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Minds on the Edge: Immigration and Insanity among Scots and Irish in Canada, 1867–1914

Marjory Harper

Migration is a phenomenon synonymous with dislocation. Migrants are, by definition, people 'on the edge' of homelands and hostlands, and rootlessness can be articulated in terms of the triggers for relocation, as well as its physical, cultural or socio-economic outcomes. Inter-continental migrants especially experienced varying degrees of transition and consequent transformation; and some were perceived by themselves, as well as by families, communities, employers and authorities – in both donor and host nations – to have transgressed behavioural boundaries or conventions in ways that resulted in dislocating transitions, negative transformations and disconnected lives rather than harmonious integration, fulfilled expectations and robust new networks.

The perceived transgression of boundaries was particularly problematic when it related to the mental health of migrants. The challenges faced by families, doctors, administrators and politicians, as well as patients, are at the centre of this evaluation of the causes and consequences of mental illness among Scottish and Irish migrants to Canada, primarily British Columbia, between Confederation and the First World War. The study is embedded within the scholarship of post-colonial theory, relates to debates about diaspora, and is informed by the current historiographical landscape.[1] The central focus, however, is on the perceived causes of insanity among immigrants to Canada's most westerly province, scrutinised through a comparative empirical lens. As well as being on the physical edge of the young Dominion, British Columbia embodied the challenges generated by the economic and social volatility of its extractive industrial base, with predictable casualties among those who sought to exploit its potential or were lured by the romantic rhetoric of western settlement. Evidence preserved in the admission registers, warrants and case

[1] See, for instance, David Lambert and Alan Lester (eds), *Colonial Lives across the British Empire: Imperial Careering in the Long Nineteenth Century* (Cambridge, 2006); Kevin Kenny, *Diaspora: A Very Short Introduction* (Oxford, 2013).

notes of patients admitted to the Provincial Asylum for the Insane[2] at New Westminster offers a sobering glimpse into migrant lives that were disrupted and dysfunctional, at the very opposite end of the spectrum from the fulfilling experiences portrayed in recruitment propaganda. Since record-keeping tended to follow a similar template in Britain and many parts of the empire, the existence of a similar core of quantifiable information across a range of locations offers potential for the compilation of a comparative database that could be interrogated with respect to the origin, gender, age, occupation, marital status and religion of asylum populations, as well as the perceived causes of their illness.

The danger of relying on a one-dimensional, medicalised perspective generated by doctors within the walls of the asylum is mitigated by the richness of a source that also includes family correspondence and patients' reflections. In combination with official responses to insanity commissioned or generated by the provincial and federal governments – annual asylum reports, periodic investigations and legislation – it makes possible an assessment that addresses contentious issues relating to care, custody and expulsion. While the lens is trained on Scottish and Irish patients in the British Columbia Provincial Asylum, their experiences are not analysed in artificial isolation, but as part of a wider overview of migration and mental breakdown among immigrants of different ethnicities, both in BC and in other locations within and beyond Canada. Provincial and federal responses to insanity among migrants are outlined in a brief postscript, which identifies the evolution of gate-keeping and fire-fighting strategies by policy-makers and politicians.

The Theoretical Framework

In terms of post-colonial discourse, marginalised, dysfunctional or disconnected migrants represent the colonial 'other': the antithesis of authority, achievement and heroism that dominated imperial narratives and fed the stereotypes peddled by *The Boys' Own Paper*, penny fiction, travelogues and emigrant guidebooks. The theory is particularly pertinent in studies of the non-white colonial empire, where the migrants' status was integral to the ideology of racial superiority and minority rule, so that individuals who failed to reach those standards, or violated them, not least by becoming insane, were

[2] Renamed in 1897 as the Provincial Hospital for the Insane.

seen as potentially subversive to the whole colonial social order, and either had to be sent home or rendered invisible by confinement.[3]

Maintaining the ideology of racial difference was not such an explicit issue in the dominions, in terms of separate institutions of confinement for Europeans and non-Europeans, although the descriptors attached to patients indicate that doctors and administrators still operated within a clear racial hierarchy. In the BC hospital records, for example, the names of Canadians or Europeans are recorded straight-forwardly, but First Nations people are accorded only a brief pseudonymic entry such as 'Jim (an Indian)'.[4] One Japanese patient was also simply described as 'Japo'.[5] While the names of Chinese patients are listed more fully (if phonetically), the intrusion of value judgements is evident in the almost invariable description of their religion by the derogatory term 'heathen'.[6] The hospital records of other Canadian provinces have not been scrutinised sufficiently to determine whether such practices were widespread across the Dominion, but recent scholarship on New Zealand's asylums has demonstrated clearer evidence of ethnic stereotyping.[7]

Analysis of asylum records, particularly through a multi-disciplinary lens, also contributes significantly to the broad – and currently fashionable – genre of diaspora studies. Perennial debates about the causes and consequences of migration, especially the agendas of participants, sponsors and host societies, can be enriched by the insights of individuals who had experience of mental hospitals, whether as patients, relatives, doctors or administrators. Fundamental questions about catalysts and consequences can be posed (though not necessarily answered) by examining case histories and policy documents: for instance, was the act of migration itself in some cases the product of a restlessness or rootlessness that contributed to subsequent problems? Could illness be triggered by the particular challenges of the migrant environment? How were gender differences reflected in committals to an asylum? How did

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[3] William Jackson, *Madness and Marginality: The Lives of Kenya's White Insane* (Manchester, 2013).

[4] Provincial Archives of British Columbia [hereafter PABC], GR-1754, vol. 1, Provincial Mental Hospital, Essondale, Admissions Book, 12 October 1872 to 31 December 1912. There are seventeen such entries in the Admissions Register between 1872 and 1901.

[5] Ibid., no 561.

[6] Ibid. There are 104 entries (ninety-six Chinese, five Japanese and three First Nations) where the religious affiliation is described as 'heathen'.

[7] See below, pp 00

host countries deal with migrants who failed, through mental breakdown, to conform to expectations of desirable settlers?

