

THE LAST ASYLUM:
EXPERIENCING THE WEYBURN MENTAL HOSPITAL,
1921-1939

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Abstract

At a time when the rest of Canada, and indeed much of the Western World, was looking for alternatives to large custodial mental hospitals, people in the Western Canadian province of Saskatchewan celebrated the opening of one of the country's largest asylums. The province remained committed to the institution throughout the interwar years, offering few alternatives for people deemed insane or mentally defective. People on the outside often saw the asylum as an economic boon, a marker of civilization, or as an institution that was crucial for protecting the health and safety of the public. Patients and their families, however, struggled against an institution where patients were subjected to a broad range of indignities. By carefully considering Saskatchewan's regional social and political culture, I examine the values that were projected onto the asylum by those on the outside and the boundaries that were established between the patients and the public that enabled the public to see the asylum as necessary despite widespread patient suffering. I argue that the public accepted the Weyburn Mental Hospital first as a monument worthy of celebration and then as a necessary, though perhaps regrettable, tool for segregation. The asylum in the interwar years is best understood as a political rather than a medical institution, where politicians and the asylum administration cultivated an image for the institution that conformed to regional values. The government and the media defined the patient experience for a curious public, portraying the institution and its patients in a way that not only legitimized the asylum but that also assigned it meaning far beyond its stated medical function. The values associated with the asylum changed over time, but were always guided by political concerns and were always facilitated by manipulating the relationship between the asylum, its patients, and the surrounding community.

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Introduction

In 1921, the Canadian prairie province of Saskatchewan became home to the largest mental hospital in the British Commonwealth and one of the last “asylums” ever constructed.¹ Located in the southeast part of the province, outside the small city of Weyburn, the new asylum was Saskatchewan’s second institution for the care of people deemed insane and its first and only major facility (at the time) for those deemed mentally defective. This study spans the early years of the Weyburn Mental Hospital, from its opening in 1921 to the outbreak of the Second World War in 1939. Patient admission records indicate that approximately 5700 people were admitted to the hospital during this period. Some had brief stays of only days or weeks, while others lived out the rest of their lives at the institution. Countless others experienced the asylum as visitors, employees, or simply as curious onlookers struck by the sight of the colossal Victorian structure on the bald prairie.

The Weyburn Mental Hospital was a relative latecomer to the surge of asylum building that had taken place over the 19th century throughout much of the western world. Though asylums were initially viewed as humanitarian achievements, the optimism that had accompanied their rise had begun dissipating already by the 1880s.² By the end of the First World War, many reformers argued that asylums had become warehouses and members of the emerging mental hygiene movement demanded alternatives, especially when it came to institutionalizing veterans suffering from “shellshock.” Despite widespread disillusionment with these large, isolated institutions during the first part of the 20th century, the Saskatchewan public welcomed the construction of the Weyburn Mental Hospital in 1921 and remained committed to the asylum model of care throughout the interwar years, as there were few other alternatives for people considered mentally ill or mentally defective.

People on the outside often saw the asylum as an economic boon, a marker of civilization, or as an institution that was crucial for protecting the health and safety of the public. The surrounding community accepted, sometimes even celebrated, the custodial mental hospital.

¹ Arthur Allen, “The Last Asylum: Weyburn, Saskatchewan,” *On Site Review* (Summer 2000), 21

² Roy Porter, “Madness and its institutions,” in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: University of Cambridge Press, 1992), 298.

Patients and their families, however, often struggled against an institution where patient care was rarely the top priority. This study analyses how both the patients and the public experienced the asylum and explains how it was possible for such contradictory experiences of the asylum to co-exist. By carefully considering Saskatchewan's regional social and political culture, I examine the values that were projected onto the asylum by those on the outside and the boundaries established between the patients and the public that enabled the public to see the asylum as necessary despite widespread patient suffering.

Throughout this work, I discuss the experiences of people who were commonly given labels such as “moron,” “imbecile,” or “insane.” I have retained this outdated terminology since, as other historians have noted, neglecting to recognize the historical use of these labels risks ignoring the consequences of being so labelled.³ However, I’ve deployed “people first” language to acknowledge that patients are persons rather than simply diagnostic labels and to stress that such labels are socially constructed ways of categorizing people that are subject to changes over time.⁴

To protect the privacy of patients, their names, along with those of their family members have been changed. In some cases, the original names were unknown, since most of the documents examined in the archives had the names of patients redacted, in accord with guidelines of the Health Information Privacy Act. However, in a few cases, patient names were known - if, for example, patients were written about in the local newspaper. In such cases, I changed the names, but the initials have been kept intact. Throughout the study, I have chosen pseudonyms for patients that reflect their ethnicity. For example, if I could determine, either through knowledge of a patient’s actual name or by other means, that a patient was German, I assigned a German pseudonym.

³ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013), 4.

⁴ Historian Geoffrey Reaume, who has written extensively on patient’s experiences in mental hospitals, has stressed the need to understand patients as people beyond their diagnostic labels. Historian Gerald O’Brien outlines the importance of using the language of the time. See, respectively, Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane* (Don Mills: Oxford University Press, 2000), 3-5; Gerald O’Brien, *Framing the Moron: The social-construction of feeble-mindedness in the American eugenic era* (Manchester: Manchester University Press, 2013), 6.

The historical scholarship on mental hospitals is vast, covering the topic over two centuries and stretching around the globe, yet so far the majority of scholarship on the Weyburn Mental Hospital has focused on the post-Second World War period in the hospital's history when it was recognized as a hotbed of psychiatric innovation.⁵ Only two previous studies have dealt with the hospital's early years: Harley Dickinson's 1984 book *The Two Psychiatries* and Paul Nishida's 1988 Master's thesis "The Establishment of Saskatchewan's Mental Hospitals: 1912-1940." Together, these studies tell us that Weyburn Mental Hospital was overcrowded, understaffed, poorly constructed, and run in a way that prioritized economic efficiency over patient care.⁶ These are important findings, but ones that are unexceptional to anyone familiar with the history of asylums elsewhere. Both accounts succeed to some extent in detailing the policies and practices that shaped the asylum and its functions, but they offer an internal view of the institution, focusing on its features in isolation from the rest of society, rather than contextualizing the hospital both within its local setting and within the larger history of asylums internationally. They are less interested in examining the asylum as a modern response to mental illness, whereas this study contextualizes the Weyburn hospital and traces the relationships between the community and the hospital in an effort to interpret the cultural and political significance of the asylum in the 20th century.

⁵ Erika Dyck, *Psychedelic Psychiatry: LSD on the Canadian Prairies* (Baltimore: University of John Hopkins Press, 2008); Erika Dyck, "Hitting Highs at Rock Bottom: LSD Treatment for Alcoholism, 1950-1970," *Social History of Medicine* 19, no. 2 (2006): 313-329; Erika Dyck, "Spaced-Out in Saskatchewan: Modernism, Anti-Psychiatry, and De-institutionalization," *Bulletin of the History of Medicine* 84, no. 4 (2010): 640-666; Lucas Richert and Blaine Wickham, "Sports and recreation as medicinal: Saskatchewan Hospital, Weyburn, in the 1950s," *Saskatchewan History* 65, no. 1 (2013): 12-17. Research conducted at the Weyburn Mental Hospital into the therapeutic benefits of psychedelic drugs has also been the subject of a documentary. See, "The Psychedelic Pioneers," produced by Kahani Entertainment, 35 minutes, 2005, DVD.

⁶ Harley Dickinson, *The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan, 1905-1984* (Regina: Canadian Plains Research Centre, 1989), 19-71. Paul Nishida, "The Establishment of Saskatchewan's Mental Hospitals: 1912-1940," (M.A. Thesis, University of Regina, 1988), 54-67. The early years of the hospital also receive some mention in a history of the hospital written mostly by former employees. See, Souris Valley History Book Committee, *Under the Dome: The Life and Times of Saskatchewan Hospital, Weyburn* (Souris Valley History Book Committee, 1986).

Prior to the 1960s, scholars often interpreted the rise of the asylum as a humanitarian achievement.⁷ Revisionist scholars challenged this interpretation by looking behind the walls of the institutions to examine how these places functioned relative to the proliferation of psychiatry. In his 1961 work *Asylums*, sociologist Erving Goffman portrayed asylums as “total institutions” where patients were torn from their connections with the outside world and prescribed a new identity within the rigid social arrangements of the institution. Patients had little if any autonomy and were conditioned to adopt behaviour that would not compromise the smooth operation of the asylum.⁸ While Goffman employed the theories and methods of sociology, Michel Foucault produced an account that boldly turned the meliorist history of the asylum on its head. For Foucault, the asylum was not a humanitarian achievement, but rather an insidious form of oppression where patients were imbued with a sense of shame, subjected to perpetual judgement, and prescribed a treatment regimen designed to foster outward conformity.⁹ The asylum itself symbolized a cultural attitude towards deviance that encouraged self-discipline and conformity, features that were reinforced by a growing network of medical surveillance. Foucault’s treatment of “madness” as a variable social construct rather than an ahistorical scientific fact had a significant influence on the subsequent scholarship that developed its own sub-genre of revisionist critiques of psychiatry and the asylum.¹⁰

One such work was *The Discovery of the Asylum*, in which historian David Rothman analysed the motive and purpose behind the rise of the asylum by examining its popularity in Jacksonian America. Rothman explains that as Enlightenment values took hold in American society, the asylum arose as part of an archipelago of institutions designed to eliminate crime, poverty, and insanity. While Rothman avoids the sociological language of ‘deviance,’ his

⁷ For example, see, Franz Alexander and S. Selesnick, *The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice From Prehistoric Times to Present* (New York: Harper and Row, 1966); Gregory Zilboorg, *A History of Medical Psychology* (New York: Norton, 1941).

⁸ Erving Goffman, *Asylums: Essays on the social situation of mental patients and other inmates* (New York: Anchor, 1961), 84.

⁹ Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (New York: Vintage, 1965), 267-269.

¹⁰ Andrew Scull assesses the influence of Foucault’s work in his review of *History of Madness*, by Michel Foucault, *History of the Human Sciences* 3, no. 1 (1990).

historical approach connects a network of institutions with nation building, illustrating how the concepts of progress justified confinement for people who did not conform to those ideals. According to Rothman, at a time of uncertainty, when traditional ideas were being questioned and conventional social bonds were being eroded, reformers clung optimistically to the “promise of the asylum” as a solution to the problems associated with the rapid progress of “civilization.”¹¹

The phenomenon known as “deinstitutionalization,” the depopulation of large institutions that housed people deemed mentally ill or disabled, further inspired a revision of the history of asylums as contemporary scholars justified a transformation of the mental health system based on a critique of the older paradigm of custodial care. Wolf Wolfensberger, who served on President Kennedy’s Panel on Mental Retardation, was instrumental in promoting the shift away from large institutions and towards community care in the United States. His 1968 work, *On the Origin and Nature of Our Institutional Models* focused on institutions for people deemed mentally retarded. Like Goffman, Wolfensberger argued that patient interests were not prioritized in the creation and operation of custodial institutions. However, he moved his analysis beyond the walls of the institution, analysing the deeper cultural meaning of institutions in modern society. For Wolfensberger, institutions were often built to serve as civic monuments or public relations mediums. An institution, he suggested, served as an advertisement for the architect or as part of a government plan to win votes and provide employment through political patronage. These concerns, he highlighted, had little to do with residential welfare or mental health.¹²

In the 1980s, more traditional historians such as Gerald Grob, while not allying with the earlier Whiggish historians, proposed a more sympathetic view of the asylum. Grob was critical

¹¹ David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little Brown, 1971), 116, 130. Rothman was influenced by an earlier work by historian Norman Dain, who also placed the emergence of the asylum within the larger context of Enlightenment thought and nation-building, claiming that the asylum was the outcome of the “spirit of the age” that held that man’s nature was subject to molding and that asylums were perceived as “a credit to the American nation.” See Norman Dain, *Concepts of Insanity in the United States, 1789-1865* (New Brunswick, N. J., 1964), 167, 179.

¹² Wolf Wolfensberger, *The Origin and Nature of Our Institutional Models* (New York: Human Policy Press, 1968), 17-21.

of the revisionist scholars, lamenting what he saw as ideological fervour and oversimplifications that characterized their interpretations.¹³ His criticisms are understandable. Many early revisionists were sociologists who developed useful ways of thinking about asylums, but were not bothered by empirical evidence or historical context. Grob was one of the first historians to rely predominantly on archival materials to re-examine the asylum and place it within its historical context, not simply as a product of an ideology, but as a feature of social, political, and medical history.¹⁴

A new generation of historians have taken some of Grob's criticisms to heart, attempting to synthesize the sociological critiques with historical evidence. Sometimes recognized as "neo-revisionist," these scholars have begun situating the sociological critiques within a historical context. Most of those critiques were levelled at the psychiatric institutions or the profession itself at a time when the two went hand in hand. Half a century later, the mental health system is much more decentralized, yet patients and ex-patients do not appear to be enjoying the spoils of their new-found freedoms. Deinstitutionalization has presented patients with a new set of challenges. Historians in the 21st century are beginning to revisit the scholarly critiques of the asylum system by offering historical comparisons with the care in the community paradigm. In what are often thoroughly researched accounts of specific institutions, these historians have complicated the relationship between the asylum and the community, expanded their sources to include patient perspectives, and shown a greater recognition of the regional determinants of mental health care policy.¹⁵

¹³ Gerald Grob, "The History of the Asylum Revisited: Personal Reflections" in Mark S. Micale and Roy Porter ed. *Discovering the History of Psychiatry* (New York: Oxford University Press, 1994), 274-278.

¹⁴ Gerald Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: The Free Press, 1994); Gerald Grob, *From Asylum to Community: Mental Health Policy in Modern America* (Princeton: Princeton University, 1994).

¹⁵ For examples of "neo-revisionist" work on asylums in a Canadian context see, 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); James E. Moran and David Wright ed. *Mental Health and Canadian Society: Historical Perspectives* (Montreal & Kingston: McGill-Queen's University Press, 2006); Geoffrey Reaume, *Remembrance of Patients Past*.

While early scholars, such as Goffman and Wolfensberger, identified common characteristics across institutions and nations, historian Chris Dooley has recently suggested that historians of health and medicine in Canada have been paying closer attention to how regional influences shape healthcare policy.¹⁶ This seems especially true for Saskatchewan, where historians have often stressed regional factors to explain some of the more innovative developments in the province, such as Medicare.¹⁷

Despite this growing recognition of the particularities of region, historians studying Canadian psychiatry following the First World War have generally downplayed the country's regional differences in claiming that Canada moved beyond the asylum following the First World War en masse. In his 1984 essay, "Shell-Shock in the Canadian Expeditionary Force, 1914-18: Canadian Psychiatry and the Great War," historian Thomas E. Brown argued that the shellshock crises during and after the War facilitated the country's move out of the asylum. As psychiatrists provided treatment for shellshocked soldiers, the profession achieved a "great leap forward" in status that saw an increasing emphasis on treating patients within their home communities.¹⁸ Subsequent historical accounts have often echoed Brown's findings.¹⁹

¹⁶ Chris Dooley, "Reflections on 'Region' in Recent Writing on the History of Health and Medicine in Canada," *Journal of Canadian Studies* 41, no. 3 (2007): 166; For more Canadian examples see, "Written on the Landscape: Health and Regionalism in Canada," *Journal of Canadian Studies* 41, no. 3 (2007); Erika Dyck and Christopher Fletcher ed., *Locating Health: Historical and Anthropological Investigations of Health and Place* (London: Pickering & Chatto, 2011); For examples from outside Canada see, Andrew Scull, *The Insanity of Place/The Place of Insanity* (London: Routledge, 2006).

¹⁷ C. Stuart Houston, *Steps on the Road to Medicare: Why Saskatchewan Led the Way* (Montreal: McGill-Queen's University Press); A.W. Johnson, *Dream No Little Dreams: A Biography of the Douglas Government of Saskatchewan, 1944-1961* (Toronto: University of Toronto Press, 2004). Previous studies of the Weyburn Mental Hospital have also stressed the regional determinants of mental health policy in examining the hospital's innovative post-Second World War years. For example, Dyck, *Psychedelic Psychiatry*.

¹⁸ Thomas E. Brown, "Shell Shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War" in *Health, Disease, and Medicine: Essays in Canadian History* ed. Charles G. Roland (Toronto: Clarke Irwin, 1984), 318-322.

¹⁹ According to David MacLennan, "the professional strategy of Canadian psychiatry [in the 1920s] led in one direction: beyond the asylum and into the community." David MacLennan, "Psychiatric Challenges to the Asylum: A Theme in the Development of Canadian Psychiatry, 1918-1963," *Canadian Journal of Community Mental Health* 6, no. 1 (1987): 75, 78. Ian Dowbiggin holds that the asylum was no longer a place of optimism by the early 20th century and

Following the regional argument illustrates why Saskatchewan chose to celebrate rather than repudiate the asylum after the First World War, contrary to Brown's suggestion that Canadians moved beyond this paradigm. As historians studying prairie boosterism and Anglo-Canadian identity have pointed out, Anglo-Canadians in Saskatchewan were often anxious to bring British institutions to the province and boosters encouraged an unabashed enthusiasm for economic development.²⁰ Within this context, the Weyburn Mental Hospital was celebrated as a monument to British civilization and an important economic driver.

Regional factors also played a part in the province's continued acceptance of the asylum throughout the 1930s. Saskatchewan was hit hard during the Great Depression, preventing an expensive renovation of the province's mental health system. The decade also coincided with the rising popularity of population control through eugenics. As historian Angus McLaren has observed, eugenic thought was more popular in the West than it was in Central Canada, especially as westerners struggled to balance budgets in the midst of immigration and a deep depression. Eugenics, or the forced confinement and in some cases sterilization of people considered 'unfit' or feeble-minded, appealed to reformers as a progressive solution.²¹

The Weyburn Mental Hospital, therefore, is inseparable from its local context, yet its history often echoes the findings of other scholars studying asylums in different times and places. Similar to the celebrated institutions described by David Rothman, the Weyburn Mental Hospital was seen as a sign of stability in turbulent times. Scholars studying asylums in different colonial contexts have made similar claims. In her 1991 work on madness in British India, for instance, Waltraud Ernst claims that asylums were understood, along with other public institutions, as one of the symbolic markers of British superiority. Asylums represented progress,

that the War helped usher in a "new era" of psychiatry that saw psychiatrists set their sights beyond the confines of the asylum. Ian Dowbiggin, *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940* (Ithica: Cornell University Press, 1997): 21, 111, 112, 176.

²⁰ Walter Hildebrandt, *Views from Fort Battleford: Constructed Visions of an Anglo-Canadian West* (Regina: Canadian Plains Research Centre, 1994), 24-31. Alan F. J. Artibise, "Boosterism and the Development of Prairie Cities, 1871-1913" in *The Prairie West: Historical Readings* ed. R. Douglas Francis and Howard Palmer (Edmonton: Pica Pica Press, 1985).

²¹ Angus McLaren, *Our Own Master Race: Eugenics in Canada: 1885-1945* (Toronto: McClelland & Stewart, 1990), 26.

civilization, and rationality and served to make the British appear charitable and humanitarian.²² Jock McCulloch's *Colonial Psychiatry and 'the African Mind'* draws similar conclusions.²³

Some historians have regarded the asylum as a proto-welfare institution, where admissions often rose in times of economic hardship as families were unable to care for dependent relatives.²⁴ While Saskatchewan's economic depression might have produced a similar set of circumstances, the local response was different. Instead, the Depression coincided with a widespread disillusionment with the Weyburn Mental Hospital that had been caused by a scandal surrounding the hospital's administration (to be discussed in Chapter 3). During the 1930s the provincial government deliberately sought alternatives to the asylum and began to understand problems of mental illness and mental deficiency as problems of public health, which triggered changes in how people were brought into the system.

A focus on Saskatchewan's regional social and political conditions within the larger framework of asylum history helps explain the public's acceptance of the asylum, but does little to analyse the experience of patients within it. Historian Geoffrey Reaume has challenged historians working in this field to recalibrate their studies to include patient perspectives. Whereas earlier scholars often portrayed patient populations as monolithic, Reaume's work draws extensively on patient records to stress the diversity and complexity of patient experiences, and moreover, emphasizes their rationality where it has more readily been ignored.²⁵

²² Waltraud Ernst, *Mad Tales From the Raj: The European Insane in British India, 1800-1858* (New York: Routledge, 1991), 64-65, 67.

²³ Jock McCulloch, *Colonial Psychiatry and 'the African Mind'* (Cambridge: Cambridge University Press, 1995), 45.

²⁴ André Cellard and Marie-Claude Thifault, "The Uses of the Asylum: Resistance, Asylum Propaganda, and Institutionalization Strategies in Turn of the Century Quebec" in *Mental Health in Canadian Society: Historical Perspectives*, ed. David Wright and James Moran (Montreal: McGill-Queens University Press, 2006), 98. Jennifer E. Creighton has made a similar argument in an analysis of the patient ledgers of the North Battleford Mental Hospital in Saskatchewan. See "Depression and the Depression: An Analysis of the Patient Ledgers of the Saskatchewan Hospital North Battleford from 1929 to 1939" (M.A. thesis University of Saskatchewan Department of History, 2011).

²⁵ Reaume, *Remembrance of Patients Past*; Geoffrey Reaume, "Patients at Work: Insane Asylum Inmates' Labour in Ontario, 1841-1900," in *Mental Health and Canadian Society: Historical Perspectives*, ed. James Moran and David Wright (Montreal & Kingston: McGill-

While recognising the importance of patient experiences, this analysis of hospital life at Weyburn brings scholarly approaches together. It draws on the insights of early revisionist scholars such as Goffman and Wolfensberger in considering where patient care fell on the list of priorities for the hospital administration. An examination of individual patient experiences and the larger structural organization of the Weyburn Mental Hospital reveals an institution where patient experiences were largely determined by a patient's impact on the hospital economy. Patients had a wide variety of experiences at the institution, but rarely did these experiences match the public's perception of the hospital. These discordant views form the basis of the analysis.

In understanding how the public and the patients experienced the hospital in radically different ways, it is crucial to examine the boundaries that were erected between the public and the patients that allowed for such conflicting understandings of the hospital to co-exist. Early revisionists stressed the profound segregation between asylum patients and those on the outside. For Foucault, the "mad" were society's lepers - confined not only physically, but conceptually and morally.²⁶ For Goffman, the barriers between the confined and those on the outside were built right into the structure of the asylum in the form of locks, high walls, and barbed wire.²⁷ Rothman, though he explored how asylums were understood by those on the outside, argued that the asylum remained "a sealed off space [...] in every sense apart from society bounded by sturdy walls and administrative regulations that self-consciously separated inmate from outsider."²⁸

Recently, historians have challenged this interpretation and posited a more fluid relationship between asylum and community. Janet Miron, for example, has examined 19th century asylum tourism in Toronto and suggests that such practices allowed for some meaningful interaction between asylum patients and those on the outside, be they tourists, family members,

Queen's University Press, 2006), 69-96. For examples of patient-centred related to Saskatchewan see, Jayne Melville White, *Pivot Points: A Fragmented History of Mental Health in Saskatchewan* (Regina: Canadian Mental Health Association Saskatchewan Division, 2012); Barbara Taylor, *The Last Asylum: A Memoir of Madness in Our Times* (Chicago: University of Chicago Press, 2015).

²⁶ Foucault, 48.

²⁷ Goffman, 4, 8.

²⁸ Rothman, xxix.

or local citizens. Although problematic in many ways, asylum touring gave some patients a connection to the outside world and facilitated the rise of charitable organizations concerned with patient welfare.²⁹

A closer look at the country's last asylum shows that there was regional variation within these trends. Throughout the 1920s, thousands of people visited the Weyburn mental hospital every year and participated in various community events hosted by the institution. In a sense, the asylum was at the centre of the community. However, interactions between the public and the asylum patients were limited, with patients often kept from public view and excluded from events that took place the hospital.

In exploring these contradictions, I use a variety of primary sources and three main ones: newspapers, archival government records, and a digital database of patient admissions. By analysing these sources, I examine how the hospital was understood and described by the patients who lived there, the administration charged with its operation, and the wider Saskatchewan public.

I reviewed all of the newspaper articles pertaining to the Weyburn Mental Hospital in the local newspaper, the *Weyburn Review*, along with articles from the province's two largest newspapers, the *Regina Leader* and the *Saskatoon StarPhoenix*. A good deal of what the Saskatchewan public knew (or thought they knew), about the Weyburn Mental Hospital was shaped and reflected by these newspapers. According to media theorist James Carey, newspapers tend to reflect popular opinions rather than challenge them and commonly present news as "a portrayal on contending forces in the world."³⁰

²⁹ Janet Miron, *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century* (Toronto: University of Toronto Press, 2011). 5-7. See also, Graham Mooney and Jonathan Reinartz, ed., *Permeable Walls, Historical Perspectives on Hospital and Asylum Visiting* (New York: Rodopi, 2009). Johnathan Andrews, Asa Briggs, Roy Porter, Penny Tucker, and Keir Waddington's assesment of asylum tourism at London's Bethlem asylum is less positive, but still posits a more fluid relationship between the asylum and the community that challenges the interpretations of Foucault and Goffman. See, Johnathan Andrews et al., *The History of Bethlem*, (London: Routledge, 1997), 178-194.

