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Résumé de l'article

Cet article examinera plusieurs aspects du rapport complexe entre la ville et l'asile victorien. La première partie du texte mettra l'accent sur la dimension urbaine des hôpitaux psychiatriques publics et les ambiguïtés qu'elle comporte au niveau de son identité et de son fonctionnement. En effet, le paradigme des hôpitaux psychiatriques est un moyen d'intervenir dans les champs d'opposition sur l'écart temporel entre le passé remémoré, romantique et à la fois pastoral et la vie au présent projeté sur un monde urbain en plein épanouissement. Janus en serait fier! La deuxième partie du texte adopte une approche quantitative et indique qu'en plus des habitants strictement urbains, les hôpitaux psychiatriques desservaient bon nombre de patients provenant des régions rurales de la province. Cette conclusion, dérivée d'une des plus grandes banques de données entreprises sur les patients hospitalisés, remet en question un argument important et pertinent en historiographie de l'hôpital psychiatrique nord-américaine.

A Janus-Like Asylum: The City and the Institutional Confinement of the Mentally Ill in Victorian Ontario

David Wright, Shawn Day, Jessica Smith, and Nathan Flis

This paper examines several aspects of the complex relationship between the city and the Victorian lunatic asylum. The first part of the paper demonstrates that the urban-ness of the public mental hospital has been a point of some degree of ambiguity. Mental hospitals were Janus-like—looking forward to the emerging urban world and yet, at the same time, looking back to a romanticized, rustic past. The second part of the paper adopts a quantitative approach and reveals that, far from the receptacle of strictly urban dwellers, the mental hospitals received a remarkable number of mentally ill from rural regions of the province. This finding, derived from one of the largest database studies of mental hospital patients ever undertaken, revises an important and longstanding argument in the historiography of the North American mental hospital.

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Introduction

The history of mental health and psychiatry has witnessed tremendous popularity among scholars. The literature is vast, and constitutes, alongside the history of public health, one of the most popular fields within the history of medicine. We now have detailed histories of most of the principal mental hospitals in nineteenth-century and twentieth-century Canada and the United States, as well as general surveys of lunacy legislation and the formation of the psychiatric profession. Since the late 1970s, an important theme in the history of mental health has been the quantitative examination of patient populations of the famous, and for some infamous, Victorian mental hospitals. Academics have debated the demographic composition of these controversial institutions, with detailed examinations of specific populations, including the aged, women, Aboriginals, and the developmentally disabled.[1]

Within this literature, there has been a small but vibrant corpus of articles on the geographical background of patients, and particularly on the degree to which the situation of the asylum affected the likelihood of institutional confinement. Some research on American asylums, led by Hunter and Shannon, has subscribed to the distance-decay argument (whereby rates of admission closer to mental hospitals were higher than those counties or areas farther away).[2] By contrast, literature on British asylums, pioneered by Chris Philo, has argued that there was little discernable locality effect.[3] Yet, despite the fact that the first generation of asylums in Canada were almost always constructed on the edge of the principal provincial cities, there has been a relative absence of a sustained debate with the Canadian literature on the geographical background of patients, apart from observations, from time to time, on the apparently large number of immigrants in Canadian institutions.[4] This paper seeks to realign the discussion of the geography of admissions from one proving, or disproving, Jarvis's law, by examining the degree to which urbanization, and urban living, may have played a part in the confinement of the insane. Or to put it another way, in keeping with this special issue, what was the relationship between the Victorian city and the evolution of the public mental hospital?

The paper will begin in a qualitative vein, demonstrating that the urban-ness of the public mental hospital has been a point of some degree of ambiguity. On the one hand, the asylum had significant civic symbolism, as one of the most expensive and illustrious institutions of Victorian Canada. Rather than being out of sight, these mental hospitals were visible and prominent institutions that held public interest, generated scrutiny, and fostered local myths. For better or for worse, they were important edifices in the economic and cultural makeup of urban communities. In addition, the dramatic growth in the size of the asylums (and their cost to taxpayers) led to an ongoing discourse about their goals, success, and conditions. On the other hand, the asylum—in its idealized form—was an attempt to recreate (if in rather awkward institutional form) the idyll of pre-industrial rural living. Purposefully set in ample farmland, just outside the boundaries of urban centres, the placement of the mental hospital was predicated, in part, on drawing mentally disordered persons *outside* of the frenetic pace of industrial society, of creating an asylum *from* urban industrial life. Mental hospitals were thus Janus-like—looking forward to an exciting metropolitan future and yet, at the same time, looking back to a romanticized rustic past.[5]

The second part of the paper will adopt a quantitative approach to answering a basic, if unresolved, question in the historiography of mental health: to what extent was the

Victorian asylum—socio-demographically speaking—an *urban* institution? Focusing on the rise of the mental hospital in Victorian Ontario, and in particular the background of over seven thousand patients admitted to provincial lunatic asylums from 1841 up to and including the census year 1881, it will reveal that, far from being receptacles of primarily local, urban dwellers, the mental hospitals continued to receive a remarkable number of mentally ill from rural regions of the province. This finding, derived from one of the largest database studies of mental hospital patients ever undertaken, refines a dominant explanatory variable of the historiography of the North American mental hospital.

Historiography

The landscape of urban industrial society has cast a long shadow over the historiography of the nineteenth-century mental hospital. Gerald Grob, the doyen of American asylum historians, framed the rise of the mental hospital in the context of urbanizing nineteenth-century American society. For him, as rural forms of kinship care broke down (or were undermined) by the multiple stresses of industrialization, communities increasingly looked to the state for institutional solutions to problem populations. On a cultural level, the social displacement occasioned by urbanization, led, he suggested, to a decline in tolerance of strange behaviour in densely populated urban environments: "In areas insane people were more visible, and public concern about security increased."[6] As Grob summarized in his last book on the subject, "In its origins, the mental hospital—irrespective of its specific medical role—was primarily an institution designed to serve more densely populated areas and to assume functions that previously had been the responsibility of families."[7] For Grob, the need for carceral institutions was structural; state intervention did not necessitate a decline in the treatment or value of the mentally ill. In fact, Grob emphasizes the humanitarian intentions of the early proponents of lunatic asylums.