Attitudes to support structures for immigrants can also be better understood by studying the records of asylums, particularly in relation to whether their function was one of care, custody or cure. They first came into being in Canada before Confederation as part of the deliberate separation of criminals and lunatics. The medical theory declared that they were for those who were thought to be curable; but for the public – and for many families – they were seen as custodial institutions for the chronically insane, often when individuals had become unmanageable in the domestic environment. For administrators, wrestling with limited budgets and expanding patient numbers, asylums were holding pens from which they often sought to move migrant inmates back whence they had come.

Migration involved not just individuals but also ideas and institutions. The practical influence of colonialism can be evaluated through the careers of asylum doctors and administrators, many of whom had been educated in Britain and who took their ideas across and beyond the British world. Several Scottish-trained doctors practised in psychiatry overseas, working in – or sometimes establishing – asylums whose names reflected the founders' Scottish origins. Perhaps the most notable example is Dr Theodore Grant Gray, who graduated from the University of Aberdeen in 1906 and worked as one of the first assistant physicians at Kingseat Hospital in Aberdeenshire before emigrating to New Zealand. For twenty years he was Director General of Mental Hospitals for the country, and Kingseat Hospital near Auckland, opened in 1932, was designed, named and run on the lines of the Scottish institution.[8] Dr Joseph Workman, described in the *Dictionary of Canadian Biography* as 'unquestionably Canada's most prominent nineteenth-century alienist', was born in County Antrim, but in 1829, at the age of twenty four, he emigrated from Ireland to Montreal, where he studied medicine at McGill College and married an Ayrshire-born Scot. Appointed in 1853 as superintendent of the Provincial Lunatic Asylum in Toronto, he turned the

[8] Theodore Gray, *The Very Error of the Moon, etc. Reminiscences of a Director-General of Mental Hospitals in New Zealand* (Ilfracombe, 1959).

badly-run institution into an internationally-recognised therapeutic facility during his twenty-one-year tenure.[9]

The Historiographical and Statistical Context

Intermittent scholarly attention has been paid to issues of migration and mental illness. Most pertinent in a North American context is Oscar Handlin's Pulitzer Prize-winning study, *The Uprooted,* originally published in 1951.[10] Handlin's contention that immigration to the United States was 'a history of alienation and its consequences' was subsequently countered by the case for assimilation, argued by historians who highlighted the significance of various ethnic networks in assuaging dislocation by providing social, benevolent and psychological support.[11] More recently, however, the pendulum has begun to swing back towards viewing migration as a disruptive experience. Pioneering research by Angela McCarthy and Catharine Coleborne has led to an edited collection which analyses mental illness among migrants with particular reference to ethnicity.[12] Most contributions focus on the Antipodes, although one chapter compares Scottish and Irish admissions to four institutions in Ontario in the nineteenth century.[13] A team at the University of Warwick's Centre for the History of Medicine has investigated Irish migrants in Lancashire asylums, and two members of that team have co-edited a comparative study of migration, health and ethnicity.[14] Insanity in India and Kenya has been explored

[9] Thomas E. Brown, 'Workman, Joseph' in *Dictionary of Canadian Biography*, vol. XII (1891–1900), http://www.biographi.ca/en/bio/workman_joseph_12E.html [accessed 24 July 2014].

[10] Oscar Handlin, *The Uprooted: The Epic Story of the Great Migrations that made the American People* (Boston, 1951). A revised version was published in 1973 and the most recent reprint was published in 2002 by the University of Pennsylvania Press.

[11] Handlin, *The Uprooted*, second edition, 4. See also Frederick Cople Jaher, *Oscar Handlin's* The Uprooted*: A Critical Commentary: including Contadini in Chicago* (New York, 1966); John Bodnar, *The Transplanted: A History of Immigrants in Urban America* (Bloomington, 1985); George E. Pozzetta (ed.), *Assimilation, Acculturation and Social Mobility* (New York, 1991).

[12] Angela McCarthy and Catharine Coleborne (eds), *Migration, Ethnicity and Mental Health: International Perspectives, 1840–2010 (*New York, 2011).

[13] David Wright and Tom Themeles, 'Migration, Madness, and the Celtic Fringe: A Comparison of Irish and Scottish Admissions to Four Canadian Mental Hospitals, c. 1841–91' in McCarthy and Coleborne (eds), *Migration, Ethnicity and Mental Health*, 39–54.

[14] Catherine Cox, Hilary Marland and Sarah York, 'Madness, Migration and the Irish in Lancashire, c. 1850–1921', University of Warwick, Centre for the History of Medicine, http://www2.warwick.ac.uk/fac/arts/history/chm/research_teaching/

by Waltraud Ernst and William Jackson respectively, and there is some literature on mental illness among post-war ethnic minorities in Britain, particularly West Indian immigrants.[15]

In Canada, asylum records have been used to excellent effect by scholars such as James Moran, David Wright, Lorna McLean and Marilyn Barber. While Moran and Wright have undertaken specific studies of insanity, McLean and Barber used a combination of jail and asylum records in their analysis of Irish immigrant domestic servants in Ontario whose dysfunctional behaviour – manifested as drunkenness, vagrancy or larceny, as well as insanity – was perceived to threaten public safety or transgress moral codes.[16] Taking a different approach, Barbara Roberts and Anna Pratt have, at different times, analysed deportation, a policy which was from its outset rooted in the alleged mental or physical defects of immigrants. 'Canada's record in deporting immigrants', declares the labour historian Irving Abella, 'was by far the worst in the entire British Commonwealth'.[17] But while many deportees were sent from asylums to Canadian embarkation ports to be shipped back to their countries of origin, it is not possible to trace specific individuals through from detention to enforced departure. Deportation was always a federal responsibility, and the records were therefore the responsibility of the federal archives, which decided some years ago to dispose of all nominal deportation papers that predated the 1940s. The small amount of federal material that survives for the earlier period consists mainly of correspondence generated by disputed cases and appeals, and does not offer a statistically meaningful sample.

Deportation papers and related correspondence feature from time to time in the case files of patients in the BC Provincial Asylum. The exchanges

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irishmigration [accessed 17 September 2015]; Catherine Cox and Hilary Marland (eds), *Migration, Health and Ethnicity in the Modern World* (Basingstoke, 2013).

