Saskatchewan Hospital
North Battleford

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In the first half of the 20th century, Saskatchewan slowly worked at de-criminalizing insanity and reshaping the public image of the mental asylum from a secretive place that the public should fear into a hospital that sought to heal sick people. This transition was largely led by Superintendent James MacNeill of the North Battleford asylum. MacNeill, who was a physician turned politician before taking his position at the asylum, believed that insanity was a medical condition that could be treated and cured. When he took his post, instead of treating the asylum population as criminals, which the law defined them as, MacNeill looked upon and treated them medically as patients with mental conditions – conditions he believed he could cure under the tenets of moral treatment. Through his efforts, the provincial government steadily changed the law so that by 1950 mental illness became a full medical issue rather than being a criminal one.

MacNeill was not the first to argue that mental illness was a medical condition. In fact, his efforts in Saskatchewan were a reflection of larger national trends. Through of institutions in the east, he knew that superintendents throughout North America and Europe were largely treating the people in their care as patients and not incarcerated criminals. These men had already medicalized mental illness or were working on it, and MacNeill put his efforts into doing the same for the people of Saskatchewan. Through his efforts, and those of other physicians who believed the same, the provincial government gradually followed suit.

In 1879, when the province was still part of the Northwest Territories, a law mandated that any person deemed insane should be sent to Stony Mountain Penitentiary, Manitoba. According to this law, titled "*An Act Respecting the Safekeeping of Dangerous Lunatics in the North-West Territories* (NWT)," once a person was judged "insane *and* dangerous to be at large" they were "detained at the pleasure of the Governor General in Council or until discharged by

law."[1] To refine the law further, the NWT lieutenant governor passed an *Ordinance Respecting Dangerous Lunatics,* which stated that people who were believed to be insane could be brought before a justice of the peace to be judged for being "insane" and a "danger to society" – two conditions that the government believed went hand-in-hand.[2] To the federal and territorial governments, and later the Saskatchewan government, insanity was analogous to criminal behavior, thus reinforcing the historical stigma that people declared insane were dangerous and society should lock them away. According to the law, after listening to all the evidence, the justice's could "commit the prisoner to gaol awaiting the pleasure of the Lieutenant Governor or until the prisoner was discharged by law."[3] This law put a strain on the prison system that saw many of these people placed in penal institutions. As it were, incarcerating people judged insane was only supposed to be a temporary solution, for the Territorial government had plans to build their own mental asylum.

In 1905, Saskatchewan became a province and the new government had to decide how to deal with its own people that were judged insane. As it turned out, they did not stray from the path laid out by the NWT and the federal governments. Harley Dickinson, who wrote a history of the evolution of the two provincial institutions in Saskatchewan, wrote, "In 1906 the Saskatchewan legislature passed the *Insanity Act*. Under this act, the determination of insanity remained a legal prerogative."[4] To the new Saskatchewan government insanity was still a criminal offence and not a medical one. All the same, instead of continuing to rely on the prison

[1] Maurice Demay, "The Beginnings of Psychiatry in Saskatchewan," *Canada's Mental Health* 21 (January-February 1973):19, Emphasis Added.

[2] Harley D. Dickinson, *The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan, 1905-1984* (Regina: University of Regina, 1989), 20.

[3] Demay, 19.

[4] Dickinson, 20.

system, the Saskatchewan government had all its citizens that were deemed insane sent to the Brandon asylum in Manitoba until they could finally build an asylum of their own.

Relocating to an asylum may seem like a vast improvement in the care of the accused people, in reality, though, it was more ambiguous than that. The asylum was a type of in-between place; strictly speaking, it was neither a hospital nor a prison. While the institution that housed those committed changed in name and became a non-prison location, the laws surrounding them remained the same for many years in Saskatchewan with only slight variations.

While the province assigned a doctor instead of a warden to treat the asylum population, under the law they were still criminals. To reinforce this categorization, until 1917, when it transferred to Public Works, the asylum and its patients fell under the jurisdiction of the Attorney General. This transfer may seem like a step away from the criminalization of mental illness. Nevertheless, when the responsibility of the patients moved to Public Works, it did so under *The Dangerous Lunatics Act* – now the patients were "dangerous lunatics" not just "dangerous and insane." Moreover, as Delores Kildaw, who wrote a history of SHNB, showed, with this move "the primary concern regarding mental patients had changed from being a legal matter to one of housing."[5] The change was not an attempt to medicalize insanity; that shift did not begin until MacNeill was in SHNB actively treating people and insisting to government officials that they were patients and not inmates.

Even lawmakers understood that in order to build a proper hospital the government first had to find a proper location. At this time in the treatment of people judged to be the insane it was a common belief that the environment would help alleviate the worst symptoms.

[5] Delores Kildaw, *A History of the Saskatchewan Hospital North Battleford, Saskatchewan* (Saskatoon: Health Care Administration, University of Saskatchewan, College of Commerce, 1990-91), 4.

Accordingly, to find this environment the Saskatchewan government took briefs from communities around the province that touted the soothing benefits of their local region.

The Battlefords took part in this search; and like other communities, they aggressively fought for the right to have the asylum built near them. They knew that locating the institution in their vicinity would give social, political, and economic stability to the region.[6] An excerpt from their brief goes beyond financial benefits, however. It gives interesting insight into the public's understanding of insanity, one that reflected the government's opinion that the condition was something other than medical.

> As life itself is at stake the Asylum should be located at the place in the Province, wherever it be situated, which would best consult the interests of its *inmates*… Environment and surroundings have the greatest influence over the mind, and when this environment is suitable, it *alone unaided by medical science* is frequently sufficient to restore both the mind and the body to their normal healthy condition. What this environment should be needs hardly to be pointed out. Beauty, scenery, trees, lakes, rivers, valleys, quite rest, air, climate, health, etc., are all factors which go together to constitute a suitable location. *Such environment will do more for the patients than medical treatment.*[7]

The last sentence sums up many early 20th century conceptions of insanity at that time – ones that the government strove to follow. When choosing the land, the government decided that the scenery, the rivers, the quiet atmosphere, and the good air quality present in the hospital's current location was exactly what they were looking for. The hospital sits upon a slight incline and is close enough to the river that the patients are presented with a splendid and soothing view of the North Saskatchewan River Valley. Additionally, the building's linear layout, with its narrow hallways and large windows allowed for optimum light and airflow – characteristics that are unique to this type of institution, wherein the natural elements were supposed to sooth the

[6] Dickinson, 21.

[7] Brief, submitted to the Premier, and Members of the Executive Council, Province of Saskatchewan, recommending the location of the proposed mental asylum at Battleford, 1910, Saskatchewan Archives Board (SAB), R-33.5, III, 127, 14-8. Douglas Papers. Emphasis added.

patient. Such was the focus of the government: they let the environment, not medicine or science, dictate where they should construct their new asylum.

For the building type, the government received recommendations from myriad sources, including a Toronto-based architectural firm Darling and Pearson, and famed psychiatrist and Toronto Asylum Superintendent Dr. C. K. Clarke. At first, the Saskatchewan government was leaning toward the recommendations of provincial health officer Dr. David Low, who argued that a cottage layout was a better choice for the asylum. Nevertheless, Clarke, who was a prominent figure in Canadian psychiatry, argued that while the cottage system that was used in Europe has many great points in its favor, "we think that its use would be questionable in this case for both economic and climatic reasons."[8] Moreover, the Toronto architect firm supported Clarke's opinion. In the end, officials allowed these new opinions to sway them and, as Dickinson argues, they went with "the choice of what appears to have been a more expensive and less functional" asylum.[9]

The government had its own reasons for choosing this "more expensive and less functional" asylum. In 1911, the *Regina Leader* newspaper published an article that summarized what went into the final decision for the hospital design. The government opted for the pavilion style building because unlike the European cottage design, pavilion wards are "joined so that the food may not have to be taken outside at all, and yet joined in such a way that there will be no possibility of patients in one unit seeing or hearing anything of those in another."[10] Yet like the cottage system, patients can be divided according to ailment among each pavilion ward. To the government, it seemed more sensible to have one building that would be warm and secure during

[8] Architects, 2 Leader Lane, Toronto, Ontario, to Deputy Commissioner, Public Works, Regina, Saskatchewan, 9 May 1908, Saskatchewan Archives Board (SAB), R-33.5, III, 127, 14-8. Douglas Papers.

[9] Dickinson, 21.

[10] *Regina Leader*, Dec. 23, 1911.

the long Canadian winters while still allowing the superintendent the ability to categorize and separate the patients.

The reporter from the *Regina Leader* described how "each wing is a complete hospital in itself, having dining rooms, large day rooms, private and public wards, exercise rooms, lavatories, and showers and separate verandahs." Thus, "each [wing] will be a little world to itself, absolutely without connection with the remainder of the institution" The reporter continues, "in practically all other main features the hospital is modeled along the lines of the best to be found in Europe, and the equipment for the treatment of patients is the most modern and effectual known to medical science"—due in no small part to the asylums first superintendent Dr. MacNeill.[11]

The reporter did not just stick to what went into the building design and its practicality. The writer seemed genuinely in awe of the asylum. "One of the finest institutions of its kind in Canada, and easily the best west of the Great Lakes," they wrote, "is the new Hospital for the Insane which is under construction at Battleford." It was indeed one of the "finest institutions" in Canada at that time. Although the enterprise seemed to be a collaborative effort, the final design became the responsibility of Regina architects Edgar M. Storey and William G. Van Egmond, who, according to the then deputy minister of public works, had drafted a "quite plain design…for this building."[12] These two men took the myriad ideas and created what was one of the most modern institutions for the time. The architects drafted their final plans based on the recommendations of Clarke, the Toronto-based architectural firm, and their own experience.

[11] *Regina Leader*, Dec. 23, 1911.

[12] H. S. Carpenter, Acting Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year, 1911-12 Ended February 29, 1912*, (SAB), PW. 2, (Regina: John A. Reid, Government Printer, 1912), 81.

Storey and Van Egmond adapted the many ideas, and along with various other improvements, made the original 700-foot long building better suited for the climate of Saskatchewan. In the end, these improvements, according to a report from the *Regina Leader*, "have been welded into a uniform whole which will best serve the uses and interests of the people of this Saskatchewan."[13]The author continued, "in the arrangement of the building and in materials of construction the most modern ideas in asylum building are being used, and the institution will be one of which any province might well be proud."[14] A reporter from *The North Battleford News* agreed. In 1913, the paper reported, "The new provincial asylum will soon be completed. It will be one of the most up-to-date institutions for humanity's afflicted in the Dominion."[15]

The government did not spare any expense with the institution. They had initially set aside $450,000 to build just the main building, which came to over seven hundred feet in length and divided into three portions.[16] In the end the complete cost for the institution, including plumbing, equipment, power house, laundry, and the other necessary support buildings was roughly $1,000,000. Still, the investment did not stop there. According to the impressed reporter from the *Regina Leader,* "Beginning with the exterior as it is seen by the observer, the approach to the grounds will be of the most artistic design." Once the visitor has travelled through two miles of beautiful grounds "up above the bank of the North Saskatchewan, and hidden amid the trees which will grace the park, stands the building itself."[17]

Storey and Van Egmond designed the layout of the interior, keeping an eye on quality and safety. To maintain fresh air, they planned for, and the builders installed, the most up-to-date

[13] *Regina Leader*, Dec. 23, 1911.
[14] Ibid
[15] *The North Battleford News*, August 28, 1913.
[16] *Regina Leader*, Dec. 23, 1911.
[17] Ibid

ventilation system with forced air ducts. Moreover, according to the *Regina Leader*, they intended for the whole structure to be fireproof. “The walls are of solid brick, the floors and beams of reinforced concrete, while the linings to the walls and all partitions are tile and the whole is surmounted by a metal roof. There will be no wood at all in the structure except in the doors and window frames.”[18]

Even though the architects planned the majority of the building’s interior, MacNeill handled its final design. Before taking his position as superintendent, MacNeill’s background consisted of practicing general medicine in Hanely, Saskatchewan until he briefly turned to politics. The doctor was in political office for a few years before government officials selected him as head of the new provincial asylum. MacNeill, however, did not have any background in psychiatry. Therefore, in 1913, after appointing him to the new post, which he had to resign from the provincial legislature to take, the government had MacNeill take five months to travel east to examine the asylums in Canada, the United States, and Europe to gain an understanding of the proper treatments necessary for patients in mental hospitals. This, as it turned out, was all the “training” MacNeill had in psychiatry.

