time when the Upper Canadian government was led by a weak Tory administration in a political system operating largely through patronage, their professional authority was highly unstable.²¹ Comparing their individual experiences at the asylum reveals similar patterns of occupational downfall for both doctors over the course of their asylum tenures, suggesting the medical superintendent position was a largely unsuccessful professional endeavour during the 1840s.

William Rees and Walter Telfer: Personal and Professional Backgrounds

At the time of the asylum's opening in 1841, neither Rees nor Telfer could have predicted the severity of the problems that lay ahead, and as physicians they saw the new institution as a medical facility with the potential to "cure" patients that offered opportunities to increase their professional image. British-born, Rees and Telfer came from skilled trades and merchant middle-class families, making a medical career a viable option for enhancing their own social status and that of their family. The son of a ropemaker, William Rees had immigrated to Lower Canada as a young man in 1819, after studying medicine under Sir Astley Cooper, a prominent surgeon and anatomist at St. Thomas and Guy's Hospital in London, England. After a decade as an immigration health officer at Quebec, he moved to York as an unmarried bachelor in 1829. The following year Rees was licensed by the Medical Board of Upper Canada (MBUC) and

²¹ See descriptions of the Legislative Assemblies and Executive Councils under Governor Generals Lord Sydenham (1839-41) and Charles Metcalfe (1843-45) in Careless, *The Union of the Canadas*, pp. 37-51 and 84-101.

purchased a medical practice, which he operated until his asylum employment formally began in 1841.²² Of Scottish origin, Walter Telfer trained first in the silk mercery business, but later completed a medical apprenticeship at Hawick. He was licensed as a physician by the Royal College of Surgeons of Edinburgh just prior to his 1824 immigration to Niagara, Upper Canada. This British certification enabled him to establish a medical practice, providing services to the town's garrison and district jail as well as to its local residents. Formally certified by the MBUC in 1833, he relocated his practice to Toronto in 1835. Telfer petitioned for the medical superintendent's position in 1840, but was passed over in favour of Rees; the position was finally granted to him upon Rees' dismissal in 1845.²³

While these men appear to have earned a sustainable income through their private practices, the occupational status of doctors was precarious in 1840s Upper Canada. Building a profitable practice depended largely on the clientele's acceptance of the received treatment. With minimal penalties for unlicensed practice that were rarely enforced, physicians competed with a variety of other healers including homeopaths, eclectics, and midwives, whose methods were often less invasive than those offered by "regular" physicians.²⁴ Public confidence in

²² William Canniff, *The Medical Profession in Upper Canada, 1783-1850* (1894; reprint edition for The Hannah Institute for the History of Medicine, Toronto: Clark, Irwin & Company Limited, 1980), p. 570; *DCBO*, s.v. "Rees, William" (by William Ormsby), <http://www.biographi.ca/EN/ShowBio.asp?BioId=39343&query=rees> (accessed June 7, 2007). Historical sources about Rees to date have provided no information on his family background, and most have suggested he had no family in North America. However, a family genealogy website indicates his father was a ropemaker, and that Rees came to Canada from England with his two parents and eight siblings in 1819. This information has not been verified, however. Rees-Gorman Family Ancestry Site, <http://knology.net/~qed/R-G-Rees.htm> (copyright Lew Zerfas 2008) (accessed April 15, 2010).

²³ Although by the Medical Act of 1827 all prospective practitioners required MBUC certification, these regulations were not strictly monitored; Telfer's membership in the Royal College of Surgeons of Edinburgh probably enabled him to practice in Upper Canada without formal MBUC licensing. Canniff, *The Medical Profession*, pp. 647-48; *DCBO*, s.v. "Telfer, Walter" (by Geoffrey Bilson), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4215&interval=20&&PHPSESSID=8hvfq2t9tdk163ud88h7d2dm71 (accessed September 13, 2008); William L. Mackenzie, *Sketches of Canada and the United States*, (London: Effingham Wilson, 1833), p. 491; *The Patriot*, July 10, 1835.

²⁴ For detailed discussions of alternative practitioners see J.T.H. Connor, "'A Sort of felo de se': Eclecticism, Related Medical Sects and Their Decline in Victorian Ontario", *Canadian Bulletin of Medical History*,

scientific medicine remained low during the early nineteenth century because its unfamiliar, rudimentary practices were often painful and sometimes fatal. Tenets of medicine associated illness and disease with toxicity in bodily fluids, requiring antiphlogistic (anti-inflammatory) methods such as bloodletting, purging, blistering, and emetics to restore a natural, systemic balance to the body. While middle-class clients tended to have greater faith in scientific medicine, other colonists vehemently avoided such treatments, turning to alternative healers when they required medical care. As a result, physicians struggled to gain public trust as “professional” healers offering services superior to other health practitioners.²⁵

With a few exceptions, the desire to professionalize medicine united Toronto physicians from the 1830s through the 1860s in a struggle with the government to establish medical schools, standardize licensing, and regulate medical practice. During the early nineteenth century, rankings within the medical profession were determined by a combination of education, licensing, government appointments, and practical experience. Status rankings in Upper Canada generally followed British patterns, although they were less rigidly applied and upheld due to the lack of licensed physicians. “M.D.” physicians with medical degrees from universities within the British Empire had the highest status and were automatically eligible for MBUC licensing. Those like Telfer, who held military commissions or were licensed as “surgeons” by the Royal Colleges of Surgeons of London or Edinburgh, had secondary ranking and typically had little difficulty passing the MBUC’s licensing examinations. Other practitioners with apprenticeship

vol. 65, no. 4 (1991): 503-27; Ronald Hamowy, *Canadian Medicine: A Study in Restricted Entry* (Vancouver: Fraser Institute, 1984), pp. 14-15, 21-29.

²⁵ John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, MA: Harvard University Press, 1986), pp. 85-86; R. D. Gidney and W. P. J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), pp. 43-45.

training or more limited medical education could be licensed upon the approval of the medical board, after passing its examinations.²⁶

These varied levels of training and experience further undermined the reputation of physicians because they had no secure educational foundation on which to base their claim for admittance into the elite ranks of Upper Canadian society. Throughout the 1840s and 1850s doctors remained largely unsuccessful in their endeavours to regulate medical education and licensing. Men in government with the authority to pass legislation were comprised mainly of prominent lawyers and businessmen who closely guarded their social position as Georgian professionals, showing an unwillingness to extend authority to men who might be no more than skilled tradesmen. Thus, when the Temporary Asylum was in operation during the 1840s, doctors' professional status remained insecure.²⁷

This situation had financial and social implications for the colony's physicians. Applying the "entrepreneurial" category of Frederic W. Hafferty and Brian Castellani's typology of approaches to medical work in Upper Canada, the occupational instability of practitioners meant that many professional activities at the individual or "micro level" were business-oriented, as doctors tried to generate a livable income through ways that reflected the gentlemanly social image required of Georgian professionalism (Appendices 1, 2).²⁸ Because many colonists were unable to pay cash for medical care, physicians, if paid at all, frequently were not reimbursed until long after they had administered treatment. Even when they had a lucrative clientele, most

²⁶ Hamowy, *Canadian Medicine*, pp. 18-21, 35-40.

²⁷ Ibid., pp. 35-69; R. D. Gidney and W. P. J. Millar, "The Origins of Organized Medicine in Ontario, 1850-1869", in *Health, Disease, and Medicine: Essays in the History of Medicine*, Charles G. Roland, ed. (Toronto: The Hannah Institute for the History of Medicine, 1984), pp. 65-95.

²⁸ Frederic W. Hafferty and Brian Castellani, "The Increasing Complexities of Professionalism", *Academic Medicine*, 85, no. 2 (February 2010), p. 295; Gidney and Millar, *Professional Gentlemen*, pp. 8-12.

found it impossible to live without a supplemental source of income, and they sought additional forms of work.²⁹ With government employment offering the promise of a steady, reliable income, the medical superintendent's position was no doubt an inviting option for Rees and Telfer. While government salaries were not typically large, as Douglas McCalla has pointed out, "[e]ven an apparently small but certain income was attractive."³⁰ The 1839 act set the medical superintendent's annual salary at £300, an amount that was standard for chief administrative positions in Upper Canada and equivalent to the salaries of American medical superintendents.³¹

In addition to money, the superintendent's position offered the chosen physician a potential rise in his class status. Perceptions of a man's skills, knowledge, and social position helped establish his reputation as a professional and as a gentleman in the eyes of the public and among his medical colleagues. Rees and Telfer both demonstrated strong professional motivations long before their applications to the superintendent's position in 1840, albeit through different means. William Rees engaged in a broad range of activities that could bolster his image as a Georgian gentleman and thus offer the potential of elevating his professional status. After moving to York in 1829 he became a parishioner at St. James, Toronto's central Anglican Church, where he would have been introduced to members of the town's Tory elite. It was

²⁹ Charles G. Roland and Bohodar Rubashewsky, "The Economic Status of the Practice of Dr. Harmaunus Smith in Wentworth County, Ontario, 1826-67," *Canadian Bulletin of Medical History*, 5, 1 (1988), 31-32.

³⁰ Douglas McCalla, *Planting the Province: The Economic History of Upper Canada, 1784-1870* (Toronto: University of Toronto Press, 1993), p. 175.

³¹ According to documents contained in Duncombe's 1836 report on American asylums in 1834, Worcester Medical Superintendent Samuel Woodward's annual salary was \$1,200. This amount was equivalent to £300 Halifax cy, the currency of Upper Canada. Penitentiary warden Henry Smith's salary had been raised to £300 in 1838. Historian Julia Roberts has also identified the salary of a head patent clerk as £300, suggesting it was the common figure for a public service administrator. See *AJHAUC*, 1836, Appendix No. 30, p. 12, "Report on Lunatic Asylums"; *SUCU*, ch. 54, p. 931, "An Act to...remunerate Henry Smith, Esquire, Warden of the Provincial Penitentiary... and to increase the Salary of that Officer," 6 March 1838; McCalla, *Planting the Province*, "Appendix A: A Note on Values, Currency, and Rates of Exchange," pp. 245-47; Julia Roberts, "Harry Jones and His Cronies in the Taverns of Kingston, Canada West," *Ontario History*, vol. XCV, no. 1 (Spring 2003), p. 5.

probably there that he met Toronto Sheriff William B. Jarvis and Robert Jameson, vice-chancellor of the Court of Chancery with whom he developed long-lasting friendships that helped to advance his professional career.³² Although as members of the Tory elite Jarvis and Jameson had a higher class status than Rees, this type of mixed social interaction was common among men and women with similar political and cultural values.³³

Rees developed other such friendships by involving himself in York's intellectual circles, co-founding the York Literary and Philosophical Society in 1831 with physician and Canada Company Warden William 'Tiger' Dunlop and amateur naturalist Charles Fothergill; in 1836 the three men united again to petition for a natural history museum with zoological and botanical gardens.³⁴ Rees had pursued scientific interests since his days as a health officer in Quebec; observations of patients first as an immigration officer in Lower Canada and later as a private practitioner had led him to identify environmental and social problems contributing to illness and disease. During the 1820s and early 1830s he travelled through the Canadas and Nova Scotia researching environmental influences on human disease and medicinal uses of plants.³⁵ Knowledge gained from these studies and altruistic concerns about public health and poverty motivated Rees to engage in numerous philanthropic endeavours after moving to Toronto.

³² All three men are buried in Toronto's St. James' Cemetery.

³³ Critics of the Tory elite often use the term "Family Compact" to suggest a group with unchanging membership and inflexible social alliances. This label is problematic, for while these individuals often formed an alliance, they thought and behaved as individuals. When they closed ranks it was typically in an effort to secure their individual social positions by working as a group. See Graeme Patterson, "An Enduring Myth: Responsible Government and the Family Compact" in J. K. Johnson and Bruce G. Wilson, eds., *Historical Essays on Upper Canada: New Perspectives* (Ottawa: Carleton University Press, 1989), pp. 491-92.

³⁴ *DCBO*, s.v. "Rees, William"; *JHAUC*, 2nd Session, 12th Parliament, 1836, pp. 218, 333; Suzanne Zeller, *Inventing Canada: Early Victorian Science and the Idea of a Transcontinental Nation* (Toronto: University of Toronto Press, 1987), p. 22.

³⁵ Rees later petitioned Upper Canada's Legislative Assembly to publish his findings in a book on "medical topography." *AJHAUC*, 1833-34, Appendix A, pp. 214-15, "Report of Select Committee on Petition of William Rees".

During the 1830s, he offered free medical clinics to the poor and promoted the development of various welfare institutions in addition to the asylum including an orphans' home, a female aid society, sailors' homes, a juvenile reformatory, and a humane society. Recognizing the relationship between hygiene and health, Rees constructed a dock and public baths on the waterfront near his home in 1837. Known as "Rees' wharf" the dock became a common point of entry for Toronto's immigrants.³⁶

Although participation in educational, scientific, and philanthropic projects appealed to Georgian ideals of masculinity befitting a "professional gentleman", Rees' activities did not elevate his professional status to the extent he perhaps hoped they might. Voluntarism was structured according to gender, with women heading religious and benevolent societies, particularly those supporting women and children. Although economic necessity often required men's financial involvement in women's organizations, they did not generally participate in the organized activities of these groups. Rees' philanthropic work with women, orphans, animals, and the poor thus had maternal qualities that may have detracted from his ability to present himself wholly as a masculine "gentleman".³⁷ His bachelorhood probably would not have helped this problem, for it meant he could not position himself as the paternal supporter of a wife's charitable work. Historian John Tosh has acknowledged that bachelorhood "was always an ambivalent status", which could be beneficial or detrimental depending on a man's personal circumstances and stage of life. Although young bachelors had greater freedom to engage in

³⁶ *DCBO*, s.v. "Rees, William"; Anna Brownell Jameson, *Winter Studies and Summer Rambles in Canada*, (1838; repr., Toronto: McClelland and Stewart, 1990), March 5 and April 1, 1837, pp. 100, 154-55.

³⁷ Elizabeth Jane Errington, *Wives and Mothers, School Mistresses and Scullery Maids: Working Women in Upper Canada, 1790-1840* (Montreal and Kingston: McGill-Queen's University Press, 1995), pp. 169-183; Cecilia Morgan, *Public Men and Virtuous Women: The Gendered Languages of Religion and Politics in Upper Canada* (Toronto: University of Toronto Press, 1996), pp. 180-182.

social and professional activities that could enhance their status, the characteristics of these endeavours determined the degree to which this occurred.³⁸

Rees' activities placed him on the social periphery in number of ways, causing some of his physician colleagues to view him as eccentric and impractical. Not only did several of his charitable pursuits have a more womanly character, but they also reflected Low Church egalitarian and humanitarian views rather than the High Church Anglicanism advanced by Bishop John Strachan at St. James and accepted by many of its prominent Tory parishioners. Rees seemed to aspire to an elite status that was unrealistic for his social background and position, and it did not help that most of his attempts at professional advancement had little to do with clinical practice. The asylum was not Rees' first attempt at securing a government position. In 1834 he had stood for election to the Legislative Assembly and advertised a lecture series hoping to found a formal medical school. Unsuccessful in these endeavours, the following year he petitioned Lieutenant-Governor Sir John Colborne for assignment to the Baddeley-Carthew land survey north of Lake Huron as a botanist.³⁹ With none of these efforts resulting in a government position, the asylum likely renewed his hopes for greater financial and professional security. But with personal stability and social elevation appearing to be Rees' primary motivations, his physician colleagues may have perceived him as lacking commitment to medicine.⁴⁰

³⁸ John Tosh, "What Should Historians do with Masculinity? Reflections on Nineteenth-Century Britain", *History Workshop Journal*, vol. 38 (1994), pp. 183-85.

³⁹ Canniff, *The Medical Profession...*, p. 572; *DCBO*, s.v. "Rees, William"; Zeller, *Inventing Canada*, p. 197-98.

⁴⁰ For further discussion of the influence of Rees' activities and personal relationships on his professional status see Danielle Terbenche " 'A soldier in the service of his country': Dr. William Rees, Professional Identity, and the Toronto Temporary Asylum, 1819-1874", *Histoire sociale/Social History*, vol. 43, no. 85 (May 2010), pp. 103-110.

Whereas Rees worked independently to raise his occupational position as a physician and realize his gentlemanly aspirations, Walter Telfer was committed to elevating his status as part of a regulated profession. He was involved in many of the earliest collegial “macro level” efforts to improve the professional status of physicians in Upper Canada (Appendix 1).⁴¹ According to William Lyon Mackenzie, in the late 1820s and early 1830s Telfer was concerned by the number of self-taught practitioners migrating across the border at Niagara from the United States; he believed their methods of practice endangered the health of local citizens and tainted the public’s perception of reputable physicians. Mackenzie recounted several occasions when Telfer was enlisted to reverse the effects of “treatments” inflicted by such “quacks”.⁴² Such experiences undoubtedly motivated Telfer’s desire to increase medical regulation and disease prevention in Upper Canada. He was a medical officer on Niagara’s Board of Health from its inception following the 1832 cholera epidemics. That same year with two colleagues, he wrote Attorney General Henry Boulton to petition for professional self-regulation through the creation of a medical association “resembling your Law Society, with power to regulate [its] own affairs.” Although unsuccessful, this petition was a precursor to the creation of the first, short-lived College of Physicians and Surgeons of Upper Canada in 1839.⁴³ In early 1836 Telfer and a group of Toronto doctors, including Rees, petitioned the government to expand the MBUC; due to the retirements and deaths of some members, the medical board had become reduced to three

⁴¹ Hafferty and Castellani, “The Increasing Complexities of Professionalism”, pp. 293, 296-98.

⁴² Mackenzie, *Sketches of Canada and the United States*, p. 490-91.

⁴³ *DCBO*, s.v. “Telfer, Walter”; Drs. Muirhead, Telfer, and Porter to Attorney-General Henry Boulton, 22 October, 1832, reprinted in Canniff, *The Medical Profession*, pp. 63-65. The College was disallowed in 1840, due to objections from the Royal College of Physicians and Surgeons, London.

members, who many doctors felt were “guided solely by their own inclinations”.⁴⁴ Two years after these petitions, Telfer was appointed to the recently expanded board as its Examiner of Surgery. Sometime between 1839 and 1841 amidst the MBUC’s petitions for the establishment of a faculty of medicine at Toronto’s King’s College, Telfer showed his professional ambition through a preliminary application to Lieutenant Governor Sir George Arthur to be appointed Chair of Anatomy at the school.⁴⁵ Because the medical faculty did not open until 1844, nothing came of this request.

As suggested by these professional endeavours and his prior service to the Niagara garrison and jail, Telfer clearly sought enhanced status through the prestige of office.⁴⁶ It explains his interest in applying to the medical superintendent’s position after the asylum act was passed in 1839. He faced competition from William Rees, however. Both men were well aware of insanity treatment’s growth as a medical field outside British North America. By 1840 alienism was rapidly evolving in Europe and the United States through the construction of asylums and the publication of medical texts on lunacy.⁴⁷ Telfer and Rees believed the new asylum offered an opportunity to gain recognition within the medical profession as experts in this new field of medicine, and in Upper Canadian society as administrators of a large, government-funded institution. Unfortunately, their enthusiasm perhaps made them naïve about the extent to

⁴⁴ *AJHAUC*, 1839, Appendix No. 69, pp. 9-10, 14. This was one occasion when Rees joined with his colleagues to work specifically for the betterment of the medical profession. Given his scientific interests, he was probably motivated by the limited access to research in the General Hospital.

⁴⁵ *AJLAPC*, 1849, Appendix G.G.G., p. 14, “Return to an Address...all papers...relative to the removal...of Dr. Telfer...”; Hamowy, *Canadian Medicine*, pp. 36-37.

⁴⁶ *DCBO*, s.v. “Telfer, Walter”.

⁴⁷ While “lunacy” and “lunatic” had been the commonly used labels to describe persons of unsound mind up to the 1830s, by the 1840s these terms were gradually changing to “insane” and “insanity”, reflecting the increasingly medicalized view of the condition as a disease. During the period covered by this chapter, both terms were used interchangeably.

which the asylum would be a medical facility. Both were certainly conscious of the stigma against insanity and the precarious status of medicine as a respected profession. Given Rees' prior involvement with welfare projects, he should have been aware that government support for the asylum might not be fully present, whatever the contents of the 1839 act. Both he and Telfer, however, probably believed that their supervisory position would give them sufficient power to create a successful asylum with or without full government support. To this extent logic and good sense may have given way to personal ambition and idealism.

Yet Rees' hopes for asylum success were also bolstered by his political and personal friendships. Having already applied in January for the position of medical superintendent in the future asylum, Rees came to the jail in the spring of 1840 offering voluntary care to its "16 or 17 insane persons."⁴⁸ Rees probably hoped to assist his friend Sheriff William B. Jarvis with the jail's management while also obtaining experience to improve his chances of securing the superintendent's position. When the jail was relocated later that year, Jarvis, a member of the asylum's newly-appointed Board of Commissioners, left the insane inmates in the old facility under Rees' care. His actions received approval from Robert Jameson who, in addition to his position as vice-chancellor of the Court of Chancery, was chair of the recently-appointed asylum board. In December the commissioners, who also included physician Dr. W. C. Gwynne and architect John Ewart, rejected Telfer's candidacy in favour of Rees. Rees subsequently sold his private practice to commit himself fully to his new position. The appointment became formalized at the Temporary Asylum's official opening on January 21, 1841.⁴⁹

⁴⁸ *AJLAPC*, 1841, Appendix L.L., p. 1, "Report by the Honorable the Vice-Chancellor..."

⁴⁹ *Ibid.*; *AJLAPC*, 1846, Appendix K.K.K., p. 6, "Return to an Address... respecting the claim of Dr. Rees..."; *DCBO*, s.v. "Rees, William"; Canniff, *The Medical Profession...*, p. 570.

William Rees at the Temporary Asylum, 1841-1845

Rees' appointment was controversial amongst Toronto physicians; in light of his relationships with Jarvis and Jameson, many believed patronage to have been the main reason for his selection. Patronage and collegial loyalty were hallmarks of the Georgian professional culture that characterized Toronto's elite in the 1830s and 1840s. Friendships with influential men were critical for securing prestige within the circles of one's chosen profession and for accessing higher-ranking positions in the form of government employment or on professional boards. Yet, patronage could also be a contentious issue, since men appointed to such positions were expected to have the proper qualifications and gentlemanly character befitting their role. If these factors were universally perceived to be present, the use of patronage was rarely acknowledged; however, if members of the public or a man's profession believed he was unqualified for the position being granted to him, patronage could trigger hostility.⁵⁰

Such was the case with Rees, whose slight eccentricity, impulsiveness, unrealistic social ambitions, and questionable masculinity led certain medical colleagues to question the appropriateness and circumstances of his appointment. According to Dr. William Canniff, some doctors questioned Rees' motivations for becoming medical superintendent and his level of dedication to insanity treatment. Dr. Christopher Widmer, a prominent Toronto physician and long-serving member of the Upper Canadian medical board, remained highly critical of Rees throughout his career, going so far as to claim later that Jameson had "smuggled" Rees into office. Widmer may have favoured Telfer for the position since, while Telfer's professional ambitions were clear, his previous professional activities were more realistic and grounded in the social expectations of a physician in private practice, and some aspects had involved macro-level

⁵⁰ For a broader discussion of patronage see J. K. Johnson, *Becoming Prominent: Regional Leadership in Upper Canada, 1791-1841* (Montreal & Kingston: McGill-Queen's University Press, 1989), pp. 83-90.

advancement of the profession at large (Appendix 1). Throughout Rees' tenure, Widmer remained unconvinced of his colleague's competency. Wanting Rees to "make his bow" and leave the asylum, in 1843 he wrote reform leader Robert Baldwin claiming "care of the Insane should certainly be consigned to a practical man, with a philosophic knowledge of the treatment of insanity."⁵¹

This judgment seems unduly harsh. Years later Rees described his interest in mental disease as beginning during his years in Lower Canada where he had observed "the very inefficient, objectionable, and inhuman mode of treatment of pauper lunatics... incarcerated in the Common Gaols." Wishing to "ameliorate their condition", at his own expense he had visited "England and other countries" to study insanity treatment and asylum management.⁵² After moving to Upper Canada and finding similar conditions in its jails, Rees made use of his new authority as a licensed physician to advocate for the establishment of a lunatic asylum in Toronto, and in 1836 had offered "a block of land a few miles from Toronto for the site of a hospital or asylum for lunatics."⁵³ Although his proposal was not accepted, it demonstrated an altruistic interest in welfare that continued throughout the 1830s.

After he was appointed to the asylum Rees began implementing a modern "moral treatment" program like those he saw at asylums in Britain, despite the jail being "wholly unfit" for insanity treatment.⁵⁴ Developed in France and England by physician Dr. Philippe Pinel and

⁵¹ Canniff, *The Medical Profession*, pp. 572-73; Toronto Reference Library [TRL], Robert Baldwin Papers [RBP], Widmer to Baldwin, January 1843 and January 16, 1843.

⁵² *Report of the Select Committee of the Legislative Assembly in the Case of Dr. Rees with an Appendix* (Quebec: Hunter, Rose & Co., 1861), p. 23, Rees to the Provincial Secretary, 6 April 1858.

⁵³ Anna Jameson, *Winter Studies and Summer Rambles*, p. 100.

⁵⁴ *JLCPC*, 1843, Appendix No.13, p. 183, "Return transmitted by the Governor General on the subject of the Provincial Lunatic Asylum".

philanthropist William Tuke, moral treatment aimed at eliminating physical treatment and bodily restraints, instead promoting self-healing through good nutrition, rest, work, exercise and recreational activities. Although the jail lacked facilities necessary to implement a full moral treatment program such as space for an exercise yard and a well for clean, accessible water, Rees made the most of the limited resources. He humanely placed patients in “purified and airing debtors’ rooms – carefully washed, clothed and placed under Medical care” with “food critically adapted to their physical state”; for exercise he allowed patients to go off-property with asylum keepers to fish or walk by the lake.⁵⁵

Despite Rees’ efforts to implement the basic tenets of moral treatment, the jail was not suited to the development of a successful therapeutic program. The public asylum tax implemented by the 1839 act was low and the funds it generated were primarily directed toward building a permanent institution; begun in 1846, the new asylum was not ready for patients until 1850. While a greater sense of urgency to protect citizens from troublesome and dangerous criminals had resulted in Kingston’s penitentiary being immediately adapted to match the specialized accommodation seen in New York’s Auburn Penitentiary, for a decade little funding was available for the Temporary Asylum and the insane were left to wallow in the cramped, filthy, ill-equipped jail.⁵⁶

The lack of money and poor facilities placed Rees in a difficult situation since he was expected to implement a sustainable treatment program that would “cure” patients. As early as November 1841 his friend Dr. William Dunlop appealed to the Provincial Secretary identifying Rees as “quite out of funds” with “creditors clamourous, and the servants in a state of mutiny.”

⁵⁵ *AJLAPC*, 1841, Appendix L.L., p. 1, “Report by the Honorable the Vice-Chancellor...”; *AJLAPC*, 1842, U-p. 1, “Annual Report, for 1842, of the Commissioners...”.

⁵⁶ Taylor, “The Kingston Ontario Penitentiary and Moral Architecture,” pp. 397-95.

Although some paying patients were admitted during this period after local families petitioned the government to accommodate their insane relatives, these payments were insufficient to meet the asylum's financial needs. The problems were disguised by Rees' changes to the jail and partial implementation of moral treatment methods. Only later was it learned that Rees and some asylum commissioners had been assuming personal debts to keep creditors at bay.⁵⁷ From our current perspective this action seems foolish, yet in the nineteenth century it was not uncommon for men to become financially over-extended, accumulating large debts to support entrepreneurial and other business projects. According to historian Peter Oliver, the penitentiary suffered similar financial constraints with its warden and inspectors also assuming such personal debts. Assumption of debt was generally a risky practice given the instability of the colonial economy; if not properly handled the results could be financially disastrous, explaining the frequency of downward social mobility.⁵⁸ The potential effect on a man's professional image was indicated by the popularity of "debtor masculinity" as a fictional theme during this period; symbolizing the instability of the professions, fiction stories often featured "fiscally irresponsible, emotionally mercurial" professional male characters.⁵⁹ With a professional image that was already questioned by some colleagues, bankrolling the asylum made Rees particularly vulnerable to being viewed as irrational and unprofessional.

Rees' self-sacrifice at the asylum proved particularly inexpedient once the government began reducing his salary along with the asylum's operational funds. The 1839 asylum act stipulated the medical superintendent would receive an annual salary "not exceed[ing]" £300;

⁵⁷ *Report of the Select Committee...* (1861), p. 14, Dunlop to Hon. S. B. Harrison, Provincial Secretary, November 22, 1841 and George Gurnett (Foreman), "Presentment of the Grand Jury... 4th April 1842".

⁵⁸ Oliver, *Terror to Evil-Doers*, pp. 150, 153; Katz, *The People of Hamilton*, pp. 187-89.

⁵⁹ David Anthony, "Banking on Emotion: Financial Panic and the Logic of Male Submission in the Jacksonian Gothic", *American Literature*, vol. 76, no. 4 (December 2004), p. 720.

while Rees assumed he would receive the full amount, the language of the act was carefully worded to allow the government to reduce his pay at will. Although Rees seems to have received close to this amount in a lump sum payment sometime in 1842, by July 1844 his yearly salary was £200 (Appendix 5). By 1843 Rees had appealed to both the commissioners and the provincial secretary for a pay increase and a residence near the asylum, living arrangements that were standard practice in American and British asylums during the period. Despite the commissioners supporting his requests, Rees received neither.⁶⁰

Rees' lack of remuneration was not an isolated event. The Union government frequently failed to provide funding to new institutions and projects that was sufficient to pay public servants their promised salaries or wages. Although few historians have examined the personnel of the civil service, J. K. Johnson has noted that one disadvantage of this type of work was that not all government positions paid well and allocation of payment was not always centrally administered; it was an ongoing problem for colonial public servants.⁶¹

While the economic crisis of the late 1830s hampered colonial finances during the early years of the Union, this situation did not explain the continuing failure to compensate civil servants properly.⁶² Payments for professionals in government employment perhaps were not

⁶⁰ *SUCU*, vol. 1, ch. 11, pp. 960, "An Act to authorize the erection of an Asylum...", 11 May 1839; *JLAPC*, 13 May 1853, pp. 853-854, "Statement of amounts expended annually for the support of the Lunatic Asylum..."; *Report of the Select Committee...* (1861), pp. 14-15, Dr. Rees to Hon. S. B. Harrison, Provincial Secretary, November 24, 1842; *JLPCPC*, 1843, Appendix 13, p. 186, "Return Transmitted by the Governor General...".

⁶¹ As late as 1850 Dr. Joseph Workman, medical superintendent at the permanent asylum, requested additional funds as chair of a Royal Commission examining King's College's "accounts and fiscal affairs" for proper payment of the commission's clerks; Workman informed the college bursar that the clerks' wages remained below "other public offices" and that the commissioners themselves had not yet received any remuneration for their work. Johnson, *Becoming Prominent*, pp. 17-18; Michael J. Piva, "Getting Hired: The Civil Service Act of 1857", *Journal of the Canadian Historical Association*, vol. 3 (1992), pp. 96-97; *AJLAPC*, 1850, Appendix C. C., p. 2, "Return to an Address... to His Excellency the Governor General... 'A detailed Statement of the amount expended towards... expenses of the Commission of Inquiry...'", 9 July 1850.

⁶² Careless, *Union of the Canadas*, pp. 91, 104-109.

prioritized because it was assumed “gentlemen” worthy of such positions could independently support themselves. Most aspiring professional men worked at two or more jobs to sustain themselves financially and build a professional image; this “occupational dualism” encouraged participation in multiple projects, making a single appointment seem incidental in the context of a man’s whole career.⁶³ For professionals accepting government appointments, requests for proper remuneration could seem ungentlemanly since it suggested a focus on monetary benefits rather than civic duty. For Rees this situation was problematic since the medical superintendent’s position was designed to be full-time, and he had relinquished his private practice.

While the asylum act’s vague language might suggest Rees stood little chance of successfully claiming his £300, his hopes for a stable salary were not completely misguided. Since the penitentiary’s opening in 1835, Warden Henry Smith had received his full legislated salary. Increasing at regular intervals, at the time of the asylum’s opening in 1841 Smith’s salary was also £300 annually (Appendix 6). Rees no doubt assumed his managerial position gave him a professional status equivalent to Smith’s, particularly given his additional skills as a physician. Unlike Rees, however, Smith’s salary continued to increase during the 1840s, probably because an 1834 penitentiary administration act had made disbursement of employee salaries and wages a duty of the warden. With control of his own salary, Smith thus had greater professional autonomy than was given to the asylum superintendent in the 1839 asylum act. While he complained frequently to the government about insufficient funds to pay waged employees, Smith had considerable control over payments, and the penitentiary records show all salaried

⁶³ Johnson, *Becoming Prominent*, p. 11-12; *DCBO*, s.v. “Telfer, Walter”.

employees were properly remunerated.⁶⁴ He could thus prioritize his own reimbursement, while Rees depended on both the government and the asylum board to distribute money for his salary. The inadequate funding provided for the asylum caused his pay to decrease and, as Rees became unable to earn a salary comparable to other senior administrators, his chances for maintaining a social reputation as a professional began to erode. His efforts to sustain the asylum's treatment program through personal debt accumulation may thus have been an attempt to disguise what was quickly proving to be a professional failure given his limited managerial authority.

Rees' financial difficulties were further complicated by administrative changes made after his appointment. Under orders of the lieutenant governor, in 1842 the asylum board created a new "Code of Rules and Regulations" to clarify the duties of the "officers of the institution". Although the code required the commissioners to work with Rees to manage the asylum properly, it implemented new positions of asylum steward and matron that complicated this relationship. Meant to align the Toronto asylum more closely with the administrative structures of American asylums, the appointment of the steward and matron was typically assigned to a married couple hired jointly to reside at the asylum and respectively supervise the treatment of male and female patients. Although most American institutions had a separate treasurer, Toronto's asylum commissioners made business and financial matters an additional duty of the steward, seemingly as a cost-saving measure.⁶⁵

So long as relationships between the commissioners, medical superintendent, and steward remained harmonious this system was sufficient, and there were few problems during the code's

⁶⁴ *SUCU*, vol. 1, ch. 37, p. 690, "An Act...Maintenance and Governance of the Provincial Penitentiary...", 6 March, 1834; *SUCU*, vol. 1, ch. 11, pp. 960, "An Act to authorize the erection of an Asylum...", 11 May, 1839; Oliver, *Terror to Evil-Doers*, pp. 148-152.

⁶⁵ *AJHAUC*, 1836, Appendix No. 30, p. 12, "Report on Lunatic Asylums"; *AJLAPC*, 1842, Appendix U, p. 1, "Annual Report, for 1842, of the Commissioners..."; George Hamilton Park, *A Narrative of the Recent Difficulties in the Provincial Lunatic Asylum, Canada West* (Toronto: Examiner, 1849), pp. 3-4.

first year of implementation. In 1843, however, during the year-long Reform-*Rouges* government of Robert Baldwin and Louis Hippolyte Lafontaine, the asylum board was expanded to twelve members to adhere to the number legislated in the 1839 act and give it a broader range of skills and expertise. The commissioners now included physicians, businessmen, clergy, the sheriff, and an architect. Such occupational and political diversity was no doubt intended to make it a more equitable body. Certainly it was more bureaucratic. Although at least half of the commissioners identified as reformers, these Georgian gentlemen quickly claimed a kind of aristocratic authority in the asylum that would not be questioned by the government. No longer dominated by Rees' friends, the new board had several members who did not share his medical and welfare interests, largely eliminating Rees' collegial relationship with the commissioners.⁶⁶ Conflicts soon arose over Rees' medical practices and administrative authority, demonstrating the divided interests of the new Board and further undermining his efforts to enhance his professional reputation.

Rees' medical competence was questioned in March 1843 when Dr. Robert Spear of the Royal College of Physicians, London was requested to investigate Rees' use of purgative, antiphlogistic treatments. Controversy had arisen in Toronto's public and medical circles over the appropriateness of bleeding and emetics for curing insanity, a situation that reflected discussions in the medical profession at large about depletive practices and their physical benefits and drawbacks. By the 1840s, asylum physicians in Europe and the United States debated how to balance these physical treatments with non-invasive moral treatment therapy in

⁶⁶ *JLPC*, 1843, Appendix 13, p. 185, "Return transmitted by the Governor General..."; Park, *Narrative of the Recent Difficulties...*, p. 71. As of 1843 the board's members included Robert Jameson (lawyer); William B. Jarvis (Sheriff); John Ewart (architect); Dr. W. C. Gwynne, Dr. W. R. Beaumont (physicians); Rev. H. J. Grassett, Rev. J. Hay, Rev. John Roaf (clergy); William Kelly (Customs Officer); and William Cawthra, John Eastwood, and Martin J. O'Beirne (businessmen).

order to procure the best outcome in patients.⁶⁷ In this respect James Moran has described Rees as a “transitional figure” in insanity therapeutics since he mixed physical depletive treatments with moral approaches to calm patients and relieve symptoms of mental illness.⁶⁸ The inquiry into Rees’ use of depletive therapy no doubt arose from Dr. Christopher Widmer’s ongoing demands for an assessment of Rees’ suitability for the position; two months earlier, complaining to Robert Baldwin, Widmer demanded an inquiry be instituted to “lift the film from [Governor General] Sir Charles’ [Bagot] vision” as to Rees’ competence.⁶⁹ This attempt to oust Rees from the asylum failed, however; Spear concluded Rees’ methods were appropriate and that he had raised the asylum “to nearly a level with the most favored of similar institutions in Europe.” Spear alluded to Widmer’s vengefulness by noting in his report that most of the criticism of Rees came from one “disingenuous man”, an observation that would later be supported in an 1846 government select committee report that stated all “but one” member of the Toronto medical profession supported Rees’ work at the asylum.⁷⁰

Given Spear’s professional status as a representative of the British Royal College of Physicians, the government probably would have paid little attention to these accusations of incompetency had administrative conflicts not also arisen during this period of Rees’ tenure.

⁶⁷ *AJLAPC*, 1851, Appendix O.O., “Report of the Special Committee...relating to the Petition of William Rees...,” Appendix No. 1, 17 March 1843, “Dr. Spear’s Report on the Management of the Temporary Lunatic Asylum...”; Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883* (Cambridge: Cambridge University Press, 1984), pp. 79-83.

⁶⁸ Moran, *Committed to the State Asylum*, p. 82.

⁶⁹ TRL, RBP, Widmer to Baldwin, January 1843.

⁷⁰ *AJLAPC*, 1851, Appendix O.O., “Report of the Special Committee...relating to the Petition of William Rees...,” Appendix No. 1, 17 March 1843, “Dr. Spear’s Report on the Management of the Temporary Lunatic Asylum...”; *JLAPC*, 30 May 1846, p. 292, “Report from the Select Committee [relating to] the Petition of William Rees...”. Commissioner Dr. William Gwynne voiced strong objections to anti-inflammatory practices during this period, but since he otherwise appears to have supported Rees, Widmer seems more likely to have been the instigator of this review. See Canniff, *The Medical Profession*, p. 405.

Before 1842, the collegial atmosphere between Rees and Commissioners Jameson, Jarvis, Ewart, and Gwynne helped to resolve any managerial conflicts quickly. From 1843, however, the twelve members of the expanded Board of Commissioners held divided opinions regarding the responsibilities of the steward and the medical superintendent. The 1839 asylum act and 1842 Code of Rules legislated that the medical superintendent's position was superior to that of the steward, a distinction that was further reflected in their salaries: The medical superintendent's annual salary would eventually reach £250 in 1844 and remained at this rate throughout the decade (Appendix 5); in contrast, by 1850 the steward and matron as a married couple received a combined salary of only £150.⁷¹ Yet, the legislated higher status awarded to the medical superintendent was not always reflected in the managerial practices that emerged at the asylum.

Administrative relationships became particularly strained after Robert and Margaret Cronyn became steward and matron in 1843. As with Rees, patronage played a role in their hiring. Commissioner Martin J. O'Beirne was an Irish-Catholic clothier and founder of the city's St. Patrick's Benevolent Society (1832); committed to helping Irish immigrants like the Cronyns, O'Beirne remained their fervent supporter despite mounting evidence that Robert Cronyn wasted funds, drank excessively, and abused patients and staff.⁷² Cronyn's administrative control over finances and business matters muddied the managerial waters, confusion that was compounded by his full-time residence at the asylum and connections to Toronto's professional circles through O'Beirne and other commissioners. Desiring social elevation himself, Cronyn used his greater presence and visibility at the asylum to assert his authority over Rees. As a result,

⁷¹ *AJLAPC*, 1851, Appendix C, p. 4, "First Annual Report of the Directors of the Provincial Lunatic Asylum, Toronto, Canada West".

⁷² See *AJLAPC*, 1849, Appendix G. G. G, "Return – 'all papers...relative to the removal...of Dr. Telfer...'".

confusion soon developed over seniority and management, causing conflict between the two men.

The first recorded incident occurred in October 1844 when it was necessary to hire a male keeper. Responsible for daily care, keepers kept patients clean, fed, clothed, exercised, and ensured they had appropriate medical treatment when necessary. Because they were essential to patient health, Rees believed the medical superintendent should have charge of hiring keepers. As such, he selected a man by the name of Roche for the position, telling him to submit his paperwork to Commissioner William B. Jarvis who, after consulting with fellow Commissioners Grasset and Jameson, subsequently approved Roche's appointment. Unfortunately, when Roche arrived at the asylum, he found the position occupied by a man Robert Cronyn hired. Rees and Cronyn argued over the matter with both officers declaring their right to have charge of hiring. Infuriated, Rees approached the chair of the asylum board who stated: "[I]t is your duty, and yours alone, to obtain a fit person to act until the pleasure of the Commissioners be known to rescind or confirm your choice... if [the steward] has again behaved with insolence...all I can say is, bring the matter before the Board...". Unfortunately, at the board's next meeting on October 22, only physician Dr. William Beaumont supported Rees' choice of keeper, and charge of future hiring was given to Robert Cronyn.⁷³

Rees believed individual board members supported Cronyn because they had business contracts with him for asylum supplies, a reasonable claim given the businesses of Martin O'Beirne and John Eastwood had profited from asylum orders. Patronage led commissioners to choose sides based on their respective occupations and backgrounds, forming the basis for divisions on the board and between Rees and individual commissioners. From late 1844

⁷³ *AJLAPC*, 1849, Appendix F.F.F., pp. 6, 9, "Return – 'Copies of all Correspondence between the Commissioners...'"

conflicts between Rees and the more business-oriented commissioners increased, with both sides appealing to government officials for guidance, and blurring the truth to suit their own ends.

Although the 1839 asylum act had legislated that official complaints of the medical superintendent were to be addressed to the board, by the spring of 1845 it was evident to Rees that such appeals were pointless, given its internal divisiveness. Frustrated, he made the decision to break protocol, writing an exasperated letter to Attorney General and government leader William Henry Draper on April 4, 1845 complaining of the “gross neglect” of patients by keepers over whom he had little authority. He identified most of the issues as rooted in “the great want of harmony” on the Board of Commissioners regarding the asylum’s management.⁷⁴ The letter angered the commissioners who saw Rees’ letter as undermining their authority to resolve administrative conflicts. They subsequently appealed to Governor Sir Charles Metcalfe, identifying Rees as “[thinking] proper, on many occasions, to disregard the instructions of the Board,” and wanting in “soundness of judgment, and command of temper”. They identified his letter to Draper as the latest in a series of “false and hurtful communications”, stating most of the asylum’s problems were due to his ongoing misconduct.⁷⁵

While Rees’ behaviour was often described as hasty and irrational, his appeal to Draper was not wholly unreasonable. A year later, Henry Smith proposed alterations to the penitentiary’s internal governance that were subsequently approved by Draper; after negotiations, they resulted in the 1846 “Act to Consolidate and Amend the Laws Relating to the

⁷⁴ *AJLAPC*, 1849, Appendix F.F.F., p. 2, “Return – ‘Copies of all Correspondence between the Commissioners...’”. Following the resignation of the Executive Council in late 1843 Draper was appointed by Governor General Charles Metcalfe to lead the government. Since cancer had almost totally incapacitated Metcalfe by 1845, Draper had almost full colonial authority. See George Metcalf, “William Henry Draper”, in *The Pre-Confederation Premiers: Ontario Government Leaders, 1841-1867*, ed. J. M. S. Careless (Toronto: University of Toronto Press, 1980), pp. 49-68.

⁷⁵ *AJLAPC*, 1849, Appendix F.F.F., p. 3-4, “Return – ‘Copies of all Correspondence between the Commissioners...’”.

Provincial Penitentiary”. Like the asylum commissioners, the penitentiary’s Board of Inspectors perceived Smith as undermining their authority and resigned over the matter. In contrast to Rees, however, this legislation raised Smith’s salary and extended his already substantial administrative power.⁷⁶ And, a significant distinction in the penitentiary case was Draper’s approval of Warden Smith’s requests for greater institutional control. As with the salary differences, there was a striking imbalance in professional status accorded to the medical superintendent compared to the penitentiary warden, suggesting that the government valued its penal administrator monitoring criminals more than its physician treating the insane.

The reasons for this distinction are not clear and personal relations do not account for the difference since both Rees and Smith had political connections to help them navigate the Tory government’s system of rewards based on patronage.⁷⁷ Rees’ problem may have been his blended medical and administrative role. While the medical superintendent position was created as one with dual responsibilities, Upper Canadians evidently saw Rees primarily as a physician. From 1835 Dr. James Sampson, a private practitioner in Kingston, was the penitentiary’s part-time “Attending Physician” whose position was subordinate to Warden Smith. When the asylum opened in 1841 the penitentiary’s administrative structure may have influenced understandings of the role and status of the medical superintendent, partly explaining why the steward was often given greater managerial control. Terminology further confused this situation; the 1843 Legislative Council papers contain a transmission from Robert Cronyn where he referred to

⁷⁶ Oliver, *Terror to Evil-Doers*, pp. 161-63; *PSC*, cap. IV, pp. 659-70, “An Act to Consolidate and Amend the Laws Relating to the Provincial Penitentiary”, 18 May 1846.

⁷⁷ Smith had Tory support in the legislature from both his son Henry Jr. and John A. Macdonald, respectively members since 1841 and 1844. Since 1843 the Tories had a weak government leadership under William Draper.

himself as the “warden”, a label that suggested he saw his status as equal to Henry Smith’s.⁷⁸ Whereas “wardens” were undoubtedly head administrators, the term “medical superintendent” was more ambiguous, and did not clearly represent asylum doctors’ combined medical and managerial duties.

Whatever the confusion over his duties and position, Rees’ appeals to the government led some people to view him as undermining both the steward’s and the commissioners’ authority. In June 1845 Rees made his situation worse by hastily soliciting two character references from Robert Jameson (temporarily off the asylum board) and George Gurnett, foreman of a grand jury that had inspected the asylum in 1844. His tone suggested he intended to use the references as weapons against the critical commissioners. Although Jameson and Gurnett offered positive comments about the institution and its management, neither wished to be dragged into the conflict, saying as much in their replies.⁷⁹

Rees then wrote to Provincial Secretary Dominick Daly responding to the Board’s comments to Metcalfe about his original letter to Draper. In this correspondence Rees suggested eliminating the steward’s position altogether, contracting for supplies, and instead employing an assistant physician who would work under the superintendent. He believed doing so would eliminate the existing conflicts over management between the medical superintendent and the steward, placing the medical superintendent (i.e. himself) in charge, while simultaneously obtaining a physician to reduce his own workload.⁸⁰ Clearly, the dispute had deteriorated into power struggle between Rees and the commissioners.

⁷⁸ *JLPC*, 1843, Appendix No.13, p. 186, “Return transmitted by the Governor General on the subject of the Provincial Lunatic Asylum”.

⁷⁹ *AJLAPC*, 1849, Appendix F.F.F., pp. 9-10, “Return – ‘Copies of all Correspondence between the Commissioners...’”

⁸⁰ *Ibid.*, p. 5.

Tragically that summer, Rees' administrative complaints faded to the background when he was attacked twice by violent patients. The first incident involved a severe blow to the head by a patient named Dempsy, causing Rees to stagger for a period of time. He subsequently complained "at different times ... of the effects of the injury." Five or six weeks later a patient named Fitch kicked him in the groin, leaving him faint and pale. Rees developed a severe infection from this injury and became confined to his house. Months later, Rees still suffered dizziness and "giddiness" from the head injury, and chills and fevers from the groin infection. His attending physician Dr. George Grasset commented: "The exercise of walking cannot be performed without pain, nor is it desirable that bodily exertion should be used."⁸¹

Coupled with the administrative disputes, these injuries sealed Rees' fate at the asylum. In October 1845 he received notification from Dominick Daly terminating his employment as medical superintendent, stating: "His Excellency...regrets...that there is no alternative, but either to dispense with your services or to lose the benefit of the services of the Commissioners of the Asylum."⁸² Although Daly cited the conflicts with the asylum board as the cause of his termination, Rees' ongoing ill health almost certainly influenced this decision. Animosity between Rees and the Board was apparently limited to the managerial conflicts, for in January 1845 the Board supported his government petition for unpaid portions of the originally promised £300 salary; following Rees' dismissal they petitioned Daly to reinstate him since he had "made ample apology to the Board."⁸³ Yet no further action was taken, probably because of the doctor's ongoing physical incapacitation.

⁸¹ *AJLAPC*, 1851, Appendix O.O., p. 4, "Report of the Special Committee..."

⁸² *AJLAPC*, 1849, Appendix F.F.F., p. 10, "Return – 'Copies of all Correspondence between the Commissioners...'"

⁸³ *AJLAPC*, 1846, Appendix K.K.K., pp. 2-3, "Return to an Address..."; *ibid.*, 1849, Appendix F.F.F., p. 10, "Return – 'Copies of all Correspondence between the Commissioners...'"

By the fall of 1845 Rees' difficulties made evident not only the administrative problems at the asylum, but also the potential occupational challenges of institutional management and public service employment in Upper Canada. Asylum work was clearly risky for both a physician's professional reputation and his bodily health. Although Rees applied for the position hoping to better his professional status, he instead was financially ruined and physically incapacitated as his injuries rendered him unable to do physically demanding work. Friends and colleagues were unsuccessful in their efforts to obtain government compensation for him or an alternative position in the public service. The latter part of Rees' life was characterized by growing debt and impoverishment due to his ever-worsening health and the inability to work.⁸⁴

Walter Telfer at the Temporary Asylum, 1845-1848

Immediately following Rees' dismissal, the government appointed Dr. Walter Telfer to the superintendent's position; his tenure commenced on October 20, 1845. Although Commissioner Rev. John Roaf had attempted to have his son-in-law Dr. John Scott appointed to the position, the asylum records suggest Telfer was the only candidate seriously considered. Telfer's continuing desire to secure government employment was widely known, for in the winter of 1842, "being led to understand that the University [medical faculty] w[ould] shortly go into operation", Telfer had written Governor General Sir Charles Bagot to renew his application for the anatomy position at King's College. Although once again passed over, this time for Dr. W. C. Gwynne, one of the asylum commissioners, Telfer had appended numerous references to his faculty application from clergy, judges, and Legislative Assembly members. In accordance with Georgian values, they attested Telfer was viewed "unanimously" by his patients as a

⁸⁴ Details of Rees' post-asylum experiences and downward social mobility may be found in Terbenche, "A soldier in the service of his country'...", pp. 120-29.

“professional man, a gentleman, and a friend.”⁸⁵ In 1845, these references along with his prior asylum application made him a logical choice to succeed Rees at the asylum. Although Rees’ experience had been negative, the professional debates about his treatment methods and management capabilities probably led Telfer to believe Rees simply lacked the skills and character required of a medical superintendent.

Unlike Rees, Telfer did not give up his private medical practice when he commenced his service at the Temporary Asylum. Rees’ decision was atypical since many men worked at two or more jobs to earn a sustainable income; as a bachelor, however, his financial needs may have been less pressing, and he certainly lacked the family resources often needed to support multiple forms of employment.⁸⁶ Telfer’s circumstances were different since he had a wife and children; his need for a steady income was more immediate, and the medical practice operated as a family business with his wife working in the office. Retaining the practice gave the Telfer family financial security and protected the doctor’s professional position should he be suddenly dismissed from the asylum like Rees.⁸⁷

Although government reports later suggested the private practice overtaxed Telfer and led him to neglect some of his asylum duties, from the beginning he set out to prove his professional dedication to the asylum. Sometime between October 1845 and May 1846 he became a member of the Association of Medical Superintendents of American Institutions for the Insane (AMSII). Founded in the United States in 1844, the AMSII was the first

⁸⁵ *AJLAPC*, 1849, Appendix G.G.G., pp. 14-17, “Return to an Address...all papers...relative to the removal...of Dr. Telfer...”. See especially letters from John Hamilton and Egerton Ryerson.

⁸⁶ The genealogy website suggests Rees had a mother and sisters in Quebec who he may have been attempting to support through an occupation he expected would be more lucrative than private practice. Rees-Gorman Family Ancestry Site, <http://knology.net/~qed/R-G-Rees.htm> (copyright Lew Zerfas 2008) (accessed April 15, 2010).