[15] Waltraud Ernst, *Mad Tales from the Raj: Colonial Psychiatry in South Asia, 1800–58* (London, 2010); Jackson, *Madness and Marginality*; Roland Littlewood and Maurice Lipsedge, *Aliens and Alienists: Ethnic Minorities and Psychiatry* (London, 1997); Philip Rack, *Race, Culture and Mental Disorder* (London, 1982).

[16] James E. Moran, *Committed to the State Asylum: Insanity and Society in Nineteenth-Century Quebec and Ontario* (Montreal, 2000); James E. Moran and David Wright (eds), *Mental Health and Canadian Society: Historical Perspectives* (Montreal, 2006); Lorna R. McLean and Marilyn Barber, 'In Search of Comfort and Independence: Irish Immigrant Domestic Servants Encounter the Courts, Jails and Asylums in Nineteenth-Century Ontario' in Marlene Epp, Franca Iacovetta and Frances Swyripa (eds), *Sisters or Strangers? Immigrant, Ethnic and Racialized Women in Canadian History* (Toronto, 2004), 133–60.

[17] Irving Abella, foreword to Barbara Roberts, *Whence They Came,* ix.

between hospital administrators, provincial and federal immigration officials demonstrate not only that the policy was implemented, but also that it was a source of contention, for in a number of cases patients recommended for deportation by doctors or provincial officials were, on federal investigation, found not to be deportable under the law.

The value of the individual case files lies partly in such miscellaneous correspondence, partly in the family letters that are sometimes attached to a patient's record, but primarily in the potted personal and medical histories that were compiled at the time of admission. Equally important are the admission registers which provide a systematic, standardised record of every patient, documenting a wide range of personal details. The years 1872–1912 are covered in a single register which contains 3,525 entries, just over 6 per cent of which were readmissions.[18] This study draws on a database compiled from just over 34 per cent of those entries (1,210 individuals) between 1872 and 1901, along with 340 individual sets of case notes covering the four decades 1872–1912.

In terms of birthplaces, the register reveals that patients from the British Isles topped the table, with 406 entries, compared with 322 from all parts of Canada, including British Columbia itself. The remaining 482 came from China (102), the United States (99), and a variety of continental European countries, with a handful from Japan, Australia and the West Indies. England was the birthplace of 60 per cent of patients from the British Isles, with 20 per cent from Scotland and 19 per cent from Ireland. If these statistics are measured against the general provincial population from the 1891 census, we find that Canadian-born accounted for almost 58 per cent of BC's population, but only 29 per cent of asylum patients. By contrast, foreign-born accounted for just over 42 per cent of the provincial population but 67 per cent of the asylum patients. Individuals of British birth accounted for 20.5 per cent of the provincial population, but 36.3 per cent of asylum admissions. Among the British immigrants, those born in England constituted 13 per cent of the provincial population but 22 per cent of patients. The disparity was still evident, but less marked, with the Scots and Irish, who constituted, respectively, 4.4 per cent and 2.8 per cent of the provincial population, but 7 per cent of the asylum population in each case.[19]

The over-representation of foreign-born in the BC asylum is not surprising, since immigrants, particularly recently arrived ones, lacked the support

[18] PABC, GR-1754. Vol. 1.

[19] Census of Canada, 1891 (Ottawa, 1893), vol. I, Table V, Places of Birth, 332.

systems and family networks of the native born. But the proportions differ from Angela McCarthy's recent findings in New Zealand, where Irish migrants were over-represented among asylum patients; Scots were equal to their general presence in the population; and the English were under-represented.[20] The British Columbia evidence therefore challenges arguments that are sometimes advanced either that Ireland exported its insane or that the Irish were predisposed to insanity.

Triggers for Mental Breakdown

Naked statistics need to be clothed with meaningful analysis. The admission registers, warrants, and especially the case files are invaluable tools which facilitate that process and allow us to engage in debate about the causes, manifestations and consequences of migrant insanity. It is to that empirical agenda that we now turn, with particular respect to the perceived causes of mental breakdown among Scottish and Irish settlers and sojourners in British Columbia.

(1) The Transition

The difficulties of the decision-making process, the pain of parting, and the discomforts of the journey feature frequently in general emigrant testimony. Yet a difficult transition has to date been noted in only one entry in the BC Provincial Asylum case notes as the catalyst for a patient's illness. Mrs C. from Edinburgh, who was admitted to the New Westminster institution in 1890 and discharged to the care of her husband four years later, fell ill, according to her record, because of 'indisposition and the long trip from Scotland to BC'. She had taken opium and attempted to commit suicide.[21] In contrast to the relative silence in the BC – and wider Canadian – record, a traumatic voyage experience was commonly mentioned in the New Zealand record: Angela McCarthy notes that 8 per cent of a sample of foreign-born patients who were admitted to Dunedin's public asylum within a year of arriving in New Zealand were said to have been affected by the voyage.[22] This statistic is reinforced by published government reports, which from time to time also mentioned symptoms of

[20] Angela McCarthy, 'Migration and Madness in New Zealand's Asylums, 1863–1910' in McCarthy and Coleborne (eds), *Migration, Ethnicity and Mental Health*, 57–8.

[21] PABC, GR-2880, British Columbia Mental Health Services, patient case files, Box 2, no. 371.

[22] McCarthy, 'Migration and Madness in New Zealand's Asylums', 65.

insanity among migrants manifesting themselves after a few weeks at sea.[23] But a hypothesis that might attribute the higher incidence of trauma to the much longer voyage to the Antipodes is undermined by evidence that conditions on the government-sponsored antipodean vessels were better than in the free market of transatlantic travel, and reasons for the disparity therefore require further investigation.