Grob's contemporary, David Rothman, agreed that the asylum was deeply interrelated to the emergence of a new, urbanizing American society. Yet for Rothman, the asylum needed to be understood in what Foucault (elsewhere) would describe as an archipelago of carceral institutions that emerged in the modern era. The asylum was one of many institutions, alongside work- and almshouses, hospitals, and penitentiaries, that could provide the type of "social order" required to clean up the indigents from overpopulated city landscapes. Urban elites looked to asylums (and prisons) to enforce social order in the young American republic, where traditional institutions of control (such as the church) were on the wane. For Rothman, in contrast to Grob, elements of coercion, duplicity, and social control loomed much larger, as he detailed what he described as the "horror of the asylum."[8]

Although there is no overarching history of the lunatic asylum in Canada, many scholars north of the border have followed themes redolent in the work of Grob and Rothman. According to Tom Brown, the rise of the asylum in Canada was associated with the increased immigration and changing class structure taking place throughout the 1830s and 1840s. The rapid increase in population—mostly due to post-Napoleonic immigration—brought about a rise not only in the general population residing in Upper Canada's towns and cities, but also in the deviant population as well. The province's growing middle class began to petition local officials for the transfer of insane individuals from the care of family and county jails to a central institution. Lunacy reform, argues Brown, "reflected not only growing concern about the pauper insane and the cost of their maintenance but a deeper and more generalized anxiety and fear about the swelling ranks of the urban poor and ultimately about the state of the Upper Canadian social order itself."[9]

Such thematic connections between the urban poor, social (dis)order, and the construction of mental hospitals were not limited to historians. M. Dear and J. Wolch, in their influential book on mental health geography, *Landscapes of Despair*, sought to explain the twentieth-century problem of the psychiatric ghetto—the phenomenon of clusters of halfway houses and group homes in urban cores close to (then) downsizing mental hospitals. They used historical sources from the nineteenth century to argue that the asylum had *always* been primarily an urban institution in Victorian Ontario and California (their two case studies): "This phenomenon [urbanization of the mental hospital] was obviously associated with the tendency for the asylum to draw on its inmates from the immediate adjacent population . . . It was in this sense that the asylums became 'local' institutions, essentially serving the population in urban areas adjacent to the asylum."[10] Their work was supported by studies of other custodial institutions in nineteenth-century Ontario. Deborah Park and John Radford examined the institutionalization of the elderly and the mentally disabled in nineteenth-century Ontario. For them, the utilization of mental hospitals was a function of emerging networks of professionals who guided urban families to the idiot asylums.[11]

The simultaneous growth of urban centres and rapid construction of public facilities for the mentally ill (and other dependent populations) have thus drawn historians into examining connections between these two historical phenomena. There have, however, been contrarians. Andrew Scull, in his landmark *Museums of Madness* (1979), cast a skeptical eye towards any reductive or direct association of mental hospitals with the rise of cities. He pointed to Britain and the United States, where many of the first generation of public mental hospitals were established in decidedly agrarian counties and rural states. Scull asserted that the impact of industrialization was at the ideological and cultural, rather than demographic, level: it was not cities that induced families to cast off their "useless and unwanted," but rather the ideology of wage labour and the culture of industrial capitalism that led to a steady devaluation of the unproductive (the mentally ill

included).[12] Despite Scull's exception, the trend of the historiography has been to conceptualize institutionalization as intimately and inextricably linked to the newly emerging urban reality and to conceive of asylums as largely local institutions.

The City and the Asylum in the Nineteenth Century

The interplay and tension between the city and the asylum played itself out in contemporary medical treatises. John Conolly, the medical superintendent of the Middlesex County Asylum (Hanwell) in London, England, set out his *On the Construction and Government of Lunatic Asylums*. This proponent of non-[mechanical] restraint emphasized the need to separate the insane from urban society, but he also advocated the construction of mental hospitals very close to urban environments, if only to facilitate the transportation of patients, staff, visitors, and inspectors. Conolly emphasized the therapeutic value of locating asylums in a country setting (to ameliorate the harmful effects of urban living), as well as the importance of financial imperatives of proximity to a good-sized local town.[13] Thomas Kirkbride, the medical superintendent of the private Pennsylvania Asylum in the United States, echoed many of Conolly's original instructions in an article published in the same year,[14] and in a longer book-length treatise published in 1854.[15] Asylums were to be large institutions, with all the benefits of rural air, soil, and labour, while remaining in close contact with regional urban centres. As Rothman has pointed out, the first generation of public asylums in the United States were almost always built within one or two miles of the boundaries of urban centres.[16]

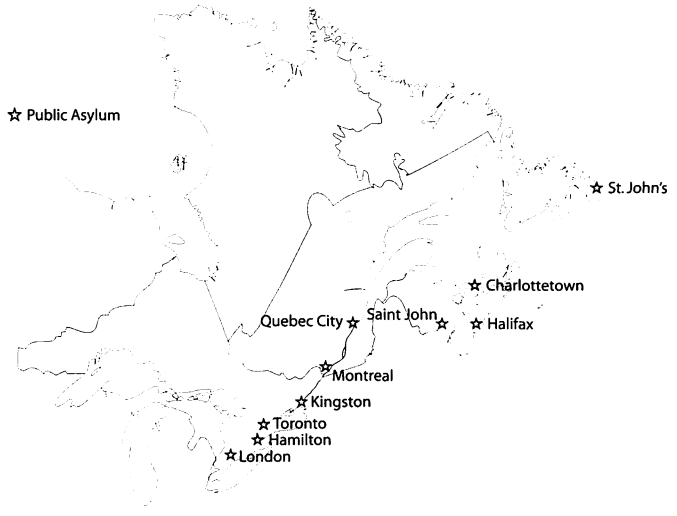
The location of the asylum buildings in Canada reflected a similar ambivalence about the industrial city. In the Atlantic provinces, institutions were placed on what was then the outskirts of provincial capitals, on cheap land sufficient for farming, yet close enough to the provincial urban centre for access to supplies, labour, and the families of the patients themselves: physical separation certainly, but separation in close proximity to the emerging cities. Moreover, older notions of the miasmatic nature of disease causation led to long discussions and consultation over the nature of the soil and the elevation of the proposed building. The New Brunswick asylum, for example, was constructed on the hill overlooking the imposing Reversing Falls just outside of Saint John. The Hamilton Asylum was perched atop the Niagara Escarpment with a clear view of the harbour and the bustling port of Hamilton below. In landscapes where the topography was less accommodating to elevated asylums, the mental hospitals were placed once again on land just outside the then city limits of the provincial capitals, such as Waterford (just outside of St. John's) or the London Ontario asylum on the flat countryside of that part of Southwestern Ontario. Table 1 and map 1 identify the Canadian urban centres on whose outskirts were built in first generation of mental hospitals in the country.