On September 25, 1913, *The North Battleford News* reported that MacNeill had returned to Saskatchewan “at the conclusion of a five-month tour of asylums in Eastern Canada, the United States and Continental Europe, during the course of which he has gathered a fund of information as to the methods adopted for the treatment of mental patients in the most up-to-date institutions in the world.”[19] He then spent the next few days consulting with A. P. McNabb, the Minister of Public Works, in order to discuss layout plans and furnishings for the interior of the building, which MacNeill knew was essential for the treatment of the asylum patients.

[18] Ibid
[19] *The North Battleford News*, September 25, 1913.

The original plans of the hospital had airing courts where the patients could relax in a large open, but covered area to get some sun and fresh air. When MacNeill arrived to the hospital, he ordered the removal of all the airing courts. Rather than allow the patients lounge about all day, MacNeill had embraced an innovative treatment that made such areas obsolete. Once the patient began to arrive, the doctor put all the able-bodied people to work in the hospital and on the grounds, thus ensuring they were exhausted and ready for normal sleep at the end of the day.[20] By the second annual report he reported around 68.8% of the female patients and 56.5% of the male patients were employed in some capacity in the hospital.[21] Additionally MacNeill did not want the hospital to have the look and feel of a prison so he "removed the bars from the windows and forbade the use of all mechanical restraints" – which made the asylum look and feel more like a hospital.[22]

MacNeill patterned these innovative beliefs around the ideal of occupational therapy, which falls under the rubric of early psychiatry's ideal of moral treatment. Nevertheless, occupational therapy was something that MacNeill overwhelmingly believed would help the patients return to mental health. He embraced this ideal, instead of letting the patients lounge about like incarcerated prisoners. It was something he learned during his travels and it was what he relied on the most to treat his patients during his tenure at SHNB. While MacNeill was superintendent, (and for a few scant years after) occupational therapy had a strong impact on the hospital's history.

[20] Kildaw, 15.

[21] J. W. MacNeill, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year 1914-1915 Ended April 30, 1915*, (SAB) PW. 2, (Regina: J. W. Reid, Government Printer, 1915), 64. Hereafter the annual reports will be cited as: Author, *Annual Report*, followed by the year. Unless otherwise noted.

[22] Kildaw, 15.

Once completed, the structure was the most advanced of its kind. It was something of which the province could boast, as the *North Battleford News* did on February 5, 1914. The patients had finally arrived to the institution from the Brandon Asylum. To celebrate, the paper reported:

> On the picturesque banks of the North Saskatchewan River, midway between the City of North Battleford and the Town of Battleford, stands the Saskatchewan Hospital for the insane. It is easily one of the most up-to-date institutions of its kind on the Continent. Its architectural design, solidarity of construction, roominess, heating, lighting and ventilating system, as well as arrangements for the care and welfare of the afflicted within its confines and spacious grounds, stamp it as a first-class undertaking in every respect and one which will always, in years to come, redound to the credit of the Scott Government and its Minister of Public Works, Mr. A. P. McNabb.[23]

The report was correct: the hospital followed the most up-to-date ideas of treating insanity. It was solidly constructed and provided its patients with plenty of lighting, heating, and ventilation. It provided roominess, safety, and all the modern therapies necessary to calm a disturbed mind.

Soon after opening, however, the building ran short of the "roominess" the above article mentioned. Just two years after its first patients arrived, SHNB started to undergo a series of expansions to make room for its ever-increasing population, the demands that an increase brings, and additions for the patients that required extra care, specifically mental patients that had physical ailments such as tuberculosis. In 1916, just two years after opening, the government financed a north-west addition, the new men's wing, at a cost of $130,184.00. Additionally, it approved the construction of a new warehouse. The basement of which contained the carpenters' shop and room for a root cellar. Even with these additions, however, in his 1917 report MacNeill had stated that the hospital was already nearing capacity again and would soon need more room.

[23] *North Battleford News*, Feb. 5, 1914.

It was difficult for anyone to predict an increase in the patient population, only MacNeill, who saw the month-to-month numbers, could really speculate. Nevertheless, when the hospital first opened, it was an exciting event such that the local papers took notice. While the newspapers were thrilled, and the government willing to invest heavily in its new institution, the hospital had a long way to go in the public sphere. Inside the walls, MacNeill had begun the institutions transformation from asylum to hospital, believing that his clientele should be cured rather than merely held. He believed that the "patients crave for sympathy and live to be remembered," not feared and forgotten.[24] Sadly, to the public, to fear and forget was stronger than sympathize and remember.

MacNeill and the government had a difficult time changing the image of SHNB. People were afraid of the clientele, believing they were "insane criminals," and the asylum itself was just another type of dangerous prison that housed these people. No matter what the papers reported and what MacNeill claimed, the stigma remained. So much so, in fact, that many years after it opened, the Minister of Public Works, McNabb, commissioned the publication of a pamphlet that worked to assuage their fears toward the patients and their treatment at the institution. Overall, it worked at casting the hospital in a more favorable light by, among other things, stressing how important the proper treatment of the patients and how much the people of Saskatchewan had invested in this modern building. "In visiting the Provincial Hospital one is impressed with the evident policy of the government, to spare no expense in erecting and equipping an institution for caring for the mentally ill of the province." It goes on to explain in what manner the government spared no expense. "To secure such sunny, well lighted wards for

[24] Prepared and published under the direction of Hon. A. P. McNabb, Minister of Public Works, *Saskatchewan Provincial Hospital Battleford* (SAB) PW 2, Special Publications, (Regina, Saskatchewan, Date unknown), 27.

over eight hundred patients required a very large expensive building, and the heating, the plumbing and furnishing of the institution is of the latest and most modern type."[25]

The pamphlet does not dance lightly around the fact that the "very large expensive building" was there for the benefit of all people. The government was putting its considerable resources behind improving and beautifying the place – usually to the surprise of the people. The pamphlet began, "'I had no idea you had such a beautiful place here.' is the remark made over and over again to Dr. J. W. MacNeill." In describing just how beautiful the area is, the author wrote, "the hospital is … overlooking the river, the shores of which are thickly wooded at this point. The grounds are very spacious, the large farm attached the grounds occupied by buildings, garden, driveways and roads, aggregating 2,236 acres."[26]

The hospital was not just a beautiful retreat with patients lounging about the wards and living out their sentences or, as was the case of many, until the end of their lives. MacNeill and his staff actively worked at bringing the patients back to what they believed was mental health. In the superintendent's eyes, both the beautifying of the hospital and the restoration of the mind went hand-in-hand.

Although MacNeill wanted to help all his patients his relationship was legally restrained. He viewed the population as patients and not inmates, yet he was not necessarily there to cure them. In fact, he never mentions curing anybody of his or her mental illness. In the pamphlet MacNeill explaned, "we do not discharge patients from this institution as cured, but as improved and on parole, although a large proportion are permanently restored." The legal term "paroled" only served to reaffirm the connection between insanity and criminality. Even so, by linking it to tuberculosis and tuberculosis patients MacNeill was able to put a medical spin on its use. "This is

[25] Ibid, 9.
[26] *Saskatchewan Provincial Hospital Battleford*, 5.

the same course followed in tuberculosis sanitariums, where patients are discharged with disease arrested instead of discharging them as cured, although a large proportion may never again be troubled by an affection of the lungs."[27] This connection was part of MacNeill's attempt to reorient his profession away from legal, criminal, and custodial ideals and instead point it toward medicine – something he struggled to do his whole career at SHNB.

In the second annual report, MacNeill voiced his opinion in favor of medicalizing insanity, if for nothing more than the benefit of a better public image. "In submitting the second annual report for the Hospital for the Insane, or the Asylum, Battleford, I would like to point out that the above names are not received with favour throughout the country."[28] After all, he continues, who would be willing to submit to treatment in an "*Asylum*" or a Hospital for the "*Insane*?" MacNeill abhorred these two words. If the public were to view this substantial investment in any sort of favorable light, then they had to be replaced. Kildaw points out, on the grounds of his institution MacNeill "banished the word 'asylum' from its precincts and substituted the word 'hospital.' In spirit and in fact, it was becoming a place where the patients were treated as patients in need of help."[29]

It was a good gesture to do something like that on the grounds of the hospital, but in the eyes of the government, the titles remained, which reinforced the notion that outside the walls of the asylum MacNeill had a limited influence to enact change. Regardless, the doctor knew the institution should be a place that focused on rehabilitation rather than custodial measures or incarceration. Inside the wards, MacNeill worked at treating and curing the patients while avoiding the impression that they were incarcerated. When a reporter for *The Battleford News* visited the asylum in 1914, they commented, "From the moment a patient enters its doors, he or

[27] Ibid, 9.
[28] MacNeill, *Annual Report 1915-1916*, 38.
[29] Kildaw, 15.

she is made to feel, if possible, that it is his or her home. Restraint is absolutely avoided in every way possible, the patient being allowed every possible liberty commensurate with safety."[30]

In the hospital's early years, the law restrained MacNeill as to what he could do to get his patients back into society. Even though many of the patients were there according to their legal sentencing, MacNeill did not let that hold him back. He actively worked at restoring patient's sanity rather than just let them sit around in the wards growing old and dealing with their own symptoms. Armed with the belief that his was not just a custodial institution, he made sure there were hydro-therapeutic and electro-therapeutic departments on each wing, which, according to the *Regina Leader*, were "nothing more nor less than an extensive system of water and lights baths which European institutions have found very effective in the treatment of the mentally deranged."[31] This form of electro-therapy, wherein a series of lights and pulses were used to calm excited patients, should not be confused with electroshock therapy, which did not come to the hospital until much later. Still, it appears the MacNeill and the patients preferred hydrotherapy and occupational therapy to cure and alleviate patient symptoms.

In very different ways, each therapy had their advantages. MacNeill employed hydrotherapy to calm the more agitated patients. There was the relaxing spray bath where sixteen nozzles sprayed warm water on the patient. Alternatively, there was the wet pack, which according to Kidlaw, "was used to produce a sedative effect in order to combat restlessness, tension, fatigue, and insomnia." Attendants wrapped the patient with wrung out wet towels and then wrapped them in blankets. It had a soothing effect on the patient that usually put them to sleep and "after a few hours of rest from their demons, felt much better." It must have been

[30] *The Battleford News*, June 11, 1914.
[31] *Regina Leader*, Dec, 1911.

popular because Kidlaw, who wrote the history book in 1990, states, "We have several elderly patients to this day who ask to be put in these cold packs."[32]

At SHNB, they also incorporated the prolonged bath wherein the patient was suspended in a hammock in a bath with a canvas cover and, leaving only their head exposed, would have warm water continually flowing over them. These hydrotherapies remained popular with the patients and MacNeill who would not abandon them even after new therapies were introduced. To be fair, clinging to older therapies was quite common in North American asylums. Many times the hospital staff continued to employ old therapies, such as hydrotherapy, because it was what the patients were familiar with and familiarity was one way to keep them calm. Some hospitals even continued to use hydrotherapy well into the 1970s.[33] As for SHNB, in 1945, after the introduction of shock therapies, the hospital's annual report claimed that 419 patients underwent some form of hydrotherapy and those patients received 14, 848 different types of hydrotherapies.[34] By 1948, however, electro-convulsive therapy was on the rise and hydrotherapy was eliminated due to an inadequate water supply. While MacNeill often employed hydro- and electrotherapy, the one treatment that he touted the most in his annual reports was occupational therapy – often dedicating whole sections of his reports to its benefits on the patients, the work they accomplished because of it, and how this helped the hospital.

MacNeill, through occupational therapy, often relied on SHNB's patients to beautify the hospital and its grounds. In the pamphlet he stated, "The hospital may also be approached from

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[32] Kidlaw, 47.

[33] Alex Beam, *Gracefully Insane: The Rise and Fall of America's Premier Mental Hospital*, (New York: Public Affairs, 2001), 77-78. However, for a general overview of the evolution of therapies used to treat mental illnesses, please see: Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*, (New York: John Wiley and Sons, 1997). Additionally, Joel Braslow's book *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*, (Berkeley: University of California Press, 1997) and Gerald Grob, *Mental Illness and American Society, 1875-1940*, (Princeton: Princeton University Press, 1983) offer arguments as to why psychiatrist employed somatic therapies in the first place.

[34] Superintendent G. F. Nelson, *Annual Report of the Department of Public Health, 1945*, (SAB) PH. 1, (Regina: McConica, King's Printer, 1947) 129.

the town of Battleford, a beautiful winding road along the river bank having been *laid out by the patients* under the direction of the farmer in charge."[35] Nevertheless, just so people did not begin to picture SHNB as a penitentiary that thrived off the sweat of the patients the author led off the section by emphasizing, "There are no walls of any kind around the institution."[36]

MacNeill was a stubborn man. He clung to issues and therapies that he was familiar with even in the face of new ones, and he continually pushed matters until they went his way. According to Veryl Tipliski, MacNeill was "North Battleford's tyrannical Medical Superintendent" – a designation she bestows upon him due to his stubborn actions during the formation of psychiatric nurses education in Saskatchewan.[37] Yet, in the end, his stubborn "tyrannical" attitude was good for the patients, the hospital, and its grounds. The doctor never did ease up on demanding a legal status change for the patients, nor did he ever stop requesting more funds for buildings and land expansion that not only made more room for the patients but also gave them more work – a necessity for the patients at the hospital.