⁸⁷ Johnson, *Becoming Prominent*, p. 11-12; *DCBO*, s.v. “Telfer, Walter”.

professional organization of asylum superintendents in North America. Insanity programs in the United States were more developed than those in British North America. The arrival of more than 2.3 million immigrants to the United States between 1830 and 1850 caused an increased need for welfare services, a demand that was bolstered by the growth of humanitarian reform movements whose promoters saw insanity care as a public and state responsibility.⁸⁸ These individuals were influenced by post-Enlightenment and post-revolutionary rationalism, and an emerging non-Calvinist Evangelicalism that emphasized a beneficent God and personal salvation through philanthropy and social action. This interest in humanitarian welfare contrasted the punitive attitudes that dominated in Upper Canada as part of its strict Georgian traditions, values that had been established by the initial Loyalist settlers who, reacting against the new republicanism of the American Revolution, were firmly committed to British political and social systems. As such, Upper Canada experienced neither the political change of a revolution, nor the cultural impact of the Enlightenment.⁸⁹ With the government dominated by High Church Anglican Tories, it would be a few years before the social influences of Evangelicalism would permeate the colony's political culture. Despite the diversity of religious adherence among American reformers, Gerald Grob has acknowledged their views combined "into an active social force" concerned with the welfare of all individuals in society.⁹⁰ Beginning with a small number of charitable and proprietary asylums in the first quarter of the nineteenth century, by the late 1830s several large state institutions had been constructed.⁹¹

⁸⁸ Gerald N. Grob, *Mental Institutions in America: Social Policy to 1875* (New York: The Free Press, 1973), p. 38.

⁸⁹ Gauvreau, *The Evangelical Century*, pp. 15-19.

⁹⁰ Grob, *Mental Institutions in America*, p. 49.

⁹¹ Prominent American asylums included the Friends Asylum (Frankford, PA – 1817); the McLean Asylum (Somerville, MA 1818); the Bloomingdale Asylum (New York, NY – 1821); the Hartford Retreat (Hartford, CT –

As at the Toronto asylum, these institutions were headed by physician medical superintendents. Most of these doctors, however, had left private practices for the asylum as a means of pursuing personal interests in welfare and social activism. American superintendents' motivations for asylum work thus seem to have differed from those of Rees and Telfer, for whom philanthropy played a secondary role to a desire for occupational stability and an increased income. The salaries paid to American superintendents ranged from \$1000 to \$2000 and were roughly equivalent to the £300 legislated for Rees and Telfer; for the former, however, this salary generally marked a significant decrease from the amount they might have earned in private practice. Many of the American superintendents held medical degrees, had trained in Europe, lectured in medicine, and resided in large cities, all of which positioned them among the ranks of the most highly paid physicians in the United States. According to Grob, Samuel B. Woodward, the AMSAII's first president, had an earning potential of \$5000 in private practice, an income that sharply contrasted the \$1200 he received as superintendent of the Massachusetts State Lunatic Hospital. Combined with interests in insanity reform, shared institutional experiences, and perceptions of being under constant political scrutiny, this occupational sacrifice gave the American superintendents a shared sense of identity.⁹² In October 1844 thirteen medical superintendents met in Philadelphia and formed the AMSAII to facilitate regular communication and serve as a vehicle for developing professional standards in the new field of

1824); the Worcester State Hospital (Worcester, MA – 1833); the Maine Insane Asylum (Augusta, ME – 1840); New York State Lunatic Asylum (Utica, NY – 1843); the Butler Hospital for the Insane (Providence, RI – 1845). Permanent asylums in British North America opened later and in the 1840s they were relatively primitive compared to their American counterparts

⁹² Grob, *Mental Institutions in America*, p. 134-37; John Duffy, *The Healers: A History of American Medicine* (Chicago: University of Illinois Press, 1979), pp. 180-81.

insanity treatment.⁹³ The association held biennial meetings during its first four years, and afterwards met annually in various cities around the United States.

With smaller populations and less numerous reform movements, the British North American colonies were slower to develop asylums. By 1845 institutions only existed at Toronto, Upper Canada; Saint John, New Brunswick; and Beauport, Lower Canada with patients at the first two housed in provisional facilities.⁹⁴ As such their physician managers worked in relative professional isolation, although they received collegial support beginning in 1845 from the Montreal-based *British American Journal of Medical and Physical Science*.⁹⁵ Despite prejudices against the unrestricted and eclectic nature of American medical education, geographic proximity and shared professional interests led Canadian medical superintendents to interact with the AMSAII.⁹⁶ No comparable Canadian professional association was developed for alienists, and the AMSAII gradually became the primary professional body for British North American medical superintendents who formed increasingly stronger ties with the association in the second half of the nineteenth century.

For the professionally-ambitious Telfer, interaction with medical superintendents at well-established American asylums enabled him to attract attention to himself and the Toronto asylum beyond the border of Upper Canada. In May 1846 he attended the second meeting of the

⁹³ The AMSAII followed the 1841 founding of Britain's Association of Medical Officers of Asylums and Hospitals for the Insane, demonstrating the international evolution of alienism as a specialized field of medicine during the 1840s.

⁹⁴ A public asylum opened in Saint John in 1836. Roman Catholic religious orders had cared for the insane in Lower Canada for many years prior to the opening of the Beauport Asylum in 1845, which was privately owned, but supported with state funds.

⁹⁵ See, for example, "Editorial Department – Toronto Lunatic Asylum", *BAJMPS*, vol. 4, no. 10 (February 1849), pp. 280-82; "The Government – The House of Assembly – The Lunatic Asylum (from the *Toronto Examiner*)", *BAMPJ*, vol. 7, no. 4 (August 1851), pp. 181-87. [The journal's name changed from 1850 until it ceased publication in 1852.]

⁹⁶ Hamowy, *Canadian Medicine*, p. 27.

AMSAIL in Washington D.C., where he was asked to prepare a report on “Insanity and the condition of the Insane in the British Provinces”. Although his participation in the association does not appear to have extended beyond this report, the paper gave him professional credibility while also giving the Toronto asylum publicity that might incite the Canadian government to increase funding to the fledgling institution.⁹⁷

Interaction with American superintendents undoubtedly also showed Telfer ways that asylum facilities and treatment practices might be improved. Soon after his asylum tenure began, he implemented policies and patient activities that would align the asylum more closely with the non-interventionist objectives of moral treatment. Despite Rees’ best efforts, the asylum’s patients had continued to suffer inhumane conditions due to underfunding and the refusal of the board to listen to his recommendations. Between 1843 and 1845 Rees had complained frequently about patients lacking proper shoes and clothing, the absence of bathtubs or clean cisterns, infestations of lice, and abusive behavior from certain keepers. Although Telfer would have no more success than his predecessor at eliminating these issues, his initial outlook was optimistic. It is unclear to what extent Telfer attempted to sanitize the asylum since baths were not purchased until 1848 after he had left the asylum, and when his successor Dr. George Hamilton Park began his own tenure, he was appalled at the filthy condition of the patients and their living quarters. Yet Telfer immediately eliminated the depletive, antiphlogistic practices used by Rees and instead relied on a combination of tonics, stimulants, and opiates to treat patients. He also attempted to alleviate overcrowding, which was contributing to the sanitation problems and instigating patient aggression. To assist with these efforts, at the behest of Telfer and the commissioners, in 1846 the government opened a “branch” asylum in the

⁹⁷ “Miscellaneous – Second Meeting of the Association of Medical Superintendents of American Institutions for the Insane [report]”, *AJI*, vol. 3 (July 1846), p. 91.

eastern section of the former parliament buildings on Front Street. Steward Robert Cronyn's brother John, a medical student at King's College, was subsequently hired as a deputy steward to manage its daily affairs.⁹⁸

Although by mid-1847 the branch asylum was also becoming overcrowded, Telfer temporarily benefitted from the arrangement since fewer patients made it easier to arrange the recreational activities that were to be part of moral treatment. Beginning in 1846 Wednesday evenings were reserved for singing, while dances for patients were held on Fridays. Reading was also encouraged, although Telfer regretted the paucity of books available to patients. Females capable of "using the needle" were constantly kept occupied sewing. Because neither asylum property was suited to large-scale agricultural pursuits, Telfer found it difficult to find suitable employment for the male patients, although during the summer months some probably worked in the vegetable garden created to produce food for the institution.⁹⁹ Telfer's efforts to implement a therapy program more closely aligned with those operating in British and American asylums demonstrated a firm commitment to establish alienism as a credible field of medicine in Upper Canada.

Despite Telfer's improvements to facilities and activities, staffing remained one of the most problematic issues at the asylum. As Rees had discovered before him, it was the one area of patient care that the Board of Commissioners tightly controlled, giving the medical superintendent little input in the choosing of keepers and nurses who would monitor patients' health and daily activities. In Telfer's case, however, the problem extended beyond a dispute between the steward and medical superintendent to one affecting patients and all levels of staff.

⁹⁸ Park, *Narrative of the Recent Difficulties*, pp. 28-30; *AJLAPC*, 1849, Appendix M., p. 5, "Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park"; Brown, "Living With God's Afflicted", p. 145-46.

⁹⁹ Brown, "Living With God's Afflicted", p. 147.

Problems came to a head beginning in February 1848 when the Board decided to conduct a special investigation of “disorders and dissensions which have for some time past appeared amongst the officers and servants”.¹⁰⁰ For five weeks the asylum board met two or three times weekly to conduct interviews with Telfer, members of the Cronyn family, keepers, nurses, and other servants. These interviews showed the Cronyn family to be central to the conflict, particularly Steward Robert Cronyn and his wife, Matron Margaret Cronyn.

Like Rees, Telfer was concerned about divisions on the board and the favouritism and patronage shown towards Robert Cronyn as steward. For Telfer the problem did not arise over the hiring of keepers as it had with Rees, but involved business contracts with Commissioner O’Beirne. Telfer never directly identified O’Beirne, but claimed that certain “Commissioners had, under the name of other persons, and at exorbitant charges, dealt with the Steward for the supplies of the Institution.” O’Beirne’s clothing business and support of Irish immigrants like the Cronyn family made him the likely party. Nurse Margaret Devine confirmed his association with Robert Cronyn when she claimed O’Beirne had threatened to dismiss her sister Bridget if Bridget said anything negative against the Cronyns since he and Robert had secured her employment at the asylum.¹⁰¹

Tensions came to a head following defamatory accusations launched against Telfer by the Cronyns and a few keepers. They included Telfer being intoxicated, stealing food and medicine from the asylum for his personal use, interfering with staff, and undermining the authority of Robert Cronyn in the Temporary Asylum and John Cronyn at the Branch. Yet interviews with other staff demonstrated that a majority of them believed the problems lay with the steward and

¹⁰⁰ *AJLAPC*, 1849, Appendix G.G.G., p. 6, “Return to an Address...all papers...relative to the removal...of Dr. Telfer...”.

¹⁰¹ *Ibid.*, pp. 7, 13.

the matron; several suggested that the accusations against Telfer came from persons conspiring with the Cronyns for power in the institution. Telfer provided explanations for most of the charges against him, readily admitting that he had taken asylum medicines for use in his private practice. The staff verified his statements, making clear that most of the accusations against Telfer were false, petty, or misconstrued attempts to have him dismissed.¹⁰²

Completely different, however, were their views of Robert and Margaret Cronyn. Most keepers and nurses characterized them as abusive to patients and staff, with patients most often the targets of their physical assaults and staff the victims of their name-calling and other verbal abuse. In Robert's case, alcohol was the primary problem. When once asked if the steward was likely drunk, Keeper Craig stated: "Drunk? When was he ever sober? Tell me that?" Similarly, Keeper Smith commented that staff who never saw Robert inebriated "surely had put their fingers in their eyes very often."¹⁰³ From his nightly post in the entrance hall near the steward's quarters, Asylum Porter Edward Byrne seemingly had the greatest awareness of the problem. Byrne reported having often received orders from Robert's maid to tell guests Robert was not in, due to "his not being in a state to be seen." A few times, Byrne had protected Margaret from her husband's drunken rages, assisted Robert after he fell downstairs, and endured tormenting from Robert's evening visitors who would stay long into the night. While there was no suggestion that Margaret Cronyn drank, her behaviour was equally problematic. Nurse Bridget Devine reported that Margaret frequently made harassing remarks to her about a relationship between Commissioner Martin O'Beirne and herself. When Keeper John Grieves asked Margaret for a beer for fellow keeper Jackson, she reportedly said that "a woman would fit Jackson better than

¹⁰² Ibid., pp. 10-12.

¹⁰³ *AJLAPC*, 1849, Appendix G.G.G., p. 12, "Return to an Address...all papers...relative to the removal...of Dr. Telfer...". For clarity, members of the Cronyn family are hereafter referred to by their first names.

beer.” More common complaints from staff involved Margaret beating patients, swearing, and singing “improper songs” on the Sabbath.¹⁰⁴

During the course of the commissioners’ investigation, revelations about Robert and Margaret’s background and marital status also came to light. Several staff members claimed to have heard that the Cronyns were not legally married through direct comments from Deputy Steward John Cronyn, his wife Elizabeth, and the Catholic priest at Thornhill, as well as through rumours circulating via the “town’s talk”.¹⁰⁵ Keeper Alexander Smith reportedly said that Robert himself had offered this information “when in his cups.” John Cronyn was clearly in an awkward position, simultaneously wanting to remain loyal to his family, but probably realizing the threat such loyalty might pose to his own employment. Comments he and his wife made to the asylum staff suggest they had little use for Robert and Margaret. Elizabeth reportedly told Bridget Devine that Robert had deserted his legal wife in Ireland, coming to Upper Canada with Margaret, although “her name was not Margaret” and, while she claimed to be Episcopalian, “all her relations were Catholics.” Nevertheless, John defended his brother against Telfer to the Board during its formal investigations.¹⁰⁶

Interestingly, most of the discussions of the Cronyns’ marital status came during discussions of Margaret’s behaviour, rather than Robert’s, demonstrating the importance of gender expectations to a woman’s social and occupational reputation. Upper Canadian

¹⁰⁴ Ibid., pp. 12-14.

¹⁰⁵ Robert and John’s sister lived at Thornhill. An asylum nurse, also from Thornhill, had spoken to the priest while visiting. Ibid., p. 12.

¹⁰⁶ The family situation may partly explain why John and Elizabeth moved far from the rest of the family to the town of Bertie, near Fort Erie, once John obtained his medical degree. See “Automated Genealogy – 1852 Census of the Province of Canada”, Welland County, 387 Bertie township, p. 9d, 10a, <http://automatedgenealogy.com/census52/View.jsp?id=24046&highlight=11&desc=1852+Census+of+Canada+page+containing+John+Cronyn> (accessed November 21, 2008). *AJLAPC*, 1849, Appendix G.G.G., p. 12-13, “Return to an Address...all papers...relative to the removal...of Dr. Telfer...”.

conceptions of social respectability purported that middle-class women should aspire to be obedient, moral protectors of the home.¹⁰⁷ Although female behaviour often challenged such notions, these ideals remained important within certain occupations and social roles. As head caregivers in the asylum, matrons were expected to model “womanly” maternal traits to the patients and staff under their supervision, a requirement Margaret apparently failed to meet. While it was Robert who had deserted his wife, she was the one deemed to be “a very bad woman indeed, being with him not being married [*sic*].”¹⁰⁸ The common-law arrangement signified Margaret was a woman of low morals, a belief already held by the asylum staff due to her physical aggression, foul language, bawdy singing, and sexual innuendos. Margaret’s employment was thus seen to be problematic not only because she abused patients and staff, but because her gender transgressions made her entirely unsuited to maintaining social harmony within the institution.

While the staff viewed Robert’s behaviour as equally unacceptable, gender discourses made it easier to excuse his misconduct. Georgian traditions accepted social drinking as a common activity of respectable gentlemen, even though by the late 1840s temperance was increasingly becoming a marker of middle-class masculinity. Nevertheless, according to historian Julia Roberts, drunkenness was a “dubious condition that differed qualitatively from drinking”. Disorderly conduct from being “dead drunk” was considered taboo, but occasional

¹⁰⁷ Elizabeth Jane Errington, *Wives and Mothers, School Mistresses and Scullery Maids: Working Women in Upper Canada, 1790-1840* (Montreal & Kingston: McGill-Queen’s University Press, 1995), pp. 22-23; Scott C. Martin, *Devil of the Domestic Sphere: Temperance, Gender, and Middle-Class Ideology, 1800-1860* (DeKalb, IL: Northern Illinois University Press, 2008), pp. 30-32.

¹⁰⁸ *AJLAPC*, 1849, Appendix G.G.G., p. 13, “Return to an Address...all papers...relative to the removal...of Dr. Telfer...”.

binges were widely tolerated as part of celebratory rituals.¹⁰⁹ Thus the question facing the commissioners was whether or not Robert's nightly soirées crossed the boundary of acceptability. Although they clearly knew his behaviour was disruptive, they hesitated to pass judgment, describing it as a "tippling habit", rather than "decided intoxication". Yet they also realized this "habit" had become problematic and needed to be corrected because Robert's excessive behaviour showed he lacked the "vigilance, self-control and...discipline" requisite to the steward's position.¹¹⁰

The extent to which the board was willing to overlook Robert and Margaret's behaviour was evident in their decision after the investigation merely to issue the couple a warning that future indiscretions would result in termination rather than dismiss them outright. Probably it was a compromise among the commissioners to appease O'Beirne who remained committed to supporting the Cronyns while trying to dismiss Telfer by "giv[ing] the Scotch a turn out" as soon as "his friends got into Parliament."¹¹¹ In reality the commissioners had no authority to dismiss the medical superintendent since his supposed professional superiority along with the 1839 colonial dispatch regarding public service appointments had placed his employment ultimately in the hands of the governor general, not the asylum board. For this reason, after submitting their report to government on April 3, 1848 and concluding that all three parties lacked the "personal and moral influence appropriate to their stations", the commissioners asked Governor General Lord Elgin to make a final decision regarding Telfer's employment. While the commissioners believed Telfer had never been intoxicated, they stated they could not excuse his private use of

¹⁰⁹ Julia Roberts, *In Mixed Company: Taverns and Public Life in Upper Canada* (Vancouver: UBC Press, 2009), pp. 91-93.

¹¹⁰ *AJLAPC*, 1849, Appendix G.G.G., pp. 1, 12-14, "Return to an Address...all papers...relative to the removal...of Dr. Telfer...".

¹¹¹ *Ibid.*, p. 13.

the asylum's medicines. Given the pettiness of this seemingly minor problem that was easily corrected, it seems to have been an excuse to have Telfer dismissed.

Two weeks later the board received its desired answer when Provincial Secretary Robert Baldwin Sullivan wrote with Elgin's decision that it would be inappropriate for Telfer to continue in this "highly important office" under such circumstances with "immediate steps for the appointment of a successor" to follow. Yet the doctor was not the only affected party, for Elgin further questioned the position of the Cronyns, further stating:

His Excellency is induced to suppose that the Commissioners have some good reason for continuing them in their places, but he trusts that, as he has acted promptly on their suggestion – regarding an officer within the control of the Government, they will not permit the interest of the Institution, placed in their charge, to suffer from any undue feeling of compassion towards individuals who are subject to their own power of removal. ...[H]e has noticed the names of three individuals of the same family employed at the Institution, namely Mr. and Mrs. Cronyn, and J. Cronyn. This employment of several persons nearly related in the same Institution, and in offices intimately connected with each other, is very likely to lead to abuses, or the suspicion of abuses, which should by every practical means be avoided.¹¹²

With this external recommendation from the governor general, at the end of April 1848 the Board of Commissioners finally dismissed Robert and Margaret.

After receiving notice of his dismissal, Telfer apparently believed he was a victim of the Cronyns' misconduct, the bias of certain commissioners, and the patronage preferences Elgin showed for certain Board members. He appealed to Elgin for a full judicial inquiry of the matter, but was unsuccessful, probably because Elgin more than likely arrived at this decision through a desire to support the majority opinion as part of his efforts to ensure that principles of Responsible Government were being followed. Following the Act of Union, the British government had sought to implement a system of "harmony" that attempted to represent dominant Legislative Assembly interests in the Executive Council, while also maintaining strong

¹¹² Ibid., p. 3.

colonial ties by giving the governor general control of the council's membership and policies.¹¹³ The two features of this system, however, proved to be incompatible and from 1843 their implementation was far from harmonious. The largely Tory administration formed by Governor General Metcalfe that year had endured under the leadership of William Draper despite divisions in the Executive Council and the ongoing absence of a permanent governor general after Metcalfe became ill with cancer.¹¹⁴ Stability did not return until 1847 when Elgin assumed the governor general's position, determined to resolve the political conflict and stagnation. By this time, however, the weakness of Draper's government was clear as prior divisions between Upper and Lower Canada politically divided the province's two sections and questions of voluntarism and Anglican privilege created party alliances in Upper Canada. Draper's executive had little support from the Legislative Assembly and with Responsible Government about to be introduced in Nova Scotia, Elgin sought to implement the system of government first advocated by his father-in-law Lord Durham. Gradually introduced from 1847, Responsible Government was formally implemented following elections in January 1848 where a reform majority made Robert Baldwin and Louis Hippolyte Lafontaine co-premiers.¹¹⁵

Responsible Government changed the Executive Council by requiring its appointees to be accountable to the interests of the elected Legislative Assembly. Important to Telfer's dismissal, however, was its significant alteration of the governor general's role. Elgin's predecessors had carried out their duties at the centre of government, taking direct control of the executive and the appointment of public administrators. Although Elgin's authority remained the same, he would

¹¹³ Careless, Chapter 3, "The Brief Reign of 'Harmony'" in *The Union of the Canadas*, pp. 37-57.

¹¹⁴ Metcalfe suffered with a form of facial cancer that left him largely incapacitated for the last part of his Upper Canadian appointment, leaving Draper to take charge of most of the colony's affairs. In 1846 Lord Cathcart assumed the appointment provisionally until a permanent governor general could be appointed.

¹¹⁵ Careless, *The Union of the Canadas*, pp. 96-104; 117-22.

no longer control the power of patronage, singularly deciding appointments and policies. Instead, the governor general would follow popular feeling as long as it was expedient to do so, serving as an impartial, guiding figurehead who acted on the recommendation of the Executive Council. Writing to Lord Grey, Elgin commented that his aim was “to establish a moral influence in the province that will...compensate for the loss of power”.¹¹⁶ This new role explains Elgin’s decision to act on the advice of the majority of the commissioners and dismiss Telfer. His further recommendation for removal of the drunk and disorderly Cronyns reflected his determination to use his authority to exert a “moral influence” where appropriate, and to ensure the future stability of the Temporary Asylum.

To some extent, Telfer’s claims for unfair dismissal were legitimate since the Cronyns’ incompetence and scheming had made it difficult for him to carry out his duties, properly care for patients, and maintain a harmonious relationship with the commissioners. Yet trying to maintain two occupations had caused Telfer to contribute to the problem: His private medical practice made significant demands on his time, and he was often absent from the asylum. Comments made in the course of the board’s staff interviews suggest he frequently left Robert Cronyn to manage the institution: Bridget Devine stated Telfer never interfered with the steward and “always confined himself to his Medical duties.”¹¹⁷ Certain medical tasks were also allocated to staff members with Telfer permitting Porter Edward Byrne and Deputy Steward John Cronyn to perform minor medical procedures and prepare pharmaceuticals.¹¹⁸

¹¹⁶ Quoted in *ibid.*, p. 116.

¹¹⁷ *AJLAPC*, 1849, Appendix G.G.G., p. 11, “Return to an Address...all papers...relative to the removal...of Dr. Telfer...”.

¹¹⁸ *AJLAPC*, 1849, Appendix M., pp. 12, 20, 22, “Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park”; Park, *Narrative of the Recent Difficulties...*, p. 3.

Telfer's remarks when defending himself suggest that by the end of his asylum tenure he was unable to balance his asylum work successfully with private practice, and was giving precedence to his private patients. He argued his "principal object" in preparing pharmaceuticals at the practice, rather than the asylum, was to allow him to attend the institution at "convenient periods", a phrase indicating he visited the asylum sporadically.¹¹⁹ Telfer can hardly be blamed for this decision since by 1847 he received an annual salary of only £250, compared to the £500 then paid to Penitentiary Warden Henry Smith. Telfer's pay was more similar to the £200 paid annually to Dr. James Sampson at the penitentiary (Appendices 5, 6); Sampson's position was a part-time one, which he coupled with private practice. Telfer's decision to work as Sampson did, balancing government employment with entrepreneurialism was therefore reasonable, given his salary and the position's instability. He seems to have had a clearer understanding of the realities of public service work in the 1840s; keeping his practice allowed him to maintain a gentlemanly image by avoiding debt and its associated emasculation.

Ironically, while Rees and Telfer had originally sought the asylum position as a means of elevating their professional status as private practitioners, the reverse was now true since Telfer's clinical practice remained his primary source of income, supporting his asylum work. He was not alone in this situation; in 1847 Dr. John Mackieson and Dr. Henry Stabb had respectively become superintendents at Prince Edward Island's Charlottetown Asylum and Newfoundland's Palk's Farm Asylum, and both maintained their own practices as a primary source of income.¹²⁰

¹¹⁹ *AJLAPC*, 1849, Appendix G.G.G., p. 10, "Return to an Address...all papers...relative to the removal...of Dr. Telfer...".

¹²⁰ The Charlottetown Asylum had less than twenty patients during its first years of operation, automatically making the superintendent's position a part-time role. David A. E. Shephard, *Island Doctor: John Mackieson and Medicine in Nineteenth-Century Prince Edward Island* (Montreal & Kingston: McGill-Queen's University Press, 2003), Chapter 6, pp. 88-116; *DCBO*, s.v. "Stabb, Henry Hunt" (by Patricia O'Brien), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=6440&interval=20&&PHPSESSID=e1342gk744m16ceklct5h3isf5 (accessed August 20, 2008).

Deciding to prioritize their medical practices was sensible since state support for early asylums developed slowly and the institutions often failed to provide these doctors with professional rewards and financial remuneration.

Conclusion

Given the experiences of Rees and Telfer, the administrative chaos, and the poor conditions inside the Temporary Asylum, it is impossible to view the institution as anything but a failure during its first years of operation. Whatever the good intentions of lunacy reformers in the 1830s, by 1848 the circumstances of insane persons in Upper Canada were scarcely better than when they lived in the jails or on the streets. Although asylum advocates had envisioned the institution as a curative facility, whether welfare or medical, no resemblance to this ideal was realized. While a lack of government financial assistance partially accounted for the inability to implement moral treatment equivalent to American and British asylum programs, it does not explain the Temporary Asylum's lack of basic hygiene, overcrowding, and the subjection of its patients to abuse and neglect. Rees and Telfer both recognized the institution's problems, but were limited in their ability to improve conditions by a societal disregard for the insane and their lack of professional authority as physicians and public servants. Since most Upper Canadians perceived insanity as a chronic, moral condition, government funding was not directed towards the asylum, allowing the deplorable conditions to continue. Under these circumstances, it was impossible for the Toronto asylum to become more than a custodial facility.

Coupled with the lack of public and government support, this failure to "cure" insanity made it virtually impossible for the Temporary Asylum's medical superintendents to gain recognition as experts in a specialized field. Although Rees and Telfer had come to the asylum

with the hopes of increased job security and occupational status, their lack of managerial authority and low salaries meant they found neither. With the Upper Canadian public perceiving insanity as a moral condition rather than a medical one, there was no reason to see these men as having anything to offer the Temporary Asylum beyond basic medical care. If anything, the asylum worsened their occupational and social status, making them professionally indistinct from the many other public servants in the province. After 1845 Rees' injuries made him physically incapable of strenuous work, and his resulting loss of income and mounting debts kept him from establishing another private practice. Telfer's maintenance of his private practice meant he recovered more quickly and probably experienced few long-term consequences of his asylum misfortune.¹²¹ Certainly for both men, asylum employment did not garner the results they hoped it would, either personally or professionally. Not until new asylum legislation was enacted in the 1850s would Upper Canadian asylum medical superintendents have any hope of gaining recognition as medical experts in the field of insanity.

¹²¹ Telfer remained in private practice. He later served as physician to John A. Macdonald's family when the seat of government returned to Toronto in 1856. See J. K. Johnson, ed. *The Letters of Sir John A. Macdonald, Volume I* (Ottawa: Public Archives of Canada, 1968), pp. 348, 355, 422, Macdonald to Mrs. Hugh Macdonald, 4 February, 17 March 1856, 4 February 1857.

2. Agents of Medical and Professional Reform: Drs. George Park, John Rolph, and Joseph Workman at the Toronto Asylum, 1848-1854

Introduction: Upper Canada, Public Welfare, and the Medical Profession, c. 1848

By the time Walter Telfer was dismissed in April 1848, managerial conflicts were not the only problems facing the Temporary Asylum's administrators. An increased need for welfare services in Upper Canada and new debates about governmental responsibilities for financing such projects had caused conditions inside the asylum to deteriorate through overcrowding and inadequate facilities. The colony's population had nearly doubled since 1840, and in 1851 would reach 952,000 with 30,000 living in Toronto (Appendix 4). The largest increase came in 1847 when over 90,000 Irish immigrants entered the province as a result of the Potato Famines. Most of these newcomers were starved, impoverished, and ill with diseases carried on the overcrowded, rotting "coffin ships" that had brought them to Canada. Prior to 1847, the largest wave of immigration had occurred in 1842; yet at only 44,000 that earlier group was less than half of the current influx and had been comprised of persons whose health and financial state was much more stable.¹

The provincial government struggled to cope with the sudden financial demands of the Irish immigration, and the rise in the population increased levels of poverty, homelessness, and sickness across the province. There was limited money for poor relief, particularly with the provincial government facing an economic crisis in 1847-1848. World prices for Upper Canada's staple products of timber and wheat had fallen due to excess supplies. To hasten the

¹ J. M. S. Careless, *The Union of the Canadas: The Growth of Canadian Institutions, 1841-1857* (Toronto: McClelland and Stewart Ltd., 1967), pp. 113-14, 150-53; *Censuses of Canada, 1665 to 1871*, Statistics of Canada, Volume IV (Ottawa: I. B. Taylor, 1876), pp. 128, 178.

importation of food to Ireland while simultaneously advancing its interests in free trade, in 1846 the British Conservative government of Sir Robert Peel repealed the Corn Laws which had given trade preference to colonial products. To assist the province with the massive Irish immigration, the British government provided the Canadian government with additional loans. The loans provided necessary cash flow, but had the consequence of increasing the province's already substantial debt.²

Still under pressure to complete canals and finance railway construction, the Baldwin-Lafontaine administration did not prioritize improvement and expansion of the province's welfare institutions. Its ability to sidestep responsibility for welfare would increase in 1849 when the Municipal Corporations Act (popularly known as the "Baldwin Act") introduced a system of tiered governance making townships, and incorporated towns and villages official units of local administration.³ The act aimed at transferring responsibility for local projects to the townships and villages, which were given the authority to collect property taxes to fund public works and welfare initiatives such as local jails, reformatories, and houses of industry.⁴ Although the asylum and penitentiary remained under the jurisdiction of the province, the

² J. M. S. Careless, *The Union of the Canadas*, pp. 109-15; Michael J. Piva, *The Borrowing Process: Public Finance in the Province of Canada, 1840-1867* (Ottawa: University of Ottawa Press, 1992), pp. 63-73.

³ *PSC*, 1849, cap. 81, pp. 453-537, "An Act to Provide, by one general law, for the erection of Municipal Corporations, and the establishment of Regulation of Police, in and for the several Counties, Cities, Towns, Townships and Villages in Upper Canada", 30 May 1849; Richard B. Splane, *Social Welfare in Ontario, 1791-1893: A Study of Public Welfare Administration*, (Toronto: University of Toronto Press, 1965), pp. 29-30.

⁴ Initially the Municipal Corporations Act seemed an ideal solution for the development of the colony since it introduced a system of local government that promoted continued social and economic growth, while also partially resolving the province's financial dilemma. Yet, as Michael Piva explains in *The Borrowing Process*, the government's assumption that "the local tax base would suffice to ensure that loans...could be raised on the local credit" if projects required additional funding was problematic. Most municipalities could find no market for debentures in the early 1850s, and property taxation proved insufficient to fund the new local responsibilities. In 1852 the Hincks' government responded to this difficulty by introducing additional legislation, the Municipal Loan Fund Act, whereby municipalities would borrow funds from the provincial government via debentures. It was a temporary solution that only resulted in placing both levels of government in greater financial debt. See Piva, *The Borrowing Process*, pp. 74-75, 100.

existence of this new level of government introduced new debates about whether municipalities should contribute funds for the care of their residents in these provincial institutions. These discussions indicated reluctance at both the municipal and provincial government level to improve and expand assistance for the poor and treatment facilities for the insane despite the rapidly increasing demand.

The shortage of charitable institutions across the province and inadequate provisions meant that increasing numbers of homeless and various other “chronic” patients had entered the asylum during its seven years of operation. No longer the small, therapeutic facility that Rees attempted to create in 1840 with 16 or 17 patients, the asylum’s attic ward alone now housed between 60 and 70 patients. A lack of bathtubs, clothing, linens, and proper food made it impossible to maintain even a basic level of health and hygiene. Overcrowded, disorganized, and filthy, the institution had become much like the jails of the 1830s and was not a place likely to offer any “curative” benefits to the mentally ill. Rather, it had become a custodial institution offering little more than shelter to its patients.⁵

Because the asylum’s dismal conditions clearly suggested objectives relating to welfare and custodial care rather than medically curative treatment, aside from the two medical superintendents and Commissioners Drs. William Gwynne and William Beaumont, few Toronto doctors showed an interest in the asylum’s affairs during the 1840s. While Dr. Christopher Widmer had criticized the treatment practices at the asylum, the investigation he launched against Rees as medical superintendent was more likely meant to attack Rees professionally, rather than to improve patient care. The asylum’s deplorable conditions, dysfunctional administration, and custodial population had little to offer doctors seeking professional elevation

⁵ *AJLAPC*, 1849, Appendix M., p. 5, “Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park”.

since it must have been evident that the institution did not promote patient rehabilitation. A physician was unlikely to develop a reputation as a successful clinician working there, and most doctors in private practice would have had little time or interest in external professional matters as they worked to achieve occupational stability, focusing on their own endeavours.

Even physicians whose professional reputation was well-established and who might have had more time for studying insanity treatment took little interest in the institution, for in the late 1840s men at the top of the Toronto medical profession were channelling their energies into shared “macro level” struggles for self-regulation and control of medical education (Appendix 1).⁶ Bills had been presented in the Legislative Assembly in 1845 and 1846 to re-establish the disallowed College of Physicians and Surgeons, but by 1848 the demands of Upper Canada’s physicians continued to fall on deaf ears despite the enactment of a statute establishing a self-regulatory college in Lower Canada in 1847. King’s College had begun accepting medical students in 1843, having been founded by members of the Tory elite with support from the Church of England. Because many of its medical instructors were also members of the Medical Board of Upper Canada (MBUC), they were able to exercise considerable control over the licensing and education. That same year Dr. John Rolph, the former Rebellion radical, returned to Toronto from exile in Rochester, New York and re-established a proprietary medical school. The school initially posed little threat to the medical program at King’s; however, by 1848 the political divisions along party lines that had produced the reformers’ electoral victory that

⁶ Frederic W. Hafferty and Brian Castellani, “The Increasing Complexities of Professionalism”, *Academic Medicine*, 85, no. 2 (February 2010), pp. 293, 296-98.

January were similarly dividing the Toronto medical profession, and a bitter rivalry developed between Rolph's school and King's College.⁷

Drs. George Hamilton Park and John Rolph at the Toronto Asylum, 1848

It was Rolph's political and professional ambitions that would eventually draw the Toronto medical profession into the asylum's affairs during the tenure of Dr. George Hamilton Park, hired in late May 1848 to replace Telfer as medical superintendent. A native Upper Canadian, Park received his medical training from John Rolph during the 1830s, and obtained his license from the MBUC in 1834. His relationship with his former teacher was strengthened after he wed Rolph's younger sister Helen. Marriages between professional families were common since the spouses were typically of the same class position, and family connections could provide occupational, social, and financial support to bolster a man's social status and professional identity.⁸ After their marriage, Park opened a medical practice in Simcoe which he operated during the 1830s and 1840s. By all accounts this practice was successful, and he does not seem to have aspired to increased social prestige through office to the degree that Rees and Telfer did, and apparently had more modest professional ambitions. It is unclear whether he would have

⁷ Ronald Hamowy, *Canadian Medicine: A Study in Restricted Entry* (Vancouver: Fraser Institute, 1984), pp. 41-43, 53-60; A. B. McKillop, *Matters of Mind: The University in Ontario, 1791-1951* (Toronto: University of Toronto Press, 1994), pp. 59-62.

⁸ Marriage was the most common means of establishing kin relationships, but it was not the only one. Despite vastly different political views, John Rolph and Christopher Widmer became close friends as long-serving physicians in the colony and solidified their relationship by each becoming godfather to the other's son; Widmer frequently acknowledged this specific connection in his correspondence to Rolph, showing fatherly concern for the well-being of Rolph's son, particularly his education. As asylums expanded across the province during the latter part of the century, such kinship ties would become an increasingly common source of professional support for asylum medical superintendents, developing through both friendships and marriage. See W. T. Aikins Papers, Academy of Medicine Collection, Thomas Fisher Rare Book Library, University of Toronto [AMC], #4 Widmer to Rolph, 30 September 1852; 21 November 1853; #22 29 March 1854.

applied for the asylum position were it not for the influence of Rolph who had as much to gain from the appointment as Park himself.⁹

A long-time resident of Upper Canada, John Rolph had immigrated to Upper Canada in 1812 at age nineteen, serving as a paymaster of the London district militia during the war. After the war Rolph studied medicine and law in England and was admitted to the Upper Canadian bar in 1821. Although he did not formally receive a medical license until 1829, throughout the 1820s he practised both law and medicine, following the pattern of “occupational dualism” typical among young, colonial professionals.¹⁰ Beginning in 1824, he began a political career as a reformer, holding the Middlesex assembly seat throughout the late 1820s and early 1830s. Finding it difficult to juggle both law and medicine with political endeavours, and with his interests shifting more towards medicine, in 1832 Rolph transferred his law practice to one of his brothers and began practising medicine full-time. Wanting to improve physicians’ professional status, in 1832 he opened a small, informal medical school in Toronto where Park became a student. Despite this career shift, Rolph’s involvement in reform politics continued; his radicalism eventually led him to be involved with the 1837 Rebellion. With an outstanding warrant for his arrest, Rolph escaped to the United States and spent five years exiled in Rochester where he practised and taught medicine. Following amnesty in 1843, he returned to Toronto and re-established his former practice and medical school.¹¹

⁹ William Canniff, *The Medical Profession in Upper Canada, 1783-1850* (1894; reprint edition for The Hannah Institute for the History of Medicine, Toronto: Clark, Irwin & Company Limited, 1980), pp. 554-55; *1851 Census of Canada East, Canada West, New Brunswick, and Nova Scotia*, “George H Park,” <http://www.ancestry.ca> (accessed September 13, 2008).

¹⁰ *DCBO*, s.v. “Rolph, John” (by G. M. Craig), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4681&interval=20&&PHPSESSID=22r23nvqfdql5c90pjue19k894 (accessed September 13, 2008); J. K. Johnson, *Becoming Prominent: Regional Leadership in Upper Canada, 1791-1841* (Montreal & Kingston: McGill-Queen’s University Press, 1989), p. 11.

¹¹ *DCBO*, s.v. “Rolph, John”.

Like so many of John Rolph's political and professional activities, the extent of his involvement with Park's application is unclear. Yet, it seems certain that at the time of Walter Telfer's dismissal in April 1848, Rolph already had his eye on the asylum as a means of elevating the status of his medical school. Because the King's College faculty dominated the MBUC, they were able to establish and control requisites for Upper Canadian medical degrees; included in their curriculum was eighteen months' attendance in the medical and surgical practice of a recognized hospital. Given Rolph's growing prominence, the MBUC wanted to sustain King's superior status as the "established" medical school and ensured its students received preferential access to the city's only hospital for the completion of the practical training required for licensing.¹²

This political and professional bias infuriated Rolph. He was agitated by the continuation of Tory policies and legislation under the new Baldwin-Lafontaine administration despite promises of reform and the introduction of representative "Responsible Government" to the province. He quickly realized that Compact-era privileges would continue under Baldwin and Lafontaine's cautious Whig-style reform, making changes to medical education or the political status of his school unlikely. Rolph's interest in politics was thus reignited, and his inability to advocate for medical reform from outside the Legislative Assembly only increased his determination to reenter the political arena. Crown Lands Commissioner James Price commented to *Globe* editor George Brown in late 1848 that Rolph "wants power and can't get it."¹³

¹² Charles M. Godfrey, *Medicine for Ontario: A History* (Belleville, ON: Mika Publishing Company, 1979), pp. 50-58.

¹³ Quoted in J. M.S. Careless, *Brown of the Globe, vol. I: The Voice of Upper Canada* (Toronto: The Macmillan Company of Canada Limited, 1959, 1966), pp. 104-05.

Given his immediate lack of political power, Rolph sought other opportunities to promote his medical school. He likely encouraged Park to apply for the job when the medical superintendent's position at the asylum became vacant in April 1848. Rolph recognized that mismanagement had created the asylum's former troubles and, with a self-confidence bordering on arrogance, he probably believed that with his own influence and guidance, his brother-in-law would prove to be an able medical superintendent. The arrangement would be mutually beneficial, bringing further occupational and social elevation for Park and the extended family, while also allowing Rolph to develop an institutional affiliation between his school and the asylum so that his medical students could obtain their required practical experience there, rather than at the General Hospital. Since the insane were no longer housed in the hospital, the arrangement also had the additional advantage of allowing his students to observe an emerging field of study, potentially bettering their future prospects and enhancing the medical school's reputation.¹⁴

Yet John Rolph was not the only person interested in securing the medical superintendent's position for personal and family benefits. While the Board of Commissioners did not have the authority to hire the superintendent, Commissioner Rev. John Roaf hoped to influence the government's decision and again attempted to have his son-in-law Dr. John Scott appointed. As in 1845, he was unsuccessful, probably because his repeated interference in the asylum's affairs made his personal agenda obvious. Instead, on May 31, 1848 Provincial

¹⁴ *DCBO*, s.v. "Rolph, John".

Secretary Robert Sullivan notified George Park that Governor General Lord Elgin had awarded him the position “upon the recommendation of the Honourable H. J. Boulton”.¹⁵

Aside from Commissioner Roaf’s resentment over the repeated rejection of his son-in-law, there was little objection voiced to Park’s hiring from the board. Nevertheless, the appointment was widely recognized as a patronage one since Park was known to be a “political and private friend” of Robert Baldwin. Former Attorney General Henry Boulton, who offered political support to Park, was the assembly member for Norfolk County where Park lived and practised medicine. A self-identified Independent, at the time of Park’s application Boulton supported the new reform government. Although there is no evidence of a personal relationship with Rolph, Boulton’s views became increasingly radical during the late 1840s suggesting the three men may have shared common political interests. With a long-standing position in Upper Canada’s elite professional class Boulton would have been an influential figure in the Executive Council’s selection of a medical superintendent. While the political patronage surrounding Park’s appointment was acknowledged, little criticism arose, probably because Park was known to have “every necessary qualification” and perhaps because reformers dominated the provincial legislature and the asylum’s Board of Commissioners.¹⁶

Unfortunately, this quiet acquiescence did not last. Objections to Park became evident soon after his appointment commenced. As with Rees and Telfer, professional alliances and

¹⁵ “The Government – The House of Assembly – The Lunatic Asylum (from the *Toronto Examiner*)”, *BAMPJ*, vol. 7, no. 4 (August 1851), p. 182; *AJLAPC*, 1849, Appendix M., p. 2, “Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park.”

¹⁶ “The Government – The House of Assembly – The Lunatic Asylum (from the *Toronto Examiner*)”, *BAMPJ*, vol. 7, no. 4 (August 1851), p. 183; *DCBO*, s.v. “Boulton, Henry John” (by Hereward and Elinor Senior), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4311&interval=20&&PHPSESSID=k91u909ddklgral g5115ifnb30 (accessed December 2, 2008); “Editorial Department – Toronto Lunatic Asylum”, *BAJMPS*, vol. 4, no. 10 (February 1849), p. 280; George Hamilton Park, *A Narrative of the Recent Difficulties in the Provincial Lunatic Asylum, Canada West* (Toronto: Examiner, 1849), p. 71.

personal rivalries led the Board of Commissioners to undermine his authority. Rev. John Roaf's bitterness continued, but his dissatisfaction with Park was soon supported by other commissioners. While it is not clear which board members participated, Martin O'Beirne probably continued to carry resentments from the Cronyn affair, and tensions over business contracts persisted. As members of King's College medical faculty, Drs. William Gwynne and William Beaumont were also likely involved as Rolph's influence in the asylum's affairs became apparent. Before Park had been in Toronto two months, Rolph took over as acting medical superintendent from the end of July to early September while his brother-in-law returned to Simcoe, presumably to finalize his business affairs.¹⁷ Rolph's collaboration with Park to implement legitimate, much-needed changes to hygiene practices, staffing, and scheduling in the institution met with great hostility from the board. As chair of the Board of Commissioners through most of Park's tenure, Roaf led a crusade to have Park dismissed during the fall of 1848. The commissioners, however, refused to acknowledge their personal objections to Park's appointment, claiming that Park "manifest[ed] a disposition to interfere in the general affairs of the Institution, which were previously managed by the Commissioners."¹⁸

This comment referred to Park's efforts to rectify the inhumane conditions at the asylum. Upon his arrival, he found the asylum completely filthy, "requiring deck hoes to scrape from the floors and walls the excrementations and other filth encrusted upon them by the miserable inmates", with "the stench...scarcely bearable". Several patients had been kept naked for months in vermin-filled beds due to improper hygiene and inadequate clothing. Park also realized general inefficiency had become problematic for the asylum's daily operation. Meals

¹⁷ Park received a written address signed by two hundred Simcoe residents upon his departure in August 1848, expressing their appreciation for his services. Canniff, *The Medical Profession*, p. 555.

¹⁸ *AJLAPC*, 1849, Appendix M., pp. 2-3, 9, "Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park".

and food distribution were disorganized and wasteful, clothes belonging to the asylum were indistinguishable from patients' personal items, and alcohol was used excessively as a treatment. Because Telfer had been absent from the institution during much of his employment and Robert Cronyn was a wholly ineffectual steward, the asylum's keepers and nurses lacked accountability and Park found them frequently inebriated and coming and going from the asylum as they pleased.¹⁹

Park believed these problems required urgent resolution. While altruism was almost certainly an impetus for improving the asylum's conditions, Park worked closely with Rolph and appeared equally motivated by a desire to create an efficient institution that would reflect well on him and on Rolph's medical school. He organized a thorough cleaning of the asylum, making arrangements for extra blankets and linens, and asking the board to purchase bathtubs and clothing. With the help of William Ramsay, the new steward, he addressed staffing problems. By all accounts Ramsay was fully competent and at first the two men worked well together, sharing administrative duties. Ramsay instituted several rules for the staff, limiting their mealtimes to one hour, prohibiting them from leaving the asylum without permission, and discontinuing pay advances and the use of institutional provisions. Park banned keepers and nurses from consuming alcohol since it rendered them unfit for duty and made them poor role models for patients; although the asylum's inadequate facilities made it deficient for providing the proper atmosphere and tenets of moral treatment, staff drunkenness would hardly improve the situation. Yet, cultured in Georgian traditions where alcohol consumption was a regular part of masculine social discourse, the commissioners disagreed with Park's alcohol restrictions. They also objected to his purchasing linens without a board-approved contract. Despite these

¹⁹ Ibid., p. 5; "The Government – The House of Assembly – The Lunatic Asylum (from the *Toronto Examiner*)", *BAMPJ*, vol. 7, no. 4 (August 1851), p. 182.

objections, they did not initially bring any of these issues to the government's attention, and for the first six weeks of Park's employment the asylum operated harmoniously, an atmosphere that had not existed since the early years of Rees' tenure.²⁰

This peace ended, however, when John Rolph replaced George Park at the asylum in late July. As acting medical superintendent, Rolph implemented further changes to improve the institution's medical function and make it suitable for training students. He extended the alcohol ban to include servants and implemented stricter disciplinary measures for staff disobeying orders.²¹ The commissioners, particularly those affiliated with King's College, resented Rolph's domineering presence at the asylum, especially once his actions led to staffing conflicts. Because the asylum's employees were accustomed to doing as they pleased, many resented the new policies and refused to cooperate.

Two keepers – Mark Craigie and John Hungerford – were particularly troublesome. William Ramsay and his wife, Matron Eliza Ramsay, reported to Rolph that Craigie was repeatedly absent without permission, insolent when reprimanded, and he harassed Eliza by “habitually whistl[ing] when he was passing by her.”²² John Hungerford, known to have previously collaborated with Steward Robert Cronyn to create trouble for Walter Telfer, rebelled against the new regulations which took away the freedom and benefits he had under Cronyn's lax administration and as Cronyn's mouthpiece in the wards. Shortly after arriving at the

²⁰ *AJLAPC*, 1849, Appendix M., pp. 3, 9, “Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park”; Julia Roberts, *In Mixed Company: Taverns and Public Life in Upper Canada* (Vancouver: UBC Press, 2009), pp. 88-94. According to Park, O'Beirne wanted the linens contract to be given to his son-in-law, Mr. O'Dea, a wholesale merchant. Park, *Narrative of the Recent Difficulties* p. 44.

²¹ Rolph also improved patient health by increasing the ventilation in patients' cells and implementing outdoor exercise for female patients. *AJLAPC*, 1849, Appendix M., pp. 3-4, “Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park.”

²² *Ibid.*, pp. 14-15.

asylum, not knowing who Hungerford was, Rolph spotted him smoking with a demeanour that suggested he “was a labourer hired to do the dirty work of cleaning the attic, and that he was smoking to correct the noisome fumes to which he had not been accustomed.” When Rolph learned Hungerford was a keeper, he found Hungerford’s “lazy looseness” disturbing. This perception was confirmed two weeks later when Hungerford was sent one morning to the Blue Bell tavern on Queen Street to collect an escaped patient; four hours later he returned without the patient, “under the influence of liquor”.²³ Determined not to comply with Rolph’s alcohol ban and aware of some commissioners’ attitudes towards the acting superintendent, Hungerford wrote John Roaf a mischievous letter. It informed Roaf of the keepers’ dissatisfaction with the new rules, complained about the Ramsays, and expressed concern that they planned to dismiss his sister-in-law Nurse Jane Hamilton, on leave due to illness. Roaf gave the letter to William Ramsay with instructions to “take what course he pleased with it”. Ramsay brought it to John Rolph’s attention who responded by suspending Craigie and Hungerford since, according to the 1842 Code of Rules & Regulations, he did not have the authority to dismiss keepers outright. Rolph recommended their discharge to the board, arguing that servants disobeying the asylum’s “principal officers”, communicating jealousies among the staff, or compromising patient welfare should be discharged “for the prosperity and good internal government of the Institution.”²⁴

While the commissioners seem to have temporarily concurred with Craigie’s suspension, at their meeting on August 24, they decided that Hungerford’s offence was “not so grave as to call for his dismissal” and reinstated him. The meeting minutes included documents dating from Rees’ tenure that showed the medical superintendent did not have the authority to terminate

²³ Ibid., pp. 4-5.

²⁴ Ibid., pp. 2-3, 10, 14-15.

servants and emphasized that this power was entirely “subject to the approval of the Board of Commissioners”. Yet Rolph was determined to have charge of the situation and the following day directed Ramsay to ban Hungerford from the asylum, suspending him again. Although Rolph’s actions undermined the commissioners’ decision, at the board’s next meeting on August 29, they decided the suspension “be suffered” to continue until Park’s return. Probably they wanted to avoid direct conflict with the politically and professionally forceful Rolph, believing their institutional authority could easily be restored when he was gone.²⁵

Regrettably, this dispute became the catalyst for the major conflict that soon developed between George Park and the board. Park naively believed that by temporarily leaving matters as they were, the commissioners intended to discuss the matter with him so a mutually agreeable solution could be reached. The board, however, intended the move purely as a temporary appeasement to Rolph. When Park returned from Simcoe on September 8, he found Hungerford reinstated and the ban on alcohol lifted at the behest of the commissioners. The board’s only motivation seems to have been a desire to undermine the medical superintendent since Roaf had founded the Toronto Temperance Reformation Society in 1839 and, as physicians, Drs. Beaumont and Gwynne must have realized alcohol abuse by staff would compromise patient welfare.²⁶

Determined to restore his authority as head administrator, Park sent a letter to the provincial secretary asking the government to assess the situation, and told Steward William Ramsay to suspend Hungerford for a third time. Ramsay refused, however, knowing his own employment also lay in the commissioners’ hands. Park was angered by this unexpected

²⁵ Ibid., p. 3.

²⁶ Ibid., 2, 4; *DCBO*, s.v. “Roaf, John” (by J. M. S. Careless), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4673&interval=20&&PHPSESSID=uhtc2vl02tdpnb6v39ct4lfxh6 (accessed March 9, 2009).

insubordination and demanded the board replace Ramsay since he would no longer have confidence in the steward's future conduct. Given that Ramsay was following the board's orders, the commissioners did not fulfill Park's request. As such, relations between the two internal officers were also now destroyed, once again creating an impossible situation of divided loyalties and alliances among the lesser servants.²⁷

Between September and December the disputes between the Board and Park continued unabated. By late September, Hungerford had become less the specific issue and more of a pawn in a battle for authority between the Board of Commissioners and the superintendent. It was illustrated most clearly one September evening when, in the space of an hour, Hungerford was reinstated and physically removed twice during an argument between Park and Commissioner O'Beirne in the asylum entranceway. With several servants called by Park to assist with Hungerford's removal, word of the conflict soon spread among the asylum staff. Realizing the superintendent's limited power with the board, and having been told by the board only to follow Park's orders regarding medical issues, many servants felt justified in refusing him so much as "a glass of water if asked for it". Park complained that he no longer held any authority with the keepers who were able to "repair to their favorite Commissioner to make interest against the Superintendent..." whenever they wished.²⁸

With the administrative conflicts now reflected in the behaviour of staff, Park and the commissioners wrote the provincial secretary asking for governmental assistance in the matter. Responding to these requests, Governor General Elgin ordered members of the Executive Council to form a "special committee" to investigate the asylum's management. In mid-

²⁷ *AJLAPC*, 1849, Appendix M., p. 6, "Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park."