Located as they were on the edge of the provincial (and colonial) capitals, it was perhaps inevitable that the lunatic asylums would become important sites of municipal pride and activity in Canada. As Janet Miron has demonstrated elsewhere, visiting days at the Ontario institutions were a regular part of the recreational calendar for the leisured classes. "Tens of thousands" of visitors streamed through the asylums of southern Ontario in the nineteenth century as part of their seasonal tours. Some civic officials saw this past-time as a useful means of ensuring public confidence in (and support of) these institutions and, through transparency, prevent exploitation and reduce the stigmatization of madness and of institutional confinement. Furthermore, since taxpayers paid for the institutions, many citizens believed they had a right of access: public institutions should, they argued, remain public (that is, open to visitors and public scrutiny). Rather than a self-indulgent and mocking example of voyeurism, Miron contends that visiting the mental hospital served a number of important social and educational gaols: the Victorian zeal for public spectacle, agendas for moral and educational uplift, and the public's quest for identity in an urbanizing environment.[17]

The debate over public access spoke, in part, to the enormous expense and prestige of these new institutions. Mental health services may have constituted the poor cousin of health care expenditure in the later twentieth century, but in the nineteenth century, the cost of running the large public psychiatric institutions swamped all other welfare expenditure. By the late 1880s, for example, almost 20 per cent of the *entire* provincial budget in the province of Ontario was allocated to paying for the network of public asylums therein.[18] Caring for individuals in large purpose-built institutions was an enormously costly undertaking, given the alternatives available (such as boarding out, or nurse visitation). In most jurisdictions, public lunatic asylums constituted the most expensive civic buildings. In an

Table 1: The timeline of purpose-built institutions for the insane in Canada to 1881, excluding temporary "branch" asylums

Province/colony	First purpose-built provincial institution	Location of institution
Quebec	1845	Quebec (City)
New Brunswick	1848	Saint John
Ontario	1850	Toronto
Ontario	1853	Kingston
Newfoundland	1854	St. John's
Nova Scotia	1858/1859	Halifax
Ontario	1870	London
Quebec	1875	Montreal
Ontario	1875/1876	Hamilton
PEI	1879	Charlottetown



Map 1: The principal cities of Canada and Newfoundland, outside of which were built the first generation of lunatic asylums (to 1881)

era before public health insurance, Victorian mental hospitals were the only quasi-medical institutions that provided free care to the overwhelming number of their patients. Mental hospitals were thus important components of the new urban landscape. But were these asylums, as Grob, Rothman, and others have asserted, primarily local institutions serving the proximate urban centres?

Assessing the Urban-ness of the Asylum Patients

Victorian Ontario provides a very useful case study in the relationship between the asylum and the city, since the four principal mental hospitals were located on the edge of the urban areas of Toronto, Kingston, London, and Hamilton.[19] For the purposes of this paper, admissions to these four institutions for the years 1841 (the year the temporary asylum opened in Toronto) to the census year of 1881 were entered, patient by patient, into a relational database.[20] The data for the four principal asylums were taken from microfilmed copies of the original admission registers, which are in the possession of the Archives of Ontario.[21] Nineteenth-century admission registers, throughout the English- and French-speaking world, included comprehensive demographic information on patients at the time of admission, indeed much more information than extracted during decennial censuses. This database of over twelve thousand entries include (among other data) admission number, first and surname, nation of birth, place of residence prior to admission, county of residence, and sex. For the purposes of this paper, and to prevent double counting, only first admissions were included; transfers from other asylums (or individuals who had had a previous asylum stay elsewhere in the province) were deleted. This yielded records of 7,310 unique individuals.[22] Although there have been excellent studies of admissions to individual institutions in the province

Table 2: Place of residence prior to first admission, admissions to Ontario asylums to 1881

	Unde-fined	Gaol	Rural	Urban	Total
Toronto Asylum	129	403	2555	1365	4,452
Kingston Asylum	—	1077	220	29	1,326
London Asylum	699	187	168	53	1,107
Hamilton Asylum	1	149	170	105	425
Total	829	1,816	3,113	1,552	7,310

of Ontario,[23] this is the first study to look across four different institutions, incorporating life experiences of transcarceration and readmission elsewhere in the province.

To prepare the data for further analysis, the name of the county of residence was regularized for uniformity and to ensure that reference was to the county name as it existed during the period.[24] Place of residence was used to rectify the county reference and to account for historical change. Thus, town, township, or village was placed to its political area of administration for the period of study. The previous place of residence for admissions to each asylum was then plotted on a map organized by county. A historical base map to provide political boundaries of counties for Ontario for the period 1871–1881 was constructed to aid in the spatial analysis of these data. For demographic and geographical context, county level demographic information from the Censuses of Canada for 1861, 1871, and 1881, and geographic information from the Electoral Atlas of the Dominion of Canada (1895), were analyzed to provide per capita rates of admission on a county level. The 1895 electoral atlas provided a township basis for creation of an 1881 base map, and was mapped as a vector shapefile using Geographical Information Systems (GIS) software.