Near the end of his time at SHNB, MacNeill started listing in the annual reports the work accomplished by the patients under the heading "Industrial Occupation" or "Industrial Therapy." When he did this, (sometimes he would skip a year) the list would have anywhere from 150 to 200 items and these would run the gamut from rebuilding pig troughs to painting the bakeshop, from repairing roofs to laying new cable at both the main hospital and at the irrigation farm. At times, the annual reports would even include the patient construction of new buildings, as it did

[35] *Saskatchewan Provincial Hospital Battleford*, 6. Emphasis Added. Lately historians have increasingly criticized the historic mental hospital. Books such as Erving Goffman, *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*, (Garden City, N. Y.: Anchor Books, 1961) have compared these hospitals to other state-run institutions like prisons. He argues, these "asylums" employ methods that seek to rehabilitate and conform patients (or "inmates," as he calls them) along similar guidelines. By noting the absence of walls and stressing that he is treating patients and not inmates, MacNeill is hoping to avoid these types of comparisons.

[36] *Saskatchewan Provincial Hospital Battleford*, 5.

[37] Veryl Margaret Tipliski, "Parting at the Crossroads: The Emergence of Education for Psychiatric Nursing in Three Canadian Provinces, 1909-1955," *Canadian Bulletin of Medical History* 22, no. 2 (2004): 63.

in the 1939 report when MacNeill wrote that the patients constructed a new curling rink along with a "sterilizer building."

During the early 1900s, work therapy was the panacea that fixed all mental illnesses, according to MacNeill. As Kildaw states, "There were no free lunches at the Saskatchewan Hospital before World War I or for many years thereafter."[38] Everybody that came to the hospital was encouraged to work. Still, as NcNabb's pamphlet claims, the patients were not compelled or obligated to do so. Therefore, while there may have been "no free lunches," some people were physically incapable of work and furthermore nobody had to work to remain in the hospital. Although, as the pamphlet continues, "most of the patients are eager to work, especially in the garden or on the farm, and the majority of the patients, both male and female share in the labour of dusting, sweeping, etc." The reason behind all the work, no matter how menial, was that the patients who were employed in some capacity were "far more contented and happier than those who [could not] or [would] not work."[39]

MacNeill argued that work allowed the patients to put their mind toward something other than allowing them the free time to worry about their "delusions." Moreover, outside work allowed the participating patients to get some fresh air and enjoy the beauty of nature – the qualities that society believed would help people return to mental health. As assistant superintendent Dr. A. D. Campbell argued, "It is bad for a normal, healthy person to be idle. It is even more important that any person affected with mental trouble should have his or her time occupied as far as possible."[40] It is along this argument that MacNeill encouraged all the patients to work in any capacity.

[38] Kildaw, 38.
[39] *Saskatchewan Provincial Hospital Battleford*, 12.
[40] Ibid, 18.

Until recently, historians have examined the asylum with a narrow view of the institution. Scholars that are more traditional have studied the mental hospital as something apart from the patients. They looked at the superintendent, the physical building, and the treatments and yet through all of this they tended to neglect the patients role in the asylum. More recently, scholars have added patient experiences to these hospital studies.[41] More and more, scholars are realizing that a history of any asylum is not complete without the patients added to the study. This, as it is in many other asylums is very true for SHNB.

For his part, MacNeill knew that his hospital would not even be there if it were not for its patients. Therefore, he tended to focus on them in his own writings and reports, consequently not letting anybody he spoke, wrote, or corresponded with to forget why the hospital was erected. To not to give its readers the wrong idea about the necessity of patient labor, however, the pamphlet stressed that the work helped cure people with mental illness while at the same time beautifying the hospital grounds. "Patients who are employed are far happier and easier cared for and their recovery is much more rapid than if they have nothing to do," it claimed.[42] Moreover, a "great deal of the labour of the patients … adds to the appearance of the hospital and surroundings." MacNeill argued that patients worked "in order that the individual way feel himself placed in surroundings more like that to which he is accustomed."[43] The emphasis was on the beautifying of the living space in and around the building, much like one would work to improve and take pride in their own yard and home. "Thousands and thousands of trees are set out every year … and miles of new roads are laid out, all of which will add to the beauty of the grounds and are of

[41] In addition to Goffman's *Asylums*, please see: Geoffrey Reaume, *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*, (Toronto: University of Toronto Press, 2009); Oonagh Walsh, "Gender and Insanity in 19th C Ireland," pp.69-95, in *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, (New York: Editions Rodopi B. V., 2006); and D.L. Rosenhan, "On Being Sane in Insane Places," *Science* 19, (January 1973): 250-8 for examples of patients in the mental hospital.

[42] *Saskatchewan Provincial Hospital Battleford*, 13.

[43] MacNeill, *Annual Report 1914-1915*, 64.

benefit to the present inmates of the hospital as well as of value to future patients"[44] Kildaw writes that C.M. Learmonth, who was Superintendent of Institutional Farms during the hospital's early years, argued that occupational therapy was returning many of these people back to the work that they knew, as such, "some of their pride was restored, as they were working not only to feed themselves, but also to help feed the many unfortunate patients that, due to the severity of their illness, were not able to work."[45]

Learmonth also believed that the patients worked for two reasons. Sharing his opinion with MacNeill, one reason was for the physical benefit of the patients, while the other was "to continue the upkeep and maintenance of the institutions."[46] According to Learmonth, the patients were there, in part, to help keep institution costs down. Not only did work help keep the hospital looking good and running smoothly, "it removed [patients] from the overcrowded, smelly wards and into the fresh air." Moreover, through their jobs they built close ties to the farms lands and to the animals, a bonus considering that at the time hospital rules forbade "close physical or psychological inter-relationships with their families, their fellow patients or the staff."[47]

Good relationships and fresh air were necessary components to restore a mind, but as another pamphlet states, one that was handed to the people upon admission to SHNB, "occupation keeps the troublesome thoughts away, keeps you interested in useful things and gives the necessary exercise to your mind and body. *Work* for your own sake and peace of mind."[48] The patients worked not just to maintain the farm or improve the grounds and the buildings. They literally worked for the sake of their sanity. Being an agricultural province,

[44] *Saskatchewan Provincial Hospital Battleford*, 26-27.
[45] Kildaw, 38.
[46] Ibid.
[47] C. M. Learmonth, as quoted in Kildaw, 38.
[48] J. W. MacNeill, "Why was I Admitted to a Saskatchewan Hospital: Questions and Answers." Publication and Date unknown. Emphasis Original.

many people agreed with the prevailing work therapy that saw farming as one of the most "therapeutic activities of the time."[49] The farms that SHNB relied on were not commercial farms, however, nor were they in competition with local farms. The hospital farms, according to MacNeill, were primarily there to feed the patients.

When the asylum was first announced for the Battleford area, many of the local farmers became excited because, as one newspaper report believed, "The institution will require large quantities of butter, milk, eggs, poultry, and vegetables. Though catered by contract, these can be more economically supplied by this district than by more distant localities."[50] Their excitement was a bit premature. As it turned out the institution farms provided more than enough food for the hospital – and most of it came from the hands of the patients.

Under occupational therapy, the patients not only planted and nurtured most of the trees and grounds vegetation, they graded and maintained the roads, and assisted with the building additions on the grounds; they also worked on the institutional farms, and tended to the livestock. This is not to say that the hospital was completely self-sufficient. The Saskatchewan government did invest money in the daily care of the patients. MacNeill touted these jobs because he wanted to show that under occupational therapy he was working the patients back to mental health – and as a bonus keeping the hospital costs down.

In the second annual report (1914-1915), MacNeill explained that the patients cared for the cows, which brought in a supply of milk that equaled a market sum of $667.86; they maintained, fattened, and butchered hogs which they used in the kitchen at a $697.27 value; and tended to chickens, whose eggs totaled $34.73 market value. At that same time, the asylum had planted 66 acres of oats, from which they were able to gather 1450 bushels, use the seeds for

[49] Kildaw, 38.
[50] *The North Battleford News*, January 8, 1914.

next year's crop, and have 18 acres left over for green feed. Additionally, the patients cut 60 tones of hay, which they used for feed, and then there were the 50 acres of potatoes and other vegetables used in the kitchen that totaled $1,519.24.[51]

There was plenty of work for all. So much in fact, that just two years after opening, the institution hired ten staff people to direct and help the patients who worked the 2,300 acres of farming land with hospital horses and horse-drawn machinery.[52] Nevertheless, the patients did most of this harvesting with little outside help. By 1920, the hospital purchased a new threshing outfit, which allowed "all harvesting and threshing [to be] done by patients."[53] The livestock and the farms were doing so well, that in the same year the government approved a $15,000.00 barn to house, feed, and milk the institution's cows, and to store hay.[54] By 1922, SHNB had the largest institutional farm with 2,471.79 acres, and the staff, with patient help, had built a reinforced concrete "root house" to store the influx of crops.[55]

Work steadily increased as did the patient population and soon the hospital was branching out to other areas to keep more of them busy. As Kildaw points out, "most of the patients were farmers, so the farm always generated a ready supply of skilled labour."[56] Nevertheless, that did not account for the female population or for the other patients who were not skilled farmers. In addition to the laundry, tailor shop, patients assisted in the hospital bakery and lent a hand in the mattress shop. The women did needle work, and other patients (mainly the

[51] MacNeill, *Annual Report 1914-1915*, 76.
[52] KIldaw, 40.
[53] J. W. MacNeill, *Annual Report Financial Year Ended April 30, 1921*, (SAB) PW. 2, (Regina: J. W. Reid, King's Printer, 1921), 37.
[54] M. W. Sharon, Provincial Architect, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year 1919-1920, Ended April 30, 1920* (Regina: J. W. Reid, King's Printer, 1920), 20.
[55] C. M. Learmonth, Superintendent of Institutional Farms, *Annual Report of the Department of Public Works Financial Year, Ended April 30, 1922*, (SAB) PW. 2, (Regina: J. W. Reid, King's Printer, 1921), 77-86; and M. W. Sharon, Provincial Architect, pg. 29-30
[56] Ibid., 42.

males) did woodwork and made tin toys. The latter activities did not contribute to the running of the institution, yet it gave patients some type of work therapy.

At first, the extra-activities were limited to "sewing, crocheting, embroidering and knitting," the final products of which were sold at the hospitals annual bazaar, where the products netted $500.00 and went to furnishing Christmas presents either to the patients who did not have families or who had families but were neglected them.[57] The staff saw a great opportunity here, first to raise public awareness for the patients and to generate funds that went toward patient entertainment. They soon began expanding these activities, and the staff started selling more products at the annual bazaar. The next year, they more than tripled their profit, and by the 1919 holiday season, the staff had $3,500.00 to spend on gifts for the less fortunate patients.

Throughout this time, MacNeill was constantly requesting funds to expand buildings to both house patients and to make room for patient activities. When the government acquiesced, the hospital regularly saved money by having the patients help build the new additions – all in the name of occupational therapy. Dickinson maintains, the patients were employed everywhere work was to be done. "They were employed in the kitchens and laundries, and performed everyday housekeeping chores on the wards. They were also employed to construct and maintain buildings and roads, and to help operate institution power plants."[58] A prime example of this is Emil Schoen – a patient that, through his talents, left his mark at the North Battleford Hospital.