²⁸ *Ibid.*, p. 5, 7.

September Dr. Park, and Commissioners Roaf and Grasset (as Board representatives) presented their cases in Montreal, the present seat of government. The special committee studied the dispute for a month and sent copies of its final report to Park and the commissioners on October 17. Expressing regret that the government was not consulted sooner to avoid unnecessary “irritation”, the committee’s recommendations reflected “a view to the ultimate transfer of the establishment to the Permanent Asylum” expected within a few months. While its members believed Park’s actions went beyond the management rights given to the medical superintendent in the 1842 “Rules and Regulations”, they also concluded that by retaining Hungerford, the Board failed in its duty to “secure [staff] deference towards the Medical Superintendent” necessary for the institution’s satisfactory conduct. The special committee recommended the board either must exert immediate authority over the servants or substitute them with an “entirely new corps”.²⁹ Despite the committee’s acknowledgment of faults on both sides, its observations and instructions made it clear that the provincial government viewed the Board of Commissioners as the head authority in the asylum.

The commissioners, however, still resented the suggestion that they had failed in any of their duties. Particularly offensive to them was the committee’s “entire concurrence” with John Rolph that keepers should follow the medical superintendent’s directions at all times.³⁰ This statement acknowledged Rolph’s influence during the previous summer and did not sit well with the commissioners, although it was likely an objective recognition of the need for reformed management, rather than favouritism toward Rolph. The commissioners refused to accept any responsibility in the disputes with Rolph and Park, and, evidently wanting Park to be dismissed,

²⁹ Ibid., pp. 16-17; Park, *Narrative of the Recent Difficulties*, pp. 23-26.

³⁰ *AJLAPC*, 1849, Appendix M., p. 17, “Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park.”

in mid-November they professionally attacked Park in the *Toronto Globe*, writing an article that suggested he made poor decisions and documented incidents where he acted without consulting the board. Earlier that month the *Examiner*, the *Globe*'s rival newspaper, had published an editorial supporting Park's work at the asylum. Defending the commissioners' position, the anonymous *Globe* article, which Roaf later identified as drafted by Dr. Beaumont on behalf of the entire board, included claims that Park neglected patients by allowing Edward Byrne and John Cronyn to assist with medical care, testimonies from keepers, and details of two severely injured patients. Over the next few months the two reform newspapers debated Park's competence and the proper role of an asylum medical superintendent.³¹

Park submitted his own letters to Provincial Secretary James Leslie and the *Globe* in November and December, arguing that Byrne's and Cronyn's medical assistance was permitted by the board during Telfer's tenure, and declaring that the accusations of patient neglect were a further attempt by Roaf and Grassett to damage his professional credibility. In his letter to Leslie he requested the Executive Council conduct another inquiry to prove his professional competence and investigate the management problems that had afflicted the asylum for so long.³² Regretting that its former recommendations were unsatisfactory to both parties, the council refused Park's request, deeming such inquiry to be inappropriate given the now personalized nature of the conflict. Instead it suddenly granted the commissioners permission to propose a resolution, assuring their wishes would be met by Governor General Elgin. Although the Executive Council's sudden siding with the board appears somewhat strange, subsequent

³¹ *Ibid.*, pp. 18-21; *The Globe*, 22 & 30 November 1848; Park, *Narrative of the Recent Difficulties*, pp. 54-63.

³² *AJLAPC*, 1849, Appendix M., p. 22, "Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park."; Park, *Narrative of the Recent Difficulties*, pp. 40-41, 55-64. James Leslie had become Provincial Secretary when Sullivan resigned on September 15, 1848.

remarks by Robert Baldwin suggest the government was angry at Park's continued disregard of the commissioners' authority as outlined in the 1842 "Rules and Regulations" and demands for further inquiries given the government's current financial constraints "as if it were a matter of no expense."³³ No doubt the executive also wanted to avoid having the commissioners resign since the permanent asylum was expected to be ready within six months, at which time a new board would be formed. If necessary, replacing the medical superintendent was a simpler option than finding twelve commissioners.

Not unexpectedly, the commissioners requested Park's removal. Following through on the Executive Council's promise, Leslie notified Park of the decision on December 26, 1848. The letter acknowledged Elgin's regret about the situation, specifically stating that the termination was not intended to suggest "the correctness or incorrectness of the facts alleged by the Commissioners or by you, nor to condemn or acquit either party". While this final statement would perhaps help preserve Park's professional reputation in the future, it likely brought little immediate comfort to the physician who found himself in a position no better than his predecessors.³⁴ Park was fortunate to have Rolph's continued support, for after his dismissal Rolph employed him as a lecturer at the medical school until he was able to re-establish a practice. Rolph apparently distanced himself from the conflicts between Park and the asylum commissioners; none of the letters to the government or the press during the fall of 1848 was written by him. Although Rolph had contributed to the discord, given the ongoing struggles with his school and the King's College faculty, he probably wished to avoid damaging his own reputation and further tainting Park's professional credibility by interfering with his position as

³³ Park, *Narrative of the Recent Difficulties*, Appendix, p. 72.

³⁴ *AJLAPC*, 1849, Appendix M., pp. 24-25, "Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park."

head of the asylum. While Rolph was able to support his brother-in-law as a physician, without formal legislation identifying the medical superintendent as the asylum's central authority figure, he had little success promoting Park as an insanity expert or government administrator. Park's experience as medical superintendent demonstrated that full-time institutional employment still offered no tangible occupational or professional advantage to physicians. By 1851 Park had reestablished a private practice in Hamilton where he remained with his family for the rest of his career.³⁵

Public Welfare, the Brown Commission, and Park's Asylum Narrative (1849)

The asylum was not alone in its management problems that autumn, for between July 1848 and January 1849 the Kingston Penitentiary also underwent a formal inquiry into its dysfunctional administration. Turmoil had erupted over inmate abuse and Warden Henry Smith's authority and staffing decisions. Smith's managerial power had greatly increased in 1846 with the passing of a new penitentiary act. To further secure his authority, Smith had replaced certain senior staff members with more junior workers who showed greater loyalty to his ideas. Residents of Kingston since the 1820s, by the 1840s Henry Smith and his family were well-established members of the town's Tory middle class; this social position combined with his administrative leadership in the penitentiary probably caused Smith to view such patronage arrangements as reasonable. Most controversial among the staffing changes, however, was his reassignment of the kitchen-keeper's position to his son, Frank Smith. Frank's boorish behavior, reputation for tormenting and physically assaulting inmates, and suspected theft of prison

³⁵ Canniff, *The Medical Profession*, p. 555; *1851 Census of Canada East, Canada West, New Brunswick, and Nova Scotia*, "George H Park," <http://www.ancestry.ca> (accessed September 13, 2008). Park lived and worked in both Hamilton and Ancaster during the latter part of his life.

supplies attracted the attention of the local and provincial press. As at the asylum, the keepers became involved, compromising the penitentiary's overall functioning. Like Park, Penitentiary Physician Dr. James Sampson complained unsuccessfully to the prison's Board of Inspectors about Frank's abuse of inmates and the dysfunctional management as a whole. Disgusted by the board's indifference, Sampson asked the government to intervene, and an investigative committee was formed to conduct a full inquiry. Known as the Brown Commission, the committee was named for its secretary, George Brown, whose *Globe* newspaper then served as the reform ministry's main press organ.³⁶

Historians studying the Brown Commission and its two resulting reports (submitted in March and April 1849) have generally agreed that its proceedings were marked by a reformist attack on Smith; in the words of Donald Creighton, its members moved in on the penitentiary and its warden "with all the horrid purposefulness of an armoured regiment". Indeed, there can be little question that political partisanship shaped the inquiry; all the commission's appointees were reformers, while Smith was a firm Tory. This situation resulted in accusations of political bias from Smith's Tory supporters, particularly his lawyer John A. Macdonald, who had held the assembly seat for Kingston since 1844. Macdonald felt the commission never gave Smith a chance to respond properly to the charges and believed George Brown juggled evidence as author of the final reports.³⁷

If Macdonald was correct, Brown's actions were undoubtedly motivated by his deep disdain for the traditional political and social systems of Upper Canada. Tory privilege, religious

³⁶ Peter Oliver, *Terror to Evil-Doers': Prisons and Punishment in Nineteenth-Century Ontario*, (Toronto: University of Toronto Press, 1998), pp. 161-64.

³⁷ Donald Creighton, *John A. Macdonald: The Young Politician* (Toronto: The MacMillan Company of Canada Ltd., 1956), pp. 159-60; *AJLAPC*, 1849, Appendix B.B.B.B., "...Copy of the Reports made by the Commissioners appointed to investigate...Conduct, Discipline, and Management...of the Provincial Penitentiary...", pp. 2-280 (First Report), pp. 281-331 (Second Report).

establishment, and patronage had characterized Upper Canadian society from 1791. Despite the 1837-1838 Rebellions protesting against these issues and the provincial Union that followed in their wake, many aspects of the colony's early cultural systems persisted throughout the 1840s. Thus, while Queen Victoria had ascended the British throne in 1837, until the 1850s Upper Canada retained many social and political features of the pre-Union period and its culture was characteristically Georgian. As the discussions of patronage and the drinking at the asylum have already demonstrated, men of all political persuasions closely adhered to a Georgian social code of masculine professionalism.

George Brown differed from most professionally ambitious men, representing an exception to this Georgian cultural discourse. Scottish by birth, Brown had moved to Toronto in 1843 at the age of twenty-four with his parents and three of his siblings, after having spent six years in New York working with his father, Peter Brown, as a merchant and journalist. Firmly committed to the British parliamentary system and studying Canadian affairs, their New York newspaper, the *British Chronicle*, became an advocate for Free Kirk sympathizers following the 1843 "Great Disruption" in the Scottish Presbyterian Church. Having promoted the movement's expansion in North America, the Browns were invited to relocate to Toronto by a group of Toronto Free Church supporters. Accepting the offer, Peter and George established the *Banner* in August 1843. George took responsibility for the paper's secular affairs, quickly emerging as an ardent reformer in editorials that criticized then-Governor General Lord Metcalfe's control of the Executive Council. Brown recognized that the power of patronage was preventing the implementation of responsible government in the province, and although as a journalist he would benefit from government patronage in the late 1840s and early 1850s, his general abhorrence for this system would last long after responsible government was achieved. As Brown's interests

became more firmly rooted in politics, he was approached by a group of Toronto reformers to begin a party journal. With his father's assistance, the Toronto *Globe* commenced publication on March 5, 1844.³⁸

Vociferous and passionate about his beliefs, and possessing boundless physical energy, Brown infused the *Globe*'s editorials with his own forceful personality. Politically astute with a keen eye for the sensational, he was well-suited to the partisan journalism of 1840s Upper Canada. Reflecting Brown's reform interests and personal sense of justice, the *Globe* frequently contained criticisms of patronage appointments and religious establishment. Combining well-supported, thoughtful arguments with an aggressive disregard for the social rules and professional loyalty of Georgian culture, Brown did not hide behind party alliances when attacking provincial politics and institutions. His head-strong approach, however, was problematic for him in certain respects: Anyone who disagreed with him quickly became his enemy, and the journalist's refusal to acknowledge contradictory evidence often weakened his arguments "making them seem extreme and arbitrary."³⁹ Nevertheless, the *Globe* quickly garnered a popular and widespread following, and in light of its constantly growing readership (by 1849 it was published tri-weekly) and political influence, Tories and reformers alike monitored the paper's content carefully.⁴⁰

If in 1848 the Baldwin-Lafontaine government was looking to appoint a penitentiary commissioner with the capacity to have Henry Smith removed as warden, they had found the

³⁸DCBO, s.v. "Brown, George" (by J. M. S. Careless), http://www.biographi.ca/009004-119.01-e.php?id_nbr=4861&interval=20&&PHPSESSID=ielib25j922sdpru7doqk53tb0 (accessed November 24, 2010); Careless, *Brown of the Globe*, vol. I, pp. 10-43.

³⁹ Careless, *Brown of the Globe*, vol. I, p. 86.

⁴⁰ Ibid., pp. 43-45; Paul Rutherford, *A Victorian Authority: The Daily Press in Late Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1982), pp. 40-42.

right man in George Brown. He stood for everything that Georgian Toryism was not, and his scorn for patronage and belligerent self-determination promised to bring changes to the penitentiary's administration, whatever the objections to his prosecutorial approach. Although the Brown Commission showed clear partisanship regarding Smith's removal, and many of its rehabilitation-oriented recommendations were never implemented in the Penitentiary Act of 1851, it is incorrect to suggest, as Peter Oliver has done, that the Commission was not concerned with long-term solutions.⁴¹ Brown made a concerted effort to find resolutions beyond replacing the warden by undertaking a month-long tour of American penitentiaries with fellow Commissioner William Bristow from November 6 to December 10, 1848, documenting changes that might be implemented at Kingston and possible improvements to the Canadian penal system focused on inmate rehabilitation. These findings were presented in the Brown Commission's second report.⁴² Although much shorter than the first report addressing the Smith issues, its smaller size did not diminish its significance as an early critique of the Georgian punitive model. The commission's original assignment was to investigate Smith's role in the presumed penitentiary corruption, and assuming Brown wrote his report in the same detailed style that was used to document Rees', Telfer's, and Park's troubles at the asylum, the first report would necessarily be extremely long.⁴³

⁴¹ PSC, 1851, cap.2, pp. 1773-90, "An Act for the better Management of the Provincial Penitentiary," 2 August, 1851. Oliver argued that the commissioners' "extreme partisanship" and "failure to...think critically, and to gain any deeper understanding" of the penitentiary's place in Upper Canadian society caused them to focus on Henry Smith and neglect "issues of far greater import". Oliver, *Terror to Evil-Doers*, pp. 142-44.

⁴² Careless, *Brown of the Globe*, vol. I, pp. 83-85.

⁴³ To prove his argument for excessive partisanship, Oliver argued that the lesser proportion of time and space Brown gave to penal reform during the inquiry and in his reports indicated a "failure to look beyond the role played by a few individuals to the looming structural problems that bedeviled the Smith regime." At 280 pages, the length of the first report may be attributed to the written style of government reports during this period, which demanded detailed accounts of personal interactions, conversations, and the daily problems leading to government intervention. The investigative reports of Rees', Telfer's, and Park's cases are similarly detailed. Oliver, *Terror to Evil-Doers*, pp. 140, 144.

With George Brown in the United States for most of November, it was one of his editorial assistants who evidently made the decision to print the defamatory letter against Park in the *Globe* on November 15; however, Brown was unlikely to have objected to this further claim of institutional corruption resulting from patronage connections and a chief officer's purported incompetence. The timing of Park's problems at the asylum was unfortunate since it had the effect of making the asylum's problems seem to be an extension of those at the penitentiary. It may have led to hasty judgments about Park's management and professional competence that made it easy to legitimize his sudden dismissal.

For a number of reasons, Park's dismissal did not draw the same level of public attention as Smith's: First, Park was a newcomer to Toronto and a relatively young professional, while Henry Smith had lived in Kingston since the early 1820s. Second, in a culture fascinated by crime and punishment, rumours of abuse and misconduct at the penitentiary provided sensationalist content for press journalists to attract readers to the case even before the Brown Commission was appointed.⁴⁴ Third, the partisanship of the commission and the location of its proceedings in Kingston made the Smith inquiry more politically divisive than Park's situation. By 1848 the Tory stronghold in Toronto had begun to weaken as reformers were increasingly active and visible. Park and most of the commissioners identified as reformers, allowing the government to dismiss requests for further inquiry of his case; in May 1849 Baldwin argued that such an investigation was unwarranted because Park could claim no prejudice. In contrast, Kingston's political culture remained firmly Tory. Many of its citizens saw the Smith investigation as an attack on the city itself, garnering much press coverage of the commission's proceedings. Complaints of political bias and manipulation of evidence by the Brown

⁴⁴ Rutherford, *A Victorian Authority*, pp. 133-34.

Commission would be used repeatedly by the Tories in the provincial assembly in the next few years, especially by John A. Macdonald.⁴⁵

The political circumstances of Park's conflict and dismissal differed from Smith's; yet, both cases illustrated the growing tensions that were developing among and between reformers and Tories by 1848. Although the reform composition of the asylum's Board of Commissioners allowed Baldwin to dismiss requests for further study of Park's case, Henry Boulton argued with Baldwin that the situation revealed the growing disunity among Upper Canadian reformers, stating "it was not a question between Dr. Park, an isolated Reformer [Rolph] and an opponent, but with one Reformer against a number of Reformers."⁴⁶ No doubt Baldwin wished to hide these divisions, which would deepen over the next few years as radical reformers became increasingly dissatisfied with the Whig liberalism of the Baldwin-Lafontaine administration. For radicals, Whig-style liberalism did not go far enough in altering the political patterns of the past, and was viewed as helping to maintain Georgian political culture. Conversely, Upper Canadian Tories saw this growing radicalism as an increased threat to the Georgian social order they valued, creating the level of political tension between Tories and reformers evident during the penitentiary inquiry.

In early 1849, however, reform divisions were just emerging and remained subtle enough to enable the Baldwin-Lafontaine administration to claim that Park's case was free from political prejudice. Realizing that the government was not prepared to grant any requests for a formal inquiry, Park found an alternative means of defending himself and his predecessors. Following the model of the government-commissioned penitentiary reports, he wrote an account of the

⁴⁵ Park, *Narrative of the Recent Difficulties*, Appendix, p. 71; Careless, *Brown of the Globe*, vol. I, pp. 86-87.

⁴⁶ Park, *Narrative of the Recent Difficulties*, Appendix, p. 73.

asylum's problems throughout the 1840s directed at government officials and other "professional gentlemen" with powers to implement administrative change. Entitled *Narrative of the Recent Difficulties in the Provincial Lunatic Asylum in Canada West* (1849) and published by Park's supporters at the *Examiner*, the eighty-page document related his experiences to those of Rees and Telfer, and included many of the *Examiner* and *Globe* editorials from 1848-1849. Although Park saw the medical superintendent's lack of authority as problematic, he believed it was only one ramification of a larger problem. Of greater significance was the government's desire to avoid involvement in the asylum's management by eliminating all conflict among the asylum's various administrators. Patronage appointments and dismissals were being used excessively as a simple means of appeasing the Board of Commissioners in order to maintain the social order established within the asylum. In this sense, 1840s welfare administration reflected the Georgian social structures of the outside world; at the asylum the Commissioners functioned as an institutional aristocracy that retained authority and remained largely free from government interference.

Park believed that government disengagement was not just a problem at the asylum, but that it had also led to both the penitentiary's problems and the creation of a Royal Commission in July 1848 to investigate financial mismanagement at King's College; Joseph Workman, later to become medical superintendent at the asylum, was one of three men appointed to the latter inquiry.⁴⁷ Comparing the asylum to these other major public institutions, in his *Narrative* Park showed that the stifling of conflict had created a widespread institutional problem in the province where human abuse, financial mismanagement, and corruption flourished:

⁴⁷ *AJLAPC*, 1851, Appendix E.E.E., pp. 3-4, "Final Report of the Commissioners of Inquiry in to the Affairs of King's College University, and Upper Canada College".

It is unusual reasoning to assume that because there may be collision between the Medical Superintendent and the Board, that the power in the former, causing that collision, cannot or ought not to exist. This very collision is often a source of safety and a correction of abuses. The want of collision led to that harmonious action in the evils of the Penitentiary, which admitted of the fearful accumulation of abuses, the investigation whereof is said to incur an expense of above ten thousand dollars. The want of collision led to that harmony among the learned wrong doers in the University, which ended in corruptions demanding the same expensive inquiry and legislative correction. The want of this collision reduced the Asylum to the state in which I found it. The late collisions improved the domestic police, and ameliorated the condition of the lunatics in clothing, cleanliness, and ventilation – services for which a just and generous government would have rewarded and sustained me – services, however, which led to my ruin under an administration unfaithful to those professions of political honesty and those principles of reform in all public abuses, by the abandonment of which in these transactions, there will be added nothing worthy to their present fame or future heraldry.⁴⁸

Park's commentary was striking for its consideration of the general management of public institutions in 1849. Although he did not present his argument in terms of class structure, state formation or emerging liberalism, his call for debate and transparency in management shows he recognized the existence of a systemic problem standing in the way of institutional growth and development. Public institutions had been introduced gradually from 1791 to protect and promote the liberal rights of land ownership, protection of property, and self-advancement valued by the majority of Upper Canadians, whether Tories or reformers. Until 1840 they were established and operated through a mix of government funding, colonial endowments, private contributions, and charities that supported the dominance of a colonial aristocracy, maintaining traditional Georgian class structures.⁴⁹ While Lord Durham's 1839 *Report on the Affairs of British North America* had recommended the establishment of "a good system of municipal institutions", this plan was not included in the 1840 Act of Union. Post-Rebellion efforts to avoid political collisions and maintain colonial control meant institutional administration was

⁴⁸ Park, *Narrative of the Recent Difficulties*, pp. 33-34.

⁴⁹ Ian McKay, "The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History", *Canadian Historical Review*, vol. 81, no. 4 (December 2000), pp. 623-24; Splane, *Social Welfare in Ontario*, pp. 56-77, 128-34, 203-04.

handled via the same “harmony” system used in government.⁵⁰ As in the Executive Council, patronage appointments and acquiescence to the majority opinion were tactics used to stifle conflicts, often giving institutional Boards of Commissioners significant power. Governor General Elgin’s efforts to alter the “harmony” system in 1848 further explain his expressions of regret upon Park’s dismissal; Elgin undoubtedly recognized the decision reflected pre-Responsible Government values, but saw no alternative given the animosity existing between Park and the asylum commissioners.

As in government, the “harmony” approach proved faulty through the 1840s as institutional administration became increasingly complex as provincial institutions served increasing numbers of citizens. Park believed it was no coincidence that costly, time-consuming inquiries of the asylum, penitentiary, and university were occurring simultaneously. He realized the “doctrine of passive obedience” required of professional public servants appointed to these institutions not only caused human abuse and financial waste, but was a barrier to professional advancement.⁵¹ Park noted the irony that although his “collisions” with the asylum Board of Commissioners had benefitted patients through improved facilities and treatment, he was punished for the disturbance caused by confronting the commissioners. To Park, the situation revealed government disloyalty to asylum medical superintendents as public servants. His reference to “professions of political honesty” was clearly meant to assert his professional and moral authority as a gentleman physician capable of rising above political squabbles in the name of civic duty.

⁵⁰ Earl of Durham, *Report of the Affairs of British North America* (Toronto: R. Stanton, 1839), pp. 35-36, 92. For a discussion of the “harmony” system see Chapter 1, pp. 48-49.

⁵¹ Park, *Narrative of the Recent Difficulties*, p. 33.

Focussed on the asylum's problems, Park's *Narrative* did not offer any suggestions for altering the management of public institutions generally, nor did it indicate what the government's level of involvement should be. With professional interests that were less focused on social prestige than Rees and Telfer, Park's perspective on public administration seems to have been informed by a more liberal reform politics that caused him to acknowledge the dysfunction existing in the colony's institutions. Yet, because his professional identity had been established within the same Georgian culture that produced these problems, he continued to identify with its social systems, making it difficult for him to suggest other possibilities for institutional administration. The doctor's observations in the *Narrative* did not extend past objections to the "passive obedience" required of professionals at public institutions, their lack of power, and inability to utilize their professional expertise.

Nevertheless, whatever the limitations of Park's analysis, it reflected a radical position that departed from both Tory and Whig-reform politics of Georgian Upper Canada. While it is unclear how many people read the *Narrative*, Park's unofficial report would have served as a complement to Brown's official, more publicized penitentiary reports. Correcting the management of public institutions as a whole would require a multi-level system of management that would not be introduced in Upper Canada for another ten years. The intervening decade would see the implementation of several experimental and piecemeal solutions that, despite having varying levels of success, demonstrated a commitment to advancing Canadian state development. Rather than a "leviathan" process of state regulation, government restructuring of institutional administration after 1849 was meant to sustain and promote liberal order rights and

values during a period of vast social and economic expansion in Upper Canada.⁵² Whatever the biases present in the reports by Brown and Park, the documents provided critical examinations and insights that were essential to new institutional legislation that would be introduced in the 1850s.

Years of Transition: Politics, Professionalization, and Public Welfare, 1850-1853

There were few changes at the asylum in the three years after Park's dismissal. The Temporary Asylum experienced a year-long reprieve from conflict under the provisional management of Dr. Francis Primrose in 1849; however, controversy quickly resumed when the permanent Queen Street Asylum opened in January 1850. A new twelve-member Board of Asylum Directors was created to replace the former Board of Commissioners, but hopes for administrative peace were dashed when John Eastwood, Henry Grasset, Martin O'Beirne, and John Roaf were re-appointed to it. Reflecting the governor general's reduced role under Responsible Government, the new board had been given the power to appoint and dismiss the medical superintendent. George Brown and MPs Henry Boulton and John Prince were infuriated over the implications of these decisions since they believed Eastwood, Grasset, O'Beirne, and Roaf had been the primary instigators of the Temporary Asylum's problems. Their fears of further corruption and the influence of patronage were confirmed when Roaf persuaded his fellow directors to give the position to his son-in-law Dr. John Scott, something he had wanted since Rees' dismissal in 1845.⁵³

⁵² For social control interpretations of state formation processes during the Union period see the essays in Allan Greer and Ian Radforth, eds., *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1992).

⁵³ *AJLAPC*, 1849, Appendix M., p. 24, "Return to an Address...all correspondence...relating to...causes of difference between the said Commissioners and Dr. Park."; *JLAPC*, 5 August 1850, pp. 239-42, motion by The Hon.

Controversy thus already surrounded Scott when his appointment began on February 16, 1850. The Toronto *Examiner* pronounced it a triumph for the “great chiseller” (Roaf), while the *Globe* expressed regret over the hiring of a man who had neither the temper, nor the experience, nor the “enlarged mind” for the position. Many doctors felt Scott was a skilled practitioner, but lacked bedside manner.⁵⁴ Indeed, problems associated with his personality arose beginning in 1851. In May of that year the asylum board investigated him after receiving complaints from a former attendant that Scott was disrespectful to staff and harsh to patients; the directors concluded that the medical superintendent’s “nature of temper” led him to make “injudicious” remarks unbecoming to his position, but they did not pursue the matter.⁵⁵ Scott’s reputation, however, further deteriorated in November when he was taken to court for secretly dissecting pauper patients for “anatomical purposes”. His dissections came to light after the sexton of Potter’s Field found a coffin containing only a portion of the deceased’s body. While four directors wanted to dismiss Scott outright, after much debate Roaf’s influence again resulted in him receiving only a reprimand.⁵⁶ With support from a majority of the Board, Scott remained at the asylum for another eighteen months, until he resigned in 1853. While some Upper Canadians probably viewed Scott’s actions as unproblematic, others clearly regarded his treatment of the poor as disrespectful and unethical, traits that were undesirable for an asylum medical

H. J. Boulton regarding Dr. Park; *The Globe*, 29 January, 28 February 1850; Careless, *Brown of the Globe*, vol. I, pp. 111-12.

⁵⁴ *Examiner*, February 27, 1850; *The Globe*, 28 February 1850; Canniff, *The Medical Profession*, p. 615-16; *DCBO*, s.v. “John Scott” (by A. W. Rasporich and I. H. Clarke), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4694&interval=20&&PHPSESSID=j14jfabhr42nu2p7oqje3t2mt5 (accessed March 10, 2010).

⁵⁵ *AJLAPC*, 1851, Appendix J. J., p. 2, “Return...Copies of the Petition of John Coppins to the Board of Directors of the Provincial Lunatic Asylum...”

⁵⁶ *The Globe*, 12, 19, 26 November 1851; “The Provincial Lunatic Asylum,” *UCJMSPS*, vol. 1, no. 9 (December 1851), pp. 378-84; “Toronto Lunatic Asylum,” *BAJMPS*, vol. 7, no. 8 (December 1851), pp. 361-62; James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal & Kingston: McGill-Queen’s University Press, 2000), pp. 62-64.

superintendent. Persons of this latter opinion believed that the constraints of the asylum's legislation and the stranglehold of a few board members was causing corruption in its general administration.

Thus, despite Roaf's support, Scott's position continued to be threatened by opponents outside the asylum. The province's changing political atmosphere and the growing presence of radical reformers in the Legislative Assembly and Executive Council brought proposed changes to asylum legislation. The reform divisions that began during Park's tenure increased significantly in the early 1850s. A radical faction emerged in the western sections of Upper Canada whose membership combined young liberal idealists with older, Rebellion-era radicals such as John Rolph. These "Clear Grits" split from Baldwin and Lafontaine's moderate government, greatly reducing the ministry's strength and eventually causing its leaders to resign in the summer of 1851. Francis Hincks, formerly inspector general, became premier and replaced Baldwin as the leader for Canada West (Upper Canada), while the *Rouges'* Augustin-Norbert Morin became leader in Canada East (Lower Canada). Hincks faced the difficult projects of sustaining a ministry and reuniting the increasingly fractured Upper Canadian reformers. Having lost the support of George Brown's *Globe* in the midst of these realignments, in July 1851 Hincks struck a bargain with Grit newspaper editor William McDougall: McDougall agreed to have his *North American* become the primary press organ supporting the Hincks-Morin ministry in Upper Canada in exchange for Grit representation on the Executive Council. The deal temporarily repaired the rift between the Grits and ministerial reformers, and also resulted in senior Grit radicals John Rolph and Malcolm Cameron assuming Executive Council seats.⁵⁷

⁵⁷ *The Globe*, 9 April 1853; Careless, *Brown of the Globe*, vol. I, pp. 108-11, 133-34, 138-42.

The precise origin of Rolph's association with the Clear Grits is unknown; the relationship was mutually beneficial since Rolph sought political power just as the Grits needed strong, anti-ministerialist leadership. His seat on the Executive Council was a professionally advantageous one that he could have used to advocate for "macro level" issues concerning the profession at large such as restricted medical practice and self-regulation. The growth of eclecticism, homeopathy, and other alternative practices within the colony had led "regular" physicians to petition the government to impose restrictions on practice. As in 1845 and 1846, further bills to re-establish the College of Physicians and Surgeons in 1849 and 1851 were unsuccessful. By the early 1850s Upper Canadian doctors had made little advancement as a professional group. Although the MBUC expanded its membership to include physicians from across Upper Canada representing the different medical schools, internal disputes over licensing and education continued to undermine physicians' efforts to control medical practice in the province. Most medical schools, like Rolph's, were privately owned and depended on students' fees to operate, while the competition for pupils created conflicts between several of the colony's physicians. Using Frederic W. Hafferty and Brian Castellani's professionalism model, it created a situation whereby individual "micro level" professional concerns took precedence in the political and occupational activities of many senior physicians, leading to "meso level" interpersonal conflicts (Appendix 1).⁵⁸

Professional disputes were particularly acute in Toronto as the city's doctors became divided into "two parties", one group associated with Rolph and the other with the former King's

⁵⁸ Hafferty and Castellani, "The Increasing Complexities of Professionalism", p. 293-96; R. D. Gidney and W. P. J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), pp. 56-58; Gidney and Millar, "The Origins of Organized Medicine in Ontario, 1850-1869", in Charles G. Roland, ed., *Health, Disease, and Medicine: Essays in the History of Medicine*, (Toronto: The Hannah Institute for the History of Medicine, 1984), pp. 67-71; Hamowy, *Canadian Medicine*, pp. 41-43, 53-60.

College faculty.⁵⁹ Although an 1849 university act had officially secularized King's College as the University of Toronto, Anglican Tories continued to dominate its medical faculty and the leadership of the MBUC. The growth of Rolph's school thus threatened to alter the social and occupational identity not only of the former King's faculty, but the Toronto medical profession at large.

Given this atmosphere, there was little hope that Rolph's government seat would serve to elevate the overall status of physicians. Instead, tired of the privilege awarded to the University of Toronto (formerly King's College) faculty, Rolph used his seat on the Executive Council to better the position of his medical school. Efforts by Anglican Bishop John Strachan in 1850 to establish a third medical school at the soon-to-be-built Trinity College had only further motivated Rolph's personal agenda. Soon after Rolph assumed his council seat, three bills were proposed, which all brought some advantage to his school. The first passed in the summer of 1851 only a month after his appointment began, incorporating Rolph's school as The Toronto School of Medicine (TSM). It formalized the school's status as a state-recognized medical school and thus further weakened the university's domination over medical education.⁶⁰

The next proposed legislation of importance to Rolph was a new university bill introduced by Francis Hincks. This bill's origins dated to 1849 when the Baldwin-Lafontaine administration secularized King's College to create the re-named University of Toronto, hoping to motivate the colony's religious colleges to join the university by eliminating their public funding and giving all revenue to the new secular institution. By 1852, however, these

⁵⁹ "Coroner's Inquest on the Body of Job Broom", *The Medical Chronicle*, vol. 3, no. 4 (September 1855), p. 150.

⁶⁰ Martin L. Friedland, *The University of Toronto: A History* (Toronto: University of Toronto Press, 2002), pp. 28-31; "Coroner's Inquest on the Body of Job Broom", pp. 149-150; *PSC*, 1851, cap.155, pp. 2249-50, "An Act to incorporate *The Toronto School of Medicine*," 30 August, 1851.

affiliations had not happened and, after a three-year investigation, the Royal Commission into the university's affairs (1848-1851) had revealed significant financial and administrative mismanagement. Taking a more forceful approach to reforming the institution, the Hincks-Morin government proposed a bill aimed at restructuring the university as a central examination body, removing all instruction from it and compelling the religious colleges to affiliate by promising them surplus endowment funds. To replace the school's teaching function, the bill established University College as a secular, publicly-funded institution for the liberal arts.⁶¹ Few MLAs opposed the new bill's reorganization of the school; one exception was George Brown, who as a vehement proponent of large-scale non-sectarian education, strongly opposed the idea of an affiliated group of smaller religious colleges.⁶²

For John Rolph, however, the resulting 1853 university act was especially advantageous since it eliminated the university's Faculty of Medicine. The extent of his involvement in its drafting is unclear, but his participation was suggested through references to it as the "Rolph Act" by some former university medical faculty, and Tory MLA John A. Macdonald's claim that Rolph was behind the bill. Although it initially appeared to be a victory for the TSM, the university's medical instructors soon found a home at Trinity College, where Strachan happily welcomed them after his failure to establish a medical school three years earlier. Rather than eliminating the professional competition as Rolph had hoped, the university bill only fuelled further conflict among the city's physicians.⁶³

⁶¹ *SPC*, 1852-53, cap. 89, pp. 313-29, "An Act to amend the laws relating to the University of Toronto...", 22 April, 1853; *AJLAPC*, 1851, Appendix E.E.E., pp. 1-200, "Final Report of the Commissioners of Inquiry in to the Affairs of King's College University, and Upper Canada College"; Friedland, *The University of Toronto: A History*, pp. 36-41.

⁶² *JLAPC*, 1853, 14 April 1853, p. 730.; Careless, *Brown of the Globe*, vol. I, p. 170.

⁶³ *DCBO*, s.v. "Rolph, John"; Friedland, *The University of Toronto: A History*, pp. 40-41.

The third bill was one directly introduced and controlled by Rolph, which proposed alterations to the Toronto Asylum's administration. Rolph's desire to establish a relationship between the asylum and the TSM had continued after Park's dismissal in 1848, and he likely continued to see it as an ideal location for his students to obtain their required practical experience. With the TSM's enhanced status as an accredited school and the prior barriers created by the university's government-supported medical program now eliminated, opportunities to establish a relationship between the two institutions improved.

Rolph nevertheless realized that any such relationship would be difficult so long as the asylum's Board of Directors had primary control over its management. With this in mind, he introduced an asylum bill in November 1852 proposing extensive administrative changes that focused particularly on the internal authority of the medical superintendent. Passed in June 1853 as "An Act for the better management of the Provincial Lunatic Asylum at Toronto", it gave the medical superintendent full charge of patient care by eliminating both the steward and the Board of Directors. In place of these men would be a bursar whose sole responsibility was management of the asylum's finances, and four government-appointed "Visiting Commissioners" who would serve in a monitoring and advisory capacity; the new commissioners, all lawyers and businessmen, would provide the government with quarterly reports of the institution's management with no direct power to institute administrative changes.⁶⁴ Because the former legislation had given the steward and the board unspecified involvement with patient

⁶⁴ The four Visiting Commissioners initially appointed to the asylum were George S. Tiffany (lawyer), W.L. Perrin (merchant and insurance director), E. F. Whittemore (merchant, real estate, and insurance agent), and John Simpson (miller and merchant). Perrin and Whittemore were from Toronto, while Tiffany and Simpson respectively lived in Hamilton and Darlington (now Bowmanville) to the west and east of Toronto. These men were probably chosen because they had no obvious personal, business, or professional interests in the asylum and for their evangelical and reform perspectives. As a group they could provide balanced representation of the areas served by the institution. *AJLAPC*, 1854, Appendix H., p. 16, "Fourteenth Report [of Visiting Commissioners]," 13 February, 1855.

care, their removal in the new act allowed the medical superintendent to control patient treatment and staff employment. Required by the act to submit his own annual reports to the governor with recommendations for improvements, the medical superintendent would no longer be regarded merely as a practitioner, but instead would have full management responsibilities befitting an institutional administrator.⁶⁵ It marked a critical shift in the medical superintendent's occupational identity that promised to elevate his social and professional status as a physician and public servant.

Reinforcing this new authority was the asylum act's establishment of a £500 annual salary for the medical superintendent, providing sufficient income for full-time institutional work.⁶⁶ This sum met the minimum provision advocated by the Association of Medical Superintendents of American Institutions for the Insane (AMSAAI) during the early 1850s: A year later AMSAAI Secretary Thomas Kirkbride of the Pennsylvania Hospital for the Insane contended the minimum salary for a medical superintendent at a 250-person asylum should be \$1,500 (£375) with on-site housing, or \$2,500 (£625) without residence. Although the Toronto Asylum's patient population in July 1853 had reached 345, it had apartments on the main floor intended for the medical superintendent and his family. As such, £500 was reasonable, especially since Kirkbride's idea was presented in a context of professional advocacy, and did not necessarily reflect state-legislated salaries throughout the United States.⁶⁷ By 1853 the

⁶⁵ *SPC*, 1852-53, cap. 188, pp. 927-30, "An Act for the better management of the Provincial Lunatic Asylum at Toronto," 14 June, 1853.

⁶⁶ *Ibid.*, p. 930.

⁶⁷ Kirkbride commented that rates of pay for all levels of staff varied widely in American institutions, demonstrating it was not a situation unique to British North American asylums. Thomas S. Kirkbride, "Remarks on the Constuction, Organization and General Arrangement of Hospitals for the Insane [Part 2]", *AJI*, vol. 11, no. 2 (October 1854), pp. 136-37; *AJLAPC*, 1854, Appendix H., p. 7, "Report of the Medical Superintendent...of the Provincial Lunatic Asylum, Toronto..." [Note: Monetary conversions are derived from Douglas McCalla, *Planting the Province: The Economic History of Upper Canada, 1784-1870* (Toronto: University of Toronto Press, 1993), pp. 184-85.]

Kingston Penitentiary's warden was also paid £500, suggesting that for the first time since the asylum's opening in 1841, the head administrators at the two institutions were equally valued as civil servants.⁶⁸

When drafting the asylum bill in 1852, Rolph likely realized the Toronto medical superintendent's salary was below the payments provided to asylum physicians in other British North American colonies. While an asylum did not open in Nova Scotia until 1858, comparing the salaries of medical superintendents in New Brunswick, Prince Edward Island, and Newfoundland illustrates this shortfall (Appendix 7). These pay scales indicate asylum salaries were largely determined by the institution's patient population, an appropriate measure given the smaller population of the Maritime provinces; the demands on Dr. John Mackieson of the Charlottetown Asylum with 12-18 patients in the early 1850s would have been much less than those of Dr. Scott with a patient population exceeding 300.⁶⁹ The £500 provided in the new asylum act was a clear attempt to follow this scaled salary policy. The hope was that the new act would also ensure payment since other British North American superintendents, like Rees, Telfer, and Park, did not always receive full remuneration.⁷⁰

The managerial control invested in the Toronto superintendent by the 1853 act was also greater than the authority given to other provincial medical superintendents. Boards of Commissioners and Trustees continued to have central control of management in New

⁶⁸ Henry Smith's salary as penitentiary warden had increased repeatedly during the 1840s, reaching £500 in 1847; although a new penitentiary bill had been enacted in 1851, the salary of D. A. Macdonell, the new warden, remained the same. See Appendix 6 and *SPC*, vol. 3, 1851, p. 1785, "An Act for the better Management of the Provincial Penitentiary," 2 August 1851.

⁶⁹ David A. E. Shephard, *Island Doctor: John Mackieson and Medicine in Nineteenth-Century Prince Edward Island* (Montreal & Kingston: McGill-Queen's University Press, 2003), p. 97; *AJLAPC*, 1854, Appendix H., p. 1, "Report of the Medical Superintendent...of the Provincial Lunatic Asylum...."

⁷⁰ For example, by September 1851 Dr. John Mackieson of the Charlottetown Asylum had only received £57 of his £131 earnings since the asylum's opening in 1847. *Journal of the House of Assembly of Prince Edward Island, 1852* (Charlottetown: J. Ings, 1852), pp. O - 87, 91.

Brunswick and Prince Edward Island.⁷¹ The influence of such a board was probably felt more acutely by Dr. John Waddell who held a full-time appointment at the Saint John Asylum in New Brunswick; he had given up a private practice in Truro, Nova Scotia to accept the superintendent's position in 1849. In contrast, in Prince Edward Island the medical superintendent's position was part-time due to the much smaller size of Charlottetown's asylum. Dr. John Mackieson's private practice continued to serve as his main occupation during his asylum tenure, making the opinions of the asylum trustees less important to his professional reputation. Dr. Henry Stabb of the Hospital for Mental Disease in St. John's, Newfoundland apparently had significant autonomy in managing his asylum until the 1850s due to a complete lack of government interest in its affairs. This changed in 1855, however, when the Newfoundland government attempted to curtail spending by giving the colony's Board of Works control of the asylum's financial affairs, a shift that limited Stabb's ability to develop a quality treatment program. Whatever managerial autonomy he had by the mid-1850s was thus not comparable to that legislated for Toronto's superintendent.⁷²

A different situation existed in Lower Canada, where the development of a proprietary system in the 1840s had placed its asylum administrators in a better professional position than other British North American superintendents. Rather than constructing a state-owned and operated institution, in 1845 the province entered into a contractual agreement with three physicians who formed a business partnership and proposed to develop a state-supported

⁷¹ *The Revised Statutes of New Brunswick* (Fredericton: J. Simpson, 1854), Ch. 90, pp. 226-27; *The Acts of the General Assembly of Prince Edward Island* (Charlottetown: King's Printer, 1855), Cap.30, p. 113.

⁷² *DCBO*, s.v. "Mackieson, John" (by Irene L. Rogers), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=5676&interval=20&&PHPSESSID=fuja0oljs7q731la9oq7uu1pe4 (accessed January 25, 2010); *DCBO*, s.v. "Waddell, John" (by W. A. Spray), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=5311&interval=20&&PHPSESSID=20cgug822ok1449qeu5kpfaf4 (accessed January 25, 2010); Harvey N. Stalwick, "A History of Asylum Administration in Canada before Confederation" (PhD diss., University of London, 1969), Chapters 1, 3, 4.

proprietary asylum at Beauport, near Quebec City. Although two similar proposals had been submitted to the government, Drs. James Douglas, Charles Frémont, and Joseph Morrin were awarded a three-year contract, which was renewed repeatedly for the next twenty years. Under this system, the provincial government provided a contractually-set amount of funding per patient to the Beauport Asylum. The arrangement placed Douglas, Frémont, and Morrin in a considerably better professional position than Toronto's superintendents not only because they owned the institution and its assets, but also because they had the power to negotiate for increased funding per patient, a ceiling on the number of patients admitted, and the length of the contract. Although a government Board of Commissioners monitored the asylum, the private ownership fostered a hands-off approach whereby the commissioners largely adhered to the physician-owners' decisions. By the 1850s Douglas, Frémont, and Morrin managed to negotiate funding that consumed all of the government's budgeted funds for insanity care in Lower Canada. Coupled with the positive reports of Beauport from its commissioners and the government's relative disengagement with welfare concerns during this period, this financial situation enabled the three doctors to maintain a monopoly over Lower Canadian insanity care that was accepted by the state until the 1860s.⁷³

The professional advantage of this proprietary system for the physician-owners is evident upon examining components of the government contracts negotiated in the early 1850s. By 1852 Douglas, Frémont, and Morrin received 12 shillings and 6 pence per week for two-thirds of Beauport's patients and 10 shillings for the remaining third, amounting to yearly per patient incomes of approximately £32 and £26. A population ceiling clause was later added that prevented the state from placing the insane elsewhere until Beauport reached 300 patients. It not only gave Beauport's proprietors a monopoly over insanity treatment, but (assuming full

⁷³ Moran, *Committed to the State Asylum*, pp. 20-40.

capacity) translated to an annual government provision of approximately £8800. In contrast, the Toronto Asylum's population in 1852 exceeded 300 patients with a yearly governmental maintenance grant of only £5000. This amount translated to approximately £15 - £17 annually per patient, about half of that provided to Beauport, despite both institutions operating within the same colony and funded by the same government.

This paltry sum led Dr. Christopher Widmer, then chair of the Toronto Asylum's Board of Directors, to write letters of appeal to A. N. Morin (then provincial secretary) requesting an increase in the asylum's funding and limits to be placed on the number of patients admitted. Widmer met with much resistance: Using the financial policies of the Municipal Corporations Act (1849) as a stall tactic, Morin merely recommended that the superintendent apply to the patients' county municipalities for extra funding, and the Toronto Asylum was again forced to accept greater numbers of patients. Yet, the contract at Beauport meant it received increased government assistance in order to persuade its proprietors to accept more patients.⁷⁴ These financial arrangements meant Douglas, Frémont, and Morrin could control the institution's internal management and provide ideal facilities to patients, while also generating a profit from the institution. Beauport's success as a business venture meant they could present themselves as successful businessmen as well as physicians, solidifying their identity as middle-class professionals. Conversely, until 1853 Toronto's medical superintendents had little managerial control within the asylum, struggled with severe underfunding that hindered their ability to provide quality treatment to patients, and rarely received the full amount of their already low legislated salary.

⁷⁴ *Ibid.*, pp. 23-30; *AJLAPC*, 1852, Appendix J., pp. 1-5, "Return to an Address...all correspondence... between the Government and the authorities of the Provincial Lunatic Asylum...relative to...Funds available for its support."

Given this troubled past, the ease with which the asylum bill passed through the Legislative Assembly was somewhat surprising, especially given the numerous objections to Rolph's recent political maneuverings from both Tories and ministerial reformers. It was no less politically motivated than the TSM incorporation and university bills, and while the advantage it brought to the medical superintendent was clear, the benefits to the asylum and its patients were much less certain. Rolph's agenda for the institution involved a reversal of power that would oust his political opponents on the Board of Directors from the asylum and give the physician-in-charge (hopefully his ally) full control. The act hardly exemplified his brother-in-law George Park's proposed "collision" model of administration involving dialogue and transparency.⁷⁵ Although Park's *Narrative* aimed at improving the medical superintendent's status, his comments about the stifling of debate in Upper Canadian institutions suggested a realization that provincial institutions needed to move beyond Georgian political struggles for patronage and power. Rolph was of an older generation, however, and his immediate concerns were gaining a foothold over the asylum and the Toronto medical profession. The asylum's future success would thus rest more on the competence and character of the medical superintendent than the 1853 act itself.

Yet the act met with little opposition, perhaps because its final reading occurred on June 11, 1853, three days prior to the close of the session when some MLAs had already left Quebec City, where parliament was then located.⁷⁶ Whatever their personal feelings about Rolph, most MLAs were probably content to let him take responsibility for the asylum's operation since, compared to issues such as railway development, support for Roman Catholic institutions, and electoral representation, the asylum was not a priority, and the bill aimed at minimizing the

⁷⁵ Park, *Narrative of the Recent Difficulties*, pp. 33-34. Park's assertions indicate a point at which his approach to asylum administration seems to have differed from Rolph's, suggesting that he was fully capable of articulating his own views and was not wholly influenced by his former teacher.

⁷⁶ *JLAPC*, 1853, 11 June 1853, p. 1068.

government's involvement in its affairs.⁷⁷ The only parties who showed marked disapproval of the new act were those directly affected at the asylum. It meant dismissal of the Board of Directors, a positive outcome since by early 1853 its meetings were described in the local press as "scenes of habitual discord". For Medical Superintendent John Scott, however, loss of the board also meant loss of his institutional allies. Although Director William McMaster informed Rolph that Roaf "through [Director] Beaty and other parties" was attempting to have Scott retained under the new act, by March Scott realized this was unlikely given his negative reputation and submitted his resignation.⁷⁸

Until Scott's term ended on June 30, the asylum suffered with almost no administration as the resentful medical superintendent and directors refused carry out their duties. McMaster wrote to Rolph on June 7:

[N]ot one of the Directors who were the 'thick and thin' supporters of Dr. Scott have attended the Board meetings or paid their usual visits since he resigned, which clearly shows that it was to sustain him, and not with any view to promote the public interest that they took any interest in the Asylum...Scott is doing nothing but attending to his own arrangements...I have much to say to you about the tricks of Roaf and Scott lately...⁷⁹

Three weeks later McMaster expressed further concern that no officer had yet been appointed to replace Scott. Rumours circulated among Rolph's political opponents that he was attempting to have Park formally reinstated, but faced opposition from Hincks' moderate reformers. Rolph's next option for maintaining ties between the TSM and the asylum was to assign one of his own

⁷⁷ Major debates of the 1852-1853 parliamentary session included Hincks' contract with a British firm to construct the Grand Trunk Railway; incorporation and financial support of Roman Catholic schools, monasteries, and institutes; and demands for representation by population to give Canada West (Upper Canada) more seats in the legislature. See Careless, *Brown of the Globe*, vol. I, Chapter 5, pp. 137-75.

⁷⁸ *The Globe*, 5 February, 9 April 1853; W. T. Aikins Papers, AMC, #85 McMaster to Rolph, 2 March 1853.

⁷⁹ W. T. Aikins Papers, AMC, #85 McMaster to Rolph, 7 June 1853.

medical instructors to the medical superintendent's position until a permanent appointment was made. At McMaster's urging, he gave Dr. Joseph Workman temporary charge of the asylum beginning July 1, 1853.⁸⁰

Dr. Joseph Workman: A Controversial Appointment, 1853-1854

Workman was a logical choice for the position since he had significant experience as a physician, businessman, tradesman, administrator, and local politician. Born in Ulster, Ireland near the town of Lisburn in 1805, Workman had immigrated to Montreal in 1829 with his parents and two of his siblings to join six brothers who were already in Lower Canada. A history of religious dissent and intellectualism characterized the Workman family lineage, establishing interests and values in Joseph that appeared frequently in his work. From the seventeenth century, family members in England and Ireland joined Protestant movements against the Anglican Church and the idea of religious establishment. Following the American Revolution Joseph's father and uncle, both Presbyterians, travelled to the United States and taught at the non-denominational University of Pennsylvania. After three years Joseph Workman Sr. returned to Ireland and found a teaching position near Lisburn where he met and married Catharine Gowdie. The couple raised their nine children with a strong sense of religious and moral values, holding "Christian charity" and hard work in high esteem. In the 1820s the family became adherents of the Presbyterian Church's liberal "new light" wing, later becoming Unitarians. The Unitarian emphasis on egalitarianism, free-thinking, and social responsibility would greatly

⁸⁰ Ibid., #75 McMaster to Rolph, 29 June 1853; *The Globe*, 12 July 1853.

influence Workman's personality and behaviour, shaping his attitudes about asylum patients and insanity treatment.⁸¹

Workman received a modest education, first at a local grammar school and later at an academy in Lisburn. His academic aptitude became apparent through an appointment to Northern Ireland's ordnance survey at the young age of twenty-one, a position he left only when the family decided to follow his brothers to Canada. In Montreal Workman was initially employed as a teacher at the school where his elder brother Benjamin was headmaster, but soon decided to study medicine, probably motivated by the sudden deaths of two family members and observations of disease and illnesses on ship during his immigration.⁸² The next five years of his life were spent teaching, attending lectures at the city's General Hospital, and apprenticing to a local physician until he received a medical degree from McGill in 1835. The outbreaks of cholera in 1832 and 1834 prompted Workman to focus his medical thesis on the disease's transmission throughout the city. His conclusions linked the epidemics to Montreal's unsanitary water supply and the negative living conditions of poverty, demonstrating forward thinking in a period when many people still believed cholera to be divine retribution for sin. Two decades later, he would implement many of his sanitation ideas at the Toronto asylum, significantly improving patient health.⁸³

After graduating Workman married Elizabeth Wasnidge and established a medical practice in Montreal. His career there was short-lived, however. Elizabeth's widowed mother

⁸¹ DCBO, s.v. "Workman, Joseph" (by Thomas E. Brown), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=6510&interval=20&&PHPSESSID=qdi9th6tmbovn82qokqrtasve5 (accessed April 4, 2007); David Boyle, *Notes on the Life of Dr. Joseph Workman* (Toronto: Arbuthnot Bros. & Co., 1894), p. 3-4; Christine I. M. Johnston, *The Father of Canadian Psychiatry: Joseph Workman* (Victoria, BC: Ogden Press, 2000), pp. 5-17.