Research for this article was framed by the extent to which asylum usage was predicated on whether residence prior to admission was rural or urban. To attempt to answer this question, we sought to measure usage of the four asylums in Ontario during the period 1841–1881 through their admission records. Of the 7,310 unique admission records, 6,901 (94 per cent) provided a county of residence prior to admission. In addition to county of residence, 6,455 (88 per cent) records provided a further place of residence, of which all but 8 could be placed within a specific county of residence or be classified as being outside of Ontario. We also had record of gender for all but 7 of these admissions and place of birth for 6,126 of the subjects. To account for the admissions from places of penal incarceration, place of residence and county of residence were examined for any reference to gaol, jail, or

penitentiary. Records were flagged if evidence existed to indicate that the admission originated from one of these sources. These were further qualified to indicate admissions from either the central prison in Toronto or the provincial penitentiary in Kingston or from a county facility.

To classify origin of admissions as coming from a rural or urban environment, the Statistics Board's schedules for 1861, 1871, and 1881 were consulted and the ranked list of urban areas was used. The census qualified urban areas as any enumeration sub-district classified as village, town, or city.[25] We adhered to this classification system to qualify our admissions data by residence prior to admission. We examined each entry to see whether it could be identified as one of the sub-districts identified as urban in the appropriate census schedules. Thus 1,552 admissions were recognized as conclusively coming from an urban source. Additionally, admissions from gaols accounted for a further 1,816 admissions via transfer from gaol to asylum. The remaining records—which did indicate a place of residence, but were not classified as urban, or coming from a gaol, penitentiary, or prison—were thus identified as rural.

Admission rates, by county, to all four asylums ranged from approximately 9.3 to 115 per 10,000 persons, over the period 1841 to 1881. Home counties of each of the asylums accounted for the largest number of admissions to each asylum. When calculating aggregate admission to asylums by county, transfers from the central prison and provincial penitentiary were excluded, but admissions from county gaols were included, based on the assumption that these individuals were more than likely residents of that county.

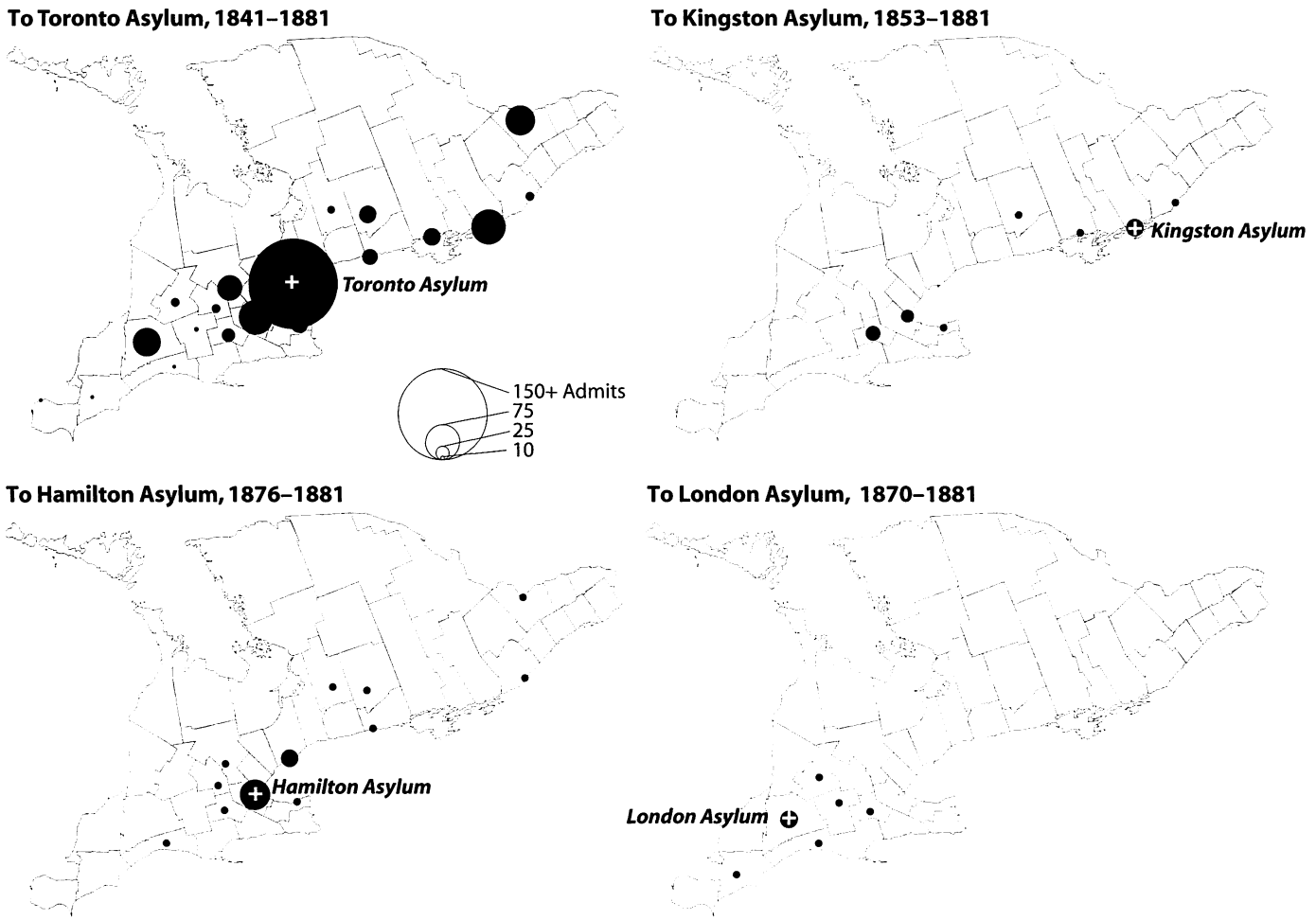
Results

Table 2 details the origin of admissions for the four asylums.