In 1921, Schoen, a German immigrant, was admitted to SHNB. He was a hard working bricklayer and plasterer, and his wife told the hospital staff as much upon his admission. For 48 years, this German worker lent his talents to improving the hospital and its grounds all in the

[57] J. W. MacNeill, *Annual Report 1916-1917*, (SAB) PW. 2, (Regina: J. W. Reid, King's Printer, 1916), 47.
[58] Dickinson, 28.

name of occupational therapy. According to Margaret Hryniuk, who wrote a piece on Schoen in her book *Legacy of Stone,* in 1940 the government commissioned E. J. Gilbert to design a chapel in the rear of the building. Initially used as a mortuary chapel, it found another use as an interdenominational church, after patients stopped being buried on the hospital grounds in the early 1970s. Nevertheless, after Gilbert drafted the plans, MacNeill chose Schoen to build the small chapel, which the native German took to with great zeal and greater talent. Not only did he build most, if not all of the chapel, Schoen was also "responsible for almost all the stonework at the hospital, including bridges, retaining walls and gate pillars."[59]

While it is important to note that patients often assisted in construction projects on the grounds, or, as in the case of Schoen, did many tasks on their own, Dickinson maintains "The principle occupation … particularly for males, was as labourer on the institution farms which produced agricultural commodities for sale, as well as for immediate consumption by both institutional staff and inmates."[60] The farms were important for they not only kept costs down, but also at times, (when the weather cooperated) they brought in a profit. In 1926, the farms and gardens performed well and generated $43,561.00 in revenue for the hospital – a decent sum for that time.[61]

By 1918, the hospital was running smoothly and MacNeill was more than comfortable in his position as superintendent. Around this same time, there was an outbreak of tuberculosis, which was affecting many of the current and incoming patients. Those who had succumbed to the illness had to be separated to ensure the physical well-being of the rest of the patients. In 1920, as progressively more TB patients arrived, the government approved the funds to add a

[59] Margaret Hryniuk and Frank Korvemaker, *Legacy of Stone: Saskatchewan's Stone Buildings*, (Regina: Coteau Books, 2008), 174.
[60] Dickinson, 28.
[61] Kildaw, 42.

tubercular wing at a cost of $93,273.00. The wing maintained its purpose and the staff used it for many years. Aside from repurposing it after the TB threat died down, the only changes to the ward came in 1933, when it underwent some renovations to make room for seventy-five additional patients. This unit followed the same plan as the main building.

The same year that the new TB wing was built, the hospital underwent numerous renovations and improvements to ensure that SHNB stayed up-to-date. MacNeill worked hard to keep his asylum at the forefront of mental health and constantly employed all the modern treatments – even as he continued to lean on the older ones that he was most comfortable using. He often emphasized what a benefit the place was and that it was held back by the government in ability to see it as a medical institution. It was more than just the superintendent that extolled the efficiency of his place, however; federal officials liked what they saw also.

Beginning in 1919 the Canadian National Committee for Mental Hygiene (NCMH) embarked on an inspection of most of Canada's mental hospitals. After visiting a few hospitals in the western provinces, the committee made its way to Battleford the next year. C. M. Hincks, the associate medical director and secretary of the Canadian NCMH and Dr. C. K. Clarke conducted the survey of SHNB. As Dickinson points out, the report was very favorable to the institution and its superintendent. Hincks wanted to bring the attention of the then asylum to the provincial government; moreover, he wanted to stress how it compared on a national level. In a letter to Premier Martin, he wrote:

> we were greatly impressed by the excellence of your institutions – in many instances the finest we have seen in the Dominion. Our recommendations, therefore, will be in the nature for the most part of an elaboration of your system that will raise the general level of efficiency.[62]

[62] Associate Medical Director and Secretary, Canadian National Committee for Mental Hygiene, to Premier, Province of Saskatchewan, 6 July 1920, SAB, M4, I.153. Martin Papers, p. 40927.

For his part, MacNeill enjoyed the visit very much and saw it as a way to advance many of his recommendations toward medicalizing insanity. In the 1920 annual report, he made a note of the inspection, praising the visiting doctors and adding a rebuke to the government:

> We were visited by the Mental Hygiene Committee of Canada … We enjoyed their visit very much, and we hope to benefit by the suggestions which we received—and I think the province will benefit by the suggestions which Doctor Clarke has to make… I am inclined to think that if we had visits from people frequently, who are qualified to know how an institution of this kind *should be run*, it would be better for everybody concerned. It is certainly a great advantage to an institution of this kind to get suggestions from people who have had wide experience in this kind of work.[63]

It is obvious that MacNeill felt restrained in his position. From the text, one can tell that he wanted to answer to a department other than of Public Works – perhaps a Department of Public Health, which was still two years from being formed. With the weight of the visiting committee, MacNeill was attempting to move Saskatchewan psychiatry into the medical field and he was bringing his asylum with him, yet he was having a hard time doing so.

Beyond commemorating the virtues of the asylum (which at this time had yet to have an official name change), Dickinson argued the NCMH report, "recommended the further medicalization and liberalization of the admission procedures to allow for voluntary admissions. It was argued that by having the admission process under the control of the magistrate, the asylums were transformed into expensive custodial institutions."[64] Try as he might, MacNeill and Dr. Uhrich, Saskatchewan's first provincial minister of public health, wanted further to medicalize psychiatry and mental health along the lines recommended by the NCMH's. They were unable to produce the political support, however, and the situation at SHNB remained much the same – therapies based on patient labor and the government maintaining control of the

[63] J. W. MacNeill, *Annual Report 1919-1920*, (SAB) PW.2, (Regina: J. W. Reid, King's Printer, 1920), pg. 22. Emphasis added.

[64] Dickinson, 41.

commitment process, both of which resulted in a steady increase in the population and the constant expansion of the building.

In the wake of the visit, there was one success that effected both the institution and its patients. From the beginning, MacNeill had pleaded with the government to act and publically acknowledge that the people at the asylum were patients in need of medical help – not just dangerous criminals. In the second annual report, after claiming that people are avoiding treatment because of the name of the institution, MacNeill pleaded "in view of the necessity of these people having confidence in our hospital, and in order that patients have no prejudice against our institution, I would recommend that the [Insanity] Act be changed so as to eliminate the words 'insane' and 'lunatic' altogether."[65] Not having succeeded with the first plea, MacNeill continued to ask for the change. In the third annual report, given in 1917, he wrote, "I … would again remind you that the name Asylum, or Hospital for the Insane, is objectionable, not only to the patients, but to the friends and relatives of the same. I would respectfully ask that the title of the Insanity Act be changed, so that all references to 'Insanity' be eliminated."[66]

Even though in the official reports MacNeill eventually stepped off his soapbox, the government finally listened to his pleas – it only took six years and a visit from the NCMH. In the 1922 annual report, MacNeill began with, "It is not a little gratification to note the change in the name to 'Mental Hospital,'" from Hospital for the Insane, Battleford. The superintendent was overjoyed at the name change. On the cusp of the change, he sent back two envelopes to the deputy minister of Public Works that had the title "Asylum" typed on the front. "I am returning herewith an envelope which came from the Department addressed 'Asylum,'" he wrote in a

[65] MacNeill, *Annual Report 1915-1916*, 38.
[66] MacNeill, *Annual Report 1916-1917*, 39.

return letter. “I understand that there was a movement afoot to have this obnoxious title done away with.”[67]

The government went further than just changing the institution’s name; they gave the patients of the institution a new legal designation. The doctor expressed his gratitude in “the change which has been made in the legislation for those who are suffering from mental illnesses.” Seeing the patients as having mental illness and not just labeling them with the generic and stigmatizing term “insane” was a big step for the medicalization of mental illness in Saskatchewan. MacNeill understood this and proclaimed, “It is not enough to say that an individual is insane, or is mentally diseased; the question now of importance is the kind of mental disease the particular patient is suffering from, who has an illness which is termed by the average individual ‘insane.’”[68]

While the position of the patients was gradually improving, the staff began to have issues of their own. MacNeill was not afraid to stick his neck out to help his patients, but when it came to helping the staff, he did so to help himself and secure his position. When it first opened, the asylum required attendants to live on hospital grounds at a reduced rate from room and board. To take advantage of this, as Kildaw maintains, “staff members put up tents, make-shift shacks and a few more stable homes,” which they were able to put up “on the hospital grounds or on nearby riverbanks.”[69] This set up did not accommodate the people too well though, considering the harsh winters. In 1916, six modern cottages went up, which the bursar, storekeeper, farm supervisor, chief engineer, electrician and plumber soon occupied. Nevertheless, most of the staff continued to live literally on the grounds. To ease their living conditions, in 1918 a new “Nurses’

[67] J. W. MacNeill to J. M. Smith, Esq. Deputy Minister of Public Works, Feb., 3, 1919, SAB, Public Works Dept., Sask. Prov. Hospital, 1.102, File No., 132 B.

[68] J. W. MacNeill, *Annual Report Financial Year Ended April 30, 1922*, (SAB) PW. 2, (Regina: J. W. Reid, King’s Printer, 1922), 49.

[69] Ibid, 30.

Home," which cost $23,475.00, was constructed, in order to afford housing to more attendants. The building had two floors and a basement, and it provided accommodation for about thirty-five employees. It, like the TB ward, was built following the general hospital design. While the new building gave a permanent housing to some of the attendants, many were still left outside.

The shortage of on-site housing threatened to become a conflict in the management-labor relationship, people were grumbling and unionizing became a strong possibility. In the early 1900s, however, the idea of staff radicalizing and forming a union was far too unappealing for MacNeill. If the staff had unionized, as he argued in a letter to the government, the labor unions "would not stand, nor would the Union of which they formed a part, stand for them working 12 hours a day and housed in hovels (for I could not call them by any other name) that they are at present living in."[70] The superintendent then appealed to the government to build more cottages to give more attendants a place to live and at the same time ease tensions at SHNB. For their part, the government was a bit slow to respond to the dilemma. MacNeill was not deterred, however. He continued to press the issue of the strained staff-management relationship, not wanting to leave anything to chance, and at the same time watching out for himself, should anything arise.

Through professional connections, the superintendent heard of troubles developing over at the Brandon Hospital and decided to pass on the information in the form of a warning to the government. "[T]here is a strike on at Brandon for an eight hour day and an increase in pay. This is a matter which has never been discussed here, the eight hour day proposition." He explained that this "proposition" had been tried in hospitals in the United States, but with unsatisfactory results. Should the government continue to have the staff live in "hovels," the situation might

[70] Superintendent, Saskatchewan Hospital Battleford, to Premier, Province of Saskatchewan, 6 December 1918, SAB M4, 1.154. Martin Papers, p. 41046.

spiral out of control and he "would not like to wake up some day to the fact that we have a strike on our hands." He closes the letter by advising officials to be aware of the situation and letting them know it is now their problem to deal with. "It would be well for the Government to have some line mapped out which I should follow."[71] The government never advised as to what action MacNeill should take pertaining to a potential strike. Nevertheless, after the two letters of warning, there were ten new cottages built on hospital grounds in 1920, contracted to two different construction companies for a total sum of $35,604.00, and three additional ones the following year, built by the paid hospital workers.

By the mid-1920s, SHNB was running smoothly once again. The new housing continued to be a minor source of contention between the staff and administration. While the government appropriated the construction of new cottages, they were of inferior quality and there was never quite enough to house all the staff, which served as a minor area of management-worker contention.[72] The atmosphere did get tense, but it remained amicable enough that no strike developed. In addition to showing his flair at political maneuvering, by "fighting" for new housing while making it the government's problem, MacNeill was trying to create a sense of community among the hospital staff by encouraging them to stay on the grounds.

Under MacNeill there was, what Kildaw calls, "era of prosperity at the Saskatchewan Hospital" between 1913 and 1930.[73] He often looked out for himself and the patients, with the staff running a distant third place – in fact, the staff did not unionize and adopt the eight-hour work day until August of 1945, five months *after* MacNeill had retired. The doctor was certainly a stubborn man and at times "tyrannical" in his management style, but when needed, he was

[71] Superintendent, Saskatchewan Hospital Battleford, to Deputy Minister of Public Works, Province of Saskatchewan, 7 June 1919, SAB, PW, 195-2, 132.P, A13.
[72] Dickinson, 49.
[73] Kildaw, 30.

tenacious at improving the overall situation at SHNB for both patients and staff. Yet his style earned him a bit of a reputation in the hospital wings. It was to the point that when he retired in 1945, future SHNB superintendent Dr. Maurice Demay wrote, "[t]here is evidence that Dr. MacNeill was 'king' of the establishment." He did see his opinion as law and did not tolerate anything less than what he had envisioned. Still, his attitude did earn him respect among the hospital workers and admiration among the patients. Demay continued, "By most staff members, he is remembered with awe, admiration, fear, trepidation and respect, but very rarely with affection, although patients appear to really have held him in great affection."[74] MacNeill expected much from his staff and he used the hospital's isolated location to make them work hard and at the same time bring them together as a type of extended family.

In the early 1900s, people obviously did not get around as they do now. As Kidlaw points out, for many years, the only automobile on the hospital grounds was MacNeill's model-T. To make matters worse, the rural setting of the hospital made any journey a difficult endeavor. Just a trip to the city of North Battleford would cost a whole day's wages for a taxi or an eight-mile walk. The situation made hospital social activities very significant to the staff.

