

Review Article

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Historical Colonial Mental Health Services in New France and Quebec Canada

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ABSTRACT

Quebec was founded by Samuel de Champlain in 1608. It was the first European settlement in Canada and was France's most important colony in North America. The British captured the city of Quebec in 1759 and Montreal in 1760 as a consequence of wars with France. By the terms of the Treaty of Paris in 1763 all of present day Canada was ceded to Great Britain the United Kingdom with the Queen of England, Scotland and Wales the titular sovereign of all of Canada.

While this journal is pharmacologically oriented it is interesting to view this from an epigenetic historical basis to gain a full picture of the subsequent pharmacological advances in the treatment and care of the mentally ill. Indeed a cardinal prerequisite.

Care of the mentally ill in France in the 17th century and beyond, was primarily the responsibility of the Church. These practices were transferred to New France and formed the basis for the care of the mentally ill in the colony. The civil authority in Quebec recognized to some degree its responsibility as a supplemental source of support for mental health care. They reimbursed religious orders for their provision of care and, after the conquest of Quebec in 1763, and its change in colonial administration, the British Crown continued this practice. This was an acceptance of the special status of Quebec within the otherwise British way of doing things.

As early as 1639, the niece of Cardinal Richelieu of France, the Duchess d'Aiguillon, founded the Hotel Dieu of Quebec, which cared for the "indigent, cripples and idiots." These categories, especially "idiots" would have included a number of mentally ill people as was the tendency at that time.

Quebec was the first jurisdiction in Canada as well as in North America to undertake the care of the mentally ill albeit under religious and non-state auspices in a "mixed" institution. Quebec is also credited with being the first jurisdiction in all of the Americas to provide separate accommodations for the mentally ill. In 1714, the second bishop of Quebec, Bishop St. Vallier, built a small structure of 12 beds for mentally ill women.

In April of 1694, in the letters patent granted Sister Charon de la Barre to establish a "home", mention is made of "lunatics." According to the historian Hurd, who in 1916 wrote on the care of the "insane" in North America, the archives of the Grey Nuns

at Montreal included a 1747 request from the Sulpician Fathers that this home, entrusted to the "Venerable Widow Youville" include the "insane."

In French Canada the care of the mentally ill was left to religious orders under a "farming out" or contract system whereby the King of France, prior to the British conquest of 1760 and the Crown after that, provided a modest sum towards the care of the ill. An Order-in-Council entrenched and endorsed this farming out system and formally authorized the state to allocate funds for the care of the mentally ill.

It should be pointed out that the religious sisters advocated for better facilities and continually asked to be relieved of the responsibility of caring for the mentally ill. They were "appropriated to it in default of other more suitable places of confinement." Conditions were, in a word, deplorable, and in 1824, a report by a committee chaired by John Richards, a Scot who entered public life as a member of the legislative council, stated that, "The cells appropriated to the insane in this province are more likely to produce or increase insanity than cure it."

The report further stated that, "The cells appropriated to the insane in this province, do not admit of properly applying either moral or medical treatment, with the hope to a mental cure of the unhappy persons confined therein."

It should be noted that Quebec was no different from the rest of North America, even though religious orders did provide placement for the mentally ill, in that many mentally ill continued to be incarcerated in penitentiaries.

An American social reformer, Dorothea Dix, who became an international crusader for humane institutional care of the mentally ill during the 19th century, visited Montreal and Quebec City in

1834 and 1844 respectively. She visited the jails which housed the mentally ill and denounced the squalor, filth and mismanagement of the “patients.” She mentioned the Governor General of Canada, Sir Charles Metcalfe, in highly impressive terms as being associated with the first effective measures in Canada for “ameliorating and healing the sufferings of the insane.” In 1844 Sir Charles Metcalfe had initiated government action to establish an asylum near Quebec City in Beauport, Quebec.

On September 15, 1845, the Beauport asylum opened its doors to accommodate 120 patients. “Lunatics in the charge of the religious ladies of the General Hospital of Quebec” were sent to the Asylum on that date. This was not a state institution, but a “propriety” institution operated by Drs. Douglas, Fremont and Morrin”, under the “farming out” or “contract” system whereby the state made per diem payments to the proprietors via Orders in Council.