Admissions to asylums coming from urban areas tended to be drawn from a greater area than those from rural areas. Admissions were spread right across the province in the case of Toronto, and even in the case of Hamilton—the asylum opened last during our period of study—admissions came from all areas of the province (see map 2). It is important to remember that the asylums were opened at different times (Toronto in 1841; Kingston in 1853; London in 1870; and Hamilton in 1876). Admissions to the asylums from a rural area tend to demonstrate a more pronounced catchment area (see map 3). As we have mentioned, there were only informal catchment areas defined for the various asylums and thus decisions could be made by administrators at a county or asylum level to direct an admission to a specific asylum. As this rural map demonstrates, most admissions to asylums come from within 100 kilometres of the asylum, with the exception of the Toronto facility. This could be explained by its early opening date and existence as the sole asylum in the province; after 1871 (that is, the establishment of Kingston Asylum and London Asylum), the catchment area of Toronto was much more limited to Central Ontario.

Table 3: Rates of first admissions by county, 1841–1881

County	*N*	Admits/ 10,000
York	1,310	115.55
Frontenac	300	104.47
Wentworth	435	75.15
Welland	140	68.05
Peel	150	60.88
Carleton	223	59.91
Muskoka	8	55.80
Halton	121	53.53
Northumberland and Durham	349	45.64
Haldimand	80	44.27
Lanark	158	41.66
Ontario	202	36.80
Lincoln	131	36.16
Simcoe	225	35.95
Peterborough	99	34.01
Wellington	225	33.65
Stormont, Dundas, and Glengary	192	32.94
Prince Edward	66	32.45
Hastings	151	31.22
Brant	114	30.80
Leeds and Grenville	168	28.44
Lambton	89	27.82
Victoria	81	25.66
Middlesex	233	25.49
Waterloo	97	24.10
Perth	95	22.88
Grey	128	21.55
Lennox and Addington	79	20.95
Kent	55	20.49
Oxford	95	19.82
Huron	113	19.49
Renfrew	54	19.30
Elgin	72	18.36
Prescott and Russell	58	16.12
Essex	44	13.46
Algoma	9	12.82
Norfolk	57	10.18
Bruce	48	9.89
Parry Sound	2	9.30
	6256	



Map 2: Admissions to Ontario asylums from urban areas, to 1881.

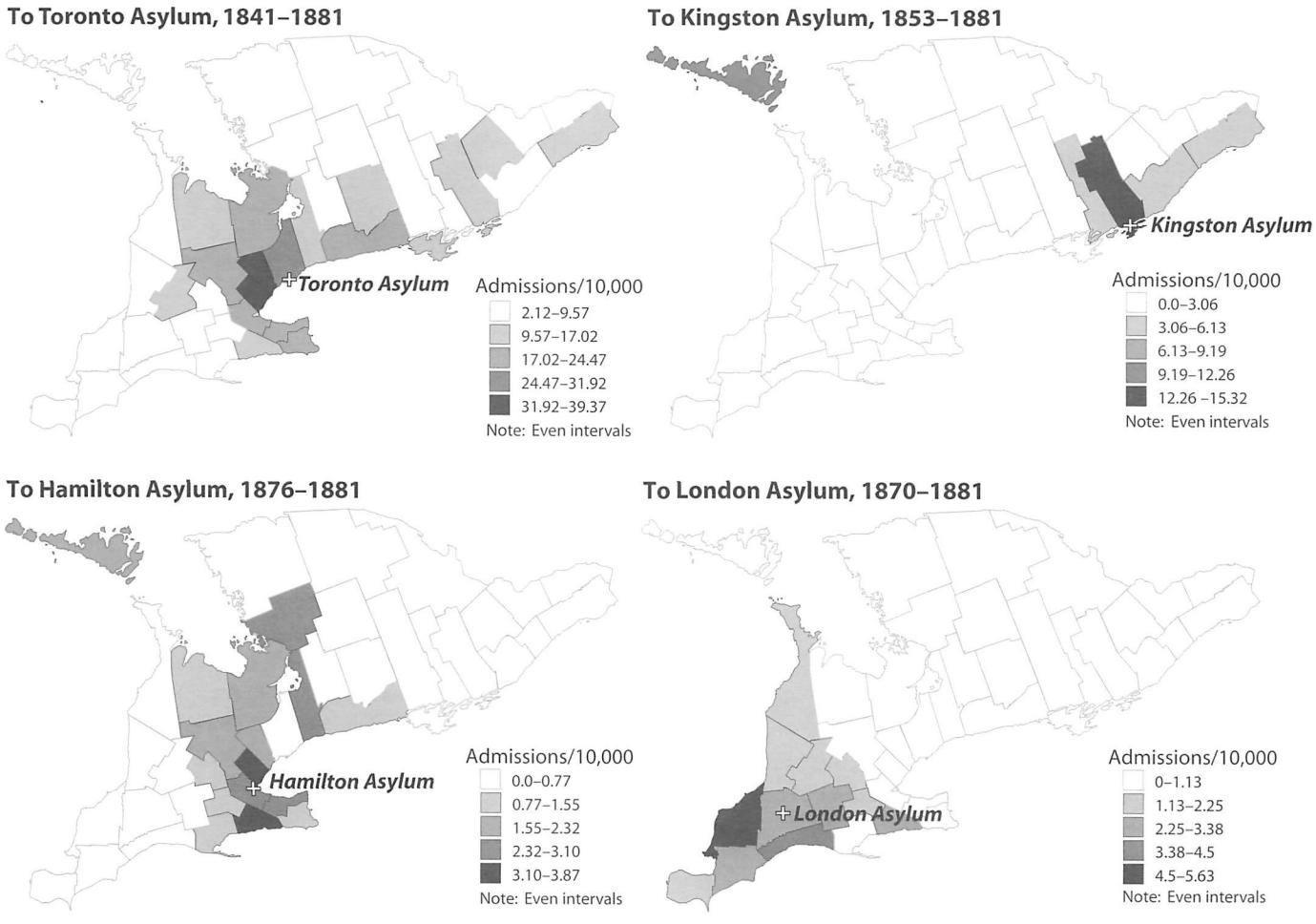
Additionally, the Kingston Asylum tended to serve the smallest rural catchment area, possibly as a result of the high number of admissions from gaols and its specialized role, drawing largely from larger urban gaols, the provincial penitentiary, and central prison.