³⁰ James W. Carey, "A Cultural Approach to Communication," in James W. Carey ed. *Communication as Culture: Essays on Media and Society* (New York: Routledge, 2009), 6.

Throughout the interwar years, newspapers were a chief source of information concerning the hospital population for the wider public, who often had little direct interaction with the hospital patients. In the 1920s, the hospital was depicted as a symbol of British civilization and economic prosperity. Patients were often depicted in these sources as benefitting from humane treatment at the institution, allowing readers to congratulate themselves on their province's benevolence towards society's most vulnerable. Yet more common were depictions of patients as dangerous and violent. These portrayals continued into the 1930s as eugenicists increasingly blamed patients for a variety of social ills. Such dehumanizing caricatures of people deemed insane or feeble-minded ultimately worked to justify their continued confinement.

Despite some continuity in how patients were depicted, newspapers changed their tone somewhat in the 1930s when the wretched conditions of the asylum were publicly exposed. Newspapers played an important role in drawing attention to these scandalous conditions, when transcriptions of proceedings alleging mismanagement at the hospital were reprinted verbatim. As the public struggled to find solutions to the ever-growing hospital population, eugenicists, mental hygiene reformers, and religious leaders published their opinions about how to solve the problem. The Catholic *Prairie Messenger*, for example, shows how Catholics responded to the news of poor conditions at the mental hospital, often suggesting that the Catholic Church should step in and provide supports rather than rely on such secular institutions. Articles published in the German Mennonite newspaper, *Der Bote*, suggest a similar sense of disillusionment within a religious community that would later go on to establish its own institutions for people deemed mentally ill, bridging faith and healing in a somewhat traditional response to mental illness in the community.³¹

Government correspondence from the provincial departments of Public Works and Public Health, the two departments that managed the hospital in the interwar years, provide further insight into how the public's perception of the hospital was shaped and reinforced while also revealing how the administration managed the institution. Correspondence throughout the 1920s

³¹ For an analysis of Mennonite institutions for people deemed mentally ill in Saskatchewan see Erika Dyck, "Mennonites, Healthcare, Institutions, and Modernity: The Mennonite Youth Farm in Rosthern Saskatchewan," *Journal of Mennonite Studies* 29 (2011): 91-104.

between Superintendent Robert Menzies Mitchell and members of the provincial government highlight how Mitchell ran the mental hospital as an outlet for political patronage. Meanwhile, he deliberately misled the public about conditions at the hospital, beautifying the hospital grounds and carefully mediating the public's interaction with the hospital and its patients.

While this correspondence is useful for determining where the patients sat on the list of priorities for the hospital administration, other archival sources demonstrate how the public's idealized view of the hospital contrasted with the grim realities of hospital life. Correspondence between Superintendent Mitchell and the families and friends of patients, for example, illustrates how patients and their families navigated the institution. Such sources provide a window into an aspect of asylum life that often goes unexplored in government sources and in most scholarship on asylums.

While certain archival correspondence is valuable for exploring the experiences of individual patients, a database of patient admissions is useful for mapping large demographic trends within the hospital population. The database contains all of the patient admissions data for the period under study, with entries that include information such as date of admission, date of discharge, sex, race, diagnosis, and marital status. As with archival sources, analysing this admissions database helps to contrast the reality of hospital life with public perception. For example, an analysis of the earliest admissions shows that the vast majority of the asylum's first patients, who were transferred from the first provincial mental hospital at North Battleford, spent the rest of their lives at the Weyburn Mental Hospital. This statistical finding contradicts the public's optimistic understanding of the hospital as a curative institution. The database also helps to gauge the effects of government policies on the institution. For example, the passing of the "The Mental Defectives Act" in 1930 was followed by an increase in the number of people deemed mentally defective to the Weyburn Mental Hospital, making this category of patients one of the largest in the entire facility.

I argue that the public accepted the Weyburn Mental Hospital first as a monument worthy of celebration and then as a necessary, though perhaps regrettable, tool for segregation. The asylum in the interwar years is best understood as a political rather than a medical institution, where politicians and the asylum administration cultivated an image for the institution that conformed to regional values. In order to serve its political function, the boundaries between the

patients and the public were strictly policed. These boundaries shifted over time, as did the public's understanding of the asylum, but ultimately resulted in a perception of the hospital and its residents that differed markedly from the realities experienced by patients. As the asylum was run in a way that prioritized public perception over patient care, it remained politically useful even as the government and hospital administration neglected patient welfare.

This thesis is divided into three chapters, each of which considers the relationship between the asylum and the community at different points within the hospital's early history. Chapter 1 examines the hospital's opening ceremonies and explains why the Saskatchewan public celebrated the hospital while the rest of Canada, and much of the United States and Europe, looked for alternatives. Chapter 2 explores how this celebration of the hospital was sustained throughout the 1920s despite patient suffering. The third and final chapter continues this analysis through the 1930s, beginning in 1929 when a new government and a well-publicized controversy at the hospital exposed some of the harsh realities of hospital life to the public. The public began to look for alternatives to the asylum, entertaining suggestions from mental hygiene reformers, but nevertheless remained committed to the institution throughout the Great Depression.

As asylums disappear from the landscape it is tempting to dismiss them as irrelevant relics of a bygone era. They are often seen as inhumane institutions that, thanks to scientific and humanitarian progress, can be safely relegated to the dustbin of history.

However, large mental institutions were but one means of segregating and silencing a stigmatized population - a practice that did not begin with asylums nor one that has ended since their closure. As the case of Weyburn demonstrates, this segregation was more than simply physical. Depicted as violent, incapable, or otherwise threatening to the wider public, patients were portrayed in ways that rationalized their exclusion from wider society.

To the detriment of people deemed mentally ill, misrepresentation as to the realities of mental illness persists despite the widespread closure of asylums. A study by the Canadian Mental Health Association found that two-thirds of news stories discussing mental health linked it to violence, despite the fact that mental illness alone has not been proven to be significant risk factor for violence. Perhaps even more significant is the fact that only 1 to 7 per cent of news items discussing mental health included interviews with or first-person accounts from anyone

considered mentally ill.³² Like the Saskatchewan public of the interwar years, we learn about people with mental illness by reading about them in the newspaper or in other media sources where patients are spoken about but rarely speak for themselves. Then as now, “mad” voices remain on the margins.

³² Dara Roth Edney, *Mass Media and Mental Illness: A Literature Review* (Ontario: Canadian Mental Health Association, 2004), 3. Quoted in Rob Wipond, “Pitching Mad: News Media and the Psychiatric Survivor Perspective,” in *Mad Matters: A Critical Reader in Canadian Mad Studies*, ed. Brenda A. Lefrançois, Robert Menzies, and Geoffrey Reaume (Toronto: Canadian Scholars’ Press, 2013), 254.

Chapter 1

“Among the finest institutional buildings on the continent”: Optimism and Celebration at the Opening of the Weyburn Mental Hospital

On December 29th, 1921 a crowd of over 2000 people gathered outside the small city of Weyburn to celebrate the opening of Saskatchewan’s second provincial mental hospital. It was an impressive crowd, considering the population of Weyburn was only around 3000 people at the time, and people came from all around to witness the opening of the province's largest and most expensive institution. Government officials, delivering speeches in front of the massive Victorian structure and behind a podium draped in Union Jacks, portrayed the asylum as a marker of British civilization, an economic boon, and a curative institution for society's most vulnerable. It was, in their words, “[an] outstanding feature in the development of the race” and “the best and most up-to-date institution for the care of the mentally ill.”¹ The local press echoed their optimism, filling multiple pages with articles describing the hospital's modern construction, its treatment methods, and its value as a symbol of "civilization" on the Canadian frontier.

Asylums had been celebrated before, especially at the beginning of the 19th century when the institutions were first presented as modern and humane alternatives to the “madhouse.” However, as people in Saskatchewan admired the new asylum, elsewhere in Canada - and indeed throughout much of the Western World, people had largely lost faith in such institutions. In the context of this post-war push to move beyond the asylum, the Weyburn Mental Hospital and the optimism that surrounded it seemed anachronistic. However, viewed within its local context of post-War Saskatchewan, the reasons for its celebration become clear. Political currents formed in the early settlement period, such as the culture of prairie boosterism and the desire to transplant allegedly British institutions in the West, combined with an increased anxiety over the loss of a British and rural identity for the province fostered a positive understanding of the Weyburn Mental Hospital. In the turbulent post-War years, the hospital came to represent an economic opportunity and a beacon of hope for the province’s Anglo-Canadian settlers during what was considered to be a critical period in the province’s history. Ultimately it was these deeply rooted

¹ “Weyburn Mental Hospital Official Opening Attended by Large [?] From Near and Far,” *Weyburn Review*, January 4, 1922, page 1; “Poole Construction Company is Awarded General Contract for Weyburn Mental Hospital,” *Regina Leader*, May 1, 1919, page 24.

regional social and political forces that determined the public's understanding of the asylum, not the foreign ideas of mental hygiene reformers or a concern for the well-being of those who would be confined to the institution.

In Eastern Canada, particularly the English-speaking urban centres of Ontario and Quebec, the problem of shell shock helped facilitate psychiatric reform following the First World War. Brought on by the unending terror and destruction of modern warfare, symptoms of shell shock included fear, paranoia, bouts of uncontrollable crying, paralysis of limbs, mutism, tremors, twitches, nightmares, delusions, and sleeplessness.² Psychiatrists were called on to treat the condition - a task that brought with it a boost in professional status. As historian Thomas E. Brown has shown, they were no longer "mad doctors" who provided custodial care for the chronically insane but "neuro-psychiatric specialists" who sought to cure esteemed war heroes.³ As many formerly "normal" men returned from the trenches mentally wounded, the public became more sympathetic to the idea that large mental hospitals were not the most effective means of treating people deemed mentally ill and psychiatrists found themselves in an unprecedented position to suggest improvements to the current state of mental health care.⁴

In 1918, social reformers and psychiatrists came together to form the Canadian National Committee for Mental Hygiene (CNCMH). Led by the reform-minded physician Clarence Hincks and made up of a diverse sampling of the Anglo elite of Eastern Canada, the group described its goal as "conserving the mental and nervous health of the Canadian people."⁵ For mentally ill people, the Committee emphasized the need for the early detection and treatment of mental illness and for smaller mental hospitals located near general hospitals and medical schools. The position was essentially that of Charles Kirk Clarke, a prominent Ontario

² Tim Cook, *Shock Troops: Canadians Fighting the Great War, 1917-1918* (Toronto, Penguin Group Canada, 2008), 241; Tim Cook, *At the Sharp End: Canadians Fighting the Great War, 1914-1916* (Toronto: Viking Canada, 2007), 202.

³ Thomas E. Brown, "Shell Shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War" in *Health, Disease, and Medicine: Essays in Canadian History* ed. Charles G. Roland (Toronto: Clarke Irwin, 1984), 322.

⁴ Brown, 318-322.

⁵ Theresa R. Richardson, *The Century of the Child: The Mental Hygiene Movement & Social Policy in the United States and Canada* (Albany: State University of New York Press, 1989), 68; C. M. Hincks, "Progress in Mental Hygiene," *Social Welfare*, November 1925.

psychiatrist with whom Hincks had studied and who became the Committee's first medical director. Clarke had been advocating for psychiatric reform for decades, but only recently had his views found a receptive audience.⁶ While Clarke was behind much of the philosophy of the CNCMH, Hincks proved to be a brilliant organizer, attracting donors with deep pockets who ensured the Committee had the necessary resources to carry out its mental hygiene initiatives.⁷

As Clarke and Hincks championed the cause of mental hygiene reform in Eastern Canada, a very different conversation surrounding the treatment of mental illness was taking place in Saskatchewan. Despite the tendency of mental hygiene reformers to see large, isolated mental hospitals as regressive and ineffective, the people of Saskatchewan celebrated the announcement of a huge new mental hospital to be built outside the small city of Weyburn. Newspapers portrayed its enormous size and isolated location as virtues and expressed optimism at the institution's curative potential.⁸

Saskatchewan's response to psychiatric reform stood apart from its counterparts in the East. This was partially due to the fundamental differences between the two regions. Compared to the urban centres of Ontario and Quebec, Saskatchewan had been settled only recently, joining confederation in 1905, and remained a largely rural province.⁹ The first asylum had been built in the province in 1914, whereas the more settled parts of Canada had a much longer history of institutionalization. Throughout the 19th century, reform groups in Eastern Canada had advocated on behalf of mentally ill people, laying the foundations for a mental hygiene movement that

⁶ For more on Clarke's career see, Edward Shorter, *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals* (Toronto: University of Toronto Press, 2013), 354-356; Ian Dowbiggin, "'Keeping This Young Country Sane': C.K. Clarke, Immigration Restriction, and Canadian Psychiatry, 1890-1925," *The Canadian Historical Review* 76, no. 4 (1995).

⁷ David MacLennan, "Beyond the Asylum: Professionalization and the Mental Hygiene Movement in Canada, 1914-1928" *Canadian Bulletin of Medical History* 4, no.1 (1987), 13.

⁸ "Site bought at Weyburn for new Mental Hospital," *Regina Leader*, 30 April, 1919, page 12; "Poole Construction Company is Awarded General Contract for Weyburn Mental Hospital," *Regina Leader*, May 1, 1919, page 17; "Poole Construction Company is Awarded General Contract for Weyburn Mental Hospital," *Regina Leader*, May 1, 1919, page 24.

⁹ In 1901, Ontario and Quebec were 43% and 40% urban, respectively while Saskatchewan was only 16% urban. By 1921, Ontario and Quebec both had majority urban populations at 58% and 56%, respectively while Saskatchewan's urban population was 30%. See, *Census of Canada, 1901* and *Census of Canada, 1921*.

flourished after the War, but no such reform had taken place in Saskatchewan.¹⁰ While C.K. Clarke was lobbying for psychiatric reform in the 1890s, many settlers in the area that would later become Saskatchewan were struggling to get access to even the most basic medical care.¹¹

In addition to lacking a pre-war reform movement to facilitate post-war change, Saskatchewan's role in the war did not create conditions favourable to mental hygiene reform. Unlike the English-speaking urban centres in Quebec and Ontario, which supplied the bulk of the troops, Saskatchewan had played more of an economic role in the war by growing vast amounts of wheat for the military. Given the rural character of the province, shell shock was not only less of a problem than in the East, it was also a less visible one. As numerous historians have shown, the demand for state mental health services tended to be stronger in urban areas.¹² In other parts of Canada, soldiers returned to cities where neighbours were close and families lobbied to secure access to psychiatric care within the community.¹³ In Saskatchewan, soldiers often returned to rural areas, sometimes on isolated tracts of farmland provided by the federal government, where they were less likely to be identified as needing psychiatric intervention.¹⁴ With no pre-war

¹⁰ Janet Miron discusses the place of asylums in the culture of Victorian Ontario, including the efforts of reformers in *Prisons, Asylums, and the Public: Institutional Visiting in the 19th Century* (Toronto: University of Toronto Press, 2011). See also, MacLennan, "Beyond the Asylum."

¹¹ Houston, *Steps on the Road to Medicare*, 8-20.

¹² See, for example, Andre C ellard and Marie-Anne Thifault, "The Uses of Asylums: resistance, asylum propaganda, and institutionalization strategies in turn-of-the-century Quebec" in *Mental Health and Canadian Society: historical perspectives*, ed. James E. Moran and David Wright (Montreal: McGill-Queen's University Press, 2006), 98-99; Gerald Grob, *The Mad Among Us: A History of the Care of America's Mentally Ill* (New York: Simon and Schuster, 1994), 24, 118.

¹³ Lobbying efforts sometimes escalated into protests. See, Desmond Morton and Glenn Wright, *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930* (Toronto: University of Toronto Press, 1987), 27, 39. Historian Ben Shephard has noticed a similar demand for alternatives to the asylum in post-war Britain. See, Chapter 12, "The Lessons of Shell-Shock" in Ben Shephard, *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century* (Massachusetts: Harvard University Press, 2000).

¹⁴ Bill Waiser, *Saskatchewan: A New History* (Calgary: Fifth House, 2005), 258; Much of the land given to veterans following the War was acquired from the province's Indian reserves, often by dubious means. See Sarah Carter, "'An Infamous Proposal': Prairie Indian Reserve Land and Soldier Settlement after World War I," *Manitoba History* 37 (Spring 1999).

reform movement to build from and no apparent shell shock crisis, shell shock failed to act as a catalyst for psychiatric reform in Saskatchewan as it did in the East.

In 1920, the diverging conceptions of insanity held by the East and West collided when the CNCMH performed its “Mental Hygiene Survey of the Province of Saskatchewan.” The survey was part of a series of provincial surveys conducted by C.K. Clarke and Clarence Hincks that focused on inspecting public institutions such as jails, schools, homes for dependent children, and hospitals for people deemed insane and retarded.¹⁵ The Committee aimed to identify “mental abnormals”; mainly the “insane,” “feeble-minded,” and “epileptic,” and to make recommendations for their care that were consistent with their reform agenda. Hincks was well aware that the CNCMH, whose membership was drawn largely from Ontario and Quebec, needed to reach out to other provinces to become truly national in scope.¹⁶

As his writings and correspondence leading up to the mental hygiene survey indicate, Hincks was excited about going to Saskatchewan - and for good reason. The first provincial survey, conducted in the neighbouring province of Manitoba, had been a resounding success, resulting in legal reforms, training programs for mental hospital staff, and the establishment of a small psychiatric hospital in Winnipeg.¹⁷ The Committee no doubt expected a similar success in Saskatchewan, where Premier William Martin had become a member of the CNCMH and Hincks had been successful in getting some reform groups in the province to advocate for a mental hygiene survey. Saskatchewan may have been behind on mental hygiene reform, but, the Committee noted, “the desire to keep abreast with the times and even lead is apparent.”¹⁸

Portions of the provincial survey were overwhelmingly positive. The section on public schools, for example, praised the government’s considerable expenditure on institutions considered to be “the most important part of the melting pot when new Canadians are in the process of making.” Schools were places where immigrants could cultivate a “growing loyalty to

¹⁵ Richardson, 69.

¹⁶ A full two-thirds of CNCMH’s membership was drawn from Ontario and Quebec. See, Richardson, 68.

¹⁷ Celia Johnson, “Mental Health in Manitoba,” M. A. Thesis, University of Manitoba, 1978, 52-57.

¹⁸ “Mental Hygiene Survey of the Province of Saskatchewan,” *Canadian Journal of Mental Hygiene* 3, no. 4 (January 1922), 317.

the British flag” and generally adopt behaviour considered acceptable to the Anglo-Canadian elite of both the East and West.¹⁹ The Committee's assessment of the North Battleford mental hospital was also favourable, despite their distaste for large mental institutions. Though it was noted that the asylum was overcrowded, the Committee complimented the staff on their “keen interest in scientific study” and praised the province for being “almost lavish in its expenditure to provide accommodation for patients requiring custodial care.”²⁰

Despite a few kind remarks, the Committee was ultimately critical of Saskatchewan’s failure to move beyond the asylum. They saw large mental institutions as places shunned by the community where people were stripped of their individuality and received little personal treatment. Small psychopathic hospitals, they believed, would reduce the stigma attached to insanity and provide the necessary resources for the prevention, early detection, and effective treatment of mental disorders.²¹

Given this negative view of large mental hospitals, the Committee’s bleak outlook for a new asylum in Weyburn was hardly surprising. Although they acknowledged that the institution would relieve some of the overcrowding at the Battleford institution, the Committee stressed, “any scheme which to a great extent ignores the questions of prevention and early treatment falls far short of modern requirements.”²² Unlike the Saskatchewan newspapers, the CNCMH was not confident that the Weyburn hospital would be “one of the most modern institutions for the treatment of mental diseases.”²³

Despite the CNCMH’s negative assessment of Saskatchewan’s plans for a second asylum, the mental hygiene survey failed to disrupt the Saskatchewan public’s favourable view of the Weyburn Mental Hospital. Local newspapers quoted complimentary passages at length while ignoring the substance of the survey and its recommendations. Nowhere was there any

¹⁹ Ibid., 318.

²⁰ Ibid., 342-343.

²¹ Ibid., 391-395.

²² Ibid., 391.

²³ “Lieut. Governor Lays Cornerstone of new Mental Hospital,” *Regina Leader*, May 20, 1921, page 3.

indication that the Committee had criticized the continued use of large mental hospitals.²⁴ In fact, one article in the *Regina Leader* seemed to suggest that the province was following the Committee's advice in building the Weyburn Mental Hospital. Citing the Committee's compliments towards the Battleford institution, the author claimed, "the same policy of management that won [praise] from an extra-Provincial committee of experts [...] will be extended to the Weyburn Mental Hospital."²⁵ Instead of challenging how the Saskatchewan public viewed the care of people deemed insane, the CNCHM's mental hygiene survey seemed to get caught up in the celebration.

A closer examination of the details surrounding the mental hygiene survey suggests that the Committee's initial optimism may have been misplaced. Premier Martin was likely less enthusiastic about mental hygiene than his membership in the CNCMH suggested, having expressed personal doubts about finding the time to attend the meetings upon joining.²⁶ His cooperation may have indicated an effort to avoid the political embarrassment that could come with an unfavourable survey rather than a genuine desire to adopt the Committee's recommendations.

Saskatchewan reform groups were also less enthusiastic about mental hygiene than Clarke and Hincks would have liked. The support of the Canadian Club of Regina and the Methodist Church Evangelism and Social Service Committee, the two groups that had written Premier Martin urging a mental hygiene survey, seemed only temporary as they abandoned the cause following the survey. Indeed, mental hygiene did not seem to be on the agenda of any Saskatchewan reform groups, who were more concerned with issues such as gambling, alcoholism, child welfare, and halting the spread of venereal disease.²⁷

²⁴ "Treatment Given Defectives in Saskatchewan is Praised by Mental Hygiene Committee," *Regina Leader*, January 22, 1921.

²⁵ "Weyburn Hospital," *Regina Leader*, May 20, 1921, page 3. The *Weyburn Review* also echoed this sentiment. The paper cited praised for the Battleford institution and claimed that with the Weyburn hospital "the same course was followed, and as a result Saskatchewan has reason to be proud of the new building." See "Mental Hospital Great Boost for Weyburn," *Weyburn Review*, January 11, 1922.

²⁶ Nishida, 44.

²⁷ This assessment is based on a review of Saskatchewan newspapers, mainly the *Weyburn Review*, around the time of the hospital's opening. Mental hygiene principles are also

In Eastern Canada, Hincks' ability to position the cause of mental hygiene alongside the other major reform issues of the day was crucial to the success of the CNCMH. He took other major reform issues such as poverty, illegitimacy, crime, alcoholism, and public school inefficiency, and claimed that such problems had their origins in insanity and mental deficiency, for which he proposed mental hygiene solutions. In publications such as *Social Welfare*, Hincks wrote articles encouraging people to see mental hygiene as part of the larger post-war drive for reform.²⁸ He had evidently hoped to achieve something similar in the West, but people in Saskatchewan ultimately came to understand the Weyburn Mental Hospital in relation to social and political currents that had deeper roots in Saskatchewan society than the CNCMH's ideas about mental hygiene reform.

One of the political forces that informed Saskatchewan's understanding of the Weyburn Mental Hospital was prairie boosterism. According to historian Alan Artibise, boosters were "intensely optimistic, expansionist, and aggressive" civic and business leaders who prized economic growth over all other concerns. To get people on board with the booster mentality, boosters fostered a sense of civic pride and boundless optimism. Those who were critical of the booster project, organized labour for example, were labelled "knockers" and scorned for their supposed lack of civic pride. In fostering economic growth, optimism, and effectively dismissing anyone who stood in their way, boosters were crucial to the early development of Western Canadian towns and cities.²⁹

Much of the press coverage concerning the Weyburn Mental Hospital was full of the classic booster spirit. As Saskatchewan struggled to find alternatives to the failing wheat economy following the war, the booster rhetoric that emphasized economic growth was appealing. True to booster form, the supposed success that was the Weyburn Mental Hospital was measured in material terms. Unlike the reformers of the CNCMH who favoured small

absent from the secondary literature on wartime and post-war reform movements in Saskatchewan. See, for example, John Thompson, "The Beginning of Our Regeneration: The Great War and Western Canadian Reform Movements" and Richard Allen, "The Social Gospel as the Religion of Agrarian Revolt," in *The Prairie West: Historical Readings* ed. R. Douglas Francis and Howard Palmer (Edmonton: Pica Pica Press, 1985).