Dr. James Douglas was born in Scotland and graduated in medicine from the University of Edinburgh in 1820. It was Dr. Douglas who founded the Beauport Asylum in 1845 with the help of Drs. Fremont and Morrin. In 1849 he gave up his general medical practice to devote all his time and energies to the care of the mentally ill. It is stated that he refused to accept the notion that nothing could be done to remedy the condition of the mentally ill. He was a social activist and a reformer who was appalled by the conditions in which the mentally ill found themselves. The historian, Appleton states that it was due to the efforts of Dr. Douglas and the intervention of Ms. Dorothea Dix that the government acted upon the recommendations originally made in 1824 which established the asylum at Beauport in 1845.

Dr. Douglas advocated exercise, music, dancing and employment in the open air – typical moral treatment prescriptions. According to Appleton, Dr. Douglas, in a report to the provincial government, stated that the greatest amount of good was to be effected by a “uniform and unvarying system of conciliation and kindness.” James Douglas of New York, son of Dr. Douglas, stated that, In his medical treatment he put little faith in drugs as specific curative agents in mental disease... He was opposed to their administration when it tended to react directly on the nervous system. He confined his treatment to maintaining his patients in as perfect a state of health as possible, and directing their thoughts from their diseased channels by work and amusements.

Dr. Douglas was, thus, one of the many “alienists” in Canada who advocated moral therapy.

Moral Treatment or Therapy was an approach to mental illness which emerged in the late 18th century, based on philosophy, psychiatry, psychology and the religious philosophy and tenets of the Quakers of York.

The psychiatrist Philippe Pinel of France was the first instigator of more humane conditions, treatment morale, in asylums. In 1793, Pinel at La Bicêtre, an asylum in Paris for male patients, had the patients unchained, allowed them to move freely about the hospital grounds, replaced the dark dungeons with sunny, well-ventilated rooms, and offered support and advice.

The Tuke family of England adapted Moral Therapy to their Quaker religious background. For over one century the Tukes organized and disseminated this ideology throughout the English speaking world. In France it was grounded in the philosophy of Rousseau and the rational and moral philosophical school. In

France, the changes brought about by treatment morale were far more fleeting.

In 1850, the Beauport asylum was renamed the Quebec Lunatic Asylum when a new building with 275 beds was opened. Because of overcrowding in this institution as well, the St. John’s Asylum was opened in 1861. In commenting on the St John’s asylum, the inspectors in 1861 stated that it was a makeshift arrangement and that, There are still to be provided for hundreds of insane, scattered through the Lower Province, some in jails, others in charitable institutions, and not a few with families, who have neither the means or the appliances for their proper treatment.

The 1864 Colonial Office Report stated, It is to be desired that immediate steps should be taken to transfer the inmates of the St. John’s Asylum to some better structure...It is impossible to convey by words an adequate idea of the miserable conditions of the Asylum. Its condition is so bad that the interrogatories * are to be inapplicable.

*interrogatories- a formal question(s)...to be answered by an accused or witness. (Fr.)

This institution represented the first attempt at total state care in Quebec in that it was not run by a religious order, charitable institution or proprietor. It ceased functioning in 1875 and a new asylum run by the Sisters de Charite de la Providence was erected that year.

This institution, which was known as Longue Pointe Asylum and later became the St. Jean de Dieu Hospital, had historical roots to structures dating back to 1845 in Montreal and Longue Pointe. It is now called Louis Hippolyte Lafontaine Hospital.

An 1864 Report of the Board of Inspectors of Asylums and Prisons...commenting on the conditions in asylums in Quebec, stated the insane were congregating at night in cribs erected in badly ventilated rooms, under such circumstances, consented to what as professional men, they condemned.

In 1865 they further stated that the farming out or contract system was, ...objectionable...Here it is plainly in the interests of the proprietors or contractors to spend as little as possible upon the food and maintenance of the patients... A system can hardly be expected to work satisfactorily where the interests of the parties concerned are so essentially at variance.