Table 3 details the rates of admissions to all asylums for the period 1841–1881 by county of residence prior to admission. These admissions do not include admissions directly from the central prison in Toronto or the provincial penitentiary in Kingston. Nevertheless this map provides a picture of institutionalization markedly different from the one presented in Dear and Wolch's *Landscape of Despair*, which was taken from the 1871 Census (and thus included inmates as residents of the county in which the institution was situated). Their map, used to underpin their argument about the urban nature of asylums in nineteenth-century Ontario, thus implies that the patients—the lunatics—were predominately urbanites of the time, or even urban dwellers. In addition, it reinforces their belief, drawn from Grob and ultimately from the nineteenth-century physician Edward Jarvis, that asylums were *local* institutions.[26]

By contrast, data taken from admission registers demonstrate the remarkable variety of geographical backgrounds of asylum patients, in county, and in rural and urban makeup. We contend that to characterize the Victorian asylum as either primarily local or urban is not supported by a study of the patients admitted to these institutions.

In summary, the data of over seven thousand individuals admitted to the four principal asylums for the mentally ill, and thus comprising the overwhelming majority of the institutionalized mentally ill population of the province, lead to several conclusions. First, little evidence exists that the mental hospitals during this period were serving solely or even primarily the new urban centres. Second, there was, in the first three decades of asylumdom in Ontario, a pronounced variability in per capita admission rates.

A third and surprising finding related to the intersection between gender and incarceration (see map 4 and tables 4 and 5). Although it is now widely recognized by scholars working in the field that the admission rates, by gender, more or less reflected the gender balance of the communi-



Map 3: Admissions to Ontario asylums from rural areas by county, to 1881.

ties from whence the patients came,[27] table 6 reveals the surprising number of women who were admitted from local gaols (though not the formal penitentiaries). In the instance of admissions to asylums from gaols and penitentiaries, one might speculate whether this ratio reflects the rate gender-base ratio of incarceration to local goals. Unfortunately, we cannot draw any further arguments from these data, since the Statistics Board does not report on female incarceration in provincial institutions prior to 1921.

Finally, no study of Victorian Ontario would be complete without an examination of the impact of immigration. Historians of mental hospitals in North America have often remarked on the higher proportion of foreign-born individuals being admitted to public asylums. Gerald Grob, as mentioned at the beginning of this paper, was one of the first to identify immigrants as being over-represented in American institutions—a phenomenon he ascribed to the social dislocation of migration, the dehumanizing conditions of the city, and also to the racialist attitudes of native-born Americans.[28] However, Grob's argument has been challenged, most notably by Richard Fox, whose study of turn-of the century California argued that the appearance of a disproportionate number of immigrants was in part a statistical artefact. Admissions to asylums tended to be young and single, and the young and single of the time were more (than the general population) likely to be immigrants.[29]

At first glance, our results show a dramatic over-representation of immigrants in Ontario asylums. Of the 6,126 admissions for which we know place of birth, 62.3 per cent were foreign-born (whereas in 1881, only 22 per cent of the population of Canada as a whole was foreign-born). A breakdown of the previous place of residence, however, by foreign- versus native-born reveals several unexpected and somewhat ambiguous results (see tables 7 and 8). On the one hand, of the foreign-born individuals who were admitted to the asylum, they were twice as likely (as native-born Canadians) to be living in urban areas. On the other hand, the proportion of foreign-born individuals who were admitted to the asylum, having previously lived in rural areas, was only slightly less than that for native-born Canadians (46 per cent versus 51 per cent). The

Table 4: First admissions to Ontario asylums, to 1881, by gender and place of residence

	Female	Male	Total
Urban	815	734	1,549
Rural	1,474	1,636	3,110
Total	2,289	2,370	

Table 5: Proportion of first admissions to Ontario asylums, by gender and place of residence, to 1881, compared to the general Ontario population

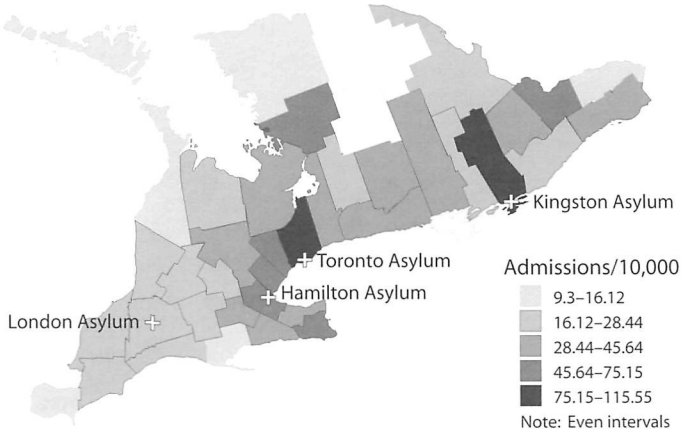
	Female	Male	Females Ontario population	Males Ontario population
Urban	52.6%	47.4%	50%	50%
Rural	47.4%	52.6%	48.6%	51.4%

Table 6: First admissions to Ontario asylums, from gaols and penitentiaries, by gender, to 1881

	Female	Male	Total
From gaol	692	935	**1,627**
From penitentiary	21	169	**190**
Total	**713**	**1,104**	

Table 7: Place of residence prior to admission for foreign-born versus Canadian-born admissions to Ontario asylums, to 1881

	Undefined	From gaol	From prison	From rural	From urban	Total
Foreign-born	78	743	113	1,752	1,132	3,818
Canadian-born	51	650	72	1,176	359	2,308



Map 4: Admissions to Ontario asylums, from all sources, to 1881, by county of residence

two figures are compatible as a result of the higher proportion of admissions of native-born Canadians arriving from gaols. Despite the important issue of foreign-born individuals in urban environments, one must keep in mind that there were still 1,752 individuals, born outside of Canada, residing in rural areas, who were ultimately admitted to public mental hospitals in the province. In absolute terms, this figure, covering a forty-year period, outnumbered foreign-born admissions from urban areas.