²⁸ See, for example, "Mental Hygiene and 'Normals'," *Social Welfare* 1, no. 8 (May 1919); "Mental Hygiene," *Social Welfare* 1, no. 6 (March 1919).

²⁹ Artibise, "Boosterism and the Development of Prairie Cities, 1871-1913."

psychiatric hospitals, bigger was always better for the boosters. Newspapers awed readers with statistics concerning the hospital's construction. Both the *Regina Leader* and *Weyburn Review* wrote,

Nearly a thousand trucks of materials were required for the building. A total of 4,294,000 bricks were used, with 1,298,000 feet of rough lumber, and 278,000 hollow tile. There is a total of 257,500 square feet of floor area, of which 101,000 is maple and 156,500 cement or terrazzo floor. Thirteen hundred tons of steel were used for the frame.³⁰

With so many resources at stake, the construction of the hospital was portrayed as a bold achievement. In the many articles celebrating the size and modern construction of the hospital, there seemed to be no question that the hospital would be effective in curing mental illness. After a lengthy article describing the enormous cost of the hospital and the modern features of its construction, the *Regina Leader* wrote,

It will thus be seen that the government is determined to provide the most up to date institution for the care of the mentally ill, in which there will be every facility known to modern science for their treatment, and for the early restoration of a large proportion to their homes.³¹

Thus in all the discussion of technology, size, and construction methods, the question of patient care emerged as an afterthought, with the therapeutic effectiveness of such a large, expensive, and thoroughly modern institution portrayed as being self-evident.

The booster mentality effectively disarmed critics of the asylum. Its boundless optimism interpreted the mental hygiene survey as nothing more than sustained praise while any potential critics of the institution were deemed “knockers” who hindered the progress of Weyburn. In a speech that was enthusiastically received by Saskatchewan newspapers, the Mayor of Weyburn reportedly, “believed that this institution would not have come to Weyburn if the people of the city had not worked so well together and urged the citizens of Weyburn to stand together and not

³⁰ *Weyburn Review* January 4, 1922, page 3; “New Mental Hospital the Best Example of Modern Construction” *Regina Leader*, December 29, 1921, page 8.

³¹ “Poole Construction Company is Awarded General Contract for Weyburn Mental Hospital,” *Regina Leader*, May 1, 1919, page 17.

allow any dissention to interfere with the progress of the city.”³² It is not clear what kind of opposition, if any, stood in the way of the Weyburn Mental Hospital. However, if any opposition did exist, it appears they were denigrated for opposing progress.

The culture of boosterism certainly informed how people in Saskatchewan understood the Weyburn Mental Hospital, but there was more to this understanding than the booster obsession with optimism and economic growth. The hospital was also seen as an important marker of civilization, as one institution among many that would help ensure a British future for the province. The building’s design was unmistakably British and the hospital’s advocates repeatedly stressed that it had been based on the finest institutions of Britain and Eastern Canada.³³

It was not the first time Western Canadians had sought to transplant allegedly Eastern or British institutions on the prairies. Like boosterism, the practice had roots that traced back to the early settlement period. Early settlers adopted what Northrop Frye called the “garrison mentality”: closely-knit societies clinging to familiar values in the face of a frightening primitive wilderness.³⁴ In contrast to their neighbours to the South, settlers in western Canada tended to regard the East as the creative centre of their country and often sought to replicate its best features out West.³⁵ Building “garrisons” that included structures such as stone houses and tennis courts may have been costly and impractical, but they provided English settlers with a

³² “Lieut.-Governor Lays Cornerstone of New Mental Hospital,” *Regina Leader*, May 20, 1921, page 3.

³⁴ Northrop Frye, *The Bush Garden: Essays on the Canadian Imagination* (Anansi Press, 1971), 225.

³⁵ In the national mythology of the United States, the violent and lawless Western frontier is central to American identity. As many historians have shown, Canadians experienced “their” West differently, often presenting the Canadian West as a “Mild” alternative to the American “Wild” West where law and order preceded settlement and the best features of Britain and Central Canada were transplanted in the West. See, for example, Daniela Rochinski, “‘Wild’ vs. ‘Mild’ West: A Binary or Symbiotic Unit? The Complexity of the Mythic West Re-Imagined From a Canadian Perspective.” (MA Thesis, University of Saskatchewan, 2010); Douglas Francis, “The Frontier and Images of the Canadian West in the Settlement Era,” *The Journal of Canadian and American Studies* 9 (Spring 1992): 19; Walter Hildebrandt, *Views from Fort Battleford: Constructed Visions of an Anglo-Canadian West* (Regina: Canadian Plains Research Centre, 1994), 27.

psychological connection to the motherland. Similar to the so-called “garrisons” were settlers who sought to establish agricultural utopias on the prairies with the intention of bringing the best elements of British rural life to the Canadian West.³⁶ In both cases, settlers endeavoured to take what they saw as the finest British values and institutions and bring them West, with the built environment reflecting their identification with a set of beliefs and values imported from Britain or Eastern Canada.

For the most part, English “garrisons” and utopias were a temporary feature of the early settlement period, but the desire to transplant British institutions in the West continued. After the War, with many Anglo settlers anxious about ensuring a British future for the province, discrimination against those who did not conform to the Anglo-Protestant vision for the province reached an all-time high and the perceived need to bring the trappings of “civilization” out West became all the more urgent.³⁷ Shifting away from the enclosed “garrisons” of the settlement era, Anglo settlers adopted a more totalizing outlook, increasingly looking to public institutions as a means of shaping model citizens. Public schools, for example, were relied on to assimilate children who did not conform to the Anglo-Canadian ideal. The director of education, future premier J.T.M. Anderson, firmly believed that the province was at a “critical period” in its history and that its future depended on how well it assimilated the “foreigners [who are] endangering our national existence...making us the laughing stock of all enlightened peoples.”³⁸ Residential schools, one of the main agents for the assimilation of the province’s aboriginal population, also grew in number following the War and amendments to the Indian Act in 1920 introduced new penalties for parents who refused to send their children to school.³⁹ As Saskatchewan historian Bill Waiser has pointed out, post-War Saskatchewan was the most

³⁶ For more on such utopias see, A.W. Rasporich, “Utopian Ideals and Community Settlements in Western Canada, 1880-1914,” in *The Prairie West as Promised Land* ed. R. Douglas Francis and Chris Kitzan (Calgary: University of Calgary Press, 2007).

³⁷ For an overview of discrimination against non-Anglo immigrants in the post-War period see, Waiser, *Saskatchewan: A New History*, Chapter 12.

³⁸ J. T. M. Anderson, *The Education of the New Canadian: A Treatise on Canada’s Greatest Educational Problem* (Toronto: J. M. Dent & sons Ltd., 1918), 213, 25.

³⁹ Waiser, 243.

ethnically diverse province in Canada, but many Anglo-Canadians were determined to craft an Anglo-Saxon identity for the province.⁴⁰

Within the context of the Anglo anxiety to maintain a British identity for the province, the Weyburn Mental Hospital was presented as part of a larger group of institutions that were crucial to the province's future. C.M. Hamilton, Saskatchewan Minister of Agriculture, delivered a speech at the hospital's opening ceremonies that situated the hospital alongside other institutions while at the same time expressing the widely held belief that it was a critical time in the history of the province. He spoke of how "the people of the world have at various periods marked their thoughts by their public institutions," citing the construction of legislative buildings as evidence of amount of thought given to the science of government, and went on to claim,

When the history of the present century is written, I believe the outstanding feature in the development of the race will be the social life of the people and today we point with pride to our schools and hospitals. I believe the minister of public works in this institution in our midst has indelibly written his name on the history of the development of the province.⁴¹

Henry William Newlands, Saskatchewan's Lieutenant Governor, made similar comments when he laid the cornerstone of the hospital, congratulating the people of Saskatchewan on their many impressive public buildings including the parliament buildings in Regina, the provincial University in Saskatoon, and the Battleford Mental Hospital.⁴² The CNCMH had tried to persuade Saskatchewan to see the mental hospital within the context of psychiatric innovations and post-war reform, but the positioning of the asylum next to revered public institutions contextualized the hospital within the grand drama of Saskatchewan's development, placing the asylum alongside other institutions that brought "civilization" to the West.

Post-War mental hygiene reformers may not have shared Saskatchewan's understanding of the Weyburn Mental Hospital as a symbol of civilization, but viewing asylums in this way was not without precedent in the history of such institutions. Dorethea Dix, one of America's

⁴⁰ Waiser, 248.

⁴¹ "Weyburn Mental Hospital Official Opening Attended by Large [?] From Near and Far," *Weyburn Review*, January 4, 1922, page 1.

⁴² "Lieut. Governor Lays Cornerstone of new Mental Hospital," *Regina Leader*, May 20, 1921, page 3.

earliest and most accomplished advocates of asylum care, called the asylums, “the most blessed monument[s] of true civilization that the world can present.”⁴³ For Dix and others, asylums were symbols of the triumph of humanity and science, and the sense of optimism surrounding such institutions was not unlike that championed by Saskatchewan’s boosters. Yet asylums were also seen as reminders of the cost of civilization. Many early reformers saw insanity and civilization as being inextricably linked, with the asylum providing care to those who had been driven insane by the strain of modern life.⁴⁴ Much like politicians in Saskatchewan who saw the asylum as one among many institutions that would bring “civilization” to the province, historian David Rothman illustrated that asylum reformers in Jacksonian America often saw asylums as one of several institutions, along with prisons and workhouses, that would ensure stability with the rapid progress of civilization.⁴⁵

As asylums spread to colonial areas, they continued to be seen as important markers of civilization. Saskatchewan was not alone in its desire to transplant institutions from the motherland. Studying asylums in colonial India, historian Waltraud Ernst echoes Rothman’s claim that asylums were not seen in isolation. Manufactories, schools, dispensaries, courtrooms, jails - all were “showpieces of western colonialism” intended to awe the indigenous population and symbolize the superiority of western civilization.⁴⁶ Historian Jock McCulloch, in his study of African asylums, claims that such institutions were used by settler societies to “construct a state which mimicked the grand configurations of the metropolises.”⁴⁷ Regardless of their efficacy as curative institutions, asylums still had political value. In these areas as well as in Saskatchewan, more so than in the more settled parts of Eastern Canada, there was an urgent desire to transplant civilization, to demonstrate imperial superiority, and to create loyal subjects from the large segments of the population who did not conform to the colonial ideal.

As the hospital was celebrated as a marker of British civilization, politicians and newspapers occasionally criticized the “foreigners” in the province who they believed threatened

⁴³ Quoted in Andrew Scull, *Madness in Civilization* (New Jersey: Princeton University Press, 2015), 198.

⁴⁴ Rothman, 112.

⁴⁵ See Rothman, *The Discovery of the Asylum*.

⁴⁶ Waltraud Ernst, *Mad Tales From the Raj*, 64.

⁴⁷ McCulloch, 45.

the development of such a civilization. In his speech, Newlands addressed the topic of immigration, claiming that since a large number of inmates in mental institutions came from other countries, immigrants needed to be closely inspected for mental deficiency before being allowed into the province.⁴⁸ Premier Dunning later echoed this sentiment in a speech delivered in Ottawa criticising the “open door” immigration policy. According to Dunning, immigration policy had to give some consideration to “racial distinction” since some immigrants could become a burden on public institutions. “We have to keep up insane hospitals,” he claimed, “we don’t want more of the mentally sick.”⁴⁹ Most of the discussion surrounding the Weyburn Mental Hospital focused on positively reinforcing what were perceived to be Anglo-Canadian values, but politicians and newspapers occasionally used the asylum to take aim at the “foreign element” in the province.

Closely related to fears of “foreigners” was the worry that Saskatchewan was losing its rural character. For many Anglo-Canadians, the countryside embodied the essence of the British spirit - imbued with the conservative values of stability, order, and hierarchy. The collapse of the wheat economy and the growth of cities signalled a departure from these values and Anglo-Canadian nativists often blamed immigrants, who were accused of gravitating towards cities rather than working the land.⁵⁰ Again, the asylum relieved the anxieties of the Anglo-Canadian majority, since it was portrayed as preserving the pastoral agrarian values that Anglo-Canadians were afraid of losing. Newspapers explained how “open air, sunshine, [and] light work under not

⁴⁸ “Lieut. Governor Lays Cornerstone of new Mental Hospital,” *Regina Leader*, May 20, 1921, page 3.

⁴⁹ “Maintenance of Traditions of the Race Main Thing, Claims Dunning,” *Weyburn Review*, November 21, 1923, p6.

⁵⁰ James Pitsula, *Keeping Canada British: The Ku Klux Klan in 1920s Saskatchewan* (Vancouver: UBC Press, 2013), 130. In reality, it was mostly settlers of British origin who were moving off the land and into cities. See, Marilyn Barber, “Nation-Building in Saskatchewan: Teachers from the British Isles in Saskatchewan Rural Schools in the 1920s” in Phillip Buckner and R. Douglas Francis ed. *Canada and the British World: Culture, Migration, and Identity* (Vancouver: UBC Press, 2006), 217.

too strong rays have been recognized as potent factors in the cure of many ills” and how the hospital’s system of institutionalized farming was crucial in treating patients.⁵¹

Here too, there are similarities between how the earliest asylums were received and how the Weyburn Mental Hospital was viewed by the Saskatchewan public. Patient labour, or “work therapy,” was an integral part of asylum care since the beginning as part of a larger system of “moral therapy” which, in theory, was designed to instil sound habits in patients without the use of physical coercion. As Rothman and others have shown, asylum reformers in the first half of the 19th century often believed that the cause and cure for insanity lie in the environment. If insanity was caused by the fast pace of modern, urban life then removal to a country location, where one could return to simpler times, was the antidote.⁵² Ironically, life in many asylums, with overcrowded conditions and a regimented way of life, came closer to resembling an urban, industrial lifestyle than a rural one and the kind of pastoral utopian ideals that had initially accompanied such institutions faded. But in Saskatchewan, where the public worried over urbanization and where they had not witnessed the decline of asylums over the 19th century, it was still possible to attach pastoral utopian ideals to the new institution.

More than values that were simply imposed on the asylum, the desire to frame the institution as a monument to British civilization guided decisions regarding how to construct and staff the asylum. The government had rejected newer trends in mental hospital design in favour of an older style that was unmistakably Victorian and, moreover, one of the last of its kind ever built.⁵³ Even as newspapers presented the hospital as an ultra-modern scientific achievement, the asylum’s design inspired a sense of tradition and nostalgia.

The appointment of Robert Menzies Mitchell as Superintendent of the new mental hospital also suggests that the government was prioritizing the asylum’s value as a monument over its stated function as a medical facility. Contrary to the growing emphasis on psychiatric professionalization in Eastern Canada, Saskatchewan newspapers celebrated the appointment of

⁵¹ “Mental Hospital Patients Will Be Given Plenty of Fresh Air and Recreation,” *Weyburn Review*, January 4, 1922, page 8; See also, “Hospital Farm to be in Operation,” *Regina Leader*, December 29, 1921, page 10.

⁵² Rothman, 118, 133, 138; Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007), 9.

⁵³ Allen, “The Last Asylum,” 20.

a man with no psychiatric training to the superintendency of the new institution. However, Mitchell was portrayed as embodying all of the finest Anglo-Canadian virtues. Having arrived in Weyburn in 1899 after receiving his medical training in Ontario, he had been the region's pioneering doctor and had been active in the political life of the city from the very beginning. He served twice as mayor of Weyburn and prior to his appointment as superintendent had represented Weyburn in the Saskatchewan legislature, where he had been elevated to the highest office of Speakership and was said to be "one of the oldest and leading figures of legislative life in the province."⁵⁴ Mitchell had been chair of the Weyburn hospital board since its foundation, quarantine inspector for the Dominion government, member of the public and high school boards, and president of the provincial hockey association. He had "two boys who had fought the Germans" in the War and was said to be "enthusiastic about Weyburn and confident that it will be a great city." According to the *Regina Leader*, he was also responsible for having the mental hospital built outside of Weyburn; no small feat considering several cities offered lucrative incentives for the privilege of hosting the institution.⁵⁵ With his pioneer past, extensive political involvement, local pride, and patriotism, Mitchell was the kind of man who could be trusted to usher in a new chapter in Saskatchewan's history. At such a critical period in the province's history, the future was in good hands.

As the hospital's Victorian design and Mitchell's appointment to the superintendency show, the regional politics of boosterism and Anglo-Saxon heritage not only influenced the public's perception of the hospital, but its actual administration. At what was believed to be a "critical period" in the province's development, the asylum came to represent the traditional values the Anglo-Canadian majority wanted to preserve and the modern values they sought to adopt. Having the institution embody these values was the top priority of the government. It was from the beginning a political showpiece, designed and exploited for its political value. The patients who would soon arrive at the institution ranked lower on the government's priorities.

⁵⁴ "Dr. Mitchell's Resignation," *Weyburn Review*, March 26, 1919, page 4.

⁵⁵ "Dr. Mitchell Appointed Superintendent in 1919; is Fully Qualified For Work," *Regina Leader*, December 29, 1921, page 10; For correspondence of various cities in Saskatchewan vying for the new mental hospital see, Saskatchewan Archives Board (hereafter SAB), Charles Dunning fonds. file X-17-1. Mental Hospitals.

Chapter 2

Experiencing the Asylum in the 1920s: Patient Realities and Public Perception

In the weeks following the opening of the Weyburn Mental Hospital, the institution received its first patients from Saskatchewan's first provincial mental hospital in North Battleford. According to Superintendent Mitchell, the transferred patients were mostly "chronic cases," refractory patients, and people deemed feeble-minded. For the most part, these were not patients who would be released from the hospital. If they could work, they did. If they were too old to work, they might be placed in the "warehouse," where patients were subjected to custodial care. If they refused to work and were considered dangerous, restraint and confinement were the top priorities. The refractory patients, including "40 of the wildest women" from Battleford were confined to the basement wards.¹ Here, patients were rarely clothed, frequently restrained, and endured weekly sewer backups that flooded the wards with raw sewage.² Throughout the hospital, psychiatric treatment, other than the deceptively named "work therapy," was rare and the structure of the institution was closer to that of a prison than a medical facility. Patients transferred from Battleford initially numbered nearly 500 and made up the majority of the hospital's earliest patients. Approximately 76% of these patients went on to spend the rest of their lives at the institution.³

¹ SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1921-1922. Letter of January 12, 1922.

² SAB, PH 3, Box 3, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1925. Letter from Mitchell to Smith, March 20, 1925. "Bryant Sponsors Serious Charges in Legislature," *Weyburn Review*, February 19, 1930, page 1. This story is similar to experiences with backed-up sewers in other asylums, see: James Moran, *Committed to the State Asylum*, 85-88; and Geoffrey Reaume, "Patients at Work."

³ To arrive at this figure, I attempted to isolate the transfers from Battleford in the admissions database. In some cases, the fact that a patient was transferred was indicated on individual patient entries. In other cases, it was assumed that large numbers of patients arriving on the same day were transfers from Battleford, an assumption that was often confirmed by further archival evidence (for example, a letter from Superintendent Mitchell stating that he had received X number of patients on a particular day). Out of the 492 transfers, 4 were transferred, 70 were paroled, 1 was "Gone," 8 Eloped, 269 died, 4 were departed, 1 was adopted, and 135 were unknown (the "results" column was left blank). Out of the 357 entries with the "results" column filled out, 76% were listed as having died at the institution. Only 20% were paroled.

The experience of these early patients stands in stark contrast to the values attributed to the asylum at its opening. It was said to be a curative institution where the government spared no expense in an effort to restore the majority of the patients to their homes and former lives. In reality, patients and their loved ones struggled against an institution that consistently prioritized political patronage, economic efficiency, and the maintenance of an attractive public image over patient care. In the chronically overcrowded and understaffed asylum, the main determinant of the patient experience was one's impact on the hospital economy. Control was garnered by keeping patients in a state of desperation, where infractions on the hospital economy could mean being denied the basic necessities of life.

Despite the grim reality of life in the asylum, the idealized conception of the Weyburn Mental Hospital that had been present at its opening was sustained throughout the 1920s. Strict boundaries between patients and the outside world reinforced the contradictory experiences, allowing the asylum to be celebrated as a monument while the patients remained on the margins of society.

Like the patients who came from the Battleford institution, many were transferred to the Weyburn Mental Hospital from elsewhere, usually as a means of reducing government expenditures or to enable the smooth functioning of other institutions. Shortly after its opening, 19 women and children were sent to the asylum from the "Home for Defectives" in Regina. Superintendent Mitchell noted that these patients were "all crawling in body lice" and that three of the children appeared to be "starvation cases."⁴ Yet the Minister of Public Works did not transfer the children to the new asylum with the hope that their care would improve, but rather that the government would save money. As mental hygiene reformers in Eastern Canada stressed the need for smaller institutions catered towards specific populations, Saskatchewan saved money by housing multiple dependent populations under one roof. Crippled children, delinquent girls, criminally insane patients - all were moved to Weyburn to cut costs and ensure the efficient operation of other institutions such as jails and children's shelters.⁵

⁴ SAB, PH3, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1922 (4/4). Letter from Mitchell to Smith, December 23, 1922.

⁵ Replying to Superintendent Mitchell's concern that the asylum was overflowing with mentally defective children, the Minister of Public Works reminded Mitchell that the children

For those not transferred from other institutions, there were three main routes of committal: medical, criminal, and voluntary. The medical route of committal was the most common, with the majority of patients brought to the institution by relatives. Patients committed this way needed two doctor's certificates stating that they were either insane or mentally defective. Patients were committed through the courts when a defendant was deemed mentally incompetent or when sufficient evidence was laid before a Justice of the Peace that proved an individual was "insane and dangerous to be at large."⁶ Voluntary patients, the smallest subset of the hospital population, entered the institution on their own accord and could leave at any time given they provided five days' notice. For medical and criminal committals, families were expected to pay what they could for a patient's upkeep. Voluntary patients were always required to pay \$2.00 per day, making this method of committal a privilege for those with means.⁷ Another small subset of the patient population, soldier patients, had their upkeep paid for by the Department of Soldiers' Civil Re-establishment.⁸

had not been sent to the institution in hopes that their care would improve, but because it would save the government money. See, SAB, PH3, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1923 (1/2). Letter from Smith to Mitchell, January 16, 1923; Mitchell wrote that the institution received all of the "troublesome women" who became difficult to manage in other institutions. See SAB, PH3, A11. Letter to Dr. E.C. Barnes from Mitchell, November 12, 1924; In his 1928 Annual Report for the institution, Mitchell wrote of how crippled children were sent to the asylum for lack of a sick children's hospital. The hospital also received children who had been rejected by their foster homes. See, SAB, PH3, A. 9 Correspondence of Supts. Mitchell and Campbell with Supt. MacNeill, Battleford Mental Hospital, 1921-31. Letter from A.D. Campbell to Clarence Hincks, August 31, 1927.

⁶ Statutes of Saskatchewan, "The Dangerous Lunatics Act, 1918-19," Section 3.

⁷ SAB, PH3, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1922 (4/4). Letter of December 22, 1922. The cost of voluntary committal was later raised to \$2.50 per day. See, Department of Public Works, Annual Report, 1926, Weyburn Mental Hospital, (Regina: Queen's Printer), 103. To put this cost into perspective, most attendants at the asylum made 50\$ per month, with some staff members being paid as low as 23\$ per month plus room and board. See, SAB, PH3, Box 1, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1923 (1/2). Letter from Smith to Mitchell, February 10, 1923; Souris Valley History Book Committee, *Under the Dome: The Life and Times of Saskatchewan Hospital, Weyburn* (Souris Valley History Book Committee, 1986), 190.

⁸ Rules concerning committal at the time of the hospital's opening were outlined in "The Dangerous Lunatics Act, 1918-19," which was replaced in February of 1922 by "The Mental Diseases Act." For more on methods of committal see: SAB, R-194.2, 83, Regional Health Services Mental Hygiene, "1930 Report of the Mental Hygiene Commission," 28.

The case of Martha Dover, an 18-year-old housewife who was found guilty of attempting to poison her 50-year-old husband, reveals the sources of authority that individuals were subjected to on their way to the asylum. Over the course of her trial, Dover's mental state was brought into question. Those who knew her claimed that her marriage was an unhappy one, mostly owing to Dover's inability as a housekeeper and the fact that she was "friendly" with other men. The Weyburn doctors were called on for their expertise. They administered an IQ test, which Dover failed - her poor performance possibly due to the fact that she had left school after one year to care for her ailing mother and that her first language was not English, but German. Mitchell and Assistant Superintendent A.D. Campbell both believed in a strong correlation between crime, sexual promiscuity, and mental deficiency, especially in women.⁹ Dover's case gave the doctors an opportunity to confirm this assumption, demonstrating the importance of their profession while lending an air of scientific legitimacy to community prejudice. They provided both the cause and solution to Dover's crime.¹⁰ She was placed within the category of "high-grade mental defective" or "moron" and confined to the Weyburn Mental Hospital.¹¹

⁹ Campbell believed that somewhere between 50% to 85% of women who were "morally degraded" were feeble-minded whereas Mitchell believed that 90% of people in jail were "morons" or "high-grade mental defectives." See, "Supervision of the Feeble-Minded," *Weyburn Review*, December 13, 1922, page 8; "Mitchell Spoke at Moose Jaw," *Weyburn Review*, October 22, 1922, page 1. The scholarship on gendered understandings of madness, mental deficiency, and delinquency is vast. See, for example, Elaine Showalter, *The Female Malady: Women, Madness, and English Culture, 1930-1980* (New York: Pantheon, 1985); Wendy Mitchinson, "Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case," *Canadian Bulletin of Medical History* 4 (1987); Mike Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960*, (Chicago: University of Illinois Press, 2013); *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, eds. Jonathan Andrews and Anne Digby (New York: Editions Rodopi B. V., 2004); Mary E. Odem, *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920* (Chapel Hill: University of North Carolina Press, 1995).