(2) An Alien Environment

There were specific forms of disappointment and dislocation, some of which seem to have been triggered by the unexpectedly alien environment in which the migrants found themselves. Solitude was a recurring problem. A 'solitary life and bad habits', for instance, had allegedly brought about the delusional insanity of a thirty-seven-year-old bachelor from Dingwall in the Scottish Highlands, a mill hand, who was sent to the BC asylum from Port Moody in Vancouver Island in 1900. Ten years later, P., a peripatetic Irish gold miner who had previously prospected across the United States and British Columbia, was sent down from Cascade in the West Kootenays with delusions and a diagnosis of toxic insanity. According to the admission register, his illness had been caused by 'living alone'.[24]

But isolation and solitude were problems by no means confined to the extractive-industry-based environment of Canada's western frontier or to the turn of the century. John Tod was a Scots-born trader with the Hudson's Bay Company whose Welsh-born wife, Eliza, became violently insane in 1839 while the couple and their baby were based at Oxford House, 590 miles north of Winnipeg. Fearful that she would harm herself or the child, and unable to procure assistance from the terrified First Nations people, Tod brought her back to Britain and paid for her confinement in a private asylum while he and the child went back to Canada, where he took a 'country wife', whom he married after Eliza died in 1857.[25]

The prairies too epitomised a depressing environment, not least for the Countess of Aberdeen, who confided to her private diary when she visited the infant Hebridean settlement at Killarney in 1890: 'May God preserve us from banishment to the far famed wheatlands of Manitoba' where 'the

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[23] *Appendices to the Journals of the House of Representatives,* 1876, H-4, 11; ibid., 1884, H-7, 1.

[24] PABC, GR-2880, Box 26, no. 2644.

[25] Sylvia Van Kirk, *Many Tender Ties: Women in Fur-Trade Society, 1670-1870* (Norman, Ok., 1980), 195.

struggle to live has swallowed up all energy'.[26] It was a sentiment perhaps shared by Irish immigrant M., from County Cavan, who had been treated in Montreal and Winnipeg before admission to the BC Provincial Asylum in 1881. According to her case notes, her husband 'brought her from Red River to this country hoping it might do her good, but the contrary has happened'.[27]

On the other side of the border, O. E. Rölvaag's 1924 novel, *Giants in the Earth*, charts the descent into insanity of the wife of a pioneer Norwegian family that had moved from the Lofoten Islands to land-locked Dakota Territory. At one point, the central character and tragic heroine, Beret, talks about 'the formless prairie' with 'no soul that could be touched', the 'infinitude surrounding her on every hand', and the 'deep silence' which convinced her that 'she had passed beyond the outposts of civilisation'.[28] In the same vein, on the other side of the world, 'secluded life on a station' was given as the cause of the insanity of a Scottish shepherd whose admission appears in the records of Sunnyside Asylum in Christchurch, New Zealand in 1851, little more than a decade after New Zealand became a Crown colony.[29]

(3) Disappointed Expectations

An alien environment might be coupled with disillusionment in respect of life-style or employment, and perhaps some patients in the BC Provincial Asylum could have testified to disappointment in their expectations of moving from rags to riches. Unlike Ontario and the prairies, the Pacific North-West in the late nineteenth century was not promoted as a place for the impecunious. 'British Columbia is not a poor man's country. There is no room for him there', was the candid opinion of Henry Murray, the Canadian government's emigration agent in Glasgow after a trip out west in 1897.[30]

Some of the most disappointed migrants on the planet in the nineteenth century must have been those who travelled the world in a vain search for gold, and it is not surprising that many of them – like P. from County Cavan

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[26] The Countess of Aberdeen, unpublished journal, 2 October 1890, Library and Archives Canada [hereafter LAC], C-1352.

[27] PABC, GR-2880, Box 1, no. 163.

[28] O. E. Rölvaag, *Giants in the Earth: A Saga of the Prairie*, trans. Lincoln Colcord and the author (New York, 1927, 1929), 37.

[29] Admission Register Book, 1872-81, no. 7, Sunnyside Lunatic Asylum, Christchurch, Archives New Zealand, CAUY-3212 CH388/2.

[30] H. M. Murray's report to Clifford Sifton, Minister of the Interior, 29 April 1897, LAC, RG76, file 34873, vol. 147, microfilm reel C-7303.

– appear in the province which lured so many hopeful prospectors to the Cariboo in the 1860s and to the Klondike in the 1890s. The database of admission register entries to date includes seventy 'miners' or 'prospectors' (just over 6 per cent of the sample), many of whom had delusions about being robbed of their claims.

D., for example, a bachelor from Lewis, was living in the Cariboo when he was admitted in 1892, with delusions. According to the medical certificate, 'he thinks himself poisoned, robbed and disturbed in his work … hears voices around his cabin'.[31] Another Scottish patient, a provincial police officer in Victoria, claimed when he was admitted in 1894 to have made over $40,000 from gold mines in the Cariboo, to have shares in every mine in the district, and to have built up a ranch of over 600 head of cattle from one cow in two years.[32] But there was no exceptionalism in the derangement of Irish or Scottish miners: W. from Wales, admitted in 1898, was described as a 'monomaniac on the subject of gold'; while an English miner, who was sent down from Dawson City in 1900, had gone to the Klondyke from Illnois, from where his wife wrote to the Superintendent a year later: 'I am I am so sorry to here [sic] that Mr B. is so much worse. I am afraid he will never see his home agin. If he had never went away he would never [have] been where he is'.[33]

Certainly, unsuccessful gold diggers were found in asylums across the British world, and also back in their native land. For example, McK., aged thirty three, was admitted to Inverness District Asylum in 1866, his previous occupation having been gold mining in Ballarat, Australia. Diagnosed with 'melancholia' of two years' duration, his case notes refer to his delusion of possessing 'a whole gold field in Australia', as well as intimating that his brother was detained in an asylum at Musselburgh, near Edinburgh.[34]

If the poor were discouraged from coming to BC, the province was unambiguously – and uniquely – peddled as a haven for genteel British settlers, 'gentlemen emigrants', who were known by the more pejorative title of 'remittance men' in western America. The propaganda worked, for between 1891 and 1921 almost 14 per cent of the province's British settlers fell into that category. They were persuaded that it was not only a profitable economic

[31] PABC, GR-2880, Box 3, no. 477.

[32] Ibid., Box 3, no. 525. It is unclear whether this individual had ever been a gold miner.

[33] Ibid., Box 6, no. 838; Box 8, no. 1046.