⁸² Workman's sister-in-law and one of his brothers died in Montreal shortly after his arrival.

⁸³ DCBO, s.v. "Workman, Joseph"; Johnston, *The Father of Canadian Psychiatry*, pp. 18-22.

and younger siblings had relocated to Toronto where her elder brother William was a hardware merchant. When William died suddenly in 1836 there was no adult male to support the family, so Joseph and Elizabeth moved to Toronto where he took over the hardware store, a thriving business that was more financially profitable than medical practice. Once Elizabeth's younger brothers were old enough to run the Wasnidge business, Joseph opened another hardware firm – "Workman Brothers" – with his younger brother Samuel.⁸⁴

Samuel's partnership freed Workman to return to medicine and pursue religious, educational, and political interests. Having received his medical license from the MBUC in 1837, he re-entered family practice in 1846, offering free services to widows and the poor. A central figure in the founding of Toronto's First Unitarian Congregation (1845), Workman served on its board of directors for a decade. An avid reformer, from the mid-1840s he was very active in Toronto city politics as an alderman for St. David's Ward (1847-1849), a commissioner for the financial and administrative investigation of King's College (1848-51), and the first chair of the Toronto Public School Board (1850). His medical knowledge attracted Rolph's attention in the early 1840s, and in 1847 Rolph persuaded Workman to teach at his school. For the next six years Workman toiled tirelessly as the TSM's lecturer of midwifery and diseases of women and children, combining this work with his private practice and public service.⁸⁵

When Rolph sought a replacement for Scott in June 1853, Workman's medical skills, research and teaching capabilities, political service, charity, and firm moral values made him a sensible choice. Letters sent to Rolph at Quebec from Workman and other Toronto physicians

⁸⁴ Four of Workman's brothers worked in hardware in Montreal and Ottawa and were readily-available consultants, making the business a family endeavour. *DCBO*, s.v. "Workman, Joseph"; Johnston, pp.. 22-34.

⁸⁵ *DCBO*, s.v. "Workman, Joseph".

suggest his selection was suitable to both Workman and the TSM.⁸⁶ Workman was apparently under significant personal and professional strain during this period, reporting to Rolph of personal and family illnesses, the failing of his hardware business, and financial difficulties. Like so many public service appointments of the mid-nineteenth century, Workman's position on the King's College Royal Commission had involved immense work for little pay. Financially responsible for Elizabeth and their six living children (three had died before the age of two years), his monetary problems were confirmed when he borrowed money from his brother Thomas in 1852.⁸⁷

These financial and occupational problems seemed to have affected his feelings about his TSM position. Dispirited, he complained to Rolph about severe understaffing at the school, the unprofessional conduct of certain instructors, and rude, undedicated students.⁸⁸ The TSM's low status discouraged him, especially as the MBUC's Tory members often refused to certify the school's graduates. Workman suggested to Rolph they might be better to close:

There is a time for dying, both in physical and public life – and my belief is that it is wise to leave the stage whilst our fame is yet fresh... An institution [University of Toronto] which is stronger than our government must prove too powerful for poor pigmies such as the Toronto School of Medicine.⁸⁹

⁸⁶ With the government located in Quebec City, Rolph was almost entirely absent from Toronto during his council appointment, leaving management of the TSM's financial accounts to his wife, Grace, and day-to-day charge of the school to instructor Dr. William Aikins.

⁸⁷ While on the Commission, in July 1850 Workman wrote a financial report to the bursar, requesting increased funding since the commissioners had not yet received any salary payments for their work, and the rate of pay for clerks remained below "other public offices." *AJLAPC*, 1850, Appendix C. C., p. 2, "Return to an Address...to His Excellency the Governor General..." A detailed Statement of the amount expended towards...expenses of the Commission of Inquiry...", 9 July 1850. See also W. T. Aikins Papers, AMC, #4 Widmer to Rolph, 21 November 1853; Johnston, *The Father of Canadian Psychiatry*, p. 121 and Appendix 4, p. 147.

⁸⁸ W. T. Aikins Papers, AMC, #11 Workman to Rolph, 22 March 1852; #12 Workman to Rolph, 20 September 1852.

⁸⁹ *Ibid.*, #11 Workman to Rolph, 22 March 1852.

Expressing his growing inability to manage his private practice and teaching duties, Workman predicted it would not be long before he “quit this horrible scene.”⁹⁰

Workman was not alone in his complaints. Dr. William Aikins, running the TSM in Rolph’s absence, also complained of overwork at the school, commenting to Grace Rolph that with the demands of his private practice increasing, the TSM was difficult to manage: “[I]ndeed, I cannot tell how I am to get through...”⁹¹ Workman and Aikins’ circumstances were typical of doctors in the 1850s who continued to need supplemental incomes; while teaching offered additional money and an enhanced professional profile through association with a medical school, the workload was evidently enormous. Given Workman’s feelings and personal circumstances, Rolph likely viewed the asylum position as a way to keep him working with the school while giving him a more secure income in a new, full-time position that suited his interests in medicine and social responsibility.

Workman probably welcomed the opportunity to work at the asylum for however long the assignment might last since the position now offered greater occupational stability. The improved salary and managerial control instituted by the asylum act elevated the medical superintendent’s occupational status and offered assurance that his professional identity as a physician would be maintained. Yet, it did not immediately increase his professional status as a doctor or welfare administrator. Although the tools necessary to foster large-scale professional growth were finally in place, perceptions of Workman as an insanity “expert” by medical colleagues and the public would take time to develop as he demonstrated himself to be morally, academically, and professionally worthy of such an identity.

⁹⁰ Ibid.

⁹¹ Ibid., AMC, #85 Aikins to Mrs. G. Rolph, 5 January 1853.

The challenge of establishing such a reputation became apparent from the outset. Workman's appointment was highly controversial and remained so for a few years due to the ongoing tensions in Toronto's medical profession at large. Although his connection with Rolph had placed him at the asylum and provided better professional opportunities, this association also brought him trouble from Rolph's opponents. Workman's position at the asylum was initially meant to be temporary, and the government had determined it would advertise across British North America, the United States, and Britain for a permanent superintendent who had extensive institutional experience working with the insane. Many Toronto physicians and politicians soon realized, however, that Rolph intended to have Workman appointed permanently. Reflecting the view of George Brown, now the Independent assembly member for Lambton-Kent, a *Globe* editorial complained in July 1853 that the Grit papers were working to prejudice the public against widespread advertising:

They are attempting to raise the stupid old cry that we slight Canadians because we invite those of other countries to compete with them for a situation. If this were an office which could be filled by one man as well as another... we would agree. But when the qualifications necessary in a Medical Superintendent are considered, when we think that his duties require a combination of qualities which very few men in any country possess, we cannot help thinking it our duty to go anywhere to find a suitable person.⁹²

By November the position still had not been advertised, leading Dr. Christopher Widmer to urge Rolph to lose no time in doing so, suggesting that if he did not give the appearance of impartiality he would be "readily assailed by Messrs Brown & Co."⁹³ Despite strong political differences, Widmer and Rolph had a deep, long-standing friendship as two of Toronto's earliest

⁹² *The Globe*, 12 July 1853.

⁹³ W. T. Aikins Papers, AMC, #90 Widmer to Rolph, 1 November 1853.

settlers and physicians.⁹⁴ Although Widmer allied with the University of Toronto/Trinity College group and had staunchly opposed the 1853 university bill, he rarely criticized Rolph's decisions, and openly offered advice whenever he felt it appropriate to do so. After the advertisement appeared, Widmer reviewed applications and helped create a short-list of candidates by March 1854. Foreseeing Rolph's continuing plan to keep Workman, Widmer advised him that to avoid further political controversy, any incumbent should be kept strictly to his asylum duties: "[T]here will be an attack if he is allowed to continue... as a teacher at the Toronto School of Medicine!!!"⁹⁵

Rolph's determination to solidify the TSM's connection to the asylum was successful, with the government awarding Workman the permanent position on April 1. Convinced that political trouble lay ahead, Widmer immediately wrote Rolph again, advising him to wait at least a year before sending Workman on a tour of American asylums "lest the shaft of political animosity fly thickly about his ears." Such tours were becoming common practice for new medical superintendents in North America, as they provided opportunities to observe and assess the physical conditions, management, and treatment practices in a variety of well-established institutions. Yet, Widmer pointed out, "it [was] to be assumed the Dr. require[d] no insight into the workings of Asylums" since his rivals for the Toronto asylum appointment had "grounded their claims on practical experience – and formidable they were!"⁹⁶ With this advice, Workman's tour was delayed until May 1855.

⁹⁴ See footnote 8.

⁹⁵ W. T. Aikins Papers, AMC, #22 Widmer to Rolph, 29 March 1854. Although it is not known how many men applied for the position, among the applicants were Dr. Henry Stabb of the Newfoundland asylum and Dr. John Palmer Litchfield, who would later be appointed to manage an asylum for the criminally insane at Kingston. Both men had some prior experience working with the insane, Stabb in Newfoundland and Litchfield in Australia.

⁹⁶ *Ibid.*, #90 Widmer to Rolph, 1 April 1854.

It was prudent advice since the “attack” Widmer had predicted came two days later in the April 3 edition of the *Globe*. George Brown denounced the appointment as an act of “disreputable trickery” whereby the government gave appearances of liberality and then hired an inexperienced “hardware merchant” over candidates who were eminent British and American insanity authorities. These remarks reflected Brown’s general contempt for Workman, sentiments that would become increasingly obvious throughout the 1850s; the animosity between the two men is discussed in the next chapter. Brown’s anger was also fuelled by rumours that Aikins and another doctor were to become assistant physicians at the asylum with salaries for the three men totaling £900. The possibility of increased connections with the TSM and the expense of having three doctors employed at the institution led Brown to remark scathingly that the situation was reminiscent of the Family Compact’s patronage and extravagant wastefulness.⁹⁷ Even five years later, the revelations of the penitentiary inquiry probably remained at the back of his mind as the primary example of corruption due to patronage; it was a system he was determined to eradicate.

The claim that Workman had no skills beyond hardware was exaggerated and unfair since Workman had toiled extensively over the past nine months to improve living conditions and patient treatment at the asylum. When he arrived at the asylum in July 1853 he found conditions that were not conducive to physical or mental wellness. In accordance with the recommendations of insanity experts in the United States, the building originally designed by Toronto architect John Howard was intended to have three wings to accommodate 250 patients (Appendix 8).⁹⁸ When Workman arrived in July 1853, however, only the front section was

⁹⁷ *The Globe*, 3 April 1854.

⁹⁸ Thomas S. Kirkbride, “Remarks on the Constuction, Organization and General Arrangement of Hospitals for the Insane [Part 1]”, *AJI*, vol. 11, no. 1 (July 1854), pp. 4-5, 12. In contrast to the United States, large British

completed with the two side wings yet to be erected. Complicating this building delay were structural faults in the section that was operational. Workman quickly realized the patients' general health was very poor suggesting sanitary problems within the asylum. A brief examination of its rooms revealed a "variety of nuisances": With no air passages between rooms and few windows in the patients' quarters, poor ventilation and "foul air" compromised the well-being of all residents and employees. The plumbing problems were worse still with the water supply "no less impure than the air of the room[s]". Workman found a "mass of filth and impure fluids" under the basement floorboards that spanned the length of the institution to a depth of three to five feet, spreading dry rot and mould to the upper stories.⁹⁹

Utilizing skills acquired while working in hardware, Workman examined the physical features of the asylum and concluded the sewage and water problems were caused by improper fitting of drains and the intake pump from the lake. The former had never been connected to the sewer main, and the latter was located less than sixty feet from the sewer allowing impurities to penetrate the drinking water. Since Workman's cholera research in Montreal during the 1830s had convinced him that proper sewage maintenance was fundamental to sanitation and the preservation of health, correcting these problems became his top priority at the asylum. He reported to the government that the health of all patients, staff, and officers was "much affected" and "no physician having a due regard for the lives and health of his patients, or his own reputation could tolerate [the situation's] continuance." Workman believed that improper

asylums housed several hundred patients in a variety of architectural plans that by the late 1850s were being debated by members of Britain's Association of Medical Officers of Asylums and Hospitals for the Insane. See John Charles Bucknill, "Asylum Architecture and Arrangements," *AJMS*, vol. 3, no. 21 (April 1857), pp. 284-96.

⁹⁹ *AJLAPC*, 1854, Appendix H., pp. 1-4, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 19 June 1854.

ventilation was particularly troublesome in an asylum because “[r]arified air [was] known to be depressive of nervous energy” and thus “to be deprecated in the treatment of insanity”.¹⁰⁰

The government did not appreciate the direness of the circumstances and was slow to respond to Workman’s requests for immediate correction. Realizing this situation, Workman decided to organize and oversee the repairs himself with the help of some male patients and local labourers. Repairs took place during the winter of 1853-1854 and included removal of the sewage; cleaning, re-digging, and repairing the foundation and basement floor; installation of chimney flues and vents between rooms; construction of window-like openings with iron-gates on the exterior walls; and widening the openings under doors and over wall partitions to allow for greater air passage. Ironically, although Workman’s former employment as a hardware merchant was used against him by critics of his permanent appointment, the asylum clearly benefitted from this background since he had the knowledge to oversee and assess the repairs himself. In an annual government report, he later advocated the professional value of these skills to the asylum, arguing that medical duties “comprised only a small part” of a medical superintendent’s role, and he should also be able to understand “the entire anatomy” of the building itself.¹⁰¹ To reassure the government that the repairs were necessary and to assert his own professional knowledge and competency, Workman’s report included an extensive technical analysis of the ventilation system with claims that the original provisions in Howard’s designs were “manifestly useless and absurd”, adding that “a very slight acquaintance with the simple laws of pneumatics” might have corrected the problem.¹⁰²

¹⁰⁰ Ibid., pp. 1, 3.

¹⁰¹ Ibid., pp. 1-2; 1856, Appendix No. 2, p. 6, 18 February 1856.

¹⁰² *AJLAPC*, 1854, Appendix H., pp. 2-3, 19 June 1854.

Conclusion

Despite the imperfect utilities, the shortages of equipment, and space limitations caused by the incomplete wings, by 1854 the institutional conditions of the asylum had improved. The opening of the permanent asylum altered many of the accommodation problems of the Temporary Asylum. Even without the two wings, the Queen Street asylum had eased the overcrowding that Telfer and Park had found so troublesome. While plumbing and ventilation problems plagued both the temporary and permanent buildings, interventions first by Rolph, and later by Workman ensured these issues were corrected. Their efforts demonstrated that by the early 1850s at least some members of the medical profession were actively committed to providing a healthy living environment to insane patients.

Like the asylum itself, the professional position of the medical superintendents had also stabilized. Largely thanks to John Rolph's professional interests, by 1854 legislation had been implemented which suggested that asylum management could be a feasible and desirable occupational endeavour for Canadian physicians. With a livable salary, more responsibilities, and clear authority, the medical superintendent's professional status was almost certain to increase. Workman's wide-ranging experience and knowledge as a physician, businessman, and public servant, along with the immediate attention he gave to the permanent asylum's construction problems already suggested his appointment was a positive decision, whatever the patronage involved. Nevertheless, it should not be suggested that Workman was necessarily more competent or suited to the position than Rees, Telfer, or Park. Rather, the permanent institution, new asylum act, and his backing by Rolph at a time of increased reform power provided a political foundation that was more accommodating to medical authority and welfare

reform. It offered Workman an opportunity to transform asylum management into a professionally recognized field that had been unavailable in the 1840s.

The early 1850s marked the beginnings of a political and cultural shift in Upper Canada to a more democratic form of liberal governance with an awareness of the need to expand and reform public institutions. The transition from Georgian to Victorian social and moral values did not occur smoothly or quickly, but rather emerged over the next decade in the midst of considerable political and social turmoil. Joseph Workman would discover that professional elevation did not come easily in this context. Changing behavioural codes of conduct within the medical profession and shifting cultural conceptions of the Victorian “gentleman” meant he would experience many challenges in securing improvements for the asylum and presenting himself as a professional with expert knowledge. Yet, his position at the asylum was more secure than his predecessors, casting a positive outlook on his future at the institution.

3. “Mr. Brown – you are a *gentleman!*”: Joseph Workman’s Professional Conflicts in Toronto during the Georgian-Victorian Transition, 1854-1857

Introduction: Joseph Workman, Professional Conflict, and Cultural Transition

Dr. Joseph Workman began his tenure as the Toronto Asylum’s fifth medical superintendent under employment circumstances that were considerably better than those of his predecessors. The £500 salary legislated by the 1853 asylum act gave Workman financial security, enabling him to dedicate himself fully to the new position without needing to continue in private practice. The elimination of the asylum Board of Directors meant he had almost unlimited authority in the institution, allowing him to control employment and avoid the administrative conflicts that had affected previous superintendents. And the permanent building, whatever its design faults, offered the potential for expansion and the proper implementation of a treatment program that met the standards of asylums in the United States and Europe.

These advantages protected Workman from meeting the same fate as the other medical superintendents. Unlike Rees, Telfer, and Park, Workman’s employment at the Toronto Asylum remained secure. He continued to serve as its medical superintendent until his retirement in 1875 at the age of 70, by which time he had garnered a high reputation for pioneering insanity treatment in Canada. His social advocacy and professional contributions to alienism and the broader medical profession were recognized both at home and abroad.¹ Yet the controversy surrounding his permanent appointment in 1854 showed that Workman’s early professional identity at the asylum was unstable; establishing a positive reputation as a competent physician and administrator would take time. While the doctor’s first years were spent successfully

¹ Christine I. M. Johnston, *The Father of Canadian Psychiatry: Joseph Workman* (Victoria, BC: Ogden Press, 2000), pp. 69-70.

improving the asylum's living conditions, the physical health of patients, and advocating for institutional reform, this work was disrupted by ongoing public attacks spearheaded by George Brown. Aimed at discrediting Workman as an administrator and professional, they quickly attracted the attention and support of several other physicians and politicians in the colony. As a result, at the beginning of his tenure Workman thus spent significant time and energy defending his reputation against an onslaught of professional and public criticism, with his relationship with the Trinity College medical faculty becoming particularly hostile. Yet, Workman ultimately believed Brown's instigation of the professional disputes in the *Globe* and ongoing determination to end Workman's asylum career made him the most culpable in these conflicts. The two men became firm enemies, engaging in public disputes that eventually culminated in a lawsuit in the spring of 1857.

The disputes between Joseph Workman, George Brown, and the faculty of Trinity College were driven by differences in their social and political values, personal life circumstances, and conceptualizations of manliness and professionalism. Mid-1850s Upper Canada experienced sweeping demographic, economic, religious and political changes that challenged the Georgian cultural traditions of the 1840s. New liberal reform ideas altered colonial politics, institutions, and ideas of public character. Political and social confrontations occurred frequently during this rapid transition, which introduced a new moral code and a broadening of the professional class.

The professional conflicts discussed in this chapter must be understood in the context of this cultural transition. All involved parties embodied different manifestations of the new liberalism, which collided given their strong sense of morals and opinionated personalities. George Brown, instigator of the attacks against Workman, was an astute journalist, businessman,

and politician who used the social angst of the 1850s to his advantage, printing defamatory stories about the asylum in the *Globe* that he believed would attract negative public attention to Workman, and positive attention to himself, his political interests, and business enterprises. Angered at what he saw as unfounded professional attacks on himself and interference with the asylum's management, Workman spent the first three years of his appointment determined to redeem his reputation within the Toronto medical profession and public sphere by exposing Brown as a liar and troublemaker. To understand Workman's struggles as a medical professional during the early years of his tenure and identify aspects of his personality that helped and hindered his efforts to transform insanity care into a specialized field of medical work, this chapter examines public conflicts instigated by Brown against Workman during the mid-1850s, situating them in the context of the social and political changes occurring in Toronto and Upper Canada.

The societal changes which incited debates about professionalism at mid-century were numerous and significant. Although Upper Canada grew more slowly than in previous decades due to slowed immigration and substantial emigration following economic depression in 1857, during the 1850s its population nevertheless expanded by 400,000 people, reaching 1,396,091 in 1861 (Appendix 4). The most extensive growth occurred in cities and towns where manufacturing and tertiary sector services were centred. The 1854 Reciprocity Treaty and the construction of railways fostered economic development and opened trade relationships with the United States, creating a population that was urbanized and transient.² The movement of people and goods between British North America and the United States altered Upper Canada's

² *Censuses of Canada, 1665 to 1871*, Statistics of Canada, Volume IV (Ottawa: I. B. Taylor, 1876), pp. 180, 254; Douglas McCalla, *Planting the Province: The Economic History of Upper Canada, 1784-1870* (Toronto: University of Toronto Press, 1993), pp. 217-18, 232; Michael B. Katz, *The People of Hamilton, Canada West: Family and Class in a Mid-Nineteenth-Century City* (Cambridge, MA: Harvard University Press, 1975), pp. 19-21, 42.

transatlantic orientation. While most Upper Canadians continued to identify strongly with Britain and claim a British identity, the direction of trade across the border brought American cultural influences to Upper Canada.

Religion, Work, and Victorian Professionalism

Religion was one area of Upper Canadian culture where British and American influences combined to produce new value systems as beliefs and denominational alliances in Upper Canada changed and realigned through the growth of Evangelical Protestantism. This process was a later development of a religious and intellectual movement that had been spreading across the Atlantic world since the late eighteenth century. Speaking of the movement's origins, historian Michael Gauvreau has attributed it to "a bitter contest between two rival cultures...Evangelicalism and Enlightenment".³ Beginning with the Enlightenment and Revolutionary cultures that emerged in Europe and the United States at the end of the eighteenth century, Protestants in various denominations began questioning whether the centre of a man's moral capacity lay in his personal experience of faith or in his ability to reason. A liberal education was central to the latter Enlightenment view, but those ascribing to the Evangelical perspective believed education was only validated through Biblical study under the guiding influence of the Holy Spirit. Responding to State Church doctrines and aspects of Calvinist theology and Enlightenment philosophy they believed to be barriers to scriptural interpretation and personal salvation, Evangelicals rejected the idea of church establishment, also opposing clerical authority and esoteric theology. Their new visions of Christianity gained large followings through leaders such as John Wesley (1703-1791), John Newton (1725-1807), and

³ Michael Gauvreau, *The Evangelical Century: College and Creed in English Canada from the Great Revival to the Great Depression* (Montreal & Kingston: McGill-Queen's University Press, 1991), p. 14.

Thomas Chalmers (1780-1847). Efforts to strengthen the denominational organization of Evangelicalism as a religious movement created divisions in most of the major Protestant denominations and resulted in the growth of sectarian religious groups including Methodists, Baptists, and Unitarians.⁴

During the early nineteenth century state support had enabled the Anglican Church to dominate British North American politics and institutions. In Upper Canada, it was not an Evangelical Low Church form that flourished, but rather a High Church Anglicanism that helped establish the hierarchical social environment desired by the colonial aristocracy. Methodist preachers and other “Protestant dissenters” conducted revival meetings in frontier regions, but given the small population of the colonies before 1820, these itinerants posed little threat to Anglican establishment. Because significant settlement and population growth did not occur until after the European and American revolutions, Evangelical influences were not strongly influential in British North America until the 1820s, by which time the movement had partly adopted a denominational orientation. The denominational organization of Evangelicalism was facilitated by the founding of educational institutions such as Nova Scotia’s Presbyterian Pictou College (1819) and Upper Canada’s Methodist Victoria College (1836), where teachings combined and balanced Enlightenment moral philosophy with Evangelical religious principles.⁵ From the 1840s, the growth of non-Anglican denominations in Upper Canada made the future status of Anglicans less certain, particularly as large numbers of Catholics and Presbyterians arrived from the British Isles, and denominational divisions occurred in the larger Protestant churches in Britain and the United States. Methodism spread rapidly across the colony, and in

⁴ Gauvreau, *The Evangelical Century*, Chapter 1, pp. 13-56; Richard Turnbull, *Anglican and Evangelical?* (London: Continuum International Publishing Group, 2007), pp. 49-63; S. D. Clark, *Church and Sect in Canada*, (Toronto: University of Toronto Press, 1948), p. 174.

⁵ Gauvreau, *The Evangelical Century*, pp. 19-25, 49-53.

the 1840s Presbyterians splintered into Church of Scotland and Free Kirk divisions. The increasing tensions caused by Evangelicalism could also be seen through a number of Anglican High Church responses to church establishment such as protection of the clergy reserves, Tractarianism, and the objections of John Strachan and the Trinity College faculty to Low Church Evangelicals. By the 1850s, Evangelicalism had grown to such an extent that it was becoming the dominant characteristic defining Upper-Canadian Protestantism.⁶

Workman's religious beliefs fell within the broad parameters of Evangelical Protestantism; however, Unitarianism's strong application of Enlightenment principles meant his views were also very different from the Evangelicalism emerging from the larger denominational churches in British North America. Although Unitarianism had gained a widespread following in the eastern United States by the 1850s, and would later influence the sect's development in British North America, it was first established in the Canadas by the Workman family during the 1840s whose congregations in Montreal (1842) and Toronto (1845) were based on Irish anti-Calvinist "new light" philosophies. The Unitarian approach to Christianity was one of egalitarianism and rationality, and was premised on a universalist, anti-Trinitarian theology that emphasized social equality and responsibility for the welfare of others. Its focus on individuality, human reason, and freedom of choice meant followers were not required to

⁶ By the 1850s about 20-25 per cent of Upper Canadians were Methodist. In 1843, Presbyterian Evangelicals under the leadership of Thomas Chalmers had separated from the Church of Scotland to found the Scottish Free Church, a period referred to as the Scottish Disruption. Anglican Tractarians were followers of the Catholic revivalist Oxford Movement that had emerged in England in the 1840s advocating the primacy of the Eucharist and clerical authority, and initiating a revival of the Gothic style of church architecture. Discussions of these religious movements and changes may be found in: J.M.S. Careless, *Brown of the Globe, vol. I: The Voice of Upper Canada* (Toronto: The Macmillan Company of Canada Limited, 1959, 1966), p. 59; Clark, *Church and Sect in Canada*, pp. 262-72, 329-30; Gauvreau, *The Evangelical Century*, pp. 15-19; Gidney and Millar, *Professional Gentlemen*, pp. 108-118; Alan L. Hayes, *Anglicans in Canada: Controversies and Identity in Historical Perspective* (Chicago: University of Illinois Press, 2004), pp. 63-68; Elwood Jones, "Reaching Out for Two Hundred Years: Church Growth and Church Extension, 1780-1989" in *By Grace Co-Workers: Building the Anglican Diocese of Toronto, 1780-1989*, ed. Alan L. Hayes (Toronto: Anglican Book Centre, 1989), pp. 148-53; William Westfall, *Two Worlds: The Protestant Culture of Nineteenth-Century Ontario* (Kingston & Montreal: McGill-Queen's University Press, 1989), pp. 192-93.

subscribe to particular doctrines or Biblical interpretations, and there was a high tolerance for other religious faiths. In contrast to mainstream Evangelicals, Biblical reading was understood to be useful for developing social values to serve humanity, but not ultimately necessary for salvation. Weekly church attendance was desirable, but not mandatory, explaining why Workman did not feel pressured to attend the services of the First Unitarian Congregation during the busy early years of his asylum tenure, instead attending services held at the asylum by clergy from Toronto's mainstream denominations.⁷

Unitarianism's humanistic approach to religion and its emphasis on social equality meant the cultural views espoused by its adherents were not always well understood by mainstream Evangelicals; it may explain why, despite a twenty-year age difference, Workman's closest friend was fellow Unitarian Charles Clarke, an Elora merchant and journalist.⁸ Yet, in contrast to the Calvinist theology of the 1840s that emphasized human sin and depravity, it shared with mainstream Evangelicalism the idea of a personalized religious experience where any follower could achieve salvation through proper conduct and hard work for the moral benefit of society. Premised on a lived experience of Christian faith and tangible evidence of religious influences in daily life, the new Protestantism would alter secular ideas about social status, class, and public character. Rather than position, inheritance, or education, new ideals of character emphasized

⁷ Johnston, *The Father of Canadian Psychiatry*, p. 44. For a twentieth-century discussion of the tenets of Unitarianism see essays by Harry C. Meserve and Homer A. Jack in Harry B. Scholefield, ed. *A Pocket Guide to Unitarianism* (Boston: The Beacon Press, 1954), pp. 1-7, 21-30.

⁸ Charles Clarke (1826-1909) probably met Workman in the early 1850s when Clarke began publishing political articles under the pseudonym "Reformer" in reform journals such as the *Toronto Mirror* and *Dundas Warder*. As Unitarians, reformers, and merchants the two men had much in common, and formed a firm friendship that would last until Workman's death in 1894, despite a major falling out in 1881 over Clarke's second marriage. One of Workman's sons married one of Clarke's daughters, and Clarke's son Dr. Charles Kirk Clarke eventually became an asylum superintendent after being trained by Workman at the Toronto Asylum. *DCBO*, s.v. "Clarke, Charles" (by Kenneth C. Dewar), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=6632&interval=20&&PHPSESSID=h8ttdn1c0a2lmb357i68k634g4 (accessed January 21, 2011); Kenneth C. Dewar, *Charles Clarke, Pen and Ink Warrior* (Montreal & Kingston: McGill-Queen's University Press, 2002), pp. 153-56, 204-205; Johnston, *The Father of Canadian Psychiatry*, Appendix XII, pp. 170-71.

honesty, mannerliness, moral responsibility, and industriousness. For men, social worth was increasingly measured “with reference to two important standards: a happy and well-functioning domestic circle and respectable personal deportment.” A man’s primary household role as breadwinner helped to shape his public image by demonstrating responsibility and a commitment to hard work, which was seen as more important than the type of labour actually performed.⁹ In this emergent Victorian social code, a man’s occupational status no longer necessarily enhanced his identity as a gentleman; behaviour was becoming equally important and alone could be a sufficient determinant of his right to social prominence. As B. Anne Wood has noted, in contrast to Georgian ideals of status and leisure activities, “[w]ork...now became the proving ground of moral worth.”¹⁰

This moral valuation of work and industriousness would become a defining feature of Victorian culture in the latter half of the nineteenth century. Although only emerging in the 1850s, its ramifications were immediately apparent through perceptions of moral character, social class, and changing attitudes towards the professions. The social value of occupations began to be more broadly conceived than it had been in past decades. Whereas law, medicine, and the ministry had been the most revered occupations in the 1840s, “[i]n the 1850s and 1860s, all kinds of work were equally laudatory and moral.”¹¹ As indicated by the frequency of occupational dualism, independence had previously been the mark of status for men of the entrepreneurial class. While the firmly entrenched Georgian social order ultimately caused class structures to persist in Upper Canada through the 1850s, beginning in that decade, particular forms of salaried

⁹ Andrew C. Holman, *A Sense of Their Duty: Middle-Class Formation in Victorian Ontario Towns*, (Montreal and Kingston: McGill-Queen’s University Press, 2000), pp. 150-60.

¹⁰ B. Anne Wood, *Evangelical Balance Sheet: Character, Family, and Business in Mid-Victorian Nova Scotia* (Waterloo, ON: Wilfrid Laurier University Press, 2006), p. 47.

¹¹ Holman, *A Sense of Their Duty*, p. 22.

and waged employment gained greater respectability and were accepted as middle-class occupations.¹² The Civil Service Act of 1857 was one indication of this shift since it attempted to define and regulate policies governing hiring, salary, and promotion for various government employees. As Michael Piva's analysis of service applicants demonstrates, salaried government employment became a desirable alternative occupation for many professionals and businessmen during periods of economic uncertainty when their primary career became financially unreliable.¹³

As the population increased and a new generation of native-born Canadians sought entry into the expanding ranks of the emerging middle class, Georgian ideas of professionalism came under attack, and it became increasingly difficult for learned professions to maintain a closed status. Medicine became an increasingly popular choice of occupation during the 1850s and 1860s, and Upper Canada's population growth alone could not account for the significant increase in newly licensed doctors.¹⁴ This flood of practitioners created unease in the medical profession since the number of potential patients in the colony could not match this increase and there were few opportunities to work in institutional settings. Adding to the tension over the availability of work, cultural doctrines of free trade brought objections to all forms of monopolies, including the professions. Reformers believed professions represented the most basic, long-standing examples of monopolies, "bre[eding] inefficiency and corruption, mask[ing]

¹² Katz, *The People of Hamilton*, pp. 92-93.

¹³ Michael J. Piva, "Getting Hired: The Civil Service Act of 1857", *Journal of the Canadian Historical Association*, vol. 3 (1992), pp. 96, 108-09.

¹⁴ By 1851 the number of licentiates had tripled from 1840 and would more than double over the next twenty years. R. D. Gidney and W. P. J. Millar, *Professional Gentlemen: The Professions in Nineteenth-Century Ontario* (Toronto: University of Toronto Press, 1994), pp. 55, 85.

incompetence, and pitt[ing] the private interest of a class against the public good.”¹⁵ This promotion of free enterprise incited growing political support for the legalization of homeopathy and eclecticism in the 1850s, and an unwillingness in the legislature to concede to regular physicians’ requests for a self-regulating body to control medical education and licensing.¹⁶ The perceived infringement of a variety of new practitioners on Georgian physicians’ occupational terrain “heightened regular practitioners’ awareness of their group identity and its rooting in allegiance to a shared tradition.”¹⁷ In Toronto, however, such group cohesiveness at the “macro level” was complicated by the pre-existing tensions between the physicians at Trinity College and the Toronto School of Medicine, which could only have hindered efforts to advocate for a unified self-regulatory body (Appendix 1).

The overall expansion of the middle class to include a wide range of “professionals” and white-collar employees, had the effect of raising cultural questions about character and proper gentlemanly conduct. Professional men of the Georgian period were proud of their independent social identity and were not necessarily happy to be associated with men who were not “regularly” educated and who, as employees, were dependent on an external source for financial sustainability. Certainly the new Evangelicalism advanced the idea that a man’s behaviour should be “moral”, but it remained unclear how such morality would be defined. Without clear answers, through 1850s definitions of proper masculinity and “gentlemanly” character were

¹⁵ Ibid., p. 50.

¹⁶ Provincial acts giving legal recognition to homeopathy and eclecticism were passed in 1859 and 1861, but regulars had no success until the passing of the 1865 Medical Act, a compromise by which alternative practices remained legal, but established a Medical Council for the doctors’ control of education and medical registration. Gidney and Millar, *Professional Gentlemen*, pp. 58-59, 87; Ronald Hamowy, *Canadian Medicine: A Study in Restricted Entry* (Vancouver: Fraser Institute, 1984), pp. 65-66, 68-69.

¹⁷ John Harley Warner, “Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine”, in W. F. Bynum and Roy Porter, eds., *Medical Fringe and Medical Orthodoxy, 1750-1850* (London: Croom Helm, 1987), p. 241; Gidney and Millar, *Professional Gentlemen*, pp. 55-56.

“negotiated locally, face to face,” influenced by the particular occupational, economic, and political identities of the individuals involved.¹⁸ Serving as the provincial capital for four years during the decade, Toronto’s growing population and geographic location between western Clear Grit and eastern Tory sections of the colony placed it at the centre of these cultural debates (Appendix 3). In the throes of political and professional competition, such “negotiations” were hotly debated in the city, often evolving into explosive arguments between two or more individuals. The confrontations between Joseph Workman, George Brown, and the Trinity medical faculty took place both “face to face” and in the press, turning into heated arguments that drew the participation of other Upper Canadian professionals and politicians. They illustrated the various understandings of professionalism, public character, gentlemanliness, and proper moral behaviour present in mid-1850s Toronto complicating the beginning of Workman’s asylum career. The attention these disputes attracted in Toronto demonstrated the extensive professional and public interest in discussions of public character.

Upper Canadian Political Realignments, 1852-1854

Questions about public character were not limited to arguments between individual men. They also altered Upper Canadian politics, initially creating discord in the Legislative Assembly that allowed criticisms of Workman to flourish, but would eventually resolve into legislative support for his professional and administrative leadership at the asylum. As Andrew Holman has discussed, through the 1850s the emphasis on industriousness and character created an electoral discourse based on performance and respectability, rather than wealth or rank, giving “middle class” professionals and merchants the most credible claims to political leadership. The result was a gradual infusion of new Victorian liberal values into both the provincial Legislative

¹⁸ Holman, *A Sense of Their Duty*, p. 160.

Assembly and municipal governments, creating a series of political realignments throughout the decade.¹⁹ During the 1850s the Tory stronghold which had been sustained through most of the 1840s gave way with some resistance to a new form of democratic liberalism, partly signified by the gradual replacement of the term “Tory” with “Conservative”.²⁰ This “‘historic compromise’ of reconstructed Tories and ‘reformed’ radicals”, which Ian McKay sees as an “arresting moment” in the framing of Canada’s liberal order, would redefine Upper Canadian politics and state development over the next two decades.²¹ Of particular importance to Joseph Workman was the political rise of moderate Tory John A. Macdonald, who became Attorney General in 1854 and leader of the Upper Canadian Conservatives in 1856. Macdonald’s appreciation of Workman’s skills and his own virulent dislike for George Brown, who was unofficially leading the reform opposition, brought much-needed support for the medical superintendent both administratively and legally.

At the time of Workman’s permanent appointment in April 1854, however, further asylum reform and professional development seemed unlikely. Dissatisfaction with the Hincks-Morin ministry permeated the Legislative Assembly, causing divisions within and between party groups and along French-English cultural lines. Although the Clear Grits had bargained with Hincks in 1851 for representation in the Executive Council, by 1854 most Grits felt that the presence of Rolph and Cameron had been largely ineffectual at promoting electoral reform, church voluntarism, and quelling French-Canadian dominance in the legislature. William

¹⁹ Ibid., pp. 101-02.

²⁰ Reflecting the transitional politics of the 1850s, in this chapter the terms “Tory” and “conservative” are used somewhat interchangeably, although “Tory” will generally refer to men adhering to Georgian political and cultural values.

²¹ Ian McKay, “The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History” *Canadian Historical Review*. Vol. 81, no. 4 (December 2000), p. 632.

McDougall who had negotiated the original coalition with Francis Hincks now believed Rolph should never have been assigned the council seat since his character and interests were “unsuited to the age of railway promotion”, and he was now proving to be “politically dead”.²² Evidently, the unification of young idealists with old radicals that had given the Grits their initial strength was no longer meeting the ambitions of the younger members of the former group, particularly as Independent George Brown now presented arguments that better reflected Grit visions.²³

Confidence in the administration was no better among the Tories who also experienced internal divisions over issues such as the support of French-Canadian interests and voluntarism, although they remained more united than the Grits. Led by Compact-era stalwart Sir Allan MacNab, they were increasingly influenced by the more progressive and moderate views of John A. Macdonald who was predicted to be MacNab’s successor as leader. The Tories had detested the brokered alliance between the Hincksites and Grits since its inception in 1851. Not only had Rolph’s influence resulted in the hated 1853 university bill, but the Grits continued to press for secularization of the clergy reserves.²⁴ In September 1852 Macdonald had spoken at length in the assembly on the reserve question. Although he was more in favour of an equal sharing of reserve funds among Protestant churches than some of his Tory colleagues, he argued that the current division “was a moderate, reasonable settlement of the problem.”²⁵ Macdonald believed

²² Dewar, *Charles Clarke, Pen and Ink Warrior*, pp. 103-104.

²³ Careless, *Brown of the Globe*, pp. 181-82; Donald Creighton, *John A. Macdonald: The Young Politician* (Toronto: The MacMillan Company of Canada Ltd., 1956), p. 191.

²⁴ Creighton, *John A. Macdonald*, pp. 182, 185, 212. In 1850 the British Whig government of Lord John Russell had decided to repeal the imperial act of 1840 and allow the colony to manage the reserve endowment; however, before the repeal occurred, Russell’s government was defeated. The next Tory government of Lord Derby refused to act on the proposed repeal. This refusal angered many Upper Canadians who wanted reserve policies to be reformed, whether through complete abolishment or a more equitable sharing of funds among the various Protestant churches.

²⁵ *Ibid.*, 185.

the ongoing resuscitation of the reserve question served only to keep the government in an uproar. Indeed, between 1852 and 1854 when the reserves were finally secularized, the Hincks-Morin government vacillated continuously over the issue. Hincks claimed to be in favour of secularizing the reserves, but took no action towards meeting this end. Further, he continued to support the funding of Catholic institutions in Lower Canada, contradicting his anti-establishment claims. Hincks' political strategy was one aimed at appeasing French Canadians in order to retain Lower Canadian support, which his ministry needed to survive.²⁶ Thus, almost from the outset of their administration, the Hincks-Morin government was politically weak with minimal support for their policies from the Upper-Canadian half of the assembly.

Making matters worse, in 1853 it was revealed that Hincks, while premier, had been involved in a financial scandal with Toronto Mayor John Bowes. Using his position as inspector general (finance minister), he had cooperated with Bowes to arrange the refunding of Toronto's civic debt. The two men quietly purchased old City of Toronto debentures for £40,000 and, enabled by the terms of the new financing act promoted by Hincks in the legislature, exchanged them for £50,000 bonds. In what became known as the "£10,000 job", the deal brought them a large personal profit. When a chancery suit by the City of Toronto against Mayor Bowes revealed Hincks' involvement in the scheme, opposition groups in the Legislative Assembly were outraged. The scandal only served to confirm to the internally divided Grit and Conservative factions that Hincks and his government must go. By the opening of the next parliament in June 1854 the government was in total disarray; Hincks' refusal to address the major political concerns of the clergy reserves and seigneurial tenure led first to a prorogation of

²⁶ Careless, *Brown of the Globe*, pp. 185-86.

parliament and subsequently to the defeat of his government in early September, after which Hincks resigned as premier.²⁷

Following this sudden dissolution of parliament, Governor General Elgin called on Sir Allan MacNab, as leader of the opposition, to form a government. To the horror of the Grits and George Brown, MacNab formed an alliance with the Hincksite reformers in what was the first instance of a liberal-conservative coalition.²⁸ In 1854, however, given the pre-existing divisions within the various political factions, it was hardly an alliance whose members were united by common visions. The Conservatives' main task at the beginning of the next session was to prove that the new coalition was not "a factious combination of office-hungry politicians, but a real union, based on a substantial identity of views". John A. Macdonald, appointed attorney general in the new executive, envisioned the future formation of a large middle party that would absorb the majority of reformers, excluding only a few radical Clear Grits and Lower-Canadian *Rouges*. Such a party would correct the divisions that were hampering proper operation of the parliamentary system.²⁹

Joseph Workman, Public Character, and a Divided Profession: The Eliza Ward Case

Legislative Assembly members were not the only group of men experiencing this type of political discontent. Grit/Conservative divisions similarly fractured the Toronto medical profession as Rolph's Toronto School of Medicine (TSM) competed with Trinity College for control of medical education in the city. The increased demand for entry into medicine altered medical education and licensing as more proprietary schools opened and became authorized to

²⁷ Ibid., p. 181, 192.

²⁸ Ibid., pp. 192-93; Creighton, *John A. Macdonald*, pp. 206-07.

²⁹ Creighton, *John A. Macdonald*, pp. 180, 192, 209-210.

award degrees. A majority of the new entrants were Canadian-born and, unlike their predecessors, did not view British credentials as inherently superior to a colonial medical education. Given these circumstances, the attempts by Trinity physicians to sustain a monopoly over regular medicine were no longer practical.³⁰ In 1854 the TSM, incorporated three years earlier, became able to award medical degrees when it affiliated with Cobourg's Victoria College. While the Medical Board of Upper Canada (MBUC) continued to approve licenses for non-degreed applicants, TSM graduates were now part of the group exempted from sitting its licensing examinations. It gave the school an enhanced status that severed Trinity's final monopoly hold over medical education and licensing in Toronto, exacerbating the already strained relationships between the faculties of the two schools.

The divisions among Toronto doctors, however, extended well beyond competition over education and licensing. They were driven by contrasting religious and political ideologies existing throughout Upper Canada, which had been institutionalized in the colony's religious colleges. Rolph's decision to affiliate the TSM with Victoria College increased tensions with Trinity College's physicians by positioning Victoria's Methodist Evangelical voluntaristic creed against Trinity's High Church Anglican tradition of order and establishment. Applying William Westfall's model of the religious shifts in mid-nineteenth-century Upper Canada, the two medical schools represented an institutional collision of the "two worlds" of Anglicanism and Methodism.³¹ For the Trinity College physicians cultured in the Georgian tradition, the TSM's

³⁰ Gidney and Millar, *Professional Gentlemen*, pp. 85-87.

³¹ Westfall, *Two Worlds*, p. 45. Westfall's discussion of religion in Ontario is largely framed around this binary opposition and the alterations in Anglicanism and Methodism during the nineteenth century. While this structure is useful for the discussion of Trinity and Victoria Colleges here, it must be noted that the Anglicans and Methodists were not the only Protestant denominations influencing and affected by the evangelical cultural shift. Presbyterians also divided in the 1840s as the Free Kirk group broke with the Church of Scotland, and other dissenting groups such as Baptists and Congregationalists also grew in numbers around mid-century.

incorporation as a degree-granting medical school and affiliation with Victoria College threatened the social atmosphere and privileges to which they had become accustomed. As it became clear that the old professional order was ending, hostility towards Rolph and his TSM colleagues increased. Tensions ran high in Toronto where political divisions were particularly strong. Arguments between the city's doctors became infamous as professional medical journals across British North America published accounts of their numerous personal conflicts.

Workman found himself caught up in this “professional dudgeon” in the winter of 1855 after he composed a letter to Toronto Magistrate George Gurnett about asylum patient Eliza Ward.³² Ward was a homeless woman who first came to the asylum in early 1854 on an insanity certificate. Public admission to the asylum required the individual to be examined by three city-appointed physicians who, in the case of a positive assessment, would sign a certificate of insanity for which each doctor earned \$2.00.³³ In 1854 these appointed examiners included Trinity faculty members Drs. William Hallowell, John King, and Cornelius Philbrick. Although the three men declared Eliza Ward to be insane, Workman soon suspected her to be an “imposter” who feigned symptoms to access food and shelter; as such, he discharged her, sending her by steamer to Hamilton. In June Ward reappeared in Toronto and, apparently again wanting care in the asylum, engaged in public mischief and got herself arrested by the police, who then sent her to be reevaluated by King, Hallowell, and Philbrick. Declared insane once more, possibly due to morally transgressive behaviour, Ward arrived back at the asylum on June 20. Although Workman remained convinced she was not insane, this time he decided to keep

³² “Professional Dudgeon in Toronto”, *The Medical Chronicle*, vol. 2, no. 10 (March 1855), pp. 413-14.

³³ The dollar was not formally adopted as the currency of account until 1858, as part of the financial restructuring policies of the late 1850s. Although the Halifax standard was the official currency prior to 1858, various forms of money circulated throughout the province. See McCalla, *Planting the Province*, Appendix A, p. 245; Michael J. Piva, *The Borrowing Process: Public Finance in the Province of Canada, 1840-1867* (Ottawa: University of Ottawa Press, 1992), p. 129.

her at the institution and employed her in the kitchens. For reasons that are unclear, but seem to have been related to overcrowding, in January 1855 Workman discharged her with \$4.00 support until she found a job as a servant. Before Ward left the asylum, however, Workman wrote a private letter to George Gurnett, the city court judge, advising him that she would likely appear in court again soon, and warning him that certificate or no certificate, there was no place for her at the asylum. In the letter he identified Drs. King, Hallowell, and Philbrick as lacking proper “psychological knowledge” to diagnose insanity, and further commented that: “Truly it is not difficult in Toronto to obtain certificates of insanity. In justice to the medical examiners, I would suggest that their payment be no longer contingent on an affirmative decision.”³⁴

As Workman predicted, Eliza Ward did reappear in Gurnett’s court, and not knowing what else to do in light of the letter, Gurnett discharged her with instructions to the chief of police not to arrest her again, unless for a specific offence. Although nothing further occurred with Ward specifically, her reappearance in court resulted in the incident being published along with Workman’s letter to Gurnett in the *Globe*’s “Police Intelligence” section on January 29. The letter was undoubtedly submitted to the *Globe* by Gurnett, a former Tory who probably wished to showcase Workman’s remarks about the Trinity doctors as evidence of a lack of professionalism; although the newspaper was now managed by Gordon Brown, George’s brother, he was probably happy to publish the letter which only illustrated George Brown’s negative views of the medical superintendent.³⁵ As expected, Hallowell, King, and Philbrick

³⁴ *The Globe*, 29 January 1855.

³⁵ *Ibid.* *DCBO*, s.v. “Gurnett, George” (by Frederick H. Armstrong), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4473&interval=20&&PHPSESSID=j1pjqa3h2tf63c7h4d4mvuje0 (accessed July 1, 2011). It is not clear why Workman would have phrased his comments about the Trinity faculty in the manner he did, since he must have know that George Gurnett was likely to support Hallowell, King, and Philbrick. Although he may have acted with some intention of starting an argument, it is just as possible that his firm conviction to always speak his mind and be truthful and honest in his views (which he believed were correct) was such that he did not worry about the outcome of his remarks.

were outraged at Workman's comments and sought revenge. Hallowell composed a scathing response that appeared in the February 1 *Globe*, which was followed by a meeting the next evening of at least seventeen physicians in Russell's Hotel to discuss Workman's competency and professional conduct.³⁶

It was Workman's decision to allow Ward to remain in the institution for seven months that brought his competency as a physician and an administrator into question. His opponents argued that in admitting Ward while believing her to be sane, he both took advantage of her by forcing her to work as an unpaid servant, and converted "a charitable institution into a common gaol" for custodial vagrants. In reality, Workman's decision was likely founded on a desire to help Ward, and the next few years at the asylum would reveal his firm belief that access to long-term care in custodial welfare institutions was a need existing in all classes of society. His Unitarian-influenced vision of medical and welfare reform represented a social Christianity that in 1855 was more radical than the views of most Upper Canadians. Like the majority of the colonial public, the Trinity doctors distinguished between the "deserving" and "undeserving" poor; Dr. Hallowell argued Ward's admittance gave "a wretch the comfortable shelter and wholesome sustenance from which, for want of room, some more worthy object has been debarred". To Hallowell and his associates, Workman's decision to admit Ward indicated he was either too inexperienced to realize Ward was truly insane, or that he had breached professional ethics by admitting a homeless vagrant to a government-funded charity through some "mawkish affectation of zeal for public welfare". Whichever the case, in the opinion of the Trinity group, Workman was proving to be an incompetent medical superintendent.³⁷

³⁶ *The Globe*, 1 February 1855; "Professional Dudgeon in Toronto", pp. 413-14.

³⁷ *The Globe*, 1 February 1855.

Worse than the medical superintendent's perceived error in judgment about Eliza Ward, however, were his criticisms of Drs. Hallowell, King, and Philbrick. Workman's concern about the certificate payments being limited to affirmative insanity diagnoses was a professionally legitimate one, and his questioning of this policy "in justice to the medical examiners" suggests he wanted to ensure any evaluating doctor would be reimbursed regardless of the diagnosis. Yet Hallowell did not see it this way, and took great offense at the suggestion that he, King, and Philbrick lacked "psychological knowledge" and would sign an insanity certificate merely to earn \$2.00.³⁸ He also interpreted Workman's factual statements about their lack of long-term interaction with insane patients as accusatory insults. Believing Workman was "utterly devoid of candour" and "destitute of those common courtesies which professional etiquette enjoins", Hallowell wrote:

[L]eaving [the testimony] of my worthy and learned confreres Drs. King and Philbrick to be placed in the balance against Dr. Workman's, it is not difficult to predicate which would kick the beam; but as the member of an honorable profession, I cannot stand passively by and see it rudely assailed by *one* who has rendered his own position in it anything but an enviable one.³⁹

The emphasis on the word "one" suggests Hallowell believed Workman's behaviour was sufficient grounds for exclusion from membership in the "honorable profession". This opinion was reinforced at the Russell's Hotel meeting when Hallowell's supporters formed a committee to prepare a memorial to the governor general, requesting the appointment of a commission to investigate the asylum's management.⁴⁰

This professional reaction was hardly surprising. However true Workman's statements may have been, aspects of his personality aggravated many physicians, exacerbating negative

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ "Professional Dudgeon in Toronto", p. 414.

opinions of him as a professional. His strong religious faith led him to regard the asylum appointment as a divine mission. Workman's annual asylum reports and private correspondence from the 1850s reveal a habit of preaching and proselytizing. For example, frustrated with government inaction over asylum overcrowding, in 1857 he would criticize the Legislative Assembly using Gospel references to the "Judgement of the Nations" passage from Matthew 25:⁴¹

If we had a single man in the legislature who had ever studied the subject of insanity, & insane Hospitals before to-day this house would have been completed— What sort of an account can any of you give at the bar of Heaven for your wilful ignorance, and woeful negligence?— "Depart from me, ye cursed"— "I was sick, and in prison"— His little ones are here - mixed up - clean & unclean - gentle & violent. Verily I say unto you, you will all have your reward. Amen.⁴²

Workman specifically used verses 41 and 43 (where Jesus condemns amoral behaviour) to identify the assembly's indifference as a sin or, as he stated in an earlier 1856 asylum report, as a "heinous offense against the...Divine Ruler of the world."⁴³ His use of the phrases "His little ones" and "Verily I say unto you" (v. 40, 45) show a genuine Christian paternalistic regard for the asylum's patients, but also suggest he saw himself as Jesus' representative or equal at the

⁴¹ Matthew 25: 31-46. In this allegory Jesus separates the nations "as a shepherd divideth his sheep from the goats" (v. 42), with the righteous 'sheep' at his right hand and the amoral 'goats' at his left. While the sheep are promised eternal life as a reward for their earthly service and care of fellow men, the goats are sentenced to everlasting punishment. See "Bible Tools", Matthew 25: 31-46 (King James version) <http://www.bibletools.org/index.cfm/fuseaction/Bible.show/sVerseID/24040/eVerseID/24049> (accessed July 8, 2010).