¹⁰ For an examination of how psychiatrists in the 19th century used their role within the courtroom to further professional and personal interests see, Allison Kirk-Montgomery, "'Loaded Revolvers': Ontario's First Forensic Psychiatrists," in *Mental Health and Canadian Society: Historical Perspectives*, ed. James Moran and David Wright (Montreal & Kingston: McGill-Queen's University Press, 2006), 69-96.

¹¹ For sources regarding the case of Martha Dover see: "Wife Committed on Poison Charge," *Weyburn Review*, February 22, 1922, page 1; F.L. Bates, "The High-Grade Defective -

On her way to the Weyburn Mental hospital Dover was subjected to three main types of authority: legal, medical, and social. All patients interacted with some combination of these authorities on their way to the institution. Dover's case is somewhat unique in that she was subjected to all three and they all worked against her. Those who had not committed crimes, conformed to their expected role in society, and who had friends or family members willing to advocate on their behalf could sometimes avoid a trip to the asylum.¹² For those such as Dover, who had been found guilty of a crime, transgressed her prescribed social role, had no one to argue in her defence, and whose case gave the asylum doctors a chance to flaunt their expertise, the chances were not as good. She spent the next 26 years in the asylum.¹³

Patients from other institutions arrived at the asylum by train, while others were typically escorted by police or family members. Those arriving by car travelled down the long tree-lined road that stood between the mental hospital and the outside world. For many, the asylum was the largest building they had ever seen. Adhering to the conventions of Victorian asylum architecture, it inspired fear and awe.¹⁴ Upon arrival, patients were promptly cleaned and examined. They were permitted to bring with them only certain articles of clothing, including one set of dress clothes for church services and special events. All other possessions were tagged and stored, with necessary belongings replaced with standard issue hospital equivalents.¹⁵ Patients were then placed on one of the hospital's many overcrowded wards.¹⁶ Though the public sometimes saw the asylum as a pastoral utopia, this process of being assigned to an overcrowded

Problems of Diagnosis," *Saskatchewan Psychiatric Services Journal* 1, no. 1 (1952): 21-26. Details of the case vary slightly depending on the account, with the newspaper claiming Dover was only 16 at the time of the trial.

¹² Sections 16 to 18 of *The Mental Diseases Act* outlines the process a relative or friend could take in order to overturn a committal. Sections 22 and 23 outline how one could be committed to the custody of friends rather than the mental hospital.

¹³ Bates, 23.

¹⁴ Allen, 20. For more on asylum architecture see, for example, Carla Yanni, *The Architecture of Madness: Christopher Payne and Oliver Sacks, Asylum: Inside the Closed World of State Mental Hospitals* (Cambridge: MIT Press).

¹⁵ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #2, "Information Concerning Admission of Patients."

¹⁶ Representatives on the Canadian National Committee for Mental Hygiene found that new admissions were put in with the rest of the hospital population soon after their arrival. See "1930 Report of the Mental Hygiene Commission," 29, 35, 50.

ward was undoubtedly quite an adjustment for patients who were accustomed to rural life on the prairies. Some patients, depending on their diagnosis, were then prescribed an intensive treatment regimen of hydrotherapy, which could range anywhere from a comforting warm bath to an ice bath that would induce a state of hypothermia. Others were immediately put to work.¹⁷ During their first month at the hospital, patients did not hear from their families, who were advised not to have any contact with their relatives until they adjusted to their new life at the institution.¹⁸

Early proponents of asylum care stressed the importance of the removal from one's home community into the therapeutic environment of the asylum as crucial to recovery. This was typically thought of as the removal of an individual from a chaotic urban environment into a structured rural life of the asylum, where patients would regain their mental health through a regimen of moral therapy.¹⁹ The hospital administration and Saskatchewan newspapers promoted such a romanticized view of asylum life, but patients experienced things quite differently. Rather than providing patients with a sense of relief that they were now in a safe and therapeutic environment, the committal process was perhaps closer to what sociologist Erving Goffman called "role dispossession," a traumatic experience whereby new patients were stripped of their former roles in the outside world and assigned a new identity within the framework of the institution.²⁰ The lack of first-hand patient accounts prevents us from knowing for sure how accurately Goffman's findings can be applied to Weyburn. Given the diversity of patients and routes of committal, it is likely that some found committal traumatic whereas others may have experienced it as a relief, especially if they came from even worse circumstances on the outside. Regardless of how patients understood their experience, being committed to the Weyburn Mental Hospital marked a sharp break with the rest of society and the new world of the asylum was not

¹⁷ According to former patient and nurse Kay Parley, patients received their most intensive treatment soon after admission. She writes, "[in the 1920s, staff] were doing their best to skim the most promising patients off the top of the heap, give them treatment, and get them out of the place, before they, too, began to rot." See, Kay Parley, *Lady With a Lantern* (Regina: Benchmark Press, 2007), 7. For a description of the hydrotherapy treatments used at the hospital see, *Under the Dome*, 6.

¹⁸ "Information Concerning Admission of Patients," page 3.

¹⁹ Rothman, 138; Scull, *Madness in Civilization*, 202-208.

²⁰ Goffman, 14-21.

the pastoral utopia the public believed it to be. Patients stepped from one world into another and, though they may not have realized it at the time, the boundaries between the two were rigid and unforgiving.

When patients arrived at the hospital, they were not entering an institution that was constructed and governed with their welfare as its top priority. Despite its outward beauty, the building was falling apart on the inside. The problem of the broken sewer, which flooded the basement wards weekly, was made worse by the fact that the hospital had no ventilation system, meaning the air quality was stagnant at best and hazardous to health at worst.²¹ The day rooms had windows facing the patient airing courts instead of the surrounding country. Rather than admire the beautiful hospital grounds, patients could watch others “walk in an aimless fashion round and round the enclosure.” Other dormitories only had windows that opened onto enclosed verandas, giving the patients no source of fresh air in the winter months. Ideally, mental hospitals were designed to foster a safe and home-like atmosphere for the patients. Weyburn instead offered a “barracks-like” environment that lent itself to the spread of disease and which likely compounded mental suffering.²²

Overcrowding was a constant problem for the hospital, with Superintendent Mitchell often complaining that it made any form of meaningful treatment or rehabilitation impossible. As early as January of 1923, Mitchell identified overcrowding as a problem amongst the mentally defective children and in 1924 on the male side of the hospital.²³ By 1928, with the male side of

²¹ “1930 Report of the Mental Hygiene Commission,” 18.

²² “1930 Report of the Mental Hygiene Commission,” 18, 19. The patients endured many epidemics, with the hospital’s first full year of operation being particularly difficult. In 1922, a flu epidemic in July killed two children, an outbreak of influenza occurred in July, a typhoid epidemic occurred in November thanks to a sewage backup, and a flu epidemic in December claimed the lives of six or seven patients and one nurse. See: SAB, PH3, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1922 (3/4). Letters of June 29 and July 21, 1922; SAB, PH3, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1922 (4/4). Letters of November 11, 1922 and December 29, 1922. For more examples concerning how patient care was not the top priority of the government or asylum administration see pages 53 and 54 of this chapter.

²³ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter from R.M. Mitchell to J.M. Smith, January 14, 1923; Department of Public Works, Annual Report, 1924, Weyburn Mental Hospital, (Regina: Queen’s Printer), 82.

the hospital overcrowded by 44%, Mitchell warned that if something was not done, they would soon have to start putting beds in hallways.²⁴

An increasingly diverse patient population added to the difficulties presented by overcrowding. Because of the hospital's poor design, separate categories of patients could not always be properly segregated. This was a particular problem when it came to the violent patients, who were often transferred to the institution from the provincial jail. The risks of housing people who behaved violently in the same institution as children became apparent when one patient immersed 6-year-old Henriette Deschamps in a tub of hot water, scalding her to death.²⁵ Such incidents prompted the administration to enact stricter rules and precautions, which, though intended to control the minority of patients who behaved violently, added to the small indignities that were experienced everyday by the wider patient population. Patients ate only with spoons, to avoid the risks that came with issuing knives, they had to ask for a key to use the bathroom, and the exchange of gifts between patients and family visitors was strictly monitored by asylum staff. Violent outbursts and escape attempts also led to further alterations of the hospital environment, such as adding grills to the windows, that made the institution seem less like a hospital and more like a prison.²⁶

As the patient population grew larger and more diverse, the hospital remained chronically understaffed with untrained attendants. Faced with a 10% budget reduction only four months after the hospital opened, Mitchell attempted to convince his superiors that staff reductions would be unwise, but eventually agreed to "cut our staff to the lowest limit possible, even if it should be below the limit of safety."²⁷ In his early years as Superintendent, Mitchell occasionally

²⁴ Department of Public Works, Annual Report, 1928, Weyburn Mental Hospital, (Regina: Queen's Printer), 69; SAB, PH3, Box 3, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1928-1929. Letter from R.M. Mitchell to J.M. Smith, December 11, 1928.

²⁵ *Report of the Royal Commission*, 32. 14-year-old Cameron McAskill suffered a similar fate just 9 months earlier, though he was killed by a patient entrusted with his care. See, "Denies Politics Influenced Work at Institution," *Regina Leader-Post*, October 16, 1930, page 14; *Report of the Royal Commission*, 30.

²⁶ *Ibid*; SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter from R.M Mitchell to J.M. Smith, April 3, 1922.

²⁷ SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1923-1924. Letter from R.M. Mitchell to A.P. McNab, March

complained about budget cuts to the institution, but soon found this to be futile. In 1925, he wrote a letter to Superintendent MacNeill regarding recent cuts stating, “I have decided that economy brings its own reward, which seems to be less money and hard work.”²⁸ Always wanting to maintain the good name of the Liberal Party, he never took his complaints public. Understaffing compromised the safety of the institution, with the Coroner’s jury always drawing attention to the lack of attendants whenever a suspicious death or suicide occurred.²⁹ Unable to hire more staff, Mitchell devised more affordable but less dignified solutions to the problems facing the asylum. A cheap solution to the problem of patient suicide involved binding suicidal patients to their beds using a device that Mitchell claimed to have invented himself, the “restraint sheet.”³⁰ The staffing shortage was compounded by the fact that one’s loyalty to the Liberal party seemed to be valued over job skills when it came to hiring staff for the institution, resulting in a labour force that was not only too few, but unprofessional and often incapable of dealing with patients in a humane fashion.

One way the hospital managed to make up for the lack of paid employees was through the use of unpaid patient labour. All patients capable of working did. Men were commonly put to work on the wards, with members of the mechanical staff, or in outdoor work gangs in the hospital farm, garden, or gravel pit. Women typically worked on the wards, in the kitchen, in the laundry room, or in the occupational therapy department producing goods to be sold at the hospital’s annual bazaar. Work conditions ranged from tolerable to dangerous. The occupational therapy rooms were generally safe and well equipped, whereas the gravel pit claimed the lives of at least two patients during Mitchell’s tenure.³¹ The distribution of labour at the hospital

27, 1922; Correspondence leading up to this decision can be found at: SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1921-1922. Correspondence of March 1922.

²⁸ SAB, PH3, Correspondence of Supts. Mitchell and Campbell with Supt. MacNeill, Battleford Mental Hospital, 1921-1931. Letter of January 31, 1925.

²⁹ SAB, PH3, A. 9 Correspondence of Supts. Mitchell and Campbell with Supt. MacNeill, Battleford Mental Hospital, 1921-31. Letter of May 23, 1925.

³⁰ “Denies Politics Influenced Work at Institution,” *Regina Leader-Post*, October 16, 1930, page 14.

³¹ For discussion of deaths in the hospital gravel pit, in addition to other suspicious deaths at the institution see: “Dr. Mitchell Heard Before Commissioners,” *Regina Leader-Post*, October 16, 1930.

generally reflected the hospital patient hierarchy, with well-behaved high grade defective women and soldier patients working in occupational therapy and “refractory” patients making up the majority of the work gangs sent outside to do hard labour. For most patients, it was “work therapy” that occupied most of their time at the institution, with patients working for up to 10 hours a day.³²

The hospital administration deployed different justifications for patient labour depending on who was being put to work. “Defective” patients were said to owe the institution their labour in return for a place to live.³³ For mental patients, work was said to be therapeutic. Despite these justifications, unpaid patient labour was simply used as a way of keeping costs down, with increases in patient labour often coinciding with budget cuts to the institution.³⁴ When the budget was reduced by 10% early on, statistics for the following year indicate that the percentage of patients employed in the institution rose by from 58% to 69%. Similarly, when the budget was slashed again in 1925, the use of patient labour increased from 63% to 71% - impressive numbers given the many “chronic cases,” seniors, and children at the asylum.³⁵ The consistent use of patient labour combined with the pressure on the hospital administration to reduce the number of paid staff meant that patients came to dominate the hospital workforce. By 1928, Mitchell had succeeded at incorporating many of the young children and elderly patients into the hospital economy, with patients now making up around 90% of workers at the institution.³⁶

³² Elizabeth Matheson, “The Perfect Home for the Imbalanced: Visual Culture and the Built Space of the Asylum in Early Twentieth Century and Post War Saskatchewan,” (MA Thesis, University of Saskatchewan, 2010), 31, 32.

³³ SAB, PH3, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1923 (1/2). Letter from J.M. Smith to R.M. Mitchell.

³⁴ Geoffrey Reaume has found that similar economic motivations drove the use of patient labour in the Toronto Asylum for the Insane. See “Patients at Work” and “Remembrance of Patients Past.”

³⁵ Department of Public Works, Annual Reports, 1922, 1923, 1925, 1926, Weyburn Mental Hospital, (Regina: Queen’s Printer).

³⁶ By 1928 there were 647 full-time patient workers while the number of paid staff had been reduced to 95. This meant that unpaid patient workers made up 87% of the hospital workforce - up 10% from 1925. And this figure does not include patients who worked part-time. Beginning in 1924, some of the feeble-minded children began to work part-time and, in 1927, several old men who had not worked previously began working in the gardens. If the 1928 figure

Clearly financial concerns drove much of the decision-making around the asylum, but maintaining an attractive public image seemed even more important when it came to how the institution was maintained and staffed. Neglecting to properly maintain the inside of the institution was often a question of priorities rather than cost. Some of the mechanical staff were fully capable of fixing problems with the sewer and furnace, but were often kept busy building cottages for high-ranking staff members, conducting maintenance on Mitchell's house, or tending to the asylum grounds for the benefit of onlookers.³⁷

When it came to staffing choices, public perception was again valued over cost, since there would have been no cost difference when it came to hiring experienced workers versus those who were politically loyal. Mitchell, who had himself been hired for his popularity within Weyburn rather than his interest in psychiatry, proceeded to hire politically loyal employees who could be trusted to uphold the good name of the institution. In a typical case of valuing politics over skills, Mitchell hired Alex McDougall one summer, a young man from Battleford who had been studying medicine in Toronto. Superintendent MacNeill wrote Mitchell, informing him that MacDougall had worked at the Battleford Mental Hospital the previous summer and was a poor employee. Still, Mitchell insisted on not only hiring Alex for the summer but in offering him a full-time job. Mentioning that Alex's father was a good friend and President of the Saskatoon Liberal Association, he thought it would be nice to "get him something."³⁹

The network of patronage extended all the way down to the lowest-paid employees. Here, Mitchell actually preferred to hire people who were young and inexperienced, claiming that they were less pretentious than those with previous training and better at catching escaped patients.⁴⁰ Perhaps the ideal attendant was found in a man such as the 18-year-old nephew of Minister of

is adjusted to include this part-time patient labour of children and the elderly, the percentage of patient workers at the hospital was about 90%.

³⁷ SAB, R-194.2, 83, Regional Health Services Mental Hygiene, "1930 Report of the Mental Hygiene Commission," 31; "Bryant Sponsors Serious Charges in Legislature," *Weyburn Review*, February 19, 1930, page 1.

³⁹ SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1925-1926. Letters of March 26 and April 8, 1926.

⁴⁰ "Civil Service Commission Sitings at Weyburn." *Weyburn Review*, December 4, 1929, page 5.

Public Works Archie McNab.⁴¹ Having none of the pretensions that came with previous training or experience, this young man could be moulded to suit the life of the institution. Come election time, he could be taken to the polls with the rest of the hospital employees and expected to vote the right way. To keep employees in line, Russell Mitchell, the nephew of the Superintendent, would go around the hospital and make sure the attendants agreed to vote Liberal while Angus Murray, the hospital farm instructor, encouraged attendants to “vote for the people they worked for.” Those who did not support the Liberal cause were labelled “spies” and correspondence between Superintendent Mitchell and recently fired employees suggests that some were likely fired for political reasons.⁴² Being an attendant at the hospital was not considered a desirable job and many of the attendants were there from a lack of other options. This did not bode well for the patients, but suited Mitchell’s priorities, since employees would not speak ill of the hospital out fear of losing their jobs.

The enclosed political culture of the asylum further reinforced the boundaries between the patients and the outside. The only inspectors to visit the hospital were members of the Liberal government, who did not publicize the poor conditions in the interest of maintaining the reputation of their party. Instead, they pressured Mitchell to cut staff and expand the use of patient labour in an effort to cut costs.⁴³ The fact that the asylum needed goods and services that could not be obtained within the internal economy of the institution ensured political cooperation on the outside. The asylum became an outlet for political favouritism and an important economic driver within Weyburn, further encouraging those on the outside to support the institution and the government that ran it.

⁴¹ SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1925-1926. Letter from A.P. McNab to R.M. Mitchell, December 2, 1925.

⁴² “Civil Service Commission Inquiry Held at Weyburn,” *Weyburn Review*, December 4, 1929; For an example of one former employee who believed he had been fired for political reasons, see: SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1925-1926. Letter from William Wilson to R.M. Mitchell, April 15, 1926.

⁴³ SAB, PH3, Box 3, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1925. Letter from R.M. Mitchell to Smith, August 5, 1925.

With conditions so poorly conducive to patient welfare, it is no surprise that patients rebelled against the asylum and tried to find a way out. For those slated for a lifetime of confinement, trying to escape was perhaps the most rational decision they could make if they ever wanted to see the outside. Acts of patient violence were often portrayed by the asylum administration and the Saskatchewan press as stemming from a patient's mental state, but it is worth considering that some may have been part of reasonable response to an oppressive environment. As historian Geoffrey Reaume has found in connection with the Toronto Hospital for the Insane, asylum staff and historians alike have often been quick to pathologize acts of patient violence without considering possible rational motivations.⁴⁴ What motivated the women of Ward B, recently transferred from Battleford, to break over 100 chairs and smash several windows within their first two weeks at the institution?⁴⁵ What was going through Frank Dawson's mind when he killed the hospital mattress-maker with a hatchet?⁴⁶ The answers are unclear, but such actions should be considered within the context of an institution with many well-documented cases of staff abusing patients and an overall disinterest in maintaining patient dignity.⁴⁷

Despite what may have been the efforts of some patients to physically strike back at the oppressive nature of the institution, the asylum's methods of discipline proved quite effective at quelling dissent. Though attendants physically abused patients, such overt violence was not the primary means of ensuring order. Instead, control was maintained through the application of rewards and punishments that were contingent on the patient's impact on the hospital economy.

⁴⁴ Reaume, *Remembrance of Patients Past*, 73-75.

⁴⁵ Mitchell wrote that 137 chairs were broken by the women of Ward B over 15 days. The bill for glass was also high - "the women seem to take a great delight in putting their shoulders, fists and feet through the glass doors and any windows they can reach." See, SAB, PH3, Box 1, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1922 (1/4). Letter from R.M. Mitchell to Smith, March 3, 1922.

⁴⁶ "Mental Hospital Patient Kills Mattress Maker," *Weyburn Review*, September 19, 1923, page 1.

⁴⁷ For some examples of staff mistreating patients see, "Civil Service Commission Sitings at Weyburn," *Weyburn Review*, December 4, 1929, page 11; "Dr. Mitchell Defends his Administration at Weyburn," *Saskatoon Star Phoenix*, October 16, 1930. The overall poor conditions in the hospital and cases of staff abusing patients came to light during the scandal at the hospital that took place once the government changed in 1929, which is discussed in Chapter 3.

The main determinant of one's quality of life in the hospital was the ability and willingness to work. A crucial difference between working and non-working patients was that workers received more to eat, meaning one's choice to work or not could mean the difference between being constantly hungry and being adequately fed.⁴⁸ Hard-working, well-behaved patients also had a chance at being one of the select few to earn parole of the hospital grounds or at receiving some better clothing.⁴⁹ As Goffman demonstrates in *Asylums*, the organization of mental hospitals left patients struggling to retain a sense of self when they have been taken out of their role in the outside world. Patients who learned to live according to the rhythms of the institution were often rewarded with minor satisfactions that they would have taken for granted on the outside.⁵⁰ Patients may have had to do difficult work for what seemed like small comforts, but it was better than the alternative. Those unable to work were placed in the dirtiest area of the hospital, the "warehouse." Those who refused or who committed further infractions on the hospital economy by destroying property or demanding the resources of multiple scarce attendants were punished with a trip to the basement.

When Mitchell complained of women breaking chairs, the basement was not yet ready to house patients, but once it was they became its first residents. The fate of these specific women is unknown, but according to Campbell a little resistance was typical of new admissions. This was especially true of "female morons" he believed, claiming, "The majority on admission resent authority of any kind [and] are disobedient." However, the hospital's system of rewards and punishments seemed to turn such cases into useful contributors to the hospital economy. Campbell claimed that "the beneficial effect of the discipline incident to institutional life is very evident in such cases" and that many of these troublesome women typically went on to become good dining room or laundry workers.⁵¹ This was the disciplinary apparatus of the hospital at

⁴⁸ SAB, PH3, A.10 Correspondence of Superintendent R.M. Mitchell and with Superintendent Baragar, Brandon Mental Hospital, 1924-1925. Letter from R.M. Mitchell to Baragar, September 17, 1924.

⁴⁹ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter from Deputy Minister J.M. Smith to Miss Jane Little, December 5, 1922.

⁵⁰ Goffman, 148.

⁵¹ SAB, PH3, A. 9 Correspondence of Supts. Mitchell and Campbell with Supt. MacNeill, Battleford Mental Hospital, 1921-31. Letter from A.D. Campbell to Clarence Hincks, August 31, 1927. The practice of sending unruly patients to the basement was also discussed by

work. Its efficacy resided in its ability to grant or withhold patients the very necessities of life. They could work and potentially secure adequate living conditions with food, clothes, and passable living quarters, or they could languish in the basement, rarely clothed, frequently restrained, and subjected to a range of indignities.⁵² Given the choice, most patients chose to fall in line.⁵³

The disciplinary methods of keeping patients in line were in some ways similar to how the institution ensured the loyalty of its staff. Like patients, low-paid employees could be controlled as they could be fired at any time.⁵⁴ The line between patients and staff was not always well defined. Like patients, most nurses and attendants lived at the institution in accommodations that were segregated along gender lines, with some even living on wards designed for patients. Both patients and staff were only permitted to receive visitors in the visiting room and only within designated hours. Employees worked alongside patients, often doing similar work as patients came to replace an increasing number of paid staff.

At least one employee came dangerously close to joining the ranks of the patients, with Mitchell claiming that the occupational therapy instructor had become a “nut case” and needed to be let go. Similarly, the house physician, Dr. Bird, reportedly became a “nervous wreck” and threatened to resign when a flu epidemic swept the institution, killing six or seven patients and one nurse.⁵⁵ Sometimes the greatest difference between patients and staff was the staff’s ability to leave the institution if they could find better work. The hospital’s high turnover rate suggests they often did. Patients, on the other hand, had a more difficult time leaving the asylum.

former hospital employee Ruth Anderson, who wrote, “B and C wards were the better units. ‘A’ wards were where the very unruly patients were kept. Therefore, if the patients on B and C wards misbehaved, they were put on A ward for punishment.” See, *Under the Dome*, 188.

⁵² Former hospital employee Ruth Anderson stated that patients in the basement wards “seldom wore clothes on the wards.” See, *Under the Dome*, 188. Most patients on the other wards were clothed, but had their clothes taken away, tagged, and stored at night and many were not permitted to wear shoes. See “Civil Service Commission Sitings at Weyburn,” *Weyburn Review*, December 4, 1929, pages 8, 11.