[34] Inverness District Asylum, Warrants, 15 May 1866–15 May 1869, no. 281, Highland Health Board [hereafter HHB], 3/5/2.

venue but also a loyal outpost of empire, to which they could import their British attitudes, along with their tennis racquets and fishing rods.[35] Many of these individuals were surplus younger sons, some of whom may have been – by background as well as experience – predisposed to mental breakdown, or who hit the bottle when the reality of frontier life failed to match the rhetoric. The remittance men constitute a small but interesting minority in the asylum records. Three have been identified from the sample to date: one from Ireland (a Cambridge graduate and former soldier) and two from England, including F., an aristocrat who had murdered his Chinese cook.[36]

(4) Homesickness

None of these catalysts operated unilaterally. An alien environment, or disappointed expectations, could trigger or exacerbate homesickness, which, in extreme cases, could lead to mental breakdown. Although it was not mentioned explicitly in any of the register entries, it can be deduced from some of the case notes, and it is clearly evident in documentation and personal testimony from other parts of the diaspora, across the ages.[37] It could be triggered by a life-changing event like childbirth or bereavement; by illness; or through the memories stirred by simple celebrations like Christmas. For some migrants it was a serial and recurring affliction.

Most of the clues about homesickness in respect of BC Provincial asylum patients come from family correspondence, rather than from the sufferers' own lips, or from medical assessment. C. from Leith, near Edinburgh, was admitted to the asylum in 1902 and died there sixteen years later. An undated letter from his sister written during the First World War contained this poignant observation and plea: 'It is very heart breaking, his constant desire to get home – "where there is no home". If we could manage to pay his fare, would

[35] For an analysis of remittance men, see Patrick Dunae, *Gentlemen Emigrants. From the British Public Schools to the Canadian Frontier* (Manchester, 1981); Marjory Harper, 'Aristocratic Adventurers: British Gentlemen Emigrants on the North American Frontier, c. 1880 – c. 1920', *Journal of The West,* 36 (1997), 41–51.

[36] PABC, GR-2880, Box 28, no. 2805; Box 20, no. 2061; Box 9, no. 1139. See also below, pp 75–6.

[37] See in particular Alistair Thomson, '"My wayward heart": Homesickness, Longing and the Return of British Post-War Immigrants from Australia' in Marjory Harper (ed.), *Emigrant Homecomings: The Return Movement of Emigrants, 1600–2000* (Manchester, 2005), 119-20, interview with John and Margaret Hardie, 9 September 2000.

it be possible to get him transferred to any institution here, where we could at least see him? I would come out and see him, if I could.'[38]

(5) Predisposition: Wanderers on the Face of the Earth

There is another theory which, like homesickness, is not articulated in the official record, but which emerges implicitly from the case histories. It is the issue of whether some individuals were predisposed to mental illness simply because they were 'chronic migrants', rather than through any specific consequences of their migration. Alternatively, did mental instability sometimes induce migratory tendencies? Migration was certainly not normally a consequence of dysfunctionality; and rootlessness did not cause insanity. On the contrary, constant mobility can be seen a positive reflection of the opportunities of the international labour market. Yet one of the most striking features that emerges from the case histories in the BC Provincial Asylum is the extraordinary and sustained itinerancy among many patients prior to admission. Some of them had been rolling stones since childhood, and several had completely lost touch with their parents, siblings and all places of previous residence.

Itinerancy or the vagrancy with which it was often associated was not linked with ethnicity, and there is nothing distinctive about footloose Irish or Scottish asylum patients. They do, however, appear in the records alongside wanderers from other parts of the British Isles, Europe and North America. J. from County Antrim had left school at the age of fourteen, and was employed at various jobs in Ireland and Liverpool before coming to Canada in 1902. Between then and 1909, when he was admitted to the BC Provincial Asylum, he worked in New Brunswick, the North West Territories, Minnesota, Montana, Washington and Prince Rupert.[39]

P. was another drifter. A native of Limerick, he had emigrated to New York at the age of sixteen and had made his way across the United States, working as a coachman, saloon keeper and labourer in railway and logging camps. When he was admitted in 1911, shortly after being injured in a train crash in Washington State, he had had no contact with his family (including his wife and son) for seventeen years, and was drinking between two and three quarts (six to eight pints) of whisky a day.[40] From west Sutherland in the Scottish Highlands we have the example of G., who had come to Canada with

[38] PABC, GR-2880, Box 11, no. 1326.

[39] Ibid., Box 24, no. 2400.

[40] Ibid., Box 29, no. 2951.

his parents in 1872, at the age of fifteen and subsequently worked in about ten locations across the United States and Canada, often (like many itinerant patients) for the railways. He was admitted to the New Westminster institution in 1911, after being turned over to the provincial police at the American border when he had tried to enter the USA.[41] The same year saw the admission of J., aged thirty nine, a native of Aberdeen and 'a heavy drinker and user of tobacco for many years'. A granite cutter, he had emigrated to Vermont in 1892 but had followed his trade for only about a year. 'Since that time', his case notes recorded, he 'has been wandering round various states, never remaining in any one position for any length of time, and as he has not kept any account of his wanderings is unable to give any definite statement in this regard. This wandering was not on account of any persecutory delusions existing, apparently, but just that he did not settle down anywhere.'[42]

(6) Absence or Breakdown of Family Support Networks

Frequently going hand in hand with constant movement were loneliness, isolation and the absence or breakdown of family and community support networks. Solitude was not just a concomitant of a frontier environment. The absence of support mechanisms could also play a part, both in triggering mental breakdown and in dictating and exacerbating its consequences.

There is, moreover, a gendered ingredient to consider here. Married women who suffered desertion, family breakdown, domestic violence, postnatal depression or bereavement were particularly vulnerable to dysfunctional or absent support networks. Many of them were left alone at home for long periods, as their husbands engaged in multiple occupations: logging, mining, cannery work. Men tended to be admitted to the asylum for violent or dangerous behaviour, or because they had broken down on their job. Women were more likely to be admitted for depression, for threatening harm to themselves or others (especially their children), or for being unable to perform their domestic duties. 'Puerperal mania' was another common factor in female admissions. But there is also a disturbing sub-text in at least one of the BC Provincial Asylum records that hints at domestic abuse: when J. from Nairn, a 'mild and gentle' woman with four children, was admitted in 1910, her

[41] Ibid., Box 29, no. 2892.