⁴² Archives of Ontario (hereafter AO), Mackenzie-Lindsey Family Fonds, F 37 (hereafter MLFF), Workman to Mackenzie, 19 March 1857.

⁴³ *41 Then shall he say also unto them on the left hand, Depart from me, ye cursed, into everlasting fire, prepared for the devil and his angels / 43 I was a stranger, and ye took me not in: naked, and ye clothed me not: sick, and in prison, and ye visited me not.* "Bible Tools", Matthew 25: 31-46; *AJLAPC*, 1856, Appendix No. 2., p. 2, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 18 February 1856.

asylum.⁴⁴ For a Unitarian this self-conceptualization was less doctrinally problematic given the sect's rejection of the Trinity and understanding of Jesus as a moral and righteous human, rather than the Son of God. Many Christians, however, would have viewed his statements as irreverent. With regard to the Eliza Ward case, Workman again expressed feeling "at ease" about his professional reputation because he "still...[had] support from Him whose eye beholdeth the darkness as well as the light."⁴⁵

Religious views aside, George Brown and many of his medical colleagues undoubtedly found this moralizing and self-aggrandizement insufferable. Workman's social status in Toronto was no higher than theirs, and his sermonizing was ironically contradicted by a quick temper and stubborn vengefulness unbecoming of a supposedly Christian professional gentleman. Workman frequently displayed intolerance and frustration with people through inflammatory and flippant remarks. Known to be "irascible in temper" he apparently used phrases such as "lying rascal" and "dirty villain" to refer to asylum staff when in the heat of an argument. Sarcasm was his most favourite defensive tool, which he virtually turned into an art in conversation and correspondence with peers and colleagues. On one occasion Workman referred to a nurse caught beating patients as an "old servant of Brown & a free Kirk saint". He frequently expressed his hatred for politics to William Lyon Mackenzie, noting in 1855 that the one thing he knew about politics was that it caused "insanity...to be on the increase in Quebec". This frequent use of sarcasm meant his legitimate public insights and comments were often not taken seriously since

⁴⁴ 40 *And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me* / 45 *Then shall he answer them, saying, Verily I say unto you, Inasmuch as ye did it not to one of the least of these, ye did it not to me.* "Bible Tools", Matthew 25: 31-46.

⁴⁵ AO, MLFF, Workman to Mackenzie, 8 March 1855.

colleagues did not trust his sincerity or intentions. Instead, his flippant tone and reputation for making caustic remarks meant professional opponents viewed him as rude and unprofessional.⁴⁶

With these personality traits serving as background to the Ward case, it is little wonder many Toronto physicians took issue with Workman's professionalism. Nothing apparently came of the Trinity doctors' request for a commission; however, the case drew widespread attention to the conflicts among Toronto's doctors. The Montreal *Medical Chronicle's* editors noted that the Ward case had brought jealousies and fears to the fore, "setting folks together by the ears"; subsequent disagreements over hospital access and malpractice accusations between other TSM and Trinity affiliates later in 1855 were further illustrations of the crumbling edifice of Georgian professionalism at mid-century.⁴⁷ Unique to the Eliza Ward case, however, were the sharply conflicting attitudes about proper collegial behaviour and expected allegiances to the medical profession as an institution. Workman's remarks to Gurnett suggested that he did not see collegial loyalty as a professional requirement, but rather as an outdated concept that could impede patient welfare. Adhering to Georgian traditions, doctors like Hallowell, King, and Philbrick took offense at this disregard for long-established traditions and Workman's attitude of moral and medical superiority over his professional peers.

Applying Frederic W. Hafferty and Brian Castellani's typology of medical professionalism, Workman's disputes with the Trinity doctors may be understood as a social relations conflict at the "meso level" between values of "entrepreneurial" and "nostalgic" professionalism, and those of "activist" professionalism (Appendices 1, 2). The former type,

⁴⁶ *The Globe*, 25 April 1857; AO, MLFF, Workman to Mackenzie, 2 March 1857 & 31 March 1855.

⁴⁷ "Professional Dudgeon in Toronto", p. 413; "Coroner's Inquest on the Body of Job Broom" and "Another Inquest at Toronto", *The Medical Chronicle*, vol. 3, no. 4 (September 1855), p. 149-150, 155-56; Jacalyn Duffin, "In View of the Body of Job Broom: A Glimpse of the Medical Knowledge and Practice of John Rolph", *Canadian Bulletin of Medical History*, vol. 7, no. 1 (1990), pp. 9-30; Gidney and Millar, *Professional Gentlemen*, p. 49.

emphasizing professional dominance, technical competence, interpersonal relations, and personal morality reflected the Trinity physicians' concerns about Workman's insufficient qualifications, experience, and questionable professional conduct. Although professional ambitions and personal security motivated Workman's interest in asylum work, he assumed and publicly presented activist orientation, which Hafferty and Castellani associate with altruism and social justice. He believed the world outside the asylum was corrupted by individual interests and political agendas, and did not seem to regard his own professional ambitions as contributing to this supposed corruption. In Workman's mind, the significance of his professional interests was outweighed by his compassionate regard for the insane; he took it as his Christian duty to care and advocate for his asylum patients whom he valued as unique individuals. Adopting a paternal role, he told Mackenzie: "I love my patients – and they love me – they are honest, truthful, grateful...". Similarly in an 1858 government report he proclaimed: "To live among this insane is but to be irresistibly constrained to pity and to love them; and when this bond is established between the physician and his confiding family, the task of government becomes, so far as *they* are concerned, a labour of inconceivable pleasure." According to Workman, patient care and advocating for quality welfare services was of greater importance to him than specific medical qualifications, personal advancement, or interactions with other physicians. He was targeted by other doctors as un-gentlemanly and unprofessional because, whatever his public persona, his professional ambitions were highly obvious, and also because he frequently implied his morals were superior to other physicians.⁴⁸

⁴⁸ Frederic W. Hafferty and Brian Castellani, "The Increasing Complexities of Professionalism", *Academic Medicine*, 85, no. 2 (February 2010), p. 295; AO, MLFF, Workman to Mackenzie, 2 March 1857; *AJLAPC*, 1858, Appendix No. 9, p. 8, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...".

Workman did not immediately seek revenge for his medical colleagues' latest attempt to oust him from the asylum and discredit him professionally. Yet he acknowledged to William Lyon Mackenzie that he was not ignoring it, but simply waiting for an appropriate time to begin a counter-attack:

I am about to open negotiations with [illegible] and see what I can do towards healing my wounded honour from the exhibition of the damsel what made donkeys of the Toronto ten. Inquiry they have prayed for. O! By the powers they shall have it whether government orders it or not – I have them on the hip: and I shall smite them, hip and thigh but “I bide my time”. When I draw the sword I shall throw away the scabbard. They have wakened up the wrong man.⁴⁹

Mackenzie's daughter Barbara was a patient at the asylum, and the two men corresponded frequently about her condition and the asylum's administration. Workman found a sympathetic ear in Mackenzie, for he had been an enemy of the Tories for many years and had held the assembly seat for Haldimand since 1852; although he had significantly less political power than in the 1830s, he was able to use his seat to advocate for asylum improvements. Although Mackenzie had a history as a “bad boy” in Toronto, Workman expressed a “kindred regard” for the old radical, telling him: “I have seen in your writings & other mental phenomena a great many things so like my own vagaries, as to make me feel not altogether dissatisfied with myself as being the only human incongruity in this region.”⁵⁰ For these reasons, Workman probably felt comfortable airing his grievances to Mackenzie, feeling he had an ally who would understand his unique worldview, the strength of his anger towards Brown and the Trinity physicians, and also his stubborn determination to prove himself in the right.

⁴⁹ AO, MLFF, Workman to Mackenzie, 8 March 1855. An 1854-55 faculty list for Trinity's medical school names nine lecturers with King's name omitted, clarifying that Workman's “ten” were the Trinity physicians. The majority of these men attended the Russell's Hotel meeting. See “Trinity College, Faculty of Medicine”, *The Canadian Ecclesiastical Gazette*, vol. 1, no. 6 (June 1854), p. 56 and “Professional Dudgeon in Toronto”, p. 414.

⁵⁰ AO, MLFF, Workman to Mackenzie, 1 December 1855, cited in Chris Raible, ““Your Daughter & I Are Not Likely to Quarrel”: Notes on a Dispute between Joseph Workman and William Lyon Mackenzie”, *Canadian Bulletin of Medical History*, vol. 11, no. 2 (1994), p. 394.

The decision to “bide his time” was sensible given Workman’s short-temperedness, sarcasm, and self-acknowledged tendency to act rashly.⁵¹ With self-control now emerging as the “golden rule” of middle-class deportment, indications of anger or jealousy had to be suppressed in order to preserve one’s professional reputation.⁵² By 1855 Workman had to be particularly cautious since his personal clashes with Brown were becoming well-known. The disputes over his permanent asylum appointment had not been their only prior confrontation. Exactly one year before the Ward scandal, Workman and Brown got into a heated “face to face” argument at the *Globe*’s King Street headquarters. The newspaper had printed an article about the TSM that Workman believed was libellous, prompting him to send a correction notice to the *Globe*. When it did not appear, he went in person to the *Globe*’s offices, later recalling:

Brown told me he would not insert it. I asked him to return me the communication. He refused. I asked him, by what right he refused. He said the paper once in his hands was no longer mine, but his, and he would keep it. I said it was sent him for insertion in his columns; and when he refused this he should return to me my paper. He precipitously and bullingly reiterated his refusal. I said “Mr. Brown – shall I tell you my opinion as to your refusal to insert my letter” – He said what is it? I replied, you dare not”. What said he – I dare not! No said I, you dare not publish that which would expose your own falsehood – Good morning Mr. Brown – you are a gentleman!”⁵³

The childish deterioration of this argument from a disagreement about the TSM’s character to one about a piece of paper would have done little to improve either man’s professional reputation. Yet while Brown antagonized Workman, it was Workman who lost his temper, hurling empty threats and insults. His final “gentleman” comment was clearly meant sarcastically, but was steeped in irony since by making the statement Workman at that moment

⁵¹ AO, MLFF, Workman to Mackenzie, 2 March 1857. In this letter Workman describes himself as “rash” and Mackenzie as “hot-brained”, comparing their similar temperament.

⁵² Holman, *A Sense of Their Duty*, p. 163.

⁵³ AO, MLFF, Workman to Mackenzie, 2 March 1857.

probably appeared less gentlemanly than Brown. His remarks hardly reflected the morally upright character he wished to portray.

Making such statements to Brown was particularly risky since by the mid-1850s Brown wielded much power as a provincial politician and journalist. Known as a great and lengthy orator, at the time of the Eliza Ward incident, Brown was the dominant voice of Upper Canadian reform in the legislature and would soon emerge as leader of the Clear Grits. Having taken advantage of new technologies, in the early 1850s Brown had turned the *Globe* into a mass publication with daily, tri-weekly, and weekly editions that together garnered it the largest circulation of any paper in the colony. Already popular due to its wide-ranging content and dramatic reporting, by August 1855 its readership expanded further when Brown purchased his two former rival journals, the *Grit North American* and the *Examiner*, along with their subscription lists.⁵⁴ This combined political and journalistic power gave Brown the upper hand in the arguments with Workman, particularly since lunatic asylums were a sensational topic that would draw public scrutiny to Workman as a new administrator and insanity physician.

Already having raised the Trinity physicians' ire, Brown's journalistic campaign to blacken Workman's professional reputation through the Ward case also had some success in the Legislative Assembly during a discussion about the asylum's administration and funding. Brown would have known that some of his fellow assemblymen would react to the articles. With their numbers dwindling, and the traditions of their former society now constantly under siege, Tory politicians were quick to support colleagues such as King, Hollowell, and Philbrick, and defend the traditions of Georgian professionalism. Yet, the debate revealed that Brown's efforts might not bring the result he wanted. By 1855 only a small number of politicians were

⁵⁴ Careless, *Brown of the Globe*, pp. 177-79, 201; Paul Rutherford, *A Victorian Authority: The Daily Press in Late Nineteenth-Century Canada* (Toronto: University of Toronto Press, 1982), pp. 40-42.

openly hostile to Workman. While the Ward case was used by certain Tories as a weapon against the medical superintendent, the majority of reformers and moderate Conservatives viewed Workman as a capable administrator.

Questioning the Toronto Asylum's Financing and Administration, 1855

By the mid-1850s expenditures on the asylum's upgrading and maintenance were exceeding the expectations of many politicians. Confusion about its funding had first developed when the Baldwin-Lafontaine administration had introduced a series of fiscal reorganization policies in the late 1840s and early 1850s aimed at generating revenue and alleviating the provincial debt. The Municipal Corporation Act (1849) had been the first piece of legislation that brought the Toronto asylum's funding into question because of the jurisdictional changes it introduced and the questions it raised as to whether local or provincial money should be used for welfare institutions.⁵⁵ Asylum support became even less clear in 1850 when legislation was introduced that reduced the provincial asylum tax from 1/8 "of a penny in the pound" to 1/16, with revenue from the tax to be applied first to payment of interest on asylum debentures; the remainder was to go to defraying costs of maintaining the asylum and other public buildings, as well as the establishment of a Sinking Fund for paying the principal of asylum debentures.⁵⁶

The reduction in the asylum tax reflected the healthy state of the provincial purse at the beginning of the 1850s. The rapid increase in population and trade had ensured that throughout the 1840s the fiscal position of the province remained strong with revenue remaining in excess of

⁵⁵ *PSC*, 1849, cap. 81, pp. 453-537, "An Act to Provide, by one general law, for the erection of Municipal Corporations, and the establishment of Regulation of Police, in and for the several Counties, Cities, Towns, Townships and Villages in Upper Canada", 30 May 1849.

⁵⁶ *SUCU*, vol. 1, ch. 11, pp. 960, "An Act to authorize the erection of an Asylum...", 11 May, 1839; *PSC*, 1850, cap. 68, pp. 1402-03, "An Act to provide Funds for defraying the cost of the erection of the Lunatic Asylum and other Public Buildings in Upper Canada," 10 August 1850.

expenditure; even during the economic downturn of 1847-1849 the province enjoyed healthy surpluses. At the beginning of the 1850s the government was wholly able to keep pace with the demands of ordinary state expenses, the public debt, and new infrastructure costs. With 80 per cent of its revenue coming from tariffs, it viewed direct taxation as largely unnecessary. In the case of this 1850 asylum tax act, the tax was maintained primarily to reduce the public debt. While it offered the appearance of providing funds for the asylum's further construction and maintenance, the direction of the funds towards a variety of projects coupled with the loose control of departmental spending during this period, meant the asylum saw little of this money. In 1852 the asylum's former Board of Directors had attempted to reduce the asylum's growing deficit of £1,300 by proposing the annual government stipend be raised; however, this was not realized, and the institution still received £5000 annually. It thus continued to run at a deficit despite the provincial government enjoying a surplus of revenue.⁵⁷

The asylum's growing patient population only added to its financial burden. Although the side wings in John Howard's original design remained incomplete, the government placed no restrictions on admissions to accommodate this deficiency (Appendix 8). As Upper Canada's population increased, public awareness of the institution spread, and the demand for asylum admission continued to rise. Without a ceiling clause such as the one in place at Lower Canada's Beauport Asylum, the Toronto Asylum became very overcrowded. By June 1854 it housed 373 patients in a space originally meant to accommodate no more than 125. Workman had reported that the asylum's parliamentary grant provided about £21 for each patient, and argued it was impossible to provide for the unique needs of the insane with "this pittance" since the asylum's

⁵⁷ Piva, *The Borrowing Process*, p. 123; *AJLAPC*, 1852, Appendix J., pp. 1-7, "Return to an Address...all correspondence...Provincial Lunatic Asylum...relative to the management of that Institution, or the Funds available for its support".

expenses went well beyond food and clothing. He strongly believed that many of the incurable residents who “cast for life a burthen on the public funds” might have been restored to health had “more liberal provision been made” from the time of the asylum’s opening in 1841.⁵⁸

On March 2, 1855 this debate about the “liberality” of the government’s asylum funding prompted William Cayley, Inspector General of the government now led by Allan MacNab and Étienne-Paschal Taché, to bring forward a motion in the assembly to give the asylum a £14,000 grant for its accumulated debt and the construction of the two wings.⁵⁹ The proposal sparked a heated debate about the asylum’s funding and management. Reflecting traditional Georgian perspectives of welfare provisions, professionalism, and the 1840s temporary asylum, Tory Conservatives John Hillyard Cameron, John William Gamble, and William Frederick Powell objected to the motion. With only a month having passed since the Eliza Ward incident, they criticized the asylum’s management, Workman’s qualifications, and his recent conduct towards “several eminent physicians of Toronto.” They questioned why such a large sum of money should be given to an asylum managed by “a hardware merchant” whose conditions could never be properly assessed since, when visitors were expected, everything was “dressed up in its Sunday clothes.”⁶⁰

The concerns of these politicians were not wholly unreasonable since by 1855 Workman had already made significant changes at the asylum and was proposing many more at no small

⁵⁸ *AJLAPC*, 1854, Appendix H., pp. 6-7, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 19 June 1854.

⁵⁹ Due to ill health, A. N. Morin had relinquished the leadership for Lower Canada during the parliamentary adjournment that winter. *DCBO*, s.v. “Taché, Sir Étienne-Paschal” (by Andrée Désilets), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4736&interval=20&&PHPSESSID=vf0af21evv2hd1i5au91j0as96 (accessed August 6, 2010); Elizabeth Nish (Gibbs), ed., *Debates of the Legislative Assembly of United Canada* (Montreal: Presse de l’École des hautes études commerciales, 1970, 1984), vol. XII, part V, pp. 1960-69.

⁶⁰ Nish, *Debates of the Legislative Assembly*, pp. 1961, 1963.

expense, in order to raise treatment standards to a level comparable to British and American institutions. Within two years of Workman's initial appointment the asylum's garden and farm were functional and provided labour to male patients, a sewing room was decorated and equipped for women patients, and planked walkways were constructed for their daily exercise. After several Toronto newspaper editors donated copies of their papers for patients to read (Brown and the *Globe* excepted), Workman requested the government establish a proper library at the asylum. He also asked that a gymnasium be constructed for games since male patients lacked opportunities for exercise and recreation during the winter. Attempting to duplicate the familial environment of a home Workman ensured Christmas became a special day for his patients; each year an "excellent" dinner was provided followed by singing and instrumental music and, in keeping with the new Victorian tradition, a Christmas tree was lavishly decorated, reportedly bending "under its load of sweets".⁶¹ Certainly these improvements created better living circumstances for patients. Yet, with the asylum wings still needing to be built, and the continued stigma against insanity and social dependency, many Upper Canadians probably believed this new approach to asylum care was a misuse of public funds.

Workman's management of staff was also questioned by his opponents. Unlike the permissive days of the 1840s when unclear legislation had generally allowed asylum staff to behave as they pleased, Workman utilized his new authority to dismiss employees who disobeyed his orders or who he believed were physically or morally unfit to care for the insane. Following Rolph and Park's earlier lead, he did not tolerate many of the behaviours the asylum

⁶¹ *AJLAPC*, 1854, Appendix H., pp. 4-5, "Report of the Medical Superintendent... Provincial Lunatic Asylum, Toronto...", 19 June 1854; *Ibid.*, 1856, Appendix No. 2, pp. 5-6, 18 February 1856; *BAJ*, vol. 2, no. 1 (January 1861), p. 47; *Sessional Papers*, 1862, No. 19, p. 89, "Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1861"; James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal & Kingston: McGill-Queen's University Press, 2000,) pp. 92-96.

commissioners had previously accepted or turned a blind eye to such as staff drinking, absenteeism, and “illicit intercourse” between asylum servants and “parties from the outside”.⁶² In contrast to Rolph and Park, Workman was in a position to force change. He replaced staff in unprecedented numbers, and while this likely improved the daily management and treatment at the asylum, it may have given the impression that Workman was an unreasonable or irrational manager. His known quarrels with former Porter John Reed and Asylum Bursar James McKirdy over asylum orders and expenditures suggest he wanted absolute control of the institution, which would undoubtedly have made his political opponents suspicious of his management.⁶³

Given Workman’s demands and the changed asylum treatment program, it was not surprising that certain Tories questioned his management and continued to use his former employment in hardware against him. In 1855, however, aside from the financial concerns and Workman’s personality, there was little they could criticize. The health and well-being of the asylum’s patients had never been better, and they had entirely escaped Toronto’s cholera epidemic the previous year thanks to Workman’s insistence on maintaining sanitary conditions.⁶⁴ As MLAs from all political sides spoke out in favour of Workman, the improvements he had made, and the need for better asylum funding and facilities in the province, the views of Cameron, Gamble, and Powell were quickly demonstrated to represent the minority perspective.

Certainly Workman’s friends and more radical reformers were part of this supportive group: Rolph and Mackenzie jumped to his defence, as did Luther Holton, a *Rouge* from

⁶² *The Globe*, 12 May 1857.

⁶³ Moran, *Committed to the State Asylum*, pp. 66-67; *The Globe*, 25 April & 12 May 1857; J. K. Johnson and Carole B. Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I* (Ottawa: Public Archives of Canada, 1968), pp. 335-36, 355, Macdonald to Henry Smith, 20 January 1856; Macdonald to Provincial Secretary, March 1856.

⁶⁴ *AJLAPC*, 1856, Appendix No. 2, p. 5, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 18 February 1856; *The Globe*, 12 May 1857.

Montreal. Rolph criticized Cameron for allowing his Tory political connections in Toronto to override the development of informed opinions of Workman's medical and administrative skills, accusing Cameron of "giving more weight to the testimony of those gentlemen who had only seen [Eliza Ward] for half an hour."⁶⁵ Support for Workman, however, was not limited to the reform section of the assembly. Conservative members Dr. William Clarke, John Moir Ferres, and John A. Macdonald also defended Workman, offering several "remarks in vindication of [him] in the Eliza Ward case" and his ability to cope with the condition of the asylum and the number of patients it now housed. Clarke agreed there were complaints about the asylum that should be investigated, but as a fellow physician he acknowledged that "more work was given to the medical Superintendent to do than could be performed by any one man."⁶⁶ While on other issues these men remained firmly at odds with radical reformers, with regard to the asylum, all agreed that Workman reflected the "rising talent of our own country" and that his skills, tenacity, and humanity were transforming the asylum into an institution reflective of Upper Canada's social and economic advancement. Concluding that the financial problems had arisen from the "niggardly" government provisions for daily maintenance and confusion about the use of taxes collected under the 1850 "Act... for defraying the cost of...the Lunatic Asylum and other Public Buildings...", the House voted 79 to 9 in favour of a £14,000 grant for the asylum's general maintenance.⁶⁷

An examination of the assembly journals from the beginning of March indicates George Brown was absent during this particular debate. Although the parliamentary session began on

⁶⁵ Nish, *Debates of the Legislative Assembly*, 1966.

⁶⁶ *Ibid.*, p. 1965.

⁶⁷ *Ibid.*, pp. 1964, 1966; *JLAPC*, 2 March 1855, p. 621.

February 23, Brown's name does not appear in the journals until March 6.⁶⁸ His absence is striking since, while his feelings about the financial grant cannot be known, he almost certainly would have commented on Workman's management of the asylum. The interesting feature of the debate was its sudden diversion from a discussion of finances to an argument about the medical superintendent's character and competency. After several minutes of this somewhat irrelevant deliberation, Francis Hincks finally acknowledged that "the House had been driven away from the immediate subject in hand."⁶⁹ Such arguments were a common part of political discourse in the assembly chamber, and with tensions from the previous two years clearly running high, Workman's case easily became a subject for renewed debate. Yet this discussion also suggests certain Tory MLAs had more interest in protecting the traditions of Georgian professional culture than resolving the asylum's financial problems.

Renewed Professional Hope: The Support of John A. Macdonald

Given the province's political future, the remarks most important in predicting Workman's occupational security at the asylum during the debate were those made by John A. Macdonald. Welfare administration fell under the numerous jurisdictional duties of the attorney general's office, and in light of Macdonald's role as the warden's attorney in the 1848 penitentiary inquiry, he would already have given thought to the social role of welfare and the various demands placed on an administrator of large institutions. Standing out over the cacophony of arguments for and against Workman, during the March 2 debate he emphasized that while the complaints about the medical superintendent's former lack of experience with the

⁶⁸ *JLAPC*, 23 February & 6 March 1855, pp. 587, 634.

⁶⁹ Nish, *Debates of the Legislative Assembly*, p. 1967.

insane were legitimate, “[t]hat however, was past” and, after perusing Workman’s reports, he had “a very high idea of his qualifications” and “was most favourably impressed with that gentleman’s capacity.” Respecting Eliza Ward’s case, Macdonald believed that it must be nearly impossible at times to distinguish between real and feigned insanity, and given Workman’s ample opportunities to observe Ward, his judgment was probably more reliable than Hallowell, King, and Philbrick’s. He suggested under the asylum’s current conditions complaints were inevitable:

It was no wonder...that there were complaints against the Institution, when it was remembered that it had three times the number of inmates that it ought to have, which of course was not Dr. Workman’s fault, but the fault of the Legislature. So crowded was the asylum that Dr. W. had been obliged to give up his own private apartments to furnish as much accommodation as possible for those unfortunate people.

As to the asylum’s finances, Macdonald acknowledged the government’s current provisions were “not extravagant”, and it was absolutely indispensable that some provision be made since the increase in expenditure was due to the rising price of provisions, rather than mismanagement by Workman or the bursar.⁷⁰

Macdonald’s comments were certainly aimed at defending Workman against the critical character assaults made by three of his Tory-Conservative colleagues, but they also had the effect of demonstrating that the Conservative government he envisioned would be different from the Tory ones of the 1840s assembly. Macdonald’s political success during the tumultuous cultural transitions of the 1850s may be attributed to his appeal to Georgian professional culture as a socialite, lavish host, and proponent of patronage, while charming moderate reformers with

⁷⁰ Ibid., p. 1964. Prior to his asylum appointment Joseph Workman lived in his Mutual Street home on the east side of Toronto. His family almost certainly returned there when they were forced to vacate the asylum apartments due to overcrowding. The relocation, however, would have meant a lengthy commute along Queen Street to the asylum, a situation that was not considered to be a good arrangement for an asylum medical superintendent.

his thoughtful, common sense belief in “yield[ing] to the times.”⁷¹ His statement, “That, however, was past”, when referring to Workman’s appointment, demonstrated his liberalism was indeed a progressive model focussed on Upper Canada’s social and political future, rather than one harbouring resentments about mistakes or oversights of past governments. It had been Macdonald who introduced the bill that resulted in the final secularization of the clergy reserves the previous autumn, a clear indication of his desire to introduce new policy and change Upper Canada’s political culture. He detested the tendency of some assembly members to promote their individual business dealings over party or provincial interests, and believed it was his duty to take the Conservatives out of the combative wilderness and develop a party focussed on state development.⁷² In his biography of Macdonald, Donald Creighton characterized the attorney general’s approach to politics as neither that of a crusader with a mission, nor that of a rationalist who believed good governance lay in the application of timeless and universal rules. Rather, Macdonald’s concerns were “the intricate details of concrete problems [and] the manifold complexities of human situations.” For him, government “was a craft”, and he was proud that after only a few months in office the MacNab-Morin ministry had earned a reputation as a “working government”.⁷³ Application of “universal rules” in the 1840s clearly had not created an asylum that served any benefit to its patients or to the professional status of its medical superintendents. Given this history, such a perspective from a man predicted to be the next Conservative leader must have been refreshing for Workman.

⁷¹ Quoted in Creighton, *John A. Macdonald*, p. 215

⁷² J. K. Johnson, “John A. Macdonald”, in *The Pre-Confederation Premiers: Ontario Government Leaders, 1841-1867*, ed. J. M. S. Careless. (Toronto: University of Toronto Press, 1980), pp. 208-210.

⁷³ Creighton, *John A. Macdonald*, p. 180; Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I*, p. 301, Macdonald to Henry Smith, 3 September 1855.

Macdonald's defence of Workman also resulted from his own opposition to George Brown, sentiments that initially developed following the penitentiary investigation and that continued as Brown's reform leadership grew. Brown's political platform was heavily focussed on eliminating church establishment, developing railways for western industrial and agricultural development, and ending all vestiges of the Georgian class structure that privileged professionals and the colonial elite. Yet his interest in these areas was as much self-serving as it was aimed at advancing colonial interests. First and foremost an entrepreneur, Brown's platform reflected his own business interests and hunger for power in the colony. Having capitalized on the railway development in Kent County by purchasing and selling tracts of land to the Great Western Railway, Brown initially supported further government funding for the completion of the Grand Trunk Railway, despite the large public debt already created by the project.⁷⁴ As a Free Kirk Presbyterian, he had always been a committed voluntarist, but during the 1850s his voluntary interests were fuelled as much by his growing intolerance for Roman Catholics as by principles of governance. First emerging during a re-assertion of papal authority in 1850, by the middle of the decade Brown's anti-Catholicism was strengthened when, to stay in power, the Upper-Canadian Conservatives submitted to Lower-Canadian interests by supporting demands for state-supported Catholic schools and religious institutions. Beginning in 1855, Brown's desire to dismantle this partnership drove his "Representation by Population" campaign to alter the composition of the assembly in such a way that would give Upper Canada more seats according to its population, which was now greater than Lower Canada.⁷⁵

The self-interested orientation of Brown's reform agenda was also demonstrated by his early rejection of party politics. Through much of the 1850s Brown ran as an Independent

⁷⁴ Careless, *Brown of the Globe*, pp. 143-45, 210-14.

⁷⁵ *Ibid.*, pp. 123-28, 202-08.

candidate in order to maintain total freedom of opinion and action in the assembly. His attitude did not change until he gained a western following after the *Globe's* amalgamation with the *North American*, when the Clear Grits were seeking new leadership. Once Brown recognized the only means of ending the weak coalition ministry of Upper-Canadian Conservatives and Lower-Canadian *Bleus* lay in uniting Upper-Canadian reform, he proposed the creation of a "Reform Alliance". Arrogantly self-confident, Brown's control of Toronto's largest newspaper and his gift of forceful oratory made him the obvious choice to initiate and lead the new alliance when it was finally formed in January 1857. For Brown, the desire for political power and the achievement of reform leadership finally motivated him toward engaging in party-style politics.⁷⁶

Macdonald's and Workman's prior dealings with Brown caused both men to view the journalist as a self-serving opportunist who would go to extreme lengths to promote his own interests. Their personal lives also differed considerably from Brown's such that they probably saw him as spoiled, and insensitive to the professional and family demands faced by most other men. Brown saw himself as epitomizing the self-made Victorian gentleman, whose principles aimed at eradicating all of the corrupt patronage and status privilege of past decades. While his own hard work, charisma, and bold initiative were responsible for many of his business and political achievements, like many professional men, his success had also been made possible through the occupational, financial, and social support of his family, which enabled him to travel extensively and engage in political work. By 1855 Brown was a thirty-six year-old bachelor whose primary residence (when the legislature was not in session) was with his mother and father; he began his career in journalism working for his father at the *Banner*, and since 1851 the *Globe* had been maintained by his younger brother Gordon who was now its primary editor.

⁷⁶ Ibid., pp. 233-37; Creighton, *John A. Macdonald*, p. 225.

These strong family ties allowed Brown occupational freedom and political activism without potentially risking social isolation and financial ruin. His experience of bachelorhood was much different than that of former asylum superintendent Dr. William Rees, who by the mid-1850s having never recovered from his injuries and financial losses at the asylum, was ill and impoverished with numerous debts, unsuccessfully struggling to obtain financial compensation from the provincial government. Family support was clearly essential to a man's occupational success, and the differences in Brown's and Rees' experiences of single life demonstrate why historian John Tosh has described bachelorhood as "an ambivalent status" which could be beneficial or detrimental depending on a man's personal circumstances and stage of life.⁷⁷ Brown's staunch opposition to patronage indicated he evidently did not recognize that similarities could be drawn between the support he received from family and that his colleagues received from their peers. Workman and Macdonald probably did not miss the irony of Brown's anti-patronage platform, which showed the extent to which he took his privileged position for granted.

Workman and Macdonald knew first-hand that the social and financial freedom Brown enjoyed was not available to all colonial men. As discussed in the previous chapter, by the mid-1850s Workman was no stranger to the responsibilities and stresses that came with supporting a large family. At the beginning of his marriage he had sacrificed his medical career to support his wife Elizabeth's family, later mentoring his own brothers in the Workman hardware business. Currently supporting Elizabeth and their six living children, he had experienced the trauma of the death of three others; Alfred, their last child, would be born in 1857 and would also die in

⁷⁷ Danielle Terbenche " 'A soldier in the service of his country': Dr. William Rees, Professional Identity, and the Toronto Temporary Asylum, 1819-1874", *Histoire sociale/Social History*, vol. 43, no. 85 (May 2010), pp. 97-129; John Tosh, "What Should Historians Do with Masculinity? Reflections on Nineteenth-Century Britain," *History Workshop Journal*, vol. 38 (1994), pp. 183-185.

infancy at the age of ten months.⁷⁸ Although Macdonald's circumstances were different from Workman's, he faced similar family difficulties. In addition to his political career, in 1856 Macdonald struggled to care for his physically and emotionally ill wife Isabella while also assuming almost sole responsibility for the upbringing of their six year-old son Hugh. When the capital moved from Quebec to Toronto at the end of 1855, Isabella soon fell ill and Macdonald spent almost all of his time away from the legislature at her bedside (Appendix 3).⁷⁹ He likely sympathized with the challenges Workman faced having to support a large family, especially when Workman had to move Elizabeth and the children first in and then out of the institutional apartments as the asylum became overcrowded. Certainly Macdonald knew that Brown had no appreciation of such stresses, partly explaining his desire to defend Workman wholeheartedly in the debates about the asylum's management.

Donald Creighton has suggested that the domestic stresses of Isabella's illness set Macdonald's temper on edge during the winter 1856 parliamentary session, and may partly explain his explosive verbal attack on George Brown in the assembly on the evening of February 26. After listening at length to another of Brown's belligerent orations, Macdonald "rose in a state of wild excitement", used "ferocious language" while raving about various issues of the day and Brown's political tactics, and finally "deluged the honourable member for Lambton with a torrent of abuse" for falsifying testimony while serving as secretary of the penitentiary commission. The outburst was uncharacteristic of Macdonald who was known for his calm demeanour, ability to work with people he disliked, and habit of focussing on the future rather than dredging up past issues. He was not one to be "repeatedly called to order by the Speaker" as he was on this night. To gain the upper hand in this attack, just as he had when Workman lost

⁷⁸ Johnston, *The Father of Canadian Psychiatry*, pp. 22-25 and Appendix 4, p. 147.

⁷⁹ Creighton, *John A. Macdonald*, pp. 222-24.

his temper at the *Globe* offices in 1854, Brown remained calm. Instead of arguing back, he simply asked that a committee of inquiry be formed to investigate Macdonald's allegations.⁸⁰

Clearly, Macdonald agreed with Workman's view that Brown frequently lied and made defamatory accusations against professional men in the city to advance his own business and political career. As men employed in the professions, both Macdonald and Workman were accustomed to the morals and ethical standards Upper Canadian professional gentlemen were expected to protect and uphold. Although the parameters of acceptable professional behaviour were debated in the 1850s, George Brown's outright refusal to respect any professional boundaries as a journalist or politician was a constant source of conflict in Toronto. While Macdonald believed Workman's hot-tempered "spirit of 'antagonism'" was a professionally undesirable characteristic, he certainly would have sympathized with the medical superintendent's ongoing frustration and anger at Brown.⁸¹ Creighton remarked that after the political outburst in February 1856 there was an "ominous impression that something irremediable had happened." Macdonald later told his mother: "I am carrying on a war against that scoundrel George Brown...and I will teach him a lesson he never learnt before. I shall prove him a most dishonest, dishonourable fellow and in doing so I will only pay him a debt I owe him for abusing me for months together in his newspaper."⁸² Like Workman, Macdonald sought revenge against Brown, explaining his ongoing support for Workman as the medical superintendent's own battles with the journalist-politician continued. Macdonald undoubtedly recognized that Brown was instigating a crusade to destroy Workman's professional credibility,

⁸⁰ Ibid., pp. 228-29; *The Globe*, 27 February 1856.

⁸¹ Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I*, pp. 354, 399-400, Macdonald to Provincial Secretary, March & 28 November 1856.

⁸² Quoted in Creighton, *John A. Macdonald*, p. 229, 234.

and was probably determined to prevent Brown from discrediting another man with whom Macdonald had become “most favourably impressed”.⁸³

The James Magar Case: Workman and Brown’s Final Professional Confrontation, 1857

Trouble between Workman and Brown began again in early 1857 when Asylum Porter James Magar wrote a letter to Workman on January 11 claiming to have “sufficient proof” that Steward George McCullough had had “illicit communication” with a female patient. Referring to himself as the “moral Sentinel of the Asylum”, Magar then submitted a similar report to the Visiting Commissioners for discussion at their meeting a few days later. Although the commissioners interviewed two female staff members who acknowledged having witnessed such questionable behaviour by the steward, they took no further action. Although now salaried, since the passing of the 1853 asylum act, the Visiting Commissioners served mainly as observers for the government; while they made recommendations, they had little power to impose institutional changes.⁸⁴ It rested with Workman to decide how to handle staffing problems. Believing the porter was only seeking to discredit McCullough, and following his usual course with troublesome staff, Workman presented Magar with notice that his services and housing at the asylum would “be discontinued” from February 1.⁸⁵

⁸³ Nish, *Debates of the Legislative Assembly*, p. 1964.

⁸⁴ Thomas E. Brown, “‘Living With God’s Afflicted’: A History of the Provincial Lunatic Asylum at Toronto, 1830-1911” (Ph.D. diss.: Queen’s University, 1980), p. 159.

⁸⁵ Workman’s assessment was probably accurate since Magar’s story seemed to change between letters. He had initially told Workman the illicit communication occurred between McCullough and patient Matilda C., but later reported to the commissioners it was a male patient who had been given access to Matilda. In this later account Magar also added other seemingly petty charges about the same male patient being given improper access to the asylum’s horses and permission to leave the property. He further suggested Workman had neglected his medical duties by never diagnosing a pregnancy in a female patient who subsequently had, according to Magar, been forcibly restrained during her labour. *AJLAPC*, 1857, Appendix No. 12, pp.13-14 “Return to an Address from the Legislative Assembly... all Reports and Papers relating to the recent investigation into certain charges preferred against the management of the Provincial Lunatic Asylum” 5 March 1857.

Inside the asylum Workman was thus able to contain Magar's behaviour and prevent further disruptions among staff. He had no ability to control Magar's behaviour outside the asylum, however. On February 11, a letter written by Magar was published in the *Globe* outlining the claims of sexual misconduct and patient abuse, complaining about Workman's and the commissioners' inaction, and reporting his subsequent dismissal. Magar would have known that the pre-existing tensions between Brown and Workman combined with the sexual nature of the accusations almost guaranteed this letter would be published and attract public attention to the scandal. The governor general's office quickly became aware of it, leading Assistant Provincial Secretary E. A. Meredith to ask the Visiting Commissioners to inquire into the charges. On February 24, "after careful investigation", the commissioners concluded that "the charges made were utterly without foundation and completely void of truth". In response to one of Magar's comments about a pregnant patient, they further noted that Workman had already openly discussed the unusual circumstances of this case in his last annual report to the government. There are no records of any further communication between the government and the commissioners subsequent to this date, suggesting that the governor general was satisfied with these conclusions and considered the matter closed.⁸⁶

Workman, however, enraged that Brown was once again publishing defamatory remarks about him and his management of the asylum would not be satisfied with this internal investigation. Following the appearance of Magar's article in the *Globe* on February 11, he had instructed his lawyer, Adam Wilson, to take proceedings against Brown for libel, seeking \$20,000 damages.⁸⁷ Wilson was a leading Toronto barrister of Whig reform persuasion who had

⁸⁶ Ibid., pp. 12-17.

⁸⁷ The *Globe* described the amount of money demanded as "enormous". *The Globe*, 25 April 1857.

been a partner in former Premier Robert Baldwin's firm since 1840, and had recently served as a city alderman for St. Patrick's Ward. Like Macdonald, his own prior run-ins with George Brown and the *Globe* during his years as alderman probably attracted him to the Magar case.⁸⁸ Wilson wrote Brown on February 16, 1857 informing him that proceedings would be taken against him for the Magar letters by both Workman and Steward McCullough. Although Workman was clearly his primary focus, the barrister stressed that the defamatory accusations could prove particularly harmful to McCullough since "[h]e is not so extensively known as Dr. Workman, and [is] therefore more likely to be injured by such calumnies. All that he has to depend upon for his livelihood is his character, and even that he is deprived of for the present by your means."⁸⁹

The word "character" appeared three times in Wilson's short letter; the other examples questioned why any journalist would promote the opinions of a "discarded servant" to assail reputable professionals and their associates in a "still higher temptation of insulting public officers and decrying public institutions."⁹⁰ Adam Wilson's emphasis on character is indicative of the changing ideas about professionalism taking place in the 1850s. Called to the bar in 1839 Wilson's values were grounded in the Georgian belief that membership in a learned profession entitled a man to public respect; yet, the emphasis here on "character" suggests the infusing of Victorian moral values into this perspective. Workman was already established as a physician and public administrator, and Wilson believed the medical superintendent's improvements to the

⁸⁸ Wilson had recently been attacked in the *Globe* over his role in cancelling railway contracts for the development of the Toronto Esplanade, a landfill project on the waterfront for the extension of rail lines. Brown believed Wilson's actions in this issue led to his election loss. *DCBO*, s.v. "Wilson, Sir Adam" (by Graham Parker), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=6502&interval=20&&PHPSESSID=drtaj5uulmodlcl18j4ndp7si0 (accessed 2 February 2011); *The Globe*, 19 February 1857.

⁸⁹ *The Globe*, 19 February 1857.

⁹⁰ *Ibid.*

asylum and regard for patient welfare meant he was truly a “professional gentleman”. In Wilson’s view, the same could hardly be said for a labourer with a questionable reputation such as James Magar.

George Brown’s response to Wilson again revealed the degree to which ideas about public character, professionalism, and the role of the press were being questioned in the 1850s. After first accusing Wilson of dragging “personal griefs” into the Workman case about the *Globe*’s criticisms of him as alderman, Brown questioned why anyone would automatically presume Magar to be of “bad” character since he had held a “confidential post” as porter, after being appointed and supervised by Workman. He stated that if Magar was untrustworthy and his statements untrue, Workman must be held partly responsible for the resulting troubles since as medical superintendent he had hired Magar in the first place. Never having believed in social privileges for professional men, Brown asserted that all parties involved were “public servants” who deserved fair representation. Positioning himself as an advocate for the labouring class, he criticized the Visiting Commissioners for rashly “discarding” the witness statements of asylum employees that supported Magar’s claims, and told Wilson: “[D]ismissed in the way he was, Magar was entitled to appeal to the public against the decision of your client and the Commissioners. His good name I presume is as valuable to him as that of any other person – and if he is in an humble station of life, he is not on that account to be debarred from a public defence.”⁹¹

Although he wrote at length about his views of Magar’s character, in forming his own journalistic defence, Brown divorced himself from all responsibility regarding the truth of the allegations. He argued that as a journalist his only moral and legal responsibility was “propriety

⁹¹ Ibid.

of...publication”; presumably, he meant the full and accurate re-printing of Magar’s letter. Brown believed that since the asylum was a public institution caring for the socially vulnerable, the public had a moral right to be informed of any potential problems with its management and to form their own opinions based on the factual evidence presented to them. This idea of public interest and non-partisan reporting reflected a new liberal value system that was foreign to a society used to the small, localized, and politically-oriented journals of the 1830s and 1840s. While Brown’s *Globe* can hardly be said to have been non-partisan, its successful development into Upper Canada’s most popular newspaper during the 1850s was due in large part to Brown’s innovative ideas about the functions of the public press. He invited Workman to write a response to Magar’s article for publication in the *Globe*, telling Wilson that seeking “truth” seemed a more appropriate course of action than “coerc[ing] the press into silence by the terrors of a lawsuit.”⁹²

The next day Wilson informed Brown that Workman would not publicly respond to the allegations and instead would pursue the legal suit. Clearly having reached his limits of frustration with Brown’s professional attacks, and viewing the matter as one of principle, Workman was determined to use the courts to silence Brown once and for all. Some colleagues thought this action was excessive, particularly given the financial costs involved and the potential for further negative press about the asylum and his character. Mackenzie, viewing Brown’s commitment to public interests as a sign of “manliness”, wrote Workman a letter questioning why he would refuse Brown’s offer of a *Globe* rebuttal. Workman responded at length on March 2:

Brown admits into his columns...one of the grossest compilations which ever befouled a Canadian Journal,

⁹² Ibid.

– assailing me in terms no gentleman should have tolerated – and now you say I should have Irishman-like, tossed off my coat and fought with James Mager [*sic*]... My dear Mackenzie, I have already had experience of Brown’s love of truth and spirit of fair play... Supposing I had offered explanations – What of them – Brown would have told his readers that my statements were unreliable...throw[ing] discredit on every sentence I might have written... Am I to neglect my duties in this house that I may carry on newspaper wars? This is not my line of duty – I am responsible to my God & my country... The Globe is neither of these tribunals.

Workman stated he had an altogether different idea of “manliness” than Mackenzie, whose views he believed reflected that of journalists at large who, rather than restoring reason, “rejoice[d] in the function of distracting it – God help the world!”. He recalled a conversation he once had with the old Tory businessman and politician William Allan: “Old Willie Allan said those were quiet days in Canada, before newspapers were introduced! I begin to feel very much of Willie’s notion.” For Workman, the press itself had become a thorn in his side, and he perhaps hoped that in addition to punishing Brown, a lawsuit would reveal some of the problems created by sensationalism in the press.⁹³

The trial *Workman v. Brown* took place at the York County Courthouse on April 22 and 23, 1857 presided over by Chief Justice William Henry Draper with Brown strategically represented by John Hillyard Cameron. As a devout Tory, Cameron could not be accused of partisanship in his representation of the reform leader. He had spoken against Workman in the March 1855 financial debate and only a few months before had lost the Conservative leadership to John A. Macdonald. With Macdonald’s history of supporting Workman, Cameron was probably happy to represent Brown. The trial itself had become “somewhat of a public sensation” due to the titillating nature of Magar’s accusations and the involvement of Upper Canada’s most prominent and outspoken journalist.⁹⁴

⁹³ AO, MLFF, Workman to Mackenzie, 2 March 1857.

⁹⁴ Chris Raible, “999 Queen Street West: The Toronto Asylum Scandal”, *The Beaver*, vol. 74, no. 1 (February-March 1994), pp. 41-42.

Several former asylum employees were called as witnesses in support of Magar's accusations of sexual misconduct, but most were only able to offer circumstantial or hearsay evidence. While this insufficient proof stood in Workman's favour, other concerns about his management not directly relevant to the Magar case unfortunately also arose. These included his rash and volatile temper, the recent appointment of his brother Dr. Benjamin Workman as his assistant, and his ongoing arguments with the asylum bursar.⁹⁵ It was also revealed that Steward McCullough had actually resigned his post, rather than being dismissed as he originally stated, thus thwarting his own claim for damages. When Mackenzie earlier pushed Workman to settle the matter with a response in the *Globe*, he had probably predicted this outcome and wanted Workman to avoid such potentially damaging revelations.⁹⁶

In the end the jury was unable to reach a decision, with Workman and Brown left to pay their respective legal costs. Workman's feelings about the case are unknown; however, the *Globe's* coverage of trial suggested Brown was satisfied:

[A] very general feeling of satisfaction was created when it became known that not fewer than nine of the jurymen were in favour of a verdict for the Defendant, and only two in favour of the Plaintiff... The charge of the Chief Justice, in giving the case to the Jury, also, was all that could be desired; it was fair, clearly stated, and liberal in its general view of the privileges and responsibilities of the Press.⁹⁷

The jury's clear imbalance in Brown's favour may be attributed to several factors: In a culture increasingly focussed on salvation through Christian morality, the suggestion of licentious activity would not have drawn positive attention; certainly it would not have helped alter the public's already "primitive" and "barbarous" notions about the asylum.⁹⁸ As the new Victorian

⁹⁵ The details of Benjamin Workman's appointment are discussed in the next chapter.

⁹⁶ "The Asylum Libel Case", *The Globe*, 25 April 1857; Raible, "999 Queen Street West...", pp. 41-43.

⁹⁷ "The Asylum Libel Case", *The Globe*, 25 April 1857

middle class emerged, gaining economic power and becoming more educated, an increased demand for access to information and participation in government developed that favoured greater freedom of the press. Finally, in an area of Upper Canada that was increasingly allying with the reform cause, George Brown's status as a political leader gained much support for his efforts to disrupt professional privilege and other Georgian status traditions, however radical and rash his methods.

Fortunately for Workman, he continued to have the full support of John A. Macdonald, who had assumed the government leadership for Upper Canada in May 1856. Although Macdonald's name does not appear in any of the surviving documents about the Magar case, his interest and influence in the case was demonstrated immediately after the conclusion of the *Workman v. Brown* trial. In a clear attempt to preserve Workman's reputation and show support for his work at the asylum, the Crown initiated a libel suit against James Magar. Brought to court on May 11, 1857, the case of *The Queen v. Magar* was essentially a repeat performance of the events of the Workman-Brown case. Many of the same witnesses were heard, and the defence again brought Workman's character and managerial skills into question. The one exception was George Brown's testimony as a witness for the defence; he minimized the damages to Workman's character through publication of Magar's letters by stating that they had only appeared in the daily and tri-weekly *Globe*, not the weekly edition that had the widest circulation in the colony. As before, the case was dismissed after the jury was unable to reach a unanimous decision; divided eleven to one, its jurors clearly believed Workman had no case. The only benefit of the trial for the medical superintendent was that it demonstrated he had the support of the provincial government. Although this pursuit of justice was certainly also

⁹⁸ *AJLAPC*, 1858, Appendix No. 9., p. 9, "Report of the Medical Superintendent...Provincial Lunatic Asylum", 1 March 1858.

motivated by Conservative political agendas to create trouble for George Brown, Macdonald's continuing support of Workman through recent welfare reforms suggested the government had sufficient faith in him to spend time and money to preserve his professional reputation and character.⁹⁹

Conclusion

Despite the frustrations created by the Magar incidents and the potential long-term professional damage the trial could have caused to both men, the incident seemingly dissipated in the public mind as quickly as it had emerged. Neither Workman nor Brown suffered any long-term reputational consequences from the accusations and evidence presented during the trial. They remained firm enemies, however. Mutual insults continued to appear periodically in public documents, with the medical superintendent continuing to criticize the *Globe* for not donating papers to the asylum, and Brown commenting on Workman's unprofessional tone when writing his annual asylum reports.¹⁰⁰ Yet, the Magar trial was apparently a catharsis in their disputes; never again would Workman's reaction to Brown be so severe.

Similarly, by 1857 Workman's disputes with other Toronto physicians had also decreased and would largely disappear over the next few years, due to changes with the medical schools themselves and his increasing separation from regular practice and teaching. The Trinity College medical school had dissolved in July 1856 after its faculty resigned in protest to Bishop John Strachan's requirement that students declare allegiance to the Anglican Church; the limitations of

⁹⁹ "The Lunatic Asylum in Court Again", *The Globe*, 12 May 1857; Joseph Dunlop, "Politics, Patronage and Scandal at the Provincial Lunatic Asylum, 1848-1857", *Ontario History*, vol. 98, no. 2 (Autumn 2006), p. 205.

¹⁰⁰ Dunlop, "Politics, Patronage and Scandal...", pp. 205-06.

this requirement were causing a loss of students to other medical schools.¹⁰¹ Internal problems also arose that year at Victoria College when its medical faculty fell out with Rolph and the College's Board of Trustees over departmental policies. Rolph's participation at the school had increased when his parliamentary Executive Council seat ended in 1854; despite Aikins' initial appointment as dean, Rolph clearly wanted charge of the faculty's administration and became dean himself in 1856. After enduring three months of Rolph's autocratic management style, Aikins and several other frustrated faculty members resigned from Victoria and established their own school under the old "Toronto School of Medicine" name. Neither Workman nor the asylum were involved in this dispute, and in 1856 Workman retained a position at Victoria as Emeritus Professor of Obstetrics; however, by the time the faculty divisions developed that year, the affiliations between the asylum and the former TSM faculty had already largely disappeared and once the physicians split into two schools it was permanently gone.¹⁰² Although Workman would become highly involved in activities relevant to the advancement of the larger medical profession later in his career, for the moment his attention remained specifically focussed on improving insanity care and welfare in Upper Canada.