Under MacNeill's rules and expectations everyone worked hard. The staff had to work twelve-hour days and put in overtime when expected of them – and he expected it from them twice a week. The attendants worked overtime on Mondays for the weekly dance (the patients could only dance with the staff and not each other, therefore they needed as many staff as they could get), and during the Wednesday picture show. Neither of which they were paid for. Despite that, the staff participated in these because it offered a break from the boredom from the isolation and monotony of the workweek. Additionally, they were grateful to have a job and excited at running the new provincial hospital. According to Kidlaw, the atmosphere and the location

[74] Dr. Maurice Demay, as quoted from Kildaw, 36-37.

combined with the travelling difficulties "made for a very close-knit community with spirit, understanding and acceptance. The [hospital] community helped socialize new recruits into the ways of the asylum."[75] Many were thrilled to be part of the distinctive staff community at SHNB. Kildaw continues, "social regulations were strong…The [hospital] community was tight and had clearly-defined perimeters. The social structure was self-perpetuating. Promotion over the years [had] been by seniority, and staff members learned from those that preceded them."[76] The situation at SHNB was certainly unique and it would be difficult to find a similar situation at another government institution at that time.

The hospital was running efficiently: the staff, if not happy were at least content, and the patients, while probably not being happy at their situation, could feel comfort in the knowledge that their superintendent was looking out for them. The only hiccup was the steady increase in patient population, which was common problem for North American mental hospitals at this time. MacNeill dealt with the increase in the same manner as every other superintendent: ask for more money to expand the buildings. While this approach was a way to deal with the influx of patients, it was also a major criticism levied against all mental asylums. To critics, these ever-expanding buildings, with their consistently packed wards, had become a place of accommodation, a custodial place, rather than a full-fledged hospital that worked at restoring to ill back to health. By the 1930s, that criticism could be levied at SHNB.

During the late 1920s and into the 30s, the hospital underwent many transformations. Even by the late 20s, the population was steadily increasing and the amount of staff employed grew in kind. In order not to fall into the same issues as before concerning the staff and their living quarters, in 1929 contracts were given out to the sum of $230,596.00 for a new four

[75] Kidlaw, 32.
[76] Kildaw, 34

floored staff building. According to H. Dawson, the provincial architect, the building had a "[b]asement floor [which] contains six 7-room suites, two large locker rooms and two laundries. On the ground floor there are four 6-room suites, four 5-room suites and four 4-room suites. The first and second floors have the same layout and the same number of suites as the ground floor."[77] With the staff situation taken care of, MacNeill next focused his attention on how to help the increased patient population, which was so overcrowded that the work was "hindered and handicapped for lack of space."[78]

With a bigger population came bigger demands to support the population. In 1931, the government financed the erection of a new $19,747.45 building to house the bakery, supplies, and a pasteurization plant. With this new building, the old bakery building was "converted into a day room and dormitory for about 40 male working patients, with the necessary toilet and bathroom accommodation."[79] Although the bakery was housed in this new building, by 1937 a new one was already under construction to replace the "inadequate and obsolete" one built in 1931.[80] With the living quarters satisfied for a time, MacNeill turned his attention to improving the institutional farms.

In the early 1930s, the farm produced so much that MacNeill felt compelled to boast he had "one of the best farms in the province."[81] It provided work for the patients and kept costs down by feeding the hospital population. Even so, it did have its difficulties. In the 1927-28 year, the hospital farm had a crop value at $20,997.75 and the next it was valued at $9,504.17.

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[77] H. Dawson, *Annual Report for the Fiscal Year Ended April 30, 1930*, (SAB) PW. 2, (Regina: Roland S. Garrett, King's Printer, 1930), 25.

[78] J. W. MacNeill, *Annual Report for the Fiscal Year Ended April 30, 1932*, (SAB) PW. 2, (Regina: Roland S. Garrett, King's Printer, 1932), 49.

[79] H. Dawson, *Annual Report for the Fiscal Year Ended April 30, 1932*, 25.

[80] J. W. MacNeill, *Annual Report for the Fiscal Year Ended April 30, 1937*, (SAB) PW. 2, (Regina: Roland S. Garrett, King's Printer, 1937), 55.

[81] J. W. MacNeill, *Annual Report for the Fiscal Year Ended April 30, 1933*, (SAB) PW. 2, (Regina: Roland S. Garrett, King's Printer, 1933), 48.

Furthermore, by 1935, a multi-year drought blanketed the region and the farm slowly began to suffer. In 1934-35, the farm cost $33,004.35, which included everything from wages to hail insurance, and it brought in $37,248.51 – $4,244.16 in revenue. The next year the drought put the farm in the negative costing $32,613.08 to plant and maintain and only bringing in $29,531.19.

The unevenness of the farm did not bode well with MacNeill. He wanted to a farm that was certain to bring in crops and constantly support the patients and staff. Additionally, the escalation in the patient population was beginning to bog the hospital down in terms of efficiency and room, creating a few problems for the hospital staff. First, the new patients needed some occupation in order to extend work therapy to them and MacNeill needed to find a way to help feed the growing population before the hospital became too much of a "burden" to the provincial purse. As Kildaw maintains, being the "realist that he was, [MacNeill] sensed the potentialities of a food-production program that would relive the Provincial Treasury of some of its tremendous burdens" toward the hospital. The answer was "the Battlefords' irrigation project that … provid[ed] the patients with healthful work and food."[82]

Located in the wasteland across the river from the hospital, the Irrigation Farm had begun to be built in 1937. Not long after the planning stage, patients set out clearing and leveling the land and made the farm suitable for planting. By 1938, the farm had already begun to produce good results – so good, in fact, that MacNeill wanted to extend the "project" land. In comparison, the continued drought ruined most of the crops at the hospital home farm. At the irrigation farm, however, there were great returns of vegetables. In addition to this, 62 acres of prairie sod was broken for cropping and 8 acres leveled for an orchard.

Naturally, when the irrigation farm was ready to open, patients were needed daily on-site to work the land. As it turned out, it was somewhat of a burden to transport workers everyday

[82] Kildaw, 17.

from the hospital to the irrigation farm and back. At the same time, the hospital was once again in desperate need of more room. To respond to both dilemmas, the government approved for erection of a large four-story building to accommodate up to 300 male patients who would labor on the farm. It took a year to build the permanent dormitory. In the interim, MacNeill had the patients erect a provisional building at the irrigation project, a task he had listed with 169 other patient projects in the 1939 annual report under occupational therapy.[83]

The new building began construction in July of 1940. While the designer is unknown, the annual reports do note how much the four contracts cost to build the structure. The general construction was done for $206,800.00, the plumbing and heating instillation $65,551.00, and the electrical wiring and the elevator installation both cost $10,120.00. All together, the government invested $292,591.00 into building a new off-site dormitory that both eased the overcrowding conditions at the main hospital and furthered MacNeill's occupational therapy. By 1941, the new building was completed and it was possible for the farm workers to move from their temporary summer quarters into the latest hospital addition.

The irrigation farm proved to be a wise step for the hospital. MacNeill believed it was well worth the investment. In 1941-42, the farm sold $51,852.04 to the hospital and $11,363.20 to the public. The next year, they added 30 to the 650 already farmed. By 1944-45, even though SHNB had the lower patient population compared to Weyburn (1,721 to 2,497), Battleford still made $2,204.07 more from farm sales. Throughout the drought years and beyond, the Irrigation Farm provided enough food to feed the patients and staff at the Saskatchewan Hospital. Moreover, as Kildaw maintains, "if anyone for 50 miles around was able to buy the surplus fruit

[83] J. W. MacNeill, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1939*, (SAB) PW. 2, (Regina: T. H. McConica, King's Printer, 1939), 64.

at the hospital, they were considered fortunate."[84] Still not everybody was happy with the use of patient labor – especially when it was used only for the benefit of the hospital staff.

While patient labor helped with the farms and keep the hospital costs down, the public did not always view it in a positive light. It often came under attack from critics, to the point that MacNeill felt that he had to defend some of the staff's decisions regarding it. In 1932, a "Hard Hit Wife" (that is how she anonymously signed the letter) sent a scathing note to the Department of Public Works decrying MacNeill's abuse use of his position, hospital funds, and his frivolity concerning patient labor. She opens the rebuking letter by asking, "When is this orgy of spending going to stop at this institution and leave our wages alone[?]"[85] The main crux of "Wife's" argument is how MacNeill in his position had the hospital's painter and three additional patients go to his summer home to repaint it. It took them two and a half weeks and each day they made the 46 mile round trip. Surprisingly, the patient labor is not the real issue for the woman. It is the fact that while MacNeill uses the patients, the painter, the paint, and the gas to transport them he is doing so at the government expense. As a last note, the woman stresses MacNeill's supreme position at the hospital. "[T]he Super says he is running this place not you or the Commission & can fire who he likes and when he likes, I might say that all this is the truth without any exaggeration."[86] If it did not change, the angered woman promised to take her story to the paper *Hush*.

In response, MacNeill did not try to explain or feel the need to defend his tyrannical position. What he did zero in on was his use of patient labor. Not only did he stand up for this, but he also attempted to spread the blame of its use.

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[84] Kidlaw, 44.

[85] A Hard Hit Wife to the Hon. J. F. Bryant Esq., Minister of Public Works, Public Works Department: Deputy Minister's Personal File, North Battleford Mental Hospital, 1910-1935, SAB, Collection No. R-195.2, File No. 1.95.

[86] Ibid. Emphasis original.

> It is … true that I employed patient labour in putting in my garden and painting my cottage – that is a privilege which had always been extended to any member of the staff if there is any particular work to do. It is one which has been extended to any member of this staff here since the Institution opened. It is a privilege which is extended to the Superintendent and members of the staff in any place where there is an Institution of this kind. The outing is good for the Patient and does no harm to anybody: as a matter of fact, the outing and the Occupational Therapy is of exceeding importance to the Patient, and they greatly enjoy the little change.[87]

The government, it appears, was well aware of this "misuse" of labor; however, they were unwilling to do anything about it for fear it might upset the hospitals low operating costs.

As it turned out, it was not the misuse, but the *general use* of occupational therapy that led to its demise. By the middle of the 1900s, critics, government officials, and the public saw it less as a therapy and more as inhumane treatment for the patients, as such they wanted it to end. Moreover, "the march of medical science," as Dickinson puts it, presented alternative therapies that made occupational therapy more and more of an obsolete practice.[88] In general, these arguments – seeing occupational therapy as inhumane and the rise of more effective therapies – rang true for work therapy in most North American institutions and led to its downfall.

In a post World War II Saskatchewan, under Premier Douglas's Co-operative Commonwealth Federation (CCF), work therapy began to lose support. In spite of its success in helping patients, the accomplishments of the Irrigation Farm at helping feed the patients and the community during times of need, the annual bazaar that helped with public relations, the money saved at producing crops on the hospital farms, the livestock, the gardens, and the "pride" that the patients felt in working on something that helped others, the act of having patients work as treatment was losing favor. It did not help any that its biggest advocate, MacNeill, had retired in

[87] Medical Superintendent, Saskatchewan Hospital Battleford, to Deputy Minister of Public Works, Province of Saskatchewan, 3 August 1932, SAB, PW, 195-2, 132.P. Public Works Department: Deputy Minister's Personal File, North Battleford Mental Hospital, 1910-1935.

[88] Dickinson, 31.

1945; however, the demise of patient labor was the result of many other bigger trends that extend beyond one man.

By 1945, farming had become more and more mechanical and often required big machines and land to accommodate. Therefore, if SHNB were going to continue its farming program, under the guidance of the new superintendent, then it would have to invest in these large, expensive, mechanical machines and purchase more farming land. Not only would this have "been extremely expensive," as Dickinson argues, "it would have been politically impossible." The decision went further than taxpayer burden, however. "The main reason," he claims, "for [the ending of farming] was that the small *petit bourgeois* agricultural producers, already faced with a cost-price squeeze, would not have tolerated state-run institutions so obviously contributing to the economic demise."[89] With these less than favorable farming options, a government that justifiably saw patient labor as an inhumane practice, and an increasingly critical public, industrial therapy, as the superintendents sometimes referred to it, slowly faded away at SHNB. The hospital reports still claimed they used occupational therapy, however. That therapy, which used to be synonymous with industrial therapy, had changed over the years to something that was an amalgamation of occupational and recreational therapy. It was watered down from what it used to be, however. Now it focused on getting the patients active in one way or another whether it was sewing or exercise.

By the 1950s, under this new vision, the government began selling or repurposing the land once used by the hospital for farming. The Irrigation Farm was not just farmland that could be sold so easily – considering the large four-story building on it built to accommodate the patients who worked the land. In 1952, instead of selling all the irrigation land and demolishing

[89] Dickinson, 30-31.

the building, the government turned it into a geriatrics center – generally marking the end of the era of occupational therapy at the Battleford Hospital.