[42] Ibid., Box 31, no. 3129.

admission record stated that the cause was 'abuse of [sic] drunken husband and hard times', compounded by childbirth.[43]

(7) The Medical Perspective

Most of the triggers discussed so far have been identified by inferences in the records, rather than explicit statements of causation. Patients, families, doctors, administrators and politicians all had views about the causes and consequences of insanity, but they did not always speak in harmony. The contributory causes and diagnoses identified in the admissions register reflect a medical preoccupation with heredity and moral value judgements which – as family correspondence indicates – was sometimes challenged by relatives.

There is a notable absence in the BC hospital admissions register of diagnoses made on the basis of 'religion', 'religious delusions', or 'religious excitement', and in cases where such a diagnosis was made, patients' affiliations ranged across a whole gamut of denominations. This is in stark contrast to evidence sampled from Ontario more than three decades earlier, when 'religious excitement' was a recurring diagnosis, and Methodism the most frequently cited denomination. The disparity is explained partly by Joseph Workman's influence in emphasising the somatic characteristics of insanity rather than the moral or psychological causes preferred by an earlier generation of alienists.[44] The political contexts were also different, for American Methodism was seen as subversive in Upper Canada in the 1830s and 1840s, not least because it was associated with those who supported the 1837 Rebellion and with the threat of invasion from the United States. Such issues were not relevant in the Pacific North-West at the end of the century, but the putative link between Methodism, subversion and insanity further east and in an earlier generation is a reminder that medical diagnoses were influenced by the political context within which the doctors worked. We are also reminded of the socio-cultural context by the case of J., one of the few patients in the BC Asylum whose illness was attributed to 'religious mania'. An immigrant from Scotland, who was admitted in 1894, she had been upset by a recent schism in the Free Church of Scotland. 'Her one topic of conversation was religion', her former employer

[43] Ibid., Box 24, no. 2592. J. had suffered two previous attacks of 'puerperal insanity', one in Scotland nine years earlier and one in Winnipeg in 1907.

[44] http://www.biographi.ca/en/bio/workman_joseph_12E.html [accessed 24 July 2014].

wrote. 'The split in the Presbyterian Church has evidently worried her very much.'[45]

Heredity was a factor in mental illness that was consistently emphasised by medical opinion across Canada, the other Dominions, the United States, and the British Isles, sometimes with the implication that the insane were being deliberately exported. 'Heredity' appears in the 'cause of illness' column in seventy-two cases in the 1,210 admission register entries examined to date. It is also identified in case notes, which recorded family histories, with particular reference to hereditary insanity and any previous committals of the patients themselves, or of family members. For instance, H., from Kirkcaldy in Fife, whose niece was also 'similarly affected', was admitted to the BC asylum in 1904, five years after she had been a patient at a similar institution in California. J., the footloose migrant from County Antrim whom we met earlier, had an uncle in an asylum; while H. from Glasgow had a paternal uncle in an Irish asylum as a result of 'excessive drinking', and his father had also died in Derry Asylum.[46]

That heredity was a preoccupation of asylum doctors well beyond British Columbia is abundantly evident from Angela McCarthy's antipodean research. Annie, aged fifty three, a native of Caithness, was admitted to the Seacliff Asylum in Dunedin in 1901, ten years after arriving in New Zealand, and following two years in Tasmania. Her case notes record that her sister was an inmate of Sunnyside Asylum at Montrose in Scotland, while her brother, who had been born an imbecile, was boarded out. Her file includes a letter she wrote to another brother in 1911, alleging that 'had I been at Home the doctors would not have dared to [do this]…but here, advantage has been taken of me as I have nobody in the colony but yourself that knows anything about me.'[47]

The BC admission questionnaire also addressed patients' 'bad habits', specifically venereal disease and alcohol abuse. Intemperance, like heredity, was a common cause of mental morbidity identified by the doctors, being mentioned in eighty-four cases in the database. It is, however, yet another

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[45] Ibid., Box 4, no. 569. For details of the split, see James Lachland MacLeod, *The Second Disruption: The Free Church in Victorian Scotland and the Origins of the Free Presbyterian Church* (East Linton, 2000.

[46] Ibid., Box 15, no. 1584; Box 24, no 2400; Box 24, no. 2393.

[47] Angela McCarthy, 'A Difficult Voyage', *History Scotland*, 10:4 (2010), 29.

ambiguous label, for alcohol abuse could be a cause, a symptom and a consequence of illness or other dysfunction.

The ambiguities are illustrated in the case of James from Shetland, whose entry in the asylum register in 1899 states that he was a man of 'no occupation' whose illness had been caused by 'inebriety'.[48] But in a letter to his mother in 1891, and preserved in Shetland Archives, James presented a rather different profile. Writing a year after arriving in Vancouver, he condemned the misleading propaganda that he said had lured him to a city where there was high unemployment and living costs, coupled with low wages, and where, despite having some training in medicine, he had been forced to resort to a succession of menial jobs which barely kept him above the breadline. His last cent had gone on posting his tale of woe to his mother, but he was anxious that news of his failure should not spread too far. 'Had I better news to convey it would have been different', he wrote, 'but the outlook is so dark that it is better to keep it to yourselves.'[49] Was his traumatic experience a consequence of alcoholism, or did he start to drink to excess because of disillusionment? It is impossible to tell.

Medical diagnoses – not least in James' case – clearly involved value judgments, which can also be inferred from the language used to describe patients. Glaswegian-born H., whose father and uncle had died in Irish asylums, was a rolling stone who had spent the six years before his hospital admission in the United States, Canada (including the Yukon), Africa and back in Scotland. Apparently characterised by the same 'excessive drinking' as his uncle, he had been convicted of drunkenness and vagrancy. His case notes, in describing his delusional trends, recorded that he 'has no fixed delusions, except those usually found in a degenerate', while, in response to the question of whether he was dangerous to others, the doctor wrote 'Not more so than others of his class.'[50]

Value judgements could also involve race and ethnicity. In the late nineteenth century the tendency to categorise patients by ethnic markers was linked with the development of eugenics. It was used particularly with central and eastern Europeans and Asiatics, not least in New Zealand, where medical reports and official returns display a strong thread of ethnic stereotyping, often linked with appearance. One patient in Dunedin was described as a 'dull sleepy dejected looking Chinaman who stands in a slouch attitude with his

[48] PABC, GR-2880, Box 7, no. 939.