The relatively short duration of these professional tensions during the mid-1850s suggests their connection to the broader cultural changes of the decade as Upper Canada transformed from Georgian to Victorian forms of liberalism. As this chapter has suggested, it was a transition not only involving political and economic factors, but also changing religious and moral values. As

¹⁰¹ A medical school was not reconstituted at Trinity College until 1871.

¹⁰² *DCBO*, "Bethune, Norman" (by Heather MacDougall), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=5974&interval=20&&PHPSESSID=ufkiq4mthqo0ocoh6igeromt82 (accessed 4 February 2011); *ibid.*, s.v. "Aikins, William Thomas" (by David R. Keane), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=5923&interval=20&&PHPSESSID=pel0iqrpso4n1slm9doea8s3c1 (accessed 6 March 2010); "Victoria College: Medical Department", *Journal of Education for Upper Canada*, vol. 9, no. 8 (August 1856), p. 128.

a new middle class emerged, Protestant Evangelicalism altered perspectives on work and masculine character that changed perceptions of the professions and their relationship to social prominence in the colony. Physicians and other professionals struggled to distinguish themselves from other middle-class workers, inciting debates and conflicts about who could be considered a “professional gentleman”.

As a new administrator with an “activist” vision of insanity care that was radically different than the approaches taken by previous medical superintendents or other physicians, Workman inevitably became a target of these debates (Appendix 2).¹⁰³ The professional attacks against him became especially virulent because Toronto itself was politically divided, drawing attention to any sort of public conflict. Yet, however, radical Workman’s ideas seemed in 1857, they were nevertheless firmly grounded in the Evangelical values that were helping to shape a new liberal order in Upper Canada; as Donald Creighton has noted, even John A. Macdonald’s Conservative inheritance was becoming increasingly qualified by “a genuine liberalism”.¹⁰⁴ Thus, as the asylum’s conditions continued to improve under Workman’s management in the years that followed, and as his administrative proposals were supported by the governments of John A. Macdonald and George-Étienne Cartier, the majority of professional and public doubts about him as a medical superintendent disappeared. Free from this constant scrutiny and criticism, he was able to work towards improving insanity care across Upper Canada and enhancing his own status as a medical expert.

¹⁰³ Hafferty and Castellani, “The Increasing Complexities of Professionalism”, p. 295.

¹⁰⁴ Creighton, *John A. Macdonald*, p. 218.

4. A New Medical Field Emerges: Medical Superintendents' Professional Advancement during the Expansion of Canadian Welfare Institutions, 1853-1865

Introduction: Coping with a Deficient Welfare System

Although the professional damage Joseph Workman experienced from the attacks by George Brown and the Trinity faculty was minimal and did not affect his career long-term, the disputes were frustrating for him as a new asylum medical superintendent. The potential threat to his professional reputation accounted for much of this angst, but equally problematic was the way the conflicts reinforced negative public attitudes about insanity and distracted attention away from asylum reform. The various newspaper attacks made Workman a scapegoat for all of the Toronto asylum's problems and its failure to rehabilitate patients. It was hardly a fair assessment given the overcrowded conditions at the asylum and the still-incomplete state of the building itself.

The patronage surrounding Workman's initial appointment and the political partisanship of early-1850s Toronto, especially in the medical profession, made it easy to blame the asylum's problems on Workman's inexperience and perceived ineptitude. Deficiencies in the welfare system as a whole were generally ignored as Upper Canadians transitioned from Georgian to Victorian ideas about the social purpose and function of public institutions. The Georgian focus on punishment and retribution was gradually being questioned by liberal reformers who, influenced by the Evangelical Protestant or crusading Catholic movements of the mid-nineteenth century, felt a moral responsibility to orient the penitentiary and asylum towards inmate/patient rehabilitation. Such rehabilitative principles were far from gaining public acceptance, however; as the 1851 penitentiary act and 1853 asylum act had indicated, they would be applied conservatively at best. Clauses in the penitentiary act concerning religious and secular

instruction that were meant to answer the Brown Commission's call for the introduction of rehabilitative policies, emphasized record-keeping and bureaucratic control more than inmate education. When the asylum act was passed two years later in 1853, it contained no discussion of patient care whatsoever, and was limited to administrative concerns. While the acts addressed the management conflicts that had caused so much disruption to the two institutions during the 1840s, they did not implement rehabilitative policies, nor did they plan for future welfare expansion.¹

The absence of planning for the future development of the province's welfare institutions became increasingly problematic as the decade progressed. The numerous provincial jails were seemingly in the worst position; in addition to imprisoning minor criminal offenders, they also housed local homeless persons and served as holding stations for people waiting to be admitted to the asylum or penitentiary. Cases like Eliza Ward's where an inmate was shuffled into, out of, and between institutions were common, due to the lack of a clear classification system and attempts by institutional administrators to offload inmates onto other institutions. As in the 1840s, the penitentiary fared slightly better regarding government provisions for expansion with the completion of the west wing and a separate female prison, as well as the construction of an exterior wharf. The 1851 penitentiary act, however, had not provided a means of reducing the growing number of convicts incarcerated at the institution and by 1853, it continued to be overcrowded with 496 inmates.²

¹ Peter Oliver, *'Terror to Evil-Doers': Prisons and Punishment in Nineteenth-Century Ontario*, (Toronto: University of Toronto Press, 1998), pp. 201, 209-11; *PSC*, 1851, cap.2, pp. 1782-84, "An Act for the better Management of the Provincial Penitentiary," 2 August, 1851.

² *AJLAPC*, 1854, Appendix D.D., pp. 28, 36, "Provincial Penitentiary – Warden's Report", 31 December 1853; Oliver, *'Terror to Evil-Doers'*, pp. 321-37; Richard B. Splane, *Social Welfare in Ontario, 1791-1893: A Study of Public Welfare Administration*, (Toronto: University of Toronto Press, 1965), pp. 145-48, 153-57. The Eliza Ward case is discussed in Chapter 3, pp. 162-175.

The asylum's circumstances were equally challenging. It was filled not only with insane patients from across Upper Canada, but also with local vagrants and homeless people who either arrived at the asylum unexpectedly or were transferred from provincial jails. By the time Workman started his tenure, the institution's population exceeded 300 patients, although the current building was only meant to accommodate 125. The building's side wings were not constructed, nor had any arrangement been made towards completing this work. Patients resided in dormitories of 7 to 17 patients, often forced to sleep two to a bed. Within a year Workman and his family vacated their apartments to accommodate four non-violent female patients, while want of room also forced four men to sleep in the basement.³ Recommendations for asylum structure and management, published in the Association of Medical Superintendents of American Institutions for the Insane's (AMSAII) *Journal of Insanity*, advocated dividing patients of both sexes into a minimum of eight separate classes according to their symptoms, behaviour, and severity of illnesses. Unfortunately, the Toronto asylum had only "three large divisions of each sex", making it necessary for harmless and quiet individuals to live with violent, obscene, and filthy patients. Workman noted that blackened eyes and scratched faces were the frequent outcome of this situation; yet, rather than remedying the situation, his opponents often blamed him as superintendent for not preventing such "wrangling".⁴

Beyond the incomplete state of the building, Workman attributed the overcrowding and internal disorganization to several factors that combined to worsen the problem: He believed

³ *AJLAPC*, 1854, Appendix H., pp. 1, 12, 20, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 19 June 1854, 12 February 1855, 15 March 1855.

⁴ *AJLAPC*, 1856, Appendix No. 2, p. 3, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 18 February 1856; Thomas S. Kirkbride, "Remarks on the Constuction, Organization and General Arrangement of Hospitals for the Insane [Part 2]", *AJI*, vol. 11, nos.1 & 2 (July and October 1854), pp. 5-6, 13, 142-144; *AJLAPC*, 1854, Appendix H., p. 20, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 15 March 1855.

that the Upper Canadian public too quickly regarded asylum commitment as the appropriate solution for coping with a mentally troubled relative or friend. He informed the government that “a considerable proportion” of his incurable patients were harmless, and while he acknowledged some had no friends to support them, many had been hastily and indiscreetly “hurr[ied]...away from home” to the asylum. Workman also considered many applicants’ geographic distance from Toronto problematic. He worried that long-distance travel, whether for medical examination or committal, was sufficiently stressful to exacerbate mental problems, predisposing patients to an incurable state.⁵

Physicians’ outdated medical practices and “astonishing ignorance” about insanity further contributed to the accumulation of incurable patients at the Toronto asylum. Vehemently opposed to antiphlogistic practices, Workman argued that long courses of bloodletting, blistering, purging, and other “medical destructives” applied by doctors had placed many insane patients “beyond the reach of curative means” even before they arrived at the institution. If this was not bad enough, insanity evaluations were frequently conducted in the city by doctors wholly ignorant of patients’ past medical histories and treatments. Workman thought this practice risked inaccurate diagnoses and assessments procuring commitment of individuals to the asylum who were unlikely to recover sufficiently to be discharged.⁶

Although Workman found these practices and the resultant accumulation of incurable patients frustrating, even more problematic for him in 1854 were the insane convicts transferred to the asylum from the penitentiary. The 1851 penitentiary act had included a clause allowing

⁵ *AJLAPC*, 1854, Appendix H., pp. 6, 17-18, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 12 February 1855; 15 March 1855.

⁶ Archives of Ontario (hereafter AO), Mackenzie-Lindsey Family Fonds, F 37 (hereafter MLFF), Workman to Mackenzie, 6 August 1855; *AJLAPC*, 1857, Appendix No. 12., p. 2, “Report of the Medical Superintendent... Provincial Lunatic Asylum, Toronto...”, 1 March 1857; *ibid.*, 1854, Appendix H., pp. 17-18, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 15 March 1855.

inmates to be transferred to the Toronto asylum at the request of the warden if a board of three physicians declared them insane.⁷ No thought was given to the disruption convicts might bring to the asylum or the detrimental effect of their presence to the recovery of other patients. Seemingly written without consulting Dr. John Scott, who was medical superintendent at the time, the clause suggested the penitentiary's privileged institutional status over the asylum. Addressing the implications of overcrowding for moral treatment and the negative ramifications for patient recovery, Workman complained bitterly about the presence of criminals at the asylum describing it as an "evil of inconceivable magnitude", and argued that such "moral monsters" caused more trouble than "twenty real mad-men". Even without violent criminals, the asylum classification system was inadequate; there was certainly no place to house these individuals that would not threaten the safety of other patients. Convicts also occupied space in the institution that could be given to another mentally ill person waiting admission.⁸

Under these circumstances, space for new admissions was very limited in the early years of Workman's tenure. To control the number and content of the asylum's population, Workman put his new managerial authority and characteristic stubbornness to good use. A proviso in the 1851 clause allowed him to return criminals to the penitentiary if they were declared cured. Adopting a literal reading of this statement, upon their arrival at the asylum, Workman pronounced any convict sent to him as cured and promptly returned them to the penitentiary. Given his determined personality, he likely reasoned that if doctors from across the province could inappropriately but lawfully secure patient admissions to the asylum, he should be able to certify a convict as having "recovered his reason". It was a bold move that predictably brought

⁷ *PSC*, 1851, cap.2, p. 1789-90 "An Act for the better Management of the Provincial Penitentiary," 2 August, 1851, clause XLVI.

⁸ *AJLAPC*, 1854, Appendix H., pp. 4, 12-15, 17-19, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 19 June 1854, 12 February & 5 April 1855; Oliver, '*Terror to Evil-Doers*', pp. 231-32.

criticism from officials at the prison. The penitentiary's medical board, chaired by its physician Dr. James Sampson, complained to the governor general that Workman was manipulating the system to suit his own interests, stating the returned convicts were no better than when they were first sent to the asylum.⁹

To temporarily deal with the problem of overcrowding, Workman also began delaying committal requests, claiming a total lack of vacancies. The decision created a backlog of such requests and brought criticism from the public and their political representatives. In the summer of 1855, Workman was "flagellated without cause" in a letter from George Chisholm, the Conservative MLA for Halton, after he refused to admit a patient from Oakville because the man lacked an application for his admission from Halton County authorities. Workman was unconcerned that the situation would have negative consequences for the man since he was merely experiencing "a hard case of the blues"; the superintendent believed many patients with mild cases of mental illness did not require asylum commitment, and could recover well on their own:

[A] very considerable proportion of the cases of Lunacy, for admission of which application had been made, had, in the interval between the date of application and that of advice of vacancy, undergone so favourable a change, as to render transmission to the Asylum unnecessary. This seems to me to be... of much practical import.

Seeking support for his actions, Workman mailed Chisholm's letter to William Lyon Mackenzie, asking the politician and newspaper editor to "mak[e] such use of the statements in it as you may deem expedient". Workman further commented to Mackenzie that copies of the 1853 by-laws addressing committal documents and confirming his authority to control admissions had been

⁹ *PSC*, 1851, cap.2, p. 1789-90 "An Act for the better Management of the Provincial Penitentiary," 2 August, 1851, clause XLVI; Oliver, *Terror to Evil-Doers*, pp. 232.

sent to “every Reeve and Mayor in Canada West”, giving no legitimate grounds for their complaints.¹⁰

The 1853 asylum act had indeed given Workman widespread administrative control and, for the first time, the provisions of the act gave him greater managerial autonomy than the penitentiary warden. Following the scandal with Henry Smith in the 1840s, the 1851 penitentiary act had offered a more detailed outline of the warden’s responsibilities, seeking to clarify his authority by declaring him to be the “Chief Executive Officer” of the prison. It was a title that had reflected both the high cultural valuation of this civil service position in Upper Canada and the Baldwin-Lafontaine government’s desire to maintain the warden’s institutional authority even after the 1849 inquiry. Yet his managerial autonomy was compromised by the penitentiary act’s introduction of two paid inspectors appointed by the governor general at an annual salary of £400. “[R]esponsible for the system of discipline and management pursued in the Penitentiary, and for its success and practical efficiency”, these men were required to make quarterly visits to the penitentiary where they served as the government’s eyes and ears with the power to intervene in the warden’s managerial affairs. Reflecting their superior status, the inspectors’ duties covered five pages of the act and were placed before the clauses outlining those of the warden, which occupied less than two pages. And while the inspectors’ £400 salaries were lower than the warden’s £500, their quarterly duties would have been much less extensive and onerous than the daily management of a large institution.¹¹ Although the asylum act required four Visiting Commissioners to monitor the Toronto asylum during quarterly visits, men appointed to these positions received only 25 shillings per diem, an amount hardly

¹⁰ MLFF, Workman to Mackenzie, 6 August 1855; *AJLAPC*, 1854, Appendix H., p. 17, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 15 March 1855.

¹¹ *PSC*, 1851, cap.2, pp. 1775-81, 1785 “An Act for the better Management of the Provincial Penitentiary,” 2 August, 1851, see especially clauses IX, XV, XXVI.

equivalent to the £400 salary of the penitentiary inspectors. With all appointees required to be Toronto residents, there was nothing administratively unique about these Visiting Commissioners since, in addition to the paid inspectors, the penitentiary also had a voluntary Board of Visitors which served the interests of the local Kingston community. The result was that, unlike Warden Donald Aeneas Macdonell (appointed to the penitentiary in 1850), Joseph Workman retained full control of the asylum's management and administration.¹²

It is unclear precisely why the provincial government chose not to exercise tighter control of the asylum by the appointment of government inspectors given its similarly troubled history in the 1840s and early 1850s. Through the appointment of the new penitentiary inspectors, the Canadian government perhaps sought to maintain control and transparency at the institution; the Brown Commission had used more of the government's financial resources, and it caused a high degree of social and political divisiveness across the province and within the local Kingston community that had not occurred with the asylum. Financial priorities almost certainly influenced the decision, for although the province's rapid growth and development gave it sufficient revenue to pay for welfare improvements, attention was focussed on financing transportation projects; the government probably had no desire to spend extra money on civil service positions it saw as unnecessary.¹³ With a consistently higher inmate population than the asylum, the penitentiary's administrative needs were more demanding.¹⁴ Finally, Dr. John

¹² *SPC*, 1852-53, cap. 188, pp. 927-30, "An Act for the better management of the Provincial Lunatic Asylum at Toronto," 14 June 1853, clauses V and XII; *PSC*, 1851, cap.2, pp. 1786-87 "An Act for the better Management of the Provincial Penitentiary," 2 August, 1851, clause XXX.

¹³ Michael J. Piva, *The Borrowing Process: Public Finance in the Province of Canada, 1840-1867* (Ottawa: University of Ottawa Press, 1992), pp. 120-24.

¹⁴ In 1851 the asylum had 267 patients compared to the penitentiary's 438 inmates, while in 1853 the institutions respectively had 345 and 496 residents. For the asylum records see *AJLAPC*, 1852, Appendix J., p. 19, "Second Annual Report of the Medical Superintendent", 4 November 1851; *ibid.*, 1854, Appendix H., p. 1, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 19 June 1854. The penitentiary records for these years may be found in *AJLAPC*, 1852, Appendix I.I.I., p. 2, "Provincial Penitentiary" - Warden's Reports

Rolph's influence in the drafting of the 1853 act and the medical orientation of the asylum had helped to secure the medical superintendent's autonomy and authority; as discussed in Chapter 2 Rolph's objective had certainly been to place the asylum in the hands of a physician from his school. And, although subject to the government authority of the inspectors, the 1851 penitentiary act had given Dr. James Sampson full control of the prison's hospital and its medical care; it was logical then for the government to adopt a similar approach in an institution whose primary function was intended to be medical.¹⁵

Whatever the reasons for the decision, because of the medical superintendent's combined medical and administrative roles, the lack of provision for paid inspectors presented Workman with both professional benefits and challenges. Insofar as his medical career was concerned, it was highly beneficial since he could now present himself to the public and his physician colleagues as worthy of a secure, salaried appointment in a position that allowed for the development of specialized knowledge and study. As this chapter will discuss, he would use his leadership role at the asylum to elevate his professional status as a doctor through offering welfare recommendations to the provincial government, interacting collegially with medical superintendents in the United States, and conducting insanity research. Yet, with regard to his administrative civil service role, the absence of government representatives directly concerned with the asylum's affairs presented occupational challenges because it meant he was the only Toronto asylum administrator in a position to advocate for institutional reform. Professionally overextended with limited time to spend with patients, or engage in professional activities with other Canadian doctors, Workman nevertheless spent many hours studying welfare policy and

and Records, 1 November 1851; *ibid.*, 1854, Appendix D.D., p. 28, "Provincial Penitentiary – Warden's Report", 31 December 1853.

¹⁵ *PSC*, 1851, cap.2, p. 1783 "An Act for the better Management of the Provincial Penitentiary," 2 August, 1851, clause XVIII.

petitioning the government for institutional changes. Given the asylum's overcrowded and disorganized patient population in the 1850s, he felt both a moral responsibility to his patients and a professional commitment to his own career that necessitated such advocacy; neither he nor his patients could flourish under the current circumstances.

Professional Interactions and Workman's Search for Solutions

Although professional self-advancement was as important as patient welfare in Workman's quest to expand and reform asylums in Upper Canada, less historical attention has been given to this aspect of his occupational endeavours at the asylum.¹⁶ In Workman's letters and asylum reports, his professional ambitions were less obvious than his humanitarian interests probably because his deep Christian morality and sense of righteousness caused him to view direct self-promotion as ungentlemanly. These personality characteristics further explain his intolerance for George Brown who made no apologies for overt entrepreneurialism and political strategizing. Nevertheless, Workman's professional interests must have been obvious to both his friends and opponents, and he probably appeared to act more like Brown than he realized. It partially explains his propensity to become involved in conflicts with others who recognized that his moral rhetoric, while sincere, also concealed a personal agenda of self-advancement. Over the next seven years Workman's actions as asylum superintendent and his participation with the AMSAII demonstrated a desire to develop medicalized treatments in humane institutions that

¹⁶ Discussions of Workman by Baehre, Brown, and Moran focus on administration and patient treatment during his tenure. While Christine Johnston's biography addresses his professional activities, it is more a narrative than a critical assessment of his activities as a medical superintendent. Rainer Baehre, "The Ill-Regulated Mind: A Study in the Making of Psychiatry in Ontario, 1830-1921" (Ph.D. diss.: York University, 1985), pp. 193-287; Thomas E. Brown, "'Living With God's Afflicted': A History of the Provincial Lunatic Asylum at Toronto, 1830-1911" (Ph.D. diss.: Queen's University, 1980), pp. 150-233; James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal & Kingston: McGill-Queen's University Press, 2000), pp. 64-76; Christine I. M. Johnston, *The Father of Canadian Psychiatry: Joseph Workman* (Victoria, BC: Ogden Press, 2000), pp. 48-90; 116-119.

could earn him an international reputation as a leading expert in “alienism”, while simultaneously gaining recognition for Canada as an intellectually and morally advanced state. His proposals to Canadian government personnel for reforming insanity care across the province similarly revealed a self-interested preference for treating patients who he believed could be cured, recommending the transfer of chronic cases to other asylums. Coupled with his professional activities outside Toronto, by the early 1860s the successful implementation of some of Workman’s proposals for institutional expansion and classification by the government established him as a respected insanity authority in Upper Canada with control over multiple institutions. As the conflicts discussed in Chapter 3 demonstrated, an unfortunate outcome of his asylum advocacy and efforts at self-advancement was that they enabled George Brown and other adversaries to claim he neglected his institutional duties by devoting less immediate attention to patient care and the monitoring of staff.

In the mid-1850s Workman’s prioritization of treatable cases was more subtle, seen largely through his expressed frustration at the detrimental effects of overcrowding on patient classification. He questioned how insanity could be properly treated under circumstances that did not protect patients from each other and did not allow for proper assessment of their illnesses.¹⁷ Yet these remarks presumed that treatment and cures should be a motivation for improving the asylum, an idea that would have been foreign to many Upper Canadians. Traditional understandings of insanity that associated the condition with low morals persisted, and while many families of persons afflicted with insanity undoubtedly hoped recovery would be an outcome of committal, throughout much of the nineteenth century unsanitary conditions and the negative reputation of scientific medicine meant hospitals of all types were not seen as

¹⁷ *AJLAPC*, 1854, Appendix H., p. 20, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 15 March 1855.

therapeutic institutions. Asylum historians have suggested families viewed asylums as places of last resort once a relative's illness became unmanageable at home. Many people presumed that asylums had a primarily custodial function, believing them to be – in the words of William Lyon Mackenzie -- “gloomy, prison-like, dungeon-cold’ places”. Given this view, it is little wonder Upper Canadians did not significantly differentiate the Toronto asylum from the province's various penal institutions.¹⁸

Changing this perception would not be easy, and efforts to do so were not helped by the sensationalist stories about the Toronto asylum and its medical superintendent published in newspapers during the mid-1850s. The resulting scandals only further tainted the public's perspective and faith in the institution. In an effort to showcase the moral treatment program and raise public confidence in the asylum, it was opened to visitors on Sundays throughout the 1850s. Even after several years Workman ironically commented on the futility of trying to alter popular notions of insanity care after observing picnicking Sunday guests:

I saw them sitting on the grass – a mother, father and three children. They had spread a blanket and sat sunning themselves... They opened a hamper and passed out sandwiches. Father pointed out one Mary K. to the children. Mary's hair was dishevelled and she walked with the peculiar gait of those long confined to the ward... Her vacant look and dribbling mouth frightened the girls, but made the little boy laugh. When she lifted her dress and watered a bed of flowers, the father roared out and the mother was scandalized. They had come here for entertainment... To them these unfortunates were freaks in some country fair side show... [Mary] was subhuman... Then they left to go to church.¹⁹

¹⁸ Charlotte MacKenzie, “Social Factors in the Admission, Discharge, and Continuing Stay of Patients at Ticehurst Asylum, 1845-1917” in *The Anatomy of Madness, vol. II: Institutions and Society*, W.F. Bynum, Roy Porter, and Michael Shepherd, eds. (London: Routledge, 1985), p. 153; Janet Miron, “‘Open to the Public’: Touring Ontario Asylums in the Nineteenth Century,” in *Mental Health and Canadian Society: Historical Perspectives*, James E. Moran and David Wright, eds. (Montreal & Kingston: McGill-Queen's University Press, 2006), p. 23; 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*, Wendy Mitchinson and Janice Dicken McGinnis, eds., (Toronto: McClelland and Stewart, 1988), pp. 94, 108-109; MLFF, Workman to Mackenzie (quoting Mackenzie's previous letter to him), 10 March 1857.

¹⁹ Johnston, *The Father of Canadian Psychiatry*, Appendix 8, p. 162.

Workman probably realized the only hope of altering public attitudes lay in persuading the government to implement changes that could demonstrate the curability of certain forms of insanity, while giving greater dignity and protection to the custodial patients.

Improved treatment was only possible if asylum facilities could be expanded. Commenting about the overcrowding in 1854, the Montreal *Medical Chronicle* observed that with a population almost 50 per cent higher than that recommended for any large asylum, the Toronto asylum's circumstances were "most distressing to contemplate. How Dr. Workman...manages alone, we cannot conceive." Its editors recommended a new asylum be built in Upper Canada "near a flourishing town or city."²⁰ Workman agreed that additional institutions were needed, but in 1854 his priority was the completion of the two patient wings included in John Howard's original design for the Toronto asylum. Completion of the wings would permit him to implement a proper system of patient classification and expand facilities for patient recreation and labour inside the institution. Further improvements of the asylum's outside property were unlikely since the colonial ordnance department had recently rejected an application from Workman to use part of the Garrison Common adjacent to the asylum, making extension of the building more urgent.²¹ Skeptical, however, of John Howard's professional competence after the 1853 sewage and ventilation problems, in April 1855 Workman asked the government to reassess the architectural plans for the wings after he returned from his first tour of American asylums in May. He believed it "might lead to judicious modifications in the plan of the proposed Wings", ensuring the most approved modern arrangements. Yet, the visits to

²⁰ *The Medical Chronicle*, vol. 2, no. 3 (August 1854), pp. 113-115, also reprinted in "Insane Asylums of Canada", *AJI*, vol. 11, no. 2 (October 1854), p. 198.

²¹ *AJLAPC*, 1854, Appendix H., pp. 18-19, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 15 March 1855.

American institutions only convinced Workman of the quality of Howard's work, causing him to "give the palm of superiority for [Howard's] plans and designs."²²

Workman's spring 1855 trip to the United States marked an important stage in the shaping of his professional identity and gave him new perspectives on Canadian asylums and public welfare. Until this time Workman had been unable to engage fully with other AMSAII members. The controversy surrounding his asylum appointment had led Dr. Christopher Widmer to recommend that Workman's tour of American asylums be delayed for a year in the interests of defending his qualifications, a decision that also prevented him from attending the 1854 AMSAII meeting in Washington.²³ Workman's ability to correspond with American colleagues had been further limited by the Canadian government's "snail-pace" response to his requests to publish his annual asylum reports; Workman could not fulfill the expected AMSAII "professional courtesy" of sharing information through the exchange of these documents. Yet in 1855 he quickly made up for lost time, first travelling to several prominent New England asylums and then attending the AMSAII conference in Boston along with twenty-six other medical superintendents from across the eastern United States. Workman actively participated in the conference discussions, speaking against attempts by the association to censor criticisms of public asylums and their administration in the press, commenting on the benefits of restraining

²² Workman's conclusions and comments to Mackenzie on this matter are amusing. Howard experienced a mental and physical breakdown from the stress of professional attacks against him following the discovery of structural problems at the asylum in 1853. At the time, Workman deemed Howard's plumbing and ventilation plans "manifestly useless and absurd", and clearly this distrust of Howard's work continued until after his American asylum tour. Yet he later remarked to Mackenzie that "poor Howard has been abused beyond any man in Canada by a brainless pack of gabblers for his professional ignorance." It may be assumed Workman was referring to the faculty of Trinity College and other Tories in Toronto. Nevertheless, the irony of Workman's self-implication is striking. *AJLAPC*, 1854, Appendix H., pp. 2, 21, "Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...", 19 June 1854 & 5 April 1855; AO, MLFF, Workman to Mackenzie, 19 March 1857; John G. Howard, *Incidents in the Life of John G. Howard, Esq.* (Toronto: Copp Clark Company Limited, 1888), pp. 27-28.

²³ W. T. Aikins Papers, AMC, #90 Widmer to John Rolph, 1 April 1854.

beds and alcohol in treatment of certain insanity cases, and emphasizing the importance of dental care and outdoor labour to patients' overall physical and mental health.²⁴

The conference thus gave Workman his first experience of “macro level” support through debate and the sharing of experiences and ideas (Appendix 1).²⁵ Given the absence of such cohesiveness in the Toronto medical profession, it was probably a transformative experience for the medical superintendent that helped transform his self-identity from general practitioner to insanity expert. Illustrating this shift, Workman's next government report contained his first clear assertion of professional expertise: Discussing future architectural appointments for asylums in Upper Canada, Workman made the claim that “Lunatic Asylum Architecture, like Lunatic Asylum management, and the treatment of lunacy, is a specialty”.²⁶ No longer isolated in his administrative struggles and treatment approaches, Workman was probably emboldened by active involvement with the AMSAII such that he now felt free to make a direct claim for professional specialization as an “alienist”.

The insights Workman gained about asylum administration in American institutions that spring also made him confident that the Toronto asylum was “inferior to none” in North America and had the potential to implement policies and treatment that would make it morally and administratively superior to all other asylums on the continent.²⁷ At the conference and in his next two government asylum reports, Workman emphasized the possibility of creating a welfare

²⁴ MLFF, Workman to Mackenzie, 9 July 1855; “Proceedings of the Tenth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane”, *AJI*, vol. 12, no. 1 (July 1855), pp. 39-40, 48, 59-60, 66-67.

²⁵ Frederic W. Hafferty and Brian Castellani, “The Increasing Complexities of Professionalism”, *Academic Medicine*, 85, no. 2 (February 2010), p. 293, 296-297.

²⁶ *AJLAPC*, 1856, Appendix No. 2., p. 4, “Report of the Medical Superintendent... Provincial Lunatic Asylum, Toronto...”, 18 February 1856.

²⁷ *Ibid.*, p. 2.

system that would showcase Canada as a progressive and developmentally advanced colony, distinguishing it within North America and the British Empire. He acknowledged that insane patients in Canada already had superior general health, a “better *physique*”, and more secure prospects for quality, long-term treatment than many of their counterparts in Britain and the United States. According to Workman, the British Poor Laws had created an environment of “moral paralysis” that made patients “stupid”, while American asylums provided overly indulgent diets, poor climate control, and an excess of trees and shrubberies, all which Workman believed led to poor physical health and prolonged insanity.²⁸ Worse, however, was a policy implemented in many American states to resolve overcrowding, by which asylum medical superintendents were required to discharge uncured patients after a certain period of treatment; these legal provisions stated that lunatic asylums were to be used as curative hospitals, rather than almshouses. Although Workman recognized that the extent of accommodation in these states fell very far short of demand, he identified this “reckless disregard of the moral obligations of christian dispensation” as a “heinous offense against the laws of the Divine Ruler of the world”. While Workman acknowledged the Toronto asylum was overcrowded and unable to answer immediate demands for admissions, he was proud that the Canadian government had thus far not adopted inhumane policies that would dislodge incurable “friendless and houseless” patients from the only lodgement available to them.²⁹

²⁸ “Proceedings of the Association”, *AJI*, vol. 12, no. 1 (July 1855), p. 92; *AJLAPC*, 1857, Appendix No. 12., p. 1, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 1 March 1857; MLFF, Workman to Mackenzie, 19 March 1857. It is unclear why Workman believed trees, shrubs, and greenery caused ill health, but he advocated against planting any tree “larger than a gooseberry bush within 200 feet” of a home or public institution.

²⁹*AJLAPC*, 1856, Appendix No. 2., p. 2, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 18 February 1856.

Workman cautioned, however, that the status of insanity care in Canada was precarious and could easily follow the American example if efforts to expand the welfare system were not soon taken. The current circumstances could not be sustained much longer without further institutional space, and given the colony's extensive and developing resources, he criticized the Canadian public for ignoring social responsibilities in the pursuit of wealth accumulation and personal fortune:

Those reputed as sane in Canada have all so much to do in thinking of their proper business, – are all so eagerly engaged in the pursuit of wealth, which here seldom fails to reward, though it may not always bless, its votaries, as to afford them but little time to extend their observations on the state of society far beyond the circle of their own firesides... In Canada, it is to be hoped, that for the sake of humanity, and of the honourable fame, which in so many other aspects of our public character, we have already fairly earned, we shall never permit so dark a spot to blemish our reputation...[I]t is a question of money against humanity, of public benevolence against public apathy, of God's charity against man's avarice. Is not our country rich? Is not our public revenue redundant? What then is wanting? Nothing but a little sympathy, a little thinking, a little reflection: and unfortunately, so far at least as regards the insane, these are not met with in redundancy.³⁰

Workman recognized that the province's financial resources were sufficient to develop a treatment program that would not only answer the needs of the insane in the province, but would advance Canada's political and social identity over the next several years. The only existing barrier to such advancement was the present unwillingness of Upper-Canadians to distribute provincial resources towards welfare needs.

Welfare Reform in a British North American Context, 1854-1856

Workman's discussions of Canadian morals and development policies emerged from larger political questions in the mid-1850s about the province's position in North America, its relationship to the United States, and its colonial status. Opportunities for territorial expansion, a transient population, and more open trade policies following the Reciprocity Treaty (1854)

³⁰ Ibid.

offered new settlement and economic possibilities and increased cross-border movements between the British North American colonies and the United States. As discussions took place in Britain about the future of the Hudson's Bay Company (HBC) territory, proposals were made in the Canadian assembly to secure part of this region for the province. Railway and shipping routes were forced to end where the HBC regions began, making the HBC's monopoly control of areas north and west of Upper Canada a block to the colony's expansion and future economic development across North America. As railway enthusiasts and land investors, George Brown and his brother Gordon were leaders in the campaign to have the HBC territories transferred to Canada. In 1856 the British government announced the formation of a select committee to investigate the termination of the HBC charter and possible transfer of lands to the British North American colonies.³¹

While territorial expansion and cross-border movement between Canada and the United States increased trade opportunities and brought a greater exchange of goods and ideas, these changes also made the extent of Upper Canada's need for British protection and administration more uncertain. Border defence was an ongoing concern as British military personnel were gradually withdrawn from Upper Canada, first in response to the implementation of Responsible Government and then with the onset of the Crimean War in March 1854; although British troops were slowly replaced with a Canadian militia, at the beginnings of this transition the province

³¹ Meeting in London in July 1857, part of the committee's initial recommendations was the transfer of Red River and Saskatchewan to Canada. D. G. G. Kerr, *Sir Edmund Head: A Scholarly Governor* (Toronto: University of Toronto Press, 1954), pp. 157-63, 180-82; J. M.S. Careless, *Brown of the Globe, vol. I: The Voice of Upper Canada* (Toronto: The Macmillan Company of Canada Limited, 1959, 1966), pp. 229-33, 238-39; Donald Creighton, *John A. Macdonald: The Young Politician* (Toronto: The MacMillan Company of Canada Ltd., 1956), pp. 242-46.

was left with a largely ineffective military presence along its border regions.³² This lack of protection became especially problematic as tensions built between the United States and Britain over the Crimean Foreign Enlistment Act controversy, legislation through which Britain attempted to recruit militia in the United States, despite American laws of neutrality. The initiative caused mounting American hostility towards Britain for interference in its governance and neutrality policies, and the conflict ended with President Franklin Pierce dismissing John Crampton, the British minister in Washington, and revoking the exequaturs of three British consuls. While Upper Canada experienced no serious outcome from these Crimean hostilities, the situation heightened awareness of the colony's vulnerability, concerns that would resurface again with the approach of the American Civil War.³³

In the mid-1850s when Workman was making his requests for asylum reform, he was thus competing for the Canadian government's attention against large-scale territorial, economic, and military concerns that focussed on expanding, protecting, and differentiating Canada from the United States. It was logical then that in lobbying for the asylum, Workman appealed to public interests in state development, anti-American sentiments, and the formation of a Canadian identity framed in the economic and social values of Victorian liberalism. In a culture that still did not view welfare responsibilities as a Christian duty and that was only beginning to entertain ideas about the possibility of institutional rehabilitation, this state development approach was more likely to be effective than his Biblical quotations and religious proselytizing. Whatever the

³² Kerr, *Sir Edmund Head*, p. 125. Between 1854 and 1856 provincial spending on the militia increased from £2,200 in 1854 to £43,700, reflecting this new emphasis on self-protection. Piva, *The Borrowing Process*, p. 121.

³³ The Crimean recruitment effort was headed by Nova Scotia politician Joseph Howe with the support of Crampton. Howe appealed to the Canadian government to accept recruits, but Governor General Sir Edmund Walker Head cautiously refused to involve his new colony in the scheme. It was a wise decision given the weakened military condition of the province. Kerr, *Sir Edmund Head*, pp. 125-27; J. B. Brebner, "Joseph Howe and the Crimean War Enlistment Controversy between Great Britain and the United States," *Canadian Historical Review*, v. 11, no. 4 (December 1930), pp. 300-327.

challenges presented by the lack of public enthusiasm for asylum reform, by late 1855 Workman had faith that positive changes would soon be instituted. The £14,000 grant for completion of the wings had been provided the previous March and, as he reported in the *American Journal of Insanity*, with the “humane influence of the present Governor, Sir Edmund Head”, the Canadian government had “begun to manifest a deep interest in the cause of insanity”.³⁴

Never one to offer compliments lightly, Workman recognized that welfare reform was a primary interest of the province’s new governor general. Sir Edmund Walker Head had replaced Lord Elgin in December 1854, after having served a six-year term as lieutenant governor of New Brunswick. Head had begun his professional career as an Oxford lecturer and scholar of European art and literature, and was also an accomplished linguist and philologist. He entered the British civil service in the 1830s when family financial reverses required him to find a more secure source of income, first working as an assistant Poor Law commissioner in western England, Wales, and London (1836-1841), and later as one of the three chief Poor Law commissioners (1841-1847). Head had been well-suited to the Poor Law Commission. His early civil appointments took place after the passing of the Poor Law Amendment Act (1834), which introduced stricter, more regulated state controls of welfare assistance in Britain through the introduction of workhouses and district “unions” as basic administrative units. It was a tumultuous period of administrative reorganization in Britain with many public protests against the restrictions imposed by the new act. Head applied his intellectual skills to studying the sources of poverty, and he helped develop short- and long-term solutions for remedying welfare problems in Britain. For the future Canadian governor general, this work was an invaluable experience that later served him well in his British North American appointments; Head’s

³⁴ J. “Insanity in Canada”, *AJI*, vol. 12, no. 2 (October 1855), p. 145. Although the author of this article only identifies himself as “J”, the piece has been attributed to Workman, which makes sense since he was almost certainly asked to report on Canadian institutions at the AMSAII conference the preceding May.

biographer D. G. G. Kerr has noted that through the Poor Law Commission “the scholar became as well the administrator”.³⁵ In 1847, when the Poor Law Commission was terminated, Head was offered the New Brunswick lieutenant governorship as compensation.³⁶

During his assignments to New Brunswick and Canada, Head engaged heavily in long-range policy development for British North America, spending much time studying large colonial issues such as economic development, border defence, and territorial expansion. His belief in the need to develop an intercolonial railway caused him to become an early confederation advocate, although he favoured a union of the Maritime colonies over one including Canada.³⁷ His views on state policy were marked by a moderate and enlightened liberal-conservatism that matched well with government leaders in Canada.³⁸ The MacNab-Morin ministry had recently been appointed at the time of Head’s arrival in late 1854, with John A. Macdonald serving as attorney general in the new ministry. Welfare administration was one of the responsibilities of this position, and in 1855 Macdonald wrote several letters to Provincial Secretary George-Étienne Cartier with recommendations for the prisons and asylum. He wished to apprise the new governor general of the province’s welfare difficulties and secure temporary resolutions to some of the problems. Macdonald’s interests in state development and desire to confront the complex administrative issues facing the province evidently caught Head’s attention. The two men soon discovered a shared vision for Canada, and during his first year in office, Head approved several of Macdonald’s welfare recommendations while he took time to

³⁵ Kerr, *Sir Edmund Head*, p. 11.

³⁶ *Ibid.*, pp. 4-17.

³⁷ *Ibid.*, 122-24; *DCBO*, s.v. “Head, Sir Edmund Walker” (by James A. Gibson), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4490&interval=20&&PHPSESSID=3fpj9agv71r84kqaddsf2fft74 (accessed February 21, 2011).

³⁸ Kerr, *Sir Edmund Head*, p. 9.

review the numerous institutional reports and grand jury presentments from the past fifteen years. Macdonald quickly came to regard the governor general as ““a thorough man of business [who] attends to the public interests *con amore*.”” After the seat of government returned to Toronto in the fall of 1855, Macdonald, “living conveniently close to Government House”, spent much time in Head’s company discussing policy concerns and the province’s future.³⁹

Asylum Expansion and Policy Proposals: Rockwood and the University Branch

Thus, while Workman’s acknowledgement of the governor general in the AMSAI’s October 1855 journal was undoubtedly written to showcase the quality of British leadership in Canada to American superintendents, his compliments of Head at that time were somewhat misplaced and premature. Improvements to welfare administration that year had occurred largely thanks to Macdonald’s efforts. Three days before he defended Workman and the £14,000 asylum grant in the assembly on March 2, Macdonald had sent a letter to Cartier proposing that a section of the penitentiary “lately occupied as a military prison”, be converted for the reception of the twenty-one criminal lunatics under Workman’s care along with any others then residing in the county jails. He recommended the appointment of a medical superintendent who would have exclusive responsibility for this ward, but suggested Warden Macdonell might consult with Workman about their care in the interim. Aware of the growing penitentiary population, Macdonald acknowledged that the proposal must be considered a temporary arrangement with a view to building a permanent asylum for the criminally insane in the near future.⁴⁰

³⁹ J. K. Johnson and Carole B. Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I* (Ottawa: Public Archives of Canada, 1968), pp. 245-46, Macdonald to Louisa Macdonald, 21 February 1855; Creighton, *John A. Macdonald*, pp. 216, 242.

⁴⁰ Elizabeth Nish (Gibbs), ed., *Debates of the Legislative Assembly of United Canada* (Montreal: Presse de l’École des hautes études commerciales, 1970, 1984), vol. XII, part V, pp. 1964; Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I*, pp. 249-50, Macdonald to the Provincial Secretary, 27 February 1855.

Less than a week later, on March 6, Head approved the idea and soon after also agreed to the attorney general's subsequent recommendation that Dr. John Litchfield be appointed medical superintendent of the criminal asylum at a salary of £300. Litchfield had had a varied career working first in England at a London infirmary in the 1830s and as a hospital inspector and journalist in Australia during the 1840s. Imprisoned in Australia as a debtor and having his medical credentials questioned, he returned to London and worked as a journalist until immigrating to Canada in 1853. He first worked for the *Montreal Pilot and Journal of Commerce*, and later became a medical lecturer at Queen's College, a position he kept during his employment at the criminal asylum. In 1854 he had apparently applied for the permanent appointment at the Toronto asylum, but lost this opportunity when Workman was retained. Perhaps Rockwood was intended as a compensatory appointment, given the controversy after Workman's hiring at Toronto.⁴¹

Patients were transferred to the new welfare facility in June, finally relieving Workman of one of the major burdens he faced as an asylum physician and administrator. Later that year, the province purchased the Rockwood estate in Portsmouth Village for the criminal lunatic asylum. Located just west of Kingston, it initially housed twenty-four female patients in the refurbished stables of the estate, while the male patients remained in the penitentiary; beginning in 1859, a new building with spaces for up to three hundred patients began to be constructed and was completed by the mid-1860s. Historian James Moran has argued that Rockwood was established as a result of cultural conceptualizations of criminal insanity as a unique "medical" condition that required treatment different from that offered either in a penitentiary or general

⁴¹ Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I*, pp. 251-52, 274, Macdonald to the Provincial Secretary, 5 March, 6 June 1855. *DCBO*, s.v. "Litchfield, John Palmer" (by A. W. Rasporich and I. H. Clarke), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4553&interval=20&&PHPSESSID=2ns0eie918bokss84bd9d5nv14 (accessed 9 September 2009).

asylum.⁴² This view, however, ignores Rockwood's ongoing institutional affiliation with the penitentiary, of which it was considered part and where its patient-inmates were housed for much of the 1850s. In its initial years of operation, the criminal asylum was never more than an offshoot of the penitentiary and its creation was a matter of convenience and practicality due to systemic overcrowding, rather than a conscious effort to treat these people medically. Not until the 1860s when it increasingly accepted non-criminal patients from regional gaols and the Toronto asylum, did the Rockwood asylum assume a medicalized identity as a general asylum. With the opening of Rockwood, Workman was relieved of the worst of his "incurable" cases, and now that he was no longer the only asylum medical superintendent in Upper Canada, he must have felt some glimmer of hope for the future development of the profession in the colony.

With the organization of Rockwood secured, Macdonald's commitment to welfare reform continued. Writing to his friend Henry Smith, the current solicitor general and son of the former penitentiary warden, the following January, Macdonald indicated that a "Prison & Asylum Inspection Bill" was being planned and "*perhaps*" would be introduced in the upcoming session that February. Uncertainty about the timing of the bill's introduction was created by the Board of Works, which was being "very slow" in contracting for the asylum wing extension and other public building projects. Governor General Head was also concerned about the asylum's current management since it was widely known that conflicts between Workman and certain asylum staff were occurring repeatedly; he wanted Macdonald to accompany him on a tour of the asylum to ensure it was operating properly before introducing new legislation.⁴³

⁴² Moran, *Committed to the State Asylum*, pp. 141-42, 152-53.

⁴³ Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I*, pp. 335-36, 355, Macdonald to Henry Smith, 20 January 1856; Macdonald to Provincial Secretary, March 1856. Macdonald specifically refers to Workman's disputes with Bursar James McKirdy and former Porter John Reed.

Possibly as a result of these issues, in his 1856 throne speech, Head made no mention of a new inspection bill, nor was the asylum discussed in any capacity. Yet, welfare was not entirely ignored and the speech contained Head's first public comments on the deplorable state of the province's penal institutions. Having reviewed presentments of numerous grand juries dating to 1840, he especially noted the clear "want of improvement in the construction and discipline of [the] Gaols", and ordered these grand jury testimonies to be published for the assembly's future use when deliberating on reforms. Specific attention was also given to the case of juvenile offenders who Head believed should not be confined with adult criminals.⁴⁴ Despite Head's call for jail reform, no action was taken by the assembly on this matter during the 1856 session. It would be another year before a bill proposing widespread administrative changes to the welfare institutions would be presented by John A. Macdonald.

Although Workman's professional conflicts and delays by the Board of Works probably contributed to the lack of attention to the asylum in 1856, Head's speech exhibited a clear prioritization of penal concerns over other areas of welfare reform. This proved to be the case again in 1857 with his second throne speech; Head recommended the assembly "take steps for ensuring the proper construction and regulation of Prisons throughout the Province", saying he could not "speak too strongly" on the matter of prisoners' moral and physical welfare.⁴⁵ This prioritization of penal institutions reflected, or at least demonstrated an awareness of, the persisting Upper Canadian cultural interest in prisons over asylums and other types of welfare institutions. Head's personal views on welfare priorities are not altogether clear in his speech since, even if he saw asylum reform as important, proposed amendments to penal institutions had

⁴⁴ *JLAPC*, 15 February 1856, p. 5; *AJLAPC*, 1856, Appendix No. 34, "Copies of Reports of the Judges of the Superior Courts for Upper Canada and Presentments of Grand Juries and other Papers on the subject of Gaols."

⁴⁵ *JLAPC*, 15 February 1856, p. 5; *ibid.*, 26 February 1857, p. 5.

a greater chance of success in the assembly. Macdonald seems to have been the main government advocate of asylum reform, but with George Brown's reformers dominating politics in the western part of the province and his future Conservative leadership uncertain by the end of the 1856 session, it was probably not the best time to put forward any potentially unpopular bills; as it was, proposals from the Conservative coalition often lacked support from Upper Canadian members for whom the Toronto asylum was most relevant.⁴⁶ Macdonald probably advised Head of this reality during their consultations, and the next year the Conservative leader's tactic was to use the more culturally appealing prison bill to secure asylum reforms.

While Head's proposals were oriented toward penal administration, his remarks on the future direction of prison reform indicated that the government should take a different approach than the punitive system of the 1840s. The throne speeches of 1856 and 1857 identified the education of criminals as imperative and claimed special status for juvenile offenders, thus introducing the idea that rehabilitation was possible and ought to form part of any future prison administration policies. Thus in Upper Canada, the gradual transition away from the Georgian punitive model of welfare, which focussed entirely on protecting the public and disciplining the offender, may be seen to have begun with these speeches by Governor General Head. Victorian Evangelical emphases on redemption and charity would help promote a new rehabilitative approach to penal administration whereby criminals might be "cured" of the low morals that had led them to crime. The desire to create a less harsh environment for young offenders in the broader Canadian prison system suggested the belief that certain classes of inmates had a higher potential for being reformed. Although this belief in rehabilitation did not extend to the insane in the political discussions and legislation of 1856 and 1857, it at least indicated that welfare policies in the province were beginning to consider the legitimacy of a "curative" institutional

⁴⁶ Careless, *Brown of the Globe*, vol. I, pp. 215-219, 227; Creighton, *John A. Macdonald*, pp. 228, 230-37.

model. Over the next few years, this shift created an atmosphere hospitable for Workman's desire to orient the Toronto asylum around a curative form of insanity treatment.

While the asylum was not included in Head's broad policy plans for 1856, the year nevertheless proved to be professionally lucrative for Workman. The backlog of admission requests was partly alleviated when the government designated a former University of Toronto student residence (located near the present Queen's Park) as a branch asylum. Use of the residence for this purpose was made possible because the 1852 university act had transferred all university "property and effects" to the Crown.⁴⁷ Because a subsequent proposal recommended using the site for a new parliament building and government offices, objections were voiced by both the University of Toronto Senate and certain members of the Legislative Council when the residence and property were suggested for the use of the Toronto asylum. The Senate, which in 1856 was arranging construction of a new building to house University College, understandably saw the branch asylum as an inconvenience; it meant new student residences would need to be built and that the old university lands could not be amalgamated with the new University College property. Yet, its members accepted the asylum arrangement, only urging in their annual report to government that the arrangement be "merely temporary".⁴⁸

Stronger objections came from a few members of the Legislative Council who protested that the site designated for the branch asylum contained a significant portion of parkland "highly prized by the citizens of Toronto...whose enjoyment of this indulgence will be utterly marred if the Asylum for Lunatics is located thereon." By the mid-1850s Toronto was a "busy, active" and

⁴⁷ *SPC*, 1852-53, cap. 89, p. 325, "An Act to amend the laws relating to the University of Toronto..." 22 April, 1853.

⁴⁸ *AJLAPC*, 1857, Appendix No. 28, pp. 3-4, "Annual Report of the Senate of the University of Toronto for the Year 1856"; Martin L. Friedland, *The University of Toronto: A History* (Toronto: University of Toronto Press, 2002), pp. 54-63.

growing metropolis with many new expensive buildings that all indicated “wealth and prosperity”; with this growth came efforts by the middle class to beautify the city and reserve green space for their own use.⁴⁹ Discussing public space, geographer Peter Goheen has observed that “shared space takes on the attributes of those who use and enjoy it.” Citizens opposed to the branch asylum were well aware of this concept, explaining their drive to preserve it for middle-class use and their belief that the land would be tainted by the presence of an asylum and its insane patients. Eight years later this stigmatized perception still proved to be a reality; in 1865 provincial welfare inspectors identified the “City Park” as “comparatively useless” with the university lots close to it as “almost unsaleable” because of their proximity to the branch asylum.⁵⁰ Despite these objections, a majority of the Legislative Council approved the designation of the university residence for the asylum in 1856. Although the building was “wanting in many of the peculiar requirements of an Asylum,” Workman was able to transfer 55 female and 6 male chronic and non-violent patients to the new facility, “afford[ing] much relief to the numerous applicants pressing for admission.”⁵¹

The relief afforded by the new ‘University Branch’ asylum was not limited to current and potential patients, however. The elimination of chronic cases allowed Workman to focus his attention on “curative” cases. This distinction between curative and chronic cases made little difference to his administrative civil service role, but could alter perceptions of him as a physician. Regardless of whether he would actually be able to relieve patients of their insanity

⁴⁹ *JLPC*, 1856, p. 333, 6 June 1856; Careless, *Brown of the Globe*, vol. I, p. 228; Friedland, *The University of Toronto: A History*, p. 44.

⁵⁰ Peter G. Goheen, “Negotiating Access to Public Space in Mid-Nineteenth Century Toronto”, *Journal of Historical Geography*, vol. 20, no. 4 (October 1994), p. 431; *SPPC*, 1865, no. 14, p. 12, “Report of the Board of Inspectors of Asylums, Prisons, &c., for the Year 1864”.