⁵³ Non-violent methods of coercion are discussed in Michel Foucault’s work. See especially, *Madness and Civilization; Discipline and Punish: the Birth of the Prison* (Great Britain: Penguin Books, 1975).

⁵⁴ See SAB, PH3, A. 13 Correspondence N, especially “List of Rules.”

⁵⁵ SAB, PH3, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1922 (4/4). Letter from of December 29, 1922

Often the best chance patients had of securing their freedom was obtaining the help of someone they had known prior to entering the institution. The families and friends of patients were often disappointed to see how patients were treated. After visiting her friend Ella Parker at the asylum, Evaline Thompson of Carnduff, Saskatchewan wrote the Department of Public Works describing her experience. She was kept waiting for three hours before being allowed to see Parker, who had been held naked in a cell and claimed to have been starved following a confrontation with a nurse. Clearly distressed, Thompson asked if she would be able to take Parker and some of the other patients from her community out of the hospital for a while. Her assessment of the asylum as “a place of misery and imprisonment” was likely a sentiment shared by many with loved ones at the institution.⁵⁶ In a similar case, Mr. and Mrs. Farris of Kisby, Saskatchewan visited their son Timothy at the hospital and were not happy with what they found there. Clearly loving parents, the Farris had made the difficult decision to commit their 16-year-old son as a mental defective after he had had several tantrums and threatened to kill his father, but upon visiting him at the institution they seemed to regret their decision. Timothy begged to return home, telling his mother that he would do anything she wanted. Mrs. Farris also wanted him back, telling the authorities that she would return him to the institution if he misbehaved.⁵⁷

In such cases, people seeking the release of patients were most successful when they could prove that they would be able to care for the patients and, most importantly, keep their allegedly troublesome relatives from becoming a public nuisance. In one case, Wesley Harris managed to escape the asylum to the home of his brother, who later wrote the asylum asking if his Harris could be formally discharged. Harris’ ultimate fate is not known but Mitchell appears to have at least considered letting him remain on the outside as long as his brother was able to care for him.⁵⁸ However, trying to have patients released on the basis of what families were able to provide did not always go well. In late 1922, a certain Mr. Briggs wrote the asylum in an

⁵⁶ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter from Evaline Thompson to Smith, July 15, (no year).

⁵⁷ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letters of November 15, 18, 20, and 22, 1922.

⁵⁸ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter of February 19, 1923.

attempt to get his wife back, claiming that he was able to provide her with a good, comfortable home. He received a letter back informing him that his wife was to remain at the hospital, but that he would now be charged more for her upkeep, seeing as his financial situation had improved since his wife's committal.⁵⁹ Mrs. Farris was eventually successful at having her son released, but not until after he had spent three years in the institution. As was the case with admissions, those on the outside could be an important factor in determining how long patients would remain at the institution; but trying to have patients released was often far from easy, with power ultimately resting in the hands on the hospital administration.

Some patients had people who cared about them on the outside - others did not. The lack of outside connections certainly diminished these patients' chances of release, but in rare cases patients were able to find a sense of belonging within the institution. Some were not taken from their families, but rather lived with them at the asylum. On a list of children who attended the School for Defectives, it was noted that several kids had family at the hospital, including 15-year-old Clara Seyfried, whose two sisters had been committed as insane, and 4-year-old Tina Haskel, who lived with her mother at the institution.⁶⁰ Others had relatives who were part of the staff, such as young Jill Andrews whose mother worked as a nurse, or Greg Smith, an older patient whose wife was an attendant.⁶¹

Though compassion and understanding did not seem to be job requirements when it came to working at the asylum, some employees did indeed care for the patients. In one letter, nurse Clark claimed that she got along well with the patients and enjoyed working with them.⁶² Similarly, Ms. Jane Little, the teacher employed at the institution's "School for Defectives," clearly took a personal interest in her students. With Christmas approaching, she made sure that

⁵⁹ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter of November 20, 1922.

⁶⁰ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, "Defectives" and Letter from Miss Jane Little to A.P. McNab, December, 1922.

⁶¹ Ibid; "Civil Service Commission Sitzings at Weyburn." *Weyburn Review*, December 4, 1929, page 5.

⁶² SAB, PH3, A.7 Correspondence re: Staff 1922 (1/2). Letter to R.M. Mitchell, March 14, 1922.

all the kids who could not expect a gift from their parents were paid a visit by Santa Claus and received a gift specific to their interests and abilities.⁶³

Patients also looked out for one another. The defective women helped run the School for Defectives and enjoyed taking the kids out for walks, while the men who worked in the hospital workshop often made toys for the children.⁶⁴ These patients, often thought to be incapable of parenthood on the outside, assumed a nurturing role within the institution. For some patients, the outside world had been cruel. Children who had arrived at the institution via the Bureau of Neglected and Dependent Children, for example, had often been abused by their parents and mocked by their peers.⁶⁵ Whereas many patients were torn from their communities and longed to return, some found in the asylum the closest thing to a loving home they had ever known.

The Weyburn Mental Hospital was not a place completely devoid of human kindness. However, with patient care consistently prioritized below cost-cutting, such kind treatment often suffered. Ms. Little left the hospital in March of 1923, after taking a higher paying job at a Toronto institution.⁶⁶ Her replacement did not last long either. She was laid off in 1925, with Mitchell boasting that replacing her with a nurse supervisor would save the government \$2000 a year.⁶⁷ Nurse Clark, despite her fondness for the patients, quit her job in March of 1922 after being asked to go on night duty for three months and work 13-hour shifts. She could make more money working on the farm.⁶⁸ Older patients who enjoyed working with the children were a rare

⁶³ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter from Miss Jane Little to A.P. McNab, December, 1922.

⁶⁴ “Occupational Therapy Department, Report for March, 1924” and “Occupational Therapy Department, Report for April, 1924.” See, SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #2.

⁶⁵ Ms. Little, the teacher at the “School for Defectives,” documented some tragic cases. See, SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1, Letter from Miss Jane Little to A.P. McNab, December, 1922; may be also worth mentioning some files from the Bureau of Child Protection or those regarding examinations conducted by Campbell in children’s shelters.

⁶⁶ SAB, PH3, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1923 (1/2). Letter from R.M. Mitchell to Smith, March 29, 1923.

⁶⁷ SAB, PH3, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1925. Letter from R.M. Mitchell to Smith, September 4, 1925.

⁶⁸ SAB, PH3, A.7 Correspondence re: Staff 1922 (1/2). Letter to R.M. Mitchell, March 14, 1922.

example of patients who were able to align their interests with the economic priorities of the institution, since their work eliminated the need to hire more trained staff. The needs of the institution as defined by the administration and the well-being of the patients were rarely so compatible.

Though patients and their loved ones were often critical of the asylum and patients relied on those on the outside for help, at no point during the 1920s did the wider Saskatchewan public express concern over how patients were treated. Certainly the stigma against having a family member or friend in the mental hospital played a part in discouraging those who cared about patients from drawing attention to their plight, yet this was not the only thing standing in the way of a wider collective criticism of the institution. The public generally viewed the institution with a mix of fear and pride, content with the idea that it was containing a social threat while at the same time providing humane treatment. This was a view that was actively promoted by the asylum administration, who went far beyond simply how the institution was maintained and staffed to ensure its good name. It reached out to the community, promoting fear of some patients, sympathy towards others, and all the while carefully policing the boundaries between the hospital and the community, ensuring the public would turn a blind eye to patient suffering and retain an idealized view of the institution.

The events following the hospital's extravagant opening reveal a darker undercurrent of exclusionary fear as the people of Weyburn moved quickly to close ranks against the hospital's patients. As the institution experienced its first deaths, the Weyburn City Council made sure that no patient bodies would be buried in the City cemetery, with the surrounding discussion signalling that patients were not to be considered part of the wider community. Reverend T.G. Bethell, City Alderman and local Methodist pastor, voiced his concerns, claiming that most mental patients were buried in crude coffins with shabby tombstones. Such unattractive plots were "practically paupers graves," he claimed, and detracted from the overall appearance of the cemetery. One member of the cemetery board defended the current policy, replying that hospital patients were already segregated to one area of the cemetery and that "there had never been any distinction shown in grave markers between the pauper and the millionaire." However, in the

end, the Reverend's opinion prevailed and a separate cemetery plot was purchased for use by the hospital.⁶⁹

When Superintendent Mitchell received the verdict from the Weyburn Cemetery Board, he not only bought a separate plot of land for the patient cemetery, but one that was across the road from the City cemetery and enclosed with a fence and trees.⁷⁰ This complicity was consistent with seeing patients as separate from mainstream society. Mitchell did not just passively accept this view, but rather actively endorsed it along with the popular understanding of patients as a threat to the public. Even before the hospital was built, Mitchell defended the construction of such an institution "on account of the patients always being a source of danger and the need of confinement for our general safety."⁷¹ Both Mitchell and Assistant Superintendent Campbell helped portray people deemed mentally defective as dangerous, with Campbell claiming that the feeble-minded should be "weeded out at childhood and removed to places where the contamination of normal people would be impossible" and that failure to do so would constitute "a great threat to the well-being of our country."⁷²

In cultivating an image of patients as a social menace, the government established itself as a capable guardian of society. If patients were seen as being mostly harmless, a view espoused by the CNCMH, then confining them to large institutions may have seemed cruel and unnecessary. However, since the dominant view was that patients constituted a threat, the government's policy of confinement seemed acceptable. As long as the public feared the patients and public safety remained the top priority, the inner-workings of the hospital went largely unscrutinized and the government continued to run the institution as it saw fit.

In order to maintain the good reputation of the institution, the asylum administration took steps to silence anyone who claimed the asylum was failing in its aims. After the *Regina Leader Post* ran a sensationalist article entitled "Gross Negligence," detailing the escape of a patient known as "Bill the Barber," some readers began to doubt the competence of the hospital

⁶⁹ "Annual Meeting Endorses Record of Administration," *Weyburn Review*, November 29, 1922, page 8.

⁷⁰ SAB, PH3, A.13 Correspondence, C. Cemetery.

⁷¹ SAB, Public Works papers, letter from R.M. Mitchell to W.M. Martin, March 10 1919. Quoted in, Paul Nishida, *The Establishment of Saskatchewan's Mental Hospitals*, 55-56.

⁷² "Supervision of the Feeble-Minded," *Weyburn Review*, December 13, 1922, page 8.

administration. Mitchell replied with a strongly worded letter that was published in the newspaper entitled “False and Unjustified,” in which he provided his own version of Bill the Barber’s escape, insisting that the hospital staff had done everything within their power to prevent the elopement of such a cunning escape artist. Not only did Mitchell seek to correct the details surrounding this particular incident, he took steps to ensure that articles that were critical of the hospital did not appear in the paper again. At the end of his letter, he mentioned that the editors of the *Weyburn Review* had gone to some trouble to determine who was responsible for the offending article and suggested that he would be “well advised to leave newspaper reporting, which is apparently not in his line, and confine himself to his regular occupation, for which he is, presumably, better fitted.”⁷³ Considering the power Mitchell wielded in Weyburn and his tendency to make life difficult for his political rivals, this was a thinly veiled threat. To further control the hospital’s portrayal in the media, Mitchell later decided to stop notifying the police in the case of patient elopements, since he believed that elements within the police were leaking information to the press. With the exception of very dangerous patients, police would not be notified and Mitchell would use hospital staff to capture escaped patients.⁷⁴

At times it is possible to identify two very opposite portrayals of the asylum within government correspondence and publications: one that dealt with the reality of life in the asylum and another concerned with maintaining an acceptable public image. One example of this can be found in correspondence concerning an undertaker for the institution. In early 1923, J.M. Smith, Deputy Minister of Public Works, forwarded Mitchell a letter from F.L. Sleeman, a Weyburn undertaker who had recently complained to the Department that he was not receiving any work in connection with the mental hospital. Mitchell replied with two letters, both dated February 7th, 1923. In the first, he claimed that he had in fact sent Sleeman several bodies, but that there was not much work for Sleeman since patient bodies were often claimed by friends or relatives. In a second letter, marked “PERSONAL,” Mitchell dismissed the contents of the previous letter as a public relations necessity, claiming, “it covers it so far as the general public is concerned,”

⁷³ “Gross Negligence,” *Regina Daily Post*, April 30, 1924; “False and Unjustified,” *Weyburn Review*, April 30, 1924.

⁷⁴ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #2, letter from R.M. Mitchell to Smith, November 28, 1925.

and informed Mr. Smith of the real details surrounding the Sleeman case. According to Mitchell, Sleeman was a bitter political opponent of his who had tried to prevent his re-election as the MLA for Weyburn. Other undertakers had been more politically useful. He wrote, “Messrs. Cleland and Son have done all they could to be of assistance to us. I was instructed by the Minister to see that they were properly recognized for the work that they did. This will probably explain why [Sleeman] is being overlooked at times.”⁷⁵

A similar contrast between private correspondence and the image of the hospital intended for public consumption is evident in the case of patient labour. In dealing with the public, Mitchell and others within the government touted labour’s curative potential. However, in private correspondence, Mitchell and his superiors never discussed patient labour within a therapeutic context. Rather, it was understood that it was to be used simply as a means of saving the institution money, with Mitchell’s superiors often pressuring him to expand patient labour into areas traditionally staffed by paid workers.

Although the public was often taught to fear the hospital patients, it was continually reassured that the institution was indeed a medical facility where deserving patients received kind treatment. In this task, the province’s newspapers were a valuable ally, continuing with the kind of coverage that they had given to hospital at its opening. To the booster press, the hospital continued to embody the finest virtues of moral therapy, with patients receiving a regimen of the latest medical treatments combined with light agricultural work.⁷⁶ The hospital administration again helped foster this popular understanding of the hospital; this time by showcasing the experiences of the hospital’s most privileged patients over the majority of patients, whose experiences may have challenged the public’s understanding of the asylum as a humane and curative institution.

⁷⁵ SAB, Box 2, A.2 Correspondence of Superintendent Smith, Deputy Minister of Public Works. 1923 (1/2). Letters from R.M. Mitchell to Smith, February 7, 1923.

⁷⁶ For examples of such press coverage see the following articles from the *Weyburn Review*: “Mental Hospital Patients Will Be Given Plenty of Fresh Air and Recreation,” January 4, page 8; “Mental Hospital Complimented on Treatment Given,” December 31, 1924, page 1; “Mental Hospital Grounds Are Now Real Beauty Spot,” July 18, page 1; “Magnificence of Mental Hospital is Impressive,” August 22, 1929, page 1.

On October 1, 1924 Colin Betts wrote Superintendent Mitchell expressing his appreciation for the kind treatment his son, Henry, had received at the hospital. He wrote, “the fact that we have such a wonderful institution in Weyburn, with its fine accommodation, was, I am positive, the means of saving my boy’s life.” Though it is possible that Henry did benefit from his time at the hospital, his experience was far from typical. He had been part of the small minority of patients who had been admitted to the hospital on a voluntary basis. Nevertheless, Mitchell sent the letter to the local newspaper who reprinted it, claiming that it was typical of the letters the hospital received from ex-patients and family members.⁷⁷ In reality, such letters were rare. Letters decrying the institution as abusive, such as that of Evaline Thompson, were more common, but these did not find a public audience.

Another exclusive group within the hospital that Mitchell liked to carefully expose the public to were veterans. Like voluntary patients, veterans were a small minority within the hospital who enjoyed generally more tolerable living conditions than the majority of patients. They had their own ward that was not overcrowded, their upkeep was paid for by the federal government, and they often received gifts from patriotic individuals or organizations. Of all the patients at the hospital, veterans had the most interaction with the surrounding community, with the Great War Veterans Association sponsoring visits into Weyburn where veteran patients could enjoy some entertainment or a holiday meal with other veterans.⁷⁸ Unlike other patients, they received dignified funerals and were buried in the City Cemetery as opposed to the one intended for patients.⁷⁹ Again, the members of the public who engaged with these patients were exposed to a side of hospital life that was not reflective of the wider patient population.

⁷⁷ The original letter can be found at, SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #2, letter from C.B. to R.M. Mitchell, October 1, 1924; It was then published in the article “Mental Hospital Complimented on Treatment Given,” *Weyburn Review*, December 31, 1924, page 1.

⁷⁸ The *Weyburn Review* covered the annual New Years’ supper for veteran patients every January. See, for example, “Veterans and Friends Entertained,” January 2, 1924, page 3; “Mental Hospital Soldier Patients Are Entertained,” January 5, 1927; Ex Service Men at Hospital are Legion’s Guests,” January 2, 1929.

⁷⁹ “War Veteran Laid to Rest Last Sunday,” *Weyburn Review*, November 18, 1925, page 2; “Military Honours at Funeral of Soldier Patient,” *Weyburn Review*, February 16, 1927, page 1.

While the image of the hospital that was exported by means of the press and perhaps a few select patients reinforced the idealized view of the institution, people experienced a similar version of the hospital when they visited the asylum. One of the ways in which the public experienced the hospital was through touring, a practice that began with its grand opening. After listening to speeches touting the merits of the institution, crowds were allowed to see it for themselves. Three weeks later, on January 20th, the Premier and the Saskatchewan Legislature visited the asylum. Superintendent Mitchell conducted the tour and assured the legislature that the institution was “the finest in the Dominion of its kind and that patients could be assured of nothing but the most expert care and treatment.”⁸⁰

Historians such as Janet Miron have examined the culture of asylum tourism and found that asylum tours sometimes allowed for meaningful exchanges between patients and the public.⁸¹ However, this was not the case in Weyburn. In both of these early tours, visitors were presented with an idealized version of the mental hospital that was facilitated by the fact that they had little or no interaction with the patients. At the grand opening tour, visitors toured an empty asylum. Only about 70 patients had arrived so far and they were to be kept in the North-East Wing of the hospital; the only portion of the hospital that was not included in the tour.⁸² The legislature had a similar touring experience. Although newspapers reported that there was a “large number” of patients at the hospital, admissions records indicate that there were only around 248 when the tour took place. Three weeks later, the population had more than doubled and by the end of the decade, it would be over 1000.⁸³ 248 was hardly a typical number of patients to be held at the institution at any point in the 1920s.

⁸⁰ “Legislature of Province Here,” *Weyburn Review*, January 5, page 1.

⁸¹ Miron, *Prisons, Asylums, and the Public*. See also, Graham Mooney and Jonathan Reinartz, ed., *Permeable Walls*.

⁸² SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1921-1922. Letter from R.M. Mitchell to A.P. McNab, December 5, 1921.

⁸³ Early patient numbers are derived from the Weyburn Mental Hospital Admissions database, which indicates that there were about 248 patients in the hospital when the tour took place and that the hospital housed around 525 three weeks later on February 10th. The 1929 Annual Report for the Weyburn Mental Hospital indicates that there were 1,005 patients in the institution on April 30th, 1929. See, Department of Public Works, Annual Report, 1929, Weyburn Mental Hospital, (Regina: Queen’s Printer), 82.

Hospital touring continued throughout the 1920s at an impressive rate. In 1925, Mitchell reported that well over 1500 people had toured the institution over the past year and that it took one attendant nearly all his time to show people around. The following year, he claimed that around 2400 toured the institution, calling it a “Mecca for visitors.”⁸⁴ Like the hospital’s earlier visitors, these people were shown a version of the hospital that only confirmed their idealized view. Although they toured the hospital when the patient population was dangerously high, their exposure to the patients and their lives inside the hospital was limited by the practice of work therapy. Visitors could tour the hospital Monday, Wednesday, or Friday between from 1:30 to 4:00pm. The vast majority came in the warmer months, when most of the patients worked outdoors and when visitors could enjoy the beautiful hospital grounds.⁸⁵ Patients who had parole of the grounds were typically only allowed to go for walks in the evening, after visiting hours were over.⁸⁶ Visitors to the asylum may have seen a few elderly “chronic” patients who were incapable of working or perhaps a few who worked on the wards, but their exposure to patients was limited. They did not see the kind of conditions that the majority of patients had to endure, nor were they taken to the basement “disturbed wards” where patients suffered the worst indignities of institutional life.⁸⁷

In addition to popular tours, the asylum hosted a wide variety of community events. Sports days, pool tournaments, and bazaars featuring patient-made wares were all hosted at the institution and, like tours, such events excluded the hospital patients. Dances held in the auditorium were a local favourite. One was lauded as “the prettiest dance ever given in Weyburn,” where “a good fairy” was said to have “waved her wand and lo, the auditorium

⁸⁴ Annual Report, 1925, Weyburn Mental Hospital; Annual Report, 1926, Weyburn Mental Hospital.

⁸⁵ SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #2, “Information Concerning Admission of Patients.” Visiting hours were strictly enforced, with the police sometimes being called when they were violated. See, SAB, Department of Public Works papers, 1.306, Weyburn Mental Hospital - Inmates, Section #1. Police Report of March 14, 1922.

⁸⁶ SAB, PH3, A. 9 Correspondence of Supts. Mitchell and Campbell with Supt. MacNeill, Battleford Mental Hospital, 1921-31. Letter from A.D. Campbell to Clarence Hincks, August 31, 1927.

⁸⁷ Campbell was irritated by visitors who asked to see the “wild patients.” See, “New Wing Weyburn Mental Hospital Opened,” *Weyburn Review*, July 16, 1930, page 7.

became a fairy land where flowers shaded and subdued light, pretty frocks and splendid music made a charming picture.”⁸⁸ Perhaps this fairy tale fantasy was not altogether different from the public’s idealized view of asylum life, where patients regained their sanity by means of light work and recreation in a pastoral utopia, or the impression that the public received upon touring the institution, admiring the beautiful flowers and architecture. In all cases, the asylum was placed at the centre of the community as a source of pride, while the patients remained largely unseen.

In maintaining the hospital’s public image, Mitchell clearly had an important role. However, his job was made considerably easier by some of the regional characteristics that informed the Saskatchewan public’s reception of the asylum. Although Mitchell took steps to control the hospital’s image in the press, most of the celebratory articles that were written about the institution were not penned as a result of his influence. In a recently settled province concerned with urbanization and Anglo-Saxon heritage, the asylum and the associated virtues of moral therapy continued to be portrayed as symbolic of civilization and agrarian purity, qualities that were not often attributed to asylums elsewhere in Canada by the 1920s. This celebration was not confined to Weyburn, with newspapers across Saskatchewan writing favourably of the institution and people coming from all over the province to visit. Visitors from elsewhere in Canada were usually less impressed. One visitor from Eastern Canada wrote “...one is repeatedly reminded of one of H.G. Wells’ novels; of the scenes in which is laid out a world that according to the novelist’s fancy co-exists with ours, but which has no appreciable contact with it - in effect, a world within a world.”⁸⁹ Indeed, the Weyburn Mental Hospital seemed to exist within the outside world only as an elaborately designed set piece on which cherished values could be imposed.

As a monument to Saskatchewan’s Anglo-Saxon heritage, an economic driver, and an outlet for political patronage, the Weyburn Mental Hospital was a resounding success. One 1929 report suggested that 96% of the hospital staff voted Liberal in the 1925 federal election, a sure

⁸⁸ “The Prettiest Dance Ever Given in Weyburn,” *Weyburn Review*, April 30, 1924, page 5.

⁸⁹ D.M. LeBourdais, “Impressions from Coast to Coast,” *Bulletin of Canadian National Committee for Mental Hygiene* 2, no. 7, page 4.

sign that Mitchell's political favoritism and intimidation were yielding results.⁹⁰ As the hospital administration moved to create an attractive public image for the institution, patient care often suffered. Hospital resources were used to beautify the grounds instead of conducting much-needed repairs and attendants were hired based on their political loyalty rather than their ability to care for patients. On the inside, conformity and economic efficiency were important, but creating an attractive public image for those on the outside was the top priority. It was cheaper and more politically useful to create a facade of humanitarianism and compassion for the institution than it was actually live up to these values while allowing for any degree of public transparency.

Some scholars have characterized the relationship between asylums and the communities that surrounded them as one of total separation. Indeed, patients entering the Weyburn Mental Hospital entered what Erving Goffman might call a "total institution," where physical segregation, an enclosed political culture, and strictly regimented way of life meant that patients and the public existed in separate worlds. Yet there is something in Goffman's image of the asylum - a place where segregation was built right into the institution in the form of locks, high walls, and barbed wire⁹¹ - that seems lacking in Weyburn. The Weyburn Mental Hospital, with its beautiful grounds, community events, and frequent tours, was an inviting place. It was, in the words of its Superintendent, "one the beauty spots of Southern Saskatchewan."⁹² The patients may have existed on the margins, but the asylum was at the centre of the community and it was the boundaries established between the patients and the surrounding community that sustained the public's idealized view of the asylum. Patient suffering went largely unseen as the hospital administration promoted a view of the hospital that conformed to the regional values of boosterism and Anglo-Saxon heritage, a portrayal that sometimes echoed those of the earliest asylum reformers. In the words of Kay Parley, former patient and nurse at the Weyburn Mental

⁹⁰ Escott Reid, "The Saskatchewan Liberal Machine Before 1929," *Canadian Journal of Economics and Political Science*, February, 1936, quoted in S.M. Lipset, *Agrarian Socialism: The Cooperative Commonwealth Federation in Saskatchewan* (Berkeley: University of California Press, 1971), 312.