In 1958, E. J. McCudden, a Regina architect, drafted the plans to add four new wings to this geriatrics unit. The government believed these new $394,287.03 additions would help alleviate the general overcrowding at the hospital. According to the provincial architect, the new units favored a "small, home-like accommodation affording a degree of privacy to the patients."[90]

The 1950s also was the last decade wherein the government financed major additions to the hospital. Although in 1963, the main hospital underwent an essential renovation that sought to "update the general design of the areas, to replace worn out materials and facilities, and to generally present a modern, bright, clean atmosphere." In addition, "[t]wo dumb waiter shafts were renovated, the barber shop was relocated, new doors, windows, and tile floors were installed" and the plumbing was updated. All of which was done at the hands of "local tradesmen."[91] This was the last time the government did any critical renovations to the hospital that were not born out of emergencies.

On April 24, 1977, a fire broke out a SHNB. The fire, which police later attributed to arson, heavily damaged the hospital. According to a newspaper article, "[t]he fire began in the hospital's auditorium and damaged the upper floor of the centre block and the roof of adjacent wards."[92] Luckily, all 350 patients were safely evacuated. In the end, the damage was estimated at close to $3 million. Due to this the government had to finance a major renovation, but even before the fire, it was looking to downsize the hospital population and therefore it only financed

[90] *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1959*, (Regina: Lawrence Amon, 1960), 23.

[91] *Province of Saskatchewan Department of Public Works Annual Report for Fiscal Year Ended March 31, 1964*, (Regina, 1964), 19.

[92] *The Star-Phoenix*, May 4, 1976.

necessary renovations to maintain the integrity of the damaged areas and open essential areas. These upgrades – the major renovation in the 1960s and the fire damage renovation of the late 1970s – were necessary and extensive, yet they were relatively minor when compared to the work done during MacNeill's years.

As stressed before, the occupational therapy that MacNeill brought to the hospital aimed to help the patients return to mental health while keeping costs down in terms of using it to maintain the institutional farm and to do major and minor projects for the hospital. In that manner, the institution as a government facility that aimed to help residents, the physical buildings on the grounds, and the therapies employed at SHNB are share a common history. To attempt to understand the history of one without the others would not present a full historical account of the hospital.

With occupational therapy out, other types of therapies made inroads in SHNB. In 1949-50 report, there was the first mention of neurosurgery from the superintendent, while he had referred to other non-occupational treatments, such as electroshock and insulin coma, few years previous to this. "The various forms of treatment, such as insulin sub-coma and coma therapy, electroconvulsive therapy, neurosurgery, and occupational and recreational therapy were continued at the level established in 1949."[93]

The hospital underwent many changes while the CCF was in power. In addition to transitioning through some downsizing and turning away from patient labor, SHNB also worked at becoming a more professional medical institution. Starting in the 1930s, but really picking up speed under Premier Douglas, the province developed a psychiatric nurse-training program, which Veryl Tipliski outlines in her article "Parting at the Crossroads," and which SHNB played

[93] *Province of Saskatchewan Annual Report of the Department of Public Health, 1950-51* (Regina: T. A. McConica, 1952), 73.

a key role in. Up until the 1930s, Saskatchewan had no official training for attendants (who performed practically all the nursing duties) in its mental hospitals. They employed only one trained nurse, who helped but did not train the attendants.

In 1929, the government formed a Commission to inspect both of the provincial mental hospitals and recommend solutions to deal with the increasingly overcrowding wards. They reported that staff at these institutions only consisted of a superintendent, two medical officers, around one hundred untrained attendants and only one registered nurse. In part, to improve the situation, the commission recommended a training school that would outline the basics of psychology, psychiatry, mental hygiene, and medicine for all incoming attendants, believing that a good education by all would help cure the patients in a timelier manner.

Two years later, Saskatchewan's two provincial hospitals had taken up the recommendations and set up an informal training for all incoming attendants, which by 1937 "had evolved into an *optional* three-year, 100-hour lecture course," according to Tipliski.[94] However, at this time MacNeill did begin employing more nurses than the traditional one. In 1933, Saskatchewan mental hospitals entered into the "shock era" of therapeutics, which was a process that required better training than that of an attendant. The superintendent at Weyburn had hired registered nurses to help the patients who were undergoing the new and risky insulin coma treatment. MacNeill followed suit, but he would only hire the RNs if they took his lectures and spent one year as a nurse-attendant apprentice.

Try as he might to maintain control over the training of his attendants/nurses, MacNeill's first plan did not have the desired results. Few RNs applied under his lecture and apprenticeship training guidelines. Therefore, he had to expand the training of new attendants to include nursing skills. In all this, MacNeill refused to adopt the traditional general hospital nurse training that

[94] Tipliski, 260. Emphasis added.

was taking hold in mental hospitals in eastern provinces. Professor George Weir, who wrote *Survey of Nursing Education in Canada*, had recommended that psychiatric centers affiliate themselves with general hospitals. Essentially, before trainees could become RNs, they would have to spend some training time in a mental hospital, because, as Ontario Nurse Leader Nettie Fidler wrote, "psychiatry is part of general medicine and psychiatric nursing cannot be regarded as separate and distinct from general nursing."[95]

MacNeill feared that with this general hospital training, nurses would just move to the more prestigious mainstream hospitals once their time at the mental hospital was finished. Had he really thought about what these nurses were arguing, however, he might have realized that with his refusal he was impeding the medical advance of psychiatry and its adoption into mainstream medicine in Saskatchewan – a marriage he was fighting for some 20 years. Still he saw general nurses as dealing with physical diseases and not the emotional ones that mental hospitals dealt with and thus felt there was a distinction between the training of its nurses. His stubbornness about the apprenticeship-style training and his belief about psychiatry having a monopoly over the training of mental hospital nurses did lay the groundwork for the future of mental health nurse training in the province.

When World War II erupted, the struggle to reform psychiatric nurse training in Saskatchewan came to a standstill. When Premier Douglas came to power, however, he was determined to change the situation, which had now grown to crisis proportions. By 1944, Saskatchewan had 500 undertrained attendants and only ten RNs caring for the province's 4,500 mental patients – a situation that some blamed on the lack of proper training schools.[96] Douglas appointed psychiatrist Dr. Donald Griffith McKerracher from Ontario to occupy the new position

[95] Winnipeg General Hospital Nurses Alumnae Archives (WGHA), Journal Collection, Nettie Fidler, "Psychiatric Nursing," *The Canadian Nurse*, 29, 11 (November 1933): 571. Quoted from Tipliski, 258.

[96] Tipliski, 264.

of director of psychiatric services in the Department of Public Health to help reform Saskatchewan's mental health services. As part of his efforts, McKerracher looked into finding a better way to train mental hospital nurses. Instead of adopting the Ontario method that Feidler and Weir had supported, (he believed it was "too complicated" to send nurses away on affiliation training programs) McKerracher looked into raising the status of Saskatchewan's own hospital workers to that of semi-professional.[97] He decided to "reorganize the staff training program [that made] psychiatry rather than nursing the focus."[98] As part of the reorganization, he asked the province's two medical superintendents to develop the new training curriculum.

After some tension between the provincial government, the hospital superintendents, and the Saskatchewan Registered Nurses Association (SRNA), Saskatchewan finally developed a psychiatric nursing program. The program McKerracher and the two superintendents had drafted quite resembles the one MacNeill had in place in SHNB in the 1930s. The new one settled on a three-year, 500-hour, salaried apprenticeship – without SRNA's advised general hospital affiliations – which it inaugurated in 1947. To professionalize and add a distinction to the graduates, in 1948, the CCF government passed the Psychiatric Nurses Act, which created a separate profession for mental hospital attendants. The first class graduated in 1950 with the *Star Phoenix* covering the event. McKerracher attended the first ceremony, as did co-developer Dr. F. S. Lawson, the superintendent of SHNB.

The ceremony was an important event full of pomp and circumstance that was followed by a dinner and a dance. During the actual ceremony, Lawson gave a speech wherein he justifiably stressed the importance of the graduating class to demonstrate "whether our efforts to promote specialized training for this work was worth while [sic]." A natural response,

[97] SAB, R-11, 14-31, Letter to K. Ellis from Dr. McKerracher, 4 February 1947.

[98] Donald McKerracher, "A New Program in the Training and Employment of Ward Personnel," *American Journal of Psychiatry*, 106, 10 (October 1949), 264.

considering the decades of issues the hospital and the government went through to develop a psychiatric nurses training program. At the end of the speech, he remarked on the difficulty of the profession he and the graduating nurses had chosen. “Mental Illness is one of the greatest unsolved problems of our time.”[99]

Although Lawson made that statement in 1950, the difficult nature of mental illness had plagued physicians and lawmakers for centuries. These illnesses were largely unsolved, even in the 1950s, and their mysterious conditions made them frightening afflictions to many. It did not help that the illnesses, as we have seen, had a historical relationship to criminal behavior. Even in the late 1900s, many were still afraid of patients believed to have mental illnesses – something that the hospital had constantly tried change. In fact, beginning with the earliest newspaper reports and McNabb’s pamphlet from the 1920s, the hospital had a history of fighting against the image of a dangerous place that the public should fear. Even in their own way the hospital staff had launched a campaign aimed at improving the hospital’s public image and dispelling the stigma surrounding it and its patients.

During his tenure, MacNeill had constantly tried to change the public opinion about SHNB and its patients. He and the hospital the staff did not feel as though they had anything to hide. Even in the face of overcrowding and evolving knowledge in psychotherapies, the staff at the Battleford hospital believed in the virtue of good public relations. Embracing an open door policy one that welcomed visitors to tour the halls, they strove to show that their mental hospital was not a place the public should fear. Some people took advantage of this good will and visited the hospital to see what went on behind its “closed” doors. Battleford gained such a reputation for this undertaking that a newspaper from another province took note. *The Standard*, a Montreal newspaper, published the following story on August 13, 1945, “North Battleford offers, along

[99] *Star Phoenix*, May 13, 1950.

with the story of overcrowding, another inspiring story in the modern and advanced treatment of mental illness." The mental hospital "readily throws its doors open to visitors and enquiring reporters. It has no scandal to hide. Rather, it has object lessons to teach." Like the 1920 NCMH report, the newspaper believed SHNB had a message to convey. This one, however, was aimed at improving their public image. The report went on to say that the hospital is "more like a convalescent home than an institution, it grants a freedom of movement to its patients that is in dramatic contradiction to all the old concepts of treatments."[100]

It was not just the public that feared the hospital and its patients, family members were also afraid of what when on there. As noted, in the first few annual reports, MacNeill asked to change the institution from an asylum to a hospital, and re-label the patients from "the insane" to people with mental illnesses. He repeatedly asked for it because, as he wrote, "We find a constantly present difficulty in paroling patients… Several patients are here whose residence is being prolonged by the willful negligence of relatives."[101] At first, he blamed the prolonged stay of family members on a mixture of negligence and difficult travelling conditions. Then, as mentioned before, he argued that the words "Insane, or the Asylum … are not received with favour throughout the country."[102] The fear these titles bring up are keeping people away – both potential patients and family members of current ones. In the third annual report, he maintained his stance that "asylum" and "insane" were stigmatizing names that kept people at bay.

When the government changed the names, in 1922, MacNeill was overjoyed. He believed that the public would have less to fear from the institution now that it was a hospital treating patients with mental illnesses. Sadly, the situation did not drastically change the public's opinion – there were many years of stigma to undo. People continued to believe that once inside the

[100] *The Standard*, August 13, 1945. Taken from Kidlaw, 62-63.
[101] MacNeill, *Annual Report 1914-1915*, 61.
[102] MacNeill, *Annual Report 1915-1916*, 38.

asylum they would never return, or that it was a dangerous place in which to seek treatment. It did not help, as Kildaw points out, that the hospital "had hobos, alcoholics and eccentrics mixed in with the genuinely ill;" basically "anybody who didn't fit in outside was sent" there.[103] Moreover, it became a place to get rid of both social and family undesirables.

Historically, insanity was considered an inherited trait and it had links to criminality, thus many were ashamed when it arose in their families. People sent their relatives away to the hospital; much like society did with undesirables. Once there both groups were usually forgotten. "Once a patient was admitted to the hospital," Kildaw wrote, "family ties were often severed forever, as relatives tried to forget that [people diagnosed with mental illnesses] ever existed." For many the hospital was the last stop in life. With nobody to claim them, or wanting to claim them, patients often lived their remaining days on the wards and subsequently buried on the hospital grounds.

Much of the misunderstanding and fear surrounding the hospital remained for many years. In November of 1980, the *Star-Phoenix* wrote a series of articles that once again sought improve the image of the hospital and that of its patients. In an article aptly titled "Graveyards Reminders of Asylum's Inglorious Past," the reporter outlines how public misunderstanding and family indifference had led to "three abject graveyards on the Saskatchewan Hospital grounds."[104] In total, according to the report, there are 1,507 people buried throughout the three cemeteries. Although Kildaw puts that number higher, claiming that in one area alone "stand 1,500 steel crosses over graves of patients unclaimed by their families."[105] Regardless, the number of graves is tragic, whether it is 1,500 or higher.