⁵¹ *AJLAPC*, 1857, Appendix No. 12., p. 3, “Report of the Medical Superintendent... Provincial Lunatic Asylum, Toronto...”, 1 March 1857.

symptoms, an institution emphasizing short-term rehabilitative treatment would enhance his professional image as a medical expert and legitimize insanity as a field of study more than one filled with patients simply needing long-term care. The distance of the branch from the main asylum was also beneficial. Because it was a separate building located approximately two miles away from the Queen Street site, additional staff needed to be hired to work there. Of particular importance to Workman was the need for another physician to serve as his assistant, initially assuming medical and administrative charge of the branch.⁵² This opportunity elevated Workman's professional status by allowing him to manage and direct another doctor, a position typically reserved for prominent senior members of the medical profession. The presence of another physician would also alleviate some of his administrative duties, freeing him to engage more extensively in "macro level" professional activities with other alienists; such activities in turn could advance him professionally by furthering his claim for medical expertise.⁵³

The hiring of Joseph Workman's older brother Benjamin (Ben) to the position of medical assistant suggests the government permitted Joseph to make the appointment himself, again demonstrating the greater autonomy he had at the asylum compared to Macdonell at the penitentiary where such decisions required approval from the two inspectors. Ben had worked as a pharmacist for several years in Montreal before Joseph convinced him in 1850 to train as a physician; he graduated in 1853 at the age of fifty-nine. Given Ben's advanced age, a salaried institutional appointment was a more secure option than trying to build a private practice. Ben had also expressed a desire to leave Montreal due to personal difficulties he was experiencing in

⁵² The branch would later be managed by a steward and visited daily by Benjamin or Joseph Workman. *SPPC*, 1863, no. 66, p. 9, "Third Annual Report of Asylums, Prisons, &c."

⁵³ Hafferty and Castellani, "The Increasing Complexities of Professionalism", p. 293.

the mid-1850s.⁵⁴ The two brothers had always been close, and Workman probably recognized the branch opening as an opportunity to assist Ben through an appointment that would be equally helpful to himself. Yet, Joseph's decision to appoint a relative would have done nothing to disprove claims being made at that time by some staff of inequitable hiring and dismissal practices; such accusations provided the foundation for the James Magar case in early 1857.

At some point during the next two years – the precise date is unclear – Joseph Workman would also take on a junior clinical assistant at the main Queen Street asylum, Dr. Andrew Fisher. In his mid-twenties, the Methodist Fisher was likely a student or recent graduate of Victoria College's medical school where Workman still retained an affiliation as Emeritus Professor of Obstetrics. Little is known of Fisher's experience in Toronto, but in 1859 he would be appointed to the asylum's next branch in Amherstberg, near Windsor in western Upper Canada. He was the first of many medical students and new physicians to receive practical training from Joseph Workman at the Toronto Asylum. Workman became one of the first advocates of medical internships in Canada, and by the early 1870s, when his own professional expertise and status as an alienist were recognized throughout North America, he had implemented a more formal program at Toronto for the training of future medical superintendents.⁵⁵

⁵⁴ Benjamin Workman was married twice. His first wife died in 1829, his second in 1843. In 1842 he also lost his only son at the age of 10 months. Left emotionally adrift, Ben found solace in charitable endeavours and his church, the Christian Unitarian Society of Montreal where he was a leading member. In the early 1850s, he had supported a former prostitute and her baby so that she would not be forced as an unwed mother to surrender the child to a foundling home; yet, the baby died in 1852. After a major dispute with the minister of his church in 1855, which forced his resignation from its management committee, he sought a fresh start elsewhere. Johnston, *The Father of Canadian Psychiatry*, pp. 16-20, 25, 62, 150-53.

⁵⁵ The relative seniority of the assistantships is indicated by their salaries listed in the public accounts. *SPPC*, 1863, no. 10, p. 308, "Public Accounts of the Province of Canada for the Year 1862"; Ontario Genealogical Society and Library and Archives Canada, *Federal Census of 1871 (Ontario Index)*, "Fisher, Andrew" http://www.collectionscanada.gc.ca/databases/1871-ontario/001016-119.01-e.php?&sisn_id_nbr=5526&interval=20&&PHPSESSID=ped8pt9hud2f8135qdi2e0vl77 (accessed 16 April 2011); Johnston, *The Father of Canadian Psychiatry*, pp. 135-36;

An Expert Emerges: Workman’s AMSAII Participation and Insanity Research

The appointment of Benjamin Workman and Andrew Fisher in the late 1850s gave Workman greater freedom to attend the AMSAII conferences and study insanity at a deeper, more academic level. Able to give Ben temporary charge of the asylum, Workman attended the AMSAII’s meetings at least biennially from 1856. His attendance became increasingly important in the late 1850s as the association encouraged doctors from all of the British North American asylums to become participating members. As a gesture of professional collegiality, the 1858 meeting was held in Quebec City, then Canada’s provincial capital (Appendix 3); at the beginning of the conference Workman expressed gratitude for the honour conferred on the British provinces by the AMSAII through selecting Quebec as its meeting place.⁵⁶ Although no other medical superintendent attended the meetings as regularly as Workman, over the next decade Drs. James Douglas, Charles Frémont, and Joseph Morrin participated (Beauport, Lower Canada), as did Dr. John Waddell (Saint John, New Brunswick), Dr. James De Wolf (Halifax, Nova Scotia), and (later) Andrew Fisher (Amherstberg, Upper Canada). Superintendents from the Maritime asylums were likely prevented from attending by financial constraints and the lack of assistant physicians at their small institutions; regrets from these doctors were frequently read at the conference. In his 1858 report to the Newfoundland government, Dr. Henry Stabb commented that he received “constant invitations” to attend the AMSAII conference, and requested that the colony’s Board of Works sanction expenses for him to attend the upcoming Quebec conference since “New Brunswick and Nova Scotia are in the habit sending their Medical Superintendents.”⁵⁷ Unfortunately, Stabb did not make it to the conference that year.

⁵⁶ “Annual Meeting of the Association”, *AJI*, vol. 15, no. 1 (July 1858), p. 79.

⁵⁷ *Journal of the House of Assembly of Newfoundland*, 1858, Appendices, p. A-525 “Report – Hospital for Mental Disease for 1857”.

Over the next decade neither he nor Dr. John Mackieson of Prince Edward Island's Charlottetown Asylum were present at any AMSAII meeting, a situation that isolated them from other asylum doctors. In contrast, Workman's regular appearance meant that he was able to meet and interact with most of his American and British North American colleagues, benefitting from their experiences and helping him build a professional reputation.

The AMSAII conferences also became a platform for Joseph Workman to present himself as a scientific researcher. Workman believed that most insanity emerged from poor physical health caused either by disease or environmental factors; this view was reflected in the importance he gave to improving sanitation, ventilation, and recreation at the Toronto asylum during the first years of his tenure. Interested in the etiology of mental disease, Workman conducted post-mortem examinations of his patients where he paid particular attention to the size, form, and conditions of their brains. His first observational studies focussed on the phenomenon of "general paralysis", a condition first identified in the 1820s by French alienists Antoine-Laurent-Jessé Bayle (1799-1858) and Jean-Étienne-Dominique Esquirol (1772-1840) that presented in various ways including paralysis, impaired speech, mania, and delusions.⁵⁸ An ongoing debate surrounded general paralysis, a popular diagnosis in Europe, as to whether it was a specific disease or was merely one symptom of a larger illness. Workman's observations of such patients at the Toronto asylum seem to have led him to ascribe to the latter view; given the relatively young age of most of his subjects, many had likely suffered from tertiary syphilis, also commonly known in the nineteenth century as "general paresis". Workman wrote several papers during the late 1850s and early 1860s detailing his findings on this and other conditions, which he presented at the AMSAII's annual meetings; they were later published in the association's

⁵⁸ Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987), pp. 146-47, 154-55.

Journal of Insanity.⁵⁹ This research work continued through the rest of his career at the Toronto asylum. Over time, the AMSAII's executive clearly came to view him as one of their most valuable members. An accomplished linguist, beginning in the 1860s Workman began translating articles by leading German alienists for the *AJI*; he would pursue this work further in his retirement providing translations from German, Italian, Spanish, and Danish for journals such as *Alienist and Neurologist* and *The Canada Lancet*.⁶⁰

Workman believed research was essential for correcting the erroneous ideas about insanity circulating in the broader medical profession. He encouraged his AMSAII colleagues to perform post-mortem examinations, sharing whatever knowledge they could offer at the annual conference and with other "brethren of the faculty of medicine". Using Hafferty and Castellani's typologies, Workman professionalism was becoming increasingly academic and activist, an orientation that was broader in scope than the entrepreneurial and altruistic objectives of his predecessors, which had focussed specifically on their own interests and those of the Temporary Asylum's patients (Appendix 2).⁶¹ Workman argued that the more insanity was studied and shared amongst asylum physicians, the more its complexities became obvious, making it clear that treatment required experience and expertise not possessed by most regular doctors. Possibly referring back to the Eliza Ward case, and never wanting to miss a chance to slight his Toronto medical opponents, in 1862 Workman ended an article on the importance of insanity research by stating:

⁵⁹ Examples include Joseph Workman, "Cases of Insanity Illustrative of the Pathology of General Paralysis", *AJI*, vol. 13, no. 1 (July 1856), pp. 13- 24; "Pathological Notes", *AJI*, vol. 15, no. 1 & 2 (July & October 1858), pp. 1-22 & 141-55; "Notes Illustrative of the Pathology of Insanity", *AJI*, vol. 17, no. 1 (July 1860), pp. 1-18; "Cases of Fracture of the Ribs in Insane Patients, Revealed by Post-Mortem Examination", *AJI*, vol. 18, no. 4 (April 1862), pp. 349-55.

⁶⁰ Johnston, *The Father of Canadian Psychiatry*, p. 90.

⁶¹ Hafferty and Castellani, "The Increasing Complexities of Professionalism", p. 294-96.

I have known an instance in which eleven medical gentlemen, who believed themselves ‘eminent,’ pronounced a simulator of insanity, who all the time was internally laughing at their gullibility, a profound lunatic; nay, further, several of them declared the party *idiotic. Ne sutor ultra crepidam.*⁶²

Again, this sarcasm was Workman’s greatest weakness, for it was socially and professionally off-putting and publishing such a remark would have done little to enhance regular practitioners’ confidence in his authority as an insanity expert and scientific researcher.

Misdiagnoses and Improper Classification: The Ongoing Need for Welfare Provisions

Workman’s criticisms about the insanity knowledge of examining physicians in Upper Canada were understandable given the “constant and progressive” increase of insanity cases and demands for committal, which could not wholly be explained by population increases. From the late 1850s his government reports continued to address the problem of overcrowding, but these criticisms now included lengthy discussions of insanity etiology and manifestations of the disease based on his research observations and consultations with other alienists. He was particularly concerned by the number of Toronto asylum patients whose supposed insanity had been attributed to moral causes. The cerebral fluid, lesions, and brain shrinkage he found during post-mortem examinations only reinforced his belief that insanity could almost always be attributed to physical abnormalities. Although he did not dismiss so-called “moral” diagnoses outright, he doubted the validity of many emotional and behavioural causes identified by certifying medical examiners such as grief, love, religious excitement, intemperance, slander,

⁶² The Latin expression “Ne sutor ultra crepidam” translates “Shoemaker, not above the sandal” or “Cobbler, stick to thy last”. It was used to warn people against addressing matters beyond their level of knowledge. *The Daily Princetonian*, November 5, 2001, <http://www.dailyprincetonian.com/2001/11/05/3745/> (accessed 18 April 2011). Joseph Workman, “Cases of Fracture of the Ribs in Insane Patients, Revealed by Post-Mortem Examination”, *AJI*, vol. 18, no. 4 (April 1862), pp. 351, 355.

and political excitement. Workman suggested all of these might be symptoms of insanity, but were not causes: “If any of the preceding wide spread agencies may be regarded as adequate to the overthrow of reason, how many lunatics should this Province contain?” Although Workman was alarmed by the “moral pestilence” of masturbation, it was because he thought it caused multifaceted problems with “mental dethronement” accompanying and keeping pace with “physical debasement”. Among the common, legitimate causes of insanity cited by Workman were physical disorders of pregnancy and childbirth, fevers, cerebral lesions, head injuries, stroke, “syphilitic taint”, defective diets, and hereditary factors. He believed that if the asylum’s population was limited to such cases, it would operate much more efficiently with a better outcome for all parties concerned. The diagnoses of so-called moral cases were “nineteen out of twenty, entirely fallacious”, and these patients would better be cared for at home or, at least, in more suitable institutions in their local municipalities.⁶³

Yet, misdiagnoses were only part of the problem. Workman acknowledged that a significant part of the overcrowding problem lay in the unwillingness of municipalities to provide adequate financial support for “the destitute of all descriptions” in their areas, making it difficult for patients to remain close to home. In 1857 he urged the government to legislate “liberal Municipal provisions” for the poor that would force the development of welfare policies and institutions at the local level. He argued that if counties and towns were required to build local poorhouses and to support larger provincial institutions like the asylum, the public outcry against the provincial government over “defective accommodation for lunatics” would cease; of course, Workman said nothing about the professional benefits new custodial institutions would bring to himself. Since Governor General Head had announced the previous month that the

⁶³ *AJLAPC*, 1858, Appendix No. 9, pp. 5-8, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 1 March 1858.

public lunatic asylum tax would be repealed, Workman thought it would be appropriate to incorporate new municipal welfare provisions into the new bill. Unfortunately, when the “Act to discontinue the Lunatic Asylum Tax in Upper Canada” was passed in May 1857, it did nothing to enforce additional municipal support.⁶⁴ No doubt it was because the government’s purpose in repealing the lunatic tax had not been to reform and increase welfare funding, but rather to eliminate a tax that by 1857 “differ[ed] in character and...mode of collection from the rest of...Provincial taxation.” The act decreed that any funds left from the tax should be allocated to the general-purpose Upper Canada Building Fund, a stipulation that suggested the government continued to prioritize other public institutions over the asylum.⁶⁵ Workman once again was left waiting for legislative changes to improve the asylum’s overcrowded circumstances.

The repeal of this “extra” asylum tax, which had applied only to Upper Canadian residents, was one of several changes in financial policies occurring in the late 1850s. Since the early 1840s the system of financial reporting in the colony was highly disorganized and provided an incomplete picture of expenditures, revenues, and annual surpluses and deficits; in 1855 Auditor General John Langton described the public accounts as “in a more curiously complicated state” than in any other country.⁶⁶ Yet, this confused system of accounting had never been particularly problematic because the province had sufficient revenue, most of which came from tariffs, to cover its expenses. When trade began to collapse with the onset of depression in 1857, the province was faced with a more constrained budget, and the chaotic system of accounting made it impossible for Langton to keep track of income and expenditures. To address this

⁶⁴ *AJLAPC*, 1857, Appendix No. 12, p. 2, “Report of the Medical Superintendent...Provincial Lunatic Asylum, Toronto...”, 1 March 1857; *SPC*, 1857, cap. 8, pp. 21-22, “An Act to discontinue the Lunatic Asylum Tax in Upper Canada, and to substitute certain other moneys as part of the Upper Canada Building Fund”, 27 May 1857.

⁶⁵ *JLAPC*, 26 February 1857, p. 5.

⁶⁶ Quoted in Piva, *The Borrowing Process*, p. 127.

problem, over the next two years, the province's entire accounting and financial system was altered; a detailed system of income and spending was implemented and the Office of the Inspector General was reorganized as the new Department of Finance.⁶⁷ The elimination of the asylum tax was one of many small financial changes that together contributed to the large-scale policy alterations which were necessary as the Canadian province grew and diversified. Ad-hoc arrangements were no longer sufficient for a colony whose population was soon to exceed 2.5 million (Appendix 4).

Although many Canadians had little interest in asylum reform and provisions for the poor, the desire for penal reform continued, and some citizens believed prisons needed change as urgently as the colony's finances. Head re-introduced his proposals for penal reform at the beginning of the 1857 parliamentary session, urging further jail construction and regulation to eliminate the "evils of defective classification and overcrowding" and the corruption of youth. Yet a remark at the end of these comments made his 1857 speech different from that delivered in 1856. Head added that he would "rejoice if with the supervision of the Gaols [the assembly] could combine the exercise of a proper control over other Public Institutions". It suggested an awareness that, like the province's finances, the entire system of public welfare needed large-scale administrative change.⁶⁸

The incidental manner in which Head included this final remark and the absence of any detail about the form such "proper control" would take initially seems puzzling; however, the design of the reform act eventually passed in June 1857 indicated it was a strategy to improve government administration of asylums in the face of continuing public stigma and indifference

⁶⁷ *Ibid.*, pp. 123, 126-28.

⁶⁸ *JLAPC*, 26 February 1857, p. 5.

towards the insane and party divisiveness in the legislature. Macdonald continued to be the one influential politician advocating for Workman and the Toronto Asylum.⁶⁹ Yet while he was the Upper Canadian Conservative leader, George Brown's recently formed Reform Alliance was steadily gaining ground in Upper Canada, making it difficult for Macdonald to find support for a bill directly benefitting a man currently battling Brown in the press and in the courts.⁷⁰ Any bill exclusively concerned with a Toronto institution probably would have been of little interest to the Lower-Canadian MLAs who were largely sustaining the Taché-Macdonald government. Macdonald undoubtedly realized a prison reform bill was more acceptable in the current political climate and that asylum improvements would have to be approached strategically as part of prison reform.

A New Welfare Act and the Beginnings of Provincial Welfare Inspection

Designed by Macdonald, the title of the ten-page "Act for establishing Prisons for Young Offenders – for the better government of Public Asylums, Hospitals and Prisons, and for the better construction of Common Gaols" (commonly referred to as the Prison Reform Act) demonstrated the deputy premier's intention to accommodate asylum reform in a large act

⁶⁹ Although Workman continued to have Mackenzie's support, with letters between him and Workman suggesting he was the medical superintendent's primary political contact, by 1857 Mackenzie had little influence; he would retire from politics the following year, destitute and in failing health. *DCBO*, s.v. "Mackenzie, William Lyon" (by Frederick H. Armstrong and Ronald J. Stagg), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4562&interval=20&&PHPSESSID=dhefvqu83jsdbsbe0p1nemijr0 (accessed April 22, 2011); MLFF, Workman to Mackenzie, 2, 10, 19 March 1857.

⁷⁰ Brown's Reform Alliance formed in January 1857 and would be very successful in the elections the next December. Careless, *Brown of the Globe*, vol. I, pp. 233-37, 246,-47; Creighton, *John A. Macdonald*, pp. 242, 258-60. The Prison Reform bill was being debated at the same time that Workman was suing Brown for libel over the James Magar incident. See Chapter 3.

focussing on juvenile offenders and prisons, a topic of much greater public interest.⁷¹ Arguably the act's most significant clauses were those introducing a new five-person Provincial Board of Inspectors whose members would be appointed by the Executive Council to assume responsibility for monitoring, reporting, and making recommendations to the government about the circumstances and requirements of all welfare institutions in the province. Macdonald's previous description of the legislation to Henry Smith as the "Prison and Asylum Inspection Bill" suggested this section was his immediate priority. It was through these clauses that the Toronto Asylum was included in the act, and the new inspectors would eventually replace its Visiting Commissioners.⁷² Through the new board, Macdonald sought to departmentalize welfare administration in a manner not wholly dissimilar from the departmentalization of finance. While the introduction of new inspectors did nothing to address the immediate problems of overcrowding and may have initially reinforced its inferior status in the welfare system relative to the penitentiary, Macdonald probably hoped that such departmentalization would ensure that Workman's future requests would be supported by the inspectors and not be lost in the politics and administrative demands of the expanding colony. In the more constrained financial climate of the late 1850s, it would also provide reassurance that any financial requests the government received were legitimate and not simply the ideals of one overzealous and professionally ambitious physician.

Although the act was passed at the end of the 1857 parliamentary session, appointments for the new board were not made until late 1859, delaying its inspectoral function until 1860.

⁷¹ *SPC*, 1857, cap. 28, pp. 94-103, "An Act for establishing Prisons for Young Offenders – for the better government of Public Asylums, Hospitals and Prisons, and for the better construction of Common Gaols", 10 June 1857.

⁷² Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume I*, pp. 335-36, 355, Macdonald to Henry Smith, 20 January 1856; *SPC*, 1857, cap. 28, pp. 97-98, "An Act for establishing Prisons for Young Offenders – for the better government of Public Asylums, Hospitals and Prisons, and for the better construction of Common Gaols", 10 June 1857, clauses XIV and XVI.

The delay was probably caused by the province's financial crisis and political instability in the legislature during 1858 when sectional divisions worsened. Beginning with disputes over the proposal of a federal union of the British North American colonies, the choice of Ottawa as the provincial capital, and the budget's \$50 million deficit, the session ended with a protest resignation by the Conservative Executive Council that allowed George Brown to form a government with *Rouge* leader Antoine-Aimé Dorion. Brown's premiership was short-lived, however; defeated in a confidence vote, and with Sir Edmund Head refusing to dissolve parliament, he resigned after only four days. Although the Conservatives regained ministerial control when Head subsequently made George-Étienne Cartier premier with Macdonald as deputy in what became known as the "Double-Shuffle", the legality of the decision was contested in the courts through the autumn of 1858. The Executive Council of the Cartier-Macdonald administration was likely more able to implement legislation once the dispute was settled in its favour.⁷³

Macdonald's correspondence with the Office of the Provincial Secretary indicates that the Executive Council began to discuss appointments to the new Board of Inspectors in the spring of 1859, but decisions were not finalized until early December.⁷⁴ The inspectorships were seemingly offered as a supplementary political and professional reward: The men appointed to the new board – John Langton, Donald Aeneas Macdonell, Edmund Allen Meredith, Dr. Wolfred Nelson, and Dr. Joseph-Charles Taché – were long-standing Conservative civil servants and physicians who continued to work in their former occupations while sitting on the board.⁷⁵

⁷³ Careless, *Brown of the Globe*, vol. I, pp. 254-80; Creighton, *John A. Macdonald*, pp. 238-72.

⁷⁴ J. K. Johnson and Carole B. Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume II* (Ottawa: Public Archives of Canada, 1968), pp. 53, 195; Macdonald to Edmund Allen Meredith 21 May 1859; Macdonald to the Provincial Secretary, 1 December 1859.

While the travelling demands of the new positions were “onerous”, they were paid \$2,000 annually for these duties, a sum that with the pay from their existing occupations would have provided a substantial income. This \$2,000 salary represented a 25 per cent increase from the £400 earned by the former penitentiary inspectors, perhaps reflecting some improvement in the province’s fiscal position by 1860 and recent efforts to make government work more attractive by strengthening the civil service.⁷⁶ Yet it also suggested the persistence of a patronage reward system, albeit one that was beginning to operate more overtly through party affiliations and loyalty, rather than one of personal favours between individuals.

Further Branch Asylums: Malden (1859) and Orillia (1861)

The increased salary may have also been intended to reflect the more extensive duties the inspectors would have from 1860. Following the withdrawal of the British military at the outset of the Crimean War, in 1856 the imperial government gave most of its Canadian ordnance lands to the provincial government. Given the demand for new welfare institutions, the decision was made to use some of these properties, at least temporarily, for reformatories and branch asylums; the cost of converting the military barracks would be less than constructing new buildings, and the waterfront setting of the forts met professional recommendations for institutional

⁷⁵ John Langton served as MLA for Peterborough from 1851 and had been appointed Auditor General in 1855. Donald Aeneas Macdonell was warden of the Kingston Penitentiary from 1848-1869. Edmund Allen Meredith was Assistant Provincial Secretary from 1847 to 1867 and served in various other civil service positions. Dr. Wolfred Nelson was a senior physician and military surgeon in the colony who became Chair of the new board due to his previous role as one of the two penitentiary inspectors. Physician and journalist Dr. Joseph-Charles Taché, nephew of former Premier Étienne-Paschal Taché, served as MLA for Rimouski from 1848 and was involved with various government transportation and public works projects. See *DCBO* entries by Wendy Cameron, J. K. Johnson, Peter Oliver, John Beswarick Thompson, and Jean-Guy Nadeau at <http://www.biographi.ca/index-e.html?PHPSESSID=vr1mmisuoahvjnu8e5m8pdbv57> (accessed 26 April 2011).

⁷⁶ *SPPC*, 1861, no. 3, part 1, p. 91, “Public Accounts of the Province of Canada for the Year 1860”; Michael J. Piva, “Getting Hired: The Civil Service Act of 1857”, *Journal of the Canadian Historical Association*, vol. 3 (1992), pp. 82-98.

development. Reflecting the priorities of the 1857 Prison Reform Act, a juvenile reformatory was established first at Isle aux Noix on the Richelieu River in October 1858; by the summer of 1859, a second reformatory opened for Upper Canada at Penetanguishene on the shores of Georgian Bay.⁷⁷

Most important to Joseph Workman, however, was the creation of another asylum branch at Fort Malden in Amherstberg on the Detroit River. Like the University Branch Asylum, Malden was intended to accommodate chronic patients from the Queen Street institution who had little hope of being discharged, whether due to the severity of their illnesses or a lack of relatives or friends able to care for them at home. Dr. Andrew Fisher, formerly Workman's "esteemed and valuable assistant", was appointed medical superintendent at the new asylum. On July 14, 1859 Fisher travelled west to Amherstberg with fourteen of the Toronto asylum's most "industrious and quiet male patients" to assist with the conversion work at the former fort. Workman remarked that Fisher pushed forward this undertaking "so energetically" that by October, sixty-four men and women were able to be transferred to the Malden Asylum, followed by another sixty-two in December. The Toronto Asylum was thus relieved of 146 patients, a number which reduced its population to 316; while not ideal, it was at least a more manageable number.⁷⁸

Workman recognized, however, that the asylum's population would not remain at this level for long. By January 1860 he reported that "the rapidity with which vacated beds have

⁷⁷ *DCBO*, s.v. "Coffin, William Foster" (by Desmond Morton), http://www.biographi.ca/009004-119.01-e.php?id_nbr=4906&interval=20&&PHPSESSID=o2fofv6i4iho5f613mnlgm6s47 (accessed April 27, 2011); "The Reformatory Prison and Kindred Institutions for Upper and Lower Canada", *Journal of Education*, vol. XII, no. 1 (January 1859), pp. 1-2; *SPPC*, 1860, no. 32, p. 17, "Preliminary Report of the Board of Inspectors of Asylums, Prisons, &c., 1859 – Summary".

⁷⁸ *SPPC*, 1860, no. 32, pp. 46, 49 "Preliminary Report of the Board of Inspectors of Asylums, Prisons, &c., 1859 – Provincial Lunatic Asylum, Toronto".

been taken up and continue to be called for, leaves no doubt that, in a very short time, this Asylum will be again fully tenanted.” Workman was perhaps unaware that the Cartier-Macdonald government was already planning the development of a third branch institution. Letters from John A. Macdonald to the Executive Council during the latter half of 1859 detail arrangements for the purchase of an uncompleted hotel property in Orillia to accommodate more harmless, chronic patients from Toronto.⁷⁹ The institution, managed by Dr. John Ardagh, was not opened until late 1861, apparently due to concerns about the suitability of the building and the appropriateness of opening another branch institution. The new Board of Inspectors expressed concerns to the government that branches distant from the parent institution were administratively and economically cumbersome due to the “double transport” during admissions that required patients to be assessed at Toronto before being transferred to one of the branches. As a solution to this problem, the government ordered the Malden Asylum be separated from Toronto to serve the western districts of Upper Canada, making it the second independent institution in what, by the late 1870s, would become a network of provincial asylums.⁸⁰

The creation of the new asylums at Amherstberg and Orillia offered professional advantages for all three physicians associated with their administration, although the degree of benefit varied between them. Fisher, the youngest of the three, experienced the greatest increase in status as he moved from his position in early 1859 as a junior clinical assistant to the medical superintendent of an independent institution by 1861. Although he continued to work under Workman’s direction during his first two years at Malden, the position brought more

⁷⁹ *Ibid.*, p. 46; Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume II*, pp. 160, 181, Macdonald to the Provincial Secretary, 9 July & 3 September 1859.

⁸⁰ *SPPC*, 1861, no. 24, pp. 12-13, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1860 – General Report”; Johnson and Stelmack, eds., *The Letters of Sir John A. Macdonald, Volume II*, pp. 341, 375, Macdonald to the Provincial Secretary, 4 June & 6 September 1861.

responsibility, greater professional autonomy, and a higher salary. Fisher had received \$300 annually as the Toronto asylum's clinical assistant, but after being transferred to Malden he received \$800. While this sum was markedly less than Workman's \$2000 salary, the branch asylum had a smaller population than the parent institution with patients that were generally easier to manage than those remaining at Toronto (Appendices 9, 10). To provide a workforce for converting the military fort and to eliminate chronic cases from Toronto who were detrimental to the image and development of a curative institution, Workman had given Fisher many long-term patients who were quiet and industrious. Adhering to his mentor's theories of insanity, and following his methods, Fisher discovered that in the less crowded and quieter setting at Fort Malden, the condition of many of these chronic patients improved. Although by 1862 the Malden asylum was also beginning to struggle with overcrowding and defects from the unsuitability of the former fort buildings, reports from Fisher and the Board of Inspectors suggest the property was generally satisfactory and "salubrious", providing a quality living environment for patients and a less complicated work environment for its superintendent.⁸¹

The granting of independent asylum status to Malden in 1861 only enhanced Fisher's professional identity. No longer under Workman's authority and with full medical superintendent status, he now held a respected medical appointment and a senior civil service position in the province. The new identity enabled him to join Workman for the first time at the 1862 AMSAII conference in Providence, Rhode Island as head of one of Upper Canada's three independent public asylums. These accomplishments were significant for a physician only thirty years of age with no more than five years professional experience. Unfortunately for Fisher, the

⁸¹ *SPPC*, 1861, no. 24, pp. 96-97, "Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1860 – Report of the Malden Lunatic Asylum"; *ibid.*, 1862, no. 19, pp. 121-24, "Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1861 – Report of the Malden Lunatic Asylum for the Year 1861".

elevated professional image and increased opportunities brought by Malden's altered status were not reflected in his pay. He continued to receive \$800 annually, a salary that remained unchanged even by the mid-1860s, possibly because of his relative inexperience coupled with the asylum's lower population (Appendix 10).⁸²

Fisher's unchanged salary suggests that the granting of independent status to Malden in 1861 did not arise from a government interest in converting it to a large institution like Toronto. With plans for the Orillia Asylum threatened by the inspectors' concerns about further branch institutions, Malden's new status was probably initiated more as a means of appeasing the board. Like Fisher, Orillia Superintendent Dr. John Ardagh also received an \$800 annual salary despite the Orillia asylum having less than one quarter of Malden's patient population (Appendices 9, 10). The equivalent pay reflected government attempts to standardize public service salaries in the years prior to Confederation and indicated that, regardless of the institution's status, the superintendents of the Malden and Orillia asylums were viewed as subordinate to the medical staff at the Toronto asylum; even Benjamin Workman's \$860 salary as medical assistant was marginally higher than Fisher's and Ardagh's (Appendix 10).⁸³ Any seeming inequities between Fisher and Ardagh regarding salary entitlement could be rationalized by differences in their professional experience and the relative condition of the two asylums. Unlike the youthful and inexperienced Fisher, in 1861 Ardagh was fifty-eight years of age with a long medical career as a private practitioner and surgeon in Ireland and the Lake Simcoe region. As such he was well-equipped to deal with the difficult conditions he found at Orillia after his appointment. Fisher

⁸² "Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane", *AJI*, vol. 19, no. 1 (July 1862), pp. 22; Ontario Genealogical Society and Library and Archives Canada, *Federal Census of 1871 (Ontario Index)*, "Fisher, Andrew"; *SPPC*, 1865, no. 38, part II, p. 75, "Public Accounts of the Province of Canada for the Fiscal Year Ending 30th June 1865".

⁸³ Piva, "Getting Hired: The Civil Service Act of 1857", pp. 118-21.

may have had more patients than Ardagh, but faced fewer challenges when trying to adapt his property for an asylum. Despite having an attractive location on Lake Couchiching, the Orillia building consisted of a partially built hotel, ill-suited to medical care; Ardagh described it as highly defective and having “many errors in its construction for a Lunatic Asylum”. The problems were frustrating for Ardagh, and it was fortunate he had less than fifty patients to monitor in this inadequate facility (Appendix 9). Since the asylum’s poor conditions and population of chronic patients meant it was unlikely ever to offer significant professional rewards, in the entrepreneurial spirit of occupational dualism characterizing so many physicians of his generation, Ardagh sensibly maintained a private practice in Barrie throughout his tenure. For him, rather than bringing a significant elevation in professional status, the Orillia asylum provided an additional qualification in an already well-established career.⁸⁴

Ardagh’s experience of professional rewards from the branch asylums stood in sharp contrast to that of Joseph Workman who reaped numerous rewards from the development of these minor institutions. While his salary did not increase beyond the annual \$2,000 he already received, from 1859 he had authority over three institutions at any given time; even after Malden became independent, the asylum’s former status as a branch, its smaller size, and Fisher’s reverence for his former teacher all combined to sustain Workman’s influence over its administration. This administrative structure placed Workman in a position that was unlike any other medical superintendent in British North America, and which was probably unique on the continent. While the Beauport asylum was similar to Toronto in size and in 1862 was managed by two “men of note in the profession”, neither Dr. Charles Frémont nor Dr. Douglas pursued

⁸⁴ William Canniff, *The Medical Profession in Upper Canada, 1783-1850* (1894; reprint edition for The Hannah Institute for the History of Medicine, Toronto: Clark, Irwin & Company Limited, 1980), p. 521-22; *SPPC*, 1862, no. 19, p. 130, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1861 – Report of the Orillia Lunatic Asylum”; J. K. Johnson, *Becoming Prominent: Regional Leadership in Upper Canada, 1791-1841* (Montreal & Kingston: McGill-Queen’s University Press, 1989), pp. 17-18.

alienism as their full-time occupation, working at “other and numerous occupations” throughout their tenure.⁸⁵ Beauport’s propriety status also precluded it from becoming a parent institution to the new state asylum founded at Fort St. John’s, Lower Canada in 1861; instead, Workman served as a consultant and advisor to its medical superintendent Dr. Henry Howard during its establishment.⁸⁶ The patient populations in the Maritime asylums remained comparably small, making it unnecessary to develop branch institutions. In this broader British North American context, Workman’s position as head of three institutions gave him an elevated identity as the one truly professional, practising alienist in the colonies. His regular presence at AMSAII meetings reinforced this identity among American superintendents who came to view Workman as the leader of British North American alienism, helping to promote him as a medical professional internationally.

The creation of the branch asylums also had more immediate benefits for Workman at the Toronto Asylum. Although no progress had been made toward completing the two asylum wings, a situation which Workman found to be a deplorable “injurious imperfection”, the removal of numerous chronic cases was a welcome relief to the remaining patients and staff at Toronto. Workman acknowledged that its benefits may not have been obvious, since many of the chronic patients had also been the institution’s quietest residents, leaving an asylum filled largely with disruptive patients who could not be properly classified given the incomplete state of the building. Nevertheless, once many of the chronic patients were transferred to Malden and

⁸⁵ *SPPC*, 1862, no. 19, p. 53, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1861 – Report of Mr. Taché for the Year 1861”. Dr. Joseph Morrin, one of Beauport’s original three proprietors died in 1861. Frémont would die at the end of 1862, leaving James Douglas the sole proprietor. In 1863, however, Douglas formed a partnership with Dr. Jean-Étienne Landry. According to historian James Moran, Landry was more amenable to greater government involvement, an attitude that resulted in increased state presence at Beauport from 1863. Moran, *Committed to the State Asylum*, p. 31.

⁸⁶ *SPPC*, 1862, no. 19, pp. 45, 54, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1861 – Separate Report of Dr. Wolfred Nelson for 1861, Report of Mr. Taché for the Year 1861”.

Orillia, Workman believed the Toronto Asylum would be able to fulfill the expectations of a “curative” institution, providing non-interventionist medical treatment that successfully rehabilitated its patients. As scientific research increased in medicine by the mid-nineteenth century, particularly in Europe, the ability to procure recoveries in patients increasingly became a signifier of professional success for a physician. By limiting admissions to those patients he believed could be cured of their insanity, Workman hoped to orient the Toronto asylum’s treatment program around a clinical model producing recoveries that would enhance his reputation as a doctor.⁸⁷

The opening of the Malden and Orillia asylums also helped clear the asylum of many patients admitted during the years of the Temporary Asylum, whose improper treatment there, according to Workman, had rendered them incurable permanent asylum residents or repeat applicants for admission. Workman claimed that patients admitted under his care in the 1850s had shown a higher rate of improvement and recovery, a view that in 1860 was supported by the Montreal-based *British American Journal* in a professional review of his asylum report.⁸⁸ With the long-term patients gone, Workman envisioned the possibility of an asylum where recovery would be the norm, rather than the exception. This optimistic view never became a reality since by 1865 the asylum was back to being “dangerously overcrowded”, housing 396 patients without further building expansion; although its current property was well maintained with gardens and a

⁸⁷ *SPPC*, 1861, no. 24, p. 83, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1860 – Report of the Provincial Lunatic Asylum at Toronto”; *ibid.*, 1860, no. 32, p. 46, “Preliminary Report of the Board of Inspectors of Asylums, Prisons, &c., 1859 – Provincial Lunatic Asylum Toronto”; Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System* (New York: Basic Books, 1987), pp. 78-81; John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, MA: Harvard University Press, 1986), pp. 86-87.

⁸⁸ *SPPC*, 1860, no. 32, p. 47, “Preliminary Report of the Board of Inspectors of Asylums, Prisons, &c., 1859 – Provincial Lunatic Asylum Toronto”; *ibid.*, 1861, no. 24, pp. 83-84, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1860 – Report of the Provincial Lunatic Asylum at Toronto”; “Review – Art. XLVIII – Report of the Medical Superintendent of the Provincial Lunatic Asylum, Toronto...by Joseph Workman”, *BAJ*, vol. 1, no. 9 (September 1860), p. 394.

working farm for patient labour, urban growth in Toronto later prevented further physical expansion to accommodate its large population.⁸⁹ Yet, however short the relief afforded by the branch asylums, for a few years in the early 1860s, they provided Workman with a window of opportunity to present himself as having specialized professional skills.

Recognizing a “Professional” Medical Superintendent

In the Toronto asylum reports that followed the opening of the branch institutions, Workman was careful to assert his status as Upper Canada’s primary medical superintendent by suggesting that the success of the branches depended on the degree to which they modelled themselves on the parent institution. He believed the success of the University and Malden branches rested largely on the professional competency of their administrators who had both received insanity training and direction from him; according to Workman, Andrew Fisher’s experience as clinical assistant had made him “a gentleman eminently qualified for the duties of Superintendent” with an “administrative tact, rarely...exceeded”. Workman cautioned that the branch superintendents must never lose sight of this early training, for if they did their institutions would likely “retrograde into the condition which characterized establishments for the insane, before asylum management had become a science.” Throughout this commentary Workman carefully avoided direct self-aggrandizing references to his own expertise, but the implications were clear nevertheless: He was Upper Canada’s insanity expert and all future

⁸⁹ *SPPC*, 1865, no. 14, p. 109, “Report of the Board of Inspectors of Asylums, Prisons, &c., for the Year 1864 – Annual Report of the Provincial Lunatic Asylum, Toronto, for 1864”; Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940* (Toronto: Oxford University Press, 2000), p. 6.

medical superintendents must develop their asylums according to his treatment model that combined paternalistic humanitarianism with scientific treatment.⁹⁰

While such statements risked giving an impression of professional arrogance, Workman balanced the tone of his reports by discussing public expectations of asylum treatment, which he believed were often excessively optimistic. Humanely recognizing the need for long-term care, in 1862 he stated: “Curing insanity is not all the good we can do in asylums; might I not say, it is a small part of all the good?... [An asylum’s] most worthy proofs must be sought for, I apprehend, rather amongst the incurable, than the curable, insane.” With many American states continuing to discharge chronic homeless patients from asylums without giving them alternative accommodation, Workman praised the branch asylums as a reflection of the Canadian province’s moral and social progress. This valuation of custodial care reflected the attitudes he had held since the early years of his tenure. In the late 1850s, however, they were temporarily quieted as he focussed on curative treatments and implementing a clinical treatment model at Toronto. Now that the chronic cases promised to be located elsewhere, they posed no risk to this professional development and would not impede elevation of his status as an alienist. Unfortunately, as the Toronto asylum’s population quickly began to increase over the next two years, chronic cases once again became part of Workman’s working life. Perhaps his reassertion of the value of custodial care emerged from an awareness that the relief granted by Malden and Orillia would be short-lived.⁹¹

Joseph Workman had little to worry about with regard to the security of his professional identity as Upper Canada’s leading alienist and welfare administrator. Unlike the doctors who

⁹⁰ *SPPC*, 1861, no. 24, p. 84, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1860 – Report of the Provincial Lunatic Asylum at Toronto”.

⁹¹ *SPPC*, 1862, no. 19, pp. 107-08, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1861 – Report of the Provincial Lunatic Asylum at Toronto”.

preceded him as medical superintendent at Toronto, and despite the turmoil of the early years of his career, by 1862 he had the full support of the provincial Board of Inspectors. Because the board was designed to function as a department of the Cartier-Macdonald government, the political support John A. Macdonald had given Workman in the 1850s continued with the new inspectors. From the outset, they regarded Workman as an “able alienist” whose opinions and practices were “entirely in conformity...with the works of the most able medical alienists.”⁹² The use of the term ‘alienist’ in their annual reports was significant, since it indicated that insanity treatment was now accepted in Canada as a unique field blending medical and welfare knowledge; it was also a recognition that a medical superintendent of Workman’s position could no longer be regarded merely as a public servant. Inspector James M. Ferres, a former journalist and Tory MLA appointed to the board in 1861, praised the happy environment existing at the Toronto asylum where patients always received Dr. Workman “with pleasure as a friend and...confidant”. He was particularly impressed with the variety of group activities organized by the superintendent, and the “decorum pervading [the] insane community when assembled” for picnics, dances, musical performances, and cricket:

[K]ings, queens and princes resident in the establishment join...as heartily as those who have no aspirations for such distinctions... [T]here is no doubt they were one and all as completely happy as human nature, either sane or insane, could well be for the moment.⁹³

Impressed by Workman’s accomplishments at the asylum, the Board of Inspectors soon came to be a source of administrative and professional support. They took direction from him, working

⁹² *SPPC*, 1860, no. 32, p. 16-17, “Preliminary Report of the Board of Inspectors of Asylums, Prisons, &c., 1859”.

⁹³ *DCBO*, s.v. “Ferres, James Moir” (by Lorne Ste. Croix), http://www.biographi.ca/009004-119.01-e.php?&id_nbr=4421&interval=20&&PHPSESSID=lqf0qmavf7q650ritmrpc08vt1 (accessed May 6, 2011); *SPPC*, 1863, no. 66, pp. 83-84, “Third Annual Report on Asylums, Prisons, &c. 1862 – Separate Report of Mr. J. M. Ferres for the Year 1862”.

together to prepare recommendations to the government about building construction and repairs. Answering Workman's long-standing frustration about communicating with other North American asylums, they advocated on his behalf for more efficient publication of asylum documents by the government, so that he might maintain an interchange of reports with "other kindred Institutions and...scientific men."⁹⁴ Such recognition and support clearly indicated that the relationship between asylum medical superintendents and the provincial government had altered considerably in the last decade, promising these physicians greater occupational security and professional respect in the future.

The harmonious relationship between Workman and the Board of Inspectors did not go unnoticed by colonial authorities in Britain. In early 1863 a "circular despatch" was sent from the colonial office to all imperial governors following the discovery of "defects..., and flagrant abuses and cruelties" at the public hospital and asylum in Kingston, Jamaica. Wanting information about the condition and administration of all such institutions in the empire, the colonial secretary requested governors to submit reports about the funding, government, structure, staffing, and general quality of asylums in their colonies.⁹⁵ The following year the British government published a lengthy report on colonial asylums with details of thirty-three institutions from across the empire. The report recognized Canada's asylums as having the best system of governance due to the professional composition of its Board of Inspectors, the distribution of power between the inspectors and the various medical superintendents, and the system of regular and detailed reporting. Although Workman was not mentioned by name, his

⁹⁴ *SPPC*, 1862, no. 19, p. 19, "Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1861 – General Report"; *ibid.*, 1860, no. 32, p. 17, "Preliminary Report of the Board of Inspectors of Asylums, Prisons, &c., 1859".

⁹⁵ *Journal of the Legislative Council of Prince Edward Island*, 1865, Appendix No. 5, p. 72, "Despatch from the Secretary of State respecting Hospitals and Lunatic Asylums – Colonial Hospitals and Lunatic Asylums".

recommendations were directly quoted in this imperial circular, with the Toronto Asylum described as “the best in Canada.” With the aim of improving and regulating asylum management throughout the empire, the British Lunacy Commissioners proposed a new system of statistical record-keeping. In recognition of the “perfection of its system” of management and inspection, the Province of Canada was chosen as a trial location for testing this statistical system.⁹⁶

Conclusion

Given such local and international recognition, Joseph Workman’s professional career had come far since his controversial arrival at the Toronto asylum in 1853. Clearly by the mid-1860s his professional efforts as an administrator, physician, and researcher had allowed him to establish an identity as a medical authority and had provided opportunities for future medical superintendents to achieve a similar status. In a period when Upper Canada’s North American identity was somewhat uncertain, Workman’s engagement with asylum medical superintendents in the United States garnered exposure and recognition for the province as an active and developing state. His research studies enhanced his professional image through their contribution to the scientific culture that was growing in popularity within the medical profession and among middle-class cultural circles of the mid-nineteenth century. These more worldly initiatives were balanced with a dedicated concern for his patients at the Toronto asylum, shown through personal engagement with them and constant advocacy for improved welfare facilities in Toronto and throughout Upper Canada. Voiced in an Evangelical Christian rhetoric, these

⁹⁶ Ibid., pp. 78, 86-88, 91, 93.

philanthropic endeavours appealed to the social ideals beginning to take hold in the new Victorian culture.

Workman's public welfare advocacy and professional associations with American medical superintendents had the effect of distancing him from the Canadian medical profession at large in the 1850s and early 1860s. It was partly a conscious decision on Workman's part, given the disputes with local Toronto doctors and his general belief that many physicians were entirely ignorant of insanity, often worsening the health of his patients rather than improving it. While he was recognized in medical journals for his efforts to reform the Toronto Asylum, local colleagues probably continued to find his self-righteous attitude offensive and ungentlemanly. Yet, as the medical profession expanded at mid-century, and concepts of professionalism placed greater emphasis on the quality of an individual's work and contribution to society than his loyalty to colleagues, Workman's criticisms became less professionally contentious. Given the increasing stability of his asylum position and salary relative to private practice, and the international reputation he was achieving, the separation from the broader profession had hardly been detrimental.

Although Workman's personal contributions gained public respect for insanity treatment as a specialized field, they did not ensure the increased occupational security also necessary for Upper Canadian medical superintendents to realize professional ascendancy. Such security required support from the provincial government. Fortunately for Workman and the branch superintendents, changes in state policies and welfare development during the late 1850s provided the necessary foundation to make asylum management a stable and respected occupation. Presented in the spirit of emerging liberalism, the welfare interests of Governor General Sir Edmund Head and the influences of Conservative leader John A. Macdonald were

crucial for implementing Workman's ideas and developing legislation that appealed to the penal interests of the Upper Canadian public, while simultaneously benefitting the less-idealized asylum. For medical superintendents, the restructuring of the civil service and departmentalization of welfare administration in the new Board of Inspectors made their institutional appointments more secure, stabilized their salaries, and provided a level of managerial support unknown to their predecessors. Thus while public stigma against asylums and their insane patients continued to exist in the mid-1860s, the physicians managing these institutions were now understood to occupy a unique role in the medical profession as experts in a new scientific field.

Conclusion

Six years after retiring from the asylum, in a paper presented at the 1881 Toronto meeting of the Association of Superintendents of American Hospitals for the Insane (formerly the AMSAII), Joseph Workman reflected on the great occupational security enjoyed by Canadian medical superintendents whose appointments, like those of most public servants, were “expected to be as durable as the good behaviour of the incumbents, which virtually is equivalent to life-long.” Workman credited this security to the extensive departmentalization and strengthening of the civil service over the past twenty-five years, as well as the implementation of a “central government supervision” of asylums in the form of the provincial inspectorship. According to him, these changes had served as “protective breakwater[s]” against groundless public charges of mismanagement and professional misconduct initiated due to personal jealousies and political affiliations. While Workman’s paper was entitled “The Public Care of the Insane and the Management of Asylums”, it considered the future professional development of the insanity field and advocated for medical superintendents in some American states, whose level of occupational security he believed now lagged behind their Canadian counterparts. Encouraging all American asylums to adopt Canadian policies regarding these civil service appointments, Workman also promoted the awarding of pensions or “annual retiring allowance[s]” and the development of internships at North American asylums to train future alienists.¹

Workman’s paper demonstrated the leadership role that he had secured in the AMSAII by the end of his asylum career. His comments about the secure professional position of Canadian medical superintendents suggested that much had changed in British North American asylums

¹ Joseph Workman, “The Public Care of the Insane and the Management of Asylums” (1881) *The Alienist and Neurologist*, vol. 5 (1884), pp. 494-501.

since the 1840s. Whereas asylum superintendents had then regarded American institutions and the AMSAII as models for improving asylum facilities and the professional circumstances of their work, by 1881 Workman believed the reverse should be true. Since the beginning of his Toronto asylum tenure Workman's opinions had always emphasized Canada as a progressive and developmentally advanced colony, and in many ways his 1881 ideas were similar to those he had presented in 1855.² Nevertheless, Workman's perspectives were not necessarily inaccurate. Reflecting on the improved circumstances experienced by Upper-Canadian medical superintendents in the twenty-five years of this study regarding occupational security, administrative authority, and enhanced professional identity, much had changed since the opening of the Toronto's Temporary Asylum in 1841.

Georgian Professionalism: Asylum Management in the 1840s

During the 1840s, William Rees, Walter Telfer, and George Hamilton Park struggled to enhance their professional identity as physicians and administrators. Prior to their employment at the Temporary Asylum all three physicians had worked as private practitioners. With public trust in scientific medicine low, regular doctors faced competition from a variety of healers, and the income they received from clients was unreliable. As such many doctors sought alternative or supplemental forms of work. Rees' and Telfer's interest in the asylum was largely motivated by such "entrepreneurial" professionalism, although Rees' other activities suggested he also had altruistic interests in helping the insane (Appendix 2). Park probably had similar motivations, although in contrast to Rees and Telfer, he was encouraged to apply for the asylum position by Dr. John Rolph, his brother-in-law and former teacher.

² "Proceedings of the Association", *AJI*, vol. 12, no. 1 (July 1855), p. 92.

Unfortunately, for Rees, Telfer, and Park, the medical superintendent's position did little to enhance their professional status. Because they were government employees, and because the asylum itself was a public institution administered by the colonial government, each doctor's professional potential was limited by the government's political and financial investment in the asylum. In Georgian Upper Canada, Calvinist ideas of predestination and original sin created a rigidly defined class structure with the insane, criminals, and other public dependents located at the bottom of the social hierarchy. An emphasis on punishment meant there was minimal interest in rehabilitating the insane, and the government made little financial investment in the institution or its medical superintendents, who even struggled to receive their legislated salary. Without resources and support from the government, from the outset there were almost no opportunities for Rees, Telfer, or Park to implement new treatment methods or improve facilities in a way that would suggest they possessed any special skills or expertise in the field of insanity.

Their professional circumstances were made more difficult by patronage and unclear legislation that caused ongoing conflicts between the three medical superintendents and the asylum's Board of Commissioners throughout the decade. Following the Georgian hierarchical social structure of the larger society, the Board of Commissioners operated as an institutional aristocracy with primary administrative authority; for the physicians appointed to manage the asylum, the Board's authority conflicted with their own designated role. Influenced by patronage and a desire to resolve the conflicts with minimal disruption, the government found it easier to dismiss Rees, Telfer, and Park than replace the twelve commissioners. Having made little progress in presenting themselves as insanity experts or in securing a stable income and occupational position, they left the asylum with little to show for their terms of service.

The degree to which each doctor was affected by these difficulties depended on perceptions of them as masculine gentlemen, the presence of family and collegial support, and their physical health. After 1845 Rees' injuries made him physically incapable of strenuous work, and his resulting loss of income and mounting debts kept him from re-establishing himself in private practice; without family to support him, his professional status declined sharply through the remainder of his life. In contrast, Telfer left the asylum in 1848 with his health intact and having wisely maintained his private practice throughout his asylum tenure with his wife's assistance, he experienced few long-term consequences from his asylum troubles and his professional status stabilized quickly. Park, like Rees, had given up his private practice at the commencement of his asylum appointment. Had it not been for the ongoing support of Dr. John Rolph who provided alternative medical work to him following his asylum dismissal, the negative experience of asylum work might have continued to affect him long-term.