[49] James to his mother, 9 June 1891, Shetland Archives, SC. 12/6/1915.

[50] PABC, GR-2880, Box 24, no. 2393.

eyes closed', while another was reportedly 'a typical fair haired light complexioned Scandinavian'.[51] Non-English-speaking migrants in New Zealand were also distinguished by language, although a handful of Scots and Irish were also judged by the way they spoke. For instance, one Scottish patient in Dunedin was 'continuously talking. Sometimes Gaelic. Sometimes senseless English', while another 'says he can only curse in Gaelic'.[52] An Irish patient in Auckland Asylum 'talks in a rambling incoherent manner with a marked South Irish accent about his life in Ireland some fifty years ago'.[53]

The BC Provincial Asylum records, on the other hand, are remarkably devoid of such ethnically driven evaluations, with the exception of an implicit comment in respect of the two medical certificates submitted when K., from Nelson, was sent to the Asylum in 1907. The distinguishing feature was, once again, linguistic. One doctor reported that K. 'Talks and shrieks in Gaelic continuously. Will not answer any questions, nor talk in English, merely yells in Gaelic.' His colleague confirmed that 'the patient was crying out in an unintelligible language.' [54]As in New Zealand, but to a much lesser extent, there was some ethnic stereotyping of Chinese patients, on the basis of both language and appearance. One patient 'refuses to speak except in Chinese' while another was described as 'a short stout bullet-headed Chinaman'.[55]

English speakers were clearly at an advantage in terms of communication. M-M. was a Norwegian-born patient in the BC Provincial Asylum who was probably suffering from post-natal depression when she was admitted in 1899, dying in the institution nine years later. In a telling letter to her husband in Bella Coola, the Medical Superintendent wrote in 1902, 'no one here speaks her language so we have to judge by her conduct. She seldom says anything.'[56]

In some ways the relative silence on ethnicity is surprising in a Canadian context, because in the eugenics-dominated decade before the First World War, Canada was preoccupied with the idea that weak-minded immigrants from Britain (especially England) were polluting their society and draining their economy because they did not fall under the current deportation law. With reference to the situation much further east, an article in the *University*

[51] McCarthy, 'A Difficult Voyage', 30.

[52] Ibid., 30–1.

[53] Quoted in Angela McCarthy, 'Ethnicity, Migration and Asylums in Early Twentieth-Century Auckland', *Social History of Medicine*, 21 (2008), 56.

[54] PABC, Box 20, no. 2003.

[55] Ibid., Box 1, nos 151, 79.

[56] Ibid., Box 7, no. 949.

Monthly in 1908 used statistics from the Toronto Asylum to suggest that immigrants made up a disproportionate part of the population of Ontario's asylums: 20 per cent of the province's population was foreign born, but between 40 and 50 per cent of its asylum patients. The article went on to link the alleged preponderance of so-called 'English defectives' in the admission registers of Toronto asylums with 'the wholesale cleaning out of the slums of English cities'.[57]

Medical and administrative stereotyping was sometimes matched by public prejudice. This has not been identified in documentation relating to British Columbia in the period under review, but some time later, in 1923, a letter sent to the federal immigration authorities from R. Law, a resident of Toronto, complained about the recent assisted migration of 600 Hebrideans to Ontario and Alberta. They came, the writer asserted, from the same mould as their countrymen who had settled in Cape Breton in the nineteenth century, and whose descendants were, he claimed, 'absolutely unreliable citizens', who were crowding the asylums, 'living in poverty, and content to do so.'[58] In fact, the Nova Scotia Hospital evidence shows that Scots were not disproportionately present in that institution, but value judgements about the relationship between poverty, unreliability and insanity – as well as heredity – ooze out of Law's sweeping condemnation.[59]

Postscript: Responses and Consequences

Value judgements played a major part in determining the responses of doctors and politicians to migrant insanity. Institutions of confinement were established across Canada well before Confederation. Initially these were jails or poorhouses, followed by custom-built asylums in every province, in tandem with the birth of institutional psychiatry. Committals were made by a variety of individuals, including justices of the peace, police, prison governors, and patients' families.

The admission documents and case notes reflect a multi-hued tapestry of backgrounds and circumstances. Some patients were solitary individuals

[57] K. C. Clarke, 'The Defective and Insane Immigrant', *University Monthly*, 8 (1907-8), 273-8.

[58] R. Law, Toronto, to Department of Immigration and Colonization, 22 February 1923, LAC, RG76, vol. 633, file 968592, part 3, microfilm reel C-10446.

[59] For statistics of admissions to the Nova Scotia Hospital, see Public Archives of Nova Scotia, Nova Scotia Hospital Fonds, 1859-1958, Admission Records, RG25, Series NS, microfilm reels 9623–9628.

whose lack of a family support network might have triggered or exacerbated their illness. They were detained for their own safety, the safety of others, or because of socially unacceptable behavior. In other cases, however, committal to the asylum was a consequence of discordant relationships or the impossible strains placed on family support mechanisms. Some families saw the asylum as a place to dump unwanted relatives; for others they were poor house equivalents, a sort of medical pawn shop, where they deposited and sometimes collected family members as financial or other circumstances dictated. In other cases they were a last resort, a sanctuary to which to send uncontrollable or elderly relatives when they could no longer be handled at home. Late referral obviously had a deleterious effect on the likelihood of recovery, and those who were admitted with age-related conditions generally died in the asylum, often within a short time.

Asylums were the responsibility of the provinces, whose priority was generally to balance the books and reduce chronic overcrowding by encouraging families to take back responsibility for their relatives. Sometimes this may have worked to the detriment of the patient. J. from Nairn, mentioned earlier, whose illness was attributed to abuse by her drunken husband, hard times and childbirth, was – a month after her admission – 'allowed to return to her home in charge of her husband', before being fully discharged from the Asylum's books five months later.[60]

If the insane migrant had relatives in the Old Country, the Asylum encouraged repatriation. As the Medical Superintendent put it in a letter to an English patient's sister in 1903: they wanted to send her brother home because numbers of the hospitalised insane were increasing, wards were overflowing, and the provincial government 'does not feel disposed to keep for the rest of their lives a lot of young men who really do not belong to it'.[61] In fact, that patient died in the BC Asylum thirty-two years later, because his family 'lived in rooms' and claimed that they were unable to accommodate him or bear the cost of repatriation.[62] There was a different outcome in the case of the blue-blooded remittance man rancher, F., who had killed his cook. After being tried for murder and acquitted on the grounds of insanity, he was sent back to England in the charge of an attendant from the Asylum, with the cost of

[60] PABC, GR-2880, Box 24, no. 2592. See also above pp 69–70.