[103] Kildaw, 59.
[104] *Star-Phoenix*, Nov. 20, 1980
[105] Kildaw, 61.

The hospital ended the policy of burying the patients on the hospital ground in 1971. Even so, the significance of them is clear. First, as Kildaw and the newspaper article point out, the majority of the grave markers only have numbers to indentify that a person was buried there. In death they were stripped of their identity, for it was easier to fear and forget than to sympathize and remember, as MacNeill admonished in his pamphlet. While Kildaw alludes to it, the reporter unmistakably points out that "Even in death, the mentally ill were to be segregated from the general population – and forgotten."[106] Echoing MacNeill some 60 years later, Ken Smallwood, the executive director of the Battlefords Mental Health Regions in 1980, said in the article, "One of our major difficulties and disappointments is the great difficulty [of maintaining] family relationships for our people" – a problem for most residents of the hospital.[107] To prevent this, the reporter mentions that the hospital continues to have an open door policy (something it still maintains today), that it uses to dispel misconceptions held by the public and family members. Moreover, it actively works at maintaining family ties between the patient and their relatives.

While this campaign was aimed at the public and family members, not everyone feared the hospital. The resident of the Battlefords saw the hospital as a blessing and not something to dread. They were willing to do whatever it took to make the government know the hospital and its patients were a welcome addition to the region. When the institution held its annual bazaar, the cities' resident attended to mingle with the patients and see what goods they could procure. When the hospital farm had a surplus, the locals were the ones that benefited. Moreover, according to Kildaw, when "the Battlefords Exhibition was held… the Saskatchewan Hospital

[106] *Star-Phoenix*, Nov. 20, 1980.
[107] Ibid.

won many prizes in all categories, including those for their splendid cattle, swine and horses."[108] The hospital and the local communities had a symbiotic relationship. While the hospital provided a place for the locals to work, the communities helped the patients feel accepted in society.

The residents of the Battlefords knew what the hospital meant for them: financial security. In 1960, the provincial government set up an ad hoc committee to see what impact a reduced hospital would have on the town. The committee concluded that the Battlefords (and Weyburn, which was part of the study) are "relying heavily on the payroll of [the] large mental institution located in their environs."[109] If the government were to scale back the facility there then they would have a financial mess in the local communities and perhaps need to step in with some kind of support.

SHNB weathered the financial threat and continued to be a major employer for the Battlefords, which allowed the cities to flourish. To get a sense of how they did, in 1976 a *New York Times* reporter travelled through the region and, as the title of *Star-Phoenix* article maintains, was quite impressed by the city of North Battleford. The article focuses on the city itself, talking about how it has become an prosperous community, and how "nice" the city is, using words as "affluent occupants" "elaborate recreation complex" and "inflow of cash." The reporter maintains that Battleford is not the typical prairie community, with "a grain elevator by the railroad tracks as the most notable feature."[110] The city is bustling. There are "350 registered companies … 10 department stores, nine farm equipment suppliers, six banks and other miscellaneous enterprises [that] serve 83,500 growers in the surrounding rural area who have an annual aggregate income estimated at $30 million." Yet "The largest single employer here is a

[108] Kildaw, 36.
[109] *Star-Phoenix*, June 29, 1966.
[110] *Star-Phoenix*, Nov. 27, 1976.

provincial mental hospital with a staff of 500" – the lifeline for the region.[111] In the end, it is safe to say the Battlefords have continued to enjoy the financial stability provided by a government institution like SHNB.

It would seem that by the late 1950s, certainly by the 1980s when the series of *Star-Phoenix* articles came out, SHNB and its patients had made the transition into the medical field, where MacNeill always saw them. While this may be true, it was not an easy transition. When broken down we can see just how complex and arduous the process was. As mentioned before, when the institution opened, it was a mental asylum and its residents were "the criminally insane." By 1922, the government redefined their stance. In the provincial statutes, it changed the name of the institution from asylum to hospital and recognized its residents as people with mental illnesses rather than "insane criminals." Furthermore, the act was changed from *Dangerous Lunatics Act* to *The Mental Diseases Act*.

In 1930, the government finally transferred the hospital to the Department of Public Health, which had then been around for almost ten years. After the transfer MacNeill exclaimed, "I feel that this transfer has been beneficial, and that in all instances the care and treatments of mental cases should come under the Department of Public Health."[112] This relocation was important because it showed mental illness was a medical condition that came under jurisdiction of the government's health department. No longer was it strictly a custodial issue. Nevertheless, for many years after this, MacNeill sent out duplicate reports to both the Department of Public Works and Public Health. By the 1950s, though, this dual reporting stopped and the SHNB superintendent only reported to Public Health.

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[111] Ibid

[112] MacNeill, *Annual Report of the Mental Hospitals of the Province of Saskatchewan for the Financial Year Ended April 30, 1931*, (SAB) PW. 2, (Regina: Roland S. Garrett, King's Printer, 1932), 3.

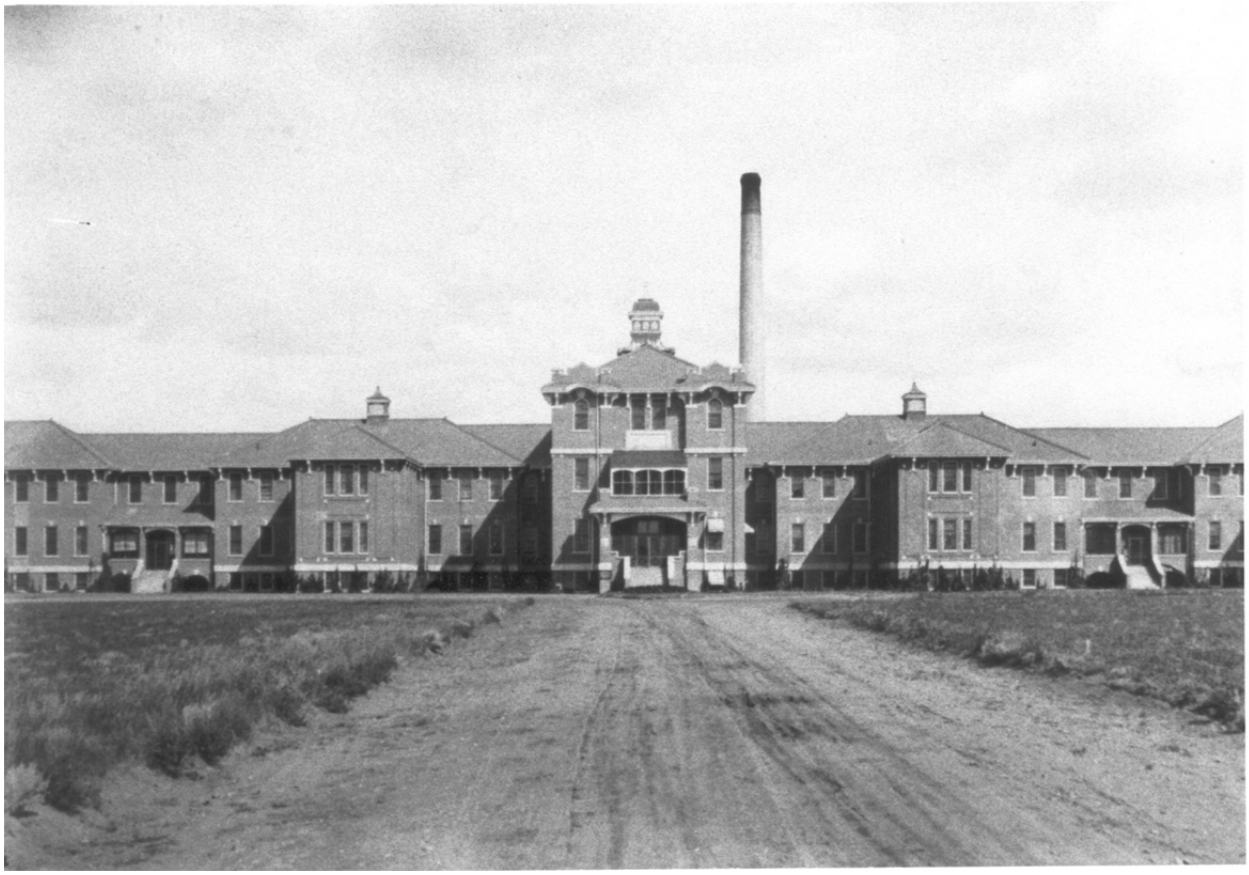
From 1930 to 1950, mental illness in Saskatchewan was still transitioning between being a legal criminal issue and becoming a full medical one. On the one hand, by the 1936 Saskatchewan Statutes, mental illness was still something upon which a judge could rule, and the superintendent reported to both the Department of Public Health and Public Works. On the other, many of the terms used to define the patients and the profession that treated them were increasingly medical. In 1936, Saskatchewan drafted the *Mental Hygiene Act*, which allowed the institution to expand its services to accept voluntary patients, thus further noting that the hospital patients were not necessarily criminals, but people who sought medical assistance. Additionally, under this Act, a person could be committed with only a certificate from two physicians. However, the last step for decriminalization came in 1950 under the revised *Mental Hygiene Act*. This Act finally removed the judge from any committal process and added revisions that legally and firmly altered the purpose of the provincial mental hospitals from custodial to therapeutic. Now mental illness was fully a medical condition in Saskatchewan.

Beginning with MacNeill, after he took up his superintendent position, it took the North Battleford hospital, its patients, and psychiatry 36 years to achieve this medical position in Saskatchewan. One could say that it was only following wider national and global trends, but looking at the process at a local level, it is clear that many of the advances and many of the changes came from MacNeill and the other superintendents of Saskatchewan Hospital, North Battleford. They were the champions of people diagnosed with mental illnesses and this hospital provided the platform for them to call for change.

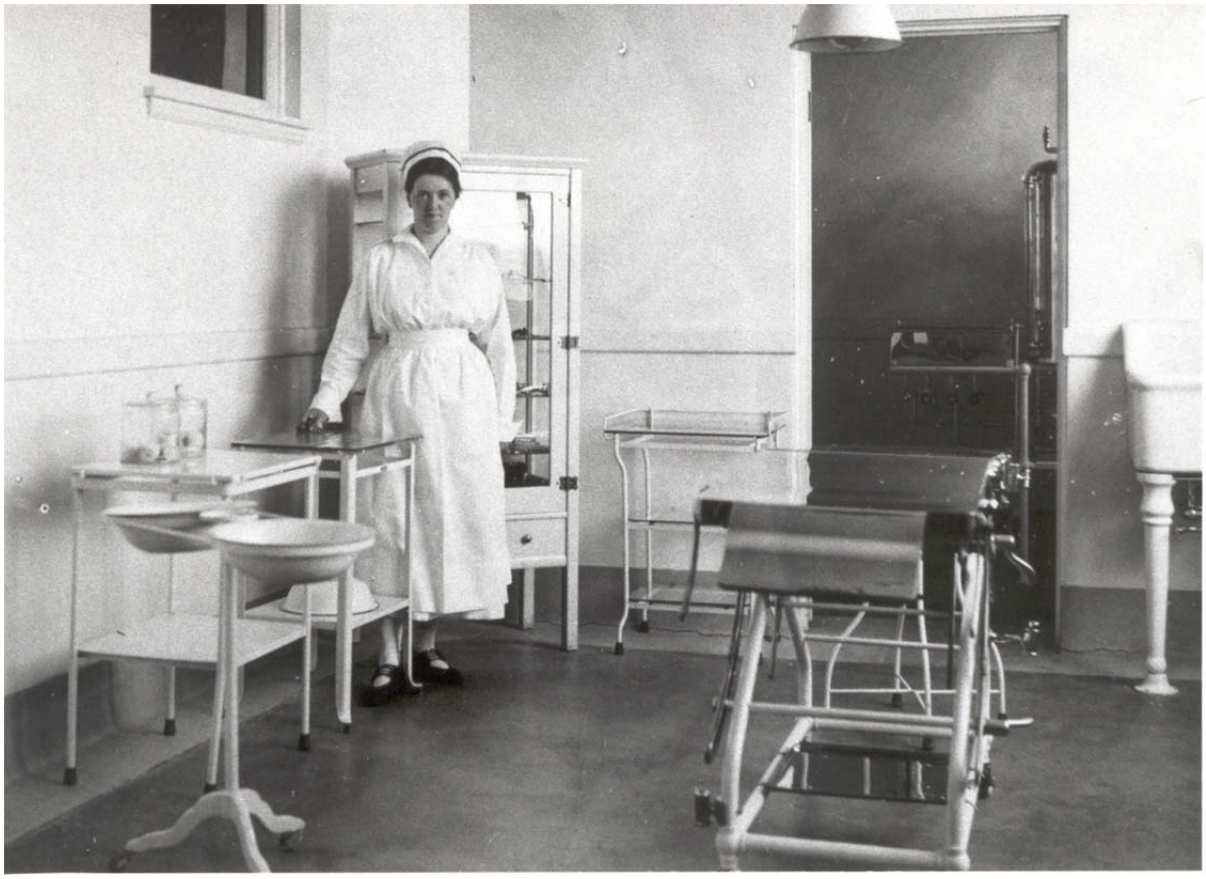
Still, the complex path mental illness travelled through the law books shows how long it took the government to recognize it as a medical affliction. It was a long process with good results. When one looks closer, however, it shows how the process set the atmosphere for the

public to continue to stigmatize and fear "insanity" and patients believed to be mentally ill. From the beginning, when the law defined them as criminals, the public avoided and feared people diagnosed with "insanity." Inside the hospital walls, though, MacNeill sympathized with their conditions. Despite all the years he and his colleagues worked at it, the image of people diagnosed with mental illnesses really only changed in the eyes of the law and within the walls of the hospital. Through all that happened in the evolution of mental illness in Saskatchewan, the original building proved a bastion for patients, a blessing to the local communities, and a place where the government was not afraid to financially support. As the *Regina Leader* article in 1911 reported, it is an "institution … of which any province might well be proud."[113]