Dr. D. H. Tuke, of the Quaker family in York, England, author of A Manual of Psychological Medicine (1879) at the time a standard work on mental illness, described in 1884 the contract or farming out system as one which “involved the possibility of their (patients) being sacrificed to the interests of the proprietor.” This system lasted until the middle of the twentieth century. Tuke went on to say that it had the disastrous tendency “to keep the dietary as low as possible ... inducing want of proper attention.” In describing Beauport Asylum Tuke states, But it is needless to describe in more detail an institution which, however willingly I may praise where praise is due, is so radically defective in structure and so fundamentally different from any well conducted institution of the present day, in the matter of moral, to say nothing of medical treatment, that no tinkering of the present system will ever meet the requirement of humanity and science; and again, the proprietors receive \$11.00 per head per month for maintenance and clothing.

Speaking of the Longue Pointe Asylum, he writes. It is impossible to convey an adequate idea of the condition of the patients confined in the gallery, in the roof and in the basement of this asylum. They constitute the refractory class – acute and chronic maniacs. They, and the accommodation which hitherto has been provided for them, must be seen to be fully realized. To anyone accustomed to a well ordered institution for the insane, the spectacle is one of the most painful character. In the course of seven and thirty years, I have visited a large number of asylums in Europe, but I have rarely, if ever, seen anything more depressing than the condition of the patients in those portions of the asylum at Longue Pointe to which I now refer... into this human menagerie what ray of hope can ever enter.

He goes on to state But it is amazing to reflect that although the superiority of the human mode of treating the insane inaugurated nearly a century ago has been again and again demonstrated and has been widely adopted through the civilized world, a colony of England, so remarkable for its progress and intelligence as Canada can present such a spectacle as I have so inadequately described as existing in the year of grace 1884, in the Montreal Asylum.

Tuke also mentions the excessive use of restraints and the lack of power vested in the government visiting physician. Tuke's findings and condemnatory writings led to the Medical-Chirurgical Society of Montreal passing a series of resolutions supporting Dr. Tuke's observations and calling upon the government to investigate the situation and to bring about a solution to the obvious problem.

In 1885, an Act was passed which, although not changing the contract system, placed the medical control of the asylums under Government supervision to the extent that the government appointed the Medical Superintendent and assistant physicians in all the asylums in the province.

In 1887, a Royal Commission found that conditions at Beauport Asylum were worse than those in other countries. In 1893, the proprietary contract was not renewed and Beauport was transferred to the Sisters of Charity in Quebec.

Still compared to the rest of Canada. The contracting out system was also unique in that it established a partnership between the government and religious orders in the care of the mentally ill which was not duplicated in any other province of Canada. Notwithstanding the criticisms levied against this system, the contracting out system should not be viewed as the sole, or primary, source of the deleterious features of the system in Quebec. The lack of adequate resources, human, fiscal and physical, militated against a humane institutional approach in this province, as well as in the other provinces of Canada.

In 1881, Fred Perry, a well-known citizen of Montreal, was instrumental in securing "An Act to Incorporate the Protestant Hospital for the Insane" in the legislature of the province of Quebec. The notion of a separate institution for the Protestants of the province of Quebec is credited to Fred Perry, due to his disillusionment with the farming out system and the custodial nature of care given by the various religious orders in the province. According to Hurd, Perry, a man of strong will, energy and purpose, resolved that at least the Protestant community should be freed from both the farming out system and the custodial system operating in the province of Quebec. Around 1875, Perry had begun to devote his energy to the task of a Protestant institution. In 1881, the Act was passed and the hospital admitted its first patient on July 15, 1890 and 140 were admitted before the end

of the year. This hospital had a Board of Governors, composed of Protestants, who constituted the management authority of this hospital. In 1924 the hospital changed its name from the Verdun Protestant Hospital for the Insane to the Verdun Protestant Hospital and in 1965 to Douglas Hospital after the previously mentioned Dr. James Douglas.

I would like to end this article on a lighter historical note. In 1885, protests had been made by farmers owning land surrounding the proposed site of the Protestant hospital, who feared that their livestock might catch mental illness from the patients.

"ATtribution of References....DOCTORAL DISSERTATION PHD by Asst. Professor of Psychiatry, Western University, London, Canada, Dr. Samuel Sussman.

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