Conclusions

The asylum—as a public institution—held significant urban importance. It was a site of tourism, medical experimentation, education, care, and a growing mythology surrounding the mentally ill. Certainly a substantial proportion of patients came from the principal cities of Toronto, London, Hamilton, and Kingston. And yet, what is striking from this comprehensive examination of over seven thousand individuals was the rural background of so many of the patients and the much wider catchment areas than one would expect from the prevalent historiography of the asylum. Such a finding seems to challenge the often-repeated explanation of the connection between urbanization and institutional confinement—that urbanization weakened kinship ties (which were stronger in smaller, rural communities) and that crazy behaviour was less tolerated in the close and depersonalized environment of the new cities.

In the American historiography of the mental hospital, there is no inconsistency between arguments identifying the overpopulation of foreign-born admissions and the asylum as an urban institution. Ontario, however, was another case entirely. The pronounced trend of immigration to rural Ontario in the period 1851–1881 makes the foreign-born surplus and the persistence of rural admissions a good fit. Indirectly, then, this article on Canadian sources sheds light on Grob's original work. It suggests that Grob was right to identify "New

Table 8: Place of residence prior to admission for foreign-born versus Canadian-born admissions to Ontario asylums (by proportion), to 1881, as compared to the general Ontario population

	Undefined	From gaol	From prison	From rural	From urban	Ontario rural population	Ontario urban population
Foreign-born	2.0%	19.5%	2.9%	45.9%	29.7%	**20.4%**	**7.7%**
Canadian-born	2.2%	28.3%	3.1%	50.9%	15.5%	**57.5%**	**14.4%**

*Note: We had fewer records with place of birth than place of residence. Those with place of birth were omitted from this table, hence the lower totals.

Americans" as vulnerable to being confined, but *not* because they were in urban environments of New York, Boston, and Philadelphia but because they were *new* Americans who lacked the kin resources to find alternatives to the formal institution. The strong presence of rural admissions also supports findings outside of North American–based scholarship. Ireland, after all, had the highest rate of institutional confinement by 1900, and was, for the most part, a (relatively) rural society at the time.[30]

The persistence of rural admissions does not mean that industrialization was unimportant; rather, it suggests that historians of medicine may be looking largely at the wrong aspects of industrialization. We know that rural depopulation affected disproportionately young men and women—individuals central to the caring complex of households. Likewise for those who left Ireland for North America and Australia. Thus rural households were often depleted of caring resources and turned to formal institutions as a means of coping with crises of caring. Urbanization and transnational (and trans-oceanic) migration did indeed undermine the ability of households to cooperatively care for dependent members. Stable, native-born families facing the crisis of mental illness had more community and kin resources to resist the decision to institutionalize. Having said that, migration could, and did, also marginalize young (and single) women and men who arrived in the city, from either the countryside or abroad. This too could have an isolating impact, should mental illness strike—a phenomenon that might account for the large numbers of "single" (i.e., unmarried), young men and women in the Victorian asylum.[31] Clearly, the relationship between urbanization, industrialization, and the rise of the asylum was complex and often ambiguous. This paper, however, suggests that the city—which was becoming the scapegoat of a variety of social and medical evils by the end of the nineteenth century—cannot be blamed for the dramatic increase in the residential population of the insane during the Victorian era.

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Notes

1. For a survey of the Canadian historiography, see James E. Moran and David Wright, "Introduction," in *Mental Health and Canadian Society: Historical Perspectives*, ed. James E. Moran and David Wright (Montreal and Kingston: McGill-Queen's University Press, 2006), 3–18; and note 23. For a recent publication that addresses much of the French-language historiography, see André Cellard and Marie-Claude Thifault, *Une toupie sur la tête: Visages de la folie à St Jean de Dieu* (Montreal: Boréal, 2007).
2. This effect is also known in the literature as Jarvis's law. See Derek Alderman, "Integrating Space into a Reactive Theory of the Asylum: Evidence from Post-Civil War Georgia," *Health & Place* 3 (1997): 111–122; J. M. Hunter and G. W. Shannon, "Exercises on Distance-Decay Using Mental Health Historical Data," *Journal of Geography* 83 (1984): 277–285; J. M. Hunter and G. W. Shannon, "Jarvis Re-visited: Distance-Decay in Service Areas of Mid-Nineteenth Century Asylums in North America," *Professional Geographer* 37 (1984): 296–302; J. M. Hunter, G. W. Shannon, and S. L. Sambrook, "Rings of Madness: Service Areas of Nineteenth Century Asylums in North America," *Social Science and Medicine* 23 (1986): 1033–1050.
3. C. Philo, "'Fit Localities for an Asylum': The Historical Geography of the Nineteenth-Century 'Mad-Business' in England as Viewed through the Pages of the Asylum Journal," *Journal of Historical Geography* 13 (1987): 398–415; C. Philo, "Journey to Asylum: A Medical-Geographical Idea in Historical Context," *Journal of Historical Geography* 21 (1995): 148–168. See also J. Melling and R. Turner, "The Road to the Asylum: Institutions, Distance and the Administration of Pauper Lunacy in Devon, 1845–1914," *Journal of Historical Geography* 25 (1999): 298–332.
4. See the discussion of immigrants and confinement, below.
5. In this respect, the contemporary thinking about the asylum paralleled discourses about the new suburban neighbourhoods of the early twentieth century. We are grateful to one of the anonymous referees for drawing this to our attention.
6. Gerald N. Grob, *The Mad among Us: A History of the Care of America's Mentally Ill* (Cambridge, MA: Harvard University Press, 1994), 23–24.
7. Grob, *Mad among Us*, 24.
8. David J. Rothman, *The Discovery of the Asylum: Social Order and Disorder in the New Republic* (Boston: Little, Brown, 1971), 109.
9. Thomas E. Brown, "The Origins of the Asylum in Upper Canada, 1830–1839: Towards an Interpretation," *Canadian Bulletin of Medical History* 1, no. 1 (1984): 27–32, 38.
10. M. Dear and J. Wolch, *Landscapes of Despair: From Deinstitutionalization to Homelessness* (Princeton: Princeton University Press, 1987), 88.
11. J. P. Radford and D. Park, "'A Convenient Means of Riddance': Institutionalization of People Diagnosed as 'Mentally Deficient' in Ontario, 1876–1934," *Health and Canadian Society* 1 (1993): 369–392.
12. Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (London: Penguin Books, 1979), 26–27.