[61] Ibid., Box 8, no. 1034, Dr G. H. Manchester, Asylum Superintendent, to LB, 3 February 1903.

[62] Ibid., LB to Dr Manchester, 12 January 1903.

the return passage and subsistence for the attendant – who was effectively a valet – being paid to the Asylum by his family.[63]

Financial priorities also dominated policy back in Britain and at times caused strained transatlantic relations. B.'s sister and mother wanted him to be sent, at public expense, to Hanwell asylum near London, but that was not feasible. As Dr George Manchester, Superintendent of the BC Hospital, explained to her, the British authorities 'are opposed to our sending these young men home and think that we should accept the fit with the unfit when immigrants come our way.'[64] Sometimes resources were pooled in order to share the cost of repatriating individuals who did not fall within the deportation legislation. One example was G. from Dublin, a Boer War veteran, who was sent home from the BC Asylum in 1910 at the joint expense of the provincial and federal governments. As a federal immigration official wrote to Charles Doherty, the Medical Superintendent, 'The man is not deportable under the Act, but that [sic] to save his being a further charge upon Canada, our Department will share with yourselves the costs of relief from the present public charge.'[65]

The legislation to which the federal immigration officer referred was the Immigration Act of 1906, which consolidated previous immigration legislation, and clarified and enhanced provisions for deportation.[66] While the provincial response to insanity was primarily pragmatic, blending custodial oversight, community care and the repatriation of immigrants, it was harnessed to an evolving federal overlay. That federal response involved a mixture of gate-keeping and fire-fighting, and – heavily influenced by the rising profession of psychiatry – had a clearly eugenic agenda. While screening and quarantine were imposed at ports of entry, more emphasis was put on subsequent damage control through deportation. Canada, we have noted, deported many more immigrants than any other country in the Commonwealth, with the objective of getting rid of individuals who were, or likely to become, public charges. From the outset insanity was right at the centre of that definition, and – under the 1906 legislation – if such a diagnosis was made within two years of arrival, the immigrant could be deported at the expense of the shipping company which had brought them. Some of these individuals – like B., a

[63] Ibid., Box 9, no.1139. See also above, 67

[64] Ibid., Box 8, no. 1034, Manchester to LB, 3 February 1903.

[65] Ibid., Box 26, no. 2695, J. H. MacGill to Dr Charles Doherty, 26 September 1910.

[66] Ninette Kelley and Michael J. Trebilcock, *The Making of the Mosaic: A History of Canadian Immigration Policy* (Toronto, 2010), 159.

woman from Aberdeen – were sent straight from the port of disembarkation to an asylum in their native land.[67]

In the Pacific North West, unofficial deportation had been the response to the first recorded case of insanity. In 1850, a year after the Crown colony of Vancouver Island was created, a deranged Scottish immigrant allegedly assaulted the jail doctor, John Helmcken, and was placed on the next ship back to Scotland. In later decades Scots and Irish were included – though not disproportionately so – in those slated for deportation from the BC Provincial Asylum. J., a miner from Glasgow, was deported in 1909 following a diagnosis of toxic insanity. On arriving less than two years earlier, he had worked as a labourer at various locations in the West before securing a position in the coal mines at Cumberland, Vancouver Island, from where he was committed after a 'prolonged drinking bout' had induced 'delusions and hallucinations'.[68] Also deported in 1909 was M., a domestic servant from Aberdeenshire. According to one of the certifying doctors, 'This is undoubtedly a case of Dementia Praecox [schizophrenia] and from history obtained [I] would say she was suffering from same previous to leaving her home in Scotland.'[69]

One deportee who began but did not complete his journey back across the Atlantic was twenty-two-year-old T. from Tain in Easter Ross. Having been admitted to the institution within three months of arriving in Canada in 1908, he was ordered to be deported and was on board ship in the middle of the St Lawrence when he broke away from his attendant, jumped overboard and was drowned. His father in Tain subsequently sued the Allan Line for failing to keep a proper suicide watch, not least because T.'s deportation order had stated that he – like the female patient from Aberdeenshire – had shown signs of insanity before leaving Scotland.[70]

Conclusion

T.'s story – like that of many others who have populated this study – is a reminder that issues of migration and mental health involve not simply bald statistics, medical theories and administrative practices, but dislocated families,

[67] Asylum Register of Lunatics, 22 July 1921, Northern Health Services Archives, Aberdeen Royal Asylum, GRHB 2/3/19. The example post-dates the period of this study, but correspondence in the BC Provincial Hospital records indicates that the practice was enforced from at the least the beginning of the century.

[68] PABC, GR-2880, Box 24, no. 2415.

[69] Ibid., Box 24, no. 2441.

[70] Ibid., Box 22, no. 2220.

personal anguish and minds that were pushed over the edge. While the asylum registers, warrants, case notes and correspondence, coupled with provincial and federal reports and legislation, provide us with a partial narrative of policy, theory and practice, they also offer a sobering glimpse into the adversity and tragedy that sometimes defined and destroyed the migrant experience.

Despite the challenges of fragmentary medical records, limited corroborative evidence, and privacy legislation, surviving and accessible documentation from the BC Provincial Asylum casts fresh quantitative and qualitative light on contemporary perceptions of mental illness among Scottish and Irish migrants to British Columbia in the province's formative decades. It also blazes a trail for further multi- and inter-disciplinary research within a wider international context. Insanity among migrants, whatever their destinations, has always been a complex and contentious phenomenon that has evoked different responses from doctors, administrators, politicians, relatives and patients, as well as arguments within the medical profession. Comparative investigation of the roots and repercussions of this global phenomenon should identify chronological, spatial and cultural patterns associated with migrant mental illness, as well as demonstrating that migration could be an alienating as well as an invigorating experience.

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