⁹¹ Goffman, 4,8.

⁹² See, Department of Public Works, Annual Report, 1927, Weyburn Mental Hospital, (Regina: Queen's Printer), 79.

Hospital, “They wanted to keep that gold brick facade, surrounded by its lovely grounds, as a monument to something. They never seemed to think that, in erecting their monument they had buried 1500 people inside it.”⁹³

⁹³ Kay Parley, *Lady With a Lantern*, 8.

Chapter 3

False Starts: Scandal, Eugenics, and the Weyburn Mental Hospital During the Great Depression

On February 14th, 1930, readers of the popular Toronto daily, *The Globe*, received news regarding a corner of the West of which most of them had never heard. The recently resigned head of a mental hospital outside the small city of Weyburn, Saskatchewan, Robert Menzies Mitchell, had had a variety of charges brought against him by John F. Bryant, Minister of Public Works in the province's newly elected "Co-operative" government. As the front-page article described, Mitchell was charged with "Maladministration, inefficiency, neglect, flagrant breaches of the law, and connivance at such with political activities on every hand." Bryant had read a declaration in the Saskatchewan legislature accusing Mitchell of, among other things, covering up several suspicious patient deaths at the hospital, exercising influence over the Weyburn City Police, and plotting the escape of the patient known as "Bill the Barber."¹

These were but a small fraction of the complaints brought against Mitchell. While readers in Toronto were provided with a brief overview of the scandal, the people of Saskatchewan were able to read verbatim transcripts of the proceedings that accompanied the so-called "Bryant charges" in the province's newspapers. Over the prior decade, the Saskatchewan press had promoted an idealized image of the Weyburn Mental Hospital while the majority of patients remained unseen by the general public. Now, as current and former employees publicly spoke of how patients had been beaten by staff, were improperly clothed, forced to work in unsafe conditions, and subjected to a broad range of other indignities, the asylum was seen in a scathing light.² The asylum was put to new political uses by the new provincial government, for whom the

¹ "Startling Charges Are Laid by Minister Against Ex-Officials," *The Globe*, 14 February, 1930, page 1. Many of the charges brought against Mitchell can be found in, *Report of the Royal Commission to inquire into statements made into statutory declaration and other matters, 1930* (Regina: King's Printer, 1931). For an overview of the charges of corruption brought against the Liberals and the resulting civil service reform see, Dick Spencer, *Singing the Blues: Conservatives in Saskatchewan* (Regina: Canadian Plains Research Centre, 2007), 53-54.

² For Saskatchewan newspaper coverage of the scandal see, for example, "Civil Service Commission Enquiry Held at Weyburn," *Weyburn Review*, 4 December, 1929, page 1; "Bryant Sponsors Serious Charges in Legislature," *Weyburn Review*, 19 February, 1930, page 1; "Dr.

controversy surrounding the institution was a major political victory. Though Mitchell was eventually acquitted of all wrongdoing, the story shook the people of Saskatchewan's faith in one of their most beloved citizens and the once-celebrated institution he had managed. As if to signal that the reign of the "czar of Weyburn" had come to an end, Mitchell's house burned down during the proceedings.³ He retreated from public life and returned to private practice. Dying suddenly in 1932, he left behind a mixed legacy.⁴

The change in government marked the beginning of a new kind of relationship between the Weyburn Mental Hospital and the Saskatchewan public. The idealized image of the hospital that was prevalent throughout Mitchell's tenure was no longer sustainable and the exposition of the poor conditions at the asylum left the public demanding reform. Some looked to eugenics for answers; others to the mental hygiene programs touted by the Canadian National Committee for Mental Hygiene (CNCMH). The new government set about improving conditions at the hospital as well as looking for alternative ways of dealing with mental illness and deficiency. Expansive new legislation created the groundwork for a eugenics program based on segregation and a new psychiatric ward was established in Regina with the goal of treating mental patients quickly and effectively in the hope that they could avoid a trip to the custodial wards of the provincial mental hospital. In the early 1930s, it seemed as if Saskatchewan was finally moving away from the asylum.

Despite this new outlook, the government's ambitious plans for change were halted by the worst ecological and economic crises in Saskatchewan history: the Great Depression. A few improvements were made to the hospital, a psychiatric ward was constructed, and a slightly higher number of people deemed mentally defective were incarcerated under new eugenics-

Mitchell Defends His Administration at Weyburn," *Saskatoon StarPhoenix*, 16 October, 1930, page 1; "Bryant Probe Commission Gets Underway," *Weyburn Review*, 13 August, 1930, page 1; "Denies Politics Influenced Work at Institution," *Regina Leader Post*, 16 October, 1930, page 14.

³ "Dr. Mitchell Honourably Acquitted of Theft Charge," *Weyburn Review*, 2 April, 1930, page 1; "Fire Destroys Dr. Mitchell's Fine Residence," *Weyburn Review*, 11 December, 1929, page 1.

⁴ "Dr. R.M. Mitchell Died Suddenly Saturday Night," *Weyburn Review*, 11 February, 1932, page 1.

inspired legislation, but these were hardly dramatic changes. There was no money to build new places to incarcerate people, no money for mental hygiene programs, and no political will to reform the asylum as the controversy faded from public memory and people became occupied with the more immediate concern of surviving the Depression. After a brief period of reform, life at the hospital continued much as it had over the previous decade. However, the scandal left a permanent stain on the asylum and its diminished reputation meant that it was easier for the families of patients and, in some cases, whole communities to publicly criticize the institution. The asylum may not have been making headlines in the 1930s, but beyond the widespread public apathy, people were mounting collective challenges to the institution that had not been possible in the previous decade and although government reforms had been few, some reforms, especially a psychiatric ward, offered some hope for an alternative.

Prior to the change in government, there had been some support in Saskatchewan for an approach to mental illness and deficiency that looked beyond the asylum. Eugenics, the science of improving the quality of the human population by means of selective breeding, held that mental deficiency, and in some cases insanity, was a hereditary condition that could be prevented by controlling the reproduction of the genetically “unfit.” Eugenics surged in popularity in late 1920s in Saskatchewan and its popularity was reflected in the 1927 amendments to the *Child Welfare Act*, which expanded the government’s reach over children deemed mentally defective.⁵ The following year, Alberta became the first Canadian province to pass legislation providing for eugenic sterilization, which would eventually allow for the sterilization of 2,822 people.⁶ Many in Saskatchewan wanted to see similar legislation passed in their province.⁷ In the late 1920s the idealized image of the Weyburn Mental Hospital continued, but it was accompanied by the more

⁵ *The Child Welfare Act*, Statutes of Saskatchewan, Chapter 60, 1927 (Regina: Queen’s Printer).

⁶ Erika Dyck, *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice* (Toronto: University of Toronto Press, 2013), 3. The legislation was not repealed until 1972.

⁷ “Radical Law is Advocated by Weyburn Doctor,” *Weyburn Review*, March 14, 1928, page 1; “Want Law Passed To Legalize Sterilization of Feeble Minded,” *Weyburn Review*, June 13, 1928, page 11; “Teachers Urge Mentally Unfit Birth Control,” *Leader Post*, October 17, 1930. Superintendent MacNeill of the Battleford Mental Hospital did not call for eugenic measures, but did remind readers of the cost of maintaining institutions. See “Alarming Prophecy is Made by Superintendent,” *Weyburn Review*, July 31, 1929, p8.

negative portrayals of eugenicists, who lamented the high costs associated with institutionalization and hoped to achieve a more permanent solution to the problems of mental deficiency and illness.⁸

Yet support for eugenic sterilization was hardly unanimous. The province's Catholics, for example, generally rejected sterilization as immoral along with other bodily interventions aimed at controlling reproduction. John Michael Uhrich, Liberal Minister of Public Health and a staunch Catholic, attempted to curb the popularity of eugenic sterilization in the province by offering an alternative. Shortly before his government was defeated in 1929, he devised a mental hygiene program for the province with the help of the CNCMH that aimed to address the problems of mental illness and deficiency without resorting to eugenic sterilization. The plan was three-fold: Doctors from the provincial university would conduct mental hygiene research, such research would help establish mental hygiene clinics, and provisions would be made to provide employment for those with "a mild form of disability" to render them self-supporting.⁹ Other Canadian provinces had implemented similar plans, often with the help of the CNCMH.¹⁰

Uhrich had barely finished outlining the specifics of his mental hygiene program before his party lost power in the 1929 election. The new Co-operative government had the CNCMH visit the province once again, this time to evaluate the province's mental institutions and make recommendations for improvements. Their recommendations included many aspects of the "Uhrich plan," but with one crucial difference – this time the committee recommended eugenic sterilization.¹¹ The blessing of the CNCMH simply lent further legitimacy to what was already a

⁸ For articles celebrating the asylum, in contrast to the depictions of eugenicists see, for example, "Mental Hospital Grounds Are Now Real Beauty Spot," *Weyburn Review*, 18 July, 1928, page 1; "Magnificence of Mental Hospital is Impressive," *Weyburn Review*, August 22, 1928, page 1.

⁹ "Advanced Policy to Check Mental Weakness Early," *Weyburn Review*, February 13, 1929, page 7.

¹⁰ Ontario, for example, funded asylums in addition to community mental health and education. See Harvey Simmons, *From Asylum to Welfare* (Downsview: National Institute on Mental Retardation, 1982) and *Unbalanced: Mental Health Policy in Ontario, 1930-1989* (Toronto: Wall & Thompson, 1990).

¹¹ SAB, R-194.2, 83, Regional Health Services Mental Hygiene, "1930 Report of the Mental Hygiene Commission," 131.

part of the Co-operative platform. The new government planned to introduce “the sterilization of mental defectives” as a public health measure along with “free consultative medical clinics” and the “early consideration of a State Health Insurance scheme on a contributory basis.”¹²

Uhrich had seen his mental hygiene plan as a public health alternative to eugenics. Within the wider history of public health, he was not alone in his opposition to eugenics. As Martin S. Pernick and other historians have shown, public health advocates and eugenicists were often at odds in their explanations for social and medical ills, with the latter relying on hereditary explanations while the former focused on environment.¹³ However, this was not the case for the new government, who included eugenic measures within a larger program of mental hygiene and public health without seeing any contradiction. In order to avoid asylum committals, prospective patients would be sorted into two groups: those who could be made useful within the community through vocational training and early treatment and those who needed to be removed from the population entirely. Interventions aimed at environment and heredity were not seen as contradictory, but rather as complementary parts of a mental hygiene strategy.

Eugenics had support outside of the government and the CNCMH. In his 1933 master’s thesis, “The Problem of the Subnormal Family,” a young Tommy Douglas, the future architect of Canada’s system of socialized medicine, traced the progeny of 12 women who had spent time at the Weyburn Mental Hospital and claimed that their unchecked reproduction was leading to further generations of “subnormals.” Not unlike the current government’s plan, he advocated a solution that would see some “subnormals” successfully integrated into the community with the help of churches and schools, while those who were beyond integration were subjected to sterilization or segregation on work colonies.¹⁴ Those on the right of the political spectrum deployed different justifications. Appeals to fiscal conservatism were popular and nativist groups occasionally stressed the importance of protecting the province from “alien” immigrants, who

¹² See Patrick Kyba, “The Saskatchewan General Election of 1929,” (MA Thesis, University of Saskatchewan, 1964), appendix.

¹³ Martin S. Pernick, “Eugenics and Public Health in American History,” *American Journal of Public Health* 87, no. 11 (1997): 1767.

¹⁴ T. C. Douglas, “The Problems of the Subnormal Family (MA Thesis, McMaster, 1933). Douglas also endorsed eugenics in a 1934 article. See “Youth and the new Age,” *CCF Research Review*, June 1934, 3-4.

were said to be the largest contributors to asylums and who threatened to overtake the province “by sheer force of breeding.”¹⁵

As a new wing of the hospital was unveiled to the public, the government took the opening ceremonies as an opportunity to assure the public that change was on the way. Establishing himself as the antithesis of Liberal corruption, Bryant urged kindness and sympathy towards the patients. As if to voice their approval, a choir of about 50 patients sang “Maple Leaf Forever” as he presented the key to the new Superintendent, former Assistant Superintendent Dr. Campbell. Other speakers made similar sympathetic gestures towards to patients, but also took the opportunity to outline other aspects of the government’s proposed mental hygiene program. S.R. Leslie expressed his hope that the province would soon adopt sterilization legislation as a solution to the constantly growing asylum population. Dr. F. D. Munroe, the Conservative Minister of Public Health, looked forward to the new institutions the government had planned, suggesting that he believed a new institution specifically for mental defectives and a psychiatric ward of a general hospital would reduce asylum committals.¹⁶ Perhaps the patients in the audience that day pondered their fate. Would things really get better at the asylum? Would they be moved to a new institution? Would they be sterilized?

Given the election of the Cooperative government, the recommendations of the CNCMH, and the popular appeal of eugenics in the province, Saskatchewan seemed to be heading in the direction of a sterilization program. However, opposition amongst the province’s Catholics remained strong, especially following the Pope’s holy encyclical condemning sterilization along with other forms of birth control.¹⁷ Supporters and opponents of sterilization clashed in April of 1930, when Progressive MLA S.A. Horner proposed the following motion to the Saskatchewan legislature:

That in the opinion of this Assembly, the function of parenthood should be denied to mental defectives. To this end strict regulations for the issuing of marriage licenses

¹⁵ See SAB, Gardiner Papers, Excerpt from Klan Pamphlet, p. 11, 553-554.

¹⁶ “Bryant Opens New Wing of Mental Hospital,” *Weyburn Review*, July 16, 1930, pages 1, 7.

¹⁷ Saskatchewan Catholics read about the encyclical in the Catholic newspaper, *Prairie Messenger*. See “Birth Prevention and the Holy Father’s Encyclical,” February 4, 1930.

should be combined with social supervision of the mentally incompetent, together with sterilization in the interest of eugenics.¹⁸

The motion was passed with only one dissenting vote from J.M. Uhrich. During the following sitting of the legislature, Uhrich delivered a scathing rebuttal of the motion, portraying sterilization as an unnecessary and potentially dangerous eugenic measure. Though his views were guided by his Catholic faith, Uhrich took aim at the scientific basis for sterilization, claiming that methods of testing for mental deficiency were woefully inaccurate and that recent studies had proven that most cases of mental deficiency were not the result of bad heredity. Such an infraction on the rights on individuals, subjecting people to “barnyard methods,” could not be justified on such shaky scientific grounds.¹⁹ Whether Uhrich changed anyone’s mind with his speech or simply intimidated the strongest pro-sterilization advocates in the ruling parties is a matter of speculation, but the government did not pursue the issue further.

Sterilization was a source of tension between Protestants and Catholics, but the two groups had plenty in common when it came to other forms of eugenics. Like many of his Protestant opponents, Uhrich believed that some people deemed mentally ill or defective would be able to integrate into the community, but that there were some for whom this would be impossible. For such cases, he claimed, sterilization did not go far enough in preventing the spread of “social disease,” which could only be adequately addressed through segregation. Other Catholics held a similar view. Responding to the suggestion of Protestant minister J.S. Woodsworth that criminals and mental defectives should be sterilized to prevent future generations of degenerates, one Catholic writer in the *Prairie Messenger* remarked, “had he suggested merely the segregation of these people, he would have been on perfectly safe ground

¹⁸ Journals of the Legislative Assembly of the Province of Saskatchewan. April 4, 1930 (Regina, Queen’s Printer).

¹⁹ SAB, J.M. Urich fonds. R-599, 46, Sterilization of the Insane. “Sterilization”; As historian Sharon Leon has demonstrated, Catholics in the United States also drew heavily on arguments from outside their faith to convince largely non-Catholic audiences to condemn sterilization. See Sharon Leon, *An Image of God: The Catholic Struggle With Eugenics* (Chicago: University of Chicago Press, 2013), 66-88.

and would have assumed a position that admits of defence.”²⁰ Catholics have typically been portrayed by historians as the opponents of eugenics.²¹ However, in this case Catholics were largely supportive of achieving eugenic ends by means other than sterilization.

The common ground held by both Protestants and Catholics on the question of eugenics was reflected in new legislation. Throughout the 1920s, people deemed mentally defective had been confined to the Weyburn Mental Hospital, sometimes for eugenic reasons, but legislation governing committal was hardly expansive. Under the new *Mental Defectives Act*, passed in 1930 only a few months after the sterilization motion had been debated, anyone suspecting another of being mentally defective could lay information before a Justice of the Peace who would arrange for their committal.²² Combined with the *Child Welfare Act*, it provided the legal basis for a eugenics program based on segregation rather than sterilization.²³

The rising popularity of eugenics in Saskatchewan indicates a shift in how the public viewed the asylum and its patients. Eugenicists portrayed patients, or prospective patients, as an even more insidious social threat than before. Previously, the asylum doctors had been cautious about inspecting children within the community, worrying that they may be seen as overstepping their bounds.²⁴ It seems that this was no longer the case, with the public largely supportive of legislation that significantly expanded the government’s power over people deemed mentally

²⁰ “Mr. Woodsworth on Sterilization” *Prairie Messenger*, August 1, 1934. For another example of Catholics arguing for segregation as an alternative to sterilization see, “Sterilization and Hitler,” *Prairie Messenger*, August 9, 1933.

²¹ Sharon Leon, Ian Dowbiggin, and Angus McLaren appear to support this interpretation. See Leon, *An Image of God*; Dowbiggin, *The Sterilization Movement and Global Fertility in the Twentieth Century* (Oxford: Oxford University Press, 2005); McLaren, *Our Own Master Race*.

²² *The Mental Defectives Act*, Statutes of Saskatchewan, Chapter 71, 1930 (Queen’s Printer).

²³ Historians have identified similar expressions of eugenics that relied on segregation, not sterilization. See, for example, Leslie Baker, “‘A Visitation of Providence’: Public Health and Eugenic Reform in the Wake of the Halifax Disaster,” *Canadian Bulletin of Medical History* 31, no. 1 (2014); Rembis, *Defining Deviance*.

²⁴ In 1924, McNab had advised against sending Dr. Campbell to examine school children, writing that “the parents might object very strongly to any of the doctors examining their children.” See SAB, PH3, Box 1, A.1 (a) Correspondence of Superintendent R.M. Mitchell with McNab, Minister of Public Works. 1923-1924. Letters of 6 March and 11 March, 1924.

defective. Yet the exposition of the poor conditions at the asylum had also engendered sympathy towards the patients, making improvements to the asylum and other mental hygiene reforms just as important as eugenic ones in the minds of much of the Saskatchewan public.

As the groundwork was being laid for a eugenics program, the new government moved quickly to implement the other aspects of its mental hygiene agenda. In their 1930 mental hygiene survey, the CNCMH noted that the new government had already started to make improvements to the Weyburn Mental Hospital. The hospital administration had reduced the use of restraints and managed to separate patients according to type, despite flaws in the building's structure.²⁵ Civil service reform ensured that employees were not hired on the basis of political patronage and a new training program for attendants promised a higher quality of patient care. The patient airing courts, much lamented by the CNCMH, were closed and more patients were given parole on the hospital grounds.²⁶

The new government also enacted important changes outside of the province's mental institutions. Superintendent MacNeill was appointed Commissioner of Mental Hygiene Services and tasked not only with overseeing the province's two mental hospitals, but also with managing the range of other provincial institutions and mental hygiene initiatives the government had planned, such as psychiatric wings of general hospitals, child guidance clinics, and mental hygiene programs in public schools. A conference was held at the Legislature for all those interested in mental hygiene work.²⁷ The government also followed through with its promise to establish a psychiatric ward as part of a general hospital in Regina.

The asylum continued to be politically useful, this time for shaming the Liberals and giving the new government a chance to prove its worth. Moving to improve conditions at the Weyburn Mental Hospital and beyond, the Anderson government was quickly surpassing the previous Liberal administration when it came to the treatment of people deemed mentally ill or

²⁵ SAB, R-194.2, 83, Regional Health Services Mental Hygiene, "1930 Report of the Mental Hygiene Commission."

²⁶ SAB. PH3, Box 1, A.1 (b), letter from Bryant to Superintendent Campbell May 2, 1931.

²⁷ Saskatchewan Department of Public Health, Annual Report 1931, "Council of Public Health," 7-8.

defective. After years of frustration, Clarence Hincks, head of the CNCMH, finally believed the province was on the right track. He congratulated Bryant in a 1933 letter stating, "...as minister of Public Works you have won the admiration of all of us who are engaged in mental hygiene work. Your quick grasp of the problems involved and your readiness to do everything within your power to provide the necessary facilities has given us more encouragement than I can say."²⁸ However, Hincks' enthusiasm was short-lived, as the province's ambitious plans for reform soon came face-to-face with the economic realities of the Great Depression.

Throughout the 1930s, ecological disaster combined with record-low commodity prices tested the resilience of Saskatchewan people. Studying similarly dire conditions elsewhere, some historians have argued that asylum committals tended to increase in times of economic hardship.²⁹ There is some evidence to suggest that the pains of the Great Depression sent patients to the Weyburn Mental Hospital. For some patients committed during the 1930s, the alleged cause of their insanity was recorded as "worry over finances" or "destitution" - causes that seem rooted in the desperation of the era. In one case, John Smith, a shoemaker from Saskatoon who had been committed for a brief time in 1927, was re-committed during the Depression for what appear to be economic reasons. Suffering from brain damage he had sustained during surgery, Smith's physical and mental condition deteriorated to the point that he was no longer able to

²⁸ SAB. M-10. Provincial Mental Hospitals - General. Letter from Hincks to Bryant, December 13, 1933.

²⁹ André Cellard and Marie-Claude Thifault, "The Uses of Asylums: Resistance, Asylum Propaganda, and Institutionalization Strategies in Turn-of-the-Century Quebec," in *Mental Health and Canadian Society: Historical Perspective*, eds. James E. Moran and David Wright (Montreal: McGill-Queen's University Press); Jennifer Creighton, "Depression and the Depression: An Analysis of the Patient Ledgers of the Saskatchewan Hospital North Battleford from 1929 to 1939" (MA Thesis, University of Saskatchewan, 2007); There are also several British examples. See Marjorie Levine-Clark, "'Embarrassed Circumstances': Gender, Poverty, and Insanity in the West Riding of England in the Early-Victorian Years," and Oonagh Walsh, "Gender and Insanity in Nineteenth-Century Ireland," in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, eds. Jonathan Andrews and Anne Digby (New York: Editions Rodopi B. V., 2004).

work. His parents, who were on relief and had no other means of support, re-committed him in 1932.³⁰

Considering the poverty that led to Smith's committal was widespread during the Depression, it is tempting to conclude that the trying times had a significant impact on the hospital population. However, the statistics tell a different story. Archived correspondence from the 1930s contains information regarding about 30 individual patients, out of which Smith's case is the only one that suggests a link between poverty and committal. As for the alleged causes of insanity recorded during the 1930s and documented within the patient admissions database, only a small fraction appear to have anything to do with the economic Depression. Population statistics for the Weyburn Mental Hospital do not indicate a significant spike in the hospital population during the period, but rather that the overall population increased at about the same rate as it had throughout the previous decade.³¹

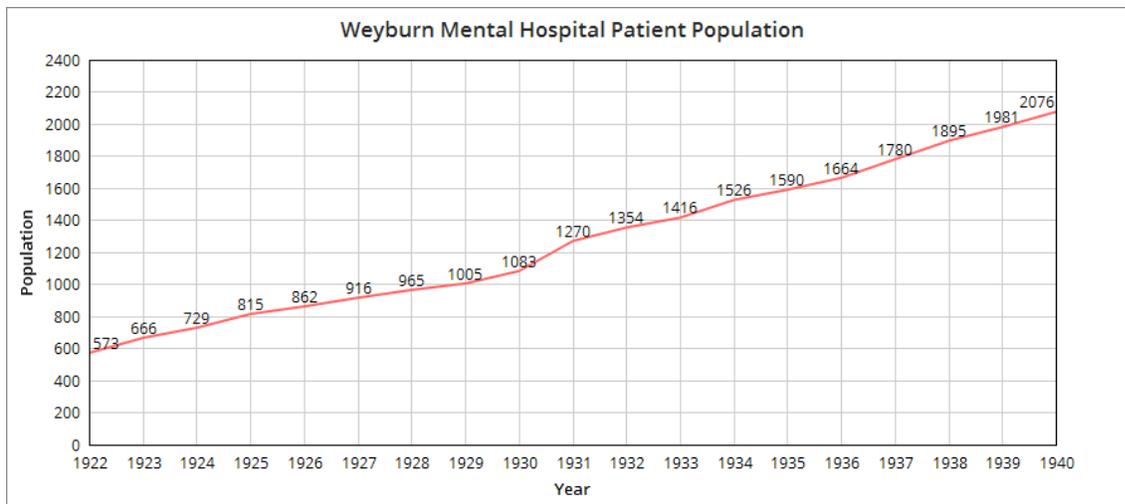


Figure 1

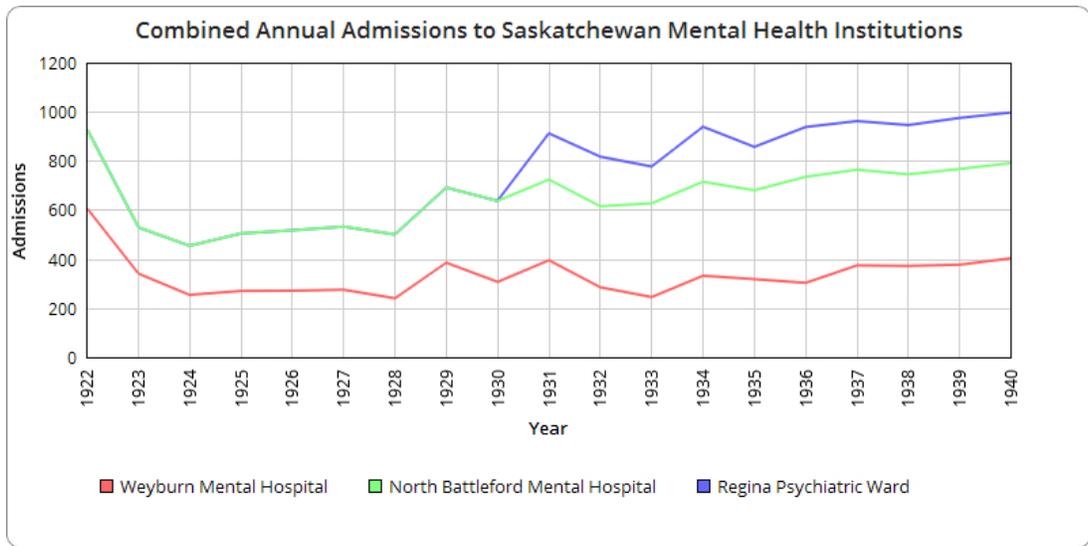
³⁰ SAB. R-97, file 3a: Weyburn Mental Hospital - Patients I-R. Correspondence May 22-28, 1941; General Register line 7091.