13. John Conolly, *On the Construction and Government of Lunatic Asylums* (London: Churchill, 1847).
14. Thomas Kirkbride, "Remarks on the Construction and Arrangements of Hospitals for the Insane," *American Journal of the Medical Sciences* 13 (1847): 40–56.
15. Thomas Kirkbride, *On the Construction, Organisation, and General Arrangements of Hospitals for the Insane* (Philadelphia, 1854). For a detailed examination of the ideas of Kirkbride and the history of the Pennsylvania Asylum, see Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum Keeping, 1840–1883* (Cambridge: Cambridge University Press, 1984).
16. Rothman, *The Discovery of the Asylum*, 141.
17. Janet Miron, "'Open to the Public': Touring Ontario Asylums in the Nineteenth Century," in *Mental Health and Canadian Society: Historical Perspectives*, ed. James Moran and David Wright, 19–48 (Montreal and Kingston: McGill-Queen's University Press, 2006).
18. S. E. D. Shortt, *Victorian Lunacy: Richard M. Bucke and the Practice of Late 19th-Century Psychiatry* (Cambridge: Cambridge University Press, 1986), 26.
19. Only Ottawa did not have an asylum, perhaps because Parliament was relocated there in 1857.
20. The data input has continued over six summers and included the undergraduate and graduate research assistants.
21. The microfilm copies are available to the public, under the RG series of the Archives of Ontario. From time to time these admission registers have been used—most often in one in ten samples—to assess certain characteristics of patient populations of individual institutions. See note 23 for examples of this literature.
22. In contrast to the latter half of the twentieth century, readmissions to mental hospitals prior to 1900 were infrequent. Over 80 per cent of admissions to asylums were registered as first admissions. Naturally, it is impossible to comprehensively rule out double-counting, because it may not have been known that an individual had been previously admitted. Also, women who had been admitted as single (i.e., unmarried) and later admitted under a married name may also have escaped notice that they were repeat admissions. Nevertheless, the remarkably accurate and consistent record-keeping suggests that these exceptions were few.
23. For the literature on Ontario, see, inter alia, Wendy Mitchinson, "Reasons for Committal to a Mid-Nineteenth-Century Insane Asylum: The Case of Toronto," in *Essays in the History of Canadian Medicine*, ed. Wendy Mitchinson and Janice Dickin McGinnis, 88–109 (Toronto: McClelland, 1988); Edward-André Montigny, "'Foisted upon the Government': Institutions and the Impact of Public Policy upon the Aged; The Elderly Patients of Rockwood Asylum, 1866–1906,' *Journal of Social History* 29 (1995), 819–836; Danielle Terbenche, "'Curative' and 'Custodial': Benefits of Patient Treatment at the Asylum for the Insane, Kingston, 1878–1906," *Canadian Historical Review* 86, no. 1 (2005): 29–52; Cheryl Warsh, "'In Charge of the Loons': A Portrait of the London, Ontario, Asylum for the Insane in the Nineteenth Century," *Ontario History* 74 (1982): 138–184.

    See also relevant sections in the following monographs: James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal and Kingston: McGill-Queen's University Press, 2000); Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870–1940* (Toronto: Oxford University Press, 2000); Shortt, ***Victorian Lunacy***; Cheryl Warsh, *Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat* (Montreal and Kingston: McGill-Queen's University Press, 1989).
24. Because of the nature of municipal consolidation during this period and the frequent change of township allocation between counties and census enumeration districts, where individual county could not be enumerated over the entire period, aggregate/consolidated county groupings were used (specifically Stormont, Dundas and Glengary, Leeds and Grenville, Prescott and Russell, and Northumberland and Durham).
25. How can rural and urban areas be distinguished? According to the Board of Registration and Statistics for the 1871–1941 censuses, definitions of rural and urban used in Canadian censuses are that *urban* constitutes population living in incorporated villages, towns and cities regardless of size, and ***rural*** comprises the remaining population.
26. Dear and Wolch, *Landscapes of Despair*, 89, figure 4.3.
27. For several essays on this theme, see Jonathan Andrews and Anne Digby, eds., *Sex and Seclusion/Class and Custody: Gender and Class in the History of British and Irish Psychiatry* (London: Rodolpi, 2004).
28. See Gerald Grob, *Mental Institutions in America: Social Policy to 1875* (New York: Free Press), 231.
29. Richard Fox, *So Far Disordered in Mind: Insanity in California, 1870–1930* (Berkeley: University of California Press), esp. 107–108.
30. M. Finnane, *Insanity and the Insane in Post-Famine Ireland* (London: Croom Helm, 1981).
31. David Wright, James Moran, and Sean Gouglas, "The Confinement of the Insane in Victorian Canada: The Hamilton and Toronto asylums, c. 1861–1891," in *The Confinement of the Insane: International Perspectives, 1800–1965*, ed. Roy Porter and David Wright, 100–128 (Cambridge: Cambridge University Press, 2003).