[113] *Regina Leader*, Dec 23, 1911



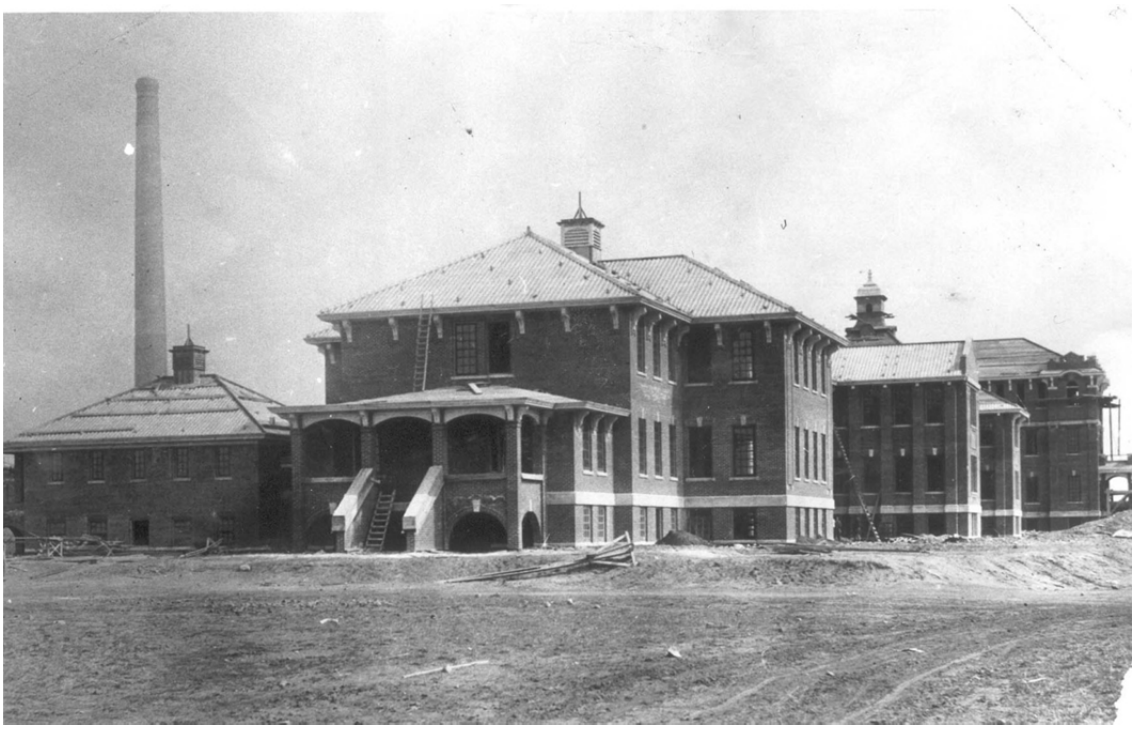
Photographer Unknown, “1992-17-A164” circa 1914, City of North Battleford Historic Archives, North Battleford, Saskatchewan



Photographer Unknown, “1992-17-A168” circa 1920s, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Photographer Unknown, “1992-17-A169” circa 1915, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Photographer Unknown, “LG01-02-186” circa 1920s, City of North Battleford Historic Archives, North Battleford, Saskatchewan



Photographer Unknown, “NBSB01-08-P129” circa 1912, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Photographer Unknown, “LG01-04-405” circa 1950, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Photographer Unknown, “LG01-04-371” circa 1950, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Photographer Unknown, “Residential Block Prov. Hospital N. Battleford – LG01-04-405” circa 1930s, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Photographer Unknown, “Main Entrance, Mental Hospital, Battleford – LMD01-02-002” circa 1915, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Photographer Unknown, “Bird’s eye view, Prov. Mental Hosp. North Battleford – VE01-01-019” circa 1920s, City of North Battleford Historic Archives, North Battleford, Saskatchewan

Bibliography

Primary:

Annual Report of the Department of Public Works of the Province of Saskatchewan for the Fiscal Year Ended March 31, 1959. Regina: Lawrence Amon, 1960.

Anonymous, *Saskatchewan Provincial Hospital Battleford*. Prepared and published under the direction of Hon. A. P. McNabb, Minister of Public Works. SAB PW. 2. Special Publications. Regina, Saskatchewan, n.d.

Architects, 2 Leader Lane, Toronto, Ontario, to Deputy Commissioner. Public Works, Regina, Saskatchewan, 9 May 1908. SAB, R-33.5, III, 127, 14-8. Douglas Papers.

Associate Medical Director and Secretary, Canadian National Committee for Mental Hygiene, to Premier, Province of Saskatchewan, 6 July 1920. SAB, M4, I.153. Martin Papers, p. 40927.

Brief, submitted to the Premier, and Members of the Executive Council, Province of Saskatchewan. Recommending the location of the proposed mental asylum at Battleford, 1910. SAB, R-33.5, III, 127, 14-8. Douglas Papers.

Carpenter, H. S. Acting Deputy Minister of Public Works, *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year, 1911-12 Ended February 29, 1912*. SAB, PW. 2. Regina: John A. Reid, Government Printer, 1912.

Dawson, H. *Annual Report of the Mental Hospitals of the Province of Saskatchewan for the Financial Year Ended April 30, 1930*. SAB, PW. 2. Regina: Roland S. Garrett, King's Printer, 1930.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1932*. SAB, PW. 2. Regina: Roland S. Garrett, King's Printer, 1932.

A Hard Hit Wife to the Hon. J. F. Bryant Esq., Minister of Public Works. Public Works Department: Deputy Minister's Personal File, North Battleford Mental Hospital, 1910-1935. SAB, Collection No. R-195.2, File No. 1.95.

Learmonth, C. M., Superintendent of Institutional Farms. *Annual Report of the Department of Public Works Financial Year, Ended April 30, 1922*. SAB, PW. 2. Regina: J. W. Reid, King's Printer, 1921.

MacNeill, J. W. "Why was I Admitted to a Saskatchewan Hospital: Questions and Answers." n.d.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year 1914-1915, Ended April 30, 1915*, Saskatchewan Archives Board (hereafter SAB). PW. 2. Regina: J. W. Reid, Government Printer, 1915.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year 1916-1917, Ended April 30, 1917*, SAB, PW. 2. Regina: J. W. Reid, King's Printer, 1916.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year 1919-1920, Ended April 30, 1920*. SAB, PW.2. Regina: J. W. Reid, King's Printer, 1920.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1921*, SAB, PW. 2. Regina: J. W. Reid, King's Printer, 1921.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1922*. SAB, PW. 2. Regina: J. W. Reid, King's Printer, 1922.

_____. *Annual Report of the Mental Hospitals of the Province of Saskatchewan for the Financial Year Ended April 30, 1931*. SAB, PW. 2. Regina: Roland S. Garrett, King's Printer, 1932.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1932*. SAB, PW. 2. Regina: Roland S. Garrett, King's Printer, 1932.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1933*. SAB, PW. 2. Regina: Roland S. Garrett, King's Printer, 1933.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1937*. SAB, PW. 2. Regina: Roland S. Garrett, King's Printer, 1937.

_____. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year Ended April 30, 1939*. SAB, PW. 2. Regina: T. H. McConica, King's Printer, 1939.

_____. to J. M. Smith, Esq. Deputy Minister of Public Works, Feb., 3, 1919. SAB, Public Works Dept., Sask. Prov. Hospital, 1.102, File No., 132 B.

Medical Superintendent, Saskatchewan Hospital Battleford, to Deputy Minister of Public Works, Province of Saskatchewan, 3 August 1932. SAB, PW, 195-2, 132.P. Public Works

Department: Deputy Minister's Personal File, North Battleford Mental Hospital, 1910-1935.

McKerracher letter to K. Ellis. 4 February 1947. SAB, R-11, 14-31.

Nelson, G. F. *Annual Report of the Department of Public Health, 1945*. SAB, PH. 1. Regina: McConica, King's Printer, 1947.

Province of Saskatchewan Department of Public Works Annual Report for Fiscal Year Ended March 31, 1964. Regina, 1964.

Province of Saskatchewan Annual Report of the Department of Public Health, 1950-51. Regina: T. A. McConica, 1952.

Sharon, M. W., Provincial Architect. *Annual Report of the Department of Public Works of the Province of Saskatchewan for the Financial Year 1919-1920, Ended April 30, 1920.* SAB, PW. 2. Regina: J. W. Reid, King's Printer, 1920.

Superintendent, Saskatchewan Hospital Battleford, to Premier, Province of Saskatchewan, 6 December 1918. SAB M4, 1.154. Martin Papers, p. 41046.

_____, Saskatchewan Hospital Battleford, to Deputy Minister of Public Works, Province of Saskatchewan, 7 June 1919. SAB, PW, 195-2, 132.P, A13.

Secondary:

Beam, Alex. *Gracefully Insane: The Rise and Fall of America's Premier Mental Hospital*. New York: Public Affairs, 2001.

Braslow, Joel. *Mental Ills and Bodily Cures: Psychiatric Treatment in the First Half of the Twentieth Century*. Berkeley: University of California Press, 1997.

Demay, Maurice. "The Beginnings of Psychiatry in Saskatchewan." *Canada's Mental Health* 21 (January-February 1973): 18-24.

Dickinson, Harley D. *The Two Psychiatries: The Transformation of Psychiatric Work in Saskatchewan, 1905-1984*. Regina: University of Regina, 1989.

Fidler, Nettie. "Psychiatric Nursing." Winnipeg General Hospital Nurses Alumnae Archives, Journal Collection. *The Canadian Nurse*, 29, 11 (November 1933). Quoted from: Tipliski, Veryl Margaret. "Parting at the Crossroads: The Emergence of Education for Psychiatric Nursing in Three Canadian Provinces, 1909-1955." *Canadian Bulletin of Medical History* 22: 2 (2004): 258.

Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. Garden City, N. Y.: Anchor Books, 1961.

Grob, Gerald. *Mental Illness and American Society, 1875-1940*. Princeton: Princeton University Press, 1983.

Hryniuk, Margaret and Frank Korvemaker. *Legacy of Stone: Saskatchewan's Stone Buildings*. Regina: Coteau Books, 2008.

Kildaw, Delores. *A History of the Saskatchewan Hospital North Battleford, Saskatchewan*. Saskatoon: Health Care Administration, University of Saskatchewan, College of Commerce, 1990-91.

McKerracher, Donald. "A New Program in the Training and Employment of Ward Personnel." *American Journal of Psychiatry*, 106, 10. (October 1949): 259-64.

Reaume, Geoffrey. *Remembrance of Patients Past: Patient Life at the Toronto Hospital for the Insane, 1870-1940*. Toronto: University of Toronto Press, 2009.

Rosenhan, D.L. "On Being Sane in Insane Places." *Science* 19 (January 1973): 250-258.

Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley and Sons, 1997.

Tipliski, Veryl Margaret. "Parting at the Crossroads: The Emergence of Education for Psychiatric Nursing in Three Canadian Provinces, 1909-1955." *Canadian Bulletin of Medical History* 22: 2 (2004): 253-279.

Walsh, Oonagh. "Gender and Insanity in 19th C Ireland," In *Sex and Seclusion, Class and Custody: Perspectives on Gender and Class in the History of British and Irish Psychiatry*, 69-95. New York: Editions Rodopi B. V., 2006.