³¹ Statistics for this and all subsequent graphs are drawn from the Annual Reports for the Departments of Public Works and Public Health. Though the statistics do not seem to indicate a significant rise in asylum committals, historian Curtis R. McManus has found that the suicide rate in Saskatchewan increased dramatically during the Great Depression. See, Curtis R. McManus, *Happyland: A History of the 'Dirty Thirties' in Saskatchewan, 1914-1937* (Calgary: University of Calgary Press, 2011), 178, 198.

In seeking some form of economic relief for dependent relatives, families were much more likely to turn to the province’s newest mental institution, the psychiatric ward in Regina. As demonstrated in the ward’s annual reports, the institution served people from all over the Southern half of the province, with two out every three patients coming from rural areas. Compared to the Weyburn Mental Hospital, conditions were better, one could avoid the stigma of asylum committal, and patients were usually released within four months regardless of whether or not their condition had improved.³²

In its first year of operation, the head psychiatrist claimed that over 100 patients out of the 185 treated at the ward would have been admitted to the Weyburn Mental Hospital had the psychiatric ward not been available.³³ This number is perhaps an exaggeration coming as it was from a man interested in legitimizing the institution he was responsible for, but it is likely that the ward was at least somewhat successful at relieving pressure on large institutions, providing an alternative to the asylum, and perhaps in preventing what may have otherwise been a pronounced increase in the number of patients being committed to the province’s mental hospitals. Throughout the 1930s, an increasing number of people accessed mental health services, but most opted for short stays in the psychiatric ward rather than the mental hospital.

Figure 2



³² Saskatchewan Department of Public Health, Annual Report 1931, “First Psychopathic Report” (Regina: Queen’s Printer).

³³ Ibid.

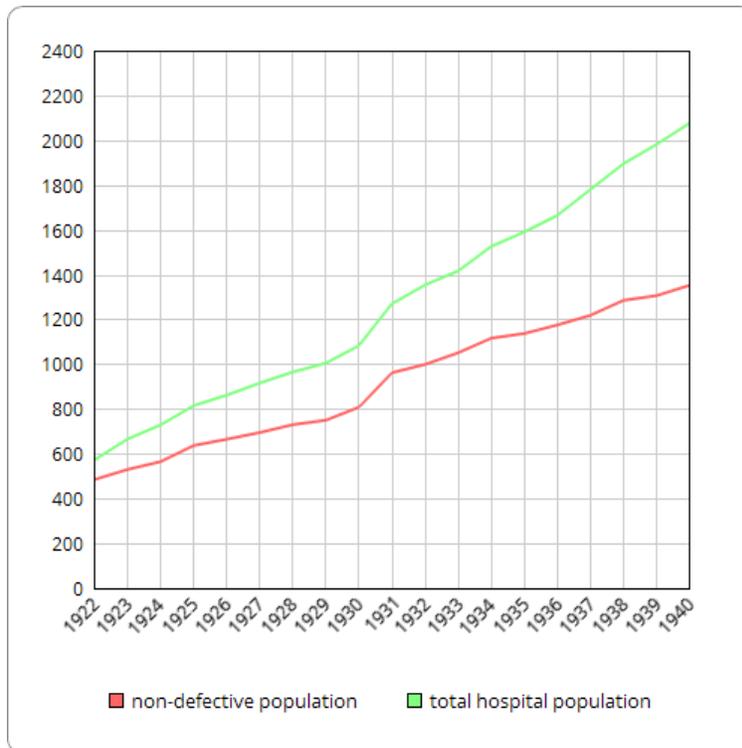
The psychiatric ward represented a long-overdue alternative to the asylum for people deemed mentally ill, but no such alternative was established for those considered mentally defective. Despite repeated promises, the government failed to establish a separate institution for these patients. Facilitated by expansive new legislation in the form of the *Mental Defectives Act* and the *Child Welfare Act*, mentally defective patients came to comprise an increasingly large proportion of the hospital's residents. From 1923 to 1930, the proportion of mental defectives at the hospital had risen from 20% to 25%. Over the course of the 1930s, the proportion climbed to 35%.³⁴

Yet this increase was not as dramatic as it could have been. As several historians have shown, some places ramped up their eugenics programs during the Depression thinking sterilization would be an effective way to save money.³⁵ However, with a eugenics program based on segregation, Saskatchewan was limited in how much it could expand the program in a time of austerity. A new wing of the Weyburn Mental Hospital in 1936 provided more space, but the proposed separate institution for mental defectives never materialized and the asylum soon became overcrowded once again. With nowhere to put people, the rate at which people deemed mentally defective were confined increased only modestly throughout the Depression.

³⁴ These statistics are derived from the Annual reports for the institution.

³⁵ This was the case in Alberta, where sterilization legislation was amended in 1937 to remove provisions for consent. See Dyck, *Facing Eugenics*, 79. For American examples see Phillip R. Reilly, *The Surgical Solution: A History of Involuntary Sterilization in the United States* (Baltimore: Johns Hopkins University Press, 1991), 77-78; Diane B. Paul, *Controlling Human Heredity: 1865 to the Present* (Atlantic Highlands, N.J.: Humanities Press, 1995), 84-85; Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, rev. ed. (Cambridge, Mass.: Harvard University Press, 1995), 114-115.

Figure 3



The failure to construct a separate institution for people deemed mentally defective was part of a larger trend of neglect that came to characterize the province's relationship to people deemed mentally ill and defective as the Depression wore on. As people began to realize that the Depression was more than just a couple of dry years, mental hygiene reform dropped off the political agenda. There had been civil service reform, but no new jobs; a new training program, but an ever-dwindling number of attendants;³⁶ and a new mental hygiene commissioner, but no money to fund mental hygiene programs.³⁷ During its first two years, the Cooperative government seem poised to enact real change, but ambitious reforms fell short of their earlier optimistic expectations. The asylum, which had proved to be so politically useful throughout the 1920s and during the early days of the Co-operative government, declined in political value. By

³⁶ All married women on the staff whose husband's were employed were laid off at the onset of the Great Depression. Further staff cuts were made throughout the decade despite the rising patient population. SAB. PH3. A13 Correspondence, N. Letter from A.D. Campbell, October 30, 1930; SAB. PH3. A14 Miscellaneous Correspondence, 1933-34. Letter from A.D. Campbell to H.S. Stalker, October 12, 1934.

³⁷ SAB. A14 Miscellaneous Correspondence, 1933-34. Letter of September 13, 1934.

the time the Liberals were re-elected in 1934, the popular outrage over conditions at the hospital had dissipated. Reforming the mental health system was not a priority for the Liberals, who insisted on waiting until the economy improved before making any further changes.³⁸

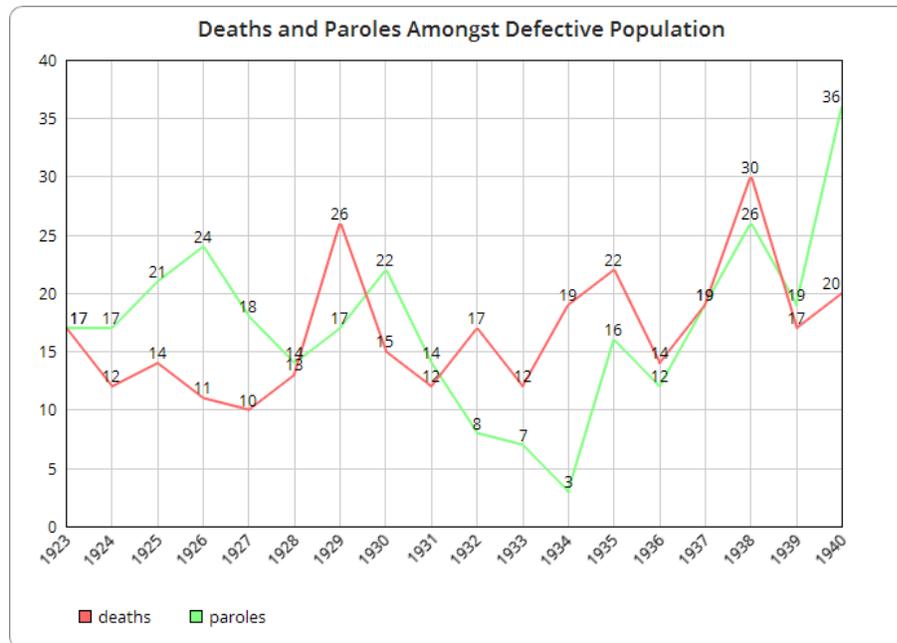
As the mentally defective population of the Weyburn Mental Hospital increased, active support for eugenics declined as former eugenics enthusiasts within the mental health system became increasingly disillusioned with eugenic ideology. Superintendent Campbell was well aware that people deemed mentally deficient were the most rapidly increasing segment of the hospital population and became convinced that they were not thriving within an institutional setting. By 1936, he had doubts about eugenics, claiming in a speech that recent studies had disproved eugenics and that it was possible for this segment of the patient population to cope in the community.³⁹ Though he drew on scientific research to make his point, the conditions at the Weyburn Mental Hospital were likely the main impetus for his shift of opinion. The previous four years had been particularly difficult for the hospital's mental defective population, with deaths consistently outstripping paroles. In his 1934 annual report, Campbell recorded only 3 paroles, but 19 deaths, most of which were caused by preventable diseases that spread quickly through the hospital due to overcrowding.⁴⁰

³⁸ The Liberals explored their options for building a new mental hospital or training school, corresponding with other provincial governments regarding what kind of institution would be most effective, but ultimately no action was taken. See SAB. Urich fonds. R-97, file 7, New Mental Hospital.

³⁹ "Mental Deficiency Is More Apparent Today," *Weyburn Review*, April 16, 1936, page 6.

⁴⁰ Department of Public Works, Annual Report, 1933-34, Provincial Mental Hospital, Weyburn, 66, 70-72 (Regina: Queen's Printer). This Report covers the period from May 1, 1933 to April 30, 1934.

Figure 4



After a brief period of innovation, changes to the way Saskatchewan dealt with people deemed mentally ill or defective halted and life at the Weyburn Mental Hospital continued much as it had the previous decade. Charlie Porter, who was admitted to the hospital in 1935 and later interviewed about his experience there, described how labour continued to be the main focus of patient life. Upon arriving at the hospital, he was bathed, examined, and put to work polishing the floors the following day. Dances and sporting events were a highlight in an otherwise dull routine.⁴¹ The disciplinary mechanisms by which unruly patients were subjected to the worst indignities of hospital life while well-behaved patients could secure more tolerable conditions remained in place.⁴² Though the hospital scandal had provoked public interest in the hospital, relations between patients and the public continued to be carefully controlled. Tours were conducted while patients were outside working and hospital staff censored all incoming and

⁴¹ Souris Valley History Book Committee, *Under the Dome*, 187-88.

⁴² One nurse recalled, “ ‘A’ wards were where the very unruly patients were kept. Therefore if patients on B and C wards misbehaved, they were put on A ward for punishment.” *Under the Dome*, 188.

outgoing mail.⁴³ For many patients, the 1930s were experienced as a decade marked by continuity rather than change.

Clarence Hincks outlined the pitiful state of Saskatchewan's mental hospitals after visiting the province in 1937. At the North Battleford hospital he encountered "arrangements [that] would be considered inadequate for animals." Weyburn was not any better, with both institutions experiencing severe overcrowding. With none of the optimism that had characterized his assessments earlier in the decade, Hincks wrote, "It will thus be seen that the present mental hospital situation constitutes a crisis."⁴⁴ As conditions at the hospital declined, the families and friends of patients voiced similar concerns as they had in the 1920s. What gave the government the right to lock people up? Why were patients forced to work when their labour could be put to better use at home? Were they really getting any better?

Both patients and the people they corresponded with were irritated by the hospital's practice of censoring letters. One patient, in a letter to Minister Uhrich, perhaps unsure if Uhrich knew how the institution was being run, wrote, "I wish you could see what was done with my letters and the way the white coats abuse the pat[ients]."⁴⁵ Some patients, fully aware their letters were being censored by asylum staff, attempted to communicate in a way that would evade censorship. Remarking that "it is difficult to write a letter from here one cannot express just one's feelings and thoughts very easily," one patient writing in 1938 began her letter by stating some things she enjoyed about life at the institution; mainly nice walks outside and the weekly church services. However, there is an unmistakable sense of urgency in her writing. Though she did not speak ill of the hospital, she often inquired about when she would be able to leave and promised that she would be useful around the home.⁴⁶

⁴³ Campbell informed the Regina Motorcycle Club that thirty of their members would not be allowed to visit the institution outside of the normal visiting hours since "very few gangs will be out at work and the wards will not be in shape for the visitors." See, SAB, PH3, A.14, Miscellaneous Correspondance, 1936. Letter of September 3, 1936.

⁴⁴ SAB. Uhrich fonds. R-97, file 7, New Mental Hospital. "Facts and Observations Pertaining to the Mental Hygiene Situation in Saskatchewan."

⁴⁵ SAB. R-97, file 3a: Weyburn Mental Hospital - Patients I-R. Letter, N.D.

⁴⁶ SAB. R-97, file 3a: Weyburn Mental Hospital - Patients I-R. Letter of 12 June, 1938.

Though Superintendent Campbell often refused to parole patients to the care of their inquiring families, he too was sceptical of what good the hospital could do for the people who lived there. Some families were no doubt optimistic about the new treatments that were being used in the late 1930s. However, Campbell was not overly hopeful, responding to one inquiring family member, “It is unfortunate that the newspaper publicity has given the impression that insulin treatment is a cure-all in most cases.”⁴⁷ Though he believed that segregation was the only option for some patients, he lamented the effects of long-term institutionalization on the hospital’s population. Foreshadowing later critiques of institutionalization, Campbell claimed that the institutional setting itself had detrimental effects on the individual; that “even a normal boy brought up in an institution shows the effect of it. He becomes standardized, as it were.”⁴⁸ Hardly the enthusiastic booster his predecessor was, Campbell seemed to view the hospital as a necessary evil rather than an institution worthy of celebration.

As the Depression wore on, both the celebratory discourse that had surrounded the asylum in the 1920s and the outrage that had replaced it following the change in government gave way to a sense of apathy amongst the general public. There was a sense in which both the celebration of the hospital in the 1920s and the alternatives that later emerged in the form of mental hygiene and eugenics were both fuelled by a sense of optimism. As the Depression wore on, optimism ran out. However, the decline of the celebration around the asylum made it easier for people to criticize the institution and, in some cases, whole communities came together to resist the asylum. Some simply wanted people released while others considered alternatives to the asylum.

One group that was critical of mental hospitals was Saskatchewan’s Mennonite population. In the Mennonite newspaper *Der Bote*, asylums were described as being severely overcrowded institutions housing thousands of involuntary and harmless mentally ill patients.⁴⁹ Despite their dissatisfaction with such institutions, Mennonites were forced to pay for the upkeep of their relatives to avoid their deportation, a financial burden that was often too much for

⁴⁷ SAB. R-97, file 3a: Weyburn Mental Hospital - Patients S-Z. Letter of 2 April, 1938.

⁴⁸ “Mental Deficiency Is More Apparent Today,” *Weyburn Review*, April 16, 1936, page 6.

⁴⁹ *Der Bote*, March 23, 1932, page 1.

individual families to bear and required soliciting donations through church groups and newspapers.⁵⁰ In 1937, Mennonites in Western Canada began planning to build their own institution, a “Home for the Harmless Mentally Ill,” where Mennonite patients could receive compassionate care and where their faith, language, and customs would be accepted.⁵¹

A larger religious minority in Saskatchewan, Catholics, also tended to portray the mental hospital in a negative light. Though the institution itself was not criticized and the Catholic newspapers rarely addressed the plight of those who lived there, the asylum was portrayed as the tragic outcome of a society driven insane by irreligiosity and the strain of modern life.⁵² In a way that implicitly questioned the curative potential of the asylum, many Catholic pundits portrayed a life of religious piety as the only sure way to preserve one’s sanity. In the words of one Catholic writer, “There is a need for accepting the principles of positive mental health as these were formulated and lived by the greatest Mental Hygienist of all time - the teacher Who gave the Sermon on the Mount.”⁵³

Though many families still preferred to advocate for their committed relatives in private, the 1930s saw the growth of more public resistance to the asylum. After Charles Wiebe, a 15 year-old boy from Saskatoon, was charged with theft and later committed to the Weyburn Mental Hospital, his mother sought help from lawyers, from a Lutheran minister, and from her neighbours to secure his release. She circulated a petition, which was signed by 44 people, many of whom knew Charles well and attested to his good character. Robert Michison remarked, “I have known [Charles] for a long time and always found him honest, truthful, and harmless.” The case exemplified common sources of tension between the hospital administration and

⁵⁰ Mennonites in Saskatchewan, for example, often struggled to pay for the upkeep of their relatives in the hospital to avoid deportation. The head of the Canadian Mennonite Board of Colonization requested that charges be reduced. See SAB. M10, 42, Estates of the Mentally Incompetent (General Administration). Letter of Reverend David Toews to A.D. Campbell; There are calls in the Mennonite newspaper, *Der Bote*, to raise money for incarcerated Mennonites facing deportation. See, for example, “Etwas Weiteres zum Nachdenken,” *Der Bote*, April 13, 1932, page 1; “Wo sind denn die Neun?” *Der Bote*, December 20, 1933, page 3.

⁵¹ “Das Heim für Harmlose Nervenranke,” *Der Bote*, April 8, 1942, page 2.

⁵² One Catholic author claimed, “wherever a temple is destroyed a sanitarium has to be erected.” See “Some thoughts on sterilizers,” *Prairie Messenger*, February 28, 1934, page 39.

⁵³ “The Threat of World Insanity,” *Prairie Messenger*, November 14, 1934, page 14.

communities. To those who knew Charles, he was a friend, a helpful neighbour, and a well-behaved student at the local Church Sunday School. His crime was seen as a minor indiscretion, with some of his neighbours suggesting that other boys had probably led him into it. To the hospital administration, Charles was an imbecile. His low IQ score and criminal behaviour marked him as part of a class that needed to be systematically excluded from the rest of society.⁵⁴

At times, communities were divided over the fate of an individual deemed mentally ill or defective. Such was the case when Richard Strauss, a German settler who farmed outside of Strasbourg, Saskatchewan. After a dispute with his wife in which she told him that she had been romantically involved with a nearby farmer, Mr. Bannow, Mr. Strauss went to the house of his wife's alleged lover, poured gasoline in it, and burned it to the ground. He served 3 months for his crime in the Regina Gaol. In anticipation of his return, Mr. Bannow circulated a petition demanding the extension of Strauss' sentence. When this failed, Bannow had Strauss apprehended and committed to the Weyburn Mental Hospital upon his return home, claiming that Strauss was suffering under the delusion that Bannow had interfered with his family. Strauss' wife had long since admitted that she had lied to him about her and Bannow, but Strauss refused to believe her. The Weyburn Mental Hospital doctors examined Strauss and agreed with Bannow that he continued to hold this delusion despite being normal in other aspects. He was committed with a diagnosis of paranoia. Strauss' wife appealed the committal and an enquiry into Strauss' mental state was held at the Weyburn Mental Hospital.

Strauss' friends and neighbours came to his defence, testifying to his mental state and signing a petition that Mrs. Strauss delivered personally to Superintendent Campbell. Men who had known him for decades attested to his good character. Others, mainly Bannow, his friends, and the local fire department, disagreed. Though no one showed up at the Weyburn hearing to fight the appeal, a letter from the fire department portrayed Strauss' actions as those of an insane man - an attempted murder-suicide in which Strauss had aimed the burn down Bannow's house,

⁵⁴ For correspondence pertaining to the case of Charles Wiebe see, SAB. R-97, file 3a: Weyburn Mental Hospital - Patients A-F.

kill his entire family, and then commit himself to the flames. Unlike young Charles Wiebe, who seemed generally well liked by his neighbours, Richard Strauss was quite a polarizing figure.⁵⁵

In both cases, the patients were returned to their families, but not without a fight. Charles spent 33 months incarcerated until Superintendent Campbell finally gave into the demands of his mother and neighbours. Richard Strauss was kept at the hospital for another 3 months before being released. In a typical display of caution by the hospital administration, the doctors had examined Strauss and found him to be largely normal, but refused to pass judgement. The case was left up to the police commissioner who decided that Strauss needed to be observed for longer before his sanity could be confirmed. Charles Wiebe and Richard Strauss were lucky. They had people willing to advocate on their behalf and bring their cases to the public. Had their families simply advocated privately on their behalf, it is likely that things would not have gone as well. Had they had no family or friends at all, they likely would have been in the hospital a long time, even indefinitely.

The stories of Charles Wiebe and Richard Strauss are telling examples of how the public perception of the hospital had changed in the 1930s. The public no longer held onto the view that the institution was a marker of progress and worthy of uncritical celebration. Perceptions of patients as dangerous continued to influence the public's understanding of the institution, especially as eugenicists portrayed some patients as an even more insidious threat to society than had previously been realized. However, existing alongside this view was one that saw patients as objects of sympathy who deserved better than the asylum. Even many eugenicists believed that a significant proportion of patients could be made to thrive within the community or that they could benefit from care in an institution other than the asylum.

Despite the outrage over conditions at the Weyburn Mental Hospital following the change in government, the zeal to reform the institution and provide alternative ways of dealing with people deemed mentally ill or defective faded as political priorities shifted. The government's plans to improve the asylum and provide alternatives in the form of eugenics,

⁵⁵ For sources pertaining to the case of Richard Strauss see, SAB. M-10, 43, M. H. Weyburn - Committal of Patients. [Name].

community treatment, and smaller institutions were largely abandoned as the province sunk deeper into an economic depression. Life at the Weyburn Mental Hospital continued much as it had throughout the previous decade, but the scandal left a permanent impression on the public's perception of the hospital that made it easier for some groups within the province to criticise the institution and propose alternatives. The government's most successful mental health reform, the establishment of a psychiatric ward, demonstrated that such alternatives were indeed possible. Though continuous with the previous decade in many ways, the 1930s witnessed an important shift in public perception of the Weyburn Mental Hospital that would be an important prerequisite for reforms introduced in the post-WWII period.