Transitioning Professionalism, 1848-1853

When Park left the Temporary Asylum in 1848 the circumstances of insane persons in Upper Canada were scarcely better than they had been in the 1830s when they lived in the jails or on the streets. Insufficient government financing and problematic administration meant that no resemblance to a "curative" institution had been realized. Rees, Telfer, and Park had all recognized the institution's problems, but they were limited in their ability to improve conditions by the continuing societal disregard for the insane and their own lack of professional authority as physicians and public servants. Probably motivated by the Brown Commission's 1848 investigation of the Kingston Penitentiary, and undoubtedly encouraged by Rolph, Park was the first medical superintendent to address the problems afflicting the Temporary Asylum in a

broader political context. In his eighty-page *Narrative of the Recent Difficulties in the Provincial Lunatic Asylum in Canada West* (1849) Park recognized the asylum's dysfunctional administration as one example of a systemic problem that had revealed itself in several institutions, and that was standing in the way of institutional growth and development. Furthermore, he suggested that under the current administrative system, professional advancement through public service work was almost impossible because "passive obedience" was required to retain one's position and sustain a professional image. The only solution to these problems was greater transparency and government involvement in the administration of institutions across the province.³

Park's call for administrative change went unanswered, probably because most politicians had little interest in the asylum's affairs. Although the permanent asylum opened on Queen Street in 1850 with a new Board of Commissioners, the administrative structure of the Temporary Asylum was generally maintained. Dr. John Scott, medical superintendent at the asylum from 1850 to 1853, did not experience the same degree of conflict with the Board of Commissioners, largely due to the dominating presence on the Board of his father-in-law Rev. John Roaf. Roaf apparently was able to influence a majority of the Commissioners to appoint and support Scott throughout his tenure, despite widespread concern in the Toronto medical profession and the press that his temperament made him unsuitable for the position. Although the 1851 dissection scandal seemed to confirm this view, Scott's position at the asylum remained secure for another two years. It was only when John Rolph, now a member of the Executive Council, introduced a new asylum bill proposing to dismantle the Board of Commissioners, did Scott voluntarily resign. Professionally, it was probably a wise decision that would have helped

³ George Hamilton Park, *A Narrative of the Recent Difficulties in the Provincial Lunatic Asylum, Canada West* (Toronto: Examiner, 1849).

him to avoid the disgrace of dismissal that he realized would be inevitable without the support of Roaf and the other Commissioners.

Scott can be viewed as a transitional figure in the professional experiences of early Toronto asylum medical superintendents. He experienced the benefits of Georgian institutional administration whereby the government allowed the Board of Commissioners to operate as a ruling aristocracy. Yet, reflecting emerging Victorian evangelical values, his empathy for patients and professional moral conduct as a “gentleman” physician were questioned throughout his tenure. Patronage had secured his appointment in 1850, but his departure from the asylum in 1853 was brought about by legislative changes and judgments of his professional conduct and moral behaviour as a physician. New legislation and a shifting political and cultural climate in the colony during the 1850s significantly altered the occupational position of the medical superintendent, bringing opportunities for professional advancement as an insanity expert that had been unknown to Rees, Telfer, and Park.

Victorian Professionalism Emerges: The Workman Era

As the author of the 1853 asylum act, which gave full administrative control to the medical superintendent and increased his salary, John Rolph was responsible for the professional foundations of Joseph Workman’s long career at the Toronto asylum. Yet, Rolph’s involvement with the asylum remained controversial, particularly when he arranged for the superintendent’s position to go to Workman, one of his instructors at the Toronto School of Medicine. By 1853 social and political tensions ran high in Toronto. As the colony’s population increased, more men sought entry to the professions creating competition among professional men. The Trinity College physicians felt their professional leadership and authority was threatened by the

expansion of Rolph's school and criticized Workman, who they argued was less qualified than other applicants to the asylum position; it was a view several Tory politicians also shared. The growth of Evangelical Protestantism, which would define the social culture of late-nineteenth-century Upper Canada, also contributed to the discord. In contrast to the Calvinist emphasis on original sin, order, and a predetermined social hierarchy, the new Evangelical culture introduced beliefs in universal salvation, and made behaviour and moral conduct the basis of an individual's social worth. As a Unitarian, Workman generally represented this new religious outlook. He had little tolerance for the cultural tenets of Georgian Tory society, particularly with regard to welfare. He strongly believed that the Toronto asylum and other provincial welfare institutions should have a rehabilitative, humanitarian function. Observing problems of overpopulation in the asylum and in prisons throughout Upper Canada and following the recommendations of alienists in Britain and the United States, he encouraged the expansion of asylums and the development of specialized institutions to allow separation of criminal, curable, and incurable insanity cases. Through such advocacy, during the first ten years at the asylum, his professional orientation as a physician and welfare administrator became increasingly "activist" (Appendix 2).

This view of welfare remained radically different from that held by the majority of the Upper Canadian population, and Workman initially found little sympathy for his ideas. During the first part of his tenure at the asylum, he struggled against widespread public criticism of his qualifications for the position, and professionalism as a doctor. The patronage surrounding his appointment brought strong objections from various parties in Toronto, most notably the Trinity College physicians and George Brown. While in the 1850s Brown was also demanding immediate and radical changes to Georgian social policies and political systems, he had no use

for Workman whose religious proselytizing and moralizing he found insufferable and which he believed masked professional self-interest. In contrast, Workman had no tolerance for Brown's business-oriented radical extremism. As Victorian "professional gentlemen" their perspectives strongly conflicted, even while their stubborn, quick-tempered personalities were quite similar. Workman became involved in a series of conflicts with Brown and a group of Tories who tried to undermine his credibility as a medical superintendent, administrator, and physician by revealing him to be incompetent and lacking in proper gentlemanly character.

For Workman, who from the beginning of his tenure advocated for expanded asylum facilities and worked at implementing better treatment programs for patients, these arguments were professionally disruptive. Yet, their negative impact on his asylum career was limited by the stable salary and authority given to him as superintendent in the 1853 act, as well as by his active involvement with the AMSAII and anatomical insanity research, through which he could present an "academic" professional orientation, claiming greater expertise as an insanity physician (Appendix 2). In a period when Upper Canada's North American identity was somewhat uncertain, Workman's engagement with asylum medical superintendents in the United States garnered exposure and recognition for the province as an active and developing state. Insofar as Workman's own professional identity was concerned, over time his growing association with medical superintendents in the United States, combined with the disputes with Toronto doctors and the different responsibilities of institutional administration meant that he became professionally separated from the Upper Canadian medical profession. His professional affiliations were more with the American association and he slowly began to envision himself not as a doctor, but as a professional public servant.

Although these professional activities helped gain public respect for insanity treatment as a specialized field, they did not guarantee further occupational security and professional ascendancy for him and future medical superintendents. Such security required political support. Probably the most important factor in Workman's ability to survive the professional attacks on him was the support he had from John A. Macdonald in the Legislative Assembly. Macdonald was Brown's primary political rival in the assembly, and in his roles as attorney general (1854), Upper-Canadian conservative leader (1856), and premier (1857) he became an important governmental source of support for Workman. Macdonald's conservatism was unlike that of prior Tory leaders William Draper, Henry Sherwood, and Allan MacNab in the 1840s and early 1850s. Qualified by "a genuine liberalism", Macdonald's politics were characterized by an interest in Upper Canada's social and economic progress through the development of new policies and state institutions.⁴ Whatever the contentious circumstances of the medical superintendent's appointment, by the mid-1850s Macdonald expressed that he saw no point in dwelling on this issue since Workman had proven himself to be a wholly capable asylum physician and administrator. Macdonald appreciated Workman's interests in improving the asylum and suggestions for reforming provincial welfare, ideas that were also supported by the province's new governor general, Sir Edmund Walker Head. By the late 1850s, the conservative governments headed by Macdonald and Lower-Canadian *Bleus* Étienne-Paschal Taché and George-Étienne Cartier would oversee the implementation of legislation introducing branch asylums which temporarily relieved overcrowding at Toronto, while positioning Workman as the major asylum authority in Upper Canada. For Workman and the other new medical superintendents, the restructuring of the civil service and departmentalization of welfare

⁴ Donald Creighton, *John A. Macdonald: The Young Politician* (Toronto: The MacMillan Company of Canada Ltd., 1956), p. 218.

administration in the new Board of Inspectors from 1859 made their institutional appointments more secure, further stabilized their salaries, and provided a level of managerial support unknown to their predecessors. While public stigma against asylums and their insane patients continued to exist in the mid-1860s, the physicians managing these institutions were now understood to occupy a unique role in the medical profession as experts in a new scientific field.

“Professionalizing” Asylum Management: Reflections on the First Episode

Following Bruce Kimball’s conceptualization of “profession” as an evolving identity marked by episodic stages of development, the experiences of Rees, Telfer, Park, Scott, and Workman at the Toronto asylum may be understood to represent the first stage in the professionalization of asylum management and insanity treatment in Canada.⁵ The governmental systems and political culture existing in the colony in the 1840s and 1850s would define and change the social value of insanity care and public welfare, thus also determining the possibility of transforming asylum management into a respected field of medical work. To a large extent, this first stage was largely defined by the Georgian culture in which the asylum and other public welfare institutions were established in the 1830s and 1840s. The hierarchical social structure of this culture created difficulties for Rees, Telfer, Park, and Scott who hoped to enhance their social and occupational status through asylum work. Although from the mid-1850s Workman had greater success presenting himself as a “professional” medical superintendent, his success must be measured against the constraints of the Georgian culture in which he and his fellow superintendents began their careers as physicians and “professional gentlemen”. The changing social and political climate of the 1850s determined his success as an asylum superintendent as

⁵ Bruce A. Kimball, *The “True Professional Ideal” in America: A History* (Lanham, MD: Rowman & Littlefield Publishers, Inc., 1992), p. 2.

much as any of his personal efforts. As the culture of Upper Canada became redefined by a new Victorian liberalism and the population demanded increased institutional development and governmental departmentalization, opportunities for professional growth in insanity treatment and public service work were opened.

For the medical superintendents, however, professional identity formation did not only occur against the backdrop of state development. It was also determined by their social backgrounds, temperaments, the circumstances of their personal lives, the presence of family and other support systems, and community perceptions of their masculinity and status as gentlemen. William Rees experienced the greatest professional difficulties because of certain unwise professional decisions he made, the absence of family members to support him, and his questionable masculinity. Telfer, Park, and Scott encountered many difficulties at the asylum and did not realize professional elevation from this form of employment; however, family and collegial support ultimately prevented professional failure and helped them to become re-established as regular physicians. While Workman realized the greatest professional growth from asylum employment, his quick temper and attitude of moral superiority were viewed by many colleagues as unbecoming of a “gentleman”, and as a result he became involved in public disputes that challenged his professional reputation and temporarily distracted him from his asylum work.

The early professional development of asylum medical superintendents during the Union Period in Upper Canada thus occurred within the broad cultural contexts of what in this dissertation has been referred to as the Georgian to Victorian transition. State development, class structure, political and religious change, professional competition, perceptions of masculinity, and social relationships were among the numerous factors determining the trajectory of asylum

work for Rees, Telfer, Park, Scott, and Workman. Using Hafferty and Castellani's terminology, their professional experiences as asylum superintendents were multifaceted and "complex", shaped by numerous processes within and beyond the asylum and the medical profession.⁶ These processes not only shaped the professional focus and orientation of these doctors' careers, but ultimately determined the degree to which they became recognized as medical experts and respected as public servants.

Future Considerations

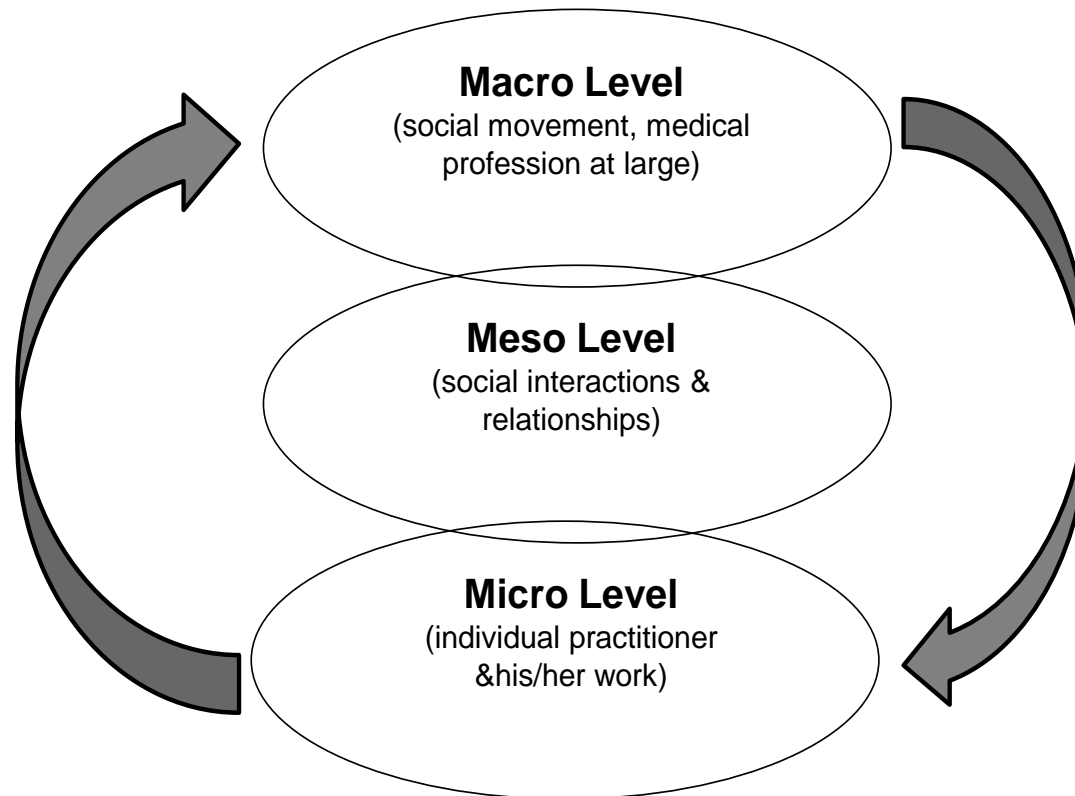
The various "complex" factors examined in this thesis are worthy of further examination to establish the characteristics of subsequent "episodes" in the professionalization of asylum management and insanity treatment in Canada. Logically, a study of the next episode for Ontario would begin at Confederation in 1867 when asylums and other welfare institutions were made a responsibility of the provinces. In 1868 the new Province of Ontario made the task of inspecting welfare institutions a senior public service appointment for a single individual; John Woodburn Langmuir served as Inspector of Asylums, Prisons, and Public Charities for the next fifteen years. During his tenure the provincial asylum care would expand rapidly to include three additional large asylums at London (1870), Hamilton (1876), and Kingston (1877). The opening of these institutions would transform insanity care in Ontario: For the first time, persons admitted to an asylum became patients of the provincial asylum system who, depending on population and available space, might be transferred and moved between institutions at any time. The new asylums facilitated collegial interaction among medical superintendents within the province that had not been possible for Rees, Telfer, Park, Scott, and Workman. In his post-

⁶ Frederic W. Hafferty and Brian Castellani, "The Increasing Complexities of Professionalism", *Academic Medicine*, 85, no. 2 (February 2010), pp. 288-301.

retirement speech to the AMSAII, Joseph Workman referred to asylum management as an honourable public service appointment, emphasizing medical superintendents' position as government employees.⁷ It suggests that by 1881 asylum medical superintendents were more strongly identifying as public servants and were even more distanced from the rest of the medical profession than in 1865 at the end of this present study. The veracity of this observation and the circumstances surrounding this development are a topic for a future study.

⁷ Joseph Workman, "The Public Care of the Insane and the Management of Asylums", p. 494.

Appendix 1: Hafferty & Castellani's Complex System
Levels of Analysis



Source: Frederic W. Hafferty and Brian Castellani, "The Increasing Complexities of Professionalism", *Academic Medicine*, 85, no. 2 (February 2010), p. 293.

Appendix 2: Hafferty & Castellani's Seven Types of Medical Professionalism with Approaches to Key Aspects of Medical Work

Importance of aspects of medical work	<u>1.Nostalgic</u>	<u>2.Entrepreneurial</u>	<u>3.Academic</u>	<u>4.Lifestyle</u>	<u>5.Empirical</u>	<u>6.Unreflective</u>	<u>7.Activist</u>
Most important	* Autonomy *Altruism *Interpersonal competence *Personal morality * Professional dominance *Technical competence	*Commercialism *Autonomy *Technical Competence *Professional dominance	*Altruism *Interpersonal Competence *Technical competence *Lifestyle	*Autonomy *Lifestyle *Personal morality	*Autonomy *Technical competence *Commercialism *Professional dominance *Altruism	*Autonomy *Interpersonal competence *Personal morality *Altruism	*Social justice *Social contract *Altruism *Personal morality
Moderately important	*Social contract *Social justice	*Lifestyle *Personal morality	*Personal Morality *Professional Dominance *Social contract *Autonomy	*Commercialism *Interpersonal competence *Technical competence	*Social contract *Personal morality	*Technical competence *Lifestyle *Professional dominance	*Interpersonal competence *Technical competence *Autonomy
Least important	*Lifestyle *Commercialism	*Interpersonal Competence *Altruism *Social justice *Social contract	*Social justice *Commercialism	*Altruism *Social contract *Social justice *Professional dominance	*Social justice *Interpersonal competence *Lifestyle	*Commercialism *Social justice *Social contract	*Lifestyle *Commercialism

Source: Frederic W. Hafferty and Brian Castellani, "The Increasing Complexities of Professionalism", *Academic Medicine*, 85, no. 2 (February 2010), p. 295.

Appendix 3: Capital Locations, Province of Canada, 1841-1867

Year(s)	Capital Location
1841-1843	Kingston
1843-1849	Montreal
1849-1852	Toronto
1852-1855	Quebec City
1855-1858	Toronto
1858-1866	Quebec City
1866-1867	Ottawa

Appendix 4: Population Statistics, 1831-1871

Year	Province of Canada (Upper and Lower Canada)	Upper Canada	Kingston	Toronto	Persons of Unsound Mind (Upper Canada)
1824/25	629,354	150,066	3,528	1,685	n/a
1831	789,836	236,702	n/a	3,969	n/a
1842	n/a	455,688	n/a	14,249	n/a
1851	1,842,265	952,004	11,697	30,775	1,069
1861	2,507,657	1,396,091	13,743	44,821	1,631
1871	2,812,367	1,620,851	12,407	56,092	4,081

Source: *Censuses of Canada, 1665 to 1871*, Statistics of Canada, (Ottawa: I. B. Taylor, 1873, 1876), Vol. I – p. 83, 130, Vol. II – p. 246, Vol. IV – pp. 83, 87, 104, 131, 180, 182, 256; “Censuses of Canada 1665-1871 –The 1800s (1806-1871)”, Statistics Canada, <http://www.statcan.gc.ca/pub/98-187-x/4064809-eng.htm> (accessed 20 April 2011); “Growth of Cities 1825-1891”, *Historical Atlas of Canada*, http://www.historicalatlas.ca/website/hacolp/national_perspectives/population/UNIT_20/U20_Graph_growth_cities_5191.htm (accessed 29 June 2011).

Appendix 5: Salaries of Medical Superintendents, Toronto Temporary Asylum, 1841-1848

Pay Period	Superintendent	Pay Received (£.s.d.)	Yearly Salary Rate (£)
1841	Rees	Unspecified	Unspecified
1842 (n.d.)	Rees	362.3.9*	Unspecified
1843	Rees	Unspecified**	Unspecified
Jan. – June 1844	Rees	100.0.0	200
July – Dec. 1844	Rees	125.0.0	250
1 Jan. – 19 Oct. 1845	Rees	200.8.2	250
20 Oct. 1845 – 31 Dec. 1846	Telfer	299.11.10	250
Jan. – Dec. 1847	Telfer	250.0.0	250
1 Jan. – 31 Mar. 1848	Telfer	62.10.0	250
24 Apr. – 13 June 1848	Primrose	34.18.7	250
14 June to 31 Dec. 1848	Park	136.13.6	250

* Rees received a lump sum in this amount for “arrears and services” since his hiring in January 1841. Although this amount is over 300, the actual length of the period is not clear in the sources, nor is the nature or amount of “arrears” indicated, although it suggests Rees had already incurred debts on behalf of the asylum. It should also be noted that none of these yearly salaries included the housing allowance promised in the 1839 Act.

** Rees’ 1843 pay was included in a lump sum given by the government to William Jarvis for payment of “Aid to the Asylum...including Medical Superintendence...”. It is likely this was also the situation in 1841, although sources do not specify so.

Source: *JLAPC*, 13 May 1853, pp. 853-854, “Statement of amounts expended annually for the support of the Lunatic Asylum at Toronto, as appropriated per the annual Estimates.”

Appendix 6: Salaries of Selected Employees, Kingston Penitentiary, 1836-1848

Employee	Yearly Salary (£.s.d.)				
	1836-1837	1837-1838	1840-1841	1844-1845	1847-1848*
Warden	200.0.0	257.5.2	300.0.0	375.0.0	500.0.0
Deputy Warden /Assistant Warden / Head Keeper**	150.0.0	150.0.0	n/a	168.6.2	175.0.0
Clerk	106.15.5	112.10.0	112.10.0	175.0.0	150.0.0
Physician / Surgeon	100.0.0	100.0.0	100.0.0	200.0.0	200.0.0
Chaplain(s)***	n/a	n/a	150.0.0	131.5.0 (Prot.) 56.5.0 (Cath.)	125.0.0 (Prot.) 125.0.0 (Cath.)

* Salary changes in 1847-48 reflect those instituted in the 1846 Penitentiary Act.

** The name of this position changed three times over the period.

*** A Catholic chaplain was hired beginning in 1845.

Sources: *AJHAUC*, 1838, p. 210, "Report of Provincial Penitentiary"; *ibid.*, 1839, p. 230, "Report on Provincial Penitentiary"; *AJLAPC*, 1842, Appendix H., "Annual Report for 1841, Provincial Penitentiary..."; *ibid.*, 1846, Appendix G., "Statement of the Accounts and Affairs of the Provincial Penitentiary..."; *ibid.*, 1849, Appendix T.T.T.T., "Statement of the Accounts and Affairs of the Provincial Penitentiary..."; *Provincial Statutes of Canada* (Montreal: Stewart Derbishire & George Desbarats, 1846), cap. IV, pp. 659-70, "An Act to Consolidate and Amend the Laws Relating to the Provincial Penitentiary", 18 May 1846.

Appendix 7: Medical Superintendents' Salaries Compared – Government-Run Asylums, British North America c. 1852-1854

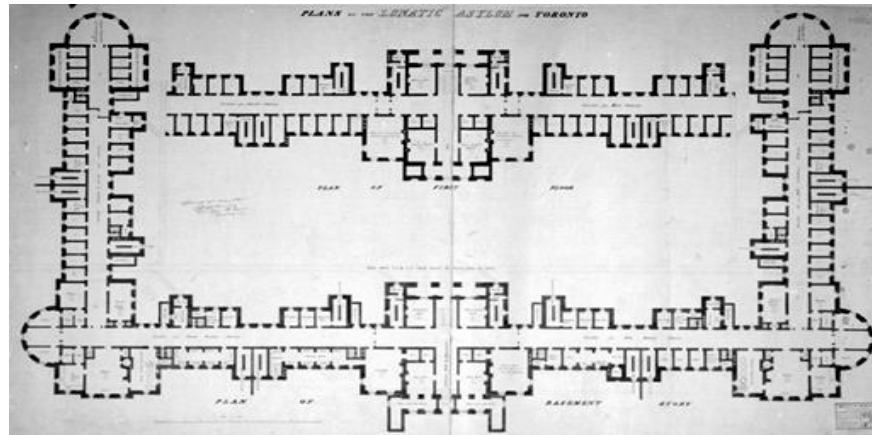
<u>Institution</u>	<u>Patient Population (estimated)</u>	<u>Medical Superintendent</u>	<u>Annual Salary (£) (estimated)</u>	<u>Salary Per Patient (estimated, £)</u>
Charlottetown Lunatic Asylum & House of Industry, PEI	12-18	Dr. John Mackieson	25	1.4 – 2.0
Hospital for Mental Diseases, St. John's, NL	70-75	Dr. Henry Stabb	100	0.75 – 1.4
Provincial Lunatic Asylum, Saint John, NB	130-150	Dr. John Waddell	300	2.0 – 2.3
*Provincial Asylum for the Insane, Toronto -- 1852	300-350	Dr. John Scott	250	0.7 – 0.8
**Provincial Asylum for the Insane, Toronto -- 1854	300-350	Dr. Joseph Workman	500	1.4 – 1.7

* Prior to the 1853 Asylum Act

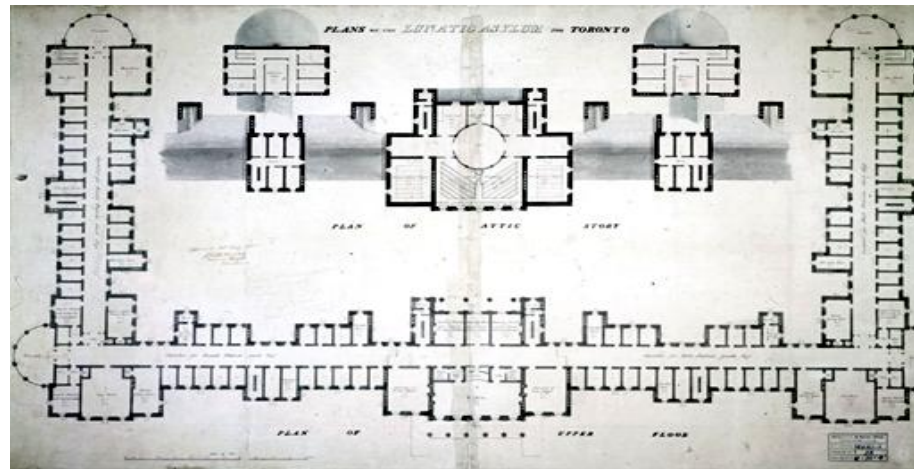
** After the 1853 Asylum Act

Sources: *Journal of the House of Assembly of Prince Edward Island, 1852* (Charlottetown: J. Ings, 1852), pp. O - 87, 91; David A. E. Shepherd, *Island Doctor: John Mackieson and Medicine in Nineteenth-Century Prince Edward Island* (Montreal & Kingston: McGill-Queen's University Press, 2003), p. 97; *Journal of the House of Assembly of Newfoundland, 1849* (St. John's: E. D. Shea, 1849), p. A-55; *ibid*, 1853, p. A-175; *Journal of the House of Assembly of New Brunswick, 1853* (Fredericton: J. Simpson, 1853), pp cx1-cxli; *JLAPC*, 13 May 1853, pp. 853-854, "Statement of amounts expended annually for the support of the Lunatic Asylum at Toronto, as appropriated per the annual Estimates"; *SPC*, 1852-53, cap. 188, pp. 928, "An Act for the better management of the Provincial Lunatic Asylum at Toronto," 14 June 1853.

Appendix 8: Architectural Plans for Lunatic Asylum, Toronto (John Howard, c.1845)



Basement and First Floor



Upper Floor and Attic

Source: Archives of Ontario, AO3267, AO4699, (http://www.toronto.ca/culture/howard_institutionalto.htm)

Appendix 9: Patient Populations of Upper Canadian Lunatic Asylums, 1860 & 1862

Asylum	Patient Population -- 1860	Patient Population – 1862
Toronto - Main	345	347
Toronto – University Branch	68	67
Orillia	n/a	44
Malden	179	218

Sources: *SPPC*, 1861, no. 24, pp. 10-11, 97, “Report of the Board of Inspectors of Asylums, Prisons, &c. for the Year 1860”; *ibid.*, 1863, no. 66, p. 9, “Third Annual Report of Asylums, Prisons, &c.”

Appendix 10: Salaries of Head Administrators of Upper Canadian Lunatic Asylums, 1862

Asylum	Position	Name	Salary (\$)
Toronto Asylum	Medical Superintendent	Dr. Joseph Workman	2,000
	Medical Assistant	Dr. Benjamin Workman	860
	Clinical Assistant	?	300
University Branch Asylum	Steward	Mr. Blair	600
Orillia Asylum (branch)	Medical Superintendent	Dr. John Ardagh	800
Malden Asylum (independent)	Medical Superintendent	Dr. Andrew Fisher	800

Sources: *SPPC*, 1863, no. 10, pp. 308-310, "Public Accounts of the Province of Canada for the Year 1862"; *ibid.*, no. 66, p. 9, "Third Annual Report of Asylums, Prisons, &c."

BIBLIOGRAPHY

Primary Sources

Archival Sources

Archives of Ontario [AO]

Mackenzie-Lindsey family fonds [F 37]

Toronto Reference Library [TRL]

Robert Baldwin Papers – Christopher Widmer [A76]

W. T. Aikins Papers, Academy of Medicine Collection, Thomas Fisher Rare Book Library,
University of Toronto

Published Sources

Government Documents

The Acts of the General Assembly of Prince Edward Island

Appendix to the Journals of the House of Assembly of Upper Canada

Appendix to the Journals of the Legislative Assembly of the Province of Canada

Censuses of Canada, 1665 to 1871. Statistics of Canada, Volume IV. Ottawa: I. B. Taylor, 1876.

“Censuses of Canada 1665-1871 –The 1800s (1806-1871)”, Statistics Canada,

<http://www.statcan.gc.ca/pub/98-187-x/4064809-eng.htm>

“Census of the Province of Canada, 1852 – Automated Genealogy”,

<http://automatedgenealogy.com/census52/>

“Census of Canada East, Canada West, New Brunswick, and Nova Scotia – 1851, 1852”,

<http://www.ancestry.ca>; <http://automatedgenealogy.com/census52>.

Debates of the Legislative Assembly of United Canada. Edited by Elizabeth Nish (Gibbs).

Montreal: Presse de l'École des hautes études commerciales, 1970, 1984.

Journal of the House of Assembly of Newfoundland

Journal of the House of Assembly of Prince Edward Island.

Journals of the House of Assembly of Upper Canada

Journals of the Legislative Assembly of the Province of Canada

Journal of the Legislative Council of Prince Edward Island.

Journals of the Legislative Council of the Province of Canada

Ontario Genealogical Society and Library and Archives Canada. *Federal Census of 1871*

(*Ontario Index*), <http://www.collectionscanada.gc.ca/databases/1871-ontario/001016-119.01->

[e.php](#)

Provincial Statutes of Canada

Report of the Select Committee of the Legislative Assembly in the Case of Dr. Rees with an Appendix.

The Revised Statutes of New Brunswick.

Sessional Papers (Province of Canada)

Sessional Papers (Dominion of Canada)

Statutes of the Province of Canada

Statutes of Upper Canada to the time of the Union.

Periodicals

Newspapers

The Globe (Toronto)

The Patriot (Toronto)

Toronto Examiner

Professional Journals

The Alienist and Neurologist

American Journal of Insanity

The Asylum Journal of Mental Science

The British American Journal of Medical and Physical Science (Montreal)

British American Medical and Physical Journal (Montreal)

The British American Journal (Montreal)

The Canadian Ecclesiastical Gazette

The Dominion Medical Journal (Toronto)

Journal of Education for Upper Canada

The Medical Chronicle (Montreal)

Books, Letters, Memoirs, Reports

Dickens, Charles. *American Notes* [1842]. New York & Toronto: Random House Ltd., 1996.

Durham, Earl of. *Report of the Affairs of British North America*. Toronto: R. Stanton, 1839.

Goldie, John. *Diary of a Journey through Upper Canada and some of the New England States, 1819*. Privately published, n.d.

Howard, John G. *Incidents in the Life of John G. Howard, Esq.* Toronto: Copp Clark Company Limited, 1888.

Jameson, Anna Brownell. *Winter Studies and Summer Rambles in Canada* [1838]. Toronto: McClelland and Stewart, 1990.

Johnson, J. K. and Carole B. Stelmack, eds. *The Letters of Sir John A. Macdonald*, Volumes I &

II. Ottawa: Public Archives of Canada, 1968.

Mackenzie, William L. *Sketches of Canada and the United States*. London: Effingham Wilson, 1833.

Moodie, Susanna. *Life in the Clearings versus the Bush* [1853]. Toronto: McClelland & Stewart Inc., 1989.

Park, George Hamilton. *A Narrative of the Recent Difficulties in the Provincial Lunatic Asylum, Canada West*. Toronto: Toronto Examiner, 1849.

Public Schools, City of Toronto. *Report of the Past History, and Present Condition, of the Common or Public Schools of the City of Toronto*. Toronto: Lovell and Gibson, 1859. http://www.archive.org/stream/cihm_34150#page/n87/mode/2up (accessed January 3, 2011).

Strachan, James. *A Visit to the Province of Upper Canada in 1819*. New York: S. R. Publishers Limited, Johnson Reprint Corporation, 1968.

Secondary Sources

Reference Works

Dictionary of Canadian Biography Online [DCBO]. <http://www.biographi.ca/EN/HistoricalAtlasofCanada>, <http://www.historicalatlas.ca>

Internet Resources

Index of Family / O'Beirne – Canada”
<http://www.obeirnefamily.cwc.net/FamilyO'Beirne/canada.htm>

Rees-Gorman Family Ancestry Site
<http://knology.net/~qed/R-G-Rees.htm> (copyright Lew Zerfas 2008).

The Daily Princetonian
<http://www.dailyprincetonian.com/2001/11/05/3745/>

Articles

Anthony, David. “Banking on Emotion: Financial Panic and the Logic of Male Submission in the Jacksonian Gothic”. *American Literature*. 76, 4 (December 2004): 719-47.

- Brebner, J. B. "Joseph Howe and the Crimean War Enlistment Controversy between Great Britain and the United States." *Canadian Historical Review*. 11, no. 4 (December 1930): 300-327.
- Brownlee, Peter John. "Ophthalmology, Popular Physiology, and the Market Revolution in Vision, 1800-1850". *Journal of the Early Republic*, 28 (Winter 2008): 597-626.
- Clark, R. J. "Professional Aspirations and the Limits of Occupational Autonomy: The Case of Pharmacy in Nineteenth-Century Ontario". *Canadian Bulletin of Medical History*. 8, 1 (1988): 43-63.
- Connor, J.T.H. "'A Sort of felo de se': Eclecticism, Related Medical Sects and Their Decline in Victorian Ontario". *Canadian Bulletin of the Medical History*. 65, no. 4 (1991): 503-527.
- Davidson, Luke. "'Identities Ascertained': British Ophthalmology in the First Half of the Nineteenth Century". *Social History of Medicine*, 9, 3 (December 1996): 313-33.
- Duffin, Jacalyn. "In View of the Body of Job Broom: A Glimpse of the Medical Knowledge and Practice of John Rolph". *Canadian Bulletin of Medical History*. 7, no. 1 (1990): 9-30.
- Dunlop, Joseph. "Politics, Patronage and Scandal at the Provincial Lunatic Asylum, 1848-1857." *Ontario History*. 98, 2 (Autumn 2006): 183-208.
- Flexner, Abraham. "Is Social Work a Profession?" (1915). Reprinted in *Research on Social Work Practice*, 11, 2 (March 2001): 152-65.
- Freidson, Eliot. "The Theory of Professions: State of the Art". In *The Sociology of the Professions: Lawyers, Doctors and Others*, edited by Robert Dingwall and Philip Lewis. London: The MacMillan Press, Ltd., 1983: 19-37.
- Gidney, R. D. and W. P. J. Millar. "Medical Students at the University of Toronto". *Canadian Bulletin of Medical History*. 13, 1 (1996): 29-52.
- . "The Origins of Organized Medicine in Ontario, 1850-1869". In *Health, Disease, and Medicine: Essays in the History of Medicine*, edited by Charles G. Roland. Toronto: The Hannah Institute for the History of Medicine, 1984: 65-95.
- . "The Reorientation of Medical Education in Late-Nineteenth-Century Ontario: The Proprietary Medical Schools and the Founding of the Faculty of Medicine at the University of Toronto". *Journal of the History of Medicine & Allied Sciences*. 49, 1 (January 1994): 52-78.
- Goheen, Peter G. "Negotiating Access to Public Space in Mid-Nineteenth Century Toronto." *Journal of Historical Geography*. 20, 4 (October 1994): 430-449.

- Hafferty, Frederic W. and Brian Castellani. "The Increasing Complexities of Professionalism." *Academic Medicine*, 85, no. 2 (February 2010): 288-301.
- Hervey, Nicholas. "A Slavish Bowing Down: The Lunacy Commission and the Psychiatric Profession 1845-1860". In *The Anatomy of Madness: Essays in the History of Psychiatry, vol. II: Institutions and Society*. Edited by W. F. Bynum, Roy Porter, Michael Shepherd. London: Tavistock, 1985.
- Johnson, J. K. "John A. Macdonald." In *The Pre-Confederation Premiers: Ontario Government Leaders, 1841-1867*, edited by J. M. S. Careless. Toronto: University of Toronto Press, 1980: 197-245.
- Jones, Elwood. "Reaching Out for Two Hundred Years: Church Growth and Church Extension, 1780-1989." In *By Grace Co-Workers: Building the Anglican Diocese of Toronto, 1780-1989*, edited by Alan L. Hayes. Toronto: Anglican Book Centre, 1989.
- Kelm, Mary-Ellen. "'The only place likely to do her any good': The Admission of Women to British Columbia's Provincial Hospital for the Insane." *BC Studies* 96 (Winter 1992-93): 66-89.
- . "Women, Families and the Provincial Hospital for the Insane, British Columbia, 1905-1915." *Journal of Family History*. 19, 2 (1994): 177-193.
- Kirk-Montgomery, Allison. "'Loaded Revolvers': Ontario's First Forensic Psychiatrists." In *Mental Health and Canadian Society, Historical Perspectives*, edited by James E. Moran and David Wright. Montreal & Kingston: McGill-Queen's University Press, 2006: 117-148.
- Lasch, Christopher. "Origins of the Asylum." *The World of Nations: Reflections on American History, Politics, and Culture*. New York: Alfred A. Knopf, 1973: 3-17.
- MacKenzie, Charlotte. "Social Factors in the Admission, Discharge, and Continuing Stay of Patients at Ticehurst Asylum, 1845-1917". *The Anatomy of Madness, vol. II: Institutions and Society*, edited by W.F. Bynum, Roy Porter, and Michael Shepherd. London: Routledge, 1985: 147-174.
- McKay, Ian. "The Liberal Order Framework: A Prospectus for a Reconnaissance of Canadian History." *Canadian Historical Review*. 81, no. 4 (December 2000): 617-645. Reprinted in *Liberalism and Hegemony: Debating the Canadian Liberal Revolution*, edited by Jean-Francois and Michel Ducharme. Toronto: University of Toronto Press, 2009.
- Metcalf, George. "William Henry Draper." In *The Pre-Confederation Premiers: Ontario Government Leaders, 1841-1867*, edited by J. M. S. Careless. Toronto: University of Toronto Press, 1980: 49-68.

- Miller, J. R. "Anti-Catholic Thought in Victorian Canada." *Canadian Historical Review*. 66, no. 4 (December 1985): 474-494.
- Miron, Janet. "'Open to the Public': Touring Ontario Asylums in the Nineteenth Century." In *Mental Health and Canadian Society: Historical Perspectives*, edited by James E. Moran and David Wright. Montreal & Kingston: McGill-Queen's University Press, 2006: 19-48.
- Mitchinson, Wendy. "Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case." *Canadian Bulletin of Medical History* 4 (1987): 99-117.
- . "Gynecological Operations on the Insane". *Archivaria*. 10 (1980): 125-44.
- . "Gynecological Operations on Insane Women: London, Ontario, 1895-1901". *Journal of Social History*, 15,3 (Spring 1982): 467-84.
- . "Reasons for Committal to a Mid-Nineteenth-Century Ontario Insane Asylum: The Case of Toronto." In *Essays in the History of Canadian Medicine*, edited by Wendy Mitchinson & Janice Dickin McGinnis. Toronto: McClelland & Stewart, 1988: 88-109.
- Parsons, Talcott. "Professions". In *International Encyclopedia of the Social Sciences*, edited by David L. Sills. New York: MacMillan & The Free Press, 1968. Entry located at encyclopedia.com <http://www.encyclopedia.com/topic/Professions.aspx#1-1G2:3045000992-full>. Accessed May 30, 2011.
- Patterson, Graeme. "An Enduring Myth: Responsible Government and the Family Compact." In *Historical Essays on Upper Canada: New Perspectives*, edited by J. K. Johnson and Bruce G. Wilson, 485-511. Ottawa: Carleton University Press, 1989.
- Piva, Michael J. "Financing the Union: The Upper Canadian Debt and Financial Administration in the Canadas, 1837-1845." *Journal of Canadian Studies*. 25, no. 4 (Winter 1990-91): 82-98.
- . "Getting Hired: The Civil Service Act of 1857". *Journal of the Canadian Historical Association*. vol. 3 (1992): 95-127.
- Radforth, Ian. "Sydenham and Utilitarian Reform." In *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada*, edited by Allan Greer and Ian Radforth, 64-102. Toronto: University of Toronto Press, 1992.
- Raible, Chris. "'Your Daughter & I Are Not Likely to Quarrel': Notes on a Dispute between Joseph Workman and William Lyon Mackenzie." *Canadian Bulletin of Medical History*. vol. 11, no. 2 (1994): 387-395.
- . "999 Queen Street West: The Toronto Asylum Scandal." *The Beaver*. 74, 1 (February-March 1994): 37-43.

- Roberts, Julia. "Harry Jones and His Cronies in the Taverns of Kingston, Canada West". *Ontario History*, vol. XCV, no. 1 (Spring 2003): 1-21.
- Roland, Charles G. and Bohodar Rubashewsky. "The Economic Status of the Practice of Dr. Harmaunus Smith in Wentworth County, Ontario, 1826-67." *Canadian Bulletin of Medical History*. 5, no. 1 (1988): 29-49.
- Romano, Terrie M. "Professional Identity and the Nineteenth-Century Ontario Medical Profession". *Histoire Sociale/Social History*. 28, 55 (May 1995): 77-98.
- Taylor, C. J. "The Kingston Ontario Penitentiary and Moral Architecture." *Histoire Sociale/Social History*. 12, no. 24 (November 1979): 385-408.
- Terbenche, Danielle. "'Curative' and 'Custodial': Benefits of Patient Treatment at the Asylum for the Insane, Kingston, 1878-1906." *The Canadian Historical Review*. 86, 1 (March 2005): 29-52.
- . "'A soldier in the service of his country': Dr. William Rees, Professional Identity, and the Toronto Temporary Asylum, 1819-1874." *Histoire sociale/Social History*. 85, no. 43 (May 2010): 97-129.
- Tosh, John. "What Should Historians Do with Masculinity? Reflections on Nineteenth-Century Britain." *History Workshop Journal*. 38 (1994): 179-202.
- Warner, John Harley. "Medical Sectarianism, Therapeutic Conflict, and the Shaping of Orthodox Professional Identity in Antebellum American Medicine." In *Medical Fringe and Medical Orthodoxy, 1750-1850*, edited by W. F. Bynum and Roy Porter (London: Croom Helm, 1987): 234-260.
- Warsh, Cheryl Krasnick. "'In Charge of the Loons': A Portrait of the London, Ontario Asylum for the Insane in the Nineteenth Century." *Ontario History* 74, 3 (September 1982): 138-184.
- Wright, David, James Moran and Sean E. Gouglas. "The confinement of the insane in Victorian Canada: the Hamilton and Toronto asylums, c. 1861-1891". In *The Confinement of the Insane, 1800-1965: International Perspectives*, edited by Roy Porter and David Wright. Cambridge: Cambridge University Press, 2003: 100-128.

Books

- Adams, Tracy L. *A Dentist and a Gentleman: Gender and the Rise of Dentistry in Ontario*. Toronto: University of Toronto Press, 2000.
- Applegate, Debby. *The Most Famous Man in America: The Biography of Henry Ward Beecher*. New York: Three Leaves Press, 2006.

- Berger, Carl. *The Writing of Canadian History: Aspects of English-Canadian Historical Writing Since 1900*. 2nd ed. Toronto: University of Toronto Press, 1986.
- Boyle, David. *Notes on the Life of Dr. Joseph Workman*. Toronto: Arbuthnot Bros. & Co., 1894.
- Canniff, William. *The Medical Profession in Upper Canada, 1783-1850* [1894]. Reprint edition for The Hannah Institute for the History of Medicine. Toronto: Clark, Irwin & Company Limited, 1980.
- Careless, J. M. S. *Brown of the Globe, Vol. One: The Voice of Upper Canada, 1818-1859*. Toronto: The Macmillan Company of Canada Limited, 1959.
- ., ed. *The Pre-Confederation Premiers: Ontario Government Leaders, 1841-1867*. Toronto: University of Toronto Press, 1980.
- . *The Union of the Canadas: The Growth of Canadian Institutions, 1841-1857*. Toronto: McClelland and Stewart Ltd., 1967.
- Clark, S. D. *Church and Sect in Canada*. Toronto: University of Toronto Press, 1948.
- Cornell, Paul Grant. *The Alignment of Political Groups in Canada, 1841-1867*. Toronto: University of Toronto Press, 1962.
- Creighton, Donald. *John A. Macdonald: The Young Politician*. Toronto: The MacMillan Company of Canada Ltd., 1956.
- Curtis, Bruce. *Building the Educational State: Canada West, 1836-1871*. London, ON: The Althouse Press, 1988.
- . *The Politics of Population: State Formation, Statistics, and the Census of Canada, 1840-1875*. Toronto: University of Toronto Press, 2001.
- . *True Government by Choice Men? Inspection, Education, and State Formation in Canada West*. Toronto: University of Toronto Press, 1992.
- Davidoff, Leonore and Catherine Hall. *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*. Chicago: The University of Chicago Press, 1987.
- . *Family Fortunes: Men and Women of the English Middle Class, 1780-1850*. 2nd ed. London & New York: Routledge, 2002.
- Dewar, Kenneth C. *Charles Clarke, Pen and Ink Warrior*. Montreal & Kingston: McGill-Queen's University Press, 2002.

- Dowbiggin, Ian. *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France*. Berkeley and Los Angeles: University of California Press, 1991.
- Duffin, Jacalyn. *Langstaff: A Nineteenth-Century Medical Life*. Toronto: University of Toronto Press, 1993.
- Duffy, John. *The Healers: A History of American Medicine*. Chicago: University of Illinois Press, 1979.
- Errington, Elizabeth Jane. *Wives and Mothers, School Mistresses and Scullery Maids: Working Women in Upper Canada, 1790-1840*. Montreal & Kingston: McGill-Queen's University Press, 1995.
- Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason* (1965). New York: Vintage Books, 1988.
- Friedland, Martin L. *The University of Toronto: A History*. Toronto: University of Toronto Press, 2002.
- Gauvreau, Michael. *The Evangelical Century: College and Creed in English Canada from the Great Revival to the Great Depression*. Montreal & Kingston: McGill-Queen's University Press, 1991.
- Geison, Gerald L. ed. *Professions and Professional Ideologies in America*. Chapel Hill and London: The University of North Carolina Press, 1983.
- Gidney, R. D. and W. P. J. Millar. *Professional Gentlemen: The Professions in Nineteenth-Century Ontario*. Toronto: University of Toronto Press, 1994.
- Godfrey, Charles M. *Medicine for Ontario: A History*. Belleville, ON: Mika Publishing Company, 1979.
- Goldstein, Jan. *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Cambridge: Cambridge University Press, 1987.
- Greer, Allan and Ian Radforth, eds., *Colonial Leviathan: State Formation in Mid-Nineteenth-Century Canada*. Toronto: University of Toronto Press, 1992.
- Grob, Gerald N. *Mental Institutions In America: Social Policy to 1875*. New York: The Free Press, 1973.
- . *Mental Illness and American Society, 1875-1940*. Princeton, NJ: Princeton University Press, 1983.
- Haber, Samuel. *The Quest for Authority and Honor in the American Professions, 1750-1900*.

- Chicago: University of Chicago Press, 1991.
- Hamowy, Ronald. *Canadian Medicine: A Study in Restricted Entry*. Vancouver: The Fraser Institute, 1984.
- Hayes, Alan L. *Anglicans in Canada: Controversies and Identity in Historical Perspective*. Chicago: University of Illinois Press, 2004.
- Hilton, Boyd. *The Age of Atonement: The Influence of Evangelicalism on Social and Economic Thought, 1795-1865*. Oxford: Clarendon Press, 1988.
- Holman, Andrew C. *A Sense of Their Duty: Middle-Class Formation in Victorian Ontario Towns*. Montreal and Kingston: McGill-Queen's University Press, 2000.
- Johnson, J. K. *Becoming Prominent: Regional Leadership in Upper Canada, 1791-1841*. Montreal & Kingston: McGill-Queen's University Press, 1989.
- Johnston, Christine I. M. *The Father of Canadian Psychiatry: Joseph Workman*. Victoria, BC: Ogden Press, 2000.
- Katz, Michael B. *The People of Hamilton, Canada West: Family and Class in a Mid-Nineteenth-Century City*. Cambridge, MA: Harvard University Press, 1975.
- Kerr, D. G. G. *Sir Edmund Head: A Scholarly Governor*. Toronto: University of Toronto Press, 1954.
- Kimball, Bruce A. *The "True Professional Ideal" in America: A History*. Lanham, MD: Rowman & Littlefield Publishers, Inc., 1992.
- Lower, Arthur R. M. *Colony to Nation: A History of Canada*. Toronto: Longmans, Green, 1946.
- Martin, Scott C. *Devil of the Domestic Sphere: Temperance, Gender, and Middle-Class Ideology, 1800-1860*. DeKalb, IL: Northern Illinois University Press, 2008.
- McCalla, Douglas. *Planting the Province: The Economic History of Upper Canada, 1784-1870*. Toronto: University of Toronto Press, 1993.
- McKillop, A. B. *Matters of Mind: The University in Ontario, 1791-1951*. Toronto: University of Toronto Press, 1994.
- McPherson, Kathryn. *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*. Toronto: Oxford University Press, 1996.
- Millard, J. Rodney. *The Master Spirit of the Age: Canadian Engineers and the Politics of Professionalism, 1887-1922*. Toronto: University of Toronto Press, 1988.

- Mills, David. *The Idea of Loyalty in Upper Canada, 1784-1850*. Montreal & Kingston: McGill-Queen's University Press, 1988.
- Mitchinson, Wendy. *The Nature of Their Bodies: Women and Their Doctors in Victorian Canada*. Toronto: University of Toronto Press, 1991.
- Moran, James E. *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario*. Montreal & Kingston: McGill-Queen's University Press, 2000.
- Moran, James E. and David Wright, eds. *Mental Health and Canadian Society: Historical Perspectives*. Montreal & Kingston: McGill-Queen's University Press, 2006.
- Morgan, Cecilia. *Public Men and Virtuous Women: The Gendered Languages of Religion and Politics in Upper Canada*. Toronto: University of Toronto Press, 1996.
- Morris, R. J. *Men, Women and Property in England, 1780-1870*. Cambridge: Cambridge University Press, 2005.
- Morton, W. L. *The Critical Years: The Union of British North America, 1857-1873*. Toronto: McClelland and Stewart, Ltd., 1964.
- Murray, David R. *Colonial Justice: Justice, Morality, and Crime in the Niagara District, 1791-1849*. Toronto: University of Toronto Press, 2002.
- Oliver, Peter. *'Terror to Evil-Doers': Prisons and Punishment in Nineteenth-Century Ontario*. Toronto: University of Toronto Press, 1998.
- Piva, Michael J. *The Borrowing Process: Public Finance in the Province of Canada, 1840-1867*. Ottawa: University of Ottawa Press, 1992.
- Reaume, Geoffrey. *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*. Toronto: Oxford University Press, 2000.
- Roberts, Julia. *In Mixed Company: Taverns and Public Life in Upper Canada*. Vancouver: UBC Press, 2009.
- Rosenberg, Charles E. *The Care of Strangers: The Rise of America's Hospital System*. New York: Basic Books, 1987.
- Rothman, David. *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (1971). revised 2nd ed. Boston: Little, Brown and Company, 1990.
- Rutherford, Paul. *A Victorian Authority: The Daily Press in Late Nineteenth-Century Canada*. Toronto: University of Toronto Press, 1982.
- Ryerson, Stanley B. *Unequal Union: Confederation and the Roots of Conflict in the Canadas*,

- 1815-1873. New York: International Publishers, 1968.
- Scholefield Harry B., ed. *A Pocket Guide to Unitarianism*. Boston: The Beacon Press, 1954.
- Scull, Andrew, Charlotte MacKenzie, and Nicholas Hervey. *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade*. Princeton, NJ: Princeton University Press, 1996.
- Scull, Andrew T. *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*. New York: St. Martin's Press, 1979.
- Shephard, David A. E. *Island Doctor: John Mackieson and Medicine in Nineteenth-Century Prince Edward Island*. Montreal & Kingston: McGill-Queen's University Press, 2003.
- Shortt, S. E. D. *Victorian Lunacy: Richard M. Bucke and the Practice of Late Nineteenth-Century Psychiatry*. Cambridge: Cambridge University Press, 1986.
- Tomes, Nancy. *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping, 1840-1883*. Cambridge: Cambridge University Press, 1984.
- Turnbull, Richard. *Anglican and Evangelical?* London: Continuum International Publishing Group, 2007.
- Warner, John Harley. *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885*. Cambridge, MA: Harvard University Press, 1986.
- Warsh, Cheryl Krasnick. *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat, 1883-1923*. Montreal & Kingston: McGill-Queen's University Press, 1989.
- Westfall, William. *Two Worlds: The Protestant Culture of Nineteenth-Century Ontario*. Kingston and Montreal: McGill-Queen's University Press, 1989.
- Wood, B. Anne. *Evangelical Balance Sheet: Character, Family, and Business in Mid-Victorian Nova Scotia*. Waterloo, ON: Wilfrid Laurier University Press, 2006.
- Zeller, Suzanne. *Inventing Canada: Early Victorian Science and the Idea of a Transcontinental Nation*. Toronto: University of Toronto Press, 1987.

Theses

- Baehre, Rainer. "The Ill-Regulated Mind: A Study in the Making of Psychiatry in Ontario, 1830-1921." PhD. diss.: York University, 1985.
- Brown, Thomas E. "'Living With God's Afflicted': A History of the Provincial Lunatic Asylum

at Toronto, 1830-1911.” Ph.D. diss.: Queen’s University, 1980.

Stalwick, Harvey N. “A History of Asylum Administration in Canada before Confederation.”
PhD diss.: University of London, 1969.