Conclusion

The interwar years represent a unique period within the history of the Weyburn Mental Hospital in which political forces rather than medical imperatives guided decisions surrounding the institution and shaped the public's understanding of it. At a time when other parts of Canada were lamenting the continued use of asylums, looking for alternatives, and putting an increased emphasis on psychiatric professionalization, Saskatchewan built one of the largest asylums ever, put a politician in charge of it, and expressed no doubts about the curative value of the institution. This could not have happened just anywhere. Unlike the more settled parts of Canada, the asylum had not yet exhausted its political value in Saskatchewan, a region with a much shorter history of institutionalization and a different set of post-war concerns. Strict boundaries between the hospital's patients and the surrounding public allowed people in Saskatchewan to portray the asylum and its patients in ways that bore little resemblance to reality. In the public imagination, the asylum became a monument to civilization, an economic boon, a curative hospital, and an institution that was crucial to maintaining the health and safety of the public. The patients were portrayed as dangerous, as objects of sympathy, and as an insidious threat to the community and indeed progress or civilization. These perceptions shifted over time, but were always determined more by political concerns than by the reality of who patients were and how they experienced the institution.

Understanding the Weyburn Mental Hospital requires disentangling the history of asylums from the history of psychiatry and abandoning the larger national narrative that has been constructed for the history of mental healthcare in Canada. Placing the Weyburn Mental Hospital within its proper historical context requires a consideration of the regional determinants that influenced the course of mental health care in Saskatchewan and recognition of the asylum as a fundamentally political rather than medical institution.

The Weyburn Mental Hospital was not, despite the claims of its administration, a curative medical institution, but nor were its failings completely medical in nature. While it is true that the range of psychiatric treatments available at the hospital in the interwar years was limited compared to what it was following the Second World War, the unfortunate conditions at the hospital were not failures of medical technology as much as they were a reflection of political

priorities. The fact that patients often died from preventable causes, were exposed to raw sewage in the basement wards, and were dealt with by attendants whose only qualification was their political loyalty cannot be attributed to the medical technology of the time. Such were the failings of consecutive governments that saw the asylum and its patients as a political resource. The needs of patients were always less important than exploiting the institution for political gain.

Even the most cursory details surrounding the Weyburn Mental Hospital suggest that it was political, not clinical, logic that guided decisions concerning the institution. Governed by a popular politician and constructed in the outdated, but iconic, Victorian style, the hospital appealed to the sensibilities of the Anglo-Canadian majority. In Eastern Canada, psychiatrists exerted more influence on the mental health system following the First World War. However, mental healthcare in Saskatchewan took a different trajectory, with the mental health system unaffected by the growing trend of psychiatric professionalization in elsewhere in Canada. Though medical rhetoric was occasionally deployed to legitimize the institution, it was first and foremost a political monument, designed to symbolize the cherished values of the province's Anglo population.

Asylums have often been described as microcosms of society, in which superintendents could enforce their vision of what they saw to be an ideal society.¹ In the case of the Weyburn Mental Hospital, this analogy is perhaps more usefully applied to how the public viewed the asylum as opposed to how it actually functioned. At the Weyburn Mental Hospital, patients entered a world that was much different than that on the outside. However, the version of that world as crafted for public consumption can tell us a lot about the society in which it was built. The people of Saskatchewan projected their ideals, their values, and their fears onto the asylum and its patients. These values and ideals were more regional than they were national, fostering a different, more accepting, view of the asylum than in more settled parts of Canada.

Throughout the 1920s, the asylum was portrayed as a symbol of British civilization and economic prosperity, but also as an institution that kept dangerous people segregated and provided kind treatment to the sick - reflecting a society that wished to be seen as British, rural, ordered, and benevolent. Such an idealized view of the asylum had much in common with the

¹ See, for example, Yanni, 4; Rothman, 129.

optimism of early asylum reformers in Jacksonian America as well as those in the outposts of the British Empire. What linked these understandings of asylums to Saskatchewan was a shared set of political circumstances, mainly, the desire to bring the trappings of “civilization” to areas where it was found to be lacking.

While the asylum functioned as a symbol of civilization, patients were sometimes portrayed in a way that reflected Anglo-Canadian ideals of citizenship. Deserving patients were depicted as being kindly nursed back to health through a regimen of farm labour, whereas more negative portrayals of patients tended to associate insanity with “foreigners,” who were blamed for being a burden on public institutions such as asylums. Such depictions of patients had more to do with the desire on behalf of the Anglo-Canadian majority to attract British farmer immigrants to the province than they did with who was actually ending up in the asylum or what they were doing there.

Physical separation facilitated further boundaries between the patients and the public. While keeping patients out of view, the hospital administration substituted a variety of caricatures in their place that worked to legitimize the institution and harness it for political gain. The most common depictions of patients were as threats to public safety or as helpless individuals in need of kind treatment. In both cases, the government came across as the responsible actor, keeping society safe from dangerous lunatics by locking them up or providing benevolent treatment to mentally ill people. Such depictions of the asylum and the people who lived there did not have much grounding in reality, but worked to portray the asylum and the government in a positive light.

The asylum, then, was not completely isolated from mainstream society, as some scholars have suggested, nor was it fully integrated into the surrounding community. Instead, the boundaries established between the asylum and the community allowed the asylum to remain at the centre of the community as a monument that represented the values the people of Saskatchewan held dear, while the patients remained on the margins, kept out of sight, silenced, and further stigmatized through a variety of denigrating portrayals. The cruel irony of this relationship was that a patient’s release often depended on their ability to secure help from those

on the outside. Caring family members or friends could sometimes help secure a patient's release, but the power ultimately rested with the hospital administration.

In the 1930s, the boundaries between the community and the hospital shifted in accordance with the political priorities of the new Co-operative provincial government. Aspects of hospital life that had once been kept from public view were exposed and the public's idealized view of the institution, that had been so expertly managed by the previous Liberal government, disintegrated. The asylum once again proved its political value, this time by providing the new government with the opportunity to embarrass its rivals.

The scandal did engender sympathy towards patients and the public grew receptive to the messages of mental hygiene reformers, who advocated for improving conditions at the hospital, releasing more patients into the community, and providing treatment through smaller psychiatric wings as opposed to large mental hospitals. Yet in addition to more sympathetic portrayals of patients came those of eugenicists, who portrayed people deemed mentally defective as an even more insidious threat to the community than previously realized.

In the 1930s, patients were increasingly sorted into two groups: those that deserved kind treatment and eventual release into the community and those who needed to be removed and subjected to eugenic interventions. Portrayals of the hospital and its patients again reflected values of citizenship as people in Saskatchewan debated who fit into these categories. Patients were again silenced, with the government and a new group of "experts," mental hygiene reformers and eugenicists, speaking for and about them. For a time, it seemed as though the controversy surrounding Mitchell's mismanagement of the asylum combined with the political will of the new government would bring about real change to Saskatchewan's mental health system, perhaps a eugenics program or new smaller institutions for treating people deemed mentally ill or defective.

A few minor changes were made and the asylum was increasingly legitimized as a tool for eugenic segregation, but any major changes were prevented with the onset of the Great Depression and the re-election of the Liberals in 1934. Again, Saskatchewan's regional social and political features influenced the course of the asylum. Eugenics was popular in the recently settled province that saw its future as hanging in the balance and the Great Depression, which

curbed any changes to the province's mental health system. As people turned to the immediate challenges of surviving the economic and ecological crisis, the asylum became less of a priority. No longer politically useful, the hospital was neglected and most of its patients experienced incarceration in much the same way as they had throughout the previous decade.

Over the course of its interwar history, the discussion surrounding the asylum and its patients was dominated by powerful political figures. R.M. Mitchell used the institution to further his political goals. J.M. Urich, eugenicists, and mental hygiene reformers argued about what was to be done with the asylum and its patients. Often the voices of patients and those who cared about them were ignored. Yet the 1930s saw families and, in some cases, whole communities challenge the asylum. The scandal and the government may not have made many significant policy changes, but the idealized image of the institution disintegrated, creating room for dissenting voices.

In endeavouring to understand the significance of the asylum in the twentieth century, the experiences of those on either side of the asylum walls must be taken into account. Patients have often been ignored; both in their own time and by historians. Yet it is not enough to simply acknowledge these often painful histories, giving a voice to those who have been silenced. Rather it is crucial to consider who benefitted from this silence and who acted as authorities on the asylum if not the people who lived there. In Weyburn, the asylum was repeatedly exploited for its political value at a terrible human cost. The government and the media defined the patient experience for a curious public, portraying the institution and its patients in a way that not only legitimized the asylum but that also assigned them meaning far beyond its stated medical function. The values associated with the asylum changed over time, but were always guided by political concerns and were always facilitated by manipulating the relationship between the asylum, its patients, and the surrounding community. The asylum at Weyburn no longer stands, but its early history can illuminate many of the boundaries that can be erected between marginalized populations and wider society.

Bibliography

Primary Sources

Annual Reports of the Department of Public Works, 1921-1940
Annual Reports of the Department of Public Health, 1929-1940
Census of Canada, 1901 and 1921
Der Bote, 1932-1939.
The Globe, 1930.
Journals of the Legislative Assembly of the Province of Saskatchewan, 1930.
The Prairie Messenger, 1927-1939.
Regina Leader, 1919-1939.
Saskatchewan Archives Board, M-10, John F. Bryant fonds.
Saskatchewan Archives Board, Charles Dunning fonds.
Saskatchewan Archives Board, Public Works fonds.
Saskatchewan Archives Board, Public Health fonds.
Saskatchewan Archives Board, James Gardiner fonds.
Saskatchewan Archives Board, John Michael Urich fonds.
Saskatoon Star Phoenix, 1919-1939.
Statutes of Saskatchewan, 1918-1936
Weyburn Mental Hospital Admissions Database.
Weyburn Review, 1919-1939.

Secondary Sources

Allen, Arthur. "The Last Asylum: Weyburn, Saskatchewan." *On Site Review*. Summer 2000.

Allen, Richard. "The Social Gospel as the Religion of Agrarian Revolt." In *The Prairie West: Historical Readings*, edited by R. Douglas Francis and Howard Palmer. Edmonton: Pica Pica Press, 1985.

Alexander, Franz and S. Selesnick, *The History of Psychiatry: An Evaluation of Psychiatric Thought and Practice From Prehistoric Times to Present*. New York: Harper and Row, 1966.

Anderson, J.T.M. *The Education of the New Canadian: A Treatise on Canada's Greatest Educational Problem*. Toronto: J. M. Dent & sons Ltd., 1918.

Andrews, Johnathan, Asa Briggs, Roy Porter, Penny Tucker, and Keir Waddington. *The History of Bethlem*. London: Routledge, 1997.

- Andrews, Jonathan and Anne Digby eds. *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*. New York: Editions Rodopi B. V., 2004.
- Artibise, Alan F. J., "Boosterism and the Development of Prairie Cities, 1871-1913." In *The Prairie West: Historical Readings*, edited by R. Douglas Francis and Howard Palmer. Edmonton: Pica Pica Press, 1985.
- Baker, Leslie. "'A Visitation of Providence': Public Health and Eugenic Reform in the Wake of the Halifax Disaster." *Canadian Bulletin of Medical History* 31, no. 1 (2014): 99-122.
- Barber, Marilyn. "Nation-Building in Saskatchewan: Teachers from the British Isles in Saskatchewan Rural Schools in the 1920s." In *Canada and the British World: Culture, Migration, and Identity*, edited by Phillip Buckner and R. Douglas Francis. Vancouver: UBC Press, 2006.
- Bates, F.L. "The High-Grade Defective - Problems of Diagnosis." *Saskatchewan Psychiatric Services Journal* 1, no. 1 (1952): 21-26.
- Brown, Tomas E. "Shell Shock in the Canadian Expeditionary Force, 1914-1918: Canadian Psychiatry in the Great War" in *Health, Disease, and Medicine: Essays in Canadian History*. Edited by Charles G. Roland. Toronto: Clarke Irwin, 1984.
- Carey, James W. "A Cultural Approach to Communication," in James W. Carey ed. *Communication as Culture: Essays on Media and Society*. New York: Routledge, 2009.
- Carter, Sarah. "'An Infamous Proposal': Prairie Indian Reserve Land and Soldier Settlement After World War I." *Manitoba History* 37 (Spring 1999).
- Cellard, André and Marie-Claude Thifault. "The Uses of the Asylum: Resistance, Asylum Propaganda, and Institutionalization Strategies in Turn of the Century Quebec." In *Mental Health in Canadian Society: Historical Perspectives*, edited by David Wright and James Moran. Montreal: McGill-Queens University Press, 2006.
- Cook, Tim. *At the Sharp End: Canadians Fighting the Great War, 1914-1916*. Toronto: Viking Canada, 2007.
- Cook, Tim. *Shock Troops: Canadians Fighting the Great War, 1917-1918*. Toronto, Penguin Group Canada, 2008.
- Creighton, Jennifer E. "Depression and the Depression: An Analysis of the Patient Ledgers of the Saskatchewan Hospital North Battleford from 1929 to 1939." M.A. Thesis, University of Saskatchewan Department of History, 2011.

- Dain, Norman. *Concepts of Insanity in the United States, 1789-1865*. New Brunswick: N. J., 1964.
- Dickinson, Harley. *The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan, 1905-1984*. Regina: Canadian Plains Research Centre, 1989.
- Dooley, Chris. "Reflections on 'Region' in Recent Writing on the History of Health and Medicine in Canada," *Journal of Canadian Studies* 41, no. 3 (2007).
- Douglas, T.C. "The Problems of the Subnormal Family. MA Thesis, McMaster, 1933.
- Douglas, T.C. "Youth and the new Age," *CCF Research Review*, June 1934.
- Dowbiggin, Ian. *Keeping America Sane: Psychiatry and Eugenics in the United States and Canada, 1880-1940*. Ithica: Cornell University Press, 1997.
- Dowbiggin, Ian. "'Keeping This Young Country Sane': C.K. Clarke, Immigration Restriction, and Canadian Psychiatry, 1890-1925." *The Canadian Historical Review* 76, no. 4 (1995).
- Dowbiggin, Ian. *The Sterilization Movement and Global Fertility in the Twentieth Century*. Oxford: Oxford University Press, 2005.
- Dyck, Erika. *Facing Eugenics: Reproduction, Sterilization, and the Politics of Choice*. Toronto: University of Toronto Press, 2013.
- Dyck, Erika. "Hitting Highs at Rock Bottom: LSD Treatment for Alcoholism, 1950-1970," *Social History of Medicine* 19, no. 2 (2006): 313-329.
- Dyck, Erika. "Mennonites, Healthcare, Institutions, and Modernity: The Mennonite Youth Farm in Rosthern Saskatchewan." *Journal of Mennonite Studies* 29 (2011): 91-104.
- Dyck, Erika. *Psychedelic Psychiatry: LSD on the Canadian Prairies*. Baltimore: University of John Hopkins Press, 2008.
- Dyck, Erika. "Spaced-Out in Saskatchewan: Modernism, Anti-Psychiatry, and De-institutionalization." *Bulletin of the History of Medicine* 84, no. 4 (2010): 640- 666.
- Dyck, Erika and Christopher Fletcher ed., *Locating Health: Historical and Anthropological Investigations of Health and Place*. London: Pickering & Chatto, 2011.

- Ernst, Waltraud. *Mad Tales From the Raj: The European Insane in British India, 1800-1858*. New York: Routledge, 1991.
- Foucault, Michel. *Discipline and Punish: the Birth of the Prison*. Great Britain: Penguin Books, 1975.
- Foucault, Michel. *Madness and Civilization: a History of Insanity in the Age of Reason*. Translated by Richard Howard. New York: Vintage, 1965.
- Francis, R. Douglas. "The Frontier and Images of the Canadian West in the Settlement Era." *The Journal of Canadian and American Studies* 9 (Spring 1992).
- Frye, Northrop. *The Bush Garden: Essays on the Canadian Imagination*. Anansi Press, 1971.
- Goffman, Erving. *Asylums: Essays on the social situation of mental patients and other inmates*. New York: Anchor, 1961.
- Grob, Gerald. "The History of the Asylum Revisited: Personal Reflections." In *Discovering the History of Psychiatry*, edited by Mark S. Micale and Roy Porter. New York: Oxford University Press, 1994.
- Grob, Gerald. *From Asylum to Community: Mental Health Policy in Modern America*. Princeton: Princeton University, 1994.
- Grob, Gerald. *The Mad Among Us: A History of the Care of America's Mentally Ill*. New York: The Free Press, 1994.
- Hildebrandt, Walter. *Views from Fort Battleford: Constructed Visions of an Anglo-Canadian West*. Regina: Canadian Plains Research Centre, 1994.
- Houston, C. Stuart. *Steps on the Road to Medicare: Why Saskatchewan Led the Way*. Montreal: McGill-Queen's University Press.
- Johnson, A.W. *Dream No Little Dreams: A Biography of the Douglas Government of Saskatchewan, 1944-1961*. Toronto: University of Toronto Press, 2004.
- Johnson, Celia. "Mental Health in Manitoba." M.A. Thesis, University of Manitoba, 1978.
- Kevles, Daniel J. *In the Name of Eugenics: Genetics and the Uses of Human Heredity*, rev. ed. Cambridge, Mass.: Harvard University Press, 1995.

- Kirk-Montgomery, Allison. "‘Loaded Revolvers:’ Ontario’s First Forensic Psychiatrists." In *Mental Health and Canadian Society: Historical Perspectives*, edited by James Moran and David Wright. Montreal & Kingston: McGill-Queen’s University Press, 2006.
- Kyba, Patrick. "The Saskatchewan General Election of 1929." MA Thesis, University of Saskatchewan, 1964.
- LeBourdais, D. M. "Impressions from Coast to Coast." *Bulletin of Canadian National Committee for Mental Hygiene* 2, no. 7.
- Leon, Sharon. *An Image of God: The Catholic Struggle With Eugenics*. Chicago: University of Chicago Press, 2013.
- Lipset, S. M. *Agrarian Socialism: The Cooperative Commonwealth Federation in Saskatchewan*. Berkeley: University of California Press, 1971.
- McCulloch, Jock. *Colonial Psychiatry and ‘the African Mind.’* Cambridge: Cambridge University Press, 1995.
- MacLennan, David. "Psychiatric Challenges to the Asylum: A Theme in the Development of Canadian Psychiatry, 1918-1963." *Canadian Journal of Community Mental Health* 6, no. 1 (1987).
- Matheson, Elizabeth. "The Perfect Home for the Imbalanced: Visual Culture and the Built Space of the Asylum in Early Twentieth Century and Post War Saskatchewan." M.A. Thesis, University of Saskatchewan, 2010.
- McLaren, Angus. *Our Own Master Race: Eugenics in Canada: 1885-1945*. Toronto: McClelland & Stewart, 1990.
- McManus, Curtis R. *Happyland: A History of the ‘Dirty Thirties’ in Saskatchewan, 1914-1937*. Calgary: University of Calgary Press, 2011.
- "Mental Hygiene," *Social Welfare* 1, no. 6 (March 1919).
- "Mental Hygiene and ‘Normals’," *Social Welfare* 1, no. 8 (May 1919).
- "Mental Hygiene Survey of the Province of Saskatchewan." *Canadian Journal of Mental Hygiene* 3, no. 4 (January 1922): 314-399.
- Miron, Janet. *Prisons, Asylums, and the Public: Institutional Visiting in the Nineteenth Century*. Toronto: University of Toronto Press, 2011.

- Mitchinson, Wendy. "Gender and Insanity as Characteristics of the Insane: A Nineteenth-Century Case." *Canadian Bulletin of Medical History* 4 (1987).
- Mooney, Graham and Jonathan Reinarz, ed., *Permeable Walls, Historical Perspectives on Hospital and Asylum Visiting*. New York: Rodopi, 2009.
- 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 ed. *Mental Health and Canadian Society: Historical Perspectives*. Montreal & Kingston: McGill-Queen's University Press, 2006.
- Morton, Desmond and Glenn Wright. *Winning the Second Battle: Canadian Veterans and the Return to Civilian Life, 1915-1930*. Toronto: University of Toronto Press, 1987.
- Nishida, Paul. "The Establishment of Saskatchewan's Mental Hospitals: 1912-1940." M.A. Thesis, University of Regina, 1988.
- O'Brien, Gerald. *Framing the Moron: The social-construction of feeble-mindedness in the American eugenic era*. Manchester: Manchester University Press, 2013.
- Odem, Mary E. *Delinquent Daughters: Protecting and Policing Adolescent Female Sexuality in the United States, 1885-1920*. Chapel Hill: University of North Carolina Press, 1995.
- Parley, Kay. *Lady With a Lantern*. Regina: Benchmark Press, 2007.
- Paul, Diane B. *Controlling Human Heredity: 1865 to the Present*. Atlantic Highlands, N.J.: Humanities Press, 1995.
- Payne, Christopher and Oliver Sacks. *Asylum: Inside the Closed World of State Mental Hospitals*. Cambridge: MIT Press.
- Pernick, Martin S. "Eugenics and Public Health in American History," *American Journal of Public Health* 87, no. 11 (2007).
- Pitsula, James. *Keeping Canada British: The Ku Klux Klan in 1920s Saskatchewan*. Vancouver: UBC Press, 2013.
- Porter, Roy. "Madness and its Institutions" in *Medicine and Society: Historical Essays* edited by Andrew Wear. Cambridge: Cambridge University Press, 1987.

- Rasporich, A. W. "Utopian Ideals and Community Settlements in Western Canada, 1880- 1914." In *The Prairie West as Promised Land*, edited by R. Douglas Francis and Chris Kitzan. Calgary: University of Calgary Press, 2007.
- Reaume, Geoffrey. *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*. Toronto: Oxford University Press Canada, 2000.
- Reilly, Phillip R. *The Surgical Solution: A History of Involuntary Sterilization in the United States*. Baltimore: Johns Hopkins University Press.
- Rembis, Michael A. *Defining Deviance: Sex, Science, and Delinquent Girls, 1890-1960*. Urbana, Chicago, and Springfield: University of Illinois, 2013.
- Richardson, Theresa R. *The Century of the Child: The Mental Hygiene Movement & Social Policy in the United States and Canada*. Albany: State University of New York Press, 1989.
- Richert, Lucas and Blaine Wickham, "Sports and recreation as medicinal: Saskatchewan Hospital, Weyburn, in the 1950s." *Saskatchewan History* 65, no. 1. (2013): 12-17.
- Rochinski, Daniela. "'Wild' vs. 'Mild' West: A Binary or Symbiotic Unit? The Complexity of the Mythic West Re-Imagined From a Canadian Perspective." M.A. thesis, University of Saskatchewan, 2003.
- Rothman, David. *The Discovery of the Asylum: Social Order and Disorder in the New Republic*. Boston: Little Brown, 1971.
- Shephard, Ben. *A War of Nerves: Soldiers and Psychiatrists in the Twentieth Century*. Massachusetts: Harvard University Press, 2000.
- Shorter, Edward. *Partnership for Excellence: Medicine at the University of Toronto and Academic Hospitals*. Toronto: University of Toronto Press, 2013.
- Showalter, Elaine. *The Female Malady: Women, Madness, and English Culture, 1930-1980*. New York: Pantheon, 1985.
- Scull, Andrew. *The Insanity of Place/The Place of Insanity*. London Routledge, 2006.
- Scull, Andrew. *Madness in Civilization*. New Jersey: Princeton University Press, 2015.
- Scull, Andrew. Review of *History of Madness*, by Michel Foucault. *History of the Human Sciences* 3, no. 1 (1990).

- Simmons, Harvey. *From Asylum to Welfare*. Downsview: National Institute on Mental Retardation, 1982.
- Simmons, Harvey. *Unbalanced: Mental Health Policy in Ontario, 1930-1989*. Toronto: Wall & Thompson, 1990.
- Souris Valley History Book Committee. *Under the Dome: The Life and Times of Saskatchewan Hospital, Weyburn*. Souris Valley History Book Committee, 1986.
- Spencer, Dick. *Singing the Blues: Conservatives in Saskatchewan*. Regina: Canadian Plains Research Centre, 2007.
- Taylor, Barbara. *The Last Asylum: A Memoir of Madness in Our Times*. Chicago: University of Chicago Press, 2015.
- Thompson, John. "The Beginning of Our Regeneration: The Great War and Western Canadian Reform Movements." In *The Prairie West: Historical Readings*, edited by R. Douglas Francis and Howard Palmer. Edmonton: Pica Pica Press, 1985.
- Waiser, Bill. *Saskatchewan: A New History*. Calgary: Fifth House, 2005.
- White, Jayne Melville. *Pivot Points: A Fragmented History of Mental Health in Saskatchewan*. Regina: Canadian Mental Health Association Saskatchewan Division, 2012.
- Wipond, Rob. "Pitching Mad: News Media and the Psychiatric Survivor Perspective." In *Mad Matters: A Critical Reader in Canadian Mad Studies*, edited by Brenda A. Lefrançois, Robert Menzies, and Geoffrey Reaume, 253-264. Toronto: Canadian Scholars' Press, 2013.
- Wolfensberger, Wolf. *The Origin and Nature of Our Institutional Models*. New York: Human Policy Press, 1975.
- Yanni, Carla. *The Architecture of Madness: Insane Asylums in the United States*. Minneapolis: University of Minnesota Press, 2007.
- Zilboorg, Gregory. *A History of Medical Psychology*, New York: 1941.